

INNOVATION PLAN COUNTY of FRESNO

California Reducing Disparities Project - Evolutions



Department of
Behavioral Health



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Fresno County

30-Day Public Review Submitted: **March 5, 2021**

Innovation Plan: **California Reducing Disparities Project (CRDP) Evolution**

Total Amount Requested: **\$2,400,000**

Duration of Project: **Three Years**

Primary Problem

African Americans, Asian and Pacific Islanders, Latino/x, Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+) and Native American communities are historically underserved populations in the public behavioral health systems. In many instances, public behavioral health systems maintain a systematic dominant cultural approach and heteropatriarchy through policies, practices and procedures that do not recognize cultural differences or historical context and at times exposed these groups to racism, homophobia, prejudice and discrimination reinforcing the historical and ongoing trauma experienced by these communities. The California Department of Public Health was provided an opportunity to explore transformation of Western clinical models with the California Reducing Disparities Project (CRDP) Phase II projects funded through the Mental Health Services Act (MHSA).

The CRDP Phase II Projects funded 35 culturally responsive, community-defined and innovative Implementation Pilot Projects (CDEPs) across California that served to utilize community-derived mental health strategies to reduce disparities that exist among the five populations identified:



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African American/Black; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+.

Three of those CDEPs are located and provide services in Fresno County. Also referred to as Community-Defined Evidence-Based Programs (CDEP), community-defined practice is a push back to the larger mental health sector funding only evidenced-based practices. The CRDP Phase II reflected on the historical exclusion of the communities it was designed to serve in evidenced-based practices asking, “*whose evidence?*”. The CRDP Phase II projects were successful in their advocacy, and, as a result, CDEPs were empowered to identify community-defined practices from the specific community that consider the historical knowledge and assets of each community to reduce mental health disparities across the five identified groups.

Table 1 Implementation Pilot Projects in Fresno County

<u>Organization</u>	<u>CDEP</u>	<u>Population</u>
West Fresno Health Care Coalition	Sweet Potato Project	African American
The Fresno Center	Hmong Helping Hands Intervention	Asian and Pacific Islander
Integral Community Solutions Institute	Atención Plena and Pláticas	Latino/x

Fresno County has three CDEP’s which are detailed in the table above. These are provided by three different community-based organizations, with specific projects for specific cultural populations.

West Fresno Health Care Coalition - Sweet Potato Project

- The Sweet Potato Project is a prevention program that aims to prevent and/or reduce school drop-out, gang involvement, and substance use initiation for



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African American youth ages 12-15 by decreasing internalized oppression, hopelessness, and low collective efficacy, while increasing engagement in collective economic activity, college intentions, mentoring, and leadership development. Youth are supported to develop leadership, self-esteem, communication, and coping skills, as well as agricultural business and entrepreneurship training. The program is designed to address African American strategic recommendations to focus PEI on community-based efforts specifically addressing African American culture, and to address the co-occurrence of mental health conditions and socioeconomic challenges.

The Fresno Center - Hmong Helping Hands

- The Fresno Center operates this pilot project with Merced Lao Family Community and Stockton Lao Family Community Development. The Hmong Helping Hands intervention focuses on efforts aligning with prevention and stigma reduction strategies that aim to reduce depression, anxiety and acculturation stress in older Hmong adults and elders by improving their physical, psychological, social and spiritual well-being, and increasing their knowledge and awareness of mental health issues. Key components include culturally relevant activities, community navigation and exploration, and a spiritually oriented approach to health and healing.



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Integral Community Solutions Institute (ICSI)-Atención Plena and Pláticas

- Atención Plena and Pláticas is a Community-Defined Evidence Program by Integral Community Solutions Institute (ICSI). ICSI's program is founded on community health through advocacy and systems change that promotes wellness of body, mind, spirit, and soul. This CDEP program in Fresno County targets Latino youth. Some efforts such as mindfulness develop the youth to then become proponents for mindfulness.

ICSI staff use a variety of innovative techniques such as performance based/artistic expression therapy, talking circles, and mindfulness activities in a culturally specific approach. Partner agencies provide mentoring and counseling with mindfulness and Pláticas intervention in each of the programs. The Latino populations are predominantly Mexican in origin, recent immigrants who are dealing with acculturative stress, cultural adaptations, intergenerational conflict as well as distancing and loss, and adaptation to a "world of confusion". *Pláticas* means of transmitting knowledge about wellbeing through songs, stories, and poetry. *Atención Plena* means the practice of mindfulness or one's mental capacity to accomplish self-awareness and inner peace, while being attentive to one's surroundings.

The issue of stigma is often used to explain the lack of participation by Black, Indigenous and Persons of Color (BIPOC) in mental health services. Specifically, stigma of mental illness is



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assigned to these communities; however, some local community leaders note that many of these communities regularly discuss mental illness. The stigma may be specific to accessing the mental health services themselves, or even a combination of the two. In other communities, stigma is prevalent and there is a lack of terminology to describe mental health, which compounds efforts to address it (Amaro, 2019).

A consequence of this stigma is the perception that public behavioral health systems may not be intended to improve the behavioral health of communities of BIPOC as they were not originally designed with them in mind. This distrust has an impact when communities of color are in need of behavioral health care. BIPOC often experience behavioral health services provided as conditions to justice involvement (freedom) or child welfare services (custody of their child) which contributes to the idea that behavioral health services are obstacles to overcome rather than resources to improve their wellness.

The CRDP Phase II projects have afforded communities an opportunity to meet the unique needs of individuals from underserved communities that would otherwise go without mental health support, and/or improve the quality of the services by centering cultural responsiveness. The engagement of these programs may be driven by the fact that they are community-defined and provided by community-based organizations seeking to provide wellness in a manner that is culturally congruent with their experiences and values.



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Like many California counties, Fresno County has a need for more community-defined and community responsive services that can effectively engage BIPOC communities and render much needed behavioral health services to underserved and inappropriately served communities. The three CDEP projects in Fresno have worked to establish services that are embraced by their targeted populations. The challenge now is to sustain these community-defined programs through sources of sustainable funding, such as MHSA, that require alignment with funding criteria. The goal of this endeavor is not to compromise the integrity of the community-driven design, or to transform the program into a “western”, “dominant culture” or “accepted” program; rather, Fresno County seeks to identify specific activities that would maintain program integrity while allowing for future funding of the community-defined and culturally specific programs. We understand that there is a “formidable challenge given the fundamental tension between the two paradigms (community defined vs evidence based), especially when western empiricism is uncritically accepted as the dominant paradigm over indigenous epistemologies”. This program will seek to accept those community defined efforts into the conversation. (Abe, et al. 2018).

There is a need to understand how to bring these CRDP Phase II programs into Fresno County’s existing system of care in a financially sustainable manner, without changing what has made the programs successful with those underserved and inappropriately served African Americans, Latino/x, and Hmong communities.



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Fresno County does not have any programs that specifically target some of our underserved or inappropriately served communities. For example, Fresno County does not have services geared specifically for African Americans. While African Americans are not “underrepresented” in the overall system of care, they are significantly underrepresented in most of its programs (including prevention services) but overrepresented in our programs with justice-involved individuals. The Sweet Potato program uses an unconventional entrepreneurship approach to engage African American youth in prevention and outreach efforts.

While Latinos comprise almost half the population of Fresno County, there are no specific programs currently targeting our Latino population and/or youth who identify as Latino/x. California has witnessed the impacts of COVID-19 being greater on BIPOC, with particularly significant impact on rural Latino communities. New migrations from Central America over the last few years have also increased the number of Latino/x individuals needing to navigate the trauma of that experience (immigration, separation from families at the border, etc.) who will require culturally and linguistically appropriate services to help identify the trauma, and provide appropriate support (Aguilar-Gaxiola, Medina-Mora, Vaile, Reyes-Becerra, Corzo, & Loera, 2020).

Fresno County’s API populations, and specifically its Hmong community, have been historically underserved in its system of care (Fresno County Department of Behavioral Health Cultural Responsive Plan Delivered with Humility 2020/21, pg. 33). Many older Hmong adults in Fresno County experience language and generational differences which are a barrier to care and wellness (Lee, 2013). The CDEP-Hmong Helping Hands is engaging with this underserved



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community in a culturally responsive manner in order to address many of the barriers experienced by the older adults in this community with language, cultural, physical and other limitations and challenges that affect their access to wellness and services (Amaro, 2019).

There is a great need for more culturally responsive services that are truly driven by the communities they serve rather than from agencies outside the community which may not always have the level of insight to design effective services, or have the engagement needed to effectively implement the program.

