# MENTAL HEALTH SERVICES ACT ANNUAL UPDATE 2025-2026

Posted: March 17, 2025
Public Comments Close: April 15, 2025
Public Hearing: April 16, 2025
Board of Supervisors Approval: June 10, 2025




Department of Behavioral Health

# MHSA COUNTY COMPLIANCE CERTIFICATION

County: Fresno

| Local Mental Health Director | Program Lead |
|---|---|
| Name: Susan L. Holt, LMFT | Name: Ahmad Bahrami |
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| County Mental Health Mailing Address: 1925 E Dakota Ave. Fresno, CA 93726 | |

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and no supplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. *The* annual update and expenditure plan. attached hereto, was adopted by *the* County Board of Supervisors on June 10, 2025.

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

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

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

Signature

06-24-2025
Date

County: Fresno

Date: 06-24-2025

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/ City: Fresno

☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

| Local Mental Health Director | Program Lead |
|---|---|
| Name: Susan L. Holt, LMFT | Name: Ahmad Bahrami |
| Telephone Number: 559-600-9058 | Telephone Number: 559-600-6865 |
| Email: sholt@fresnocountyca.gov | Email: abahrami@fresnocountyca.gov |
| County Mental Health Mailing Address<br>1925 E. Dakota Ave.<br>Fresno, CA. 93726 | |

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Susan L. Holt, LMFT — Susan Holt (Jun 27, 2025 09:41 PDT)

Local Mental Health Director (PRINT) — Signature — Date

I hereby certify that for the fiscal year ended **June 30, 2024**, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated **December 27, 2024** for the fiscal year ended **June 30, 2024.** I further certify that for the fiscal year ended **June 30, 2024** the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Oscar J. Garcia, CPA, Auditor-Controller/Treasurer-Tax Collector — Oscar J. Garcia 6-27-2025

County Auditor Controller/ City Financial Officer (PRINT) — Signature — Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

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## Description of Fresno County

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

### Community Snapshot




Fresno County currently ranks 10th largest by population in California. The US Census placed Fresno County's population at 1,017,162 in 2023. Fresno County lies in the Central Valley of California. It is bordered on the west by the Coast Range and on the east by the Sierra Nevada Mountain Range. The county seat, the City of Fresno, is the fifth largest city in California with a population of 545,716. Other large cities in the county include Clovis, Sanger, Reedley, Selma, Parlier, Kerman, Coalinga, Kingsburg, Mendota, Orange Cove, Firebaugh, Huron, Fowler, and San Joaquin. In addition, there are twenty-eight (28) census-designated places, and seven (7) unincorporated communities.

## Demographics of the County

Fresno County's population grew by 0.18% according to world population review. Table 1 shows age and race/ethnicity, and gender of the general population. For the 1,017,162 residents who live in Fresno County, 22.9% are children ages 0-15; 14.8% are Transition Age Youth (TAY) ages 16-25; 43.9% are adults ages 26-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Fresno County are Hispanic/Latino (53.6%). Persons who are Black represent 4.4% of the population, American Indian/ Alaskan Native represent 0.6%, Asian/Pacific Islander represent 11%, White represent 27%, and Other/Not Reported represent 3.4% of the population. There are an equal proportion of females (50.3%) and males (49.7%) in the county. (Appendix D)

**Table 1**
**Fresno County Residents**
**By Gender, Age, and Race/Ethnicity**
(Population Source: 2020 Census)

| | Fresno County Population 2020 Census | |
|---|---|---|
| **Age Distribution** | **Number** | **Percent** |
| **0 - 15 years** | 231,202 | 22.9% |
| **16 - 25 years** | 149,342 | 14.8% |
| **26 - 59 years** | 442,520 | 43.9% |
| **60+ years** | 185,590 | 18.4% |
| **Total** | **1,008,654** | **100.0%** |
| **Race/Ethnicity Distribution** | **Number** | **Percent** |
| **Black** | 44,295 | 4.4% |
| **American Indian/ Alaskan Native** | 6,074 | 0.6% |
| **Asian/ Other Pacific Islander** | 110,898 | 11.0% |
| **Hispanic/ Latino** | 540,743 | 53.6% |
| **White** | 271,889 | 27.0% |
| **Other/ Not Reported** | 34,755 | 3.4% |
| **Total** | **1,008,654** | **100.0%** |
| **Gender Distribution** | **Number** | **Percent** |
| **Male** | 501,441 | 49.7% |
| **Female** | 507,213 | 50.3% |
| **Total** | **1,008,654** | **100.0%** |

It is estimated that about 44.2% of the population of Fresno County speaks a language other than English at home ("U.S. Census Bureau", 2020). Spanish and Hmong remain the threshold languages in Fresno County (2012 – 2018 American Community Survey). 29.49% of the county's residents speak only Spanish ("World Population Review", n.d.). According to the 2020 US Census data, 199,253 people, or 19.4%, of the county's residents live in poverty. According to Racecounts.com, 76,302, or 7.8%, of persons are uninsured in Fresno County. (Appendix D)

## Penetration Rates for Mental Health Services

Table 2 shows the percentage of the general population who access mental health services. Table 2 shows the same county general population data shown in Table 1 and provides information on the number of persons who received mental health services (FY 2023/24). From this data, a penetration rate was calculated, showing the percent of persons in the general population that received mental health services in FY 2023/24. This data is shown by age, race/ethnicity, and gender. primary language was not available for the general population. Note: The general population is used to calculate the penetration rate because the total number of persons in the county with Medi-Cal eligibility/benefits was not available). In addition, the total number of persons served by mental health includes both individuals with Medi-Cal and those who do not have Medi-Cal. So, using the general population is a better representation of access to services.

The penetration rate data shows that 2.7% of the Fresno County population received mental health services. Of these individuals, children ages 0-15 had a penetration rate of 3.7%; TAY ages 16-25 had a penetration rate of 3.5%; adults ages 26-59 had a penetration rate of 2.5%; and older adults ages 60 and older had a penetration rate of 1.2%. (Appendix D)

For race/ethnicity, persons who are Black had a penetration rate of 6.0%; 1.1% Asian/Pacific Islander; 2.3% Hispanic/Latino; and White had a penetration rate of 1.9%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Data shows that there are 3,046 individuals who reported Spanish as their primary language and 125 who reported Hmong/Lao as their primary language. (Appendix D)

Males had a slightly lower mental health penetration rate (2.3%), compared to females (2.5%)

There were 27,037 people who received one or more mental health services in FY 2023/24. Of these individuals, 31.2% were children ages 0-15; 19.5% were Transition Age Youth (TAY) ages 16-25; 41.0% were adults ages 26-59; and 8.3% were 60 and older. There were 9.8% Black, 0.7% American Indian/ Alaskan Native, 4.6% Asian/Pacific Islander, 46.9% Hispanic/Latino, and 19.1% of the individuals who were White. All other race/ethnicity groups represented a small number of individuals. The majority of individuals receiving mental health services have a primary language of English (78.9%), 11.3% have a primary language of Spanish, and .5% have a primary language of Hmong/Lao. (Appendix D)

***NOTE***: *This data was collected from the DBH Avatar Electronic Health Record. The data does not include all persons served through the Mental Health Services Act (MHSA) programs, as only some MHSA programs and providers utilize or have access to Avatar. Additionally, the BHSOC moved to a new EHR for the start of FY 23/24. Only recently was a problem with the system identified. For some demographics are not attributed to a single individual but are sometimes credited with an individual per demo (for data like more than one race), thus some of the data/demographic totals may be overrepresented.*

## Table 2

**Fresno County Mental Health Penetration Rate**
**by Gender, Age, Race/Ethnicity, and Language**
(Population Source: 2020 Census)

| | Fresno County Population 2020 Census | | All Mental Health Participants FY 2023-24 | | Fresno County Population Mental Health Penetration Rate FY 2023-24 |
|---|---|---|---|---|---|
| **Age Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| 0 - 15 years | 231,202 | 22.9% | 8,442 | 31.2% | 8,442 / 231,202 = 3.7% |
| 16 - 25 years | 149,342 | 14.8% | 5,261 | 19.5% | 5,261 / 149,342 = 3.5% |
| 26 - 59 years | 442,520 | 43.9% | 11,088 | 41.0% | 11,088 / 442,520 = 2.5% |
| 60+ years | 185,590 | 18.4% | 2,246 | 8.3% | 2,246 / 185,590 = 1.2% |
| **Total** | **1,008,654** | **100.0%** | **27,037** | **100.0%** | **27,037 / 1,008,654 = 2.7%** |
| **Race/Ethnicity Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| Black | 44,295 | 4.4% | 2,647 | 9.8% | 2,647 / 44,295 = 6% |
| American Indian/Alaskan Native | 6,074 | 0.6% | 200 | 0.7% | 200 / 6,074 = 3.3% |
| Asian/Other Pacific Islander | 110,898 | 11.0% | 1,237 | 4.6% | 1,237 / 110,898 = 1.1% |
| Hispanic/Latino | 540,743 | 53.6% | 12,688 | 46.9% | 12,688 / 540,743 = 2.3% |
| White | 271,889 | 27.0% | 5,156 | 19.1% | 5,156 / 271,889 = 1.9% |
| Other/Not Reported | 34,755 | 3.4% | 5,109 | 18.9% | 5,109 / 34,755 = 14.7% |
| **Total** | **1,008,654** | **100.0%** | **27,037** | **100.0%** | **27,037 / 1,008,654 = 2.7%** |
| **Primary Language Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| English | - | - | 21,322 | 78.9% | - |
| Spanish | - | - | 3,046 | 11.3% | - |
| Hmong/Lao | - | - | 125 | 0.5% | - |
| Other/Not Reported | - | - | 2,544 | 9.4% | - |
| **Total** | - | - | **27,037** | **100.0%** | - |
| **Gender Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| Male | 501,441 | 49.7% | 11,617 | 43.0% | 11,617 / 501,441 = 2.3% |
| Female | 507,213 | 50.3% | 12,517 | 46.3% | 12,517 / 507,213 = 2.5% |
| Transgender | - | - | 59 | 0.2% | - |
| Other/Not Reported | - | - | 2,844 | 10.5% | - |
| **Total** | **1,008,654** | **100.00%** | **27,037** | **100.0%** | **27,037 / 1,008,654 = 2.7%** |

## Analysis of Disparities identified in Mental Health Penetration Rates

The penetration rate data by age shows that there are higher proportions of children and TAY served, compared to adults and older adults. Older adults are the most underserved age group of individuals receiving mental health services. However, many older adults have Medicare insurance and may be accessing mental health services through private providers. When Medicare services are delivered by private providers, the data on service utilization is not reported to BH.

The penetration rate data by race/ethnicity shows the number of persons served out of the county population for each cultural group. Across all cultures, the penetration rate is 2.7%. This

data shows variability across the different cultural groups, but this data is difficult to interpret for the cultural groups with smaller numbers in the population. The penetration rate for persons who are Hispanic/Latino is 2.3% with 12,688 accessing mental health services out of the total Hispanic/Latino population of 540,743. The penetration rate for persons who are Black is 6%, with a smaller number of people served (2,647) and smaller population in the county (44,295). The penetration rate for persons who are White is 1.9%, with 5,156 persons served, out of 271,889 in the population. There were 5,109 out of 34,755 people with an 'Other/Not Reported' for data reported on race/ethnicity, showing a penetration rate of 14.7%. There is a very high rate of Other/Not Reported race/ethnicity for FY 2023/24. This high rate of Other/Not Reported which may reflect the impact of COVID on the system of care. If all services for an individual are delivered through telehealth, demographic information is not consistently collected by service delivery staff. It is also important to note the transition to a new statewide Electronic Health Record and its effect on the continuity of data collection including the acclimation of staff responsible for collection.

It should be noted as services for an individual were/are delivered through telehealth, demographic information is not consistently collected by service delivery staff and is an area of focus.

This data highlights the need to continue to periodically analyze data to assess access to services for different racial and ethnic groups and identify methods for collecting preferred language, especially for persons who speak Spanish and Hmong, the two threshold languages. Also, the data shows the need to develop methods to accurately collect race and ethnicity, sexual orientation and gender identity (SOGI) and expand the availability of bilingual, bicultural staff to deliver services in the individual's preferred language. This information would be helpful in identifying the need to recruit, hire, and retain more bilingual and bicultural staff to provide direct services and administrative support in each community.

This data provides important information on documenting the ongoing need to attract, employ, and retain bilingual/bicultural staff, improve access, and identify other opportunities to engage culturally diverse communities. The development of additional positions and expanding workforce to address cultural/language needs will be implemented in collaboration with a mental

health literacy effort. This approach will help to address the stigma that prevents people from accessing care, even when the staff speaks the language or understands their family's culture. This multi-pronged effort will help to promote access and hiring efforts. While we continue to increase the number of bilingual and bicultural staff across the BHSOC, this data illustrates there is a continued need to refine and enhance data collection to support our goals of improving access and services using accurate and reliable data. The data on gender distribution shows that there are many challenges in collecting accurate information on Sexual Orientation and Gender Identity (SOGI) data. Out of the 27,037 persons served, only 59 reported Transgender. This area will continue to be a focus for Fresno County's system of care, to identify strategies for collecting this important information (Fresno County Culturally Responsive Plan Delivered with Humility FY 2023 -2024 Update, pages 19-24).

## System Capacity to Implement Culturally Appropriate Services

For the past five years, Fresno County has conducted an annual Cultural Humility Survey in the Spring. One of those surveys is focused on the workforce and seeks to assess the cultural responsiveness of the workforce, staff, and volunteers. The last one was completed in Spring of 2024 (Appendix E).

Three hundred seventy-seven (377) members of the workforce completed the survey. Of these individuals, 83.8% were county staff, 15.6% were contract provider staff, and 0.5% were volunteers. Of all staff responding to the survey, 35.8% were direct service/clinical/case management staff, 33.4% were administration/clerical staff who do *not* routinely interact with persons served, 12.4% were administration/clerical staff who *do* routinely interact with persons served, 16.8% were management staff, 1.1% were peer support, and 0.5% were paid peer staff.

Of the 377 individuals who completed the survey, the breakdown of staff by department/program is as follows: 17.8% from Children's Mental Health, 11.7% from Contracts Department (MH/SUD), 15.6% from the Adult System of Care, 13.5% from Administration, 11.4% from Finance/Accounting/Business Office, 10.1% from Managed Care, 4.0% from ISDS/Quality Improvement/Medical Records, 0.3% from Compliance, and 15.6% from the Public Behavioral Health System. (Appendix E)

Of these 348 survey respondents who reported their race/ethnicity, 53.4% were Hispanic/Latino, 23.0% were White, 16.4% were Asian, 5.5% were Black, 0.3% were Native Hawaiian or Other Pacific Islanders, 0.6% were American Indian or Alaska Native, 0.3% were Middle Eastern, and 0.6% identified as 'Other.' For the 351 respondents who report their current gender identity, 70.4% identify as Female, 28.5% identify as Male, and 1.2% identify as another gender. Of the 336 reports of sexual orientation, 90.8% of staff identified as Heterosexual/Straight, and 9.3% as LGBTQ+.

Of the 379 survey respondents, 161 (42.5%) were bilingual, with 71% of those bilingual staff speaking Spanish, 18% speaking Hmong, 2% speaking Punjabi, and 9% speaking another language. Staff may speak more than one language other than English. Of the 161 bilingual staff, 90 (23.6%) acted as an interpreter as a part of their job function, and 18.7% of those individuals received bilingual pay. This 2024 data shows a small decline compared to 2023 data for bilingual staff acted as an interpreter as a part of their job function (134/90). There was an increase to bilingual pay for staff by close to 10% (47/67). In late Summer 2022, the Department received approval to add bilingual certified positions across all divisions and is working to increase the number of staff receiving bilingual pay. (Appendix E)

Other survey results show that 60.4% of staff identified as a person with lived Mental Health experience and 75.4% reported having a family member with lived Mental Health experience; 17.3% of staff identified as a person with lived substance use disorder experience and 57.5% reported having a family member with lived substance use disorder experience.

Survey results were also analyzed across the past four years (2021 – 2024). In 2020, 582 staff completed the survey; in 2021, 494 staff completed the survey; in 2022, 433 staff completed the survey; in 2023, 551 staff completed the survey; and in 2024 382 staff completed the survey. (Appendix E)

## Commitment to Reducing Health Disparities

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

that are disproportionally impacted by disparities.

In April 2021, Fresno County was approved for an Innovation plan to support three California Reducing Disparities Project (CRDP) Phase II programs—also known as Community Defined Evidence-based Practices (CDEPs). These three programs (Hmong Helping Hands, Sweet Potato Project, and Atención Placticas) operate under the **CRDP Evolutions** Innovation Plan. Fresno County was the first to attempt to bring CDEPs into its system of care. The Department had the CRDP Evolutions Plan approved by the MHSOAC in April 2024 to be extended to five years and added funding for additional technical assistance from Third Sector Capital Partners Inc. (Third Sector) to assist with sustainability options, as the CDEPs were all prevention focused, and under BHSA prevention services would not be funded at the local level. Thus, the current CDEPs would need to shift to more specialty mental health, early intervention or expand their capacity to other billable services, as PEI funding will no longer be a viable option.




*Figure 1: Development of a custom training to support providers in better serving local LGBTG BIPOC communities.*



*Figure 2: Hmong Helping Hands Garden and Food Expo*

Fresno County is also investing in other efforts to understand and improve health disparities through community engagement. The Department expended $607,267 of $750,000 as part of its Innovation Community Planning Process with small local initiatives to help identify and address possible service gaps, engage underserved communities and opportunities for culturally congruent services. Activities included in the Community Planning Process Innovation plan provided outreach to the local African American communities; Black, Indigenous, and

Persons of Color who are also members of the LGBTQ+ Community; rural youth; Punjabi speaking community, Fresno's African American community, Spanish speaking parents, youth and or other Southeast Asian and other underserved communities. These MHSA Innovation funded efforts can inform current and future services, planning, program designs, and strategies for the system of care.



*Figure 3: A Youth Wellness Summit in San Joaquin in 2023. One of several Youth Wellness Summits conducted in rural communities with Latino youth.*

In the last year, the Department initiated work under a new approved Innovation Plan focused on research work with justice involved youth, in an effort to address future disparities such as the impact of adverse childhood experiences (ACEs), and/or underserved or inappropriately served group. A unique program within the Fresno County system of care has been the Holistic Wellness Program. This program was originally implemented as an MHSA innovation project. Upon conclusion of the Innovation Project period, the County reclassified the program as a PEI program and has sustained it in that manner since. The Holistic Wellness provides holistic healing services and activities, with outcome goals of increased mental health awareness, reduced stigma/discrimination, increased program capacity and the promotion of wellness and recovery through a developed process that links persons seeking service




*Figure 4: Community Participatory Action Research flyer.*

to nontraditional holistic healers within the diverse cultural communities of Fresno County. The same provider operates the Culturally Based Access and Navigation (CBANS) program, which assists individuals from unserved and underserved communities in receiving timely access to culturally appropriate behavioral health services. Fresno County had a Suicide Prevention Initiative for LGBTQ Youth (the Pop Ups) in partnership with the Fresno Economic Opportunities Commission (EOC)'s LGBTQ Center. That project ended June 2024. Changes in prevention activities under BHSA were a major factor consideration not extending at this time.

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

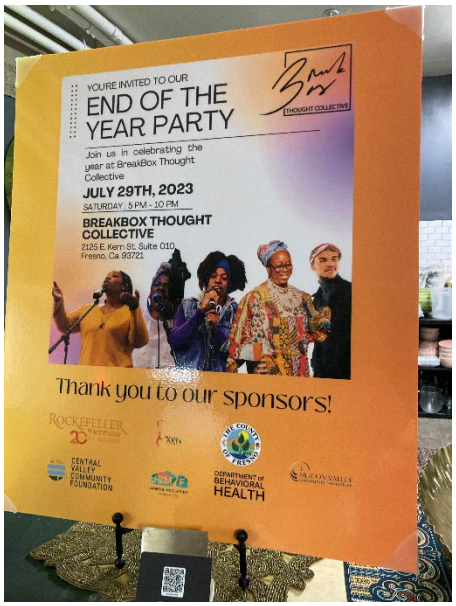



*Figure 5: BreakBox Thought Collective poster, a sponsorship to promote wellness in African American youth.*

In 2023-2024, Fresno County continued to participate in the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM), a statewide project funded by the Mental Health Services Oversight and Accountability Commission which came out of an MHSA Innovation project of Solano County.

Several years ago, Fresno County has developed easy-to-find webpages in the local threshold languages (www.DBHespanol.com and www.DBHHmoob.com) and MHSA materials (MHSA Spanish Video) in threshold languages as an attempt to improve access and participation in the CPP, behavioral health services, and resources. The Public Behavioral Health Division oversaw those the MHSA efforts and housed the Department's health equity work (Ethnic Services

Manager (ESM) and the Diversity Services Coordinator). These staff members remain together and are merged with quality improvement team to form the new Planning and Quality Management Division. They work in close collaboration with the MHSA Coordinator, Quality Improvement Coordinator, Diversity Services Coordinator, Epidemiologist to maximize the opportunities provided by MHSA to reduce health disparities and improve care. Fresno County's ESM is the co-chair of the Central Region's ESM workgroup and a member of the County Behavioral Health Directors Association's (CBHDA) Cultural Competency Executive Committee, thereby bringing additional perspectives to the work. The Department's Diversity Services Coordinator is a co-chair of a new CBHSA Sub-committee examining needs of African Americans. Fresno County's required committee for cultural competency and health equity also facilitates an annual systemwide Cultural Humility survey which helps inform plans, needs, and opportunities. The annual Cultural Competency Plan also informs and supports efforts to address needs and improve disparities (found Cultural Humility Committee page). The Department has also worked to use linguistically and culturally specific outreach, stigma reduction and awareness efforts to be more effective.

## Workforce Assessment

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

Like most of the Central Valley, Fresno County is in the heart of a mental health shortage area, which experiences an even greater dearth of psychiatric services than the general populace. Fresno County and the central region has historically been a mental health shortage area (the problem existed before the pandemic for the local public system of care). In addition to developing its workforce (as in the County's WET Plan) the County has sought to also develop a more diversified, linguistically capable, and culturally informed workforce that better reflects Fresno's diverse communities and their needs.

As additional services and service models are mandated, the county will work develop strategies to help develop the workforce capacity necessary to implement those services and specific

models of care.

## Community Planning Process

### Staff and Training

This Department-wide effort was spearheaded in the past by the Public Behavioral Health division who is tasked with MSHA oversight and planning. As of July 2024, the Department has gone through a reorganization, and the community planning is led by the Planning and Quality Management Division (which still has MHSA oversight and planning). Participating staff included the Division Manager/Equity Services Manager, the Program Manager - MHSA Coordinator, senior staff analysts, staff analysts, diversity services coordinator and program technicians.

All staff who assisted in conducting the community forum have been trained on the current MHSA and the Community Planning Process with a standardized PowerPoint (Appendix A) and informational videos which described each MHSA component (available at www.FresnoMHSA.com). This year's CPP AU will include limited BHSA updates. Focus on BHSA will not happen until the AU is completed to reduce the confusion.

### Community Forums

| | DATE | LOCATION | TARGET POPULATION | TIME |
|---|---|---|---|---|
| **1** | February 26 ,2025 | Health and Wellness Center | General | 3pm-4:30pm |
| **2** | February 27, 2025 | Virtual (YouTube/Facebook) Live | General | 12pm-1:30pm |

The coming changes to MHSA with BHSA have shifted some past approaches. As the Department and the System of Care await final changes with BHSA, the Department does not find it viable to expand, add or make significant new changes to in this Annual Update. While in the past the Department has worked to tailor forums appropriately for each population, every community forum follows the same basic format. In this year's community planning for the annual update that principle has remained. First, the presenter provides a brief community training on the Mental Health Services Act (see Appendix A). This presentation instructed individuals on the components of MHSA, an overview of MHSA requirements for reporting, and the importance of

community engagement. In the past after this presentation, the presenter (and/or interpreters and support staff) leads a conversation to elicit community input on Fresno County's MHSA activities and community needs and any proposed and planned changes. In this instances there is an additional component to share what is known related to BHSA, and future planning. The Department also highlights changes proposed in this coming year related to MHSA programing. The Department attend and participated in several public forums to obtain insights on current needs, challenges, and interests of community stakeholders. As such the Department attended the following community meetings and used feedback and input in efforts to address the needs of the county in this plan. These were all community meetings in the current fiscal year.

| | Date | Event | Host | Location |
|---|---|---|---|---|
| | | | | |
| 1 | June 30th, 2024 | Khalsa Community Center Grand Opening | **Khalsa Community Center** | **Fresno, CA** |
| 2 | July 23, 2024 | Mendota Youth Listening Session | **DBH, Westside Youth Center** | **Mendota, CA** |
| 3 | August 1, 2024 | All Systems GO- | **Fresno County Superintendent of Schools** | **Fresno, CA** |
| 4 | Sept 5, 2024 | Behavioral Health Strategies Workshop | **CalMHSA** | **Sacramento, CA** |
| 5 | Sept 13, 2004 | Southwest Fresno Health/Mental Health Group | **Central Valley Community Foundation /FCHIP** | **Fresno, CA** |
| 6 | September 18, 2024 | Coalinga-Huron Community School Advisory Meeting | **Coalinga-Huron Unified School District** | **Coalinga, CA** |
| 7 | October 30, 2024 | Community Health Improvement Plan (CHIP) Kick-Off Meeting | **Fresno County Department of Public Health** | **Fresno, CA (Virtual)** |
| 8 | January 23, 2025 | First 5 Strategic Plan Virtual Listening Session | **First 5 Fresno County** | **Fresno (Virtual)** |
| | January 23, 2025 | Transformative Community Engagement | **DRIVE Greater Fresno Region** | **Fresno, CA** |
| 10 | Feb 14, 2025 | Black Self Care and Wellness Convening | **Central Valley Community Health Foundation and Jewel of Justice** | **Fresno, CA** |

| | | | | |
|---|---|---|---|---|
| 11 | February 25, 2025 | Town Hall- Student Mental Health | **The Foundation for Fresno Unified Students and Fresno Unified School District** | **Fresno, CA** |

## Promotion

Promotion of the CPP is an important process that ensures members of the community and stakeholders are made aware of, understand, and participate in, the CPP. In this year's Annual Update, the CPP factored in pending BHSA changes. The County has sought to continue to provide access and also being mindful stakeholder's time. As such, the plan for the current MHSA AU is to have the public forums, 30-day public comment and public hearing with the focus on the AU and to have BHSA specific updates later in the spring, which likely to occur after the CPP for the Annual Update. The CPP was promoted this time with social media posts, notification via listserv and sharing at different community gatherings. n Fresno County.

The Department produced digital flyers detailing the information for the community forums happening in the month of February 2025 (Appendix B). These flyers were distributed in hard copy, through email, and over social media. The flyers were produced in English, Spanish, and Hmong. Fresno County disseminated emails to its providers, community list serves, and community groups. These emails reached over 100 unduplicated individuals who are not county employees, but members of various workgroups and committees, and encouraged them to share the CPP among their organizations and interested stakeholders. These emails included a carbon copy (cc) to the mhsa@fresnocountyca.gov address for documentation of the notifications. The groups included state and regional stakeholders such as United Parents, the Fresno-Madera Continuum of Care, ACCESS California, The Racial and Ethnic Mental Health Disparities Coalition (REMHDC), Fresno County Health Improvement Project, California Pan-Ethnic Health Network (CPEHN), Central Valley Urban Institute, Central Valley Community Foundation, Fresno County Health Improvement Project and California Behavioral Health Services Oversight and Accountability Commission (BHSOAC), just to name a few.

The upcoming meetings for MHSA annual Update CPP were posted on fresnobhsa.com to be an easy way for interested residents to find information about upcoming forums, plan drafts, and hearing dates.

In 2020, Fresno County DBH created several one-minute introductory videos about MHSA. These videos are still relevant and current as related to MHSA. These videos included information on the CPP process, as well as five short videos on each component of MHSA. These videos existed on the Department's website (MHSA page) to assist individuals and communities in understanding more about MHSA and the CPP to increase participation. A single video was also developed in Spanish and Hmong to allow for additional access for those monolingual populations. The department maintains a specific URL, fresnobhsa.com for the CPP and all things MHSA related with hopes to make it easier to promote the CPP process; learn about MHSA, and access plans and resources. This URL also made it easier for the public to determine local CPP dates, and access CPP surveys (which were translated into the threshold languages of Spanish and Hmong) and available on the county's MHSA page. TDBH promoted the upcoming CPP at including the Quality Improvement Committee, the Diversity Equity and Inclusion Committee Meeting, the Behavioral Health Board Meeting, and the Suicide Prevention Collaborative Meetings.

An in-person forum with interpreters was hosted at the Departments' Health and Wellness Center from 3-5pm on February 26, 2025 A virtual forum was hosted live on February 27, 2025 during common lunch hour, to allow for additional access, and the footage (view here) will remain accessible to the public who may not have been able to attend/participate in a live event, and can obtain the information and submit questions, comments, etc. The Footage has been available since the event and by the time of the posting of the Annual Update for 30-day public stakeholders will have several additional weeks to post inquires or learn about the plan.

## Key Themes from the Community Forums

The DBH led forums did not have discussions about specific services, ideas for services, service needs, etc. It was an update and report out. As such the themes from discussions that normally occur from community forums, surveys and interviews were not topics of discussion by the stakeholders at the DBH hosted sessions.

It should be noted that the Department's overview and presentations did not include a review of existing MHSA programs or services, nor did it redirect conversations or interests on existing

services, which in the past has addressed some of the needs areas identified in some forums and the themes. The participants were also made aware of the pending changes that will transform the current system of care, and MHSA funded services in the next two years. Audiences were informed of the plan to complete the AU, and to begin the new planning for an integrated BHSA Three Year plan, where greater discussion, design, and strategies would be the focus.

## Community Needs Survey

With the pending changes from MHSA to BHSA, this the Annual Update will be projecting for the final year of MHSA as the state transitions to BHSA. The Department did not facilitate stakeholder surveys, or key informant interviews for the annual update process as the application of input could be limited due to pending changes with BHSA. Soliciting feedback, ideas for an annual update that would have limitations for incorporation of new ideas and would not be mindful of our stakeholders' time. The Department does intend to utilize surveys, engage in robust community planning, and include key informants' interviews and use of other needs assessments and data in its new BHSA community planning (which it intends to start upon the completion of the MHSA Annual Update).

## Other Community Input

To ensure fair access in the Community Planning Process, the Department did not conduct individual meetings with any providers, groups or conduct interviews with any stakeholders (nor key informants which have been done in the past). All participating stakeholders who did not share comments in community forums were encouraged to submit written comments, questions, etc. to mhsa@fresnocountyca.gov and to use the 30-day public comment, period to also submit comments or other related thoughts. Those comments are included in Appendix C.

## Incorporation of Stakeholder Input

Throughout the Community Planning Process (CPP), the Department has always striven to elicit community feedback on the six components of community planning described in WIC 5848 and CCR Title 9, Section 3315: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. These did have a different dynamic this time with the transition from MHSA to BHSA and a number of pending factors with BHSA.

### Mental Health Policy

During the CPP, the Department informed community members about the status of Prop 1/BHSA CARE Act, and other related policy changes and that could affect the implementation of current MHSA funds and transformation of MHSA to BHSA for the system of care.

## Program Planning and Implementation

Participants of previous CPP had identified navigating the behavioral health system as a challenge for individuals who seek care, as well timely access to specialty mental health services, and language access. During the MHSA AU CPP there were limited participants, questions or comments, likely due to coming changes with BHSA and more applicable to provide input for the BHSA plans. The Department continues to pursue several strategies to incorporate feedback, which can be used to inform the development of the BHSA Three Year Intergrated plan, new services and program mandates. The feedback during this period this has been informed by a number of communities needs assessments, participation and attendance in local community meetings with a focus on behavioral health. The future changes to funding allocation under BHSA limits expansion in some areas, sunsetting of some services or shifting of funding for some services, new mandated services (with BHSA funding) and redesign of others. Large portion of those changes will be part of the new BHSA year three-year integrated plan and stakeholder input.

From attending community listening sessions, and forums, leading to the MHSA AU, there were a few themes that have been common and noted below for future considerations.

In the non-MHSA CPP forums that DBH attended, the common themes were largely around early supports and services for children and youth. Another theme was linguistically accessible services (which was also a common theme in many of the community needs assessments competed in the prior year), as well as crisis services. Mobile Crisis was implemented just over a year ago, and that may be something that will address some of the need, and/or can be explored in the future. The other common themes heard in the community are in the table below.

**PUBLIC FORUM THEMES**

| RANK | Identified Area of Need |
|---|---|
| **1** | Youth focused and youth centric array of behavioral health services |

| | |
|---|---|
| **2** | Linguistically accessible services, resource and supports (for non-English speakers) |
| **3** | Crisis Support for schools, rural communities and youth/students |
| **4** | Culturally proficient care for specific population needs |
| **5** | Changes with BHSA and impacts to prevention activities |

**Program Monitoring and Quality Improvement**

Fresno County stakeholders participate in program monitoring and quality improvement in a variety of ways, including but not limited to Behavioral Health Board site visits, Consumer Satisfaction Surveys, Annual Cultural Humility Survey, Quality Improvement Committee (with various stakeholder inclusion), various community needs assessments, and listening sessions, stakeholder input during program evaluations, focus groups , External Quality Review and feedback, and of course, the Community Planning Process.

**Evaluation**

Many stakeholder conversations included discussion on the value of community-driven services and culturally responsive services. The Department is committed to providing community-defined practices which necessitates the use of new evaluation techniques. The Department is working to create more effective service evaluation. This includes a current effort with a team from RAND to help identify best practices evaluation and implementation for an array of services such as housing, outreach related to FSP engagement, etc. The Department is also engaged with Third Sector Community Partners who is also assisting with some work on community defined evidence practices. The Department continues to work on efforts to improve data quality and collection so to better support evaluation efforts.

**Budget Allocation**

The Department has carefully monitored MHSA funding projections during the

development of this annual update and plans to develop more strategies for improving billable services along with principles of sustainability. The Department will continue to involve the community in discussions related to upcoming budget changes during the transition to the Behavioral Health Services Act (BHSA) regulations.

### Circulation of Annual Update

At the time of writing, the Department intends to post this annual update plan for 30-day public comment from March 18, 2025, to April 18, 2025, providing 30+ days for review. A public hearing is planned for the Behavioral Health Board meeting on April 23, 2025.

Historically, Fresno County has conducted Follow-Up Sessions as part of its CPP. The Follow Up Sessions have been a way to provide an update from the community forums and help stakeholders know what changes or updates they can anticipate in reviewing the plan. Due to the limited number of community forums, and with additional community engagement to start in the Spring to support BHSA plan development, those discretionary sessions will not be facilitated. In the posting of the plan for 30-day review the County will reference the proposed changes for stakeholders. Also noting a section has been written to provide a summary of all program changes in this Annual Update for quick reference.

## Summary of Program Changes

### Prevention and Early Intervention (PEI)

The Department anticipated a loss in PEI revenue for the 2024-2025 fiscal year, and in FY 2025-2026. The Department is committed to honoring the PEI needs set forth by the community in the 2023-2026 Three-Year Plan, including, but not limited to, culturally specific services and services provided by trusted community partners. To this end, the Department has taken steps to allocate funding in such a way that critical PEI programs may continue operating, meet mandated services while also curtailed internal PEI expenditures to reduce PEI costs where possible.

- *Modified the budget for the DBH Communication Plan*
    - For the last several years, the Department sought to increase its internal capacity for marketing and communication, with the goal of reducing costs related to outsourcing

some of that work. This new internal capacity has allowed for a reduction in the DBH Communication Plan budget, and the Department has also reduced expenses related to outreach, marketing, and stigma reduction in the forms of collateral and campaigns as a way to ensure funding for more critical care services.

- Narrowing of All4Youth to focus on early intervention.
    - In the coming year the Department will change the scope of work for the Early Intervention Services to Schools (All4Youth) partnership with the Fresno County Superintendent of Schools. The funding levels will remain the same, but the focus of the agreement and scope of work shall be early intervention. This means the previous promotion of the program that focused on outreach, and stigma reduction will not be included as part of the funded contract work. New opportunities through California Children and Youth Behavioral Health Initiative (CYBHI) and other options may support future school-based prevention activities. The changes are based on funding revenues and future sustainability.
- Transition away from leading suicide prevention activities.
    - Suicide Prevention-under this annual update the Department is making some changes to the PEI Suicide Prevention activities. After the current FY (24/25) the county will sunset funding of the local Central Valley Suicide Prevention Hotline (988 call center). There is now federal and state funding available for 988 activities. Additionally, under the BHSA this type of prevention activity would not be permissible and would become responsibility of the State, including promotion, outreach and other work. This service agreement has been funded year to year, and thus the timing allows for sunsetting of this current service agreement.
    - Under the changes to suicide prevention, the Department wrapped up its “LGBTQ Pop-ups” with the Fresno County Economic Opportunities Commission LGBTQ Center. This suicide prevention support activity completed its final year June 30, 2024. The service was not renewed with changes to BHSA that would shift all prevention activities away from local administration.
- Name Change

The Crisis Intervention Team (CIT) and Rural Triage will be renamed the Community Behavioral Health Crisis Response. This will be the new umbrella name for crisis response services. This co-response crisis intervention with trained law enforcement and dedicated clinical support is part of the various crisis supports in our system of care. This program is not sunsetting, is being renamed as a program, and all crisis response services will be housed, with a single vendor to allow for better coordination, and will seek to maximize other available revenues with less reliance on MHSA funding to operate services

## Community Supports and Services (CSS)

The Department continues to address the community priority of increasing the ease of accessing services while understanding the significant changes to MHSA with the transition to BHSA and new priority areas and goals under BHSA. FY 2024/25 is a year where many CSS service agreements are ending and/or require to be renewed. Services that are currently understood to be required under BHSA (such as Full-Service Partnerships) are undergoing the procurement process and will likely be amended during their term to meet new BHSA requirements.

Some services that may not fall under BHSA funding and/or those agreements are slated to end in FY 24/25 may not be renewed allowing them to end at the conclusion of the current contract term.

At this time the following services are not being renewed or continued under the MHSA plan.

- Independent Living Association (ILA) The Department will be sunsetting the Independent Living Association (ILA) program. While it does provide a valuable resource, the Department is examining how its system will change with BHSA, costs of programs, growth of services, etc. While the agreement with the vendor funded under MHSA will end and thus the program, some of the functions that have been performed by this program will be observed by the Department's internal housing services to continue address the housing inventory needs, while reducing some of the costs and allowing for redesign to better align with BHSA's Housing requirements.
- Supervised Overnight Stay (SOS) will continue as a service, but will be funded with other revenues, not MHSA. This services at the time of this plan is out for RFP
- Family Advocacy Services- As noted earlier in the AU, the similarity of this and other programs,

and the changes of BHSA focus and available revenues, the program will be sunset this year and ending June 30, 2025 (to sunset)

- Family Functional Therapy Discontinued due to loss of vendor. As there is not provider the program is not currently operating. As FFT is an evidence-based practice it may be a service that is provided under BHSA's early intervention program in the future.

## Innovation (INN)

Below is a table of recent innovation plans. It includes list of programs which were completed at the end of FY 23/24, plans that are slated for completion at the end of FY 24/25, Innovation Plans which will be continuing in FY 25/26 and on.

| Current Innovation Plans (as of June 2024) | Status |
|---|---|
| | |
| Psychiatric Advance Directives Phase 1 | Completed |
| The Lodge | Active; Completion June 30, 2025 |
| Handle With Care Plus+ | Completed |
| Suicide Prevention Follow-Up Call Program | Active; Completion June 30, 3025 |
| Project Ridewell | Not Active/Eliminated |
| INN-Community Planning Process | Completed |
| CRDP Evolutions | Active, Extension Approved (2026) |
| Allcove | Concept no longer viable |
| Justice-involved Youth Research Project | Active |
| Psychiatric Advanced Directives Phase 2 | Approved, Active July 1, 2025. Awaiting project initiation |
| Proposed the Lodge 2.0 Expansion | Proposed Plan (Pending approval April 2025) |

- Project Ridewell was a pilot developed pre-pandemic and was delayed by the pandemic. After the pandemic economic factors (increase costs related to inflation such a fuel cost of vehicles, technology) delayed its implementation and in the end the primary partner did not have the capacity any longer to implement the pilot and thus the approved MHSOAC project never operationalized. Some of funds allocated to the program ($1,200,000) may revert due to the time clock to expend those funds.
- Suicide Prevention Follow Up Call Program - The Follow Up Call Program will complete its contractual and Innovation Plan timeline at the end of this FY (2024/25). The program will not

be extended for several reasons. The program would have likely transitioned to PEI if it proved a viable option, but with the elimination of PEI as a result of BHSA, the mandated services and the limited funding of behavioral health services supports component of BHSA, as well as the lower than anticipated outcomes, and issues with sustainability as a standalone service, the program will come to a conclusion at the end of FY 24/25. The Department will not fund the pilot beyond it pilot term.

- The Lodge-the current iteration of the Lodge is slated to end June 30, 2025. This program will have operated for over 4.5 years. The Lodge sought to examine low barrier lodging for persons in pre-contemplation stage of change who were not engaged in care, and how using a heavy peer workforce component may support better engagement in enrolling in behavioral health services.
- NEW - The Lodge 2.0 - The Lodge's model for low barrier and peer component has been promising. The focus however was very narrow population, referral source and outcome and structured for the purpose of the project and evaluation. As the Lodge comes to an end, the need for more such supports is increasing with components of BHSA, SB 43, and Prop 36.
  Under this AU, the Department is proposing one new Innovation Plan which will continue into the transition to BHSA and that is the Lodge 2.0. The Lodge 2.0 is a plan seeking to use lessons learned in the initial Lodge program, to understand how an expanded scope can meet additional needs of populations to be served under BHSA, Prop 36, SB 43, and other new legislation and policies. The Lodge 2.0 is proposed to continue with the current lodge (location, vendor, training) to maintain the institutional knowledge that is needed to apply it to a broader approach, capacity population and model. It is the intention for the Department to have this new plan approved before the end of the current year and implement a new service agreement before July 1, 2025. The Plan was posted for 30-day review on February 14, 2025. The 30-day public comment will be completed on March 16, 2025, with the public hearing on March 19, 2025. Innovation Plans and Annual Updates are available at fresnobhsa.com.

## Workforce Education and Training (WET)

The Department has several activities funded through the WET plan and WET funding. These are primarily focused on annual workforce training and development, which included an array of

training opportunities, internships, and professional development. The proposed annual budget for WET activities will not change. Some trainings may be modified, but the overall goals and allocation will remain the same.

The Department is part of the regional WET initiative that works to develop the workforce through career pathways promotion, growth though scholarships tuition repayment, and some possible retention efforts. While there are no changes to this plan, the Department will continue to examine ways to promote the opportunities for career development, scholarships, and tuition reimbursement, including more opportunities for professional peer development

### Capital Facilities and Technology Needs (CFTN)

The Department continues work on the development of the new services campus, which has been in prior MHSA plans. The site development has been working through the various public works steps and the allocated funding will remain. The Department is also perusing other funding sources to support the project's development and other costs.

## Community Supports and Services (CSS)

### CSS Review

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

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

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

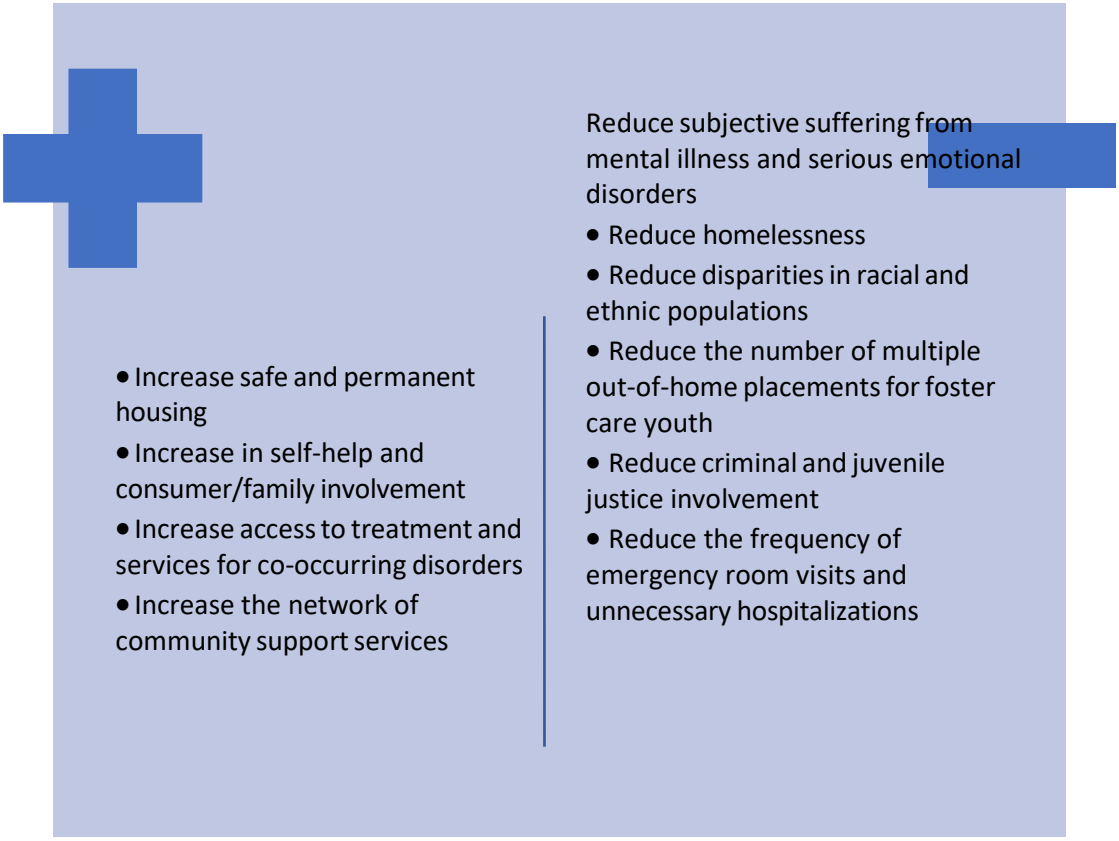
- **The Rural Mental Health Services (RMS)** program operates in largely Latino Spanish speaking communities and works to recruit bilingual providers to help render services. When possible, RMS recruits directly from the communities it serves.
- **Specialty Mental Health Services to Schools (All4Youth) the Fresno County Superintendent of Schools** program operates in over 200 schools presently in Fresno

County, and recruits' staff that are bilingual in the County's threshold languages, as well as languages prevalent in particular communities.

- **The Fresno Center** operates a Full-Service Partnership program specifically intended to serve individuals who identify as Southeast Asian. This program provides services in a variety of languages, including Hmong and Lao.

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

## CSS Goals and Outcomes




## Full-Service Partnerships

*Overview*

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

Projections of the number of individuals to be served by FSP programs is based upon feedback from

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

Fresno County completed work as part of a statewide FSP Evaluation several years ago. The findings of this evaluation included opportunities to improve coordination, outcomes, and oversights to improve FSP programs locally. The Department continues to work to implement those recommendations with current FSP programs and to improve program designs in upcoming RFPs and contracting cycles. Future designs and outcome focus of FSP will change under BHSA, with FSP being its own component with specific levels of care, and fidelity model requirements.

In the current year, the Department will have issued request for proposals for FSP continuum of services with still options for specialized population focus. Most FSP services will then be amended for the BHSA in 2026, as changes with FSP will include separate housing component, outreach for FSP service engagement, etc.

| Program Name | Ages Served | Projected numbers to be Served |
|---|---|---|
| Adult Full-Service Partnership | 18+ | 540 |
| Adolescent Community Treatment | 10 – 18 | 200 |
| Children's Full-Service Partnership | 0 - 10 | 475 |
| Co-occurring Disorders Full-Service Partnership | 18+ | 90 |
| Culturally Specific Services Full-Service Partnership | All ages, predominantly 18+ | 50 |
| Enhanced Rural Services Full-Service Partnership | All ages | 225 |
| Forensic Behavioral Health Full-Service Partnership | 18+ | 180 |
| Transition Age Youth Services and Support FSP | 16 – 25 | 150 |

The FSP projections are to be able to serve over 1,000 adults. Currently there are nearly 1000 adults being served in the FSPs. With the creation of the FSP continuums in recent years, persons can move within a program to the level of care that they need at that time without having to change providers, etc. Under this plan the Department is projecting to be able to serve approximately 500 children, and close to 200 transition aged youth with different FSPs.

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# FSP

| Program Name | Compone | Subcomponent | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| Adult Full Service Partnership | CSS | Full-Service Partnership | 10,084,160 | 10,184,160 | 10,184,160 |
| Adolescent Community Treatment FSP - ACT | CSS | Full-Service Partnership | 785,537 | 785,537 | 785,537 |
| Children's Full Service Partnership (FSP) SP 0-10 Years | CSS | Full-Service Partnership | 1,677,882 | 1,677,882 | 1,677,882 |
| Co-Occurring Disorders Full Service Partnership (FSP) | CSS | Full-Service Partnership | 1,543,116 | 1,234,493 | 1,234,493 |
| Cultural Specific Services - FSP | CSS | Full-Service Partnership | 258,960 | 258,960 | 258,960 |
| Enhanced Rural Services-Full Service Partnership (FSP) | CSS | Full-Service Partnership | 1,350,529 | 1,350,529 | 1,350,529 |
| Forensic Behavioral Health Continuum of Care - FSP | CSS | Full-Service Partnership | 1,207,463 | 1,207,463 | 1,207,463 |
| Transitional Age Youth (TAY) Full Service Partnership | CSS | Full-Service Partnership | 677,688 | 542,150 | 542,150 |
| **TOTALS** | | | **17,585,335** | **17,241,174** | **17,241,174** |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | | |
|---|---|---|
| **Project Name:** | Adult Full-Service Partnership (FSP) | |
| **Project Identifier(s):** 058 | **EHR:** 4531(Vista), 4535(D.A.R.T. West), 4536(Sunrise) | **PeopleSoft:** 4531(Vista), 4535(D.A.R.T. West), 4536(Sunrise) |
| **Provider(s):** | Turning Point of Central California, Inc.<br>Mental Health Systems, Inc. | |
| **Approval Date:** | Historical | |
| **Start Dates:** | **Anticipated:** N/A | **Actual:** July 1, 2020 |
| **Project Overview:** | The Adult FSP Master Agreement (20-216; 23-287) includes programs that provide intensive based outpatient mental health and co-occurring, and supportive housing services to adults residing in Fresno County. Program objectives and goals include the prevention and reduction of psychiatric hospitalizations, incarcerations, homelessness, and medical hospitalizations; increase in frequency of time spent in educational or employment settings; and provide services and skills helping to achieve a level of recovery and stability that will allow transitions to the least restrictive levels of care. | |

**Project Update FY 2022-2023:**

The Adult FSP Master Agreement includes three separate FSP sites providing Full-Service Partnership (FSP) program services for up to 180 adults ages 18-59 in the community per site with the ability and capacity to serve up to 540 persons served total combined at the Vista, Sunrise and D.A.R.T West FSP sites since FY20-21.

The Turning Point Vista program, FSP site #1, continues to provide FSP services to their persons served with the program site capacity of 180 persons served at any given time. Vista continues to provide recovery-oriented intensive outpatient mental health services that provide individuals served with opportunities to utilize their strengths and abilities to gain independence and self-sufficiency in the community. Vista was able to provide services to 190 unique persons served from July 1, 2022 through June 30, 2023.

The Turning Point Sunrise program, FSP site #2, continues to provide FSP services to their persons served with the program site capacity of 180 persons served at any given time. Both Vista and Sunrise sites provide services based on the Assertive Community Treatment model and utilize several evidence-based interventions including: Cognitive Behavioral Therapeutic (CBT) interventions, Harm Reduction, Integrated Dual Disorder Treatment, Mental Health First Aid, Motivational Interviewing techniques, Trauma-Informed Care, Trauma-Focused CBT, Changing Offender Behavior/Courage to Change: Cognitive-Behavioral Curriculum, Recognizing and Responding to Suicidal Risks (RRSR), and Wellness & Recovery Action Planning (WRAP). Sunrise was able to provide services to 178 unique persons served from July 1, 2022 through June 30, 2023.

The Mental Health Systems/TURN Behavioral Health Services Dare to Achieve Recovery Together (D.A.R.T.) West program, FSP site #3, continues providing FSP services to a capacity of up to 180 persons served. D.A.R.T. West provided services to 230 unique persons served. D.A.R.T. West employs several evidence-based approaches and best practices shown to be effective with this target population. Staff have participated in a number of evidenced-based and evidence-informed practice training during the reporting period including: Motivational Interviewing; “Housing First” Model and linkage to permanent supportive housing; Harm Reduction Model; Integrated Dual Diagnosis Treatment; Common Ground and Deegan’s Intentional Care Performance Standards; Cognitive Behavioral Therapy (CBT); Cognitive Behavioral Therapy for Psychosis (CBTP); Dialectical Behavior Therapy (DBT); Trauma Focused CBT; Cognitive Behavioral Social Skills Training (CBSST); ASAM SUD Assessments; Living Skills Practical Guidance; ‘Living in Balance: Moving from a Life of Addiction to a Life of Recovery’; Criminal and Addictive Thinking; Medication Management and Medication Assisted Treatment; Supported Employment; and SSI/SSDI Outreach, and Access, and Recovery (SOAR).

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

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

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 118 |
| Asian/Pacific Islander | 34 |
| Caucasian | 198 |
| Latino | 203 |
| Native American | 8 |
| Other | 7 |
| Unreported | 16 |
| Total Number Served | 584 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-24 | 5 |
| ☒ 25-64 | 557 |
| ☒ 65+ | 22 |
| Unreported | 0 |
| Total Number Served | 584 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The Vista program as others faced challenges with access/use of Board and Care for the individuals they served needed additional support (which we currently limited). Expanding housing options may support other goals such as education and employment outcomes. Continued collaboration with hospitals to help person served access the proper level of care and resources and training for Co-Occurring support.
The D.A.R.T. West FSP program has faced ongoing difficulty, included the number of referrals not engaging in care due to inability to located individuals or refusals to participate. Some engagement services were limited due to COVID 19 restrictions during the reporting period, including some facilities such as inpatient psychiatric hospitals and jail restricting visitation for early engagement. Some past challenges in prior reports were related to communication with law enforcement including Fresno PD, and CDCR/Parole when requesting support with persons served engagement. These issues have been resolved. With regards to housing, Board and Care facilities which are essential for persons served who need additional medication management and support, and behavioral monitoring were noted as being scarce and limited capacity/vacancies. This barrier resulted in challenges for staff identifying appropriate placement. Staffing vacancies were also noted as a challenge due to a significantly decreased workforce for positions requiring a license or certification. A continued staffing issues is the Registered Nurse, which is highly competitive due to a significant number of the workforce being recruited to support COVID 19 efforts and increases in the median salary range along with inflation in the private sectors which Medi-Cal FFP programs cannot seem to compete with due to private clinics being able to offer better salaries and benefits.

**Proposed Project Changes FY 2025-2026:**

Continuum of Care for each FSP site may better support step-down options and coordination for persons served and will be implemented in FY25-26. FSP continuum programs include Outpatient and Intensive Case Management services at each FSP site beginning July 1, 2025, will to offer persons served more options for continuing services post step down from FSP level services. All services will be reassesses, agreements amended and possible redesigns under final BHSA guiltiness which are anticipated to be available before the end of FY 24/25.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Keep

| | |
|---|---|
| **Project Name 2024-2025** | Adolescent Community Treatment FSP |
| **Project Name pre-2024:** | Children & Youth Juvenile Justice Services-ACT |
| **Project Identifier(s):** 042 | **EHR:** 4323 **PeopleSoft:** 4323 |
| **Provider(s):** | Pacific Clinics A22-342 (Previously Uplift Family Services A18-689) |
| **Approval Date:** | Historical |
| **Start Dates:** January 1, 2019 | **Anticipated:** N/A **Actual:** August 25, 2009 |
| **Project Overview:** | This program is available to youth, ages 10-18 years old, and their families. The Adolescent Community Treatment program is centered on a small staff-to-child ratio to provide multiple contacts per week, dependent upon youth need and a mutually agreed upon treatment plan between youth and program staff. Services are provided in the home, community, and educational locations, whichever is most comfortable for the youth and family. Additionally, services shall be provided to families as necessary, to optimize the youth's ability to reach wellness and recovery. The youth must be between the ages of 10 and 18 years old and must have a serious emotional disturbance (SED) and at least one diagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM). |

**Project Update FY 2022-2023:**

The program worked on engaging families for in person services while also accommodating those that needed telehealth. Staff retention continued to be a topic of discussion during FY 22-23 which impacted program capacity. In June 2023 a supersede contract was approved by the Board of Supervisors to implement new CalAIM language, rates, and regulations set by the Department of Health Care Services.

**FY 2021-2022– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 18 |
| Asian/Pacific Islander | 2 |
| Caucasian | 49 |
| Latino | 111 |
| Native American | 1 |
| Other | 13 |
| Unreported | 2 |
| Total Number Served | 196 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 124 |
| ☒ 16-25 | 59 |
| ☒ 26-59 | 12 |
| ☒ 60+ | 1 |
| Unreported | 0 |
| Total Number Served | 196 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

In FY 22-23 a new referral process was implemented with strict expectations for response time, ensuring youth have timely access to services. Ongoing meetings between DBH and the provider were scheduled to work through the process.

The program faced staffing shortages due to a competitive job market and shortage of qualified applicants. Turnover of trained and experienced staff for higher pay continued to be a barrier.

In FY 23-24 the contract was amended to create a continuum of care so that youth can transition through levels of care with minimal disruption to services.

The capacity of the program was impacted by staffing shortages which was addressed by assessing persons served and indicating who could step down to a lower level of care or be linked to other appropriate care. DBH is now tracking census and staffing information on a weekly basis.

**Proposed Project Changes FY 2025-2026:**

This contract is set to expire on June 30th, 2025.

An RFP for services and contracts will be issued in FY 24/25. All new contracts may be subject to amendments when final guidelines for BHSA funded services are available.

In FY 2025-2026, FSP services will be offered to youth through a new contract procured through the RFP process.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

**Project Name:** Children's Full-Service Partnership (FSP) SP 0-10 Years

**Project Identifier(s):** 043 **EHR:** 4320 **PeopleSoft:** 4320

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

**Approval Date:** Historical

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

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

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

**Project Update FY 2022-2023:**

The program worked on engaging families for in person services while also accommodating those that needed telehealth. Staff retention continued to be a topic of discussion during FY 22-23 which impacted program capacity. In June 2023 a supersede contract was approved by the Board of Supervisors to implement new CalAIM language, rates and regulations set by the Department of Health Care Services.

**FY 2021-2022 – Unique Individuals**

| Ethnicity | Served |
|---|---|
| African American | 36 |
| Asian/Pacific Islander | 11 |
| Caucasian | 69 |
| Latino | 305 |
| Native American | 4 |
| Other | 142 |
| Unreported | 22 |
| Total Number Served | 589 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 562 |
| ☒ 16-25 | 3 |
| ☒ 26-59 | 22 |
| ☒ 60+ | 1 |
| Unreported | 1 |
| Total Number Served | 589 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

In FY 22/23 a new referral process was implemented with strict expectations for response time, ensuring youth have timely access to services. Ongoing meetings between DBH and the provider were scheduled to work through the process.

The program faced staffing shortages due to a competitive job market and shortage of qualified applicants. Turnover of trained and experienced staff for higher pay continued to be a barrier.

In FY 23/24 the contract was amended to create a continuum of care so that youth can transition through levels of care with minimal disruption to services.

**Proposed Project Changes FY 2025-2026:**

This contract is set to expire on June 30th, 2025. FSP services will be offered to youth through a new contract procured through the RFP process.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

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

**Project Update FY 2022-2023:**

The contract renewed as of January 7, 2020, and was again awarded to Mental Health Systems. The provision of Co-Occurring Disorder Full-Service-Partnership services includes mental health services, housing, and substance abuse treatment for Fresno County adults and older adults who are seriously and persistently mentally ill with substance use disorders. As a result of several internal meetings between Department of Behavioral Health Staff, the program expanded to included substance abuse services to make it a true co-occurring disorders program. The program began serving individuals with substance abuse disorders in October 2021.

**FY 2021-2022– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 28 |
| Asian/Pacific Islander | 3 |
| Caucasian | 48 |
| Latino | 76 |
| Native American | 1 |
| Other | 3 |
| Unreported | 7 |
| Total Number Served | 166 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 3 |
| ☒ 26-59 | 146 |
| ☒ 60+ | 17 |
| Unreported | 0 |
| Total Number Served | 166 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

One barrier the program has faced is getting referrals that are not appropriate for FSP, due to medical issues being prominent barrier and needing higher level of medical care. Another difficulty the program has faced is the lack of MHSA funding making it difficult to be able to subsidize housing for the program's most vulnerable persons served. Additionally, the program's very small SUD budget makes it difficult to provide basic supplies for the program.

**Proposed Project Changes FY 2025-2026:**

The agreement was set to end June 30, 2023, but was renewed June 20, 2023 for an additional 12 months. As of June 2024, the program was renewed for the second of the optional 12-month extensions.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Keep

| | | |
|---|---|---|
| **Project Name:** | Cultural Specific Services - FSP | |
| **Project Identifier(s):** 063 | **Avatar:** 4540A, 4540B | **PeopleSoft:** 4540 |
| **Provider(s):** | The Fresno Center (TFC) (A24-151) | |
| **Approval Date:** | Historical | |
| **Start Dates:** | **Anticipated:** N/A | **Actual:** August 25, 2009 |
| **Project Overview:** | The Fresno Center's Living Well Center Program provides comprehensive specialty mental health services in three levels of care (Outpatient, Intensive Case Management, and Full-Service Partnership) for SED/SMI individuals and their families of Southeast Asian origin. Services are provided primarily within the greater Fresno Metro area, but also within rural Fresno County. The target number of individuals served within the fiscal year is a minimum of 30 SEA persons for the FSP program. | |

**Project Update FY 2022-2023:**

The Fresno Center utilized culturally and linguistically capable, qualified mental health practitioners to provide three levels of care, outpatient (OP), intensive case management (ICM), and Full-Service Partnership (FSP) services, to the Southeast Asian (SEA) community, particularly those of Hmong, Laotian, Vietnamese, or Cambodian descent, through the "Living Well Center" (LWC). Program services are designed to serve SEA individuals that have serious emotional disturbances (SED) or serious mental illness (SMI) and need on-going community-based services. The Fresno Center used SEA non-licensed/waivered mental health clinicians, under clinical direction and oversight by licensed clinicians, to increase capacity of persons served and the volume of specialty mental health services to the SEA population. The LWC served Fresno County Medi-Cal-eligible children, adults and older adults with mental health treatment focusing on individuals with SED or SMI and having problems coping with the assimilation process. The mental health services were provided in appropriate SEA languages accordingly to serve targeted population. In addition, The Fresno Center's Living Well Center maintained a clinical supervision/training program for SEA graduate, post-graduate, doctoral and post-doctoral students. The goal of program's mental health training is to increase the number of licensed mental health professionals of SEA descent whose bi-lingual and bi-cultural capacity will allow greater accessibility to mental health services for those who are of Hmong, Laotian, Vietnamese, or Cambodian descent.

**FY 2022-2023 - Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-24 | 2 |
| ☒ 25-64 | 24 |
| ☒ 65+ | 9 |
| Unreported | 2 |
| **Total Number Served** | **37** |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Ongoing barriers continue to be lack of transportation, cultural stigma, and need for improved navigation of available resources . LWC will work with persons served to meet them where they are and research the community's resources to bests serve the target population. Additionally, since LWC is pioneering new mental health treatments with their programs, it often leads to difficulty with acquiring culturally linguistic and appropriate tools/assessments/survey readily available for the population. However, LWC invites the challenges of developing new tools and is excited to pioneer potential accredited tools for this population.

**Proposed Project Changes FY 2025-2026:**

None at this time. This agreement is set to end in FY 24/25 and will be part an an RFP process for FSPs and FSP Continuums of care. All FSP and FSP Continuums will be assessed, and possibly amended in the coming year, including possible redesign to align with new BHSA Guidelines.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Enhanced Rural Services Full-Service Partnership (FSP) |
| **Project Identifier(s):** 048 | **EHR:** 4529 **PeopleSoft:** 4529 |
| **Provider(s):** | Turning Point of Central California, Inc. (A-23-274, A-18-327) |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** October 1, 2008 |
| **Project Overview:** | Enhanced Rural Services FSP or Rural Mental Health (RMH) FSP clinics provide outpatient based mental health and psychiatric services to the adult, children, adolescents, and older adult populations. Services are provided to individuals living with severe mental health and co-occurring conditions in rural Fresno County areas including Pinedale, Reedley, Selma, Kerman, Coalinga, Mendota, Huron, and Sanger. RMH FSP provides comprehensive mental health services, including housing and community supports, to Fresno County persons served with a serious mental illness in each community using field based and/or a clinic setting depending on each individual's level of need including personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. |

**Project Update FY 2022-2023:**

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

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 36 |
| ☒ 16-24 | 43 |
| ☒ 25-64 | 118 |
| ☒ 65+ | 2 |
| Unreported | 0 |
| Total Number Served | 199 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

**Proposed Project Changes FY 2025-2026:**

Currently there are no proposed changes to the RMH FSP program.

The Department will continue to work with the program leadership to implement necessary changes and ensure compliance with any new FSP regulations dictated by BHSA.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Keep

| | | |
|---|---|---|
| **Project Name:** | Forensic Behavioral Health Continuum of Care – FSP/ACT | |
| **Project Identifier(s):** 085 | **Avatar:** 4524 (FSP) 4525A(ACT) | **PeopleSoft:** 4525(FSP/ACT) |
| **Provider(s):** | Turning Point of Central California, Inc | |
| **Approval Date:** | N/A | |
| **Start Dates:** | **Anticipated:** June 30, 2021 | **Actual:** June 30, 2021 |
| **Project Overview:** | Full-Service Partnership (FSP) and Assertive Community Treatment (ACT) service delivery model for adults with serious mental illness (SMI) as referred by justice partners through pre-trial and post-release community supervision. Criminogenic risks and needs are addressed as part of community-based treatment and wraparound services planning. Services can be provided to individuals in their homes, the community, and other locations. Program has capacity to serve 100 individuals at any given time, with 20 at the ACT level of care. | |

**Project Update FY 2022-2023**

In FY 22-23, the consolidation of the AB109 Outpatient Mental Health & Substance Use Disorder Services project and the AB1810 Pre-Trial Diversion projects into a unified program was initiated, now titled the **Forensic Behavioral Health Continuum of Care FSP/ACT Program Services**. This strategic merger aims to enhance the delivery of behavioral health services to individuals on probation or parole in the community, referrals are sent to Turning Point (TP) through the Probation Department.

**FY 2021-2022– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Other | |
| | |
| Unknown | 131 |
| Total Number Served | 131 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | |
| ☐ 16-18 | |
| ☒ 18-65 | 131 |
| Unreported | |
| Total Number Served | 131 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Finding stable housing for individuals during the ongoing housing crisis, which has exacerbated the scarcity of affordable options. This housing instability often hinders our ability to connect justice-involved individuals with necessary behavioral health services, as many require a secure environment to engage effectively in treatment. Working with Probation, and DBH housing partners to secure relationships has been paramount to the program's success. Community-based housing sites such as The Belgravia Center have also been established as solid resources for TP to utilize.

**Proposed Project Changes FY 2025-2026:**

The Forensic Continuum of Care agreement continues to meet new criminal justice processes initiated to divert eligible individuals in need of treatment away from the criminal justice system. Originally introduced as a pilot program the Department of State Hospitals (DSH) is currently working with the County of Fresno to establish a permanent program. This permanent program may be contained within the framework of the Forensic Continuum of Care to build on the already established infrastructure.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

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

**Project Update FY 2022-2023:**

During this year, the program made significant improvements to its data collection methods, greatly enhancing accuracy. The team closely monitored the input and accuracy of MHSA forms within the FSP Data Collection & Reporting System (DCR) , leading to a noticeable increase in data quality. Additionally, efforts were made to refine the Transition to Independence Process (TIP) Timeline, a tool for tracking progress on TIP-related developmental milestones. Transitioning from a fillable PDF to an Excel document has allowed for better tracking of changes over time.

While the system now has a greater capacity for comprehensive data collection, it has become clear that additional support and training are needed during staff transitions. This is essential to ensure that all team members understand the expectations and procedures for data collection and database entries.

The program is focused not on introducing new data collection tools, but on maximizing the effective use and completion of existing ones. This effort aligns with various mandates, including training staff on the county's Reaching Recovery (RR) measurements and ensuring access to the county's RR reporting system.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 19 |
| Asian/Pacific Islander | 4 |
| Caucasian | 38 |
| Latino | 74 |
| Native American | 4 |
| Other | 69 |
| Unreported | 11 |
| Total Number Served | 146 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 13 |
| ☒ 16-24 | 135 |
| ☒ 25-64 | 5 |
| ☐ 65+ | 0 |
| Unreported | 0 |
| Total Number Served | 146 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

In FY 2021-2022, the main objective was enhancing data infrastructure to refine and establish more precise performance indicators within the contract. This is to ensure that the data that is collected, compiled, analyzed, and presented aligns consistently with the contract's expectations. Additionally, staff retention and training are crucial to achieving these goals.

**Proposed Project Changes FY 2025-2026:**

The County recommends improving measurement completion rates and streamlining access to county-controlled data and reports. This will facilitate the compilation, assessment, review, and application of relevant information to enhance program quality as needed. The TAY program should continue engaging with partners to boost their visibility and increase average census numbers. Additionally, TAY must remain open to procedural enhancements related to Continuum of Care services.

## Housing Programs

Fresno's Housing services under the current MHSA Plan include direct housing programs, supportive housing projects, care navigation, temporary housing assistance, housing navigation, and strategies for increasing housing capacity and supply. The table below provides a list of all such efforts related to housing. These programs will appear in this section of the plan as well as in their respective component section.

| Program Name | Sub-component | Projected numbers to be Served |
|---|---|---|
| CalFHA SNHP Returned | General System Dev. | $4000 |
| Hotel Motel Voucher Program | Outreach & Engagement | - |
| Housing Access and Resource Team | Outreach & Engagement | 290 |
| Housing Supportive Services | Outreach & Engagement | 120 |
| Independent Living Association | General System Dev. | 350 |
| Master Lease Housing | General System Dev. | 100 |
| Rental Subsidies | General Systems Dev. | 50 |
| Project for Assistance from Homelessness | General System Dev. | 486 |
| Fresno Housing Institute | General System Dev. | Project complete 2023/24, remove from plan |
| Project Ignite | General System Dev. | |

- Flex Account for Housing- This resource has been underutilized to date, partially due to it being a "stand alone" service which created confusion on its availability, use, accessing etc. Thus, the resource which the "program" was set up to provide will be eliminated as a "program" in the MHSA plan, and the resources, funding and intent will be merged with current DBH housing team efforts, yielding them access to the resource as needed to support a number of different housing efforts. Having the funding and option included in other housing team efforts will improve its use and support persons served.

- The Independent Living Association (ILA) - program and services will be sunset at the end of FY 2024/25. The ILA program which is not direct service but an administrative function to help increase housing inventory and standards will end and some of the work and function of the ILA will be taken on by the Department's Housing team. This will ensure the supports to addressing housing inventory remain, while reducing costs. The ILA's slow growth and lower outcomes at this time makes sustainability a challenge, and with changes with BHSA as its own Housing component, the department is looking at other models for addressing the housing needs of those served by the county's system of care. Some of those current functions will be assumed by the Department's housing team.
- Rental Subsidies - Fresno County has provided housing supports to persons served in a variety of ways, including rental assistance to persons served though several different options, including Master Leasing Agreements, hotel/motel vouchers, etc. Master Leasing programs have a two-year maximum for rental supports, where are under permanent and supportive housing those supports are not time limited. Fresno County is seeking to expand its supportive housing inventory, including coming opportunities under the Project Home Key+. Using existing CSS funds will be used to support rental subsidies for supportive housing with Project Home Key+, which can be sustained under BHSA as well. To avoid confusion, improve oversight and alignment with new policies and opportunities the rental subsidies are being separated from master leasing.

- Housing Supportive Services - The Fresno County Department of Behavioral Health has secured and continues to pursuit several applications to the competitive funding rounds of the No Place Like Home initiative. The County secured awards for the following programs (see table below).

The department also funds the supportive services component through contracts with contracted providers at the various supportive housing sites. In upcoming RFPs for supportive housing services, the Department is seeking to require increased Medi-Cal claiming for billable services and care, as well increasing utilization of Enhanced Care Management though CalAIM, with the goal of reducing dependance on MHSA (BHSA) funds as a sole source for various housing needs in the future.

| Operation Status | NPLH & SNHP Awards | MHSA Supportive Services Commitment | Total Supportive Services Budget from all Sources |
|---|---|---|---|
| NPLH Competitive Round One | $2,800,000.00 | $474,138.00 | $474,138.00 |
| NPLH Competitive Round Two | $0.00 | $474,138.00 | $474,138.00 |
| NPLH Non-Competitive Allocation | $2,183,000.00 | $0.00 | $123,723.00 |
| Projected to be completed early 2023 | $3,500,000.00 | $466,379.00 | $466,379.00 |
| NPLH Competitive Round Three | $0.00 | $0.00 | $667,430.00 |
| DBH treatment team coordinates housing supportive services for 5-Set Aside MHSA Units Only | $0.00 | $0.00 | $0.00 |
| NPLH Competitive Round One | $2,368,706.00 | $326,071.00 | $619,084.00 |
| NPLH Competitive Round One Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services | $1,000,000.00 | $318,752.00 | $656,182.46 |
| Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services | $0.00 | $500,000.00 | $798,641.00 |
| Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services | $0.00 | $500,000.00 | $1,155,089.00 |
| Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services | $0.00 | $500,000.00 | $742,596.30 |

| | | | |
|---|---|---|---|
| | $11,851,706.00 | $3,559,478.00 | $6,177,400.76 |

Several housing programs, services and resources may be redesigned, and some agreements amended in the future to improve care coordination, leverage funding and help align services to new BHSA parameters. Those will be developed as part of the new BHSA Three Year Integrated Plan.

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# HOUSING

| Program Name | Compone | Subcomponent | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| CalFHA SNAP | CalFHA | CalFHA | - | - | 4,500 |
| Flex Account for Housing | CSS | System Development | 100,000 | 100,000 | - |
| Hotel Motel Voucher Program (HMVP) | CSS | Outreach and Engagement | 100,000 | 100,000 | 100,000 |
| Housing Access and Resource Team (HART) | CSS | Outreach and Engagement | 930,488 | 930,488 | 930,488 |
| Housing Supportive Services | CSS | Outreach and Engagement | 1,500,000 | 1,500,000 | 1,500,000 |
| Independent Living Association (ILA) | CSS | System Development | 400,000 | 400,000 | - |
| Master Lease Housing | CSS | System Development | 1,500,000 | 1,500,000 | 1,500,000 |
| Project for Assistance from Homelessness (PATH) Grant Expansions | CSS | System Development/Outreach and Eng | 200,000 | 200,000 | 200,000 |
| Rental Subsidies | CSS | System Development | N/A | N/A | 566,666 |
| | | | **4,730,488** | **4,730,488** | **4,801,654** |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Remove

| | |
|---|---|
| **Project Name:** | Flex Account for Housing |
| **Project Identifier(s):** 019 | **EHR: N/A** **PeopleSoft: 4817** |
| **Provider(s):** | Fresno County Department of Behavioral Health |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** Historical **Actual:** July 1, 2011 |
| **Project Overview:** | This program provides financial assistance to persons served by the Department and select contracted providers with a Serious Mental Illness in order to remove barriers to obtaining or maintaining housing. Barriers include but are not limited to one-time payments toward security deposits, pet deposits, PG&E deposits or overages, rent, money order fees, application fees, costs associated with obtaining government identification documents/cards (e.g., birth certificate, social security card, driver's license) and other. The Flex funding will also be used for welcome bags/baskets for new housing programs.<br><br>Through Memoranda of Understanding with Fresno Housing Authority and UPholdings' affiliated Limited Partnerships, this program pays for the security deposits toward select units at permanent supportive housing sites developed in collaboration with the Department. |

**Project Update 2022-2023:**

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

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | -- |
| ☐ 16-25 | -- |
| ☒ 26-59 | 1 |
| ☐ 60+ | -- |
| Unreported | -- |
| Total Number Served | 1 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The Flex Account could only be accessed through petty cash or a Limited Purchase Order (LPO). Petty cash has a limit of $75 per request, which significantly limits what costs can be covered. While LPOs have a greater limit ($2,500 at the time), the request would have to go through multiple reviewing parties, including the County's Auditor-Controller's Office, who would ultimately cut the check. This process could take weeks, which would rule out barriers that need to be removed quickly. Vendors would also need to be listed in PeopleSoft Financials, which could limit payees. The Housing Team requested CalCards (i.e., credit cards) as a means to quickly make payments, even same day, after reviewing applications to ensure eligibility. Since FY 2020-21, the Department also entered Memoranda of

Understanding (MOUs) with Fresno Housing Authority and UPholdings to provide security deposit assistance to designated units at various permanent supportive housing sites. These MOUs act as a mechanism to pay security deposits in arrears, which will increase utilization of the Flex Account.

**Proposed Project Changes 2025-2026:**

The Department will eliminate this as a stand-alone MHSA program, and instead shift the funding and function of the Flex Account as a resource for Housing be part of the DBH Housing teams function/operations.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Active Keep

**Project Name:** Hotel Motel Program

**Project Identifier(s):**022 **EHR:** N/A **PeopleSoft:** 4821

**Provider(s):**

**Approval Date:** Historical

**Start Dates:** **Anticipated:** N/A **Actual:** August 1, 2018

**Project Overview:** This program provides a temporary hotel/motel room to persons with a Serious Mental Illness served by the Department who are transitioning out of homelessness or housing instability into temporary or permanent housing. The program covers the cost of the room, incidentals and any additional costs encountered during a person's participation in the program. The maximum length of stay is 28 days.

Program Costs:

- Cost per night up to $150.00, including taxes and fees
- Maximum total cost per person $4,500, not including damages and incidentals.
- Maximum program cost per month $7,500
- $2,500 for damages/incidentals per person

**Project Update 2022-2023:**

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

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | -- |
| ☒ 16-25 | 1 |
| ☒ 26-59 | 3 |
| ☒ 60+ | 3 |
| Unreported | 0 |
| Total Number Served | 7 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

**Proposed Project Changes FY 2025-2026:**

No proposed program changes.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Housing Access and Resource Team |
| **Project Identifier(s):** 023 | **EHR:** 4810, 4811, 4812, 4813, 4815, 4816, 4823, 4824, 4825, 4826, 4827 **PeopleSoft:** 4822 |
| **Provider(s):** | Fresno County Department of Behavioral Health |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual: ** approval of AU18-19** |
| **Project Overview:** | The HART provides coordination and consultation related to housing for DBH county-operated programs with an intention to expand across the system of care in upcoming years. Functions of the team include and may not be limited to review of housing inquiries submitted by treatment teams to determine eligibility for various housing resources (including DBH funded and others); serving as a liaison with property managers and landlords, processing approvals for linkages to DBH funded housing options, ensuring that reporting obligations for housing programs are met, and providing supportive services including tenancy support and case management when treatment and support teams are unavailable for an individual in need. |

**Project Update 2022-2023:**

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

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

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 17 |
| ☒ 26-59 | 214 |
| ☒ 60+ | 50 |
| Unreported | 0 |
| Total Number Served | 281 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

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

**Proposed Project Changes 2025-2026:**

No proposed project changes.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | | |
|---|---|---|
| **Project Name:** | Housing Supportive Services | |
| **Project Identifier(s):** 024 | **EHR: 4811, 4812, 4813,** 4830, 4831, 4832, 4833, 4834, 4835, 4836 | **PeopleSoft: 4811, 4812, 4813,** 4830, 4831, 4832, 4833, 4834, 4835, 4836 |
| **Provider(s):** | Fresno County Department of Behavioral Health; Exodus Recovery | |
| **Approval Date:** | Historical | |
| **Start Dates:** | **Anticipated:** N/A | **Actual:** January 1, 2011 |
| **Project Overview:** | The Housing Supportive Services Program provides voluntary onsite supportive services and Specialty Mental Health Services to all tenants living at Renaissance at Trinity, Alta Monte, and Santa Clara, as well as No Place Like Home (NPLH) Permanent Supportive Housing (PSH) sites. These sites have a portion of their units dedicated to persons with a serious mental illness who are exiting homelessness. Onsite service provision will assist these individuals in maintaining their housing, meet their personal goals, and integrate in the community. | |

**Project Update 2022-2023:**

The County entered into an agreement with Exodus Recovery on March 23, 2021, to provide onsite supportive services to persons served at the Villages at Paragon PSH site, a NPLH development with Fresno Housing Authority (FHA). On May 25, 2021, this agreement was amended to include the three Renaissance sites, as well as Villages at Broadway, another NPLH development with FHA. This also included Butterfly Gardens, a NPLH development with UPH. Exodus was able to create a sense of community with the tenants by supporting all tenants with outreach, education and linkages to mental health services with the goal of enhancing their lives and contributing to their housing stability. During the FY 22-23, Exodus planned community outings and activities to help the tenants explore community resources, integration into the neighborhood and growing their social support network. Exodus staff received training to strengthen their clinical skills and increase our quality of service.

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 1 |
| ☒ 26-59 | 83 |
| ☒ 60+ | 24 |
| Unreported | 0 |
| Total Number Served | 108 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Persons served were impacted by the COVID-19 pandemic, which significantly reduced access to in-person services, group activities, and other methods of support. This was mitigated through telehealth and other virtual methods of communication.

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

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

**Proposed Project Changes FY 2025-2026:**

The supportive housing provider is to coordinate with DBH and PSH property managers to engage with persons served as soon as possible, including during the application process if able, to ensure that individuals moving into the PSH sites have a rapport with the supportive service staff and maintain engagement in services.
The provider is seeking to find and provide solutions for staff retention. The provider (Exodus) is enacting an engagement plan for rapport building with current persons served and has an on-going training plan to engage with the SMI and other challenging populations.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Remove

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

**Project Update 2022-2023:**

COVID-19 continued to surge which impacted the ILA's ability to conduct in-person outreach to current and potential Independent Living Operators. The Fresno ILA Work Team, consisting of ILA staff, Department of Behavioral Health (DBH) staff, service providers, law enforcement, and community members met monthly (virtually) to discuss the Quality Standards of the Fresno ILA and to be updated on existing and potential ILA homes. The ILA Peer Review Accountability Team (PRAT) also met and conducted scheduled inspections of ILA member homes to ensure compliance with established ILA Quality Standards.

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

During the reporting period, there were 14 Operators (homeowners) with the ILA, 8 homes and 70 beds for individuals in need of housing. Also, a promotional video of the ILA was created in partnership with DBH that is posted on the ILA and DBH websites.

During the reporting period, 22 training and education opportunities were made available to Operators. Most Operators had limited to no knowledge of the ILA and how they might benefit from membership in the ILA. Approximately 153 individuals took part in these opportunities and post-training survey results indicate all attendees significantly increased their awareness and knowledge of the Fresno ILA program.

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | -- |
| ☐ 16-25 | -- |
| ☐ 26-59 | -- |
| ☐ 60+ | -- |
| Unreported | -- |
| Total Number Served | -- |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

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

**Proposed Project Changes FY 2025-2026:**

The current agreement with CHIP expires on June 30, 2025. The Department has evaluated the services, alignment with upcoming BHSA regulations and programmatic need and has determined that it will not renew the agreement. This program will sunset at the end of the FY, and for the future the activities that had been performed by the ILA will be shifted internally to be done by the Department's housing team.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Keep

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

**Project Update 2022-2023:**

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

**FY 2022-2023 - Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 17 |
| Asian/Pacific Islander | 0 |
| Caucasian | 41 |
| Latino | 0 |
| Native American | 0 |
| Other | 46 |
| Unreported | 4 |
| Total Number Served | 108 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 11 |
| ☒ 26-59 | 75 |
| ☒ 60+ | 21 |
| Unreported | 1 |
| Total Number Served | 108 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

**Proposed Project Changes FY 2025-2026:**

There are no direct changes to the Master Leasing Program. However, to better align various housing related services with future BHSA policies, and improve oversight and reporting, the "Master Leasing" will be separate into two components. One being Master Leasing as is with no changes, and the other is to allocate resources to a specific Rental Subsidies Project to address the assistance provided to persons in permeant and supportive housing which is not limited to the two year cap that Master Leasing has.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Keep

| | |
|---|---|
| **Project Name:** | Project for Assistance in Transition from Homelessness (PATH) |
| **Project Identifier(s):** 029 | **EHR:** 2184 **PeopleSoft:** 2493, 4526 |
| **Provider(s):** | Kings View, A20-237, PATH Grant |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** October 1, 2008 |
| **Project Overview:** | The PATH Program provides services to adults (18+) with a serious mental illness and/or co-occurring disorder who are experiencing or at-risk of homelessness in Fresno County. There are three components: Outreach, Engagement, and Linkage (OEL), Specialty Mental Health Services (SMHS), and Street-Outreach Team and Rural Support (STARS). In the OEL and STARS components the PATH team will 'meet individuals where they are', engage, and link to appropriate resources as needed and requested, including navigation services through the Coordinated Entry System (CES). The OEL outreach workers serve the Fresno, Clovis metro area with a goal of outreaching 350 individuals per year. The STARS outreach workers serve rural and unincorporated areas in Fresno County with the goal of serving at least 100 individuals per year. In the SMHS component, the PATH team serves up to 36 individuals at a given time with case management, mental health, and substance use services as needed. |

**Project Update 2022-2023:**

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

**FY 2021-2022– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 4 |
| ☒ 26-59 | 49 |
| ☒ 60+ | 3 |
| Unreported | 71 |
| Total Number Served | 127 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

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

**Proposed Project Changes FY 2025-2026:**

The dedicated rural outreach team will continue through HHAP funding, increasing outreach worker capacity in rural and unincorporated areas from 2 to 6. No other proposed changes.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Delete

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

**Project Update 2022-2023:**

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

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

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

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☐ 16-25 | 0 |
| ☐ 26-59 | 0 |
| ☐ 60+ | 0 |
| Unreported | 0 |
| Total Number Served | 0 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

This agreement expired on October 21, 2022, prior to full implementation of the Phase Four Activities "Learning Academy."

**Proposed Project Changes 2025-2026:**

This program has been removed from the plan due to the conclusion of the project.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Remove

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

**Project Update FY 2022-2023:**

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

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | -- |
| Asian/Pacific Islander | -- |
| Caucasian | -- |
| Latino | -- |
| Native American | -- |
| Other | -- |
| Unreported | 390 |
| Total Number Served | 390 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | -- |
| ☐ 16-25 | -- |
| ☐ 26-59 | -- |
| ☐ 60+ | -- |
| Unreported | 390 |
| Total Number Served | 390 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

N/A

**Proposed Project Changes FY 2025-2026:**

Project complete 2023/24, remove from plan.

## General Systems Development

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

Note in the previous year the FSPs were made part of a continuum which included the Outpatient and Intensive Case Management levels with each FSP to allow for persons to receive the level of care they need and be able to transition to that level of care with that provider to reduce delays in care and/or loss of the continuity of care. These OP/ICM were not additions but restructuring the services to the continuum model to improve care. There was no change to existing service amounts.

| Program Name | Projected numbers to be served | Ages served |
|---|---|---|
| Adult OP/ICM | 200 | 18+ |
| Children's Expansion of Outpatient Services | 500 | 0-17 |
| Adolescent Community Treatment OP/ICM | 160 | 13-17 |
| Co-Occurring OP/ICM (Adult) | 100 | 18+ |
| Culturally Specific Services - OP/ICM | 350 | all ages |
| Enhanced Rural Services Outpatient/Intensive Case Management | 3500 | all ages |

| | | |
|---|---|---|
| Forensic Behavioral Health System of Care – Outpatient | 200 | 18+ |
| Medication Payments for Indigent Individuals | 20 | All ages |
| Older Adult Team | 500 | 60+ |
| Peer and Recovery Services | - | - |
| RISE / Community Conservatorship | 245 | 18+ |
| Specialty Mental Health Services to Schools (All4Youth) | 2460 | 0-22 |
| Transition Age Youth (TAY) DBH | 100 | 16-24 |
| TAY- ICM | 100 | 16-24 |
| TAY - OP | 100 | 16-24 |
| Urgent Care Wellness Center | 3500 | 18+ |
| Vocational and Educational Services | 100 | 18+ |
| Youth Wellness Center | 1500 | 0-17 |

Supervised Overnight Stay (SOS). The SOS program is being moved out of the MHSA plan. The program will continue with other funding to address a current need. Those populations served by the program will continue to be served by the current program. This service contract term is ending in the current year, and an RFP will be issued to secure new agreement services for FY 25/26. The SOS program however will not continue under the MHSA plan as the effort by the Department is to have services that can leverage financial federal participation (FFP)/Medi-Cal. The service may fall under future BHSA funding supports based on possible BHSA guidelines and or redesigned to meet the current and future needs

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# GSD

| Program Name | Compone | Subcomponent | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| Adult OP/ICM | CSS | System Development | | 154,312 | 154,312 |
| Adolescent Community Treatment OP/ICM - OP/ICM | CSS | System Development | 196,384 | 196,384 | 196,384 |
| Children's Expansion of Outpatient Services | CSS | System Development | 600,258 | 600,258 | 600,258 |
| Childrens OP/ICM | CSS | System Development | 629,206 | 629,206 | 629,206 |
| Co-Occuring - OP/ICM | CSS | System Development | | 154,312 | 154,312 |
| CSS Payment Reform Optimization | CSS | CSS | 2,000,000 | | |
| Cultural Specific Services - OP/ICM | CSS | System Development | 1,085,322 | 1,085,322 | 1,085,322 |
| Enhanced Rural Services-Outpatient/Intense Case Management | CSS | System Development | 4,483,113 | 4,483,113 | 4,483,113 |
| Forensic Behavioral Health Continuum of Care - OP/ICM | CSS | System Development | 300,000 | 300,000 | 300,000 |
| Medication Payments for Indigent Individuals | CSS | System Development | 290,000 | 290,000 | 290,000 |
| Older Adult Team | CSS | System Development | 900,000 | 900,000 | 900,000 |
| Peer and Recovery Services | CSS | System Development | 457,461 | 457,461 | 457,461 |
| RISE/Community Conservatorship | CSS | System Development | 675,496 | 675,496 | 675,496 |
| Specialty Mental Health Services to Schools (All4Youth) | CSS | System Development | 4,545,135 | 4,545,135 | 4,545,135 |
| Supervised Child Care Services | CSS | System Development | 157,388 | 157,388 | - |
| Supervised Overnight Stay | CSS | System Development | 839,090 | 839,090 | 839,090 |
| Transition Aged Youth - ICM | CSS | System Development | - | 67,769 | 67,769 |
| Transition Aged Youth - OP | CSS | System Development | - | 67,769 | 67,769 |
| Transitional Age Youth (TAY) - Department of Behavioral Health | CSS | System Development | 1,274,486 | 1,274,486 | 1,274,486 |
| Urgent Care Wellness Center (UCWC) | CSS | System Development | 4,000,000 | 4,000,000 | 4,000,000 |
| Vocational & Educational Services | CSS | System Development | 986,686 | 986,686 | 986,686 |
| Youth Wellness Center | CSS | System Development | 769,269 | 769,269 | 769,269 |
| | | | **24,189,294** | **22,633,455** | **22,476,067** |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

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

**Project Update 2022-2023:**

The program was relocated to a new facility. However, this program continues to provide the same services. The Children's Outpatient Expansion team continues to serve youth with severe mental illness that impairs their ability to function in school, home and community. The Outpatient Expansion program serves youth ages 0-18 or through graduation from high school. Requests for services are received from parents/caregivers, healthcare providers, school personnel and others in the community. Services are provided in a person-centered approach with the majority of the services being provided in schools or the community according to caregiver's preference.

The mental health services include individual and family therapy, group therapy, collateral interventions, group and individual rehabilitation, crisis intervention and case management services. These services include linkage to community resources, parental empowerment through teaching effective communication skills and interventions to develop resiliency. The Outpatient Expansion program has allocated space for one clinical supervisor, four Community Mental Health Specialists, and three Mental Health Clinicians.

**Numbers do not sum to 243 due to the possibility of identifying as multiple races/ethnicities.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 16 |
| Asian/Pacific Islander | 6 |
| Caucasian | 31 |
| Latino | 179 |
| Native American | 1 |
| Other | 176 |
| Unreported | 13 |
| Total Number Served | 243 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 193 |
| ☒ 16-25 | 50 |
| ☐ 26-59 | -- |
| ☐ 60+ | -- |
| Unreported | -- |
| Total Number Served | 243 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

A barrier during FY 2022-2023 includes persons-served transportation challenges. The program moved to a new facility. Also, it is more difficult for persons-served to reach the facility via bus, as the bus stop at this facility is further away than the bus stop at the previous facility.

To mitigate this, staff met persons-served in the community and offered telehealth services when clinically appropriate. Also, new signage was installed at the new facility to provide clearer directions for persons-served.

**Proposed Project Changes 2025-2026:**

No anticipated changes.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Keep

| | | |
|---|---|---|
| **Project Name:** | Cultural Specific Services – OP/ICM | |
| **Project Identifier(s):** 036 | **EHR:** 4524A, 4524B | **PeopleSoft:** 4524 |
| **Provider(s):** | The Fresno Center (TFC) (A24-151) | |
| **Approval Date:** | Historical | |
| **Start Dates:** | **Anticipated:** N/A | **Actual:** August 25, 2009 |
| **Project Overview:** | The Fresno Center's Living Well Center (LWC) Program provides comprehensive specialty mental health services in three levels of care (Outpatient, Intensive Case Management, and Full-Service Partnership) for SED/SMI individuals and their families of Southeast Asian origin. The Living Well Center also has a clinical training component designed to develop culturally and linguistically competent mental health staff for the intended populations. Services are provided primarily within the greater Fresno Metro area, but also within rural Fresno County. The target number of individuals served within the fiscal year is a minimum of 220 SEA persons for the OP/ICM Program. | |

**Project Update FY 2022-2023:**

The Fresno Center utilized culturally and linguistically capable, qualified mental health practitioners to provide three levels of care, outpatient (OP), intensive case management (ICM), and Full Service Partnership (FSP) services, to the Southeast Asian (SEA) community, particularly those of Hmong, Laotian, Vietnamese or Cambodian descent, through the "Living Well Center" (LWC). Program services are designed to serve SEA individuals that have serious emotional disturbances (SED) or serious mental illness (SMI), and are in need of on-going community-based services. The Fresno Center used SEA non-licensed/waivered mental health clinicians, under clinical direction and oversight by licensed clinicians, to increase capacity of persons served and the volume of specialty mental health services to the SEA population. The LWC served Fresno County Medi-Cal-eligible children, adults and older adults with mental health treatment focusing on individuals with SED or SMI, and having problems coping with the assimilation process. The mental health services were provided in appropriate SEA languages to serve targeted population. In addition, The Fresno Center's Living Well Center maintained a clinical supervision/training program for SEA graduate, post-graduate, doctoral and post-doctoral students. The goal of program's mental health training is to increase the number of licensed mental health professionals of SEA descent whose bi-lingual and bi-cultural capacity will allow greater accessibility to mental health services for those who are of Hmong, Laotian, Vietnamese or Cambodian descent.

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 20 |
| ☒ 16-25 | 13 |
| ☒ 26-59 | 202 |
| ☒ 60+ | 84 |
| Unreported | -- |
| Total Number Served | 315 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

| |
|---|
| Limited access to transportation and cultural stigma continue to be the top barriers for persons served. LWC will work with persons served to meet them where they are and research the community's resources to best serve the target population. Additionally, since LWC is pioneering new mental health treatments with their programs, it often leads to difficulty with acquiring culturally linguistic and appropriate tools/assessments/survey readily available for the population. However, LWC invites the challenges of developing new tools and is excited to pioneer potential accredited tools for this population. |

**Proposed Project Changes FY 2025-2026:**

| |
|---|
| No proposed changes. |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Enhanced Rural Services Outpatient Intense Case Management |
| **Project Identifier(s):** 049 | **EHR:** 4527 and 4528 **PeopleSoft:** 4527 and 4528 |
| **Provider(s):** | Turning Point of Central California, Inc. (A-23-274, A-18-327) |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** October 1, 2008 |
| **Project Overview:** | Enhanced Rural Services or Rural Mental Health (RMH) clinics provide outpatient based mental health and psychiatric services to the children, adolescents, adult, and older adult populations. Services are provided to individuals living with severe mental health and co-occurring conditions in rural Fresno County areas including Reedley, Selma, Kerman, Coalinga, and Sanger and Pinedale neighborhood of Fresno. RMH provides Outpatient (OP) and Intense Case Management (ICM) at each clinic depending on each individual's level of need. |

**Project Update FY 2022-2023:**

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

**FY 2022-2023 - Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 726 |
| ☒ 16-24 | 598 |
| ☒ 25-64 | 1433 |
| ☒ 65+ | 93 |
| Unreported | 0 |
| Total Number Served | 2850 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The program has not fully recovered from the impact of the COVID-19 Pandemic. All staff have returned to working in the office but continue to offer telephone and telehealth appointments to reduce risk of exposure while continuing to provide mental health services to individuals. The COVID-19 Pandemic has made it difficult to serve persons who lack technology resources, or the technical skill needed to successfully navigate telehealth services. Possible exposures to COVID-19 have prevented individuals from receiving normal OP-ICM services and at times have

necessitated individuals receive either telephone or telehealth services only. Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. Employment and educational barriers remain for most persons served living in the rural areas due to limited employment and educational resources and lack of transportation. Changes to the fee for service model vs cost reimbursement may also have impact on capacity to have satellite or clinics in all communities and may have to rely on more field-based care in some communities.

**Proposed Project Changes FY 2025-2026:**

Currently there are no proposed changes to the RMH Outpatient and Intensive Case Management program. There may be adaptions necessary based on future guidelines related to Behavioral Health Services Act.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Keep

| | |
|---|---|
| **Project Name:** | Forensic Behavioral Health Continuum of Care – Outpatient – MH/SUD |
| **Project Identifier(s):** 086 | **Avatar:** 4784 (FSC OP) **PeopleSoft:** 4784 (FSC OP) |
| **Provider(s):** | Turning Point of Central California, Inc |
| **Approval Date:** | N/A |
| **Start Dates: Project** | **Anticipated:** June 30, 2021 **Actual:** June 30, 2021 |
| **Overview:** | Co-occurring mental health and substance use disorder outpatient treatment services for adults as referred by justice partners through pre-trial and post-release community supervision. Criminogenic risks and needs are addressed as part of community-based treatment and wraparound services planning. Services can be provided to individuals in their homes, the community, and other locations. Program does not have a set capacity. |

**Project Update FY 2022-2023**

In FY 22-23, the AB109 Outpatient Mental Health & Substance Use Disorder Services project and the AB1810 Pre-Trial Diversion projects were consolidated into a unified program, now titled the **Forensic Behavioral Health Continuum of Care Outpatient Services**. This strategic merger aims to enhance the delivery of behavioral health services to individuals on probation or parole in the community, referrals are sent to Turning Point (TP) through the Probation Department.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unknown | 509 |
| Total Number Served | 509 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | |
| ☐ 16-18 | |
| ☒ 18-65 | 509 |
| Unreported | |
| Total Number Served | 509 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Finding stable housing for individuals during the ongoing housing crisis has exacerbated the scarcity of affordable options. This housing instability often hinders our ability to connect justice-involved individuals with necessary behavioral health services, as many require a secure environment to engage effectively in treatment. Working with Probation, and DBH housing partners to secure relationships via case management has been paramount to the program's success. Community-based housing sites such as The Belgravia Center have also been established as solid resources for TP to utilize.

**Proposed Project Changes FY 2025-2026:**

| |
|---|
| The Forensic Continuum of Care agreement continues to meet new criminal justice processes initiated to divert eligible individuals in need of treatment away from the criminal justice system. Originally introduced as a pilot program the Department of State Hospitals (DSH) is currently working with the County of Fresno to establish a permanent program. This permanent program may be contained within the framework of the Forensic Continuum of Care to build on the already established infrastructure. |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Medication Payments for Indigent Individuals |
| **Project Identifier(s):** 050 | **EHR:** N/A **PeopleSoft:** 4512 |
| **Provider(s):** | Integrated Prescription Management (A-21-260) |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** September 9, 2008 |
| **Project Overview:** | This program provides urgent psychotropic medications for uninsured or underinsured adults and children receiving mental health services within Department of Behavioral Health programs. Medications are sent to the preferred pharmacy of the person served for pick up. There is no target number of individuals served- this program functions on an as-needed basis. |

**Project Update FY 2022-2023:**

Integrated Prescription Management served 21 Fresno County persons served in FY 2022-2023. Common medications paid for and provided to DBH persons served include Abilify Maintena, Clozapine, Depakote, Invega Sustena, Risperdal, and Zyprexa. Some persons served were referred to this program more than once and the processing team made sure to request that the persons served receive assistance in applying for MediCal coverage, so that MediCal can pay for their medication needs moving forward.

Though the utilization numbers are low, this program will continue to be available for those clients that require assistance in paying for their prescriptions. This program continues to serve an important function in the County DBH system of care for those persons served who require medication urgently but are unable to obtain their prescription through the regular means. While some persons served by this program have no current insurance coverage, other common situations include: original medication lost/stolen/mis-injected (and insurance will not pay for replacement), multiple insurance conflict (such as Medi-Medi), out-of-county insurance, jail aid code, or the medication is not covered by their insurance.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| **African American** | |
| **Asian/Pacific Islander** | |
| **Caucasian** | |
| **Latino** | |
| **Native American** | |
| **Other** | |
| **Unreported** | **21** |
| **Total Number Served** | **21** |

| Ages Served* | Served |
|---|---|
| ☒ **0-15** | |
| ☒ **16-24** | |
| ☐ **25-64** | |
| ☐ **65+** | |
| **Unreported** | **21** |
| **Total Number Served** | **21** |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

In 2023, a few more steps were added to the request process that further streamline the billing/invoicing process. To keep the DBH Invoice Review Team (IRT) in the loop on the requests, the request processors now CC the IRT analyst on the requests to the vendor, so that the analyst has access to the request documents for later supporting documentation. Additionally, the processing team now keeps a log of all requests for future reference. The processing team also asks IPM for the price of the medication so that both the invoice review analyst and processing team can document it. These steps have both streamlined the process and added extra verification that the requests are appropriate and well documented.

In June 2024, IPM requested to add a monthly fee of $250 to DBH and $125 to DSS to cover the costs of acting as Pharmacy Benefits Manager. They stated that they work with several indigent healthcare programs that need access to retail pharmacies, and with the low cost generic medications and low client volume, they decided to initiate a network access fee to cover their own services, claims adjudication, reporting access, account management, access to systems for prior authorization management and managing eligibility. IPM stated that they had anticipated a higher volume of claims from DBH and DSS, which would have covered the aforementioned costs. Completing this request would require an amendment approved by the County Board of Supervisors in order to update the contract accordingly. DBH is currently reviewing possible alternatives and discussing next steps.

**Proposed Project Changes FY 2025-2026:**

Protocols for use, and tracking need to be developed for better monitoring and assessment. As the County receives more direction from the state on BHSA, DBH will consider the funding options and any new requirements for such services as a stand-alone program or included into the work of other direct services as an additional resource (ie UCWC, DBH Housing Teams, outreach activities, etc.).

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE**
**COMMUNITY SERVICES and SUPPORTS**
**Full-Service Partnership:☐ System Development:☒ Outreach and Engagement:☐**
Status of Project:Keep

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

**Project Update FY 2022-2023:**

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

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 13 |
| Asian/Pacific Islander | 5 |
| Caucasian | 39 |
| Latino | 49 |
| Native American | 0 |
| Other | 0 |
| Unreported | 40 |
| Total Number Served | 146 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-24 | 1 |
| ☒ 25-64 | 76 |
| ☒ 65+ | 303 |
| Unreported | 0 |
| Total Number Served | 380 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The program is currently at 100% staffed, which is a welcome improvement, as for much of the year staffing remained just above 80%. Lack of transportation, stigma, physical health challenges, lack of mobility, unhoused or insecure housing, as well as severity of impairment due to mental health symptoms are some of the barriers many seniors are currently facing. Many seniors continue to be vigilant about COVID and can be resistant to coming into the office or having people provide services in their home. The use of telehealth has provided many opportunities.

**Proposed Project Changes FY 2025-2026:**

No proposed changes at this time. The Department will examine the programs design and funding once BHSA final guidelines are available for viability and program design.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | | |
|---|---|---|
| **Project Name:** | Peer and Recovery Services | |
| **Project Identifier(s):** 028 | **Avatar:** 4511, 4781 | **PeopleSoft:** 4511, 4781 |
| **Provider(s):** | Fresno County Department of Behavioral Health | |
| **Approval Date:** | Historical | |
| **Start Dates:** | **Anticipated:** Historical | **Actual:** February 12, 2007 |
| **Project Overview:** | Activities associated with securing full-time Peer Support Specialists and Parent Partners. | |

**Project Update 2022-2023:**

Through this program, the Department employs full-time, benefitted positions known as Peer Support Specialists working in County-operated programs. The Department is continuing in the development of peer-based services throughout the system of care. The Peer Support Specialist positions associated with the project are placed in one cost center for tracking of staff costs; however, positions are allocated to work in programs throughout the Department.

**FY 2020-2021 – Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☐ 16-25 | 0 |
| ☐ 26-59 | 0 |
| ☐ 60+ | 0 |
| Unreported | 0 |
| Total Number Served | 0 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

**Proposed Project Changes 2025-2026:**

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

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | |
|---|---|
| **Project Name 2023-2026** | Community Conservatorship Program |
| **Project Name 2020-2023:** | RISE (CC2175) & Community Conservatorship Programs (4519) |
| **Project Identifier(s):** 054 | **EHR:** 4519 **PeopleSoft:** 4519 |
| **Provider(s):** | Fresno County Department of Behavioral Health |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** January 2014 |
| **Program overview:** | Community Conservatorship Provides support for LPS (Lanterman Petris Short) Conserved beneficiaries and those who were recently placed in the community as a stepdown from IMD (Institution for Mental Disease) / MHRC (Mental Health Rehabilitation Center) level of care. The team provides Specialty Mental Health Services (SMHS) in a way that supports and helps to restore dignity, supports the empowerment of each individual person, demonstrates respect, and is individualized to the expressed need of each client. The goal of RISE/Community Conservatorship team is to increase stability and wellness in the community as the least restrictive environment possible. Using natural supports to increase overall wellness and reduce recidivism back to LPS. |

**Program Update 2022-2023:**

The Community Conservatorship Team has been established to support individuals on conservatorship once they are stepped down to community living. The teams work together to transition the person on conservatorship from the facility to local intensive outpatient treatment services. The Community Conservatorship team then provides intensive community based SMHS to help the person achieve independence in the community utilizing needs supports. The RISE team provide the conservator for the treatment teams in the Community Conservatorship Team.

RISE (not MHSA-funded) provides court related services and specialty mental health services for people on conservatorship who are being treated in a secured environment such as IMD, MHRC, or SNF. The team works with facilities to determine readiness for step-down to the outpatient care level of care.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 67 |
| Asian/Pacific Islander | 26 |
| Caucasian | 145 |
| Latino | 174 |
| Native American | 6 |
| Other | 176 |
| Unreported | 14 |
| Total Number Served | 428 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 1 |
| ☒ 16-24 | 38 |
| ☒ 25-64 | 313 |
| ☒ 65+ | 89 |
| Unreported | 0 |
| Total Number Served | 428 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The Community Conservatorship Team has been working closely with the RISE team to support step-downs and promote independence. The Community Conservatorship team has experienced capacity limits due to staffing challenges. The RISE team provided additional clinical supports for the Community Conservatorship Team putting a strain on both portions of the program. Despite application of this additional resources the number of weekly contacts/treatment/supports decreased.

**Proposed Project Changes FY 2025-2026:**

| |
|---|
| No proposed changes. |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

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

**Project Update 2022-2023:**

The program is set up for a five-phase periodic expansion over the life of the agreement. All the phase implementations were planned to provide access to communities that historically were underserved due to their lack of local community resources. In FY 2022-23, the program onboarded over 300 school sites. All 33 school districts in the county have been onboarded.

