



Artwork Submitted By: Lula R

Fresno County Department of Behavioral Health

MHSA Three-Year Plan

FY 14/15, FY 15/16, FY 16/17



Posted: July 16, 2015

Public Hearing Held: August 17, 2015
Blue Sky Wellness Center
1617 E Saginaw Way #108
Fresno, CA 93704



WELLNESS • RECOVERY • RESILIENCE

Approved by Behavioral Health Board: August 19, 2015

Approved by Board of Supervisors: September 22, 2015

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A Message from the Executive Team

The Fresno County Department of Behavioral Health (DBH) is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment. That is our mission and we lead into this MHSA Three-Year Plan by first stating our mission because it truly is at the heart of everything that we do. This is an exciting, yet challenging time in the healthcare industry with many changes in recent years and yet more change ahead. Thus, in light of an evolving healthcare environment, the focus on our mission gives us the strength and resolve to ensure that as we move forward, we keep our clients in the center of the conversation.

Since the time of our last MHSA Three-Year Plan, our department has experienced change in our leadership, in terms of both the staff and the structure. In May of 2013, a new Director joined the DBH leadership team and began to chart a new course. She led the team in developing a new organizational design to include two focused operational areas. In this new structure, staff and functions were grouped under the categories of “Business Operations” and “Clinical Operations,” each with a respective Deputy Director. The new organizational structure also added management positions to support focused leadership for areas including Quality Improvement and Technology, Managed Care, and Contracted Services. As with any change in how a large organization operates, there have been both challenges and opportunities. Again, the focus on our mission has served us well in our efforts to reorganize as we continue to work to improve our processes within this new structure.

As the department worked through the MHSA Three-Year Plan, it was recognized that the structure and framework of that process has great value which could be recognized across the department as a whole toward the fulfillment of our mission. As a result, our leadership team has taken the construct of the MHSA planning process to conceptualize an overall DBH Operational Plan with five identified Work Plans. The focus of our team in this planning cycle has been on MHSA programs and services; however, as we move forward as a system, we will use this same framework for all DBH planning. In the future, those elements of our Work Plans which are touched by MHSA will continue to be identified in the required MHSA Plan which is envisioned to eventually be a subset of the larger, comprehensive DBH Plan.

In the pages that follow, the Department provides further background and explanation of the new DBH Work Plan concept and, in far greater detail, the reader will find detailed explanation of all MHSA programs, services and activities within each identified Work Plan. The Department is committed to ensuring that we adhere to the MHSA guiding principles. The Department facilitated an extensive stakeholder process and we believe that this MHSA three-year plan reflects well the vast input received.

Thank you for the opportunity to share the DBH MHSA Three-Year Plan and to share our mission with you.

Dawan Utecht, Director

Susan Holt, Deputy Director – Clinical Operations

Maryann Le, Deputy Director – Business Operations



MHSA COUNTY COMPLIANCE CERTIFICATION

County: Fresno

Local Mental Health Director	Program Lead
Name: Dawan Utecht	Name: Karen Markland
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on September 22, 2015.

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

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

Dawan Utecht
Local Mental Health Director/Designee (PRINT)

Dawan Utecht 9-4-15
Signature Date

County: Fresno

Date: September 22, 2015

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Fresno

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

Local Mental Health Director Name: Dawan Utecht Telephone Number: 559-600-9193 E-mail: dutecht@co.fresno.ca.us	County Auditor-Controller / City Financial Officer Name: Vicki Crow, CPA Telephone Number: 559-600-3964 E-mail: vcrow@co.fresno.ca.us
Local Mental Health Mailing Address: 3133 N Millbrook Avenue Fresno, CA 93793	

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

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

Dawan Utecht
Local Mental Health Director (PRINT)

Dawan Utecht 9-4-15
Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated June 19, 2015 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2014, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Vicki Crow, CPA
County Auditor Controller / City Financial Officer (PRINT)

Vicki Crow 9-8-15
Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Introduction MHSA Overview

Mental Health Services Act Overview

On November 2004, voters in the State of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service system.

To accomplish its objectives, County are responsible for ensuring compliance with Welfare & Institution Code Section 5829(a) for MHSA funding is allocated as follows:

Component	Annual Percentage of MHSA	Reversion Period
Community Program Planning and Administration	10%	Not Applicable
Community Services and Supports (CSS)	80%	3 years
Prevention and Early Intervention (PEI)	20%	3 years
Innovation (INN)	5%	3 years*
Workforce Education Training (WET)	One time funding	10 years
Capital Funding (CF)	One time funding	10 years
Technology Needs (TN)	One time funding	10 years

*The county is required to utilize 5% of the total funding for CSS and PEI for Innovative Programs. Counties can allocate up to 20% for CF&TN, WET and the Prudent Reserve for any year after 2007-2008.

MHSA funding is allocated as follows:

- 75-80% of the county's annual MHSA funds are allocated to CSS with a 3-year reversion period
- 15-20% of the county's annual MHSA funds are allocated to PEI with a 3-year reversion period
- 5% of the county's annual MHSA funds are allocated to INN with a 3-year reversion period
- (The county is required to utilize 5% of the total funding for CSS and PEI for Innovative Programs)
- One-time funds were allocated to WET, CF/TN, and PSH, with a 10-year reversion period (Counties can allocate up to 20% for CF/TN, WET and the Prudent Reserve for any year after 07-08)

The keys to obtaining true system transformation are to focus on the five fundamental principles outlined in the MHSA regulations:

1. Community Collaboration
2. Cultural Competency
3. Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services
4. Access to Underserved Communities
5. Creating an Integrated Service Array

MHSA Three-Year Program and Expenditure Plan Instructions

It is the first time since 2005/06 that counties have been asked to prepare a Three-Year-Program and Expenditure Plan (Three-Year Plan). It is the first time that counties have developed a Three-Year Plan that includes all of the Mental Health Services Act (MHSA) components.

When MHSA planning was first initiated, counties were required to develop Three-Year MHSA Component Plans and to update those plans on an annual basis. In response, on August 2, 2013, the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) released the Instructions, Fiscal Worksheets and updated Certification Forms to County Mental Health Directors. These documents are to be included in the Mental Health Services Act “Fiscal Year (FY) 2014/2015 through FY2016/2017 MHSA Three-Year Program and Expenditure Plan” (3YPE).

The Commission strongly believes in a robust, meaningful stakeholder process and therefore provided the 3 year instructions as a means for counties to follow statute and regulations required in the Community Planning Process (CPP) and information that should be included in the update. This process also allows the county to re-evaluate the performance of MHSA programs and make any necessary changes, amendments, additions, or eliminations. Fresno County CPP Appendix 1

The Fresno County MHSA Three-Year Plan reference chart starts on the next page. This table will communicate MHSA programs and activities that are recommended to:

- Keep
- Enhance
- Delete(d)
- New

Program details are located on individual program summary sheets in the later sections of this plan. In a true integrated plan design, the programs will be placed within their corresponding DBH Work Plans.

Applicable and corresponding program outcomes are available on our website www.co.fresno.ca.us/MHSA as a separate text of the Three-Year Plan.

Thank you for your interest and support in Fresno County Mental Health Services Act programming.

Proposal for MHSA Three-Year Integrated Plan

**This table summarizes MHSA programs and references status.
Program details can be found in the corresponding DBH Work Plan.**

DBH Work Plans:

1. Behavioral Health Integrated Access (**BHIA**)
2. Wellness, Recovery and Resiliency Supports (**WRRS**)
3. Cultural/Community Defined Practices (**CCDP**)
4. Behavioral Health Clinical Care (**BHCC**)
5. Infrastructure Supports (**IS**)

* = New Program Name

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan
AB 109 - Outpatient Mental Health & Substance Services	Keep	BHCC
AB 109 Full Service Partnership (FSP)	Keep	BHCC
Adult Behavioral Health Court – Program deleted but was combined with Behavioral Health Court/Coordinator Services	Deleted	BHIA
Behavioral Health Court/Coordinator Services	Enhance	BHIA
Blue Sky Wellness Center	Enhance	WRRS
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS
Child Welfare Mental Team/Katie A Team	Enhance	BHIA
Children & Youth Juvenile Justice Services - ACT	Keep	BHCC
Children Full Service Partnership (FSP) SP 0-10 Years* (SMART Model of Care)	Keep	BHCC
Children's Expansion of Outpatient Services	Keep	BHCC
Children's Mental Health - New Front Door	Enhance	BHIA
Children's Outpatient Services Co-Occurring	Keep	BHIA
CODAC/OPTIONS	Deleted	BHCC
Community Garden* (Horticultural Therapeutic Community Centers)	Keep	CCDP
Consumer/Family Advocate Services	Keep	WRRS

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan
Co-Occurring Disorders Full Service Partnership (FSP)	Keep	BHCC
Crisis Acute Care - Law Enforcement Field Clinician (LEFC)	Enhance	BHIA
Crisis Psych Response Services	Deleted	BHCC
Crisis Residential Treatment Construction - Building New Crisis Treatment	New	IS
Crisis Stabilization Voluntary Services	Keep	BHCC
Cultural Based Access Navigation Specialists (CBANS)	Keep	CCDP
Department of Rehabilitation (DOR) – Supported Employment & Education Services (SEES) contract match	Enhance	WRRS
Enhance Rural Services-Full Services Partnership (FSP)	Enhance	BHCC
Enhance Rural Services-Outpatient/Intense Case Management	Enhance	BHCC
Enhanced Peer Support	Keep	WRRS
Family Advocate Position	Keep	WRRS
First-Onset Team	Keep	BHCC
Flex Account for Housing	Keep	WRRS
Functional Family Therapy	Keep	BHCC
Holistic Cultural Education Wellness Center	Keep	CCDP
Housing - Master Leasing	Keep	WRRS
Housing & Recovery Full Service Partnership (FSP) – Program deleted but was combined with Vista	Deleted	BHCC
Housing Supportive Services	Enhance	WRRS
Information Technology - Avatar	Enhance	IS
Integrated Discharge Team	Keep	BHIA
Integrated Mental Health Services at Primary Care Clinics (CRMC – Internal and UHC/VHT – Contracted)	Keep	BHIA
Integrated Wellness Activities* (Integrated Wellness Center)	Keep	WRRS

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan
Intensive Community Services & Support Team (ICSST) – Full Service Partnership (FSP) - Program deleted but was combined with Vista	Deleted	BHCC
Juvenile Behavioral Health Court – Program deleted but was combined with Behavioral Health Court/Coordinator Services	Deleted	BHIA
K-12 - School Based* (K-8 School Based)	Enhance	WRRS
Living Well Program* Cultural Specific Services	Enhance	CCDP
Medications Expansion* (Indigent Medications Expansion)	Enhance	BHCC
MHSA Staffing Administration	Enhance	IS
Older Adult Team	Enhance	BHCC
Perinatal	Enhance	BHCC
Prevention Services for Children - Sub Abu* (Outpatient Services for Children-Sub Abu)	Keep	WRRS
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS
RISE* (Specialty Intensive Treatment Team)	Enhance	BHCC
School Base Services	Keep	BHCC
Sierra Resource Center - Acquisition of new property	New	IS
Suicide Prevention/Stigma Reduction	New	WRRS
Supervised Overnight Stay* (Overnight Stay)	Keep	BHIA
Therapeutic Child Care Services* (Child Care Rooms - Heritage and West Fresno Regional Clinic)	Enhance	WRRS
Transitional Age Youth (TAY) - Department of Behavioral Health	Enhance	BHCC
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Keep	BHCC
Urgent Care Wellness Center (UCWC)	Enhance	BHIA
Vista	Enhance	BHCC
Youth Empowerment Centers	Enhance	WRRS

Activity	Status of Program	DBH Work Plan
WET Coordination and Implementation	Enhance	WET
Cultural Awareness Training/Linguistic Access for Staff, Consumers, and Family Members	Keep	WET
Financial Incentives to Increase Workforce Diversity	Keep	WET
Training in Co-Occurring, wellness, e-learning, and Core Competencies	Enhance	WET
Training Law Enforcement and first responders, on mental health	Keep	WET
Mental Health Training for PCP, Teachers, Faith-Based and Other Community Partners	Keep	WET
Educate Consumers and Family Members on Mental Health Disorders, Meds & Side Effects	Keep	WET
Consultation Services for Utilization of Consumers and Volunteers	Keep	WET
Collaboration with Adult Education, community college, ROP and SEES	Keep	WET
Outreach to High Schools / Career Academy	Keep	WET
Provide Training and Support for Peer Support Specialists and Parent Partners	Keep	WET
Expand Existing Students Internship Program	Keep	WET
Partnership with CSUF on Training Psychiatric Nurse Practitioner (PNP)	Keep	WET
Partnership with San Joaquin Valley College on Training Psychiatric Physician Assistants	Continue	WET
Partnership with the Psychiatry Residencies and Fellowships - UCSF	Keep	WET

Fresno County's MHSA Housing Loan Program Allocation (MHSA HLP) assigned \$9,248,900 to the California Housing Finance Agency (CalFHA) on May 6, 2008. The Renaissance developments (Trinity, Alta Monte, and Santa Clara) leveraged \$3,121,353 and developed 69 permanent supportive housing units for DBH clients. As of July 1, 2015, Fresno County has **\$6,127,547.00** remaining in the MHSA HLP, which will remain assigned to CalFHA. CalFHA acts as fiscal agent in housing development.

Prudent Reserve Balance to be increased by \$34,786,242.00 for total balance of \$48,161,323.00.

Funding Source	Current Funds	Interest Accrued	Increased Funds	Row Total
CSS	\$9,648,659.00	\$865,309.00	\$20,265,673.00	\$33,898,208.00
PEI	\$2,670,936.00	\$190,177.00	\$10,640,360.40	\$14,263,115.00
INN (80% - CSS)*			\$3,118,566.40	
INN (20% - PEI)*			\$779,641.60	
TOTAL	\$12,319,959.00	\$1,055,486.00	\$34,786,242.00	\$48,161,323.00

*\$3,898,208.00 was allocated to CSS & PEI per MHSA Legislation. These allocations were added as indicated above.

Department of Behavioral Health

Work Plans Concept

The Fresno County Department of Behavioral Health (DBH) believes that the most strategic path to ensure that our community members receive quality, effective care is to have a comprehensive and seamless behavioral health system of care. State and local budgetary constraints, the nature of funding streams, regulatory changes, community factors, and other complex variables which were present in the past contributed to a system which has appeared to our stakeholders to operate in silos. While many excellent programs exist across our continuum of care, it is recognized that without a comprehensive strategic or operational plan, there is risk that a fragmented system may be perpetuated. A fragmented care delivery system affords risk that individuals who need care may fall through cracks in the system, is inefficient from a cost perspective, and can result in confusion and frustration for those attempting to access care. DBH is committed to eliminating fragmentation and creating a comprehensive and seamless system of care.

In an effort to synthesize the great work already happening in our department and community and to ensure that new programs are deliberately woven into a robust and integrated system, the leadership team was challenged by the Director to think about the planning process from a broader perspective. Value was recognized in the structure and discipline afforded by the mandated MHSA planning process. Aside from the annual county budget planning process, the department had no other formal, structured process for organizing long range department plans. Thus, in what was perceived by many to be a bold new direction for DBH, the Director publically stated that DBH would move toward using the required MHSA planning process to develop a broader, inclusive full department plan. The transition of thinking in terms of silos and funding streams to thinking in terms of a total system was recognized as a process that will take time. Ultimately, the eventual goal is that DBH will have a department-wide operational plan, of which, a subset of MHSA funded programs and activities would be extracted for the required MHSA plan and reporting.