The CDEPs were developed and implemented prior to the finalization of the MHSA PEI regulations in 2017. The CDEPs were not re-designed once the PEI regulations were established, and thus are not aligned with all PEI funding requirements, measures, or outcomes. Programs were initially intended to be Prevention and Early Intervention in a general sense, but were not designed, or adapted to meet a specific six PEI strategies. Thus, some CDEPs will have challenges becoming funded through MHSA's PEI without some specific programmatic adaptations.

Innovation Categories

The proposed innovation project will meet the following innovation categories:

- ❖ **Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system**

CRDP Evolution meets the identified Innovation Category for several reasons. The CDEPs were in fact community defined and driven efforts, which use non-standard approaches to addressing the wellness needs of specific communities.



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These were services were designed to address specific community and population needs, and rendered by community-based organizations (CBOs). The three CRDP Evolution programs in this plan are existing community driven practices/ programs under the CRDP pilots; however, they are not existing mental health programs in the County's system of care, were designed within the parameters of general prevention programs, and do not specifically align to any of the six PEI strategies nor specific PEI outcomes. These programs, while funded by the State Department of Public health using MHSA dollars, were not included in the local behavioral health system of care. These services would require some adaptations to assist with better alignment for county funding (either MHSA, FFP, etc.) and future sustainability as part of the system of care. The operation of CRDPs outside the county system of care has, in some instances isolated these program's ability to access referral and linkage to existing or higher level of care with-in the system of care. Through this effort, these CDEPs can navigate their way into our overall system of care using their community driven practice to provide more culturally responsive and appropriate behavioral services to the community. The project does not seek to apply a promising community driven practice to mental health, but rather seeking an adaption to the programs which can bring a more formal mental health component to these promising community practices.

Primary Purpose

The primary purpose of this innovation research project is to evaluate the following innovation objectives:

- ❖ **Increases access to mental health services to underserved groups**
- ❖ **Increases the quality of mental health services, including measured outcomes**

Proposed Project

Fresno County seeks to fund each of the three CRDP Phase II CDEPs at maintenance levels for three years, based on current service costs in Fresno County. During this time the County shall work with the existing providers, their participants, and stakeholders to identify a specific



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adaptation to each one of their own CDEPs programs. These community-identified adaptations will assist in aligning the projects with specific PEI funding criteria without compromising the work and integrity of the CDEP programs. Robust and meaningful community input will be critical to achieving this goal and is the centerpiece of this innovation project.

This Innovation project can provide a statewide model for how the CDEPs and other community defined practices can be adapted to meet PEI funding requirements via community input and planning.

As noted earlier, the CDEPs were MHSA funded programs through the State Department of Public Health rather than local counties and are thus not part of any existing MHSA plans. The Phase II of the CRDPs were launched to pilot and evaluate promising community practices around behavioral health. These efforts provided grant funding to local CBOs to implement community driven practices and strategies to reduce behavioral health disparities, with each program receiving technical assistance and evaluation.

The CRDP Phase I reports included recommendation for developing and demonstrating community defined practices as a way to address health disparities and health equity in the system of care. The CDEPs were part of California Reducing Disparities (CRDP) Phase II, a statewide initiative to identify effective community defined mental health prevention and early intervention efforts to address California's diverse and often underserved or inappropriately served populations. The CRDP Phase II supported 35 programs across five different populations (African American, API, Latino/x, Native Americans, and LGBTQ+). These 35 services all included



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technical assistance and evaluation to measure the outcomes for these community defined approaches. These programs were slated for five years.

CDEPs have been implementing community derived behavioral health services and programs which have included mindfulness, entrepreneurship, traditional healing, and other interventions. The goal of the CRDPs has been to demonstrate that community developed mental health services can reduce mental health disparities across the five underserved, unserved and inappropriately served groups rather than solely through standard behavioral health services which are mostly based on Western Clinical models (California Pan Ethnic Health Network, 2018).

In 2016, when these programs had been designed and launched the PEI regulations were not yet finalized (not finalized until FY 2017-2018) and thus many of the programs were developed as possible PEI programs without being designed to the specific regulation criteria for PEI programs, and were not identified as which of the six PEI strategies the projects would fulfill. Nor were the CDEPs measurements developed in a way that would align with PEI outcome requirements and metrics. These are some challenges that CDEPs face in their sustainability goals. These programs also were developed and implemented using MHSA funds by CDPH, before passage of SB 1004, which will provide some additional changes to the PEI regulations. The programs have not yet factored in how SB 1004 may impact the CDEPs, and thus this Innovation program will work to address those considerations in a manner that is still driven by community stakeholder input. This model can inform future statewide efforts for inclusion of more community defined programs and services into its system of care using in this case PEI funding.



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Many CDEPs, included the three operating within Fresno County, will likely need some specific adaptations to their design in order to ensure alignment with future MHSA PEI requirements if counties seek to fund CDEPs with MHSA-PEI. While PEI is not the sole source for future sustainability funding for CDEPs, those are the ones that Fresno County is exploring and will focus on for this Innovation Plan. There may be opportunities for some programs to be adapted into more conventional clinical programs which may afford options as contained in the CIAG Policy Paper by CPEHN titled *Concept Paper: Policy Options for Community Defined Evidence Practices* (CPEHN, 2021). The paper include adding community-defined practices to outpatient mental health available to Medi-Cal recipients through the CalAIM/Medi-Cal Reform, etc. (www.cpehn.org). At this time Fresno County's effort will be around modification to programs to align with MHSA funding (one of CIAG recommendations in Concept Paper: Policy Options for Community Defined Evidence Bases Practices). Those discussions and exploration with community stakeholders and the providers will also allow for some other exploration of sustainably funding including Federal Financial Participation (FFP) for some aspects of the programs.

Project Details

Each one of the three projects will host participant planning processes (in-person, virtual or a hybrid depending on health and safety measures) to determine a specific adaptation/activity that will be added to the program. The adaptation/activity shall be something that will fulfill a PEI strategy (any one of the six) component to make a clear PEI program, or whose outcome or



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measures meet an PEI outcome strategy. This will vary from program to program, and will be based on its current design, and input from the community, program participants, and the providers. Fresno County's role will be to provide the technical assistance related to PEI regulations and measuring outcomes that align with specific PEI strategy outcomes.

Over the course of three to six months, Fresno County and the project providers will engage current and past program participants to identify an activity or process that correlates to a PEI strategy and has specific, measurable outcomes. Each program will then be allowed three-to-six months to create an implementation timeline for the innovative/adaptive activity.

In the second year (and second phase) of this Innovation Project, the CDEPs will begin to implement the adaptation activity that has been identified and selected in collaboration with the community. The programs will continue to operate at the same capacity, with the same focus and scope as before, with the difference being the addition of the specific adaptation to their existing program. Under this project, all the CDEPs will continue to serve the same populations, the same demographics, and the same number of individuals, using the same approaches and interventions, so that the adaptation change can be isolated and measured, and its impact understood. This continuation of the CDEPs based on existing work will also allow for additional assessment of the programs and possibly inform the community, the providers and others on possible program designs that may be explored after the completion of the Innovation Project.



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Fresno County plans to conduct ongoing project evaluation over two years for each program so that it can assess if the adaptation enables the program to align with PEI requirements without losing community support or what made it community defined in the first place. The focus of the evaluation shall be to examine an effective community process; the changes brought by the innovative activity; the effectiveness of the innovative activity at meeting the intended goals; and community perceptions of the changes to the overall program. This information and insight may then be used by other CDEPs and/or to incorporate future community defined practices into MHSA-PEI funding (based on current PEI regulations).

Interested program participants will be invited to participate in the adaptation planning design, as well as the evaluation process in order to strengthen community ownership of the program and improve the insights that can be gained in evaluation.

As there are six PEI strategies, part of this community discussion process will require working with stakeholders and the programs to identify the PEI strategies for the programs based on the services delivered, the outcomes measures, and the applied adaptation that will best align their program with the PEI regulations for both sustainability and also to develop a more thorough and comprehensive prevention system, as some programs could be deemed stigma reduction, combination of two or more, rather than the default option of just prevention and early intervention (knowing PEI offers so much more). This process will also work to include new regulatory requirements anticipated through the passage of SB 1004, so the programs will be able to meet current or future requirements.



