2026 - 2029 Integrated Plan

Fresno County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to 3.A. Purpose of the Integrated Plan .

General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information .

General Information

County, City, Joint Powers, or Joint Submission
County

Entity Name
Fresno County

Behavioral Health Agency Name
Fresno County Department of Behavioral Health

Behavioral Health Agency Mailing Address
1925 E. Dakota Avenue Fresno, CA 93726

Primary Mental Health Contact

Name
Susan Holt

Email
sholt@fresnocountyca.gov

Phone
5596009058

Secondary Mental Health Contact

Name
Lesby Flores

Email
leflores@fresnocountyca.gov

Phone
5596006887

Primary Substance Use Disorder Contact

Name
Susan Holt

Email
sholt@fresnocountyca.gov

Phone
5596009058

Secondary Substance Use Disorder Contact

Name
Lesby Flores

Email
leflores@fresnocountyca.gov

Phone
5596006887

Primary Housing Interventions Contact

Name
Susan Holt

Email
sholt@fresnocountyca.gov

Phone
5596009058

Compliance Officer for Specialty Mental Health Services (SMHS)

Name
Elizabeth Vasquez

Email
evasquez@fresnocountyca.gov

Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

Name
Elizabeth Vasquez

Email
evasquez@fresnocountyca.gov

Behavioral Health Services Act (BHSA) Coordinator

Name	Email address
Erinn Chan-Golston	echangolston@fresnocountyca.gov

Substance Abuse and Mental Health Services Administration (SAMHSA) liaison

Name	Email address
Natalie Armistead	narmistead@fresnocountyca.gov

Quality Assurance or Quality Improvement (QA/QI) lead

Name	Email address
Jeffrey Elliott	jelliott@fresnocountyca.gov

Medical Director

Name	Email address
John Tran	jtran@fresnocountyca.gov

County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements .

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook.For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan .

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category**.

Criteria	Number of Children and Youth Under Age 21
Received Medi-Cal Specialty Mental Health Services (SMHS)	12636
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	260
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	1936
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	970

Criteria	Number of Children and Youth Under Age 21
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	<11*
Were chronically homeless or experiencing homelessness or at risk of homelessness	2250
Were in the juvenile justice system	45
Have reentered the community from a youth correctional facility	1091
Were served by the Mental Health Plan and had an open child welfare case	1339
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	0

Criteria	Number of Children and Youth Under Age 21
Have received acute psychiatric care	1367

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	1239
Received Medi-Cal SMHS	13714
Received DMC or DMC-ODS services	4997
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	2908
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	1656

Criteria	Number of Adults and Older Adults
Experienced unsheltered homelessness	556
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	000
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	000
Were in the justice system (on parole or probation and not currently incarcerated)	689
Were incarcerated (including state prison and jail)	695
Reentered the community from state prison or county jail	512
Received acute psychiatric services	3024

Input the number of persons in designated and approved facilities who were

Admitted or detained for 72-hour evaluation and treatment rate
6366

Admitted for 14-day and 30-day periods of intensive treatment
1082

Admitted for 180-day post certification intensive treatment
0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs
94

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)
38

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?
Yes

Please explain
The data related to homelessness is incomplete. Many of the datapoints requested are difficult to compile because the Health Agency, Social Services/HMIS, Probation and other systems of record are separate, each with policies around data collection. Questions around homelessness cannot be comprehensively answered as our EHR does not have some of the categories requested above and the
EHR cannot differentiate between such categories as moved from unsheltered homelessness to being sheltered, moved from
unsheltered homelessness to being sheltered, etc. The County is examining solutions to address how this data is captured in the EHR.

Additionally, data regarding clients who are part of the justice system is not comprehensive, as the Department's justice partners maintain separate databases inaccessible to the DBH EHR. Staff used available data and rates to provide the best estimate of numbers served in this system.

Please describe the local data used during the planning process
The Fresno County Department of Behavioral Health (DBH) utilized a variety of local and state data sources to inform its planning efforts for BHSA implementation. DBH staff extracted data from the electronic health record, service invoices, and other ad hoc sources to determine the number of individuals who received various types of SMHS and DMC-ODS services through the county and its providers. When necessary, staff reached out to contracted providers and other partners to seek information.

If desired, provide documentation on the local data used during the planning process

Local CARE Act Implementation

Identify the specific service components within your 3-year Integrated Plan that will support CARE participants. Explain how the county will ensure these individuals receive priority access and specialized coordination within the broader behavioral health continuum, including housing if appropriate.

Access to care -New Clinical Housing Outreach Team will be working to help identify and refer eligible participants to the CARE Act team for services and to possibly to divert those who may be eligible for CARE Act into services.

Fresno County will use the Behavioral Health Bridge Housing (BHBH) to support CARE Act participants by giving priority; a bedspace is always kept available for potential CARE Act participants to avoid placing CARE participants on housing waiting lists; if the need ever arises, CARE participants are prioritized at the top of the waiting list.

The CARE Act provider will work with/connect individuals to the Forensic Continuum of care that contains a Forensic Assertive Community Team (FACT) and will be given priority access to or these treatment programs

CARE Act provider will work with local Assertive Community Treatment (ACT) teams to ensure those who are in need of ACT level of care are given priority to participate in ACT services.

CARE participants needing a full-service partnership intensive case management (FSP-ICM) level of care will be prioritized and linked to appropriate programs.

Describe how CARE referral pathways will be integrated into existing referral and service pathways within the county behavioral health system.

CARE Referral pathways are already integrated into existing referral service pathways within the county behavioral health system. The County accepts referrals from the Collaborative Courts Program, LPS program, the Court, DSH, and LPS Facilities. CARE Act has two dedicated email addresses; one that is monitored by County staff for CARE support and Court referrals and another that is monitored by the contracted provider staff CARE support. County behavioral health, contracted provider staff, hospitals, crisis services, and law enforcement received training and education on how to complete CARE Act petitions. Community partners also received education and training on how to submit CARE Act petitions. The county continues to provide training for those who request it, as well as for agencies or groups identified through data-driven insights as having training needs. Individuals who are trained are encouraged to reach out to the CARE trainer with post-training questions and to request additional training. The Department will work with the Clinical Housing Outreach team to provide education about referral pathways from this newly created team.

Describe the process for identifying and redirecting individuals who are potentially eligible for CARE to alternative pathways when a formal petition is not required or appropriate. For individuals redirected from CARE, describe how the county will confirm and document successful connection to services.

The County will use its electronic health record (EHR) to record CARE Act inquiries and CARE Act referrals as a mechanism for identifying and redirecting individuals who are potentially eligible for CARE to alternative pathways when a formal petition is not required or appropriate. The County provided education and training to system partners to assist with identifying those who may be eligible for CARE Act and continues to encourage documenting all CARE Act inquiries and referrals into the EHR. As part of the referral process, successful connection to services will also be confirmed by county CARE Act staff and documented in the EHR.

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Does the county behavioral health system use an Electronic Health Record (EHR)?

Yes

Please select which of the following EHRs the county uses

SmartCare

County participates in a Qualified Health Information Organization (QHIO)?

Yes

Please select which QHIO the county participates in

Connex
Manifest MedEx

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website
https://www.fresnocountyca.gov/Departments/Behavioral-Health/Care-and-Services/Programs-Services/Member-Ser

Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 , 23-057 , and 24-016 . Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
Yes

Please select all services the county behavioral health system plans to provide under the PATH grant
Alcohol or Drug Treatment Services
Case Management Services
Community Mental Health Services
Habilitation and Rehabilitation Services
Referrals for Primary Health Care, Job Training, Educational Services, and Housing Services
Outreach services
Screening and Diagnostic Treatment Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?

Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG

Discretionary/Base Allocation
Dual Diagnosis Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?

Yes

Please select all set-asides that the county behavioral health system participates in under SUBG

Adolescent/Youth Set-Aside
Discretionary
Perinatal Set-Aside
Primary Prevention Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?
Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E
Address The Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
Connect People Who Need Help to The Help They Need (Connections to Care)
Leadership, Planning, and Coordination
Prevent Overdose Deaths and Other Harms (Harm Reduction)
Support People in Treatment and Recovery
Treat Opioid Use Disorder (OUD)
Training

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).
a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management
f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services

i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:
Not Applicable

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)
a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).
a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services

d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21
n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?
ACT
CSC for FEP
FACT
IPS Supported Employment
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in
DMC-ODS Program

Drug Medi-Cal Organized Delivery System (DMC-ODS)
The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition). (no action required)
a. Care Coordination Services
b. Clinician Consultation
c. Outpatient Treatment Services (ASAM Level 1)
d. Intensive Outpatient Treatment Services (ASAM Level 2.1)
e. Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services
f. Mobile Crisis Services
g. Recovery Services
h. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)
i. Traditional Healers and Natural Helpers
j. Withdrawal Management Services
k. All Other Medically Necessary Services for individuals under age 21 for individuals under age 21
l. Early Intervention for individuals under age 21

Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026?
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service
Mental Health Student Services Act Youth Wellness Centers
Path Round 3 Grant - CalAIM Justice Involved Initiative
Community Care Expansion and Preservation Grant
Prop 36 Behavioral Health Implementation and Funding Grant
California Office of Traffic Safety Grant

Behavioral Health Bridge Housing

Community Behavioral Health Crisis Response (MCFT Youth) Investment in Mental Wellness Grant

Behavioral Health Continuum Infrastructure Program Round 1

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services **(Adult and Youth)?**
Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?
Yes

Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C .

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures .

Mark page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures .

Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Above

For children/youth
Above

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity
Age

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Below

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
Age
Gender
Race or Ethnicity

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Below

For children/youth
Above

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Data Source: Population Behavioral Health Measure County Performance Workbook and CalMHSA Data Dashboard
While Fresno County's overall SMHS penetration rate (3.6%) is higher than the state average, the penetration rates for Asian adults (7.1%), Hispanic adults (2.7%), and adults over 65 (1.7%) are lower than the county penetration rate.

Penetration rates for NSMHS amongst Asian adults (6.8%), individuals over age 69 (4.5%), and males (7.4%) were lower than the county penetration rate of 8.8% for adults. Penetration rates for Asian youth (12.2%), and Hispanic youth (12.4) were lower than the county penetration rate of 13% for youth.

The Fresno County DMC-ODS penetration rate for Adults was 1.4%, and for youth was 1%. The DMC-ODS penetration rate for Asians (0.3%) and Hispanic (0.8%) individuals are lower than the overall penetration rate for both youth and adults.

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your

status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

- Continue to pursue efforts with the Fresno County Department of Public Health to implement a closed-loop referral system within the system of care, beginning with front-door programs and expanding to all programs over the course of the Integrated Plan.
- Redesign internal access programs to maximize timeliness and same-day access to care
- Implement a clinical housing outreach team to support eligible individuals with screening, referral and linkage for SUD services, referral and linkage for mental health services, and referral and linkage to housing programs.
- Train field-based teams to provide Assertive Field-Based Substance Use Disorder Services to meet clients where they are to provide on-the-spot assessments and immediate linkage to care, with a focus on data-driven, targeted outreach by emergency departments, first responders, shelters, and other system partners.
- Strengthen partnerships with MCPs to increase the ease of referrals, and increase access to care. Ensure MCPs are knowledgeable in how to identify and refer members needing specialty mental health treatment

Data was retrieved from the electronic health record and various state and community data dashboards. Community feedback during the Community Engagement Process emphasized the need for closed-loop referrals to assist in system navigation.

File Upload

Please identify the category or categories of funding that the county is using to address the access to care goal

BHSA Behavioral Health Services and Supports (BHSS)
BHSA Full Services Partnership (FSP)
2011 Realignment
Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)
Community Mental Health Block Grant (MHBG)
Substance Use Block Grant (SUBG)
1991 Realignment
Other
BHSA Housing Interventions

Please describe other
Opioid Settlement Funds

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity
Age
Gender

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity
Other

Please describe other
English Learners, Students with disabilities, Individuals who are migrants

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people

by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?
Above

What disparities did you identify across demographic groups or special populations?
Age
Gender
Race or Ethnicity

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Data Source: Population Behavioral Health Measure County Performance Workbook and CalMHSA Data Dashboards

The Fresno County rate for People Experiencing Homelessness Point-in-Time Count (36.5/10,000) is lower than the statewide rate (48.0/10,000). Native Hawaiian or Other Pacific Islanders (306/10,000), American

Indian or Alaska Native (246/10,000) and Black (117/10,000) individuals experienced a rate much higher than the countywide rate. Those identifying as White (46/10,000) or Multiple Races (41/10,000) were also over the countywide rate, but to a lesser extent. Males (47/10,000) and those aged 35-44 (60/10,000) or 45+ (52/10,000) were also identified as being above the countywide rate.

The Fresno County rate for Percent of K–12 Public School Students Experiencing Homelessness (1.6%) is lower than the statewide rate (5.3%). The rates among English learners (2.7%), migrant students (5.7%) and English learners (1.9%) are all higher than the county rate. African American students (3.4%), American Indian or Alaska Native (2.6%) and Hispanic or Latino (1.9%) students experience homelessness at a rate greater than the county rate. Homelessness was highest among students in kindergarten (2.0%), but all grade levels experienced similar rates of homelessness, with the lowest rate being among those in 10th grade (1.4%).

The Fresno County rate for People Experiencing Homelessness Who Accessed Services from a Continuum of Care (94.2/10,000) is above the statewide rate (91.2/10,000). In this measure, a lower rate indicates a disparity since it highlights individuals who are under-represented in the system of care. The utilization rates are lower among those aged 18-24 (75/10,000), those under 18 (68/10,000) and those aged 65+ (40/10,000). Those identifying as Hispanic/Latino (87/10,000) or Asian or Asian American (25/10,000) have rates lower than the county rate. Utilization rates were considerably higher among those identifying as Black (442/10,000), American Indian, Alaska Native, or Indigenous (429/10,000), or Native Hawaiian or Pacific Islander (278/10,000). Cisgender women (91/10,000) also have a rate that is slightly below the statewide rate.

The Fresno County rate for PIT Count Rate of People Experience Homelessness with Severe Mental Illness (11.9/10,000) is higher than the state rate (11.5/10,000). The Fresno County rate for PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse (12.7/10,000) is higher than the state rate (11.0/10,000). There is not disparity data for either of these measures.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

- Redesign internal Housing team to emphasize street outreach by a dedicated, field-based team which will provide engagement and immediate access to services.
- Utilize data from a variety of sources - including housing partners, first responders, code enforcement, SUD providers, etc. - to provide targeted outreach and engagement to identify and prioritize individuals with unmet behavioral health needs.
- Work with the new Fresno County Office of Housing and Homelessness to uplift a Housing Flex Pool and streamline interagency operations.
- Partner with MCPs to connect individuals who are homeless or at risk of homelessness to ECM and housing-related Community Supports
- Allocate BHSA Housing Intervention funds for capital projects that will increase the number of housing beds available in Fresno County

Data used to inform these strategies came from the state data workbook, homeless point-in-time count, and housing data gathered from contracted service providers and internal programs. Community feedback during the Community Engagement Process emphasized the need to strengthen interagency partnerships and develop clear pathways for linking individuals with serious behavioral health conditions to housing.