The DBH Leadership Team was challenged to both think from a broader perspective and, at the same time, meet timelines for the MHSA Three-Year Plan. Thus, the team committed that the bulk of the planning focus and energy in this planning cycle would be dedicated to the programs, services, and activities that are tied to MHSA. Yet, the seed was planted to think from a systems mindset. Early in the Spring of 2015, while in the process of analyzing MHSA funded programs, system gaps, and stakeholder feedback, members of the Leadership Team observed a pattern and saw opportunities to group activities. From that collaborative work, the team introduced the concept of a Transformation Plan that would encompass system planning, implementation and oversight to be reflective of a comprehensive system of care based on five clearly identified work plans. These work plans will be at the core of the Department's needs assessment, gap analysis, and future program planning.

The DBH Work Plans include:

- Behavioral Health Integrated Access
- Behavioral Health Clinical Care
- Wellness, Recovery and Resiliency Supports
- Infrastructure Supports
- Cultural/Community Defined Practices

Each of these Work Plans has a clear focus which will be described in further detail at the introduction of each Work Plan document. Naturally, some services or activities may have elements which could fit into more than one Work Plan. The idea of the Work Plans is not to narrowly or exclusively classify any program or activity, but rather, to provide an organizing framework. Program, services and activities which have elements associated with more than one Work Plan will be strategically placed in the Work Plan which most reflects their intended focus. The following list of programs and functions associated with each Work Plan is not exhaustive, but provides a general outline for the types of services and functions which are envisioned to be included in each Work Plan.

Behavioral Health Integrated Access

Phone Access Line
Multi-Agency Access Program (MAP)
Primary Care Integration
Reverse Integration
Urgent Care Wellness Center (UCWC)

Wellness, Recovery and Resiliency Supports

Wellness Recover Action Plan (WRAP)
Recovery 360
Peer Support
Family Advocate Services
Supported Education and Employment
Housing

Cultural/Community Defined Practices

Holistic Cultural Education Wellness Center
Community Gardens
Cultural Based Access Navigation Specialist (CBANS)
Cultural Diversity Plans
Cultural Competency Plan

Behavioral Health Clinical Care

Levels of Care Structure/Framework
Programs providing treatment/evidence based practice
Crisis Stabilization Units
Children's Outpatient
Adult Outpatient
Adult Medication Management
Older Adult
Transition Age Youth (TAY)
Assertive Community Treatment
Dialectical Behavioral Treatment
Trauma Informed Cognitive Behavioral Therapy
Crisis Residential

Infrastructure Supports

Capital Facilities
Technology
Staff Training and Development
Quality Improvement
Managed Care
Program Evaluation
Regulatory Compliance
Public Guardian

In March of 2015, these Work Plans were introduced to the community at the monthly Mental Health Board meeting. The Department has continued since that time to utilize the Work Plans as the framework for reporting on Department activities and process. The Department has additionally discussed the use of the Work Plans in department-wide all staff meetings, meetings with contractors, meetings with other community partners, discussions with Board members, and other forums. Please note that for the purposes of this MHSA Three-Year Plan, the specific programs and activities which are identified in the remainder of this document will be specific to those which are tied to MHSA funding.

County Demographics

County Profile

Fresno County is located near the center of California's San Joaquin Valley which, together with the Sacramento Valley to the north, form the Great Central Valley, creating one of the distinct physical regions of the state. The Coast Range foothills, which form the county's western boundary, reach a height of over 4,000 feet near Coalinga while some peaks along the crest of the Sierra Nevada, the county's eastern boundary, exceed 14,000 feet. The Valley floor in between is fifty to sixty miles wide and has an elevation near the city of Fresno of about 325 feet. (Environment of Fresno County, Fresno County Planning Dept., 1975)

According to the U.S. Census Bureau, the county has a total area of 6,011 square miles (15,570 km²), of which 5,958 square miles (15,430 km²) is land and 53 square miles (140 km²) (0.9%) is water.

With 965,974 people, Fresno County is the 10th most populated county in the state of California out of 58 counties.

The largest Fresno County racial/ethnic groups are Hispanic (51.6%) followed by White (31.3%) and Asian (9.9%).

In 2013, the median household income of Fresno County residents was \$43,925. Fresno County households made slightly more than Imperial County households (\$43,310) and Yuba County households (\$43,801). However, 28.8% of Fresno County residents live in poverty.

The median age for Fresno County residents is 31.4 years.

Demographics

In 2014, Fresno County is estimated to be populated with 965,974 people.

In 2013, the largest Fresno County racial/ethnic groups are Hispanic (51.6%) followed by White (31.4%) and Asian (10.5%). The median household income of Fresno County residents was \$45,563 with persons below poverty level, percent, 2009-2013, 26.0%^[1]. Fresno County's threshold languages are English, Spanish, and Hmong.

Threshold Languages

The threshold languages for Fresno County are: English, Spanish and Hmong

Population Served

In Fiscal Year 2014-2015, Fresno County Department of Behavioral Health served 22,535 clients of the following ethnicity as identified in accordance with State Department of Health Care Services reporting requirements:

Clients Served By Racial/Ethnic Group	Fiscal Year				
	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Latino/Hispanic	7,455	8,045	9,821	11,033	10,799
Caucasian/White	5,366	5,604	6,375	6,798	6,300
African American	2,298	2,509	2,949	3,126	2,876
Asian/Pacific Islander	1,137	1,210	1,276	1,301	1,228
Other Ethnicity	1,383	1,270	1,344	1,824	1,332
Total Clients Served	17,639	18,638	21,765	24,082	22,535

FY2013-2014 Clients Served		
Age Group	Clients	%
0-5	724	3.3%
6-17	5,923	27.4%
18-59	13,856	64.0%
60+	1,153	5.3%
Total	21,656	100.0%

Data Source : Avatar

Disparities

According to a survey by American Community survey in 2011⁽¹⁾, the poverty rate in Fresno County is 25.5%

Breakdown	California	Fresno
White:	40%	30%
Hispanic	38%	47%
Families: Living in Poverty	16%	30%
Children under 18	25%	30%

Work Plan #1

Behavioral Health Integrated Access

The first work plan of the Department's Three-Year Plan is titled Behavioral Health Integrated Access.

The intent of this Work Plan is to focus on those services, functions, and activities which serve as a gateway into the broader system of behavioral health care. We believe that persons have the greatest opportunity for recovery when they receive the right service at the right time in the right location. Navigating a large, complex behavioral health system can be a daunting task. The department seeks to streamline access processes to ensure that all persons in need of behavioral health care have a timely, personal, relevant, clear and understandable path to care.

The word "integrated" was carefully chosen for this work plan. It reflects our commitment to building a care delivery system which is broad in reach yet seamless and understandable to the persons served and to the community. The current complex system provides many valuable services; the synthesizing or integrating of services is an area of opportunity for improvement. Additionally, we believe that by integrating behavioral health into other systems such as physical health settings, justice settings including the courts and probation, schools, and other service delivery organizations, we can significantly increase access to care and improve total health and wellness in the community.

The Behavioral Health Integrated Access work plan of this MHSA Three-Year Plan will provide a detailed description of all current and planned MHSA-funded programs, services and activities which serve as key points of entry into care. Some programs which may also serve as an entryway may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

Work Plan # 1

Behavioral Health Integrated Access

Table of Programs

*= New Program Name

Status of Program	Program (Listed Alphabetical Order)	Type of Funding	Contracted or Internal
Keep	Children's Outpatient Services Co-Occurring	CSS	Contracted
Keep	Integrated Discharge Team	INN	Internal
Keep	Integrated Mental Health Services at Primary Care Clinics (CRMC – Internal and UHC/VHT – Contracted)	PEI	Internal & Contracted
Keep	Supervised Overnight Stay* (Overnight Stay)	INN	Contracted
Enhance	Behavioral Health Court/Coordinator Services	CSS	Contracted
Enhance	Child Welfare Mental Team/Katie A Team	PEI	Internal
Enhance	Children's Mental Health - New Front Door	CSS	Internal
Enhance	Crisis Acute Care - Law Enforcement Field Clinician (LEFC)	PEI	Contracted
Enhance	Urgent Care Wellness Center (UCWC)	CSS	Internal
Deleted	Adult Behavioral Health Court – Program deleted but was combined with Behavioral Health Court/Coordinator Services	CSS	Contracted
Deleted	Juvenile Behavioral Health Court – Program deleted but was combined with Behavioral Health Court/Coordinator Services	CSS	Contracted

Work Plan #1

Behavioral Health Integrated Access

Individual Program Sheets



Artwork Submitted By: Blue Sky

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4317

Program Name and Provider: Children's Outpatient Services Co-Occurring Eminence

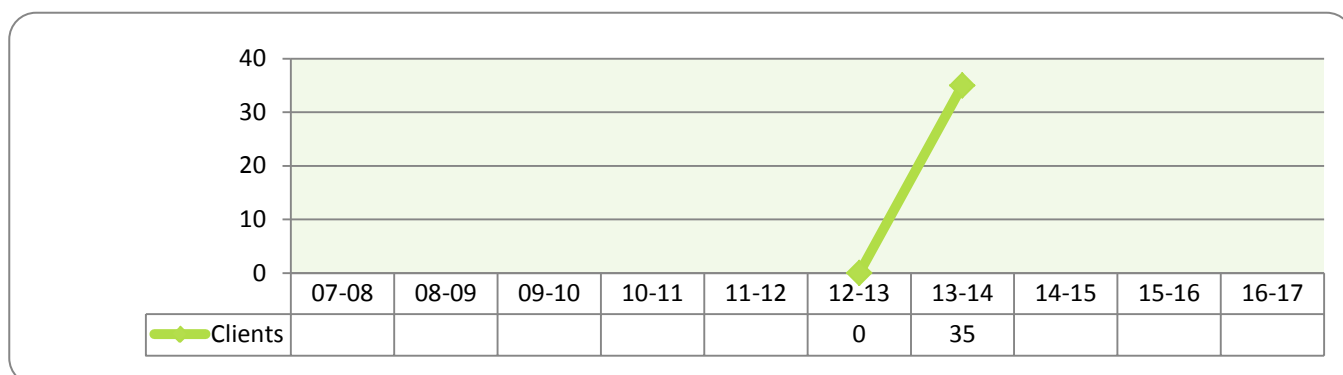
Date Started: 09/17/2013

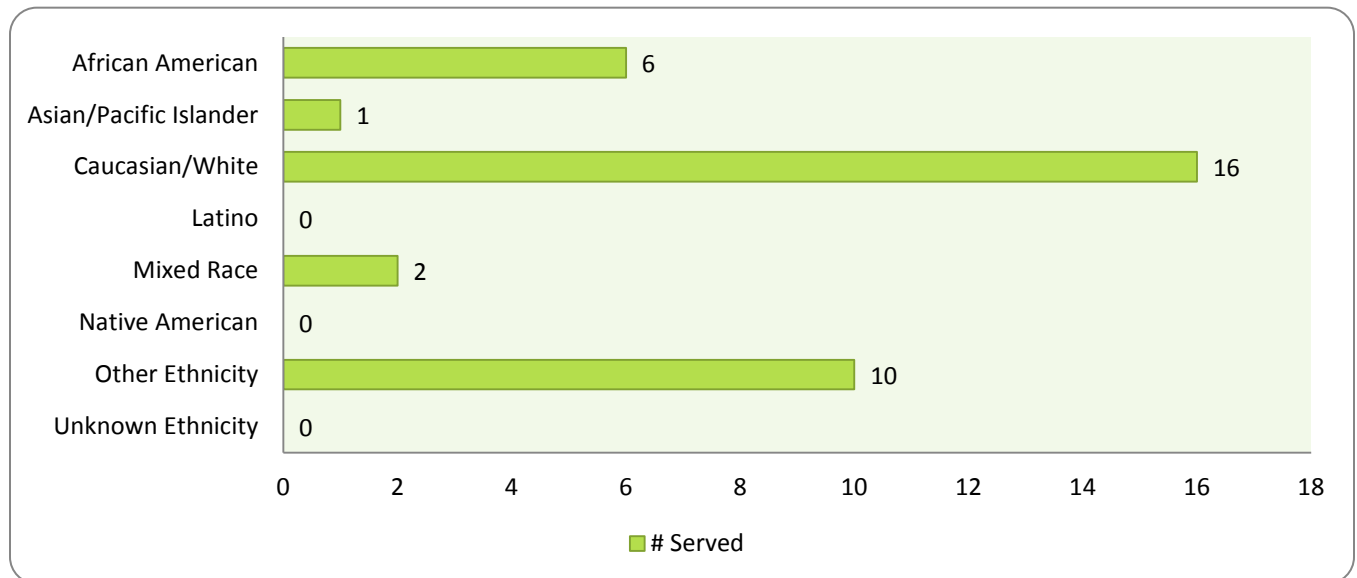
Program Description: The prevalence of youth with a co-occurring mental health and substance use disorder is significant. This program targets adolescents ages 12 through 17 who are currently receiving mental health services from Children's Mental Health and can benefit from receiving focused substance use disorder treatment services from a Substance Abuse Specialist (SAS). The program is co-located at the Heritage Centre to improve access and enhance the coordination between the SAS, the treating therapist, and psychiatrist for clients receiving medication support services.

Program Update:

The program began in December 2013 and is currently staffed with one Substance Abuse Specialist (SAS). Future plans include additional training for mental health clinicians to serve dually-diagnosed clients and to provide co-facilitated groups with the SAS.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$765.97**

Cost per Client is based on actual costs (\$26,809.00) and actual number served (35) in fiscal year 2013-2014.
--

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
Change				

Proposed Changes:

None

INN Work Plans, Progress Updates and Proposed Changes

Project Identifier: INN4781

Program Name and Provider: Integrated Discharge Team
Fresno County Department of Behavioral Health