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The current CDEPs are set to complete their direct services as the end of this current fiscal year (June 30, 2021). They will have some funding going into the next FY (2021-2022) to complete the data collection and provide final support for the completion of the statewide evaluation. It is imperative that this Innovation program then, move quickly upon approval to be implemented so the community planning can occur while the program is active and to be able to plan for Phase II which will ensure the return of the services with the adaptation.

[Deeper Dive into each of the CDEPs.](#)

[Sweet Potato Project](#)- This is a program that utilizes Fresno's rich agricultural infrastructure and combines that with entrepreneurship to provide education about urban and sustainable agriculture. Students ages (11-15) in the cohort (15 at a time) participated in entrepreneurship, business skills and training to learn how to develop their products and sell it. During the off season the students enter into a second phase where they harvest and develop business plans and sale of their product.

Though this non-traditional approach to prevention (entrepreneurship), the program engages African American youth in positive, community activity, socialization, and peer to peer interaction. The program has sought reduce school failure and justice involvement through its intervention activity. One of the goals for the Sweet Potato will be identifying an adaptation that will align the program with current PEI prevention, or stigma reduction, etc. requirements.



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[Hmong Helping Hands](#) - The program implemented by the Fresno Center (formerly the Fresno Center for New Americans) provides an array of services intended to engage underserved older adult Hmong community members in a culturally responsive manner, including through education and wellness activities. The program participants noted having experienced suicidal ideation before engaging in services that helped them improve their wellness, and reduced their ideation. Many described experiencing symptoms such as loneliness, isolation, and grief for extended periods of time before participating in the program. As such there may be adaptation of screening tools into Hmong or specific interventions that may be implemented into this program that can allow for it to become better aligned as a prevention, a possible early intervention, timely access efforts for an underserved population or even a suicide prevention program. The goal for the HHH would be to identify what adaptations it has the capacity to implement which would support its current efforts, that are driven by its persons served.

[Atención Plena](#) and [Pláticas](#) - Operated by Integral Community Solutions Institute (ICSI), this program supports community health and engagement through advocacy and systems change that promotes whole person wellness for Latino/x youth. The project adapts things such as expression activities, talking circles, and mindfulness practices that are rendered in a youth-centric Latino/x focused manner for behavioral health engagement and early non-clinical prevention and engagement activities. The project focuses services for Latino/x youth through four primary activities 1) providing Atención Plena and



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Placticas to unaccompanied minors who reside in Fresno and are assisted by Kids In Need of Defense (KIND), 2) School Based Mindfulness Club (Atención Plena) driven by students where through campus clubs they are able to develop their own wellness management skills. The work includes the students then becoming those trainers and promoters of mindfulness activities through an array of settings. 3) campus-based prevention through a local charter school (Atención Plena Placticas) and its afterschool services, and lastly 4) collaboration with a local advocacy CBO who provided services for local Latino/x and afterschool service and (both) will provide the behavioral health engagement component.

At this time, this Innovation plan cannot identify the specific adaptations for each of the CDEPs as to do so would exclude the community's involvement in the planning and decision making. This community process is part of the learning. It is critical that these established, community defined programs are adapted or re-designed by those communities. These changes must be made in a manner which allows the community to have input in those adaptations, rather than the "dominant" system directing the change, which can perpetuate the perception as these services are not for them, are not designed with them in mind, and that their input is not valued by the behavioral health system.

It will be critical that the identified adaptations support future sustainability of the program through PEI funding options. The adaptation will need to be supported by the majority if not all the participating community members, and decisions should be made in a collaborative manner rather than based on authority (of dominant system). The focus of these adaptations is to assist



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in accessing and meeting future PEI funding criteria. However, the process may yield the ability for providers and community members to examine other funding options such as FFP for portions of services, as well as examine other possible funding opportunities to help build future capacity.

Each of the three projects will have a different number of individuals they will serve over the duration of this plan. Each of these programs have different focus, populations and approaches.

Some of these programs work with a cohort over several months in a more intensive process.

- Hmong Helping Hands- Projected to serve 125 unique individuals over three years.
- Atención Plena Pláticas- Projected to serve at least 670 unique individuals over three year.
- Sweet Potato Project- Projected to serve 105 youth over three years.

In total this Innovation plan will provide services to over 900 unduplicated individuals during the three years of this plan.

Research on INN Component

The three CRDPs that exist and operate in Fresno are unique in the state; they are part of the larger CRDP project using MHSA funding from CDPH to conduct services through community defined practices rather than the required evidence based or promising practice which are not always effective or designed for diverse populations.

The Racial and Ethnic Mental Health Disparities Coalition (REMDHCO) has reported to DBH staff that Fresno was one of very few counties to engage its CRDPs back in 2019 to better understand



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the programs/services and to explore opportunities for collaboration and potential inclusion of these CDEPs into its system of care.

Each of these three CDEPs has been accompanied by an evaluation to assess its effectiveness as a behavioral health approach. However, these were not necessarily aligned with the various MHSA components, or the six PEI strategies which have specific criteria for outcomes, measures, etc. In our research, Fresno County was not able to determine why the programs had not factored in specific needs of PEI funding as sustainability goal. That may have been in part that the project oversight was being provided outside the behavioral health system of care (CDPH). Some providers were not part of the system of care and so were not aware of such discussions. Based on Fresno County's participation on the CDEP Integration Advisory Group (CIAG) facilitated by CPEHN, no other counties at that time had begun to fund the CDEPs with MHSA. None have yet proposed to explore the adaptation of the CDEPs with the community's input driving the adaptation to ensure projects can better align with PEI regulations.

The specific interventions of these programs are unique to their populations and so there are no records of such programs being in existence outside of the CDEPs with these populations in California, and no PEI identified community defined practices near these in approach or for target populations.

Fresno County had two staff (a Division Manager/Ethnic Services Manager and the Diversity Services Coordinator) participate in the CIAG efforts and were one of only three counties who



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were participating in workgroup driven by CPEHN. Early input from other CRDP programs informed Fresno County that other counties had not yet developed plans to fund the CDEPs, nor, with the exception of Sacramento, had any other projects begun exploring becoming a part of their county's system of care or the communities they serve to adapt the an existing CDEP to better fit MHSA-PEI.

African Americans - While Medi-Cal penetration rates in Fresno County match its African American population, it is clear that Fresno County's services have not been culturally responsive to its local African American populations, as noted in past focus groups and in some of the community forums. The West Fresno Health Care Coalition is one of the only non-medical service providers in West Fresno (which is primarily African American). West Fresno Health Care Coalition with the West Fresno Family Resource Center has one of the only behavioral health programs that targets African American Youth, which is not school-based, justice-supported (law enforcement or probation) or provided by social services.

API - Hmong are largely under served in our system of care, and in large part stigma (Amaro, 2019), language and cultural approaches have posed a barrier. There are affiliates of the Hmong Helping Hands in two other counties; however, the size of those counties and the urban setting of those affiliates differs from Fresno. According to the latest census data, Fresno boasts the largest population of Hmong persons in California. As many of the early Hmong immigrants and refugees age, they face the need for services that are adapted for older adults that account for cultural and language dynamics.



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Latino/x - While over 52% of the population of Fresno County is Latino/x (according to Dataus.IO) the Latino population in Fresno county is spread out over its 6000sq miles, with some in Fresno (the state's fifth largest city) and the rest spread out across Fresno smaller agricultural communities and unincorporated areas. The Atención Plena and Pláticas program will not be able to address all the Latino/x youth in Fresno County; rather, the program will be targeting local Latino/X though engaging them in specific programs, charter schools, after school programs, school clubs, and advocacy organizations.

On January 28, 2021 the MHSOAC commission heard a presentation on the CRDP Phase II. At that meeting, the Commission approved a motion which would have the MHSOAC to explore options to fund and/or support efforts to “*uplift*” the these CRDP Phase II programs. This Innovation Plan uplifts three local CRDPs and continues the effort to assess/measure these community defined practices, while also seeking to learn how to best merge community defined practices programs such as the CRDPs into a county's system of care. During this meeting, comments by commissioner Alvarez sought to understand how CRDPs could be integrated into the local systems of care. This plan seeks specifically to work with providers and the communities to explore the best way that they can be merged into the system of care. The efforts of this plan will answer inquiries about the evaluation and long-term outcomes of these CRDPs as brought forth by Commissioner Danovitch at that same meeting. This plan explores how to match these CRDP programs to current PEI regs (and also monitor potential changes based on SB 1004) thus providing those services with more defined base lines to measure the result of the direct service.



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The proposed innovation plan will assess the effectiveness of the planning and transition to the county's system of care, and models or examples which will ensure the program remains a community defined practice at the end of that process.