In FY 2022-2023, DBH was in the process of preparing all programs for Cal-AIM implementation effective July 1, 2023 which included shifting from cost reimbursement to fee for service. The All 4 Youth program also prepared to shift electronic health records and move to Smart Care. All 4 Youth staff completed training, identified expert users and attended various meetings with DBH.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 225 |
| Asian/Pacific Islander | 40 |
| Caucasian | 386 |
| Latino | 920 |
| Native American | 18 |
| Other | 932 |
| Unreported | 879 |
| Total Number Served | ** |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 2958 |
| ☒ 16-24 | 430 |
| ☐ 25-64 | -- |
| ☐ 65+ | -- |
| Unreported | -- |
| Total Number Served | ** |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The program receives referrals from various sources and capacity has been a challenge. Keeping open communication with DBH and working with the DBH's Children's Division to help identify appropriate referrals and how to serve youth when capacity becomes a challenge. FCSS and DBH clinical supervisors and management meet regularly to develop strategies for challenges as they arise. Often referrals to the program are from persons served with private insurance and/or mild to moderate and so the work has been to help coordinate care post screening.

**Proposed Project Changes 2024-2025:**

DBH is currently in contract negotiations with FCSS for a new agreement which will begin in FY 2025-26. IN working with FCSS, DBH and FCSS are examining how CYBHI can increase capacity funding and improve parity. Contract with FSCC may have to be amended in the near future with final guidelines becoming available under BHSA.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Paused for re-implementation

**Project Name:** Supervised Child Care Services

**Project Identifier(s):** 033

**Provider(s):** **Avatar:** 4311 **PeopleSoft:** 4311

**Approval Date:** Reading and Beyond, Inc. (A20-239)

**Start Dates:** Historical

**Project Overview:** **Anticipated:** N/A **Actual:** July 1, 2020

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

**Project Update FY 2022-2023:**

The program has been paused due to space-related challenges. The Department will continue to work towards re-implementing this program as it updates and creates new capital facilities.

**FY 2020-2021 – Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | |
| ☐ 16-24 | |
| ☐ 25-64 | |
| ☐ 65+ | |
| Unreported | |
| Total Number Served | 0 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

**Proposed Project Changes FY 2025-2026:**

| |
|---|
| The Department aims to reopen the Supervised Child Care program when adequate space can be obtained for both the West Fresno Regional Center and Children's Outpatient Center via the RFP process. This program will be removed from the MHSA plan in order to better align MHSA fund availability with currently operating programs. |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Removed maybe reinstated under BHSA

| | |
|---|---|
| **Project Name:** | Supervised Overnight Stay |
| **Project Identifier(s):** 008 | **SmartCare:** 4782 **Avatar:** 4782 **PeopleSoft:** 4782 |
| **Provider(s):** | WestCare California, Inc. (A24-293) |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** May 22, 2012 |
| **Project Overview:** | An overnight stay program for individuals discharged from local hospital emergency departments and 5150 designated facilities who are in need of mental health services but do not meet 5150 requirements. The program provides limited overnight stay, clinical response, peer support, and discharge services, in addition to transportation to appropriate mental health programs to adults and older adults who are deemed applicable for this program pursuant to discharge from hospital emergency departments and designated 5150 facilities. |

**Project Update FY 2022-2023:**

The Supervised Overnight Stay (SOS) Program began on May 22, 2012. Originally funded as an Innovation, the program was transitioned to PEI funding in fiscal year 2017-2018. The original contract ended December 31, 2018. WestCare was awarded the new contract. Under the new contract, the program was expanded to provide case management as well as overnight stay services and began January 1, 2019. A second location was added to the program to support individuals with receiving assessments and case management after their stay at the overnight stay facility. Discharges were down from previous years. This is the result primarily of more individuals remaining involved with services for longer periods this fiscal year (up to 180 days) instead of 90 days because of COVID-19 challenges that restricted most services, especially case management, to telephonic contact. As of June 2024, the program was extended for the second optional 12-month extension.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 97 |
| Asian/Pacific Islander | 15 |
| Caucasian | 161 |
| Latino | 204 |
| Native American | 8 |
| Other | 18 |
| Unreported | 1 |
| Total Number Served | 504 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-24 | 38 |
| ☒ 25-59 | 453 |
| ☒ 65+ | 13 |
| Unreported | 0 |
| Total Number Served | 504 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Historically, a large percentage of individuals admitted to SOS are homeless at time of intake. Understandably, follow-up contact is very difficult, and many individuals get lost until the next visit to the Emergency Department or a 5150 facility. Keeping individuals engaged in services is also a challenge, and once linkages have been made, contact with SOS is less intensive as responsibility for engagement shifts to the mental health provider. The program will likely have new objective and outcomes in the future to help assess the effectiveness of the program.

**Proposed Project Changes FY 2025-2026:**

| |
|---|
| The current Agreement expires June 30, 2025. The Department is in the process of evaluating all programs currently funded with MHSA for alignment with BHSA funding categories. This program is being removed from the MHSA Plan and will be funded with other revenues for now. Under BHSA the program may be redesigned to meet future needs. |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Transition Age Youth (TAY) |
| **Project Identifier(s):** 056 | **EHR:** 4421 **PeopleSoft:** 4421, 4761 |
| **Provider(s):** | Fresno County Department of Behavioral Health |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** **Actual:** May 12, 2012 |
| **Project Overview:** | The Department of Behavioral Health Transition Age Youth program serves Medi-Cal beneficiaries ages 17.5 through 23 who live within Fresno County and who require specialty mental health treatment services. The mission of DBH TAY is to assist young adults in making a successful transition into adulthood, and more specifically, to provide mental health services which help the young adult reach personal goals in the areas of employment, education, housing, personal adjustment and overall functioning in the community. This program has been merged with First Onset Team (FOT). The First Onset Team serves Medi-Cal beneficiaries ages 17.5 through 23 who have been identified as experiencing a first onset of psychosis. |

**Project Update FY 2022-2023:**

The TAY/FOT program continues to provide Specialty Mental Health Services (SMHS) to young adults. At times the program will accept persons-served 16 years of age depending on resources and system impacts. The TAY/FOT program engages young adults and families in a multitude of creative and innovative approaches. In the form of group's innovative approaches include Rock Climbing, Faith Based Group, Activities Group, Volunteer Group at the local animal shelter, Girls Group, and a group for dual diagnosis developmentally delayed PS referred to as Let's Talk. Other avenues to engage PS include field trips to the local parks, hiking, golf, fishing, local museums, volunteer work, and social events.

One Mental Health Clinician space was allocated for cost center 4421. Four Mental Health Clinician positions, four Community Mental Health Specialist positions, one Peer Support Specialist position, and one Clinical Supervisor position was allocated for cost center 4761.

All services completed by the TAY/FOT program were billed under non-MHSA codes. There were no services completed in FY 2022-2023 billed using an MHSA code.

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ **0-15** | **0** |
| ☐ **16-24** | **0** |
| ☐ **25-64** | **0** |
| ☐ **65+** | **0** |
| **Unreported** | **0** |
| **Total Number Served** | **0** |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

A barrier during FY 2022-2023 includes persons-served transportation challenges. The program moved to a new facility. Also, it is more difficult for persons-served to reach the facility via bus, as the bus stop at this facility is further away than the bus stop at the previous facility.

To mitigate this, staff met persons-served in the community and offered telehealth services when clinically appropriate. Also, new signage was installed at the new facility to provide clearer directions for persons-served. Furthermore, the program has shifted its focus to include more community-based services to mitigate the Transportation challenges faced by some.

**Proposed Project Changes FY 2025-2026:**

No anticipated changes for the upcoming FY. In the coming year the program's design will be assessed to align it more with evidence based or fidelity for first on-set psychosis and possible funding under BHCONNECT and reporting outcomes of the Early Intervention component of the Behavioral Health Services Act.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

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

**Project Update FY 2022-2023:**

The Urgent Care Wellness Center (UCWC) was designed to provide an a "front door" to enter the system of care with initial screening and/or assessment of persons served with mental health or substance use disorders with linkages to appropriate levels of care within the continuum of services available. UCWC continued to provide initial services in-person, over the phone and via telehealth. UCWC continues to strive for same day services for all initial requests.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 334 |
| Asian/Pacific Islander | 94 |
| Caucasian | 663 |
| Latino | 893 |
| Native American | 38 |
| Other | 88 |
| Unreported | 314 |
| Total Number Served | 2,421 |

| Ages Served* | Served |
|---|---|
| ☒ 18-25 | 449 |
| ☒ 26-39 | 965 |
| ☒ 40-59 | 870 |
| ☒ 60+ | 130 |
| Unreported | 0 |
| Total Number Served | 2,421 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

**Proposed Project Changes FY 2025-2026:**

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

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

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

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

**Project Update FY 2022-2023:**

During FY 2022-23, Dreamcatchers received 207 new referrals with a total of 203 individuals served. Of those served over the past year, 56 individual people were hired yet there was a total of 80 placements during the year with several people being placed on more than one occasion. 39% found competitive employment, an increase from the prior year. Industries of hires included food service, retail, warehouse, construction, transportation, customer service, paraprofessional, caregiver and tutor. 41% of those hired maintained employment for a minimum of 90 days.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 27 |
| Asian/Pacific Islander | 5 |
| Caucasian | 44 |
| Latino | 80 |
| Native American | 5 |
| Other | 33 |
| Unreported | 8 |
| Total Number Served | 203 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 64 |
| ☒ 26-59 | 128 |
| ☒ 60+ | 10 |
| Unreported | 0 |
| Total Number Served | 203 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The program continues to struggle with IPS fidelity due to the program design. DBH and Dreamcatchers continue to work through fidelity and best practice to ensure services are provided in alignment with DBH goals.

**Proposed Project Changes FY 2025-2026:**

For fiscal year 2025-2026, a total of 155 unduplicated DOR consumers are projected to receive services through this contract. As a result of services provided through this contract, it is expected that DOR will:

- Open 70 new cases
- Develop 49 new Individualized Plans for Employment (IPE)
- Close 33 cases successfully

DBH will continue to work with this provider to increase fidelity, and investigate BH-CONNECT funding opportunities.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Youth Wellness Center |
| **Project Identifier(s):** 014 | **Avatar:** 4315 **PeopleSoft:** 4315 |
| **Provider(s):** | Fresno County Department of Behavioral Health |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** June 2015 |
| **Project Overview:** | Designed to improve timely access to mental health screening, assessment, and referral for ongoing treatment and to provide short-term interventions for youth ages 0-17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal Managed Care plans, community-based healthcare providers, other county jurisdictions, and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. Services may also include facilitating the transition of youth to/from Children's Mental Health programs from/to community resources when clinically appropriate. Youth Wellness also serves as an access point for youth and families seeking Substance Use Disorder services. The program provides ASAM screening, assessment and linkage to services, including SUD outpatient and residential care. |

**Project Update FY 2022-2023:**

Youth Wellness provides children and families with timely access to behavioral health services. Youth Wellness offers same day appointments and maintains a cancellation list to ensure expedited process of scheduling assessments (with goal that no available appointments will go unused). Youth Wellness has previously implemented triage process for new access requests, whereby case manager will reach out to the family same day/next day after request to gather information on presenting concerns. With implementation of Cal Aim this fiscal year, timeliness improved as assessment now begins on first contact with case manager and are followed up with Clinician to complete assessment within 10 days. With initial assessment beginning same day/next day, Youth Wellness can more easily and quickly identify the needs of the youth, connect them to appropriate community resources and provide case management as needed while awaiting assessment follow up appointment with Clinician. Cal Aim expectation for warm handoff to Managed Care plans and other referrals in Youth Wellness was met by assigning designated staff to this task. Youth Wellness continues to screen for SUD needs of youth. Once SUD need is identified, ASAM screening is offered timely within 10 days, and youth are then connected to appropriate services based on their identified level of care. Youth Wellness may access SUD residential care for youth. Case management is provided to youth and their families for assistance, support, and care coordination while youth are admitted and then discharged from SUD residential program.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 215 |
| Asian/Pacific Islander | 33 |
| Caucasian | 269 |
| Latino | 1309 |
| Native American | 11 |
| Other | 40 |
| Unreported | 168 |
| Total Number Served | 2045 |

| Ages Served* | Served |
|---|---|
| ☒ 00-05 | 321 |
| ☒ 06-17 | 1726 |
| ☒ 18-25 | 5 |
| ☐ 25+ | N/A |
| Unreported | N/A |
| Total Number Served | 2045 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

**Proposed Project Changes FY 2025-2026:**

No proposed changes.

## Outreach and Engagement

Outreach and Engagement programs are intended to identify unserved individuals with a serious mental illness (SMI) or serious emotional disturbance (SED) who qualify for public behavioral health services in order to engage them and, if appropriate their families, in the mental health system so that they can receive the appropriate services.

| Program Name | Projected Numbers to be Served |
|---|---|
| Client and Family Advocacy Services | 700 |
| Collaborative Treatment Courts | 1500 |
| Mental Health Patients' Rights Advocate | 100 |

- Family Advocacy Services- The Department has examined several programs and services that were created in the early days of MHSA. Upon review of the Client and Family Advocacy Services and the Family Advocacy Services, it found that the similarity between the services created some redundancies and that the work could be provided by a single program vendor rather than two separate ones providing the same services. Additionally, the functions provided by the Family Advocacy Services are one that can be conducted internally at this time, with an effort to maximize MHSA dollars and in preparation for the system changes that will result from BHSA, the Department will be sunsetting the Family Advocacy Services.
  The Services provided by Reading and Beyond (Supervised Child Care Services) will be sunset at the end of fiscal year 2024-25.
  Under BHSA the funding and focus of the other programs in this section will be examined in the BHSA community planning process.

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# OUTREACH AND ENGAGEMENT

| Program Name | Compone | Subcomponent | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| Family Advocacy Services | CSS | Outreach and Engagement | 113,568 | 113,568 | - |
| Client and Family Advocacy Services | CSS | Outreach and Engagement | 250,000 | 250,000 | 250,000 |
| Collaborative Treatment Courts | CSS | Outreach and Engagement | 219,475 | 219,475 | 219,475 |
| Mental Health Patients Rights Advocacy Services | CSS | Outreach and Engagement | 268,237 | 268,237 | 268,237 |
| | | | **851,280** | **851,280** | **737,712** |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Keep

| | |
|---|---|
| **Project Name:** | Client and Family Advocacy Services |
| **Project Identifier(s):** 017 | **Avatar:** N/A **PeopleSoft:** 4710 |
| **Provider(s):** | Centro La Familia Advocacy Services (A11-338, A16-691-1, 22-206) |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** July 1, 2011 |
| **Project Overview:** | This program provides support to individuals served with severe mental illness (SMI) in navigating the Behavioral Health system; educates individuals on mental health, wellness, and recovery; assists in stigma reduction; and provides warm hand-offs to services. Services may be provided in the office or in the field. |

**Project Update FY 2022-2023:**

The program continued to provide services in the office and in the field. Staff members provided individual and group services to community members. Centro La Familia Advocacy Services (CLFAS) utilized the Promotora (Cultural Broker) model to serve families and individuals in unserved and underserved communities in Fresno County. The Promotora Model provides the foundation needed to implement culturally responsive and linguistically appropriate education on mental health for stigma reduction efforts. CLFAS's Consumer/Family Advocates served as change agents to bridge the gap that may exist between systems of care and the community trying to access mental health services. This often generated creative and dynamic efforts to address disparities related to mental health.

**FY 2021-2022– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 16 |
| Asian/Pacific Islander | 0 |
| Caucasian | 27 |
| Latino | 619 |
| Native American | 0 |
| Other | 4512 |
| Unreported | 2464 |
| Total Number Served | 7638 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 1 |
| ☒ 16-24 | 57 |
| ☒ 25-64 | 501 |
| ☒ 65+ | 40 |
| Unreported | 7039 |
| Total Number Served | 7638 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

This program has a limited budget which inhibits the provision of additional services. With additional funding to have two fulltime staff CLFAS could provide more and consistent services. The provider experiences high demand for mental health intervention and navigation. CLFAS continues to operate to the best of its ability with one full time and one part time staff.

**Proposed Project Changes FY 2024-2025:**

No changes proposed. However, this program will be evaluated for alignment to BHSA, available funding, etc.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project: Ending

**Project Name:** Family Advocacy Services

**Project Identifier(s):** 020

**Provider(s):** **EHR:** N/A **PeopleSoft:** 4569

**Approval Date:** Reading and Beyond Inc. (A20-284)

**Start Dates:** April 2020 March 24, 2020

**Project Overview:** **Anticipated:** April 2020 **Actual:** April 2020

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

**Project Update FY 2022-2023:**

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

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 3 |
| ☒ 26-59 | 104 |
| ☒ 60+ | 33 |
| Unreported | 379 |
| Total Number Served | 519 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

In FY 2022-23, one of the persistent challenges that Family Advocates encounter is offering housing programs and services to families in need, aimed at reducing barriers to secure housing. There were few and limited housing resources accessible to help customers in need of financial assistance, those who are unemployed, or individuals facing housing difficulties. This significantly impacts the mental health of many customers. Meanwhile, we remain committed to educating families about the steps required to qualify for and acquire permanent housing, along with any additional assistance they may require.

In FY 2023-2024, staffing changes created challenges for program operations. The program has worked on wage adjustments, and other retention policies, and aims to prevent high staff turnover, which has resulted in increased costs for rehiring, onboarding, and training.

**Proposed Project Changes FY 2025-2026:**

| |
|---|
| The Department will sunset this program at the end of FY 2024/25. As the agreement will be sunsetting the functions will be absorbed by the Department and be provided internally in the future using a model that will focus on peer support. |

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Collaborative Treatment Courts |
| **Project Identifier(s):** 003 | **EHR:** 4313A **PeopleSoft:** 4313 |
| **Provider(s):** | Superior Court of California, County of Fresno (A-23-452)<br>Fresno County Department of Behavioral Health – Collaborative Treatment Courts Team |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated: N/A** **Actual:** September 11, 2012 |
| **Project Overview:** | Collaborative Treatment Courts are intended to increase access to services and remove barriers for justice-involved individuals who are in need of substance use disorder and/or mental health treatment as well as supportive services in lieu of incarceration. Court Coordinators manage and coordinate program activities related to the daily functioning of respective Collaborative Treatment Courts, including monitoring of plans to assist participants in their recovery and liaison with other cross-sectional justice and behavioral health partners to exchange information and coordinate services. Collaborative Treatment Courts that incorporate coordination services include Behavioral Health Court (BHC), Family Behavioral Health Court (FBHC), Adult Drug Court (ADC), Family Dependency Treatment Court (FDTC), Mental Health Diversion Court (MHDC), Veteran's Treatment Court (VTC), Unity Court, and DUI Treatment Court. Each court has specific eligibility requirements; capacity of the program varies per court. Department of Behavioral Health (DBH) Mental Health Clinicians, Substance Abuse Specialists, and Community Mental Health Specialists provide outreach to and assess individuals considered for the programs and provide clinical recommendations to the Behavioral Health Court (BHC), Family Behavioral Health Court (FBHC), Adult Drug Court (ADC), Mental Health Diversion Court (MHDC), Unity Court, and DUI Treatment Court for youths and adults. |

**Project Update FY 2022-2023:**

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

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

During FY 2020-2021, the Federal Wellness Court was also implemented with a DBH clinician providing clinical and liaison support to the multi-disciplinary team.

During FY 2022-2023, the Misdemeanor Incompetent to Stand Trial (MIST) Court (SB317) was fully transitioned to the DBH Collaborative Courts Team (CCT) to provide clinical and liaison support to the Court; coverage was provided by the DBH CCT Clinical Supervisor in the interim while recruiting for a licensed mental health clinician to provide

ongoing coverage. On December 1, 2022, the Juvenile Justice Center where some of the CCT is located was Medi-Cal site certified to allow for Medi-Cal billing of specialty mental health services. Additionally, CCT staff were trained on documentation and billing standards to comply with Cal-AIM implementation, which was effective July 1, 2023.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 2 |
| Asian/Pacific Islander | -- |
| Caucasian | 3 |
| Latino | -- |
| Native American | -- |
| Other | -- |
| Unreported | 1884 |
| Total Number Served | 1889 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | -- |
| ☐ 16-25 | -- |
| ☒ 26-59 | 4 |
| ☒ 60+ | 1 |
| Unreported | 1884 |
| Total Number Served | 1889 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Obtaining necessary data from the Courts to accurately measure program success remains difficult due to limitations of the Court's case management information system and DBH Collaborative Courts Team's ability to enter non-Medi-Cal billable services into its electronic health record system. Court Coordinators continue to review appropriate data collection and outcome reporting methods. The Court committed to hiring another full-time Court Coordinator in FY 2021-22 to fulfill data collection requirements and centralization of all Collaborative Courts' protocols. Although data collection has improved with this increased Court staffing, the ability to collect accurate demographic information continues to be a challenge. In response to the onset of the COVID-19 pandemic, the Court significantly scaled back operations by, initially closing, then limiting access to court buildings. Participants, treatment staff and liaisons made virtual appearances on Zoom as opposed to face-to-face appearances. The Court attempted to mitigate deterring effects on participation in judicial proceedings and compliance with treatment plan recommendations with requirements for in-person appearances at the start of the program and as needed. The development and implementation of additional Collaborative Courts through unfunded mandates continue to constrain Court and DBH Collaborative Courts Team staffing with already limited resources. Both partners are looking at standardizing tools and processes to be more efficient and effective. The Court has been making progress toward the implementation of a new case management system, which could possibly capture more applicable data and participant demographics to enable more accurate measurements of program success. DBH will continue to partner with the Court Coordinators to collect needed data to assist with meeting reporting requirements and tracking outcomes to better serve the community.

**Proposed Project Changes FY 2025-2026:**

The Superior Court Agreement, A-18-328, was amended in August 2021 to include Mental Health Diversion Court (MHDC), Veteran's Treatment Court (VTC), and Unity Court (Unity) for Court Coordinator services.

The Superior Court Agreement, A-23-4752, became effective in September 2023, to include Adult Drug Court (ADC), Adult Behavioral Health Court (BHC), Family Behavioral Health Court (FBHC), Mental Health Diversion Court (MHDC), Misdemeanor Incompetent to Stand Trial Court (MIST), Veteran's Treatment Court (VTC), and Unity Court (Unity) for court coordinator services and did not include Family Dependency Treatment Court.

During February 2024, the clinical and liaison support for Mental Health Diversion Court (AB1810) was completely transitioned to the DBH Collaborative Courts Team.

It is anticipated that a Peer Support Specialist position on the CCT will be filled, which would enable the team to provide more direct support to persons served in the court programs who are in the early Stages of Change and additional assistance can be provided to the clinical team to fill in gaps where outreach is needed. The Department's participation in any new Collaborative Treatment Courts, mandated such as Community Assistance Recovery and Empowerment (CARE) Act or non-mandated such as Reintegration/Re-entry Court, will require assessment of programmatic needs and resources to provide clinical work associated with such expansions.

**COMMUNITY SERVICES and SUPPORTS**

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

Status of Project:Remove

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**Project Name:** Mental Health Patients' Rights Advocacy Services
**Project Identifier(s):** 082 **Avatar:** N/A **PeopleSoft:** 4334, 4710
**Provider(s):** Mental Health Patient's Rights Advocate Program (A19-586)
**Approval Date:**
**Start Dates:** **Anticipated:** N/A **Actual:** July 2020
**Project Overview:** The Patients' Rights Advocacy (PRA) program encompasses two components: receiving and investigating grievances/complaints and representing individuals in all AB 3454 certification review hearings. The program also monitors mental health facilities, services, and programs for compliance with statutory and regulatory patient's rights provision and provides training.

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**Project Update FY 2021-2022:**

AB 2275 became effective January 2023 which required certification hearings to be held for an individual by the 7th day of an involuntary hold in an emergency room or LPS designated facility. The Mental Health Patients' Rights Advocacy services agreement was amended to comply with the new regulations.

**FY 2020-2021 – Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | |
| ☐ 16-24 | |
| ☐ 25-64 | |
| ☐ 65+ | |
| Unreported | |
| Total Number Served | 0 |

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

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

With the increased number of services and regulatory changes, the contractor faced challenges with contract compliance and data reporting. The contract was terminated, and new short-term contract was executed with SmithWaters Group.

**Proposed Project Changes FY 2025-2026:**

A new agreement is in development and MHSA funds will be removed.

# Prevention and Early Intervention

## Introduction

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

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

**Stigma and Discrimination Reduction**

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

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

- **DBH Communications Plan**

**Access and Linkage**

- **Community Behavioral Health Crisis Response (Crisis Intervention Teams (CIT) –**
- **Multi-Agency Access Program (MAP)**

**Prevention**

- **Blue Sky Wellness Center**
- **Holistic Wellness Center**
- **Youth Empowerment**

**Early Intervention**

- **Early Intervention Services to Schools (All4Youth)**

**Suicide Prevention**

- **Suicide Prevention**

• **Local Outreach for Suicide Survivors (LOSS) Team**

**Increasing Timely Access for Unserved and Underserved Populations**

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

The 2024-2025 Annual Revenue and Expenditures Report (ARER) notes that Fresno County spent 55.30% of its PEI allocation for persons under the age of 25. Thus, Fresno County continues to expend the majority of its PEI funds on persons under the age of 25 in accordance with PEI requirements.

## PEI Projections

There will be significant changes in the near future related to PEI services. BHSA shifts most prevention work (suicide prevention and population-based activities) to the state, eliminating funding at the local level to address local prevention needs. PEI will not be a component of the new BHSA plans.

The Early Intervention requirements under BHSA will have specific requirements that will be part of the BHSA Three Year Integrated plan. Those will be developed as part of the BHSA Three Year integrated plan.

Changes- In this annual update and in the coming year, the Department making changes to the PEI several services based on available funding, service impact and projected changes with BHSA.

- Early Intervention Services to Schools (All4Youth)- the program and scope of work is changing for the next year. The services will shift from prevention, outreach, and early intervention to a focus early intervention. This allows for greater leveraging of billable services and MHSA to meet the growing needs and also provides a focus on sustainability considerations as well as shifting the focus to what services will be available under BHSA. the Fresno County Superintendent of Schools will have additional opportunities under the Child and Youth Behavioral Health Initiative (CYBHI) to expand behavioral health capacity and may also be eligible for possible state funding for certain prevention efforts under BHSA.

- Functional Family Therapy will not be provided in the current year and has sunset for now,

after the sole provider of those services ended is contract with the County. Additional replacements have not been idented at this time and the county has been awaiting the guidance on BHSA to deem if such services would fall under the new BHSA guidance as an approve evidence based early intervention option. Youth and children previously served by the Family Functional Therapy have been linked to other care and services.

- Perinatal Wellness Program- As idented in the last MHSA Plan, the Perinatal program was shifted out of MHSA plan and continues to be a service and program offered to persons served it is no longer MHSA funded.

- Communication Plan- The Communication Plan which included various annual marketing campaigns has been significantly curtailed for current year, and marketing budgets reduced. Based on the limited availably of prevention dollars, the changing focused of BHSA, the Department has scaled back its "Communication Plan" (which has funded and guided activities around outreach, education and stigma reduction), focusing the limited resources to more direct services. It continues to support prevention, communication, stigma reduction and outreach with existing efforts and services without large scale marketing campaigns.

- Transition funding of the Suicide Prevention Lifeline- Part of the Suicide Prevention services under the Suicide Prevention work is the funding of the Central Valley Suicide Prevention Hotline (CVSPH), which initially was the local regional call center for the national lifeline and when the lifeline adopted and shifted to the 988 number it continued at that function. Through an agreement with California Mental Health Services Authority (CalMHSA), Fresno and six other counties fund the CVSPH. The funding amount of each county has been determined by call volume, and over the years as the largest county in the region Fresno County had the largest call volume and, in most years, has been over 50% of the total call volume and thus has in most years funded over 50% of agreement for the call center and activities. The regional call center has been successful in securing federal 988 funding and is soon slated to receive state funding for 988 (via Senate Bill 988) which will support sustainability. Additionally, five of the regional counites have stopped funding of the serves

relying to other funding. Fresno County is seeking to complete the current year funding and then with other sustainable funding transition away. Under BHSA prevention activities will be directed by the California Department of Public Health, and so this transition from funding the local 988 call center is in line with the changes that will be effective start of July 2026.

In the coming year more discussion and decisions will be had on remaining PEI services, and what services meet BHSA guidelines, what services are viable and what services may be funded under the BHSA's behavioral health services and support (BHSS) component, with focus on required services.

## PEI Three-Year Outcomes and Evaluations Report

In accordance with the amended Section 3560, *Prevention and Early Intervention Reporting Requirements*, the county is submitting the required *Three-Year Outcomes and Evaluation PEI Report*, as specified in Section 3560.020. This report covers Fiscal Years 2021–2023. (Appendix F)

During this period, the county piloted a new web-based tool developed by RAND for the collection of outcomes data. The county operated 12 PEI programs, each serving different components. For the first time, multiple PEI providers were asked to collect and report on a standardized set of measures for individuals served, using the RAND tool.

Some providers experienced difficulties accessing the tool due to technical issues on both their end and RAND's, as well as staffing constraints, which contributed to delays in data collection and entry. Additionally, collecting repeated measures for the same individuals was a new practice for many providers. It remains unclear whether the low number of follow-up surveys is primarily due to the challenges of repeated data collection or high turnover among the individuals served. The summarized data report is provided in appendix F.

If this tool is broadly adopted in the future, programs may improve consistency in data collection and implement regular follow-ups, helping ensure more complete datasets and increased availability of follow-up data for individuals who return to services. Refer to Appendix G for the full RAND Report.

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# PEI

| Program Name | Compone | Subcomponent | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| Blue Sky Wellness Center | PEI | Prevention | 1,200,000 | 1,200,000 | 1,200,000 |
| Community Behavioral Health Crisis Response | PEI | Access and Linkage | 4,425,072 | 4,425,072 | 4,425,072 |
| Cultural-Based Access Navigation and Peer/Family Support Services (CB | PEI | Improving Timely Access | 550,000 | 550,000 | 550,000 |
| DBH Communications Plan | PEI | Outreach, Stigma, Suicide Prevention | 700,000 | 300,000 | 300,000 |
| Early Intervention Services to Schools (All4Youth) | PEI | Prevention, Outreach, //EI/EI | 4,000,000 | 2,040,000 | 2,040,000 |
| Functional Family Therapy | PEI | EI | 1,500,000 | 1,500,000 | N/A |
| Holistic Cultural Education Wellness Center | PEI | Prevention | 896,719 | 896,719 | 896,719 |
| Local Outreach to Survivors of Suicide (LOSS) Team | PEI | Suicide Prevention | 355,489 | 355,489 | 355,489 |
| Multi-Agency Access Point (MAP) | PEI | Access and Linkage | 1,284,529 | 1,000,000 | 1,000,000 |
| Perinatal Wellness Center | PEI | EI | 1,400,000 | - | - |
| Suicide Prevention/Stigma Reduction | PEI | Outreach, Stigma, Suicide Prevention | 644,511 | 644,511 | 644,511 |
| Youth Empowerment Centers (YEC) | PEI | Prevention | 846,868 | 430,000 | 430,000 |
| | | | **17,803,188** | **13,341,791** | **11,841,791** |

**PREVENTION and EARLY INTERVENTION**

**Prevention:☒ Early Intervention:☐ Outreach:☐ Access and Linkage:☐**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Keep

| | | |
|---|---|---|
| **Project Name:** | Blue Sky Wellness Center | |
| **Project Identifier(s):** 015 | **EHR:** N/A | **PeopleSoft: 4521** |
| **Provider(s):** | Kings View (A-22-255) | |
| **Approval Date:** | Historical | |
| **Start Dates:** | **Anticipated:** N/A | **Actual:** October 23, 2007 |
| **Project Overview:** | Prevention and early intervention peer centered wellness and recovery focused activities. Services include group and individual peer supportive services in addition to teaching Wellness Recovery Action Plan services and Crisis Plan services/relapse prevention, transportation, life skills courses, job readiness services, and onsite volunteer opportunities. Blue Sky is located in the city of Fresno. The target population is adults. The target number of members served daily is 70. | |

**Project Update FY 2022-2023:**

Blue Sky Wellness Center is a member run prevention program. This structure allows members to feel ownership in the services provided and assists them in their own recovery and relapse prevention. Blue Sky has formed a Peer Advisory Council that allows members to choose all support groups and activities. Other services provided are Check-Ins and Phone Check-Ins. Additionally, Blue Sky conducts a training for Peer Volunteers. This enables volunteers to become oriented on ethics and expectations. After the initial training, volunteers continue their training through shadowing other volunteers.

Blue Sky Wellness Center providers a calendar of supports and activities to engage members. Some of these include Gardening, Anger Management, Self-Advocacy, Reading Skills, Life Resilience, Depression Bipolar Alliance Schizophrenia Group, Directing our Own Recovery, Good Neighbor Club, etc.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 109 |
| Asian/Pacific Islander | 19 |
| Caucasian | 176 |
| Latino | 213 |
| Native American | 13 |
| Other | 74 |
| Unreported | 47 |
| Total Number Served | 651 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 14 |
| ☒ 26-59 | 440 |
| ☒ 60+ | 147 |
| Unreported | 50 |
| Total Number Served | 651 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Blue Sky has continued to have various challenges with their facility including pest control and facility repair. These challenges have caused the necessity of occasional brief closures while the property owner addresses the issues.

Additionally, the program has struggled to implement a designated Wellness Recovery Action Plan (WRAP) course for members. Blue Sky has difficulties getting enough participants to hold a designated course. However, Blue Sky implemented a “Blue Sky Wellness Center WRAP form” in which members identify what tools they can use to support their wellness, who is their support system, triggers, and conflict, etc. The information collected is used throughout the program to support members in the absence of a designated WRAP course.

The program faces ongoing challenges with Covid and transportation.

**Proposed Project Changes FY 2025-2026:**

No proposed changes.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☐ Early Intervention:☐ Outreach:☐ Access and Linkage:☒**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Keep

| | | |
|---|---|---|
| **Project Name:** | Community Behavioral Health Crisis Response | |
| **Project Identifier(s):** 004 | **EHR:** 4762 (DBH CIT), 4763 (Kings View Metro), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West) | **PeopleSoft:** 4762 (DBH CIT), 4763 (Kings View Metro & FPD CIT), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West) |
| **Provider(s):** | Fresno County Department of Behavioral Health<br>City of Fresno Police Department (A-18-074)<br>Kings View Behavioral Health (A-23-303 and A23-308) | |
| **Approval Date:** | Historical | |
| **Start Dates:** | **Anticipated:** N/A | **Actual:** June 1, 2010 |
| **Project Overview:** | Behavioral health clinicians serve as active liaisons with law enforcement and other first responders to provide Crisis Intervention Team (CIT) services to all individuals experiencing a behavioral health crisis in the community, specifically in the metropolitan (metro) area, and the East and West regions of Fresno County. Services include, but are not limited to: crisis assessments, crisis intervention, suicide risk assessments, community referrals and linkages, short-term case management and care coordination activities.<br><br>The Kings View CIT clinicians are available to respond to behavioral health calls for service, as dispatched by law enforcement, from 6:00am to 12:00am, 365 days a year. The DBH clinicians provide intensive engagement services 5 days a week from 8:00am to 5:00pm with the support of a Clinical Supervisor. Services are provided by interagency coordination between behavioral health clinicians, law enforcement and other first responders to identify, triage, assess, and connect or<br>reconnect individuals to treatment and support and mitigate unnecessary involvement with the criminal justice system.<br><br>The program provides approximately 8,000 services to 6,500 individuals each year. | |

**Project Update FY 2022-2023:**

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

The agreement with the City of Fresno for Crisis Intervention Services by the Fresno Police Department (FPD) officers expired June 30, 2023, currently DBH is taking a new agreement to the board which will align with the funding modifications brought by passage of the new Behavioral Health Services Act (BHSA). All services currently remain active, the new agreement provides a 1-year term, and a 1-year extension with the program not to extend past June 30, 2026.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 567 |
| Asian/Pacific Islander | 176 |
| Caucasian | 1093 |
| Latino | 1,289 |
| Native American | 53 |
| Other | 1233 |
| Unreported | 503 |
| Total Number Served | 4,914 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 638 |
| ☒ 16-25 | 1029 |
| ☒ 26-59 | 2,837 |
| ☒ 60+ | 404 |
| Unreported | 6 |
| Total Number Served | 4,919 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

DBH continues to work closely with our law enforcement partners to curate the appropriate MHSA data. This collaboration aims to ensure comprehensive and accurate reporting, aligning with the necessary requirements. By refining our data collection processes together, we are committed to enhancing our understanding of community needs and improving service delivery.

**Proposed Project Changes FY 2025-2026:**

DBH was awarded funding through California Health Facilities Financing Authority (CHFFA) on December 22, 2022 to add resources for mobile crisis response for the school youth population (K-12). These specialized teams aim to enhance non-law enforcement crisis responses, reduce youth interactions with law enforcement, and provide timely post-crisis follow-up services.

In addition to the CHFFA funding, DBH was awarded funding from the Department of Healthcare Services Crisis Care Mobile Units program to support CIT services. Both funding sources will be end by June 30, 2025.

DBH is creating a new project name for crisis response services as a whole. This umbrella category and term will be Community Behavioral Health Crisis Response. CIT function and services will utilized this new project name. DBH is in the process of developing a Request for Proposal for the new agreement which will be effective July 1, 2025. It is seeking a single providers to render Community Behavioral Health Crisis Response (which will include services that were CIT and Mobile Criss Response, so maximize funding, care coordination and resources).

**PREVENTION and EARLY INTERVENTION**

**Prevention:☐ Early Intervention:☐ Outreach:☐ Access and Linkage:☒**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Keep

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

**Project Update FY 2022-2023:**

The CBANS program is doing well. The program continues to adapt to COVID challenges to provide amendable services. 1,538 unique individuals were served, and 19,037 services were rendered during FY 22/23. Targeted goals related to the specific program performance areas included numbers of individuals served, numbers of referrals and linkage relative to need, mitigation of transportation barriers, and training and education. All of the CBANS program goals were met or exceeded. 95% of individuals surveyed reported satisfaction with services, 96% of individuals said services helped them better cope with their circumstances, and 96% indicated that working with CBANS helped them increase timely access to services.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 31 |
| Asian/Pacific Islander | 261 |
| Caucasian | 31 |
| Latino | 31 |
| Native American | 0 |
| Other | 31 |
| Unreported | 1154 |
| Total Number Served | 1538 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 77 |
| ☒ 16-24 | 77 |
| ☒ 26-59 | 923 |
| ☒ 60+ | 215 |
| Unreported | 246 |
| Total Number Served | 1538 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Staffing continues to be a challenge for the program. The CBANS program is supposed to be staffed with six full time staff and a part-time director. During this fiscal year, they had four part-time staff and two full-time staff. Some staff were on medical leave and other staff had to vacate the position to care for a family member. Filling vacant positions has been challenging but TFC continues to post the positions and interview applicants. However, finding qualified applicants who can work with the identified communities and are willing to work for the allotted wages has proven to be difficult.

**Proposed Project Changes FY 2025-2026:**

| |
|---|
| The program should examine sustainability under the enhance case management benefit from local managed care plans. There are no proposed changes to the program. The Department of Behavioral Health will continue to monitor the impacts of BHSA/Prop 1 and impact on programs funded through the PEI component. |

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022**
**PREVENTION and EARLY INTERVENTION**
**Prevention:☐ Early Intervention:☐ Outreach:☒ Access and Linkage:☐**
**Stigma Reduction: ☒ Suicide Prevention:☒**
Status of Project:Keep

**Project Name:** DBH Communications Plan
**Project Identifier(s):** 018 **Avatar:** N/A **PeopleSoft:** 4564
**Provider(s):** Fresno County Department of Behavioral Health JP Marketing (A19-178)
**Approval Date:** Historical
**Start Dates:** **Anticipated:** N/A **Actual: 2019**
**Project Overview:** The DBH Communications Plan is critical in implementing effective methods to increase public awareness and engagement, stigma reduction, increasing understanding and recognizing early signs of serious mental illness, suicide prevention, and behavioral health and care services. This plan describes the methods for integrating and cross-promoting messages and ensuring the Department's myriad of services and supports are familiar to the community.

**Project Update FY 2021-2022:**

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

**FY 2021-2022 – Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | |
| ☐ 16-24 | |
| ☐ 25-64 | |
| ☐ 65+ | |
| Unreported | |
| Total Number Served | N/A |

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

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

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

**Proposed Project Changes FY 2024-2025:**

Our intention is to enhance the communication plan by incorporating current tactics and aligning them closely with the department's goals and objectives. This strategic approach aims to bring about a more focused and effective communication plan, benefiting not only the department but also positively impacting our broader community. Implementing some of the outreach, marketing and educational campaigns will be curtailed in the coming year with the goal to apply PEI funds to direct services. The communication efforts in the form of marketing and outreach will change under BHSA, and so future redesign will occur.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☒ Early Intervention:☒ Outreach:☐ Access and Linkage:☐**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Prevention and Early Intervention Services to School |
| **Project Identifier(s):** 066 | **EHR:** 4330 **PeopleSoft:** 4329 |
| **Provider(s):** | Fresno County Superintendent of Schools (FCSS) (A18-308) |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** May 3, 2010 |
| **Project Overview:** | The All 4 Youth Prevention and Early Intervention (PEI) component provides positive behavioral interventions and supports in a school, community, and home setting to children and youth. The purpose of the PEI component is to prevent and reduce the long-term adverse impact on youths and their families resulting from untreated mental illness. The school-based program will incorporate positive behavioral PEI services reflecting evidence-based models, which include the three-tier integrated approach, Positive Behavioral Interventions and Supports (PBIS). |

**Project Update FY 2022-2023:**

The program is set up for a five-phase periodic expansion over the life of the agreement. All the phase implementations were planned to provide access to communities that historically were underserved due to their lack of local community resources. In FY 2022-23, the program onboarded 45 school sites. School districts onboarded were Crescent View, Golden Charter, Clovis Unified, Sanger Unified and Fresno Unified.

In FY 2022-2023, DBH was in the process of preparing all programs for Cal-AIM implementation effective July 1, 2023. DBH worked closely with the All 4 Youth Program to supersede the agreement, define early intervention services and criteria, and ensure services were appropriately claimed. The All 4 Youth program also prepared to shift electronic health records and move to Smart Care. All 4 Youth staff completed training, identified expert users and attended various meetings with DBH.

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | |
| ☐ 16-25 | |
| ☐ 26-59 | |
| ☐ 60+ | |
| Unreported | |
| Total Number Served | N/A |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

During FY 2022-23, DBH and FCSS collaborated on defining the scope of services and determining data requirements moving forward. This work extended into FY 2023-24 as there were delays in program set up in the new EHR.

**Proposed Project Changes FY 2025-2026:**

DBH is currently in contract negotiations with FCSS for a new agreement which will begin in FY 2025-26.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☐ Early Intervention:☒ Outreach:☐ Access and Linkage:☐**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Functional Family Therapy |
| **Project Identifier(s):** 050 | **EHR:** 4321 **PeopleSoft:** 4321 |
| **Provider(s):** | Comprehensive Youth Services (A-18-687 until 6/30/23 and A-23-279 starting 7/1/2023) |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** April 20, 2007 |
| **Project Overview:** | Functional Family Therapy (FFT) is an evidenced-based family therapy program for youth ages 11-17 years old who are involved in or at risk of involvement in the Juvenile Justice System. The model works with the identified youth, parents/guardians, siblings, and other relatives that have a significant impact on the families' functioning. Youth are generally referred for behavioral, emotional, relational and/or mental health concerns. Referrals are received from probation, courts, schools, other service providers, parents/guardians or self-referred.<br><br>The program focuses on assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid to both intra familial and extra familial factors, and how they present within and influence the therapeutic process. The intervention program itself consists of five major components in addition to pretreatment activities: Engagement in change; Motivation to change; Relational/Interpersonal Assessment and planning for Behavior change; Behavior Change; and Generalization across behavioral domains and multiple systems.<br><br>Services are provided to youth and families throughout Fresno County, including: Fresno, Clovis, Sanger, Del Rey, Orange Cove, Selma, Kingsburg, Huron, Coalinga, Firebaugh, and other small communities throughout rural Fresno County. Services can be delivered in the home, community, school, or other community settings as determined by collaborating with all relevant parties. Services are provided throughout Fresno County in the community as opposed to services being performed at traditional mental health department offices to increase the frequency of clients obtaining needed services as some children/families are reluctant to seek services from traditional mental health settings.<br><br>The program serves minimum of 450 unduplicated identified clients within each 12-month period of this Agreement. In addition, identified clients' siblings, other relatives, caregivers, and other significant support person may participate and receive specialty mental health services from this program. |

**Project Update FY 2022-2023:**

For the fiscal year of 2022-2023, FFT served 488 youth, 591 parents/caregivers and 233 siblings/relatives for a total of 1,312 people served.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | 488 |
| Total Number Served | 488 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | |
| ☒ 16-24 | |
| ☐ 25-64 | |
| ☐ 65+ | |
| Unreported | 488 |
| Total Number Served | 488 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

CYS FFT reported on their 2022-2023 outcomes that they were understaffed due to a heavily competitive job market and a shortage of qualified applicants. However, the program was still able to provide services to all youth/families referred, despite not always being able to meet the timely access requirements due to staffing shortages. At the time of reporting their 2022-2023 Outcomes (September 2023), this program had six therapists and three case managers. Funding for the program allows for up to 14 FFT therapists and four case managers. CYS worked diligently to hire more therapists, but applicants reported that they are declining CYS's job offers due to insufficient salary. CYS worked on strategies to have competitive salaries to increase timely access and increase overall FFT services to youth and families in Fresno County.

CYS FFT also reported that they worked diligently to meet the Department of Behavioral Health's Timely Access time frames, and while there was room for improvement, significant strides were made by implementing a policy of contacting potential persons served within 24 hours after receiving a referral. CYS FFT offered intakes and assessments as quickly as possible, but the availability and successful execution of first appointments continued to be a difficulty, due to staffing challenges as well as cancellations and reschedules by the referred person. CYS FFT staff do offer services during evening hours, flexible therapist schedules, as well as telehealth appointments, to meet the needs of persons served.

CYS FFT received many referrals, above and beyond the contracted amount for the program, and was able to provide services to all referrals, despite being short staffed for both case management and clinical staff. The most significant barrier to providing services to these referrals that the program experienced was hiring staff to meet the demands and needs of the persons served/families requesting services. CYS continued to work on increasing salaries to be more competitive with other providers while recruiting quality staff to fill vacant positions.

The number above (488) represents all the individuals who participated in services, including those who were there in support of the identified client. The number of individuals who received billable services was 222 (see below):

0-15: 176
16-24: 38
25-64: 7
Unreported: 1

African American: 8
Asian/Pacific Islander: 4
Caucasian: 24
Latino: 177
Native: 2
Other: 2
Unreported: 5

**Proposed Project Changes FY 2025-2026:**

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

The current contract (A-23-279) is written for July 1st, 2023, through June 30th, 2024. Although the option to renew for a second year (through 6/30/2025) was offered, the vendor CYS opted to discontinue the FFT program effective June 30th, 2023, due to financial viability issues. Contributing factors include CalAIM billing changes, referral numbers, staffing issues, and FFT training costs.

The Department of Behavioral Health will continue to evaluate opportunities (such as BHSA and BH-CONNECT) that would facilitate the initiation of a new RFP process and re-implementation of this program.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☒ Early Intervention:☐ Outreach:☐ Access and Linkage:☐**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Keep

**Project Name:** Holistic Wellness Program
Holistic Cultural Education Wellness Center

**Project Identifier(s):** 038 **EHR:** **PeopleSoft:** 4783

**Provider(s):** The Fresno Center

**Approval Date:** Historical

**Start Dates:** **Anticipated:** N/A **Actual:** June 19, 2012

**Project Overview:**

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

**Project Update FY 2022-2023:**

FY 2022-2023 was the first year for the new agreement. Staff returned to work onsite, though many of the activities continued to be virtual for safety of both staff and persons served. Providing virtual services increased access for some individuals but it also negatively impacted individuals who had minimal knowledge of social media and software programs (Facebook, Zoom, MS Teams, etc.). Although COVID continues to be a concern, all program goals/objectives were still met or exceeded. Target numbers for mind/spirit activities were almost twice those of last year and quadruple the goal (Goal: 5,000/Actual 20,754). Target numbers for physical health activities were more than triple (Goal: 5,000/Actual: 17,422). 2,729 unique persons served were served and services were utilized 38,176 times throughout the fiscal year. Overall, the program continues to do well. Staff continue to adapt their approaches to service delivery to meet the needs of the individuals served. Some services have moved to in person to meet the needs for elders and individuals with limited access to electronic services.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 164 |
| Asian/Pacific Islander | 982 |
| Caucasian | 164 |
| Latino | 1392 |
| Native American | 0 |
| Other | 27 |
| Unreported | 0 |
| Total Number Served | 2729 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 382 |
| ☒ 16-25 | 164 |
| ☒ 26-59+ | 1173 |
| ☐ 60+ | 1010 |
| Unreported | 0 |
| Total Number Served | 2729 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Overall, all program goals/object were met, but staffing remains an issue. Some positions such as the Health Data Specialist position and a dedicated Cultural Broker to work with Punjabi or Native American clients have been difficult to fill due to lack of applicants and insufficiently qualified applicants. Some staff have had to take extended leave of absences due to COVID related issues. Another challenge was access to online activities. Some individuals had limited access to services as they did not have proper devices, unreliable internet services, or had digital literacy challenged. In addition, virtual activities take more time for staff to attend to as many individuals require assistance for setup. The Fresno Center continues to recruit to fill the vacancy but also has internal staff who will fill in temporary and/or have leveraged volunteers to ensure services are delivered. It is anticipated that services will return to in-person which may improve service delivery.

**Proposed Project Changes FY 2025-2026:**

There are no proposed changes to the program. It is recommended the program explore sustainability options including possible services under enhanced case management with managed care plans, as well as future options under community-based evidence-based practice model development. The Department of Behavioral Health will continue to work monitor the impacts of BHSA/Prop 1 on the project to meet the needs of the unserved and/or underserved population.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☐ Early Intervention:☐ Outreach:☐ Access and Linkage:☐**

**Stigma Reduction:☐ Suicide Prevention:☒**

Status of Project:Keep

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

**Project Update 2022-2023:**

All program goals were met in FY 22/23. There was a total of 93 suicides and all were referred to the LOSS Team. Of the 93 suicides, the LOSS team responded to 86 (92%). Of these responses, at least one person on scene reached out for services 92% of the time. A total of 231 unique individuals received services from the LOSS Team. In addition, a total of 1545 bereavement phone calls were made, 743 mailings were sent out and 209 no-charge therapy sessions were provided. All were increases from the previous year. Overall, the LOSS Team continues to meet program goals and deliver services to individuals in need of support after a suicide loss. FY 23/24 will be the final year of the current agreement. The Department issued a RFP resulting in a new agreement effective 7/9/2024.

**FY 2022-2023 – Unique Individuals Served:**

| Ethnicity | Served |
|---|---|
| African American | 0 |
| Asian/Pacific Islander | 0 |
| Caucasian | 0 |
| Latino | 0 |
| Native American | 0 |
| Other | 0 |
| Unreported | 231 |
| Total Number Served | 231 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☐ 16-24 | 0 |
| ☐ 25-64 | 0 |
| ☐ 65+ | 0 |
| Unreported | 231 |
| Total Number Served | 231 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Overall, all program goals were met. Two challenges the program continues to experience is filling the need of the Program Coordinator position and ongoing stigma related to receiving mental health therapeutic services after the loss of a loved one to suicide. The LOSS Team continues to recruit to fill the vacancy but also has internal staff who will fill in temporary to ensure services are delivered. The program plans to increase outreach efforts to the community and partners to ensure individuals who have lost some to suicide are aware of grief support services available.

**Proposed Project Changes FY 2025-2026:**

There are no recommended changes to the program. The Department will continue to work with the provider to see how support services can be improved for individuals after experiencing the loss of a loved one to suicide. The Department will monitor the impacts of Prop 1 on such services and sustainability.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☒ Early Intervention:☒ Outreach:☐ Access and Linkage:☒**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Multi-Agency Access Program (MAP) |
| **Project Identifier(s):** 007 | **EHR:** 4768 **PeopleSoft:** 4768 |
| **Provider(s):** | Kings View (A24-306)<br>Poverello House (A24-306)<br>Centro La Familia Advocacy Services (A24-306) |
| **Approval Date:** | January 10, 2017 |
| **Start Dates:** | **Anticipated:** NA **Actual:** January 10, 2017 |
| **Project Overview:** | MAP provides a single point of entry for residents of Fresno County to access linkages to services in various life domains to promote their wellness and recovery. An integrated screening process connects individuals and families facing mental health concerns, physical health conditions, substance use disorders, housing/homelessness, social service needs, and other related challenges to supportive services in Fresno County. Persons Served are matched to the right resources through a collaborative network of partner agencies and local resources. |

**Project Update FY 2022-2023:**

In Fiscal Year 2022-23, MAP fully utilized the Unite Us Platform to administer the community screening tool and create and track linkages for all MAP participants. The Department of Behavioral Health (DBH) has worked closely with Unite Us representatives and the MAP contracted partners to address concerns regarding data collection, entry, and categorization. Although the Unite Us Platform offers many features and the reliability and integrity that was lacking in the previously used database, it cannot accommodate all the changes and specific requests preferred for MAP because the Unite Us Platform is a nationally used platform, and some changes will affect the entire platform's user interface. Regardless, DBH and Unite Us continue to seek workaround options, when necessary and feasible, that can address some of the concerns identified.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 522 |
| Asian/Pacific Islander | 64 |
| Caucasian | 919 |
| Latino | 465 |
| Native American | 73 |
| Other | 109 |
| Unreported | 304 |
| Total Number Served | 2,456 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 3 |
| ☒ 16-25 | 1,176 |
| ☒ 26-59 | 1,063 |
| ☒ 60+ | 214 |
| Unreported | 0 |
| Total Number Served | 2,456 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The Unite Us Platform is used by other entities nationwide, and therefore cannot be fully customized to the needs of MAP, which affect how person-specific information is stored and retrieved. Some features can be edited on a program-level (i.e., MAP) but not on a platform-level, so the workarounds are somewhat tedious. Often, when concerns and issues are identified that cannot be changed on a platform level, Unite Us offers different solutions on a program-level that could help with capturing information provided by persons served.

The program reach has expanded yearly since the implementation of MAP in January 2017, although PEI funding limitations affect the program's expansion opportunities. DBH has convened several meetings through the

Community Conversations About Mental Health Collaborative, which includes community-based organizations, law enforcement agencies, and other government entities, to strategize ways to serve the MAP population in a coordinated effort. Various providers of the Community Conversations Collaborative provide overlapping programs and services, but an index of current resources is needed to simplify coordinated linkage efforts for all entities serving the public. Through these meetings, the Department of Social Services (DSS) and Department of Public Health (DPH) have agreed to provide funding contributions to MAP in the next contract terms.

**Proposed Project Changes FY 2025-2026:**

The previous MAP agreement expired on June 30, 2024, and a new two-year agreement went into effect on July 1, 2024, which include the Departments of Behavioral Health (DBH), Social Services (DSS), and Public Health (DPH) as County funding partners. DBH's funding source remains Mental Health Services Act-Prevention and Early Intervention (MHSA PEI); the DSS portion is funded through Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T); and the DPH portion is funded through the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). This partnership was developed through acknowledgement of common persons served through each of the three departments' various services. The contracted service providers remain the same: Kings View, Poverello House, and Centro La Familia Advocacy Services.

Fiscal Year 2024-25 is the first year of the new agreement and partnership, and would be used to strategize, develop, and begin implementation of a revamped MAP with blended funding. This first contract year would simultaneously be used to evaluate MAP and determine if it is effective and beneficial to the service population, or if the target barriers would be better addressed through other strategies. If the partnership concludes that the cost of operating MAP does not effectively remove barriers and connect the service population to needed services and resources, then MAP operations as funded by DBH will sunset by June 30, 2025. If it is determined that MAP outcomes sufficiently justify the cost of the program, then implementation and operation of the revised MAP program will continue into Fiscal Year 2025-26. DBH, DSS, and DPH, as well as any additional partners, would then examine available funding sources before initiating the RFP/procurement process.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☐ Early Intervention:☒ Outreach:☐ Access and Linkage:☐**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Remove

| | |
|---|---|
| **Project Name:** | Perinatal Wellness Center |
| **Project Identifier(s):** 053 | **Avatar:** 4314 **PeopleSoft:** 4314 |
| **Provider(s):** | Fresno County Department of Behavioral Health |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** April 5, 2020 |
| **Project Overview:** | The Perinatal program provides outpatient mental health services to pregnant and postpartum adults, teens, and their infants. The short-term mental health services include outreach, prevention and early intervention identification through screening, assessment, and treatment. Services are open to women who experience first onset of mental disorders during the perinatal period of pregnancy and up to a year postpartum, as well as to men experiencing symptoms of PPD. |

**Project Update FY 2022-2023:**

Services at the Perinatal Wellness Center are open to women with previously diagnosed mental disorders, as well as those who experience the first onset of mental disorders during pregnancy and/or the postpartum period. The Perinatal Wellness Center provides therapeutic mental health services to fathers who are experiencing Paternal Postnatal Depression, as well as to children affected by the Severe Postpartum Depression experienced by their mothers. The Perinatal Wellness Center also provides Infant Mental Health assessments and treatment. The Perinatal Team is a multidisciplinary team currently composed of 1 clinical supervisor, 7 clinicians, 1 Community Mental Health Specialist, 1 Certified Medi-Cal Peer Support Specialist, 1 Office Assistant, 2 Public Health Nurses, 1 Psychiatrist, 1 Nurse Practitioner, 1 LVN (there are currently 2 clinician vacancies and 1 CMHS vacancy).The team has been trained in several EBP's and specialties such as Maternal Mental Health, EMDR, DBT, CBT and Infant Mental Health. The Perinatal Wellness Center clinicians continue to provide both mental health assessments and mental health treatment.

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

**FY 2022-2023 - Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 111 |
| Asian/Pacific Islander | 78 |
| Caucasian | 94 |
| Latino | 457 |
| Native American | 1 |
| Other | 0 |
| Unreported | 292 |
| Total Number Served | 1033 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 10 |
| ☒ 16-24 | 272 |
| ☒ 25-64 | 751 |
| ☐ 65+ | 0 |
| Unreported | 0 |
| Total Number Served | 1033 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Transportation has been a consistent challenge for Perinatal persons-served that prefer services in the office rather than in-home services. Perinatal Wellness Center staff have assisted Perinatal persons-served in learning to utilize the transportation benefits afforded to them via their Medi-Cal insurance plan to help mitigate transportation challenges. Since the onset of the COVID-19 Pandemic in 2020, a large majority of the persons-served via the Perinatal Wellness Center have preferred telehealth or telephone services over in-person or in-home services, even when in-person and in-home services were once again safely made available to them. Thus, it appears that the option to have supportive services provided via telehealth and telephone may have reduced barriers to treatment for those that have difficulty with transportation or a lack of childcare. During the COVID-19 pandemic the Perinatal Wellness Center was no longer able to provide a Supervised Childcare Room available for childcare services for those persons-served desiring in-person services, which has also presented a barrier. Unfortunately, during FY 2022-2023 the Department of Behavioral Health has been unable to secure a vendor to provide the needed services for the Supervised Childcare Room, resulting in an ongoing barrier to treatment for those individuals that prefer in-office services to be able to participate in individual therapy, group therapy, medication appointments, etc. and who do not have adequate resources for childcare. The stigma of receiving mental health services has often been a barrier to treatment. However, strategies that have been implemented to mitigate these challenges and reduce barriers have been fairly successful as evidenced by increased monthly average of referrals to the Perinatal Wellness Center and an increased acceptance rate of supportive services from those referred. Strategies to continue to reduce stigma include ongoing updates to and wider distribution within the community of the Perinatal Wellness Center brochure, which is in both English and Spanish languages, to include supportive services to other family members impacted by Perinatal Mood and Anxiety Disorders or Paternal Postnatal Depression; utilizing a bilingual (English/Spanish) Certified Medi-Cal Peer Support Specialist who continues to seek to reduce stigma during initial outreach to newly referred persons-served and also while assisting Perinatal persons-served with transportation challenges; ongoing education efforts within the community have also been made to reduce stigma for pregnant and postpartum women such as presentations provided to GLOW cohorts involved in group prenatal care.

**Proposed Project Changes FY 2025-2026:**

This program was removed from the MHSA plan in FY 2023-2024 and continued operating using other funding. With the introduction of BHSA, the Department will evaluate the possibility of funding this program through BHSA as an Early Intervention program.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☐ Early Intervention:☐ Outreach:☒ Access and Linkage:☐**

**Stigma Reduction:☒ Suicide Prevention:☒**

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Suicide Prevention/Stigma Reduction |
| **Project Identifier(s):** 031 | **EHR:** **PeopleSoft:** 4902 |
| **Provider(s):** | Fresno County Department of Behavioral Health |
| **Approval Date:** | Historical |
| **Start Dates:** | **Anticipated:** N/A **Actual:** August 2015 |
| **Project Overview:** | This MHSA work plan provides the structure, resources, activities and reporting of performance indicators related to Fresno County suicide prevention and stigma reduction. Activities include, but are not limited to, a Strategic Suicide Prevention and Stigma Reduction campaigns, social media and other outreach, while focusing on the lifespan of Fresno County residents and recognizing cultural and linguistic variations in the perceptions of mental wellness. |

**Project Update FY 2022-2023:**

The Department of Behavioral Health (DBH) uses a multi-faceted outreach approach to the varying communities with awareness and education activities. These activities include, but are not limited to, recognition of Mental Health Awareness Month, Suicide Prevention Month and Recovery Month, stigma reduction and suicide prevention activities, and coordination of leveraged resources for outreach, education, and training in the community.

The established Fresno County Suicide Prevention Collaborative continues to provide ongoing input and support to the suicide prevention and stigma reduction efforts in the community through a monthly. Additionally, the Collaborative maintains an informative website (www.Fresnocares.org) and social media outlet (Facebook) to increase awareness and outreach to all ages and populations as well as share resources. Collaborative efforts during FY 22/23 included the revision of the firearm safety brochure, continued promotion and education of the 988 suicide and crisis lifeline, support for the suicide review team, and education and outreach activities which included presentations from suicide prevention experts, work with local VA, awareness walks and survivor memorials.

Suicide prevention campaigns have been implemented which allowed DBH to develop messages and advertisements to be shared with the community. These messages and advertisements were shared via billboards, in-theater ads, digital banners and video, public relations, outreach and various social media platforms.

Department efforts included co-hosting the 3rd annual Multi-County Statewide Suicide Prevention Summit in September 2022 with several counties. The event saw over 1100 individuals sign up for the event. The event had keynote speakers Sally Spencer Thomas, Kevin Briggs and Kevin Berthia. 6 Continuing Education units were made available for the individuals in attendance. The Department also developed a film: Experiencing Hope: Stories of Resiliency in Fresno County. The film focuses on resilience and hope, with stories from persons with lived experience, family members, advocates, and faith leaders to community partners and professionals. The file was intended to help raise awareness and normalize the conversations around mental health in Fresno County and the Valley. To foster resilience and hope in our communities, the storytellers share their experiences to help normalize the challenges. In addition, the Department is an annual participant in the local awareness and outreach events (American Foundation for Suicide Prevention Out of Darkness Walk, NAMI Walk, Suicide Vigils and Memorial Events), and continues to provide access to various suicide prevention trainings.

**FY 2022-2023– Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | -- |
| ☐ 16-25 | -- |
| ☐ 26-59 | -- |
| ☐ 60+ | -- |
| Unreported | -- |
| Total Number Served | -- |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Efforts continue to increase outreach and engagement activities, as appropriate, to support individuals who are in need of mental health and suicide prevention supports and services.

**Proposed Project Changes FY 2025-2026:**

With anticipated changes to suicide prevention and stigma reduction activities with the passage of Prop 1, DBH will look to evaluate its current outreach and awareness efforts for mental health, suicide prevention, and stigma reduction. Future efforts will focus on how to improve/enhance current programs/activities and implement new goals under new BHSA regulations, where appropriate and necessary. DBH will continue to solicit feedback from the Suicide Prevention Collaborative, follow recommendations from our suicide prevention strategic plan.

**PREVENTION and EARLY INTERVENTION**

**Prevention:☒ Early Intervention:☒ Outreach:☐ Access and Linkage:☐**

**Stigma Reduction:☐ Suicide Prevention:☐**

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | Youth Empowerment Centers (YEC) |
| **Project Identifier(s):** 034 | **EHR:** N/A **PeopleSoft: 4770** |
| **Provider(s):** | Westside Family Preservation Services Network |
| **Approval Date:** | Historical |
| **Start Dates: 9/1/2021** | **Anticipated:** N/A **Actual:** October 1, 2010 |
| **Project Overview:** | Westside Family Preservation Services Network (Westside Family) operates youth empowerment centers that provide a range of prevention, wellness and recovery focused activities to youth. Services are peer driven and target 10 to 24 year-olds, including the underserved and unserved cultural, ethnic, and linguistic communities in the western region of the County including: Huron, Coalinga, Kerman, Mendota, and Firebaugh. Services will be youth driven and wellness and recovery oriented and may include volunteer peer and family support, support groups, recreational and socialization activities, life skills, education support, employment and vocational services, leadership development, and mentoring/coaching. These services will engage children, adolescents, and transitional aged youth who may be trauma exposed; experiencing the first onset of serious psychiatric illness; and/or in stressed families. For the entire program the target number of individuals served is 700 participants. |

**Project Update FY 2022-2023:**

Westside Family Preservation Services Network initially established the program in four different communities: Huron, Coalinga, Kerman, and Firebaugh. During this reporting period Westside Family branched out to include a program in Mendota. All sites have had vibrant attendance and participation and referrals from the various community partners including the school systems. Programs are mainly staffed with local residents.

During this reporting period, Westside Family management have been meeting with the San Joaquin City manager to start collaborating to determine how this program can be part of their community.

In general, great care is taken to account for the culture of the communities and to address the nuances of the broader Hispanic community of Fresno County and not just seeing the community as a cultural monolith. Parent meetings allow for parents be involved and provide feedback on program direction. High importance is placed on communicating information to the families of youth members and to connect them to other services as well.

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

Staff were trained in Mandated Reporter Training, Becoming ACE's Aware in California, Mental Health First Aid, Domestic Violence Training, Nurturing Parenting Training, Mind Matters, Suicide Prevention, and Cheerful by Design.

**FY 2022-2023– Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 4 |
| Asian/Pacific Islander | 3 |
| Caucasian | 13 |
| Latino | 679 |
| Native American | 5 |
| Other | 8 |
| Unreported | 9 |
| Total Number Served | 721 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 206 |
| ☒ 16-24 | 507 |
| ☒ 25-64 | 8 |
| ☐ 65+ | 0 |
| Unreported | 0 |
| Total Number Served | 721 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes.**

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

During this reporting period Westside Family encountered some challenges and barriers, such as staffing and youth participation. Westside Family had staff turnover; however, the program was able to continue serving youth and ultimately filled vacant positions. Youth participation was also a challenge. Due to student extracurricular activities in different communities the program saw a decrease in participation. To assist in this challenge the continued providing services and participated in outreach to assist with enrollment and engagement of activities.

**Proposed Project Changes FY 2025-2026:**

There are no proposed changes for FY 2025-26. The Department will continue to investigate funding opportunities for this program while planning for BHSA implementation.

# Innovation

## About Innovation

The overall goal of the MHSA Innovation component has been to implement and test novel, creative, time-limited, or ingenious mental health approaches that are expected to contribute to learning, transformation, and integration of the mental health system. Fresno County has sought to design and execute Innovation projects that focus on research and learning which can be applied across our system of care, rather than implementing specific programs which must be sustained if successful. These projects must be lifted up by the community, go through public review and approved by Mental Health Services Oversight and Accountability Commission (MHSOAC) and finally the Fresno County Board of Supervisors. When implementing Innovation projects, the County carefully adheres to the approved Innovation plan. No substantive changes may be made to these projects without the express approval of the community, and, in some cases, the MHSOAC. All Innovation projects must address at least one of the following:

- Introduce a behavioral health practice or approach that is new to the overall behavioral health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of behavioral health, including, but not limited to, application to a different population.
- Apply to the behavioral health system a promising community-driven practice or approach that has been successful in a non-behavioral health context or setting.

Furthermore, the primary purpose of each Innovation project should be at least one of the following:

- Increase access to mental health services for underserved groups
- Increase the quality of mental health services
- Increase access to mental health services
- Promote interagency and community collaboration related to mental health services, supports, or outcomes.

Innovation will not be its own component under BHSA. While counties are encouraged to apply innovative programming to services, there is not a specific set-aside of funding for innovation, and

so any innovation plans resembling what counties have done to date would have to be carved out of a limited funding component.

Any Innovation plans developed, approved and implemented before the inception of BHSA on July 1, 2026, will continue under the current MHSA timelines, process, etc. Thus, program approved and implemented before July 2026 may continue for up to five years (including time under BHSA).

## Current Innovation Programs

Fresno County currently has four MHSOAC approved and active Innovation projects.

There are three current innovation plans that will be concluding at the end of the current fiscal year (FY 24-25), with one which will be entering its second year.

The Department is proposing (pending MHSOAC approval) a new and final Innovation Plan. The Department is proposing a Lodge 2.0 to examine expanded scope of such a model and its effectiveness with broader population and if such a model or components of that model will meet the expanded needs of counties under BHSA, Prop 36, SB 43 and other policy changes that increase need for care.

| **Innovation Program Name** | **Status** | **End Date** |
|---|---|---|
| Community Planning Process Plan | Completed | June 30, 2024 |
| Handle with Care Plus | Ended | June 30,2024 |
| Follow Up Call Program | Active (ending) | June 30, 2025 |
| CRDP Phase 2 Evolutions | Active | June 30, 2026 |
| The Lodge | Active (ending) | June 30, 2025 |
| PADS 2 | Active-Year One | June 30, 2028 |

Each program is briefly described below. For more information, please see the Innovation Plans and Annual Updates posted at fresnomhsa.com.

## Statewide Psychiatric Advanced Directive

Fresno County's participation in the Statewide Mult County Psychiatric Advance Directive (PADs) Innovation Plan ended in November of 2024. Fresno was part of a seven-county project innovation to develop the technology necessary to implement a statewide PADs project. T. Fresno County had a local component to this project focused on two specific populations: unhoused individuals with

the goal of using PADs as a way to empower individual to engage in care; and Conserved Individuals, with the goal of reducing hospitalization and incarceration by having a PAD.

In March of 2024, Fresno County's plan for participation in the Phase 2 of the statewide PADs project was approved by the MHSOAC, for a new four-year term. The new project by Fresno will end June 2028. As the other counties are wrapping up Phase 1 the statewide project has not begun work on Phase 2 yet, and to avoided counties running on different timelines, Fresno's is using year one of Phase 2 for more preliminary work while other counties complete Phase 1 and prepare for the Phase 2.

Fresno County has three years remaining on the PADs 2 (the second phase working with six other counties).

### Community Program Planning Process for Innovation

This INN project's five-year term ended June 30, 2024, the plan funded research projects, over 17 Needs assessments, summits, focus groups and other means of engaging and obtaining community ideas, input based on data with local partnership sand stakeholders.

In the end the Department worked with 17 different entities over the last five years to develop input, insights and understanding of community needs, interested and opportunities. The plan expended $607,266 of $750,000 allocated under the plan. The plan's final report is being completed and will be available with information on final reports and outcomes of those different projects.

### The Lodge

The original Lodge Innovation Project was approved by the MHSOAC in the spring of 2020 and the project was extended by the MHSOAC in April of 2023 for an additional two years, with the primary purpose of allowing the pilot to run for additional years to there would be sufficient data to determine if the mode, program, etc. were viable options. At the time of the extension there was only one and a half years of data which were insufficient to determine the viability of the model and program. The purpose of this project is to examine ultra-low barrier lodging to individuals experiencing severe mental health problems and homelessness, and who are in the pre-

contemplative stage of change regarding seeking treatment by focusing on their basic needs. Individuals may now stay at The Lodge for up to 90-days, with no requirement for participation in programing, sobriety, or engagement in services. The Lodge is designed around a milieu of peer support specialists 24 hours a day, 7 days a week. This project was budgeted for $4,200,000 over three years and was initially slated to end on October 20, 2023. The County sought and was approved for a two-year extension of this project, so it may obtain the necessary data to assess the effectiveness of this model for engagement and role of peer support in such a setting. The extension request included $3,160,000 in Innovation funds to support the continuation of the project and evaluation for two additional years. This project was approved by the MHSOAC in April of 2023. The Lodge project is set to conclude June 30, 2025.

### Handle with Care Plus+

The program was a collaboration between the Department, the Fresno County Superintendent of Schools, Fresno Unified School District and the Resiliency Center. Any student attending one of four identified pilot schools who has experienced a trauma or life changing event is eligible for participation in the program. Partners engage families and students to provide screening, assessment, and linkage as needed. Partners also provide includes a new component to the Handle with Care model by providing a parent education component through a Parent Café. Those parents/guardians who accept the invite attend an open, eight-session course at Resiliency Center that teaches participants about trauma-informed care, resiliency and how to support their family through the trauma or adverse experience. The program was delayed by school closures and remote learning because of the Pandemic and did not begin ramp up until October 2021. The project did not begin to provide referrals and services until January of 2022. In June of 2022 the County sought and received approval for extending the project from three years to five years with no additional funding. This was due to the project being approved in May of 2020, but not being able to begin services for two years (until 2022). The project extension was to allow for the program to operate for three years so an assessment of the project and goals can be made.

However, the project faced external challenges which resulted is minimal participation which limited data and also saw extreme costs with very limited services and based on the County's

fiduciary responsibility the County sunset the program (seven months early) and notified the MHSOAC in November of 2023. A final evaluation of the work was conducted by UC Davis during FY 23/24 and is available on the Departments MHSA page at fresnobhsa.com.

### Project RideWell

This project was not implemented due to COVID-19 restrictions. This pilot intended to assess how transportation access to wellness activities can improve one's overall wellness and recovery with easier access to wellness activities. Peers will train the project's drivers with the goal of increasing the program staff's understanding of behavioral health; destigmatizing mental health challenges; and thus, improving rider experience and increasing access to wellness resources. This Innovation Project was budgeted for $1,200,000 over three years from the date of first expenditure. Post pandemic local partners were faced with impacts of inflation which subsequently impacted their operating model, and after several years of planning, the partners informed the Department the project was not viable for them. Due to the limited time remaining on the project (project was already extended to five years) the Department did not believe there would be sufficient time develop and implement the project and have any meaningful time to produce data to assess the initial learning intention of the plan. Some of the funds are rolled over to other INN projects and some funds may revert.

### Suicide Prevention Follow-up Call Program

Approved by the MHSOAC in April 2021, this program provides continuing support to individuals who 1) have contacted the suicide prevention lifeline with suicidal ideation needing active rescue, or a talk-down call or 2) those who attempted suicide with linkages to timely mental health services. The County has added an innovative component to this model which is during the follow up calls to try and identify and document what factors may have contributed to the individuals' suicidality at that time with the hopes to gain real-time insight into factors that are contributing suicidality in our community. The program is working to increase the number of verifiable linkages to care for individuals who have attempted suicide and/or at significant risk for suicide. This Innovation Project is budgeted for $1,000,000 over three years from the date of first expenditure. The project is

currently in its second year of services. There may be an opportunity to extend the program by an additional year due to the delays with the initial ramp-up period.

### California Reducing Disparities Project – Evolutions

Approved by the MHSOAC on April 22, 2022, this project seeks to work with the three California Reducing Disparities Projects (CRDPs) in Fresno County, while also working with program participants and stakeholder to identify and implement a community identified adaption to the programs to better align with PEI goals and regulations. This project was to continue the ongoing work of increasing culturally specific and appropriate services available to individuals in Fresno County; integrate community-defined evidence practice (CDEP) -driven practices into the Fresno County system of care while maintaining program integrity; and help ensure that the CRDPs will be able to fulfill all PEI regulations and become PEI funded programs.

This Innovation Project was initially budgeted for $2,400,000 over three years from the date of first expenditure. The passage of BHSA in March 2024, impacted the focus and viability of the entire plan. While BHSA does call for use of CDEPs, currently these CDEPs have been operating in the prevention area, and under BHSA prevention services will no longer be funded locally, and thus a new sustainably model was needed.

Fresno County sought and received an approval for a two-year extension in April of 2024. Part of the extension was to include technical assistance form Third Sector Capital Partners to help develop alterative sustainability plans which also focused on Medi-Cal billable services, and other funding options beyond MHSA. The Innovation Plan will have one more year after this AU. The

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

Fresno County has entered into an agreement with the California Mental Health Services Authority (CalMHSA) to facilitate the project. CalMHSA has secured the research expertise of Aurrera Health Group for the project. The project has been focused on ramp up and in the coming year, will begin the multiyear participatory action research. The research project seeking to work with justice-involved youth to help identify prevention or early intervention approaches that would have been

effective for them. Youth will be educated on ACEs to help facilitate their understanding during the process. The project seeks to have youth with lived experience assist in the research as trainers and facilitators. This five-year, $3,000,000 research project. This project will not be impacted by changed with BHSA, as the project was approved prior to July 1, 2026, and is already active.

## Proposed Innovation Plan

The Department is proposing a new and final innovation plan; the Lodge 2.0. The Lodge 2.0 is seeking to build on some of the lessons learned and successes of the Lodge to see if the model and components of the model can be used to serve a broader population. The Lodge 2.0 seeks to now assess the model/setting for effectiveness for serving individuals with an SUD only, and co-occurring (SUD/MH and a physical health) in addition to those with an MH, and if the Lodge can be an effective tool to engage unhoused persons with those behavioral health challenges.

Looking at meeting the growing needs under SB 43, Prop 36, and other required engagement efforts under BHSA. The plan will be a three project at a cost of $4200,000 total. The plan (available at fresnobhsa.com) seeks to continue with the existing provider of the Lodge due to the short timeline for the project (transition to a new vendor, ramp-up and other requirements with a new vendor would delay the project). Additionally, with a change in vendor there is the loss of the institutional knowledge which is project seeks to build upon to test the next iteration. A suspension of competition was secured on January 24, 2025.

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# INN

| Program Name | Compone | Subcomponent | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| California Reducing Disparities Evolution | INN | INN | 793,333 | 793,333 | 793,333 |
| Community Program Planning Process (CPPP) | INN | INN | 150,000 | 150,000 | - |
| FSP Study (Third Sector) | INN | INN | 237,500 | - | - |
| Handle with Care Plus+ | INN | INN | 516,055 | 516,055 | - |
| Lodge 2.0 Expansion | INN | INN | N/A | N/A | 1,406,000 |
| Participatory Action Research with Justice-Involved Youth | INN | INN | 600,000 | 600,000 | 600,000 |
| Psychiatric Advance Directives Phase 2 | INN | INN | N/A | N/A | 480,833 |
| Psychiatric Advance Directive-Supportive Decision-Making Phase 1 | INN | INN | 250,000 | 250,000 | - |
| Suicide Prevention Follow-Up Call | INN | INN | 327,000 | 327,000 | |
| The Lodge | INN | INN | 1,400,334 | 1,400,334 | 1,400,334 |
| | | | **4,274,222** | **4,036,722** | **4,680,500** |

**INNOVATION**

Status of Project:Keep

| | |
|---|---|
| **Project Name:** | California Reducing Disparities Project-Evolutions |
| **Project Identifier(s): 084** | **Avatar: N/A** **PeopleSoft:** 4797 |
| **Provider(s):** | The Fresno Center, West Fresno Family Resource Center, Integral Community Solutions Institute |
| **Approval Date:** | April 22, 2021 |
| **Start Dates:** | **Anticipated:** N/A **Actual:** 11/1/2021 |
| **Project Overview:** | The California Reducing Disparities Project-Evolutions is an Innovation project aims to develop a transition plan three existing culturally responsive, community-defined, and innovative strategies to reduce disparities that exist among underserved populations to MHSA funded care. The project examines three Fresno area programs focusing on three populations (Hmong Helping Hands Program – Hmong adults, Sweet Potato Program – African American/Black youth, and Atención Plena and Pláticas – Latino/a youth). The project strives to support these programs in being adapted in a manner that will align with MHSA Prevention and Early Intervention (PEI) funding criteria and outcome measures without compromising the work and integrity of the CRDP programs. |

**Project Update FY 2022-2023:**

The three contracted providers finished their first cohorts in FY 22/23. The Fresno Center provided services to 38 Hmong adults. West Fresno Family Resource Center provided services to 26 children (15 were 13-15 years old, and 11 being 17-18 years old). Integral Community Solutions Institute started with 136 children, but only 83 children completed the post-survey. Of the 83, 34 responses from the post-survey we could not mapped correctly to pre-surveys. Therefore only 49 responses were recorded.

In addition to delivering services to the identified populations, all three contracted providers continue to work with the third-party evaluator to refine their logic models and do a review of their respective curriculums. This work will help ensure that all three programs align with prevention and early intervention regulations and provide better structure for service delivery in the future.
The three providers are also actively supported in their effort to explore adaptions that can help them align with MHSA funding requirements.

Overall, preliminary results were positive for all three programs.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 22 |
| Asian/Pacific Islander | 12 |
| Caucasian | 3 |
| Latino | 33 |
| Native American | 0 |
| Other | 5 |
| Unreported | 38 |
| Total Number Served | 113 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 15 |
| ☐ 16-25 | 60 |
| ☐ 26-59 | 0 |
| ☐ 60+ | 0 |
| Unreported | 38 |
| Total Number Served | 113 |

*Due to project requirements, there may be specific age guidelines.
*Program began serving individuals March 2, 2021

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Pre and post data collection were challenges for all three programs. For West Fresno Family Resource Center and Integral Community Solutions Institute, mapping the pre and post responses for the participants proved to be difficult. The participants seemed to use different identifiers between the pre and post survey responses. To correct this issue moving forward, program staff will issue unique identifiers for each participant. For The Fresno Center, the language barrier and translation of the surveys were the biggest issues. The translation from English to Hmong proved to be difficult as there isn't a word for word translation. The translation of a few words in English may require a few sentences or explanation in Hmong for participants to understand what a survey question is really asking. In addition, many participants are illiterate. To help with this issue, The Fresno Center will have more staff present when administering the pre and post surveys to ensure accurate responses are recorded.

**Proposed Project Changes FY 2025-2026:**

There are no proposed changes. FY 25/26 will be the final year for the CRDP Evolutions programs under the Innovation plan. The third party providing technical assistance to the CDEPs will have also completed the sustainability plans to maximize billing capabilities and alignment with California Advancing and Innovating Medi-cal (Cal-AIM) initiative. The Department will review program evaluations to determine program effectiveness for the identified populations and discuss sustainability of the programs.

**INNOVATION**

Status of Project: Ended

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

**Project Update FY 2021-2022:**

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

**FY 2020-2021 – Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | |
| ☐ 16-25 | |
| ☐ 26-59 | |
| ☐ 60+ | |
| Unreported | |
| Total Number Served | |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

N/A- This was a five year Innovation funded plan to engage community for planning and input on potential needs, projects and future plans. During the projects' five years several community participatory research projects were conducted, over 17 needs assessments, youth summits, focus groups, market research and other means of engaging and obtaining community ideas were performed. The plan worked with 17 different community entities in the work of this plan.

**Proposed Project Changes FY 2024-2025:**

N/A The Innovation program came to a conclusion June 30, 2024.

**INNOVATION**

Status of Project:Ending

**Project Name:** Handle with Care Plus+

**Project Identifier(s):** 070 **EHR:** 4794 **PeopleSoft:** 4794

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

**Approval Date:** May 28, 2020

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

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

**Project Update FY 2022-2023:**

During this fiscal year there were low rates of contacts and referrals. The Resiliency Center lost access to Fresno Police Department's 911 call logs which decreased the number of referrals. Officers were still sending in information; however, not all contacts were referred. Furthermore, majority of follow ups are non-responsive. This has been challenging for the program and all partners have been attempting to advocate on the behalf of the program.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 8 |
| Asian/Pacific Islander | 0 |
| Caucasian | 0 |
| Latino | 0 |
| Native American | 0 |
| Other | 11 |
| Unreported | 10 |
| Total Number Served | 29 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 29 |
| ☐ 16-24 | 0 |
| ☐ 25-64 | 0 |
| ☐ 65+ | 0 |
| Unreported | 0 |
| Total Number Served | 29 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

Due the challenges and low referrals noted in the above update, the program was discontinued as of November 30, 2023.

**Proposed Project Changes FY 2025-2026:**

No proposed changes due to the program sunsetting. The third-party evaluation was completed July 2024. Any valuable findings could possibly be applied to future programs. The Department is exploring ways the Parent Cafe curriculum may be applied to other programs and services.

**INNOVATION**

Status of Project:Keep

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

**Project Update FY 2022-2023:**

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

**FY 2022-2023 – Unique Individuals Served**

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

| Ages Served* | Served |
|---|---|
| ☐ **0-15** | |
| ☐ **16-25** | |
| ☐ **26-59** | |
| ☐ **60+** | |
| **Unreported** | |
| **Total Number Served** | |

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

***Program began serving individuals March 2, 2021**

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

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

**Proposed Project Changes FY 2025-2026:**

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

**INNOVATION**

Status of Project:Keep

**Project Name:** Suicide Prevention Follow Up Call Program

**Project Identifier(s):** xxx **Avatar:** xxxx **PeopleSoft:** 4796

**Provider(s):** Kings View Behavioral Health – Services; Prevention Communities LLC. - Evaluation

**Approval Date:** April 22, 2021

**Start Dates:** **Anticipated:** September 7, 2021 **Actual:** November 19, 2021

**Project Overview:** The Suicide Follow-Up Call Program is an Innovation funded project that will provide resources and increases linkage to appropriate behavioral health services for those who have called the suicide prevention lifeline in crisis and/or with suicidal ideation, or persons who have recently been released from the emergency department, crisis stabilization center or inpatient care for suicide ideation and/or attempt. The program will also provide follow up with individuals who have been engaged by the suicide prevention lifeline to complete a wellness check and check the status of an individual's engagement in follow up clinical care. The immediate follow-up model allows for critical, real-time information to understand environmental or social factors that may have contributed to an individual's ideation and improve prevention efforts.

**Project Update FY 2022-2023**

Services officially started for the Follow Up Call Program in May 2022 meaning that additional ramp up took place in FY 2022-2023. Referrals had only come from the Central Valley Suicide Prevention Hotline's active rescues, talk downs, and those individuals deemed high risk. All Follow Up call data, including relevant real-time insight to external factors impacting an individual's crisis and/or suicide ideation or attempt, was going into the iCarol database because Prevention Communities LLC was still building the survey software and database for data capture. The INN plan learned that external factors include financial stress, marital/relationships ending, maladaptive coping strategies (including alcohol and substance use), and an increase anxiety and stress.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 3 |
| Asian/Pacific Islander | 1 |
| Caucasian | 5 |
| Latino | 1 |
| Native American | 0 |
| Other | 0 |
| Unreported | 29 |
| Total Number Served | 39 |

| Ages Served* | Served |
|---|---|
| ☒ 0-15 | 5 |
| ☒ 16-25 | 9 |
| ☒ 26-59 | 16 |
| ☒ 60+ | 2 |
| Unreported | 7 |
| Total Number Served | 39 |

*Due to project requirements, there may be specific age guidelines.
*Program began serving individuals March 2, 2021

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

The shift to 9-8-8 still posed logistical challenges for the program as staff worked to continue rolling out the new hotline number while also providing follow-up call services. The calls to the new 9-8-8 began in July of 2021, but later was the roll out of text and lifeline.org chats feature. The call/text/chat volume to 9-8-8 was unpredictable and it was difficult to retain personnel. There were delays in outreach to outside providers to gain additional referrals. Kings View's plan was to provide outreach to Exodus, emergency departments and any other crisis stabilizations in Fresno County to receive referrals from those providers, but the only provider who was informed of the program was Exodus. There continues to be no Memorandum of Understanding or structure to gather those referrals. Another challenge

was the delay in the survey software database provided by Prevention Communities LLC. This software would have made it easier for individuals served to self-report and do mental wellness check ins, meaning additional data to help evaluation the program.

**Proposed Project Changes FY 2025-2026:**

There are no proposed changes. FY 2024-2025 will be the final year for the Suicide Prevention Follow Up Call Program based on INN plan and funding. The Department has reviewed data and program evaluations to determine program in its current pilot to not be viable (costs, outcomes, etc).

**INNOVATION**

Status of Project:Keep

| | | |
|---|---|---|
| **Project Name:** | The Lodge | |
| **Project Identifier(s):** 010 | **Avatar:** 4793 | **PeopleSoft:** 4793 |
| **Provider(s):** | RH Community Builders (A20-492) | |
| **Approval Date:** | May 28, 2020 | |
| **Start Dates:** | **Anticipated: October 2020** | **Actual: October 1, 2020** |
| **Project Overview:** | The Lodge is a demonstration research project seeking to learn what can enhance and increase engagement of individuals who are homeless or at risk for homelessness, with the onset of an early or severe or chronic mental illness, and who are not engaging in care due to being in pre-contemplation stage of change. Specifically, looking at focusing on individual's basic needs being met in a safe setting result in engaging in care. Additionally, the role peer support utilizing interventions such as motivational interviewing to engage individuals who have previously declined services. | |

**Project Update FY 2022-2023:**

The Lodge was approved on May 28, 2020, as a three-year agreement. The plan for The Lodge is to utilize Stages of Change and Motivational Interviewing, an evidenced based practice, as an indicator for readiness for change and assists individuals in moving toward the next steps of change. As best practice, The Lodge utilizes a housing first model based on harm reduction. The Lodge seeks to remove barriers to make it possible for individuals to have equitable access to care and services. The philosophy focuses that safe and stable lodging will be the entry point to services, not the reward for entry into services. The staff are trained in Motivational Interviewing, harm reduction, and operate from a trauma informed perspective. As of June 20, 2024, the program was extended for the second optional 12-month extension.

**FY 2022-2023 – Unique Individuals Served**

| Ethnicity | Served |
|---|---|
| African American | 79 |
| Asian/Pacific Islander | 4 |
| Caucasian | 109 |
| Latino | 138 |
| Native American | 4 |
| Other | 11 |
| Unreported | 0 |
| Total Number Served | 345 |

| Ages Served* | Served |
|---|---|
| ☐ 0-15 | 0 |
| ☒ 16-25 | 39 |
| ☒ 26-59 | 281 |
| ☒ 60+ | 25 |
| Unreported | 0 |
| Total Number Served | 345 |

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

**Performance Outcomes: fresnoMHSA.com/outcomes**

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

A current barrier faced by the program remains in connecting persons served to FSPs or linking them to long-term housing. The maximum length of stay was extended to 90 days to accommodate the required length of time for complete linkages.

**Proposed Project Changes FY 2025-2026:**

Though the program was set to expire June 30, 2023, The Lodge was extended for an additional two fiscal years to further expand the learning component of the Innovation project.

The Department will evaluate options to continue funding this project, including the use of additional Innovation funds.

# Workforce Education and Training (WET)

## Introduction

Fresno County has several tracks of work being conducted through its WET Plan. One is the actual 2020-2025 WET Plan which is part of a regional effort to help address workforce needs. The second track includes the on-going local WET efforts, which continue to support Fresno County's on-going needs for training and workforce development and administration of WET activities.

## WET Goals

Fresno County will continue to invest MHSA funds into the WET category as an investment in the development training and resources to grow, improve, maintain and enhance workforce the professional capacity to meet growing demands while ensuring high quality of services are provided. Some of local WET efforts provide funding for trainings, train-the-trainer opportunities, and training systems such a Relias for virtual and self-directed training.

Fresno County invested $370,667 in a five-year Central Region WET Plan For workforce recruitment, and retention and was eligible receive a total of $1,112,001 in investments for workforce development. The funds have been part of a larger $8,799,237 regional five-year plan to support five specific regional workforce development activities. The focus of those funds has been to support career pathways, to address the region's growing and diverse public sector behavioral health needs the for-workforce recruitment, and re e funds support s c h o l a r s h i p s a n d l o a n repayment programs with an effort to address workforce shortage, support recruitment and retention. Other approved funding activities included stipend programs and retention activities. These services have been provided to the Central Region counties through an agreement with CalMHSA for administration of regional WET activities.

Fresno County, in conjunction with CalMHSA, will continue to rollout applications for scholarship, loan repayment, and retention activities. A targeted effort will be made to promote these opportunities to local students, professionals, and other workforce remembers. Additionally, Fresno County has used the WET funds with CalMHSA for the Peer Workforce development, including live trainings, and support the county as a liaison work with the state related to Peer Certification data and annual reporting.

The five-year plan will conclude at the end of the 2025/2026 Fiscal Year.

Under this annual update, the Department will allocate a local (non-Central Region) WET budget of $1,000,000 to support local efforts for our system of care in the areas of: Core Competency Trainings; Relias system trainings and licenses; specialized trainings training capacity and train-the-trainer development.

$200,000 is allocated to WET services for WET administrative costs which include the position of the WET Coordinator to administer WET plans and related activities, as well as the costs for student-interns and residents via stipends.

Some of the core competency trainings rendered through WET may include, but are not limited to, Cognitive Behavioral Therapy (CBT), Eating Disorders, Maternal Mental Health, Mental Health First Aid, Motivational Interviewing, Psychiatric Rehabilitation, project management, strength- based case management, clinical supervision, implementation of culturally responsive care, and trauma-informed care.

Additional or enhance trainings may include, but are not limited to, Didactical Behavioral Therapy (DBT), Wellness and Recovery Plans (WRAP), Eye Movement Desensitization and Reprocessing (EMDR), enhanced CBT, and other clinical-based skills.

The Department plans to commit $1,000,000 to WET for FY 2025/26.

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# WET

| Program Name | Compone | Subcomponent | FY 23/24 BUD2 | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| WET Coordination and Implementation | WET | WET | 1,000,000 | 1,000,000 | 1,000,000 |
| | | | **1,000,000** | **1,000,000** | **1,000,000** |

**WORKFORCE EDUCATION AND TRAINING**

Status of Project:Keep

| | | |
|---|---|---|
| **Project Name:** | WET | |
| **Project Identifier(s):** 064 | **EHR:** N/A | **PeopleSoft:** 4756 |
| **Provider(s):** | Fresno County Department of Behavioral Health | |
| **Approval Date:** | 2008 | |
| **Start Dates:** | **Anticipated:** 2007/2008 | **Actual:** 2008 |
| **Project Overview:** | Workforce Education and Training | |

**Project Update 2022-2023:**

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

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

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

**Proposed Project Changes 2025-2026:**

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

Funding availability, outcomes and reporting and other factors may be subject to change under pending BHSA guidelines.

# Capital Facilities and Technological Needs

## Introduction

The Mental Health Services Act allows counties to allocate a portion of CSS funds to Capital Facilities and Technological Needs (CFTN). Historically, Fresno County has allocated funds to CFTN pay for purchased of facilities and improvements to buildings in which individuals and the public receive services, update staff equipment that is essential for their work, and fund the vital components like the electronic health record (EHR) and other care coordination data systems.

The Department invested in a multi-county electronic health record to support staff and contracted providers with technological tools that can improve care and efficacy and improve billing services. Development of a new EHR (Smartcare) to improve billing, care coordination, reporting, data collection and other improved functions to support changes with payment reform opportunities and the move to a fee for service structure. There are needs to enhance the system to address new service and reporting mandates, and as such funds allocated under CFTN may be used to cover potential new system developments.

In Capital Projects, the Department continues on the development of the new direct service campus located at 5555 East Olive Ave (temporarily referred to as the Olive Building), Upon completion, this campus will become the site of clinical services for adults and children, and can house on the same campus (in different budlings) additional crisis support services This campus is in alignment with the Department's Facility Needs Assessment. The project was initiated several years ago, continues its development, with an anticipated completion in the summer of 2026. This will allow for greater utilization of psychiatric and other staffing and specialty resources.

The Department has used some CFTN funds for renovation and modernization of facilities on the Heritage Campus. The Heritage campus location houses some administrative functions, but also to serve as the relocation site for much needed facilities such a Psychiatric Health Facilities (PHF), Crisis Stabilization Units (CSU), and a Crisis Stabilization Center (CSC). The current redevelopment will allow existing programs to move from their current locations which are in poor physical conditions, to newly renovated facilities to improve care of persons served. These campus improvements will also allow for expansion of those services on that campus.

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

The County will allocate maximum funds allowable from CSS to CFTN to support the completion of capital projects for the Olive Building, the Heritage Campus, and other facility service needs. The total amount to be allocated is approximately $11,000,000. An exact number cannot be established yet, as those are continent on several factors including state allocation (which will not be available until August 2025). The County also has been pursuing recent infrastructure grants and funding opportunities that are viable to maximize revenues to compete the projects as well as provide opportunities for additional facility and treatment needs.

## Administrative and Fiscal Information

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

The Department will continue to assess its CFTN funding needs throughout the course of this Three-Year Plan. The Department estimates the amount of future allocation to be $10 million based on current MHSA projections which will be allocated for current CFTN projects.

The Department has additionally identified (see appropriate program sheets) administrative costs to running MHSA funded services and overall implementation in the system of care. The cost of activities related to past MHSA community planning process (CPP) which are reported as part of the annual revenue and expenditures report (ARER) have also been noted in an applicable program sheet.

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# CFTN

| Program Name | Compone | Subcomponent | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| Capital Facilities | CFTN | CFTN | 15,000,000 | 10,000,000 | 25,000,000 |
| Information Technology - Avatar | CFTN | CFTN | 2,912,788 | - | - |
| | | | **17,912,788** | **10,000,000** | **25,000,000** |

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS
# ADMINISTRATION

| Program Name | Compone | Subcomponent | FY 23/24 BUD2 | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|
| MHSA Administrative Support | ALL | ALL | 13,400,000 | 13,800,000 | 14,200,000 |
| MHSA CPP | ALL | ALL | 150,000 | 150,000 | 150,000 |
| | | | **13,550,000** | **13,950,000** | **14,350,000** |

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE**

Status of Project:Keep

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

**Project Update 2022-2023:**

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

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

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

**Proposed Project Changes FY 2025-2026:**

DBH will continue its membership with CalMHSA and use it to fund certain projects including the 988 Lifeline until implementation of BHSA, but it will cease to participate in the CalMHSA statewide PEI efforts, due to the costs, limited return on investment and need for more local focus.

# MHSA 25-26 ANNUAL UPDATE
# BUDGET NUMBERS

| ID # | Program Name | Compone | Subcomponent | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|---|---|---|---|---|---|
| 1 | Project Ridewell | INN | INN | - | - | - |
| 3 | Collaborative Treatment Courts | CSS | Outreach and Engagement | 219,475 | 219,475 | 219,475 |
| 4 | Community Behavioral Health Crisis Response | PEI | Access and Linkage | 4,425,072 | 4,425,072 | 4,425,072 |
| 4.5 | | PEI | EI | | | |
| 7 | Multi-Agency Access Point (MAP) | PEI | Access and Linkage | 1,284,529 | 1,000,000 | 1,000,000 |
| 8 | Supervised Overnight Stay | CSS | System Development | 839,090 | 839,090 | 839,090 |
| 10 | The Lodge | INN | INN | 1,400,334 | 1,400,334 | 1,400,334 |
| 12 | Urgent Care Wellness Center (UCWC) | CSS | System Development | 4,000,000 | 4,000,000 | 4,000,000 |
| 14 | Youth Wellness Center | CSS | System Development | 769,269 | 769,269 | 769,269 |
| 15 | Blue Sky Wellness Center | PEI | Prevention | 1,200,000 | 1,200,000 | 1,200,000 |
| 17 | Client and Family Advocacy Services | CSS | Outreach and Engagement | 113,568 | 113,568 | - |
| 18 | DBH Communications Plan | PEI | Outreach, Stigma, Suicide Prevention | 700,000 | 300,000 | 300,000 |
| 19 | Flex Account for Housing | CSS | System Development | 100,000 | 100,000 | - |
| 20 | Client and Family Advocacy Services | CSS | Outreach and Engagement | 250,000 | 250,000 | 250,000 |
| 21 | Fresno Housing Institute (FHI) | CSS | System Development | - | - | - |
| 22 | Hotel Motel Voucher Program (HMVP) | CSS | Outreach and Engagement | 100,000 | 100,000 | 100,000 |
| 23 | Housing Access and Resource Team (HART) | CSS | Outreach and Engagement | 930,488 | 930,488 | 930,488 |
| 24 | Housing Supportive Services | CSS | Outreach and Engagement | 1,500,000 | 1,500,000 | 1,500,000 |
| 25 | Independent Living Association (ILA) | CSS | System Development | 400,000 | 400,000 | - |
| 27 | Master Lease Housing | CSS | System Development | 1,500,000 | 1,500,000 | 1,500,000 |
| 28 | Peer and Recovery Services | CSS | System Development | 457,461 | 457,461 | 457,461 |
| 29 | Project for Assistance from Homelessness (PATH) Grant Expansions | CSS | System Development/Outreach and Eng | 200,000 | 200,000 | 200,000 |
| 31 | Suicide Prevention/Stigma Reduction | PEI | Outreach, Stigma, Suicide Prevention | 644,511 | 644,511 | 644,511 |
| 32 | Vocational & Educational Services | CSS | System Development | 986,686 | 986,686 | 986,686 |
| 33 | Supervised Child Care Services | CSS | System Development | 157,388 | 157,388 | - |
| 34 | Youth Empowerment Centers (YEC) | PEI | Prevention | 846,868 | 430,000 | 430,000 |
| 36 | Cultural Specific Services - OP/ICM | CSS | System Development | 1,085,322 | 1,085,322 | 1,085,322 |
| 37 | Cultural-Based Access Navigation and Peer/Family Support Services (CB. | PEI | Improving Timely Access | 550,000 | 550,000 | 550,000 |
| 38 | Holistic Cultural Education Wellness Center | PEI | Prevention | 896,719 | 896,719 | 896,719 |
| 39 | AB 109 Full Service Partnership | CSS | Full-Service Partnership | - | - | - |
| 40 | AB109 Outpatient Mental Health & Substance Services | CSS | System Development | - | - | - |
| 42 | Children & Youth Juvenile Justice Services - ACT | CSS | Full-Service Partnership | 785,537 | 785,537 | 785,537 |
| 43 | Children's Full Service Partnership (FSP) SP 0-10 Years | CSS | Full-Service Partnership | 1,677,882 | 1,677,882 | 1,677,882 |
| 44 | Children's Expansion of Outpatient Services | CSS | System Development | 600,258 | 600,258 | 600,258 |
| 46 | Co-Occurring Disorders Full Service Partnership (FSP) | CSS | Full-Service Partnership | 1,543,116 | 1,234,493 | 1,234,493 |
| 48 | Enhanced Rural Services-Full Services Partnership (FSP) | CSS | Full-Service Partnership | 1,350,529 | 1,350,529 | 1,350,529 |
| 49 | Enhanced Rural Services-Outpatient/Intense Case Management | CSS | System Development | 4,483,113 | 4,483,113 | 4,483,113 |
| 50 | Functional Family Therapy | PEI | EI | 1,500,000 | 1,500,000 | N/A |
| 51 | Medication Payments for Indigent Individuals | CSS | System Development | 290,000 | 290,000 | 290,000 |
| 52 | Older Adult Team | CSS | System Development | 900,000 | 900,000 | 900,000 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 53 | Perinatal Wellness Center | PEI | EI | 1,400,000 | - | - |
| 54 | RISE/Community Conservatorship | CSS | System Development | 675,496 | 675,496 | 675,496 |
| 55 | School Based Services | CSS | System Development | - | - | - |
| 56 | Transitional Age Youth (TAY) - Department of Behavioral Health | CSS | System Development | 1,274,486 | 1,274,486 | 1,274,486 |
| 57 | Transitional Age Youth (TAY) Services & Supports Full Service Partners | CSS | Full-Service Partnership | 677,688 | 542,150 | 542,150 |
| 58 | Adult Full Service Partnership | CSS | Full-Service Partnership | 10,084,160 | 10,184,160 | 10,184,160 |
| 62 | Information Technology - Avatar | CFTN | CFTN | 2,912,788 | - | - |
| 63 | Cultural Specific Services - FSP | CSS | Full-Service Partnership | 258,960 | 258,960 | 258,960 |
| 64 | WET Coordination and Implementation | WET | WET | 1,000,000 | 1,000,000 | 1,000,000 |
| 65 | Specialty Mental Health Services to Schools (All4Youth) | CSS | System Development | 4,545,135 | 4,545,135 | 4,545,135 |
| 66 | Early Intervention Services to Schools (All4Youth) | PEI | Prevention, Outreach, //EI/EI | 4,000,000 | 2,040,000 | 2,040,000 |
| 67 | Community Program Planning Process (CPPP) | INN | INN | 150,000 | 150,000 | - |
| 68 | FSP Study (Third Sector) | INN | INN | 237,500 | - | - |
| 69 | Psychiatric Advance Directive-Supportive Decision-Making Phase 1 | INN | INN | 250,000 | 250,000 | - |
| 70 | Handle with Care Plus+ | INN | INN | 516,055 | 516,055 | 516,055 |
| 71 | CalMHSA JPA Expenditures | WET | WET | - | - | - |
| 72 | MHSA CPPP | CSS | CPPP | 110,000 | 110,000 | 110,000 |
| 73 | MHSA CPPP | PEI | CPPP | 40,000 | 40,000 | 40,000 |
| 74 | AB1810 - FSP/ACT | CSS | Full-Service Partnership | - | - | - |
| 76 | Integrated Mental Health Services at Primary Care Clinics | CSS | System Development | - | - | - |
| 78 | MHSA Administrative Support | INN | INN | 1,200,000 | 1,200,000 | 1,200,000 |
| 79 | MHSA Administrative Support | CSS | CSS | 9,200,000 | 10,000,000 | 10,400,000 |
| 80 | MHSA Administrative Support | PEI | Admin (11% of total) | 2,000,000 | 1,600,000 | 1,600,000 |
| 81 | Capital Facilities | CFTN | CFTN | 15,000,000 | 10,000,000 | 25,000,000 |
| 82 | Mental Health Patients Rights Advocacy Services | CSS | Outreach and Engagement | 268,237 | 268,237 | 268,237 |
| 83 | Suicide Prevention Follow-Up Call | INN | INN | 327,000 | 327,000 | - |
| 84 | California Reducing Disparities Evolution | INN | INN | 793,333 | 793,333 | - |
| 85 | Forensic Behavioral Health Continuum of Care - FSP | CSS | Full-Service Partnership | 1,207,463 | 1,207,463 | 1,207,463 |
| 86 | Forensic Behavioral Health Continuum of Care - OP/ICM | CSS | System Development | 300,000 | 300,000 | 300,000 |
| 93 | Local Outreach to Survivors of Suicide (LOSS) Team | PEI | Suicide Prevention | 355,489 | 355,489 | 355,489 |
| 94 | CalFHA SNAP | CalFHA | CalFHA | - | - | 4,500 |
| 95 | MHSA Administrative Support | WET | WET | 500,000 | 500,000 | 500,000 |
| 96 | CFTN Administration Support | CFTN | CFTN | 500,000 | 500,000 | 500,000 |
| 97 | CSS Payment Reform Optimization | CSS | CSS | 2,000,000 | | |
| 98 | Children & Youth Juvenile Justice Services - OP/ICM | CSS | System Development | 196,384 | 196,384 | 196,384 |
| 99 | Childrens OP/ICM | CSS | System Development | 629,206 | 629,206 | 629,206 |
| 100 | Participatory Action Research with Justice-Involved Youth | INN | INN | 600,000 | 600,000 | 600,000 |
| 101 | Transition Aged Youth - ICM | CSS | System Development | - | 67,769 | 67,769 |
| 102 | Transition Aged Youth - OP | CSS | System Development | - | 67,769 | 67,769 |
| 103 | Co-Occuring - OP/ICM | CSS | System Development | | 154,312 | 154,312 |
| 104 | Adult OP/ICM | CSS | System Development | | 154,312 | 154,312 |
| 105 | Psychiatric Advance Directives Phase 2 | INN | INN | N/A | N/A | 480,833 |
| 106 | Lodge 2.0 Expansion | INN | INN | N/A | N/A | 1,406,000 |
| 107 | Rental Subsidies | CSS | System Development | N/A | N/A | 566,666 |

| | | | |
|---|---|---|---|
| **101,896,595** | **87,784,910** | **101,851,620** |

## Summary of Changes to the MHSA Plan for 2025/2026

Under the applicable sections the plan notes the projects that are changing. Most of the programs are transitioning out of the plan (MHSA funding), completed or sunsetting. The exception is the addition of one last Innovation Plan.

This is an accessible reference list of the changes in this annual Update.