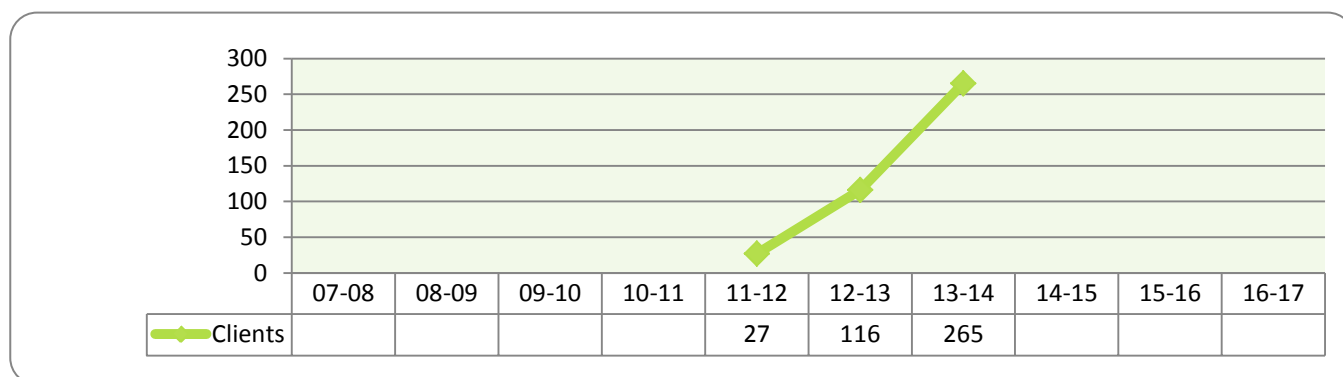
Date Started: 02/10/2012

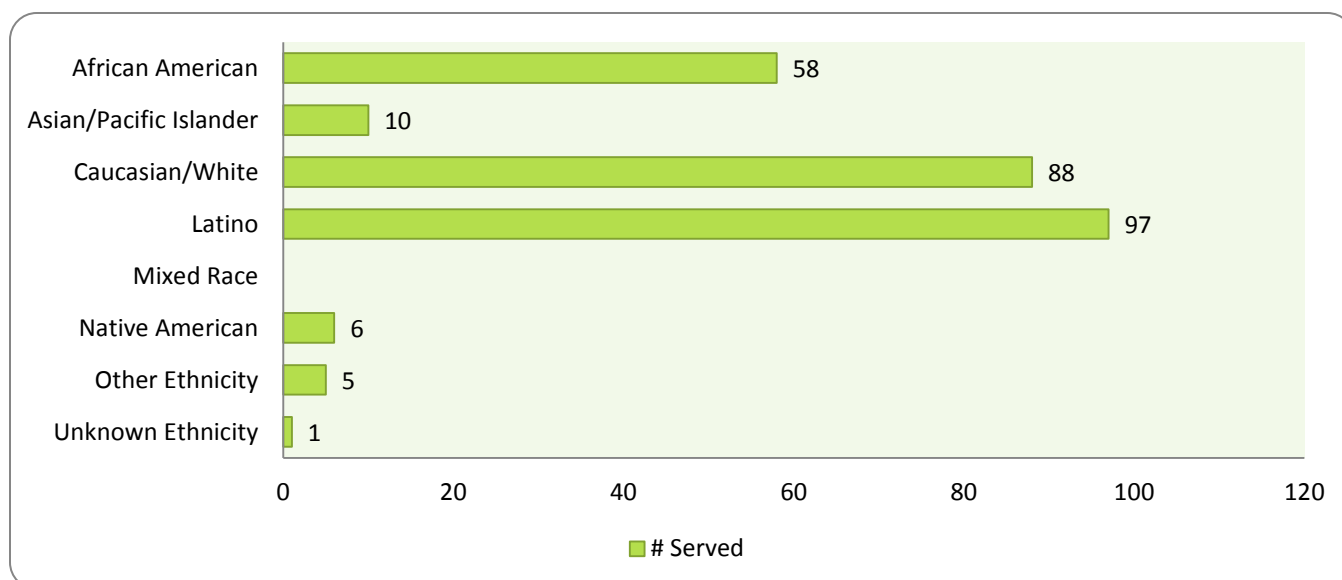
Program Description: The Integrated Discharge Team (IDT) is a multi-disciplinary team consisting of clinicians, case managers, peer support, and related support staff. As a part of the MHSIA Innovations funding, this team was created to reduce system barriers for complex co-occurring clients. The Department is piloting the Integrated Discharge Team (IDT) to target clients who have multiple frequent readmissions to crisis units and psychiatric hospitals. These clients are some of the highest cost clients in the Mental Health Plan and are not connected to the necessary formal and informal supports needed to prevent readmission to crisis units and psychiatric hospitals.

Program Update:

Over the past three years the program proved to be very effective, reducing hospitalization and use of crisis stabilization services by over 60%. It was discovered that outreach prior to discharge from acute facilities, client driven discharge planning, intensive care coordination with linkage service, and “starting where the client is” decreased recidivism for the most complex cases and high cost clients. The lessons learned from this pilot have been incorporated into each Adult System of Care (ASOC) program. Specialty services including intensive outreach to inpatient facilities and care coordination for complex cases will be integrated into the Access Team at Urgent Care Wellness Center. Clinician and case management services will be utilized and staff will coordinate with the Law Enforcement Field Clinician (LEFC) team, parole and probation liaisons, and access staff to ensure access for clients with complex cases or who will not be able to independently connect with self-identified resources. This service is heavily influenced by the Critical Time Intervention (CTI) model and is co-occurring competent. Hours of operation are M-F, 8 am -6 pm.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$3,275.03**

Cost per Client is based on actual costs (\$867,883.00) and actual number served (265) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,271,320.00	\$1,271,320.00	\$1,271,320.00*	\$0.00
Change				

Proposed Changes:

Continue to fund the INN activities of the Integrated Discharge Team (IDT) at the time of this Three-Year Plan. In the following Annual Update, Department and stakeholder input will be solicited for the support of maintaining IDT services as funded in Community Services and Supports dollars and will communicate the INN funding discontinuation with the Oversight and Accountability Commission starting in August 2015.

* It is not anticipated the FY allocation will be used to fund IDT activities, unspent INN funds stay at local level and will be accessed for new/additional local INN program(s).

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4760/4759

Program Name and Provider: Integrated Mental Health Services at Primary Care Clinics
United Health Centers of the San Joaquin Valley Inc. (**UHC**)
Valley Health Team Inc. (**VHT**)
Community Regional Medical Center (**CRMC**)

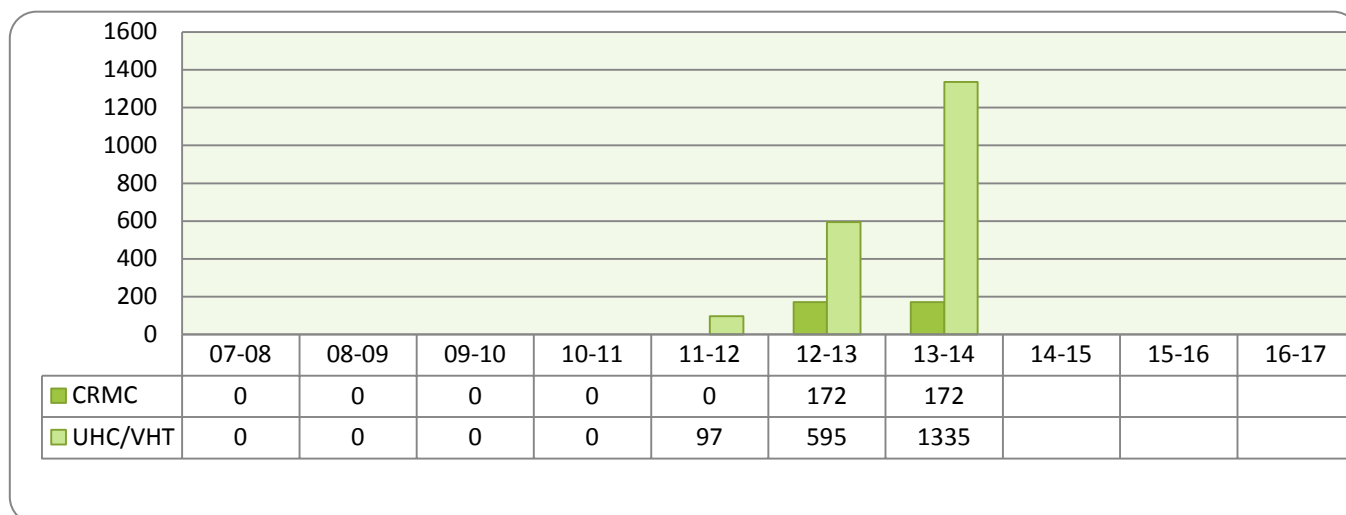
Date Started: Contract Effective 10/01/2011
UHC began services in January 2012
VHT began services in April 2012
Services began at CRMC in February 2013

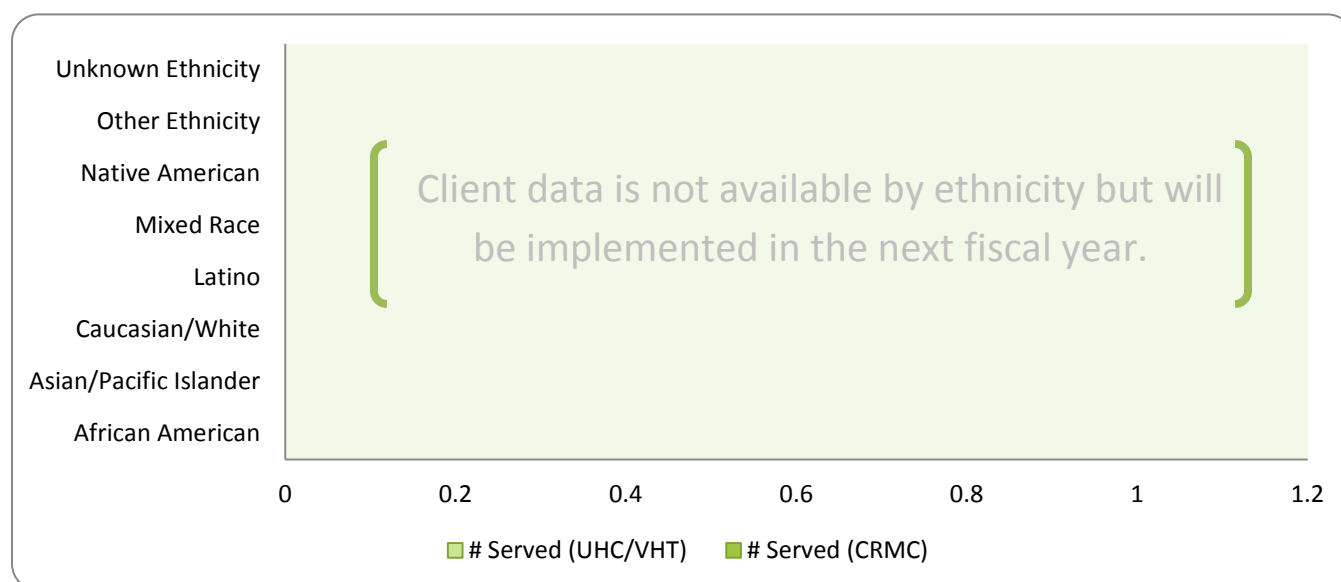
Program Description: Mental health prevention and early intervention services in primary care settings as part of an effort to integrate mental health and physical health care services. Services include mental health screening, assessment, and short-term therapeutic treatment (up to one year). Acquisition of Sierra Building will initiate integration of primary care into behavioral health service areas.

Program Update:

No program updates from prior year.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$576.00 (UHC/VHT) and \$2,439.96 (CRMC)

Cost per Client is based on actual costs UHC and VHT (\$769,880.00) CRMC (\$419,674.00) including re-alignment funds for the fiscal year 2013-2014.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
UHC and VHT	\$772,816.00	\$772,816.00	\$772,816.00	\$772,816.00
CRMC	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Change			\$92,000.00	\$92,000.00

Proposed Changes:

Integration activities will expand into acquired Sierra Building for full inclusion of physical health care and behavioral health care.

INN Work Plans, Progress Updates and Proposed Changes

Project Identifier: INN4782
Program Name and Provider: **Supervised Overnight Stay*** (Overnight Stay)
 WestCare California, Inc.
Date Started: 05/22/12
Program Description: An overnight stay program for mental health clients discharged from local hospital emergency departments and 5150 designated facilities. The program provides overnight stay, clinical response, peer support, and discharge services, in addition to transportation to appropriate mental health programs to adults and older adults who are deemed applicable for this program pursuant to discharge from hospital emergency departments and designated 5150 facilities.

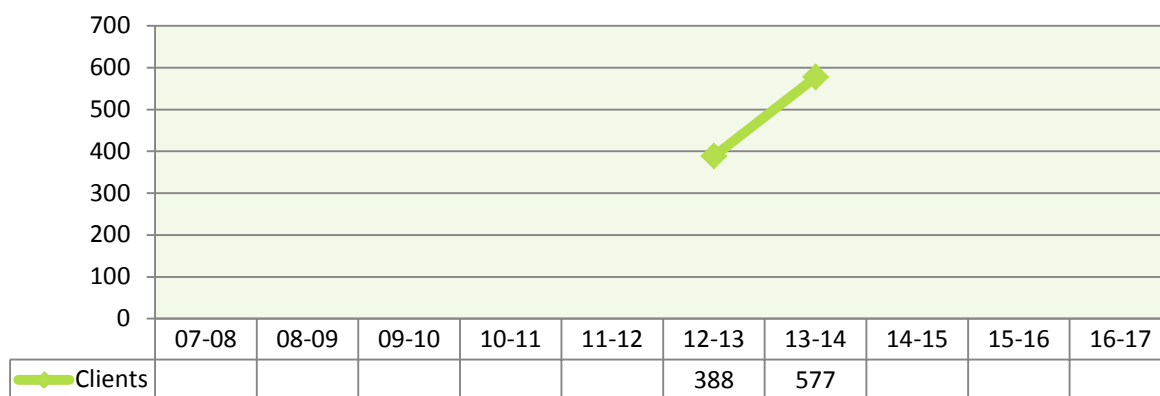
Progress Update:

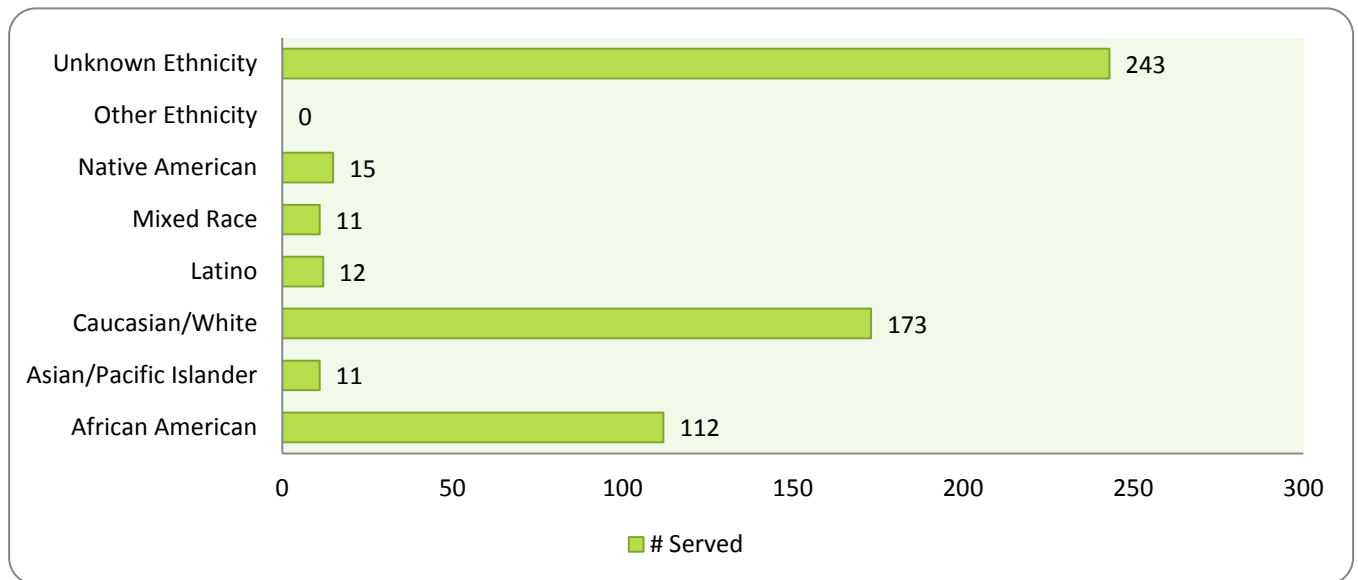
Program outcomes are measured through data entry of WestCare database. Consumer admissions, revisits, and response times to Emergency Departments and designated 5150 facilities are maintained in this database. Satisfaction survey indicates satisfaction rate at 90% during 2013.