File Upload

Please identify the category or categories of funding that the county is using to address the homelessness goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions
Federal Financial Participation (SMHS, DMC/DMC-ODS)
Other

Please describe other
Opioid Settlement Funds

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.
Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings

longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000
Below

30-day involuntary detention rates per 10,000
Below

180-day post-certification involuntary detention rates per 10,000
Same

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships
Below

Permanent Conservatorships
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023
Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention

For adults/older adults
Below

For children/youth
Below

Crisis Residential Treatment Services

For adults/older adults
Below

For children/youth
Not Applicable

Crisis Stabilization

For adults/older adults
Above

For children/youth
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex
Spoken Language

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Data Source: Population Behavioral Health Measure County Performance Workbook and CalMHSA Data Dashboards

The Fresno County rates for inpatient administrative days for both adults and youth are not available.

The Fresno County rate for 14-day involuntary detentions (3.4/10,000) is lower than the state rate (10.2/10,000). The Fresno County rate for 30-day involuntary detentions (0.3/10,000) is lower than the state rate (0.9/10,000). The Fresno County rate for 180-day involuntary detentions is equal to the state rate (0.0/10,000). For all involuntary detention rates, there is no data to evaluate disparities.

The Fresno County rate for temporary conservatorships (0.3/10,000) is lower than the state rate (0.7/10,000). The Fresno County rate for permanent conservatorships is not available. For both conservatorship rates, there is no data to evaluate disparities.

The SMHS Crisis Service Utilization measure contains three different rates, each looking at adults and youth separately. Although the overall rates for comparison use data from FY23, the most recent disparity data is available for FY22, so stratified rates may vary slightly from the overall rate.

The Fresno County rate for adult crisis intervention (141.5 minutes per beneficiary) is lower than the state rate (240.1 minutes per beneficiary). The rates for adults aged 33-44 (164.67 minutes per beneficiary), 45-56 (155.04 minutes per beneficiary), and 69+ (153.42 minutes per beneficiary) are the age groups with the highest rates. Usage was highest among those who use English as a written language (154.8 minutes per beneficiary), with Spanish in second (145.94 minutes per beneficiary). The rate among females (156.60 minutes per beneficiary) was slightly higher than among males (152.97 minutes per beneficiary). Usage rates were highest among those identifying as Other Race/Ethnicity (163.76 minutes per beneficiary), Black (152.68 minutes per beneficiary), and White (151.46 minutes per beneficiary).

The Fresno County rate for youth crisis intervention (156.0 minutes per beneficiary) is lower than the state rate (266.8 minutes per beneficiary). The rates among children 6-11 (201.73 minutes per beneficiary) and children 12-17 (194.39 minutes per beneficiary) are higher than the rates among youth 18-20 (121.78 minutes per beneficiary). Usage was highest among those identifying as White, (241.62 minutes per beneficiary), Black (214.23 minutes per beneficiary), and Other Race/Ethnicity (173.21 minutes per beneficiary). The rate among females (190.43 minutes per beneficiary) was higher than among males (175.41 minutes per beneficiary). Usage was highest among those who use English as a written language (188.24 minutes per beneficiary), with Spanish in second (173.39 minutes per beneficiary).

The Fresno County rate for adult crisis stabilization usage (32.9 hours per beneficiary) is higher than the state rate (24.0 hours per beneficiary). Usage was highest among those aged 33-44 (38.56 hours per beneficiary) and 21-32 (36.52 hours per beneficiary). Those identifying as Asian or Pacific Islander have the highest utilization (43.98 hours per beneficiary), followed by those identifying as Other Race/Ethnicity (39.20 hours per beneficiary) and Alaskan Native or American Indian (37.16 hours per beneficiary). The rate among males (39.28 hours per beneficiary) was higher than among females 31.79 hours per beneficiary). Those with English as a written language have a rate (33.86 hours per beneficiary) that is over 10 hours greater than those with Spanish as a written language (25.91 hours per beneficiary).

The Fresno County rate for youth crisis stabilization usage (26.7 hours per beneficiary) is higher than the state rate (18.6 hours per beneficiary). Utilization was highest among children 6-11 (32.68 hours per beneficiary) and children 12-17 (29.14 hours per beneficiary). Those identifying as White (34.46 hours per beneficiary), Black (31.61 hours per beneficiary), and Hispanic (27.73 hours per beneficiary) had the highest utilization rate among adults. The rate among females (29.74 hours per beneficiary) was higher than among

males (27.36 hours per beneficiary). Those with English as a written language have the greatest rate (33.86 hours per beneficiary), followed by those with Spanish as a written language (24.52 hours per beneficiary).

The Fresno County rate for adult crisis residential usage (21.2 days per beneficiary) is lower than the state rate (22.8 days per beneficiary). The rate among adults aged 45-56 (30.32 days per beneficiary) and 33-44 (27.09 days per beneficiary) were greatest. Those identifying as Black had a rate (33.92) that is over 10 days greater than the next highest group, which was those identifying as White (23.43 days per beneficiary). The rate among males (25.78 days per beneficiary) is higher than among females (22.53 days per beneficiary).

The Fresno County rate for youth crisis residential usage is not available.

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)

utilization of the Fresno County Crisis Stabilization Unit, and adult and youth Psychiatric Health Facilities.

File Upload

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

- Ensure justice-involved individuals are connected to specialty mental health and SUD services immediately upon release.
- Strengthen partnerships with probation, MCPs, and other justice partners to increase screenings and referrals to SMHS, SUD services, MAT services, etc.
- Continue to support mobile crisis, Crisis Intervention Teams, and other collaborative efforts to ensure individuals experiencing mental health emergencies receive treatment in a timely manner, triage crises, and reduce the use of hospitalization
- Expand existing Forensic Assertive Community Treatment (FACT) program and support contracted provider in providing this evidence-based practice to fidelity.
- Continue to offer Conservatorship and Community Conservatorship services to support recovery and stepdown to lower levels of care

- The DBH Court Connected Care and Justice Services Division maintains strong partnerships with Juvenile Hall, Probation, the Sheriff's Office, the Courts, the Managed Care Plan, and community-based organizations to support coordinated behavioral health screening and service engagement.
-Strengthen community partners awareness of the CARE Act, including targeted reeducation of eligible petitioners and referral sources
- Redesign the internal Access and Linkage program to ensure individuals who are discharged from hospitals and institutions are linked to the appropriate level of care in a timely manner.
- Participate in Phase 2 of the Multi-County Psychiatric Advanced Directives (PADs) Innovation project (approved in 2024), and pilot the electronic PAD to improve care coordination, divert individuals from the justice system and into behavioral health care, and reduce institutionalization.

Data sources to monitor activities and inform planning include the EHR, SB 929 LPS Data, and CalMHSA dashboards. Community feedback during the Community Engagement Process emphasized the value of ongoing partnership between DBH and law enforcement partners to ensure that individuals in crisis are served quickly and appropriately.

File Upload

Please identify the category or categories of funding that the county is using to address the institutionalization goal
BHSA BHSS
BHSA FSP
Federal Financial Participation (SMHS, DMC/DMC-ODS)

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For juveniles
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex
Other

Please describe other
race/ethnicity by sex

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average?
Below

What disparities did you identify across demographic groups or special populations?
Age
Gender
Race or Ethnicity

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023
Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Data Source: Population Behavioral Health Measure County Performance Workbook, CalMHSA Data Dashboards and the California Department of Corrections and Rehabilitation Adult Recidivism Dashboard

The Fresno County arrest rate for adults (3,636.8/100,000) is higher than the state rate (2,440.2/100,000). Those aged 30-39 (6,063/100,000) and 20-29 (4,922/100,000) have arrest rates higher than the county rate. Adult males also have an arrest rate greater than the county rate (5,534/100,000), which is approximately 3.5x greater than the rate in females (1,580/100,000). The Fresno County arrest rate for juveniles (600.2/100,000) is higher than the state rate (371.5/100,000). The arrest rate in juvenile males (983/100,000) is greater than the county rate. Race/ethnicity data for arrest rates is available but is not stratified by adult/juvenile. Individuals identifying as Black have the highest arrest rate (8,198/100,000), which is nearly 3x the county rate of 2,778/100,000. Hispanic individuals (3,074/100,000) also have a rate slightly above the county rate. When stratifying by sex, these disparities widen- the arrest rate among Black males is 11,993/100,000, which is over 4x the county rate and nearly 11x the rate of White females (1,110/100,000), the group with the lowest rate. Hispanic males (4,837/100,000), Black females (4,262/100,000) and White males (2,848/100,000) all have rates above the county rate.

The Fresno County Adult Recidivism Conviction Rate (30.8%) is lower than the statewide rate (39.6%). This rate is highest among age groups 20-24 (41.0%), 25-29 (38.8%) and 30-34 (34.4%), while all other age groups have rates below the county rate. The rate for males (31.3%) is slightly higher than the county rate. The rate among Black/African Americans (35.4%) is the only race/ethnicity group that has a recidivism rate higher than the county rate.

The Fresno County Incompetent to Stand Trial Count (19.7 per 100,000) is higher than the state rate (14.3/100,000). There is not disparity information available for this measure.

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g.,

developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
- Continue to strengthen partnership with law enforcement partners to utilize justice in-reach as a tool for early engagement in behavioral health services upon release
- Continue to support mobile crisis, Crisis Intervention Teams, and other collaborative efforts to ensure individuals experiencing mental health emergencies receive treatment in a timely manner, triage crises, and reduce the use of hospitalization
- Strengthen community partners awareness of CARE Act including targeted reeducation of eligible petitioners and referral sources
- Expand existing Forensic Assertive Community Treatment (FACT) program and support contracted provider in providing this evidence-based practice to fidelity.
- The DBH Court Connected Care and Justice Services Division maintains strong partnerships with Juvenile Hall, Probation, the Sheriff's Office, and the courts to support coordinated behavioral health screening and service engagement.

Data used to inform these strategies include the CalMHSA Dashboards and data provided by DHCS. Stakeholder feedback from the Community Planning Process demonstrated strong support for continued partnerships between DBH and Fresno County justice partners.

File Upload

Please identify the category or categories of funding that the county is nusing to address the justice-involvement goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions
2011 Realignment
1991 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
Age
Sex

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Data Source: Population Behavioral Health Measure County Performance Workbook and CalMHSA Data Dashboards

The Fresno County rate for Children in Foster Care (530.1/100,000) is slightly greater than the state rate (530.1/100,000). The Fresno County rate is greatest among those aged 16-17 (566/100,000) and those aged 1-2 or under 1 (503/100,000 and 483/100,000, respectively). The rate among females is greater than among males by approximately 70 individuals per 100,000. The Hispanic population is overrepresented in the

foster care system, with approximately 63% of foster care cases identifying as Hispanic despite making up 55% of the county population.

The Fresno County rate for Open Child Welfare Cases SMHS Penetration Rates (50.6%) is greater than the state rate (43.0%). Those on the extreme ends of the age spectrum have the lowest rates, with those aged 0-2 (30.1%), 3-5 (47.4%), and 18-20 (34.0%) all having rates below the county rate. Those identifying as Hispanic (47.7%) or Other Race/Ethnicity (40.6%) have rates below the county rate. There is a slight difference in rates among females (49.9%) and males (46.7%)

The Fresno County rate for Child Maltreatment Substantiations (6.5/1,000) is greater than the state rate (5.7/1,000). The rates decrease as age increases, with the highest rates occurring in those aged 0-1 (16.5/1,000) and 1-2 (7.2/1,000). Native American (20.1/1,000) and Black (17.9/1,000) individuals have rates above the county rate.

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

The Department of Behavioral Health has engaged its Full Service Partnership and Department of Social Services partners to collaborate on the implementation of FSP High Fidelity Wrap for eligible youth. DBH has submitted the EIF form to express formal interest in working with the FSP HFW Center of Excellence, UC Davis, to uplift this program.

DBH also operates a Family Urgent Response System (FURS) program to help stabilize foster placements to avoid, prevent, respond to, or treat a behavioral health crisis, or decrease the impacts of crisis or hospitalization.

Data used to inform these strategies include the CalMHSA Dashboards and data provided by DHCS. Stakeholder feedback from the Community Planning Process demonstrated strong support for continued partnerships between DBH and child-serving providers in Fresno County. Stakehold feedback also supports efforts to increase access to care by increasing understanding of the programs offered in the Fresno County system of care, and to reduce barriers to receiving care by increasing collaboration between service providers.

File Upload

Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal

BHSA BHSS
BHSA FSP
Other
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)

Please describe other

Opioid Settlement Funds

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Below

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Data Source: Population Behavioral Health Measure County Performance Workbook and CalMHSA Data Dashboards

The Fresno County rate for Follow-Up After Emergency Department Visits for Substance Use (FUA-30) (25.5%) is lower than the state rate (28.8%). The Fresno County rate for Follow-Up After Emergency Department Visits for Mental Illness (FUM-30) (15.3%) is lower than the state rate (38.2%). There is no data to evaluate disparities for these measures.

The Fresno County rate for Adults that Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drugs who had No Visits for Mental/Drug/Alcohol Issues in Past Year (47.2%) is lower than the state rate (48.4%). To create semi-stable data to evaluate disparities, multiple years of responses had to be pooled, creating stratified rates that may differ from the single-year overall rate. The rate was highest among those aged 18-24 (56.3%) and lowest among those aged 65+ (42.4%). Those identifying as Two or More Races (57.5%), Asian (56.2%), or Latino (52.4%) had rates greater than the county rate.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

- Redesign internal access programs - including post-crisis and post-hospital clinical follow-up - to maximize timeliness and same-day access to care for all eligible individuals, including those with untreated behavioral health conditions.
- Implement Connex to receive notification of emergency department admissions, and Admission-Discharge-Transfer (ADT) feeds to identify individuals not currently enrolled in the Fresno County system of care.
- Implement a clinical housing outreach team to support eligible individuals with screening, referral and linkage for SUD services, referral and linkage for mental health services, and referral and linkage to housing programs.
- Train field-based teams to provide Assertive Field-Based Substance Use Disorder Services to meet clients where they are to provide on-the-spot assessments and immediate linkage to care, with a focus on data-driven, targeted outreach by emergency departments, first responders, shelters, and other system partners.
- Collaborate with the Fresno County Superintendent of Schools to continue offering the All4Youth program, which brings Specialty Mental Health Services to school campuses across Fresno County.
- Strengthen partnerships with MCPs to increase the ease of referrals, and increase access to care. Ensure MCPs are knowledgeable in how to identify and refer members needing specialty mental health treatment
- Redesign and implement Access Point program to help screen, identify, refer, and link persons with SUD/MH needs to care
- Utilize the Holistic Wellness Program to leverage cultural brokers/community health workers focused on local traditional cultures to help identify and link persons with undiagnosed SMI/SUD to the correct levels of care, in a culturally congruent manner.
- Utilize the Hmong Helping Hands program - an established Community-defined evidence-based practice to provide early intervention support and treatment for older Hmong adults, a population that is historically underserved due to cultural and linguistic barriers
- Utilize the Local Outreach to Suicide Survivors (LOSS) team to provide postvention supports following a suicide loss by screening and linking survivors to care and supports that address the survivors' needs.