- Perinatal Wellness Program- The program and services were shifted out of the MHSA Plan and MHSA funding at the end of last fiscal year and will continue to provide critical services and utilizing billable service. Shift of Perinatal out of MHSA funding.
- Family Functional Therapy Discontinued due to loss of vendor. As there is not provider the program is not currently operating. As FFT is an evidence-based practice it may be a service that is provided under BHSA's early intervention program in the future.
- Early Intervention Services to Schools (All4Youth) The long-time school-based partnership with the Fresno County Superintendent of Schools through the All4Youth Program is continuing. The PEI portion of the services will narrow its focus to be for early intervention services. This will allow for better sustainability and ensure critical care can be provided with reduce PEI revenues. The program has begun a reduction of the prevention and outreach components of the services). Early Intervention services remain (as well as CSS funded parts of the program).
- Supervised Overnight Stay (SOS)- The SOS program will be moved out of the MHSA Plan. The project was developed to address needs of the county and community at that time. The program will continue to provide services (with use of funds other than MHSA). The program's evolution to address new needs don't align with current MHSA funding and options. (to be shifted out of the MHSA Plan)
- Suicide Prevention Follow Up Call Program, this Innovation project had been extended for one additional year based on availability of unspent Innovation funds allocated for this project. The funding and the term of the Innovation Plan will end June 30, 2025. The pilot program did not yield the anticipated outcomes or prove to be viable as designed. The project was a pilot under Innovation to explore viability. Thus, the program which was

funded with one-time dollars for a demonstration pilot will end at completion).

- Family Advocacy Services- As noted earlier in the AU, the similarity of this and other programs, and the changes of BHSA focus and available revenues, the program will be sunset this year and ending June 30, 2025 (to sunset)
- Suicide Prevention- Suicide Prevention Lifeline (sunsetting). As noted earlier as other revenues from Federal and State come online to fund 988 call centers, the Department has begun the transition away from funding the service with sunsetting PEI funding. The suicide prevention lifeline will not be an MHSA PEI funded service in FY 25/26.
- Flex Account for Housing- (Removed)- The program will be removed as a program from the plan, but the resource will be applied to supports of the Department's Housing team with the goal that having it be part of the housing team rather than a stand-alone program will increase access to the resources. When the resource was identified it may have been mislabeled as a "program" rather than a set aside resource to support housing needs. As housing needs have increased this "stand-alone" program has been difficult for housing teams to access. yielding them access to the resource as needed to support a number of different housing efforts. Having the funding and option included in other housing team efforts will improve its use and support persons served.
- Rental Subsidies- Not a new service, however to better support housing services oversight and alignment with future housing policies, and some of the specific limiting definitions of Master Leasing, those supports are being separated. An allocation will be set aside to help with clear monitoring of such services as the housing services transition to new reporting and policy requirements under BHSA.
- Independent Living Association (to sunset) The Department is seeking to sunset the ILA service agreement as the end of the FY 24/25. The work of the ILA program is something that will be shifted to the Department's Housing team and will be part of a redesign of housing supports under the new BHSA Housing component.
- Innovation CPP Plan (Completed) -The Innovation CCP plan which yielded several projects and community needs assessments was a five-year plan that came to conclusion June 30, 2024, and thus is complete and will be removed from the plans.

- New Lodge 2.0 -The Department is proposed a new Innovation Plan that will be building on the lessons learned and ways to see how such services can meet the growing needs of the future.
- Crisis Intervention Team (CIT)- Changing name. CIT will continue as a program but will be under a term called Community Behavioral Health Crisis Response, which the CIT program will continue under providing the crisis response needed. CIT and Mobile Crisis will be two programs/services under the Community Behavioral health Crisis Response which will be contracted with a single vendor to improve resource allocation and care coordination. Under the new term CIT will be working to maximize other funding revenues and use MHSA funds as a last resort. The Community Behavioral Health Crisis Response will continue to be funded as an Access and Linkage service component under PEI.

## Summary and Analysis of Substantive Comments

An analysis of substantive recommendations and changes is included in the Public Posting and Comment section of this document (Appendix C). Comments were accepted verbally and in writing during the community planning process. Stakeholders are invited to submit comments to the MHSA email box mhsa@fresnocountyca.gov during the 30-day public posting period.
Finally, a public hearing will be held at the conclusion of the 30-day public posting period.
The Department accepts general comments and suggestions related to MHSA programs throughout the year at the MHSA email box mhsa@fresnocountyca.gov. Stakeholders are invited to learn more about the MHSA process through the videos posted at fresnomhsa.com.

## References

U.S. Census Bureau. (2020). *SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES. American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP02*. Retrieved March 14, 2025, from https://data.census.gov/table/ACSDP5Y2020.DP02?q=DP02&t=Language+Spoken+at+Home&g=050XX00US06019&y=2020&moe=false.

World Population Review (n.d.*) Explore the World Through Data*. Retrieved March 14, 2025, from https://worldpopulationreview.com/

USAFacts. (n.d.). *US population Statistics, Charts, and Trends*. Retrieved March 14, 2025, from https://usafacts.org/population/

# List of Appendices

A. Community Forum Training and Presentation
B. Community Forum Flyers
C. Public Comments and Responses
D. Culturally Responsive Plan Delivered with Humility FY 2023/2024
E. Cultural Humility Survey Spring 2024
F. PEI Three Year Outcomes and Performance Report
G. RAND Report

# Appendix A: Community Forum Training and Presentation

# 2025-2026 Annual Update

## Fresno County

### MHSA Community Planning Process

# What is the Department of Behavioral Health?

DEPARTMENT of BEHAVIORAL HEALTH

- A county department
- Provides or oversee services for
  - Severe mental health problems
  - Substance use disorders
  - Prevention, education, and training *
- Services are available for
  - Medi-cal eligible persons or uninsurable persons
  - Children, teens, young adults, adults, and older adults

* at present prevention and education is not limited to the eligibility criteria above

# What is the Mental Health Services Act?

- Was a proposition passed by voters in 2004
- Provided money for community-based mental health services
- Services were to be developed on community input and need
- MHSA was intended to close the gap in the behavioral health system

# The 5 Components of MHSA



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

# What is an MHSA Plan?

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



# Prop 1/Behavioral Health Services Act (BHSA)

- March 2024 Ballot – Proposition 1
- First changes to MHSA since its passage in 2004
- Changed MHSA to BHSA
- Changes funding priorities.
- Changes planning and plans.
- Will transform the current system of care.

THE COUNTY OF FRESNO
Department of
Behavioral Health

# MHSA to BHSA

## Current Limits

- Still required to complete AU under MHSA rules.
- Due to changes with BHSA the planning and current MHSA plan will be limited.
- Rules/Regulations under BHSA have not been finalized.
- BHSA is more prescriptive than MHSA.
- Will begin planning of BHSA in coming months.

# Changes in AU

Some Programs that will not be viable or sustainable under BHSA and whose current contract cycle will end at the of this year and thus will not continue are:

- **Perinatal Wellness Program -** moved out of MHSA but will continue).
- **Family Functional Therapy -** Discontinued due to lack of provider. Possible to return as BHSA program.
- **Crisis Intervention Team (CIT) –** To be renamed Community Behavioral Health Crisis Response. Both CIT and Mobile Crisis services will be housed and through an RFP with one vendor.
- **All4Youth -** To continue, with a focus on early intervention. Prevention and outreach components are removed from scope of work.

# Changes in AU (continued)

- **Supervised Oversight Stay (SOS) -** to be moved out of MHSA Plan, and funded other ways.
- **Family Advocacy Services -** To sunset at the end of this FY. Functions to be performed by DBH.
- **Suicide Prevention Lifeline -** Sunsetting local funding. State is adding 988 and suicide prevention funding and functions.
- **Flex Account For Housing -** Remove from plan as stand alone and allocate resource to housing programs and teams.
- **Independent Living Association -** To sunset at the end of this current FY. The roll will be taken up by the DBH Housing team.

# Innovation Recap

- Specific set aside MHSA funds
- One-time funds
- Three to five-year max
- Learning, pilot, demonstration or research
- Own Plan with Commission Approval
- Evaluation Required

# Innovation Plan Updates

- **INN CPP -** *Completed (June 2024)*
- **Handle with Care Plus -** *Ended (June 2024).*
- **Follow Up Call Program (Suicide Prevention) -** *Ending June 30, 2025*
- **The Lodge –** *Ending June 30, 2025.*
- **The Lodge 2.0 -** *New INN plan pending approval before June 2025.*

# Discussion



# Quick BHSA Considerations

- Discussions and updates slated for Spring 2025.
- Will commence community planning as soon as regulations and direction from the State are finalized.
- Many current services will have to be amended with BHSA (scopes changing, funding citatory, outcomes, designs, etc.).
- Prevention - counties cannot fund population-focused prevention, those are by the State.
- Greater State oversight, evaluation and performance standards

# Thank you!

mhsa@fresnocountyca.gov

For more information visit fresnobhsa.com

# Appendix B: Community Forum Flyers

# MHSA ANNUAL UPDATE

## JOIN US FOR ONE OF TWO SESSIONS



Department of Behavioral Health

Join the Department of Behavioral Health to learn more about the 2025-2026 Mental Health Services Act Annual Update

## Join us for one of the following sessions:

### IN PERSON

- Date: Wednesday, February 26, 2025 from 3:00 PM - 4:30 PM at the:
  Health and Wellness Center, Rms. A&B
  1925 E. Dakota Ave. Fresno, CA 93726
- Interpretation will be available in Spanish & Hmong.

### LIVESTREAM

- Date: Thursday, February 27, 2025 from 12:00 PM -1:00 PM
- Livestream on DBH YouTube Channel and Facebook page
- Closed captions (English) available.

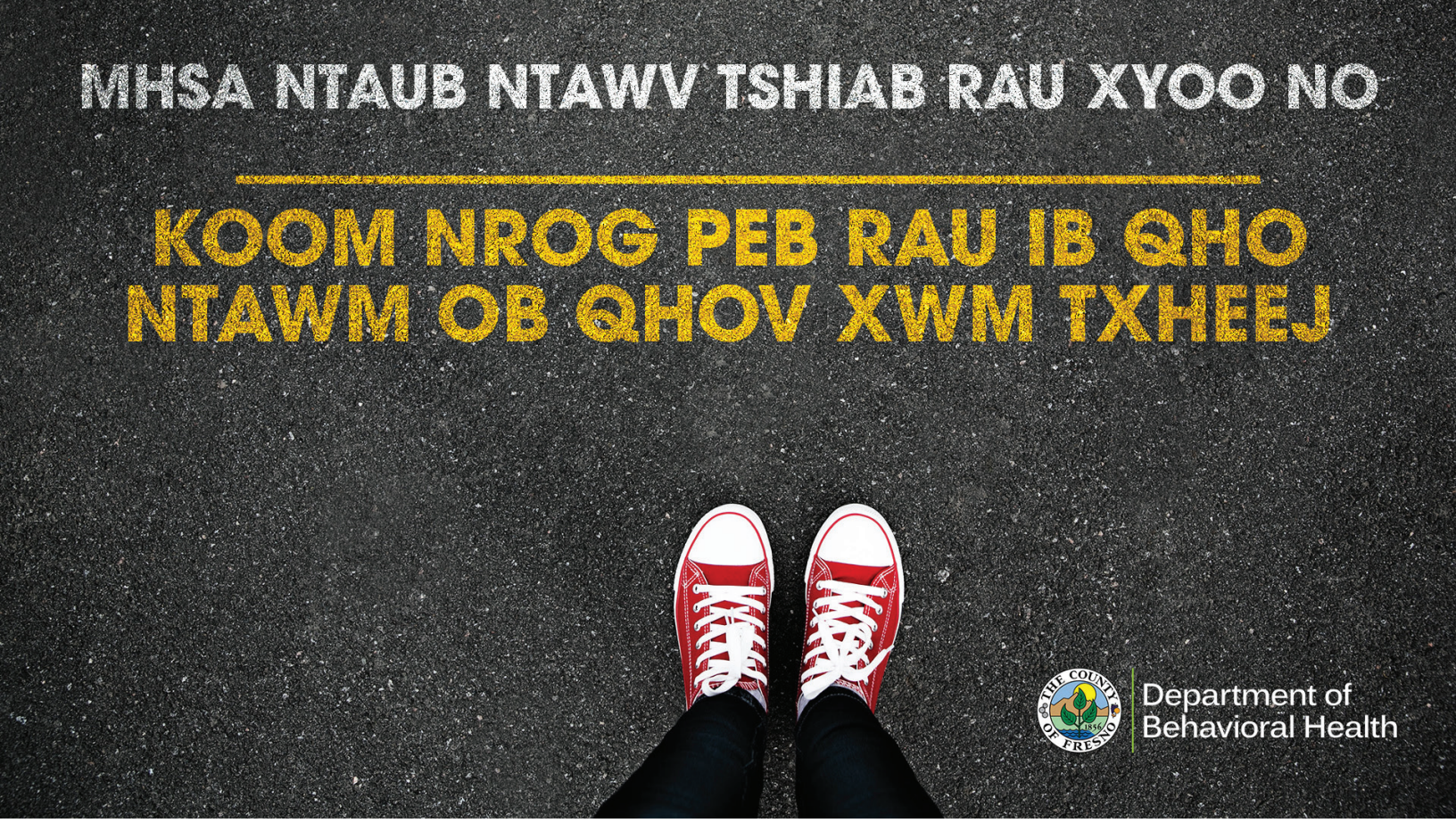
Thursdays session will be livestreamed on the Fresno County Department of Behavioral Health YouTube and Facebook pages.

YouTube

For questions, email mhsa@fresnocountyca.gov

Visit fresnobhsa.com

Department of Behavioral Health




Koom lub Department of Behavioral Health kom paub ntau ntxiv txog xyoo 2025-2026 Mental Health Services Act cov ntaub ntawv tshiab rau xyoo no

## Koom nrog peb rau ib qho hauv qab no:

### TUAJ NTSIB

- Hnub Tim: Wednesday, Lub Ob Hlis 26, 2025 thaum 3-4 tav su
  Qhov Chaw: Health and Wellness Center, Rms. A&B 1925 E. Dakota Ave. Fresno, CA 93726
- Yuav muaj neeg paub txhais lus Mev thiab lus Hmoob.

- CAW SAIB THIAB MLOOG (ONLINE) TSHWM SIB NO HNUB TIM: THURSDAY, LUB OB HLIS 27, 2025 THAUM 12-1 TAV SU
- Saib tam sim no (LIVE) rau hauv DBH YouTube thiab Facebook
- Muaj kaw kab lus (lus Askiv)

Lub xwm txheej nyob rau hnub Thursday yuav nyob LIVE rau hauv Fresno County Department of Behavioral Health lub YouTube thiab Facebook

YouTube

Muaj lus nug, xa mus rau

mhsa@fresnocountyca.gov Mus xyuas

fresnobhsa.com

Department of Behavioral Health

# ACTUALIZACIÓN ANUAL DE MHSA

## ÚNASE A NOSOTROS PARA UNA DE DOS SESIONES



Department of Behavioral Health

Únase al Departamento de Salud Conductual para obtener más información sobre la actualización anual de la Ley de Servicios de Salud Mental 2025-2026

## Únase a nosotros para una de las siguientes sesiones:

### EN PERSONA

- Fecha: Miércoles, Febrero 26, 2025 de 3:00 PM - 4:30 PM
  Ubicación: Health and Wellness Center, Rms. A&B
  1925 E. Dakota Ave. Fresno, CA 93726
- Habrá interpretación disponible en Español y Hmong.

### TRANSMISIÓN EN VIVO

- Fecha: Jueves 27, 2025 de 12:00 PM -1:00 PM
- Transmisión en vivo en el canal de YouTube y la página de Facebook de DBH.
- Subtítulos (Inglés) disponibles.

Thursdays session will be livestreamed on the Fresno County Department of Behavioral Health YouTube and Facebook pages.

YouTube

¿Preguntas? Por favor envíenos un correo electrónico a mhsa@fresnocountyca.gov

Visita fresnobhsa.com

Department of Behavioral Health

# Appendix C: Public Comments and Responses

*Appendix C: Public Comments and Responses*

***Summary of Public Comment Period and Hearing***

*Fresno County shared the Mental Health Services Act (MHSA) Annual Update on March 17th, 2025, on Fresno County's MHSA webpage as part of the required public review process. The plan was made available for a 30-day period to allow stakeholders, community members, and interested organizations an opportunity to read the plan and provide feedback or suggestions.*

*Notices were sent out inviting the public to review the plan and email any comments to the MHSA email address at mhsa@fresnocountyca.gov. The public comment period officially closed on April 15, 2025. During this time, no public comments or feedback were received from stakeholders or community members.*

*Following the end of the public comment period, a Public Hearing was held on April 16, 2025. This hearing was conducted to meet legal requirements and to provide one final opportunity for public input before the plan was finalized. No public comments were presented at the hearing.*

*Fresno County continues to encourage community participation in MHSA planning efforts and values all input received from residents, partners, and stakeholders throughout this process.*

# FRESNO COUNTY BEHAVIORAL HEALTH BOARD

In-Person meeting
Wednesday April 16, 2025 @ 3:30 PM
Health and Wellness Center
1925 E. Dakota
Fresno, CA 93726

# Agenda

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

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

Community input is welcome. Any person wishing to address the Board may do so during the designated public comment time facilitated by the Chair. As a reminder Board meeting are not forums where questions are asked and answered.

**I. Welcome and new member introduction**

**II. Review of meeting agenda**

**III. Approval of draft minutes from the March 19th Behavioral Health Board (BHB) meeting**

**IV. Department of Behavioral Health (DBH) Update**

A. General Updates: DBH Events, Board of Supervisors (BOS) Items and Legislation
B. Public Guardians Office Overview

**V. Public Comment**

**VI. Old Business**

A. Annual Report Update

**VII. New Business**

A. April Site Visit- Cultiva La Salud
B. Action Item: BHB 2025 Annual Report to the Board of Supervisors

**VIII. Subcommittee Updates**

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

**IX. Public Comment**

**X. Public Hearing – Mental Health Services Act (MHSA) Annual Update 2025 - 2026**

**XI. Public Hearing Public Comment**

**XII. Action Item: MHSA Annual Update 2025 - 2026**

**XIII. Adjourn**

---

**Behavioral Health Board and Committee Meetings Schedule 2025:**

| | |
|---|---|
| **Behavioral Health Board** | **Wednesday, May 21st 3:30–5:00 p.m.** |
| Forensics Committee | Friday, June 6th 10:00 – 11:30 a.m. |
| Executive Committee | Tuesday, April 25th 11:30 a.m. – 12:30 p.m. |
| Adult Services Committee | Monday, June 2nd 10:00 – 11:30 a.m. |
| Substance Use Disorder Committee | Thursday, June 12th 10:00 – 11:30 a.m. |
| Children's Services Committee | Thursday, April 24th 9:00 – 10:30 a.m. |

# FRESNO COUNTY BEHAVIORAL HEALTH BOARD

Wednesday, **April 116, 2025,** at 3:30pm
1925 E. Dakota Fresno, CA 93726

## Minutes

| MEMBERS PRESENT | DEPARTMENT OF BEHAVIORA&f-IEALTH | MEMBERS OF THE PUBLIC |
|---|---|---|
| Brooke Frost | Susan Holt, *Director* | Enrique Botello |
| Elizabeth Kus | Emma Rasmussen, *Deputy Director* | Rondy Earl Packard Jr. |
| Marylou Brauti-Minkler | Lesby Castro Flores, *l)eputy Director* | Fidel Garibay |
| Carolyn Evans | Alicia Corona | Gina Muro |
| David Thorne | Jeannette Domingu z | J:\rgela Hernandez |
| Debbie Xiong | | Ai;ithony Moreno |
| Angel Lopez | | Sfieri,-i Gibson |
| Michele Salas | | DylanMcCully |
| Kyle Pennington | | Felix Rodriguez |
| Gobinder Pandher | | Leah Zubiate |
| MEMBERS ABSENT | | |
| Helen Vuong | | |
| BOARD OF SUPERVISORS | | |
| Supervisor Luis Chavez - absent | | |

## I. Welcome and new member introduction

BHB Chair caHed the meetingto order at3:01 p.m. and began with announcing that Supervisor Luis Chavez has been assigned to theBehavioral Health Board (BHB) filling in the place of former Supervisor Sal Quirit ro. She als<> announced that the BHB recently received two new members. One member was briefly introdllced at the meeting last month in March and today the chair announced the second 11e,v BHB member as Helen Vuong. Helen had not yet arrived at the meeting to give a more detailed introduction other than the mention of them both beihg medical students.

## II. Review of meeting agenda

Attendees were given time to look over the agenda while being informed of that Item VII. New Business B. Action Item: BHB 2025 Annual Report to the Board of Supervisors, may be moved further down on the agenda because it is an action item and BHB members must be allowed time to review the summary of the Annual Report to the Board of Supervisors prior to voting and they are just now receiving the summary to look over.

III. **Approval of draft minutes from March 19th Behavioral Health Board (BHB) meeting**
The drat of the March 19th meeting minutes were accepted as written

**IV. Department of Behavioral Health (DBH) Update** *Director, Susan Holt*
Director Susan Holt began her Department Update presentation by introducing herself and stating some acknowledgements for the month of April. Those acknowledgements mentioned were, national Alcohol Awareness, Child Abuse Prevention, Stress Awareness, Autism Awareness, Crimes Victims' Rights Week, World Health Day and Administrative Professionals Day.

Director Holt continued by providing the following information for the upcoming NAMI Walks Event while encouraging all to attend and learn of many behavioral health resources available to the community.

-Saturday May 10th, 2025
-Woodward Park, Group Activity Area
-7775 North Friant Rd. Fresno, CA 93720
-7:30 a.m. - 11:00 a.m.
- https: //namifresno.org/get-involved/namiwalks /

**A. General Updates:** DBH Everits, ;Board of Supervjsors (BOS) items and legislation

Board of Supervisors Select Items of note
April 8th

- Under.the agre,ement with J.Meltoq &Associates as the Certification Review Hearing Officerantj the approvalfofAssigrtfuent of Rights and Delegation of Duties

April 22nd

- Participation agreelnent with the alifornia Mental Health Services Authority for quality measures and performante improvement program
- Amendment I to agreement with Universal Health Service dba River Vista BehavioraLHealth to modify contractor scope of work and clarify rate
- AmendmentJI to State Agreement and associated Generative Artificial Intelligence reporting and factsheet with the California Department of Health Care Services, extending the term from July 1, 2025, to June 30, 2026
- Prepare and submit report to the Legislature

Suicide Data
As of April 1st, the number of deaths by suicide reported in March 2025 for Fresno County was 7.

MHSA/BHSA Updates

- Innovation Plan - The Lodge 2.0
  - On the Commission of Behavioral Health (CBH) consent calendar for next week Thursday
- MHSA Annual Update
  - Posted March 17th, 2025, on DBH website for Public Comment
  - Behavioral Health Board Public Hearing today immediately following Board meeting

**B. Public Guardians Office Overview**

Across the state of California Counties may have different organizational structure and not all County Behavioral Health Departments include their Public Guardians office as we do here in Fresno County. The Public Guardian Office (PGO) fully manages Probate Conservatorships and a small role in LPS Conservatorship. Information on the two different types of conservatorships.

Probate Conservatorship

- Then the court steps in to appoint someone to help an individual take care of their own needs because they are unable do so an .are compromised by a mental or physical disability with often a major neurocognitive disorder as well.
- This is done to protect the individual and ensure t ey receive proper care and treatment, conserve or recover assets and manage their estate/financial affairs
- Laws Governed by Probate Code
- With an option of conservator of the personJnd or their estate
- All actions are court ordered
- Five Deputy Public Guardians in the office Ill:anaging an approximate caseload size of 44 cases with 66 referrals for the year 2024,
- DBH has been exploring the PGO team 1>tructure <Ind case management in the future
- Face to face visit every 90 days a11d fina11ciatmanagement and services reviewed monthly

LPS Ccmservatorship

- Court Ordered for individuals gravely disabled as a result of a mental illness or chronic alcoholismcmd unable to provide for their basic needs of food, clothing and shelter
- The Public Gua.rdian is designated by the Board of Supervisors as the LPS Investigator and the only one who may file a petition for LPS conservatorship
- Governed by Welfare and Institutions Code and Probate Code
- Referrals come from the County inpatient facilities and if LPS conservatorship is established by the court the DBH Court Connected Care and Justice Services Division oversees the case management
- Data shows a recent uptick in certain referrals and anticipation of a continues increase from recent on depopulating state hospitals and other justice connected initiatives

*Please see the attached for a snapshot of Probate and LPS conservatorship*

## V. Public Comment

- BHB Chair had a few comments to make from their visit to the Public Guardians on March 17th, 2025
- The BHB was very impressed with the PGO team dedication
- Concern with the funding being insufficient for the PGO now and in the near future
- Recommends the County begins a process with skilled nursing facilities / capable entities able to develop a process

## VI. Old Business

- **Annual Report Update**

  All BHB members have the opportunity to review the Annual Report and the documents included prior to today, except for th. one page report summary prior to today. With the report summary being provided to them for review today. The Chair gave a quick overview of the content and report structure as the following:
  - Vision and Mission of the BHB
  - One page report S1.1mmary
  - 2025 Recommendatfbns to the Board of Supervisors (approved February! 9th)
  - Appendix 1 is a list of the current BHB rnernbers
  - 2025 BHB. Goals
  - Each Committee report for the 2024 year.
  - 2024. site visits completed and meeting schedule
  - *A* copy of the State Data Noteb<,>Ok

## VII. New Business

### A. April Site Visit - Cultiva La Salud

- BHB members will complete a site visit to Cultiva La Salud on April 24th

### B. Action Item: BHB 202 5 Annual Report to the Board of Supervisors

**Motion:** Debbie Xiong motioned to approve the Annual Report to the Board of Supervisors

**Second:** Elizabeth Kus

**Discussion:** Please see above under Item Old Business

**Vote:** Nine votes in favor

**Motion Passes**

## VIII. Subcommittee Updates

- Adult Services Committee -Turning Point First Street Center was scheduled to present although they had an emergency and was unable to attend. The Committee meets again on June 2, 2025.
- Childrens Services Committee - Will meet next week on April 24th
- Forensics Services Committee - Meet on June 6th at 10:00 a.m.

- Substance Use Disorder Committee - Met on April 10th and heard from Fresno New Connections and will meet again on June 12th at 10:00 a.m. and will hear from River Vista

## IX. Public Comment

At this point the portion of the BHB meeting adjourned and the time reserved for the Public Hearing began. No other comments from the public were received.

## X. Public Hearing- Mental Health Services Act (MHSA) Annual Update 2025 -2026

At 4:38 PM the Fresno County Department of Behavioral Health Division Manager, Ahmad Bahrami stepped in to lead the MHSA Annual Update 2025 - 2026 Public Hearing.

The Public hearing began with a brief explanation on the history of the Mental Health Services Act and how it was intended to close the gap in the behavioral health system through a stakeholder process that would create an approved plan every three years. Within the plan there are changes that may occur from the opportunity from the community to provide input and any of those possible changes being presented at the MHSA Annual Update everyyear to ensure the public is involved in MHSA -related plans. The plan is made available for the public to view and comment on, if anyone wishes to do so. Any comments received are included in the final Annual Update report and only until these steps aretaken can the 3-year plan or annual update move on to seek approval from the Board of Supervisors

On the March 2024 baUot, along came propl/Behavioral Health Services Act (BHSA) and would bring the first changes since the passage ofMHSAin 2004. Listed below are some of some of the changes:

- Name cnange from Mental Health Services Act to Behavioral Health Services Act
- Change in fu11ding priorities
- Changes to planning and plans
- Transform the current system of care that will lead to statewide goals
- New plan and terms go into effect July 1, 2026
- With th se changes ofthe Behavioral Health Services Act, future planning and the current MHSA plan is limited
- Different rules/regulations under BHSA that have not been finalized
- BHSA is more prescriptive than MHSA
- The shift and planning of the BHSA will begin in coming months
- Full- Service Partnership component will be removed and will be a stand alone
- Added a housing and Behavioral Health Supports and services component

Ahmad continued by presenting updates and details on the changes to current programs with note that some of the programs below that are sunsetting were already coming to the end of their contract and other changes are occurring because it is known that these programs will not be viable or sustainable under BHSA.

- Family Functional Therapy sunset due to lack of provider (may possibly return)
- Crisis Intervention Team (CIT) will be renamed as the Community Behavioral Health Crisis Response. CIT and Mobile Crisis services will be through an RFP with one vendor
- All4Youth will continue the focus of the early intervention scope of work and remove the prevention and outreach components
- Supervised Overnight Stay (SOS) will be moved from the MHSA Plan and will be funded through other means
- Family Advocacy Services will be sunset at the end of this fiscal year and DBH will perform those functions
- Suicide Prevention Lifeline will sunset from our local funding although the state has added 988 suicide prevention funding and now there is also allocation of federal funding
- Flex Account for Housing will be removed as a stand alone and will be allocated to housing programs and teams
- Independent Living Association will subset and the DBH Housing Team will fill the roll
- Handle with Care Plus contract ended June 2024
- Follow Up Call Program (suicide prevention) ending June 30th, 2025
- The Lodge 1 is ending June 30th, 2025
- The Lodge 2.0 will be the hew.INN Plan with enhancements, pending approval April 24th
- Psychiatric Advance Directive (PADs)2 is active with three new counties coming onboard
- Research Proje.ctfpcusing on Adverse Childh<Jod Experience (ACEs) and Justice Involved Youth is active

**XI. Public Hearing Public Comm nt on the 2025 - 2026 MHSA Annual Update**

No public co1nment was made at this time during the meeting nor had the Department received any other public comment as of April 15, 2025.

**XII. Action Item; MHSA Annua}Update 2025 - 2026**

**Motion:** BHBmember Carolyn Evans motioned that the BHB support the Mental Health Services Act (MHSA) Arinual Update 2025 - 2026
**Second:** Debbie Xiong
**Discussion:**
**Vote:** 10 Votes in favor
**Motion passes**

All MHSA related information, plans and trainings can be found at fresnobhsa.com Any MHSA related inquiries may be directed to mhsa@fresnocountyca.gov

**XIII. Adjourn**

4:59 PM

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

# Snapshot of Probate and LPS Conservatorships

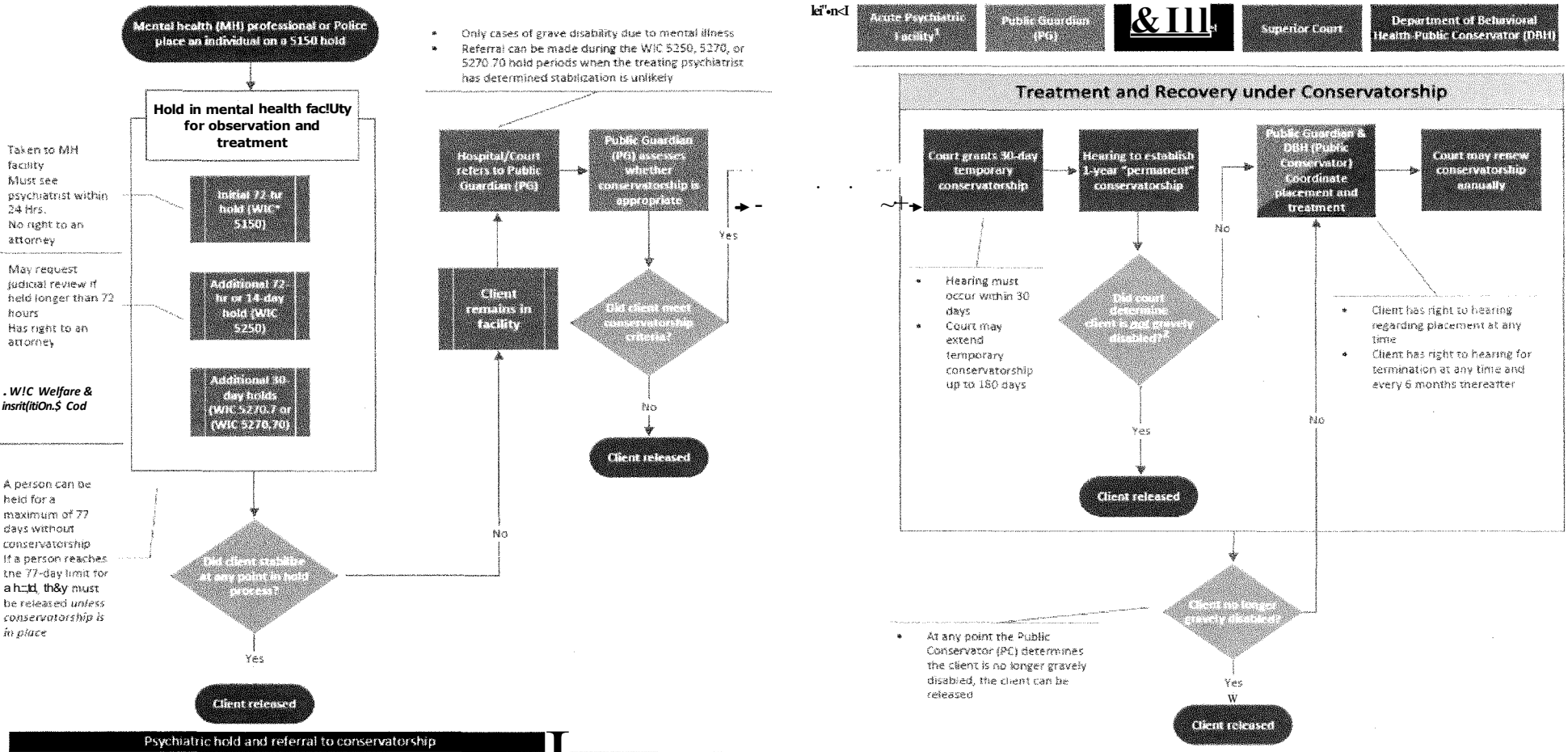
| | LPS | Probate |
|---|---|---|
| Procram description | Involuntary mental health treatment and estate management | Protective Services and estate management (cannot authorize mental health treatment) |
| Laws governed by | Welfare & Institutions Code and Probate Code | Probate Code |
| Population served | Persons gravely disabled as a result of a mental illness and unable to provide for basic needs of food, clothing or shelter and unwilling or incapable of accepting treatment voluntarily | Persons unable to provide fur basic needs of physical health, food, clothing and shelter and/or substantially unable to manage ftnanciat affairs or resist fraud or undue influence due to major neurocognltive disorder and are incapable of making medical decisions or accepting treatment and care |
| Process initiated by | Psychiatr-ic treatment and evaluation facilities designated by the Board of Supervisors and the Fresno County Superior Court for criminal defendants<br>(Community Behavioral Health Center (CBHC), Psychia'tric Healsh Facility {PHF], and the VA Hospnal) | Anyone through petition to the court (usually requires the assistance of an attorney)<br>(Adult Protective Services (APSL Superior Coun:, hospnals, nursing homes, banks, relatives, and nelghbors) |
| Appointments | 1 year {can be renewed by court) | indefinite (terminates upon death or restoration) |

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rtment of
vioral Health

**County of Fresno● LPS Conservatorship Process**

# Snapshot of the LP SConservatorshio process

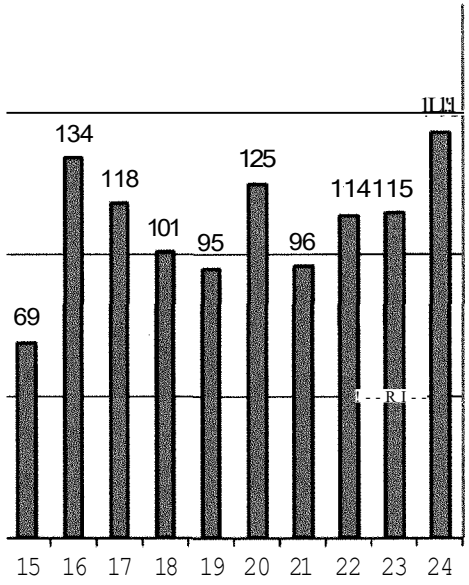



***"Inciw:ks hospitals and court***
***, Before petitioning for wnservatorship, the Public Guardian (PG} will ensure the client 1s a County resident and remains on an involuntary hospital hold. During the conservatorshtp hearing, the Court will determine if the client's cond1tian meets the standa,d of "grave disability". Meaning h e a r she is unable ta provide far the basic needs of food, clothing, and shelter.***

Diagram by: Richard Brown – Behavioral Health Information Technology (12 20 2023)
Approved and Advised by: Clint Yarbrough – Public Guardian Manager

# LPS Conservatorship Referral Stats 2015-2024

**All LPS Referrals**




- 2 Deputies
- All LPS Referrals: criminal referrals and referrals from hospitals

**Criminal**

| Year | Total |
|---|---|
| 2015 | 22 |
| 2016 | 24 |
| 2017 | 30 |
| 2018 | 14 |
| 2019 | 20 |
| 2020 | 23 |
| 2021 | 19 |
| 2022 | 34 |
| 2023 | 41 |
| 2024 | 60 |

(updated 2/19/25)

Department of Behavioral Health

# Appendix D: Culturally Responsive Plan Delivered with Humility FY 2023/2024

# County of Fresno
DEPARTMENT OF BEHAVIORAL HEALTH
# Behavioral Health System of Care

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# Culturally Responsive Plan
# Delivered with Humility
# FY 2023/24 Update

12/20/2024


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# Fresno County Department of Behavioral Health
# BEHAVIORAL HEALTH SYSTEM OF CARE
# **Culturally Responsive Plan**
# **Delivered with Humility**
# **FY 2023/24 Update**

## OVERVIEW

The Fresno County Department of Behavioral Health (DBH) System of Care (BHSOC) has a long-standing commitment to deliver culturally, ethnically, and linguistically responsive services with humility to individuals accessing and receiving behavioral health services. The BHSOC includes both Department of Behavioral Health staff and contracted organizational and individual providers. The term Behavioral Health (BH) includes both Mental Health and Substance Use Disorder services.

In June 2021, Fresno DBH developed and implemented the following inclusion statement that is still in use:

> *Fresno County is a richly diverse community, and in order to support and serve ALL persons in our community, the Fresno County Department of Behavioral Health is dedicated to ensuring an inclusive overall system of care through a commitment to equity, diversity, and affirming care. We are dedicated to providing quality, culturally responsive services that promote wellness, recovery and resilience for individuals and families whom we serve.*
>
> *It is imperative for us to protect and improve the lives of Fresno County residents served by the Department and our partners in our system of care by acknowledging the long standing historic and on-going inequities that black, indigenous and people of color, those living in poverty and other marginalized and underserved communities have experienced with the behavioral health system.*
>
> *We place a great deal of importance in having Behavioral Health system of care team members who value lived experience, are reflective of our community and have the expertise to ensure our workforce is culturally and linguistically responsive and maximizes our diversity to render quality services in the most responsive, affirming, and caring manner possible for the persons we serve.*

Since then, this inclusion statement appears on all job flyers for DBH, and is included on the DBH website (e.g., on the *About Us* page), setting the tone from the first encounter, and promoting our expectations of a culturally responsive system of care.

DBH recognizes the importance of developing services that are responsive to the needs of differing cultures, including individuals in recovery; members of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) community; veterans; persons living with disabilities

(hearing, vision, physical); various age groups (Children: 0-15; Transition Age Youth [TAY]: 16-25; Adults: 26-59; Older Adults: 60+); immigrants and refugees; and persons involved in the justice system.
Developing a culturally and linguistically responsive system requires the commitment and dedication from leadership, staff, organizational providers, and the community to continually strive to learn and adapt from each other and by offering ongoing training, education in implementation of new strategies. Cultural Humility is an approach to service delivery that respects the whole person. This creates a learning environment with an emphasis on a willingness to learn and where the individual served is the expert (Tervalon and Murray-Garcia, 1998).

The current Culturally Responsive Plan (CRP) for Fresno County's BHSOC is delivered with humility and reflects our ongoing commitment to enhancing services to improve access to services, quality care, and positive outcomes. The CRP meets the requirements from the California Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, and addresses the values outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). In addition, BHSOC utilizes DBH's Quadruple Aim to guide the delivery of services: 1) Deliver quality care; 2) Maximize resources while focusing on efficiency; 3) Provide an excellent care experience; and 4) Promote workforce well-being.

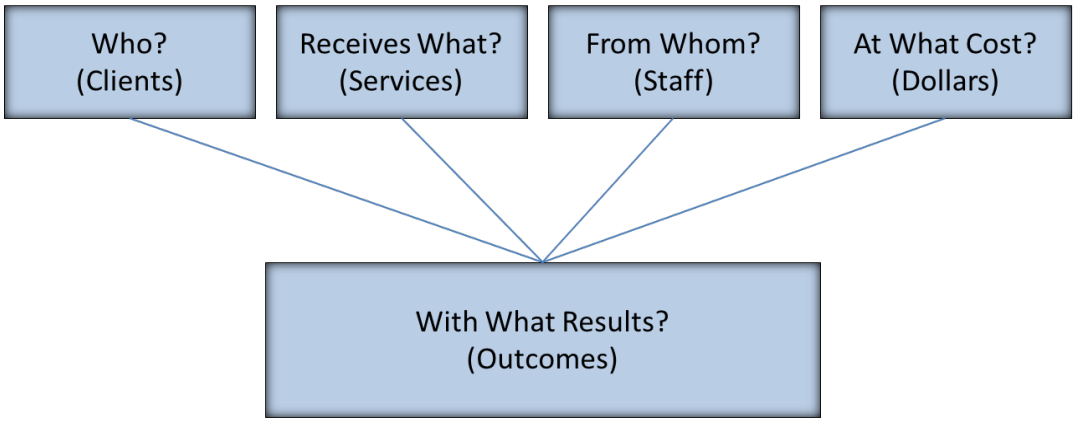
The mission and vision, of the BHSOC drives the commitment to deliver culturally responsive services that promote individualized wellness and recovery to diverse cultures and communities that reflects their health beliefs and practices. The BHSOC's foundation is built on eleven guiding principles of care that are described on the following pages. This vision includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs, practices, and preferred languages. It is also reflected in our global view, informing materials, and individual treatment plans. Integration of these values creates a safe learning environment for ensuring that we continually enhance our services to be culturally and linguistically relevant for our children, youth, adults, and older adults who receive services, and their families. Staff continually engage in discussions and opportunities to promote the delivery of culturally responsive services.

The FY 2023/24 CRP provides purpose and a blueprint for continually strengthening services across the next several years or until new CRP guidelines are available. The BHSOC has had a comprehensive planning process over the past six years to engage the broad workforce of county staff and organizational providers, as well as community stakeholders, to provide input into the development and ongoing implementation of this CRP. These range from different committee sessions, training/professional development community planning, community needs assessments, surveys and other information gathering opportunities to help all stakeholders culturally responsive care, cultural and linguistic differences "d how these individual differences in culture, language, and self-identification impact successful treatment.

BHSOC continues with its commitment to creating a safe learning environment by requiring and offering ongoing behavioral health equity training to the BHSOC workforce which includes all county staff and organizational providers. This emphasis from the BHSOC management clearly illustrates its continuing priority to offer ongoing training and other support to help strengthen

services to meet each individual's needs as well as creating a culture of wellness and recovery by integrating families and natural support systems into services.

The CRP is designed to be strategic, working document that provides a blueprint for infusing health equity and inclusion into all components of the BHSOC. The Diversity, Equity, and Inclusion Committee (DEIC) is the identified committee that guides the CRP goals and objectives, and continually review and analyze data to better understand our current service delivery system and the impact of the CRP as new strategies are implemented. This includes identifying data needed to document Who Receives What services, from Whom, at What Cost, and with what Results. This paradigm is used throughout the CRP to show *Who* is being served (by demographics), *What* services are being provided (types of services received), by *Whom* (staff and service providers reflect the culture and language of the persons served), at *What Cost*, with what *Outcomes* (are services making a difference in the person's functioning).




The process to update the CRP for FY 2023-2024 provides an opportunity to review past year's data, to have relevant and reliable information to understand our system of care and delivery of services to meet each individual's cultural and/or linguistical needs. Data is currently collected on a number of measures needed to understand the system. As the data is analyzed and reviewed, DBH will ensure the information is as complete and accurate as possible.
DBH has identified opportunities where data collection, type of data, and quality of data can be improved to better inform strategies for culturally and linguistically responsive care, as well being able to assess service outcomes.

The continuous system of collecting data, analyzing data, reviewing data, identifying opportunities to improve data collection, and re-analyzing it to have additional information for strengthening services is the focus of this plan, but also the Planning and Quality Management Division for the County. Updating the systematic process will identify opportunities for improving data collection, data reporting, methods for analyzing the data, selection and use of Evidence-Based Practices, Promising Practices, Community Defined Practices, and information on cost-effectiveness and improved outcomes. This process will include updating the data collection methodology to reflect new data requirements from the state and federal government and improve outcomes reporting.

The BHSOC is committed to continually improving access, quality, and the manner in which services are delivered with cultural responsiveness and humility and demonstrating the importance of culture and language on successful treatment outcomes. The CRP outlines the components of this vision and provides a foundation for continually strengthening the Fresno County BHSOC.

# I. COMMITMENT TO CULTURAL AND LINGUISTIC HUMILITY

## *A. Vision of the BHSOC*

Health and well-being for our community.

## *B. Mission of the BHSOC*

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

## *C. Guiding Principles, Quadruple Aim, and CLAS Standards of BHSOC*

A number of different documents have provided guidance in developing the Culturally Responsive Plan (CRP). The BHSOC has identified eleven guiding principles of care delivery. These principles are outlined below. They will also be discussed throughout the CRP, as they are supported throughout this CRP. Similarly, the BHSOC Quadruple Aim of the System of Care and the National CLAS Standards are outlined below.

### 1. BHSOC Guiding Principles of Care Delivery

Principle 1: Timely Access and Integrated Services
Principle 2: Strengths-based
Principle 3: Person-driven and Family -Driven
Principle 4: Inclusive of Natural Supports
Principle 5: Clinical Significance and Evidence-Based Practices (EBP)
Principle 6: Culturally Responsive
Principle 7: Trauma-Informed and Trauma-responsive
Principle 8: Co-occurring Capable
Principle 9: Stages of Change, Motivation, and Harm Reduction
Principle 10: Continuous Quality Improvement and Outcomes Driven
Principle 11: Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

### 2. Quadruple Aim of the BHSOC

a) Deliver quality care
b) Maximize resources while focusing on efficiency
c) Provide an excellent care experience
d) Promote workforce well-being

## 3. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards)

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

### a) Principal Standard

1) Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

### b) Governance, Leadership, and Workforce

2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3) Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### c) Communication and Language Assistance

5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### d) Engagement, Continuous Improvement, and Accountability

9) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13) Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14) Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

**4. Cultural Competence Plan Requirements (CCPRs), which includes the following criteria:**

a) **Criterion I:** Commitment to Cultural Competence
b) **Criterion II:** Updated Assessment of Service Needs
c) **Criterion III:** Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
d) **Criterion IV:** Individual/Family Member/Community Committee: Hiring more persons with lived experience into BHSOC positions
e) **Criterion V:** Culturally Competent Training Activities
f) **Criterion VI:** County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
g) **Criterion VII:** Language Capacity
h) **Criterion VIII:** Adaptation of Services

## *D. Goals and Objectives of the BHSOC*

The Fresno County Department of Behavioral Health and its contracted organizational and individual providers form the Fresno County Behavioral Health System of Care (BHSOC), which delivers Behavioral Health (mental health and substance use) services in Fresno County. The BHSOC is committed to continuous improvement of services to meet the needs of culturally and linguistically diverse communities who are seeking, accessing and receiving services. A number of objectives have been developed through stakeholder process, with input from various committees, needs assessments and stakeholder activities. The following goals and objectives below provide the framework for this CRP and will continue to be developed as these goals are expanded, additional data is reviewed, training is delivered, and activities are implemented.

- **1: To provide improved and timely access to culturally and linguistically appropriate, integrated, behavioral health services for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+); persons living with disabilities (hearing, vision, physical); justice-involved individuals and their families; immigrants and refugees; and other diverse cultures.**

  - **Objective 1a**: BHSOC will increase the number of eligible persons served by the Behavioral Health teams. This increase will include, but not be limited to, persons from various race and ethnicity cultures; persons who are monolingual Spanish and Hmong; all age groups; veterans; LGBTQ+; and families.
    - *DBH continues to review the data related to penetration rates, community needs assessments, annual surveys, assessing those data sets and opportunities for improving data collection to better inform efforts, identify gaps in the system and update strategies.*

  - **Objective 1b**: Whenever feasible, BHSOC will seek to hire diverse/bilingual/LGBTQ+ staff to provide services in the preferred language of individuals served across the behavioral health system of care to provide services and improve access to individuals and their family members.
    - *DBH hosted several youth focused activities with an emphasis on representation and career pathways for possible bicultural and bilingual youth.*
    - *The Department's HR team continues to work with the County's main HR to be able to gather more demographic data points for additional information, including possibility of demographics on applicants, not just applicants who are referred to the department. This can help assess if the recruitments are reaching and being responded to by a broader, diverse applicant pool.*

  - **Objective 1c**: BHSOC will hire, when possible, individuals with lived experience, individuals receiving behavioral health services, and their family members, who may be bilingual and bicultural, to help address barriers for serving culturally diverse populations.
    - *DBH reviewed its Peer Positions, as well as all providers with peer positions and other county peer positions in the region; and found that DBH wages were some*

*of the highest in the area. However, there is still a high vacancy in DBH peer positions. With the creation of certified peers in California, DBH is reexamining its peer positions for a system of career latter that can allow for various levels, expertise and advancements for individuals in those roles. The BHSOC continues efforts to train and certify peers.*

- **Objective 1d**: BHSOC will identify individuals who are monolingual and new to receiving BHSOC services and assign a bilingual and bicultural workforce member to deliver services in the individual's preferred language, whenever possible.
    - *During the previous year, the results of several community needs assessments, identified language access and challenges for different monolingual speakers. In some instances, the challenges were identified with the managed care plans, and in others it was not clear if it was MCP or BHSOC where the challenges were. This highlights a need for continued training, improving language access and capacity.*
    - *DBH is continuously working to identify training and staff qualifications to develop a process for identifying individuals' language preferences. The County is now able to test bilingual personnel for proficiency to support monolingual speakers in several languages with certified bilingual personnel.*
    - *Language barriers continue for indigenous persons from southern Mexico and Central America who do not speak Spanish; working on a multi-county training and support to help increase and improve access for these communities. There are also limited SEI providers who speak languages such as Lao, Khmer, and Mien, which will need to be explored and expanded to meet the needs of these communities.*
    - *Over the past few years, DBH has begun to examine possible emerging languages to help anticipate future needs. At this time, we have been examining opportunities for translation of outreach and educational materials into Punjabi and in the coming year will have a local needs assessment conducted to examine behavioral health needs of Punjabi speakers in Fresno County. The challenge has been identifying a translation provider with capacity for translation of behavioral health materials. However, new connections with a provider who is focused on Punjabi speaking populations (Khalsa Community Center) may allow for plans to have translation and secondary review (in accordance with the County's policy) to help develop those materials.*

- **Objective 1e:** BHSOC will ensure that the access line is linguistically responsive to all persons utilizing these services, and individuals receive services in their preferred language in a timely manner, through the use of bilingual staff, interpreters and/or the language line.
    - *The Access Line is tested regularly. Access Line data is analyzed quarterly and reviewed by the DEIC and QIC.*

- **Objective 1f**: BHSOC will continue to provide informing materials in the county's threshold languages (currently Spanish and Hmong) in all BHSOC clinics, and other locations that offer behavioral health services (e.g., contracted service providers, wellness

centers). Other forms, including statewide forms, will be available in other languages, when needed.
The County also has a policy to ensure printed materials are at least a minimum of 16pt font, or available in a digital format that will allow for enlargement to better support those who may have vision impairments.

- **Relevant Standards**
  - CLAS Standards: # 1, 2, 3, 5, 7, 8, 9
  - Guiding Principles: # 1, 2, 3, 4, 6
  - Cultural Competence Plan Requirements (CCPR): # 1, 3, 6, 7

➢ **Goal 2: To create a work environment where cultural humility, dignity, inclusion, and respect are practices, so all BHSOC staff experience equitable opportunities for professional and personal growth.**

- **Objective 2a**: BHSOC continued to offer foundational culturally responsive trainings for BHSOC staff, as outlined by the Policy and Procedure Guidelines (PPGs).
  - *With changed brought about by payment reform and the attention to productivity for providers in the BHSOC, the Department is exploring alternatives to required training hours, which can best support a continuous development in culturally proficient care, as well as all other requirements impacting direct service personnel.*
  - *Throughout the year, DBH highlights different cultural events and recognition months for the BHSOC, which include panel discussions and sharing of related resources.*
  - *DBH also provides annual training using the Health Equity, Diversity, and Inclusion Multi-Cultural model.*
  - *Though the BHSOC's virtual training platform Relias, the County is able to provide 76 different trainings affording over 60 hours of training related to health equity.*

- **Objective 2b**: BHSOC will identify and provide trainings on topics including, but not limited to, CLAS standards, equity; inclusion; diversity; social determinants of behavioral health; health disparities, cultural and community practices; consumer culture; recovery culture; Wellness and Recovery Plans (WRAP); access barriers; implicit bias; historical trauma; veteran and family services; and sustainable partnerships, on a regular basis for BHSOC.
  - *DBH is also developing trainings on the following topics: Microaggressions, Racial Equity Impact Survey, Clinical Cultural Responsiveness, Social Determinants of Health (SDOH), etc.*
  - *A BIPOC LGBTQ training has been finalized and implemented in the past year. The County is working to secure continuing education units (CEUs) for the course so when accessed on the Relias (on-demand) platform participants can earn CEUs.*

- **Objective 2c**: BHSOC will provide interpreter and language line training to all direct service providers and staff who regularly communicate with individuals receiving services. Training will address the process for effectively using an interpreter, as well as

using the language line, to support individuals receiving services in their preferred language.
    - *DBH has updated the PPGs and developed new guidelines related to Cultural Competence training, language access, interpretation services, etc. DBH has a master agreement with several organizational providers to translate documents, so that translations are conducted by a professional third party and reviewed by "native speakers" who may be BH staff or other community providers. Behavioral Health Interpreter Training (BHIT) was offered to providers who deliver services in languages other than English.*

- **Objective 2d**: BHSOC has supported the development of a Language Services Subcommittee which supports BHSOC bilingual staff to meet regularly to create an opportunity to share ideas on how to interpret complex medical terms and meet the needs of individuals and families receiving services. This subcommittee has supported the ongoing development of a list of commonly used Behavioral Health terms to support the use of consistent translation of terms. This strategy will continue to help promote a common language across bilingual staff and providers and create consistency in language for individuals receiving services and English-speaking treatment staff. BHSOC posted these documents on the DBH website (dbhequity.com) under DBH Language Guides for easy access to updated documents.

- **Objective 2e**: BHSOC has attempted to develop a recruitment practice, in collaboration with HR, to hire individuals and family members to help increase the workforce and expand the number of persons who are reflective of the local community, especially bilingual/bicultural individuals, and help address barriers to accessing services for culturally and linguistically diverse populations. The County and some BHSOC providers have limitations in how they can develop fair practices. DBH created an inclusion statement which is now included with all job announcements with the goal of attracting both applicants from diverse backgrounds as well as those seeking to work with diverse communities. The Inclusion Statement is also posted on the DBH website page in the "About Us" section. In the new year, DBH will offer training for some personnel to develop internal champions to ensure practices of inclusivity to improve retention within the department and on-going discussions on where opportunities to improve equity and inclusion can be practiced while promoting psychological safety.

- **Relevant Standards**
    - CLAS Standards: # 1, 2, 3, 4, 5, 6, 7, 9, 13
    - Guiding Principles: # 2, 3, 4, 6
    - Cultural Competence Plan Requirements: # 1, 3, 4, 5, 6, 7

➢ **Goal 3: To deliver innovative, evidence-based, promising and community defined, trauma-informed, strengths-based, wellness and recovery focused behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., homes, schools, organizational providers, senior centers, churches, etc.) to promote health and wellness.**

- **Objective 3a**: BHSOC will provide training and implementation strategies on identified culturally responsive, evidence-based, promising and community-defined practices for both mental health and substance use disorder services. This training will include, but not limited to, trauma informed Cognitive Behavioral Therapy; Motivational Interviewing; Stages of Change; Harm Reduction; Wellness and Recovery Action Plans (WRAP), and other identified treatment models and tools. Note DBH has three CDEPs programs, Sweet Potato, Hmong Helping Hands, and Atención Y Placticas. Additionally, it has a forensic population focused full-service partnership, and Southeast Asian focused FSP, as well as prevention programs such as Culturally Based Access and Navigation Support (CBANS) and the Holistic Wellness Center to name a few.

- **Objective 3b**: BHSOC will identify BHSOC workforce trained in the identified evidence-based, promising and community-defined practices to deliver strength-based, trauma-informed, wellness and recovery focused services.

  - *During the past year, Fresno County participated in trainings that highlighted its community-defined evidence-based practices (CDEPs). It is one of the only counties to currently fund the CDEPs that emerged from the California Reducing Disparities Project Phase 2. There are three CDEPs operating in Fresno County as part of the BHSOC.*
  - *DBH is working with those three CRDPs and consultant (Third Sector) on sustainability models.*
  -

- **Objective 3c**: BHSOC will support the delivery of person-centered, culturally responsive services which includes family and other natural supports.
    - These have included culturally specific services (such as culturally responsive continuum of care), CDEPs, and other culturally focused services.

- **Objective 3d**: BHSOC will deliver services in the least restrictive environment (e.g., home, schools, organizational providers, senior centers, churches, and other community locations, as appropriate).
    - *Following the COVID-19 pandemic, the BHSOC was to increase access to care using Tele-health, while continuing its work to create opportunities for more community-based services including mobile care delivery. This objective has included the establishment of more continuums of care to better meet the various levels of care needed by individuals who may need a higher level of care, or a step-down to lower levels* of care while maintaining a continuity of care by remaining with the same CBO.

- **Objective 3e**: BHSOC will identify and implement innovative services that utilize cultural leaders, spiritual healers, cultural brokers, and culturally responsive services and practices to create healthy communities that support the delivery of services.
    - *For a number of years, DBH has funded programs that work to address community needs through culturally relevant activities. DBH continues to fund the Holistic Wellness Center Program, and provides education, wellness activities, training and referrals to individuals who may not seek out traditional*

*western mental health services. Culturally Based Access and Navigation Services (CBANS) is a program that uses cultural brokers and community health workers, offering aid in Spanish, Hmong, Lao, Khmer, Hindi, and Punjabi, to assist those communities in accessing traditional or non-traditional behavioral health services. DBH has funded specific services in rural communities such as Youth Empowerment Program, a full continuum of care under the Rural Mental Health Services and Living Well Center (serving Southeast Asian communities).*

- *These services may be impacted in the future with the implementation of the Behavioral Health Services Act (BHSA)*
- *Last year DBH funded three more community needs assessments (focused on Punjabi Speakers, LGBTQ Youth and a Residents Council of largely underserved communities). This was in addition to exploring future program options through the Black Wellness and Prosperity Center and the final year of its African American Community Participatory Action Research Project to explore collaboration with local Black leaders and faith communities to enhance behavioral health literacy. These were driven by the MHSA Innovation Community Planning Plan.*
    - *During the last year, DBH began work on a research project focused on justice involved youth to better understand prevention and intervention needs from the perspective of those youth to inform future program and service designs, etc.*
- *Over the past three years, DBH has utilized Fresno County's MHSA Innovation Plan to fund three local California Reducing Disparities Project (CRDP) Phase II programs, which are community defined and population specific. Now the County has employed a consultant to assist the CDEPs with suitability strategies for the future with changes to the MHSA with passage of BHSA.*
- *Representation from DBH was part of the statewide taskforce focused on the CRDP Phase 3 (the next round of CDEP development). DBH represented the only county behavioral health perspective and championed expansion of CDEPs to examine SUD care and specialty mental health services and crisis care using CDEPs.*
- *Fresno County DBH's ESM is part of the AB 2473 Advisory Workgroup who is helping develop the parameters for future substance use registrants (on their way to certificated counselors) and is the only County Behavioral Health representative and supporting the workgroup in the area of health equity.*

- **Relevant Standards**
    - CLAS Standards: # 1, 4, 6, 8, 13
    - Guiding Principles: # 2, 3, 5, 6, 7, 8
    - Cultural Competence Plan Requirements: # 1, 3, 4, 5

➢ **Goal 4: To work collaboratively with diverse community groups and organizations to develop outreach and education activities to help disseminate information about behavioral health services.**

- **Objective 4a**: Identify unserved, underserved, and inappropriately served populations and/or diverse cultures that may experience barriers in accessing behavioral health

services (e.g., monolingual Hmong- or Spanish-speaking adults; immigrants and refugees; LGBTQ+; Transition Age Youth (TAY); Older Adults; persons living in rural communities).

- *DBH continued to utilize market research to help assess its efforts for outreach and access, as well as to inform its strategies on how to better meet needs of diverse communities.*
- *DBH maintains pages on its website that are translated into Spanish through the use of professional translation services, and that is reviewed by native speakers. The page has its own easy to use/identify URL (www.DBHespanol.com ) to help improve access to information by Spanish speakers. It also includes audio and video information in Spanish. DBH also has a page in the Hmong language (www.dbhhmoob.com) and is working on improving translation through the use of community members; and audio options are under development as well.*
- *In the coming year, DBH is seeking to expand some outreach to address the emerging Punjabi speaking community, using information obtained from the recent community needs assessment.*

- **Objective 4b**: BHSOC will continue to make efforts to attend diverse community events each fiscal year that target diverse community outreach activities in a coordinated manner that may include supporting health literacy and disseminating information related to accessing Behavioral Health services. Some events we have attended and produced in the past include:
  - *Participated in Veteran's Day Parade (November 2023)*
  - *Fresno County participated in the annual Fresno Rainbow Pride Parade and Festival (June 2024)*
  - *Participated in the annual Juneteenth celebration, providing a resource table and highlighting stories in Fresno County's Black/African-American community*
  - *The Department hosted numerous virtual panels and discussions in the past year as well. These were all streamed on the Department's social media platforms and are still available for public viewing.*

- **Objective 4c: In the past** BHSOC has offered prevention and stigma reduction trainings to BHSOC workforce and community organizations [e.g., Suicide Prevention; Mental Health First Aid; WRAP; Crisis Intervention Training (CIT) with Law Enforcement; Applied Suicide Intervention Skills Training (ASIST)]. With the coming changes with the Behavioral Health Services Act, the prevention and stigma reduction activities will no longer be performed at the local level, but rather the State, and thus these efforts will be wrapping up in the near future.
  - *DBH has participated in several different webinars as presenters/panelist on community collaboration with community providers, community defined evidence-based practice (CDEPs) and other culturally responsive care efforts.*
  - *DBH's staff were involved with MHSA and DEI participated in a yearlong learning project (Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) including practicum portion which had the staff applying community engagement principles from the training/model.*

- *DBH collaborated in developing the fifth Central California Suicide Prevention Summit, which provided free training and free Continuing Education Credits to licensed professionals in 2022/2023.*
- *In September 2023, DBH worked with the local Veterans Administration of Central California and other groups to host a mini-veterans summit, focused on suicide prevention and substance use.*
- *In the fall of 2023, Fresno County conducted its Mental Health Services Act community planning process, which consisted of 2 different in-person community forums with interpreters. A few were conducted virtually.*
- *DBH staff hosted Youth Wellness Summits and listening sessions in the rural communities of San Joaquin, Parlier, and Huron, in collaboration with the cities and local school districts to increase engagement input from rural Latino youth.*
    - DBH developed a targeted survey to help its better understand how diverse communities identify themselves and thus how to communicate effectively. The small, targeted survey sought to see how persons who self-identify as Latino/a refer to themselves. They survey collected demographic data and sought to see if persons had a preference in the use of the term Latino/a or Latinx, how that may vary by age, location, gender identity, sexual orientation, education, etc. These efforts are to help provide more effective engagement and communication.

- **Relevant Standards**
    - CLAS Standards: # 1, 4, 7, 8
    - Guiding Principles: # 11
    - Cultural Competence Plan Requirements: # 1, 2, 3, 5

➢ **Goal 5: To collect and analyze accurate and reliable demographic, service-level, and outcome data to help understand and evaluate the impact of services on health equity, cost-effectiveness, and outcomes.**

- **Objective 5a**: BHSOC is working to develop strategy for guidance and training on collecting consistent and reliable demographic data on individuals, services delivered, staff areas of specialization, and outcomes.

- **Objective 5b**: BHSOC will utilize data to provide objective and consistent evaluation and feedback to leadership, staff, individuals, and families regarding timely access, individuals served, types of services, and program impact and outcomes to best support and continually strengthen the unique needs of each cultural community.
    - *DBH completed its work with Third Sector as part of the statewide evaluation of Full-Service Partnerships. Fresno County is one of few counties to have population specific FSPs (such as for justice involved persons, or Southeast Asian populations). It is now working on ways to improve FSPs including how they can enhance services, but efforts have been limited with proposed changes to MHSA.*

- **Objective 5c**: BHSOC will identify strategies for assessing and measuring improved outcomes as a result of the evidence-based, promising and community-defined practices used to deliver effective services. The newly approved CRDP Evolutions which funds

three CRDPs/CDEPs will also be accompanied by an independent third-party evaluator to help evaluate the three community defined practice programs.

- **Objective 5d:** BHSOC will identify instruments that measure individual and family outcomes, to help demonstrate improved outcomes as a result of services received.

- **Objective 5e**: Develop process to train and inform both persons served and BHSOC providers on the need for the data, how the data is used, and how to better collect the data.

- **Relevant Standards**
  - CLAS Standards: # 1, 2, 10, 11, 12, 14, 15
  - Guiding Principles: # 1 through 11
  - Cultural Competence Plan Requirements: # 1, 2, 3, 4, 5, 7, 8

### *E. Diversity, Equity, and Inclusion Committee*

The Diversity, Equity, and Inclusion Committee (DEIC) is the identified committee that guides the CRP goals and objectives, and continually reviews and analyzes data to better understand our current service delivery system and the impact of the CRP as new strategies are implemented. The DEIC meets monthly on the first Thursday. Attendees include representatives from DBH Leadership, Technology, Planning and Quality Management, Compliance, Plan Administration Contracted Providers, Public Health, and local community-based organizations. Results and activities are reported to the QIC on an annual basis. Past accomplishments by the DEIC include developing the official Committee Charter (*See Attachment C)* recommendations for training, updating and developing Policy and Procedure Guide (PPG) for the DEIC membership, Translation Process, and minimum training requirements for DEI. The DEIC is working on a process to measure adherence or cultural responsivity and based on those measures how much training is needed, for less effective care, additional hours are added as part of a PIP, etc.

DBH is including notice of Participation Agreement in new RFPs and language focused on health equity via CLAS standards for Providers to ensure a specific time commitment for DEIC activities.

The DEIC has now implemented an annual cultural humility survey for the past six years, and has the data to identify trends, opportunities for improvement, and opportunities to develop new tools.

DBH will work to formalize employee resource and affinity groups if and where possible. The LGBTQ+ Coalition will develop recommendations to improve and expand behavioral health services for members of this community in Fresno County. The Behavioral Health for Black Lives (BHBL) affinity group was formed to advocate for behavioral health equity for all members of the Black community in Fresno County, including DBH staff and individuals served. This group is currently only open to self-identified Black DBH staff, which helps to foster a safe space and sense of belonging among current Black DBH staff. Goals of the group include recommending resources, information, and training to all DBH staff and contract providers; developing processes for onboarding new Black Staff; advocating for expanding job

opportunities and recruiting activities for aspiring Black Behavioral Health Professionals; providing continued professional development and training to current Black DBH staff; offering quality, culturally responsive supervision to Black service providers; and recommending activities that promote wellness and reduce stigma. These activities will help the system of care obtaining training to better serve and support both Black staff and individuals receiving services.

## *F. Diversity, Equity, and Inclusion Subcommittees*

There are three (2) separate DEIC Subcommittees: Language and Access. The DEIC Subcommittees now meet virtually each month. Each subcommittee has an identified Chair, Co-Chair, and Note Taker. Each subcommittee has a set of established goals and activities that correspond with the goals and objectives outlined in the CRP, as outlined below. DBH has a page on its site committed to the DEIC, and it has a second page the DBH equity page where diversity, equity and inclusion information is available.

### 1. Language

The DEIC Language subcommittee corresponds to CRP Goal 1, to provide improved and timely access to quality culturally- and linguistically-appropriate, integrated, behavioral health services for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+); persons living with disabilities (hearing, vision, physical); persons released from jail and their families; immigrants and refugees; and other diverse cultures. This subcommittee focuses its efforts on improving and expanding linguistically appropriate services for persons served. Objectives include: (1) develop the Language Champion group for Spanish and Hmong languages; (2) review service-level language data trends and identify needs annually; (3) increase bilingual-skills-proficient staffing for interpretation service to better meet the needs of Limited English Proficient (LEP) populations; and (4) identify interpreter trainings and other learning opportunities for monolingual direct-facing and bilingual speaking staff (county and contract providers).

In FY 2023/24, the DEIC Language subcommittee continued to examine the designation and certification of bilingual staff and worked closely with the Human Resources Department to expand the number of paid bilingual positions and develop strategies to help certify bilingual staff in a timely manner. The subcommittee identified an organization, Voiance, to certify bilingual staff's skills in Spanish and/or Hmong. In addition, the DEIC Language subcommittee is working to develop an Interpreter Champions group to support bilingual staff to discuss cases, consult with one another, and provide additional training. The subcommittee also identified a Behavioral Health Interpreter Training (BHIT) for interpreters and direct service staff. BHIT is a four-part, fourteen-hour workshop designed to provide instruction on the fundamental principles of interpreting.

The DEI Language Subcommittee also developed a Spanish Language Champions Guide, which is available on the www.dbhequity.com website. This guide provides comprehensive English-to-Spanish translations to use when providing mental health services. This guide shows the English and corresponding Spanish words and phrases, to help communicate with Spanish

speakers. It is well organized into different topics from Introductory phrases for counselors to use, through explaining different diagnostic terms (e.g., Depression; Anxiety); Behavioral Health clinical terms; medical terms; and other mental health symptoms and concepts. This provides an excellent guide for creating a common language across interpreters to help 'standardize' terms. This helps both the persons served and family members to have the information translated consistently across interpreters and for behavioral health staff.

**2. Access**

Similar to the Language subcommittee, the DEIC Access subcommittee corresponds to CRP Goal 1: to provide improved and timely access to culturally- and linguistically-appropriate, integrated, behavioral health services for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+); persons living with disabilities (hearing, vision, physical); justice involved persons and their families; immigrants and refugees; and other diverse cultures. Rather than concentrating efforts on linguistic services, this subcommittee focuses on improving timely access to services for all cultural and racial/ethnic groups, especially for groups who have been identified as underserved by DBH. Objectives include: (1) review service-level data by race/ethnicity, gender, age, language, LGBTQ+, and region; (2) review BH Access Line data by age, race, ethnicity, language, SOGI, region, and use of interpretation services; (3) review data on access to interpretation services by language and program, and compare access to face-to-face versus telehealth; (4) review service level BH data by race, ethnicity, language, gender, and SOGI, and make recommendations to improve access to services for underserved populations; and (5) make recommendations to improve BH data collection.

In FY 2023/24, the DEIC Access subcommittee reviewed service-level data by race/ethnicity, gender, age, language, LGBTQ+, and region to identify strategies to improve engagement with underserved populations in Fresno County. The subcommittee also identified the need to improve data collection, especially for language, gender, and sexual orientation. The subcommittee is also discussing strategies for having the Access Line Provider(s), to consistently collect demographic information (Date of Birth; Race; Ethnicity; Primary/ Preferred Language; Gender; SOGI) and make recommendations to improve access to services for underserved populations. In addition, the Access subcommittee is actively researching the most effective methods for asking demographic questions and continues to work with the Quality Management department to develop strategies to improve data collection and quality.

In the MHSA Innovation Annual Update, DBH identified several human-centered and participatory action needs assessments, focusing on immigrant/refugee, Indigenous, sand other underserved populations. These efforts may inform specific community needs and opportunities to improve and streamline access for populations that have had challenges in accessing care or culturally responsive services.

# II. DATA AND ANALYSIS

## *A. Fresno County Geographic, Demographic, and Socioeconomic Profile*

### 1. Geographical Location and Attributes of the County




Fresno County is a large county (population of 1,017,162) that lies in the Central Valley of California, bordered on the west by the Coast Range and on the east by the Sierra Nevada Mountain Range. The county seat, the City of Fresno, is the fifth largest city in California. Other cities include Clovis, Sanger, Reedley, Selma, Parlier, Kerman, Coalinga, Kingsburg, Mendota, Orange Cove, Firebaugh, Huron, Fowler, and San Joaquin. In addition, there are twenty-eight (28) census-designated places, and seven (7) unincorporated communities.

### 2. Demographics of the County

Fresno County's population grew by 0.18% (according to world population review). Figure 1 shows age and race/ethnicity, and gender of the general population. For the 1,017,162 residents who live in Fresno County, 22.9% are children ages 0-15; 14.8% are Transition Age Youth (TAY) ages 16-25; 43.9% are adults ages 26-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Fresno County are Hispanic/Latino (53.6%). Persons who are Black represent 4.4% of the population, American Indian/ Alaskan Native represent 0.6%, Asian/Pacific Islander represent 11%, White represent 27%, and Other/Not Reported represent 3.4% of the population. There are an equal proportion of females (50.3%) and males (49.7%) in the county.

**Figure 1**
**Fresno County Residents**
**By Gender, Age, and Race/Ethnicity**
(Population Source: 2020 Census)

| | Fresno County Population 2020 Census | |
|---|---|---|
| **Age Distribution** | **Number** | **Percent** |
| **0 - 15 years** | 231,202 | 22.9% |
| **16 - 25 years** | 149,342 | 14.8% |
| **26 - 59 years** | 442,520 | 43.9% |
| **60+ years** | 185,590 | 18.4% |
| **Total** | **1,008,654** | **100.0%** |
| **Race/Ethnicity Distribution** | **Number** | **Percent** |
| **Black** | 44,295 | 4.4% |
| **American Indian/ Alaskan Native** | 6,074 | 0.6% |
| **Asian/ Other Pacific Islander** | 110,898 | 11.0% |
| **Hispanic/ Latino** | 540,743 | 53.6% |
| **White** | 271,889 | 27.0% |
| **Other/ Not Reported** | 34,755 | 3.4% |
| **Total** | **1,008,654** | **100.0%** |
| **Gender Distribution** | **Number** | **Percent** |
| **Male** | 501,441 | 49.7% |
| **Female** | 507,213 | 50.3% |
| **Total** | **1,008,654** | **100.0%** |

It is estimated that approximately 46% of the adult population of Fresno County speaks a language other than English at home (2021 American Community Survey). Spanish and Hmong are the threshold languages in Fresno County.

### 3. Socioeconomic Factors

Healthcare, retail trade, and agriculture are the three largest industries in Fresno County. The unemployment rate in the Fresno County has been decreasing and currently sits at 6.9%; the state unemployment rate was 7.7% in the same period (November 2023 California Employment Development Department). The rates have been decreasing since the pandemic, in Fresno County, and the state of California as a whole.

The median household income in Fresno County is $69,571, which is significantly lower than the statewide amount of $91,551 (2021 American Community Survey). The county has a high percentage of its population living under the poverty level (18.7%), compared to statewide (12.2%).

### 4. Penetration Rates for Mental Health Services

Figure 2 shows the percentage of the general population who access mental health services. Figure 2 shows the same county general population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2023/24). From this data, a penetration rate was calculated, showing the percent of persons in the general population that received mental health services in FY 2023/24. This data is shown by age, race/ethnicity, and gender. primary language was not available for the general population. Note: The general population is used to calculate the penetration rate because the total number of persons in the county with Medi-Cal eligibility/benefits was not available). In addition, the total number of persons served by mental health includes both individuals with Medi-Cal and those who do not have Medi-Cal. So, using the general population is a better representation of access to services.

There were 27,037 people who received one or more mental health services in FY 2023/24. Of these individuals, 31.2% were children ages 0-15; 19.5% were Transition Age Youth (TAY) ages 16-25; 41.0% were adults ages 26-59; and 8.3% were 60 and older. There were 9.8% Black, 0.7% American Indian/ Alaskan Native, 4.6% Asian/Pacific Islander, 46.9% Hispanic/Latino, and 19.1% of the individuals who were White. All other race/ethnicity groups represented a small number of individuals. The majority of individuals receiving mental health services have a primary language of English (78.9%), 11.3% have a primary language of Spanish, and .5% have a primary language of Hmong/Lao.

The penetration rate data shows that 2.7% of the Fresno County population received mental health services. Of these individuals, children ages 0-15 had a penetration rate of 3.7%; TAY ages 16-25 had a penetration rate of 3.5%; adults ages 26-59 had a penetration rate of 2.5%; and older adults ages 60 and older had a penetration rate of 1.2%.

For race/ethnicity, persons who are Black had a penetration rate of 6.0%; 1.1% Asian/Pacific Islander; 2.3% Hispanic/Latino; and White had a penetration rate of 1.9%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Data shows that there are 3,046 individuals who reported Spanish as their primary language and 125 who reported Hmong/Lao as their primary language.

Males had a slightly lower mental health penetration rate (2.3%), compared to females (2.5%).

***NOTE:*** *This data was collected from the DBH Avatar Electronic Health Record. The data does not include all persons served through the Mental Health Services Act (MHSA) programs, as only some MHSA programs and providers utilize or have access to Avatar. Additionally the BHSOC moved to a new EHR for the start of FY 23/24. Only recently was a problem with the system identified. For some demographics are not attributed to a single individual but are sometimes credited with an individual per demo (for data like more than one race), thus some of the data/demographic totals may be overrepresented.*

## Figure 2
## Fresno County Mental Health Penetration Rate by Gender, Age, Race/Ethnicity, and Language
(Population Source: 2020 Census)

| | Fresno County Population 2020 Census | | All Mental Health Participants FY 2023-24 | | Fresno County Population Mental Health Penetration Rate FY 2023-24 |
|---|---|---|---|---|---|
| **Age Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| 0 - 15 years | 231,202 | 22.9% | 8,442 | 31.2% | 8,442 / 231,202 = 3.7% |
| 16 - 25 years | 149,342 | 14.8% | 5,261 | 19.5% | 5,261 / 149,342 = 3.5% |
| 26 - 59 years | 442,520 | 43.9% | 11,088 | 41.0% | 11,088 / 442,520 = 2.5% |
| 60+ years | 185,590 | 18.4% | 2,246 | 8.3% | 2,246 / 185,590 = 1.2% |
| **Total** | **1,008,654** | **100.0%** | **27,037** | **100.0%** | **27,037 / 1,008,654 = 2.7%** |
| **Race/Ethnicity Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| Black | 44,295 | 4.4% | 2,647 | 9.8% | 2,647 / 44,295 = 6% |
| American Indian/Alaskan Native | 6,074 | 0.6% | 200 | 0.7% | 200 / 6,074 = 3.3% |
| Asian/Other Pacific Islander | 110,898 | 11.0% | 1,237 | 4.6% | 1,237 / 110,898 = 1.1% |
| Hispanic/Latino | 540,743 | 53.6% | 12,688 | 46.9% | 12,688 / 540,743 = 2.3% |
| White | 271,889 | 27.0% | 5,156 | 19.1% | 5,156 / 271,889 = 1.9% |
| Other/Not Reported | 34,755 | 3.4% | 5,109 | 18.9% | 5,109 / 34,755 = 14.7% |
| **Total** | **1,008,654** | **100.0%** | **27,037** | **100.0%** | **27,037 / 1,008,654 = 2.7%** |
| **Primary Language Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| English | - | - | 21,322 | 78.9% | - |
| Spanish | - | - | 3,046 | 11.3% | - |
| Hmong/Lao | - | - | 125 | 0.5% | - |
| Other/Not Reported | - | - | 2,544 | 9.4% | - |
| **Total** | - | - | **27,037** | **100.0%** | - |
| **Gender Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| Male | 501,441 | 49.7% | 11,617 | 43.0% | 11,617 / 501,441 = 2.3% |
| Female | 507,213 | 50.3% | 12,517 | 46.3% | 12,517 / 507,213 = 2.5% |
| Transgender | - | - | 59 | 0.2% | - |
| Other/Not Reported | - | - | 2,844 | 10.5% | - |
| **Total** | **1,008,654** | **100.00%** | **27,037** | **100.0%** | **27,037 / 1,008,654 = 2.7%** |

### 5. Analysis of Disparities identified in Mental Health Penetration Rates

The penetration rate data by age shows that there are higher proportions of children and TAY served, compared to adults and older adults. Older adults are the most underserved age group of individuals receiving mental health services. However, many older adults have Medicare insurance, and may be accessing mental health services through private providers. When Medicare services are delivered by private providers, the data on service utilization is not reported to BH.

The penetration rate data by race/ethnicity shows the number of persons served out of the county population for each cultural group. Across all cultures, the penetration rate is 2.7%. This data shows variability across the different cultural groups, but this data is difficult to interpret for the

cultural groups with smaller numbers in the population. The penetration rate for persons who are Hispanic/Latino is 2.3% with 12,688 accessing mental health services out of the total Hispanic/Latino population of 540,743. The penetration rate for persons who are Black is 6%, with a smaller number of people served (2,647) and smaller population in the county (44,295). The penetration rate for persons who are White is 1.9%, with 5,156 persons served, out of 271,889 in the population. There were 5,109 out of 34,755 people with an 'Other/Not Reported' for data reported on race/ethnicity, showing a penetration rate of 14.7%. There is a very high rate of Other/Not Reported race/ethnicity for FY 2023/24. This high rate of Other/Not Reported which may reflect the impact of COVID on the system of care. If all services for an individual are delivered through telehealth, demographic information is not consistently collected by service delivery staff. It is also important to note the transition to a new statewide Electronic Health Record and its effect on the continuity of data collection including the acclimation of staff responsible for collection.

This data highlights the need to continue to periodically analyze data to assess access to services for different racial and ethnic groups and identify methods for collecting preferred language, especially for persons who speak Spanish and Hmong, the two threshold languages. Also, the data shows the need to develop methods to accurately collect race and ethnicity, sexual orientation and gender identity (SOGI) and expand the availability of bilingual, bicultural staff to deliver services in the individual's preferred language. This information would be helpful in identifying the need to recruit, hire, and retain more bilingual and bicultural staff to provide direct services and administrative support in each community.

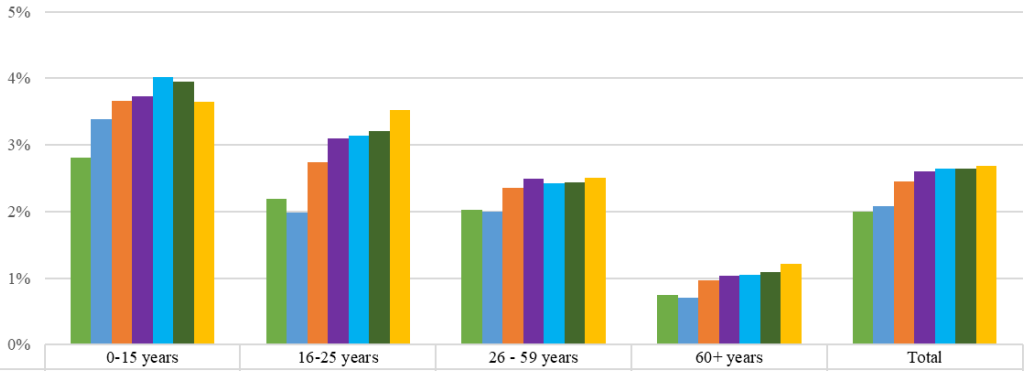
This data provides important information on documenting the ongoing need to attract, employ, and retain bilingual/bicultural staff, improve access, and identify other opportunities to engage culturally diverse communities. The development of additional positions and expanding workforce to address cultural/language needs will be implemented in collaboration with a mental health literacy effort. This approach will help to address the stigma that prevents people from accessing care, even when the staff speaks the language or understands their family's culture. This multi-pronged effort will help to promote access and hiring efforts. While we continue to increase the number of bilingual and bicultural staff across the BHSOC, this data illustrates there is a continued need to refine and enhance data collection to support our goals of improving access and services using accurate and reliable data.

The data on gender distribution shows that there are many challenges in collecting accurate information on Sexual Orientation and Gender Identity (SOGI) data. Out of the 27,037 persons served, only 59 reported Transgender. This area will continue to be a focus for DBH, as well as the DEI Committee, to identify strategies for collecting this important information.

## 6. Mental Health Penetration Rate Trends for Seven Fiscal Years

Figure 3 shows the penetration rates data for seven (7) years, FY 2017/18 to FY 2023/24, by age. The data shows an increase in the number of individuals served between FY 2017/18 through FY 2023/24 across all age groups. The total number of individuals served increased from 20,135 to 27,037 individuals in this period. The number of individuals served ages 0-15 increased from 6,499 to 8,442, and the number of TAY ages 16-25 increased from 3,279 to 5,261. The number of adult individuals served ages 26-59 increased from 8,967 to 11,088, and the number of older adults ages 60 and older increased from 1,390 to 2,246.

**Figure 3**
**Fresno County Mental Health Services**
**Mental Health Penetration Rate, by Age**
FY 2017-18 to FY 2023-24




| | 0-15 years | 16-25 years | 26 - 59 years | 60+ years | Total |
|---|---|---|---|---|---|
| FY 2017-18 # Participants | 6,499 | 3,279 | 8,967 | 1,390 | 20,135 |
| FY 2017-18 Penetration Rate | 2.8% | 2.2% | 2.0% | 0.7% | 2.0% |
| FY 2018-19 # Participants | 7,831 | 2,956 | 8,822 | 1,309 | 20,918 |
| FY 2018-19 Penetration Rate | 3.4% | 2.0% | 2.0% | 0.7% | 2.1% |
| FY 2019-20 # Participants | 8,453 | 4,088 | 10,434 | 1,783 | 24,758 |
| FY 2019-20 Penetration Rate | 3.7% | 2.7% | 2.4% | 1.0% | 2.5% |
| FY 2020-21 # Participants | 8,632 | 4,623 | 11,052 | 1,932 | 26,239 |
| FY 2020-21 Penetration Rate | 3.7% | 3.1% | 2.5% | 1.0% | 2.6% |
| FY 2021-22 # Participants | 9,281 | 4,679 | 10,711 | 1,947 | 26,618 |
| FY 2021-22 Penetration Rate | 4.0% | 3.1% | 2.4% | 1.0% | 2.6% |
| FY 2022-23 # Participants | 9,117 | 4,792 | 10,791 | 2,012 | 26,712 |
| FY 2022-23 Penetration Rate | 3.9% | 3.2% | 2.4% | 1.1% | 2.6% |
| FY 2023-24 # Participants | 8,442 | 5,261 | 11,088 | 2,246 | 27,037 |
| FY 2023-24 Penetration Rate | 3.7% | 3.5% | 2.5% | 1.2% | 2.7% |
| Fresno County Census Population | 231,202 | 149,342 | 442,520 | 185,590 | 1,008,654 |

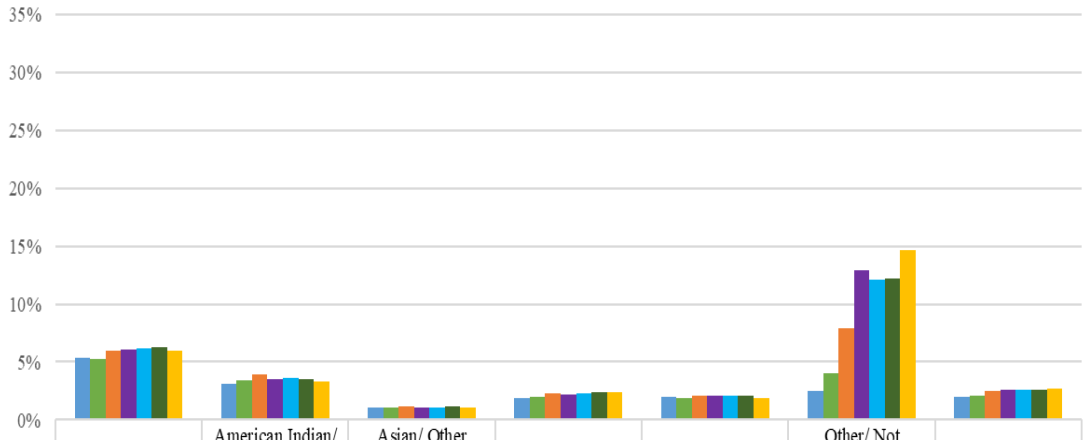
Figure 4 shows the Penetration Rate for the same six (6) years for race/ethnicity. The total number of persons served each year increased across all race and ethnicity categories, and for the total number of persons served. The number of persons served increased from 20,135 in FY 2017/18 to 27,037 in FY 2023/24. This number is an increase of 6,902 persons served across the seven years.

Overall, the penetration rate shows an increase, 2.0% to 2.7%. Each of the five primary race/ethnicity groups also or an increase in the number of persons served. The number of individuals served who are Black increased slightly (2,366 to 2,647). The number of individuals served who are American Indian/Alaska Native increased slightly (190 to 200). The number of individuals served who are Asian/Other Pacific Islander increased slightly (1,185 to 1,237).

The number of individuals served who are White decreased slightly across the seven years from 5,396 to 5,156). The number of Hispanic/Latino individuals served showed an increase, from 10,119 to 12,688.

The large number of persons who did not have race/ethnicity reported is also shown in this figure. Across the seven years, there has also been a large increase in the number of individuals served whose race/ethnicity is Not Reported (879 to 5,109). This increase was most significant from 2,766 in FY 2019/20 to 4,479 in FY 2020/21. This increase is likely due to COVID-19 and the increase in the use of telehealth. There has been a significant increase in this category since FY 2022/2023 and the Department continues to address this by providing training to staff responsible for collecting data as we have recently transitioned to a new Electronic Heath Record.

**Figure 4**
**Fresno County Mental Health Services**
**Mental Health Penetration Rate, by Race/Ethnicity**
FY 2017-18 to FY 2023-24




| | Black | American Indian/ Alaskan Native | Asian/ Other Pacific Islander | Hispanic/ Latino | White | Other/ Not Reported | Total |
|---|---|---|---|---|---|---|---|
| FY 2017-18 # Participants | 2,366 | 190 | 1,185 | 10,119 | 5,396 | 879 | 20,135 |
| FY 2017-18 Penetration Rate | 5.3% | 3.1% | 1.1% | 1.9% | 2.0% | 2.5% | 2.0% |
| FY 2018-19 # Participants | 2,310 | 205 | 1,221 | 10,545 | 5,238 | 1,399 | 20,918 |
| FY 2018-19 Penetration Rate | 5.2% | 3.4% | 1.1% | 2.0% | 1.9% | 4.0% | 2.1% |
| FY 2019-20 # Participants | 2,640 | 238 | 1,269 | 12,167 | 5,678 | 2,766 | 24,758 |
| FY 2019-20 Penetration Rate | 6.0% | 3.9% | 1.1% | 2.3% | 2.1% | 8.0% | 2.5% |
| FY 2020-21 # Participants | 2,680 | 211 | 1,178 | 12,020 | 5,671 | 4,479 | 26,239 |
| FY 2020-21 Penetration Rate | 6.1% | 3.5% | 1.1% | 2.2% | 2.1% | 12.9% | 2.6% |
| FY 2021-22 # Participants | 2,722 | 219 | 1,224 | 12,600 | 5,651 | 4,202 | 26,618 |
| FY 2021-22 Penetration Rate | 6.1% | 3.6% | 1.1% | 2.3% | 2.1% | 12.1% | 2.6% |
| FY 2022-23 # Participants | 2,775 | 213 | 1,243 | 12,692 | 5,549 | 4,240 | 26,712 |
| FY 2022-23 Penetration Rate | 6.3% | 3.5% | 1.1% | 2.3% | 2.0% | 12.2% | 2.6% |
| FY 2023-24 # Participants | 2,647 | 200 | 1,237 | 12,688 | 5,156 | 5,109 | 27,037 |
| FY 2023-24 Penetration Rate | 6.0% | 3.3% | 1.1% | 2.3% | 1.9% | 14.7% | 2.7% |
| Fresno County Census Population | 44,295 | 6,074 | 110,898 | 540,743 | 271,889 | 34,755 | 1,008,654 |

### 7. Mental Health Medi-Cal Population

In addition to examining the Penetration Rate for access to mental health services in the general population, it is also important to calculate the percent of Medi-Cal mental health service recipients out of total mental health service recipients. Figure 5 shows the comparison of total mental health participants and those who have Medi-Cal benefits. This data is analyzed by age, race/ethnicity, language, and gender.

The first column of numbers in Figure 5 shows the total number of persons served in the mental health system in FY 2023/24. For children, there were 8,442 children served (31.2% of all participants). The middle column shows the number of mental health participants that had Medi-Cal. For children, there were 6,738 children with Medi-Cal (29.5% of Medi-Cal participants). The far-right column shows the percentage of children participants with Medi-Cal (79.8%).

Across the ages, 60+ years have the highest proportion of mental health participants on Medi-Cal (95.2%). The smallest proportion is 0-15 years, at 79.8%. Many older adults have Medicare, so access services through private providers.

For Race/ethnicity, Asian/Pacific Islander have the highest proportion on Medi-Cal at 92.4%. Black is 89.9% and American Indian/Alaskan Native is 89%.

Language shows 90.4% of all Hmong/Lao persons served have Medi-Cal while 74.4% of Spanish speakers. Females have a higher proportion on Medi-Cal with 86.9% compared to males at 86.1%.

## 8. Analysis of Disparities identified in Persons receiving Medi-Cal Services

Figure 5 shows that the majority of individuals served by the mental health system had Medi-Cal benefits. Overall, 84.6% of the persons served had Medi-Cal. TAY participants had the lowest proportion of Medi-Cal benefits at 82.3%. For race/ethnicity, 70.8% of those with other/not reported had Medi-Cal benefits and those with other/not reported for Language (69.7%) had Medi-Cal. Males had a lower proportion of males with Medi-Cal (86.1%) compared to females (86.9%). We will continue to identify opportunities to improve access and data by going to community forums and conduct needs assessments to identify disparities in services by different populations.

**Figure 5**
**Fresno County Percent of Medi-Cal Mental Health Outpatient Service Recipients out of total Mental Health Service Recipients By Age, Race/Ethnicity, Language, and Gender**

| | All Mental Health Outpatient Participants FY 2023-24 | | Medi-Cal Mental Health Outpatient Participants Served FY 2023-24 | | MH Medi-Cal Participants out of Total MH Participants FY 2023-24 |
|---|---|---|---|---|---|
| **Age Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| 0 - 15 years | 8,442 | 31.2% | 6,738 | 29.5% | 6,738 / 8,442 = 79.8% |
| 16 - 25 years | 5,261 | 19.5% | 4,328 | 18.9% | 4,328 / 5,261 = 82.3% |
| 26 - 59 years | 11,088 | 41.0% | 9,909 | 43.3% | 9,909 / 11,088 = 89.4% |
| 60+ years | 2,007 | 7.4% | 1,911 | 8.4% | 1,911 / 2,007 = 95.2% |
| **Total** | **27,037** | **100.0%** | **22,866** | **100.0%** | **2,866 / 27,037 = 84.6%** |
| **Race/Ethnicity Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| Black | 2,647 | 9.8% | 2,379 | 10.4% | 2,379 / 2,647 = 89.9% |
| American Indian/Alaskan Native | 200 | 0.7% | 178 | 0.8% | 178 / 200 = 89% |
| Asian/Other Pacific Islander | 1,237 | 4.6% | 1,143 | 5.0% | 1,143 / 1,237 = 92.4% |
| Hispanic/Latino | 12,688 | 46.9% | 10,981 | 48.0% | 10,981 / 12,688 = 86.5% |
| White | 5,156 | 19.1% | 4,586 | 20.0% | 4,586 / 5,156 = 88.9% |
| Other/Not Reported | 5,109 | 18.9% | 3,619 | 15.8% | 3,619 / 5,109 = 70.8% |
| **Total** | **27,037** | **100.0%** | **22,886** | **100.0%** | **2,866 / 27,037 = 84.6%** |
| **Primary Language Distributio** | **Number** | **Percent** | **Number** | **Percent** | |
| English | 21,322 | 78.9% | 18,733 | 81.9% | 18,733 / 21,322 = 87.9% |
| Spanish | 3,046 | 11.3% | 2,266 | 9.9% | 2,266 / 3,046 = 74.4% |
| Hmong/Lao | 125 | 0.5% | 113 | 0.5% | 113 / 125 = 90.4% |
| Other/Not Reported | 2,544 | 9.4% | 1,774 | 7.8% | 1,774 / 2,544 = 69.7% |
| **Total** | **27,037** | **100.0%** | **22,886** | **100.0%** | **2,866 / 27,037 = 84.6%** |
| **Gender Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| Male | 11,617 | 43.0% | 10,007 | 43.7% | 10,007 / 11,617 = 86.1% |
| Female | 12,517 | 46.3% | 10,877 | 47.5% | 10,877 / 12,517 = 86.9% |
| Transgender | 59 | 0.2% | 40 | 0.2% | 40 / 59 = 67.8% |
| Other/Not Reported | 2,844 | 10.5% | 1,962 | 8.6% | 1,962 / 2,844 = 69.0% |
| **Total** | **27,037** | **100.0%** | **22,886** | **100.0%** | **2,866 / 27,037 = 84.6%** |

### 9. Penetration Rates for Substance Use Disorder Services

Figure 6 shows the number of persons in the county *general* population (2020 Census) and the number of persons who received substance use disorder (SUD) services in FY 2023/24. From this data, a penetration rate was calculated, showing the percent of persons in the *general* population that received SUD services during this time period. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population. Note: The general population is used to calculate the penetration rate because the total number of persons in the county with Medi-Cal eligibility/benefits was not available. In addition, the total number of persons served by SUD services includes both individuals with Medi-Cal and those who do not have Medi-Cal. So, using the general population is a better representation of access to services.

Of the 1,008,654 residents who live in Fresno County, 30.6% are less than 21 years old; 28.6% are ages 21-39; 22.5% are adults ages 40-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Fresno County identify as Hispanic/Latino (53.6%) and White (27%). There are an equal number of individuals who identify as male (49.7%) and female (50.3%) in the county.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 5,635 individuals who received one or more SUD services in FY 2023/24. Of these individuals, 48.8% were less than 21 years old; 30.5% were ages 21-39; 18.5% were adults ages 40-59; and 2.3% were ages 60 and older.

Of the individuals who received SUD services, 51.1% identified as Hispanic/Latino and 12.7% identified as White. All other race/ethnicity groups represented a small number of individuals. Most individual's primary language was English (85.2%), 7.2% reported a primary language of Spanish, and 0.1% reported a primary language of Hmong/Lao. More individuals receiving SUD services identified as male (57.4%) as compared to female (39.6%) or Transgender (0.2%).

The penetration rate data shows that 0.6% of the Fresno County population received SUD treatment services. Of these individuals, participants less than 21 years old had a penetration rate of 0.9%, ages 21-39 had a penetration rate of 0.6%, adults ages 40-59 had a penetration rate of 0.5%, and older adults ages 60 and older had a penetration rate of 0.1%.

For race/ethnicity, persons who identified as Black had a penetration rate of 1.0% and persons who identified as Hispanic/Latino had a penetration rate of 0.5%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Males had a higher penetration rate (0.6%) compared to females (0.4%).

**Figure 6**
**Fresno County Substance Use Disorder Outpatient Penetration Rate**
**By Gender, Age, Race/Ethnicity, and Language**
(Population Source: 2020 Census)

| | Fresno County Population 2020 Census | | All Substance Use Outpatient Participants FY 2023-24 | | Fresno County Population Substance Use Penetration Rate FY 2023-24 |
|---|---|---|---|---|---|
| **Age Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| 0 - 21 years | 308,241 | 30.6% | 2,748 | 48.8% | 2,748 / 308,241 = 0.9% |
| 21 - 39 years | 288,313 | 28.6% | 1,716 | 30.5% | 1,716 / 288,313 = 0.6% |
| 40 - 59 years | 226,510 | 22.5% | 1,043 | 18.5% | 1,043 / 226,510 = 0.5% |
| 60+ years | 185,590 | 18.4% | 128 | 2.3% | 128 / 185,590 = 0.1% |
| **Total** | **1,008,654** | **100.0%** | **5,635** | **100.0%** | **635 / 1,008,654 = 0.6%** |
| **Race/Ethnicity Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| Black | 44,295 | 4.4% | 444 | 7.9% | 444 / 44,295 = 1% |
| American Indian/Alaskan Native | 6,074 | 0.6% | 42 | 0.7% | 42 / 6,074 = 0.7% |
| Asian/Other Pacific Islander | 110,898 | 11.0% | 124 | 2.2% | 124 / 110,898 = 0.1% |
| Hispanic/Latino | 540,743 | 53.6% | 2,882 | 51.1% | 2,882 / 540,743 = 0.5% |
| White | 271,889 | 27.0% | 716 | 12.7% | 716 / 271,889 = 0.3% |
| Other/Not Reported | 34,755 | 3.4% | 1,427 | 25.3% | 1,427 / 34,755 = 4.1% |
| **Total** | **1,008,654** | **100.0%** | **5,635** | **100.0%** | **635 / 1,008,654 = 0.6%** |
| **Primary Language Distributio** | **Number** | **Percent** | **Number** | **Percent** | |
| English | - | - | 4,673 | 85.2% | - |
| Spanish | - | - | 449 | 8.2% | - |
| Hmong/Lao | - | - | 5 | 0.1% | - |
| Other/Not Reported | - | - | 508 | 9.3% | - |
| **Total** | **-** | **-** | **5,483** | **100.0%** | **-** |
| **Gender Distribution** | **Number** | **Percent** | **Number** | **Percent** | |
| Male | 501,441 | 49.7% | 3,145 | 57.4% | 3,145 / 501,441 = 0.6% |
| Female | 507,213 | 50.3% | 2,171 | 39.6% | 2,171 / 507,213 = 0.4% |
| Transgender | - | - | 9 | 0.2% | - |
| Other/Not Reported | - | - | 310 | 5.7% | - |
| **Total** | **1,008,654** | **100.00%** | **5,483** | **100.0%** | **635 / 1,008,654 = 0.6%** |

### 10. Analysis of Disparities identified in SUD Services

Figure 6 data also shows that the majority of SUD outpatient services individuals served are adults 0-21 years (48.8% compared to 30.6% of the population). Individuals served who identified as Hispanic/Latino represent 51.1% of the individuals served compared to 53.6% of the population.

Individuals served who identified as Black had a higher proportion of individuals served (7.9% compared to 4.4% of the population), as did American Indian/Alaskan Native (.7% compared to 0.6% of the population). There was a higher proportion of individuals served who identified as male (57.4%) than female (39.6%). This data illustrates the need to provide culturally responsive/appropriate services to individuals receiving SUD services.

## *B. Utilization of Behavioral Health Services*

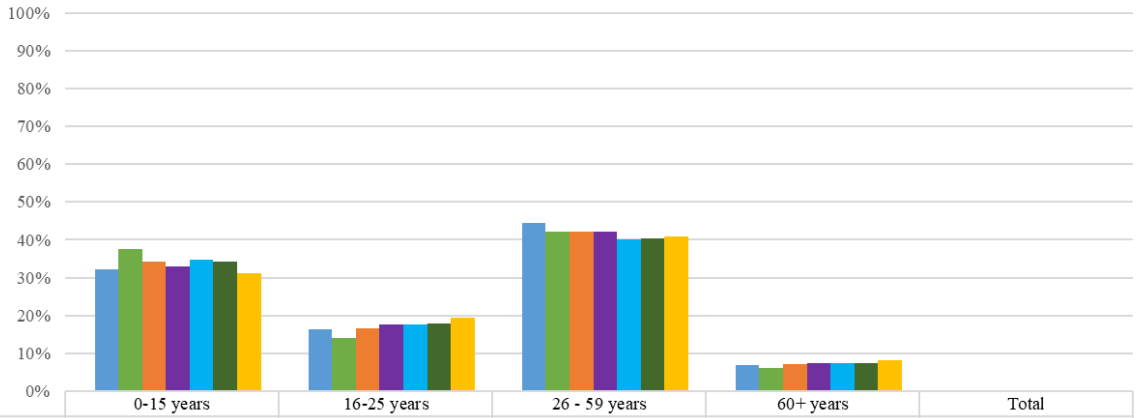
### 1. Mental Health Outpatient Services by Demographics

Figure 7 shows the number and percent of individuals who received mental health outpatient services by age group for seven (7) years, FY 2017/18 to FY 2023/24. This data is calculated from EHR data. This data does not include persons served through programs funded solely through the Mental Health Services Act (MHSA) and/or from organizational providers who do not report data to the EHR. This data shows an unduplicated count of individuals served in each of the six (6) fiscal years, by age group. Each fiscal year represents services delivered from July 1 through June 30.

Of the 27,037 people served in FY 2023/24:

- 31.2% were Children ages 0-15;
- 19.5% were TAY, ages 16-25;
- 41% were Adults ages 26-59; and
- 8.3% were Older Adults, ages 60+.

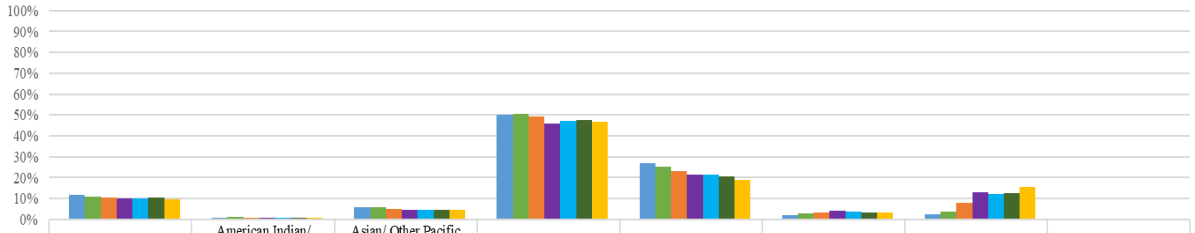
**Figure 7**
**Fresno County Mental Health Outpatient Services**
***Number and Percent of Individuals Served, by Age***
FY 2017-18 to FY 2023-24




| | 0-15 years | 16-25 years | 26 - 59 years | 60+ years | Total |
|---|---|---|---|---|---|
| # Individuals FY 2017-18 | 6,499 | 3,279 | 8,967 | 1,390 | 20,135 |
| % Individuals FY 2017-18 | 32.3% | 16.3% | 44.5% | 6.9% | 100.0% |
| # Individuals FY 2018-19 | 7,831 | 2,956 | 8,822 | 1,309 | 20,918 |
| % Individuals FY 2018-19 | 37.4% | 14.1% | 42.2% | 6.3% | 100.0% |
| # Individuals FY 2019-20 | 8,453 | 4,088 | 10,434 | 1,783 | 24,758 |
| % Individuals FY 2019-20 | 34.1% | 16.5% | 42.1% | 7.2% | 100.0% |
| # Individuals FY 2020-21 | 8,632 | 4,623 | 11,052 | 1,932 | 26,239 |
| % Individuals FY 2020-21 | 32.9% | 17.6% | 42.1% | 7.4% | 100.0% |
| # Individuals FY 2021-22 | 9,281 | 4,679 | 10,711 | 1,947 | 26,618 |
| % Individuals FY 2021-22 | 34.9% | 17.6% | 40.2% | 7.3% | 100.0% |
| # Individuals FY 2022-23 | 9,117 | 4,792 | 10,791 | 2,012 | 26,712 |
| % Individuals FY 2022-23 | 34.1% | 17.9% | 40.4% | 7.5% | 100.0% |
| # Individuals FY 2023-24 | 8,442 | 5,261 | 11,088 | 2,246 | 27,037 |
| % Individuals FY 2023-24 | 31.2% | 19.5% | 41.0% | 8.3% | 100.0% |

Figure 8 shows the number and percent of individuals who received one or more mental health outpatient services from FY 2017/18 to FY 2023/24, by race/ethnicity. This data is collected from the EHR. This data shows that in FY 2023/24, of the 27,037 individuals receiving mental health services, 19.1% are White, 46.9% are Hispanic/Latino, 0.7% are American Indian/Alaskan Native, 4.6% are Asian/Other Pacific Islander, 9.8% are Black, and 3.3% Other. There were 4,227 (15.6%) that did not report race/ethnicity.