Amendment I approved November 17, 2014 to expand program hours from 8pm to 10am to a 24hr/7 day a week cycle. Amendment I included an increase of \$1,734,995.00 to total contract term to allow the facility to operate as a 24hr/7day a week program. Annual Contract Amount FY14/15 \$778,550, FY15/16 \$819,090

Number of clients served per calendar year: (2012) 427 (2013) 499. By FY (2012-13) 388, (2013-14) 577

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$1087.37**

Cost per Client is based on actual costs (\$627,414.00) and actual number served (577) in fiscal year 2013-2014.
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MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$701,003.00	\$681,735.00	\$778,550.00	\$778,550.00
Change		↑\$96,815	↑\$40,540.00	↑\$40,540.00

Proposed Changes:

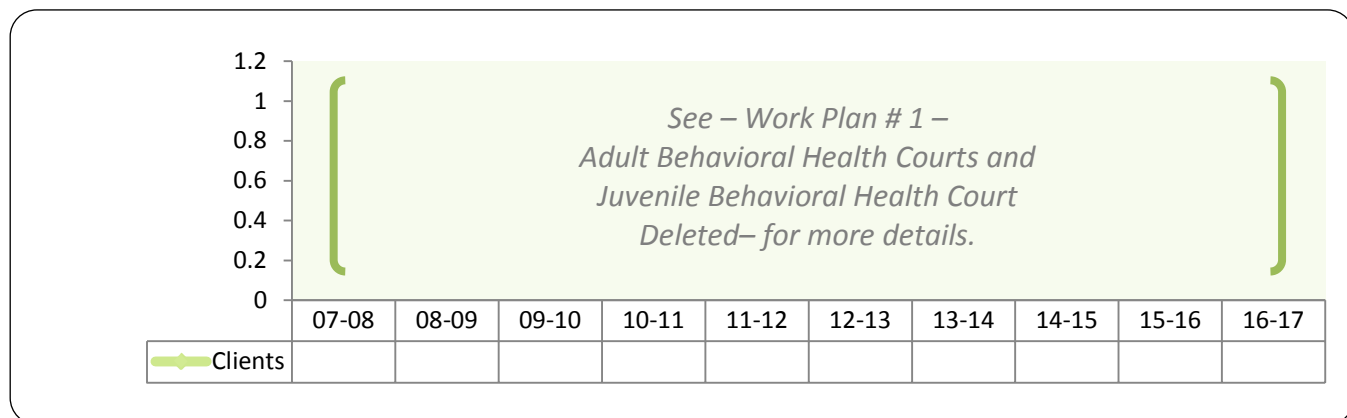
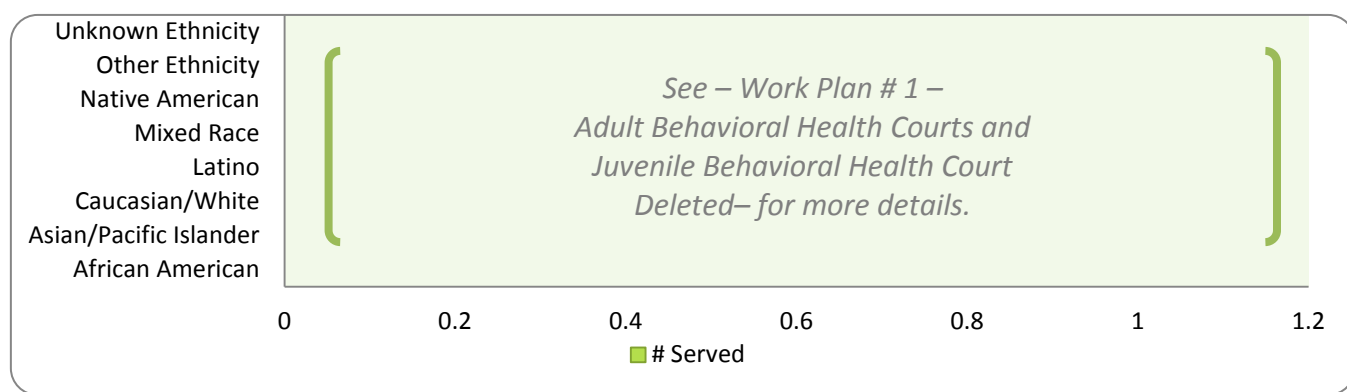
<p>Program was recently expanded to provide round the clock services. There are no additional anticipated changes to this Agreement which will expire June 2017. The Amendment included additional funding for subsequent years through term. The annual project status report is due December 2015.</p>
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CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4710
Program Name and Provider:	Behavioral Health Courts/Coordinator Services Superior Court of California, County of Fresno
Date Started:	7/1/2015
Program Description:	The Behavioral Health Court is a collaborative team consisting of the Superior Court, Office of the Public Defender/Cuimmo & Associates, Office of the District Attorney, Probation, Department of Behavioral Health, and treatment providers and has services for adults and children. The target population is in-custody minors and adults with acute mental illness who can be served in an intensive community-based program and meet the criteria for participation. The Behavioral Health and Drug Court Coordinators provide coordination of services, data gathering, and outcome evaluation for the Adult and Juvenile Behavioral Health and Drug Courts. A mental health clinician and case manager outreach and assess minors considered for the program and provide clinical recommendations to the Courts for minors and adults.

Progress Update:

- Treatment services vary from once a week to five times a week and may include residential substance abuse treatment. Probation services can be once a month or based on unique client. The average time to complete this program is over two years.
- Challenges include obtaining information from the courts to accurately measure program success due to confidentiality and release of information issues. Limited parental involvement and support are also barriers to measuring the overall outcomes of this program.
- Family incentives were implemented to reward parents who made progress working with their children.
- Amendment I was approved October 2014 to increase the contract by \$20,000 and add an additional contractor for SUD coordination services.
- In Behavioral Health Courts, (34) Adult and (51) Juvenile clients were served in 2013.
- Graduation rate for juveniles reaching Stage 2 during 2013 was 54%.
- In Drug Courts, a total of (175) adult clients were served since program start date of October 2014.
- Calendar Year 2014 total of BHC: (40) Adult clients, (50) Juvenile clients and Drug Court: (164) Adult clients.
- Number of clients served by ethnicity was not tracked but will begin in the new fiscal year.
- Data reflected in charts is based on calendar year tracking. Tracking by fiscal year will be implemented beginning with FY 2015-16.

Total Number of Clients Served:**FY 2013-2014 Total Number of Clients Served by Ethnicity:****Total Cost per Client: \$0.00**

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MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
			\$312,036.00	\$312,036.00
Change			\$22,453	\$23,486

Proposed Changes:

An enhancement to provide .50 FTE clerical supports for the clinical team is requested to gather data required for preparation of court discussions of minors and adults considered for participation.

Based on Behavioral Health Board recommendation on 8/19/15 , the following is added:
 The enhanced Behavioral Health Courts/Court Coordinating work plan creates a “place holder” for additional Court considerations that may include, but not be limited to:
 Assisted Outpatient Treatment, Veteran's Court, etc.

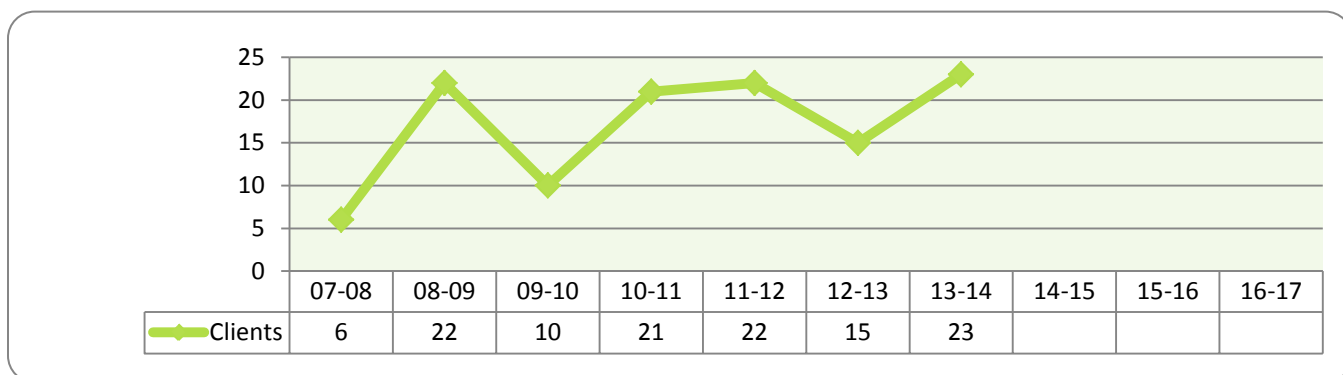
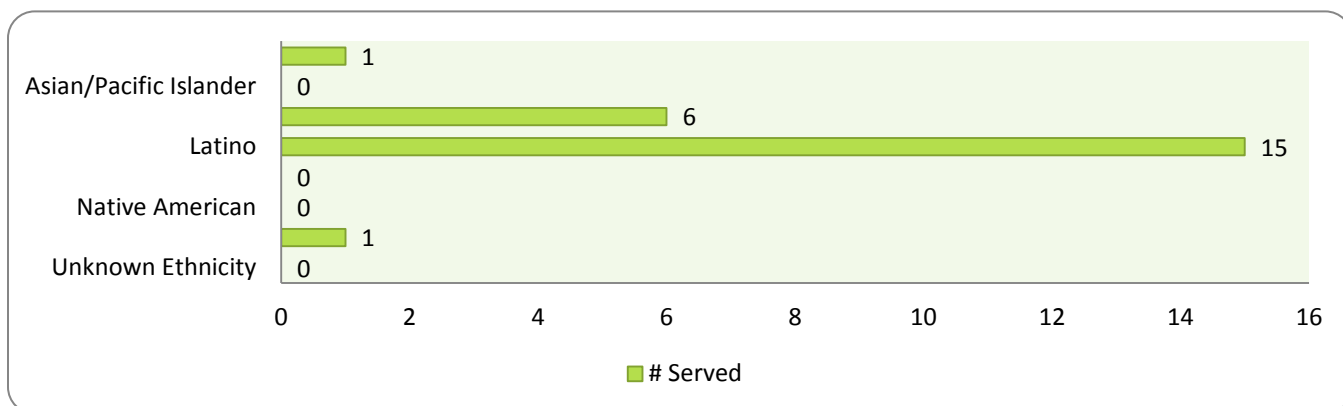
PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier:	PEI4310
Program Name and Provider:	Child Welfare Mental Team/Katie A Team Fresno County Department of Behavioral Health
Date Started:	4/6/2007
Program Description:	This program was initially designed as the Team Decision Making (TDM) Program. Its focus was to provide mental health participation and offer recommendations related to mental health needs of the child(ren) and families being considered by the Fresno County Department of Social Services-Child Welfare (DSS-CW) for foster care placement and prior to the opening a DSS case. This program was redesigned in December 2013 to meet the county's requirement to improve the mental health services and coordination of care as required by the State Departments of Health Care Services and Social Services resulting from the statewide implementation of the class action lawsuit known as "Katie A." in December 2011. The teaming processes with DSS-CW remain in place but occur after the opening of the DSS case. The DBH staffs are co-located within DSS-CW for enhanced communication and collaboration. Program services include staffs participation in DSS-CW teaming processes, referral of court-ordered mental health and psychological evaluation services to vendors, clinical review of a formal mental health screening to determine priority for performing mental health assessments, performing urgent mental health assessments if needed, data entry and reporting, and intensive care coordination and clinical case management of the target population known as the "Katie A. subclass" who are identified as: Children with an open case, have Medi-Cal, meet medical necessity criteria for mental health services and who may have: a) three or more placements due to behaviors during a 24-month period, b) residing in a group home or in therapeutic foster care, c) accessed mental health crisis or inpatient services, d) received other high-level services such as SB63 Wraparound, Therapeutic Behavioral Services and MHSA full-service partnership.

Program Update:

The staffing of the eight-member multi-disciplinary team has been prolonged and began with the hiring of the Program Technician in March 2014 and the Office Assistant in September 2014. Four of the clinical staffs were completing program assignments and reassigned to the Child Welfare Mental Health Team (CWMH Team) in November 2014. Efforts are underway to fill the remaining vacant positions.

To date, the clinical team has participated in teaming process with social workers on approximately 30 high acuity youth to determine the level of mental health response and placement recommendations. The most recent semi-annual Katie A. Progress report by DSS-CW and DBH submitted to the State on April 1 identified 517 Katie A. subclass members in Fresno County and the clinical staff will be developing their caseload assignments, processes and other operational needs to meet state requirements.

Total Number of Clients Served:**FY 2013-2014 Total Number of Clients Served by Ethnicity:****Total Cost per Client: \$4,145.19**

Cost per client is based on actual costs (\$95,339.34) and actual number serviced (23) in fiscal year 2013-2014

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$548,430.00	\$548,430.00	\$548,430.00	\$548,430.00
Change			\$135,331.00	\$145,119.00

Proposed Changes:

The proposed change is to add a mental health clinician specializing in Level 14 placement to this team. Due to the multi-systemic and high acuity of the mental health needs, a Senior Licensed Mental Health Clinician is required to serve in this capacity. This would include performing Level 14 assessments, presenting placement requests at the Interagency Review Placement Committee, assist with group home placement decisions, conduct site visits of new facilities, perform quarterly onsite visits of clients and group home staff, review documentation of services to monitor quality and approve payment for services billed, and perform Medi-Cal site certification of Level 14 group homes.

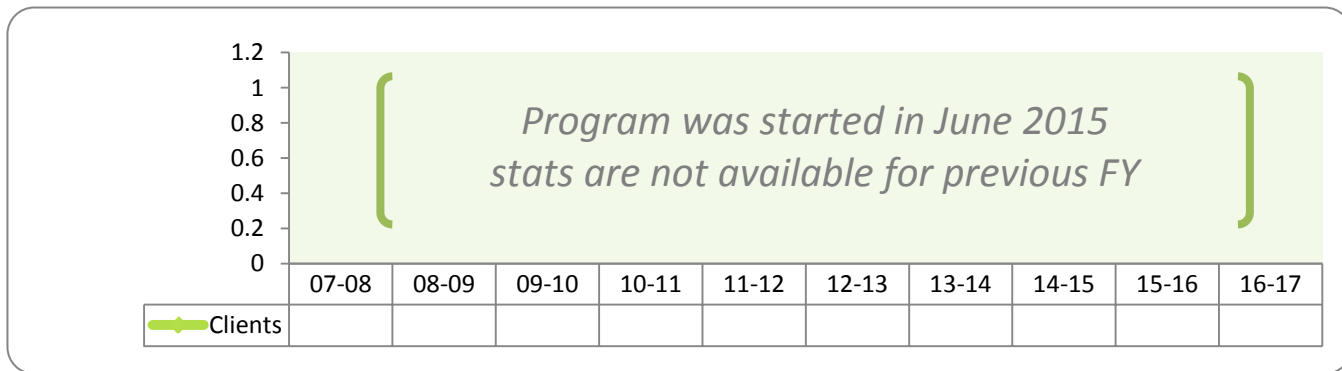
CSS Work Plans, Progress Updates and Proposed Changes

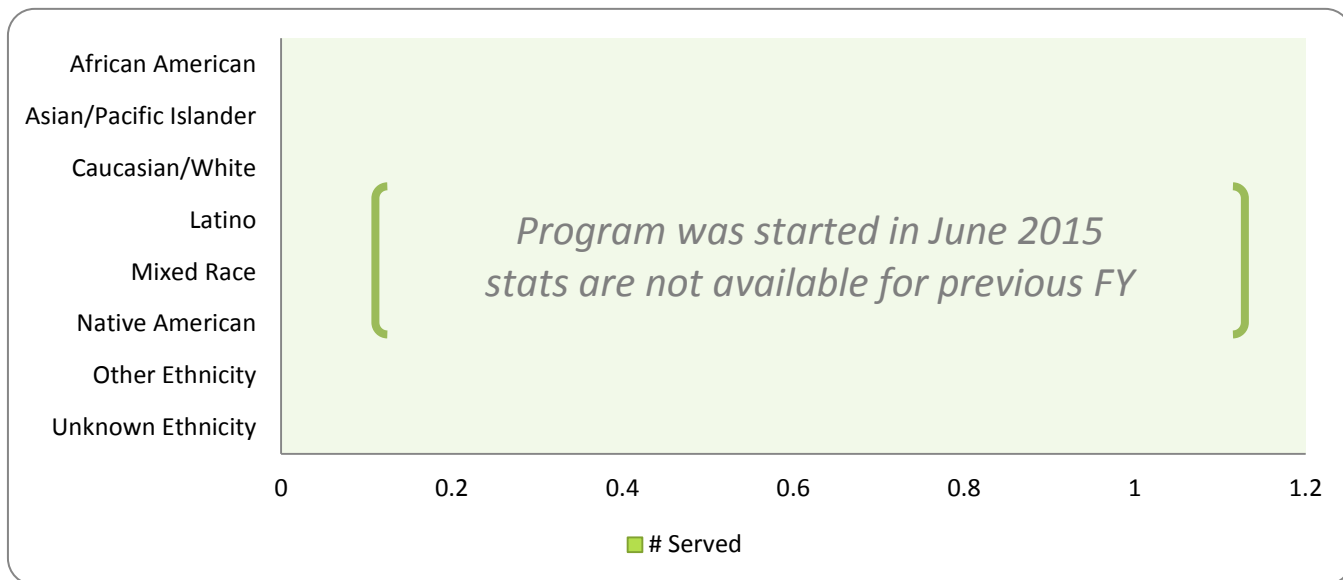
Project Identifier:	CSS4315
Program Name and Provider:	Children's Mental Health – New Front Door Fresno County Department of Behavioral Health
Date Started:	June 2015
Program Description:	The program is designed to improve timely access to mental health screening, assessment, referral for ongoing treatment and short-term interventions for youth up to age 17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, other community-based healthcare providers and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. The program will also support discharge planning and bridge services until linkage to ongoing mental health services are in place for youth hospitalized at inpatient psychiatric hospitals served by the Exodus Fresno Crisis Stabilization Center or returning to the community following detention at the Juvenile Justice Campus. Services may also include facilitating the transition of youth to/from Children's Mental Health programs from/to community resources when clinically appropriate.