Learning Question

- ❖ **Can a community-defined projects such as the CRDP Phase II CDEP be adapted through community planning/community action learning to allow the original program to adhere to MHSA-PEI funding requirements without compromising the effectiveness of the original, community-defined program.**

Evaluation or Learning Plan

This Innovation plan through the learning question and evaluation shall be able to identify and address the following key points.

Outcome 1- Adaptation

Community Planning Identify the specific adaptations chosen and implemented by the providers.

- Identify the adaptation clearly
- Demonstrate which PEI strategy the program seeks to align with based on its adaptations
 - How will the adaptation match the PEI component based targeted PEI outcomes goals and measures?

Outcome 2-Community Participation in Adaptation

- Document how the decision was reached through documenting the planning selection process by the community.
 - Including models or approaches used for the process



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- Survey of community participants including the program in how empowered they felt in the decision making
- Survey the community to determine how much ownership did they feel they had in the selection and decision-making process?
- Impact of adaptations on program
 - Through qualitative data (including narratives) measure how the adaptations have impacted programs (from provider perspectives)
 - Through qualitative data including narrative/interviews measure perceptions of what changes the adaptation has had on the program from participants.

Outcome 3- Community Perceptions on Adaptation

- At the latter part of the project, assess community perceptions of how the adaptations supported the community defined program, or have they changed the community defined program?
- Does the community feel the program is still a community defined and driven by community needs?
 - Collect data through a specifically developed perception survey
 - Collect data through personal narratives



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Outcome 4- Program Effectiveness

- Continue to monitor the effectiveness of the programs based on their PEI strategy defined outcomes.
 - Do the programs continue to provide effective outcomes in meeting the identified need/purpose of the program for the targeted population?
 - Based on PEI data and analysis of the data assess the programs' effectiveness in meeting the PEI strategies outcomes.

Contracting

Fresno County has begun the procurement process in anticipation of this project. However, it will not execute any service contracts without approval of this Innovation Plan. It is the intention of Fresno County to develop and enter into a master agreement with all three providers at once. The agreement will have separate scopes for each provider, and a specific budget but will expedite the contracting and contract monitoring process through a master agreement rather than three separate agreements. Upon approval by the MHSOAC the Department will obtain approval of its Board of Supervisors for the plan and related service and evaluation contracts. It is the goal of Fresno County to execute an agreement with the CDEPs before June 30, 2021 if possible or as close to the start of FY 2021-22.

The current CDEP programs will be winding down during the first six months of FY 2021-22. The funding and services will cease in the Spring of 2022. This proposed Innovation project will seek to use that time to begin the community planning, so to avoid service interruption. Two of the



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three CDEPs (Fresno Center and West Fresno Health Care Coalition) are existing contracted providers with Fresno County Department of Behavioral Health. They have the familiarity with county processes and systems which may provide a smoother adjustment to the county's System of Care.

As these are specific existing services in the community, and that the intent is to focus on these programs, a suspension of competition has been sought and obtained through the Purchasing Department following the county's established procurement process. It is not feasible to assess the adaptation of these programs by using any other providers than these current programs.

Upon approval of the INN plan by the MHSOAC, DBH intends to also establish a contract with an independent third-party evaluator. An evaluation agreement will not be executed until and only with the approval of the Innovation plan. In the meantime, DBH has been working to identify a viable evaluator who has experience with behavioral health, research/evaluation, health disparities and local understanding. At the same time DBH is also seeking evaluators which are not currently affiliated with the projects, to reduce possibility of confirmation bias or over familiarity with the current projects. As such DBH is seeking to contract with a local researcher and subject matter expert should the program be approved. Fresno County has obtained approval from the Purchasing Department to contract with Dr. Iran Barrera, PhD, LCSW. for evaluation services should this plan be approved.



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Community Program Planning

During the MHSA Community Planning Process (CPP) that was held during FY 2019-2020, the Fresno Center and the West Fresno Family Resource Center (both CDEP providers) assisted in hosting two community forums as part of the CPP. Community members and program participants from the Hmong Helping Hands and the Sweet Potato Project attended the community forums, and supported proposals to explore MHSA funding to sustain the projects in the new MHSA Three-Year Plan, noting both its benefit to their specific target groups in their communities, but also as their involvement as communities with the programs. Fresno County had raised questions in community meetings about the public's perception of the need for more culturally specific and responsive services, and outside the CDEPs not many other projects or considerations had been shared.

Thus, the CDEPs are a direct result of community input that has sought to continue to support these local community defined practices.

Fresno County Behavioral Health met with the CDEPs and their evaluators between 2018 and late 2019 and again in early 2020. These meetings and dialog provided the County with greater understanding of the services, the providers, as well as evaluation results to date.

The intention of this Innovation Program was shared with the public during four virtual community follow up sessions (to the MHSA Three Year Plan) in December 2020. These virtual sessions were conducted in Spanish, Hmong and two in English. Additionally, the Concept papers were posted to the DBH website for public review in late November of 2020. The CRDP Evolution



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Innovation plan was identified as a new Innovation plan in the County's new MHSA Three-Year (2020-2023) plan which was posted for 30-day public comment on December 18, 2020. The innovation plan was also discussed in the County's three virtual Public Hearings that were conducted the week of January 18, 2021. They were conducted in Hmong, English, and Spanish. The public comment and public hearings concluded on January 22, 2021 and at the conclusion there was no opposition to this new plan.

Fresno County participated in the *Partners for Change: African American Parents Summit* on January 26, 2021 where in a public forum it also discussed the plan to continue to work with the Sweet Potato Project through a new Innovation Plan. A grandparent who was an attendee noted that she had a grandchild who had participated in the Sweet Potato Project and spoke of the positive benefits of the program for African American Children than focused on protective factors rather than risk factors. Several other attendees also express positive support for the Department's efforts sustain the program based on their own experience with the program.

Fresno County has shared information on this plan with several other statewide advocacy groups such as California Pan Ethnic Health Network (CPEHN) and Racial & Ethnic Mental Health Disparities Coalition (REMEDOC), who along with Fresno County and the staff from ICSI were part of the CIAG convening. Fresno County's intention to utilize MHSA Innovation funding for community collaboration toward adaptation of the three Fresno based CDEPs was noted in the CPEHN Policy Concept paper presented by the work group in January. This INN plan was also shared with the County's Cultural Humility Committee as noted on the agenda (Exhibit B) at its



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February 2021 meeting, which included representatives from a number of organizations and community groups. The thirty-day public posting was also promoted on the Department's social media (Facebook and Instagram) providing additional avenues for community input. The plan was available on the County's MHSa page (www.fresnoMHSa.com). Public Comment cards were also available on the county's website for additional feedback.

Members of the community at large commented during the MHSOAC's Commission Hearing on January 28, 2021 related to the support to continuing to fund the CRDPs following the CDPH's presentation on the CRDPs as presented to the MHSOAC. These comments (11 were provided) were in support of the MHSOAC supporting the CRDPs. This support for the CDEPs by the MHSOAC can be approval of local INN plans.

Lastly, the letter of support from community members and some community organizations demonstrate community awareness of the plan, community support and community involvement in this process. Letters can be found in Exhibit A.

MHSa General Standards

All MHSa funded efforts by Fresno County embrace the MHSa standards and work to incorporate those standards into our overall system of care when and where possible. Fresno County believes its CRDP Evolution project embodies all six of the MHSa standards.

- [Community Collaboration](#)- These projects are community defined practices. The projects have been built through community collaboration, will operate as community



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defined practices with local community-based organizations. The innovation component of this project also requires continued community collaboration in the development of an agreed upon adaptation, and on-going assessment of the impact of such adaptations on this community defined approach. Finally, this plan has been driven by interest from community stakeholders.

- **Cultural Competency-** Fresno County utilizes alternative language to cultural competency such as cultural humility or culturally responsive as a more accurate term. The CRDP Phase II programs were a result of a need to demonstrate effectiveness of community defined practices as a way to address communities and populations who have been historically un-served, underserved, or inappropriately served. These programs are developed by those underserved communities to best serve their specific communities and target populations in ways that are culturally responsive, from language, cultural adaptations, staffing, etc. As an Innovation program this plan seeks to explore how such programs can be integrated into the current system of care so to close some of the disparities services gaps for underserved and inappropriately served communities. The process is looking to work with the community to drive the planning process and to be involved in the evaluation include use of qualitative narratives, which allow for “story telling” to be a means to document outcomes and not limiting it to quantitative approaches.