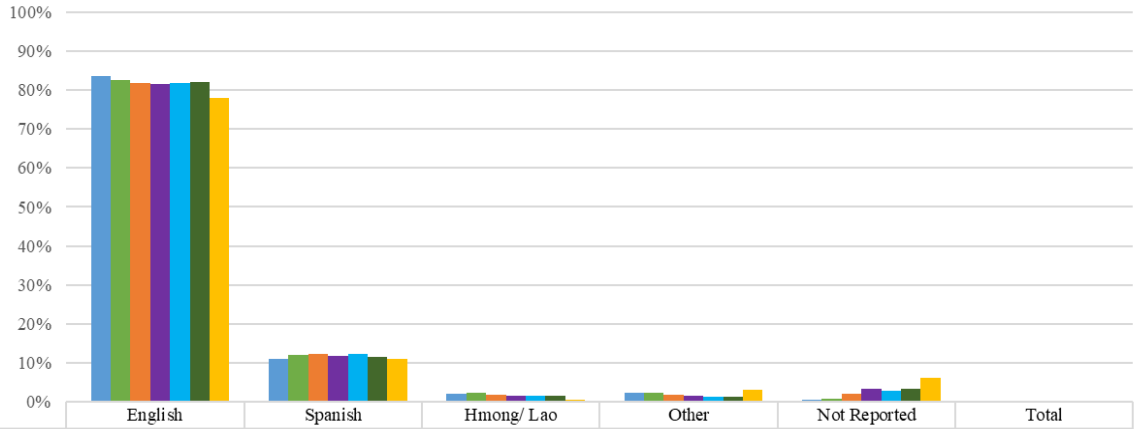
**Figure 8**
**Fresno County Mental Health Outpatient Services**
***Number and Percent of Individuals Served, by Race/Ethnicity***
FY 2017-18 to FY 2023-24




| | Black | American Indian/ Alaskan Native | Asian/ Other Pacific Islander | Hispanic/ Latino | White | Other | Not Reported | Total |
|---|---|---|---|---|---|---|---|---|
| # Individuals FY 2017-18 | 2,366 | 190 | 1,185 | 10,119 | 5,396 | 398 | 481 | 20,135 |
| % Individuals FY 2017-18 | 11.8% | 0.9% | 5.9% | 50.3% | 26.8% | 2.0% | 2.4% | 100.0% |
| # Individuals FY 2018-19 | 2,310 | 205 | 1,221 | 10,545 | 5,238 | 589 | 810 | 20,918 |
| % Individuals FY 2018-19 | 11.0% | 1.0% | 5.8% | 50.4% | 25.0% | 2.8% | 3.9% | 100.0% |
| # Individuals FY 2019-20 | 2,640 | 238 | 1,269 | 12,167 | 5,678 | 772 | 1,994 | 24,758 |
| % Individuals FY 2019-20 | 10.7% | 1.0% | 5.1% | 49.1% | 22.9% | 3.1% | 8.1% | 100.0% |
| # Individuals FY 2020-21 | 2,680 | 211 | 1,178 | 12,020 | 5,671 | 1,050 | 3,429 | 26,239 |
| % Individuals FY 2020-21 | 10.2% | 0.8% | 4.5% | 45.8% | 21.6% | 4.0% | 13.1% | 100.0% |
| # Individuals FY 2021-22 | 2,722 | 219 | 1,224 | 12,600 | 5,651 | 1,021 | 3,181 | 26,618 |
| % Individuals FY 2021-22 | 10.2% | 0.8% | 4.6% | 47.3% | 21.2% | 3.8% | 12.0% | 100.0% |
| # Individuals FY 2022-23 | 2,775 | 213 | 1,243 | 12,692 | 5,549 | 916 | 3,324 | 26,712 |
| % Individuals FY 2022-23 | 10.4% | 0.8% | 4.7% | 47.5% | 20.8% | 3.4% | 12.4% | 100.0% |
| # Individuals FY 2023-24 | 2,647 | 200 | 1,237 | 12,688 | 5,156 | 882 | 4,227 | 27,037 |
| % Individuals FY 2023-24 | 9.8% | 0.7% | 4.6% | 46.9% | 19.1% | 3.3% | 15.6% | 100.0% |

Figure 9 shows the number and percent of individuals who received one or more mental health outpatient services for seven (7) years (FY 2017/18 to FY 2023/24) by primary language. This data shows that in FY 2023/24, 78.1% of individuals served reported English, 11.2% reported Spanish, .5% reported Hmong/Laotian (note that these are grouped but we understand these are two different distinct language, but most common languages spoken by our API population), and 3.0% reported Other Languages. There were 1,714 that did not report a primary language (6.3%).

**Figure 9**
**Fresno County Mental Health Outpatient Services**
***Number and Percent of Individuals Served, by Primary Language***
FY 2017-18 to FY 2023-24

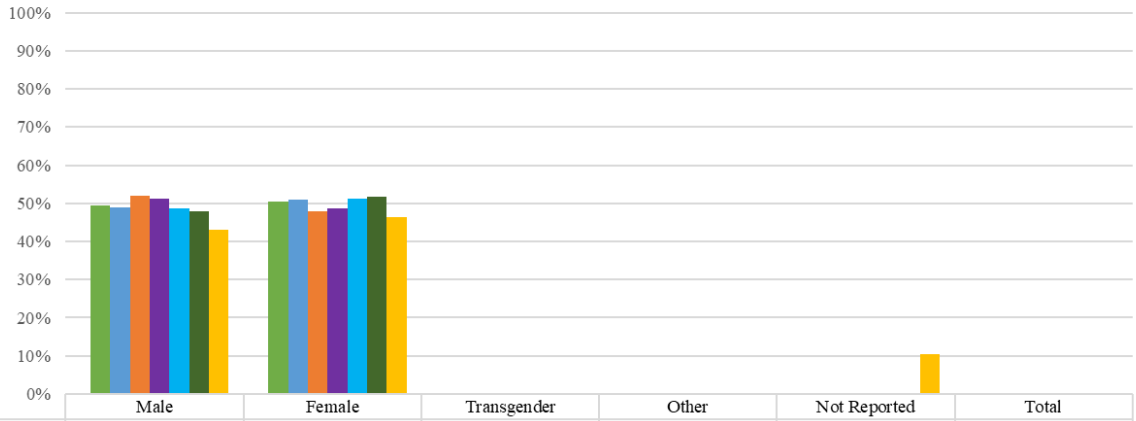



| | English | Spanish | Hmong/ Lao | Other | Not Reported | Total |
|---|---|---|---|---|---|---|
| # Individuals FY 2017-18 | 16,838 | 2,244 | 438 | 479 | 136 | 20,135 |
| % Individuals FY 2017-18 | 83.6% | 11.1% | 2.2% | 2.4% | 0.7% | 100.0% |
| # Individuals FY 2018-19 | 17,253 | 2,512 | 501 | 470 | 182 | 20,918 |
| % Individuals FY 2018-19 | 82.5% | 12.0% | 2.4% | 2.2% | 0.9% | 100.0% |
| # Individuals FY 2019-20 | 20,244 | 3,054 | 479 | 473 | 508 | 24,758 |
| % Individuals FY 2019-20 | 81.8% | 12.3% | 1.9% | 1.9% | 2.1% | 100.0% |
| # Individuals FY 2020-21 | 21,398 | 3,107 | 438 | 416 | 880 | 26,239 |
| % Individuals FY 2020-21 | 81.6% | 11.8% | 1.7% | 1.6% | 3.4% | 100.0% |
| # Individuals FY 2021-22 | 21,780 | 3,301 | 436 | 369 | 732 | 26,618 |
| % Individuals FY 2021-22 | 81.8% | 12.4% | 1.6% | 1.4% | 2.8% | 100.0% |
| # Individuals FY 2022-23 | 21,920 | 3,078 | 442 | 349 | 923 | 26,712 |
| % Individuals FY 2022-23 | 82.1% | 11.5% | 1.7% | 1.3% | 3.5% | 100.0% |
| # Individuals FY 2023-24 | 21,322 | 3,046 | 125 | 830 | 1,714 | 27,307 |
| % Individuals FY 2023-24 | 78.1% | 11.2% | 0.5% | 3.0% | 6.3% | 100.0% |

This data identifies the need to train staff on collecting data on Primary Language. It would also be helpful to collect information on Preferred Language to help identify the need for trained interpreters to deliver services in the person's preferred language.

Figure 10 shows the number and percent of individuals who received one or more mental health outpatient services for seven (7) years, FY 2017/18 to FY 2023/24, by gender. This data shows that in FY 2023/24, 43% were males and 56.3% were female. There were 59 individuals that were transgender (0.2%); twenty (20) reported "Other;" and 2,824 did not report gender.

**Figure 10**
**Fresno County Mental Health Outpatient Services**
***Number and Percent of Individuals Served, by Gender***
FY 2017-18 to FY 2023-24




| | Male | Female | Transgender | Other | Not Reported | Total |
|---|---|---|---|---|---|---|
| # Individuals FY 2017-18 | 9,951 | 10,180 | 4 | | | 20,135 |
| % Individuals FY 2017-18 | 49.4% | 50.6% | 0.0% | 0.0% | 0.0% | 100.0% |
| # Individuals FY 2018-19 | 10,256 | 10,659 | | | 3 | 20,918 |
| % Individuals FY 2018-19 | 49.0% | 51.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| # Individuals FY 2019-20 | 12,896 | 11,852 | 5 | | 5 | 24,758 |
| % Individuals FY 2019-20 | 52.1% | 47.9% | 0.0% | 0.0% | 0.0% | 100.0% |
| # Individuals FY 2020-21 | 13,434 | 12,780 | 17 | 4 | 4 | 26,239 |
| % Individuals FY 2020-21 | 51.2% | 48.7% | 0.1% | 0.0% | 0.0% | 100.0% |
| # Individuals FY 2021-22 | 12,957 | 13,623 | 33 | 2 | 3 | 26,618 |
| % Individuals FY 2021-22 | 48.7% | 51.2% | 0.1% | 0.0% | 0.0% | 100.0% |
| # Individuals FY 2022-23 | 12,782 | 13,839 | 72 | 5 | 14 | 26,712 |
| % Individuals FY 2022-23 | 47.9% | 51.8% | 0.3% | 0.0% | 0.1% | 100.0% |
| # Individuals FY 2023-24 | 11,617 | 12,517 | 59 | 20 | 2,824 | 27,037 |
| % Individuals FY 2023-24 | 43.0% | 46.3% | 0.2% | 0.1% | 10.4% | 100.0% |

This data illustrates the need to train staff on how to collect sensitive information and report on individuals identifying as transgender or other identities on the gender spectrum. This cultural group has experienced a high rate of bullying, and many have experienced trauma and/or suicidal behavior. As a result, having accurate and timely data on the persons served will help the CRP identify opportunities to expand or adapt services to this vulnerable population. These individuals, and their families, could benefit from receiving welcoming and accessible mental health services. It also makes clear the need to ensure that SOGI data is collected for each person served.

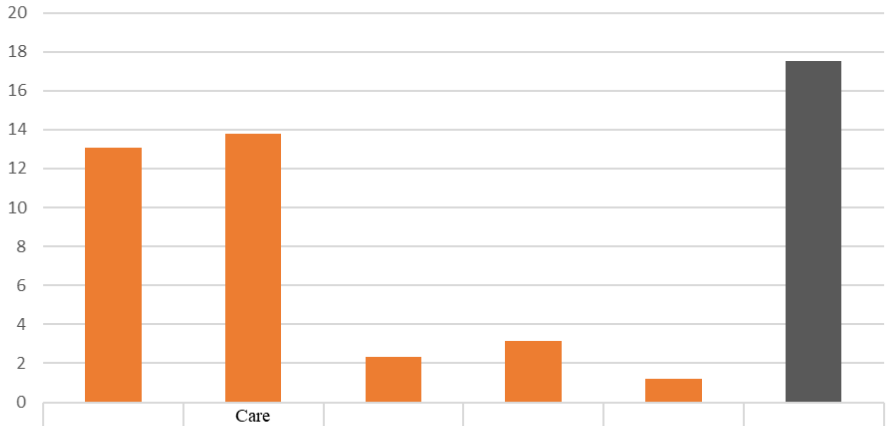
## 2. Utilization of Mental Health Outpatient Services

Figure 11 shows the total number of hours per year, individuals served, and hours per individual, by type of mental health service for FY 2023/24 and is coupled with Figure 11awhichshows the previous six (6) years, FY 2017/18 to FY 2022/23. This EHR data shows that the 27,037 individuals served in FY 2023/24 received a total of 473,985 hours of mental health outpatient services in the year. This calculates into an average of 17.53 hours per individual per year. This data also shows the number of individuals and average hours for each type of service. Individuals can receive more than one type of service. The number of individuals varies by type of service.

In FY 2023/24, individuals who received an assessment averaged 2.33 hours of assessment and plan development in the year; care coordination/rehabilitation/collateral averaged 13.8hours; crisis services averaged 1.22 hours; medication services averaged 3.17 hours; and outpatient therapy averaged 13.05 hours.

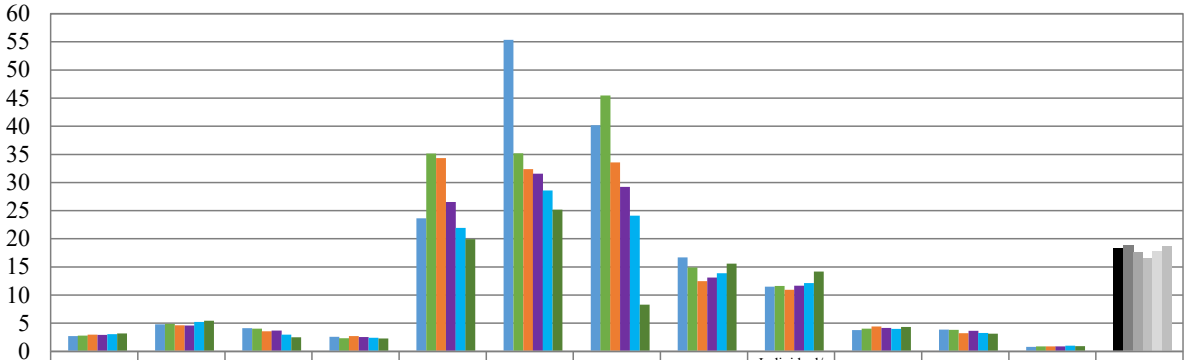
Over 50% of all persons served received an assessment and case coordination/rehabilitation/collateral. Nearly 50% received outpatient therapy and medication services. It is also important to review the number of persons served that received each type of service.

**Figure 11**
**Fresno County Mental Health Outpatient Services**
***Total Mental Health Hours, Persons Served, and Hours Per Person Served, by Service Type***
FY 2023-24




| | Outpatient Therapy | Care Coordination/ Rehabilitation/ Collateral | Assessment/ Plan Development | Medication Services | Crisis Services | Total |
|---|---|---|---|---|---|---|
| # Hours FY 2023-24 | 13,340 | 15,997 | 16,051 | 11,703 | 3,884 | 27,037 |
| # Individuals FY 2023-24 | 174,046 | 220,695 | 37,393 | 37,094 | 4,757 | 473,985 |
| Avg. Hours per Person Served FY 2023-24 | 13.05 | 13.8 | 2.33 | 3.17 | 1.22 | 17.53 |

**Figure 11a**
**Fresno County Mental Health Services**
**Total Mental Health Hours, *Individuals Served*, and Hours per *Individual Served***
**per Year, by Service Type**
**Mental Health Individuals Served Reported to EHR**
FY 2017-18 to FY 2022-23




| | Assessment | Case Management | Collateral | Crisis Intervention | ICC | IHBS | Group | Individual Rehabilitation | Individual/ Family Therapy | Medication | Placement | Plan Development | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # FY 2017-18 Individuals | 10,000 | 7,197 | 2,908 | 1,403 | 349 | 256 | 1,692 | 3,813 | 7,203 | 12,257 | 482 | 10,417 | 20,135 |
| # FY 2017-18 Hours | 27,394.75 | 34,572.15 | 11,949.30 | 3,614.07 | 8,247.93 | 14,172.82 | 67,959.53 | 63,645.07 | 82,822.93 | 46,581.82 | 1,856.60 | 8,416.23 | 371,233.20 |
| FY 2017-18 Avg. Hours per Individual | 2.74 | 4.80 | 4.11 | 2.58 | 23.63 | 55.36 | 40.17 | 16.69 | 11.50 | 3.80 | 3.85 | 0.81 | 18.44 |
| # FY 2018-19 Individuals | 10,746 | 7,690 | 3,170 | 1,315 | 393 | 285 | 1,612 | 4,206 | 7,700 | 12,365 | 402 | 10,803 | 20,918 |
| # FY 2018-19 Hours | 30,200.98 | 37,649.93 | 12,765.27 | 3,091.77 | 13,813.48 | 10,030.48 | 73,319.55 | 62,659.30 | 89,675.93 | 49,956.80 | 1,537.72 | 9,430.05 | 394,131.27 |
| FY 2018-19 Avg. Hours per Individual | 2.81 | 4.90 | 4.03 | 2.35 | 35.15 | 35.19 | 45.48 | 14.90 | 11.65 | 4.04 | 3.83 | 0.87 | 18.84 |
| # FY 2019-20 Individuals | 12,200 | 12,058 | 4,329 | 2,885 | 528 | 380 | 1,449 | 5,362 | 10,173 | 11,862 | 500 | 12,003 | 24,758 |
| # FY 2019-20 Hours | 36,329.93 | 55,697.00 | 15,513.12 | 7,869.30 | 18,120.83 | 12,310.12 | 48,664.83 | 66,907.92 | 111,270.15 | 52,235.87 | 1,625.55 | 10,603.77 | 437,148.38 |
| FY 2019-20 Avg. Hours per Individual | 2.98 | 4.62 | 3.58 | 2.73 | 34.32 | 32.40 | 33.59 | 12.48 | 10.94 | 4.40 | 3.25 | 0.88 | 17.66 |
| # FY 2020-21 Individuals | 11,714 | 13,760 | 4,629 | 4,653 | 546 | 325 | 855 | 5,107 | 10,914 | 12,106 | 473 | 11,817 | 26,239 |
| # FY 2020-21 Hours | 34,449.98 | 62,956.87 | 17,124.33 | 11,842.35 | 14,501.18 | 10,260.25 | 25,001.98 | 67,099.50 | 127,302.05 | 50,314.28 | 1,729.67 | 10,608.63 | 433,191.08 |
| FY 2020-21 Avg. Hours per Individual | 2.94 | 4.58 | 3.70 | 2.55 | 26.56 | 31.57 | 29.24 | 13.14 | 11.66 | 4.16 | 3.66 | 0.90 | 16.51 |
| # FY 2021-22 Individuals | 12,462 | 13,369 | 5,178 | 4,866 | 702 | 269 | 1,167 | 5,779 | 11,930 | 12,569 | 480 | 12,241 | 26,618 |
| # FY 2021-22 Hours | 38,336.92 | 70,010.80 | 15,435.95 | 11,692.15 | 15,390.48 | 7,687.18 | 28,139.80 | 80,293.83 | 144,720.77 | 50,075.12 | 1,577.85 | 12,338.23 | 475,699.08 |
| FY 2021-22 Avg. Hours per Individual | 3.08 | 5.24 | 2.98 | 2.40 | 21.92 | 28.58 | 24.11 | 13.89 | 12.13 | 3.98 | 3.29 | 1.01 | 17.87 |
| # FY 2022-23 Individuals | 10,949 | 15,566 | 6,085 | 4,523 | 900 | 278 | 1,195 | 6,208 | 11,410 | 11,796 | 451 | 8,514 | 26,712 |
| # FY 2022-23 Hours | 34,719.43 | 85,003.92 | 15,285.46 | 10,334.80 | 17,946.88 | 6,994.23 | 9,918.92 | 96,789.72 | 161,687.80 | 51,145.45 | 1,424.45 | 7,815.13 | 499,066.20 |
| FY 2022-23 Avg. Hours per Individual | 3.17 | 5.46 | 2.51 | 2.28 | 19.94 | 25.16 | 8.30 | 15.59 | 14.17 | 4.34 | 3.16 | 0.92 | 18.68 |

### 3. Analysis of the Mental Health Data

The DEIC will review the Mental Health population data and develop recommendations in the next six (6) months. This review will allow the DEIC to better understand the service utilization data and make recommendations for enhancing services.

### 4. SUD Outpatient Services by Demographics

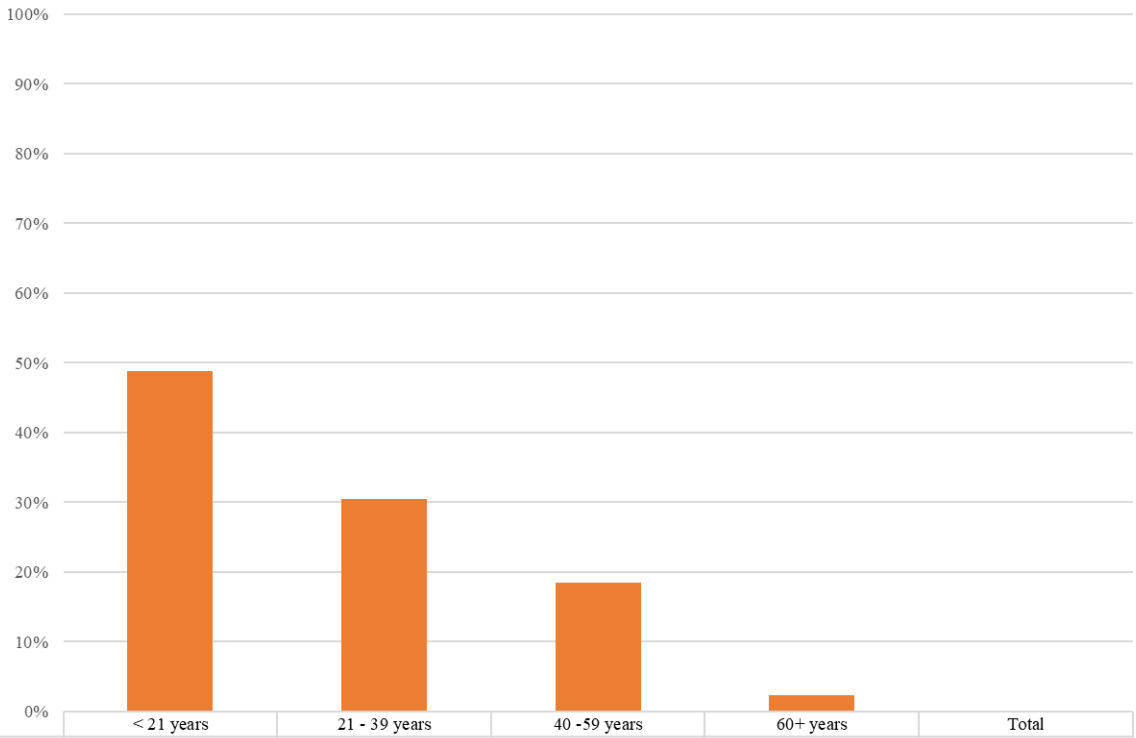
Figures 12 through 17 show SUD outpatient service utilization data by demographics for FY 2023/24. The implementation of this complex system transformed the service delivery system, which in turn changed the data collection processes in the county's Electronic Health Record (EHR). As a result, the timeliness and quality of the data is being refined. The data for the SUD outpatient services is shown only for one year: FY 2023/24. The Drug Medi-Cal Organized Delivery System (DMC-ODS) system was implemented beginning in January 2020, for a partial year through June 30, 2020. The data below shows a full 12 months of data for FY 2023/24 for SUD services delivered between July 1, 2023 and June 30, 2024.

Figure 12 shows the number and percent of individuals who received SUD outpatient services by age group for FY 2023/24. This EHR data shows an unduplicated count of individuals served by age group. Each individual received one or more SUD services in FY 2023/24.

Of the 5,635 (unduplicated) people receiving SUD outpatient services in FY 2023/24:

- 48.8% were less than 21 years
- 30.5% were ages 21-39
- 18.5% were ages 40-59
- 2.3% were ages 60+

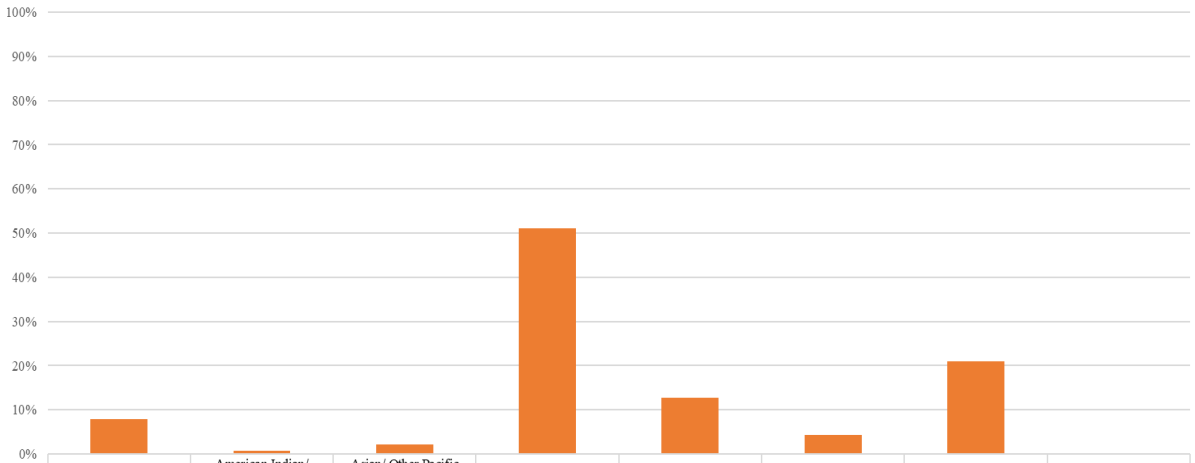
**Figure 12**
**Fresno County Substance Use Disorder Outpatient Services**
***Number and Percent of Individuals Served, by Age***
FY 2023-24




| | < 21 years | 21 - 39 years | 40 -59 years | 60+ years | Total |
|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 2,748 | 1,716 | 1,043 | 128 | 5,635 |
| % Individuals FY 2023-24 | 48.8% | 30.5% | 18.5% | 2.3% | 100.0% |

Figure 13 shows the number and percentage of individuals who received one or more SUD outpatient service in FY 2023/24, by race/ethnicity. This data shows that of the 5,635 individuals receiving SUD services, 7.9% are Black, .7% are American Indian/Alaskan Native, 2.2% are Asian/Other Pacific Islander, 51.1% are Hispanic/Latino, 12.7% are White, 4.4% Other, and 21% (1,181) were not reported. DBH is engaging in efforts to address data collection and improving quality of data with the goal to reduce high numbers of unreported data and help provide a clearer picture to inform strategies.

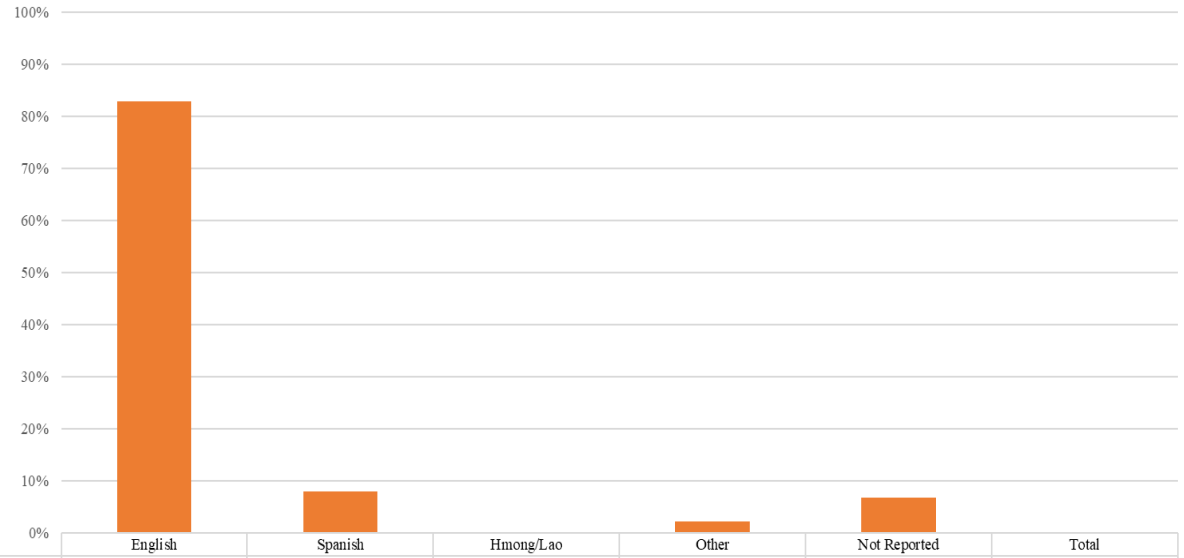
**Figure 13**
**Fresno County Substance Use Disorder Outpatient Services**
***Number and Percent of Individuals Served, by Race/Ethnicity***
FY 2023-24




| | Black | American Indian/ Alaskan Native | Asian/ Other Pacific Islander | Hispanic/ Latino | White | Other | Not Reported | Total |
|---|---|---|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 444 | 42 | 124 | 2,882 | 716 | 246 | 1,181 | 5,635 |
| % Individuals FY 2023-24 | 7.9% | 0.7% | 2.2% | 51.1% | 12.7% | 4.4% | 21.0% | 100.0% |

Figure 14 shows the number and percent of individuals who received one or more SUD outpatient service in FY 2023/24, by primary language. This data shows that 89.2% of individuals served speak English, 8% speak Spanish, 0.1% speak Hmong or Lao, 2.2% reported that they speak a different language, and 6.8% were not reported.

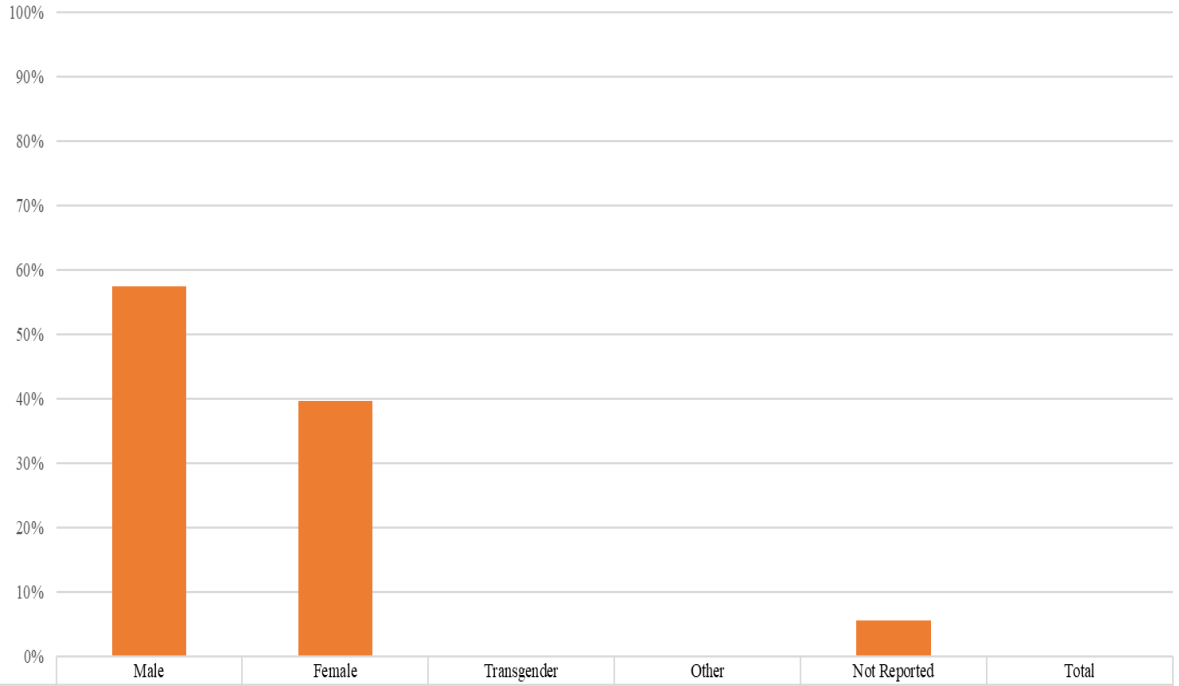
**Figure 14**
**Fresno County Substance Use Disorder Outpatient Services**
***Number and Percent of Individuals Served, by Primary Language***
FY 2023-24




| | English | Spanish | Hmong/Lao | Other | Not Reported | Total |
|---|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 4,673 | 449 | 5 | 124 | 384 | 5,635 |
| % Individuals FY 2023-24 | 82.9% | 8.0% | 0.1% | 2.2% | 6.8% | 100.0% |

Figure 15 shows the number and percent of individuals who received one or more SUD outpatient services in FY 2023/24, by gender. This data shows that for the 5,483 individuals served, 57.4% were male, 39.6% were female, and 0.2% were Transgender. Efforts to improve data collection should reduce the number of "unreported" and/or clarify if the data is unreported, or if the person served opted to "decline to state".

**Figure 15**
**Fresno County Substance Use Disorder Outpatient Services**
***Number and Percent of Individuals Served, by Gender***
FY 2023-24




| | Male | Female | Transgender | Other | Not Reported | Total |
|---|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 3,145 | 2,171 | 9 | 2 | 308 | 5,483 |
| % Individuals FY 2023-24 | 57.4% | 39.6% | 0.2% | 0.0% | 5.6% | 100.0% |

Figure 16 shows the number and percent of individuals who received one or more SUD outpatient service in FY 2023/24, by sexual orientation. This data shows that 3,636 individuals (64.5%) reported they identified as Heterosexual/Straight; 37 individuals (.7%) identified as Gay or Lesbian; 132 individuals identify as Bisexual (2.3%); 6 individuals (0.1%) identified as Transgender; 13 individuals (0.2%) identified as Unsure/Questioning; and 14 individuals (.2%) declined to state. There were 1797 individuals (31.9%) did not report sexual identity.
The development of this report highlights the significant number of missing data under the category of "not reported". Efforts will be made to understand if the not-reported is being used for those who decline to state, rather than information that has not been asked/collected and develop strategies to improve the data collection so there is less "not-reported" or to know it was not reported as a choice of the person served.

**Figure 16**
**Fresno County Substance Use Disorder Outpatient Services**
***Number and Percent of Individuals Served, by Sexual Orientation***
FY 2023-24




| | Heterosexual/ Straight | Gay/ Lesbian | Bisexual | Transgender | Unsure/ Questioning | Declined to State | Not Reported | Total |
|---|---|---|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 3,636 | 37 | 132 | 6 | 13 | 14 | 1,797 | 5,635 |
| % Individuals FY 2023-24 | 64.5% | 0.7% | 2.3% | 0.1% | 0.2% | 0.2% | 31.9% | 100.0% |

### 5. Utilization of SUD Outpatient Services

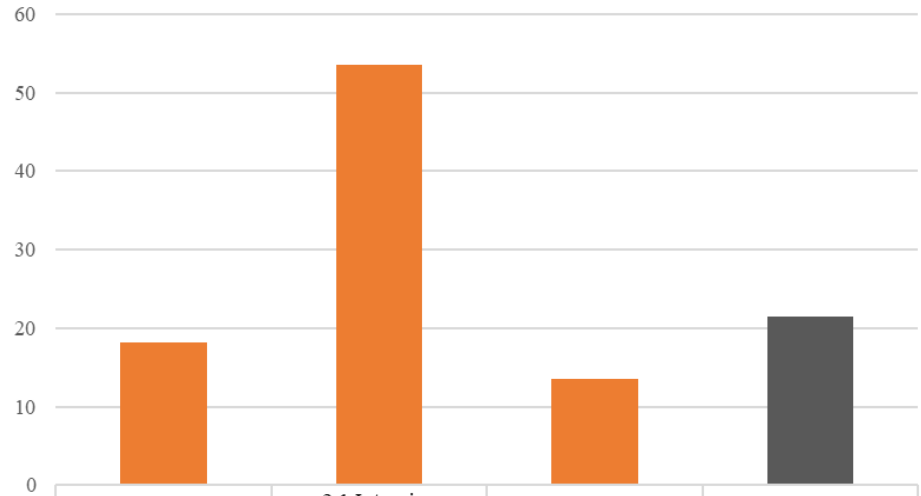
Figure 17 shows the total number of individuals that received SUD outpatient services, the total hours of outpatient services delivered by type of SUD outpatient service for FY 2023/24, and the average hours of outpatient services per individual.

This graph shows data from FY 2023/24. There were 5,197 individuals that received a total of 94,344 hours of SUD outpatient services. This data calculates into an average of 18.2 hours per individual for the fiscal year.

This data also shows the number of individuals, total hours, and average hours per person, for Individual Outpatient. There were 359 individuals that received a total of 19,256 hours of SUD Intensive Outpatient services averaging out to 52.6 hours per individual.

In addition, the data shows that 558 individuals were provide Recovery Services for a total of 7,611 and averaged out to 13.6 hours per person.

**Figure 17**
**Fresno County Substance Use Disorder Outpatient Services**
***Total Hours, Individuals Served, And Average Hours Per Individual Served, by Level of Care***
FY 2023-24




| | 1.0 Outpatient | 2.1 Intensive Outpatient | Recovery Services | Total |
|---|---|---|---|---|
| # Hours FY 2023-24 | 94,344 | 19,256 | 7,611 | 121,212 |
| # Individuals FY 2023-24 | 5,197 | 359 | 558 | 5,635 |
| Avg. Hours per Person Served FY 2023-24 | 18.2 | 53.6 | 13.6 | 21.5 |

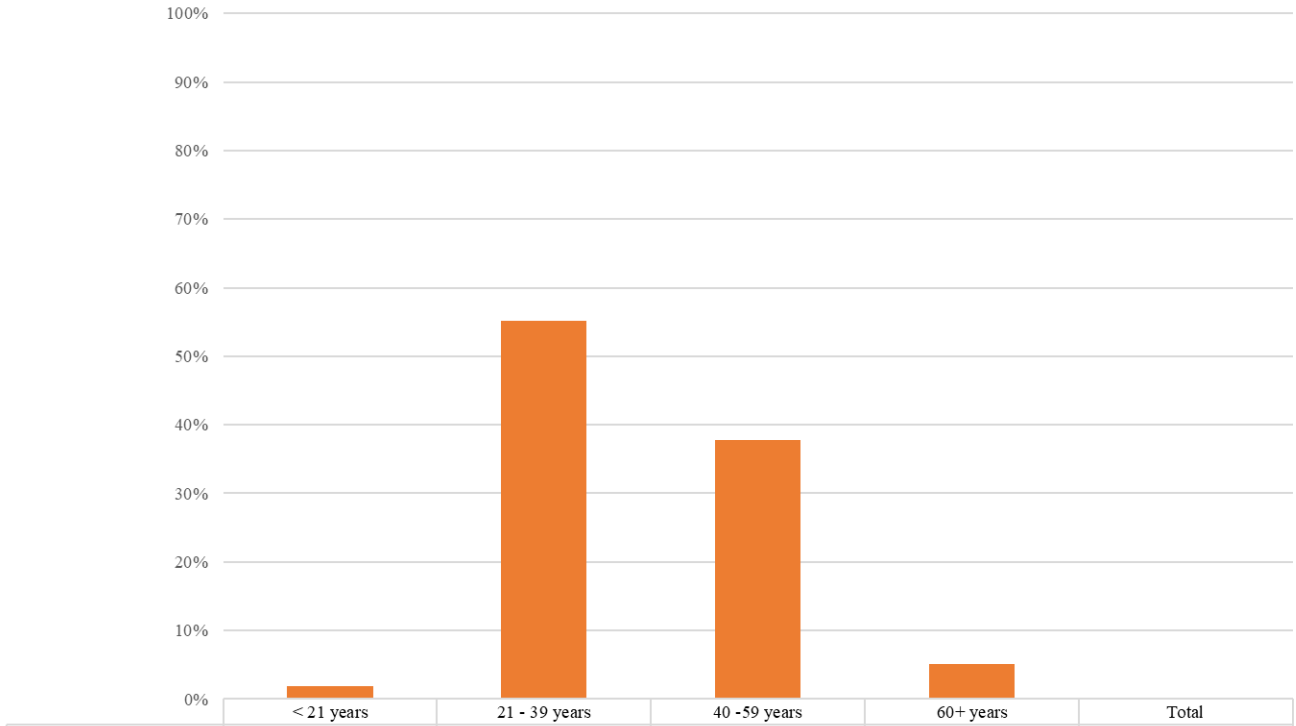
### 6. SUD Residential Treatment Services by Demographics

Figure 18 shows the number and percent of individuals who received substance use disorder residential treatment services by age group for FY 2023/24.

Of the 1,802 (unduplicated) people that received residential treatment in FY 2023/24:

- 1.9% were ages youth ages <21 years (N=35)
- 55.2% were ages 21-39 (N=994)
- 37.8% were ages 40-59 (N=682), and
- 5.0% were ages 60+ (N=91).

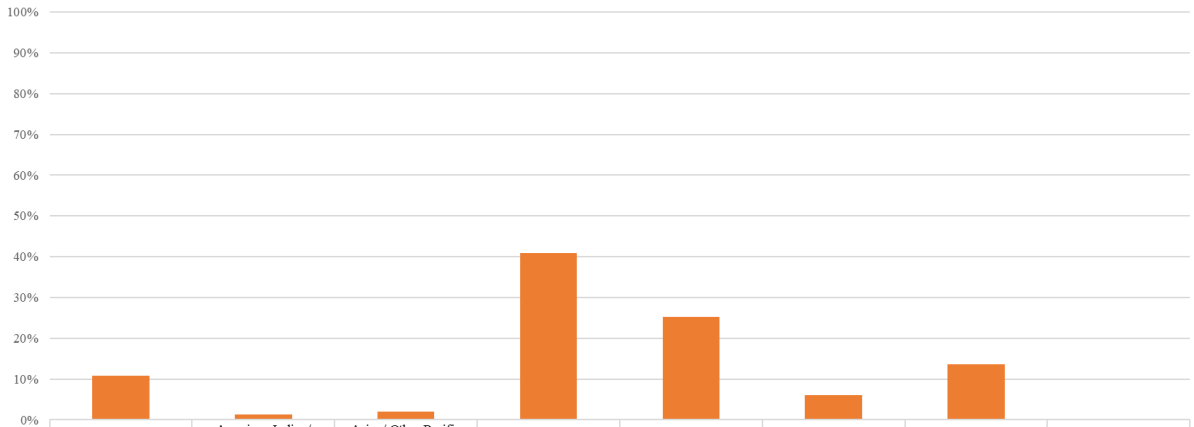
**Figure 18**
**Fresno County Substance Use Disorder Residential Treatment**
***Number and Percent of Individuals Served, by Age***
FY 2023-24




| | < 21 years | 21 - 39 years | 40 -59 years | 60+ years | Total |
|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 35 | 994 | 682 | 91 | 1,802 |
| % Individuals FY 2023-24 | 1.9% | 55.2% | 37.8% | 5.0% | 100.0% |

Figure 19 shows the number and percent of individuals who received SUD residential treatment services by race/ethnicity for FY 2023/24. This data shows that for FY 2023/24, of the 1,802 individuals receiving SUD residential treatment services, 10.8% are Black; 1.3% are American Indian/Alaskan Native; 1.9% are Asian/Other Pacific Islander;41.0% are Hispanic/Latino; 25.3% are White; 6.0% Other; and 13.7% (247) were not reported. An area of focus in the coming year will be to work to educate and support SUD providers in improving data collections, as the number of unreported demographic data is often high.

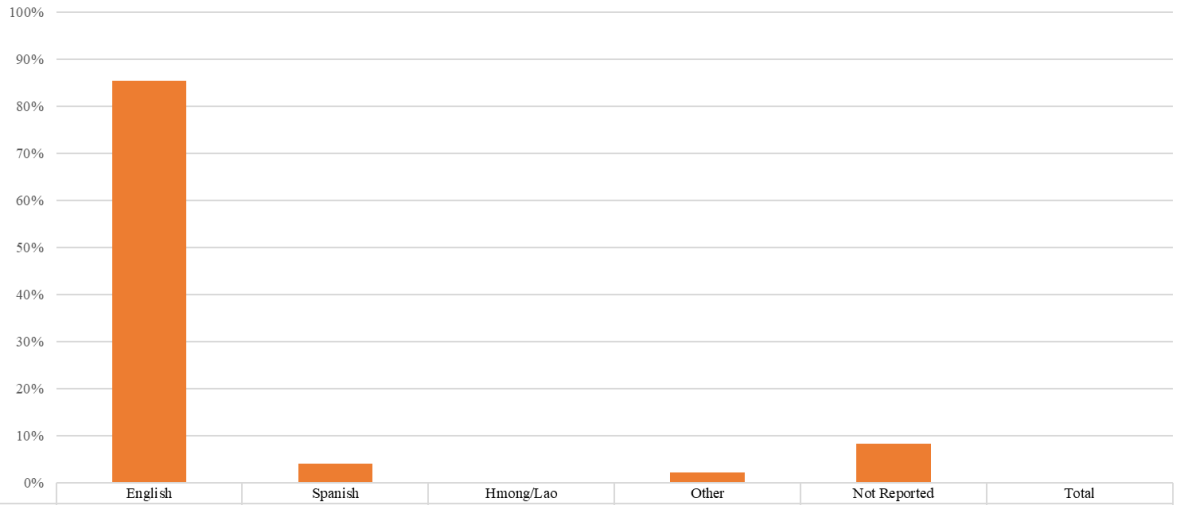
**Figure 19**
**Fresno County Substance Use Disorder Residential Treatment**
***Number and Percent of Individuals Served, by Race/Ethnicity***
FY 2023-24




| | Black | American Indian/ Alaskan Native | Asian/ Other Pacific Islander | Hispanic/ Latino | White | Other | Not Reported | Total |
|---|---|---|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 195 | 23 | 35 | 738 | 456 | 108 | 247 | 1,802 |
| % Individuals FY 2023-24 | 10.8% | 1.3% | 1.9% | 41.0% | 25.3% | 6.0% | 13.7% | 100.0% |

Figure 20 shows the number and percent of individuals who received SUD residential treatment service by primary language for FY 2023/24. This data shows that 85.5% of individuals served speak English; 4.1% speak Spanish, 2.2% reported that they speak a different language; and 8.3% were not reported.

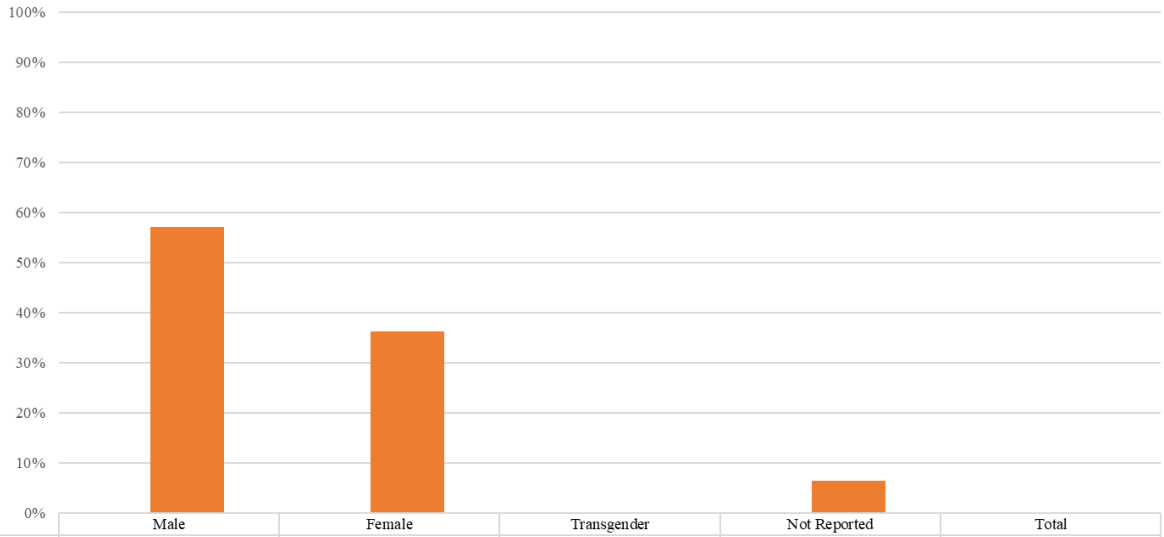
**Figure 20**
**Fresno County Substance Use Disorder Residential Treatment**
***Number and Percent of Individuals Served, by Primary Language***
FY 2023-24




| | English | Spanish | Hmong/Lao | Other | Not Reported | Total |
|---|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 1,540 | 73 | 1 | 39 | 149 | 1,802 |
| % Individuals FY 2023-24 | 85.5% | 4.1% | 0.1% | 2.2% | 8.3% | 100.0% |

Figure 21 shows the number and percent of individuals who received SUD residential treatment services by gender for FY 2023/24. This data shows that for the 1,802 individuals served in FY 2023/24, 57.2% were males and 36.3% were females. There were eight (2) people who identified as transgender (0.1%) and 116 were not reported (6.4%).

**Figure 21**
**Fresno County Substance Use Disorder Residential Treatment**
***Number and Percent of Individuals Served, by Gender***
FY 2023-24




| | Male | Female | Transgender | Not Reported | Total |
|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 1,030 | 654 | 2 | 116 | 1,802 |
| % Individuals FY 2023-24 | 57.2% | 36.3% | 0.1% | 6.4% | 100.0% |

Figure 22 shows the number and percentage of individuals who received SUD residential treatment services by sexual orientation for FY 2023/24. This data shows that 53.1% of individuals served identified as Heterosexual/ Straight; .8% identified as Gay or Lesbian; 1.1% identified as Bisexual; 0.1% identified as Transgender; 0.1% identified as Unsure/Questioning; .1% declined to answer; and 45% not reported. The data is highlighting the gaps in data with the unreported which does skew the data and thus a need to continue to work on developing strategies to improve data collection.

**Figure 22**
**Fresno County Substance Use Disorder Residential Treatment**
***Number and Percent of Individuals Served, by Sexual Orientation***
FY 2023-24

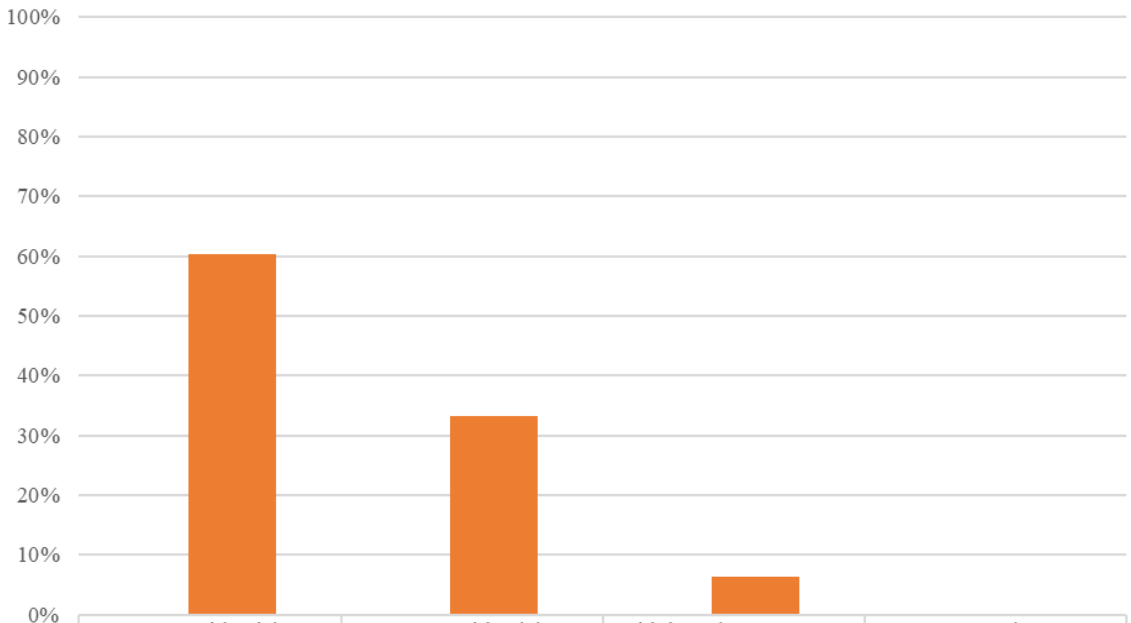



| | Heterosexual/ Straight | Gay/ Lesbian | Bisexual | Transgender | Unsure/ Questioning | Declined to State | Not Reported | Total |
|---|---|---|---|---|---|---|---|---|
| # Individuals FY 2023-24 | 956 | 14 | 19 | 1 | 1 | 1 | 810 | 1,802 |
| % Individuals FY 2023-24 | 53.1% | 0.8% | 1.1% | 0.1% | 0.1% | 0.1% | 45.0% | 100.0% |

## 7. Utilization of SUD Residential Treatment Services

Figure 23 shows the number and percent of days that substance use disorder individuals served accessed Level 3.1 residential services, Level 3.5 residential services, and withdrawal management services in FY 2023/24. There were 74,214 total days of services delivered to substance use disorder individuals, with 44,853 days of residential Level 3.1 (60.4%), 24,698 days of Level 3.5 residential services (33.3), and 4,663 days of withdrawal management (6.3%).

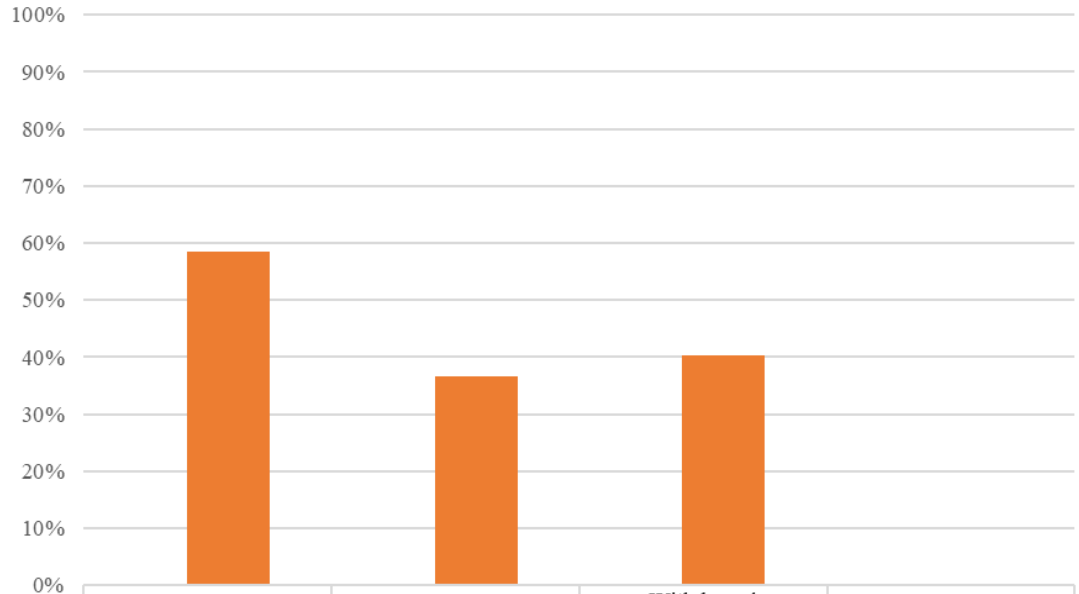
**Figure 23**
**Fresno County Substance Use Disorder Residential Treatment**
***Number and Percent of Days, by Level of Care***
FY 2023-24




| | 3.1 Residential | 3.5 Residential | Withdrawal Management | Total |
|---|---|---|---|---|
| # Days FY 2023-24 | 44,853 | 24,698 | 4,663 | 74,214 |
| % Days FY 2023-24 | 60.4% | 33.3% | 6.3% | 100.0% |

Figure 24 shows the number and percent of individuals served who received Level 3.1 residential services, Level 3.5 residential services, and withdrawal management services for FY 2023/24. Data is shown for each individual that received one or more of these services in FY 2023/24. There were 1,802 unique individuals who receive SUD residential services, with 1,055 individuals who received Level 3.1 residential services (58.5%), 658 received Level 3.5 residential services (36.5%), and 725 received withdrawal management services (40.2%).

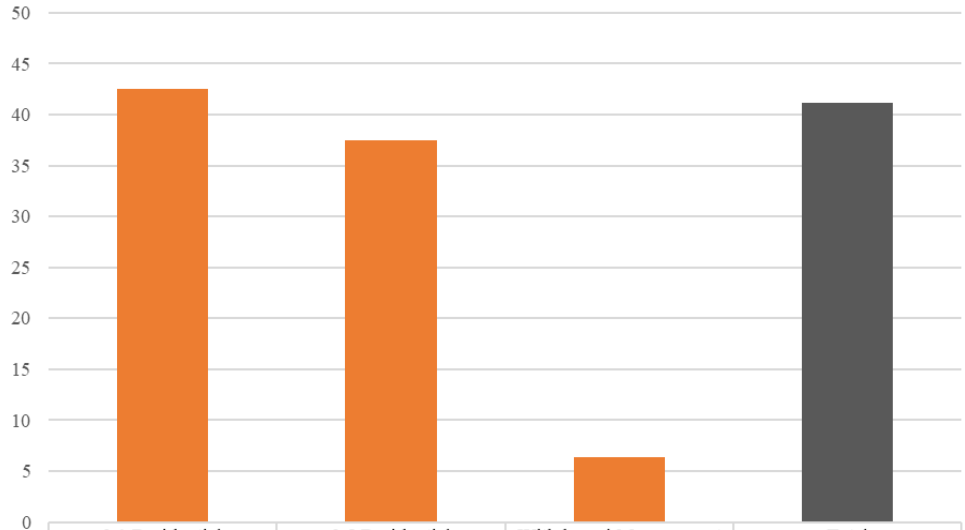
**Figure 24**
**Fresno County Substance Use Disorder Residential Treatment**
***Number and Percent of Individuals Served, by Level of Care***
FY 2023-24




| | 3.1 Residential | 3.5 Residential | Withdrawal Management | Total |
|---|---|---|---|---|
| # Individuals FY 2023-24 | 1,055 | 658 | 725 | 1,802 |
| % Individuals FY 2023-24 | 58.5% | 36.5% | 40.2% | 100.0% |

Figure 25 shows the number of residential treatment days, number of individuals served, and average days per individual served in residential treatment services for FY 2023/24. There were 1,802 individuals served. These individuals received a total of 74,214 days of service, which calculates to an average of 41.2 days per individual. There were 1,055 individuals that received 44,853 days of 3.1 residential services (42.5 days per individual); 658 individuals that received 24,698 days of 3.5 residential service (37.5 days per individual); and 725 individuals that received 4,663 days of withdrawal management services (6.4 days per person).

**Figure 25**
**Fresno County Substance Use Disorder Residential Treatment**
***Number of Days, Individuals Served, And Average Days Per Individual Served, by Level of Care***
FY 2023-24




| | 3.1 Residential | 3.5 Residential | Withdrawal Management | Total |
|---|---|---|---|---|
| # Days FY 2023-24 | 44,853 | 24,698 | 4,663 | 74,214 |
| # Individuals FY 2023-24 | 1,055 | 658 | 725 | 1,802 |
| Avg. Days per Person Served FY 2023-24 | 42.5 | 37.5 | 6.4 | 41.2 |

## 8. Analysis of the SUD Data

The DEIC will review the SUD utilization data and develop recommendations in the next six months. This will allow the DEIC to better understand the service utilization data and make recommendations for enhancing services. Also working to understand the reason some demographic data is "not reported" so that strategies can be developed to effectively improve data collection.

# III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

## *A. Culturally specific services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation*

The BHSOC has several culturally specific services in place, as well as programs with a peer driven focus.

- Fresno County has one of the only culturally focused Full Service Partnership (FSP) programs in the state. The BHSOC has a FSP called *Living Well* which provided those services to a Southeast Asian adult population through the Fresno Center.
- Fresno County DBH's Diversity Services Coordinator (DSC) is spearheading a new statewide African American workgroup through County Behavioral Health Directors Association (CBHDA) to help leverage learning, insights and best practices from around the state to support more responsive and equitable care. The work was presented in the last year to the CBHDA members, Ethnic/equity Services Managers (EMS), and slated to present to leadership of the California Department of Public Health (CDPH) in the coming year.
- The BHSOC also has an FSP program that is specifically for individuals who are actively involved in the justice system. This program is operated by TURN Behavioral Health Systems and focuses on some of the unique needs of justice involved and forensic populations.
- The BHSOC has specific continuum of care for rural communities which are predominantly Latino and a number who are Spanish speaking. Services are located in many of those communities and are staffed by personnel who reflect the communities being served. Turning Point of Central California provides those rural continuum of care services.
- During the last year, through the use of its Mental Health Services Act (MHSA) prevention dollars, the Department funded *Pop Up* for the local LGBTQ+ community. The service is part of a suicide prevention effort for LGBTQ+ young people, which seeks to provide safe and affirming space to reduce risk factors for this population.
- Westside Family Preservation Services is the contract operator for Youth Empowerment Program who operates in the western portion of the county and provides youth prevention services to small farming communities who are predominantly Latino. This program thus provides prevention services to Latino youth in rural communities of Huron, San Joaquin, Tranquility, Mendota, and Firebaugh.
- The Innovation Plan CRDP Evolutions is made up of three California Reducing Disparities Project (CRDP)/Community Defined Evidence-Based Practices (CDEP) programs that each have a specific population focus. The Sweet Potato Program serves African American Youth. The Hmong Helping Hand provides PEI services to older adult Hmong and other SEA seniors. The *Placticа Y Plenta* provides PEI services to local metro Latino youth. These are part of the initial community defined evidence-based practices developed in the state, and the only existing CDEPs funded by counties at this time.
- Programs such as the Culturally Based Access and Navigation (CBANS) assist with linkages and accessing care, through the use of cultural brokers and community health workers.

- The Holistic Wellness Center provides engagement, stigma reduction, and outreach to underserved communities through non-traditional practices and approaches for mental health and wellness.
- The Lodge is an active INN Plan that seeks to engage unhoused persons with an SMI and who are not in care, but in the pre-contemplation stage of change. The program is peer driven and has seven (7) full-time peers and two clinicians. The program focuses on exploring how peers may effectively help the target population engage in care.
- The Department completed three community needs assessments. One with the Fresno Economic Opportunities Commission (EOC) LGBTQ Center focused on LGBTQ transition aged youth, one with the Jakara Movement focused on Punjabi speaking community, and one with the Children's Movement of Fresno examining needs across different communities and regions in the county. Those can be found at www.dbhequity.com .
- The Department completed the second of a two-year long phase of a Community Participatory Action Research, for African Americans. The initial phases were focused on mental health literacy. The second phase established an African American Mental Health Advisory Council to help assess, identify, and recommend culturally specific ideas to address local African American mental health needs and produce final recommendations.
- The Department hosted three youth wellness summits in rural Latino communities (San Joaquin, Parlier, and Huron). Reports of those community events can be found on the department's MHSA page.
- Black Wellness and Prosperity Center completed a concept paper to conceptualize and propose future MHSA Innovation funded demonstration projects that will leverage the use of Doulas to support underserved communities and homes. Changes with Behavioral Health Services Act (BHSA) to Innovation have since curtailed viability of such projects for now.
- Though the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) team, (a year-long training effort through the MHSOAC and UC Davis), also identified in an evidence-based community practice model for effective stakeholder engagement. This included a variety of non-contracted community based organizations that provide services to underserved populations.
- DBH has developed and implemented a training specifically designed for Black Indigenous and other Persons of Color (BIPOC) LGBTQ populations in Fresno County to improve the quality of care for underserved or inappropriately served populations which is available in the training catalog.

Language access has been a challenge. There is an ongoing need to expand the number of bilingual, bicultural staff. Hiring persons who are bilingual and bicultural has always been a challenge, especially licensed clinicians and prescribers. Recent needs assessments demonstrated the language access is not just for care providers but for those supports, schedules, and others in the system of care. The DBH will continue to identify opportunities to expand the workforce to meet the needs of our cultural communities. The Central Regional Workforce Education and Training (WET) plan partnership is seeking to expand efforts to increase bilingual and bicultural persons into the BHSOC. The County has also explored other pathways and career track options to help addressing workforce needs.

DBH also has a number of peer-driven services through contract providers. These organizations hire persons with lived experience and offer wellness and recovery focused services. Wellness centers also offer services to individuals to support wellness, recovery. The county is invested in the development of the peer workforce based on the value of lived experience in provision of services, with its funding of training to increase the number of peers who are certified.

DBH has a full range of services for children, transition age youth, adults, and older adults and continually strive to expand services to reach unserved and underserved individuals in the community. The DBH will continue to explore opportunities to expand services and provide outreach to communities to reduce barriers to services.

The DBH will continue to identify and implement goals and strategies for improving services. These may include, but not limited to the following:

- Have services delivered in the individual's preferred language, whenever possible, and identify opportunities to enhance this process by developing best practice protocols.

- Identify opportunities to develop, engage, attract, hire, and retain bilingual, bicultural case managers and rehab specialists, as well as persons with lived experience and family members

- Analyze the availability of interpreters across the BHSOC, develop a process for certifying bilingual skills of staff; expand the number of positions / slots that can receive pay for providing interpretation services, and expanding the number of persons who receive bilingual pay

- Develop a skill-based interview to demonstrate bilingual skills

- Identify training opportunities for staff including how to utilize an interpreter and schedule training for all staff

- Develop Policy and Procedure Guidelines for assigning interpreters (e.g., rotation; consistency with individual and family; skills and expertise understanding medical term for psychiatric services; wait time for accessing an interpreter) to ensure quality and continuity of care

- Identify goals for the ratio of bilingual and bicultural staff to individuals served to address equity

- Provide training to staff to deliver innovative, evidence-based, trauma-informed wellness and recovery services in diverse settings

- Continue to support a work environment where cultural humility, dignity, and respect are modeled

### *B. Mechanisms for informing individuals of culturally responsive services and providers, including culturally specific services and language services; identify issues and methods of mitigation*

Individuals who staff the 24/7 Access Line are trained to be familiar with the culturally responsive services that are offered at BHSOC. Access line staff are able to speak Spanish and Hmong and are knowledgeable about using the Language Line to link individuals to language assistance services, as needed.

In addition, the high use 988 Suicide Prevention and Access line for the central region is located in Fresno County and is staffed by responders who reside in the community. The 988 line operated as the Central Valley Suicide Prevention Hotline (CVSPH) also has bilingual and bicultural staff to address linguistic and cultural needs, as well as processes for utilizing language line for languages for which there may not be personnel employed on duty.

In 2023, this service answered calls from 5,172 persons in Fresno County (of which 2,269 were crisis, 2,640 identified a mental health issue, and 1,687 identified suicidal content, ). Nearly half of the calls are missing demographic information, as the call/encounter does not always provide this information nor it is viable always during crisis calls, etc. to try and gather such demographics.

The new Mobile Crisis Team and services which were operationalized at the start of 2024 are supported by a dispatch team that works within the CVSPH and applies the same approaches. The responding teams in the field have access to language line for interpretation in real time based on the language need.

The BHSOC *Guide to Mental Health Services* brochure is available in our threshold languages: English, Spanish, and Hmong. This guide highlights available services, including culturally specific services. In addition, the brochure informs individuals of their right to free language assistance, including the availability of interpreters. This brochure is provided to individuals at intake, and is also available at county clinics, organizational providers, and wellness centers throughout the county. The service pages have language on them in Spanish, Hmong and Punjabi of accessing services in their preferred language w/o cost to them. DBH has also set up a page that has been translated into Spanish on its website to make access and information more readily available and has created a specific URL to help accessing the page easier via www.DBHespanol.com and www.DBHespanol.org. The website for the Hmong community has also been created www.DBHhmoob.com and www.DBHhmoob.org

A *Provider Directory* is available to individuals which lists provider names, population specialty (children, adult, veterans, LGBTQ+ when available, etc.), services provided, language capability, and whether or not the provider is accepting new individuals. This Directory is provided to individuals upon intake and is available at our clinics, organizational providers, and wellness centers. The Provider List is updated every other month and posted on the DBH website (www.hopefresnocounty.com).

The BHSOC also provides to DBH managers an updated *Interpreter List*, which provides individuals with the names, hours, and contact information of interpreters available in the county, as well as language and other cultural information (age, gender, sexual orientation). This list is provided to individuals upon intake and is available at county clinics, organizational providers, wellness centers, and on the BHSOC website.

BHSOC uses a New Person Served/Client Intake Log to ensure that when a person is new to receiving BHSOC services and requests specialty behavioral health services, that individual is informed about the availability of free language assistance services. This document is completed by front office staff, added to the individual's Electronic Health Record (EHR), and forwarded to clinical staff for scheduling the intake assessment appointment to ensure an interpreter is available for the appointment.

In the next year when additional data is available for analysis, the various departments and committees within DBH will review data and identify opportunities for addressing any identified disparities.

### *C. Process for capturing an individual's need for an interpreter and the methods for meeting that need; identify issues and methods of mitigation*

The 24/7 Access Log includes a field to record an individual's need for interpreters. It is our goal to have at least one bilingual staff person for each threshold language (Spanish and Hmong) working at the front office in each of our county outpatient clinics and at organizational providers for each of the threshold languages. These individuals are able to communicate with any caller who speaks Spanish or Hmong, or is knowledgeable about using the language line, when needed. The new person is offered an assessment with a Spanish or Hmong speaking clinician, whenever possible. A recent needs assessment focused on Spanish speaking parents that identified the need for more than just the therapist of the prescriber to be bilingual but also those support staff that are available when they call to access, schedule appointments, etc.

The New /Person Served/Client Intake Tracking Sheet allows BHSOC to document when an individual requests an interpreter. This form is forwarded to clinical staff for the intake assessment and included in the individual's EHR. This information is also utilized when individuals are assigned to a service provider, to help determine the need for a bilingual staff to provide ongoing services in the individual's primary language, whenever possible.

Currently, BHSOC has a policy and procedure guideline in place that outlines the requirements and processes for meeting an individual's request for language assistance, including the documentation of providing that service. However, there is a need to update this policy to include the process for capturing when an interpreter is used with the persons served and/or family member during services.

**Objective:** In FY 24/25, BHSOC began utilizing a process for assessing both county staff, and organization provider's staff bilingual language skills. This process will create the opportunity to analyze staff and provider disparities and identify opportunities for meeting the needs of individuals receiving services, and the needs of their families, when the family is involved in supporting the individual meet their goals.

The Diversity, Equity, and Inclusion Committee (DEIC) is working to identify where data gaps existing in terms of demographics and to then develop a strategy and implement it to improve data collection and quality of data. Focus has been on identifying the gaps, the possible reasons for the gaps and a possible two-pronged approach for improving data collection.
One, training for providers to understand why the data is important to the work and the need to collect timely and accurate data. Then providing training to support efforts for effective data collections.
The second, to help persons served understand the purpose of the data collection, how the data will be used, and how the data can help improve care for all. This can be in developing training for BHSOC staff to communicate or some information that can be developed and shared with persons served in our BHSOC. These are being discussed with the DEIC committee, and will remain a on-going goal for this coming year.
Understanding SOGI data, language, and other needs of our diverse population are key for developing policy, programs, strategies, workforce, and other steps to have an accessible, responsive and effective public BHSOC.

### *D. Process for reviewing grievances related to cultural competency; identify issues and methods of mitigation*

The Quality Improvement Committee (QIC) reviews grievances. Each grievance is recorded in a Grievance Log related to cultural issues. The QIC reviews all issues and determines if the resolution was culturally appropriate. The QIC and DEIC will work together to identify additional issues and objectives to help improve services during the coming year. The QIC and DEIC will share data, whenever feasible, to provide a consistent foundation of information across the service system. Under the Department's reorganization the QI team which oversees the QIC and the equity work lead by the Diversity Services Coordinator and ESM are part of a new Planning and Quality Management division where there will be more natural synergy in coordinating ways to improve quality and equity.

# IV. STAFF AND SERVICE PROVIDER ASSESSMENT

## *A. Current Staff Composition*

### 1. Ethnicity by Function

The Diversity, Equity, and Inclusion Committee (DEIC) will coordinate with Department of Behavioral Health (DBH) to provide summary data on the number of persons employed by the county, and at organizational providers, on race, ethnicity, and language. Where possible data will show race, ethnicity, and language by region, whether they are a mental health or substance use disorder (SUD) provider and if the provider serves specific age groups. Certain existing county and legal protocols do limit some of the demographics data that can be collected from personnel.

### 2. Staff Proficiency in Reading and/or Writing in a Language Other Than English, By Function and Language

The Language Subcommittee has been meeting nearly every month over the past year and has made excellent progress on the key objectives. The subcommittee focuses its efforts on improving and expanding linguistically appropriate services for persons served. In FY 2023/24, the Language subcommittee has continued its work to examine the designation and certification of bilingual staff. DBH has worked closely with the Human Resources Department to expand the number of paid bilingual positions and develop strategies to help certify bilingual staff in a timely manner. It will be examining options to ensure some future peer positions are also bilingual allocations as well, as the Department will be seeking to update job descriptions for peer positions.

In addition, the Language Subcommittee members have also recommended that DBH expand the number of employee positions that are certified and authorized to receive the pay differential for interpreting for individuals served and/or family members.

The DEI Language Subcommittee has also recommended starting two Language Champions Committees, to provide support to persons who serve as interpreters. One committee will support Spanish language interpreters and one will support Hmong/Lao interpreters. Each committee will hold a monthly meeting to provide a forum for people to develop common translations for key words that are frequently used in mental health. The Language Champions Committee will help provide consistency of interpreting across both interpreters and staff who use interpreters.

The DEI Language Subcommittee also developed a Spanish Language Champions Guide, which is available on their website (www.dbhequity.com ). This guide provides a comprehensive, well-organized English - Spanish translations to use when providing interpreting mental health services. This guide shows the English and corresponding Spanish words and phrases, to help communicate with Spanish speakers. It is well organized into different topics from Introductory phrases for counselors to use, through explaining different diagnostic terms (e.g., Depression; Anxiety); Behavioral Health clinical terms; medical terms; and other mental health symptoms

and concepts. This provides an excellent guide for creating a common language across interpreters to help 'standardize' terms. This helps both the persons served and family members to have the information translated consistently across interpreters and for behavioral health staff. This guide will also be used as a model for developing a Hmong language guide.
This committee has also helped create standard practices for interpreting and identify training opportunities for both interpreters and staff who use interpreters, to improve the experience for monolingual individuals served. A group for Spanish speakers and a group for Hmong/Lao speakers will be developed to support the Language Champions Committee for the two languages that meet the threshold language requirement in Fresno County. In addition, the committee will review service-level language data and identify needs; assess interpretation service capacity and quality; identify interpreter trainings; and review translated materials for accuracy.

### 3. Staff and Volunteer Cultural Humility Survey

To assess the cultural responsiveness of the workforce, staff and volunteers were asked to complete the Staff and Volunteer Cultural Humility Survey in Spring 2024. The complete results are shown in Attachment E.

This has been implemented annually since 2019 in the same period each year, and now has the capacity to provide trends, benchmarks and track efforts.

There were 382 staff who completed the survey (this was a decrease from the previous year). Of these individuals, 83.8% were county staff, 15.6% were contract provider staff, and .5% were volunteers. Of the staff responding to the survey, 35.8% were direct service/clinical/case management staff, 33.4% were administration/clerical staff who do *not* routinely interact with persons served, 12.4% were administration/clerical staff who *do* routinely interact with persons served, 16.8% were management staff, .5% were paid peer staff, and 1.1% were peer support.

The breakdown of staff who completed the survey by department/program is as follows: 17.8% from Children's Mental Health, 15.6% from the Adult System of Care, 11.7% from Contracts Department (MH/SUD), 13.5% from Administration, 11.4% from Finance/Accounting/Business Office, 10.1% from Managed Care, 4.0% from ISDS/Quality Improvement/Medical Records, .3% from Compliance, and 15.6% from Public Behavioral Health. These divisions will be different in future reports with the Reorganization of DBH going into effect July 2024.

Of the 348 survey respondents who reported their race/ethnicity, 53.4% were Hispanic/Latino, 23% were White, 16.4% were Asian, 5.5% were Black, .3% were Native Hawaiian or Other Pacific Islanders, .6% were American Indian or Alaska Native, 0.3% were Middle Eastern, and 0.6% identified as 'Other.' For the 351 respondents who report their current gender identity, 70.4% identify as Female, 28.5% identify as Male, and 1.2% identify as another gender. For sexual orientation, 90.8% of staff identified as Heterosexual/Straight, and 8.1% as LGBTQ+.

Of the 379 survey respondents, 161 (42.5%) consider themselves bilingual, with 71% of those bilingual staff speaking Spanish, 18% speaking Hmong, 2% speaking Punjabi, and 9% speaking another language. Staff may speak more than one language other than English. Of the 161 bilingual staff, 90 (55.9%) acted as an interpreter as a part of their job function, and 67.4% of

those interpreters responding received bilingual pay (60/89). This 2024 data shows an increase from the 2023 survey results, in which 55.4% of bilingual staff acted as an interpreter as a part of their job function and 35.1% received bilingual pay. These results highlight an area of improvement, though there is more potential growth for the County to support the importance of the DBH's efforts to hire and train bilingual staff. One of the goals of the DEI Language Committee in the last year has been achieved by implementing a process for certifying bilingual staff so more staff can receive bilingual pay. There are now over 64 staff who have been certified bilingual.

Other survey results show that 60.4% of staff identified as a person with lived Mental Health experience and 75.4% reported having a family member with lived Mental Health experience; 17.3% of staff identified as a person with lived substance use disorder experience and 57.5% reported having a family member with lived substance use disorder experience.

For the following survey items, the response options included Frequently, Occasionally, Rarely or Never, or Did Not Occur to Me.

Upon initial review, there were some interesting results when examining the staff responses to the questions.

A high percentage of staff responded "**Frequently**" to the following questions. This pattern of responses was similar across all respondents: White respondents, Hispanic/Latino respondents, and respondents of another race/ethnicity.

- *I recognize and accept that persons served/clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (Frequently = 81%)*
- *I recognize that family may be defined differently by different cultures. (Frequently = 81%)*
- *I recognize that gender roles in families may vary across different cultures. (Frequently = 78%)*

Conversely, a high percentage of staff responded "**Rarely or Never**" or "**Did Not Occur to Me**" to the following questions. This pattern of responses was similar across all respondents: White respondents, Hispanic/Latino respondents, and respondents of another race/ethnicity.

- *I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (Rarely or Never = 16%, Did not Occur to Me = 5%)*
- *I attempt to learn a few key words in the person served/client's primary language (e.g., "Hello, Goodbye, Thank you, etc.). (Rarely or Never = 19%, Did not Occur to Me = 5%)*

Overall, these results indicate that staff recognize the importance of person's served autonomy in decision making, and that family and gender roles may vary across different cultures. However, the results also indicate an opportunity to offer additional staff training regarding how to appropriately intervene if they observe another staff member exhibiting behaviors that show

cultural insensitivity or prejudice. DBH will be providing a training on psychological safety in the workplace for staff to help create more champions to create spaces where staff can rise the issue or awareness. In addition, future training could offer staff an opportunity to learn a few key words in the primary language of the person served.

Survey results were also analyzed across the past four years (2021; 2022; 2023, 2024). In 2021, 494 staff completed the survey; in 2022, 432 staff completed the survey; in 2023, 551 staff completed the survey; and in 2024, 382 staff completed the survey. We compared the responses to see how we have improved from 2021 to 2024.
There was a **consistently high** percentage of staff who responded "**Frequently**" or "**Occasionally**" to the following questions from 2021 to 2024:

- *I recognize and accept that clients/ persons served are the primary decision makers about their treatment, even though they may be different from my own beliefs. (Frequently or Occasionally = 95%+ in 2021 through 2024)*
- *I recognize that "family" may be defined differently by different cultures. (Frequently or Occasionally = 97%+ in2021 and in 2024)*
- *I recognize that gender roles in families may vary across different cultures. (Frequently or Occasionally = 96%+ in 2021 through 2024)*

Staff also reported on their participation in professional development activities during the past six months. The trends in survey responses were similar across all respondents (N=371); White respondents (N=76); Hispanic/Latino respondents (N=183), and respondents of another race/ethnicity (N=112).

A **high** percentage of survey respondents reported that they had participated in the following activities:

- *Talked to a colleague about a racial and/or cultural issue (53%).*
- *Reflected on my racial identity and how it affects my work with clients/ persons served (52%).*
- *Read/watched/listened to media about multicultural issues (71%).*
- *Learned something about a racial and/or cultural group other than my own (73%).*

A **low** percentage of survey respondents reported that they had participated in the following activities:

- *Sought guidance about a racial and/or cultural issue that arose during therapy/service delivery (20%).*
- *Sought supervision about multicultural issues (18%).*
- *Attended a training on Implicit Bias (30%).*

### *B. Analyze Staff Disparities and Related Objectives*

Survey results will be analyzed and shared with the DEIC to help identify new strategies and goals.

### *C. Identify Barriers that Impede Progress in Objectives and Methods of Mitigation*

Survey results will be analyzed and shared with the DBH and DEIC to identify and discuss barriers and recommend strategies to mitigate any issues.

# V. CLIENT (PERSON SERVED) AND FAMILY/CAREGIVER CULTURAL HUMILITY SURVEY

## *A. Survey Distribution*

In an effort to assess the cultural responsiveness of our service delivery, we asked individuals who received behavioral health services through Fresno County DBH to complete the Client (Person Served) Cultural Humility Survey and Family/Caregiver Cultural Humility Survey Spring 2024. In total, 1,654 surveys were completed by individuals served and family member/caregivers. The complete results for both surveys are shown in Attachments F and G. This is a survey that has been used annually since 2019 and provides trends and benchmarks at this time.

## *B. Client/Person Served Cultural Humility Survey Results*

There were 1,432 individuals who completed the Client/Persons Served Cultural Humility Survey. For the 1,403 individuals served who reported their age, 22.6 % were TAY 12 – 25; 53.2% were adults ages 26 – 59, and 21.5% were older adults, ages 60 and over. Of the 1,388 survey respondents who reported their race/ethnicity, 51.0% reported Hispanic/Latino; 15% as White; 6.5% as Black; 25.6% as Asian; 1.4% as American Indian or Alaska Native; 0.1% as Native Hawaiian or Other Pacific Islander; and .4% as 'Other'.

Of the 1,428 individuals reporting primary language, 54.7% reported English; 23.7% reported Spanish; 19.9% as Hmong/Lao; 0.2% as Punjabi; and .5% as 'Other.'

For sexual orientation, 1,165 individuals responded to this question. 89.4% of respondents identified as heterosexual/straight; and 8.9% identified as LGBTQ+. For current gender identity, 53.7% of the 1,390 survey respondents identify as female; 44.1% as male; and 2.2% identify as another gender. 95.9% of respondents reported not being involved with the military; and 41% reported that they have a disability.

The survey response options for the following items included Agree, Neither Agree nor Disagree, and Disagree. Upon initial review, there were some interesting results when examining those questions where the responses were lower than expected for "**Agree.**" These questions are listed below.

**Across all Respondents:**

- *If I want to receive services from a person from my own racial or ethnic group, staff help me connect to those services. (Agree = 81.4%)*
- *If I want to receive services from a person of my own gender and/or from the LGBTQ+ community, staff help me connect to those services. (Agree = 77.7%)*
- *The facility has pictures or reading material that show people from my racial or ethnic group. (Agree = 78.7%)*

### *C. Family/Caregiver Cultural Humility Survey Results*

There were 222 individuals who completed the Family/Caregiver Cultural Humility Survey. For the 221 individuals who reported their family member's age, 17.2% were children ages 0 – 11; 33.5% were TAY ages 12 – 25; 37.1% were adults ages 26 – 59; and 12.2% were older adults, ages 60 and over.

For the 221 individuals who reported their family member's race/ethnicity, 67.9% reported Hispanic/Latino; 10% as White; 4.5% as Black; 16.3% as Asian; .9% as American Indian or Alaska Native; and 0.5% of survey respondents reported their race/ethnicity as 'Other.'

For the 221 individuals who reported their family member's primary language, 50.2% reported English; 43.4% reported Spanish; and 4.5% as Hmong/Lao.

For sexual orientation, 180 individuals responded to this survey item. 93.3% of respondents identified as heterosexual/straight; and 6.2% as LGBTQ+. For current gender identity, 74% of survey respondents indicated that their family member identified as female; 25.6% as male; and .5% as non-binary. All (100%) respondents reported that their family member was notwith the military; and 16.9% reported that their family member has a disability.

The survey response options for the following items included Agree, Neither Agree nor Disagree, and Disagree. Upon initial review, there were some interesting results when examining those questions where the responses were lower than expected for "**Agree.**" Those will be briefly outlined below.

**Across all Respondents:**

- *If my family member wants to receive services from a person from their own racial or ethnic group, staff help them connect to those services. (Agree = 89%)*
- *The facility has pictures or reading material that show people from my family member's racial or ethnic group. (Agree = 85%)*

### *D. Analyze Disparities and Related Objectives*

Survey results will be analyzed and shared with the DEIC to help identify new strategies and goals over the coming year (2024).
Having data over a number of years has allows the BHSOC to track changes/improvement in areas of responsiveness and to identify positive trends, allowing providers to acknowledge their efforts are effective or having desired impact.

### *E. Identify Barriers that Impede Progress in Objectives and Methods of Mitigation*

These survey results provide valuable information on staff, family members, and individual's understanding of culture and their experience with mental health services within the system of care. The results also help identify training opportunities to support staff to deliver culturally responsive services. The DEI Committee, and subcommittees have made great strides in creating a system of care that delivers culturally, ethnically, and linguistically responsive

services to individuals receiving behavioral health services. This supports services that are sensitive to other cultures, including individuals in recovery; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) community; veterans; persons living with disabilities (hearing, vision, physical); various age groups (Children: 0-15; Transition Age Youth [TAY]: 16-25; Adults: 26-59; Older Adults: 60+); immigrants and refugees; and persons involved in the justice system.

DBH is awaiting recommendation from County Behavioral Health Directors Association (CBHDA) on increasing the required annual training for staff and providers from a minimum of "one" training a year to a certain number of hours, with certain hours devoted to core competencies and foundational learning and additional hours to be determined by the program or agency to enhance the skills of the staff for the populations and communities they are serving.

The development and implementation of a culturally and linguistically responsive system requires the commitment and dedication from leadership, staff, organizational providers, and the community to continually strive to learn from each other and by offering ongoing training and education. All Department staff, including leadership, are required to complete the foundational training *Introduction and Implementation of Cultural Responsiveness*. This training is also offered to contracted staff within the BHSOC. These trainings help to identify and mitigate barriers to ensure a service delivery system that respects the whole person.

# VI. TRAINING IN CULTURAL RESPONSIVENESS AND HUMILITY

Behavioral Health System of Care (BHSOC) will continuously offer Core Cultural Competency Trainings for county staff and contracted providers. The expectation is for these trainings to be completed by the target audience within six (6) months of hire date and/or contract execution and repeated every five (5) years. BHSOC had required county staff and contracted direct service providers to complete a minimum of eight (8) hours of additional cultural competency training per fiscal year, this has been placed on hold pending recommendation from CBHDA for consistency from county to county and mitigate the impact of fee-for service model now used vs cost reimbursement model.

## *A. Rationale for the Cultural Competency Trainings*

Racial and ethnic disparities in BHSOC services have been nationally recognized and officially documented in landmark reports and publications: The Surgeon General's 2001 Report, IOM 2000, and Stanley Sue's research. The County's service utilization data in the last several years suggested gender, age, and racial/ethnic related disparities. The County's BHSOC workforce assessments show: shortages of psychiatrists with special skills working with children and older adults, none-White individuals in managerial positions requiring licenses and advanced degrees, in direct care providers, especially licensed staff with working with American Indian, Hmong, Cambodian, Laotian, Vietnamese, Hispanic/Latino and other immigrant and refugee groups indigenous communities from Mexico and Central America.

The objectives in training and education of the BHSOC workforce are to develop and maintain a culturally responsive workforce that includes individuals and their family members, to address stigma and reduce discrimination, and ensure individual recovery and resilience. The DEIC will discuss and recommend opportunities for identifying additional trainings.

## *B. Training Participation*

This section describes cultural responsiveness and humility trainings for staff and providers, including training in the use of interpreters, in FY 2023/24.

DBH presented a QTBIPOC (Queer, Transgender, Black, Indigenous and Persons of Color) training developed and delivered by Dr. Ebony M. Williams, a professional trainer on Culturally Linguistically and Appropriate Services (CLAS) standards, Health Equity and Sexual Orientation and Gender Identity (SOGI) topics. This training's goal was to support direct service providers in providing more affirming and responsive care to meet the needs of those communities. Thirty-four attendees from the system of care and community partners attended and the training was recorded to edit and upload to the Department's learning management system, Relias which provides internal staff and contracted provider staff the opportunity to complete as well.

## *C. Core Cultural Competency Trainings in FY 2023/24*

| Title of Training / Event / Conference | Number of Participants |
|---|---|
| Using Communication Strategies to Bridge Cultural Divides (Relias) | 24 |
| Your Role in Workplace Diversity (Relias) | 186 |
| Introduction & Implementation of Cultural Responsiveness (IICR) | 516 |
| Behavioral Health Interpreter Training (BHIT) Interpreter Trainings | 14 |
| Behavioral Health Interpreter Training (BHIT) Providers Trainings | 47 |

## *D. Additional Cultural Competency Trainings in FY 2023/24*

| Title of Training / Event / Conference | Number of Participants |
|---|---|
| 2023 FCHIP Virtual Student-Led Health Equity Mini-Conference | 3 |
| The Latino Commission - Latino Conference - Strengthening the Roots | 10 |
| Conference: Infant Massage USA - Spanish Language Virtual Livestream CEIM Training | 1 |
| Conference: Helping Women Recover: A Program for Treating Addiction - Virtual Training | 1 |
| Conference: UC Davis: People, Purpose, Passion: Promoting Equity, Family, and Community | 1 |
| A Culture-Centered Approach to Recovery | 18 |
| A Multicultural Approach to Recovery-Oriented Practice | 44 |
| Addressing Racial Trauma in Behavioral Health | 10 |
| American Indian Tribal Governments and Systems Informational Workshop | 15 |
| An Overview of the Social Determinants of Health - Retired 11/2/2024 | 4 |
| Anti-Asian Hate | 5 |
| Behavioral Health for Black Lives - Conversation with Dr. Karen Crozier | 3 |
| Best Practices for Serving QTBIPOC Communities of Fresno County | 34 |
| Bias in Healthcare | 11 |
| Bridging the Diversity Gap | 187 |
| Building Shared Understanding across Cultural Divides | 1 |
| Care of Sexual and Gender Diverse Populations | 29 |

| Title of Training / Event / Conference | Number of Participants |
|---|---|
| Care of the LGBTQ Resident in California - Retired 6/2/2024 | 5 |
| Caring for LGBTQIA+ Residents in California | 4 |
| Choosing to Lead as a Woman - Retired 7/6/2024 | 1 |
| Community Inclusion - Retired 1/6/2024 | 5 |
| Community-Based Interventions to Reduce Suicide Risk | 10 |
| Cultural Competence - Retired 9/7/2024 | 109 |
| Cultural Competence and Healthcare | 35 |
| Cultural Competence for Supervisors | 2 |
| Cultural Considerations Related to Suicide | 37 |
| Cultural Diversity and the Older Adult | 10 |
| Cultural Humility and Implicit Bias in Behavioral Health | 27 |
| Cultural, Religious, and Spiritual Considerations at End of Life | 4 |
| DEI: Achieving Greater Health Equity in Your Organization | 1 |
| DEI: An Introduction to Multicultural Care | 173 |
| DEI: Multicultural Care for the Clinician | 29 |
| DEI: Multicultural Care for the Organization | 9 |
| DEI: Understanding Privilege | 16 |
| Discrimination in the Workplace for Supervisors | 3 |
| Discrimination: Its Impact on Healthcare | 1 |
| Diversity, Equity, and Inclusion for the Healthcare Employee | 15 |
| End of Life Cultural Considerations: Religion and Spirituality - Retired 1/5/2024 | 3 |
| Fresno County Department of Behavioral Health - Language Assistance and Interpreter Service Requirements | 82 |
| Harassment in the Workplace Self-Paced | 17 |
| How Culture Impacts Communication - Retired 7/6/2024 | 22 |
| Implicit Bias for the Healthcare Professional | 25 |
| Implicit Bias in Healthcare | 6 |
| Improving Behavioral Health Equity: Immigrant and Refugee Populations | 1 |
| Improving Behavioral Health Equity: Individuals in Rural or Remote Communities | 1 |

| Title of Training / Event / Conference | Number of Participants |
|---|---|
| Improving Behavioral Health Equity: Individuals Living in Poverty | 50 |
| Improving Behavioral Health Equity: Individuals with Asian American Identities | 7 |
| Improving Behavioral Health Equity: Individuals with Black or African American Identities | 8 |
| Improving Behavioral Health Equity: Individuals with Hispanic and Latine Identities | 8 |
| Improving Behavioral Health Equity: People Who Are Transgender and Nonbinary | 9 |
| Improving Behavioral Health Equity: Spiritual and Religious Diversity | 2 |
| Improving Behavioral Health Equity: Women | 4 |
| Improving Care Through Understanding the Intersectionalities of LGBTQ+ Persons Served Discussion Panel | **2** |
| Interacting with the LGBTQ+ Community | **1** |
| Interrupting Unconscious Bias for Supervisors in the Healthcare Industry | **1** |
| Introduction to Cultural Variations in Behavioral Health for Paraprofessionals | **6** |
| Leading an Inclusive Work Environment | **1** |
| Medi-Cal Mobile Crisis Training - Collaborative, Culturally Responsive Crisis Safety Planning | **24** |
| Medi-Cal Mobile Crisis Training - Introduction to Culturally Responsive Crisis Care for Tribal and Urban Indian People | **22** |
| Medi-Cal Mobile Crisis Training - Introduction to Culturally Responsive Crisis Care in Diverse Communities | **22** |
| Mitigating Risk Factors-Affirming & Accepting Environments for LGBTQ+ Youth Panel Discussion | **1** |
| Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services | **8** |
| Overcoming Your Own Unconscious Biases - Retired 7/6/2024 | **43** |
| Patient Cultural Competency For Non-Providers - Retired 1/6/2024 | **1** |
| Podcast: Implicit Bias and Prejudice | **1** |
| Practice Scenarios for Social Determinants of Health | **1** |
| Prevalence and Treatment of Substance Use Disorders in the LGBTQ+ Community - Retired 7/6/2024 | **5** |
| Recognizing and Overcoming Unconscious Bias for Employees and Supervisors in the Healthcare Industry | **2** |
| Recovery-Oriented Community Inclusion and Social Determinants of Health | **2** |
| Sexual Harassment for Employees-California | **52** |
| Sexual Harassment:  What Employees Need to Know | **5** |
| Social Determinants of Health: Education Access and Quality | **3** |

| Title of Training / Event / Conference | Number of Participants |
|---|---|
| Social Determinants of Health: Health and Healthcare | **2** |
| Social Determinants of Health: Healthcare Access and Quality | **2** |
| Social Determinants of Health: Neighborhood and Built Environment | **1** |
| Social Determinants of Health: Social and Community Context | **2** |
| Strategies and Skills for Behavioral Health Interpreters | **1** |
| Strategies for Avoiding Assumptions About Sexual Orientation | **1** |
| Strategies for Gender-Inclusive Interactions | **2** |
| Substance Use Treatment and Relapse Prevention for Marginalized Populations | **10** |
| Substance Use Treatment for Women | **1** |
| Substance Use Treatment in Rural Communities | **4** |
| Supporting the Behavioral Health Goals of LGBTQ+ Clients (person served) | **1** |
| The Black Church & Mental Wellness - A Panel Discussion | **9** |
| The Necessity of Black Service Providers - A Panel Discussion | **2** |
| The Role of Social Determinants of Health in Today's Healthcare | **5** |
| Trauma & Resilience Network - AAPI Heritage Month 2023 - Discover Your Fire | **10** |
| Treating Substance Use Disorders in the LGBTQ+ Community | **1** |
| Understanding and Addressing Racial Trauma in Behavioral Health - Retired 1/6/2024 | **12** |
| Understanding and Minimizing Cultural Bias for Paraprofessionals | **9** |
| Understanding Sexual Harassment for Supervisors - CA | **5** |
| Understanding Unconscious Bias - Retired 7/6/2024 | **5** |
| What is Code Switching? - A Panel Discussion | **53** |
| Women in Leadership: Moving Beyond Gender Roles as a Leader - Retired 7/6/2024 | **3** |
| Working More Effectively with LGBTQ+ Children and Youth | **12** |
| Working More Effectively with the LGBTQ+ Community - Retired 1/6/2024 | **3** |
| Your Role in Workplace Diversity - Retired 7/6/2024 | **186** |

# VII. ADAPTATION OF SERVICES

BHSOC will utilize the Culturally Responsive Plan (CRP) to continue to expand services to achieve the goals and objectives outlined in this Plan. The DEIC will continue to meet monthly to continually identify opportunities to promote the delivery of culturally responsive services.

Fresno County DBH has subcommittees and affinity groups which provide additional insights. The LGBTQ+ workgroup which has been a sub-committee may be lifted up to a possible affinity or employer resources group with specific projects and tasks to focus on increasing parity and quality of services.
Additionally, there may be future consideration to lift the Behavioral Health for Black Lives affinity group into a possible subcommittee or taking on a more formal role withing the DEI efforts including additional insights, workforce engagement and support efforts for more equitable care.

Fresno County DBH will be exploring options to formalize affinity or employee resource groups for LGBTQ+ Populations, African American populations, as well as possibility of a Peer Affinity group and Veterans Affinity groups.
Past efforts to create an affinity group for API personnel did not generate interest.

A Plan Do Study Act (PDSA) method is used to continually improve services. A PDSA method is a way to try out an idea on a small scale before implementing it system-wide. The steps of the cycle are: Step 1: Plan – Plan the test or observation, including a plan for collecting data; Step 2: Do – Try out the test on a small scale; Step 3: Study – Set aside a time to analyze the data and study the results; Step 4: Act – Refine the change, based on what was learned from the test.

# Appendix A

## National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

*The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:*

**Principal Standard:**

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

**Governance, Leadership, and Workforce:**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

**Communication and Language Assistance:**

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

**Engagement, Continuous Improvement, and Accountability:**

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

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## Appendix B
# Cultural Competence Guidance and Resource Crosswalk

| CLAS Standard | CCPR Criteria | Framework Guiding Principles |
|---|---|---|
| Principle Standard | | |
| 1) Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. | Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities | Provision of Culturally and Linguistically Appropriate Services (18) |
| Governance, Leadership and Workforce | | |
| 2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. | Criterion 1: Commitment to Cultural Competence | Commitment to Cultural Competence and Health Equity (1,2,3,4) |
| 3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area. | Criterion 1: Commitment to Cultural Competence<br>Criterion 6: Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff | Workforce Development (16) |
| 4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. | Criterion 1: Commitment to Cultural Competence<br>Criterion 5: Culturally Competent Training Activities | Workforce Development (16) |
| Communication and Language Assistance | | |
| 5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. | Criterion 7: Language Capacity | Provision of Culturally and Linguistically Appropriate Services (18) |

| CLAS Standard | CCPR Criteria | Framework Guiding Principles |
|---|---|---|
| 6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. | Criterion 7: Language Capacity | Provision of Culturally and Linguistically Appropriate Services (18) |
| 7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. | Criterion 6: Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff | Workforce Development (16) |
| 8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. | Criterion 7: Language Capacity | Provision of Culturally and Linguistically Appropriate Services (18) |
| Engagement, Continuous Improvement and Accountability | | |
| 9) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organizations' planning and operations. | Criterion 1: Commitment to Cultural Competence | Commitment to Cultural Competence and Health Equity (5) |
| 10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities. | Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities | Identification of Disparities and Assessment of Needs and Assets (7) Implementation of Strategies to Reduce Identified Disparities (11) |
| 11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. | Criterion 2: Updated Assessment of Service Needs | Identification of Disparities and Assessment of Needs and Assets (6,7) |

| CLAS Standard | CCPR Criteria | Framework Guiding Principles |
|---|---|---|
| 12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. | Criterion 8: Adaptation of Services | Identification of Disparities and Assessment of Needs and Assets (8) |
| 13) Partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. | Criterion 4: Person Served-Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System | Community Driven Care (13,14,15) Provision of Culturally and Linguistically Appropriate Services (21,22) |
| 14) Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints. | Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities | Community Driven Care (13) |
| 15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. | Criterion 1: Commitment to Cultural Competence | Implementation of Strategies to Reduce Identified Disparities (10,11) |

# Appendix C

## Fresno County Department of Behavioral Health

### Cultural Humility Committee (CHC) Charter

**Mission Statement:**
The Fresno County Department of Behavioral Health's Cultural Humility Committee (CHC) seeks to support 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 CHC brings together a wide array of community stakeholders to identify, address, and reduce health disparities within the department's services and the overall system of care, as outlined in the annual Fresno County Culturally Responsive Plan (CRP).

**Type of Committee:** Standing Committee (as mandated)

**Membership:**

- Chair (ESM)
- Co-Chair (DSC)
- Division Managers
- QI Staff
- Stakeholders
- DBH Director
- DBH Deputy Director
- DBH Medical Staff
- Sub-Committee Personnel
- DBH Contracted Providers
- Staff Development
- Admin-HR
- Compliance
- DBH Clinical Program Staff
- DBH Substance Use Disorder

**Chairperson:** DBH Ethic Services Manager (ESM)/Division Manager
**Co-Chair**: DBH Diversity Services Coordinator (DSC)

**Duties/Responsibilities of the QIC:**
The CHC is responsible for the following:

1. Review and approval of the annual mandated Cultural Competency Plan Requirement (CCPR),
2. Identify opportunites to strengthen access, quality, and cost-effectiveness of services for diverse populations to improve outcomes;
3. Identify and recommend cultural humility trainings and cultural enrichment activities;
4. Develop culturally responsive strategies for improved access to care;
5. Ensure the department and the system of care adhere to Federal Culturally and Linguistically Appropriate Services (CLAS) standards; and
6. Make reccomendations for strategies to improve overall health equity in Fresno County.

**Objectives:**

1. Assist with the development, review, and approval of the required CCPR/Culturally Responsive Plan and annual updates (California Code of Regulations, Title 9, Section 1810.410).
2. Guide efforts for implementation of the goals of the County's Culturally Responsive Plan (CRP) Delivered With Humility:
    a. Goal 1: To provide timely access to culturally- and linguistically-appropriate, integrated, behavioral health services to improve access for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+); persons released from jail and their families; and other diverse cultures.
    b. Goal 2: To create a work environment where cultural humility, dignity, and respect are modeled, so all BHSOC staff experience equitable opportunities for professional and personal growth.
    c. Goal 3: To deliver innovative, evidence-based, trauma-informed, strengths-based behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., schools, organizational

providers, senior centers, churches, and other community locations) to promote health and wellness.

d. Goal 4: To develop outreach and education activities focused on disseminating information about behavioral health services for groups and organizations known to serve specific racial and ethnic groups within the community.
e. Goal 5: To collect and produce accurate and reliable demographic, service-level, and outcome data to understand and evaluate the impact of services on health equity, cost-effectiveness, and outcomes

3. Address the implementation and coordination of the Culturally Responsive Plan through work of five standing subcommittees:
    a. Communication
    b. Access
    c. Cultural Enrichment and Training
    d. Governance Policy and Human Resources
    e. Language

    *Other subcommittees and ad-hoc workgroups may be formed as needed.
4. Recommend policies, practices, and protocols to support cultural humility and CLAS standards across the system of care.
5. Provide support for External Quality Review (EQR) and Tri-Annual Medi-Cal reviews of cultural humility efforts from the system of care.

**Delegation of Authority:**
Provide recommendation of findings, outcomes, reports to the EMS and DSC, DBH Leadership for approval, denial, direction or additional guidance for action.

**Frequency:** First Thursday of each month.

**Time:** 10:00 am to 12:00 pm

**Place:** Heritage Center Training Room/Virtual

**Formalities:**

- Sign In sheets
- Meeting Agenda
- Meeting Minutes

## Appendix D


THE
RAVEN
APPROACH
Department of Behavioral Health
The R.A.V.E.N. Framework provides practical ways to respond to micro-aggressions both in the work place and on-line.
Micro Aggression - a statement, action or incident regarded as indirect, subtle or unintentional discrimination against members of a marginalized group.
REDIRECT
Redirect the interaction to prevent further harm from occuring.
"Can I speak with you over here for a second?"
ASK
Ask probing questions that help the aggressor understand their statements are hurtful & problematic.
"Were you suggesting they shouldn't attend this college because English isnt their native language?"
VALUES CLARIFICATION
Values Clarification - Identifying and clarifying that the organization values are not aligned with their actions.
"In training, we all agreed to contribute towards a safe and wel coming environment. Your statements do not uphold these values."
EMPATHIZE
Empathize with your own thoughts and feelings. Using I statements, explain how you were affected by the aggressors hurtful statements: "I think" "I feel" "I was hurt" "I was disappointed"
"When you said Juan was actually articulate. I felt hurt that your expectation was for him to not be"
NEXT STEPS
Next Steps - Suggesting to the aggressor what they could do to correct their behavior moving forward.
"I think you should be more aware of how your words can effect the people around you. It would be a good Idea to apologize."
R.A.V.E.N. is not a step by step process. It's a general guide to provide us all with some options and actions that we can engage in to respond and (in time) eliminate microaggressions from our workplace. You can use whichever parts of R.A.V.E.N that may work for the current situation. The work with microaggressions are not sought to be a tool to address intentionally discriminative behaviors and/or belief systems towards marginalized groups.
RAVEN Approach is adapted from Dr. J. Luke Wood and Dr. Frank Harris III of San Diego State University.