Program Update:

The program opened in June 2015 and is located at the Heritage Center in space formally occupied by the Children's Crisis Assessment, Intervention and Resolution Program (CCAIR) after crisis response services are transitioned to the DBH main campus at Kings Canyon and Cedar Avenues. The initial staffing includes 2-mental health clinicians and 2-case managers.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$0.00

No cost per client was established as program was not started until June 2015.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$300,000.00	\$300,000.00	\$300,000.00	\$300,000.00
Change			+90,000.00	+93,944.00

Proposed Changes:

The addition of 2 Office Assistant II is requested in FY 15/16 to provide reception and other clerical support needed for this program. This includes expanded data entry into Avatar of the daily census reports received from the Youth Psychiatric Health Facility and Youth Crisis Stabilization Center to automate notification to the treating practitioner serving the client

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4762

Program Name and Provider: Crisis Acute Care – Law Enforcement Field Clinician (LEFC)
Fresno County Department of Behavioral Health

Date Started: 6/1/2010

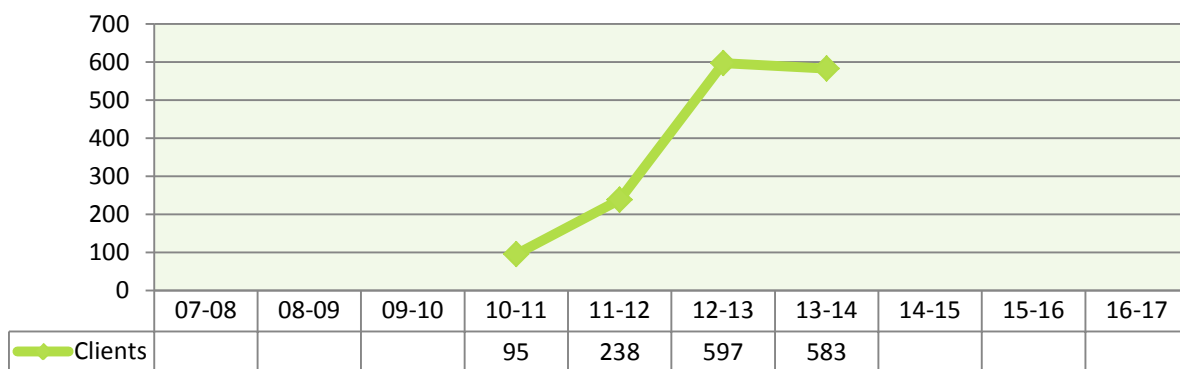
Program Description: Original: Prevention & Early Intervention Law Enforcement Field Clinician (LEFC) serves as active liaison with law enforcement in the County to provide training, outreach, and direct field response to mentally ill consumers in the community. 5150's and recurrent calls to law enforcement are a primary focus. Enhancements included in this program are the Rural Triage component, providing parallel services to the rural communities of Fresno County.

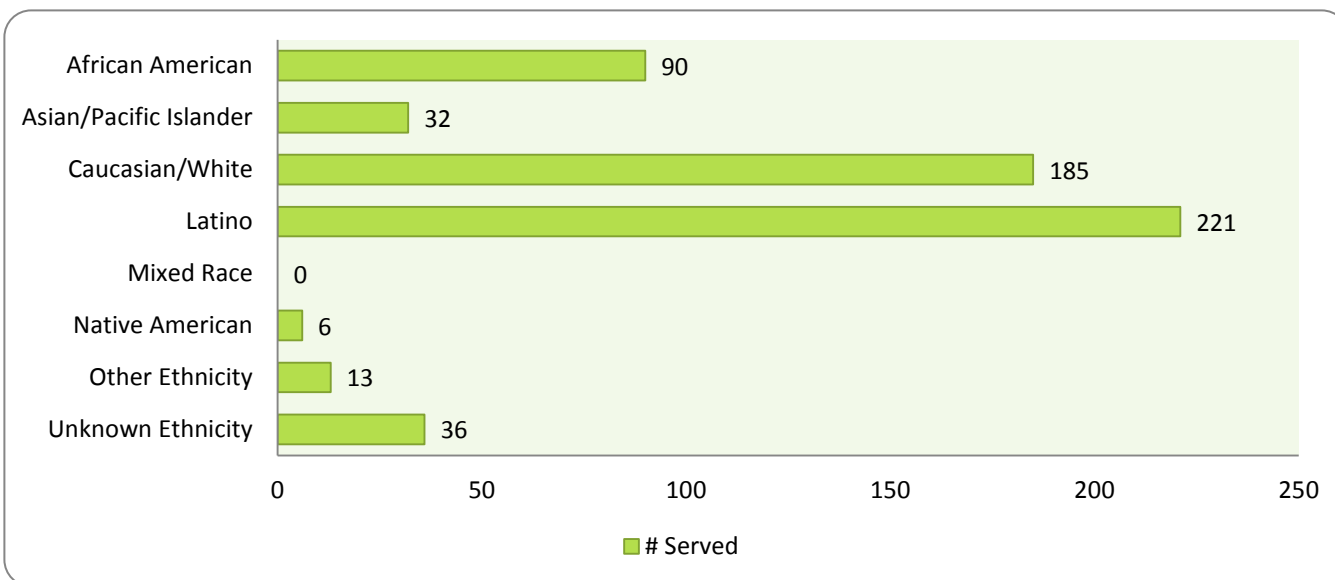
Program Update:

Program continues to provide outreach, education, consultation, to Law Enforcement agencies including direct field response to support law enforcement in writing 5150s and support in addressing mental health crisis calls. Education is formal, informal, and in vivo. Metro based clinicians work M-F 8 am -5 pm and 2 pm to 12 am T-F. Crisis Intervention Training (CIT) is a component of this program plan and correlates with WET Action Items, preliminary actions are being taken to create a CIT model in collaboration with Fresno County law enforcement agencies. CIT training would ensure that staff is trained for intervention in high risk situations in order to appropriately serve clients and to mitigate risk for the Department.

Crisis Acute care program is being enhanced to build a rural triage component. Two actions currently being implemented are for East and West incorporated cities. East services are to be provided for 3 years with SB82 funds, West services are to be provided with MHSA PEI funds that has a 'match' with Fresno County Police Chiefs Association funds for 3 years. East county services were implemented as of July 14, 2015 the implementation of West county services will begin in October 2015.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$1,080.88

Cost per Client is based on actual costs (\$630,155.27) and actual number served (583) in fiscal year 2013-2014.

MHSA State Approved Allocations

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$740,928.00	\$740,928.00	\$740,928.00	\$740,928.00
Change			\$350,000.00	\$350,000.00

Proposed Changes:

Per Program Update, Rural Triage services being added to program.

Future enhancements to include further evaluation to expand staffing for Metro response. Fresno Police Department citing interest in expansion of clinician availability; needs assessment to be completed.

Community Planning Process clearly notes stakeholder interest in the expansion of crisis response, rural based and law enforcement focused services. The addition of \$350,000 to the budget reflects the addition of Rural Triage services for West side of the County. The Investment in Mental Health Wellness Grant Program has made available \$899,000 of SB82 funding for the East Rural services. The Police Association has made available \$350,000 of Public Safety Realignment funds for the West Rural Services, and the County MHSA has provided \$350,000 match for a total of \$700,000 for FY2015-16. However, if Public Safety Realignment funds are not available for FY2016-17 and FY2017-18, MHSA will fund the entire \$700,000 for two years.

In the week of July 6, 2015, the department was informed of additional SB82 funds to be provided to Fresno County details will be included in following Annual update.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4622
Program Name and Provider:	Urgent Care Wellness Center (UCWC) Fresno County Department of Behavioral Health
Date Started:	June 29, 2009
Program Description:	Original: Urgent care services for up to 90 days, services include but are not limited to, crisis evaluation, crisis intervention, medications, individual/group therapy, and linkage to other appropriate services. Adults ages 18 and older who are at risk of needing crisis service interventions or at risk of homelessness or incarceration and/or frequent users of emergency and crisis services. Referrals are made through local mental health providers, self-referrals, and/or local emergency rooms. Services include triage and access services. Enhancements being sought see below.

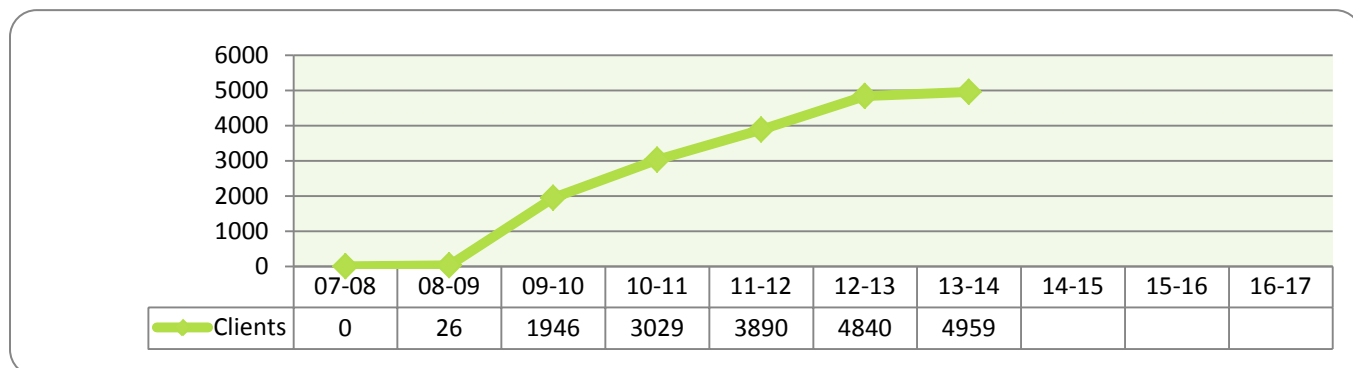
Program Update:

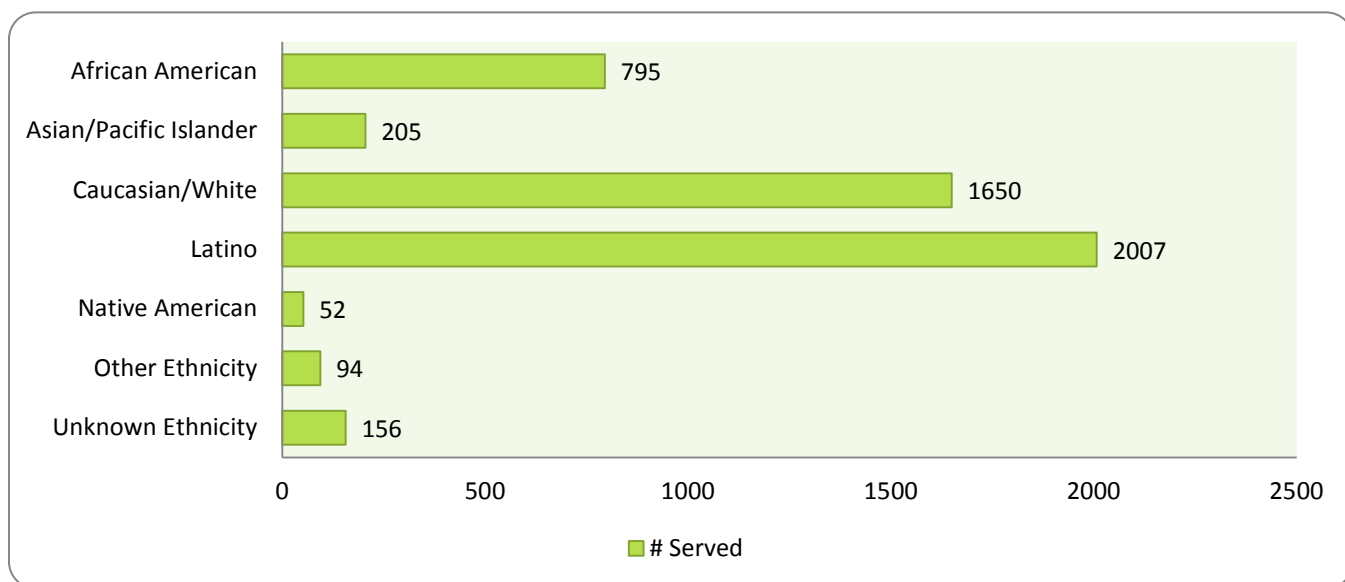
UCWC has three components that are fully aligned with the original UCWC concept: access; short term treatment/intervention; and wellness groups.

1. Access consists of monitoring the phone and email access lines, triage for urgent issues, and coordination of same day/next day access to assessment, emergency medication services, and community linkage and referral. UCWC Access is responsible for outreach and discharge planning for clients with complex presentations requiring more intensive care coordination services. UCWC Access also provides other community based points of entry such as: parole and probation liaisons, Poverello homeless outreach, and Law Enforcement Field Clinicians.
2. Short term solution focused treatment/intervention (90 days or less): includes a full array of specialty mental health services and is designed to secure needed resources.
3. Wellness groups: open continuous groups available to all DBH clients or potential client. Groups are facilitated by staff from across the Department who can serve to assist clients in exploring their wellness interests, monitor for emergent issues, and bridge to the Access process. Individuals choose groups of interest to themselves such as Coping with Triggers and Recovery, SEES orientation, Recovery From Loss, Women's Group, WRAP for WRAPers, Peer to Peer Activities, Well Body & Well Mind, Building Confidence, AOD support groups, and orientation to mental health.

Over the next Three-Years a short term case management brief therapy model (90 days or less) will be implemented and enhanced to provide additional short term supports to clients- UCWC is open M-F 8am-6pm. Access line operates 24/7.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$460.00

Cost per Client is based on actual costs (\$2,281,161.00) and actual number served (4959) in fiscal year 2013-2014.

MHSA State Approved Allocations

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$2,817,001.00	\$2,817,001.00	\$2,817,001.00	\$2,817,001.00
Change			\$996,411	\$1,072,879.00

Proposed Changes:

Original function and funding of UCWC remains per original plan in 2009. The co-location of additional Access oriented services has enhanced the client experience of 'right place, right care, first time.'

Proposed enhancements to the UCWC program include:

Increase staffing of 1 clinical supervisor, 6 clinicians, and 3 case manager positions for the purpose of Access services which will include complex care coordination, ensure same day access to mental health and medication services, and provide for the provision of short term treatment/intervention.