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- **Client Driven**- Fresno County has adopted the term individuals or persons served rather than “client” as not all those served are clients, and the term client can have other unintended identification and power differentiation. This project will serve individuals, but those individuals served will also be part of the planning and decision-making process, and who will be asked to yield their voice to the evaluation, sharing their experience, insights, etc. This plan continued the practice of these CDEPs and many of the county’s PEI services to be focused on the individual’s need as planned by those who are the recipients of the services.
- **Family Driven**- The three CDEPs are seeking to engage and serve underserved communities. Two of these programs are for youth and so will have an opportunity to engage families in the direct services, but overall families will be encouraged to work with the project in its efforts. One program does target unaccompanied minors and will work to engage care takers and supports. These programs were developed and operate with a family driven focused and that will be expanded to include the family input in the planning and adaptation/design process.
- **Wellness, Recovery, and Resilience-Focused**- The three CDEPs are existing programs focus on wellness and when working with youth resilience is a focus. These programs are not yet identified or designated a PEI category, but part of the program will allow for that designation to be done based on community input and community driven recommendations. These programs are unique in that they are focused on wellness first,



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on resilience through addressing needs early one, whether with strength based approach with African American Youth, Reliance focus with Latino/x youth in the Atención Plena and Platicas, or promoting wellness and reliance in the older adults served in the HHH.

- **Integrated Service Experience for Clients and Families-** The current programs are provided by community based organizations, through this project the services will work within the Fresno County behavioral health system of care, and as part of the community planning will be working across additional sectors to develop or enhance program designs and partnerships. This integration into the current system of care we hope will allow for easier access to care and services for the persons served, linkages and referrals. Fresno County's system of care and programs work across a number of sectors including education, justice, social services, public health, housing, etc. These programs work with youth and older adults in the academic, educational, agriculture, and social service sectors, and business which historically have been limited. With these programs coming into the Fresno County System of Care, it will increase opportunity and improve integration of care, for families, providers, and participants.

Cultural Competency and Stakeholder Involvement in Evaluation

The past and current stakeholders and program participants will be part of the process in both developing the adaptation to the specific programs as well as evaluation. This project is driven on community participation and maintaining such participation throughout the project included evaluation will be critical, as these individuals have a thorough understanding of their current



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community needs as well as the current program/services and how its specifically addressed their own needs. As such Fresno County plans to work with the local providers as well as local communities and community leaders to highlight their project and continue to elicit feedback for the program's duration.

The identified evaluator is one who possesses experience in research projects that are culturally responsive and population specific. The evaluator will be able to work with the diverse communities to ensure proper engagement, and also has the ability to leverage other local demographically diverse colleagues who can assist in the evaluation.

While this project will utilize the quantitative data for some of the projects evaluation, Fresno County understands the importance of storytelling in some of the targeted communities as well as the value of different perspectives and experiences as qualitative data that can both highlight voices and insight into the unique experiences of the targeted communities. With an evaluation which can factor in community and participant voices in qualitative form through narrative, then it would not afford the project a complete picture of what has occurred. These efforts are mindful attempts to ensure all facets of this project are as culturally responsive as possible.

Stakeholders from each of those programs/projects will be involved throughout the program and that will include the evaluation where their input will be part of the process. Part of the proposed evaluation is for the county to work with the evaluator to create a "community advisory" group who would be familiar with the projects and represent the communities (not the program) who



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can provide cross collaboration, cross reference/share information and additional insights to the evaluation process. This group will also be able to meet with the program partners and the county for updates. A six-person workgroup that would ideally feature one former program participant from each program and one general community member for each of the three community populations who could help support the evaluation process to ensure community voice is an integral part of the evaluation.

Innovation Project Sustainability

These three programs are being designed specifically to test adaptations which would allow for more sustainability in the future which can range from possible PEI funding and/or possible FFP for some components of the services. These projects are not robust for the specific reason to ensure they can be sustainable in the future. The programs are being funded at current levels and will not expand during the term of this project.

Current funding levels-shall mean funding the programs at their current levels for the services that are provided as part of the CDEP in Fresno County. This will not cover costs of other programs a provider may be leveraging. It will not be including funding of services outside Fresno County. This funding shall not be applied to other programs/services not identified in this project and individual contractor's scopes of work. Current levels will be limited to costs for actual current service delivery, and will not include expansion of services, and will not include additional staffing beyond what is currently funded for current services.



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Continued sustainability of these programs may increase their viability as programs which may be able to pursue other funding through partnerships, including grants, research fund, and philanthropic support.

Fresno County is investing in the evaluations of these programs, so that it may have a far greater understanding and comprehension of these community defined services to help in future program designs, how to engage the communities for inclusion of other CDEP into its system of care, and diversification of funding sources.

Fresno County projects that by the end of the term of project, that it may be in a place where the economic recovery from the COVID-19 pandemic should be occurring which may result in increases in revenues, which can financially sustain the programs, if they are demonstrated to be sustainable through the adaptation, etc.

Significant importance is being placed on the evaluation and outcomes of all three of these programs. The evaluation is a crucial component to this plan, to assess if the CDEPs continue to produce results based on PEI regulations, if the programs/services are able to align with the PEI requirements needed for possible future PEI funding, and if the programs remain community driven after the adaptation. Programs that are not able to produce outcomes that will align with funding requirements will not be continued as MHSA or at least MHSA PEI programs, and thus decisions on sustainability will be driven by the third-party evaluation and program data.



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Communication and Dissemination Plan

The three CDEP projects have already received technical assistance through participation in CRDP Phase II in communication, promotion of their work, and engagement of stakeholders. Fresno County plans to work with these project providers and community to help provide the narrative on the program's goals and successes. Ideally information on successes can be used to help inform and support other community defined activities. The information will be shared with the MHSAAC through annual updates and the final evaluation which can then be shared with other counties and CDEPs. Fresno County plans to share progress and outcomes of this project with other advocates who seek to reduce disparities such as CPEHN, REMCDO, CIBHS, etc.

Fresno County would support efforts to share findings with other communities and interested stakeholders through submissions to related culturally responsive summits, conferences, etc. The project evaluator who has previous research published, will also make efforts to publish key findings in professional and academic journals which can increase the body of literature on the CDEPs, but also for integration of community defined practices.

In a post COVID-19 world, the Department will seek to also share the program, its learnings and collaboration efforts in local community forums, and other avenues to increase awareness of community defined practices and adaptations locally, include with several local academic institutions (of which there are five who boast graduate level behavioral health programs) to increase understand of non-dominant approaches to behavioral health.



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Timeline

The timeline for this project is of the essence, as the current funding for the CDEPs are set to sunset at the end of spring of 2022. While there will be funding during the first part of FY 2021-2022, programs will be winding down with limited services and mostly evaluation work. As such Fresno County seeks to have the Innovation plan approved as soon as possible so it may complete contracts with the programs before the start of the new FY, including the contracting with the evaluator which will be critical during the community planning process (to collect relevant data, information, and assist with the data collection process).

Phase One

Phase One will take effect from July 1, 2021 for a period of up to six months. During this time the providers will continue to provide services as have been previously rendered (and per their scopes of work) based on their state funded agreements. Simultaneously the projects will begin hosting community meetings (virtual and/or in person depending on health conditions) where they will seek to use community (both stakeholders as well as current and past participants) in helping with the adaptation design process. DBH shall provide any needed informational support on MHSA, PEI, Innovation, what are requirements for PEI, etc.

- Identify the adaptation to their program
- How that adaptation may change the program and how it will be measured
- Development of evaluation workgroup



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- Working with the Department of Behavioral Health to ensure the adaptations will align the program with necessary PEI component.

This phase will seek to use the *Principle of Community Engagement (second edition)* to help guide some of the planning and process for community planning.

Phase Two

Phase Two will begin three to six months into the project, if all the programs have been able to complete their community collaboration for adaptation identification and design and evaluation needs have been established.

The programs will then begin to provide services for the next two years with the specific new adaptation to their community defined practice.

During the two years in phase two, the providers will work with the project evaluator and DBH for on-going evaluation and updates. These will include efforts to highlight the programs, examining alignment with PEI outcomes and components, as well as exploring other possible funding opportunities, such as FFP revenues for some service components, or how the program's effort may provide other MHSA or funding options.