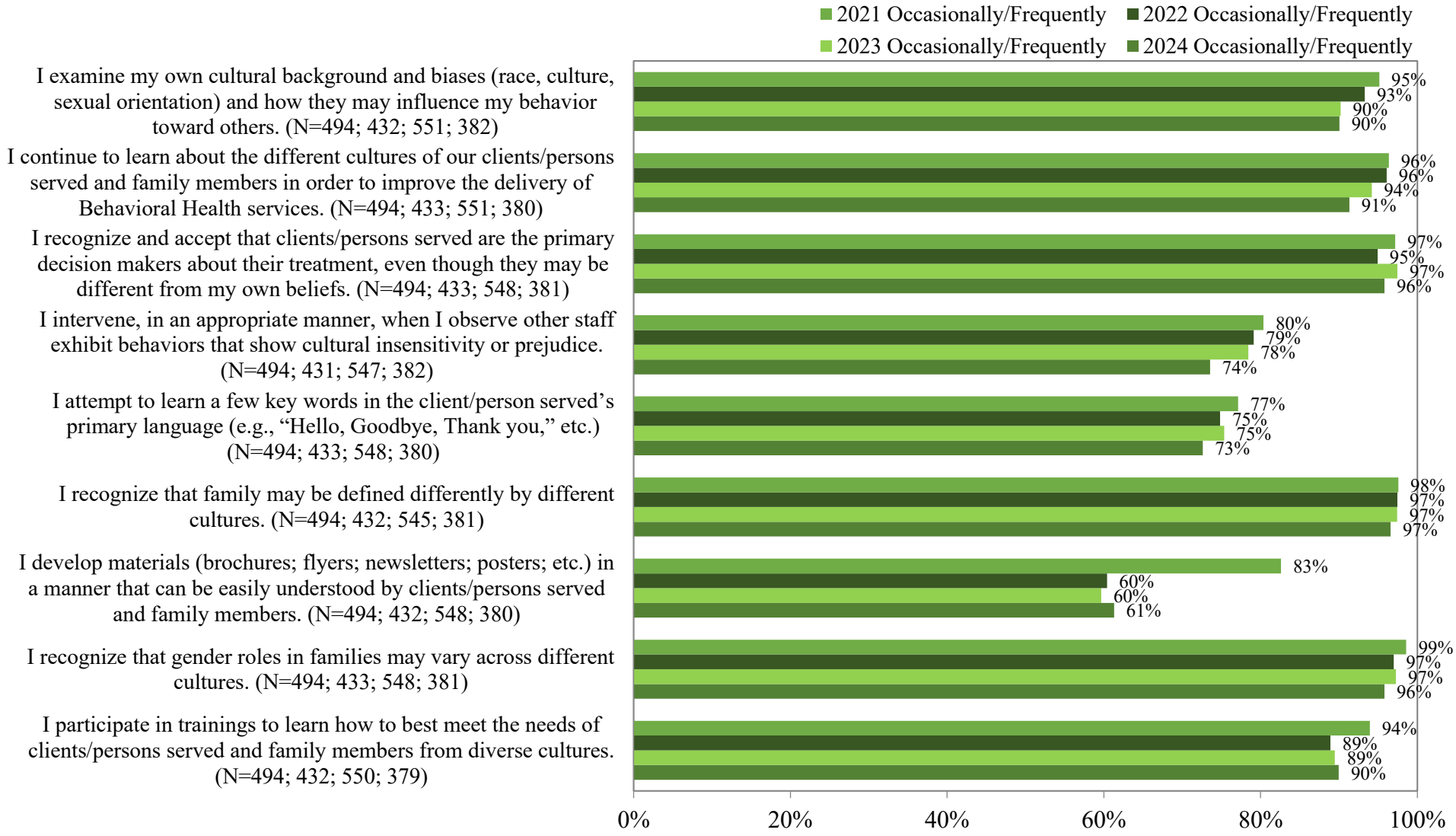
# Appendix E: Staff and Volunteer Cultural Humility Survey Spring 2024

# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***All Respondents***

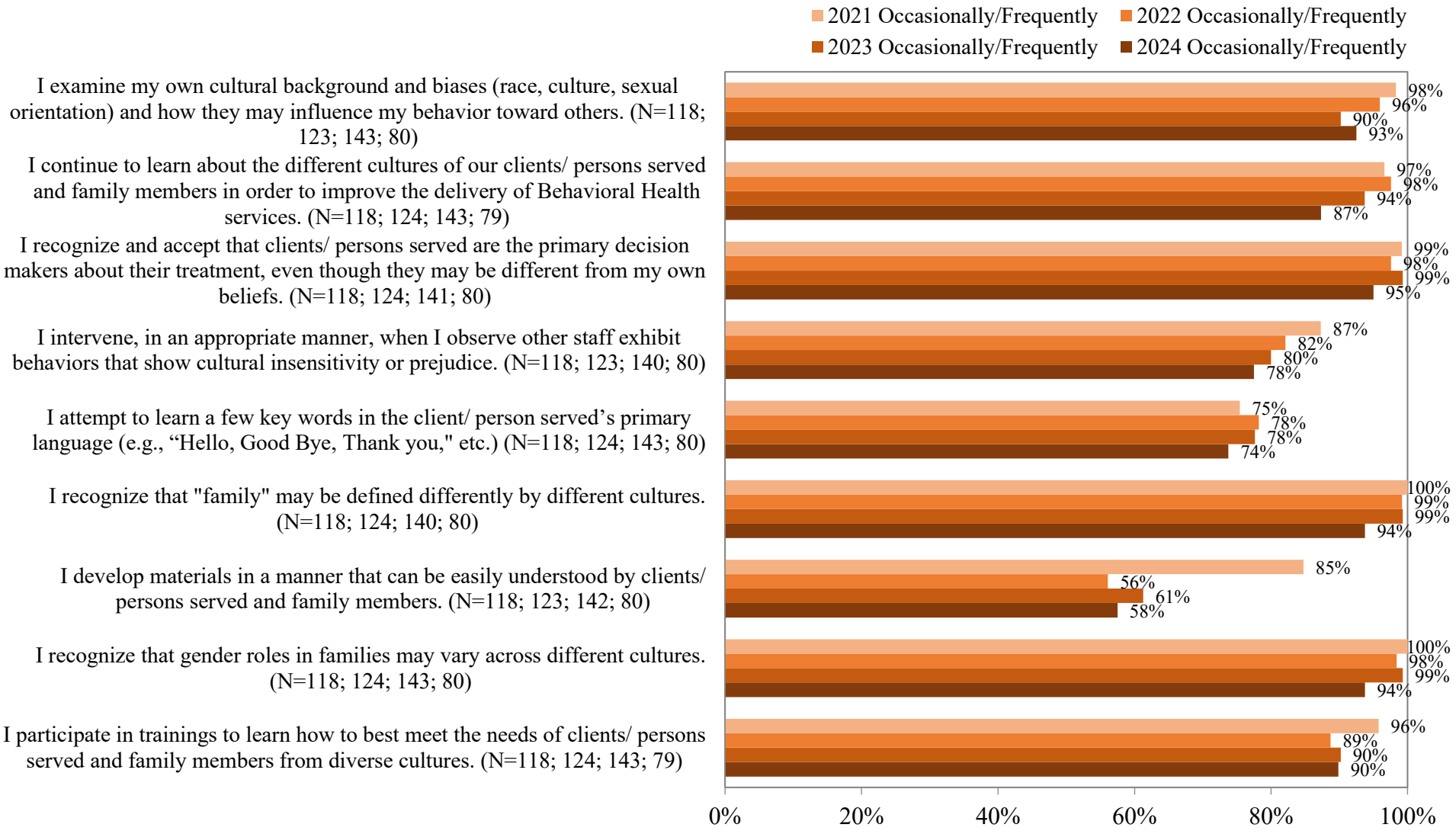


# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***White/ Caucasian Respondents***





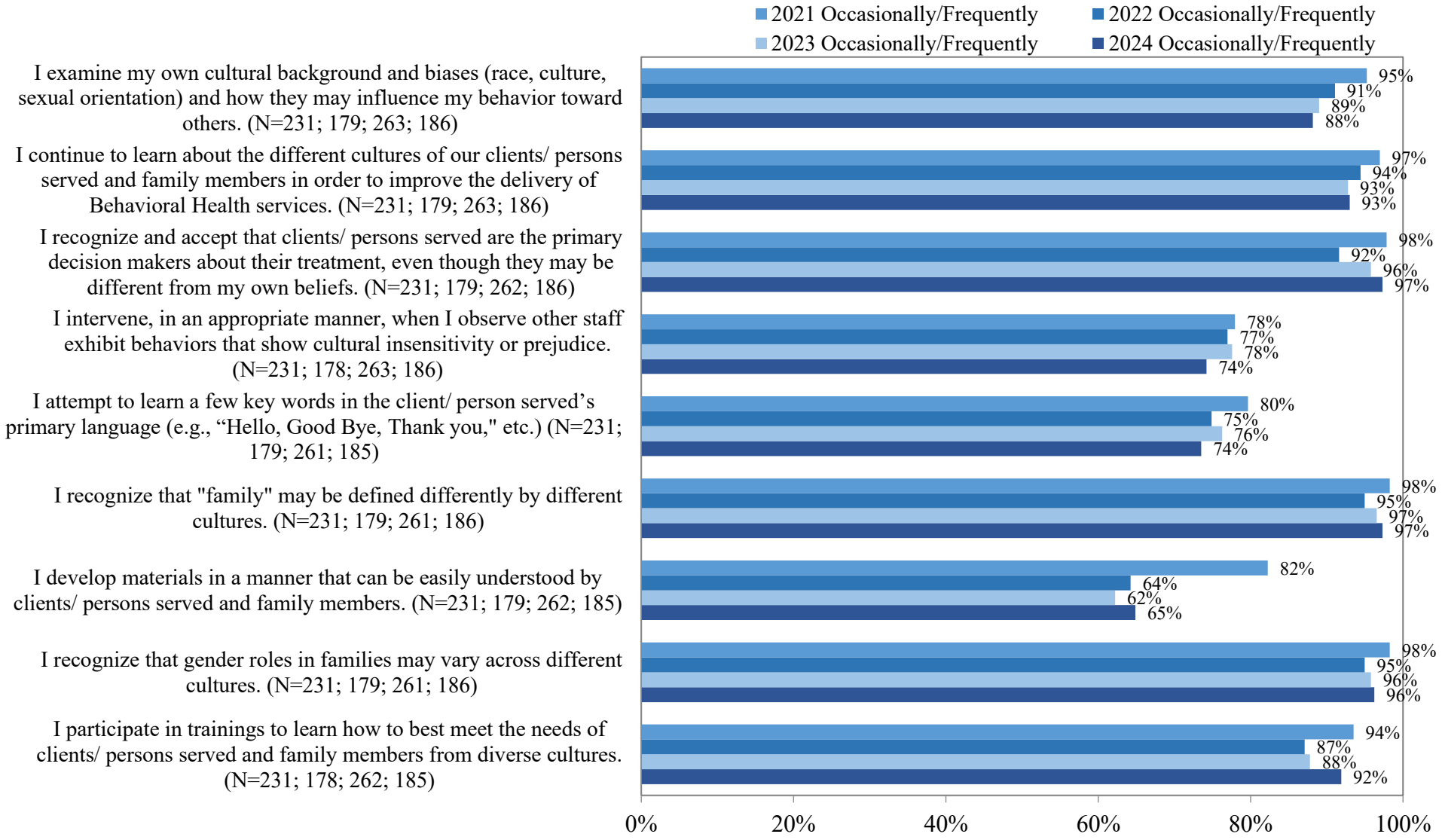

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# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***Hispanic Respondents***

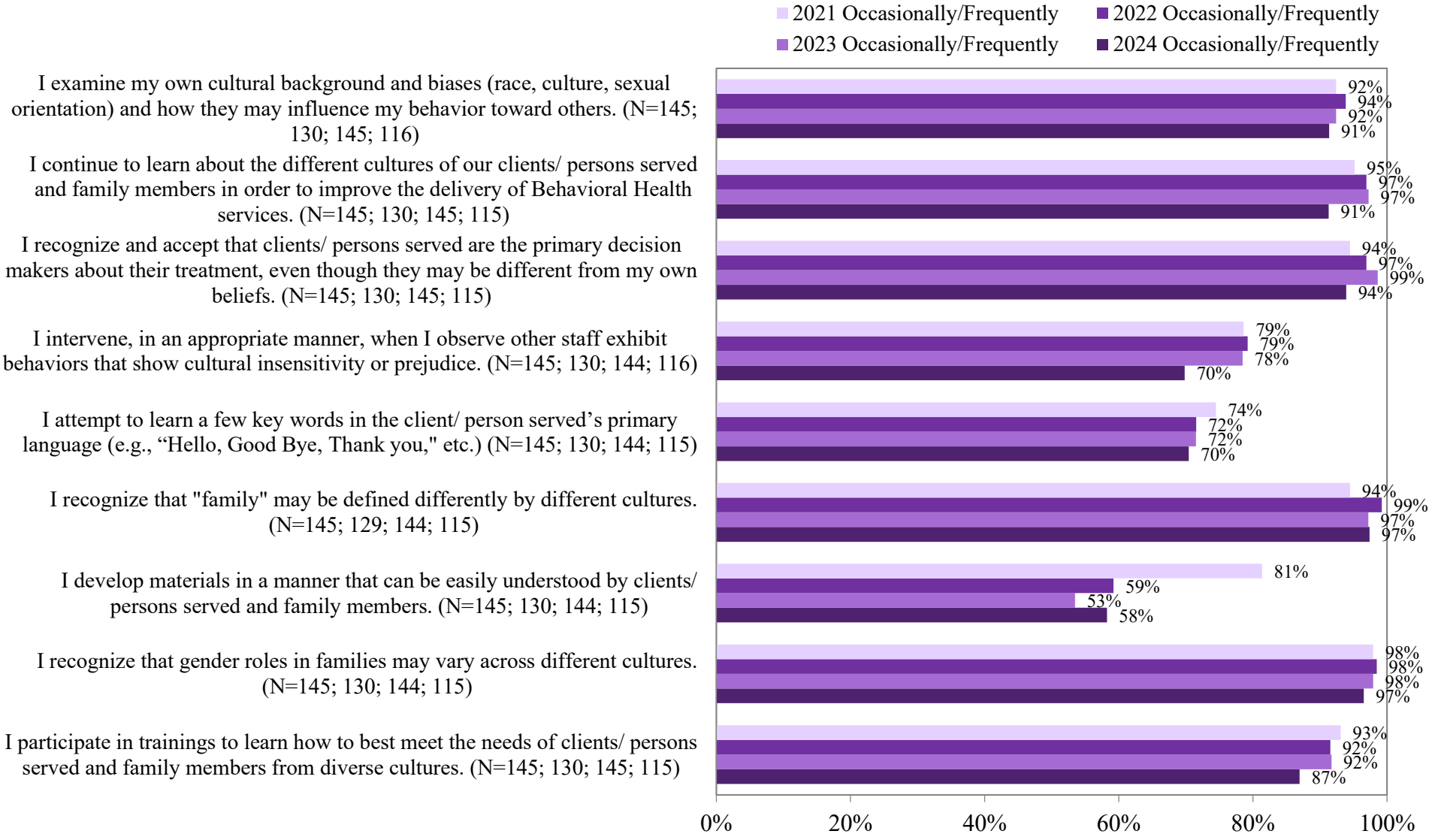


# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***All Other Ethnicity Respondents***



# Fresno County Department of Behavioral Health

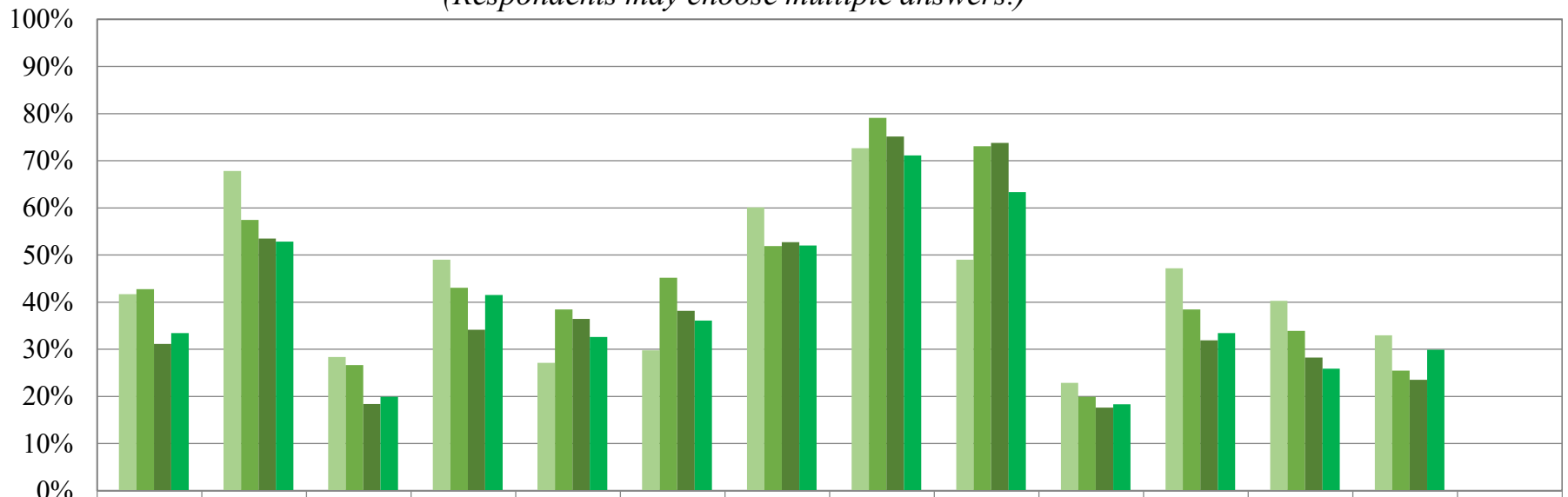
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*Participation in Professional Development Activities (Past Six Months)*

***2021 All Respondents (N=494)  2022 All Respondents (N=416)  2023 All Respondents (N=527)  2024 All Respondents (N=371)***

*(Respondents may choose multiple answers.)*




| | Recognized a prejudice I have about certain people | Talked to a colleague about a racial and/or cultural issue | Sought guidance about a racial and/or cultural issue that arose during therapy/ service delivery | Attended a multi-cultural training seminar | Attended a cultural event | Attended an event in which most of the other people were not my race | Reflected on my racial identity and how it affects my work with clients/ persons served | Read/ watched/ listened to media about multicultural issues | Learned something about a racial and/or cultural group other than my own | Sought supervision about multicultural issues | Talked to a friend about how our racial differences affect our relationship | Challenged a racist remark - my own or someone else's | Attended a training on Implicit Bias | Total Respondents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 # Respondents | 206 | 335 | 140 | 242 | 134 | 147 | 297 | 359 | 242 | 113 | 233 | 199 | 163 | 494 |
| 2021 % Respondents | 42% | 68% | 28% | 49% | 27% | 30% | 60% | 73% | 49% | 23% | 47% | 40% | 33% | 100% |
| 2022 # Respondents | 178 | 239 | 111 | 179 | 160 | 188 | 216 | 329 | 304 | 83 | 160 | 141 | 106 | 416 |
| 2022 % Respondents | 43% | 57% | 27% | 43% | 38% | 45% | 52% | 79% | 73% | 20% | 38% | 34% | 25% | 100% |
| 2023 # Respondents | 164 | 282 | 97 | 180 | 192 | 201 | 278 | 396 | 389 | 93 | 168 | 149 | 124 | 527 |
| 2023 % Respondents | 31% | 54% | 18% | 34% | 36% | 38% | 53% | 75% | 74% | 18% | 32% | 28% | 24% | 100% |
| 2024 # Respondents | 124 | 196 | 74 | 154 | 121 | 134 | 193 | 264 | 235 | 68 | 124 | 96 | 111 | 371 |
| 2024 % Respondents | 33% | 53% | 20% | 42% | 33% | 36% | 52% | 71% | 63% | 18% | 33% | 26% | 30% | 100% |

# Fresno County Department of Behavioral Health

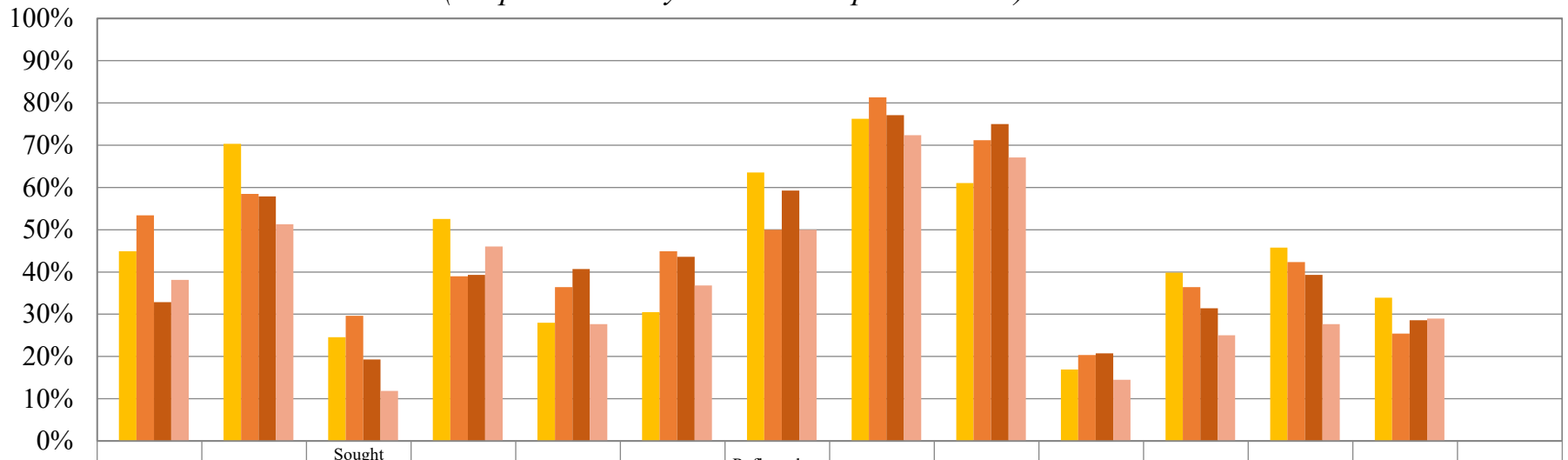
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*Participation in Professional Development Activities (Past Six Months)*

***2021 White/ Caucasian Respondents (N=118)*** ***2022 White/ Caucasian Respondents (N=118)*** ***2023 White/ Caucasian Respondents (N=140)*** ***2024 White/ Caucasian Respondents (N=76)***

*(Respondents may choose multiple answers.)*




| | Recognized a prejudice I have about certain people | Talked to a colleague about a cultural issue | Sought guidance about a cultural issue that arose during therapy/ service delivery | Attended a multi-cultural training seminar | Attended a cultural event | Attended an event in which most of the other people were not my race | Reflected on my racial identity and how it affects my work with clients/ persons served | Read/ watched/ listened to media about multicultural issues | Learned something about a racial and/or cultural group other than my own | Sought supervision about multicultural issues | Talked to a friend about how our racial differences affect our relationship | Challenged a racist remark - my own or someone else's | Attended a training on Implicit Bias | Total Respondents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 # Respondents | 53 | 83 | 29 | 62 | 33 | 36 | 75 | 90 | 72 | 20 | 47 | 54 | 40 | 118 |
| 2021 % Respondents | 45% | 70% | 25% | 53% | 28% | 31% | 64% | 76% | 61% | 17% | 40% | 46% | 34% | 100% |
| 2022 # Respondents | 63 | 69 | 35 | 46 | 43 | 53 | 59 | 96 | 84 | 24 | 43 | 50 | 30 | 118 |
| 2022 % Respondents | 53% | 58% | 30% | 39% | 36% | 45% | 50% | 81% | 71% | 20% | 36% | 42% | 25% | 100% |
| 2023 # Respondents | 46 | 81 | 27 | 55 | 57 | 61 | 83 | 108 | 105 | 29 | 44 | 55 | 40 | 140 |
| 2023 % Respondents | 33% | 58% | 19% | 39% | 41% | 44% | 59% | 77% | 75% | 21% | 31% | 39% | 29% | 100% |
| 2024 # Respondents | 29 | 39 | 9 | 35 | 21 | 28 | 38 | 55 | 51 | 11 | 19 | 21 | 22 | 76 |
| 2024 % Respondents | 38% | 51% | 12% | 46% | 28% | 37% | 50% | 72% | 67% | 14% | 25% | 28% | 29% | 100% |

# Fresno County Department of Behavioral Health

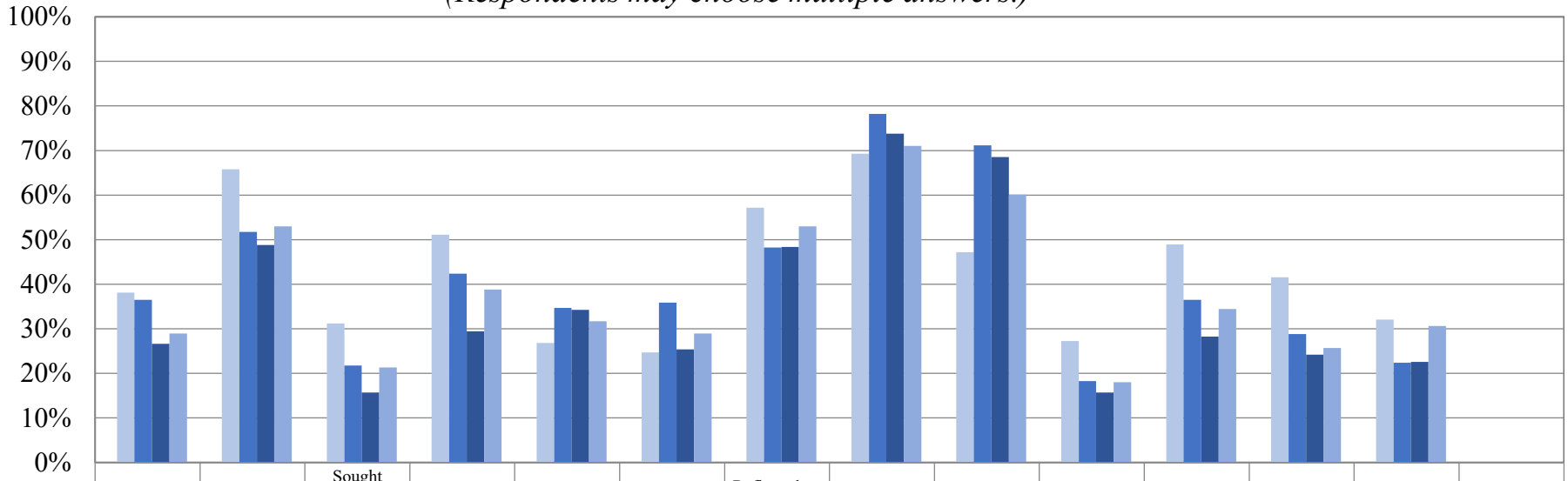
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*Participation in Professional Development Activities (Past Six Months)*

***2021 Hispanic/Latino Respondents (N=231)*** ***2022 Hispanic/Latino Respondents (N=170)*** ***2023 Hispanic/Latino Respondents (N=248)*** ***2024 Hispanic/Latino Respondents (N=183)***

*(Respondents may choose multiple answers.)*




| | Recognized a prejudice I have about certain people | Talked to a colleague about a cultural issue | Sought guidance about a cultural issue that arose during therapy/ service delivery | Attended a multi-cultural training seminar | Attended a cultural event | Attended an event in which most of the other people were not my race | Reflected on my racial identity and how it affects my work with clients/ persons served | Read/ watched/ listened to media about multicultural issues | Learned something about a racial and/or cultural group other than my own | Sought supervision about multicultural issues | Talked to a friend about how our racial differences affect our relationship | Challenged a racist remark - my own or someone else's | Attended a training on Implicit Bias | Total Respondents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 # Respondents | 88 | 152 | 72 | 118 | 62 | 57 | 132 | 160 | 109 | 63 | 113 | 96 | 74 | 231 |
| 2021 % Respondents | 38% | 66% | 31% | 51% | 27% | 25% | 57% | 69% | 47% | 27% | 49% | 42% | 32% | 100% |
| 2022 # Respondents | 62 | 88 | 37 | 72 | 59 | 61 | 82 | 133 | 121 | 31 | 62 | 49 | 38 | 170 |
| 2022 % Respondents | 36% | 52% | 22% | 42% | 35% | 36% | 48% | 78% | 71% | 18% | 36% | 29% | 22% | 100% |
| 2023 # Respondents | 66 | 121 | 39 | 73 | 85 | 63 | 120 | 183 | 170 | 39 | 70 | 60 | 56 | 248 |
| 2023 % Respondents | 27% | 49% | 16% | 29% | 34% | 25% | 48% | 74% | 69% | 16% | 28% | 24% | 23% | 100% |
| 2024 # Respondents | 53 | 97 | 39 | 71 | 58 | 53 | 97 | 130 | 110 | 33 | 63 | 47 | 56 | 183 |
| 2024 % Respondents | 29% | 53% | 21% | 39% | 32% | 29% | 53% | 71% | 60% | 18% | 34% | 26% | 31% | 100% |

# Fresno County Department of Behavioral Health

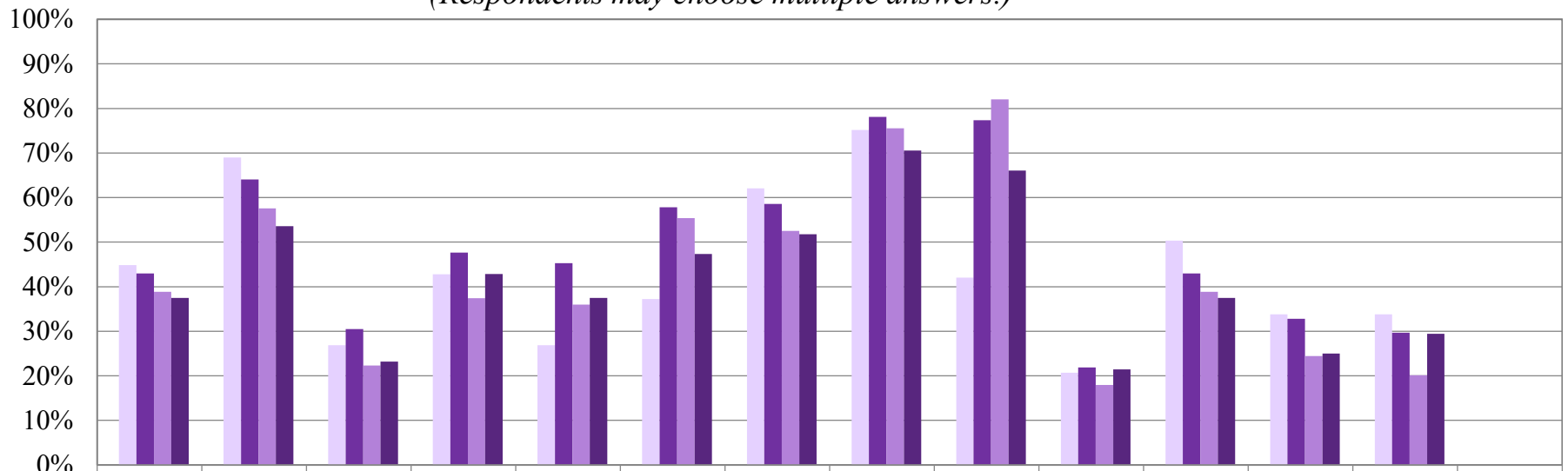
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*Participation in Professional Development Activities (Past Six Months)*

***2021 Other Ethnicity Respondents (N=145)*** ***2022 Other Ethnicity Respondents (N=128)*** ***2023 Other Ethnicity Respondents (N=139)*** ***2024 Other Ethnicity Respondents (N=112)***

*(Respondents may choose multiple answers.)*



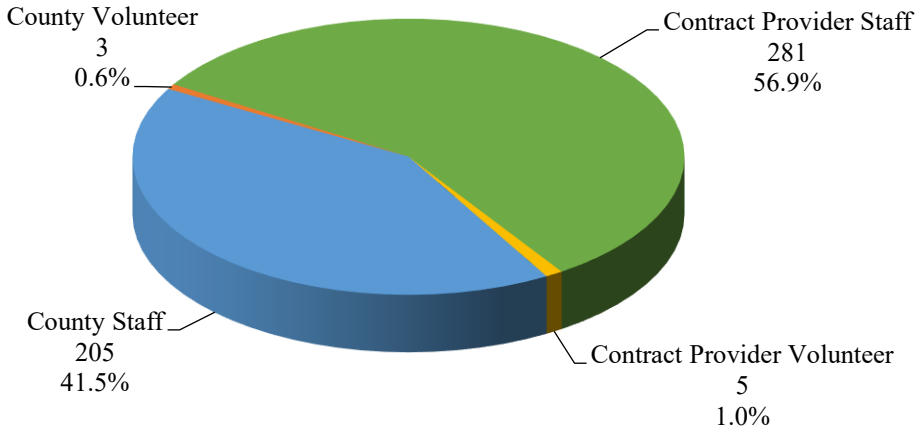

| | Recognized a prejudice I have about certain people | Talked to a colleague about a cultural issue | Sought guidance about a cultural issue that arose during therapy/ service delivery | Attended a multi-cultural training seminar | Attended a cultural event | Attended an event in which most of the other people were not my race | Reflected on my racial identity and how it affects my work with clients/ persons served | Read/ watched/ listened to media about multicultural issues | Learned something about a racial and/or cultural group other than my own | Sought supervision about multicultural issues | Talked to a friend about how our racial differences affect our relationship | Challenged a racist remark - my own or someone else's | Attended a training on Implicit Bias | Total Respondents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 # Respondents | 65 | 100 | 39 | 62 | 39 | 54 | 90 | 109 | 61 | 30 | 73 | 49 | 49 | 145 |
| 2021 % Respondents | 45% | 69% | 27% | 43% | 27% | 37% | 62% | 75% | 42% | 21% | 50% | 34% | 34% | 100% |
| 2022 # Respondents | 55 | 82 | 39 | 61 | 58 | 74 | 75 | 100 | 99 | 28 | 55 | 42 | 38 | 128 |
| 2022 % Respondents | 43% | 64% | 30% | 48% | 45% | 58% | 59% | 78% | 77% | 22% | 43% | 33% | 30% | 100% |
| 2023 # Respondents | 54 | 80 | 31 | 52 | 50 | 77 | 73 | 105 | 114 | 25 | 54 | 34 | 28 | 139 |
| 2023 % Respondents | 39% | 58% | 22% | 37% | 36% | 55% | 53% | 76% | 82% | 18% | 39% | 24% | 20% | 100% |
| 2024 # Respondents | 42 | 60 | 26 | 48 | 42 | 53 | 58 | 79 | 74 | 24 | 42 | 28 | 33 | 112 |
| 2024 % Respondents | 38% | 54% | 23% | 43% | 38% | 47% | 52% | 71% | 66% | 21% | 38% | 25% | 29% | 100% |

# Fresno County Department of Behavioral Health

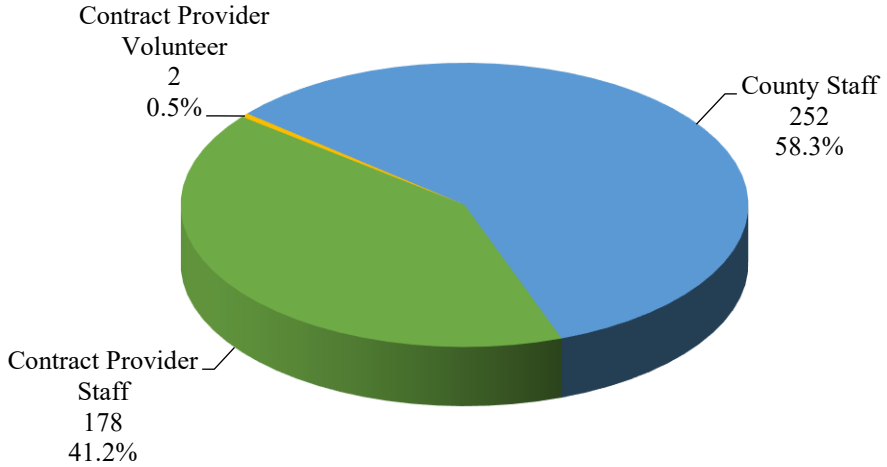
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

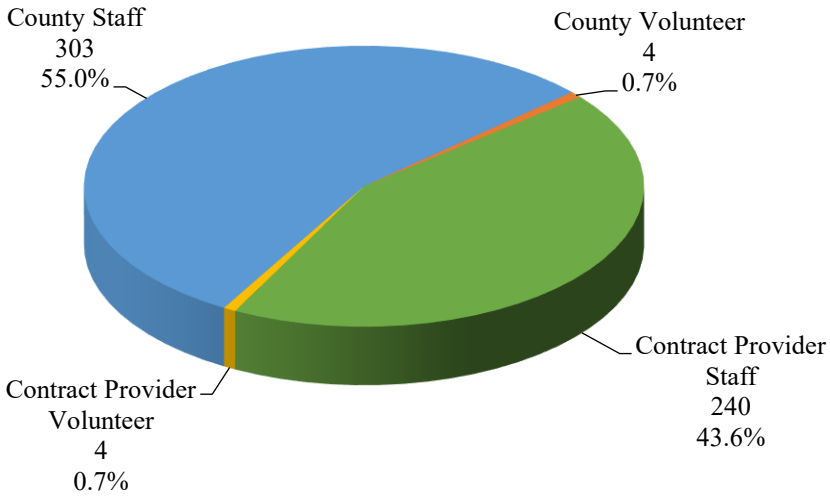
***2021 Employment Status (N=494)***



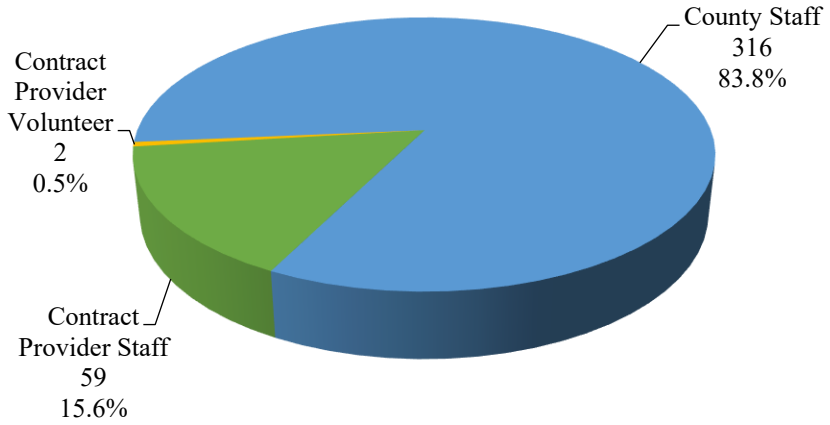

***2022 Employment Status (N=432)***




***2023 Employment Status (N=551)***




***2024 Employment Status (N=377)***

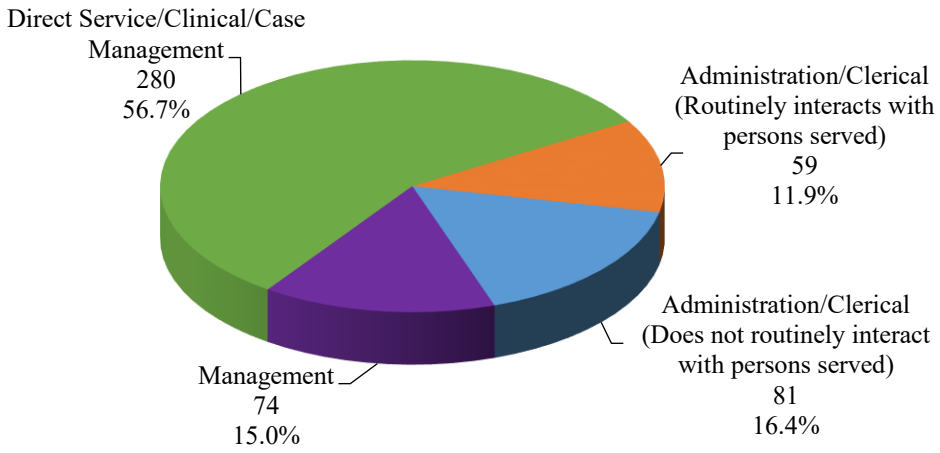


# Fresno County Department of Behavioral Health

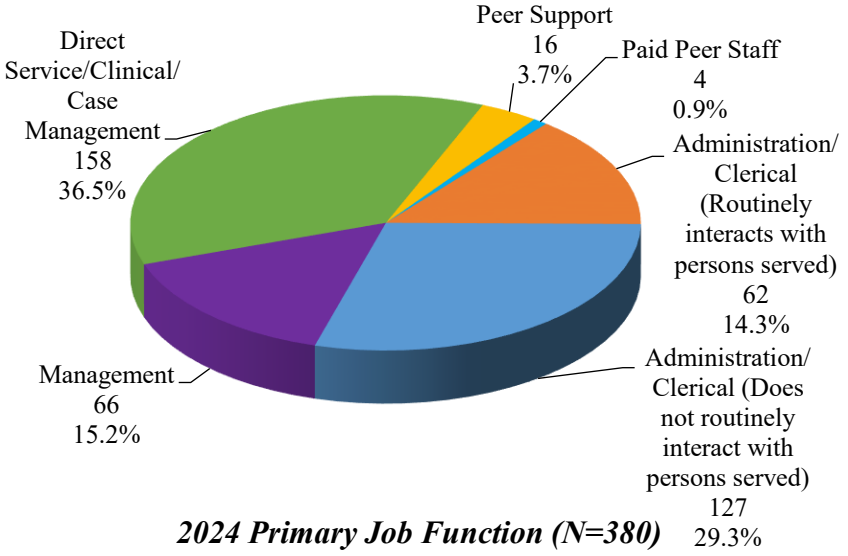
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

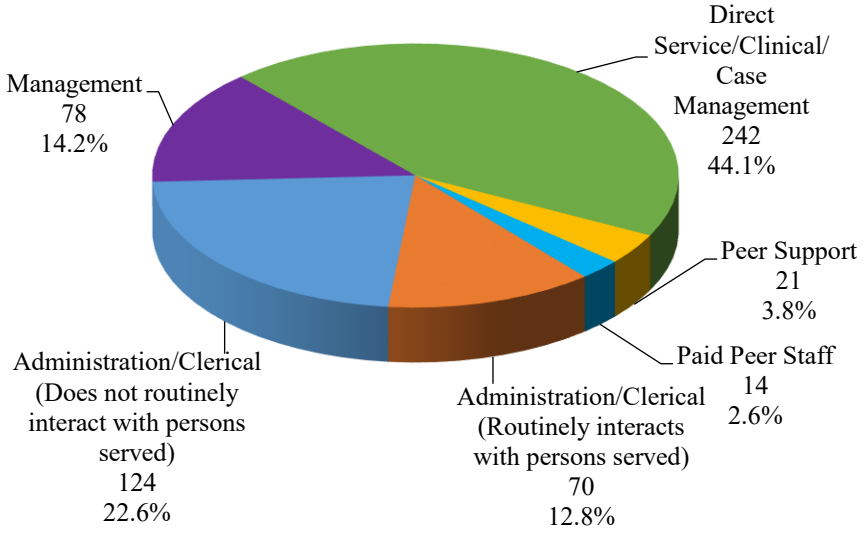
***2021 Primary Job Function (N=494)***



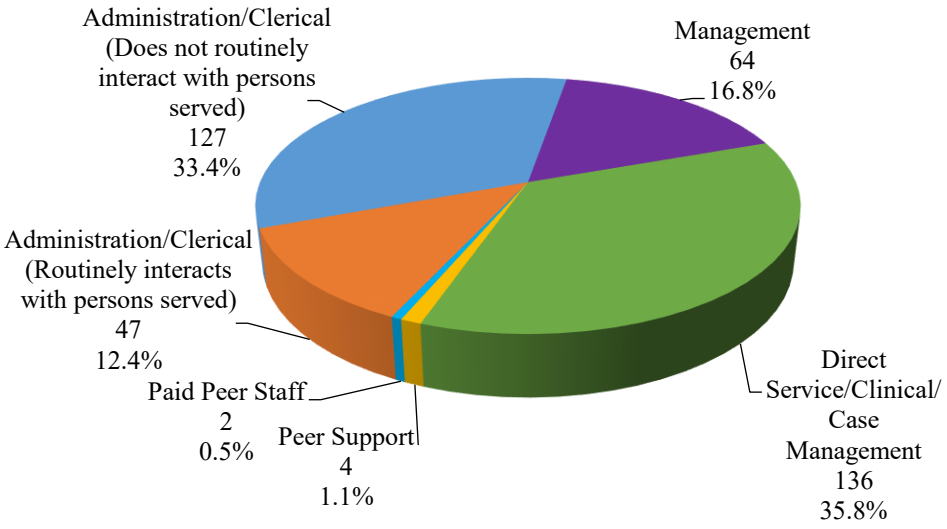

***2022 Primary Job Function (N=433)***




***2023 Primary Job Function (N=549)***




***2024 Primary Job Function (N=380)***

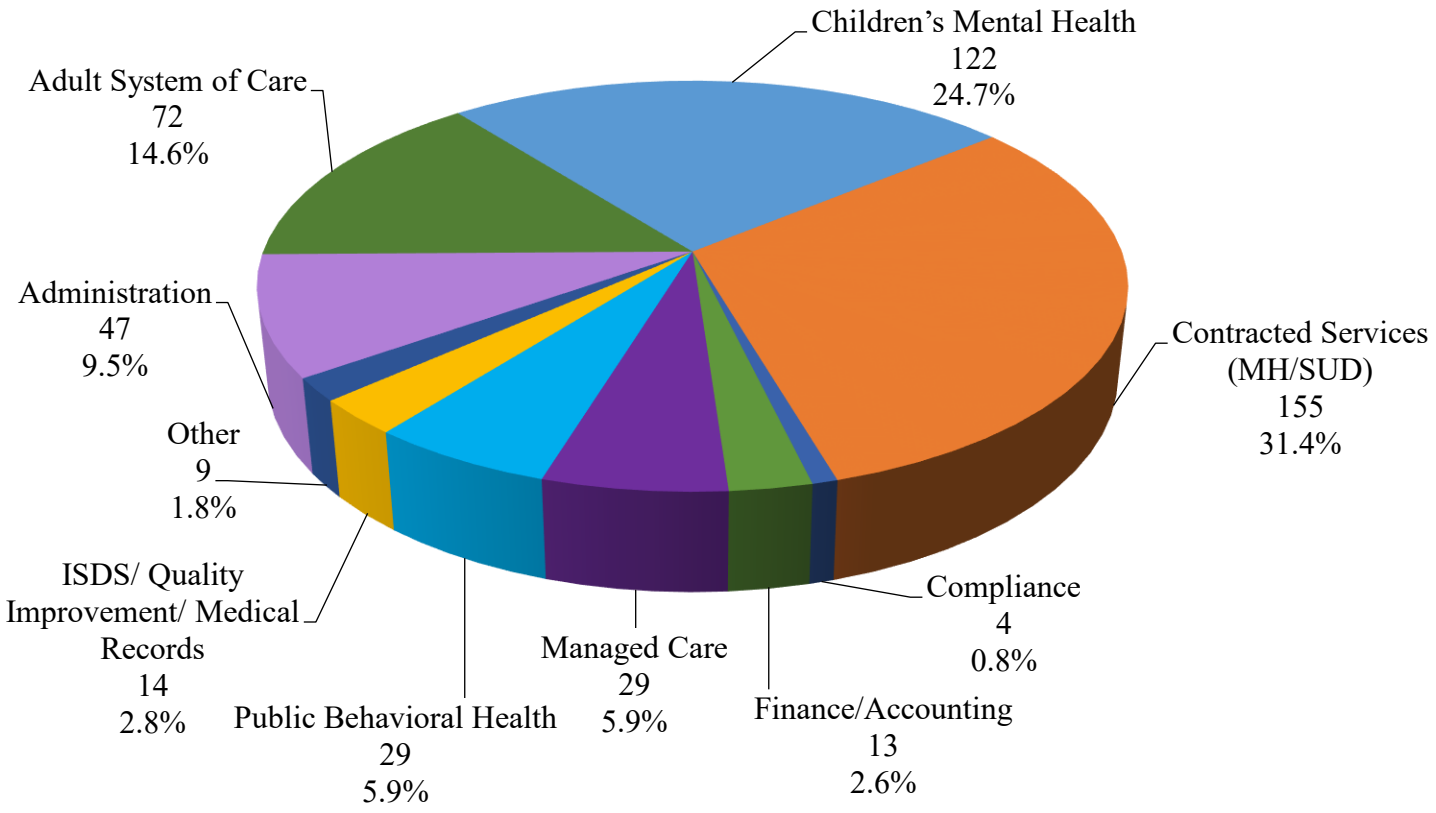


**Fresno County Department of Behavioral Health**

***Staff Cultural Humility Survey***

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***2021 Department/Program (N=494)***

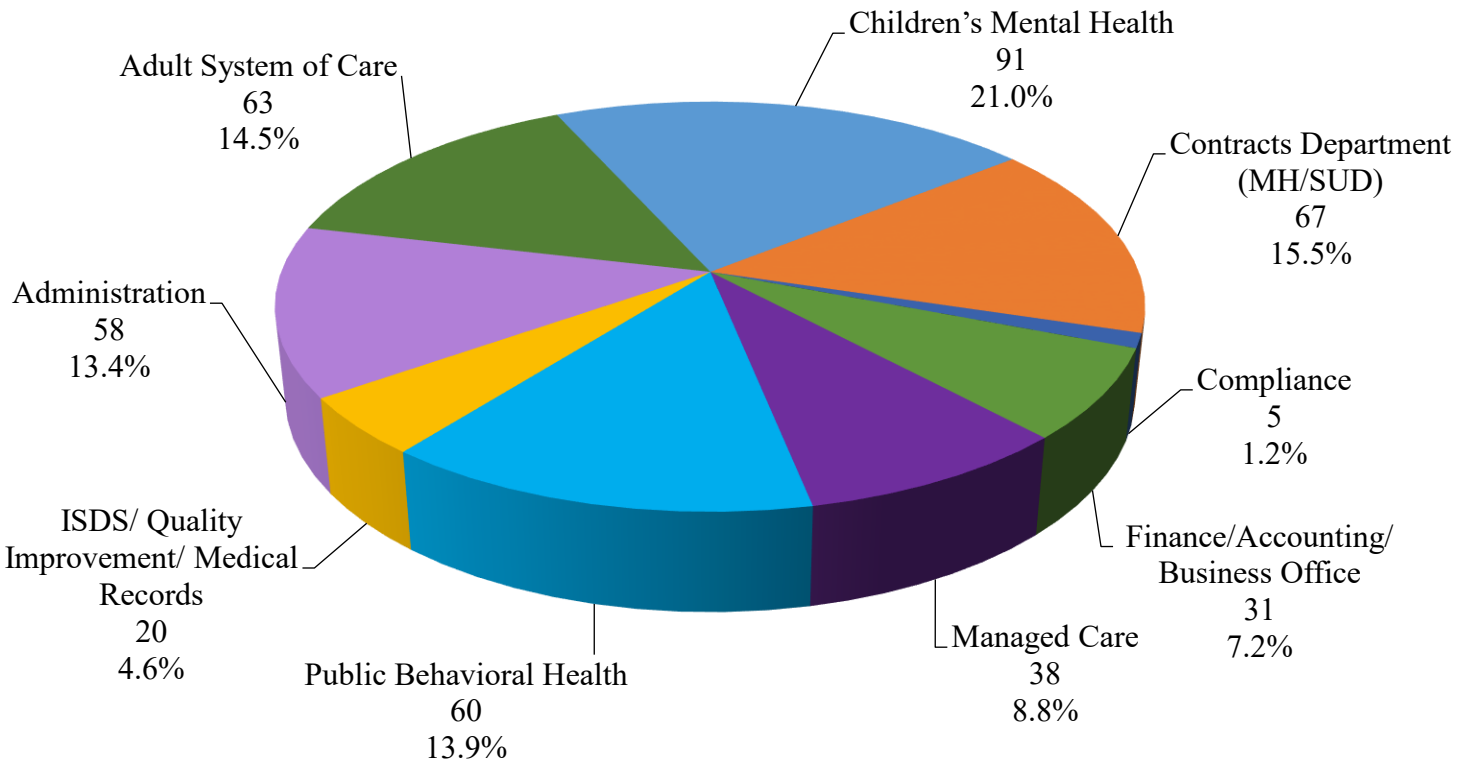


**Fresno County Department of Behavioral Health**

***Staff Cultural Humility Survey***

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***2022 Department/Program (N=433)***





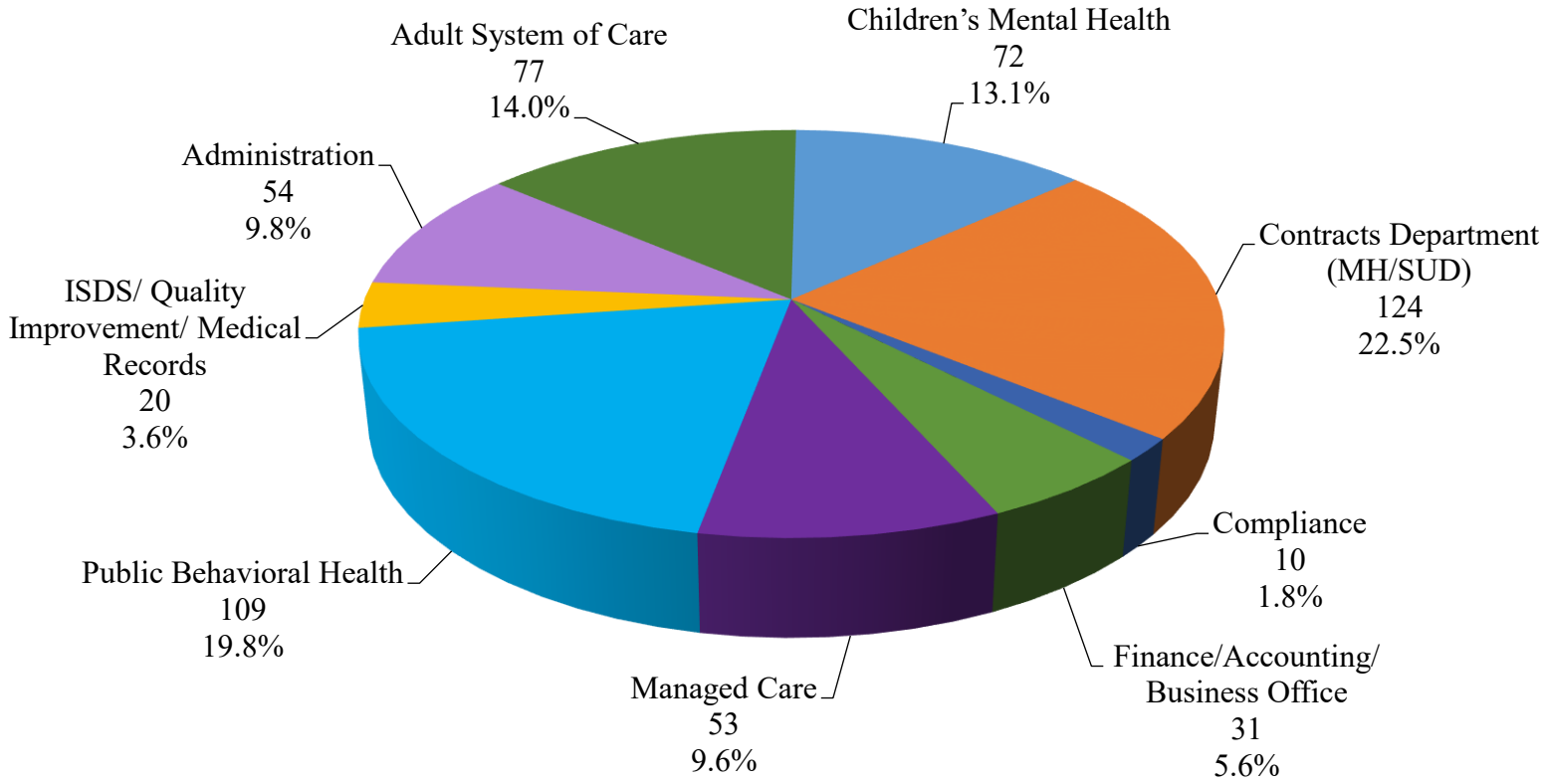

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# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***2023 Department/Program (N=550)***

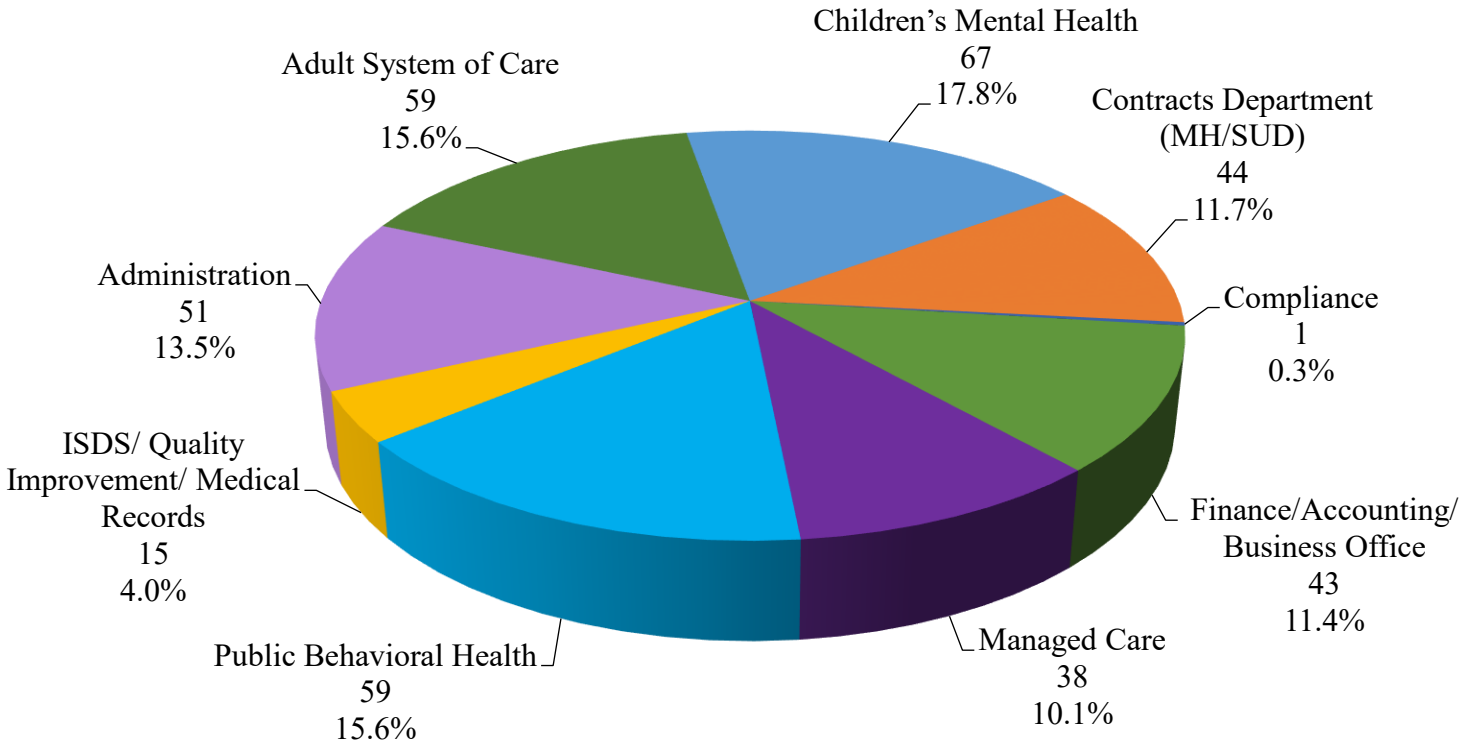


**Fresno County Department of Behavioral Health**

***Staff Cultural Humility Survey***

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***2024 Employment Status (N=377)***

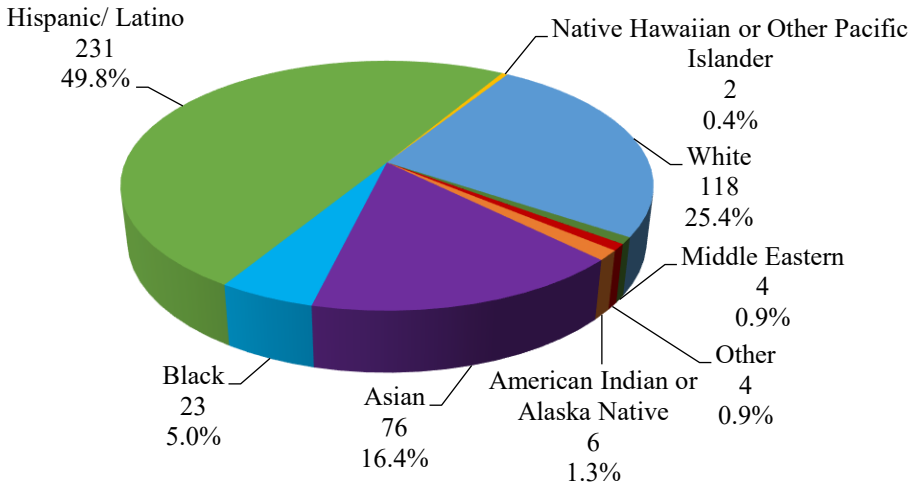


# Fresno County Department of Behavioral Health

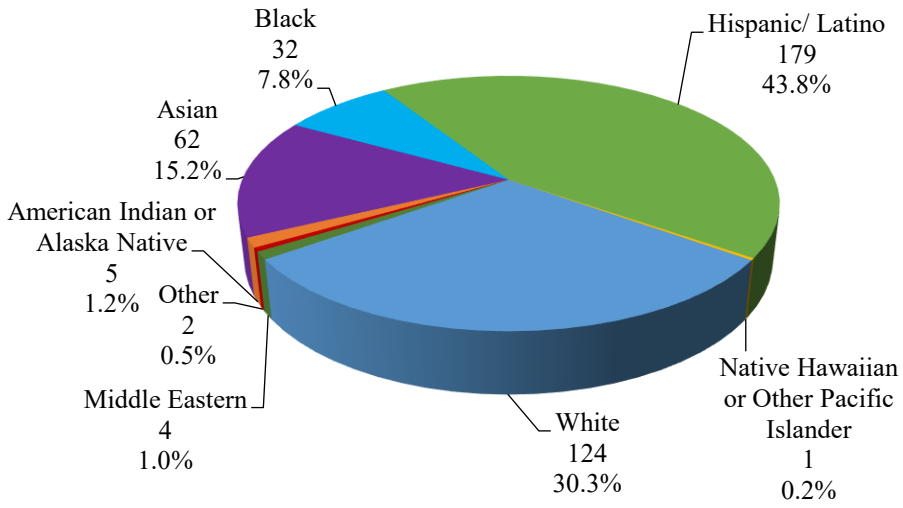
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

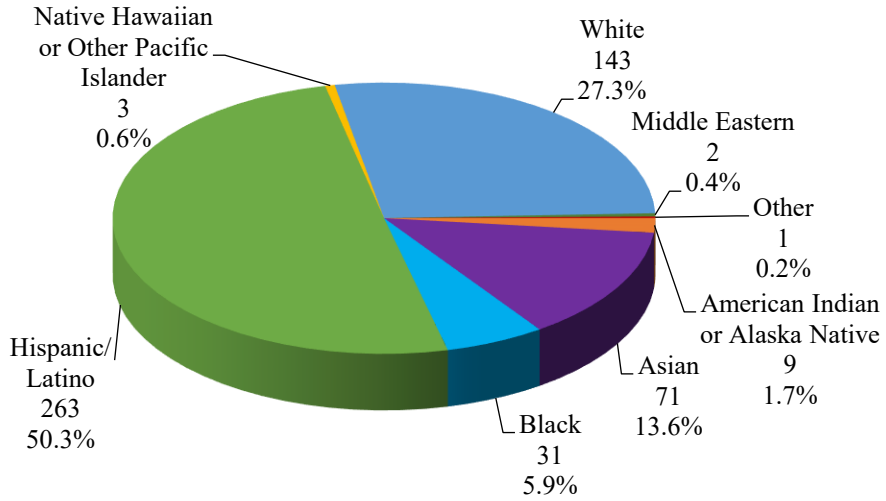
***2021 Race/Ethnicity (N=464)***



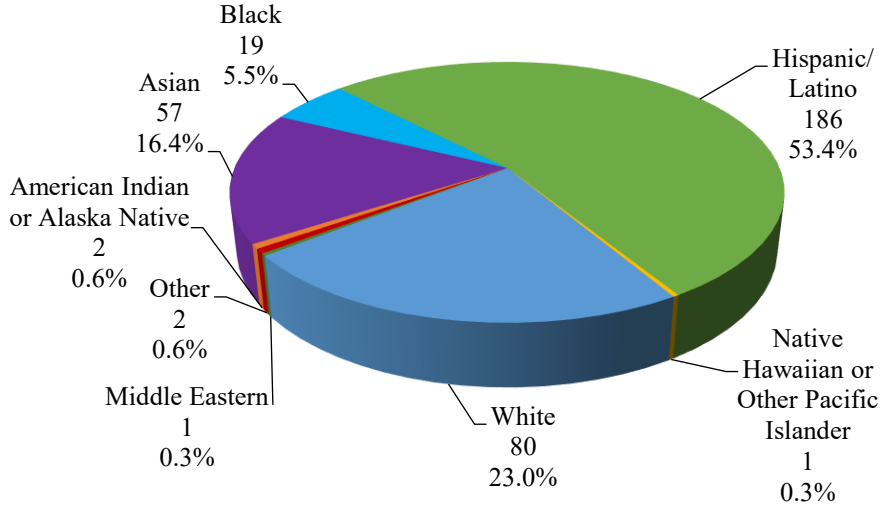

***2022 Race/Ethnicity (N=409)***




***2023 Race/Ethnicity (N=523)***




***2024 Race/Ethnicity (N=348)***





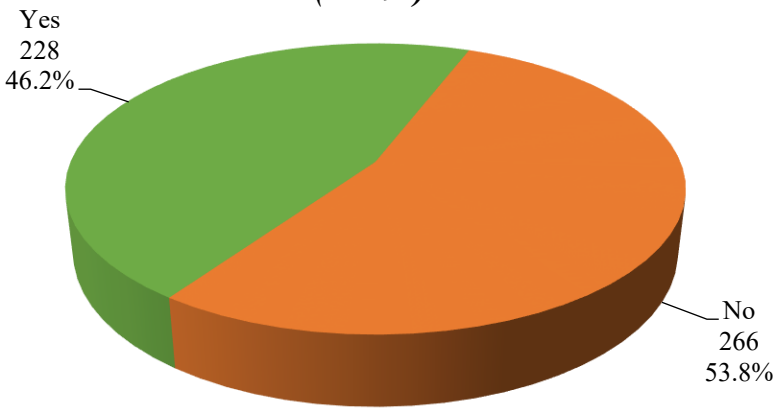

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# Fresno County Department of Behavioral Health

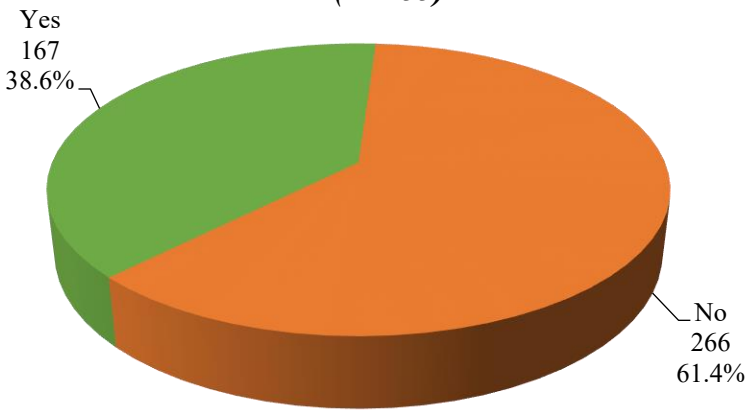
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

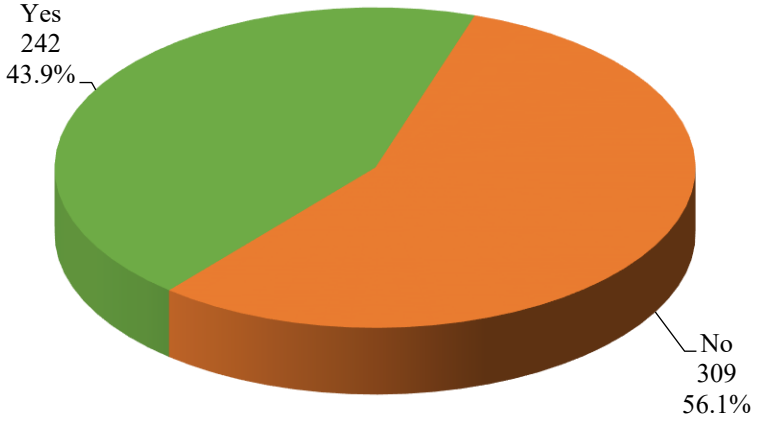
***2021 Do you consider yourself Bilingual? (N=494)***



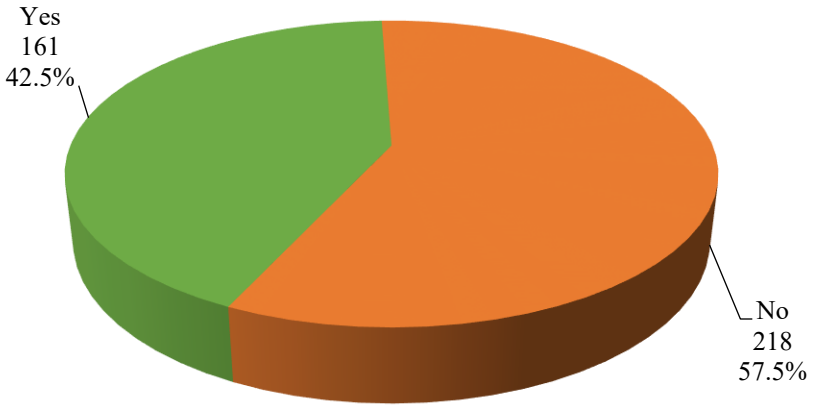

***2022 Do you consider yourself Bilingual? (N=433)***




***2023 Do you consider yourself Bilingual? (N=551)***




***2024 Do you consider yourself Bilingual? (N=379)***



# Fresno County Department of Behavioral Health

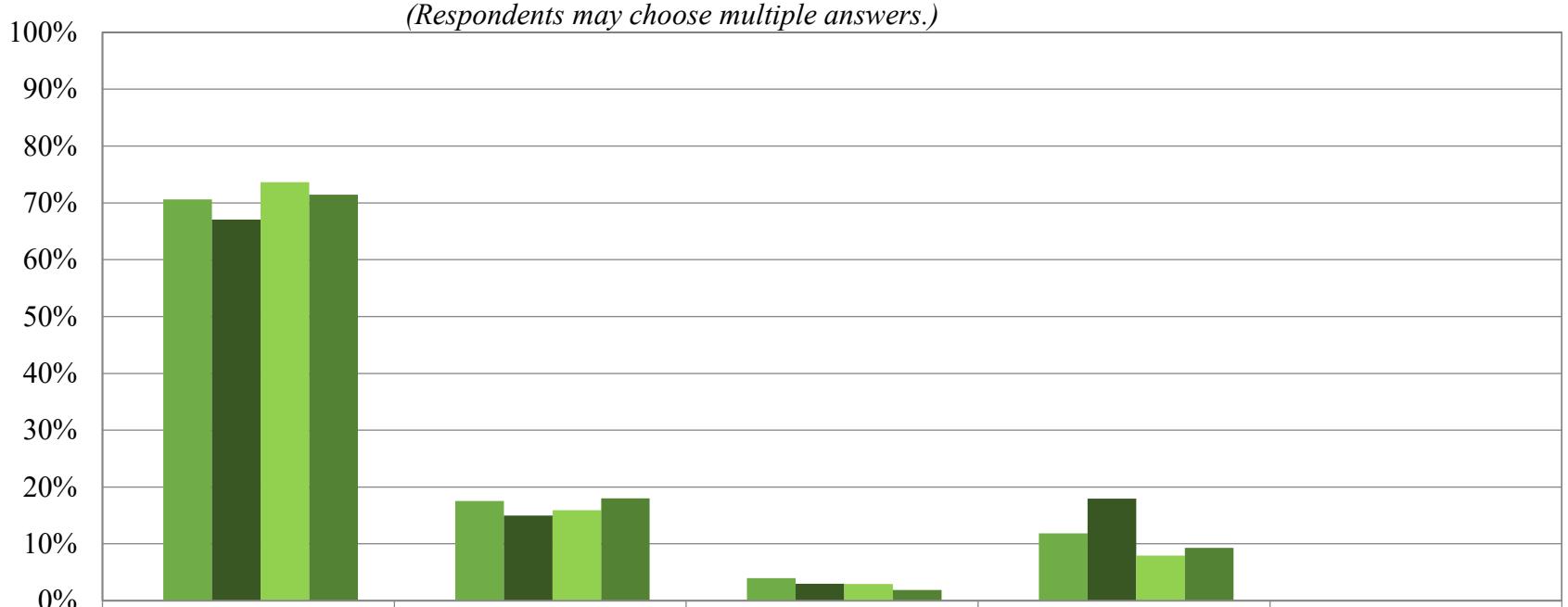
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*If Bilingual, which language(s) do you speak?*

***2021 Bilingual Respondents (N=228)*** ***2022 Bilingual Respondents (N=167)*** ***2023 Bilingual Respondents (N=239)*** ***2024 Bilingual Respondents (N=161)***

*(Respondents may choose multiple answers.)*




| | Spanish | Hmong | Punjabi | Other | Total Bilingual |
|---|---|---|---|---|---|
| 2021 # Respondents | 161 | 40 | 9 | 27 | 228 |
| 2021 % Respondents | 71% | 18% | 4% | 12% | 100% |
| 2022 # Respondents | 112 | 25 | 5 | 30 | 167 |
| 2022 % Respondents | 67% | 15% | 3% | 18% | 100% |
| 2023 # Respondents | 176 | 38 | 7 | 19 | 239 |
| 2023 % Respondents | 74% | 16% | 3% | 8% | 100% |
| 2024 # Respondents | 115 | 29 | 3 | 15 | 161 |
| 2024 % Respondents | 71% | 18% | 2% | 9% | 100% |

# Fresno County Department of Behavioral Health

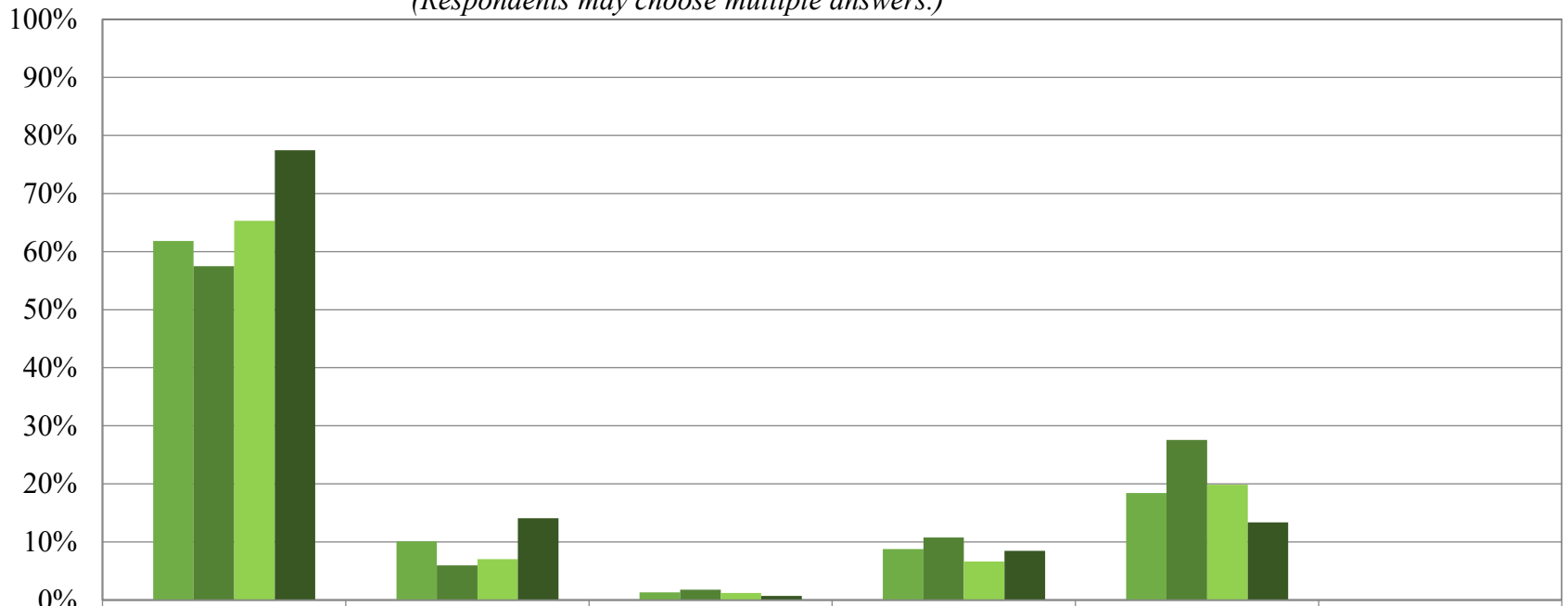
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*If Bilingual, which language(s) are you proficient in reading and writing?*

***2021 Bilingual Respondents (N=228)*** ***2022 Bilingual Respondents (N=167)*** ***2023 Bilingual Respondents (N=242)*** ***2024 Bilingual Respondents (N=142)***

*(Respondents may choose multiple answers.)*



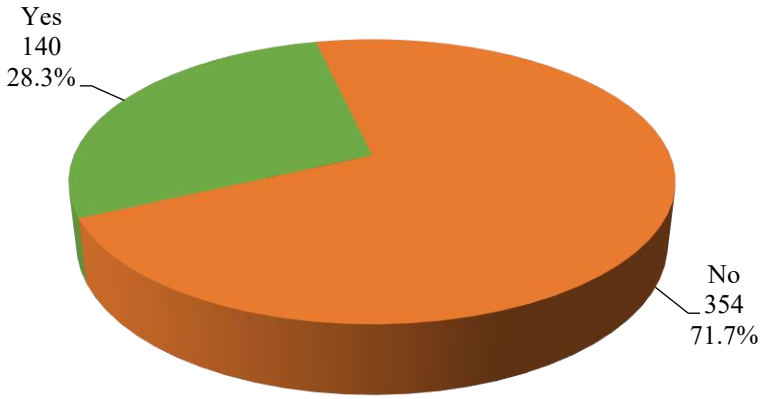

| | Spanish | Hmong | Punjabi | Other | Not proficient | Total Bilingual |
|---|---|---|---|---|---|---|
| 2021 # Respondents | 141 | 23 | 3 | 20 | 42 | 228 |
| 2021 % Respondents | 62% | 10% | 1% | 9% | 18% | 100% |
| 2022 # Respondents | 96 | 10 | 3 | 18 | 46 | 167 |
| 2022 % Respondents | 57% | 6% | 2% | 11% | 28% | 100% |
| 2023 # Respondents | 158 | 17 | 3 | 16 | 48 | 242 |
| 2023 % Respondents | 65% | 7% | 1% | 7% | 20% | 100% |
| 2024 # Respondents | 110 | 20 | 1 | 12 | 19 | 142 |
| 2024 % Respondents | 77% | 14% | 1% | 8% | 13% | 100% |

# Fresno County Department of Behavioral Health

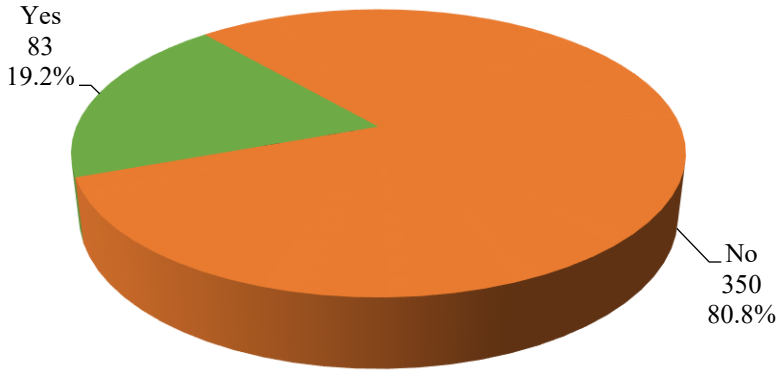
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

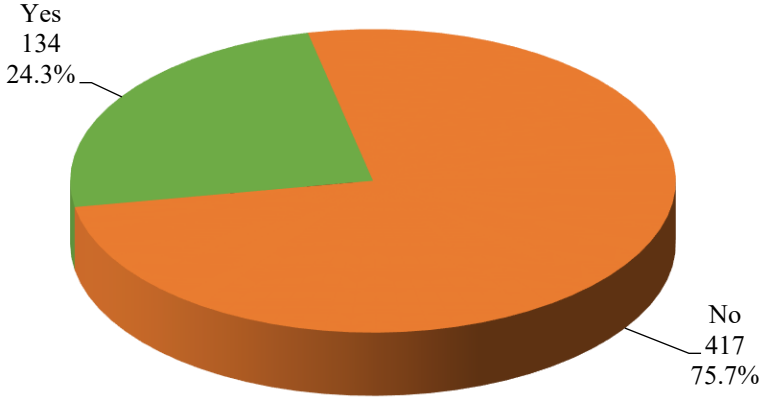
***2021 Do you act as an Interpreter as part of your Job Function? (N=494)***



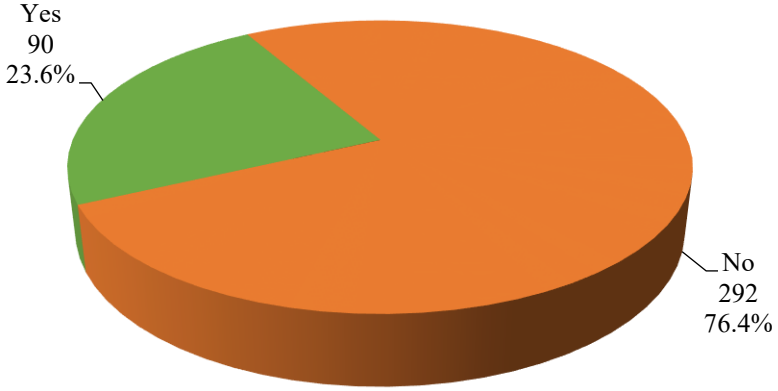

***2022 Do you act as an Interpreter as part of your Job Function? (N=433)***




***2023 Do you act as an Interpreter as part of your Job Function? (N=551)***




***2024 Do you act as an Interpreter as part of your Job Function? (N=382)***

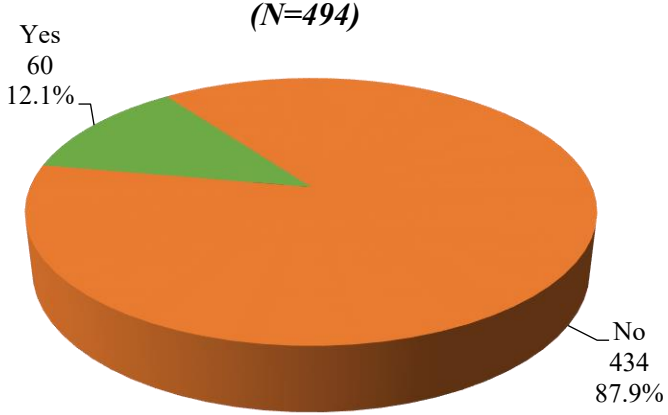


# Fresno County Department of Behavioral Health

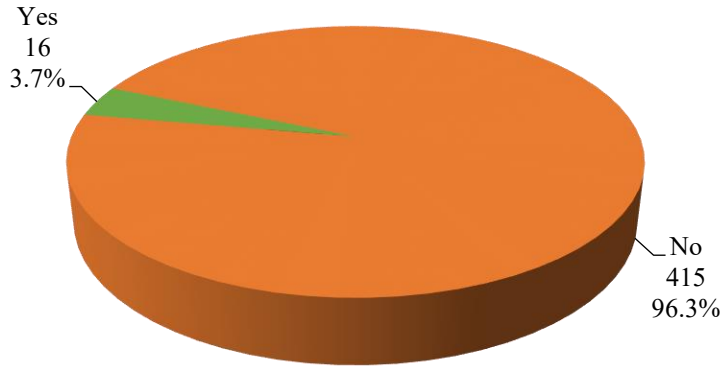
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

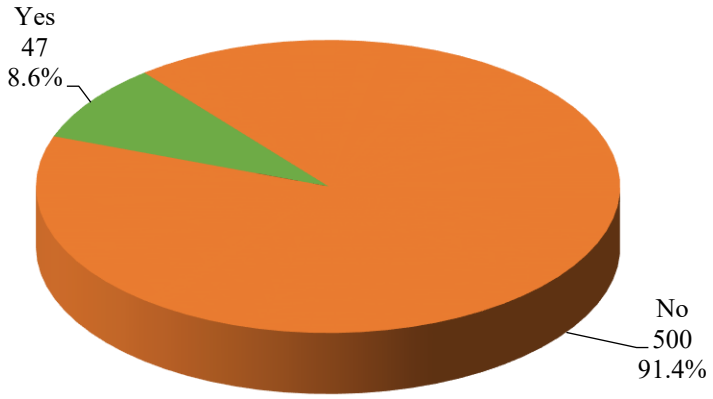
***2021 Do you receive bilingual pay? (N=494)***



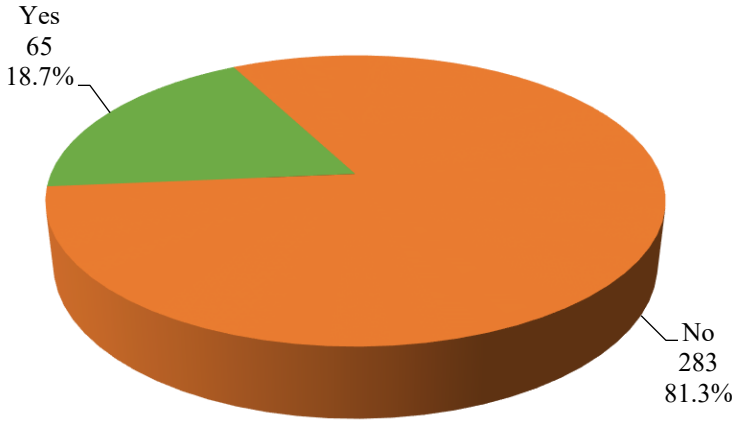

***2022 Do you receive bilingual pay? (N=431)***




***2023 Do you receive bilingual pay? (N=547)***




***2024 Do you receive bilingual pay? (N=348)***





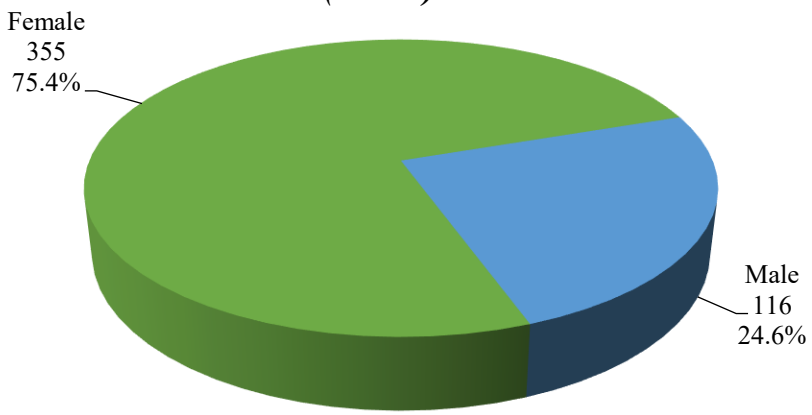

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# Fresno County Department of Behavioral Health

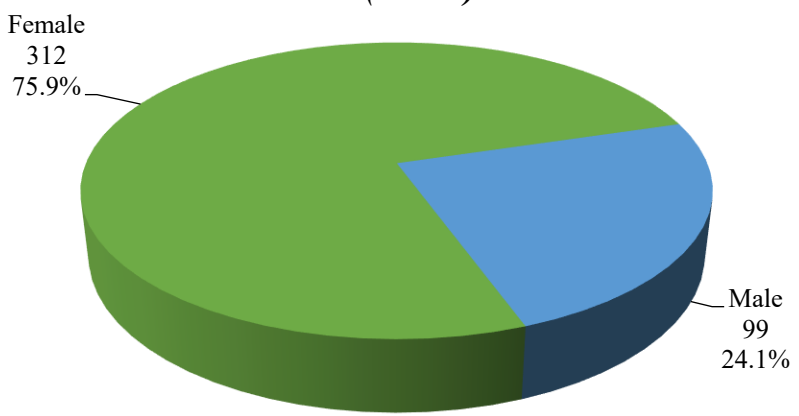
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

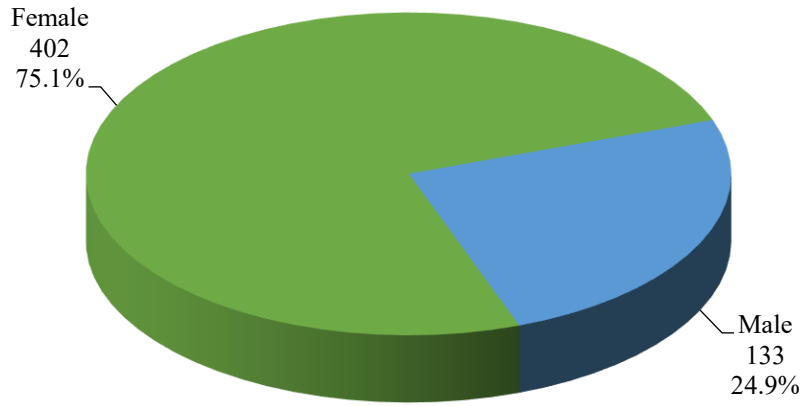
***2021 Gender Assigned at Birth (N=471)***



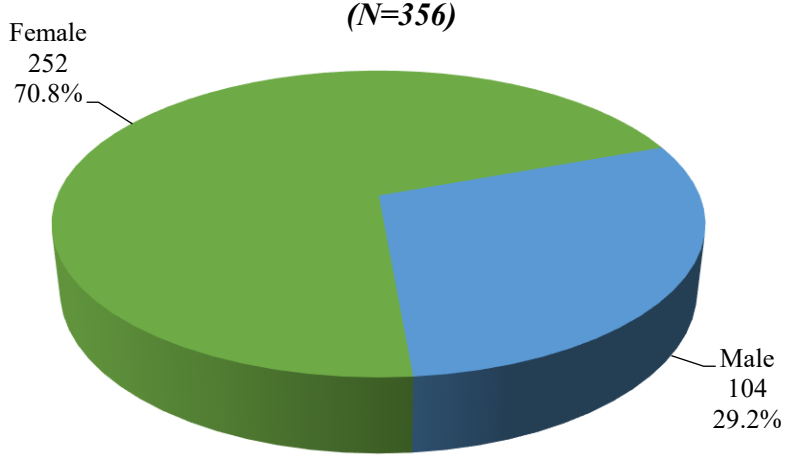

***2022 Gender Assigned at Birth (N=411)***




***2023 Gender Assigned at Birth (N=535)***




***2024 Gender Assigned at Birth (N=356)***





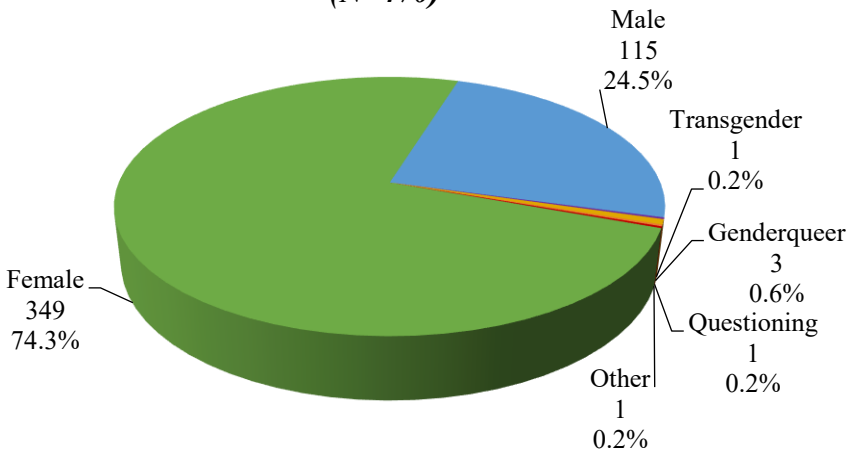

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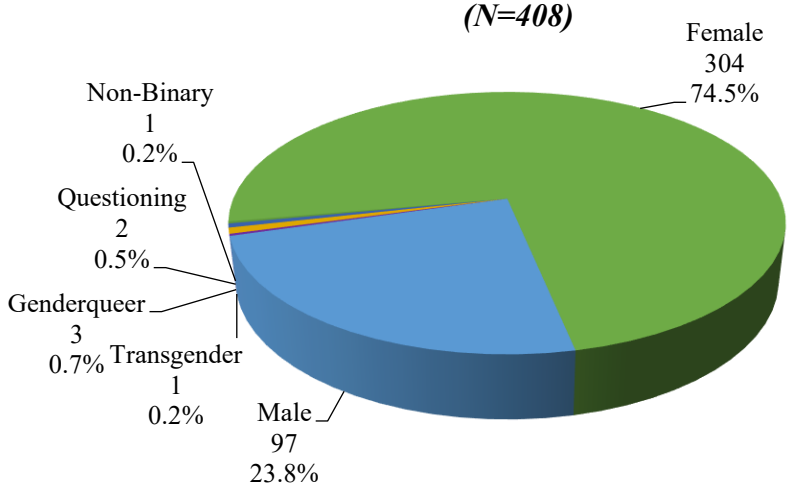
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

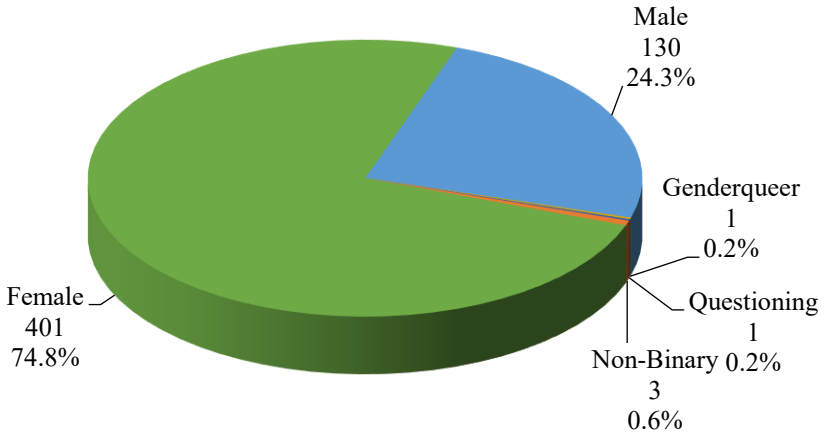
***2021 Current Gender Identity***
***(N=470)***



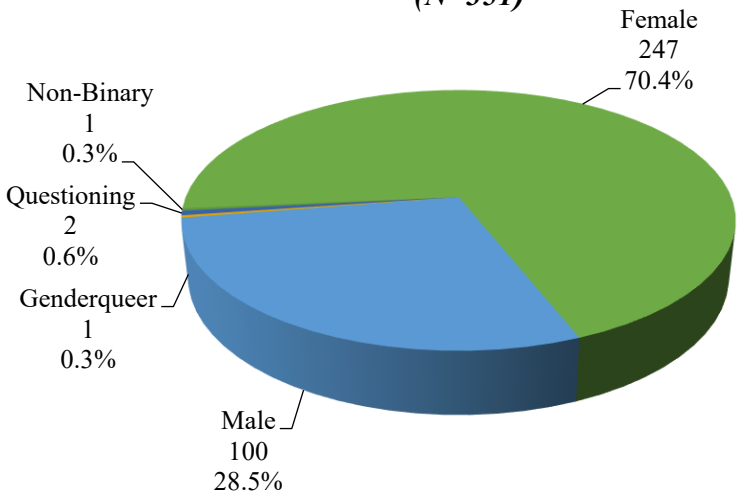

***2022 Current Gender Identity***
***(N=408)***




***2023 Current Gender Identity***
***(N=536)***




***2024 Current Gender Identity***
***(N=351)***

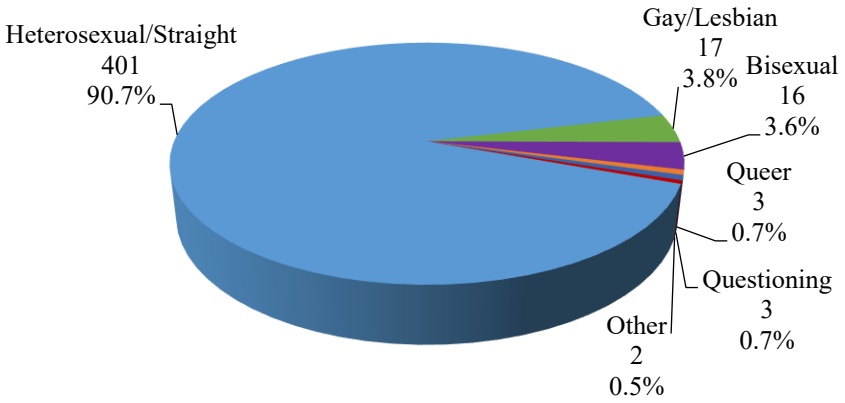


# Fresno County Department of Behavioral Health

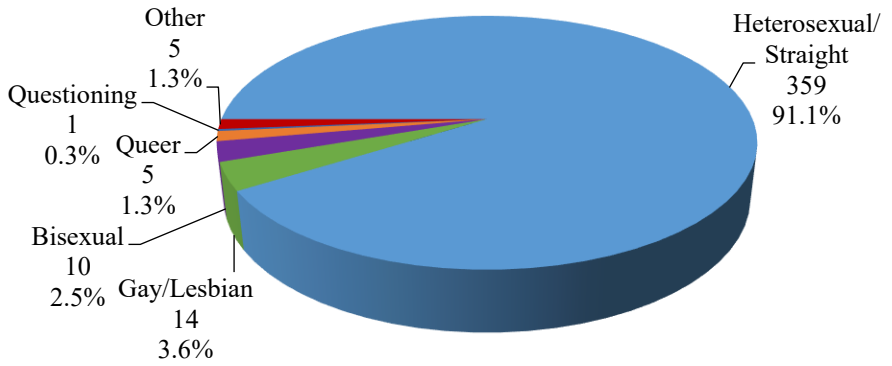
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

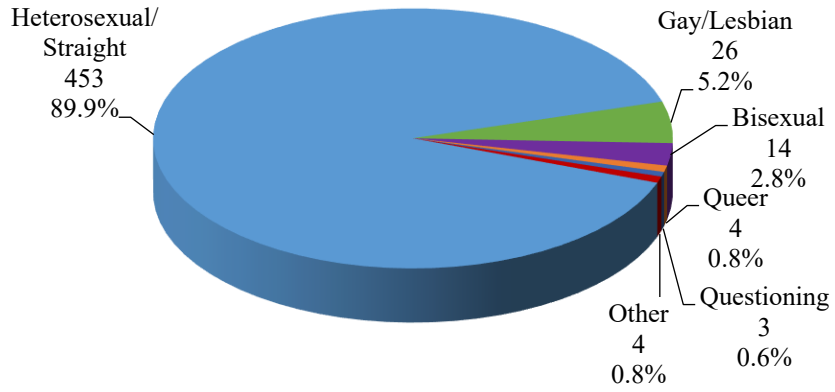
***2021 Sexual Orientation (N=442)***



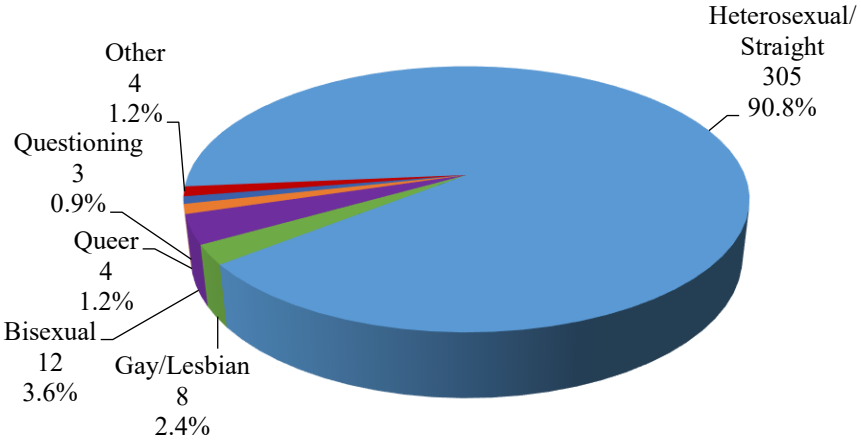

***2022 Sexual Orientation (N=394)***




***2023 Sexual Orientation (N=504)***




***2024 Sexual Orientation (N=336)***

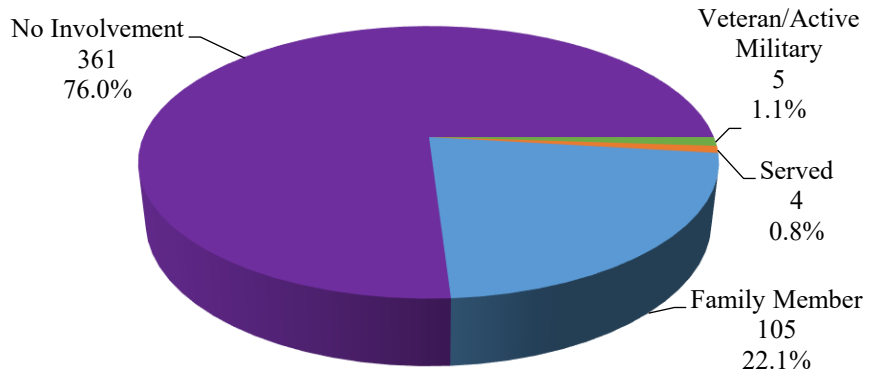


# Fresno County Department of Behavioral Health

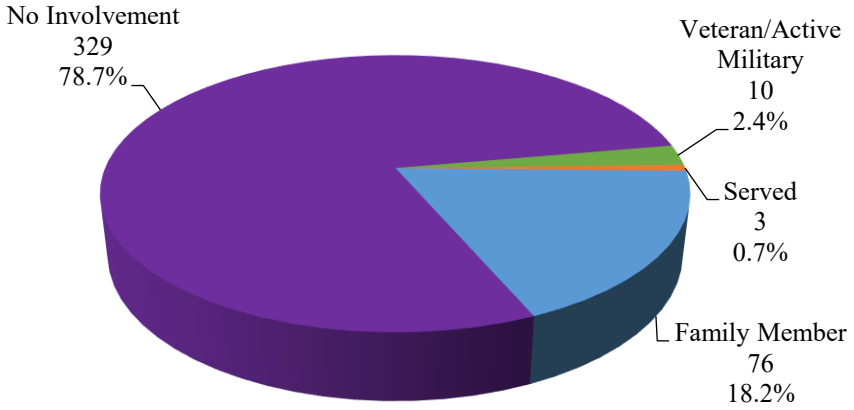
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

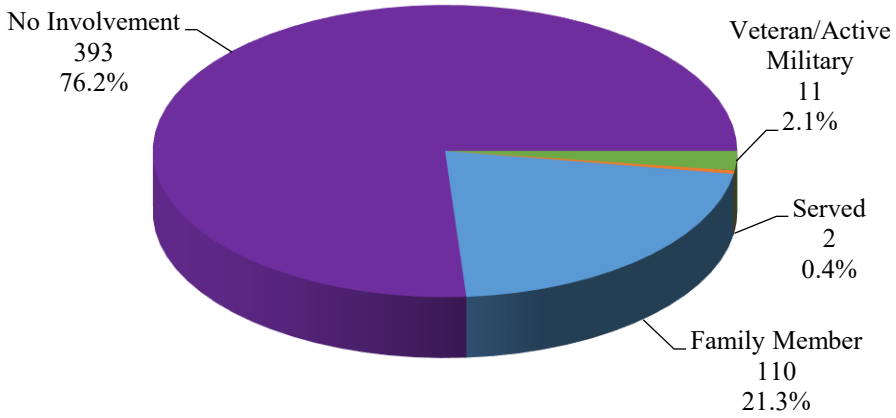
***2021 Military/Service Involvement (N=475)***



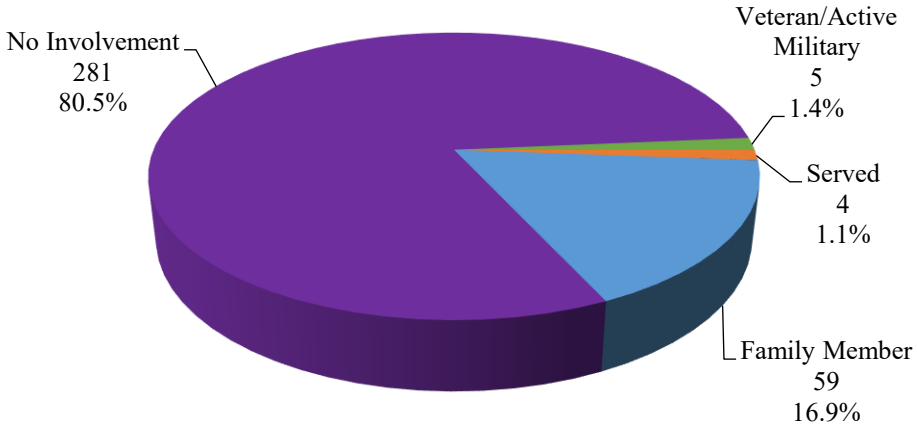

***2022 Military/Service Involvement (N=418)***




***2023 Military/Service Involvement (N=516)***




***2024 Military/Service Involvement (N=349)***

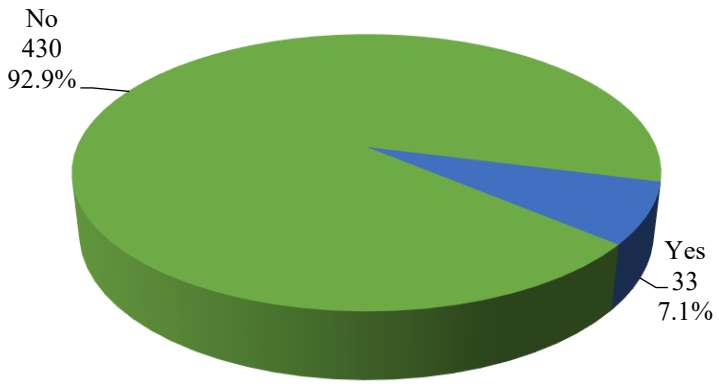


# Fresno County Department of Behavioral Health

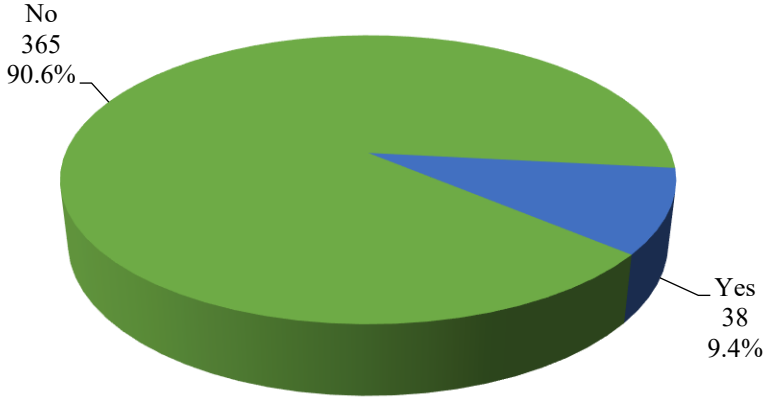
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

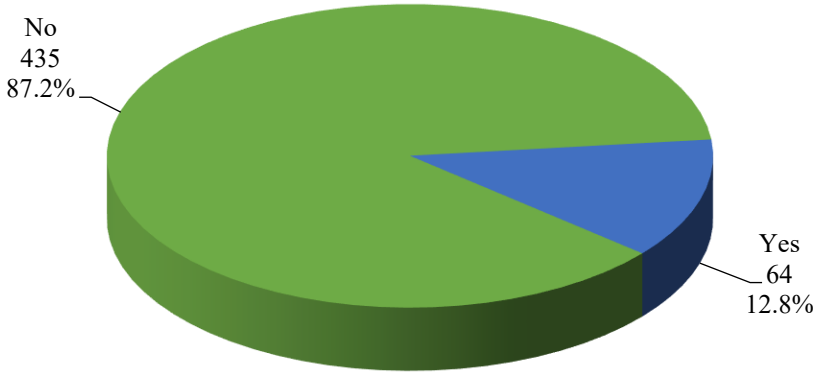
***2021 Do you have a disability? (N=463)***



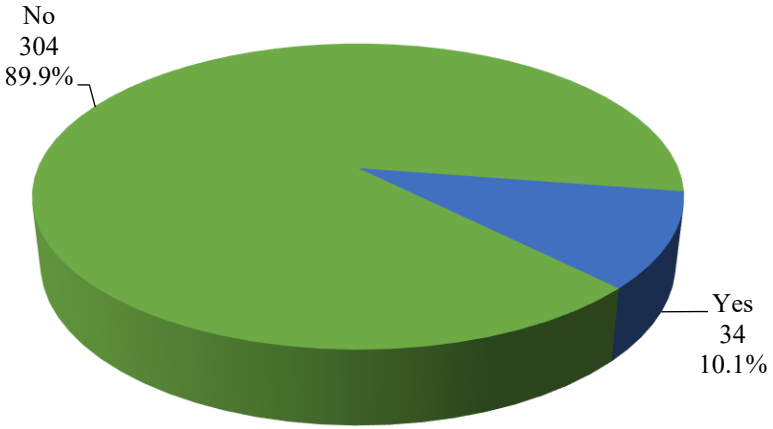

***2022 Do you have a disability? (N=403)***




***2023 Do you have a disability? (N=499)***




***2024 Do you have a disability? (N=338)***

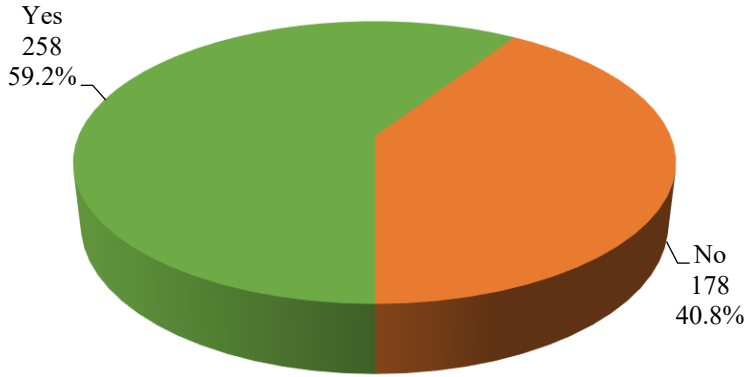


# Fresno County Department of Behavioral Health

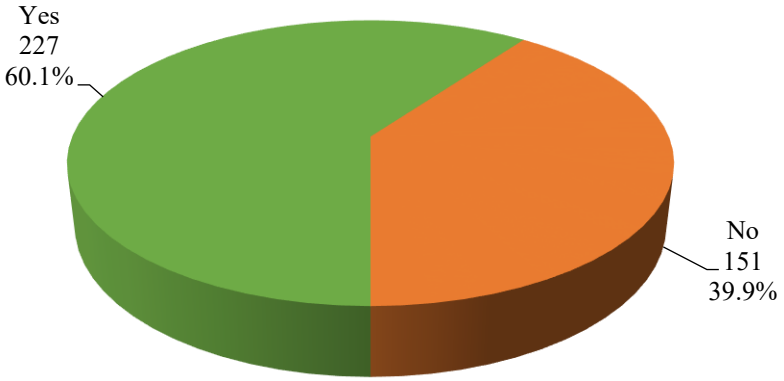
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

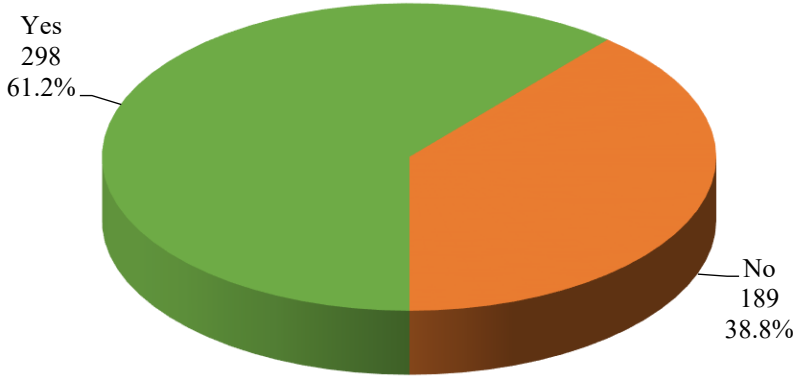
***2021 Do you consider yourself to be a person with lived Mental Health experience? (N=436)***