Data was retrieved from the electronic health record and various state and community data dashboards.

Community feedback during the Community Engagement Process emphasized the need for closed-loop referrals to - Strengthening outreach and engagement

File Upload

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
Other

Please describe other
Opioid Settlement Funds

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures .

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception

Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For children/youth
Below

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Below

For children/youth
Above

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?
Below

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?
Not Applicable

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average?
Above

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average?
Above

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average?
Above

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults’ Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults’ Access to Preventive/Ambulatory Health Service)
Above

For children/youth (specific to Child and Adolescent Well-Care Visits)
Same

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)
Above

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)
Below

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Below

For children/youth
Above

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Same

For adults/older adults
Above

For children/youth
Below

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?
Not Applicable

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Not Applicable

For children/youth
Not Applicable

County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals .

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.
Engagement in work

Engagement in work

Please describe why this goal was selected
After analyzing all of the additional BHT priority goals, DBH selected Increase Engagement in Work. This selection was based on a thorough review of departmental priorities, performance, and available resources, such as the CalMHSA dashboards and https://www.racecounts.org/county/fresno/. Through implementation of IPS to fidelity, a strong relationship with the Department of Rehabilitation, as well as a buy-in from the FSP program, DBH sees an opportunity to reduce mental health stigma and assist members in successfully engaging in the workforce.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Data Source: Population Behavioral Health Measure County Performance Workbook and CalMHSA Data Dashboards

The Fresno County rate for unemployment (7.5%) is higher than the state rate (4.8%). There is no data to evaluate disparities for this measure.

The Fresno County rate for adults unable to work due to mental problems (53.4%) is greater than the state rate (34.4%). To create semi-stable data to evaluate disparities, multiple years of responses had to be pooled, creating stratified rates that may differ from the single-year overall rate. The rate was highest among individuals aged 18-24 (45.3%). The highest rate among race/ethnicity is among those identifying as Two or More Races (Non-Latino) (71.3%). However, this rate is statistically unstable. The highest stable rate is among those identifying as Latino (43.3%). The rate among females (42.7%) is almost double the rate among males (24.5%).

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Engagement in work and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

The county has an existing contract for Individual Placement and Support (IPS) services, and is working with the DHCS-identified Center of Excellence - The IPS Employment Center at Research Foundation for Mental Hygiene, Inc - to deliver the IPS model to fidelity. IPS supports individuals living with behavioral health needs in obtaining and sustaining competitive employment to support their recovery. In addition to supporting individuals in obtaining and sustaining employment, IPS has been tied to improved self-esteem, community inclusion, reductions in homelessness and criminal justice system involvement, and improvements in overall quality of life among individuals living with behavioral health conditions. This holistic approach to wellness and recovery aligns with Fresno County DBH's mission to provide quality, culturally responsive, behavioral health services to promote wellness, recovery and resiliency for individuals and families in our community.

These principles are also reflected in DBH's commitment to increasing the number of Peer Support Specialists with lived experience working in the Fresno County system of care. Programs across the Fresno County system of care are encouraged to utilize peer support specialists with lived experience as core members of treatment teams. This provides an opportunity for individuals with behavioral health challenges to obtain meaningful employment. In addition to these contracted services, DBH has recently

updated the Peer Support Specialist job specifications with Fresno County Human Resources. These new specifications will allow DBH to continue its mission to employ individuals with lived experience in the behavioral health system.

DBH will continue to explore opportunities to develop interventions that target specific populations, or to expand its interventions related to engagement in work.

Please identify the category or categories of funding that the county is using to address this goal

BHSA BHSS
BHSA FSP

Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process .

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

---

Please indicate the type of engagement used to obtain input on the planning process

County outreach through social media
County outreach through townhall meetings
Focus group discussions
Key informant interviews with subject matter experts
Meeting(s) with county
Survey participation
Workgroups and committee meetings
Other

Please specify the other strategies that demonstrate the meaningful partnerships with stakeholders

City and County of Fresno Joint Meeting on Homelessness

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement

County outreach through social media

Date

11/12/2025

Type of engagement
County outreach through social media

Date
1/15/2025

Type of engagement
County outreach through social media

Date
2/3/2026

Type of engagement
County outreach through townhall meetings

Date
10/17/2025

Type of engagement
County outreach through townhall meetings

Date
10/29/2025

Type of engagement
County outreach through townhall meetings

Date
1/27/2026

Type of engagement
County outreach through townhall meetings

Date
1/29/2026

Type of engagement
County outreach through townhall meetings

Date
2/2/2026

Type of engagement
County outreach through townhall meetings

Date
2/3/2026

Type of engagement
County outreach through townhall meetings

Date
2/13/2026

Type of engagement
County outreach through townhall meetings

Date
2/25/2025

Type of engagement
Focus group discussions

Date
2/3/2026

Type of engagement
Focus group discussions

Date
2/13/2026

Type of engagement
Focus group discussions

Date
4/16/2025

Type of engagement
Focus group discussions

Date
4/17/2025

Type of engagement
Focus group discussions

Date
4/30/2025

Type of engagement
Focus group discussions

Date
5/29/2025

Type of engagement
Focus group discussions

Date
6/4/2025

Type of engagement
Focus group discussions

Date
7/24/2025

Type of engagement
Focus group discussions

Date
10/1/2025

Type of engagement
Focus group discussions

Date
11/14/2025

Type of engagement
Key informant interviews with subject matter experts

Date
1/20/2026

Type of engagement
Key informant interviews with subject matter experts

Date
1/26/2026

Type of engagement
Key informant interviews with subject matter experts

Date
2/2/2026

Type of engagement
Workgroups and committee meetings

Date
10/28/2025

Type of engagement
Workgroups and committee meetings

Date
1/27/2026

Type of engagement
Workgroups and committee meetings

Date
2/4/2026

Type of engagement
Workgroups and committee meetings

Date
2/5/2026

Type of engagement
Meeting(s) with county

Date
7/2/2025

Type of engagement
Meeting(s) with county

Date
2/4/2026

Type of engagement
Meeting(s) with county

Date
2/6/2026

Type of engagement
Survey participation

Date
2/25/2026

Type of engagement
Survey participation

Date
2/25/2026

Type of engagement
Key informant interviews with subject matter experts

Date
2/3/2026

Type of engagement
Workgroups and committee meetings

Date
2/13/2026

Type of engagement
Workgroups and committee meetings

Date
9/4/2025

Type of engagement
Workgroups and committee meetings

Date
11/20/2025

Type of engagement
County outreach through townhall meetings

Date
6/25/2025

Type of engagement
County outreach through townhall meetings

Date
8/27/2025

Type of engagement
County outreach through townhall meetings

Date
11/12/2025

Type of engagement
County outreach through townhall meetings

Date
1/7/2026

Type of engagement
Key informant interviews with subject matter experts

Date
2/10/2026

Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals

SEIU 521
Adventist Health
Anthem Blue Cross
California State University Fresno
California State University Fresno - Counseling Center
CalViva Health Net
Central CA Emergency Medical Services
Central Valley Regional Center
City of Clovis
City of Firebaugh
City of Fresno - City Council
City of Fresno - Mayor's Office
City of Fresno - Planning and Development
City of Fresno - Homeless Services
City of Fresno - Housing and Neighborhood Revitalization
City of Huron
City of Kingsburg
City of Mendota
City of Parlier
City of Reedley
City of Reedley Police Department

City of Sanger
Clovis Community College
Coalinga Regional Medical Center
Community Medical Center
Community Medical Center
Exodus Recovery
First 5 Fresno County
Fresno American Indian Health Project
Fresno County Administrative Office
Fresno County Board of Supervisors
Fresno County Department of Probation
Fresno County Department of Social Services
Fresno County Department of Social Services, Veterans Services Office
Fresno County Public Health
Fresno County Sheriff
Fresno County Superintendent of Schools
Fresno County Superior Court
Fresno Housing
Fresno Madera Area Agency on Aging
Fresno Madera Continuum of Care
Fresno Mission
Kaiser Permanente
Kaweah Delta Mental Health Hospital
River Vista Behavioral Health
Saint Agnes Medical Center
Stars Behavioral Health, Inc.
Valley Children's Hospital
Veteran's Administration Central California Health Care System
Veteran's Service Office
2nd Home Inc
ABC Center Inc
Amwell
BAART Programs
Baymark Health Services
Big Red Church
Black Wellness and Prosperity Center
California Psychological Institute Fresno
Calnetcare
Comprehensive Addiction Programs Fresno
Carelon

CASA of Fresno and Madera Counties
Central Valley Family Therapy
Centro la Familia
Clinica Sierra Vista
Community Health Improvement Partners
CYS Fresno
Dreamcatchers
Elite Family
Exodus Recovery
Fresno Council on Child Abuse Prevention
Fresno County Health Improvement Project
FIRM Inc
FNA Group
Fresno County Library
Fresno County Superintendent of Schools
Fresno Economic Opportunities Center
Fresno Metro Ministry
Fresno Mexican Consulate
Fresno Ministry
Health Collaborative
Hinds Hospice
Hispanic Commission
Hope & Healing Family Therapy Center
Hope Now for Youth Inc
House Clinic
Inspire Health Medical Group
J Melton Associates
Kingsview Behavioral Health
La Familia Therapy Services
LGBT Community Network
Live Again Fresno
LPC Associates
Manuch Inc
Medmark
NAMI Fresno
Pacific Clinics
Pinnacle Treatment Centers
Prodigy Healthcare Inc
Promesa Behavioral Health
Quality Family Services

Resiliency Center of Fresno
RH Community Builders
Saint Rest Church
Special Services Community Center
Sullivan Center for Children
TBI Fresno
Team FNC
The Children's Movement
The Fresno Center
Transform Health
Transitions Children Services
TURN Behavioral Health
Turning Point of Central California
UCSF - Fresno
Universal Health Services, Inc
Valley Children's Hospital
Valley CRC
Wellpath
West Fresno Family Resource Center
Westcare
Westside Church of God
Westside Family Preservation Services Network

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	Fresno - 557,032
2	Clovis - 129,121
3	Sanger - 27,037

	City name
4	Reedley - 26,603
5	Selma - 24,585

Were you able to engage all required stakeholders/groups in the planning process?
Yes

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities
See attachments for notes from each community forum/townhall meeting, and survey results. Selected summaries are included below.

Student Mental Health Ecosystem
(students, parents, faculty, providers serving students)

Building a student-centered community of care
-A network of trusted relationships between students, peers, teachers, counselors, and families
- Building belonging and social connection, establishing trust and addressing burnout, and bridging communication and cultural gaps
-Ensuring awareness of why mental health matters and available resources
-Better awareness and consistency with mental health information on school websites
-Measuring the impact of programs to support improvement
-More consistent data gathering and standardized district-wide measures to evaluate the entirety of FUSD's mental health efforts
Delivering effective, consistent programs for all
-Diverse and inclusive services are needed across the district
-More intentional curriculum implemented with fidelity is needed to sustain student outcomes including earlier grade levels

YLI Youth Forum – Governor's Watch Party
-Affordable housing
- Diverse and inclusive services and resources are needed
-Increase mental health literacy

-Increase affordable college and postgraduate degrees

Early Childhood Community Partners
- Ensure that families facing removal from home are supported, including caregivers who step in to support to help preserve family connections (0-5 age range home removals)
- Early intervention must focus on both child AND caregivers/family
- Concerns about loss of prevention funding for younger population
- Collaboration with other programs/ groups
-To increase coordination and early screening to connect families to care
-Increase childcare crisis services
- Improve access to childcare to help people engage in employment
-To provide work readiness support to individuals
-Collaborating on the Abundant Birth Project
- Collaborating with Perinatal Substance Abuse Taskforce

SEUI 521
-The focus on youth and homelessness is valuable
-Expressed concern for sunsetting Youth Empowerment Centers, especially rural areas that lack access to services
-Discussed potential to create a Student Behavioral Health Worker position
- Concerns about adequacy of training for staff on new BHSA programs in which the DBH Direct reported that the County has a commitment to ensure sustained ongoing training.

East County & City Partners
-Improve coordination and data sharing on suicides, mental health, SUD, overdoses, and unhoused
- Increase communication on DBH services and information to be shared at city/county meetings
- Youth Council stated they would like mental health information and peer to peer services
- Invite DBH to attend events for targeted outreach to individuals and groups known to be in need or at risk
- Strongly used partners in community for behavioral health services have been the schools, County DBH Mobile Crisis and CIT, and Crestwood Kingsburg Healing Center.