Phase Three

Phase three will be the final six months of the program. During this time the programs will continue to provide services with the adaptation and the original levels still. The project will begin



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to shift to completion of an overall program evaluation which will include some additional community forums and work from the evaluation body. During that phase the County will continue to work with the programs to identify opportunity for transition to other non-Innovation funding and sustainably based on each of the program's success and outcomes. This may include inclusion of the CDEPs in subsequent MHSA Three Year plans, or Annual Updates, or other potential funding options which have emerge over the three years that will support sustainability.

End Phase

The Innovation plan will end at the end of three years, where a completed program report and evaluation report shall be submitted to the MHSAOC.

Budget

Budget Narrative

Fresno County is seeking to dedicate **\$2,400,000** for the CRDP Evolution project over three years. Fresno County will seek to fund each of the CDEPs at their current levels based on current work in Fresno County for the next three years. The project is seeking to apply \$2,190,963 for the CDEP programs, and approximately \$200,000 for evaluation to ensure the necessary evaluation and technical assistance with the adaptation. The county's allocation shall be for the technical assistance.

Currently the programs are operating at:



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- Sweet Potato Project- Current Annual cost is \$227,358 per year. The projected Three-Year amount shall not to exceed \$682,074.
- Hmong Helping Hands - Current Annual cost is \$265,000 per year. The projected Three-Year amount shall not exceed \$795,000.
- Integral Community Solutions Institute- Current Annual cost is \$237,963. The projected Three-Year amount shall not exceed \$713,889.

The programs will be funded each for a total of three years. Their yearly allocations will be based on their current operating budgets for CRDP work in Fresno County.

\$10,000 will be allotted in the initial phase to support community planning. In subsequent phases, each program will receive technical assistance to increase organizational capacity for activities such as community planning, responding to Requests for Proposals, and other methods of involving the community in developing and promoting behavioral health programs, etc. through DBH.

Administrative Costs - Fresno County will be applying as much of the available plan funding to the project, with administrative costs being primarily the \$9,037 it will use to assist in the facilitation of the Phase One community meetings and forums, to assist with administration, evaluation stipends, program promotion, etc. Fresno is opting to not fund departmental positions with these INN dollars as it works to move to more sustainable funding for its efforts including



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its own staffing. As Innovation funds are for three years, any positions added by the department would have to be supported in the future with other funding sources.

Evaluation - Fresno County is allocating a maximum of \$200,000 to the evaluation. The program will be applying \$150,000 to the direct evaluation of the program which will include check-ins with each of the three programs on an on-going basis and annual updates. This work will start with the community forums all the way through to the final phase of overall program evaluation completion.

Up to \$50,000 of the evaluation May be used for technical assistance, that the evaluator shall provide during the Phase One to ensure that necessary project data and measures process are developed and implemented at the start of the project. This includes work with the various community planning as well as the individual providers, to ensure program adherence to research design, data collection and other related metrics.

Budget Sheet

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 21/22	FY 22/23	FY 23/24	TOTAL
1	Salaries				
2	Direct Costs				
3	Indirect Costs				
4	Total Personnel Costs				



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OPERATING COSTS		FY 21/22	FY 22/23	FY 23/24	TOTAL
5	Direct Costs				
6	Indirect Costs	3,013	3,012	3,012	\$ 9,037
7	Total Operating Costs	\$ 3,013	\$ 3,012	\$ 3,012	\$ 9,037
NON RECURRING COSTS (equipment, technology)		FY 21/22	FY 22/23	FY 23/24	TOTAL
8					
9					
10	Total Non-recurring costs				
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 21/22	FY 22/23	FY 23/24	TOTAL
11	Direct Costs	\$ 80,000	\$ 60,000	\$ 60,000	\$ 200,000
12	Indirect Costs				
13	Total Consultant Costs	\$ 80,000	\$ 60,000	\$ 60,000	\$ 200,000
OTHER EXPENDITURES (please explain in budget narrative)		FY 21/22	FY 22/23	FY 23/24	TOTAL
14	Vendors	\$ 730,321	\$ 730,321	\$ 730,321	\$ 2,190,963
15					
16	Total Other Expenditures	\$ 730,321	\$ 730,321	\$ 730,321	\$ 2,190,963
BUDGET TOTALS					
Personnel (line 1)		\$ -	\$ -	\$ -	\$ -
Direct Costs (add lines 2, 5 and 11 from above)		80,000	60,000	60,000	200,000
Indirect Costs (add lines 3, 6 and 12 from above)		3,013	3,012	3,012	9,037



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Non-recurring costs (line 10)				
Other Expenditures (line 16)	730,321	730,321	730,321	2,190,963
TOTAL INNOVATION BUDGET	\$ 813,334	\$ 793,333	\$ 793,333	\$ 2,400,000

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)					
ADMINISTRATION:					
A.	Estimated total mental health expenditures for <u>ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	TOTAL
1	Innovative MHSA Funds	\$733,334.00	\$733,333.00	\$733,333.00	\$2,200,000
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Administration				
EVALUATION:					
B.	Estimated total mental health expenditures for <u>EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	TOTAL
1	Innovative MHSA Funds	\$80,000	\$60,000	\$60,000	\$200,000
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Evaluation				
TOTAL:					



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C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	TOTAL
1	Innovative MHSA Funds	\$813,334.00	\$793,333.00	\$793,333.00	\$2,400,000.00
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Expenditures	\$813,334.00	\$793,333.00	\$793,333.00	\$2,400,000.00

*If "Other funding" is included, please explain.



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Citations

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Exhibits



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Exhibit A- Cultural Humility Committee Agenda



THE COUNTY OF FRESNO

Department of Behavioral Health

CULTURAL HUMILITY GOALS

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.

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.

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.

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.

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.

Cultural Humility Committee (CHC)
3127 N. Millbrook. Fresno, CA 93703

Meeting Agenda

Thursday, February 4th, 2021
10:00 a.m. – 12:00 p.m.

Join Webex: [Join Webex Meeting](#) Join by phone: 1 (855) 282-6330

1. Welcome and Introductions (Ahmad)
2. Black History Month Music Appreciation (Tiffany)
3. CRDP INN Updates (Ahmad)
4. Cultural Humility Training Requirements (Ahmad/Tiffany)
5. Cultural Humility Survey Reminders (Ahmad/Tiffany/Nancy)
6. Subcommittee Updates (Nancy)
7. Other Discussion Items
8. Adjourn

**Any community members wishing to address the Cultural Humility Committee on an item not listed on this agenda may do so at this time. The Cultural Humility Committee reserves the right to limit the discussion to items related to cultural and linguistic services.*

Next Meeting: Thursday, March 4th, 2021



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Subcommittee	Goal	Activities
Governance & Cultural Enrichment (NEW)	<ul style="list-style-type: none"> To create a work environment where cultural humility, dignity and respect are modeled To ensure all BHSOC staff experience equitable opportunities for professional and personal growth To develop education and training activities in collaboration with diverse community groups and organizations 	<ul style="list-style-type: none"> Develop CHC Charter and policies Amend CHC Charter and policies, when necessary Support recruitment of bilingual, bicultural staff, persons with lived experience, and family members Support staff retention efforts Identify and recommend training opportunities for county and contract provider staff Develop and implement tracking system to track staff and provider attendance Identify and recommend culturally relevant conference opportunities Identify four (4) community events to attend in FY 20/21
Communications	<ul style="list-style-type: none"> To develop outreach activities in collaboration with diverse community groups and organizations To help disseminate information about behavioral health services 	<ul style="list-style-type: none"> Support outreach efforts (Service Outreach and Information Dissemination Outreach) Support marketing efforts, including developing materials and strategies for dissemination, use of social media, and developing calendars and other materials
Language	<ul style="list-style-type: none"> To provide improved and timely access to linguistically appropriate, integrated, behavioral health services 	<ul style="list-style-type: none"> Develop a Language Services Committees, as outlined in the CRP Review service-level language data and identify needs Assess interpretation service capacity and quality Make recommendations to improve interpretation services, including identifying interpreter trainings Review translated materials
Access	<ul style="list-style-type: none"> To provide improved and timely access to culturally- and linguistically appropriate, integrated, behavioral health services 	<ul style="list-style-type: none"> Review service-level data by race/ethnicity, gender, age, language, LGBTQ+, and region Review Access Line data Make recommendations to improve access to services for underserved populations Make recommendations to improve data collection



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

Exhibit B- Letters of Support



JERRY P. DYER
MAYOR

March 12, 2021

Lynne Ashbeck, Chair
The Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Fresno County's Innovation Plan, California Reducing Disparities Project – Evolutions

Dear Chair Ashbeck and Commissioners,

As the City of Fresno's Mayor, I am writing in support of Fresno County's proposed Innovation Plan known as California Reducing Disparities Project – Evolutions. This project would continue to operate three programs that are providing critical mental health services to underserved local communities.