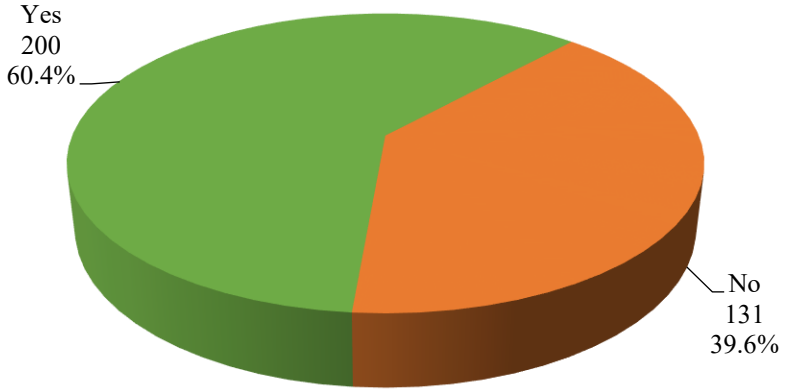

***2022 Do you consider yourself to be a person with lived Mental Health experience? (N=378)***




***2023 Do you consider yourself to be a person with lived Mental Health experience? (N=487)***




***2024 Do you consider yourself to be a person with lived Mental Health experience? (N=331)***

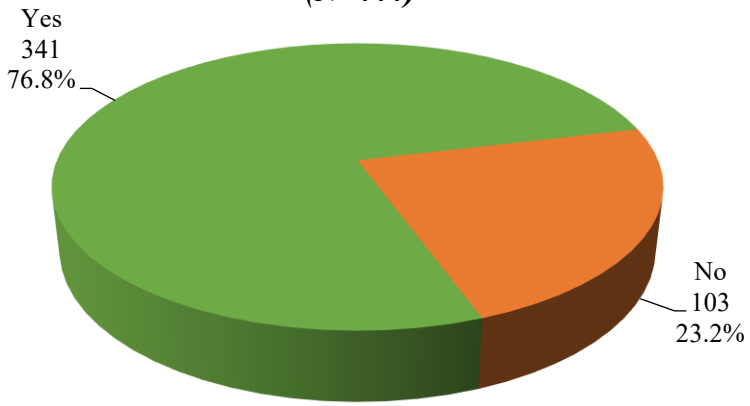


# Fresno County Department of Behavioral Health

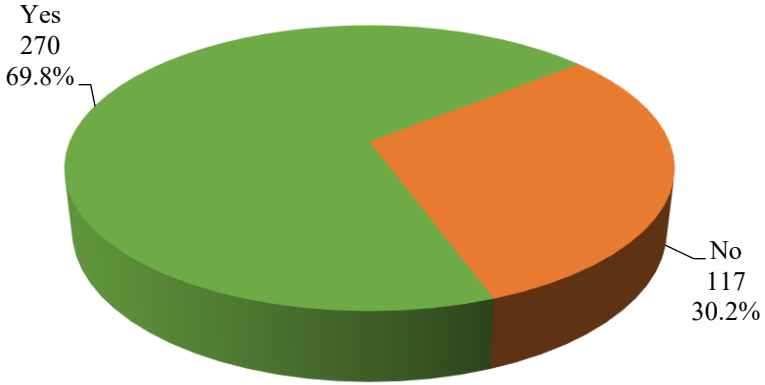
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

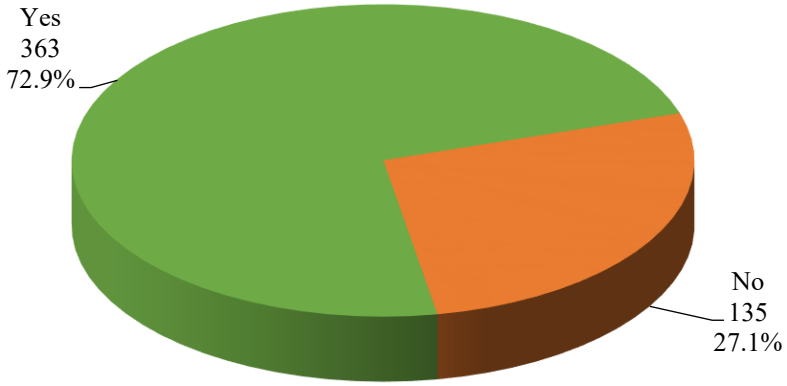
***2021 Are you a family member of a person with lived Mental Health experience? (N=444)***



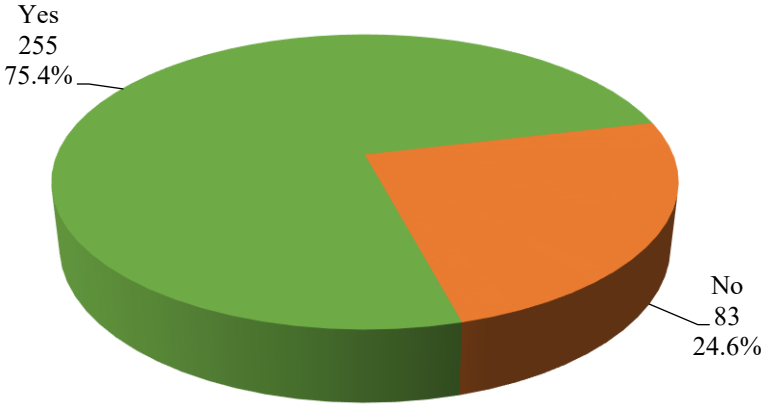

***2022 Are you a family member of a person with lived Mental Health experience? (N=387)***




***2023 Are you a family member of a person with lived Mental Health experience? (N=498)***




***2024 Are you a family member of a person with lived Mental Health experience? (N=338)***

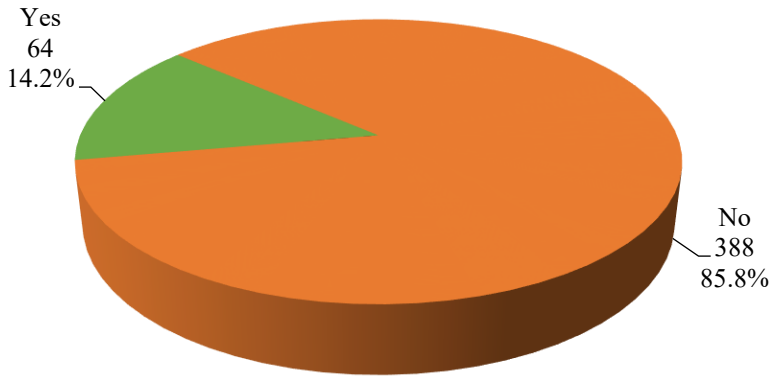


# Fresno County Department of Behavioral Health

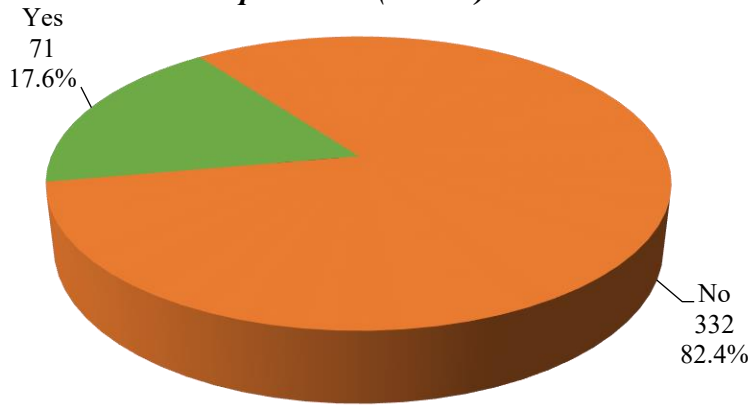
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

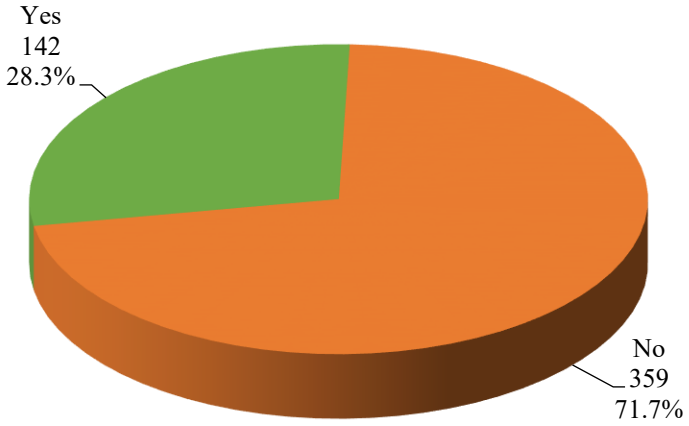
***2021 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=452)***



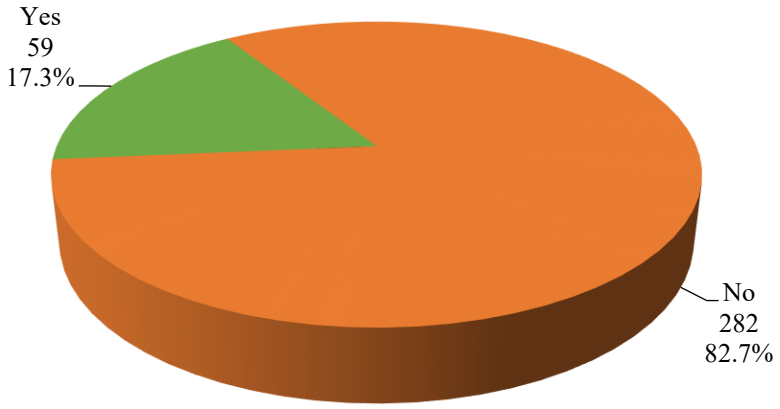

***2022 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=403)***




***2023 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=501)***




***2024 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=341)***

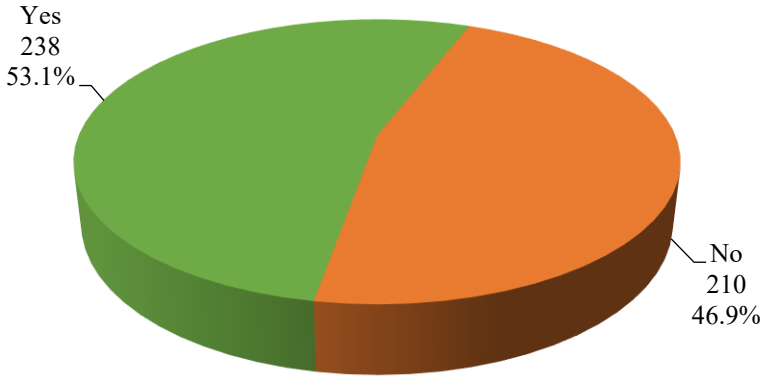


# Fresno County Department of Behavioral Health

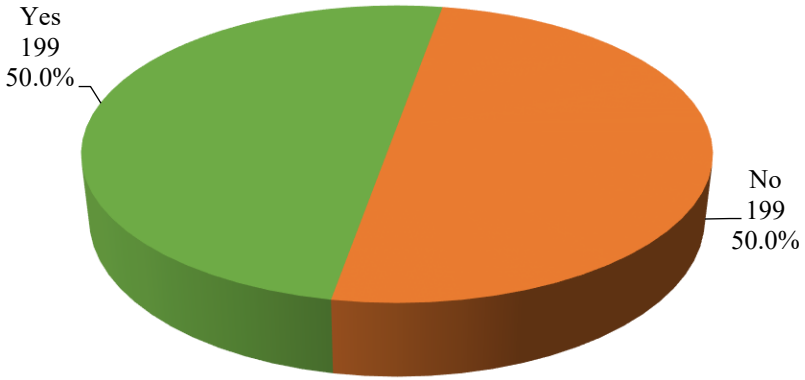
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

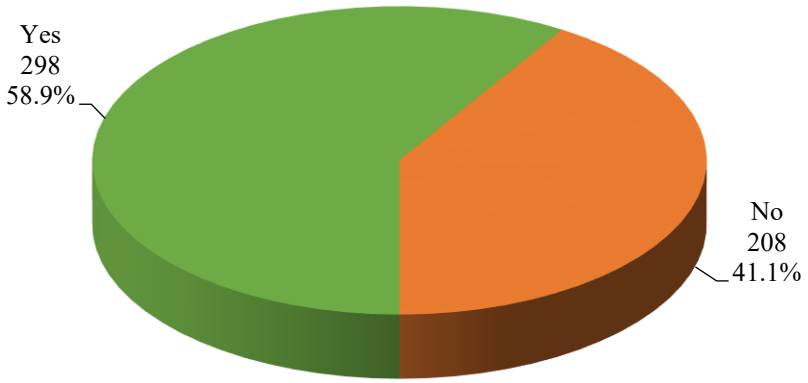
***2021 Are you a family member of a person with lived Substance Use Disorder experience? (N=448)***



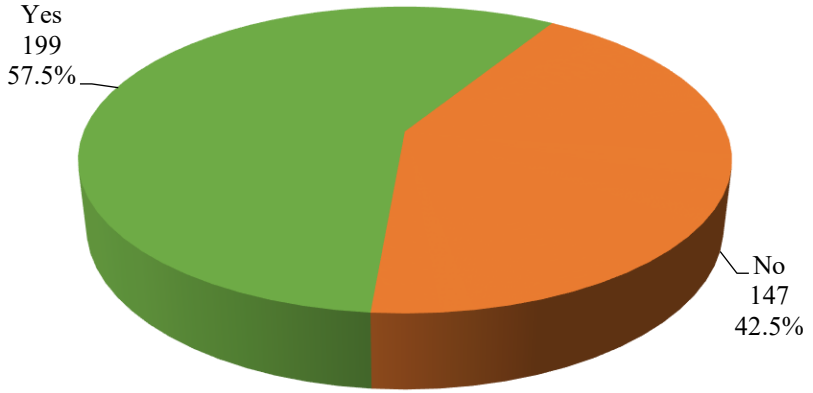

***2022 Are you a family member of a person with lived Substance Use Disorder experience? (N=398)***




***2023 Are you a family member of a person with lived Substance Use Disorder experience? (N=506)***




***2024 Are you a family member of a person with lived Substance Use Disorder experience? (N=346)***





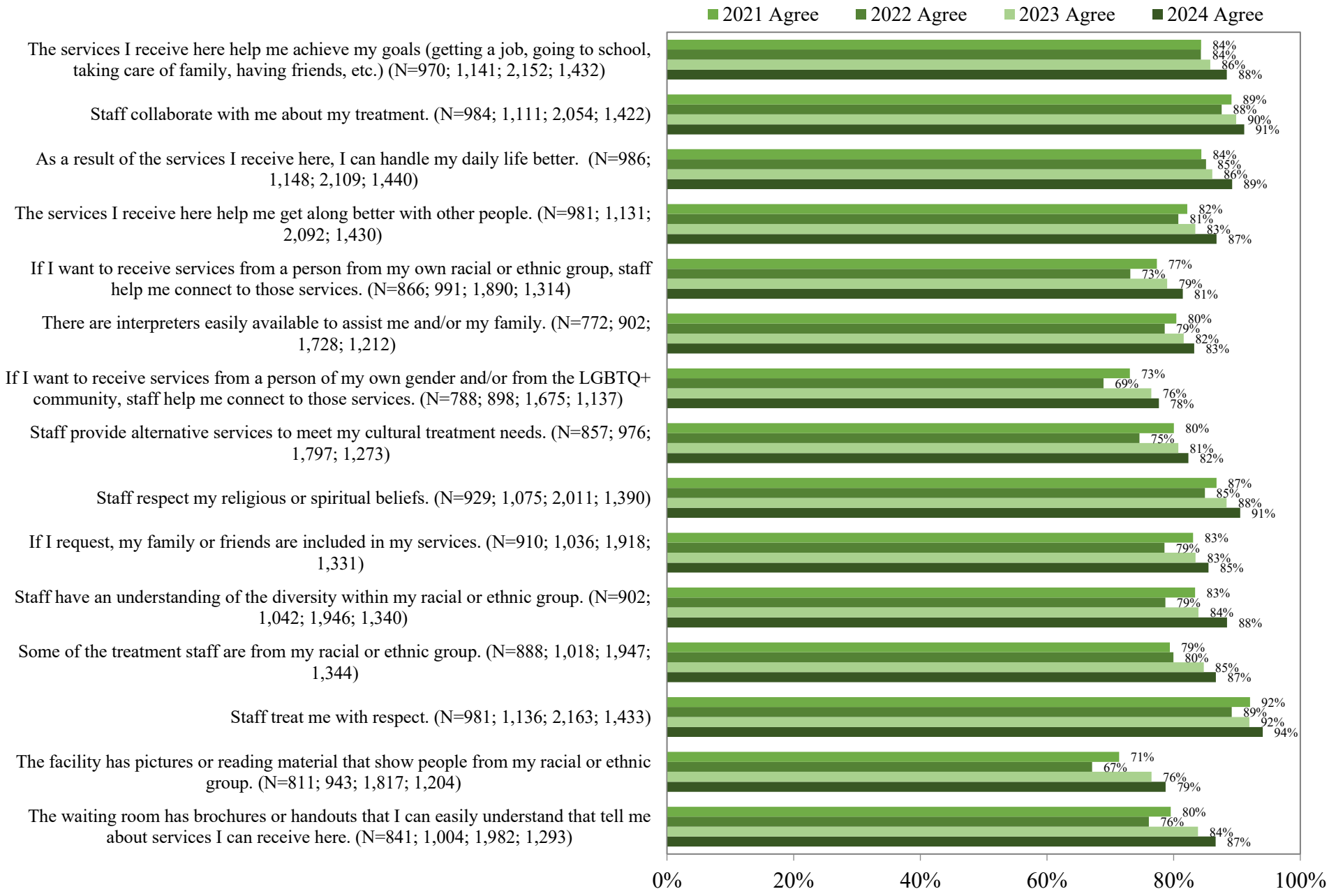

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## Appendix F: Client/Person Served Cultural Humility Survey Results

# Fresno County Department of Behavioral Health

## *Client Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

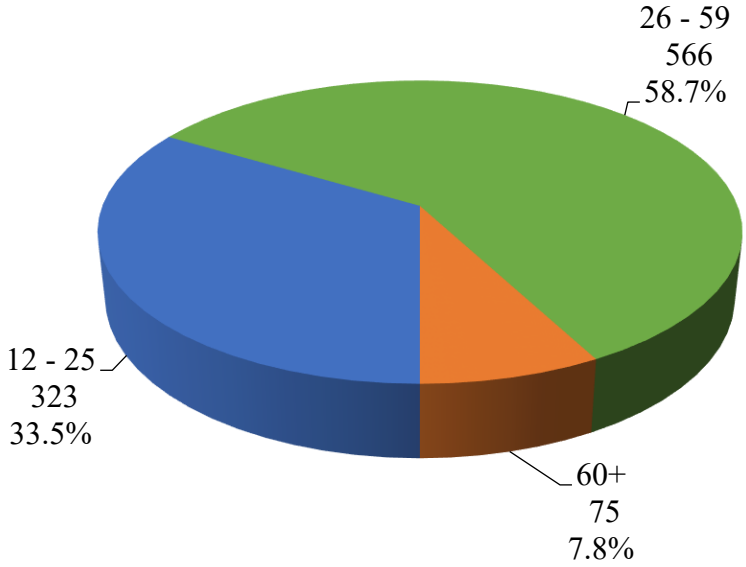


# Fresno County Department of Behavioral Health

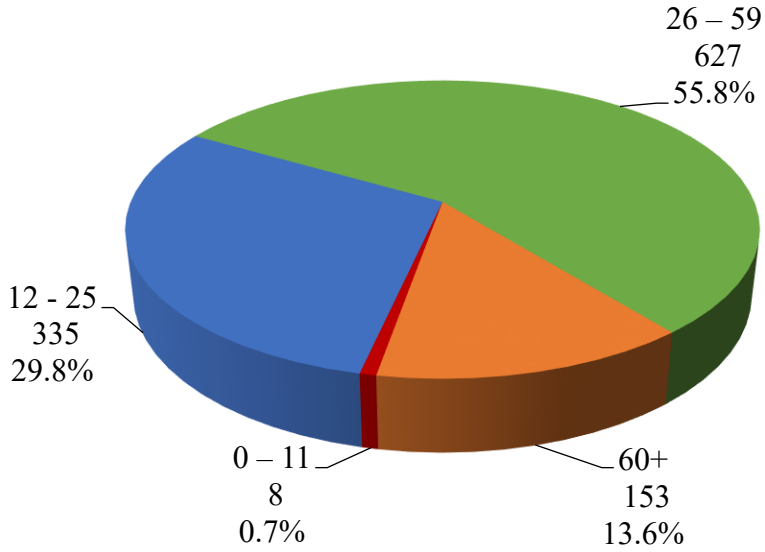
## *Client Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

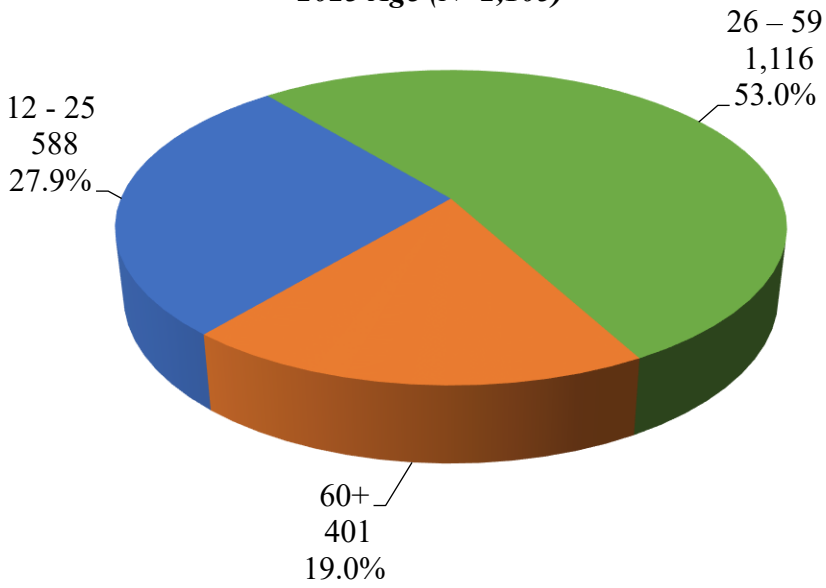
***2021 Age (N=964)***



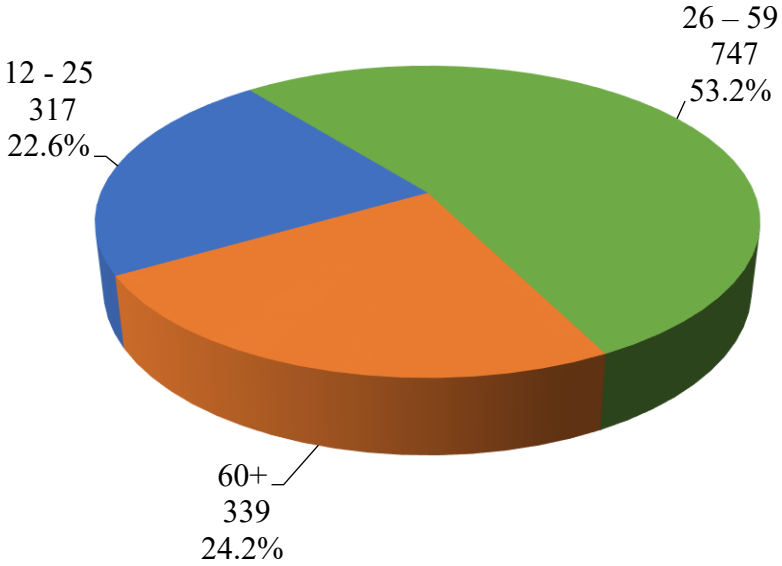

***2022 Age (N=1,123)***




***2023 Age (N=2,105)***




***2024 Age (N=1,403)***





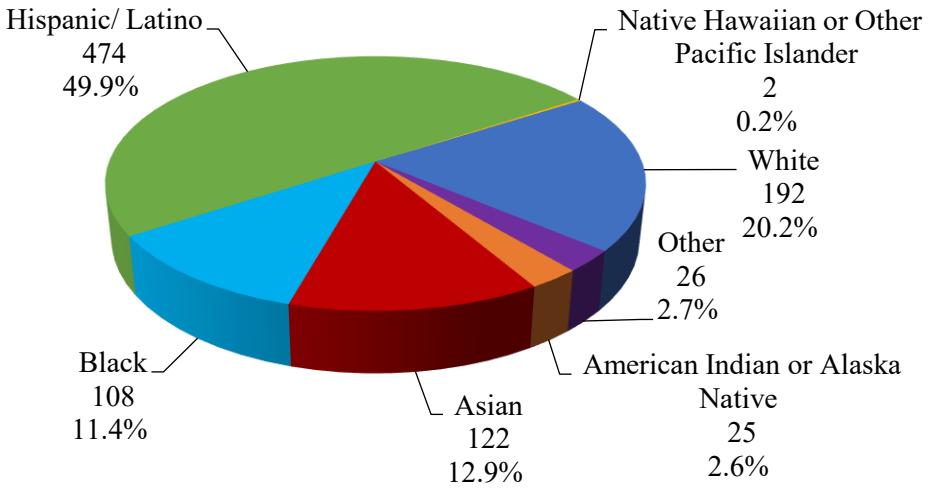

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# Fresno County Department of Behavioral Health

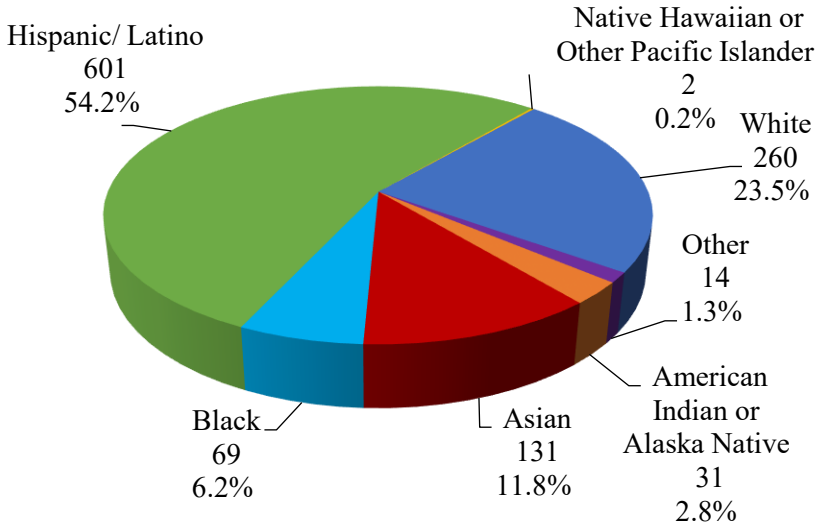
## *Client Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

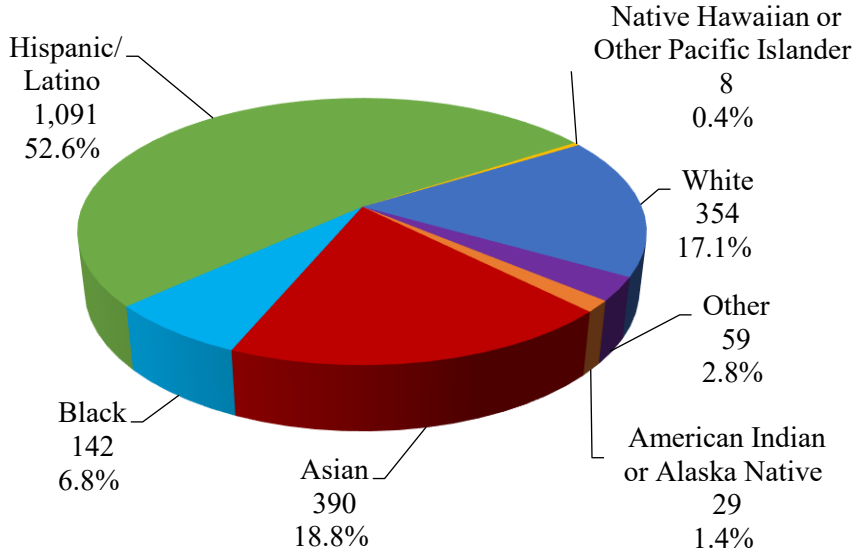
***2021 Race/Ethnicity (N=949)***



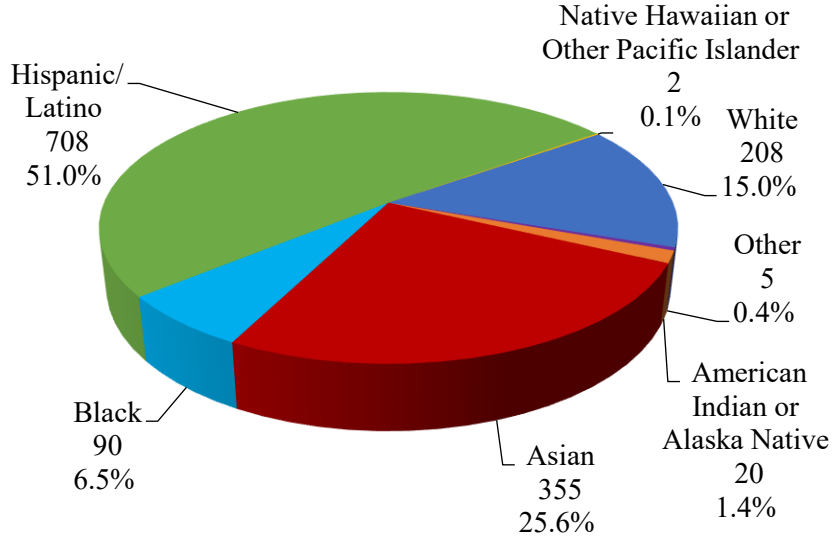

***2022 Race/Ethnicity (N=1,108)***




***2023 Race/Ethnicity (N=2,073)***




***2024 Race/Ethnicity (N=1,388)***





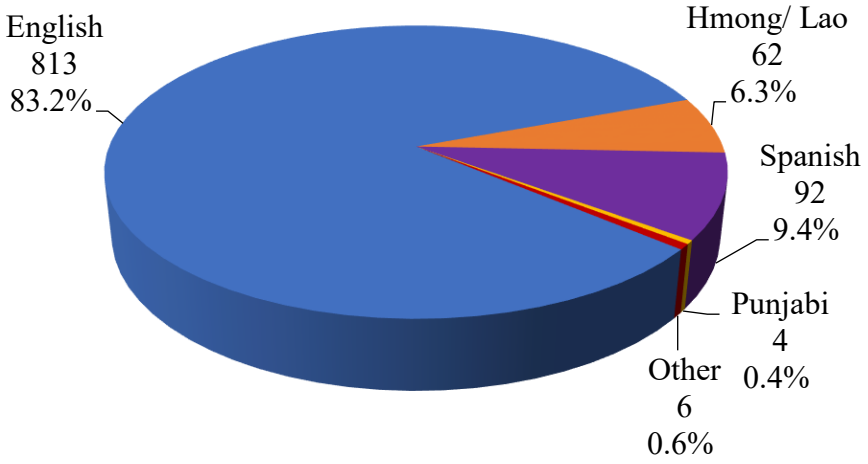

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# Fresno County Department of Behavioral Health

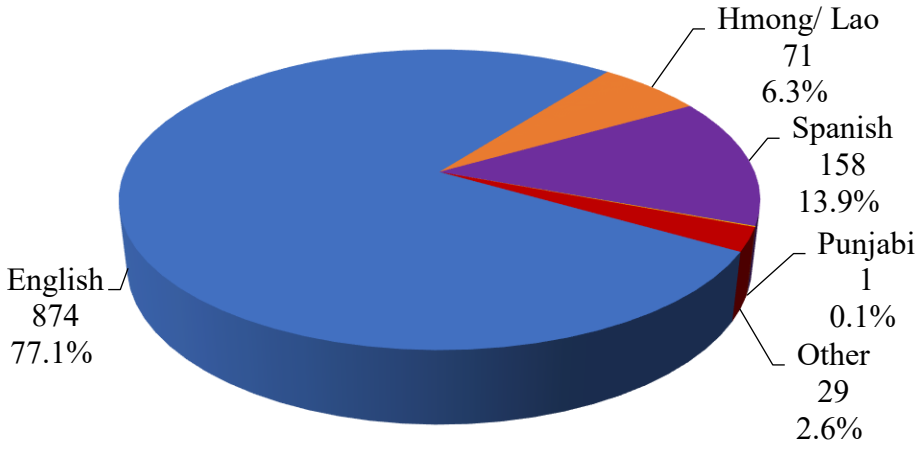
## *Client Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

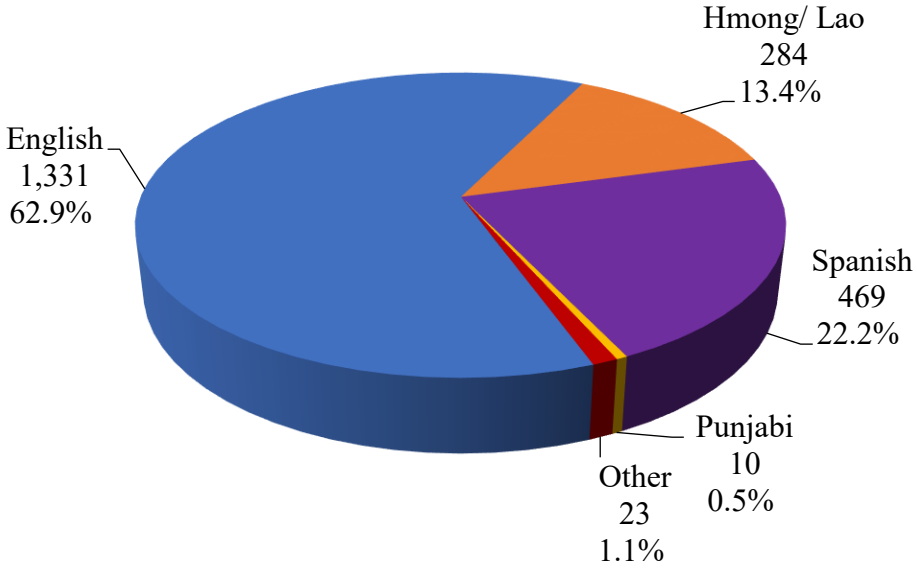
***2021 Primary Language Spoken at home (N=977)***



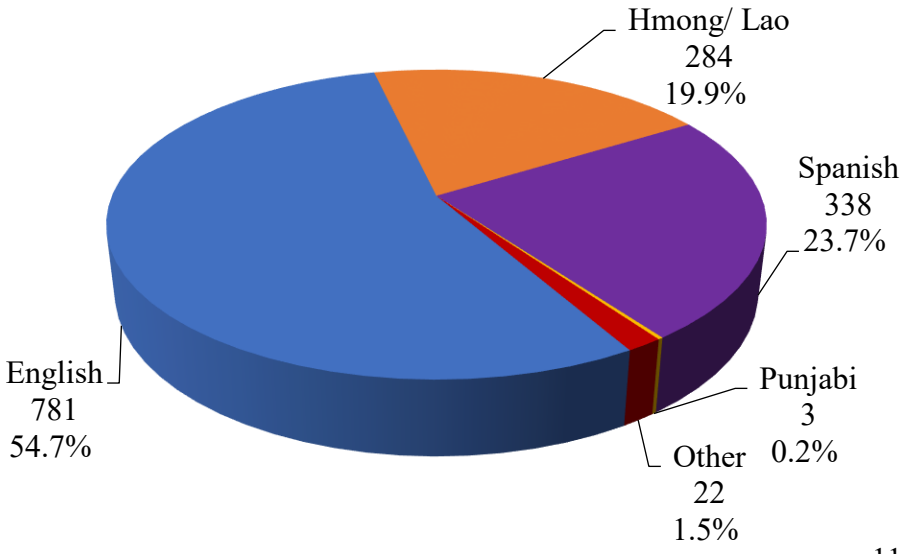

***2022 Primary Language Spoken at home (N=1,133)***




***2023 Primary Language Spoken at home (N=2,117)***




***2024 Primary Language Spoken at home (N=1,428)***

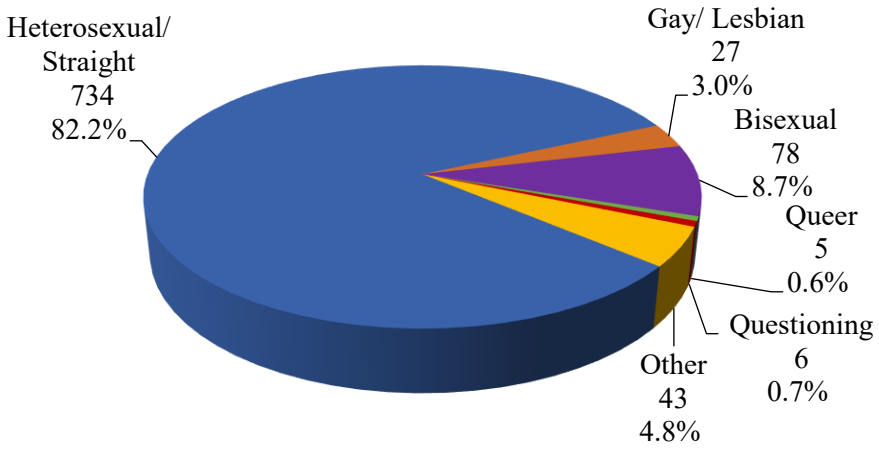




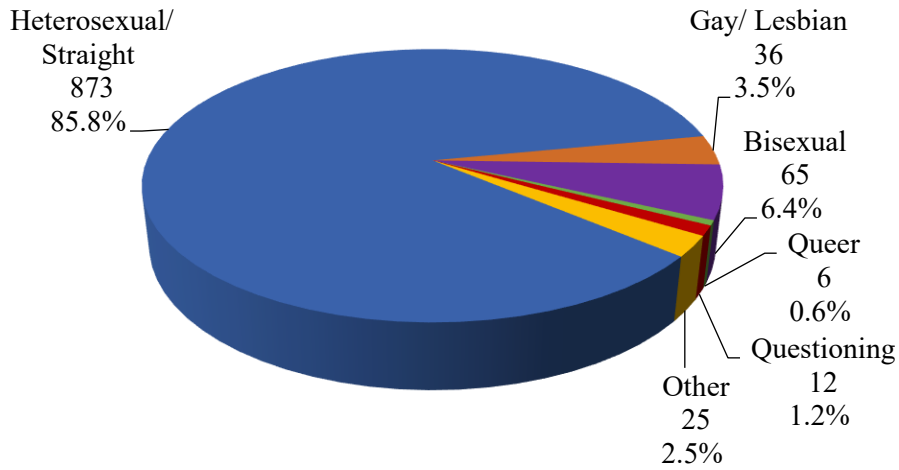

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# Fresno County Department of Behavioral Health
## *Client Cultural Humility Survey*
Comparison Between 2021, 2022, 2023 and 2024 Survey Results

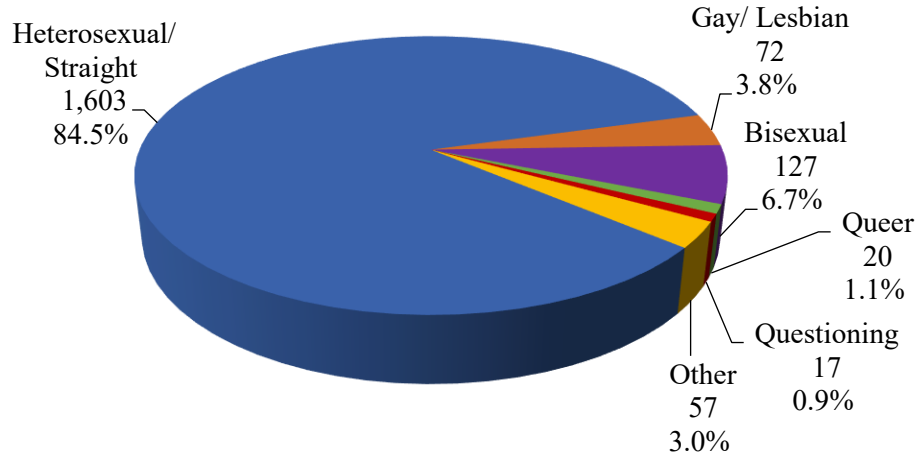
***2021 Sexual Orientation (N=893)***



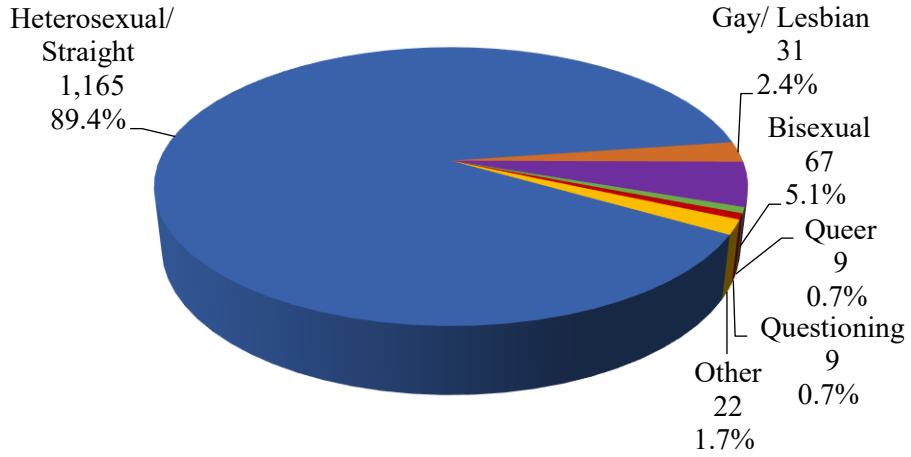

***2022 Sexual Orientation (N=1,017)***




***2023 Sexual Orientation (N=1,896)***




***2024 Sexual Orientation (N=1,303)***

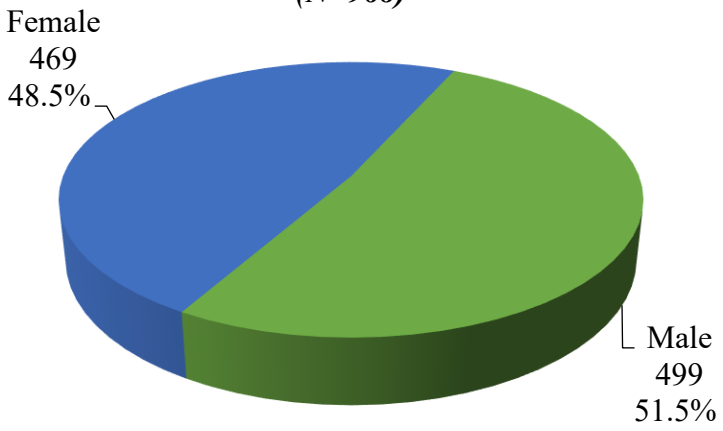


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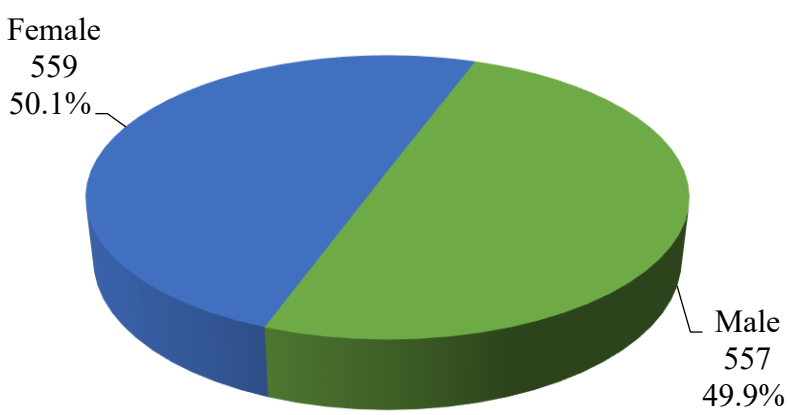
## *Client Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

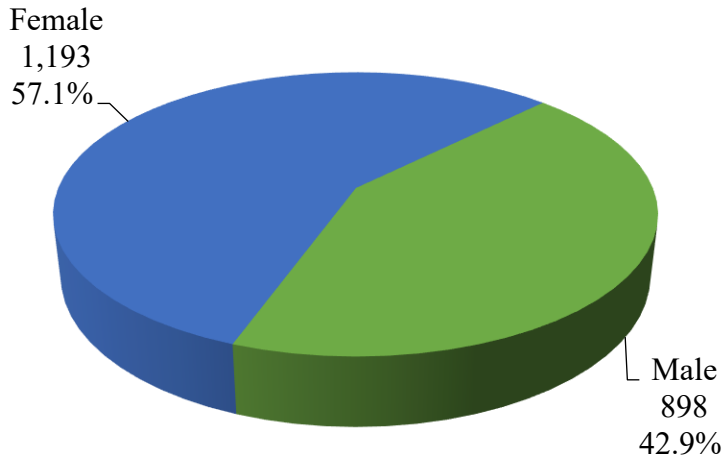
***2021 Gender Assigned at Birth (N=968)***



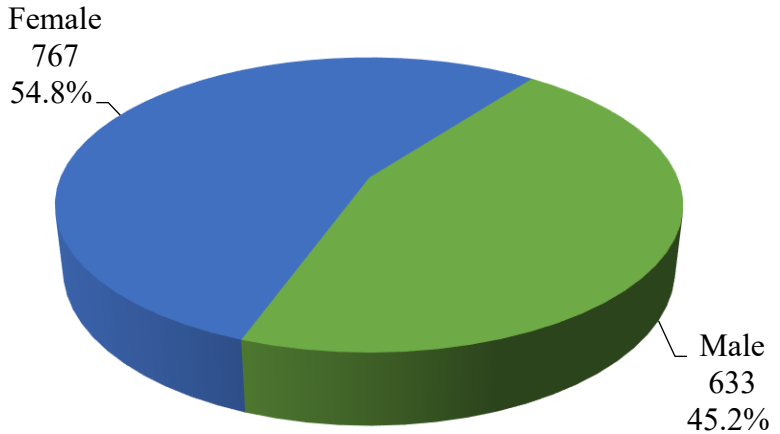

***2022 Gender Assigned at Birth (N=1,116)***




***2023 Gender Assigned at Birth (N=2,091)***




***2024 Gender Assigned at Birth (N=1,400)***

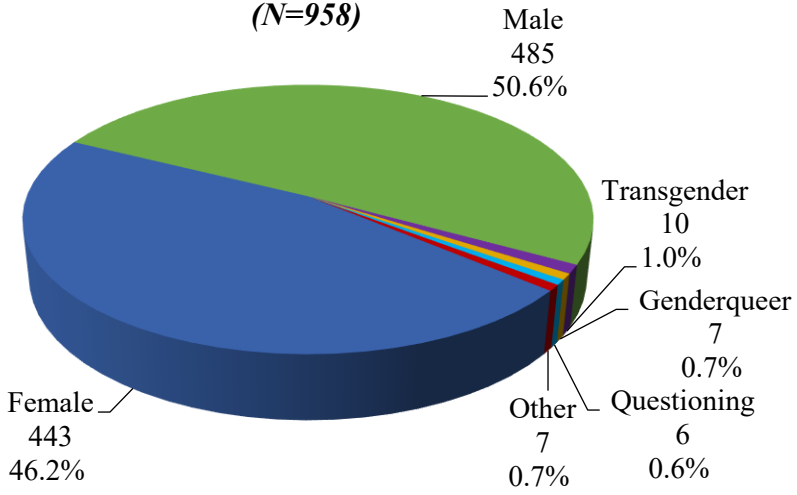




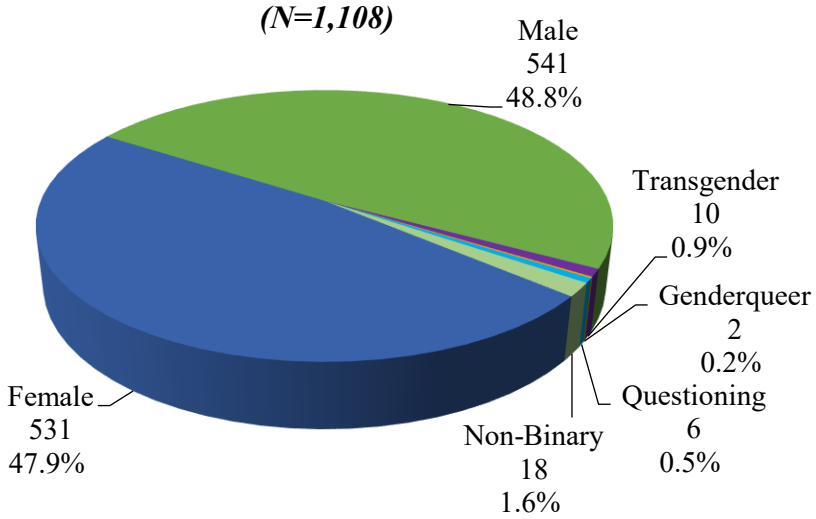

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# Fresno County Department of Behavioral Health
## *Client Cultural Humility Survey*
Comparison Between 2021, 2022, 2023 and 2024 Survey Results

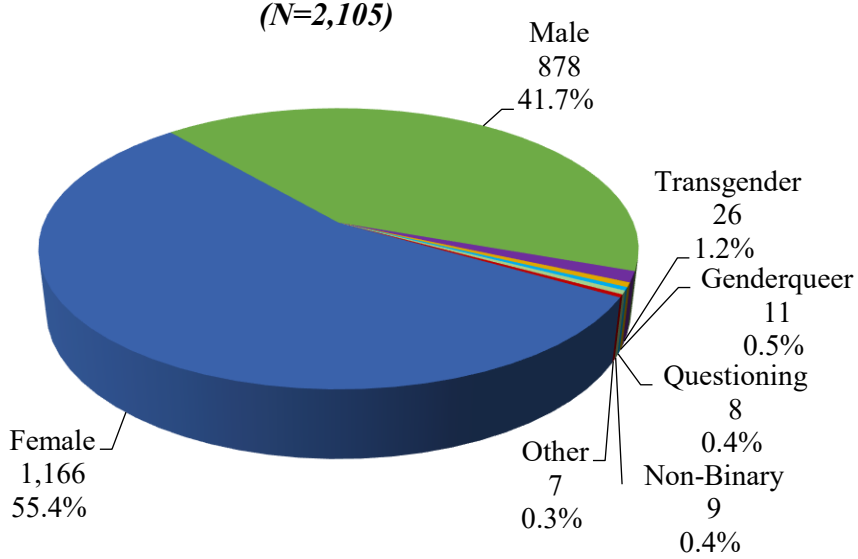
***2021 Current Gender Identity***
***(N=958)***



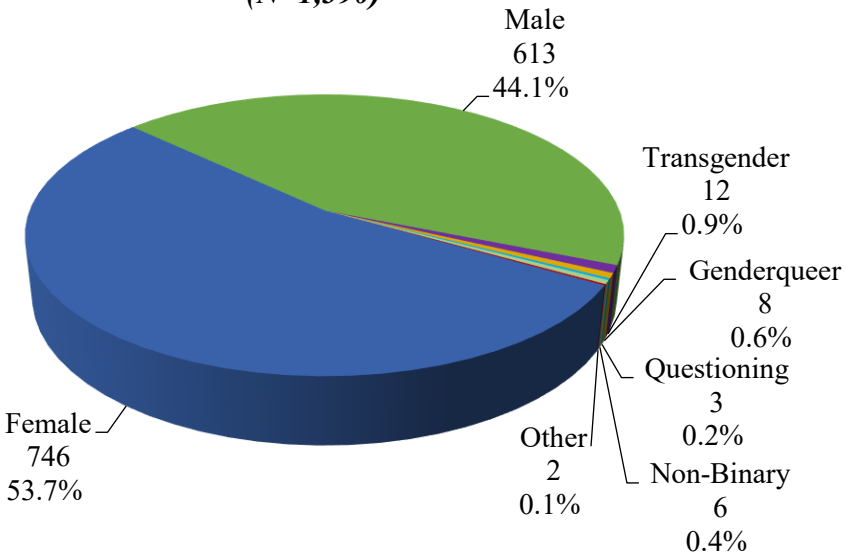

***2022 Current Gender Identity***
***(N=1,108)***




***2023 Current Gender Identity***
***(N=2,105)***




***2024 Current Gender Identity***
***(N=1,390)***





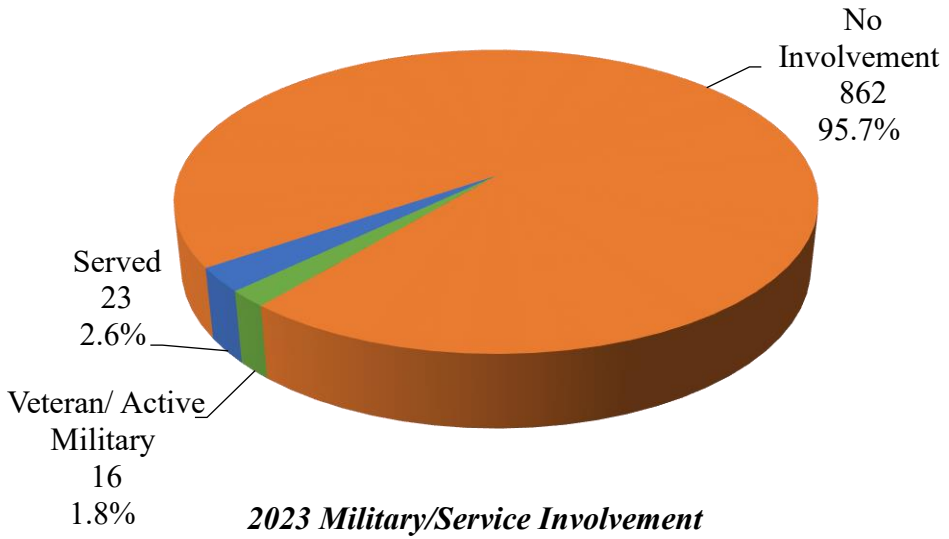

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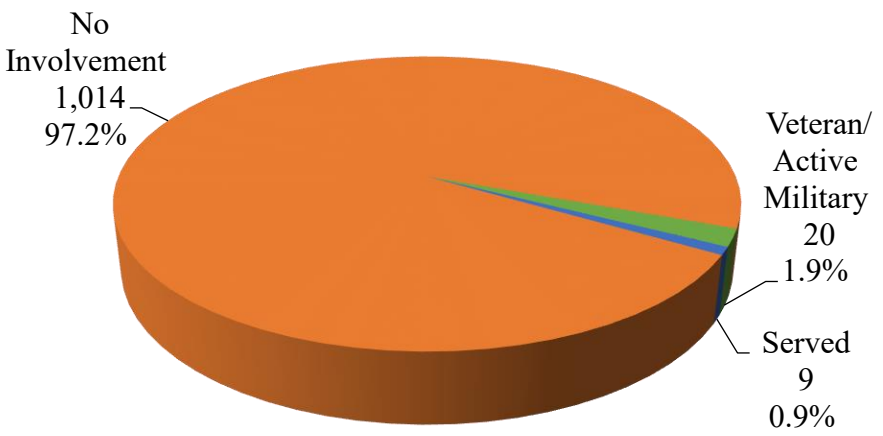
## *Client Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

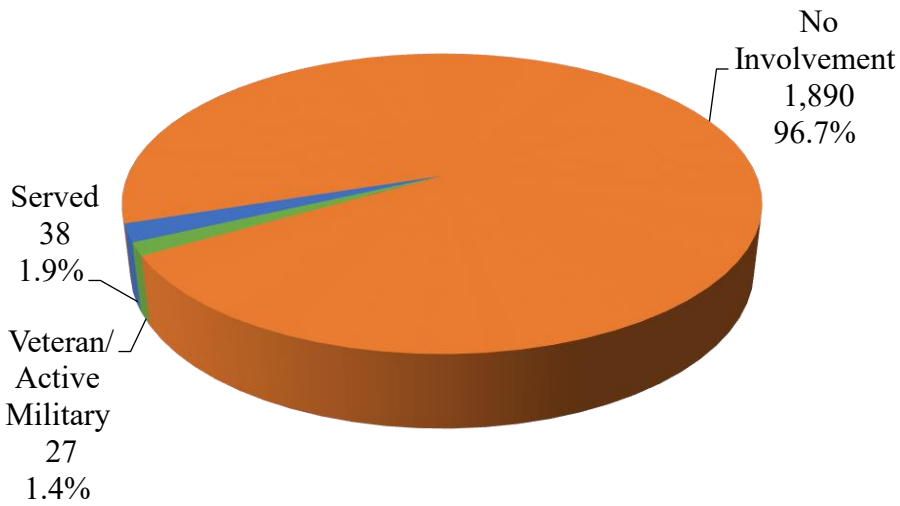
***2021 Military/Service Involvement (N=901)***



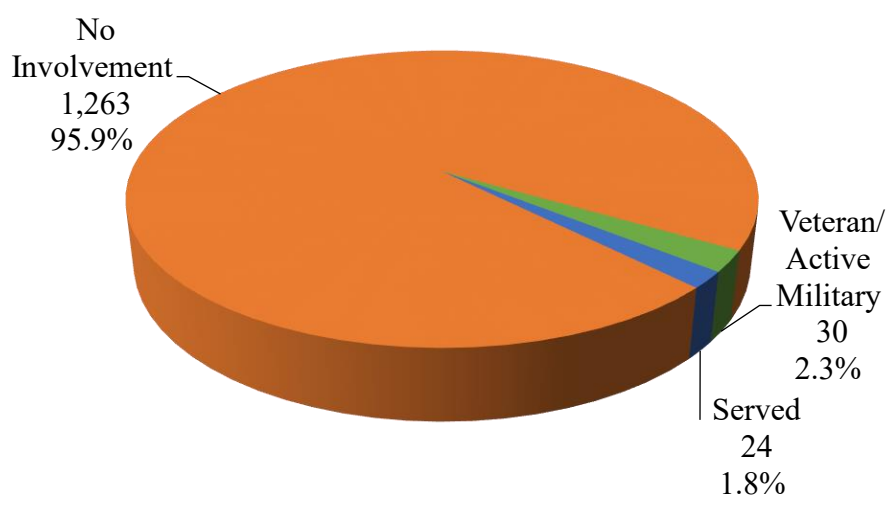

***2022 Military/Service Involvement (N=1,043)***




***2023 Military/Service Involvement (N=1,955)***




***2024 Military/Service Involvement (N=1,317)***

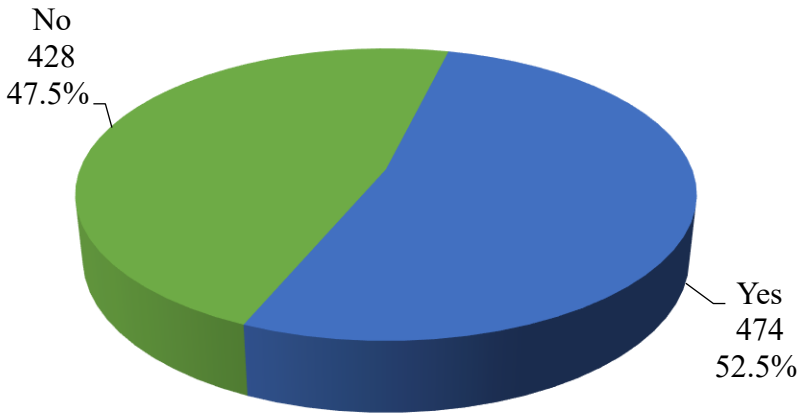


# Fresno County Department of Behavioral Health

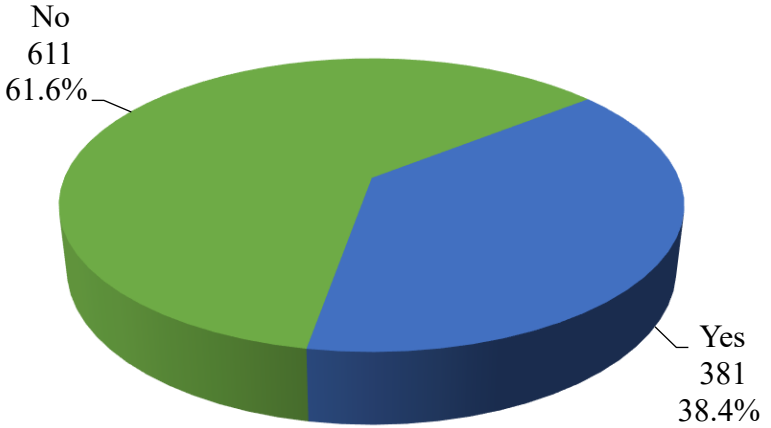
## *Client Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

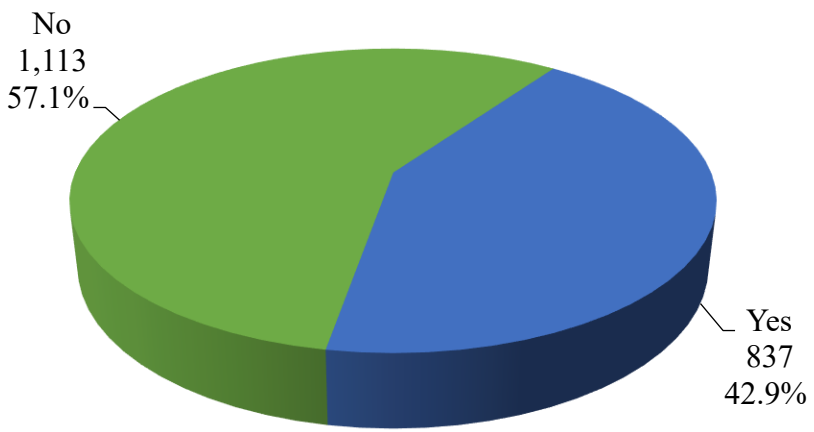
***2021 Do you have a disability? (N=902)***



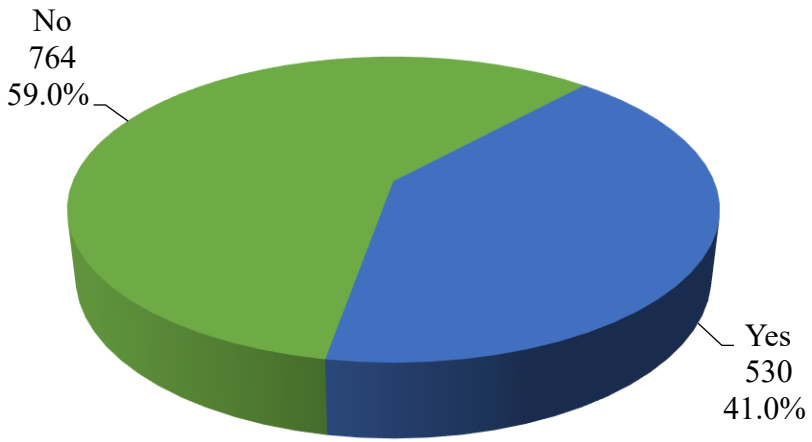

***2022 Do you have a disability? (N=992)***




***2023 Do you have a disability? (N=1,950)***




***2024 Do you have a disability? (N=1,294)***

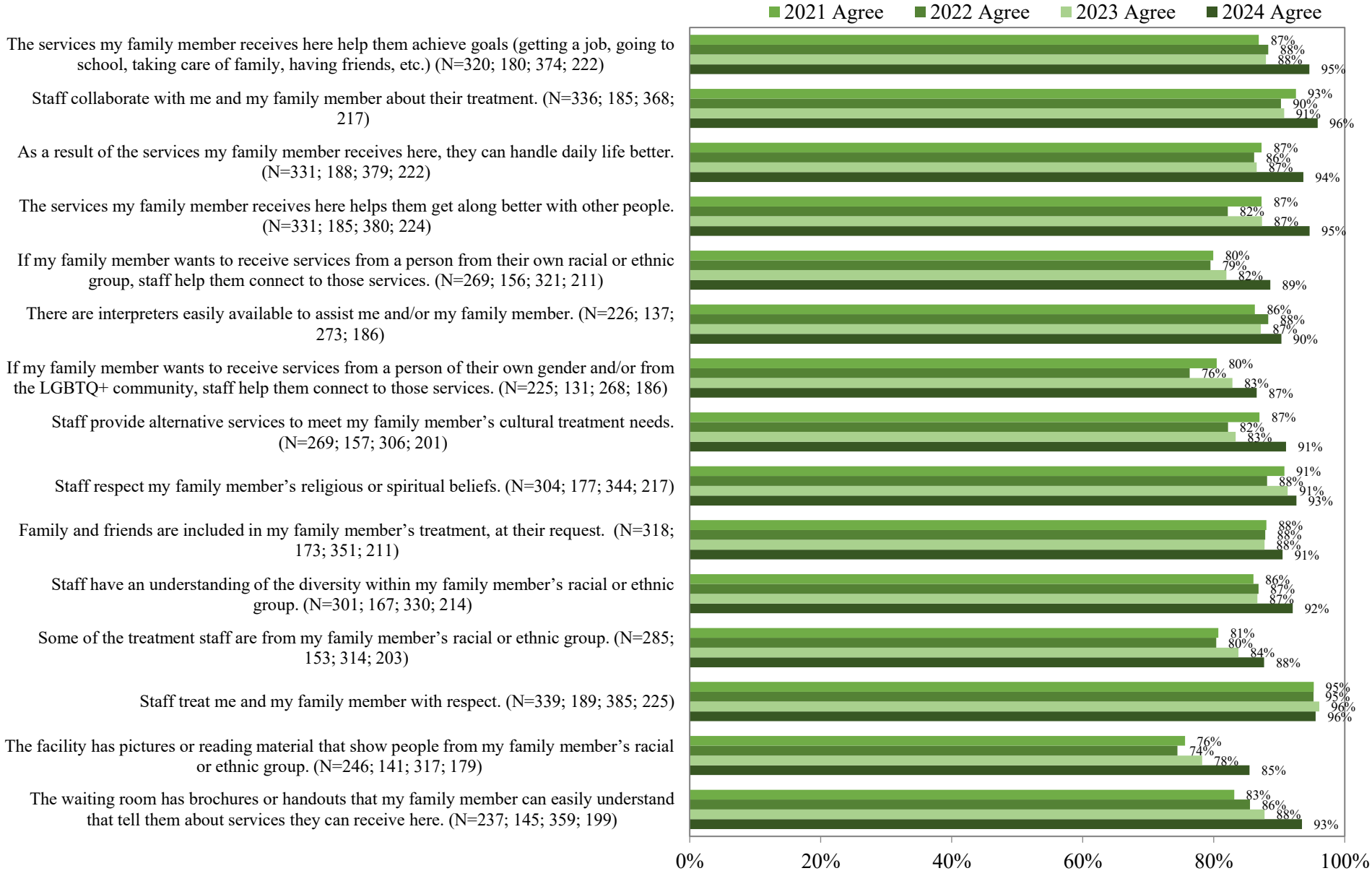


# Appendix G: Family/Caregiver Cultural Humility Survey Results

# Fresno County Department of Behavioral Health

## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results



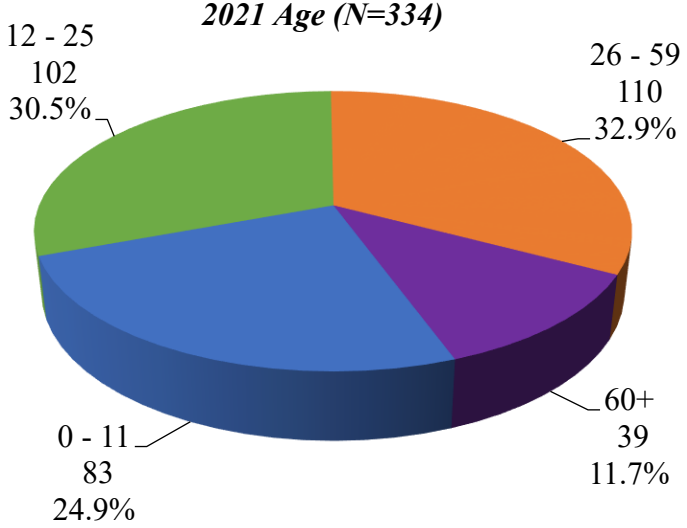

120

# Fresno County Department of Behavioral Health

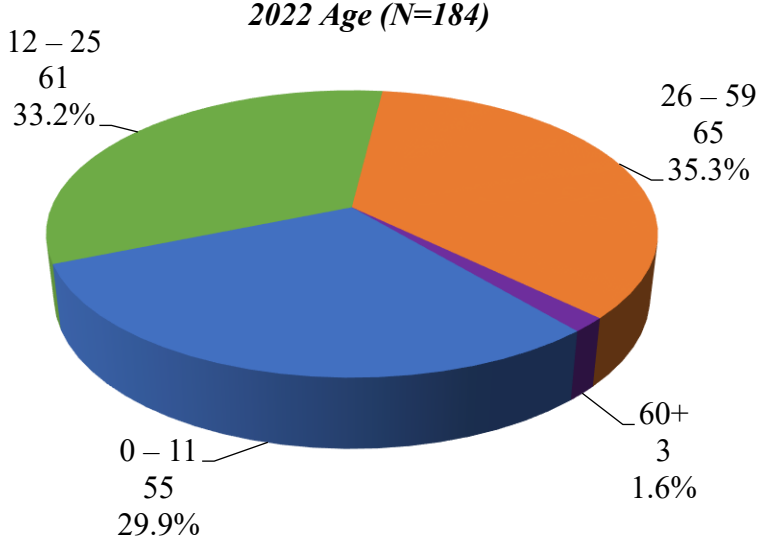
## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

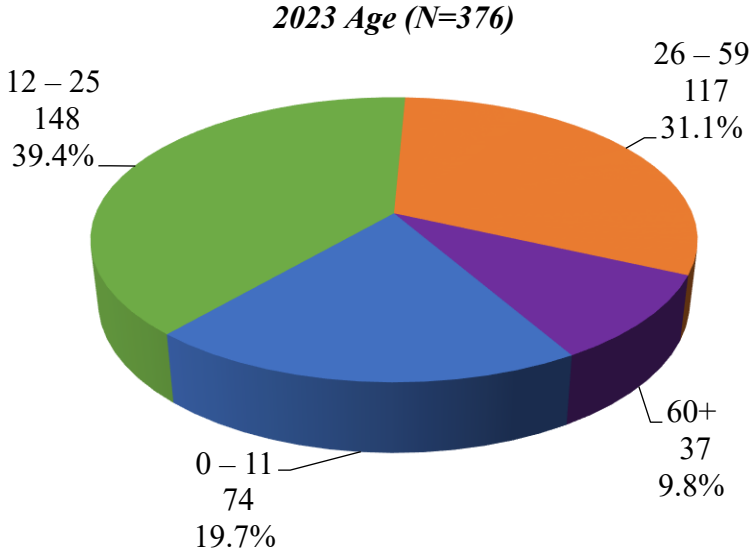
***2021 Age (N=334)***



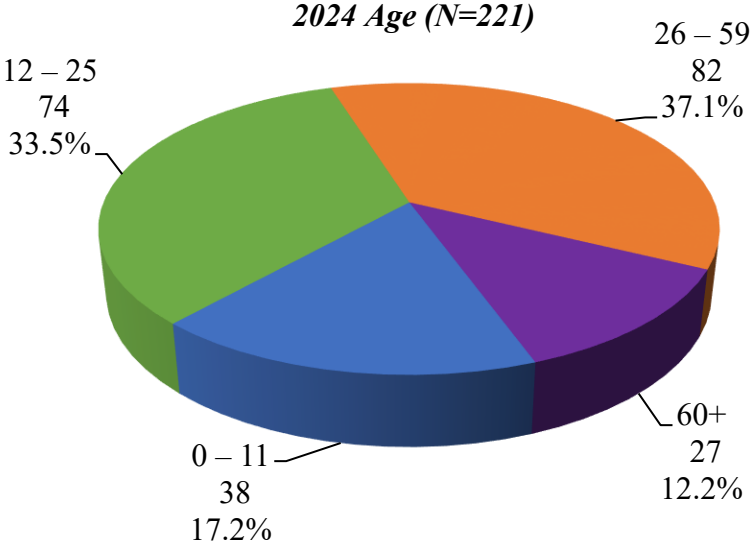

***2022 Age (N=184)***




***2023 Age (N=376)***




***2024 Age (N=221)***





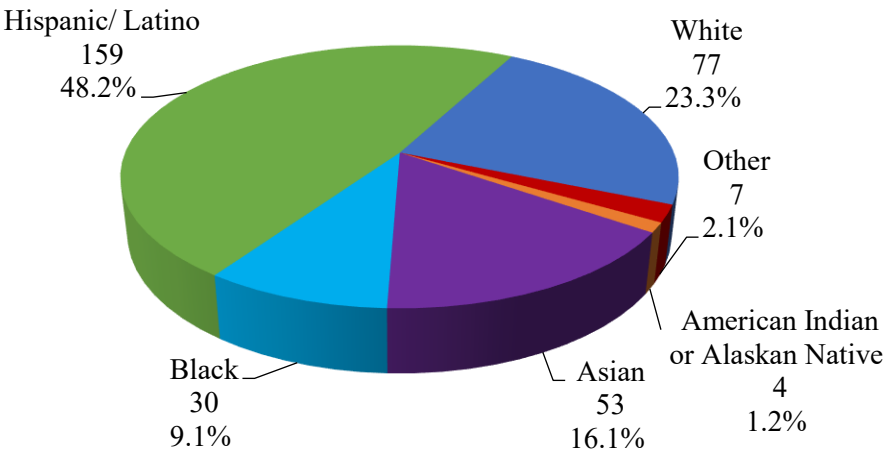

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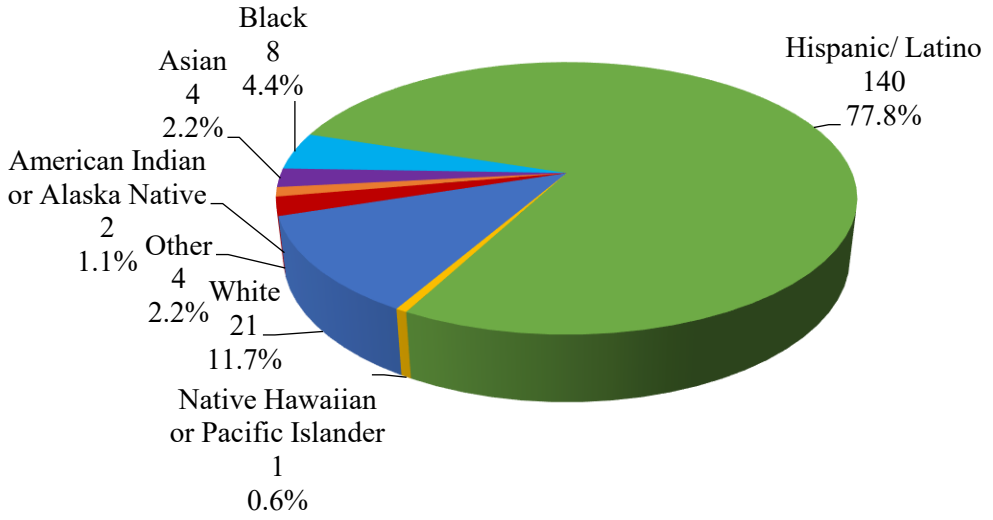
## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

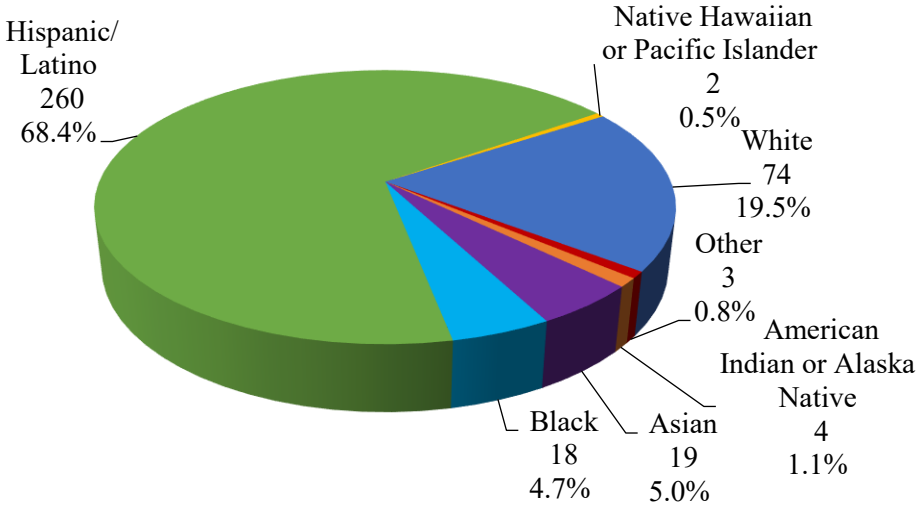
***2021 Race/Ethnicity (N=330)***



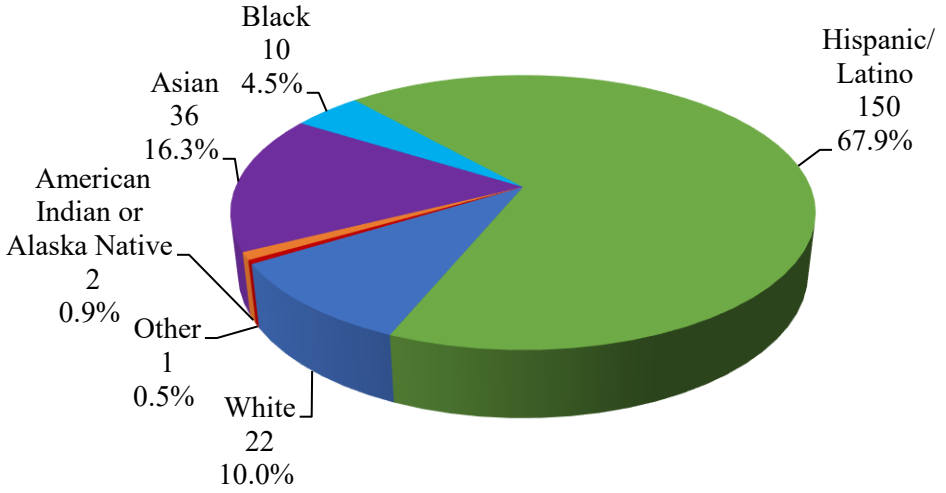

***2022 Race/Ethnicity (N=180)***




***2023 Race/Ethnicity (N=380)***




***2024 Race/Ethnicity (N=221)***





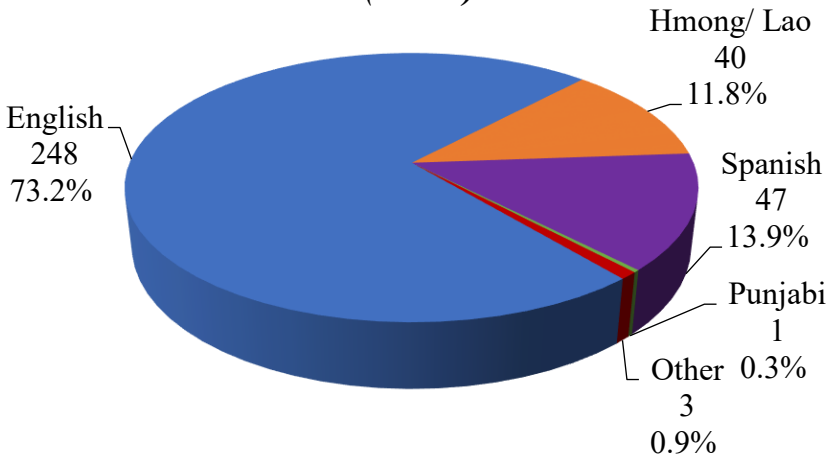

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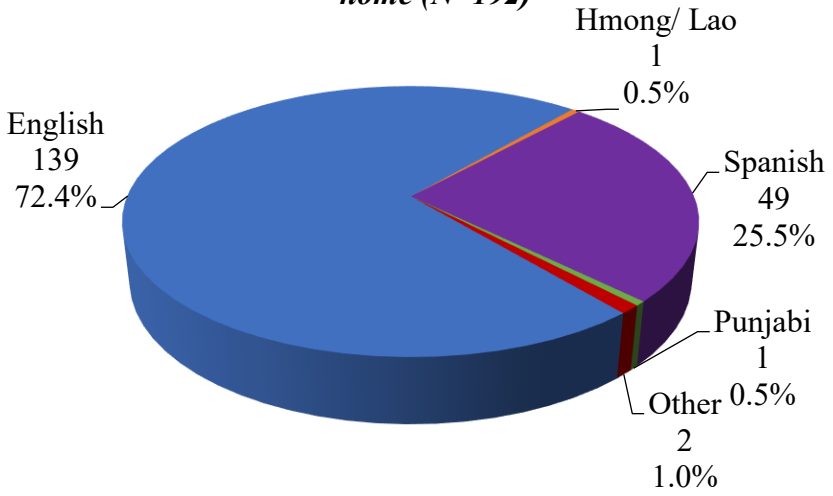
## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

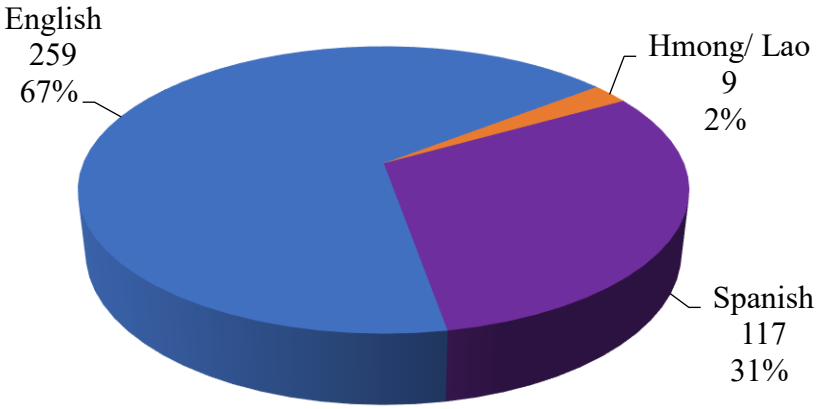
***2021 Primary Language Spoken at home (N=339)***



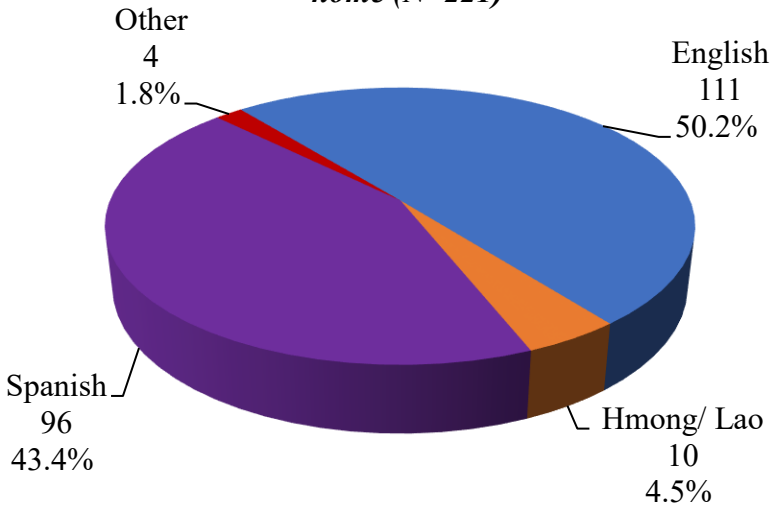

***2022 Primary Language Spoken at home (N=192)***




***2023 Primary Language Spoken at home (N=385)***




***2024 Primary Language Spoken at home (N=221)***





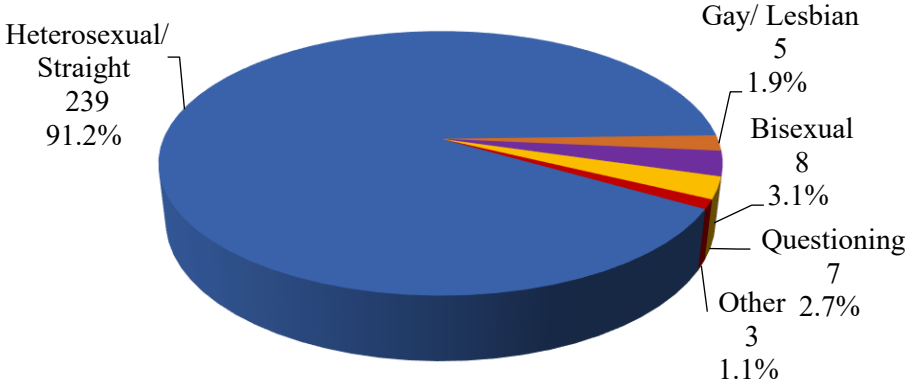

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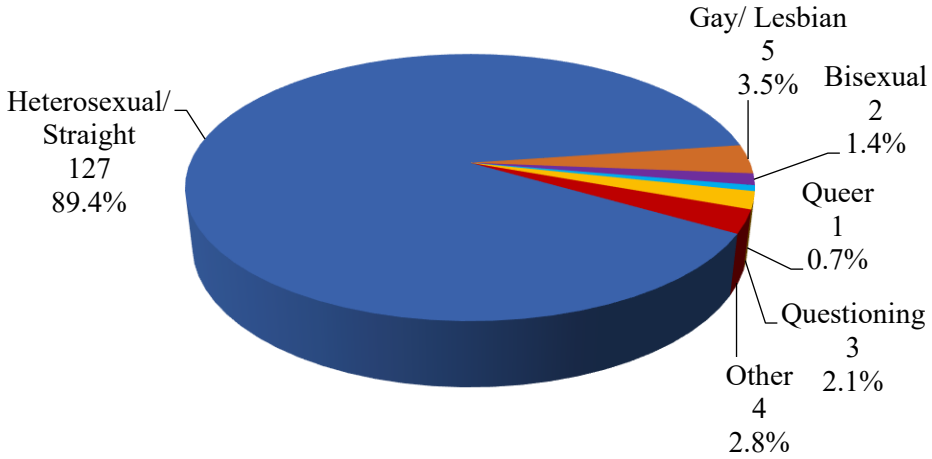
## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

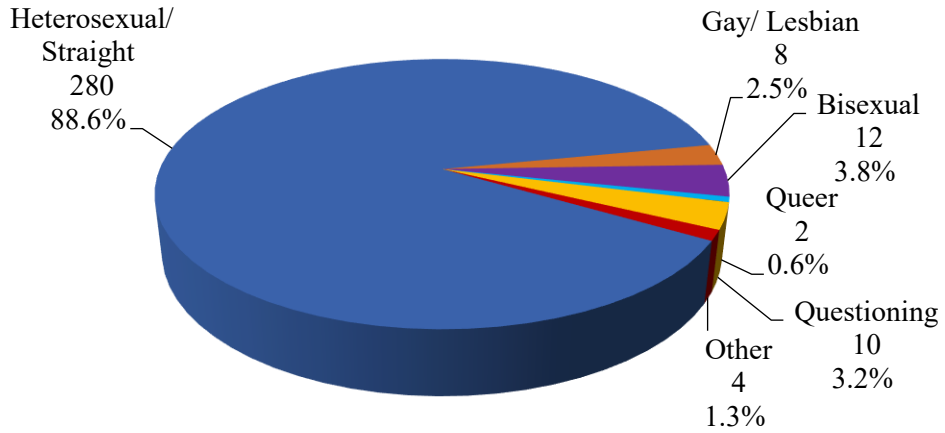
***2021 Sexual Orientation (N=262)***



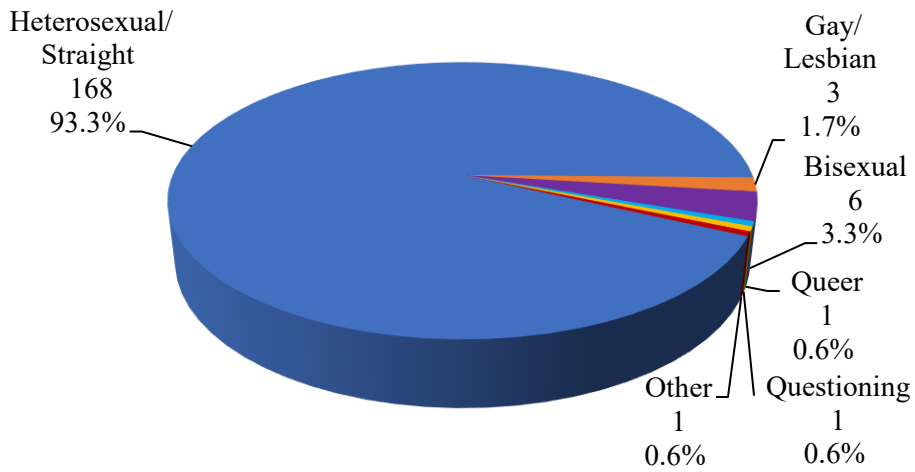

***2022 Sexual Orientation (N=142)***




***2023 Sexual Orientation (N=316)***




***2024 Sexual Orientation (N=180)***





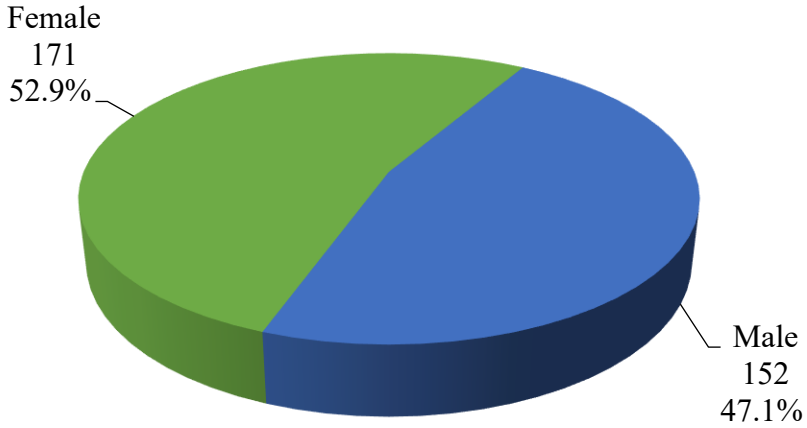

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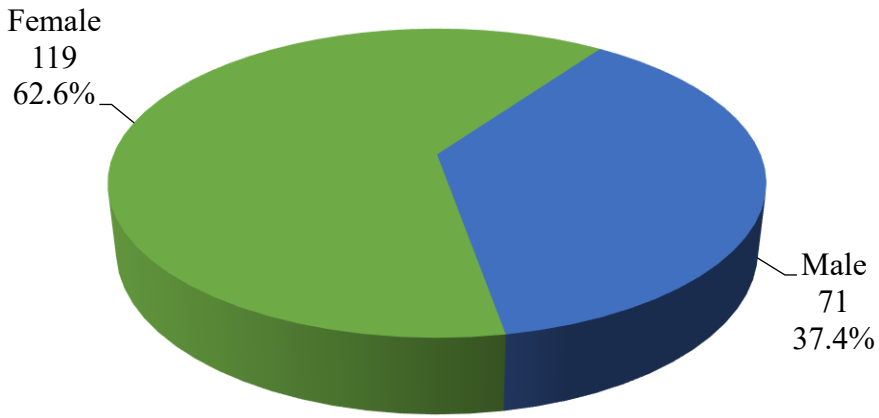
## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

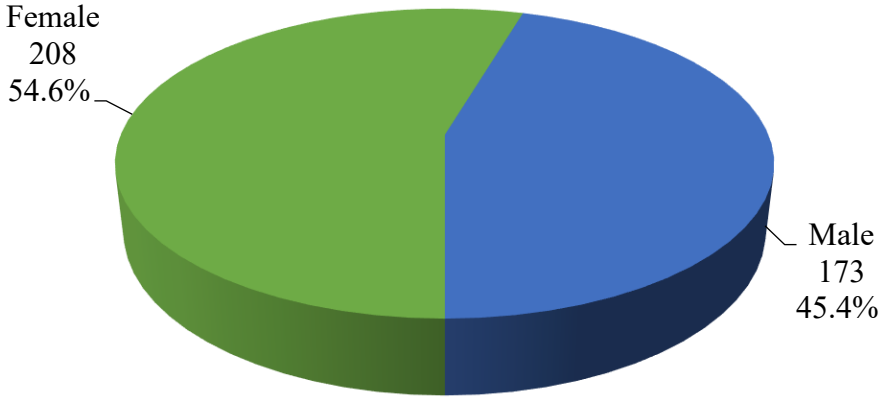
***2021 Gender Assigned at Birth (N=323)***



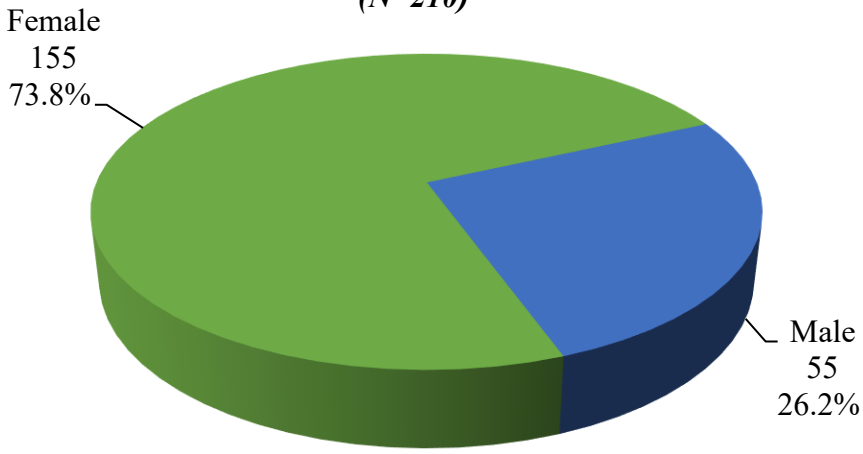

***2022 Gender Assigned at Birth (N=190)***




***2023 Gender Assigned at Birth (N=381)***




***2024 Gender Assigned at Birth (N=210)***





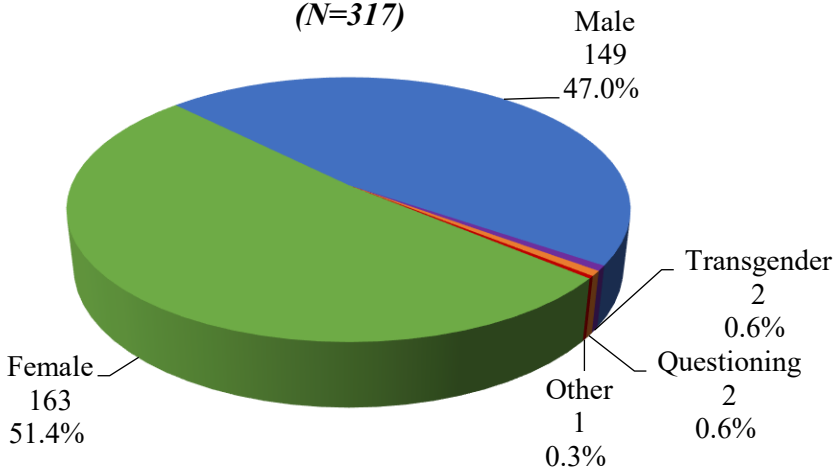

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ncallahan.idea@gmail.com (530) 304-5600

# Fresno County Department of Behavioral Health

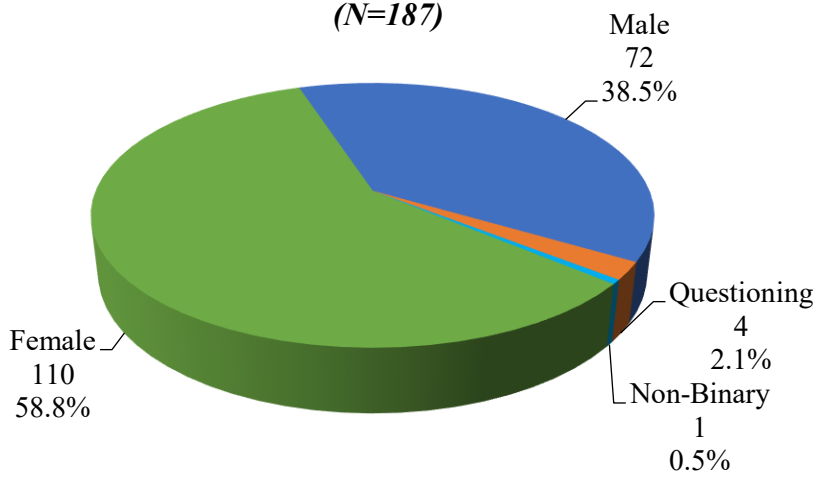
## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

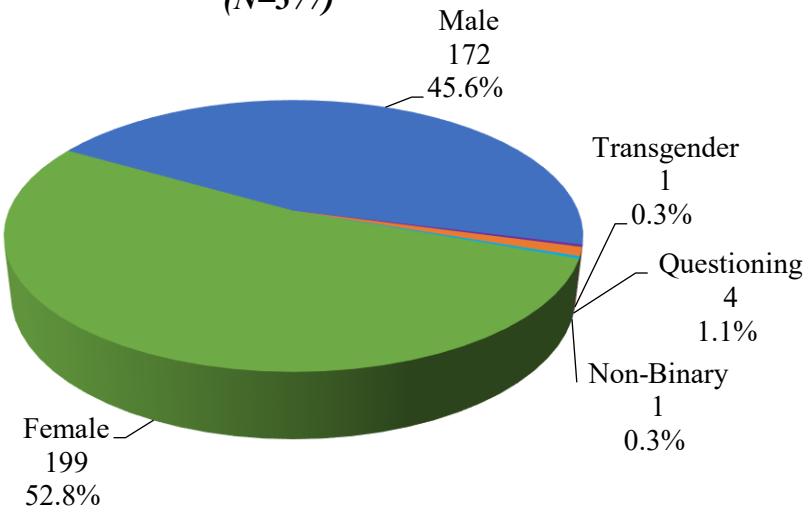
***2021 Current Gender Identity (N=317)***



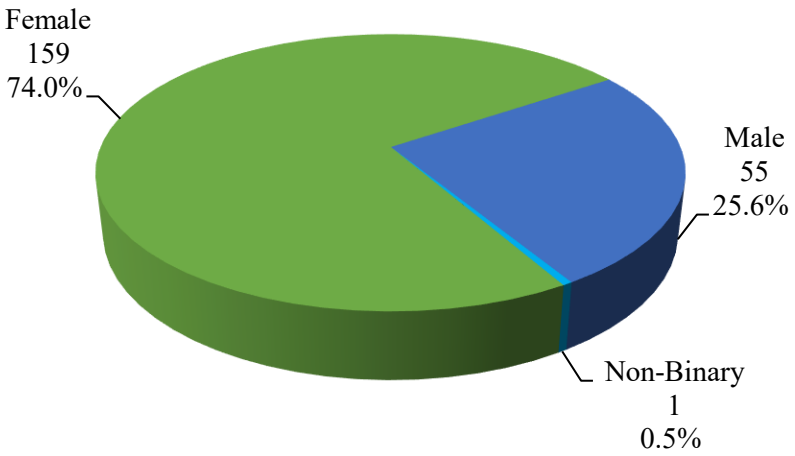

***2022 Current Gender Identity (N=187)***




***2023 Current Gender Identity (N=377)***




***2024 Current Gender Identity (N=215)***





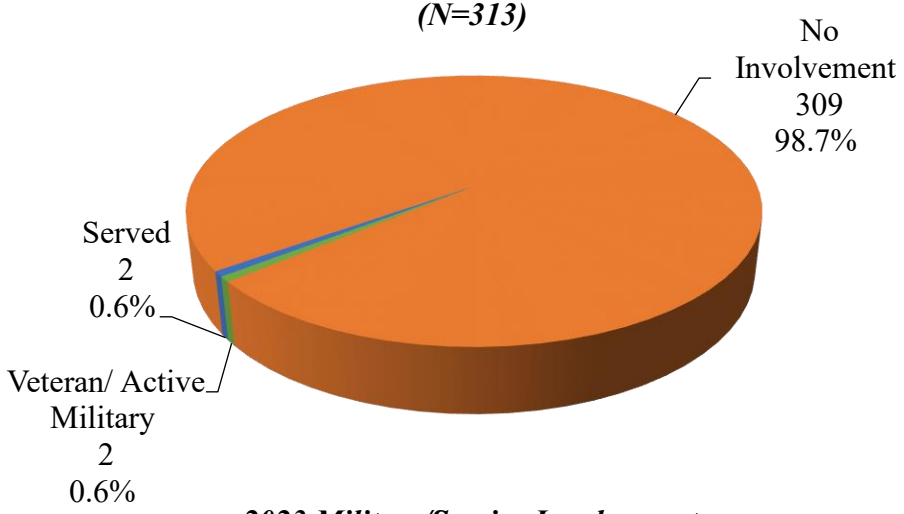

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# Fresno County Department of Behavioral Health

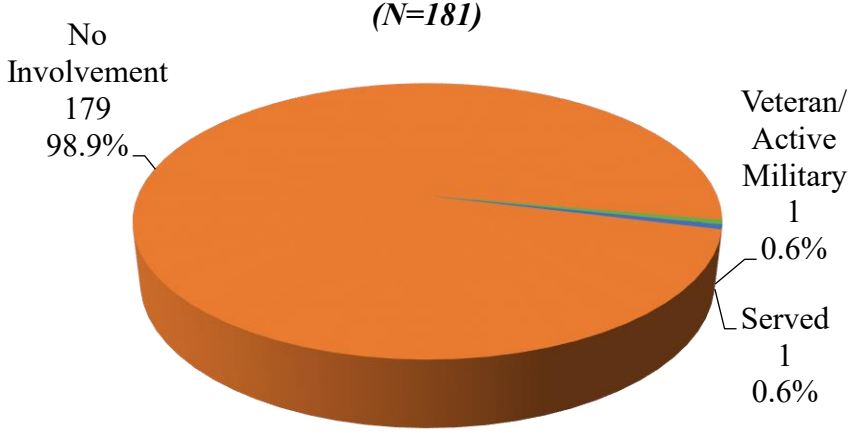
## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

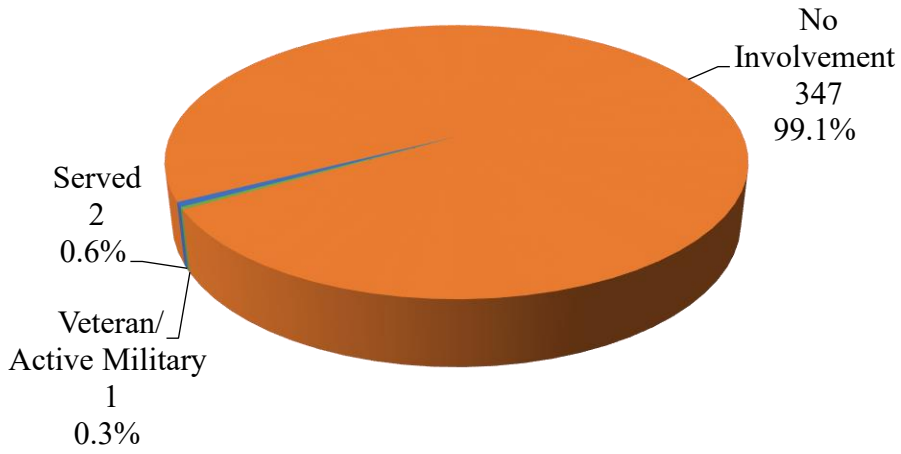
***2021 Military/Service Involvement (N=313)***



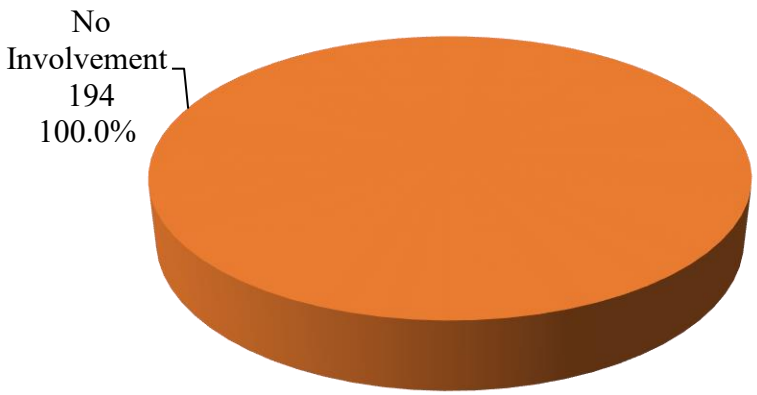

***2022 Military/Service Involvement (N=181)***




***2023 Military/Service Involvement (N=350)***




***2024 Military/Service Involvement (N=194)***





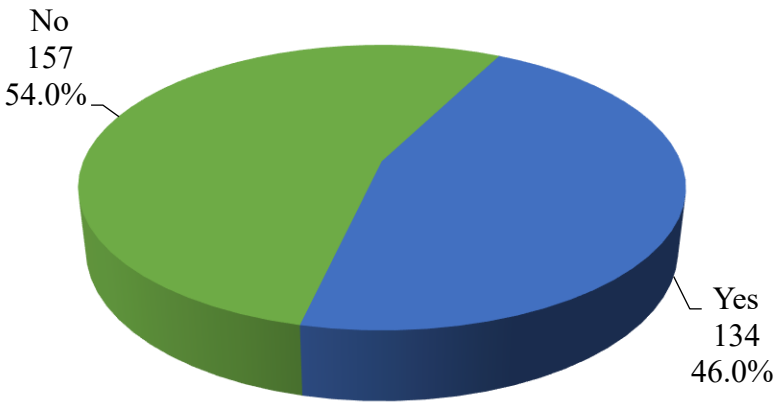

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# Fresno County Department of Behavioral Health

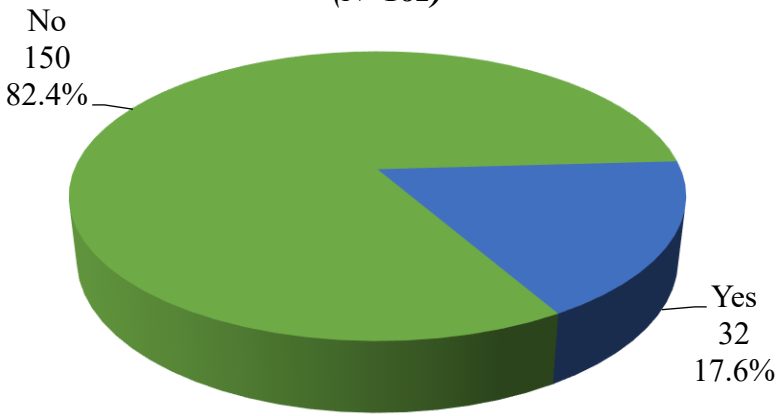
## *Family/Caregiver Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

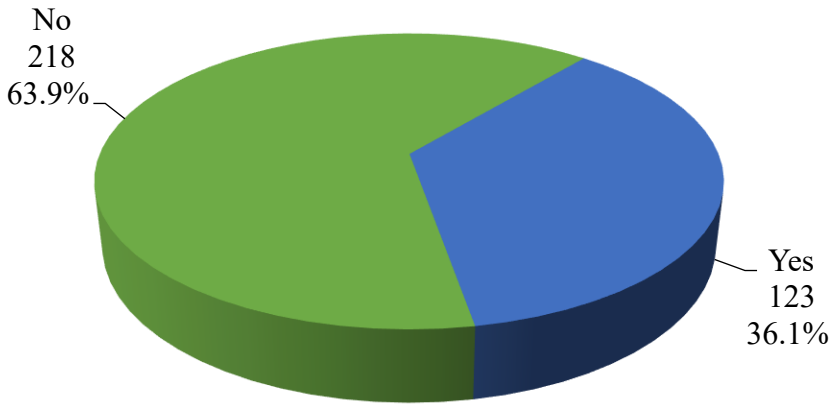
***2021 Does your family member have a disability? (N=291)***