Increase staffing and administrative support (contracted or County) for the purpose for adding two (Poverello, courts, and Metro Main) additional MAP points in Fresno County. This is aligned with UCWC and short term treatment. This is not implemented at this time, costs not to exceed \$100,000 per year. Prior to expenditures a detailed program description for unique sites would be made available. Model would be based on MAP Point at the POV , which to date as made 261 contacts and made 131 successful linkages to services.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4710

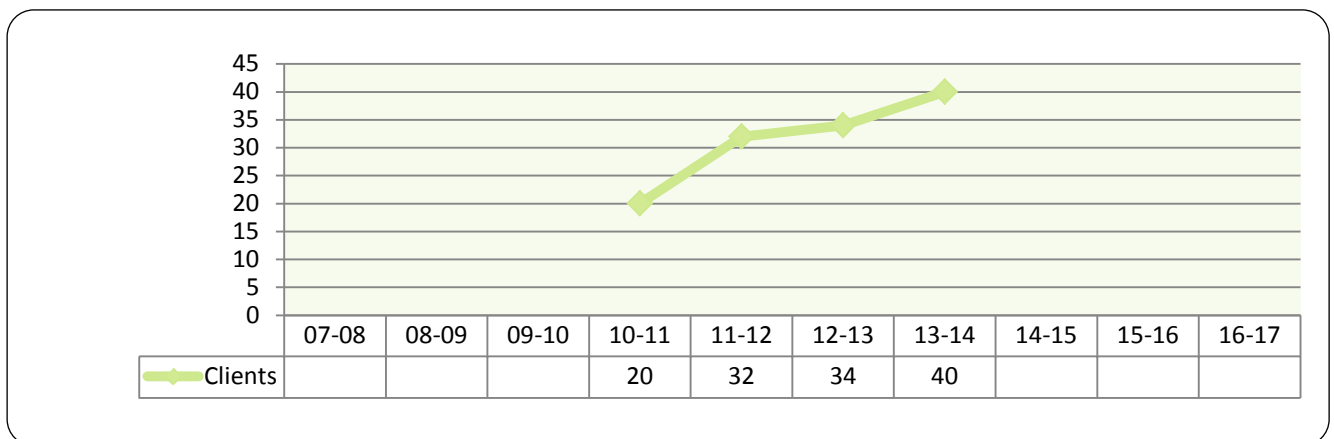
Program Name and Provider: Adult Behavioral Health Courts
Superior Court of California, County of Fresno

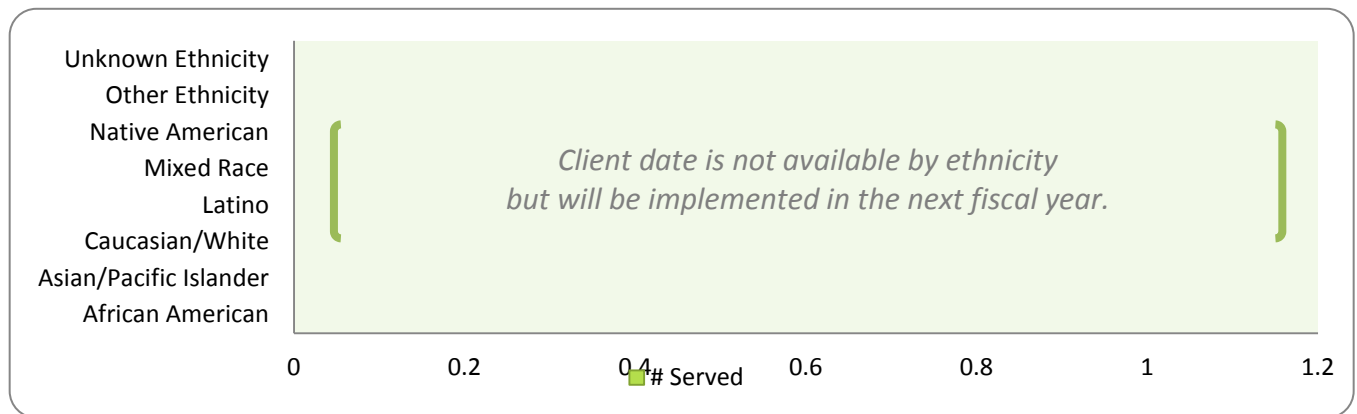
Date Started: 07/01/11

Program Description: The Behavioral Health Court (BHC) and Adult Drug Court Coordinators are primarily responsible for the coordination and program activities related to the delivery of mental health services for adults and families involved in the BHC. The coordinator is responsible for increasing service access, building capacity and removing barriers for those in the justice system that are in need of mental health treatment and supportive services. The BHC is a voluntary, post-conviction program where participation is a probation term and condition. The BHC attempts to take into consideration the unique needs of the individual's mental health condition and work with the participant to regain the independence they previously enjoyed. A mental health clinician and case manager outreach and assess minors considered for the program and provide clinical recommendations to the Courts for minors and adults.

Progress Update:

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$336.20**

Cost per client is based on actual costs (\$30,258.00) and actual number served (90) in FY 2013-14. This figure has been combined with Juvenile Behavioral Health Court

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$124,359.00	\$124,359.00	\$0	\$0
Change				

Proposed Changes:

Program will be combined with the Adult Behavioral Court.

See – Work Plan # 1 – Behavioral Health Integrated Access – Enhanced
– Behavioral Health Courts Coordinator Services
for more details.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4710

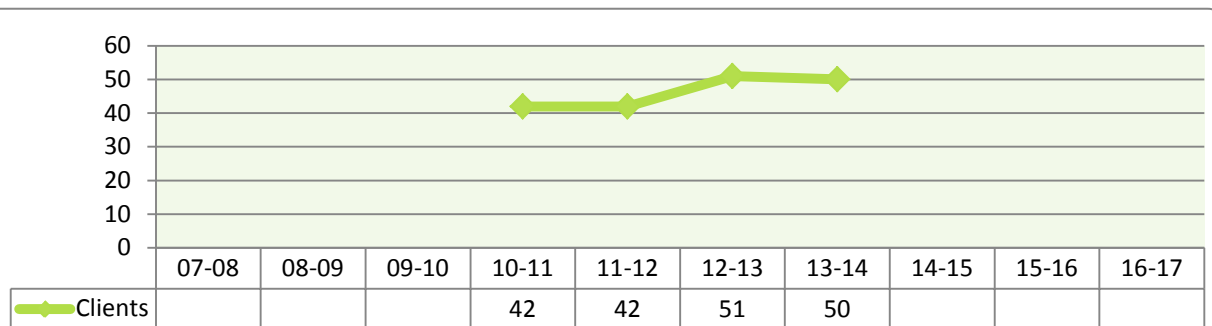
Program Name and Provider: Juvenile Behavioral Health Courts
Superior Court of California, County of Fresno

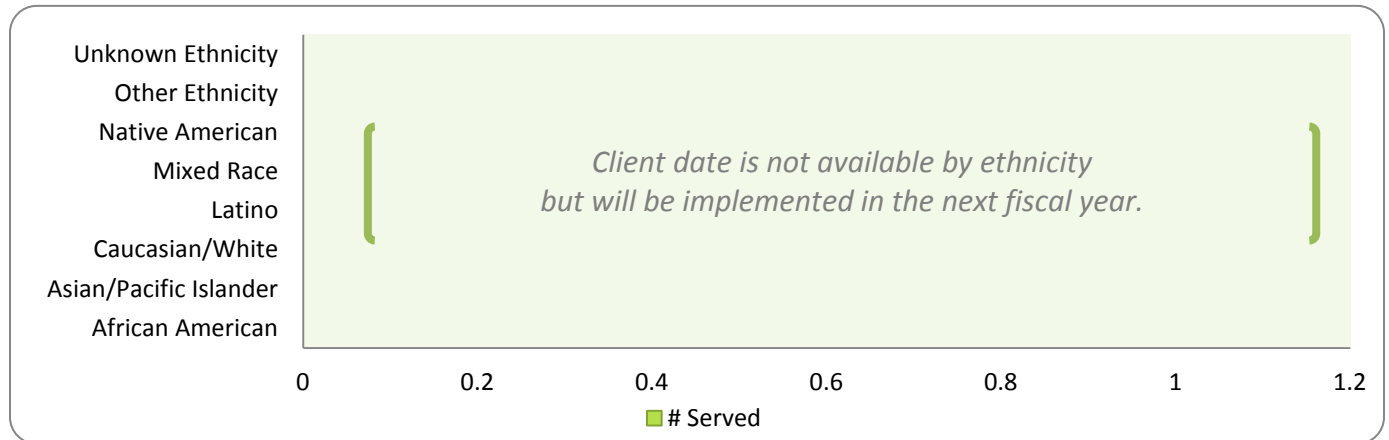
Date Started: 09/11/12

Program Description: The Juvenile Behavioral Health (BHC) and Drug Court Coordinator were established to more effectively address the increase in mental health defendants cycling through court and detention facilities. The BHC is a voluntary, post-conviction program where participation is a probation term and condition. The BHC attempts to take into consideration the unique needs of the individual's mental health condition and work with the participant to regain the independence. The court portion of the program lasts a minimum of 18 months, however, participants may continue to access community mental health treatment provider services.

Progress Update:

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$336.20**

Cost per client is based on actual costs (\$30,258.00) and actual number served (90) in FY 2013-14. This figure has been combined with Adult Behavioral Health Court

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$187,667.00	\$187,667.00	\$0.00	\$0.00
Change				

Proposed Changes:

Program will be combined with the Adult Behavioral Court.

See – Work Plan # 1 – Behavioral Health Integrated Access – Enhanced – Behavioral Health Courts Coordinator Services for more details.

Work Plan # 2

Wellness, Recovery and Resiliency Support

The second work plan is titled, Wellness, Recovery, and Resiliency Supports. The intent of this Work Plan is to focus on services, functions, and activities which promote wellness, recovery and resiliency. DBH knows that people can and do recover. We believe that creating an environment which supports recovery and resiliency is not just something that is nice to do, it is something we must do; it is our responsibility. We also know that creating this environment starts within our own department. To that end, in the last year our Director has consistently delivered the message that we want to build a culture of well-being within DBH.

Wellness is highly personal; it does not look exactly the same for any two persons. At the same time, there are themes related to wellness across populations and it is that common ground upon which wellness- and recovery-oriented programs/services/supports stand while working with individuals in their own personal recovery journeys. Dr. Halbert Dunn first coined the term “wellness” in his book, *High Level Wellness*, published in 1961. Since that time many others have focused on the concept of wellness. The Substance Abuse and Mental Health Services Administration’s Wellness Initiative defines eight dimensions of wellness:

- **Emotional**—Coping effectively with life and creating satisfying relationships
- **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
- **Financial**—Satisfaction with current and future financial situations
- **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
- **Occupational**—Personal satisfaction and enrichment from one’s work
- **Physical**—Recognizing the need for physical activity, healthy foods and sleep
- **Social**—Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual**—Expanding our sense of purpose and meaning in life

This work plan is envisioned to include programs, services, and other supports which promote wellness across all of these dimensions.

The Wellness, Recovery, and Resiliency Supports Work Plan of this MHSA Three-Year Plan will provide a detailed description of all current and planned MHSA-funded programs, services and activities which serve primarily to support wellness, recovery and resiliency. Some programs which may also promote wellness and support recovery/resiliency may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

Work Plan # 2

Wellness, Recovery and Resiliency Support

Table of Programs

*= New Program Name

Status of Program	Program (Listed Alphabetical Order)	Type of Funding	Contracted or Internal
Keep	Consumer/Family Advocate Services	CSS	Contracted
Keep	Enhanced Peer Support	CSS	Internal
Keep	Family Advocate Position	CSS	Contracted
Keep	Flex Account for Housing	CSS	Contracted
Keep	Housing - Master Leasing	CSS	Contracted
Keep	Integrated Wellness Activities * (Integrated Wellness Center)	PEI	Internal
Keep	<i>Prevention Services for Children - Sub Abu*</i> (Outpatient Services for Children-Sub Abu)	PEI	Contracted
Keep	Project for Assistance Transition from Homelessness (PATH) Grant Expansions	CSS	Contracted
Enhance	Blue Sky Wellness Center	PEI	Contracted
Enhance	Department of Rehabilitation (DOR) - Supported Employment & Education Services (SEES) contract match	CSS	Internal
Enhance	Housing Supportive Services	CSS	Internal
Enhance	K-12 - School Based* (K-8 School Based)	PEI	Internal
Enhance	<i>Therapeutic Child Care Services*</i> (Child Care Rooms - Heritage and West Fresno Regional Clinic)	CSS	Contracted
Enhance	Youth Empowerment Centers	PEI	Contracted
New	Suicide Prevention/Stigma Reduction	PEI	Internal

Work Plan # 2

Wellness, Recovery and Resiliency Support Individual Program Sheets



*Artwork Submitted to our
May is Mental Health Month Poster Contest.
When presented the following questions:
What Does Mental Health Wellness Mean to YOU?*

2015 - 1st Place Winner – Maria D.

“WRAP” – Wellness Recovery Action Plan

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4710

Program Name and Provider: Consumer/Family Advocate Services
Centro La Familia Advocacy Services

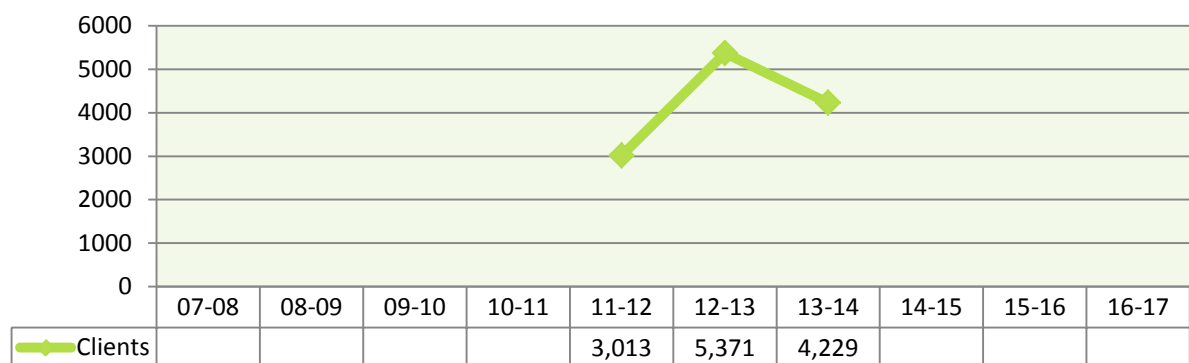
Date Started: 7/1/11

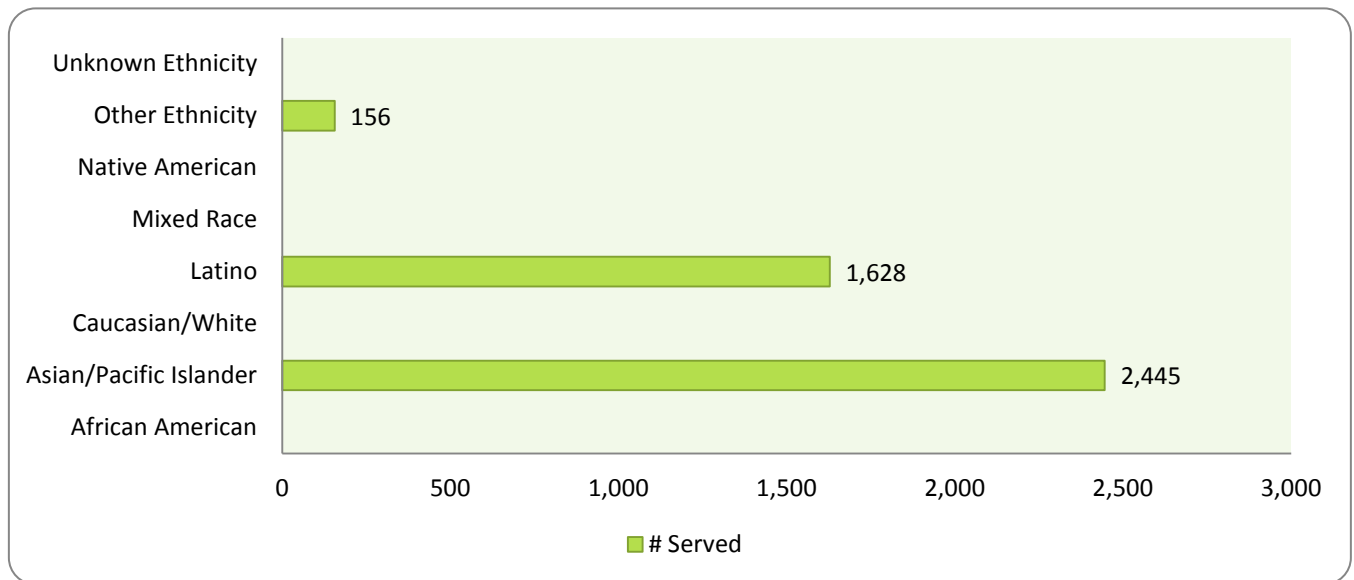
Program Description: Mental health consumer and family advocacy services to unserved and underserved populations, consumers and families.