West County & City Partners
-Homelessness has been a priority area because there are challenges in understanding the accuracy of the Point in Time count, a need for a one-stop shop to provide housing services, and no permanent supportive housing for individuals in need, especially those who return from care and services in Fresno
- Limited mental health and substance use disorder services in rural communities

- Access to culturally relevant services is limited
- Transportation barriers – as individuals are not aware of free transportation to medical appointments or the services are not very user-friendly
- Increase outreach in the rural communities
- Rural communities have limited community gathering space, especially for young individuals to meet with peers
- Fresno County's All 4 Youth program has been a large strength for the youth in the community

Higher Education
- Strengthen communication about processes and available services and resources between university systems and county network
- Behavioral health literacy is a growing need – many students are unaware of their mental health or SUD symptoms
- Provide information and care coordination for the students with SMI, SUD, or higher acuity symptoms, especially post-hospitalization services and coordination

Local Hospitals & EMS serving Fresno County
- Would like to ensure continuation of Triage to Alternate Destination program of EMS in Fresno County. This program is a strength of the crisis system
- Access to behavioral health services in rural communities is a challenge
- Commercial/private insurance resources are not always available in similar ways as the public behavioral health system

Interagency Leadership Team Children's System of Care
- Increase collaboration, integration and alignment
- BHSA will support ongoing shared analysis of resources, needs, gaps, redundancies and over/under-utilization across the multi-sector ecosystem
- Opportunities to align and maximize Medi-Cal revenue can be strengthened through the Interagency Leadership Team Memorandum of Understanding to align language and accountability across agencies

MCP Stakeholders
- Leveraging strengths and opportunities across Medi-Cal and leveraging benefits

- Ensuring that no individual gets lost in the system of care
- The "engagement in work" is an important area of focus

Sheriff
- Priority areas are crisis response, homelessness response and the Fresno County jail
- Hopes partnership with DBH can ensure coordinated responses to crisis and is the key to public safety in a mental health emergency
- Strategies to engage the hard-to-serve population with clear need for MH and SUD
- Would support development of a clinical homeless outreach team
- Continue to provide services in collaboration with jail staff and contracted treatment provider
- CalAIM Justice Initiative

Upload File
00. CPP Records Combined.pdf

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP) **? Additional information regarding engagement requirements with other local program planning processes can be found in** Policy Manual Chapter 3, Section B.2.3.
Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans **(MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities**
Collaboration: The Department of Behavioral Health (DBH) consistently meets with the Fresno County LHJ's to collaborate on the development and implementation of the CHA and CHIP. The Department of Public Health (DPH) leads the process with support from DBH and the MCPs. In 2025, DBH and the LHJs met consistent to align priorities and develop shared goals. DPH consistently ensures that all LHJs are

on-time and consistently staying in alignment.
Data-sharing: DBH contributes population data to the CHA/CHIP when applicable to the specific goal in question. Member-level data has yet to be shared from or with DBH.
Stakeholder Activities: DBH has been involved in a number of community stakeholder activities, DBH has been meeting with the LCJ and the MCPs since late 2025. DBH facilitated a stakeholder session with the MCPS, and facilitated an stakeholder session on BHSA with DPH's leadership in Feb. Additionally, DBH has been involved in discussions with the LHJ for the past year, on ways to collaborate on community planning and forums, surveys and needs assessments, that can inform efforts of both DBH and DPH, reduce burden on the community by participating numerous planning events.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?
No

Collaboration

Please select how the county collaborated with the LHJ
Attended key CHA and CHIP meetings as requested.
Served on CHA and CHIP governance structures and/or subcommittees as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP
Access to Care
Care Experience
Engagement in School
Engagement in Work
Homelessness
Institutionalization
Justice Involvement
Overdoses
Prevention of Co-Occurring Physical Health Conditions
Quality of Life
Removal of Children from Home

Social Connection
Suicides
Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)
Other

Please describe

The Department of Behavioral Health (DBH) identified Access as the primary BHT Goal for the CHA/CHIP process. DBH is focused on reaching non-English speakers and increasing their awareness of DBH services. Through this process, DBH will increase the SMHS, non-SMHS, and DMC-ODS penetration rates for non-English speakers.

Was data shared?

No

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development

Overdoses
Suicides

Was data shared?

No

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)

Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3
Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP
The Department of Behavioral Health (DBH) has reviewed the CHA and CHIP, with a particular focus on areas such as community education, stigma reduction, and suicide prevention activities. DBH has worked with LHJ and MCPs and is examining options for engagement, improving access, and understanding barriers to care. In the CHA, stakeholders identified the following priorities:
- Mental Health Needs, #2
- Access to Care (medical and Behavioral Health), #3
- Adverse Childhood Experiences, #4
-Substance Use Disorder, #7

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes.

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes
Anthem, CalViva, Kaiser Permanente

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?
As of yet, the Department of Behavioral Health (DBH) has not seen the MCP Community Reinvestment Plans for Fresno County. DBH and the LHJ will continue to work with the MCPs on opportunities for shared focus and goals, including areas where the MCP Reinvestment Plan can meet community behavioral health

needs. One area of opportunity that DBH will seek to explore is addressing workforce diversity, including targeted workforce and education pathways for members of underserved and underrepresented groups.

Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Confirm that the data is up to date and reflects the correct information for a Draft Plan

Date the draft Integrated Plan (IP) was released for stakeholder comment

3/27/2026

Date the stakeholder comment period closed

5/18/2026

Date of behavioral health board public hearing on draft IP

5/20/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality

Link

Please provide the link to the public posting

fresnobhsa.com

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page

fresnobhsa.com

File Upload

Please select the process by which the draft plan was circulated to stakeholders
Public posting
Email outreach

Attach email

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback
N/A - Public Posting after draft submission

Summarize the substantive revisions recommended this stakeholder during the comment period
N/A - Public posting after draft submission

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations
N/A - Public Posting will occur after draft submission

County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

Mark section as complete

County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

Final 25-26 FCDBH QIWP.pdf

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?

No

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided

Number of contracted BHSA provider locations

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	32
Substance Use Disorder (SUD) services only	0
Both MH and SUD services	6

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	33
DMC/DMC-ODS only	0
Both SMHS and DMC/DMC-ODS systems	5

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

2

Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs

Fresno County DBH will work with the MCPs and its system of care providers to develop processes and workflows for contracting and claiming for all services that can/should be reimbursed by Medi-Cal MCPs, including NSMHS.

DBH will develop a notification process for contracted providers to alert the Department of pending or delayed responses from MCPs. DBH will develop language requirements for future contracts, RFPs and service agreements for county contracted providers to also contract with MCPs for claims for NSMHS.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

a. **Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening**

b. **Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and**

c. **Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding**

Does the county wish to describe implementation challenges or concerns with these requirements?

No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county’s Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)

Yes

Do not participate in the county’s Medi-Cal Behavioral Health Delivery System?

Yes

Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

---

General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan

Children's System of Care (non-Full Service Partnership (FSP))
Adult and Older Adult System of Care (non-FSP)
Early Intervention Programs (EIP)

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Mental health services
Supportive services
Substance Use Disorder treatment services

Please describe the specific services provided

DBH Functional Family Therapy

Functional Family Therapy is an intensive, short-term family-based intervention designed for youth, ages 11-18, at risk for out-of-home placement due to external behaviors that require the engagement of the youth and family system including the family's members social system (teachers, health care providers).

Persons served who meet medical necessity for Specialty Mental Health Services and deemed appropriate to receive the service by a Licensed Mental Health Professional receive individual therapy, targeted case management, rehabilitation, and assessment services.

The following are indicators that FFT may be medically necessary:
- Youth is at risk of or has moderate to severe behavioral or emotional challenges
- Conduct Disorder
- Violent Acting-Out
- Substance Use Disorder
- Delinquency

The goal of Functional Family Therapy (FFT) is to reduce adolescent behavioral problems, conduct disorder, substance use, and recidivism while improving parenting practices.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	130
FY 2027 – 2028	130
FY 2028 – 2029	130

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care

Estimates are based on the total caseload size across practitioners in each respective program and the anticipated length of stay in the program.

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Mental health services

Supportive services

Please describe the specific services provided

DBH Parent Child Interaction Therapy (PCIT)

PCIT is an evidence-based treatment model that supports caregivers in developing effective strategies to manage challenging behaviors and strengthen positive attachment. The program focuses on improving the parent-child relationship, enhancing positive communication, and reducing disruptive behaviors through live coaching and skill-building. PCIT helps families develop effective parenting strategies that promote emotional regulation, secure attachment, and long-term resilience. Services in PCIT include Individual therapy, group therapy, targeted case management, rehabilitation, assessment, and crisis services.

The PCIT program serves young children ages 2-7 and their caregivers residing in Fresno County who are experiencing behavioral and relational challenges that interfere with daily functioning. The program is designed for children who display symptoms such as early signs of behavioral dysregulation, defiance, aggression, temper outbursts, or difficulty following directions, as well as those who have experienced disruptions in attachment or caregiving relationships. PCIT may also be recommended as a preventive or early intervention service to reduce the likelihood of escalation to higher levels of care.

Through PCIT, DBH addresses a critical need for accessible, evidence-based early intervention that strengthens family functioning and prevents the progression of more severe mental health concerns.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	100
FY 2027 – 2028	100
FY 2028 – 2029	100

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care

Estimates are based on the total caseload size across practitioners in each respective program and the anticipated length of stay in the program.

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Mental health services

Supportive services

Please describe the specific services provided

DBH Perinatal Outpatient Services

The Perinatal program serves pregnant or postpartum teens and adults who are experiencing Perinatal Mood and Anxiety Disorders (PMADs) and/or SMI, and parents experiencing Paternal Postnatal Depression (PPND).

The Perinatal Wellness Center provides support for pregnant and postpartum individuals for outreach and

early identification of Perinatal Mood and Anxiety Disorders (PMADs) through screening, assessment, and referrals to treatment. This program is designed to provide short-term mental health and supportive services to pregnant and postpartum individuals and their infants, which may begin at any point during a person's pregnancy and continue through the infant's first year of life, however some persons-served may need to receive services for a longer period of time due to the severity of their mental health challenges and are evaluated on a case-by-case basis.

Services include individual therapy, group therapy, case management, medication support, public health nursing services, and peer support. The Perinatal Wellness Center also provides short-term mental health services and support for parents experiencing Paternal Postnatal Depression (PPND).

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	360
FY 2027 – 2028	360
FY 2028 – 2029	360

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care

The number of individuals served was projected using program data from FY 24/25.

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Mental health services

Supportive services

Please describe the specific services provided
DBH Transitional Aged Youth Outpatient Program

The Transition Age Youth (TAY) Outpatient Team works with young adults ages 17.5-23 with challenges in transitioning into independent adults due to severe mental illness. Eligible TAY persons meet medical necessity for Specialty Mental Health Services (moderate to severe) as defined by Department of Health Care Services and the CalAIM initiative. The program renders services such as Individual Therapy, Group Therapy, Targeted Case-Management, Rehabilitation, and Assessment.

The goal of the TAY Outpatient Team is to empower, instill hope, encourage responsibility, reduce symptoms, and encourage participants to be an active part of their own transition to independence. The TAY Team may use Evidence-based Practices such as: Transition to Independence Process (TIP), Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy for Psychosis (CBTp), Motivational Interviewing (MI); Eye Movement Desensitization and Processing (EMDR) and Wellness & Recovery.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	200
FY 2027 – 2028	200
FY 2028 – 2029	200

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care
The number of individuals served was projected using program data from FY 24/25.

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Mental health services
Supportive services

Please describe the specific services provided

DBH Youth Outpatient

This program serves youth, ages 0-18 years old and Medi-Cal/Uninsured Children of Fresno County in need of Specialty Mental Health services, children/adolescents with Severe Emotional Disturbance (SED), and presumptive transfer youth (Out of county child welfare youth).

Services are provided in the clinic or in the field/community as needed to increase accessibility and reduce barriers to mental health services. For this specific program, schools/education centers will be one of the primary service locations. Other locations can be field based, client's home, or office based.

The team delivers the following Specialty Mental Health Services: Mental health assessment and treatment planning, individual therapy, family therapy, rehabilitation services, collateral, group therapy, linkage / referrals to community resources. The team holds intensive case coordination (ICC) and Client-Family Team (CFT) meetings for care coordination. This team may use Evidence-based Practices such as: Motivational Interviewing, Trauma Informed Care, Infant Mental Health (0-5), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Therapy-Psychosis, Eye Movement Desensitization Reprocessing (EMDR), Eating Disorder Treatment, Child-Parent Psychotherapy (CPP), and Dialectic Behavioral Therapy (DBT).

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	700
FY 2027 – 2028	700

Plan Period by FY	Projected Number of Individuals Served
FY 2028 – 2029	700

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care
The number of individuals served was projected using program data from FY 24/25.

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program
Supportive services

Please describe the specific services provided
CONTINUING MHSA INNOVATION PROJECT - NOT BHSA FUNDED
Participatory Action Research with Justice-involved Youth using an Adverse Childhood Experience (ACEs) framework.

This MHSA Innovation project seeks to improve future program planning and services within Fresno County for prevention of justice involvement among youth; to develop strategies for engaging with justice-involved youth; and to research strategies to reduce future involvement in the justice system.
This project focuses on individuals aged 15-17 years who are currently involved in the juvenile justice system in Fresno County. This will include those residing in the county's Juvenile Justice Center (JJC).
Participants are trained on Adverse Childhood Experiences (ACEs) in order to help frame the impacts of adverse childhood experiences. Participants will gain an understanding of the impact of ACES and focus on resilience and how to succeed despite one's ACE score. Youth will be able to become trainers for this curriculum in order to help other youth understand ACES. Youth participants will then use their understanding of ACEs to help identify which types of services or engagement could have served as an effective intervention to possibly reduce their justice involvement.

The final report for this project will be shared with county partners to inform programming for youth across

a variety of county departments and community organizations.

This Innovation project will conclude in FY 2027-2028.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	0
FY 2027 – 2028	0
FY 2028 – 2029	0

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care
This

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Supportive services
Mental health services

Please describe the specific services provided
DBH Older Adult Outpatient

The Older Adult Team provides outpatient services to BHSA eligible, Medi-Cal eligible, and uninsurable

individuals aged 60+ who are eligible for Specialty Mental Health Services. Persons served are diagnosed with moderate to severe mental health illnesses: Schizophrenia, Bipolar Disorder, and other diagnosis that include psychotic features, and co-occurring disorders.

Services include the CalAIM assessment, targeted case management, intensive case management, crisis intervention, care coordination, psychosocial rehabilitation interventions, individual and group therapy and peer support services.

The Older Adult Team may use Evidence-Based Practices such as: Motivational Interviewing (MI), Cognitive Behavioral Therapy – Psychosis (CBT-P), Eye Movement Desensitization Reprocessing (EMDR), Dialectical Behavior Therapy (DBT), and Trauma Informed Care.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	200
FY 2027 – 2028	200
FY 2028 – 2029	200

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

The number of individuals served was projected using program data from FY 24/25.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Substance Use Disorder (SUD) treatment services
Mental health services

Please describe the specific services provided
DBH Pathways to Recovery

Pathways to Recovery is a co-occuring program that provides outpatient SUD services to BHSA eligible, Medi-Cal eligible, and uninsurable recipients who meet ASAM criteria. SUD services include the ASAM assessment, targeted case management, care coordination, psychosocial rehabilitation, recovery services, individual and group counseling, family psychoeducation, and peer support services. Those who meet criteria for SMI can receive mental health services which can include the CalAIM assessment, targeted case management, crisis intervention, care coordination, and individual therapy. Outcomes include increased sense of wellness and quality of life through co-occurring treatment and the promotion recovery-oriented activities in the larger community.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	100
FY 2027 – 2028	140
FY 2028 – 2029	180

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
The number of individuals served was projected using program data from FY 24/25.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Supportive services
Mental health services

Please describe the specific services provided

Holistic Wellness Program

The Holistic Wellness Program promotes recovery and mental well-being through culturally rooted practices and education, serving diverse communities in Fresno County. Cultural Brokers/Community Health Workers bridge Western and holistic approaches to identify early symptoms of serious mental illness or substance use disorder, and support behavioral health.