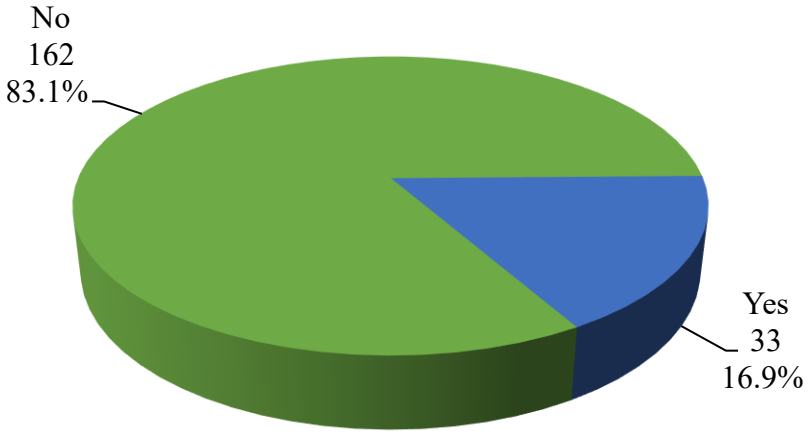

***2022 Does your family member have a disability? (N=182)***




***2023 Does your family member have a disability? (N=341)***




***2024 Does your family member have a disability? (N=195)***





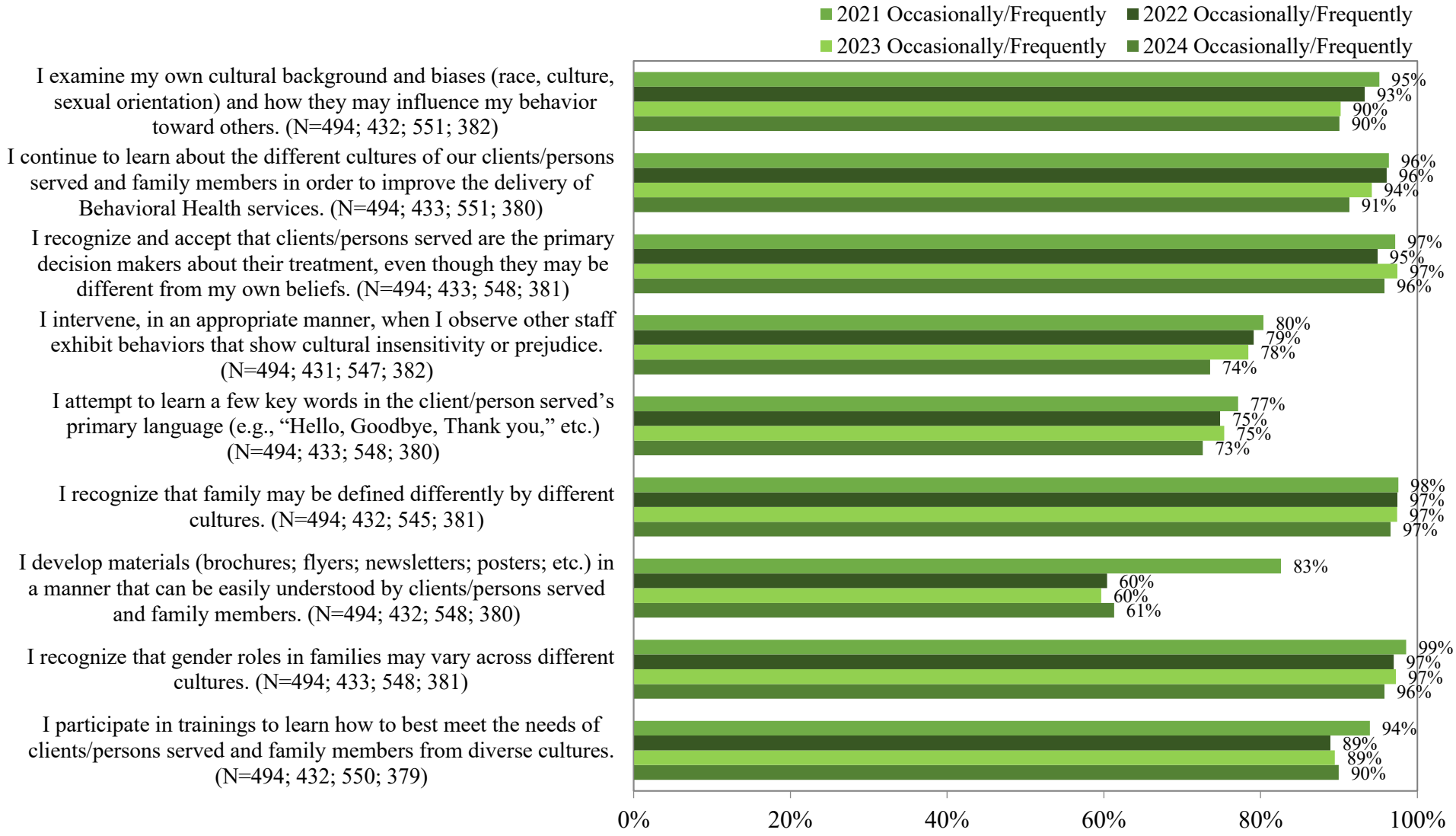

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# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***All Respondents***





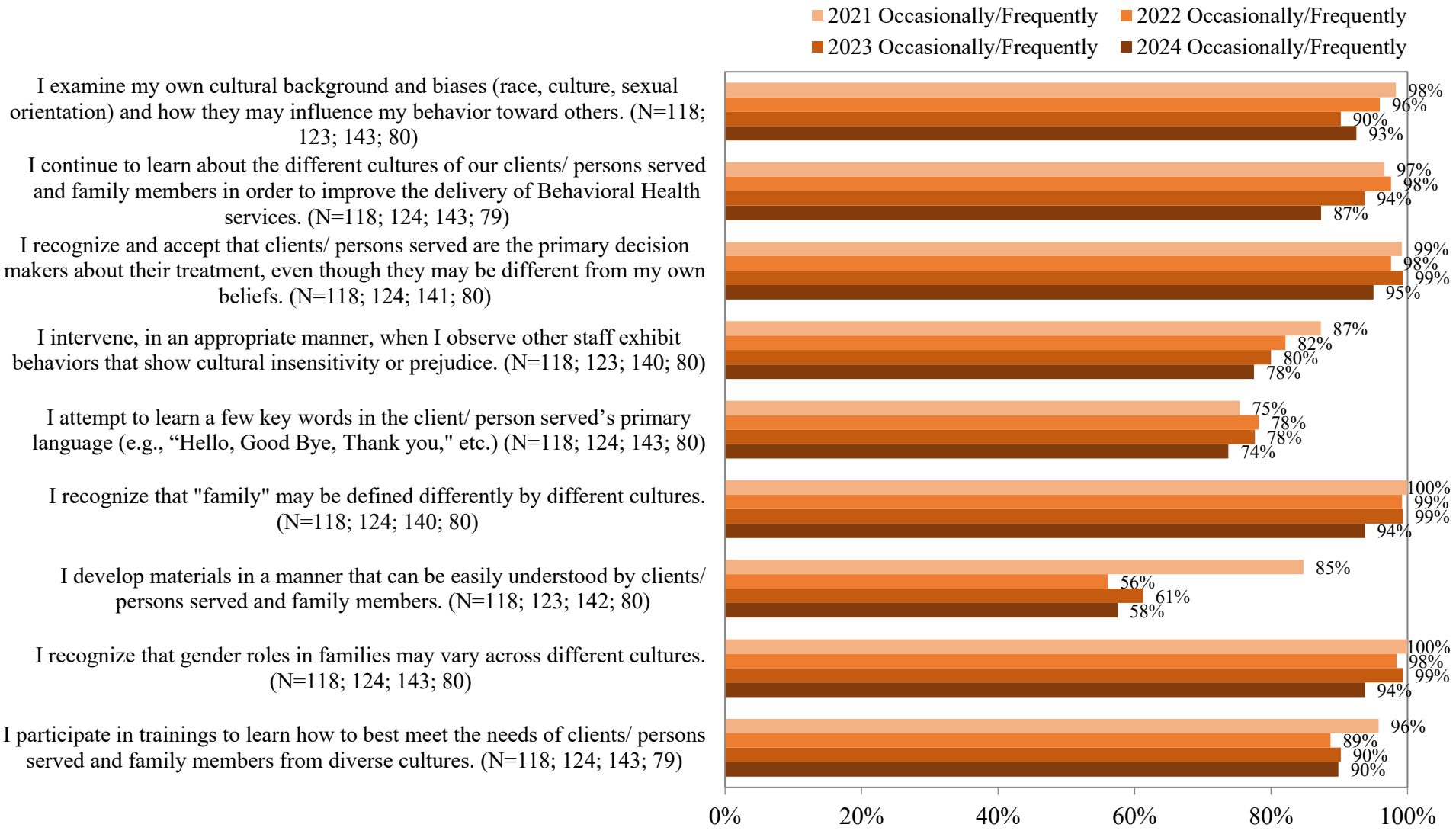

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# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***White/ Caucasian Respondents***





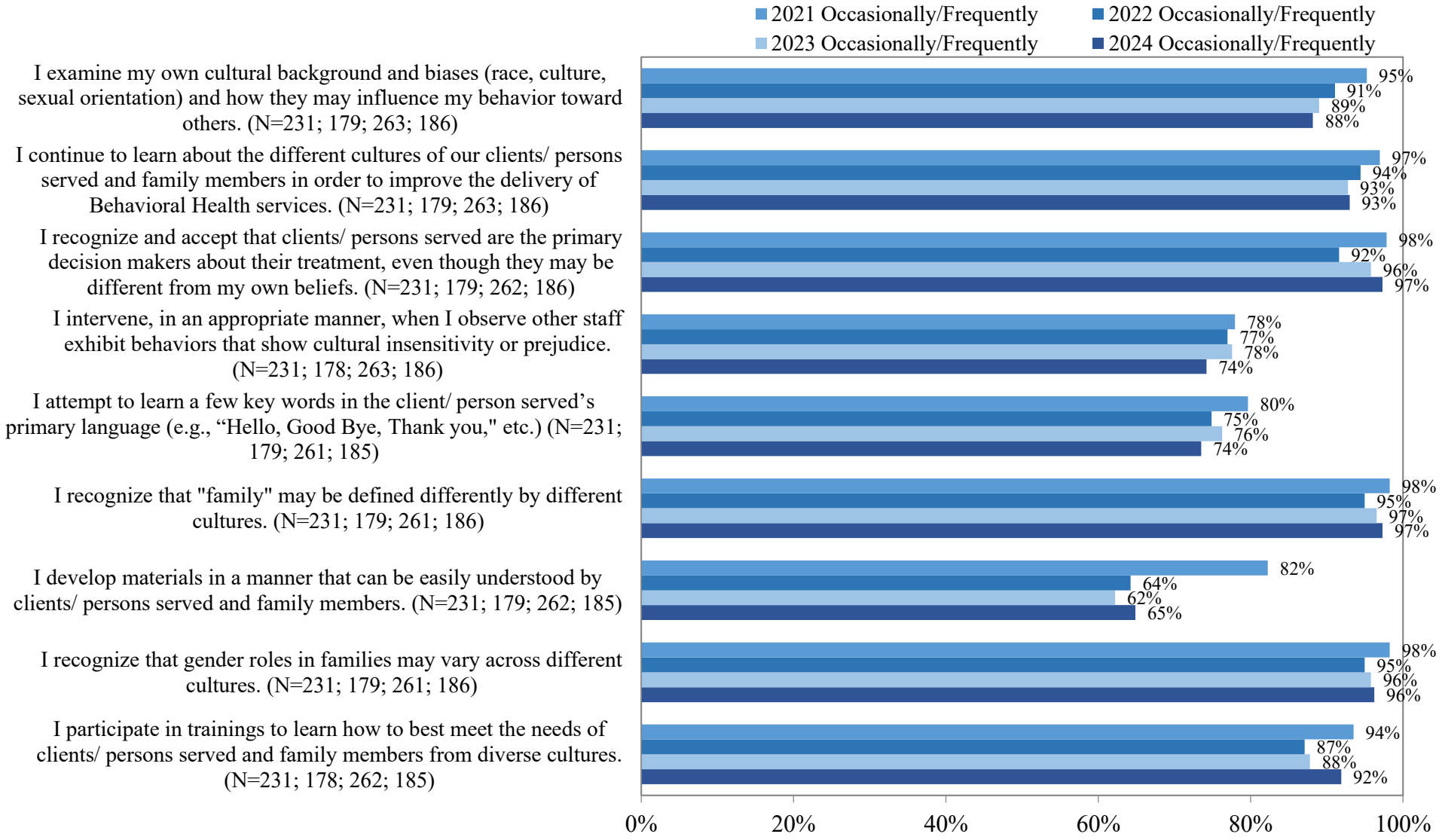

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# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***Hispanic Respondents***

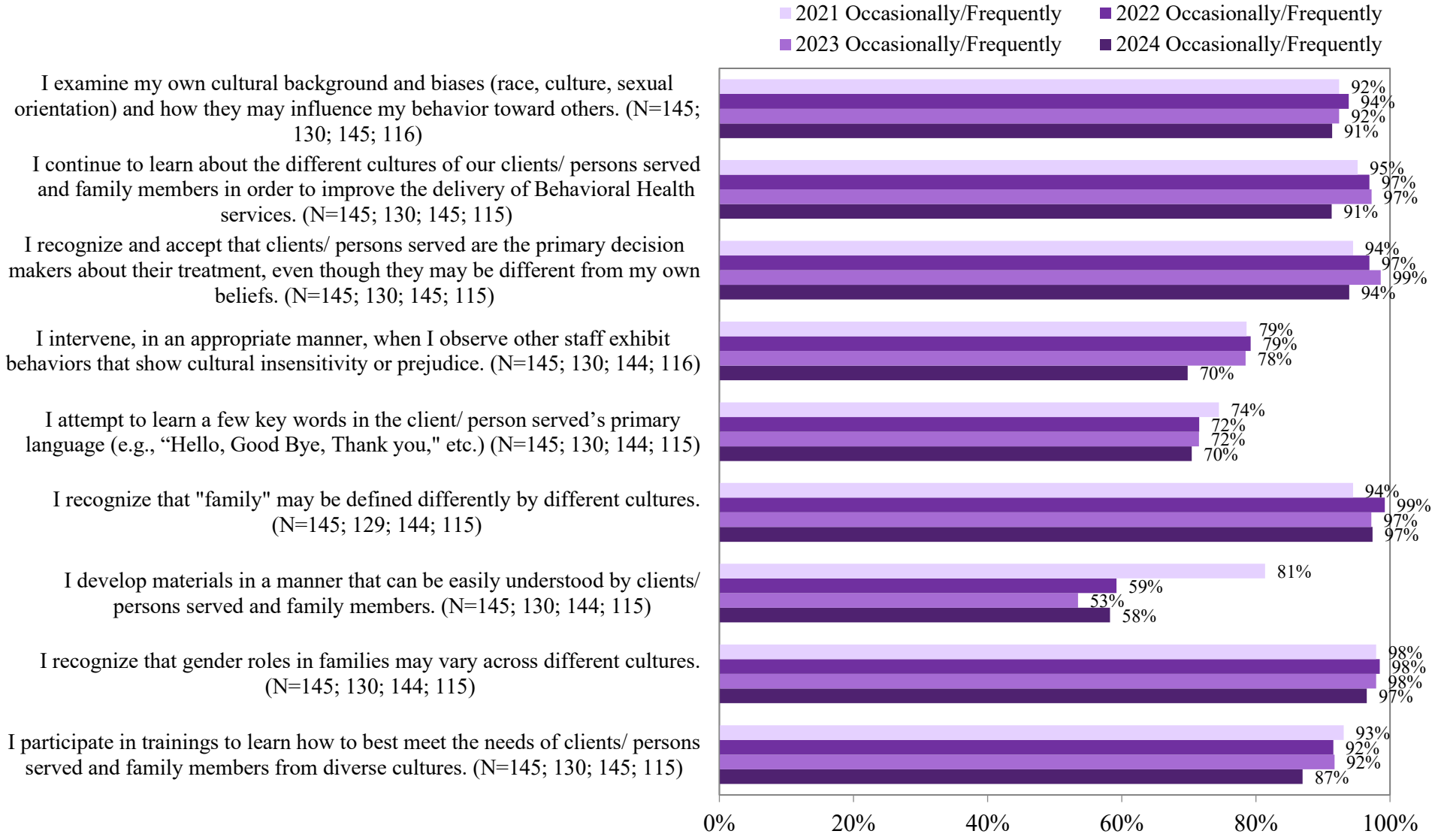


# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***All Other Ethnicity Respondents***



# Fresno County Department of Behavioral Health

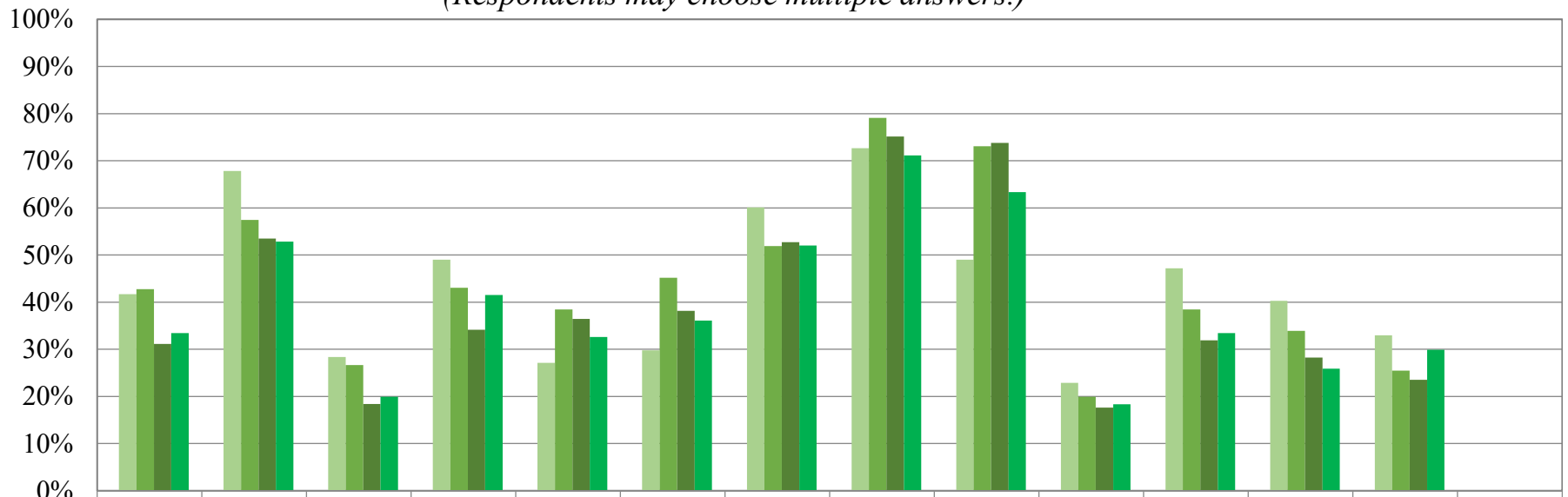
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*Participation in Professional Development Activities (Past Six Months)*

***2021 All Respondents (N=494)  2022 All Respondents (N=416)  2023 All Respondents (N=527)  2024 All Respondents (N=371)***

*(Respondents may choose multiple answers.)*




| | Recognized a prejudice I have about certain people | Talked to a colleague about a racial and/or cultural issue | Sought guidance about a racial and/or cultural issue that arose during therapy/ service delivery | Attended a multi-cultural training seminar | Attended a cultural event | Attended an event in which most of the other people were not my race | Reflected on my racial identity and how it affects my work with clients/ persons served | Read/ watched/ listened to media about multicultural issues | Learned something about a racial and/or cultural group other than my own | Sought supervision about multicultural issues | Talked to a friend about how our racial differences affect our relationship | Challenged a racist remark - my own or someone else's | Attended a training on Implicit Bias | Total Respondents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 # Respondents | 206 | 335 | 140 | 242 | 134 | 147 | 297 | 359 | 242 | 113 | 233 | 199 | 163 | 494 |
| 2021 % Respondents | 42% | 68% | 28% | 49% | 27% | 30% | 60% | 73% | 49% | 23% | 47% | 40% | 33% | 100% |
| 2022 # Respondents | 178 | 239 | 111 | 179 | 160 | 188 | 216 | 329 | 304 | 83 | 160 | 141 | 106 | 416 |
| 2022 % Respondents | 43% | 57% | 27% | 43% | 38% | 45% | 52% | 79% | 73% | 20% | 38% | 34% | 25% | 100% |
| 2023 # Respondents | 164 | 282 | 97 | 180 | 192 | 201 | 278 | 396 | 389 | 93 | 168 | 149 | 124 | 527 |
| 2023 % Respondents | 31% | 54% | 18% | 34% | 36% | 38% | 53% | 75% | 74% | 18% | 32% | 28% | 24% | 100% |
| 2024 # Respondents | 124 | 196 | 74 | 154 | 121 | 134 | 193 | 264 | 235 | 68 | 124 | 96 | 111 | 371 |
| 2024 % Respondents | 33% | 53% | 20% | 42% | 33% | 36% | 52% | 71% | 63% | 18% | 33% | 26% | 30% | 100% |

# Fresno County Department of Behavioral Health

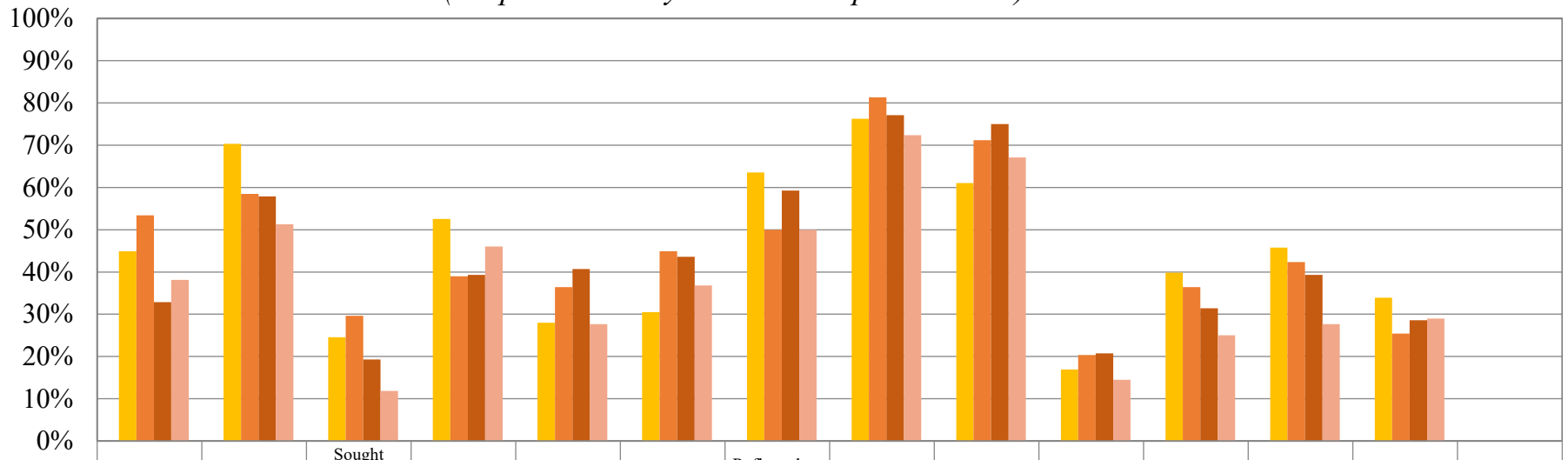
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*Participation in Professional Development Activities (Past Six Months)*

***2021 White/ Caucasian Respondents (N=118)*** ***2022 White/ Caucasian Respondents (N=118)*** ***2023 White/ Caucasian Respondents (N=140)*** ***2024 White/ Caucasian Respondents (N=76)***

*(Respondents may choose multiple answers.)*




| | Recognized a prejudice I have about certain people | Talked to a colleague about a cultural issue | Sought guidance about a cultural issue that arose during therapy/ service delivery | Attended a multi-cultural training seminar | Attended a cultural event | Attended an event in which most of the other people were not my race | Reflected on my racial identity and how it affects my work with clients/ persons served | Read/ watched/ listened to media about multicultural issues | Learned something about a racial and/or cultural group other than my own | Sought supervision about multicultural issues | Talked to a friend about how our racial differences affect our relationship | Challenged a racist remark - my own or someone else's | Attended a training on Implicit Bias | Total Respondents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 # Respondents | 53 | 83 | 29 | 62 | 33 | 36 | 75 | 90 | 72 | 20 | 47 | 54 | 40 | 118 |
| 2021 % Respondents | 45% | 70% | 25% | 53% | 28% | 31% | 64% | 76% | 61% | 17% | 40% | 46% | 34% | 100% |
| 2022 # Respondents | 63 | 69 | 35 | 46 | 43 | 53 | 59 | 96 | 84 | 24 | 43 | 50 | 30 | 118 |
| 2022 % Respondents | 53% | 58% | 30% | 39% | 36% | 45% | 50% | 81% | 71% | 20% | 36% | 42% | 25% | 100% |
| 2023 # Respondents | 46 | 81 | 27 | 55 | 57 | 61 | 83 | 108 | 105 | 29 | 44 | 55 | 40 | 140 |
| 2023 % Respondents | 33% | 58% | 19% | 39% | 41% | 44% | 59% | 77% | 75% | 21% | 31% | 39% | 29% | 100% |
| 2024 # Respondents | 29 | 39 | 9 | 35 | 21 | 28 | 38 | 55 | 51 | 11 | 19 | 21 | 22 | 76 |
| 2024 % Respondents | 38% | 51% | 12% | 46% | 28% | 37% | 50% | 72% | 67% | 14% | 25% | 28% | 29% | 100% |

# Fresno County Department of Behavioral Health

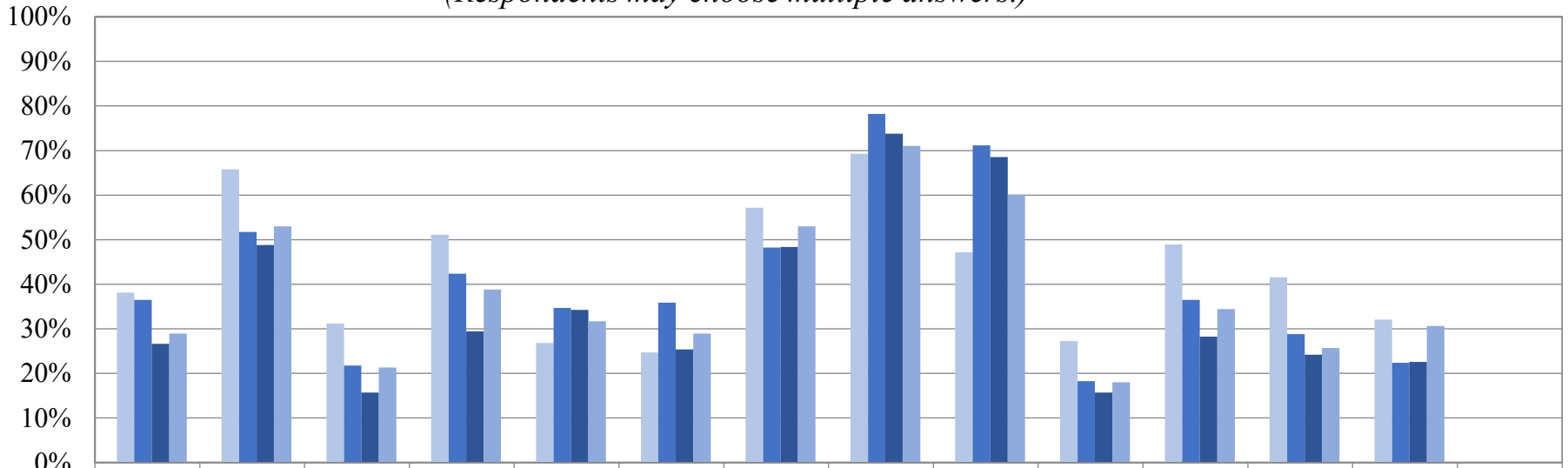
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*Participation in Professional Development Activities (Past Six Months)*

***2021 Hispanic/Latino Respondents (N=231)*** ***2022 Hispanic/Latino Respondents (N=170)*** ***2023 Hispanic/Latino Respondents (N=248)*** ***2024 Hispanic/Latino Respondents (N=183)***

*(Respondents may choose multiple answers.)*




| | Recognized a prejudice I have about certain people | Talked to a colleague about a cultural issue | Sought guidance about a cultural issue that arose during therapy/ service delivery | Attended a multi-cultural training seminar | Attended a cultural event | Attended an event in which most of the other people were not my race | Reflected on my racial identity and how it affects my work with clients/ persons served | Read/ watched/ listened to media about multicultural issues | Learned something about a racial and/or cultural group other than my own | Sought supervision about multicultural issues | Talked to a friend about how our racial differences affect our relationship | Challenged a racist remark - my own or someone else's | Attended a training on Implicit Bias | Total Respondents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 # Respondents | 88 | 152 | 72 | 118 | 62 | 57 | 132 | 160 | 109 | 63 | 113 | 96 | 74 | 231 |
| 2021 % Respondents | 38% | 66% | 31% | 51% | 27% | 25% | 57% | 69% | 47% | 27% | 49% | 42% | 32% | 100% |
| 2022 # Respondents | 62 | 88 | 37 | 72 | 59 | 61 | 82 | 133 | 121 | 31 | 62 | 49 | 38 | 170 |
| 2022 % Respondents | 36% | 52% | 22% | 42% | 35% | 36% | 48% | 78% | 71% | 18% | 36% | 29% | 22% | 100% |
| 2023 # Respondents | 66 | 121 | 39 | 73 | 85 | 63 | 120 | 183 | 170 | 39 | 70 | 60 | 56 | 248 |
| 2023 % Respondents | 27% | 49% | 16% | 29% | 34% | 25% | 48% | 74% | 69% | 16% | 28% | 24% | 23% | 100% |
| 2024 # Respondents | 53 | 97 | 39 | 71 | 58 | 53 | 97 | 130 | 110 | 33 | 63 | 47 | 56 | 183 |
| 2024 % Respondents | 29% | 53% | 21% | 39% | 32% | 29% | 53% | 71% | 60% | 18% | 34% | 26% | 31% | 100% |

# Fresno County Department of Behavioral Health

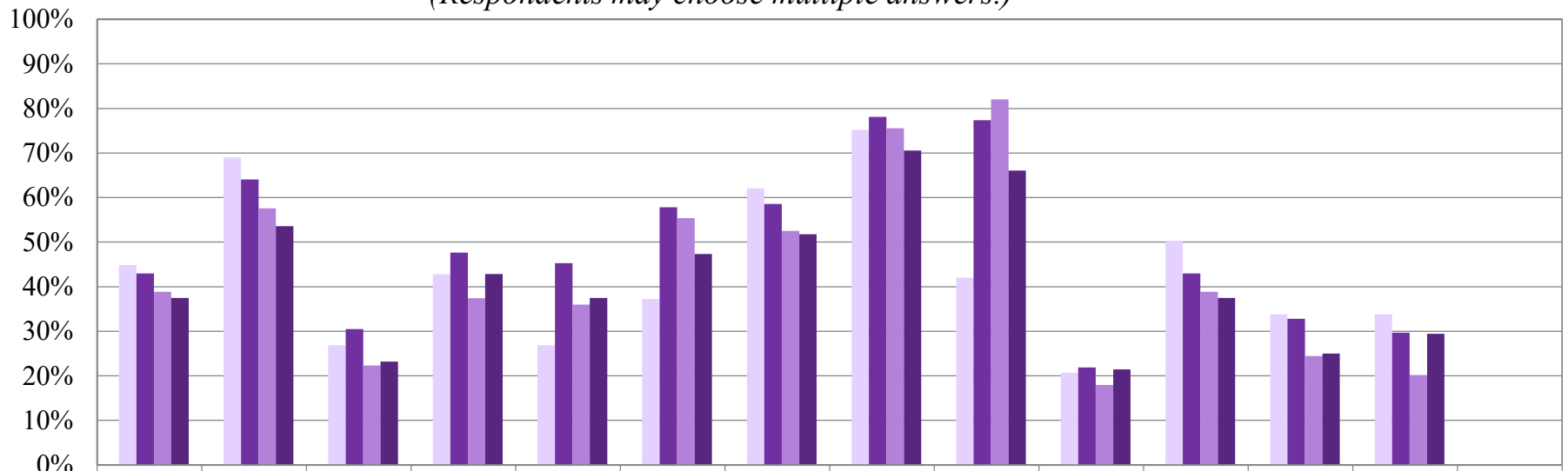
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*Participation in Professional Development Activities (Past Six Months)*

***2021 Other Ethnicity Respondents (N=145)*** ***2022 Other Ethnicity Respondents (N=128)*** ***2023 Other Ethnicity Respondents (N=139)*** ***2024 Other Ethnicity Respondents (N=112)***

*(Respondents may choose multiple answers.)*



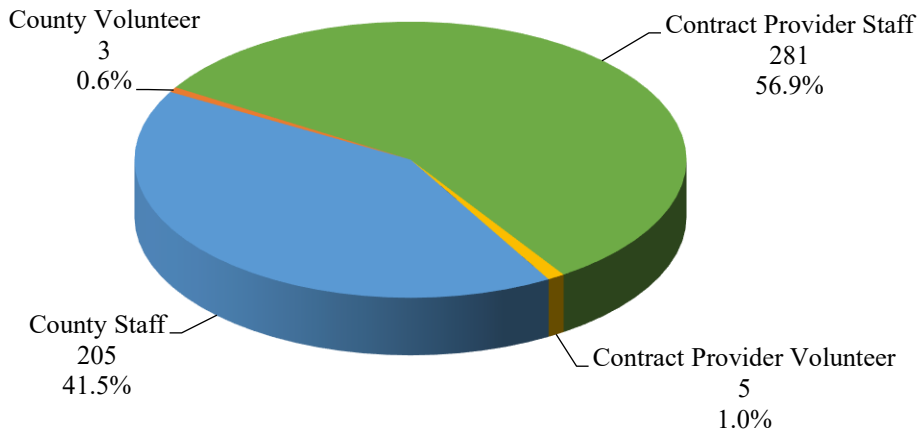

| | Recognized a prejudice I have about certain people | Talked to a colleague about a cultural issue | Sought guidance about a cultural issue that arose during therapy/ service delivery | Attended a multi-cultural training seminar | Attended a cultural event | Attended an event in which most of the other people were not my race | Reflected on my racial identity and how it affects my work with clients/ persons served | Read/ watched/ listened to media about multicultural issues | Learned something about a racial and/or cultural group other than my own | Sought supervision about multicultural issues | Talked to a friend about how our racial differences affect our relationship | Challenged a racist remark - my own or someone else's | Attended a training on Implicit Bias | Total Respondents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 # Respondents | 65 | 100 | 39 | 62 | 39 | 54 | 90 | 109 | 61 | 30 | 73 | 49 | 49 | 145 |
| 2021 % Respondents | 45% | 69% | 27% | 43% | 27% | 37% | 62% | 75% | 42% | 21% | 50% | 34% | 34% | 100% |
| 2022 # Respondents | 55 | 82 | 39 | 61 | 58 | 74 | 75 | 100 | 99 | 28 | 55 | 42 | 38 | 128 |
| 2022 % Respondents | 43% | 64% | 30% | 48% | 45% | 58% | 59% | 78% | 77% | 22% | 43% | 33% | 30% | 100% |
| 2023 # Respondents | 54 | 80 | 31 | 52 | 50 | 77 | 73 | 105 | 114 | 25 | 54 | 34 | 28 | 139 |
| 2023 % Respondents | 39% | 58% | 22% | 37% | 36% | 55% | 53% | 76% | 82% | 18% | 39% | 24% | 20% | 100% |
| 2024 # Respondents | 42 | 60 | 26 | 48 | 42 | 53 | 58 | 79 | 74 | 24 | 42 | 28 | 33 | 112 |
| 2024 % Respondents | 38% | 54% | 23% | 43% | 38% | 47% | 52% | 71% | 66% | 21% | 38% | 25% | 29% | 100% |

# Fresno County Department of Behavioral Health

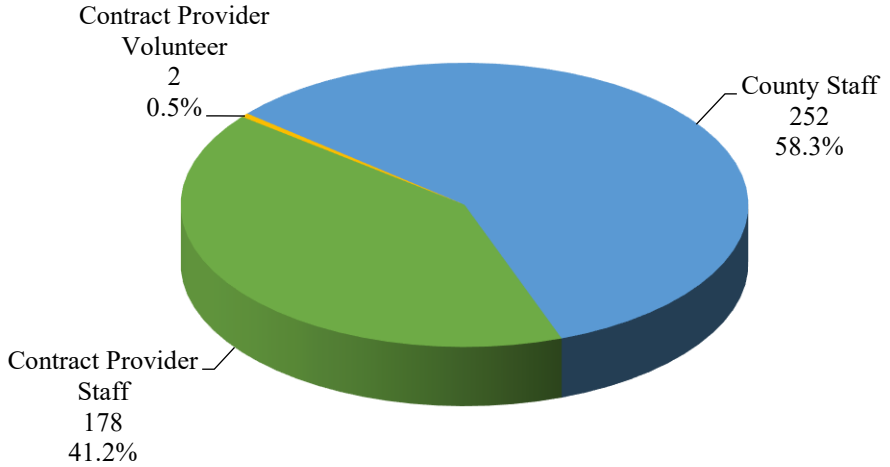
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

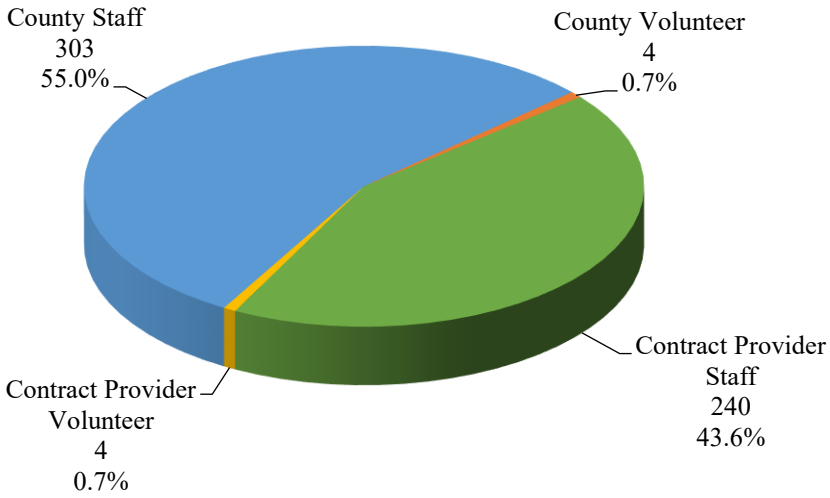
***2021 Employment Status (N=494)***



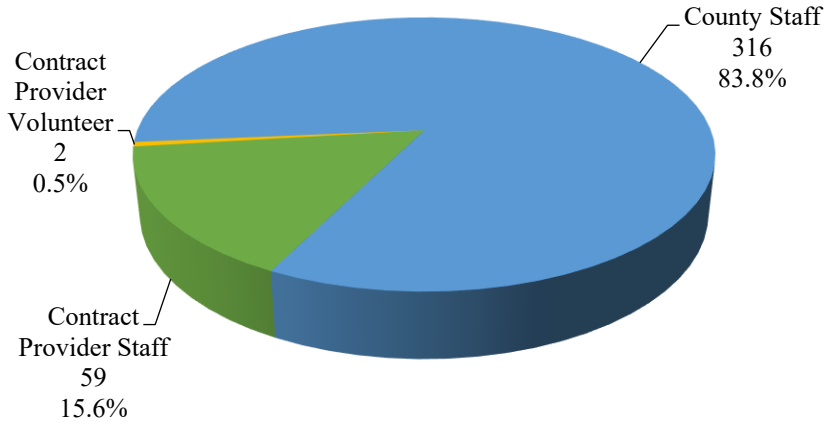

***2022 Employment Status (N=432)***




***2023 Employment Status (N=551)***




***2024 Employment Status (N=377)***

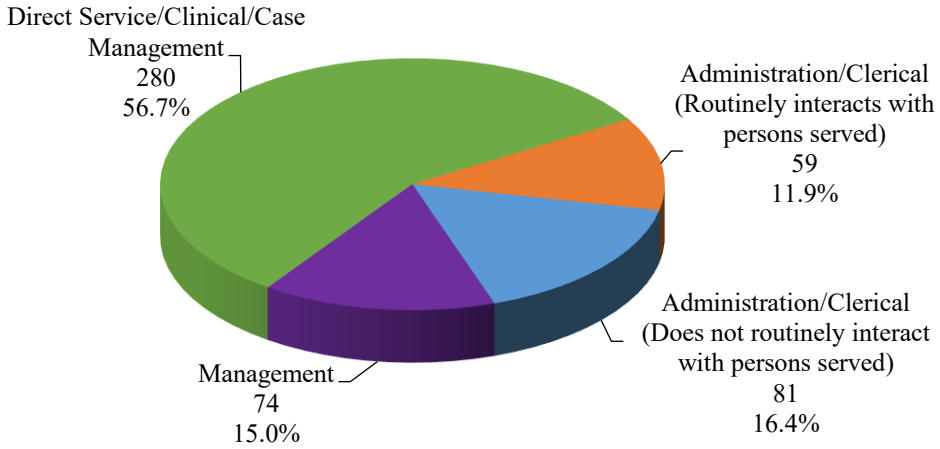


# Fresno County Department of Behavioral Health

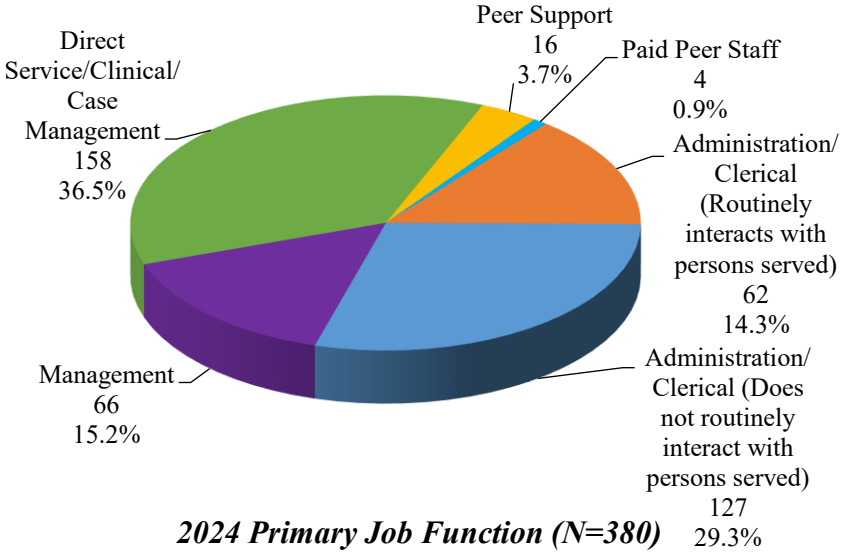
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

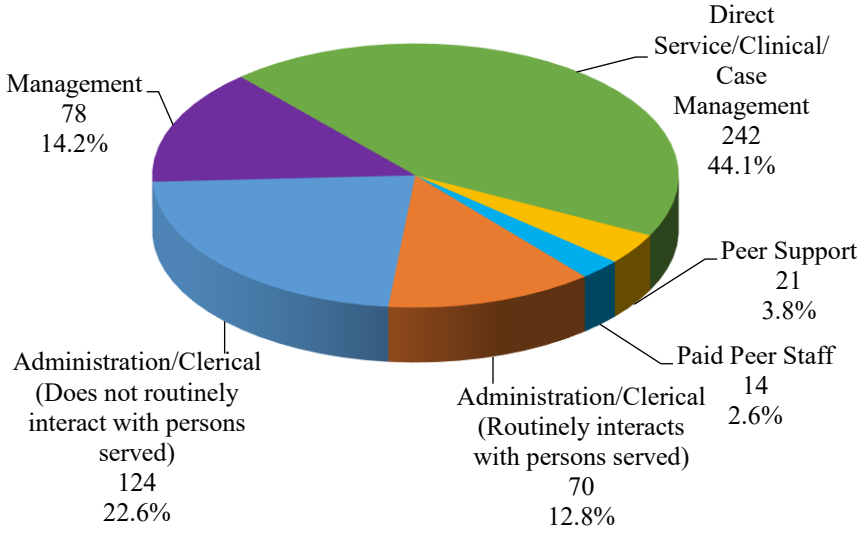
***2021 Primary Job Function (N=494)***



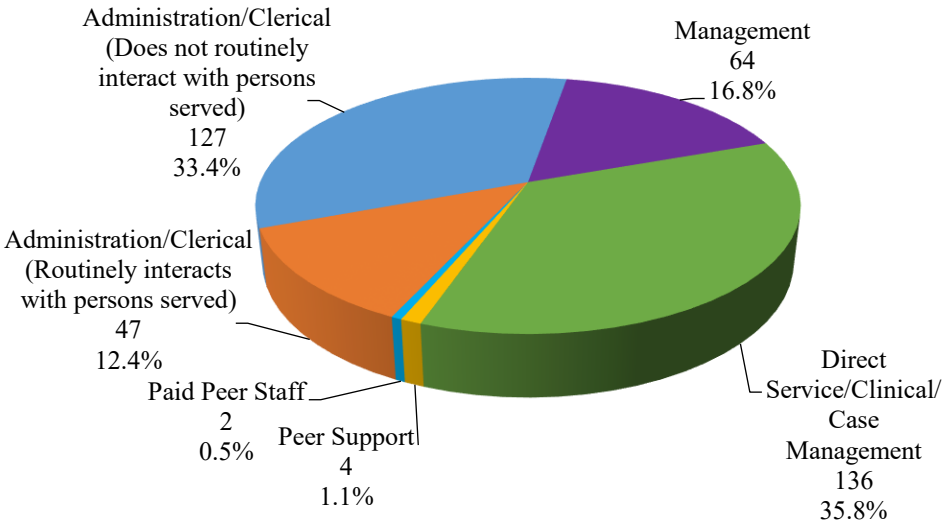

***2022 Primary Job Function (N=433)***




***2023 Primary Job Function (N=549)***




***2024 Primary Job Function (N=380)***

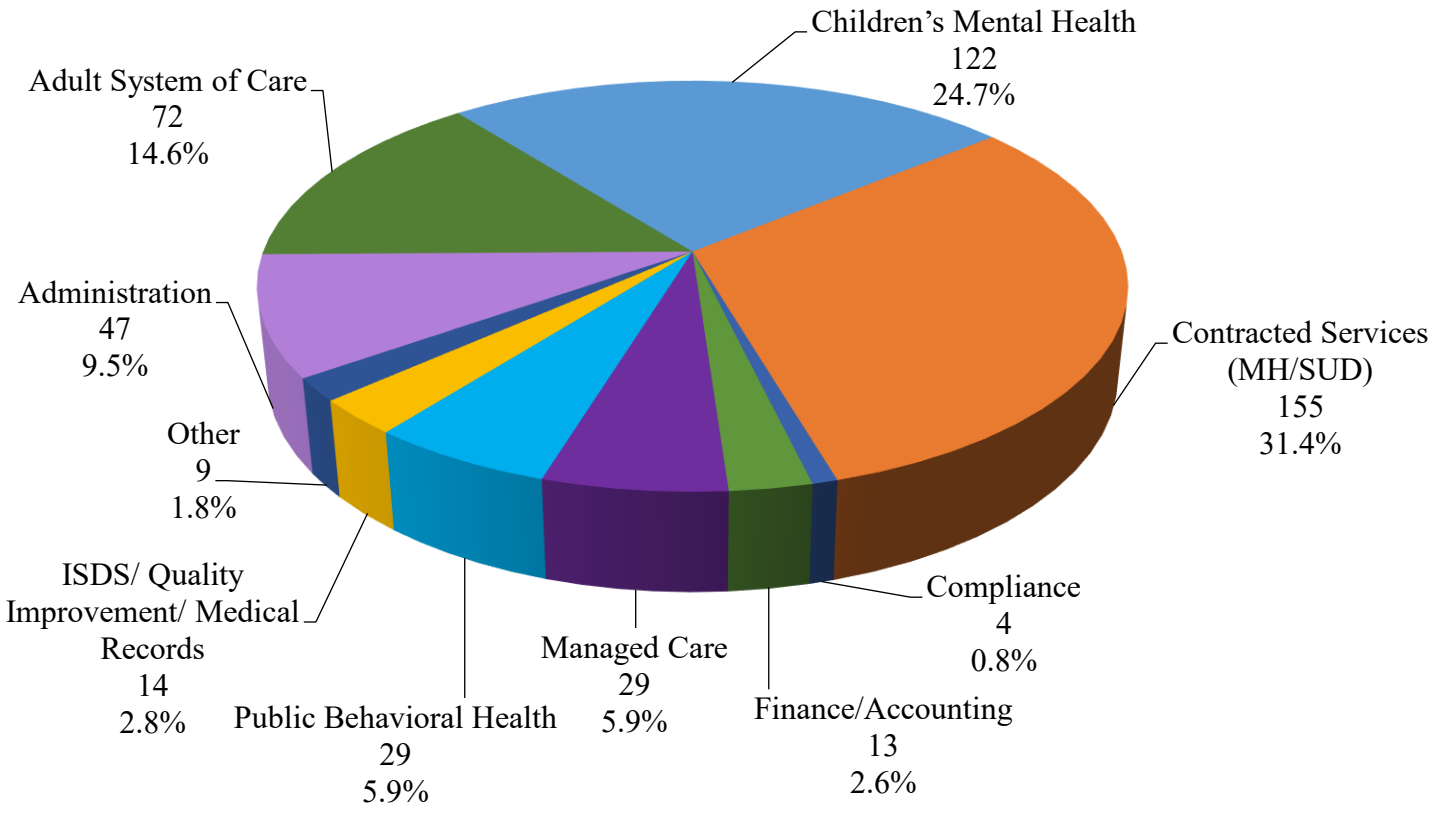


**Fresno County Department of Behavioral Health**

***Staff Cultural Humility Survey***

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***2021 Department/Program (N=494)***

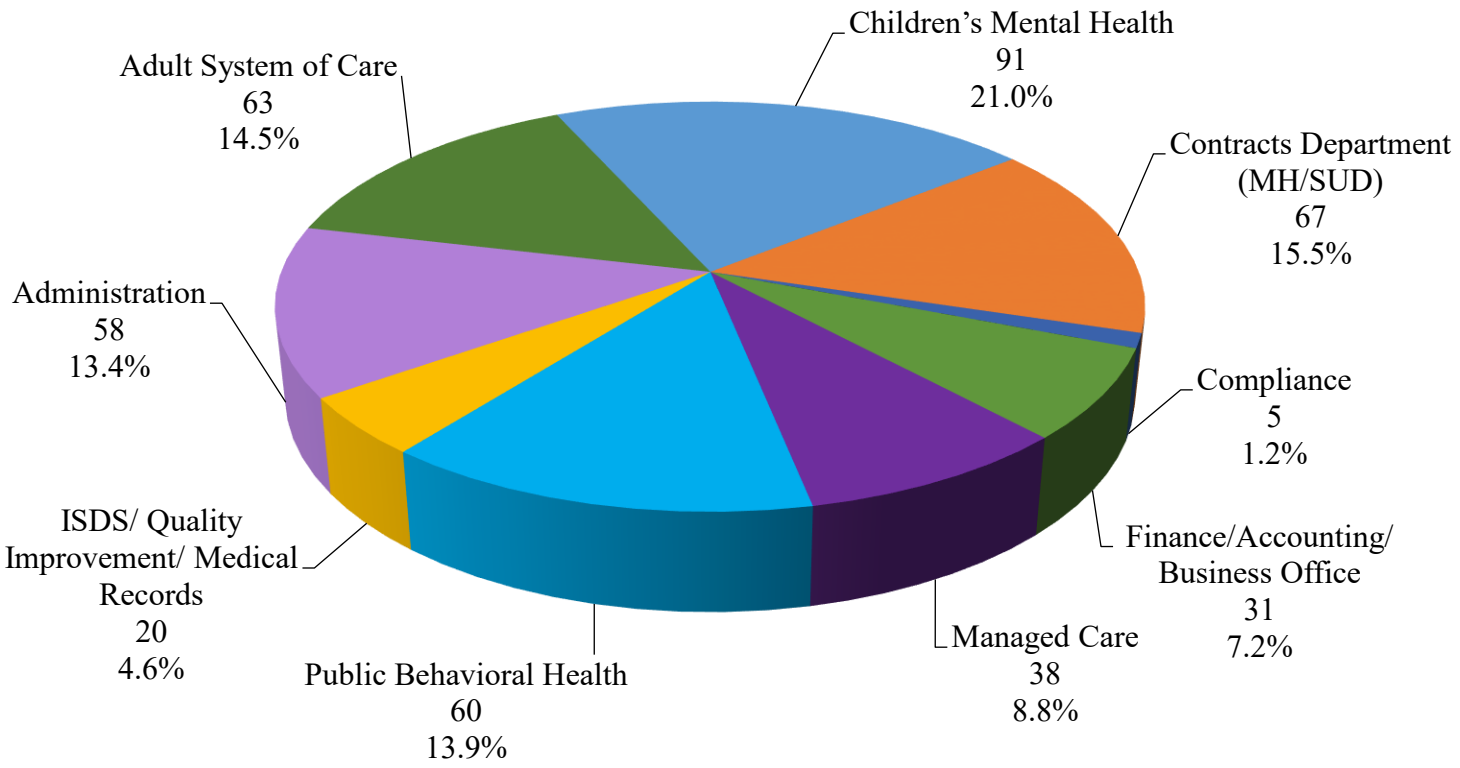


**Fresno County Department of Behavioral Health**

***Staff Cultural Humility Survey***

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***2022 Department/Program (N=433)***





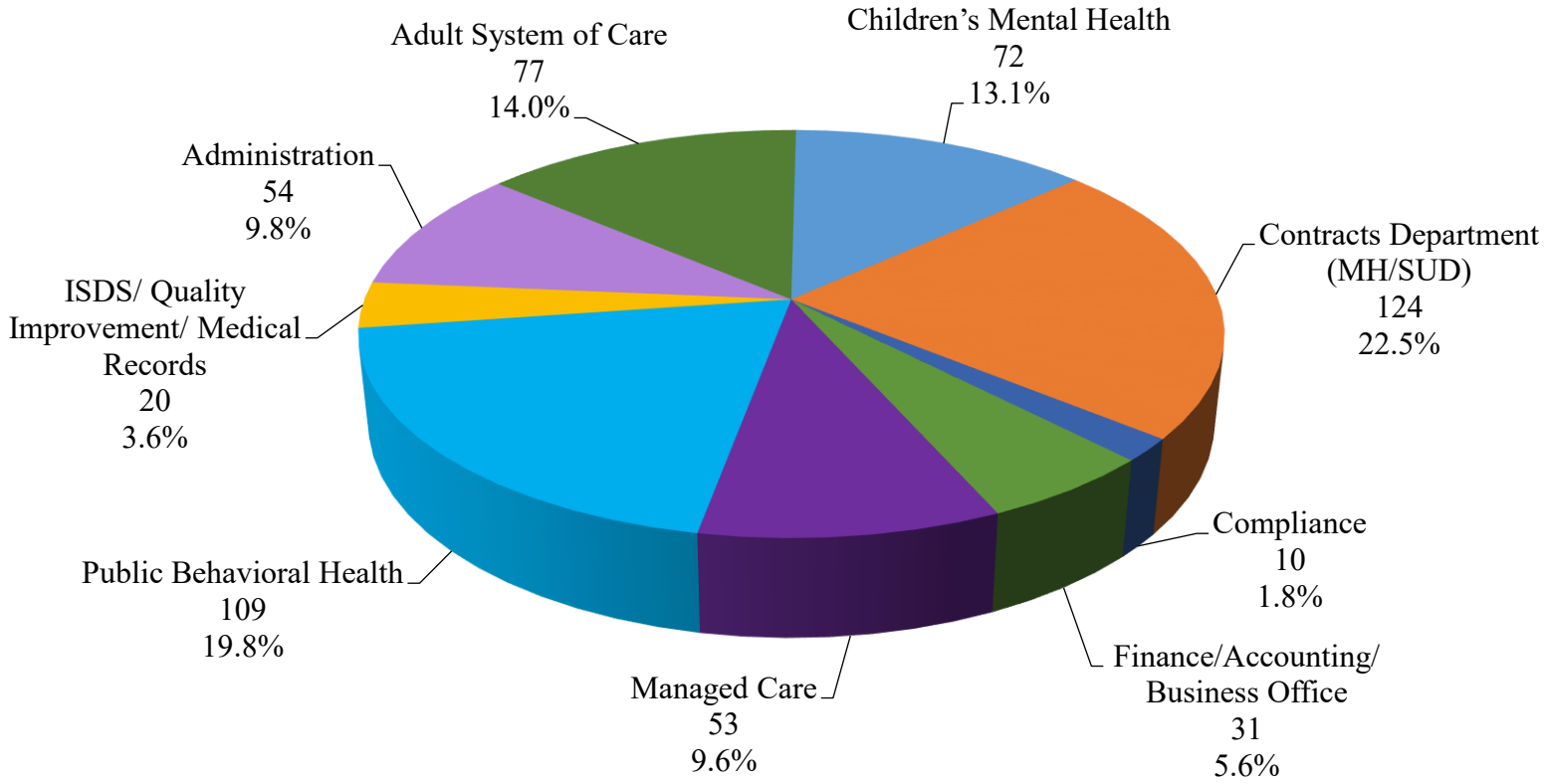

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**Fresno County Department of Behavioral Health**

***Staff Cultural Humility Survey***

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***2023 Department/Program (N=550)***

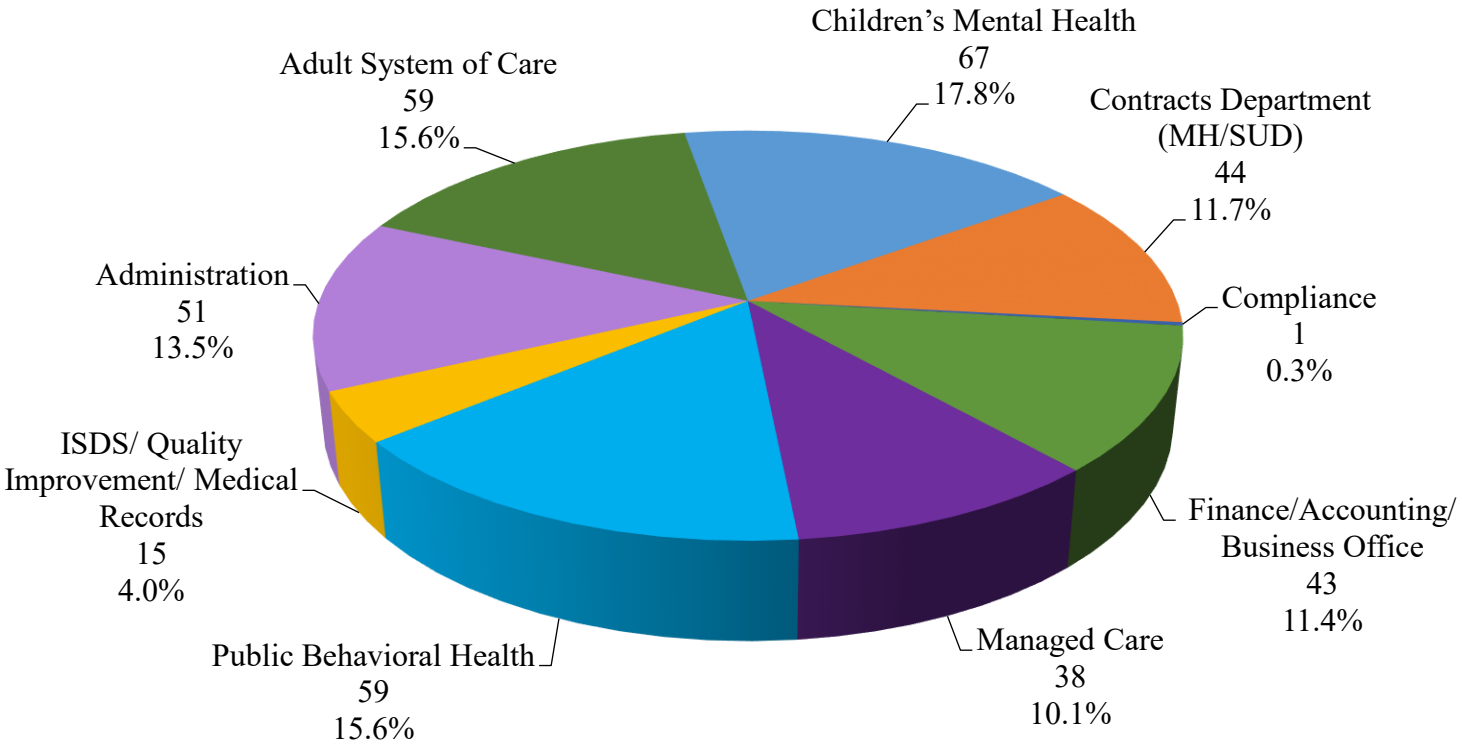


# Fresno County Department of Behavioral Health

## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

***2024 Employment Status (N=377)***

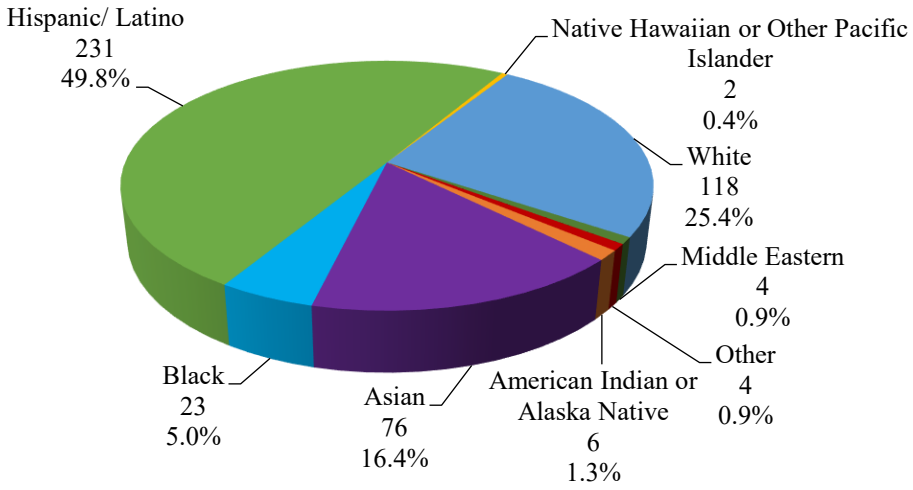


# Fresno County Department of Behavioral Health

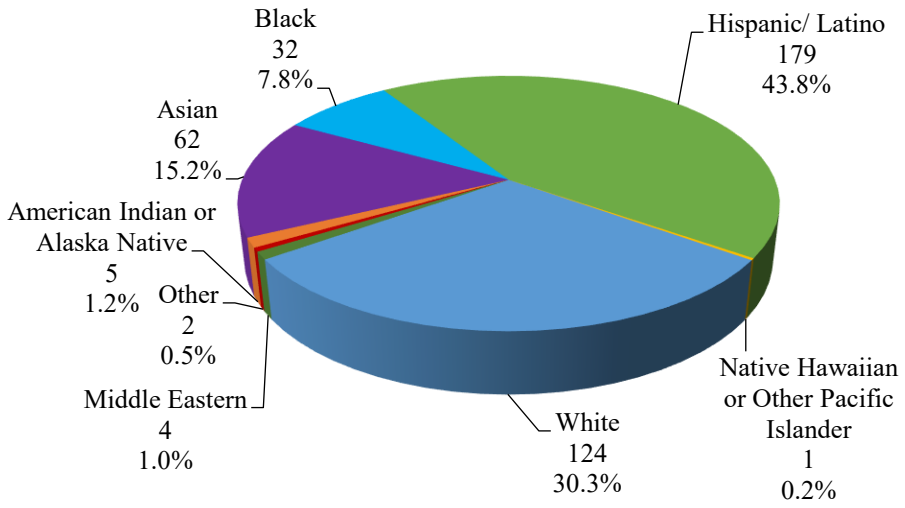
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

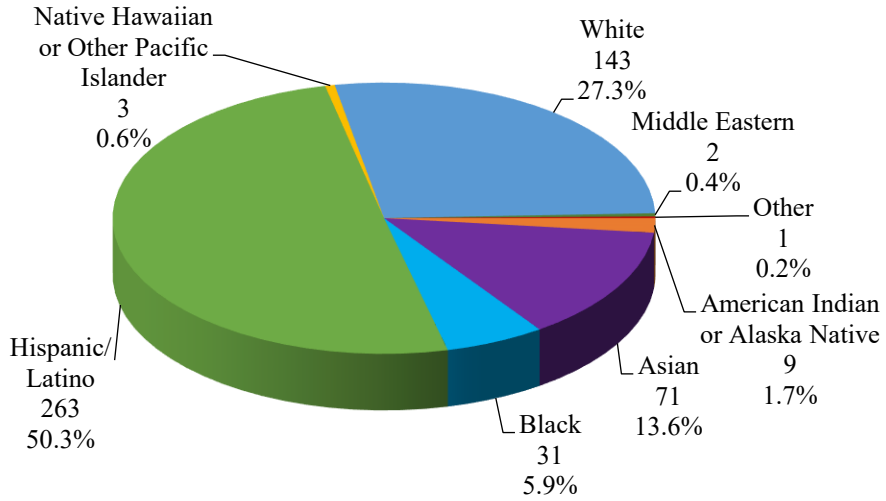
***2021 Race/Ethnicity (N=464)***



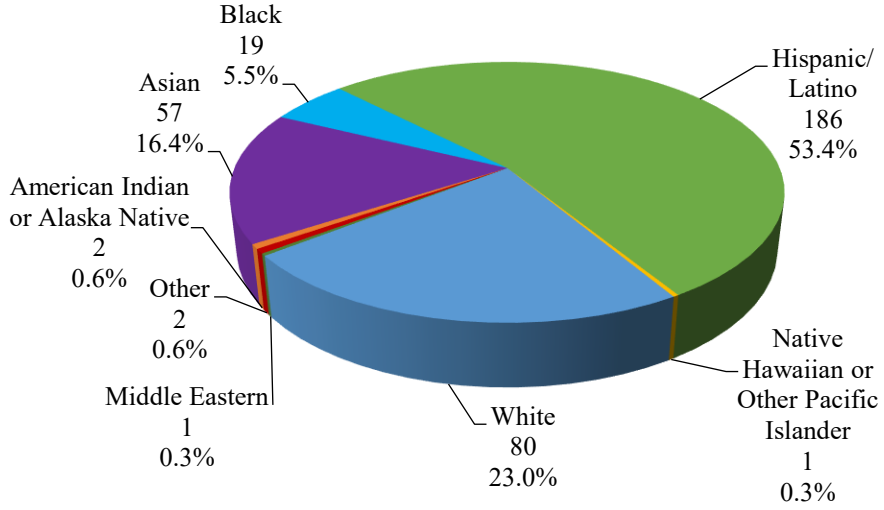

***2022 Race/Ethnicity (N=409)***




***2023 Race/Ethnicity (N=523)***




***2024 Race/Ethnicity (N=348)***





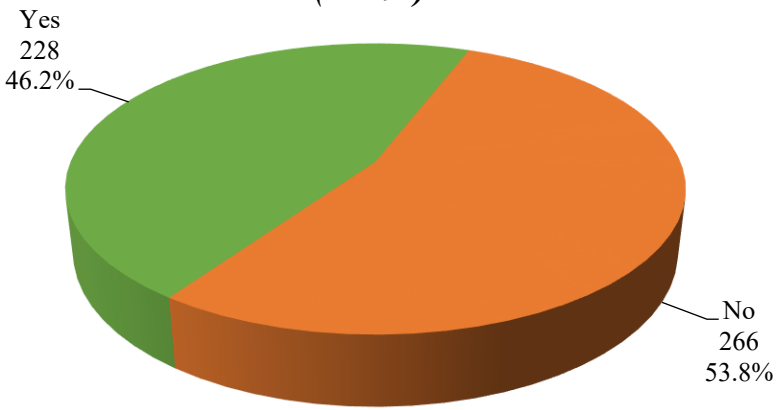

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# Fresno County Department of Behavioral Health

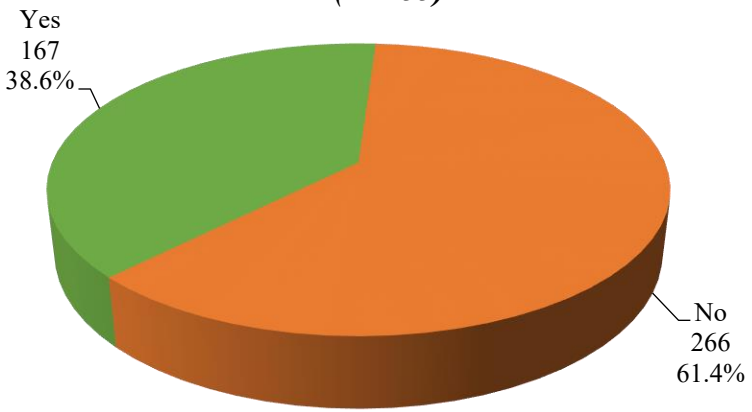
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

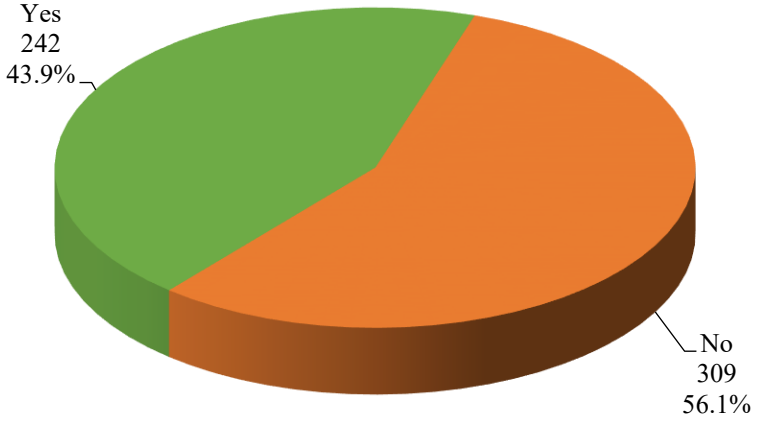
***2021 Do you consider yourself Bilingual? (N=494)***



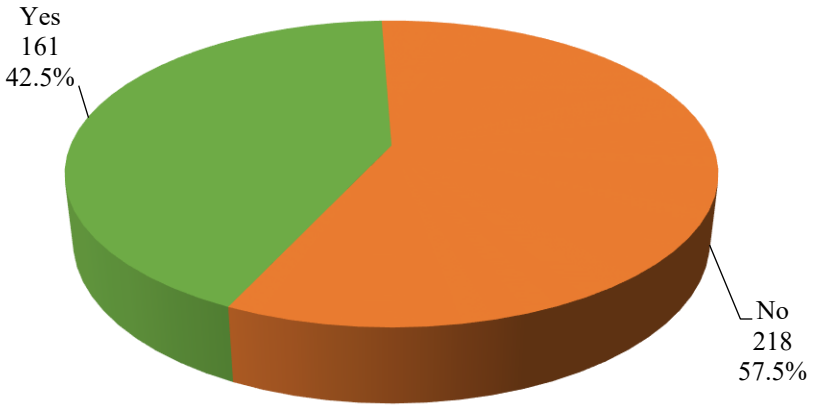

***2022 Do you consider yourself Bilingual? (N=433)***




***2023 Do you consider yourself Bilingual? (N=551)***




***2024 Do you consider yourself Bilingual? (N=379)***



# Fresno County Department of Behavioral Health

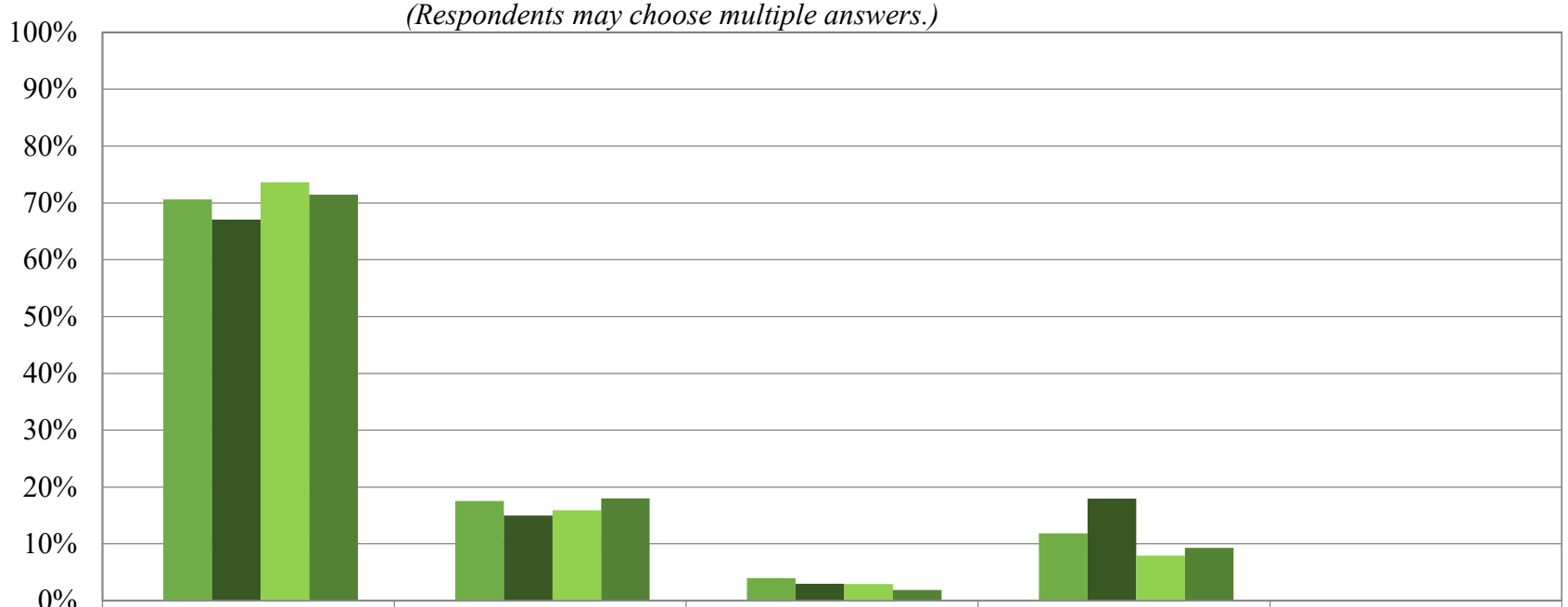
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*If Bilingual, which language(s) do you speak?*

***2021 Bilingual Respondents (N=228)*** ***2022 Bilingual Respondents (N=167)*** ***2023 Bilingual Respondents (N=239)*** ***2024 Bilingual Respondents (N=161)***

*(Respondents may choose multiple answers.)*




| | Spanish | Hmong | Punjabi | Other | Total Bilingual |
|---|---|---|---|---|---|
| 2021 # Respondents | 161 | 40 | 9 | 27 | 228 |
| 2021 % Respondents | 71% | 18% | 4% | 12% | 100% |
| 2022 # Respondents | 112 | 25 | 5 | 30 | 167 |
| 2022 % Respondents | 67% | 15% | 3% | 18% | 100% |
| 2023 # Respondents | 176 | 38 | 7 | 19 | 239 |
| 2023 % Respondents | 74% | 16% | 3% | 8% | 100% |
| 2024 # Respondents | 115 | 29 | 3 | 15 | 161 |
| 2024 % Respondents | 71% | 18% | 2% | 9% | 100% |



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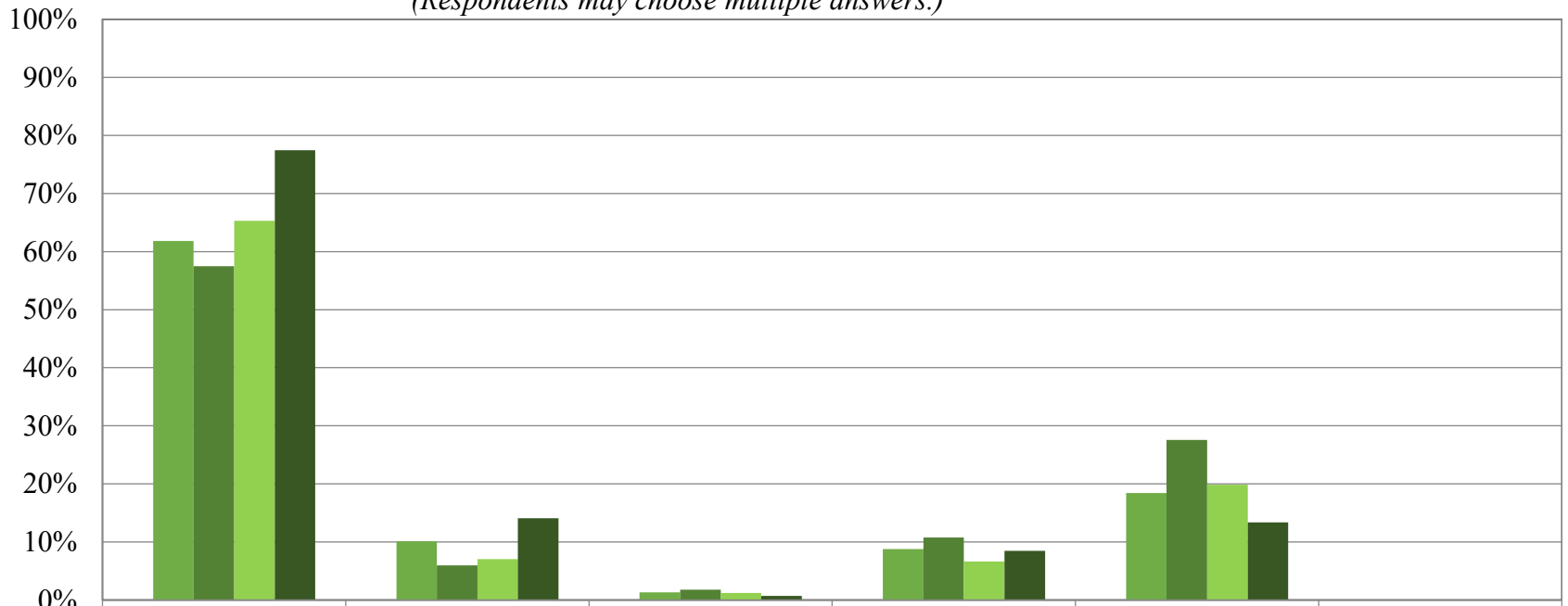
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

*If Bilingual, which language(s) are you proficient in reading and writing?*

***2021 Bilingual Respondents (N=228)*** ***2022 Bilingual Respondents (N=167)*** ***2023 Bilingual Respondents (N=242)*** ***2024 Bilingual Respondents (N=142)***

*(Respondents may choose multiple answers.)*



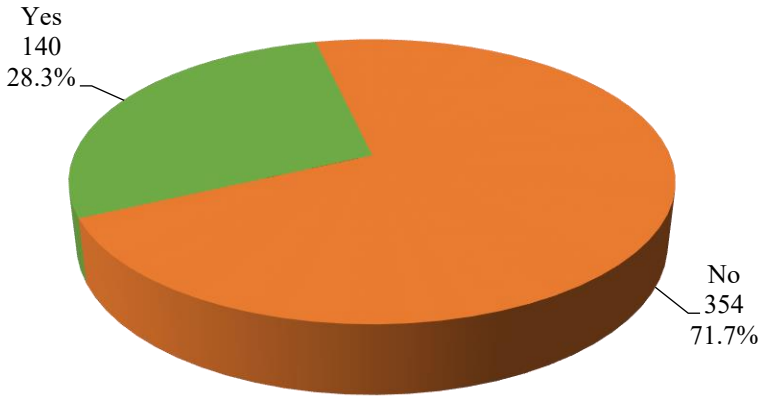

| | Spanish | Hmong | Punjabi | Other | Not proficient | Total Bilingual |
|---|---|---|---|---|---|---|
| 2021 # Respondents | 141 | 23 | 3 | 20 | 42 | 228 |
| 2021 % Respondents | 62% | 10% | 1% | 9% | 18% | 100% |
| 2022 # Respondents | 96 | 10 | 3 | 18 | 46 | 167 |
| 2022 % Respondents | 57% | 6% | 2% | 11% | 28% | 100% |
| 2023 # Respondents | 158 | 17 | 3 | 16 | 48 | 242 |
| 2023 % Respondents | 65% | 7% | 1% | 7% | 20% | 100% |
| 2024 # Respondents | 110 | 20 | 1 | 12 | 19 | 142 |
| 2024 % Respondents | 77% | 14% | 1% | 8% | 13% | 100% |

# Fresno County Department of Behavioral Health

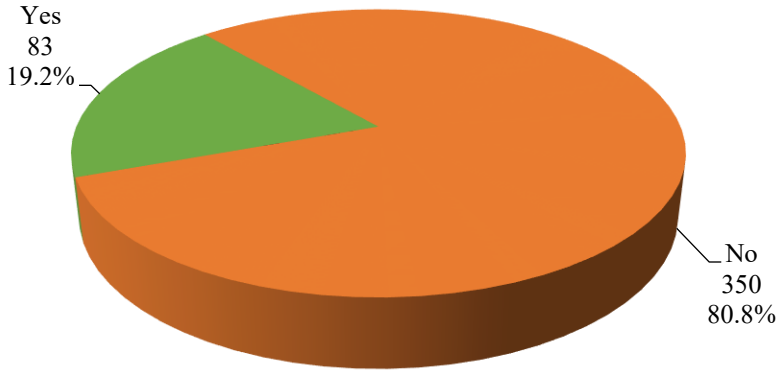
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

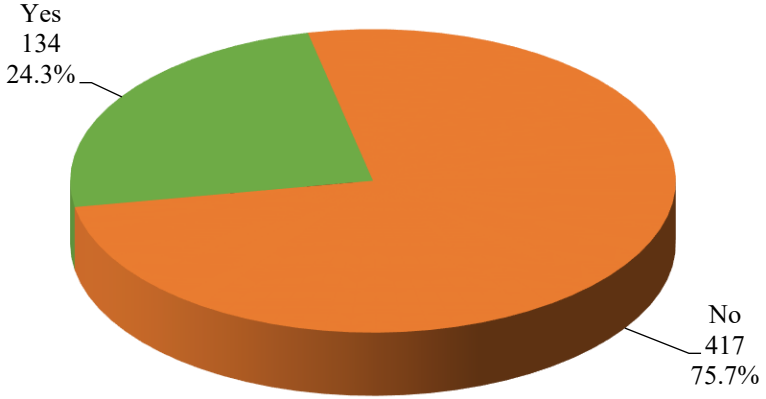
***2021 Do you act as an Interpreter as part of your Job Function? (N=494)***



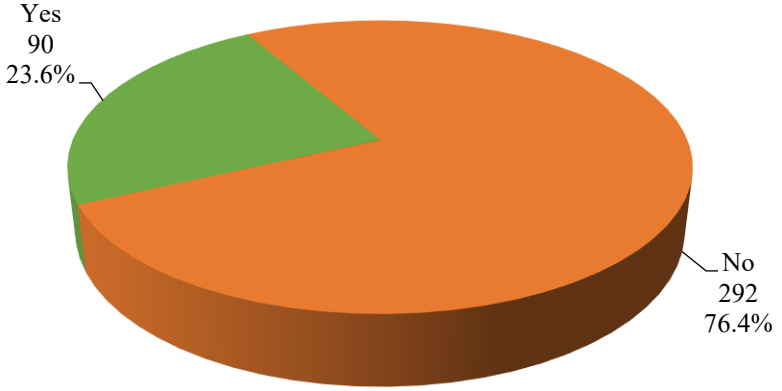

***2022 Do you act as an Interpreter as part of your Job Function? (N=433)***




***2023 Do you act as an Interpreter as part of your Job Function? (N=551)***




***2024 Do you act as an Interpreter as part of your Job Function? (N=382)***

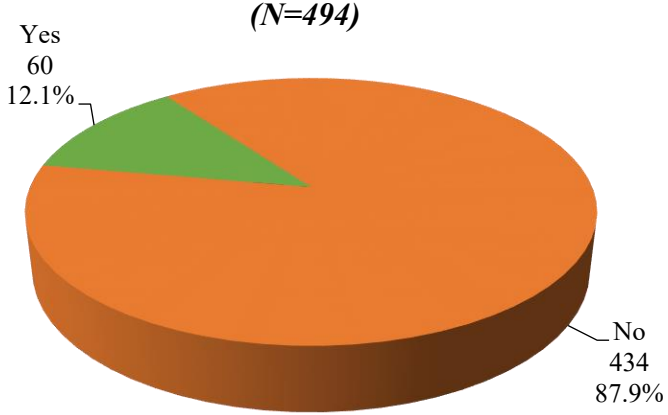


# Fresno County Department of Behavioral Health

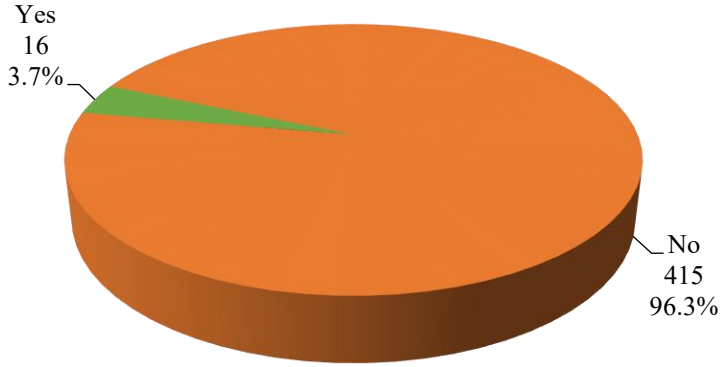
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

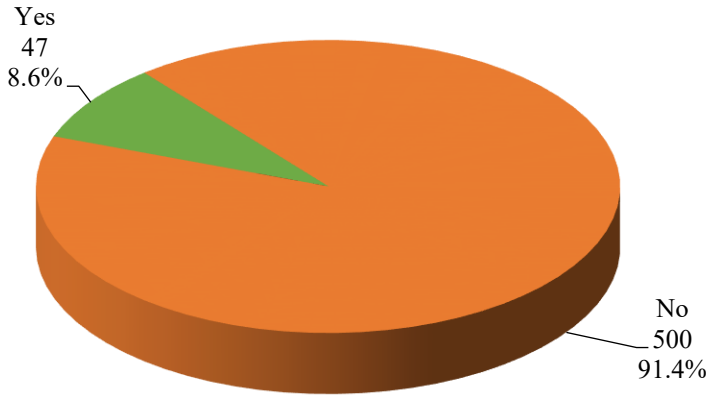
***2021 Do you receive bilingual pay?***
***(N=494)***



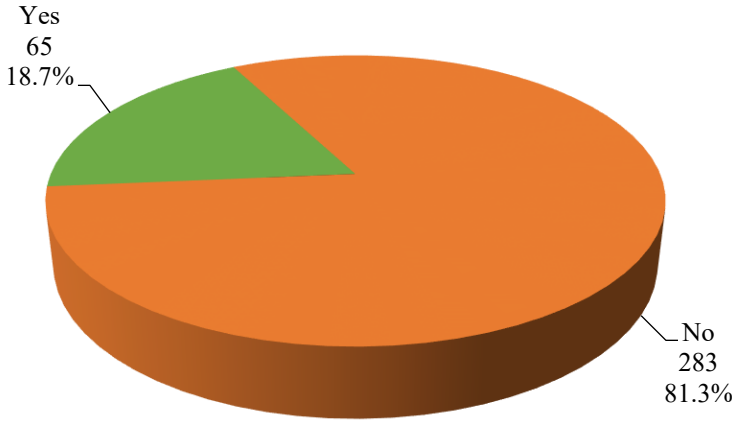

***2022 Do you receive bilingual pay?***
***(N=431)***




***2023 Do you receive bilingual pay?***
***(N=547)***




***2024 Do you receive bilingual pay?***
***(N=348)***





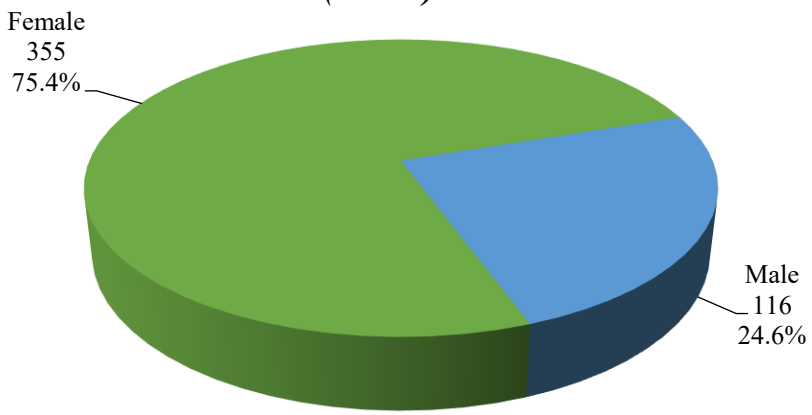

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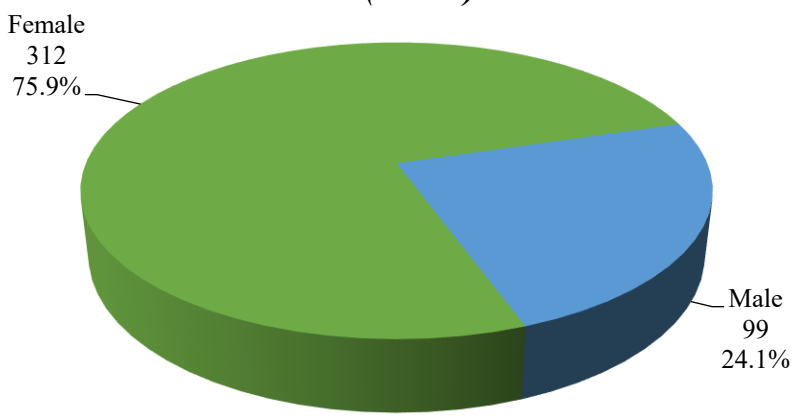
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

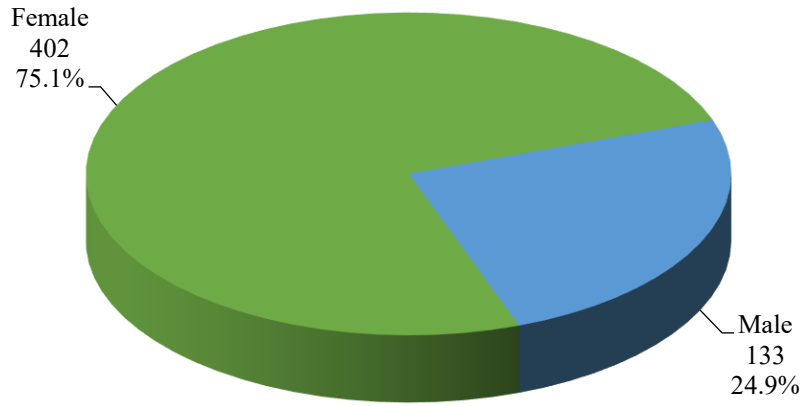
***2021 Gender Assigned at Birth (N=471)***



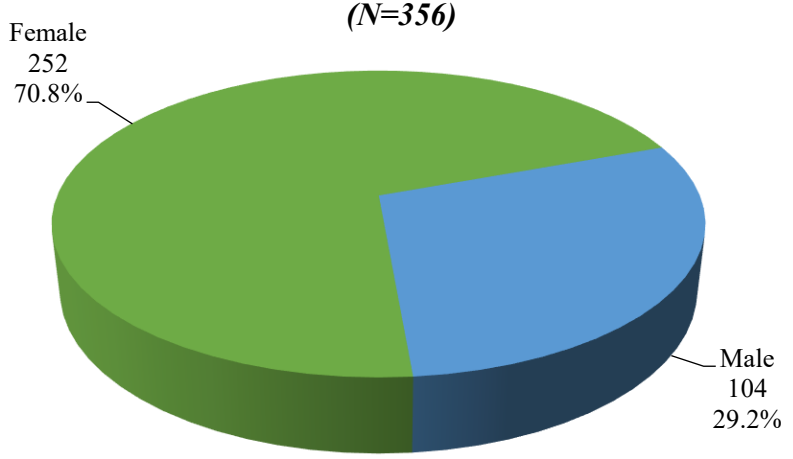

***2022 Gender Assigned at Birth (N=411)***




***2023 Gender Assigned at Birth (N=535)***




***2024 Gender Assigned at Birth (N=356)***





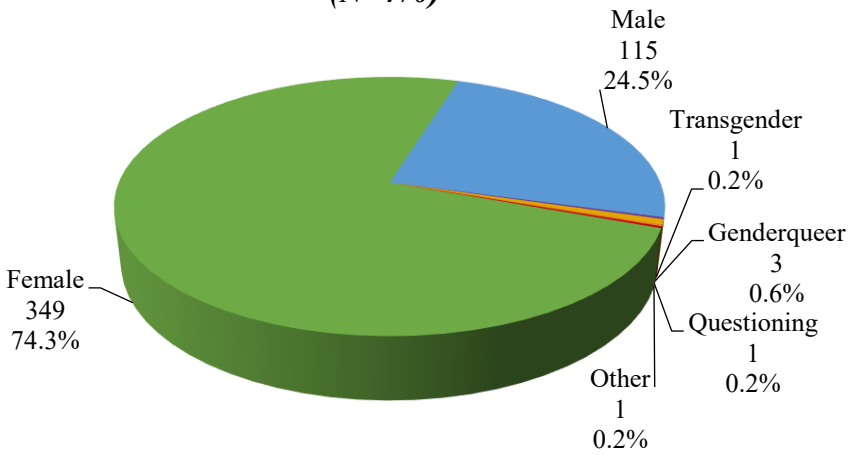

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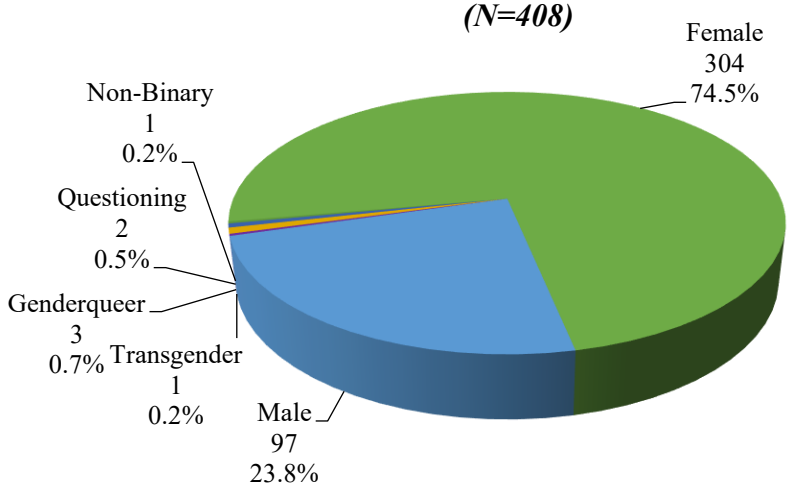
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

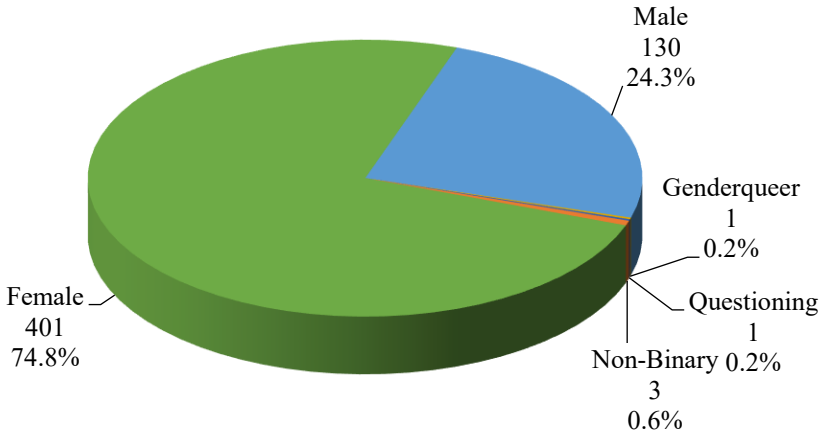
***2021 Current Gender Identity (N=470)***



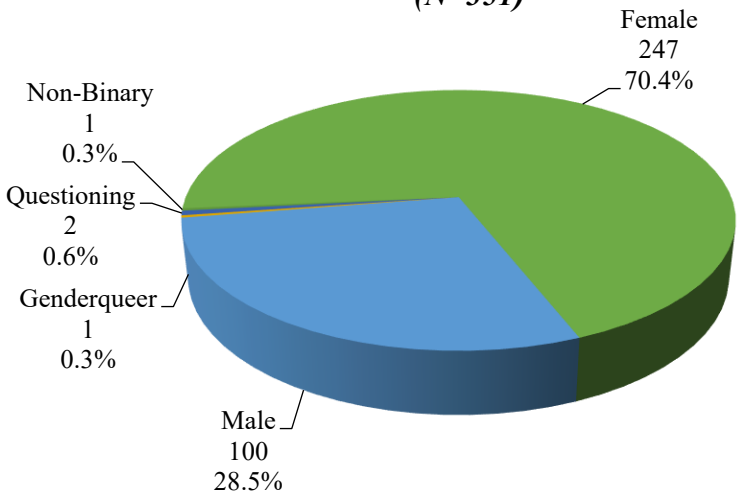

***2022 Current Gender Identity (N=408)***




***2023 Current Gender Identity (N=536)***




***2024 Current Gender Identity (N=351)***

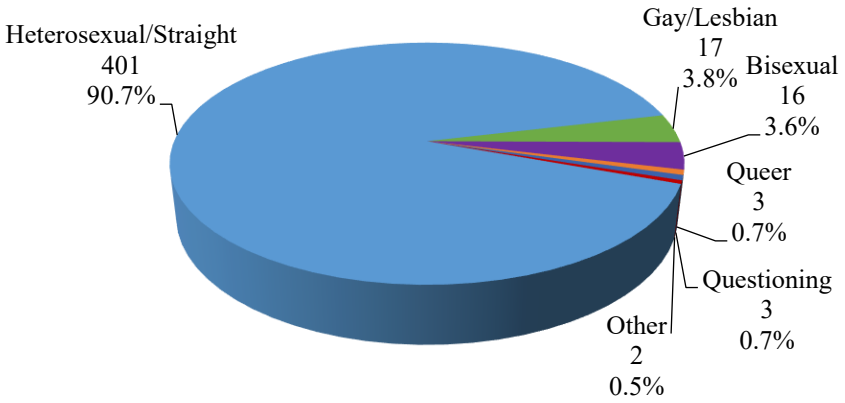


# Fresno County Department of Behavioral Health

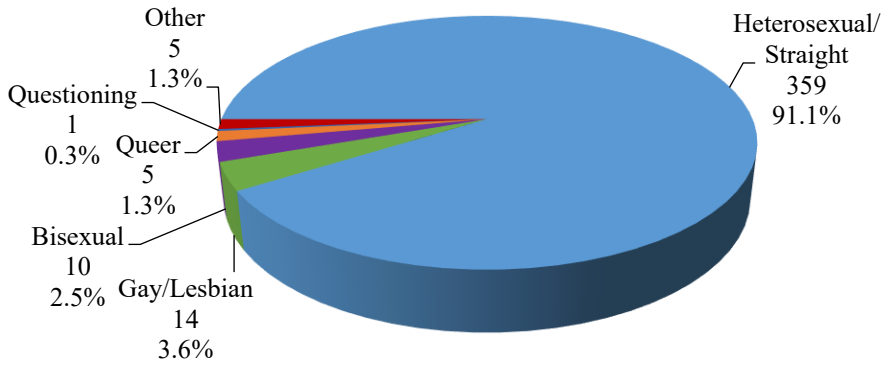
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

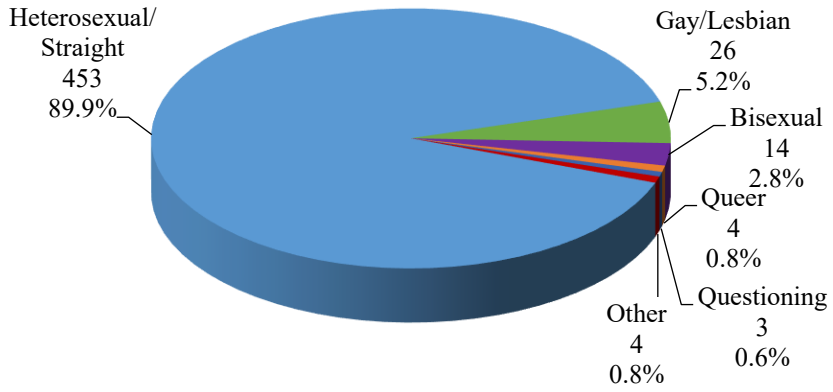
***2021 Sexual Orientation (N=442)***



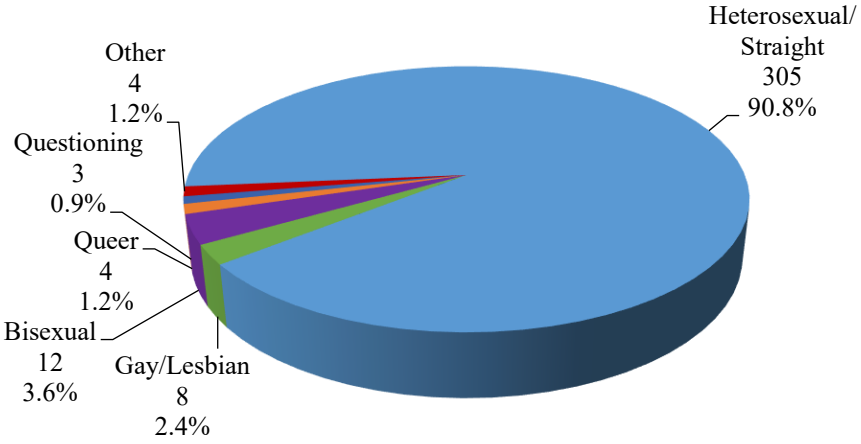

***2022 Sexual Orientation (N=394)***




***2023 Sexual Orientation (N=504)***

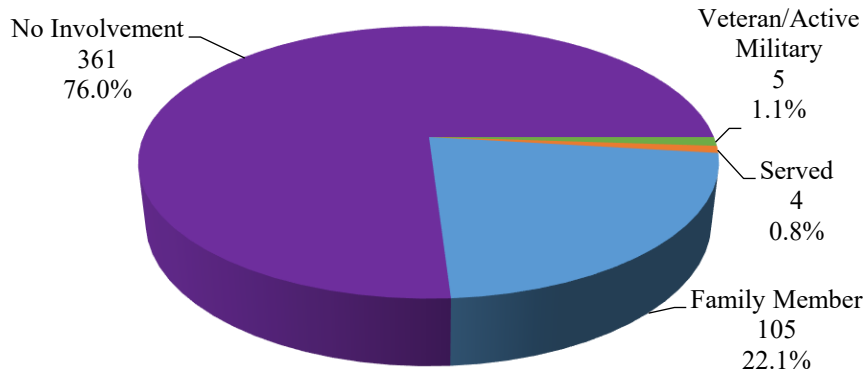



***2024 Sexual Orientation (N=336)***

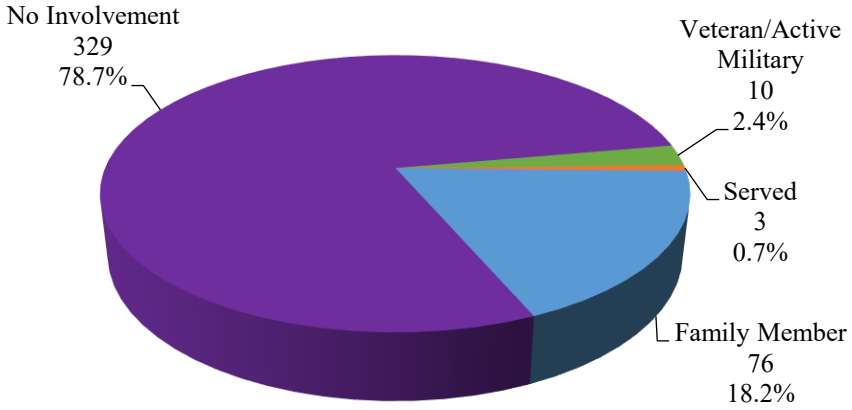


# Fresno County Department of Behavioral Health
## *Staff Cultural Humility Survey*
Comparison Between 2021, 2022, 2023 and 2024 Survey Results

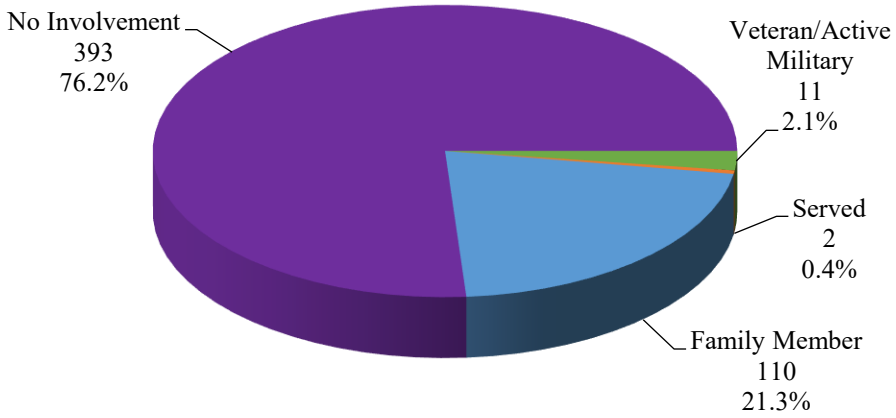
***2021 Military/Service Involvement***
***(N=475)***



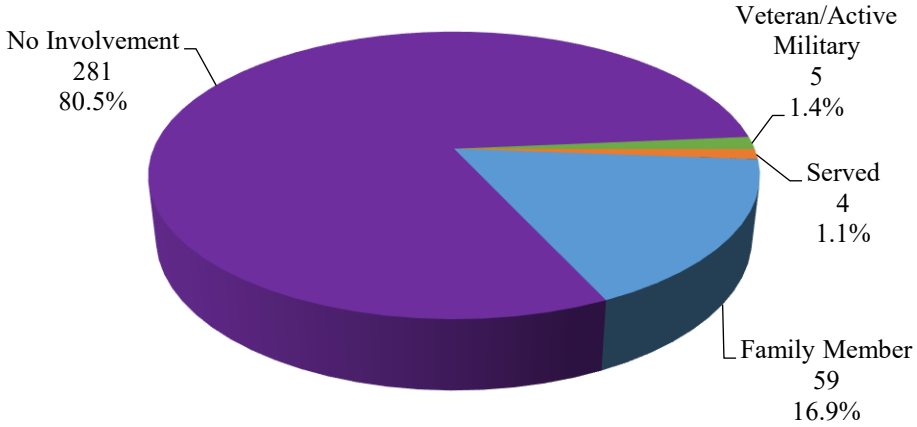

***2022 Military/Service Involvement***
***(N=418)***




***2023 Military/Service Involvement***
***(N=516)***




***2024 Military/Service Involvement***
***(N=349)***

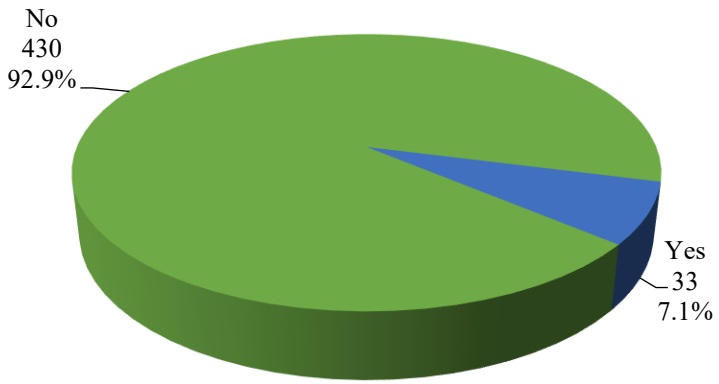


# Fresno County Department of Behavioral Health

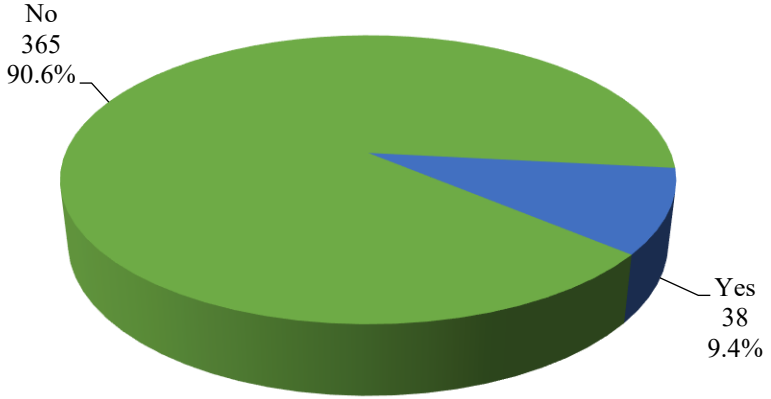
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

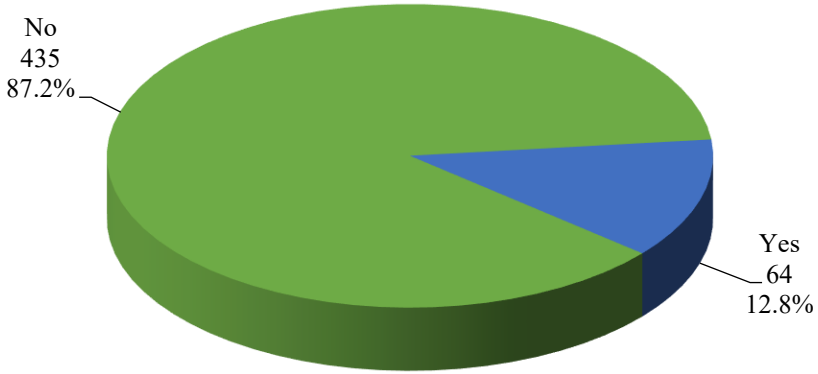
***2021 Do you have a disability? (N=463)***