Program Update:

Contractor Centro La Familia Advocacy Services and Subcontractor Fresno Interdenominational Refugee Services provide culturally appropriate consumer/family advocacy services to unserved and underserved populations of rural and suburban Fresno County. Services include support groups, advocacy services, presentations, outreach, referrals to community resources, education and training to increase awareness of the impact of Mental Health. Services are provided to all age groups from children to older adult. Goals are to increase family support and awareness, increase confidence and independence level of consumer/family through culturally competent liaison services, and reduce mental health stigma and barriers to services, etc. Note that statistics below are rough estimates that include those reached via community outreach events, radio broadcasts and television (Channel 21).

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$8.86**

Cost per client is based on actual Costs (\$37,484.00) and the actual numbers served (4,229) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$113,568.00	\$113,568.00	\$113,568.00	\$113,568.00
Change				

Proposed Changes:

Working on refining data collection and reporting methods for more accurate and useful output on client participation and performance measures.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4511
Program Name and Provider:	Enhanced Peer Support Fresno County Department of Behavioral Health
Date Started:	2/12/07
Program Description:	Original work plan funded activities for the securing of permanent full time employment (FTE) Peer Support Specialist (PSS) and Parent Partners. Funding 10 FTE PSS and 2 FTE Parent Partners. Cost center associated with approved work plan plans for and funds supportive/wellness activities and supplies.

Program Update:

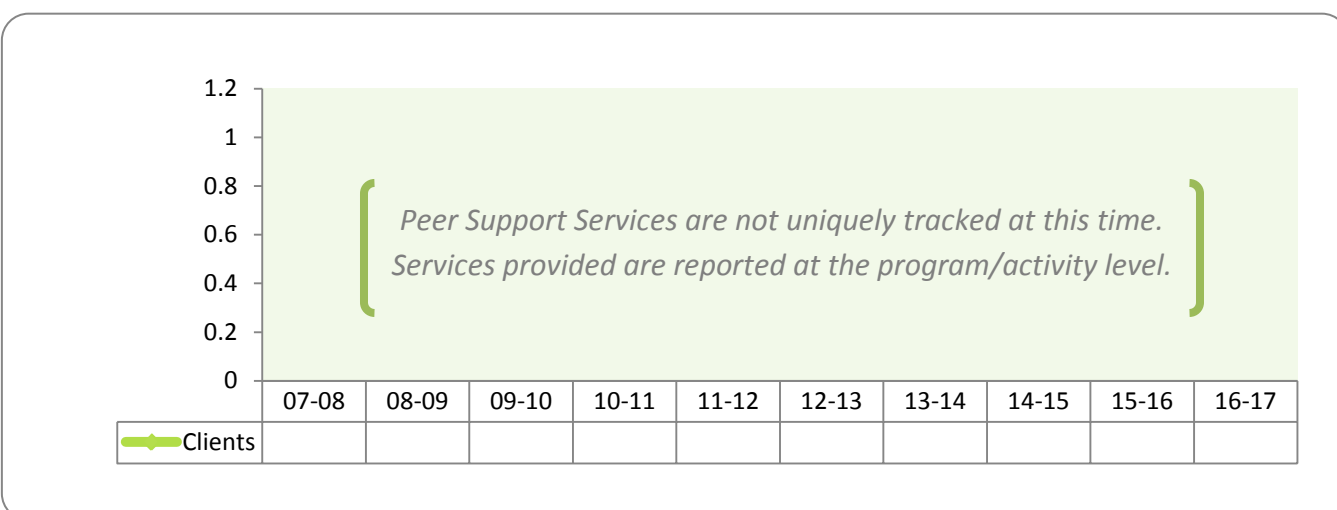
Status as of program:

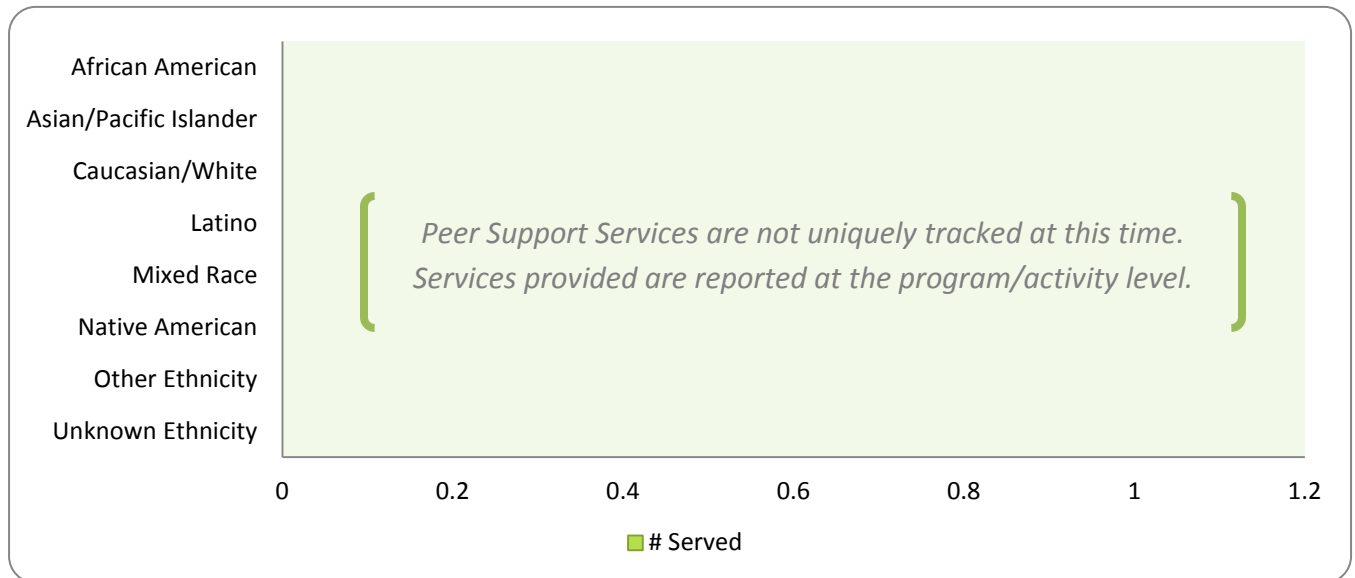
Enhanced Peer Support has been titled “Enhanced” since MHSA Annual Update 09/10, in which it was communicated that this plan enhances the work and inclusion of peer supported work through the offering of full time benefitted positions. For the purpose of this Three-Year Plan, this program will be noted as ‘keep’ regarding status of MHSA program plan as the Department is continuing with the development of recovery and peer based services throughout the system of care.

In the Enhanced Peer Support program there are 10 FTE positions, throughout the Department there are the total of 18 PSS FTE positions, of which 15 are filled (or pending offer). Additional PSS positions have been added in program budgets such as Older Adult, Transition Age Youth, and Integrated Discharge Team to initiate the seamless use of peer support services.

The Parent Partner positions are not budgeted or filled at this time. To be re-considered in the development of client/family services in the Department.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$0.00**

Formula to calculate and report cost per client to be determined for future reports.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$457,461.00	\$457,461.00	\$457,461.00	\$457,461.00
Change				

Proposed Changes:

The funding of FTE positions as a program plan remains, thus maintaining as a 'keep' program. It is anticipated that the Enhanced Peer Support position in the following Annual Update will be started in a means that enhances funding, purpose, provides structure and performance indicators as part of Recovery 360, Integrated Wellness Activities, and Vocational / Educational enhancements and be response to any State certification needs/requirements.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4710

Program Name and Provider: Family Advocate Position
Fresno County Department of Behavioral Health

Date Started: 12/3/13

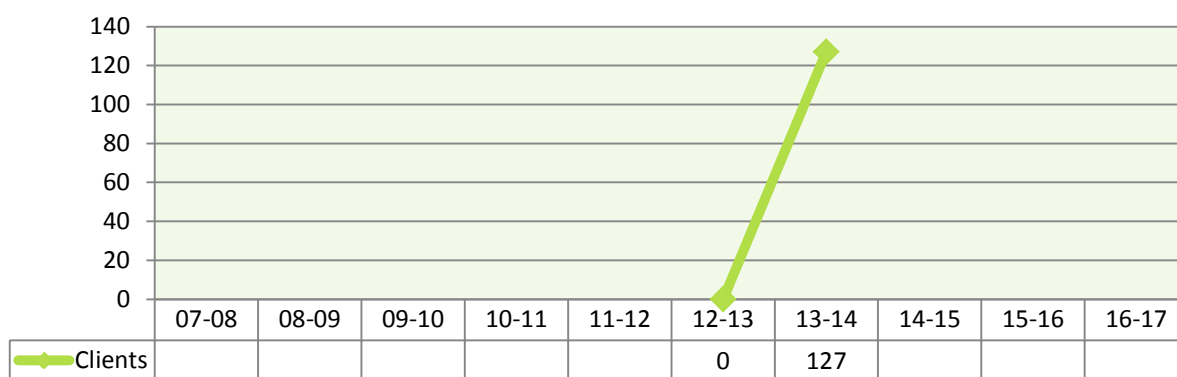
Program Description: Mental health advocacy, support, and other services to unserved and underserved populations, consumers and families.

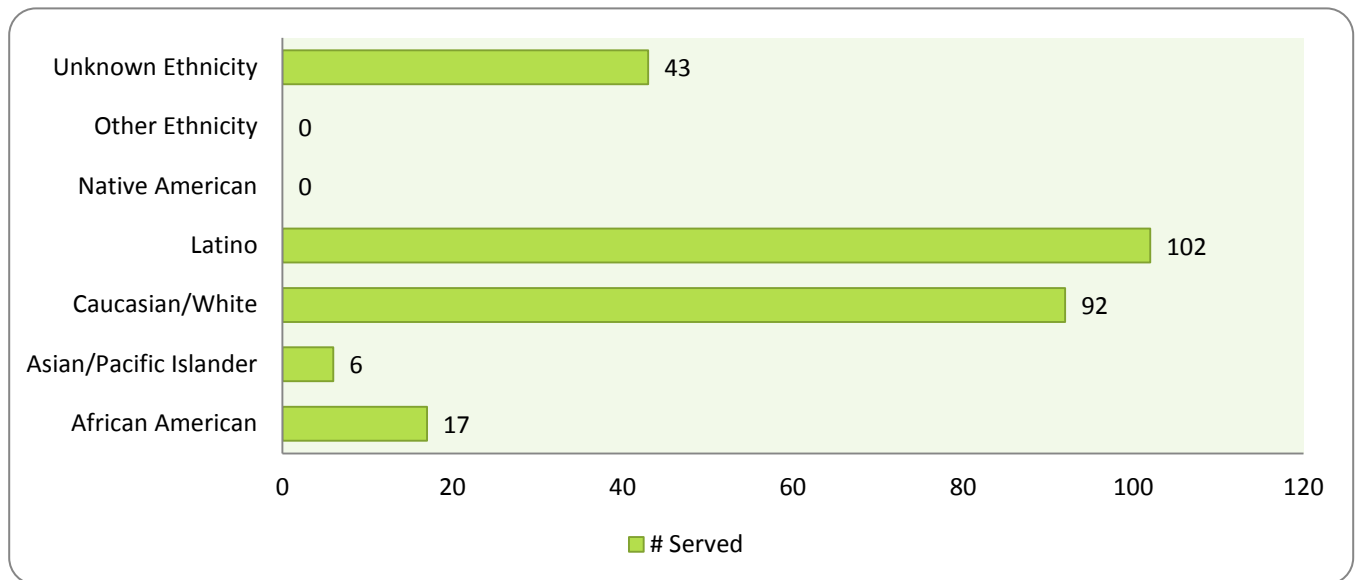
Program Update:

The Family Advocate continues to provide Advocacy and linkage services to families, while enhancing skills and abilities through a variety of opportunities. The Advocate participated in the Mental Health Services Act (MHSA) Oversight and Accountability Commission (OAC) (MHSAOAC) Community Stakeholders Process to develop MHSA Community Program Planning Data-Informed Practices for submission to the OAC for approval and implementation. In addition, the Advocacy participated in the following: Mental Health Board Committees; Workforce Education and Training (WET) Skills Development Team; National Alliance on Mental Illness (NAMI) activities and Trainings; Mental Health Systems (MHS) IMPACT Program; works closely with the Law Enforcement Field Clinician's and Integrated Discharge Team (IDT) to provide support for families out in the field; co-facilitates NAMI's six week Basics class for families with younger children experiencing mental health issues; California Institute for Mental Health (CIMH) Lanterman Petris Short (LPS) Summit in Sacramento, and attended the five day Wellness Recovery Action Plan (WRAP) Facilitator Training to become a co-facilitator of WRAP Trainings. In addition, the Advocate developed and distributed the Family Advocacy Brochure to the Department of Behavioral Health (DBH) and other agencies.

Averages of 2 referrals per day are received through family members, NAMI, Clinicians, and other DBH Staff.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$295.54**

Based on Actual Costs (\$76,840.83 total) and Actual Family/Client Count (260) between 12/3/13 (FY 2013-14 includes December 2013 through June 2014 = \$43,731.76) through 12/15/14 (FY 2014-15 includes July 2014 through November 2014 = \$33,109.07): \$295.54

MHSA State Approved Allocation:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$75,000.00	\$75,000.00	\$75,000.00	\$75,000.00
Change				

Proposed Changes:

The Advocate recommends further alliances with local law enforcement and first responders to reduce stigma, educate, and enhance empathy skills and strengthen their knowledge of behavioral health issues.

Advocate is working on a Family Handbook.

Housing Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4510

Program Name and Provider: Flex Account for Housing
Fresno County Department of Behavioral Health

Date Started: 7/1/2011

Program Description: The Housing Flex account is used to pay for move-in expenses to help in securing permanent housing. The following expensive can be paid for with this fund account: security deposit, PG& E, Pet Deposit, and Spay/Neutering of companion animals.