Program Goal 1: To offer a myriad of holistic/complementary healing practices and activities that are used and trusted by members of unserved/underserved communities primary, secondary, and tertiary mental health prevention.

Program Goal 2: To partner with Holistic practitioners to provide education on cultural and complementary wellness and recovery practices as a way to empower and support individuals and expand coping options toward mental health prevention.

Program Goal 3: To provide behavioral health education and screening to traditionally underserved groups as a vehicle for increasing identification of untreated mental illness and increase access to care.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	3000
FY 2027 – 2028	3000
FY 2028 – 2029	3000

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

The number of individuals served was projected using program data from FY 24/25.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Supportive services
Substance Use Disorder (SUD) treatment services

Please describe the specific services provided
Peer Wellness Center

The Peer Wellness Center offers a peer driven, drop-in format, providing a wide range of wellness and recovery-oriented activities. These services include peer support, education, life skills, co-occurring support, opioid use disorder services, and linkages to housing, employment, and other community-based services. The program emphasizes community connection, empowerment, and recovery through volunteer opportunities and social engagement.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1000
FY 2027 – 2028	1000
FY 2028 – 2029	1000

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
The number of individuals served was projected using program data from FY 24/25.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Supportive services

Substance Use Disorder (SUD) treatment services

Please describe the specific services provided

Housing Supportive Services

Individuals living in designated housing units receive on-site assessments, case management, individual therapy, group therapy, crisis services, and SUD support to assist them in maintaining housing. Other services may involve the facilitation of community activities such as tenant council meetings that promote housing stability for all residents.

Services are provided to individuals residing in 166 No Place Like Home Units and 154 other supportive housing units.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	320
FY 2027 – 2028	320

Plan Period by FY	Projected Number of Individuals Served
FY 2028 – 2029	320

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
Available units were established with No Place Like Home grant funding and other project-based housing funds. DBH has committed to providing supportive services for these units for 20-30 years, depending on grant terms.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Supportive services

Please describe the specific services provided
CONTINUING MHSA INNOVATION PROJECT - NOT BHSA FUNDED
Multi-County Psychiatric Advanced Directives Project Phase 2

Fresno County is participating in the Multi-County Psychiatric Advanced Directives Project Phase 2, with the goal of providing Psychiatric Advanced Directives to individuals in Fresno County. The Department will participate in trainings and convenings provided by the Multi-County project. Locally, DBH will implement a phased roll-out of Psychiatric Advanced Directives. The roll-out will begin with individuals stepping down from conservatorship, and will continue with individuals enrolled in FSP programs and those who interact with the mobile crisis teams. DBH will modify this implementation plan as needed.

The goal of this project is to use Psychiatric Advanced Directives as an empowerment tool to decrease justice involvement and institutionalization, while supporting and individual's unique recovery journey.

This project will conclude in FY 2028-2029.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	75
FY 2027 – 2028	150
FY 2028 – 2029	250

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

These estimated numbers served are based on the number of individuals that step down from conservatorship and will be offered a Psychiatric Advanced Directive. DBH will expand its offerings of Psychiatric Advanced Directives to individuals enrolled in FSPs and other programs over the course of the three-year plan. Projected numbers served will be updated in subsequent Integrated Plan updates.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Supportive services

Please describe the specific services provided

CONTINUING MHSA INNOVATION PROJECT - NOT BHSA FUNDED

California Reducing Disparities Project (CRDP) Evolutions

This MHSA Innovation Project supported local CRDP programs in modifying their services to align with Cal-AIM and provide Medi-Cal billable services. Services associated with this project will conclude on 6/30/2026. The project evaluation phase will begin on 7/1/2026, and conclude by 2/31/2026.

This project will conclude by 12/31/2026.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	0
FY 2027 – 2028	0
FY 2028 – 2029	0

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

Services associated with the MHSA Innovation project will conclude on 6/30/2026. The project will be in the evaluation phase from 7/1/2026-12/31/2026. The project will conclude by 12/31/2026.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Supportive services

Please describe the specific services provided

Workforce Engagement and Training (WET)

These activities will be funded with rollover MHSA WET funds, and then allocated BHSA funds.

DBH WET activities include:
• Recruitment and retention such as position advertisements and staff wellness.
• Training and technical assistance, including but not limited to, training of contracted and internal staff; certification costs; and specialized training.
• Internship and apprenticeship programs, including payment for internship programs and intern supervision.

DBH continues to explore opportunities such as BH CONNECT workforce incentives.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	0
FY 2027 – 2028	0
FY 2028 – 2029	0

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
These funds are not tied to services for individuals. The Fresno County public behavioral health workforce consists of approximately 1700 individuals.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Supportive services

Please describe the specific services provided
ROLLOVER MHSA CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) FUNDS

DBH will utilize rollover MHSA CFTN funds to continue construction on capital facilities projects described in the 2025-2026 MHSA Annual Update, such as Department's outpatient facility and adult and youth psychiatric health facilities.

At this time, DBH does not anticipate allocating BHSA funds to CFTN.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	0
FY 2027 – 2028	0
FY 2028 – 2029	0

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
These funds are not tied to services for specific individuals.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
24/7 Access Line - Mental Health

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

Fresno County provides a 24/7 toll-free behavioral health Access Line (1-800-654-3937) for mental health (MH) needs. Using the California Department of Health Care Services (DHCS) Screening Tool, operators assess risk levels and determine appropriate interventions. The service provides American Society of Addiction Medicine (ASAM)-based evaluations for Substance use disorder (SUD) cases and immediate crisis triage, with warm transfers to treatment providers. All calls are documented in compliance with Health Insurance Portability and Accountability Act (HIPAA) and 42 Code of Federal Regulations Part 2, supported by language interpretation and teletywriter (TTY) services. Through its "No Wrong Door" approach, the Access Line serves all callers, primarily Medi-Cal beneficiaries, offering connections to county resources and appropriate levels of care. The Fresno Mental Health Plan is required to operate a state-mandated toll-free answering service in accordance with Title 42, Part 438.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	4000
FY 2027 – 2028	4000

Plan Period by FY	Projected Number of Individuals Served
FY 2028 – 2029	4000

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

24/7 Access Line - Substance Use Disorder

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings

Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

Fresno County provides a 24/7 toll-free behavioral health Access Line (1-800-654-3937) for mental health (MH) needs. Using the California Department of Health Care Services (DHCS) Screening Tool, operators assess risk levels and determine appropriate interventions. The service provides American Society of Addiction Medicine (ASAM)-based evaluations for Substance use disorder (SUD) cases and immediate crisis triage, with warm transfers to treatment providers. All calls are documented in compliance with Health Insurance Portability and Accountability Act (HIPAA) and 42 Code of Federal Regulations Part 2, supported

by language interpretation and teletywriter (TTY) services. Through its "No Wrong Door" approach, the Access Line serves all callers, primarily Medi-Cal beneficiaries, offering connections to county resources and appropriate levels of care. The Fresno Mental Health Plan is required to operate a state-mandated toll-free answering service in accordance with Title 42, Part 438.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	150
FY 2027 – 2028	150
FY 2028 – 2029	150

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name

Access and Navigation Program

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Referrals
Access and Linkage: Other

Please specify “other” type of Access and Linkage

Linkage to housing services

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The Access Point Program provides a “no-wrong door” entry point for Fresno County residents, especially unserved and underserved populations, seeking support across areas like mental health, substance use, physical health, housing, employment, and legal assistance. Services are delivered through strategically located access points and a uniform screening tool that enables connections to resources. The provider of this program collaborates with County departments (DBH, DSS and DPH) to ensure coordinated, person-centered care. The intended outcomes include:

- Increase screening for mental health and substance use needs.
- Increase access of individuals in need of behavioral health services to the right level of care in a timely manner
- Connection of more individuals and families with the right services the first time
- Facilitation of collaboration between service providers
- Leveraging of existing resources in the community
- Reduced service duplication across systems
- Reduced number of individuals ‘falling between the cracks’

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	4500
FY 2027 – 2028	4500
FY 2028 – 2029	4500

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Specialty Mental Health Services in Schools

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Assessments
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The intended outcome of this program, known locally as All4Youth, is to reduce the long-term adverse impact on individuals and their families resulting from untreated behavioral health conditions. The early intervention framework allows youth early access behavioral screening, assessment, referral and linkage and/or treatment and supports for symptoms or a diagnosis of a serious emotional disturbance, serious mental illness, or substance use disorder. Early intervention services shall be primarily focused on Medi- Cal eligible or uninsured youth ages 0- 22 and families who have symptoms of a mental illness (severe emotional disturbance (SED/ severe mental illness SMI), or a diagnosable mental illness (SED,/SMI) to prevent severe deterioration/ impairment.

Goal 1 - Increase the delivery of behavioral health treatment services to Medi-Cal eligible or uninsured persons and families.

Goal 2 - Identify through screening and assessment children/youth who need specialty mental health or SUD services and assist in the linkage to treatment and care services needed to provide appropriate level of treatment and build upon individual and family strengths and assets to help caretaker and children develop new skills to enhance family cohesion.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	4200

Plan Period by FY	Projected Number of Individuals Served
FY 2027 – 2028	4200
FY 2028 – 2029	4200

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The county used a combination of census data from current agreements, past early intervention services, crisis data, and projections of Medi-Cal eligible youth penetration rates.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name

Child Welfare Services - External Vendors

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Outreach

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The Department of Behavioral Health (DBH) and Department of Social Services (DSS) contract with qualified vendors to provide outpatient specialty mental health, court specific, and community-based support services for children and youth involved in the Child Welfare Services (CWS) system.

The vendors will be responsible for providing medically necessary outpatient specialty mental health services for children, youth, and their caretakers who meet medical necessity, as well as court-specific services to children and families involved in Fresno County's Child Welfare Services (CWS) system.

The outpatient specialty mental health services include assessments, plan development, therapy, rehabilitation services, crisis intervention, case management, intensive home-based services and intensive care coordination are expected to be community-based and provided in the family's home or in the community, whenever possible. Program outcomes include increasing timely access to services, reducing disparities, preventing conditions from becoming severe, and maintaining stable placement.

Contractors shall provide specialty mental health services to all referred children, youth, parents, guardians, and foster parents involved with a child's CWS case. The target population includes children and youth as referred to in the Katie A Settlement Agreement as members of the "class" and "subclass."

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1900
FY 2027 – 2028	1900
FY 2028 – 2029	1900

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Child Welfare Mental Health Services - Internal Team

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Referrals
Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports

The DBH Internal Team for CWMH will provide education to the placing agency staff and care providers (Contractors). This will include clinical observations/feedback to the treating providers and assist with improving communication/collaboration amongst the members of the youth's team.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The CWMH program's primary function is care-coordination to ensure all youth in the care of Department of Social Services (DSS)/Probation are receiving the mental health services to which they are entitled. All referrals for specialty mental health services (SMHS) with the child welfare mental health (CWMH) vendors are sent to the DBH CWMH team prior to being assigned to a contractor/provider. The team regularly participates in Child Family Team meetings for the highest acuity youth.

The staff caseloads include youth enrolled in Wraparound, youth residing in an STRTP and any other high acuity youth that have been identified by system partners as needing additional advocacy, monitoring and resources. The staff also conduct intensive targeted outreach and engagement with youth at the DSS

transitional shelter or juvenile justice center who are not currently linked to mental health services and are presenting with high-risk behaviors. Program outcomes include increasing timely access to services, reducing disparities, preventing conditions from becoming severe, and maintaining stable placement.

The staff regularly provides education to the placing agency staff and care providers. They also provide clinical observations/feedback to the treating providers and assist with improving communication/collaboration amongst the members of the youth's team.

The DBH Internal Team for CWMH will undergo a redesign to maximize Medi-Cal claimable services where clinically appropriate.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1300
FY 2027 – 2028	1300
FY 2028 – 2029	1300

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
Community Behavioral Health Crisis Response

Please select which of the three EI components are included as part of the program or service
Access and Linkage: Screenings
Access and Linkage: Other
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Other

Please specify "other" type of Access and Linkage
behavioral health crisis triage

Please specify "other" type of Treatment Services and Supports
short-term case management and post-crisis follow-up

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
Yes

Please select the EBPs and CDEPs that apply
Mobile Crisis, including use of tools such as the Columbia Suicide Severity Rating Scale or the Stanley-Brown Safety Plan

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
Mobile Crisis

Please describe intended outcomes of the program or service
Medi-Cal Mobile Crisis Benefit Services and School-based Mobile Crisis Services within Fresno County provide mental health and substance use disorder crisis intervention services in a working partnership with Fresno metro and rural first responders.

Crisis Intervention services provided include but are not limited to: crisis intervention and de-escalation;

education; behavioral health crisis triage; referrals and linkage to appropriately identified community resources; and short-term case management and post-crisis follow-up, as appropriate. Mobile crisis services for youth are provided at Fresno County K-12 schools and in the larger community.

-Increase access to early medically necessary mental health services
-Improve access to timely care
-Stabilize participants experiencing a serious mental illness
-Reduce the number of individuals in crisis
-Reduce the number of hospitalizations
-Reduce criminal justice involvement

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	3400
FY 2027 – 2028	3400
FY 2028 – 2029	3400

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
Family Urgent Response System

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
FURS is a mandated service line in partnership with the County's DSS and Probation Department to provide mobile responses 24 hours a day, 7 days a week for current or former foster youth currently or formerly involved with the Probation Department. Calls are routed through California Department of Social Services (CDSS) Cal FURS, statewide hotline that is established to receive the initial call form the caregiver/foster care youth (current/former) to effectively engage caregivers and youth who are experiencing instability, including tension or conflict, emotional distress, behavioral difficulties, or other difficulties that may threaten their relationships

FURS provides services such as de-escalation, crisis stabilization, and/or reconnection to social services or mental health services to preserve placement. Fresno County expects to receive a warm hand-off from the FURS statewide hotline and provide face-to-face, in-home, or in-community supportive services for both urgent and non-urgent calls.

The County's FURS program will operate a culturally responsive, person-centered delivery model that will meet the multiple systemic needs of this population in the least restrictive environment. This will include in-home coaching for individuals, families, and caregivers, as well as coordination between multiple agencies, including behavioral health providers, schools, hospitals, court, probation, and a host of other systems that become involved in the lives of these youth and their families.