The West Fresno Family Resource Center's Sweet Potato Project II, the Fresno Center's Hmong Helping Hands, and Integral Community Solutions Institute's Actencio and Placticas are current California Reducing Disparities Projects that were part of a five-year State pilot program. With the pilot initiative ending soon, these local program providers are proposing to partner with Fresno County Behavioral Health to continue services with this proposed Innovation Plan.

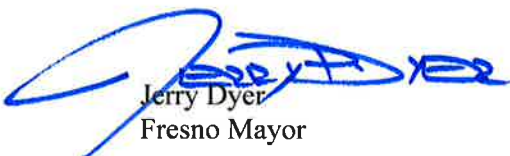
These local programs invest in mental-health services for marginalized populations. Two serve youths, and the other serves older populations. Mental health services are often lacking in these communities. People in need of mental health services often lack access or insurance. Also, a mental health stigma in these communities stops many from seeking help. As a result, both prevention and intervention are oftentimes lacking.

As part of my One Fresno vision, no communities are left behind. Because of that, I feel it is critically important that historically underserved communities get the help they need. Unfortunately, mental health services oftentimes do not get the recognition they deserve.

Even though the State pilot is ending, these successful local programs should continue, and I appreciate that they are proposing to join Fresno County to continue to provide their services moving forward. Please support this vision.

If you have any questions, please do not hesitate to call me at (559) 621-7908.

Sincerely,



Jerry Dyer
Fresno Mayor



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Hugo Villa
The Village Family Services

CHIEF EXECUTIVE OFFICER

Le Ondra Clark Harvey, Ph.D.

March 16, 2021

Mental Health Services Oversight and Accountability Commission (MHSOAC)
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Fresno County Innovation Plan-California Reducing Disparities Project Evolutions

Dear Commissioners:

On behalf of the California Council of Community Behavioral Health Agencies (CBHA), we write to express support of Fresno County's Innovation Plan, California Reducing Disparities Project (CRDP) Evolutions.

CBHA is a statewide association of 70 plus mental health and substance use disorder non-profit community agencies that provides behavioral health services to over 500,000 clients. We believe that Californians deserve a comprehensive, community-based behavioral health system that is adequately funded. We value outcome based, data driven, culturally responsive and linguistically appropriate approaches to service provision. We work strategically and collaboratively to pursue public policy initiatives that create system change for diverse communities across our state. We support the integration of behavioral health, physical health, housing, education and vocational rehabilitation services for children, youth, adults, and older adults.

CBHA has advocated for continuation and inclusion of community-defined and community-driven culturally responsive approaches into the public behavioral health care system. Fresno County has been working with its local CRDP Phase Two programs for about a year, exploring ways for sustainability and inclusion in its Mental Health Services Act (MHSA) plans. Fresno County's plan is important as it will explore specific ways that these community defined practices can be included in systems of care in ways that maintain the programs' integrity, provide a voice to the community, and ensure both outcomes and sustainability.

Fresno County has a strong commitment to reduce health disparities and its effort to collaborate with three existing CRDP programs and examine ways to include community defined practices into its system of care. Their investment in evaluation and sustainability will help inform other CRDPs' Counties and future community defined practices for use of MHSA. Furthermore, their plan is important as it will explore specific ways that these community defined practices can be included in systems of care in ways that maintain the programs' integrity, provide a voice to the community, and ensure both outcomes and sustainability.



This plan is more important than ever, given the dramatic increase in mental health issues many racially and ethnically diverse communities in the state are facing because of the COVID-19 pandemic. For these reasons, CBHA strongly urge the Commission to approve this Innovation plan. Please do not hesitate to have your staff contact our Senior Advocate, Policy and Legislative Affairs, Robb Layne at 916-557-1166 #600 or rlayne@cccbha.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Le Ondra Clark Harvey".

Le Ondra Clark Harvey, Ph.D.
Chief Executive Officer

A handwritten signature in black ink, appearing to read "Robb Layne".

Robb Layne
Senior Advocate, Policy and Legislative Affairs



California Pan-Ethnic HEALTH NETWORK

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Asian Resources, Inc.

Kiran Savage-Sangwan, MPA
Executive Director

OAKLAND OFFICE
1221 Preservation Park Way, Suite
200
Oakland, CA 94612

SACRAMENTO OFFICE
1107 9th Street, Suite 410
Sacramento, CA 95814

March 12, 2021

MHSOAC

1325 J Street, Suite 1700

Sacramento, CA 95814

Re: Fresno County Innovation Plan- California Reducing Disparities Project Evolutions

Dear Commissioners:

California Pan-Ethnic Health Network (CPEHN) would like to provide this letter in support of Fresno County's Innovation Plan, *California Reducing Disparities Project (CRDP) - Evolutions*. CPEHN has been involved with CRDP for a number of years, including the recent execution of the Education, Outreach, and Awareness (EOA) contract, funded by Office of Health Equity. Outside of the contract, we have advocated for community-defined and community-driven culturally responsive approaches into the public behavioral health care system. Fresno County has been working with its local CRDP Phase Two programs for about a year, exploring ways for sustainability and inclusion in its Mental Health Services Act (MHSA) plans. Fresno County's plan is important as it will explore specific ways that these community defined practices can be included in systems of care in ways that maintain the programs' integrity, provide a voice to the community, and ensure both outcomes and sustainability.

From 2020-2021, CPEHN established the Community Defined Evidence based Practices (CDEP) Integration Workgroup (CIAG) which included stakeholders, policy leaders, community based organizations, FQHC, behavioral health leaders and advocates. Together, the CIAG studied CDEP integration challenges and offered empirical solutions, producing a final culmination report that summarizes this collaboration called the CIAG Concept Paper. Integration of CDEP in its full integrity comes strongly recommended by the CIAG Concept Paper.

Fresno County has a strong commitment to reduce health disparities and its effort to collaborate with three existing CRDP programs and examine ways to include community defined practices into its system of care. Its investment in evaluation and sustainability will help inform other CRDPs' Counties, and future community defined practices for use of MHSA.

Collectively, we must prepare for the enormous mental health needs of Black, Indigenous, and People of Color (BIPOC) communities due to the magnitude of grief/loss caused by COVID-19 pandemic. We strongly urge the Commission to approve this innovation plan. If you have any questions, please feel free to contact me at mjung@cpehn.org.

Sincerely,

Mihae Jung, MSW
Community Advocacy Director



Jesus Chuy Padron, President
Roger Palomino, Vice-President
Christina Luna, EdD, Secretary
Tony Quintero Esq, Treasurer
Juan C. Garcia, PhD, LMFT, Executive Director

Date: March 15, 2021

Re: Fresno County's Innovation Plan, California Reducing Disparities Project-Evaluations.

Dear Commissioners,

ICSI is providing this letter of support for Fresno County's proposed Innovation Plan entitled California Reducing Disparities Project (CRDP)-evolutions. Integral Community Solutions Institute (ICSI) is a current CRDP program provider in Fresno County and is a partner with Fresno County Behavioral Health in this proposed Innovation plan along with two other Fresno IPPs, the Fresno Center and the Westside Community Center.

The CRDPs have been detailed in various reports, hearings and presentations explaining the importance to examine and apply community defined programs to address both disparities and culturally responsive services. Our program is called Programa Bienestar and the two Community Defined Evidence Practices (CDEPs), which we have researched and implemented, are "Atención Plena" and "Pláticas" which focuses on the Latinx youth population, as well as their families including victims of crime, human trafficking, domestic violence and most recently victims of the pandemic and the subsequent effects of structural racism intended or unintended by the larger mainstream society. We provide mindfulness techniques with mainstream and Latino twists to reach a highly vulnerable population which is often neglected, harassed, discriminated, and demeaned due to their race, culture, language, poverty, and lack of economic stability brought on and sustained by a hostile society. We use cultural competence, responsiveness, and humility to implement mental health wellness and help communities advocate for themselves

Integral Community Solutions Institute (ICSI)

255 N Fulton St. Ste 105

Fresno CA 93701

(559) 497-5056

www.lcsi.solutions



INTEGRAL
COMMUNITY
SOLUTIONS
INSTITUTE

Jesus Chuy Padron, President

Roger Palomino, Vice-President

Christina Luna, EdD, Secretary

Tony Quintero Esq, Treasurer

Juan C. Garcia, PhD, LMFT, Executive Director

by encouraging them to express themselves in their own voice in order to foster a gentler society.