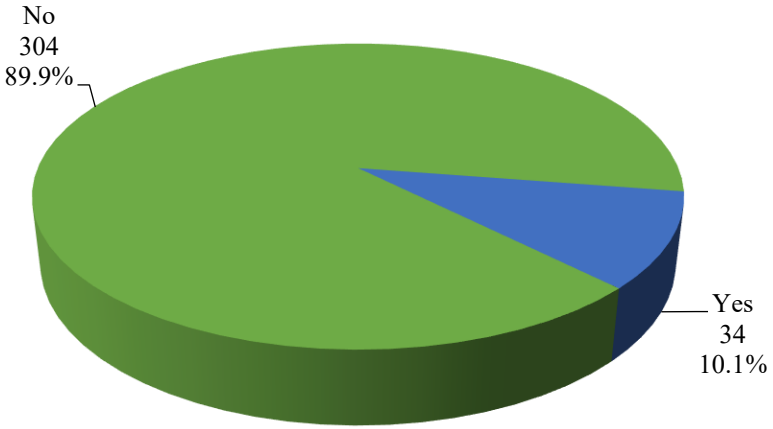

***2022 Do you have a disability? (N=403)***




***2023 Do you have a disability? (N=499)***




***2024 Do you have a disability? (N=338)***

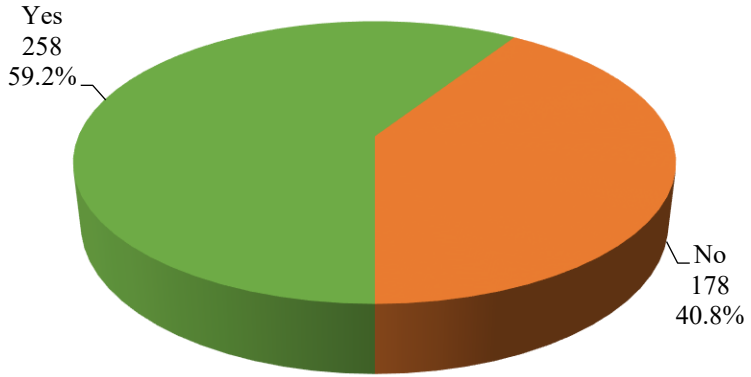


# Fresno County Department of Behavioral Health

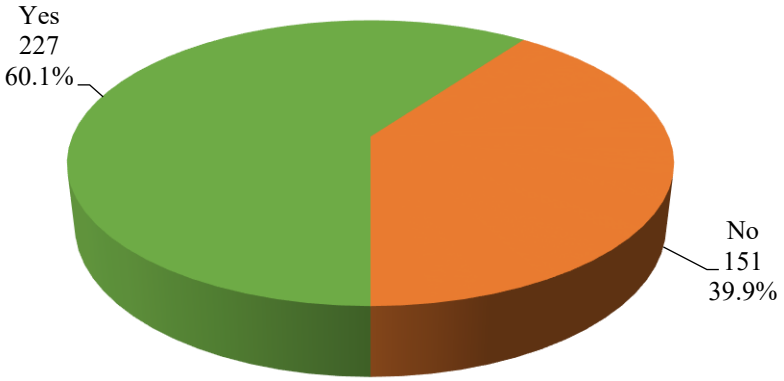
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

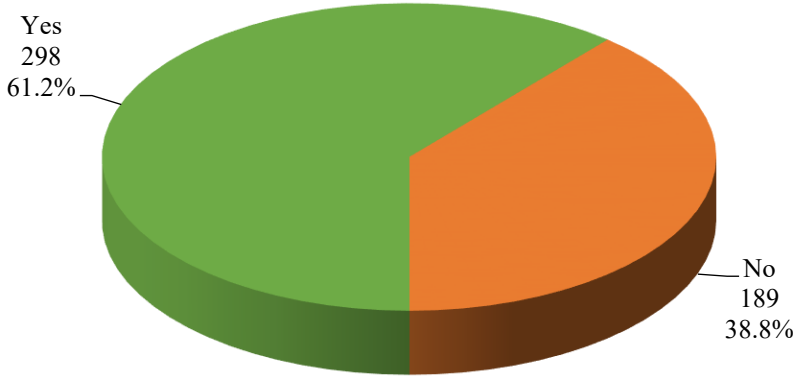
***2021 Do you consider yourself to be a person with lived Mental Health experience? (N=436)***



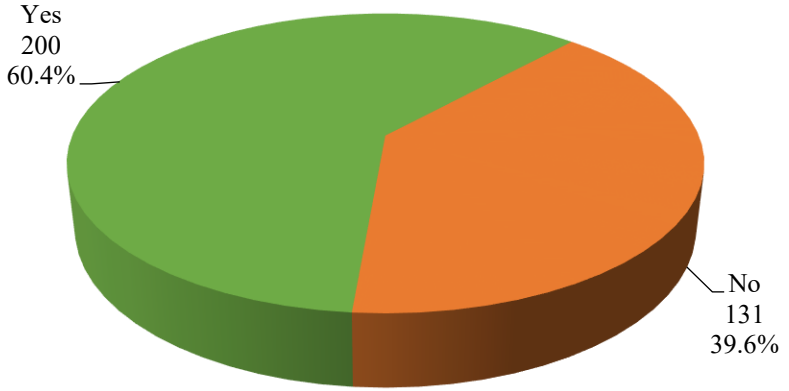

***2022 Do you consider yourself to be a person with lived Mental Health experience? (N=378)***




***2023 Do you consider yourself to be a person with lived Mental Health experience? (N=487)***




***2024 Do you consider yourself to be a person with lived Mental Health experience? (N=331)***





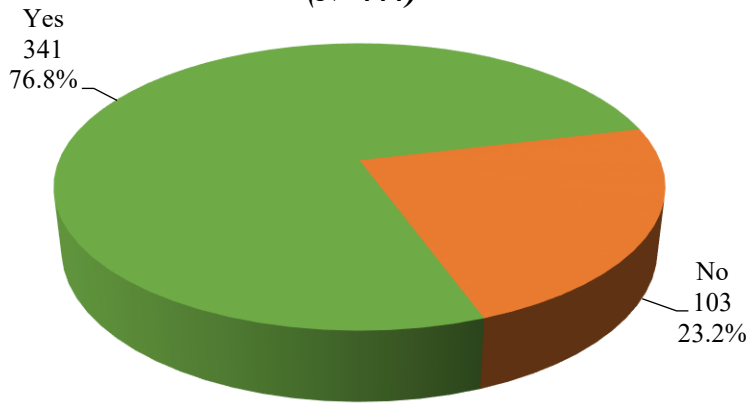

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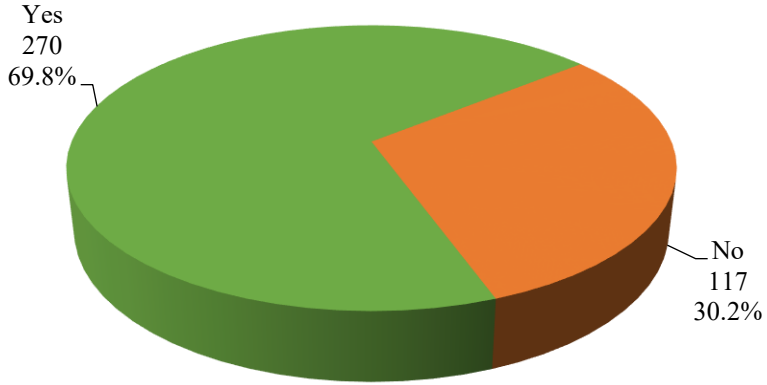
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

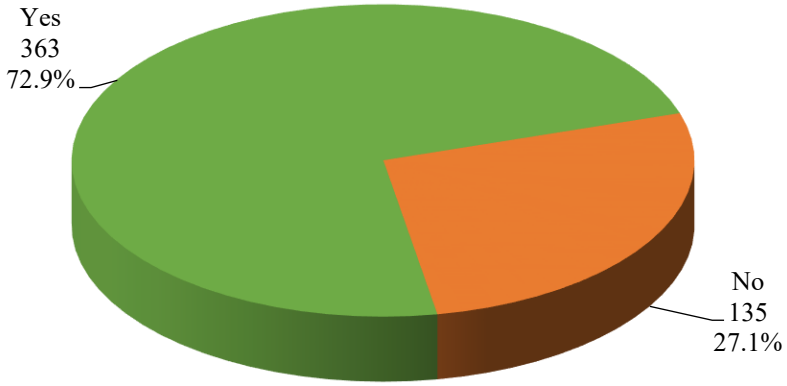
***2021 Are you a family member of a person with lived Mental Health experience? (N=444)***



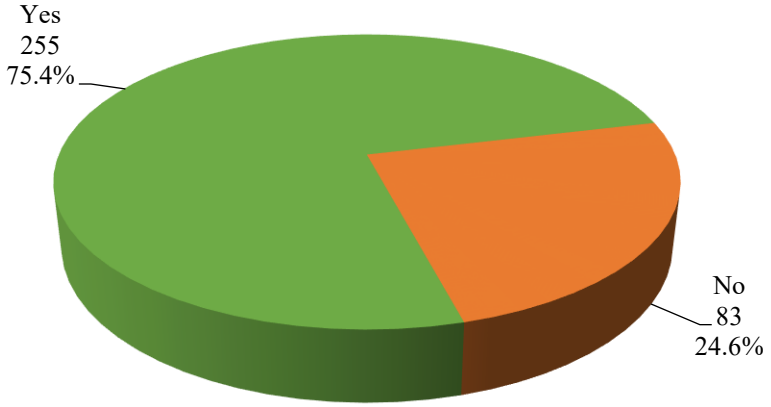

***2022 Are you a family member of a person with lived Mental Health experience? (N=387)***




***2023 Are you a family member of a person with lived Mental Health experience? (N=498)***




***2024 Are you a family member of a person with lived Mental Health experience? (N=338)***

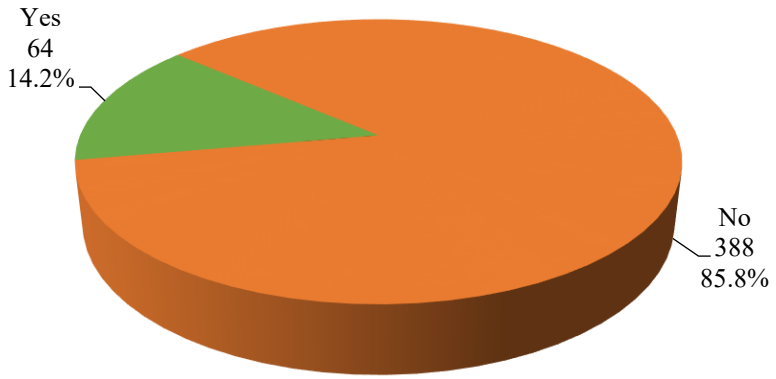


# Fresno County Department of Behavioral Health

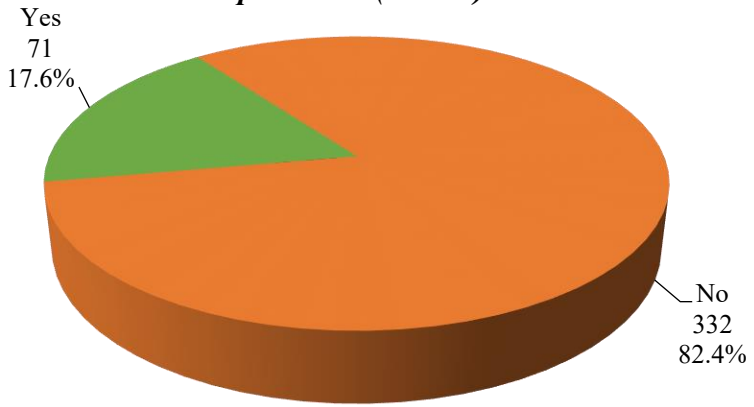
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

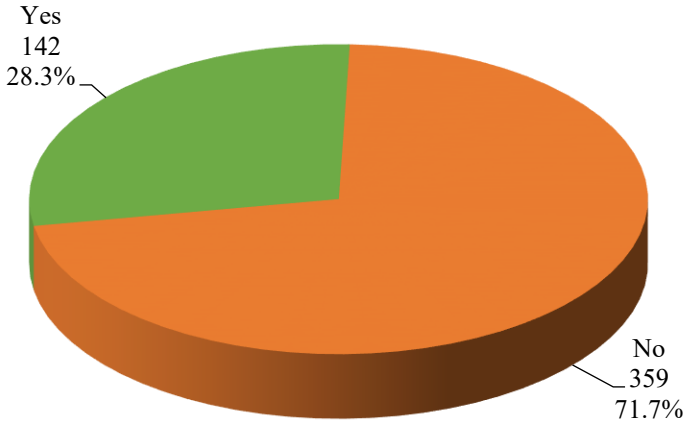
***2021 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=452)***



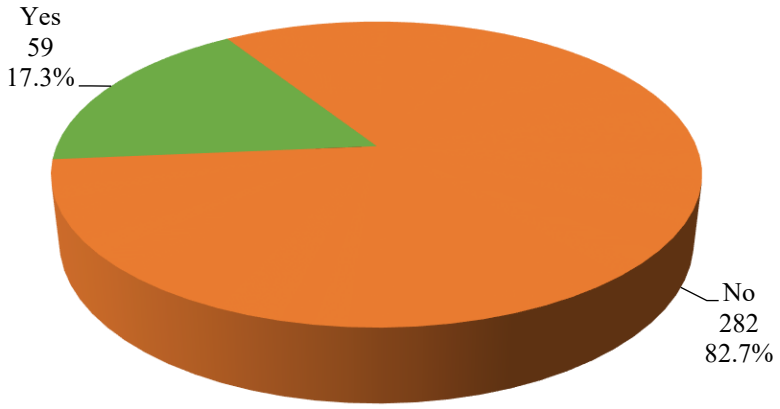

***2022 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=403)***




***2023 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=501)***




***2024 Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=341)***

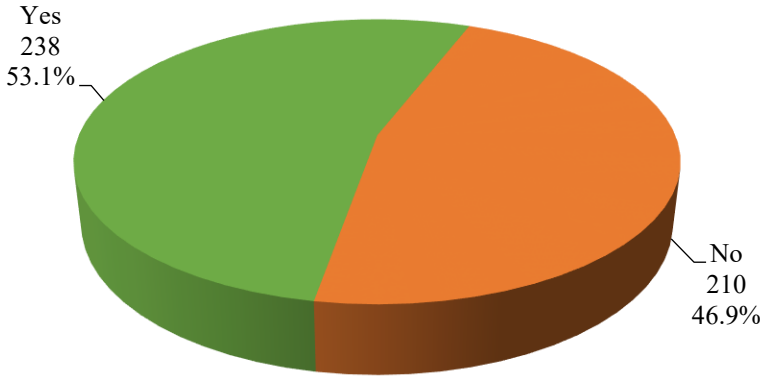


# Fresno County Department of Behavioral Health

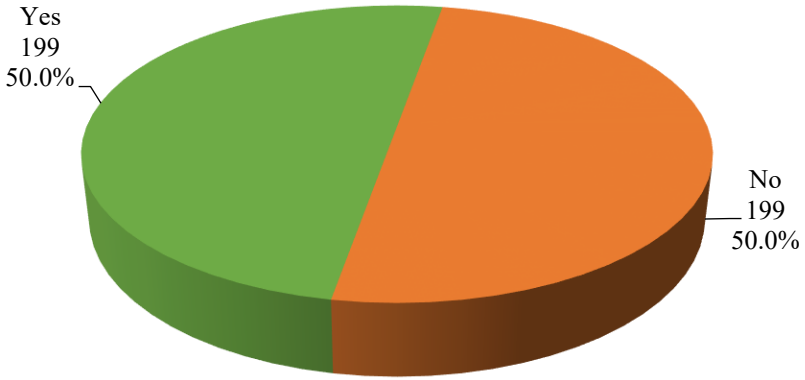
## *Staff Cultural Humility Survey*

Comparison Between 2021, 2022, 2023 and 2024 Survey Results

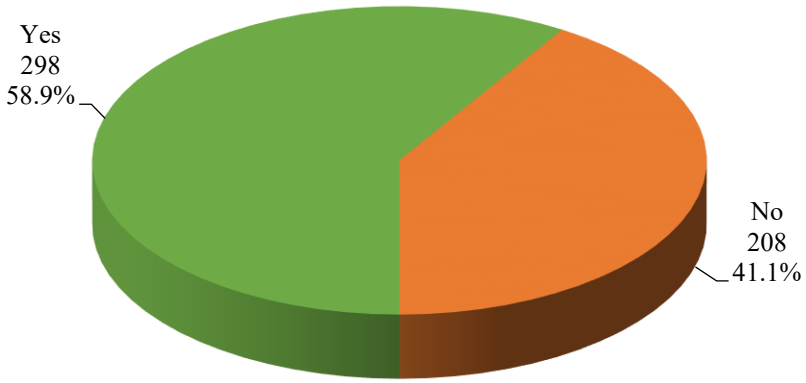
***2021 Are you a family member of a person with lived Substance Use Disorder experience? (N=448)***



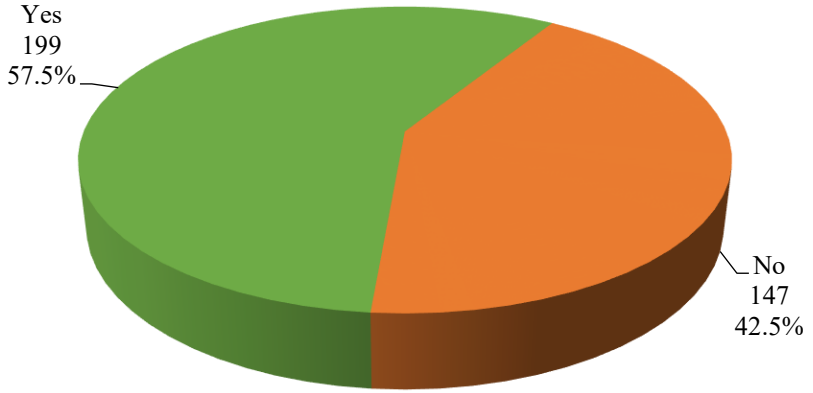

***2022 Are you a family member of a person with lived Substance Use Disorder experience? (N=398)***




***2023 Are you a family member of a person with lived Substance Use Disorder experience? (N=506)***




***2024 Are you a family member of a person with lived Substance Use Disorder experience? (N=346)***






Produced by I.D.E.A. Consulting
ncallahan.idea@gmail.com (530) 304-5600

# Appendix F: PEI Three Year Outcomes and Performance Report

# MHSA: PEI: Three Year Outcomes and Performance Report

# (Years: 2021-2022-2023)

**Program Name:** Blue Sky Wellness Center

**PEI Classification:** Prevention and Early Prevention

**Report Year:** 2021-2022

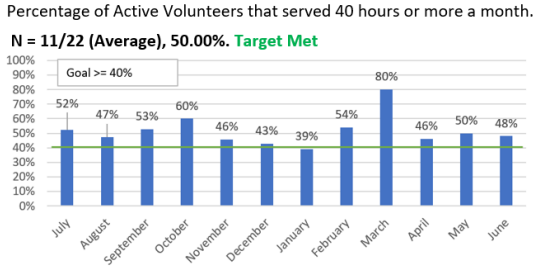
**Outcomes: Measuring the Reduction of Negative Outcomes Report:**

*For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d), that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the program.*

(1) Suicide.

Below section describes Blue's Sky's efforts in reducing suicide in their client population along with their goals and outcomes.

- Blue Sky trains all team members in teaching and coaching the Wellness Recovery Action Plan (WRAP) model for everyday living. Trainers are encouraged to adhere to the WRAP values and ethics, including ways for members to utilize WRAP in their own lives and practicing self-regulation skills. Their "Choices and Options" are determined by the members with empowerment as the goal.
- Peers embrace peers by sharing their experience, strength, and hope by illustrating what recovery looks like and that it is achievable.
- All Blue Sky members have a safety plan so that they can detect a breakdown in their coping skills to respond before a mental health crisis occurs.
- *1.5 Goal Indicator: 40% of active volunteers serve 40 hours or more a month. (Effectiveness)*
    - Volunteers at Blue Sky gained confidence by giving them the change to try something new and build a sense of achievements while learning new skills being involved with their community.




- *1.6 Goal Indicator: Support Group and Activity Check-ins represent 60% of the total Check-ins at Blue Sky. (Effectiveness)*

- Clients at Blue Sky work towards their wellness recovery by participating in various support group/activities.

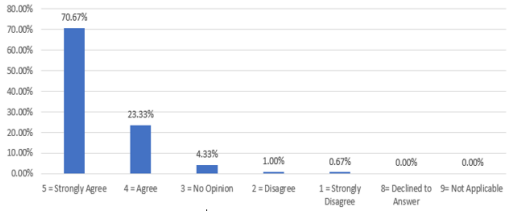
Percentage Improvement in Client Involvement/ Participation in Support Group/ Activities
**N =12,803/13,985, 91.55%. Target Met**
**(Activity + Support)/Total Check-Ins**

| | |
|---|---|
| Total Check-Ins (Regular) | 13,985 |
| Regular Activity Group | 5829 |
| Regular Support Group (Without the Engagement) | 6974 |
| **% of Compliance** | **91.55%** |

Note: In addition to have various Wellness and Recovery Support Groups/Activities, WRAP Training is offered to Consumers Semi-Monthly on a voluntary basis.

- *1.8 Goal Indicator: 80% of members state that services provided by Blue Sky have been a positive influence in their lives. (Satisfaction and Feedback)*
  - Clients state that services provided by Blue Sky have been a positive influence in their lives.

Percentage of Clients who responded "Agree" or "Strongly Agree" to a positive Influence in their lives
**N = 300, 94.00%. Target Met**




(4) Unemployment.

Below section describes Blue's Sky's efforts in reducing unemployment in their client population along with their goals and outcomes.

- Blue Sky supports the foundation that members can and do thrive in recovery and wellness, and that they can become contributing members of society when supported and allowed to do so.
- Some of Blue Sky's collaborative partners in the community that best supports these members whom need guidance on employment are: California Department of Health and Human Services (DHHS), Social Security, American Payee, Supportive Employment Education and Employment Services (SEES), Equal Opportunities Commission (EOC)-Work Force Connection and Employment Development Department (EDD), Poverello House, Catholic Charities, and Fresno Rescue Mission.
- *1.4 Goal Indicator: 50% of active volunteers engage in pre-employment/job readiness program. (Effectiveness)*
  - The volunteer logs reported 50% of active volunteers engaged in pre-employment job readiness program.

Percentage of Active Volunteers that engaged and participated in pre - employment/job readiness programs.

**N = 25/25, 100%.** **Target Met**

| Blue Sky Volunteer Summary | | |
|---|---|---|
| Volunteer Participation in Career Readiness | | |
| Total Volunteers | 25 | |
| Volunteer Career Participation | 2<br>5 | 100<br>% |
| Non-Participating Volunteers | 0 | 0% |

| Qualifying Activities |
|---|
| Computer |
| Event/POD |
| Volunteer Meeting |
| Volunteer Training |
| Vocational Skills |
| PAC |

(5) Prolonged suffering.

Below section describes Blue's Sky's efforts in the reduction of prolonged suffering in their client population along with their goals and outcomes.

- Blue Sky offers a wellness, recovery, and resiliency center that provides peer driven education, stigma reduction, social activities, and opportunities, volunteer opportunities, and support activities to address mental illness and/or behavioral health challenges to achieve recovery and wellness.
- Blue Sky's Peer Advisory Committee (PAC) meets monthly, steers the planning for groups and activities as well as implementation of prevention and early intervention activities from the member and their family members.
- *1.3 Goal Indicator: Blue Sky will offer a minimum of 20 support groups/activities each week. (Access)*
    - Blue Sky's goal is to offer a minimum of 20 support group/activities each week. Blue Sky developed and maintained a monthly calendar of planned support group/activities for Clients to participate. The data source indicated the target was met using the Blue Sky Wellness Center Monthly Event Calendar.
    - Number of Support Groups/Activities offered each week:
    - N= 31, Target Met
- *1.6 Goal Indicator: Support Group and Activity Check-ins represent 60% of the total Check-ins at Blue Sky. (Effectiveness)*
    - Client Involvement in Support/Group Activities reported 60% of check-ins were recorded, clients worked toward their wellness recovery by participating in various support group/activities.

Percentage Improvement in Client Involvement/ Participation in Support Group/ Activities

**N =12,803/13,985, 91.55%.** **Target Met**

**(Activity + Support)/Total Check-Ins**

| | |
|---|---|
| Total Check-Ins (Regular) | 13,985 |
| Regular Activity Group | 5829 |
| Regular Support Group (Without the Engagement) | 6974 |
| **% of Compliance** | **91.55%** |

Note: In addition to have various Wellness and Recovery Support Groups/Activities, WRAP Training is offered to Consumers Semi-Monthly on a voluntary basis.

- *1.7 Goal Indicator: 50% of Support Group Check-ins include individualized one on one engagement with members. (Effectiveness)*

- Survey shows 50 % of Support Group Check-Ins include individualized one on one engagement with the clients. Staff at Blue Sky engage one on one with clients to offer individualized support by teaching them coping skills, offer active listening and providing linkages to community resources.

Percentage of Clients who engaged in individualized support.

**N = 22,664/31,379, 72% Compliance. Target Met**

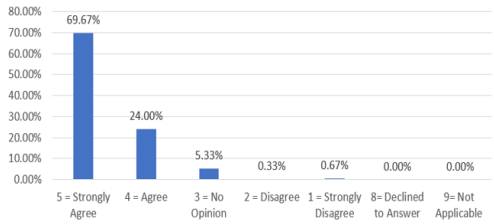
**(Regular Engagement + Remote Engagement)/Total Support Group**

| Type of Support Group | # Clients Served | Percentage |
|---|---|---|
| Regular Support Group | 6,974 | 22.23% |
| Remote Support Group | 1,741 | 5.55% |
| Regular Engagement | 20,631 | 65.75% |
| Remote Engagement | 2,033 | 6.48% |
| **Total Support Group Check-Ins** | **31,379** | **100.00%** |

- *1.9 Goal Indicator: 80% of members state that Blue Sky is an important factor in maintaining their Wellness and Recovery. (Satisfaction and Feedback)*
  - Using the client satisfaction surveys 80% of Clients state that Blue Sky is an important factor in maintaining their wellness and recovery.

Percentage of Clients who responded "Agree" or "Strongly Agree" to maintaining Wellness and Recovery

**N = 300, 93.67%. Target Met**




(6) Homelessness.

Below section describes Blue's Sky's efforts in reducing homelessness in their client population.

- With Blue Sky's integrated services, it provides expedited needed care with the help of their collaborative partners.
  - Some listed are: RH Builders, RI International, Turning Point of Central California, West Care, Exodus, Community Behavioral Health Center (CBHC), Housing Authority, Room and Boards, Board and Care Homes, Fresno Area Express (FAX), Handy Ride, In-Home Supportive Services (IHSS), General Relief (Social Services Dep.), California Department of Health and Human Services (DHHS)
- A full time Recovery Resource Coordinator position provides linkage to other services to address basic needs for members. Many members are linked to the programs for an assessment and to access needed mental health case management, psychotropic medication, and housing services.

(7) Removal of children from their homes.

Below section describes Blue's Sky's efforts in reducing the removal of children from their homes in their client population.

- One main focus of Blue Sky's program offers individual/family-driven, Wellness and Recovery, Resiliency-Focused Services.
- Support for family members and other support persons of individuals living with mental illness is one of the main components to the wellness and recovery for client populations being served through MHSA.
- Blue Sky provides space for the National Alliance on Mental Illness (NAMI) for family support groups.
- Blue Sky's Peer Advisory Committee (PAC) meets monthly, steers the planning for groups and activities as well as implementation of prevention and early intervention activities from the member and their family members.

# MHSA: PEI: Three Year Outcomes and Performance Report

# (Years: 2021-2022-2023)

**Program Name:** Westside Youth Empowerment Center (YEC)

**PEI Classification:** Prevention and Early Intervention

**Report Year:** 2021-2022

**Outcomes: Measuring the Reduction of Negative Outcomes Report:**

*For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d), that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the program.*

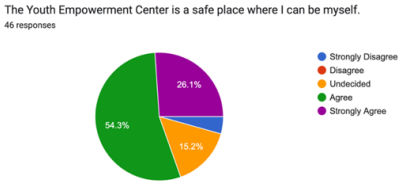
(1) Suicide.

Below provides YEC's efforts in the reduction of suicide in their client population along with describing their goals and outcomes.

- *1.5 Goal Indicator: At least 85% of the youth will report feeling safe to be themselves. (Domain: Youth Satisfaction – Safety)*
    - Survey relied on the activities included in the YEC program: arts, crafts, sports, nutrition and fitness, mental health, social connections, and exposure to different environments.

Percentage of youth who expressed feeling safe to be themselves.

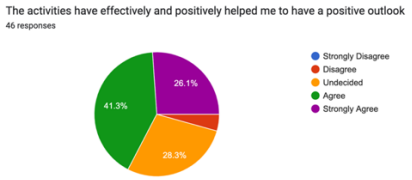
N= 37/43= 86% **Achieved our Goal**




- *1.6 Goal Indicator: At least 80% of the youth have a positive outlook. (Domain: Youth Satisfaction – Positivity)*
    - Survey relied on the activities included in the YEC program: arts, crafts, sports, nutrition and fitness, mental health, social connections, and exposure to different environments.

Percentage of youth who expressed having a positive outlook.

N 31/43= 72% **Did not achieve our goal**



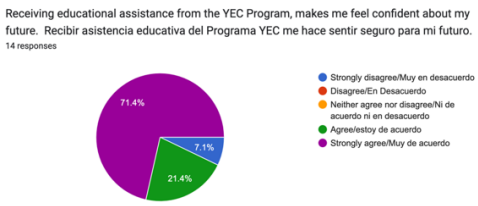

(2) <u>School failure or dropout.</u>

Below provides YEC's efforts in the reduction of school failure or dropout in their client population along with describing their goals and outcomes.

- YEC Program works with families as a system to prevent or reduce negative outcomes from unaddressed mental health issues in youth.
- YEC target population: Children and youth ages (10-13), adolescents ages (14-17) and Transitional Age Youth ages (18-24) who reside in the rural westside of Fresno County in communities such as Huron, Coalinga, Kerman, Mendota, and Firebaugh.
- Through educational activities and resource connection YEC assist youth that might be going through a hard time.
- YEC provides tools that might help them in their future to become self-sufficient.
- *1.8 Goal Indicator: At least 80% of youth feel confident about their future. (Domain: Satisfaction- confidence in their future)*
    - Survey was provided to students who are enrolled in college or are in the path of obtaining an education.
    - Survey also includes youth who have been referred for mental health services (MHS).

Percentage of youth who shared feeling confident about their future.

N=13/14= 93% **Achieved our goal**




- *1.9 Goal indicator: At least 75% of youth report feeling less stressed. (Domain: Satisfaction- Stress Reduction)*
    - Survey was provided to students who are enrolled in college or are in the path of obtaining an education.
    - Survey also includes youth who have been referred for mental health services (MHS).

Percentage of youth who expressed feeling less stressed

N= 14/14= 100% **Achieved our goal**

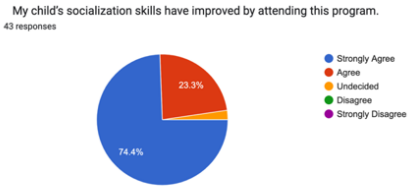



(3) Unemployment.

Below provides YEC's efforts in the unemployment in their client population along with describing their goals and outcomes.

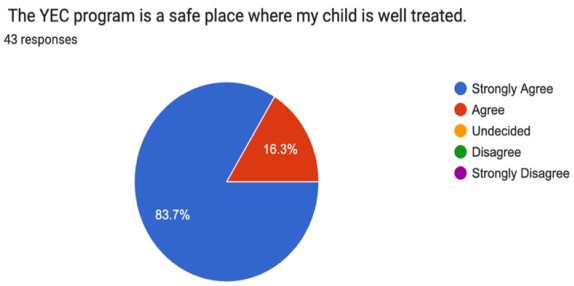
- YEC empowers their target population to become self sufficient for their future by providing tools and educational activities.
- *2.1 Goal Indicator: 90% of parents will report improvement in their child's socialization skills. (Domain: Effectiveness – Socialization Skills)*
    - Survey was provided to all minor's parents who attended the YEC program.

N=42/43 = 98% **Achieved our goal**




Data source: Parent Survey results

- *2.3 Goal Indicator: 85% of parents will report improvement in their child's communication skills. (Domain: Effectiveness – Communication Skills and feedback)*
    - Survey was provided to all minor's parents who attended the YEC program.



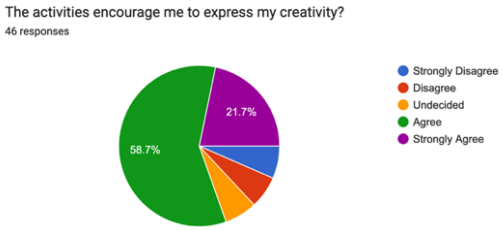

(4) Prolonged suffering.

Below provides YEC's efforts in the reducing prolonged suffering in their client population along with describing their goals and outcomes.

- *1.3 Goal Indicator: At least 65% felt encouraged to express their creativity through the activities in the YEC program. (Domain: Satisfaction – Creativity)*
    - Survey relied on the activities included in the YEC program: arts, crafts, sports, nutrition and fitness, mental health, social connections, and exposure to different environments.

Percentage of youth who were surveyed and expressed being encouraged to express their creativity.

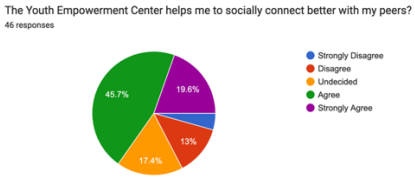
N= 37/43= 86% **Achieved our Goal**




- *1.4 Goal Indicator: At least 70% of the youth are socially connected with their peers. (Domain: Youth Satisfaction – Social Connections)*
    - Survey relied on the activities included in the YEC program: arts, crafts, sports, nutrition and fitness, mental health, social connections, and exposure to different environments.

Percentage of youth who reported being helped with being socially connected with their peers.

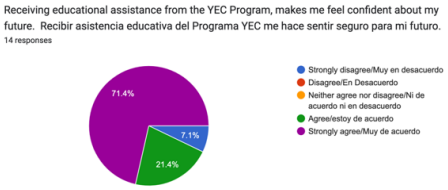
N= 37/43= 86% **Achieved our Goal**




- *1.8 Goal Indicator: At least 80% of youth feel confident about their future. (Satisfaction- confidence in their future)*
    - Survey was provided to students who are enrolled in college or are in the path of obtaining an education.
    - Survey also includes youth who have been referred for mental health services (MHS).

Percentage of youth who shared feeling confident about their future.

N=13/14= 93% **Achieved our goal**



- *1.9 Goal indicator: At least 75% of youth report feeling less stressed. (Domain: Satisfaction- Stress Reduction)*
    - Survey was provided to students who are enrolled in college or are in the path of obtaining an education.
    - Survey also includes youth who have been referred for mental health services (MHS).

Percentage of youth who expressed feeling less stressed

N= 14/14= 100% **Achieved our goal**



# MHSA: PEI: Three Year Outcomes and Performance Report

# (Years: 2021-2022-2023)

**Program Name:** The Fresno Center (Culturally Based Access Navigation Support Program (CBANS)

**PEI Classification:** Access and Linkage

**Report Year:** 2022-2023

**Outcomes: Access and Linkage to treatment:**

*For each Strategy or Program to provide Access and Linkage to Treatment the County shall track:*

*(1) Number of referrals as defined in subdivision (b)(3)(F) of section 3560.010 to treatment, and kind of treatment to which person was referred.*

- CBANS reports only their number of Linkages and Referrals as their target goal #2.
  - Linkages: 11,239
    - Linkage refers to connecting someone to a resource beyond CBANS *without* a "referral form".
  - Referrals: 1,361
    - Referrals refers to connecting someone to a resource beyond CBANS via a *completed* referral form.
  - Averaging 9 linkages and 1 referral per individual
- CBANS does not report the kind of treatment was established with each referral rendered. However, a list is provided on where most common linkages/referrals were from:
  - Mental Wellness Programs/Classes
  - Food Access/Food Pantries
  - Utility Support
  - Health Care Access
  - Immigration
  - Covid Support/Information
  - Rental/Housing Assistance
- CBANS's reporting outcome measures, both qualitative and quantitative measures are used to track program data and outcomes. The information collected is input into a centralized client database.
  - Below are each of the items of collected information that relates best with defining the number of referrals and kind of treatments rendered.
    - Intake Form
      - *Used when client needs more than information, for those who may have more than one linkage/referral need and may require ongoing support and follow-up.*
    - Needs Assessment Form
      - *Used to help assess client needs (i.e. what is important to and for the client). Peer Support Specialist and client identify client strengths, circle of support, currently utilized*

*services, services needed, as well as explore barriers that may interfere with accessing services (i.e. transportation, childcare, etc.)*

- Referral Form
    - *Captures referral date, where client was referred, client name/ address/contact information, name of person making referral, their organization/ address/contact information, reason for referral, and any special information (i.e. language needs, transportation difficulties, appointment availability, etc.)*

*(2) Number of persons who followed through on the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.*

*(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.*

- CBANS reports their number of persons who followed through on the referral defined in their goal #3.
- This goal conducts follow ups and check ins with individuals served for referrals and linkages to ensure services were appropriately provided, effective, and received in a timely manner and at the preference of the individual served.
    - This target was met, desired follow up was tracked in the notes section of the "Client Intake Form" and details of subsequent follow up/check-ins were captured in the "Description Service Log."
    - Differences in case-noting make it challenging to consolidate themes across staff.
    - Participant feedback is gathered via a Client Satisfaction Survey.
        - In order to gather feedback directly from clients, a Client Satisfaction Survey was administered randomly both in person and by telephone. A total of *261 clients* completed the survey.
- CBANS's reporting outcome measures, both qualitative and quantitative measures are used to track program data and outcomes. The information collected is input into a centralized client database.
    - Below are each of the items of collected information that relates best with defining the number of persons who followed through on their referrals and engaged in the treatment.
        - Description Service Log
            - *Captures detail of services provided to help track timely access/follow-up: 1) Date of Intake/referral, access of referral, and wellness follow up/check-in, 2) Notes on services provided, and 3) who assisted client in services.*

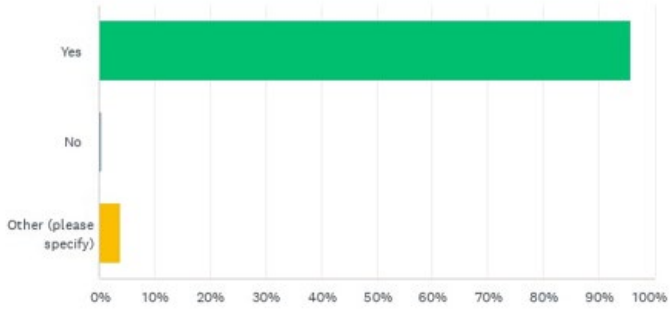
*(3) Duration of untreated mental illness.*

*(A) Duration of untreated mental illness shall be measured for persons who are referred as defined in subdivision (b)(3)(F) of section 3560.010 to treatment and who have not previously received treatment as follows:*

*1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.*

*(B) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.*

- There was no duration of untreated mental illness reported, however there is a section within the Client Satisfaction Survey Question #6: which reports the effectiveness/accessibility:
    - Question asked: "Did working with us help you access services faster than on your own?"
    - More than 96% of clients surveyed responded affirmatively to this question, indicating working with a CBANS staff helped them increase timely access to services. Less than 1% (.4%) indicated "no."




*(4) The interval between the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engagement in treatment, defined as participating at least once in the treatment to which referred.*

*(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.*

- CBANS does not report any findings regarding the interval between the referred and engagement in treatment.

**<u>Outcome Analysis of the Program:</u>**

- Feedback was provided from CBANS to help improve measuring their outcomes.

- Below are some of the challenges explained that are relative to Access and Linkage's to Treatment outcomes:
  - For the program's effectiveness:
    - CBANS responded: "*It would help to add a more concrete mental health measure at the onset of services and at the close of services as a pre/post measure of service impact on mental health. It may also be useful to embed more ways to measure "timely access." Once CBANS can access the RAND PEI data tracking system, some of the most critical areas most relevant to PEI program effectiveness will be better captured and explained. Additionally, having a Data Specialist on board will also help the program better structure and streamline the existing data collection process.*"
  - Changes to the program to help improve outcomes:
    - CBANS responded: "*Helpful to offer a more competitive wage for open positions to get program fully staffed. Having more staff would allow more time for detailed documentation of how we are impacting "timely access". Having a RAND PEI data tracking system ready for use by the team.*"

# MHSA: PEI: Three Year Outcomes and Performance Report

# (Years: 2021-2022-2023)

**Program Name:** Multi-Agency Access Program (MAP)

**PEI Classification:** Access and Linkage

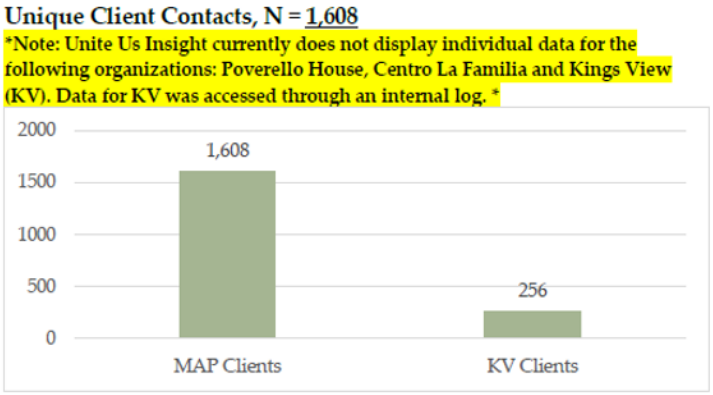
**Report Year:** 2022-2023

**Outcomes: Access and Linkage to treatment:**

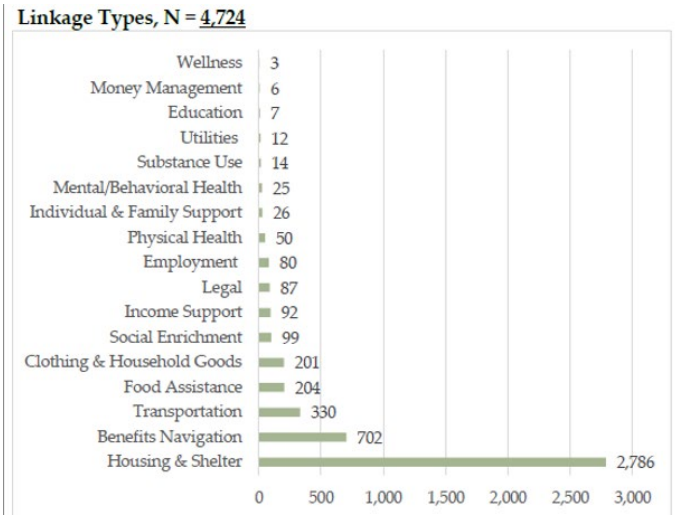
*For each Strategy or Program to provide Access and Linkage to Treatment the County shall track:*

*(1) Number of referrals as defined in subdivision (b)(3)(F) of section 3560.010 to treatment, and kind of treatment to which person was referred.*

- MAP's QI department will collect and monitor the number of clients served.
- MAP Navigators assist the clients with ensuring they have a linked service provider and that they are successful.
- MAP reported having 1,608 clients



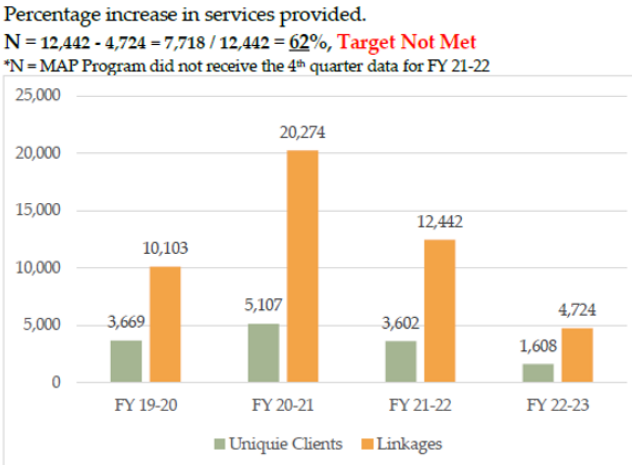

- Below shows the graph of the Linkage types with the total number of Linkages reported.



*(2) Number of persons who followed through on the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.*

*(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.*

- MAP's QI department identified if linkages were successful through survey completion using the Community Screening Tool.
- *Goal indicator #2.1 Linkages for Initial Contacts* reports that QI department will collect and monitor the number of initial contact and linkages. To ensure MAP screening tool is complete and linkage plan is created for each client.
    - However, there is no number reported in the performance measures.
- *Goal Indicator #2.3 Access to services goal*
    - The FY 22-23 number of engaged clients that were followed up to ensure successful linkage was made is equivalent to graph shown below in this measure.




*(3) Duration of untreated mental illness.*

*(A) Duration of untreated mental illness shall be measured for persons who are referred as defined in subdivision (b)(3)(F) of section 3560.010 to treatment and who have not previously received treatment as follows:*

*1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.*

*(B) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.*

- There was no duration of untreated mental illness reported.

**Outcome Analysis of the Program:**

- MAP identified Outcome Measures that are being used and below are specific data that would be useful for measuring the Access and Linkage's to Treatment components:
  - Common linkage types
  - Number of new clients
  - Timeliness of linkages
  - Number of persons served

# MHSA: PEI: Three Year Outcomes and Performance Report

# (Years: 2021-2022-2023)

**Program Name:** The Fresno Center (Holistic Wellness Program – HWP)

**PEI Classification:** Prevention and Early Intervention

**Report Year:** 2022-2023

**Outcomes: Measuring the Reduction of Negative Outcomes Report:**

*For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d), that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the program.*

(1) Suicide.

Listed below are HWP's specific goals and outcomes that benefited the reduction of suicide in their client population.

- *The HWP's Objective 1: "Provide educational activities related to healing practices which focus on holistic approaches to wellness and recovery."*
    - Mind/Spirit wellness activities include but are not limited to: Support Groups (i.e. Akoma, Samakhee, Sabay/Sabay, Platicas, and Mending Souls), Healing Arts & Crafts, Healing Garden, and Meditation/Relaxation.
    - These activities focus on mind/spirit wellness and offered through virtual platforms such as: zoom, YouTube webinars, and or Facebook Live.
    - ✓ Target Goal: 5000 participants per year
    - ✓ Outcome: 20,754 participants/views. There was a total of 699 activities offered.
        - *For virtual activities, "Sign-In Sheets"/(attendance) was tracked by documenting the usernames visible on the screen and asking participants to input their name in chat box, counting numbers of people who joined the Holistic Center Facebook Groups (through which activities are provided), and numbers of people viewing/subscribing to the Holistic Center YouTube channel.*
- *The HWP's Objective 7: "Conduct Mental Health Workshops."*
    - The HWP workshops/activities dealt with the topic of mental health, signs and symptoms, and tools/resources how to help someone who is dealing with a mental health issue as the stand alone focus of the activity.
    - Here are some specific topics discussed:
        - *Depression in Older Adults (Khmer)*
        - *How to Manage Stress (Khmer)*
        - *Mental Health Education and Depression Awareness for Youth (English/Lao)*
        - *Storytelling for Wellness (AAPI Month)*

- *"Saving Lives" Piggy Bank—Suicide Prevention Awareness (Hmong/English/Spanish)*
- *Myths and Facts about Mental Health (Spanish)*
- *Teen Suicide: What Parents Need to Know (Spanish)*

✓ Target goal: 6 workshops per year

✓ Outcome: 57 outreach events/partnerships were conducted

(2) Prolonged suffering.

Listed below are HWP's goals and outcomes that benefited the reduction of prolonged suffering in their client population.

- *The HWP's Objective 1: "Provide educational activities related to healing practices which focus on holistic approaches to wellness and recovery."*
  - Mind/Spirit wellness activities include but are not limited to: Support Groups (i.e. Akoma, Samakhee, Sabay/Sabay, Platicas, and Mending Souls), Healing Arts & Crafts, Healing Garden, and Meditation/Relaxation.
  - These activities focus on mind/spirit wellness and offered through virtual platforms such as: zoom, YouTube webinars, and or Facebook Live.

  ✓ Target Goal: 5000 participants per year

  ✓ Outcome: 20,754 participants/views. There were a total of 699 activities offered.
    - *For virtual activities, "Sign-In Sheets"/(attendance) was tracked by documenting the usernames visible on the screen and asking participants to input their name in chat box, counting numbers of people who joined the Holistic Center Facebook Groups (through which activities are provided), and numbers of people viewing/subscribing to the Holistic Center Youtube channel.*
- *The HWP's Objective 2: "Provide education related to behavioral health and physical health service integration. (Mindful Body Movement and Exercise classes.)"*
  - The focus was on physical health with the integration of behavioral health.
  - These activities were offered virtually via Zoom or Webinars.
  - Activities included: "Holistic Center Zumba," "Holistic Center Strong Body/Strong Mind" (for Tabata Beginner and Intermediate/Advanced and Chair-based Strength Training Beginner and Intermediate, and "Holistic Center Yoga and Meditation" for Yoga (Spanish and English), and Chair-based Yoga.).

  ✓ Target Goal: 5000 participants per year

  ✓ Outcome: There was a total of 501 activities with a total of 17,422 participants/views reported. To track participants, they were the number of joined members of each group through offered portal.

  ✓ Survey Outcome: About 23% of Survey respondents indicated that they participated in a physical health activity.
    - 99.14% of the clients endorsed either "Strongly Agree" or "Agree" indicating that their participation in the activity helped them be more physically active.

- 100% of the clients endorsed "Strongly Agree" or "Agree" indicating that their participation in the activity positively impacted their general health and overall well-being.
- 65.91% of the clients that participated in a Physical Health Activity endorsed either "Strongly Agree" or "Agree" that their participation in the Physical Health activity improved their Emotional well-being.

- *The HWP's Objective 3: "Provide educational activities related to holistic approaches to wellness/recovery by experts." (Cross Cultural Workshops and Complementary Healer Workshops)."*
  - *Some workshops that defined wellness and recovery:*
    - *A Journey of Healing Through Art*
    - *Healing through EMDR with Alpha Behavioral Counseling Center*
    - *Heart Space and Healing*
  - ✓ Target Goal: 6 workshops/Trainings per year.
  - ✓ *Outcome: 17 workshops were conducted. (8 Cross Cultural Workshops and 9 Complementary Healer Workshop)*
  - ✓ *Survey Outcomes: For those who participated in an Educational Workshops (i.e. Cross Cultural, Complementary Healer, and Mental Health workshops.*
    - *97.94% of the clients endorsed either "Strongly Agree" or "Agree" indicating that their participation in a Complementary Healer Workshop helped them identify (content of that particular workshop) as a stress reliever and/or pathway to healing and helped them maintain their wellbeing.*
    - *97.98% of the clients endorsed "Strongly Agree" or "Agree" to the statement, "Participating in this workshop will help you maintain your health and well-being."*
- *The HWP's Objective 7: "Conduct Mental Health Workshops."*
  - The HWP workshops/activities dealt with the topic of mental health, signs and symptoms, and tools/resources how to help someone who is dealing with a mental health issue as the stand alone focus of the activity.
  - Here are some specific topics discussed that are related to reduced prolong suffering:
    - *Depression in Older Adults (Khmer)*
    - *How to Manage Stress (Khmer)*
    - *Mental Health Education and Depression Awareness for Youth (English/Lao)*
    - *Storytelling for Wellness (AAPI Month)*
    - *Myths and Facts about Mental Health (Spanish)*
  - ✓ Target goal: 6 workshops per year
  - ✓ Outcome: 57 outreach events/partnerships were conducted

(3) <u>Homelessness.</u>

- Holistic Center clients receive support for services that may help reduce homelessness:
  - assistance with reducing their telephone or PG&E bill, rental/mortgage assistance, support with medi-cal enrollment, health advocacy, mental

health peer support (English, Spanish, and Hmong) and clinical mental health services (Southeast Asian Clients) as well as a monthly fresh food pantry.

# MHSA: PEI: Three Year Outcomes and Performance Report

# (Years: 2021-2022-2023)

**Program Name:** Blue Sky Wellness Center

**PEI Classification:** Prevention and Early Intervention

**Report Year:** 2022-2023

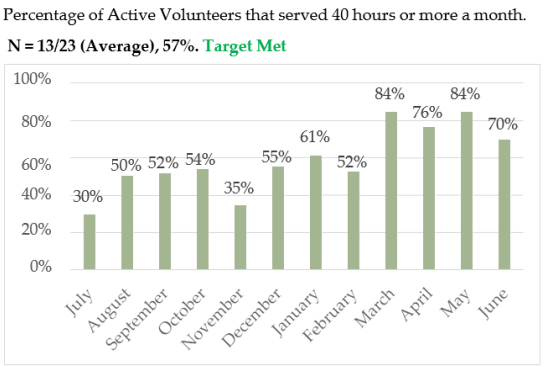
**Outcomes: Measuring the Reduction of Negative Outcomes Report:**

*For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d), that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the program.*

(1) Suicide.

Below section describes Blue's Sky's efforts in reducing suicide in their client population along with their goals and outcomes.

- Blue Sky trains all team members in teaching and coaching the Wellness Recovery Action Plan (WRAP) model for everyday living. Trainers are encouraged to adhere to the WRAP values and ethics, including ways for members to utilize WRAP in their own lives and practicing self-regulation skills. Their "Choices and Options" are determined by the members with empowerment as the goal.
- Peers embrace peers by sharing their experience, strength, and hope by illustrating what recovery looks like and that it is achievable.
- All Blue Sky members have a safety plan so that they can detect a breakdown in their coping skills to respond before a mental health crisis occurs.
- *1.5 Goal Indicator: 40% of active volunteers serve 40 hours or more a month. (Effectiveness)*
    - Volunteers at Blue Sky gained confidence by giving them the change to try something new and build a sense of achievements while learning new skills being involved with their community.



- *1.6 Goal Indicator: Support Group and Activity Check-ins represent 60% of the total Check-ins at Blue Sky. (Effectiveness)*
    - Clients at Blue Sky work towards their wellness recovery by participating in various support group/activities.

`+

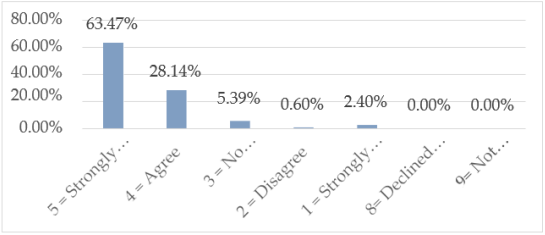
Percentage Improvement in Member Involvement/ Participation in Support Group/ Activities
**N =15,661/15,637, 100 %.** Target Met
**(Activity + Support)/Total Check-Ins**

| | |
|---|---|
| Total Check-Ins (Regular) | **15637** |
| Regular Activity Group | 6902 |
| Regular Support Group (Without the Engagement) | 8758 |
| **% of Compliance** | **100%** |

Note: In addition to having various Wellness and Recovery Support Groups/Activities, WRAP Training is offered to Consumers Semi-Monthly on a voluntary basis.

- *1.8 Goal Indicator: 80% of members state that services provided by Blue Sky have been a positive influence in their lives. (Satisfaction and Feedback)*
    - Clients state that services provided by Blue Sky have been a positive influence in their lives.

Percentage of Members who responded "Agree" or "Strongly Agree" to a positive Influence in their lives
**N = 312, 91.62%.** Target Met




(4) Unemployment.

Below section describes Blue's Sky's efforts in reducing unemployment in their client population along with their goals and outcomes.

- Blue Sky supports the foundation that members can and do thrive in recovery and wellness, and that they can become contributing members of society when supported and allowed to do so.
- Some of Blue Sky's collaborative partners in the community that best supports these members whom need guidance on employment are: California Department of Health and Human Services (DHHS), Social Security, American Payee, Supportive Employment Education and Employment Services (SEES), Equal Opportunities Commission (EOC)-Work Force Connection and Employment Development Department (EDD), Poverello House, Catholic Charities, and Fresno Rescue Mission.
- *1.4 Goal Indicator: 50% of active volunteers engage in pre-employment/job readiness program. (Effectiveness)*
    - The volunteer logs reported 50% of active volunteers engaged in pre-employment job readiness program.

Percentage of Active Volunteers that engaged and participated in pre - employment/job readiness programs.

**N = 19/19, 100%. Target Met**

| Blue Sky Volunteer Summary | | |
|---|---|---|
| Volunteer Participation in Career Readiness | | |
| Total Volunteers | 22 | |
| Volunteer Career Participation | 19 | 86% |
| Non-Participating Volunteers | 3 | 14% |

| Qualifying Activities |
|---|
| Computer |
| Event/POD |
| Volunteer Meeting |
| Volunteer Training |
| Vocational Skills |
| PAC |

(5) Prolonged suffering.

Below section describes Blue's Sky's efforts in the reduction of prolonged suffering in their client population along with their goals and outcomes.

- Blue Sky offers a wellness, recovery, and resiliency center that provides peer driven education, stigma reduction, social activities, and opportunities, volunteer opportunities, and support activities to address mental illness and/or behavioral health challenges to achieve recovery and wellness.
- Blue Sky's Peer Advisory Committee (PAC) meets monthly, steers the planning for groups and activities as well as implementation of prevention and early intervention activities from the member and their family members.
- *1.3 Goal Indicator: Blue Sky will offer a minimum of 20 support groups/activities each week. (Access)*
    - Blue Sky's goal is to offer a minimum of 20 support group/activities each week. Blue Sky developed and maintained a monthly calendar of planned support group/activities for Clients to participate. The data source indicated the target was met using the Blue Sky Wellness Center Monthly Event Calendar.
    - Number of Support Groups/Activities offered each week:
        - N= 35, Target Met
- *1.6 Goal Indicator: Support Group and Activity Check-ins represent 60% of the total Check-ins at Blue Sky. (Effectiveness)*
    - Client Involvement in Support/Group Activities reported 60% of check-ins were recorded, clients worked toward their wellness recovery by participating in various support group/activities.

Percentage Improvement in Member Involvement/ Participation in Support Group/ Activities

**N =15,661/15,637, 100 %. Target Met**

**(Activity + Support)/Total Check-Ins**

| | |
|---|---|
| Total Check-Ins (Regular) | **15637** |
| Regular Activity Group | 6902 |
| Regular Support Group (Without the Engagement) | 8758 |
| **% of Compliance** | **100%** |

Note: In addition to having various Wellness and Recovery Support Groups/Activities, WRAP Training is offered to Consumers Semi-Monthly on a voluntary basis.

- *1.7 Goal Indicator: 50% of Support Group Check-ins include individualized one on one engagement with members. (Effectiveness)*
    - Survey shows 50 % of Support Group Check-Ins include individualized one on one engagement with the clients. Staff at Blue Sky engage one on one with clients to offer individualized support by teaching them coping skills, offer active listening and providing linkages to community resources.

Percentage of Members who engaged in individualized support.

**N = 29850/40321, 74.03% Compliance. Target Met**

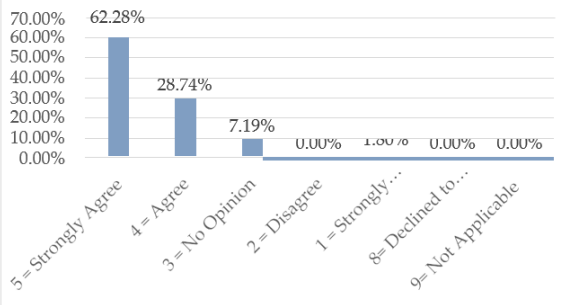
**(Regular Engagement + Remote Engagement)/Total Support Group**

| Type of Support Group | # Clients Served | Percentage |
|---|---|---|
| Regular Support Group | 8758 | 21.72% |
| Remote Support Group | 1713 | 4.24% |
| Regular Engagement | 27,799 | 68.94% |
| Remote Engagement | 2051 | 5.08% |
| **Total Support Group Check-Ins** | **40321** | **100.00%** |

- *1.9 Goal Indicator: 80% of members state that Blue Sky is an important factor in maintaining their Wellness and Recovery. (Satisfaction and Feedback)*
    - Using the client satisfaction surveys 80% of Clients state that Blue Sky is an important factor in maintaining their wellness and recovery.

Percentage of Members who responded "Agree" or "Strongly Agree" to maintaining Wellness and Recovery

**N = 312, 91.02%. Target Met**




(6) Homelessness.

Below section describes Blue's Sky's efforts in reducing homelessness in their client population.

- With Blue Sky's integrated services, it provides expedited needed care with the help of their collaborative partners.
    - Some listed are: RH Builders, RI International, Turning Point of Central California, West Care, Exodus, Community Behavioral Health Center (CBHC), Housing Authority, Room and Boards, Board and Care Homes, Fresno Area Express (FAX), Handy Ride, In-Home Supportive Services (IHSS), General Relief (Social Services Dep.), California Department of Health and Human Services (DHHS)
- A full time Recovery Resource Coordinator position provides linkage to other services to address basic needs for members. Many members are linked to the programs for an assessment and to access needed mental health case management, psychotropic medication, and housing services.

(7) Removal of children from their homes.

Below section describes Blue's Sky's efforts in reducing the removal of children from their homes in their client population.

- One main focus of Blue Sky's program offers individual/family-driven, Wellness and Recovery, Resiliency-Focused Services.
- Support for family members and other support persons of individuals living with mental illness is one of the main components to the wellness and recovery for client populations being served through MHSA.
- Blue Sky provides space for the National Alliance on Mental Illness (NAMI) for family support groups.
- Blue Sky's Peer Advisory Committee (PAC) meets monthly, steers the planning for groups and activities as well as implementation of prevention and early intervention activities from the member and their family members.

# MHSA: PEI: Three Year Outcomes and Performance Report

# (Years: 2021-2022-2023)

**Program Name:** Westside Youth Empowerment Center (YEC)

**PEI Classification:** Prevention and Early Intervention

**Report Year:** 2022-2023

**Outcomes: Measuring the Reduction of Negative Outcomes Report:**

*For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d), that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the program.*

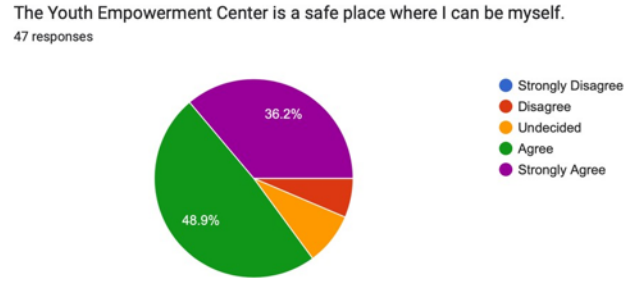
(1) Suicide.

Below provides YEC's efforts in the reduction of suicide in their client population along with describing their goals and outcomes.

- *1.5 Goal Indicator: At least 85% of the youth will report feeling safe to be themselves. (Domain: Youth Satisfaction – Safety)*
    - Survey relied on the activities included in the YEC program: arts, crafts, sports, nutrition and fitness, mental health, social connections, and exposure to different environments.

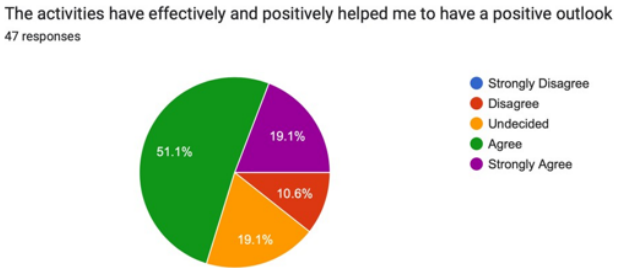
Percentage of youth who shared feeling safe to be themselves:

N= 40/47= 85% - **Achieved our Goal**




- *1.6 Goal Indicator: At least 80% of the youth have a positive outlook. (Domain: Youth Satisfaction – Positivity)*
    - Survey relied on the activities included in the YEC program: arts, crafts, sports, nutrition and fitness, mental health, social connections, and exposure to different environments.

Percentage of youth who expressed having a positive outlook: N 33/47= 70% - **Did not achieve our goal**

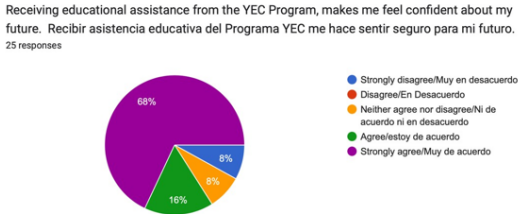



(2) <u>School failure or dropout.</u>

Below provides YEC's efforts in the reduction of school failure or dropout in their client population along with describing their goals and outcomes.

- YEC Program works with families as a system to prevent or reduce negative outcomes from unaddressed mental health issues in youth.
- YEC target population: Children and youth ages (10-13), adolescents ages (14-17) and Transitional Age Youth ages (18-24) who reside in the rural westside of Fresno County in communities such as Huron, Coalinga, Kerman, Mendota, and Firebaugh.
- Through educational activities and resource connection YEC assist youth that might be going through a hard time.
- YEC provides tools that might help them in their future to become self-sufficient.
- *1.8 Goal Indicator: At least 80% of youth feel confident about their future. (Domain: Satisfaction- confidence in their future)*
    - Survey was provided to students who are enrolled in college or are in the path of obtaining an education.
    - Survey also includes youth who have been referred for mental health services (MHS).

Percentage of youth who shared feeling confident about their future: N=21/25= 84% - **Achieved our goal**




- *1.9 Goal indicator: At least 75% of youth report feeling less stressed. (Domain: Satisfaction- Stress Reduction)*
    - Survey was provided to students who are enrolled in college or are in the path of obtaining an education.
    - Survey also includes youth who have been referred for mental health services (MHS).

Percentage of youth who expressed feeling less stressed: N= 18/25= 72% - **Did not achieve our goal**

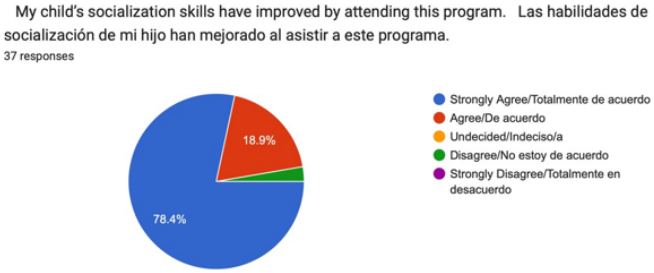



(3) <u>Unemployment.</u>

Below provides YEC's efforts in the unemployment in their client population along with describing their goals and outcomes.

- YEC empowers their target population to become self sufficient for their future by providing tools and educational activities.
- *2.1 Goal Indicator: 90% of parents will report improvement in their child's socialization skills. (Domain: Effectiveness – Socialization Skills)*
    - Survey was provided to all minor's parents who attended the YEC program.

Percentage of parents who reported improvement in their child's socialization skills: N=36/37 = 97% - **Achieved our goal** Data source: Parent Survey results




- *2.3 Goal Indicator: 85% of parents will report improvement in their child's communication skills. (Domain: Effectiveness – Communication Skills and feedback)*
    - Survey was provided to all minor's parents who attended the YEC program.

Percentage of parents reporting improvement in their child's communication skills: 36/37= 97% - **Achieved our goal**



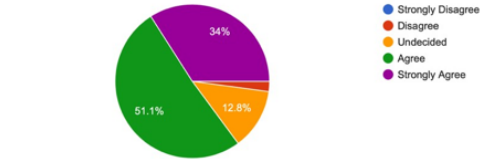
(4) Prolonged suffering.

Below provides YEC's efforts in the reducing prolonged suffering in their client population along with describing their goals and outcomes.

- *1.3 Goal Indicator: At least 65% felt encouraged to express their creativity through the activities in the YEC program. (Domain: Satisfaction – Creativity)*
    - Survey relied on the activities included in the YEC program: arts, crafts, sports, nutrition and fitness, mental health, social connections, and exposure to different environments.

Percentage of youth who were surveyed and expressed being encouraged to express their creativity:

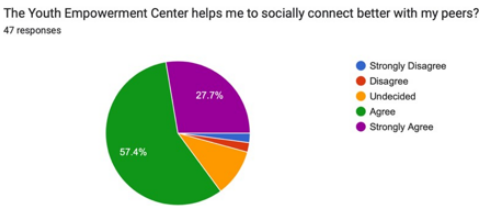
N= 40/47= 85% **- Achieved our Goal**




- *1.4 Goal Indicator: At least 70% of the youth are socially connected with their peers. (Domain: Youth Satisfaction – Social Connections)*
    - Survey relied on the activities included in the YEC program: arts, crafts, sports, nutrition and fitness, mental health, social connections, and exposure to different environments.

Percentage of youth who reported being helped by YEC to be socially connected with their peers:

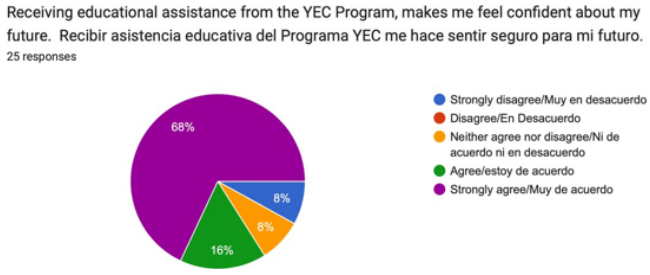
N= 40/47= 85% **- Achieved our Goal**




- *1.8 Goal Indicator: At least 80% of youth feel confident about their future. (Satisfaction- confidence in their future)*
    - Survey was provided to students who are enrolled in college or are in the path of obtaining an education.
    - Survey also includes youth who have been referred for mental health services (MHS).

Percentage of youth who shared feeling confident about their future:

N=21/25= 84% - **Achieved our goal**




- *1.9 Goal indicator: At least 75% of youth report feeling less stressed. (Domain: Satisfaction- Stress Reduction)*
    - Survey was provided to students who are enrolled in college or are in the path of obtaining an education.
    - Survey also includes youth who have been referred for mental health services (MHS).

Percentage of youth who expressed feeling less stressed: N= 18/25= 72% - **Did not achieve our goal**



# MHSA: PEI: Three Year Outcomes and Performance Report

# (Years: 2021-2022-2023)

**Program Name:** The Local Outreach to Suicide Survivors (LOSS) Team

**PEI Classification:** Suicide Prevention Program

**Report Year:** 2022-2023

**Outcomes: Measuring the Suicide Prevention Program's three changes.**

LOSS's statement of their program goal: "*The LOSS Team will provide an active or delayed response to 60% of all suicide losses. 60% of survivors of suicide loss will access grief support through LOSS Team. Conduct four (4) prevention trainings per year with community organizations. Improvement of distressing symptoms related to grief in clients receiving services.* "

*(e) If the County chooses to offer a Suicide Prevention Program referenced in Section 3730, the County shall select and use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific Program.*

(1) Changes in attitude regarding suicide related to mental illness:
Listed below are LOSS's specific goals and outcomes that benefited changes in attitude regarding suicide and how it is related to mental illness.

- LOSS Team serves those impacted by suicide loss. Their goal is to reach survivors of all ages and provide immediate support and resources within the County.
- LOSS's collaborative approach is to provide postvention methods appropriately and timely.
- Their outcomes measured the time it took for survivors to access services.
- In FY 22/23, there were a total of 93 suicides, and all were referred to the LOSS team. 92% of the referrals received from these got a response from the LOSS team.
- LOSS's team has a clinician and volunteer who is also a survivor of suicide loss.
- LOSS uses their guiding principle, hope, to ensure wellness, recovery, and resiliency support. -
- Their team services are available to immediate family and others connected by the impact of the traumatic loss to ensure postvention support is present.
- LOSS collaborates closely to first responders, community organizations, and schools within the county.

(2) Knowledge regarding suicide related to mental illness:
Listed below are specific details that encourages the client's knowledge regarding suicide related to mental illness.

- The focus on postvention acknowledges that survivors are at 4x greater risk of dying by suicide, therefore the need for immediate resources and support is critical. Survivors of Suicide Loss (SOSL) was something Hinds Hospice adopted in 2016 which resulted in utilizing postvention methods.

- To measure the effectiveness of using the postvention method, data is collected using counseling surveys that are given at the beginning of the counseling period and after the 6th session.
- In grief support group sessions, surveys are also used for those participating.
- In the efforts for LOSS volunteers and staff to understand how there are cross-cultural practices related to death, dying, grief, and loss there are monthly trainings/meetings held.
    - To gain the knowledge of different practices regarding a loss by suicide creates a more effective and empathetic approach. This can create a safe space or ground when starting postvention.

(3) Behavior regarding suicide related to mental illness:

Listed below are client's, changed or not, behavior regarding suicide and its relation to mental illness.

- Tracking the unique individuals who received services from LOSS, it was reported that at least one person, survivor, on scene did reach out and obtain services 92% of the time.
- Regarding the survivor's behavior towards their loss to suicide, the program reported an increase from the previous year in therapy sessions, bereavement phone calls, and mailings.

# Appendix G: RAND Report

# Evaluation of Outcomes of Fresno County's Mental Health Prevention Programs

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RAND Health Care

RR-A1035-1
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## Background

California's Proposition 63, which was signed into law as the Mental Health Services Act (MHSA), levied a one-percent tax on personal income in excess of $1 million, with the funds to be used for mental health services and supports. The MHSA specifically indicated that 20 percent of this funding should be dedicated to prevention and early intervention (PEI) services. California's PEI programs have various aims, with program categories including 1) prevention 2) early intervention, 3) outreach for increasing recognition of early signs of mental illness, 4) stigma and discrimination reduction, 5) access and linkage to treatment for individuals with serious mental illness, 6) improving timely access to services for underserved populations, and 7) suicide prevention.

The state's PEI regulations[1] state that county departments of behavioral health should measure appropriate outcomes and indicators for these PEI program types, but they do not provide specific guidance on which outcomes to measure and how to measure them. Many counties have struggled to measure PEI outcomes, in part because prevention programs often do not use electronic health records (EHRs) to capture participant data.

To address this challenge, Fresno County Department of Behavioral Health (DBH) engaged RAND to design a web-based data collection tool for its prevention programs. RAND began by interviewing staff from Fresno County DBH's PEI programs to gather data on what the programs saw as the key outcomes they were trying to affect and the methods they were using to evaluate their programs. The RAND team used this information to identify core domains to measure in the prevention outcomes tool, which included self-efficacy, perceived stress, emotional functioning, social support, and life satisfaction for both youth and adults; school attendance and classroom behavioral engagement for youth only; and resilience, general mental health knowledge, knowledge of how to seek or give help, attitudes about help-seeking, and stigma toward individuals with mental illness for adults only.

RAND identified brief, reliable, and valid measures for each of these outcome domains, described in the Methods section below, and integrated them into youth and adult prevention outcome surveys. RAND then programmed a web-based tool that Fresno prevention programs could use to input demographic and outcomes data. In this report, we summarize initial results from early data collected via this new tool from four prevention programs that piloted it.

## Methods

### *PEI programs and client populations*

Four PEI service providers representing four different PEI programs participated in the early-adopter data collection:

**Culturally-Based Access and Navigation Support (CBANS).** CBANS combines elements of peer support interventions, community health worker interventions, and culturally inclusive ~~racial-ethnic~~ community services in order to provide access and linkage to treatment for individuals with serious mental illness who are members of diverse cultural groups. In particular, the CBANS program included in this report predominately serves an older adult (60+) refugee population. Fresno County's CBANS programs aim to build relationships with underserved communities, reduce the stigma associated with talking about mental health, reduce stress associated with navigating complex resource systems, increase social support, and reduce overall distress. It falls under the following PEI program categories: **Improve timely access to services for underserved populations; Outreach for increasing recognition of early signs of mental illness.**

**Holistic Cultural Education Wellness Center.** This program aims to help people live a well-balanced life in mind, body, and spirit through a wide variety of activities including support groups in various languages, mindful body movement classes, nutrition classes, healing garden classes, dance, healing arts and crafts, cross-cultural education workshops, and others. The program serves individuals of all ages, although clients are primarily adult women. It is a **prevention** program.

**Peer Wellness Center.** The Blue Sky Wellness Center is a peer-run recovery support program for adults age 18+ who experience mental illness. The goals of the peer wellness center program are to promote mental health recovery and life functioning, and to increase feelings of hope, freedom of choice, and self-determination. It is a **prevention** program.

**Youth Empowerment Center.** This program aims to help youth develop life skills, skills to identify early signs and symptoms of mental health problems, and positive coping skills. Youth empowerment services include organized activities and events, as well as a drop-in center. The center serves children and transition aged youth ages 10-24, including some youth experiencing homelessness. The program addresses **prevention** and **outreach for increasing recognition of early signs of mental illness**.

Overall, these prevention programs serve at-risk populations; some individuals served have serious mental illness and others are at risk for mental illness.

### *Measures*

RAND identified a set of core outcome measures that are relevant to the PEI service population and can be used to inform provision of care. PEI providers and DBH can use these standardized measures to track outcomes over time for the individuals they serve. RAND

reviewed the goals and reporting requirements for PEI programs, conducted interviews with PEI providers to understand their current programming, goals, and data collection methods, and reviewed research literature to identify outcome measures. In selecting the measures, we considered various factors such as available data on reliability and validity, brevity (shorter measures were greatly preferred in order to increase feasibility), use in similar populations, and inclusion in repositories of well-researched assessments such as the NIH Toolbox and PROMIS item bank. The final set of outcome measures include age category-specific measures as well as measures that apply to all individuals served by PEI providers, regardless of age.

### Youth measures

Table 1 summarizes the seven measures selected for youth participants (aged 8 to 17). They include measures of self-efficacy, psychological stress, impairment in functioning due to emotions, social support, and satisfaction with life, as well as brief measures of school functioning. Five of the measures are sums of responses to component items coded on a 5-point Likert scale. One measure is the number of days in the past 30 and one is a yes/no response. The last column provides a clinically meaningful interpretation of the scores for each measure based on the literature for that measure. The sums for self-efficacy and perceived stress can be converted to t-scores that norms the raw scores to a population distribution. More detail on the measures, including the component items, is provided in Appendix A.

**Table 1. Outcome measures for youth participants (aged 8–17)**

| Measure | Source | Components[a] | Score Range | Clinical Interpretation |
|---|---|---|---|---|
| Self-efficacy | NIH Toolbox Fixed Form V2 – Self Efficacy[2] | 10 items, 5-point Likert scale Never to Very Often | 5 to 50 | Can be converted to a t-score (mean = 0, standard deviation (SD) = 1). Values 1 ~~SD~~ SD or more above the mean are considered high self-efficacy and values 1 SD or more below are considered low self-efficacy |
| Perceived stress | PROMIS item bank – Psychological Stress Experiences – Short Form 4a[3] | 4 items, 5-point Likert scale Never to Always | 4 to 20 | Can be converted to a t-score (mean = 50, SD = 10). 1–2 SD above = high, >2 SD above = very high, 1–2 SD below = low, >2 SD below= very low |
| Emotional functioning | Functioning item, Teen Depression Awareness Project[4] | Single item, # of days out of 30 | 1 to 30 | Higher number means worse functioning |
| Social support | Sarason Social Support measure[5] | 3 items, 5-point Likert scale None of the time to All of the time | 3 to 15 | 12 or higher = higher social support |
| Life satisfaction | Brief Multidimensional Students' Life Satisfaction Scale – Peabody Treatment Progress Battery[6] | 6 items, 5-point Likert scale Very dissatisfied to Very satisfied | 6 to 30 | > 27 = high satisfaction<br>< 19.8 = low satisfaction |
| School attendance | National Survey on Drug Use and Health[7] | Single item, yes/no attended school | Yes/no | NA |
| Classroom behavioral engagement | Student Engagement Scale[8] | 4 items, 5-point Likert scale Never to All the time | 4 to 20 | Scores of 4 or above indicate high engagement; between 3–4 indicate moderate engagement; below 3 indicates low engagement |

Notes: [a] Likert scales are converted to numbers corresponding to each level of the scale 1 (lowest) through 5 (highest).

### Adult measures

Table 2 summarizes the ten measures selected for adult participants (aged 18 and above). Nine of the measures are sums of responses to items coded on a 5-point Likert scale. One measure is the number of days in the past 30 days. As above for the youth measures, the last column provides a clinically meaningful interpretation of the scores for each measure. The sums for self-efficacy and life satisfaction can be converted to t-scores that norms the raw scores to a population distribution. The details of each measure are included in Appendix A.

**Table 2. Outcome measures for adult participants (aged 18 plus)**

| Measure | Source | Components[a] | Score Range | Clinical Interpretation |
|---|---|---|---|---|
| Self-efficacy | PROMIS Short Form v1.0 – General Self-Efficacy 4a[9] | 4 items, 5-point Likert scale Not at all confident to Very confident | 4 to 20 | Can be converted to a t-score (mean = 50, standard deviation (SD) = 10). Higher score or higher t-score means higher self-efficacy |
| Resilience | Brief-Resilient Coping Scale[10] | 4 items, 5-point Likert scale Does not describe me at all to Describes me very well | 4 to 20 | 17-20 = high resilience<br>14–16 = medium resilience<br>4–13 = low resilience |
| Perceived stress | Perceived Stress Scale (PSS-4[11]) | Average of 4 items, 5-point Likert scale Never to Very often | 0 to 4 | Higher score means higher stress |
| Emotional functioning | Functioning item, National Comorbidity Survey Replication[12] | Single item, # of days out of 30 | 1 to 30 | Higher number means more days of poor functioning |
| Social support | Behavioral Risk Factors Surveillance System, Social Support item[13] | Single item, 5-point Likert scale Never to Always | 1 to 5 | Higher score means higher social support |
| Life satisfaction | NIH Toolbox Item Bank v2.0—General Life Satisfaction (Ages 18+)—Fixed Form B[14] | 5 items, 5-point Likert scale Strongly disagree to Strongly agree | 5 to 25 | Can be converted to a t-score (mean = 50, SD = 10). Values 1 SD or more above the mean are considered high life satisfaction and values 1 SD or more below are considered low satisfaction |
| General mental health knowledge | MAKS Mental Health Knowledge Schedule[15] | 5 items, 5-point Likert scale Strongly disagree to Strongly agree | 5 to 25 | Higher score means more knowledge |
| Knowledge of how to seek or give help | RAND CalMHSA[16] surveys | 2 items, 5-point Likert scale Strongly disagree to Strongly agree | 1 to 5 (each) | Each item scored individually. Simplified to any agreement yes/no |
| Attitudes about help-seeking | General Help-Seeking Questionnaire[17] | 9 items, 7-point Likert scale Extremely unlikely to Extremely likely | 9 to 63 | Higher score indicates higher help-seeking intention |
| Stigma/attitudes about individuals with mental illness | RAND CalMHSA[18] surveys, other surveys | 4 items, 5-point Likert scale Not at all to Very much | 4 to 20 | Higher number means higher stigma |

Notes: [a] Likert scales are converted to numbers corresponding to each level of the scale: 1 (lowest) through 5 (highest) for all scales except the Perceived Stress Scale (PSS-4). The levels for PSS-4 are converted to 0 (lowest) to 4 (highest) as directed by the documentation for this scale.

### *Web based tool for data collection*

RAND built a web-based tool to collect outcome measures for individuals served by PEI providers. We created input forms for each measure as well as a form that collects demographic data on each individual. Information entered into each form is stored in a JSON database. The tool is hosted by RAND on Amazon Web Services GovCloud. Access to each service provider's data is restricted to the service provider and to RAND project staff.

While the web-based tool was designed for direct data entry by either program participants or providers, participating providers commonly printed out copies of the demographic questionnaire and survey instrument relevant to their population, gave the survey to the individuals they serve, and then entered the data from the paper instruments into the web tool. We requested that providers survey the individuals they serve at six-month intervals. The demographic data were collected at the initial survey. Each participant receives an individual ID in the tool, and multiple surveys can be entered for each participant under their individual ID.

### *Analysis*

We summarized demographics and each of the outcome measures for the earliest survey available for all individuals served. We summarized the non-missing values for each measure after dropping individuals with surveys that included missing values for all of the scale items of a measure. We also summarized the change in values for each measure between the earliest and the most recent survey for individuals with multiple surveys and we tested for the significance of any changes using t-tests. We excluded surveys with missing data.

## Results

Vendors entered data for 274 surveys (27 youth surveys and 247 adult surveys) between September 2021 and May 2024. Twelve adults completed follow-up surveys, and no youth completed follow-up surveys. Since there are no follow-up surveys for youth we were unable to assess changes in their outcomes over time.

### *Individuals served*

Table 3 summarizes demographics from the initial survey for individuals surveyed by PEI providers. With respect to race/ethnicity, the majority of individuals served were non-White, with Hispanic or Latino individuals the largest racial/ethnic group served by Fresno County DBH's prevention programs. The majority of those served were adults ages 26–59. Programs appeared to serve more male individuals than female, though 28 percent of respondents have missing gender information making it difficult to accurately assess the gender distribution. Only three individuals identify as transgender or another gender identity. The majority of individuals served identified as heterosexual or straight, with 6 percent identifying as another sexual orientation, and again a large amount of missing data. Only 2 percent of those surveyed identified as veterans.

**Table 3. Demographics of individuals served**

| Demographic[a] | # of individuals served | % of individuals served |
|---|---|---|
| Race/Ethnicity | | |
| American Indian or Alaska Native | 8 | 3% |
| Asian | 7 | 3% |
| Black or African American | 33 | 13% |
| Hispanic or Latino | 64 | 25% |
| White, Non-Hispanic | 46 | 18% |
| Native Hawaiian or other Pacific Islander | 2 | 1% |
| Other | 7 | 3% |
| More than one race | 2 | 1% |
| Declined to respond | 12 | 5% |
| Missing | 73 | 18% |
| Age | | |
| 0–15 (Youth) | 39 | 15% |
| 16–25 (TAY) | 20 | 8% |
| 26–59 (Adult) | 145 | 57% |
| 60+ (Older adult) | 28 | 11% |
| Missing | 22 | 9% |
| Gender at birth | | |
| Female | 68 | 27% |
| Male | 113 | 44% |
| Declined to respond | 2 | 1% |
| Missing | 71 | 28% |
| Current Gender | | |
| Female | 69 | 27% |
| Male | 110 | 43% |
| Transgender | 2 | 1% |
| Another gender identity | 1 | 0.4% |
| Missing | 72 | 28% |
| Sexual orientation | | |
| Heterosexual or Straight | 149 | 59% |
| Bisexual | 6 | 2% |
| Gay or Lesbian | 5 | 2% |
| Queer | 2 | 1% |
| Questioning or unsure of sexual orientation | 1 | 0.4% |
| Another sexual orientation | 2 | 1% |
| Declined to respond | 15 | 6% |
| Missing | 74 | 29% |
| Veteran status | | |
| Yes | 6 | 2% |
| No | 174 | 69% |
| Declined to respond | 2 | 1% |
| Missing | 72 | 28% |
| Total individuals | 254 | 100% |

Notes: [a] Demographic categories and grouping within each category are based on state reporting requirements for PEI programs. Youth have missing data for all demographic measures except Age Category.

### *Youth measures: Mental health and life functioning of the individuals served*

Table 4 summarizes the average values and provides clinical interpretation for the youth outcome measures. The clinical interpretation provided in the table is based on the interpretation

levels described in Table 1 above. None of the youth served have more than one survey, so only baseline data are provided. This will be data collected at the start of the individual's participation in the program for some, but may also include data for individuals who have already been participating.

When examining this population in relation to scoring interpretation guidelines provided in the research literature (summarized in the final column of Table 1), we find that overall, the youth served experience challenges in various domains, as expected for participants in prevention programs.. The majority of the youth surveyed had low self-efficacy, and none had high levels of self-efficacy. The average t-score for self-efficacy was -1.2, significantly below the population average of 0. Over one in three youth served reported high levels of perceived stress, and most did not have high levels of social support, and the average t-score was 57.3, significantly higher than the population average 50. The overwhelming majority of surveyed youth had low life satisfaction, and none had high satisfaction with their lives. However, school engagement was more varied, with about one in three reporting low classroom engagement but similar numbers reporting high classroom engagement.

**Table 4. Youth outcome measures**

| Measure | Mean Score (95% confidence interval) | Clinical Interpretation[a] |
|---|---|---|
| Self-efficacy (sum) | 25.3<br>(22.9-27.7)<br>t-score: -1.2[b]<br>(-1.5, -1.0) | 59% low self-efficacy<br>41% average self-efficacy<br>0% high self-efficacy |
| Perceived stress (sum) | 10.0<br>(9.0-11.0)<br>t-score: 57.3[c]<br>(54.8, 59.7) | 37% high stress<br>56% average stress<br>7% low stress |
| Social support (sum) | 7.6<br>(6.6-8.5) | 93% average or low social support<br>7% high social support |
| Life satisfaction (sum) | 15.8<br>(14.0-17.6) | 85% low life satisfaction<br>15% average life satisfaction<br>0% high life satisfaction |
| School attendance (percent) | 100.0%<br>(NA) | NA |
| Classroom behavioral engagement (average) | 3.3<br>(2.9-3.6) | 30% low classroom engagement<br>40% moderate classroom engagement<br>30% high classroom engagement. |

Notes: n = 27. All 27 have values for all measures.
[a] Based on values of outcomes described in the clinical interpretation column of Table 1.
[b] Normative mean t-score = 0.
[c] Normative meant t-score = 50.
No emotional functioning data were submitted for youth.

### *Adult measures: Mental health and life functioning of the individuals served*

Table 5 summarizes the adult outcomes at the time they took their first survey (which was at the start of program participation for some individuals, but others had already been participating in the program at the time of the assessment). We assessed changes in each outcome the earliest and latest surveys for those who have more than one; none of the changes are statistically significant. This may be due to the small number of individuals with multiple surveys (12) preventing us from identifying actual changes, or it may be due to no actual change in outcomes. The median time between baseline and final follow-up surveys was 12 months, but varied from 1 to 30 months. Three individuals had more than 2 surveys, the times between the first and second surveys varied from less than 1 month to 3 months. Note that this reflects data entry date, which may be delayed from data collection date.

Similar to youth served, overall the adults served experienced challenges in various domains of mental health attitudes, knowledge, and functioning, when compared to interpretation guidelines based on the research literature (summarized in the final column of Table 2). The average self-efficacy was significantly lower than the population average (average t-score 41.5 compared to the population average 50). A majority of adults (68 percent) had low life satisfaction, and the average t-score was 41.7, significantly lower than the population average 50. They perceived their stress levels as high, and they had low levels of social support to draw upon to help them cope. Along similar lines, they were unlikely to seek help from others. On average, they reported being unable to function due to emotional issues for about seven out of every 30 days. Their resilience was mixed, with about a quarter reporting high resilience, about half having average resilience, and a little more than a quarter being low in resilience. On average, they had low general mental health knowledge and low specific knowledge of mental health resources and of how to be supportive of people with mental illness.

**Table 5. Adult outcome measures**

| Measure[a] | Mean Score on First survey[b] (95% confidence interval) | Clinical Interpretation[c] |
|---|---|---|
| Self-efficacy (sum)<br>n = 203 | 10.0<br>(9.1-10.8)<br>t-score 40.5 [d]<br>(38.6-42.5) | On average lower self-efficacy than the population average (mean t-score of 50). |
| Resilience (sum)<br>n = 247 | 12.2<br>(11.4-13.0) | 30% low resilience<br>45% average resilience<br>25% high resilience |
| Perceived stress (average)<br>n = 200 | 1.3<br>(1.2-1.4) | On average, high perceived stress among individuals served |
| Emotional functioning (days)<br>n = 32 | 6.8<br>(3.5-10.0) | On average, unable to work or carry out usual activities 7 days/month |
| Social support (average)<br>n = 200 | 2.0<br>(1.8-2.2) | On average, rarely gets needed social and emotional support |
| Life satisfaction (sum)<br>n = 200 | 12.0<br>(11.0-12.9)<br>t-score: 41.7 [d]<br>(40.0-43.5) | 68% low life satisfaction<br>26% average life satisfaction<br>6% high life satisfaction |
| General mental health knowledge (sum)<br>n = 198 | 11.1<br>(10.1-12.2) | On average, low general mental health knowledge |
| Attitudes about help seeking (sum)<br>n = 247 | 15.9<br>(14.7-17.1) | On average, unlikely to seek help from others |
| Knowledge how to find info (percent agree)<br>n = 247 | 10.1%<br>(6.4%-13.9%) | On average, low knowledge of how to find mental health info/resources |
| Knowledge how to be supportive (percent agree)<br>n = 247 | 12.1%<br>(8.1%-16.2%) | On average, low knowledge of how to be supportive of people with mental illness |

Notes:

[a] Name of measure, description of type of number reported, and the sample size with non-missing values for the measure for the only survey for individuals with one or the earliest available survey for individuals with multiple surveys.

[b] Based on only survey for individuals with only one (n = 234) and on earliest available survey for individuals with multiple surveys (n = 12).

[c] At baseline, based on relative values of outcomes described in the clinical interpretation column of Table 2. This includes the mean t-score (95% confidence interval) for self-efficacy and life satisfaction. Percentages are for the respondents with no missing data for the measure. No stigma data were submitted for adults.

[d] Normative mean t-score = 50.

## Conclusion

Fresno County prevention providers piloted the use of a new web-based tool for collection of outcomes data. The data indicate that the county prevention programs serve a diverse population with very high needs. Youth and adults alike experienced challenges in various domains: they had low self-efficacy, high perceived stress, low social support, and low overall life satisfaction. Adults served also reported low mental health knowledge and difficulty functioning in their day-to-day lives due to emotional issues.

However, these findings should be viewed with caution due to low sample sizes and high missing data for some measures. The small number of follow-up surveys meant that the evaluation did not have adequate power to detect changes in outcomes over time. This was the first time multiple PEI providers were asked to provide the same set of measures for the individuals they serve, using a web based tool. Some providers encountered challenges accessing the tool due to technical issues at their end and RAND's end or because of staffing issues that meant delays in collecting and entering the data. The provider that entered the most data, Kings View, already had experience collecting their own data and had existing staff with experience collecting assessment data. However, collecting this set of measures repeatedly for the same individuals was new to them. It is unclear whether the low number of follow-up surveys is due to challenges with collecting repeated assessments or due to high turnover in the population of individuals served. If the tool is broadly adopted, programs can work on consistency in data collection and implementation of regular follow-ups in order to ensure complete data and availability of follow-up data for those individuals who return to their programs.

Appendix A. Outcomes Measures

# *Core measures: Youth*

## Self-efficacy

Please read each sentence and decide how true it is of you in general.

1. I can always manage to solve difficult problems if I try hard enough
2. If someone tries to keep me from getting what I want, I can find a way to get what I want
3. It is easy for me to stick to my goals and reach them
4. I am confident that I could do a good job dealing with unexpected events
5. Thanks to my talents and skills, I know how to handle unexpected situations
6. I can solve most problems if I try hard enough
7. I can stay calm when facing difficulties because I can handle them
8. When I have a problem, I can find several ways to solve it
9. If I am in trouble, I can think of a solution
10. I can handle whatever comes my way

Source: NIH Toolbox Fixed Form V2 – Self Efficacy (Youth 8-12 and 13-17) (HealthMeasures, undated; Schwarzer and Jerusalem, 1995)

Response options: 5 point Likert scale: 1 = Never, 2 = almost never, 3 = sometimes, 4 = fairly often, 5 = very often

Scoring instructions: The value of each question is summed. This table can be used to convert the score to the theta score and T score.

Rules for missing data: Unknown

Scoring interpretation: Higher the T score, the greater the self-efficacy. If a score is 1 SD or more below the mean, then considered low self-efficacy; if score is 1 SD or more above, then considered high self-efficacy.

## Perceived stress

In the past seven days..

1. I felt stressed
2. I felt that my problems kept piling up
3. I felt overwhelmed
4. I felt unable to manage things in my life

Source: PROMIS item bank – Psychological Stress Experiences – Short Form 4a

Response options: never, rarely, sometimes, often, always

Scoring instructions: Summed response values converted to T-score; see appendix on page 7 here. Recommend using HealthMeasures Scoring Service or automatic calculation tool (see page 2).

Rules for missing data: If a participant skips a question, use Health Measures Scoring Service to generate score (page 2). "If two or more responses are marked by the respondent, and they are next to one another, then a data entry specialist will be responsible for randomly selecting one of them to be entered and will write down on the form which answer was selected…If two or more responses are marked, and they are NOT all next to one another, the response will be considered missing."

Scoring interpretation: T-score between 40 and 60 (average stress); 60-70 (high); 70 and above (very high); 30-40 (low); below 30 (very low)

## Emotional functioning

1. In the past 30 days, for how many days were you totally unable to do your usual activities or school work because of emotional problems?

   Response option: Number of days: _____/30

Source: Functioning item, Teen Depression Awareness Project (Jaycox et al., 2010; Jaycox, et al., 2009)

Scoring instructions: Report days out of 30 that youth was unable to function at usual activities due to emotional problems.

Rules for missing data: Exclude if missing.

Scoring interpretation: The greater the number of days, the worse the emotional functioning.

## Social support

1. Do you have someone who cares about you?
2. Do you have someone who makes you feel better?
3. Do you have someone on whom you can depend?

Source: 3 items adapted from the Sarason Social Support measure

Response options: 5-point Likert scale, 1 strongly disagree to 5 strongly agree

Scoring instructions: Calculate the mean of the three items.

Rules for missing data: Not specified

Scoring interpretation: Mean equal to or greater than 4.0 indicates presence of social support

## Life satisfaction

How satisfied or dissatisfied are you with:

1. Your family life
2. Your friendships
3. Your school experience
4. Yourself
5. Where you live
6. Your life overall

Source: Brief Multidimensional Students' Life Satisfaction Scale – Peabody Treatment Progress Battery (BMSLSS-PTPB: Youth)

Response options: 1-5 point Likert scale with the following responses, respectively: Very dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied, very satisfied.

Scoring instructions: Sum up the response values and take the average of them (by dividing by number of items).

Rules for missing data: When there's missing data, can take the average of the values of the completed responses. It's up to the measure administrator to decide when there's too much missing data.

Scoring interpretation: 3.3-4.5 (medium satisfaction); higher than 4.5 (high); lower than 3.3 (low)

## School Attendance

1. Have you attended any type of school at any time during the past 12 months? By "school," we mean elementary school, junior high or middle school, high school, or a college or university. Please include home schooling as well.

Source: National Survey on Drug Use and Health (Center for Behavioral Health Statistics and Quality, 2015)

Response options: No (If you answered No, skip to the next section), Yes

Scoring instructions: N/A

Rules for missing data: N/A

Scoring interpretation: N/A

## Classroom Behavioral Engagement

Behavioral Engagement subscale:

1. I pay attention in class.
2. When I am in class, I just act as if I am working.
3. I follow the rules at school.
4. I get in trouble at school.

Source: Student Engagement Scale (SES) Fredericks et al 2005

Response options: 1-5 point Likert scale using following responses, respectively: Never, On Occasion, Some of the Time, Most of the Time, All of the Time

Scoring instructions: Question 2 and 4 should be reverse scored. No other instructions specified.

Rules for missing data: Not specified

Scoring interpretation: Not specified

# Core Measures: Adults

## Self-efficacy

For the next set of questions, please read each sentence and rate your level of confidence in managing various situations, problems, and events.

1. I can manage to solve difficult problems if I try hard enough.
2. I am confident that I could deal efficiently with unexpected events
3. If I am in trouble, I can think of a solution
4. I can handle whatever comes my way

Source: PROMIS Short Form v1.0 – General Self-Efficacy 4a (PROMIS Health Organization)

Response options: 1-5 point Likert scale using following responses, respectively: I am not at all confident, I am a little confident, I am somewhat confident, I am quite confident, I am very confident

Scoring instruction: Sum up the scores. Use the Short Form Conversion Table (see page 11 of the "Measure-Specific Scoring Guide") to convert the raw score to a T score. The guidebook recommends using the HealthMeasures Scoring Service over manual scoring, however (see page 3 in the "Measure-Specific Scoring Guide").

Rules for missing data: All items should be answered. If the participant doesn't answer all questions, then the HealthMeasures Scoring Service needs to be used.

Scoring interpretation: Greater the T-score, greater the self-efficacy.

## Resilience

1. I look for creative ways to alter difficult situations
2. Regardless of what happens to me, I believe I can control my reaction to it
3. I believe that I can grow in positive ways by dealing with difficult situations
4. I actively look for ways to replace the losses I encounter in life

Source: Brief-Resilient Coping Scale (Sinclair & Wallston, 2004)

Response options: 5-point Likert scale "from '1' = describes me not at all to '5' = describes me very well".

Scoring instructions: Scores are summed

Rules for missing data: Unknown

Scoring interpretation: Low resilient copers (4-13 points), medium resilient copers (14-16 points), high resilient copers (17-20 points)

## Perceived stress

In the last month, how often have you…

1. Felt that you were unable to control the important things in your life?
2. felt confident about your ability to handle your personal problems?
3. felt that things were going your way?
4. felt difficulties were piling up so high that you could not overcome them?

Source: Perceived Stress Scale (PSS-4) (Cohen, Kamarck & Mermelstein, 1983; Cohen, 1988)
Response options: Never; Almost Never; Sometimes; Fairly Often; Very Often
Scoring instructions: For questions 1 and 4, code such that Never=0, Almost never=1…Very Often=4. Reverse code the positive items, questions 2 and 3 (Never=4…Very Often=0).
Rules for missing data: Unknown
Scoring interpretation: Higher scores indicate more stressful life situations . There are no cut-off scores, but scores are compared to normative scores. A representative sample of 2387 US adults from 1988 provides normative data (the mean score was 4.49 with a standard deviation of 2.96).

## Emotional functioning

1. In the past 30 days, for how many days were you totally unable to work or carry out your usual activities because of emotional problems?

Source: Functioning item, National Comorbidity Survey Replication (Kessler, Berglund, et al., 2004)
Response options: Number of days: _____/30; Don't know
Scoring instructions: N/A (this is a single survey item)
Rules for missing data: N/A (this is a single survey item)
Scoring interpretation: The greater the number of days, the worse the emotional functioning.

## Social Support

How often do you get the social and emotional support that you need? Please check only one box.

Source: Behavioral Risk Factors Surveillance System, Social Support item (Strine et al., 2008)
Response options: Never, Rarely, Sometimes, Usually, Always, Don't know
Scoring instructions: N/A
Rules for missing data: This is part of a larger survey so N/A
Scoring interpretation: This is part of a larger survey so no cut-off points.

## Life satisfaction

Indicate how much you agree or disagree:

1. My life is going well
2. My life is just right
3. I wish I had a different kind of life
4. I have a good life
5. I have what I want in life

Source: NIH Toolbox Item Bank v2.0—General Life Satisfaction (Ages 18+)—Fixed Form B

Response options: 1-5 point Likert scale with the following responses, respectively: Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree

Scoring instructions: Sum scores across items and use conversion table to convert to T-score. See conversion table on page 20 here.

Rules for missing data: For this particular use case, need to contact help@healthmeasures.net for further consultation on dealing with missing data.

Scoring interpretation: The greater the score on a particular item, the greater the individual's general life satisfaction. T-score of 50 is the mean for the general US population. T-scores ≤ 40 suggest low life satisfaction and scores ≥ 60 suggest life satisfaction. "T-scores ≤ 40 may warrant heightened surveillance or concern."

## General mental health knowledge

1. Most people with mental health problems want to have paid employment.
2. If a friend had a mental health problem, I know what advice to give them to get professional help.
3. Medication can be an effective treatment for people with mental health problems.
4. Psychotherapy (e.g. counseling or talking therapy) can be an effective treatment for people with mental health problems.
5. People with severe mental health problems can fully recover.
6. Most people with mental health problems go to a healthcare professional to get help.

Source: Source: MAKS Mental Health Knowledge Schedule.

Response options: Agree strongly; agree slightly; neither agree nor disagree; disagree slightly; don't know

Scoring instructions: Strongly agree=5…strongly disagree=1. Don't know is scored as 3. Question 6 is reverse coded. Sum across all items.

Rules for missing data: Unknown

Scoring interpretation: Higher score means more knowledgeable

## Knowledge of how to seek or give help

1. I know how to find information or resources to help if I or someone I know experiences a mental health problem.
2. I know how I could be supportive of people with mental illness if I wanted to be

Source: RAND CalMHSA surveys
Response options:
For each item, extent of agreement is measured on a five-point scale (strongly agree to strongly disagree).
Scoring instructions: Responses were recoded to reflect any agreement (agree or strongly agree) versus no agreement (all other response options).
Rules for missing data: N/A, they are used as single items.
Scoring interpretation: Interpret as agreement – yes/no.

## Attitudes about help-seeking

If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?
1. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)
2. Friend (not related to you)
3. Parent
4. Other relative/family member
5. Mental Health Professional (e.g. psychologist, social worker, counsellor)
6. Phone helpline (e.g. Lifeline)
7. Doctor/GP
8. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)
9. I would not seek help from anyone
10. I would seek help from another not listed above (please list in the space provided) __

Source: General Help-Seeking Questionnaire (GHSQ) (Wilson et al., 2005)
Response options: Likert from 1 to 7 with anchors 1 extremely unlikely, 3 unlikely, 5 likely, 7 extremely likely
Scoring instructions: Sum the scores across the items. Reverse score item 9.
Rules for missing data: Unknown
Scoring interpretation: Higher score indicates higher help-seeking intention.

## Stigma/Attitudes about Individuals with Mental Illness

1. 'Would you feel ashamed if you had a mental illness?'

Source: Rusch et al
Response options: from 1 (not at all) to 5 (very much).

Scoring instructions: Unknown
Rules for missing data: N/A (only one question measuring this construct)
Scoring interpretation: Higher the score, more likely to feel ashamed and greater the stigma

2. If someone in your family had a mental illness, would you feel ashamed if people knew about it?

Source: RAND CalMHSA surveys
Response options: Definitely not, probably not, probably, definitely
Scoring instructions: Unknown
Rules for missing data: N/A (only one question measuring this construct)
Scoring interpretation: Unclear if there is an interpretation beyond the literal meaning of the response.

3. I believe a person with mental illness can eventually recover.
4. People who have had a mental illness are never going to be able to contribute much to society.

Source: RAND CalMHSA surveys
Response options: Strongly agree, moderately agree, neither agree nor disagree, moderately disagree, strongly disagree
Scoring instructions: N/A (not scored)
Rules for missing data: Unknown
Scoring interpretation: Unclear if there is an interpretation beyond the literal meaning of the response.

## Notes

[1] California Code of Regulations, Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14, Mental Health Services Act, Article 2, Definitions, Section 3200.245, Prevention and Early Intervention Component.

[2] Northwestern University, *NIH Toolbox self-Efficacy CAT Ages 13-17 v2.0*, HealthMeasures, January 24, 2017.

[3] Katherine B. Bevans, William Gardner, Kathleen A. Pajer, Brandon Becker, Adam Carle, Carole A. Tucker, and Christopher B. Forrest, "Psychological and Physical Stress Experiences Measures," *Journal of Pediatric Psychology*, Vol. 32, No. 6, February 27, 2018, pp. 678-692.

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[7] Center for Behavioral Health Statistics and Quality, *2015 National Survey on Drug Use and Health (NSDUH): CAI Specifications for Programming (English Version)*, Center for Behavioral Health Statistics and Quality: Substance Abuse and Mental Health Services Administration, 2014.

[8] Jennifer A. Fredericks, Phyllis Blumenfeld, Jeanne Friedel, and Alison Paris, "School Engagement," in *What Do Children Need to Flourish?*, Springer, 2005.

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[12] Ronald C. Kessler, Patricia Berglund, Wai Tat Chiu, Olga Demler, Steven Heeringa, Eva Hiripi, Robert Jin, Beth-Ellen Pennell, Ellen E. Walters, and Alan Zaslavsky, et. al, "The US National Comorbidity Survey Replication (NCS-R): design and field procedures," *International Journal of Methods in Psychiatric Research*, Vol. 13, No. 2, 2006, pp. 69-92.; Amy L. Shearer, Patricia A. Ebener, and M. Audrey Burnam, *Monitoring Prevention Mental Health Programs: Supporting California Counties to Meet Statewide Reporting Requirements*, RAND Corporation, TL-307-CMHSA, 2018.

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[14] Northwestern University, *NIH Toolbox Item Bank v2.0—General Life Satisfaction (Ages 18+)—Fixed Form B*, HealthMeasures, 2018.

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