Performance Measures are developed and implemented within state and local guidelines. The County is required to submit measurable outcomes on a semi-annual basis. FURS interventions support efforts to prevent loss of placement, removal from the home/placement, or possible justice involvement. FURS can

also provide timely linkages for needed behavioral health supports.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	25
FY 2027 – 2028	25
FY 2028 – 2029	25

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
Community-defined Early Intervention Program for Southeast Asian Older Adults

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Screenings
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Access and Linkage: Referrals
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
This upcoming Request for Proposals will seek respondents for an early intervention program that utilizes community defined evidence-based practice (CDEP) early intervention and strategies that aim to reduce depression, anxiety, and acculturation stress in older Southeast Asian adults.

The awarded bidder will uplift a program that aims to reduce disparities and negative outcomes like suicide, prolonged suffering, homelessness, and incarcerations by providing culturally responsive, community-defined mental health strategies.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	60

Plan Period by FY	Projected Number of Individuals Served
FY 2027 – 2028	60
FY 2028 – 2029	60

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name

Local Outreach to Suicide Survivors (LOSS) Team

Please select which of the three EI components are included as part of the program or service

Outreach

Access and Linkage: Referrals

Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The Local Outreach to Suicide Survivors (LOSS) team provides support and services to individuals experiencing a loss of a loved one due to suicide. Services include active response (outreach to survivors at the scene of the death); delayed response (outreached after some time has passed); resources for survivors; debriefing; individual and couples therapy; peer run support groups; and outreach in the community.

This program utilizes postvention as prevention - by addressing the needs of suicide survivors, we can prevent future suicide deaths. The LOSS Team aims to reduce distressing symptoms related to the traumatic experience of suicide loss, and increase awareness of coping skills and strategies that mitigate the impacts of grief.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	300
FY 2027 – 2028	300
FY 2028 – 2029	300

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name

DBH SUD Early Intervention

Please select which of the three EI components are included as part of the program or service

Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The DBH SUD Early Intervention program provides early intervention services to unserved and underserved Medi-Cal and BHSA-eligible recipients who meet ASAM criteria. Services may include assessment; individual, group, or family counseling; educational programs; and other services like motivational interviewing.

This program will work to intervene early and prevent progression to more severe substance use and co-occurring disorders.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	30
FY 2027 – 2028	40

Plan Period by FY	Projected Number of Individuals Served
FY 2028 – 2029	50

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
DBH Access and Linkage

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
The DBH Access and Linkage program is a department-wide program supported by several focused teams that will connect Fresno County residents to behavioral health services and other supportive services.

The Urgent Care Wellness Center (Adults) and Youth Wellness Center will serve as front door to behavioral health services in Fresno County. The other teams (HALO-adults, and HIOP-children/youth) will provide post-hospitalization and post-crisis follow-up, and support individuals and their families in accessing behavioral health services. All teams will assist persons served in enrolling in Medi-Cal services as appropriate. DBH will continue to develop partnerships with local hospitals to increase in-reach activities, including warm handoffs to behavioral health services and facilitate timely access to the same.

This program will ensure BHSA eligible persons served receive timely access to the appropriate level of care.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	6737
FY 2027 – 2028	6872
FY 2028 – 2029	7000

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
The number of individuals served was projected using program data from FY 24/25.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy

Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
DBH Outreach and Engagement

Please select which of the three EI components are included as part of the program or service
Outreach

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
The DBH Outreach and Engagement team will work to identify individuals for access and linkage to services and supports by ensuring that families, employers, primary care health providers, behavioral health first responders, hospitals, education organizations, and community-based organizations are informed about the process of connecting eligible individuals to access and linkage programs, mental health services, and substance use disorder treatment.

Outreach and engagement initiatives may target specific populations, such as older adults, youth, or specific communities in Fresno County. Activities may include, but are not limited to, outreach to individuals, outreach to organizations, and education opportunities for individuals and community members.

The goal of this program is to increase access and linkage to services and supports.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	10000
FY 2027 – 2028	10000
FY 2028 – 2029	10000

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

The estimated number above represents roughly 2% of the Medi-cal eligible population in Fresno county.

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis .

Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name

Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

CSC program description

The Department is converting an existing TAY program for first incidents into a CSC for FEP. The program is in transition and is not yet prepared for fidelity review. The Department has been working actively with the state's Centers of Excellence for CSC-FEP, including training and consultation. This program supports individuals experiencing their first episode of psychosis within the past 5 years and/or exhibited attenuated psychosis symptoms that meet criteria for clinical high-risk syndrome. CSC for FEP promotes recovery, community integration and independence through timely team-based care. This program offers a comprehensive outpatient service, with community outreach and education, family support services, case management, collaborative team meetings, assessment, crisis intervention, employment and education support services, medication support services, peer support services, psychosocial rehabilitation, therapy,

treatment planning and referral and linkages all provided by the same multidisciplinary team.

This program will serve SMHS Eligible individuals age 12 and older who:
· Experienced or exhibit early psychosis symptoms, including recent onset of psychotic symptoms (within the last five years) and first-episode psychosis.
· Exhibited onset of psychotic symptoms within the past five years.
· Exhibited attenuated psychosis symptoms that meet criteria for clinical high-risk syndrome.
· Experiencing attenuated or mild psychosis symptoms if meeting clinical high-risk syndrome.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	222
Number of Uninsured Individuals	21

CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	29.75
Number of Teams Needed to Serve Total Eligible Population	7

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	12	12	12
Total Number of Teams	2	2	2

Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?

Yes

Please list the other funding source(s)

Federal Financial Participation (FFP)/Medi-Cal

Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

---

Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide, the Policy Manual Chapter 7, Section B, and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	4406
Number of Uninsured Individuals	549

Total Adult FSP Eligible Population	Estimates
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	1853

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	674
Number of Uninsured Individuals	84

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Medi-Cal Enrolled Individuals	337
Number of Uninsured Individuals	42

ACT/FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	120
Number of Teams Needed to Serve Total Eligible Population	12

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	30	40	40
Total Number of Teams	3	4	4

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	3395
Number of Uninsured Individuals	423

FSP ICM Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	155
Number of Teams Needed to Serve Total Eligible Population	31

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	59	73	78

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Teams	9	9	9

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	1937
Number of Uninsured Individuals	191

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	726
Number of Teams Needed to Serve Total Eligible Population	15

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	80	80	80
Total Number of Teams	5	5	5

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	6449
Number of Uninsured Individuals	801

IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	455
Number of Teams Needed to Serve Total Eligible Population	182

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	7	7	7
Total Number of Teams	1	1	1

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?

Yes

Please describe how the estimated practitioners will provide more than one EBP

Vendors that have implemented MHSA Full Service Partnership programs will be responsible for uplifting BHSA FSP ACT/FACT and BHSA FSP ICM teams. In the first years of this Integrated Plan, these vendors may allocate practitioners to provide FSP ACT/FACT and FSP ICM services in order to ensure continuity of care for persons served during the transition to BHSA services. Over time, these vendors will allocate staff assignments to align with ACT/FACT fidelity requirements; accordingly, the practitioners will eventually be assigned to implementing only one EBP.

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports

The County of Fresno Department of Behavioral Health provides Full-Service Partnership (FSP) services by focusing on the whole person and respecting the individual's lived experience. Strategies the County employs to support whole-person and trauma-informed approaches in partnership with families and other natural supports include:

Services are delivered using whole-person, trauma informed, and client-driven approach that recognizes lived experience, builds trust, and supports engagement as foundational to recovery.

The FSP program(s) encompasses a unified team approach, in which the provider commits to do "whatever-it-takes" and "meet the client where they are" to assist each individual to reach their personal recovery, resiliency and wellness goals while reducing the number of days of hospitalization, incarceration and/or homelessness.

Fresno County utilizes the "meet the person served where they are" model, FSP teams deliver flexible, field-based, and individualized services responsive to each person's needs and goals.

Service planning is person-centered and strength-based, and with appropriate consent, families and natural supports are engaged through collateral services, psychoeducation, and coordinated care planning to promote continuity and stability.

FSP programs offer clinical services that may be delivered by a range of both licensed and non-licensed approved provider types, depending on the individual needs of the person served and the specific service to be delivered.

FSP contacts with person served may include, and are not limited to, individual and group rehabilitation, case management, peer support services, individual or group psychotherapy, and medication management.

FSP programs are staffed and equipped with reflection to the high level of acuity and needs of the target

population.

The overall care of each person served must be directed by a licensed or waivered mental health professional who is a member of the multi-disciplinary treatment team, has met with the person served and remains sufficiently engaged with the person served to meaningfully direct treatment.

Please describe the county's efforts to reduce disparities among FSP participants

Fresno County implements numerous strategies to provide culturally and linguistically responsive services to reduce disparities among FSP participants. Fresno County FSP contractors are encouraged to consider the linguistic and cultural needs of the community when recruiting for all positions, as well as personal and professional experiences.

Fresno County offers a total of 9 FSP programs, which include population-specific FSP programs to increase access and promote retention in care in Rural, Southeast Asian, Children, Transition Aged Youth, Justice Involved, Co-occurring MH and SUD. Person served is connected within context of culture, age, and shared life experiences. Fresno County BH strives to build partnership with local cultural and community organizations, provide education on culturally responsive care, and hire diverse staff.

Fresno County DBH publishes and implements its state Cultural Competency Plan, known locally as the Culturally Responsive Plan Delivered with Humility. This plan is developed and reviewed annual by Fresno County DBH Cultural Humility Committee (CHC). Its mission seeks support of the development of a continuous collaborative effort to improve service delivery and strengthen services for underserved, unserved, and inappropriately served diverse populations in Fresno County. The Department also conducts and participates in community needs assessments, conducts regular focus groups for persons served, and continually seeks input from members of the community.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Access to care
Homelessness
Institutionalization
Justice involvement
Untreated behavioral health conditions
Engagement in work

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

The Department of Behavioral Health expects contracted and internal providers of FSP ICM services to provide person-centered care driven by needs and preferences of the person served, including providing field-based care in home or community settings. These expectations are supported by the allocation of funds specific to outreach and supportive services that adhere to the "whatever it takes" model of care.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

N/A

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

The Fresno County DBH will comply with the required FSP levels of care transition by:

Maintaining and implementing appropriate service delivery models, including all FSPs: ACT, FACT, ICM, HFW, IPS, based on the assessed needs and acuity of persons served.

The county will transition existing FSP ICM teams to ACT and stand-up new ACT and/or FSP ICM teams, as needed to meet state requirements, service demand, and geographic coverage.

Reconfiguring staffing, as needed, to support capacity development to effectively serve individuals with co-occurring SMI and substance use conditions.

Fulfilling the appropriate multi-disciplinary treatment team needed for all FSPs: ACT, FACT, ICM, HFW, IPS

ACT services will be provided by multi-disciplinary teams offering field-based, high-intensity services, shared caseloads, and 24-7 availability.

Ensure staffing is appropriate for services needed at each level of care, including clinicians, rehabilitation specialists, case managers, therapists, peer support specialists, psychiatrists, and nurses.

Placements into ACT, FACT, or ICM will be determined through clinical assessment and ongoing review, allowing individuals to step up or step down between levels of care as needs change.

The County will monitor staffing, service intensity, and fidelity to ensure compliance with DHCS FSP EBP standards and overall to support stabilization, engagement, and recovery.

Please indicate whether the county FSP program will include any of the following optional and allowable services
Please see responses below.

Primary substance use disorder (SUD) FSPs
No

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)
Yes

Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program
DBH expects contracted and internal providers of FSP services to engage in intensive, field-based outreach and engagement of individuals eligible for FSP services. Providers should meet the individuals where they are, and do whatever it takes to build trust with the person served.
Outside of FSP services, DBH is redesigning several teams to assist with access, navigation, and linkage to services. The homeless clinical outreach team, Access and Navigation program, and internal access and navigation teams will serve as additional access points for individuals who are living with significant behavioral health programs to enroll in behavioral health services.

Other recovery-oriented services
No

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"
N/A

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system
DBH engaged in extensive planning activities with the Fresno County Department of Probation, Sheriff's Department, and Superintendent of Schools, as documented in the Community Engagement section of this

Integrated Plan. These key informant interviews, townhall meetings, and work groups provided several opportunities to discuss methods of engaging eligible children and youth and their caregivers in FSP services. As reported in the Statewide Behavioral Health Goals section of this Integrated Plan, the Fresno County penetration rate for youth (13.0%) is higher than the state average (10.5%). DBH will continue to leverage existing cross-agency relationships to maintain easy access to care for youth in, or at-risk of being in, the juvenile justice system.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

DBH engaged members and leaders of the LGBTQIA+ community, including parents of LGBTQIA+ youth and the youth themselves, during the community engagement process. In addition, DBH staff attended the 2025 Pride Festival to conduct a field-based survey of LGBTQIA+ community members in order to articulate specific service needs. The Pride Festival is a large community event with activities specifically geared toward children and LGBTQIA+ families. DBH stratified survey data from this event to identify needs specific to youth and children.

In the child welfare system

DBH engaged in extensive planning activities with the Fresno County Department of Social Services, as documented in the Community Engagement section of this Integrated Plan. The two departments are partnering on a specific strategy to engage youth in the child welfare system in FSP HFW services by aligning DBH and DSS wraparound services into a unified service plan.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults **in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are**

Older adults

DBH reviewed survey data, spoke with providers of services to older adults, and engaged members of the older adult population during the Community Planning Process.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

DBH engaged members and leaders of the LGBTQIA+ community, including LGBTQIA+ individuals who receive services from the system of care, during the community engagement process. In addition, DBH staff attended the 2025 Pride Festival to conduct a field-based survey of LGBTQIA+ community members in order to articulate specific service needs. The Pride Festival is a large community event with activities specifically geared toward adult members of the LGBTQIA+ community. DBH stratified survey data from this event to identify needs specific to adults eligible for mental health services.

In, or are at risk of being in, the justice system

DBH engaged in extensive planning activities with the Fresno County Department of Probation, Sheriff's Department, and other first responders as documented in the Community Engagement section of this Integrated Plan. DBH staff also reviewed data from its existing Forensic FSP to plan for an expansion of the existing Forensic FSP continuum, including FACT and FSP ACT. DBH will continue to strengthen existing relationships with its justice partners to ensure efficient engagement, referral, and enrollment pathways.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

Existing programs

n/a

Program descriptions

n/a

Current funding source

n/a

BHSA changes to existing programs to meet BHSA requirements

n/a

Expected timeline of operation

n/a

Mobile-field based programs

Existing programs

n/a

Program descriptions

n/a

Current funding source

n/a

BHSA changes to existing programs to meet BHSA requirements

n/a

Expected timeline of operation

n/a

Open-access clinics

Existing programs

n/a

Program descriptions

n/a

Current funding source

n/a

BHSA changes to existing programs to meet BHSA requirements

n/a

Expected timeline of operation

n/a

New Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

New programs

Clinical Homeless Outreach Team

Program descriptions

This multidisciplinary team will engage vulnerable populations that are disproportionately impacted by SUD by visiting, primarily, homeless encampments. The street outreach team will address all the individuals' needs, including housing, health care, SUD, and mental health treatment services. The team will distribute Narcan and assist people in accessing mobile MAT services.