Each of our IPP agencies and the Fresno County Department of Behavioral Health acknowledge the need for more culturally responsive programs and services. We both agree that the next step in the CRDP evolution is to focus on sustainability, to ensure these community driven services are merged into the system of care in a manner that ensures the program still meet the needs of its targeted populations in a manner that is responsive to those specific local communities.

We are excited about this opportunity to work in partnership with our County and our communities to continue to work on our community defined practices, gaining greater understanding of MHSA-PEI parameters and providing models for integrating community defined and driven programming into the county systems of care.

Should you need any other information or if we can be of help, please feel free to contact us at (559) 497-5056 or icsi2013@att.net (alternatively novelofg@gmail.com).

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Juan C. Garcia PhD", with a long, sweeping horizontal line extending to the right.

Juan C Garcia, PhD, LMFT
Executive Director

Integral Community Solutions Institute (ICSI)

255 N Fulton St. Ste 105

Fresno CA 93701

(559) 497-5056

www.icsi.solutions



CITY *of* CLOVIS

1033 FIFTH STREET • CLOVIS, CA 93612

**From the Desk of Councilmember
Vong Mouanoutoua**

March 17, 2021

Re: Fresno County's Innovation Plan, California Reducing Disparities Project-Evaluations.

Dear Commissioners,

I am providing this letter of support for Fresno County's proposed Innovation Plan titled, California Reducing Disparities Project (CRDP)-evolutions. The Fresno Center is a current CRDP program provider in Fresno County and is a partner with Fresno County Behavioral Health in this proposed Innovation plan.

The CRDP's have been detailed in various reports, hearings and presentations, explaining the importance of examining and applying community-defined programs to address both disparities and culturally responsive services. The Fresno Center's project is called the Hmong Helping Hands Intervention. I was an original Advisory Board Member.

The project focuses on the Hmong and SE Asian populations. Both community stakeholder members and the Fresno County Department of Behavioral Health acknowledge the need for more culturally responsive programs and services. Along with the Fresno County Department of Behavioral Health, I too agree the next step in the CRDP evolution is to focus on sustainability, to ensure that these community-driven services are merged into the system of care in a manner that ensures the program still meets the needs of its targeted populations and in a manner that is responsive to those specific local communities.

I am very excited to see our County partner with local organizations to work on our community defined practices, gaining greater understanding of MHSA-PEI parameters and providing models for integrating community defined and driven programming into the County's system of care.

Should you need any other information or if we can be of help, please feel free to contact me.

With all good wishes and warmest personal regards, I am,

Sincerely,

Vong Mouanoutoua
Councilmember

April 6, 2021

Re: Sweet Potato Project

Greetings:

My name is Shana Moultrie and I am the mother of Faith Moultrie, who has participated in the Sweet Potato Project for four years.

This project has been most beneficial for Faith. Though this project taught her how to grow and market sweet potatoes, it is so much more. Through the meetings, interactions with other youth and topics selected by leaders of the project, I have watched Faith gain confidence in herself, develop speaking skills, learn to make better choices to actually becoming a leader. And, she loves every minutes of it. This project has helped her to focus on her education, her well- being and her future.

I most certainly support the Sweet Potato Project. It's a project that I pray will continue to be offered and supported by Fresno County. All youth could definitely benefit from the Sweet Potato Project.

Warm Regards.


Shana Moultrie
559 374 7650

Assembly California Legislature



THIRTY-FIRST ASSEMBLY DISTRICT

April 9, 2021

Dawan Utecht, Director
County of Fresno
Department of Behavioral Health
1925 E. Dakota Ave.
Fresno, CA 93726

RE: Letter of Support for West Fresno Family Resource Center's Application

Dear Director Utecht:

I write to express my support for the West Fresno Family Resource Center's application to the Fresno County Department of Behavioral Health's Innovation Plan entitled California Reducing Disparities Project (CRDP) Evolutions.

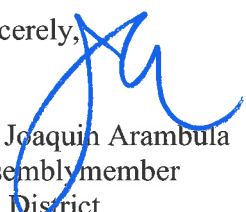
The West Fresno Family Resource Center is a nonprofit organization, incorporated in 2001, that serves the community of Fresno. In particular, the Center serves residents of southwest Fresno by empowering and supporting the West Fresno community through a range of programs that include efforts in education, outreach, counseling, health resources, and workforce development.

The West Fresno Family Resource Center is a current CRDP Evolutions program provider in Fresno County, in partnership with the county's Department of Behavioral Health. WFFRC's Sweet Potato Project II is a prevention program that addresses disparities through culturally responsive services directed at African American youth ages 12-15 by engaging them in skill development areas such as leadership, self-esteem, communication, coping skills as well as agricultural business and entrepreneurial training.

If awarded, the Center will be able to continue to work toward gaining a better understanding of Mental Health Services Act – Prevention and Early Intervention (MHSA-PEI) parameters and provide a model for other integrating, community-driven programs into the county's systems of care.

In advance, I thank you for your consideration of West Fresno Family Resource Center's application. Should you have any questions, please do not hesitate to contact my office at (916) 319-2031 or (559) 445-5532.

Sincerely,


Dr. Joaquin Arambula
Assembly member
31st District



March 23, 2021

Re: California Reducing Disparities Project (CRDP) Evolution Innovation Plan

Dear Commissioners,

My name is Chongge Vang and I am a past participant in The Fresno Center's CRDP Hmong Helping Hands Intervention project. This project is one of the three CRDP projects in Fresno County, and one of the three projects being included in this plan.

The Hmong Helping Hands Intervention project has helped me and offered new hope. I am originally from Southern California, and coming to Fresno, I was lost and felt isolated. I did not know many people, and I did not know much about the different community resources. The project helped me to connect with people, learn about resources in the community, and the many unique ways of healing myself. The components that have helped to alleviate my depression were; Hmong Talk, Spiritual Healing, Cross cultural therapeutic exploration trips, and Therapeutic arts/crafts. I strongly feel that these types of projects like the Hmong Helping Hands are useful in our community and being able to learn how to keep them going so others can also benefit from them are important.

I am happy to see those of us in the community not only participate in the program, but also in planning and helping to improve the plan.

I hope the commission will support and approve this plan being put forth by Fresno County. Thank you for your time.

Sincerely Yours,



Former Captain Chongge Vang,
Hmong Vietnam Veteran

Community Member



REMHDCO

Racial and Ethnic Mental Health Disparities Coalition

March 17, 2021

Mental Health Services Oversight and Accountability Commission
1325 J Street, 17TH Floor
Sacramento, Ca 95814

Re: Support of Fresno County Innovation Plan
MHSA Meeting of April 22, 2021

Dear Commissioners,

The Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) would like to provide this letter in support of Fresno County's Innovation Plan, California Reducing Disparities Project (CRDP)-Evolutions. REMHDCO has been involved with the CRDP since its inception and have advocated for continuation and inclusion of these community defined and community driven culturally responsive approaches into the public behavioral health care system. Fresno County has been working with its local CRDP Phase Two programs for about a year, exploring ways for sustainability and inclusion in its Mental Health Services Act (MHSA) plans. Fresno County's plan is important as it will explore specific ways that these community defined practices can be included in systems of care in ways that maintain the programs' integrity, provide a voice to the community, and ensure both outcomes and sustainability.

Fresno County has a strong commitment to reducing health disparities and its effort to collaborate with three existing CRDP programs and examine ways to include community defined practices into its system of care. Its investment in evaluation and sustainability will help inform other CRDPs, Counties and future community defined practices for use of MHSA.

We also wish to commend Ahmad Bahrami, Division Manager-Public Behavioral Health/Equity Services Manager and his team at Fresno County Department of Behavioral Health. They have been committed to genuine collaboration with underserved communities and embody the spirit of the MHSA in terms of reaching out to and working with community based organizations at both the local and state levels.

**P.O. Box 567, Sacramento, CA 95812-0567
(916) 705-5018 shiramoto@remhdco.org**

As an organization that has a great deal of experience with the CRDP and with reviewing County Innovation plans, we would strongly urge the Commission to approve this Innovation plan. If you have any questions, please feel free to contact Stacie Hiramoto at Shiramoto@remhdco.org or (916) 705-5018.

Respectfully Yours,

A handwritten signature in blue ink that reads "Beatrice Lee". The signature is written in a cursive, flowing style.

Beatrice Lee
President