DBH will use data in The Assessment of Substance Use Prevention, Treatment, And Recovery Service Needs and Opioid Overdose Issues in Fresno County needs assessment and information obtained during community planning in order to guide the daily work of this team. The team will collaborate with agencies across Fresno County, including internal DBH programs, the Department of Public Health, and contracted providers of SUD services.

Planned funding

OSF and BHSA

Planned operations

The team will work with the Fresno County Public Health Department mobile units to obtain medication clearance. Case Managers will help individuals navigate their needs, such as food, clothing, showers, and reconnecting with loved ones, prior to entering treatment. Housing may include a SUD residential treatment facility, shelter, room and board facility, or placement with a family member. The team will utilize Housing First, a required model which will help remove barriers to treatment and housing, but does not require abstinence as a condition of receiving

Expected timeline of implementation
beginning operations in FY 26-27

Mobile-field based programs

New programs
Fresno County Mobile Health Program

Program descriptions
The collaborative mobile health team will include mobile MAT services. This will support access to same day MAT initation, on-going MAT services and referral and/or linkages to other SUD services. The multidisciplinary, Mobile Field-Based unit will include outreach and engagement, and screening on-site for SUD and MAT services including referrals and linkage for outpatient, residential and other supports. The Mobile Field-Based program will also be supplied with Narcan, and other resources.

Planned funding
OSF will be used to fund the specific activities described above.

Planned operations
DPH has 2 mobile clinics operated by St. Agnes and UCSF-Fresno. Clinics are staffed with physicians, nurses, and community health workers. Clinics operate in various heavily impacted and/or underserved areas in the county including rural communities and metro Fresno.

Expected timeline of implementation
Expected implementation beginning in Spring 2026

Open-access clinics

New programs
Services at DBH Urgent Care Wellness Center

Program descriptions
Persons served that are screened and assessed for opioid use disorder (OUD) will be linked to medication assisted treatment (MAT) and will be inducted and provided with or linked to ongoing SUD treatment services.

Planned funding
OSF

Planned operations
Substance Abuse Specialists (SAS) will screen and assess for SUD, including OUD. If MAT is indicated, person served will be referred to an onsite physician for prescribing/induction of MAT. Person served will be connected to ongoing treatment services including counseling and MAT.

Expected timeline of implementation
The Department intends to implement these services within the next 6-12 months (between Fall 2026 and Spring 2027).

Medications for Addiction Treatment (MAT) Details
Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs
The Department of Behavioral Health (DBH) will use Emergency Medical Services data by zip code to determine where overdoses are occurring in our county. DBH has contracts with Narcotic Treatment Program (NTP) providers in metro Fresno who can provide MAT and telehealth services. DBH also has contracts with outpatient, intensive outpatient, residential and withdrawal management programs who can provide in person and/or telehealth services, as well as transportation to NTPs for MAT dosing. The UCWC MAT services will be operational in the next 6-12 months and can provide MAT inductions and linkages to ongoing treatment. The DPH mobile clinics will expand to include MAT screening, prescribing, linkages to ongoing treatment in April 2026. Both the UCWC and the mobile clinics will serve both Medi-Cal populations and the uninsured.
In late 2024 Fresno County worked with Health Management Associates to conduct a Substance Use Disorder (SUD) systems needs assessment to support utilization of Opioid Settlement Funds (OSF). The Assessment of Substance Use Prevention, Treatment, And Recovery Service Needs and Opioid Overdose Issues in Fresno County included literature review, community surveys, provider surveys, asset mapping, cross sector community leader interviews, focus groups, a landscape scan, and a risk factor assessment. Data analysis centered on population estimates, demographic comparisons, utilization reports, Medi-Cal data, and overdose data (deaths, emergency department visits, hospitalization, etc.) DBH also engaged community stakeholders on this issue during the BHSA Integrated Planning Process. The community groups engaged during the BHSA Integrated Planning Process are identified in the Community Engagement section of this plan.
One of the key areas identified in this needs assessment and community planning was the need for more

mobile MAT services. During the 2026-2029 Integrated Plan period, DBH will develop mobile MAT services, which will increase the system's capacity for same day access. Outreach teams will assist with engagement and navigation to a variety of Assertive Field-Based Initiation of Services for SUD, including mobile MAT, and increasing access to care for all eligible individuals with an SUD or co-occurring disorder.

Select the following practices the county will implement to ensure same day access to MAT

Contract directly with MAT providers in the County
Operate MAT clinics directly
Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal
Leverage telehealth model(s)

What forms of MAT will the county provide utilizing the strategies selected above?

Buprenorphine
Methadone
Naltrexone
Other

Please specify other forms of MAT

Any FDA-approved MAT medications

Housing Interventions

Planning

For related policy information, refer to [7.C.3 Program priorities](#) and [7.C.4 Eligible and priority populations](#)

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap –

resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) **to inform responses to this question.**

Supportive housing
Medium gap

Apartments, including master-lease apartments
Medium gap

Single and multi-family homes
Medium gap

Housing in mobile home communities
Not applicable

(Permanent) Single room occupancy units
Medium gap

(Interim) Single room occupancy units
Not applicable

Accessory dwelling units, including junior accessory dwelling units
Not applicable

(Permanent) Tiny homes
Not applicable

Shared housing
Medium gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing
Not applicable

(Interim) Recovery/sober living housing, including recovery-oriented housing
Small gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Medium gap

License-exempt room and board
Medium gap

Hotel and Motel stays
No gap

Non-congregate interim housing models
Not applicable

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
Medium gap

Recuperative Care
Medium gap

Short-Term Post-Hospitalization housing
Medium gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
Not applicable

Peer Respite
Large gap

Permanent rental subsidies
Medium gap

Housing supportive services
Medium gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals ?
Partnership with Fresno County Office of Housing and Homelessness, partnership with Housing Authority, partnership with housing developers

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?
Through partnering with the Fresno County Office of Housing and Homelessness to establish a Flex Pool operator, Fresno County intends to expand access to available inventory of existing units which may not have previously been available to those served by DBH. Through partnership with Fresno Housing, DBH is exploring several potential new housing sites to be dedicated to our BHSA eligible individuals. In partnership with the Office of Housing and Homelessness, DBH is preparing to release a Request for Statement of Qualifications to identify additional housing development partners to expand inventory of available housing supply specifically for BHSA eligible individuals.

DBH provides housing interventions to eligible individuals regardless of diagnosis. Individuals may have a mental health, SUD only, or co-occurring diagnosis.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?
The Department of Behavioral Health (DBH) intends to maximize use of the transitional rent benefit, link individuals served to all services for which they are eligible, and maximize its 25% contribution of housing intervention funds for capital development projects that expand its housing inventory.
DBH provides housing interventions to eligible individuals regardless of diagnosis. Individuals may have a mental health, SUD only, or co-occurring diagnosis.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

DBH is committed to deep, cross-sector collaboration with the County Administrative Office, Cities, Fresno Housing, the Fresno-Madera Continuum of Care and community organizations that serve individuals who are chronically homeless, experiencing homelessness, or at-risk of homelessness. DBH will leverage rental subsidies, operating subsidies, and supportive services to ensure timely connections and success in permanent supportive housing.

To support these extensive efforts, DBH will re-imagine its clinical outreach team. The redesigned team will be responsible for targeted outreach to individuals experiencing homelessness. This intensive outreach will assist DBH in further identifying individuals who could benefit from Permanent Supportive Housing.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

The DBH Homeless Clinical Outreach Team will provide field-based services that meet eligible individuals where they are. Consistent, genuine outreach will build trust with individuals who may have avoided engaging with services in the past.

Once an individual is housed in a BHSA HI funded setting, they will be able to receive supportive services on site. Easily accessible services are intended to reduce systemic barriers to care, and ensure individuals receive care in familiar settings.

Finally, staff assigned to the DBH Housing team will serve as liaisons between contracted providers, housing site operators, and other stakeholder agencies. DBH Housing will coordinate services across the variety of housing intervention settings, manage contracts, and develop workflows to ensure timely and efficient service provision.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

DBH intends to utilize its Homeless Clinical Outreach Team for field-based engagement of individuals experiencing homelessness and work collaboratively with other cross-sector outreach teams which may encounter persons better suited for outreach and engagement with DBH. Through the Office of Housing and Homelessness a coordinated approach to homeless outreach is being launched which will ensure that each person experiencing homelessness is connected to the best team to build a relationship, assess needs, screen for needs across multiple life domains, and connect to the best services and housing options to meet their individualized needs. This DBH Homeless Clinical Outreach Team and other service providers will utilize the Coordinated Entry System for housing prioritization and matching. The team will also use the Medi-Cal screening tool to identify individuals who may be best served in the Managed Care Plans. The DBH housing team will also ensure deep collaboration with the Managed Care Plans to maximize all benefits available to their members, including housing related services. Housing sites will be used to as SUD/MAT engagement sites to further increase access to necessary behavioral health care.

Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only ?
Yes

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system
In addition to its regular collaboration efforts, DBH engaged in specific collaboration with the Probation Department, First Responders, and Interagency Leadership Team (AB2083) during the Community Planning Process for this Integrated Plan. DBH reviewed the DHCS Disparities Workbook in combination with information provided during stakeholder engagement to ensure the unique needs of eligible children and youth in, or at-risk of being in, the juvenile justice system were included in the development of the county HI program.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
DBH engaged members and leaders of the LGBTQIA+ community, including parents of LGBTQIA+ youth and the youth themselves, during the community engagement process. In addition, DBH staff attended the 2025 Pride Festival to conduct a field-based survey of LGBTQIA+ community members in order to articulate specific service needs. The Pride Festival is a large community event with activities specifically geared toward children and LGBTQIA+ families. DBH stratified survey data from this event to identify needs specific to youth and children. . DBH has incorporating the needs of the LGBTQIA+ community into programs like The Lodge, which ensures that rooms are available for persons that identify as gender non-binary to protect the safety and meet needs of diverse populations.

In the child welfare system
In addition to its regular collaboration efforts, DBH engaged in specific collaboration with the Department of Social Services, and Interagency Leadership Team (AB2083) during the Community Planning Process for this Integrated Plan. DBH also staffs a Child Welfare Mental Health team that is embedded at the DSS Child Welfare Office. DBH reviewed the DHCS Disparities Workbook in combination with information provided during stakeholder engagement to ensure the unique needs of eligible children and youth in the child welfare system were included in the development of the county HI program.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults

DBH staff reviewed and analyzed data from the CalMHSA dashboards, Electronic Health Record, and other sources. Staff regularly engage with providers who serve older adults, and invited these providers to participate in the Community Planning Process.

In, or are at risk of being in, the justice system

In addition to ongoing partnerships with the Fresno County sheriff, Probation Department, and local police departments, DBH engaged in specific collaboration with the Probation Department, First Responders, and Interagency Leadership Team (AB2083) during the Community Planning Process for this Integrated Plan. In addition to its regular collaboration efforts, DBH engaged in specific collaboration with the Probation Department, First Responders, and Interagency Leadership Team (AB2083) during the Community Planning Process for this Integrated Plan. DBH reviewed the DHCS Disparities Workbook in combination with information provided during stakeholder engagement to ensure the unique needs of eligible adults in, or at-risk of being in, the justice system were included in the development of the county HI program.

In underserved communities

DBH partnered with the County Administrative Office to engage leaders of communities from the East and West sides of Fresno County in focused townhall meetings. DBH also engaged various community leaders and community-based organizations during the Community Planning Process. DBH reviewed the DHCS Disparities Workbook in combination with information provided during stakeholder engagement to ensure the unique needs of eligible adults in underserved communities were included in the development of the county HI program.

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?

DBH is a member of the Fresno Madera Continuum of Care (FMCoC) and regularly collaborates with FMCoC through formal CoC meetings and other stakeholder workgroups.

• The County coordinates with CES in the housing referral process by pre-reviewing referrals from County referrers prior to submittal to CES, to ensure that all necessary documentation is provided, which helps to streamline the referral process and eliminate errors.
• The County is working to coordinate with the CoC, in regard to the Transitional Rent/Housing Deposit (CalAIM Community Supports (CS)) referral process, to ensure that future referrals to County (as the Community Supports Provider) are complete, contain all necessary information to make a determination on CalAIM CS benefits, and include disability verification for SMI.
• The County is coordinating with the HMIS Lead entity to effect updates to the HMIS system, in order to begin tracking Transitional Rent, Housing Deposits, and other CalAIM Community Supports in the HMIS

system by the January 2027 deadline, to provide staff with the ability to verify program participation and utilization, and ensure that TR benefits are exhausted prior to using any BHSA Housing Interventions.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC

As a member of the Fresno-Madera Continuum of Care, DBH will continue to engage in deep collaboration with the CoC throughout the entirety of this Integrated Plan period. DBH participates in FMCoC meetings, and utilizes the Coordinated Entry System and HMIS to ensure coordinated efforts to link individuals to housing.

Public Housing Agency

DBH partners with Fresno Housing to ensure strategic alignment of housing resources. DBH engaged Fresno Housing extensively during the Community Planning Process.

MCPs

DBH participates in cross-sector collaborative meetings with the MCPs independently and in collaboration with the Department of Public Health and the County Administrative Office. DBH will collaborate with the MCPs and other stakeholders to establish data sharing workflows that support the implementation of the county's Housing Interventions.

ECM and Community Supports Providers

The redesign of DBH's Access and Navigation Point program will support ongoing collaboration between DBH and ECM and Community Supports Providers. This partnership will support the creation of data sharing and streamlining of workflows to ensure persons served receive all benefits for which they are eligible.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

Through convenings hosted by the Office of Housing and Homelessness including DBH, the Department of Social Services which oversees CalWORKS/TANF and child welfare housing programs, has been an actively engaged collaborative partner. DBH has existing agreements with PSH developers who have contributed input into planning. DBH contracted FSP providers have contributed input into the planning process for housing interventions, especially related to identifying the settings previously funded through MHSA FSP

category of funding, the need for immediate access to housing, and the unique needs of persons in that high level of care.

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?

DBH is committed to participating in an identified Homekey+ project in Sanger, and has allocated resources to support 42 units in this project.
DBH maintains contracts to provide supportive housing at sites funded by No Place Like Home grants, and offers on-site behavioral health services at several locations.

Persons served seeking to enter a Homekey+ funded housing unit shall be referred through CES. Program Profiles for each permanent supportive housing site are developed and provided to CES, so that only individuals who meet the Homekey+ eligibility criteria (homeless, SMI and/or with co-occurring SUD) are placed in a Homekey+ funded unit.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?

Yes

How will the county coordinate the use of HHAP dollars to support the housing needs of BHSA eligible individuals in your community?

The County of Fresno used HHAP grant funds to support the continued operation of existing interim housing, rapid rehousing programs, prevention and diversion programs, and street outreach services.

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed).
For more information, please see 7.C.9 Allowable expenditures and related requirements

Rental Subsidies (Chapter 7. Section C.9.1)

The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?
2026-2027: 869
2027-2028: 938
2028-2029: 1049

How many of these individuals will receive rental subsidies for permanent housing on an annual basis?
709

How many of these individuals will receive rental subsidies for interim housing on an annual basis?
160

What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?
DBH used current records to determine which individuals served and which housing sites operating within the Fresno County system of care are receiving rental subsidies.

For which setting types will the county provide rental subsidies?
Non-Time-Limited Permanent Settings: Supportive housing
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Non-Time-Limited Permanent Settings: Single room occupancy units
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)[134] (does not include behavioral health residential treatment settings)

Will this Housing Intervention accommodate family housing?
Yes

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
DBH provides rental subsidies for the following programs.

Master Leased Units: 78
DBH currently provides a rental subsidy to persons served residing in the 78 scattered site units under the Master Leasing Program, which may be considered an "Interim Setting" under BHSA, specifically under the category of "Non-congregate interim housing model". The Person Served only pays up to 30% of their income, towards the rent, and the County provides a rental subsidy to covers the rest of the rental amount. The program has a 2-year time limit; as such the County considers this an interim setting, although the setting may be considered PERMANENT for the purposes of determining Transitional Rent benefits.

FSP persons served in housing, Year 1/2/3: 294/363/390

Sanger Homekey+ (planned): 42
Unnamed Capital Project (planned): 42

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?
Project-based
Tenant-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in
DBH maintains a contract with a local provider to ensure availability of Master Lease units. Fresno County will release a Request for Proposal to select a Flex Pool operator. This contract will allow the county behavioral health system to identify and maintain a complete portfolio of units available for placing BHSA eligible individuals.

Total number of units funded with BHSA Housing Interventions per year
372

Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units

N/A

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

515

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

DBH will provide operating subsidies to individuals in Room and Boards FSP persons served in housing, Year 1/2/3: 294/363/390
DBH operates a peer-run lodging program that serves roughly 335 people per year.
DBH also provides operating subsidies for 180 units at two Behavioral Health Bridge Housing programs. Behavioral Health Bridge Housing funds will end in 2027. DBH will use BHSA to supplement operating subsidies at these sites after the sunset of Behavioral Health Bridge Housing funds.
Operating subsidies at both sites fund costs associated with the day-to-day physical operation of housing projects such as utilities, maintenance and repairs, property management, security, cleaning fees, and housing incidentals.

For which setting types will the county provide operating subsidies?

Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)[134] (does not include behavioral health residential treatment settings)
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Non-Time-Limited Permanent Settings: Single and multi-family homes

Will this be a scattered site initiative?
No

Will this Housing Intervention accommodate family housing?
No

Total number of units funded with BHSA Housing Interventions per year
800

Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units
N/A

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
DBH has maximized funding for capital improvement projects, rental subsidies, and rental & operating subsidies.

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
554

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

DBH provides Housing Interventions - Participant Assistance Funds in the form of Security deposits to persons served residing at 10 Permanent Supportive Housing sites. The County also provides Housing Interventions - Participant Assistance Funds in other forms including but not limited to pet deposit and other pet fees, move-in costs, hygiene products, and costs associated with obtaining government-issued identification and other vital documents, on a case-by-case as-needed bases. County uses the Transitional Rent and Housing Deposits Community Supports wherever available, and will use Housing Intervention dollars wherever needed when the support is not covered by Cal-AIM Community Supports.
DBH and its housing partners will work to identify whether individuals are eligible for Cal-AIM Community Supports, and whether those benefits have been fully expended. Individuals who have fully expended their Cal-AIM Community Supports benefits, or those who do not qualify for Cal-AIM Community Supports will be eligible to receive Participant Assistance Funds for costs listed above. DBH will create policies and procedures to address the types of costs that may be covered; identify protocols for approving allowable costs and mechanisms for documenting costs; identify processes to prevent fraud, waste, and abuse; and identify any overlap with other community resources and create procedures to identify the duplication of services.

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)

Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2) **, BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)**

Is the county providing this intervention?

No

Please explain why the county is not providing this intervention

DBH is currently contracted with the MCP's to provide Transitional Rent and Housing Deposits Community Supports. DBH does not currently provide HTNS and HTSS through Community Supports. Persons served connected to DBH services receive the following services through their assigned DBH clinician/care team: screened for SMI criteria, assessed for housing, have a housing support plan created, matched to housing options, presented with housing options, receive help reviewing and signing applications and leases, benefits advocacy and counseling, receive assistance with reasonable accommodations, landlord engagement, ensuring the living environment is safe, communicating and advocating on behalf of the client with landlords, assisting and arranging for and supporting details of the move, developing plans to retain housing, assisting with the members mobility, and addressing accommodations for accessibility needs

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
550

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
The Clinical Homeless Outreach Team is a multi-disclipinary, street-based outreach team made up of community mental health specialists (case managers), mental health clinicians, and substance use specialists who focus on engagement with persons experiencing homelessness in the street or encampments sites who have a mental health, substance use or co-occuring need. The team will build relationships through one-on-one engagement and regularly scheduled broad outreach on the streets and in encampments; purchase and distribue items like food, hygiene products, clothing, blankets, and water to provide immediate support and foster future service engagement; provide immediate, onsite direct navigation to housing resources; coordinate behavioral health services and housing resources for unsheltered individuals in collaboration with other outreach and engagement efforts; and provide harm reduction activities and harm reduction supplies. These funds will also be used for travel by team members to provide eligible street outreach services, and may be used to fund the costs of transporting unsheltered people to emergency shelters or other service facilities.

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

How many capital development projects will the county behavioral health system fund with BHSA Housing Interventions?
1

Capital Development Project

Capital Development Project Specific Information
Please complete the following questions for each capital development project the county will fund with BHSA Housing Interventions

Name of Project
Untitled Capital Project

What setting types will the capital development project include?
Non-Time-Limited Permanent Settings: Supportive housing

Capacity (Anticipated number of individuals housed at a given time)
42

Will this project braid funding with non-BHSA funding source(s)?
No

Total number of units in project, inclusive of BHSA and non-BHSA funding sources
42

Total number of units funded with Housing Interventions funds only
42

Please provide additional details to explain if the county is funding capital development projects with BHSA Housing Interventions that are not tied to a specific number of units
N/A

Anticipated date of unit availability (Note: DHCS will evaluate unit availability date to ensure projects become available within a reasonable timeframe)
7/1/2028

Expected cost per unit (Note: the BHSA Housing Intervention portion of the project must be equal to or less than $450,000)
$450,000

Have you utilized the "by right" provisions of state law in your project?
No

If you have not incorporated use of the "by right" provisions into your project, please explain why
County has not yet finalized project site

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention
CONTINUING MHSA INNOVATION PROJECT - NOT BHSA FUNDED
The Lodge

This MHSA Innovation Project funds a low barrier entry housing project for individuals who are homeless or at risk for homelessness; and have either an early onset of a severe mental illness (SMI), chronic mental illness, or substance use disorder (or co-occurring); and who have limited motivation or willingness to access treatment, supportive services, or housing services.
Individuals considered for The Lodge are those who have declined efforts, care treatment, and support services, who are not responsive to traditional outreach efforts and housing services. The individual may have utilized crisis or hospital services and received care in a correctional setting but not accepted follow up care. The Lodge accepts individuals who are in the pre-contemplation stage or contemplation stage (due to their unhoused status but not due to their substance use) with either a mental health problem, co-occurring disorder, or substance use disorder (SUD).

The Lodge offers voluntary onsite services such as peer support, mental health screening, voluntary rehabilitation groups for individuals with SUD or a co-occurring disorder, other SUD related education, wellness groups, mindfulness groups, education on developing and maintaining natural supports, and benefits counseling.

This innovation project will conclude by June 30, 2028. DBH will make note of any continuation of these services in future Integrated Plan updates.

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
340

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)
DBH will continue to support operating subsidies for Behavioral Health Bridge Housing in Fresno County. DBH is currently operating an MHSA Innovation project ("The Lodge") that provides lodging and peer support to individuals who are experiencing homelessness and a serious behavioral health challenge. Once the project has expended all encumbered Innovation funds, DBH will evaluate the availability of BHSA Housing Intervention funds to continue providing these valuable services.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?
Transitional Rent
Housing Deposits

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services
Undecided

Housing Deposits
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
12/9/2025

Housing Tenancy and Sustaining Services
Undecided

Short-Term Post-Hospitalization Housing
Undecided

Recuperative Care
Undecided

Day Habilitation
Undecided

Transitional Rent
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
12/9/2025

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs **(including Transitional Rent)?**
DBH and its contracted service providers will collaborate to establish data sharing systems and a closed-loop referral process.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county
DBH regularly meets with the MCPs that serve Fresno County, and will continue to work collaboratively with all stakeholder agencies to ensure that the MCPs are aware of the contracted provider network for Housing Interventions.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?
No

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?
DBH has invested significant resources into its "front door" behavioral health programs in order to quickly and efficiently link individuals to care. Staff members at these programs are trained to assist Medi-Cal members to work with their insurance providers to receive any relevant benefits. Once a person has exhausted MCP housing services, the Fresno County Housing Flex Pool will offer timely resources to eligible individuals, to the extent resources are available. DBH will continue to collaborate with its cross-sector partners to establish shared workflows and quality assurance processes. All Medi-Cal members receiving Transitional Rent will have a housing plan which outlines strategies for housing solutions at the end of the MCP benefit.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource . Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools .

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
No

Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?
Yes

What role does the county behavioral health system plan to have in the Flex Pool?
Funder

Have you identified an Operator of the Flex Pool?
No

Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool?
Yes

Which Housing Interventions does the county plan to administer through or in coordination with the Flex Pool?
Rental Subsidies
Operating Subsidies

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above
The Department of Behavioral Health (DBH) administers contracts for interim and permanent housing settings, and contracts for other Housing Supportive Services. County DBH has and will continue to collaborate with its County Administrative Office (CAO, the Lead Entity) in planning and preparing for the Flex Pool, to include amending contracts and invoicing processes to facilitate the administration of Community Supports (Transitional Rent and Housing Deposits), creating workflows to facilitate referral, payment, reimbursement, and reporting processes, conducting the competitive bid process to procure a Flex Pool operator, and identifying inventory and housing resources for the Flex Pool.

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the “Add additional program” button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects.

Does the county's plan include the development of innovative programs or pilots?

No

Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

---

The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors **a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and**

Meets federal and state standards **for timely access to care and services, considering the urgency of the need for services.**

The county must ensure **that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.**

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

---

Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?
18

Upload any data source(s) used to determine vacancy rate
Fresno County Vacancy rates.docx

For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates
Licensed Marriage and Family Therapist
Licensed Professional Clinical Counselor
Licensed Vocational Nurse
Medi-Cal Certified Peer Support Specialist
Licensed Clinical Social Worker

Please describe any other key workforce gaps in the county
Current key workforce gaps include only having a small number of psychiatrists and aging prescribers among our county's network of behavioral health providers. Despite regular job postings, the local pool of behavioral health professionals is insufficient to meet demand.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?
The county anticipates an increased demand for services related to BHT and BH-CONNECT EBPs. There is no identified funding source to support the training and infrastructure required to uplift these EBPs after the initial three-year period. Full implementation of these EBPs and elements of network adequacy would require an expanded workforce to address local service gaps and ensure the local delivery system can absorb the projected increased demand for services.

The county also needs HCAI data on those state initiatives it implements locally to understand how much of the workforce is benefiting from such programs and committed to delivering additional year(s) service within the county's behavioral health workforce.
The county has identified a need for funding to invest in state-required cultural competency trainings; clinical Evidence-Based Practice trainings for non-BH CONNECT EBPs; and specialized trainings for Mental Health Plan and DMC-ODC administrative operations.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
The county will continue to explore avenues for participation in the Behavioral Health Scholarship Program.

The Department will share/post such announcements about the program on its social media and website. DBH will also share information about the program with its network of providers, local professional associations, local college and university programs (schools of social work, counseling, psychology, healthcare), and high school career centers.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
The county will continue to explore avenues for participation in the Behavioral Health Student Loan Payment Program.

DBH has shared information via social media, the department's website, emails to department staff, and promotion at career fairs. Information is also shared at provider meetings to ensure wide knowledge of loan payment opportunities.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
The county will continue to explore avenues for participation in the Behavioral Health Recruitment and Retention Program.

The Department will share announcements about the program on its social media and website. DBH will also share information about the program with its network of providers, local professional associations, local college and university programs (schools of social work, counseling, psychology, healthcare).

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
The Department will share announcements about the program on its social media and website. DBH will also share information about the program with its network of providers, local professional associations, and local college and university programs (schools of social work, counseling, psychology, healthcare).

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?
No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training

The County remains committed to all viable options and continues to optimize workforce development by fostering a sustainable culture of staff wellness and retention. Supervisory personnel are now leading initiatives in Medi-Cal language access, providing specialized instruction in mandating Health Equity training for all staff to reduce health disparities, interpreter training for behavioral health providers and qualified interpreters. Leveraging the Relias Learning Management System, the County offers a robust catalog of continuing education units covering clinical best practices and administrative compliance. Furthermore, the County continues to mandate evidence-based training in nonviolent crisis intervention for all staff and field safety and trauma-informed care trainings for its behavioral health providers. Lastly, in support of the statewide behavioral health workforce pipeline, the County continues to offer intern/practicum placement for clinical behavioral health student programs, and doctoral public health programs. Efforts are underway in developing formal career pathways that incentivize non-clinical staff to pursue clinical licensure while maintaining their employment.

Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve .

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed budget template
Fresno County - Integrated-Plan-Budget-Template_v3.xlsx

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS)
N/A

Full Service Partnership (FSP)
N/A

Housing Interventions
N/A

Enter date of last prudent reserve assessment
2/1/2026

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS

N/A

FSP

N/A

Housing Interventions

N/A

Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification template
Behavioral Health Director Certification - Signed 03-25-2026.pdf

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template
County Administrator or Designee Certification Template-Signed.pdf

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template

Board of Supervisors Certification Template.pdf

Confirm that the data is up to date and reflects the correct information for a Draft Plan

Data Suppression Notice:

Values marked with "*" have been suppressed per DHCS de-identification standards. Counts between 1–10 are displayed as "<11*"