Program Update:

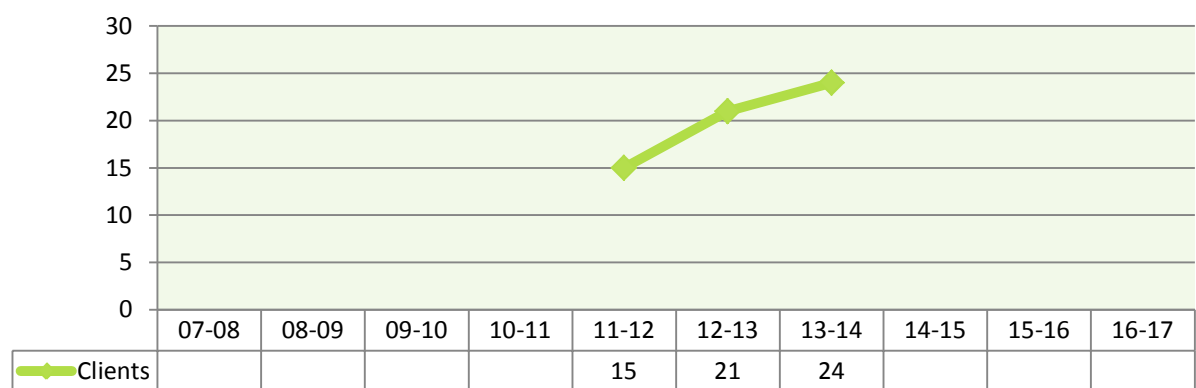
In July 2013 MHSA starting assisting clients that had companion animals with providing spay/neutering and vaccines so that the client could have their animals with them. *(8 companion animals received services)*

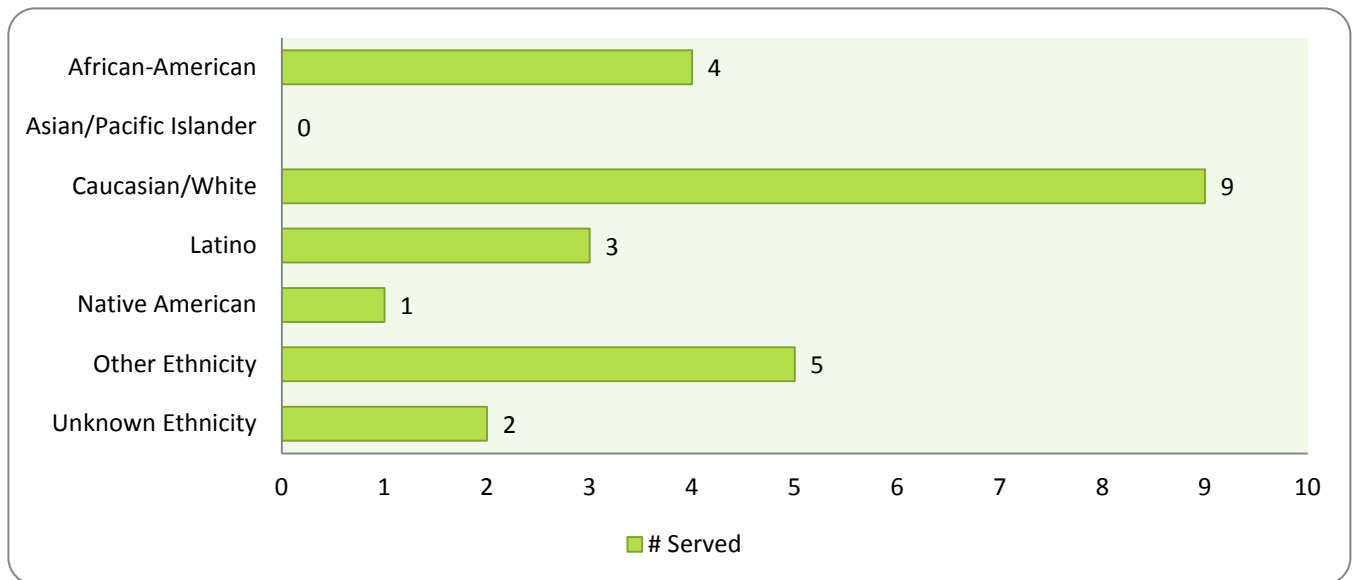
In August 2013 MHSA opened the fund to assist clients that were in unstable housing or were decompensating in their mental health due to their housing situation. These individuals were able to find housing without any voucher or housing programs assistance and didn't have the means to pay for the security deposit, PG&E deposit, etc. *(1 client served)*

2013-2014 we provided security deposit (9), PG&E deposits (6) to assist clients with a Shelter Plus Care (SPC) voucher *(10 unique clients)*

2013-2014 security deposits were transferred from tenants moving out to the new move in for the Renaissance housing at Alta Monte, Santa Clara, and Trinity. *(5 unique clients)*

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$131.11**

Cost per Client is based on actual costs (\$8,391.15) and actual number served (64) in fiscal year 2013-2014.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00
Change				

Proposed Changes:

With the anticipation of the 25 Cities, Emergency Housing , and Master Leasing MHSA would like to include housing application fees, identification fee (Birth certificates, CA ID), hotel/motel cost for emergency placement.

Based on Behavioral Health Board recommendation on 8/19/15 , the following is added:
Emergency Housing and Master Leasing agreements/contracts in place and pilot initiated by 3/31/16. While continuing and enhancing additional programs such as Shelter + Care and voucher approval.

Housing Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4510

Program Name and Provider: Housing – Master Leasing
Fresno County Department of Behavioral Health

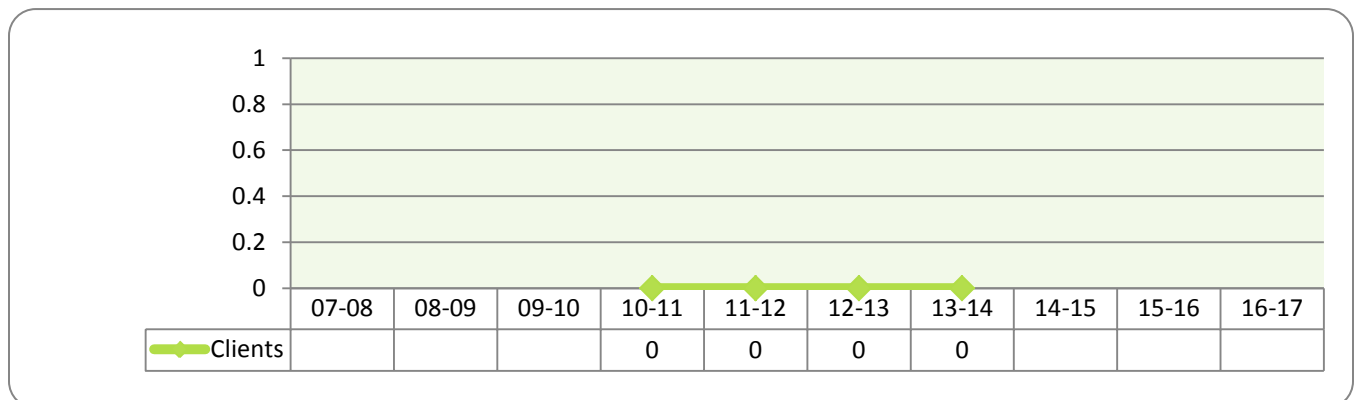
Date Started: Not started yet

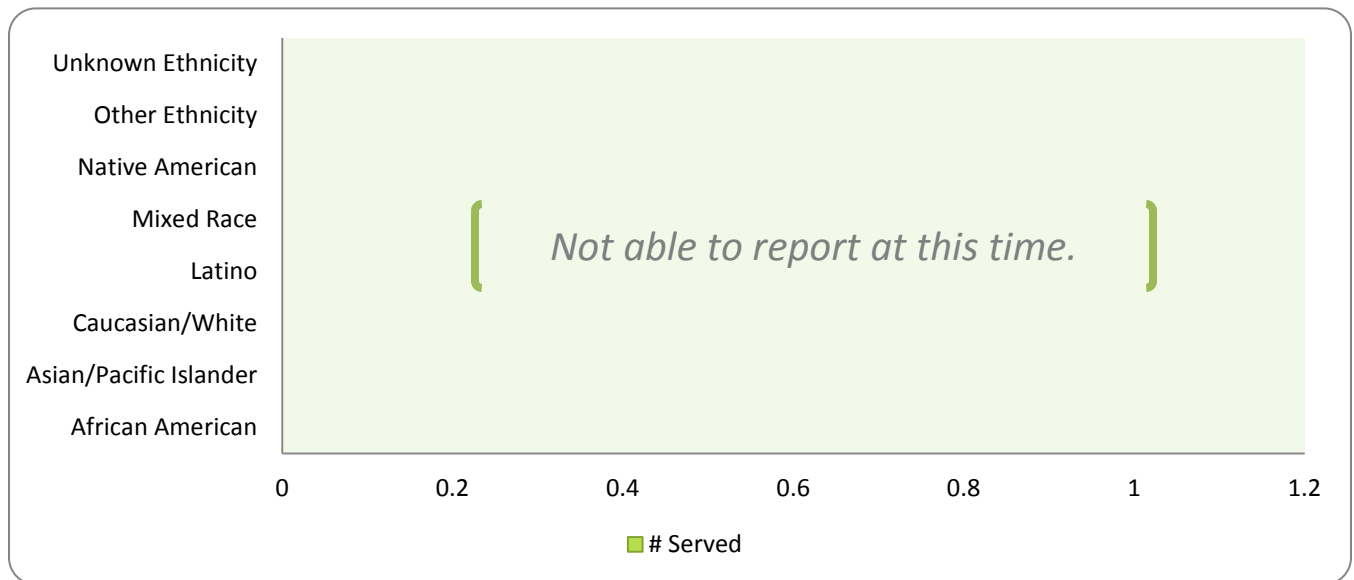
Program Description: Fresno County will provide additional permanent supportive housing opportunities for homeless or at-risk of homelessness clients living with a severe mental illness.

Program Update:

The 2014 Point In Time Count (Homeless Individuals) demonstrates a significant need for additional permanent supportive housing units in Fresno County. This housing gap need was also clearly demonstrated by stakeholders in the 2014 Annual Update. As such, \$400,000 was allocated in last years' Annual Update for master leasing. The Department anticipates issuing an RFP prior to the fall of 2015 to seek responses from property owners / property managers for rental housing for DBH clients through master leasing.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$0.00

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$400,000.00	\$400,000.00	\$400,000.00	\$400,000.00
Change				

Proposed Changes:

An informational housing workshop was presented to the Mental Health Board and DBH housing staff. A management consultant (Kiely Group) facilitated workgroups at the housing workshop to work on the creation of a housing strategic plan for DBH. Emergency/short term/bridge housing development was also discussed and will be incorporated into the housing strategic plan for DBH.

Based on Behavioral Health Board recommendation on 8/19/15 , the following is added:
Master Leasing agreements/contracts in place and pilot initiated by 3/31/16

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4776

Program Name and Provider: **Integrated Wellness Activities*** (Integrated Wellness Center)
Fresno County Department of Behavioral Health (DBH)

Date Started: June 2013

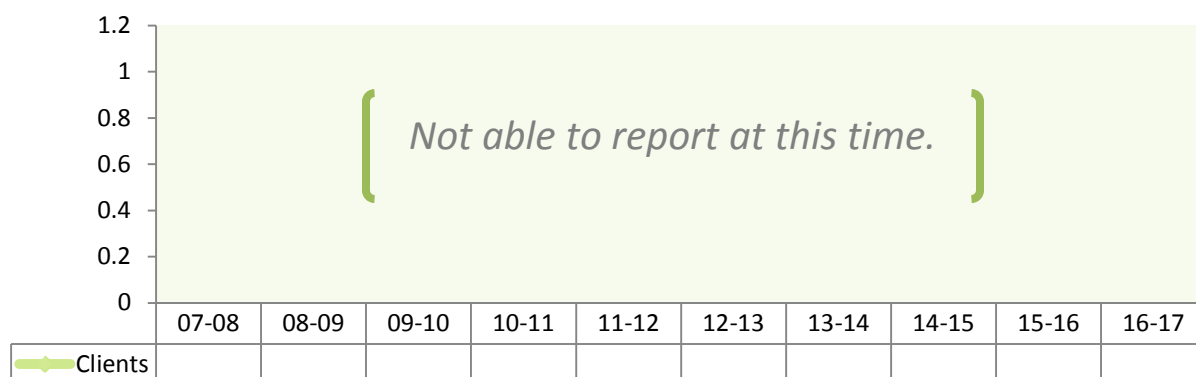
Program Description: In the DBH 12/13 Annual Update, planning and startup funds were aligned with the activities of an Integrated Wellness Center.

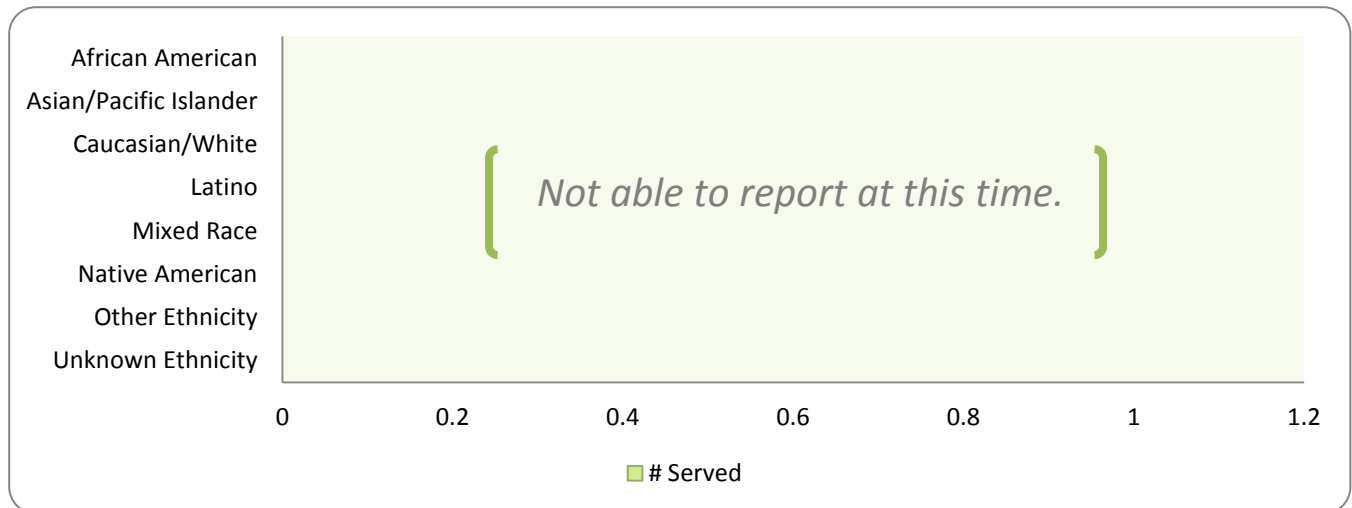
Program Update:

In the DBH MHSA 12/13 MHSA Annual Update, planning funds of \$40,000 were provided to further support planning for an Integrated Wellness Center. Since that approval, the Department has undergone organizational changes which prompted delays in full planning. In the DBH MHSA 13/14 Annual Update, this program was identified as being on “hold” related to strategic planning process and the creation of work plans that enhance the integration of wellness activities. In this Three-Year Plan, the Department is seeking continued planning and early implementation funds to initiate a MHSA program titled ‘Integrated Wellness Activities.’ The retitle of the program better communicated the purpose of the program as an integrated component of prevention, early intervention, recovery and resiliency focused services/activities. During Fiscal Year 14/15, the following are examples of planning and early implementation activities:

- Creation of Adult and TAY Resolution and Advisory Council (RAC)
- Enhancements to volunteer desk and services at outpatient services

Total Number of Clients Served:



Current FY Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$0.00

Unknown at this time.

MHSA State Approved Allocations

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00
Change				

Proposed Changes:

The modification to the work plan allows for the design and placement of wellness activities that are truly integrated into all service teams and sites.

Future expansion of this work plan will be done with involvement by RAC and expand to more DBH sites and children services.

Structure will be designed, implemented to capture and report data , and performance measures during this fiscal year.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4317

Program Name and Provider: Prevention Services for Children - Sub Abu*
(Outpatient Services for Children-Sub Abu)
 Addiction Program, Delta Care and Fresno New Connections

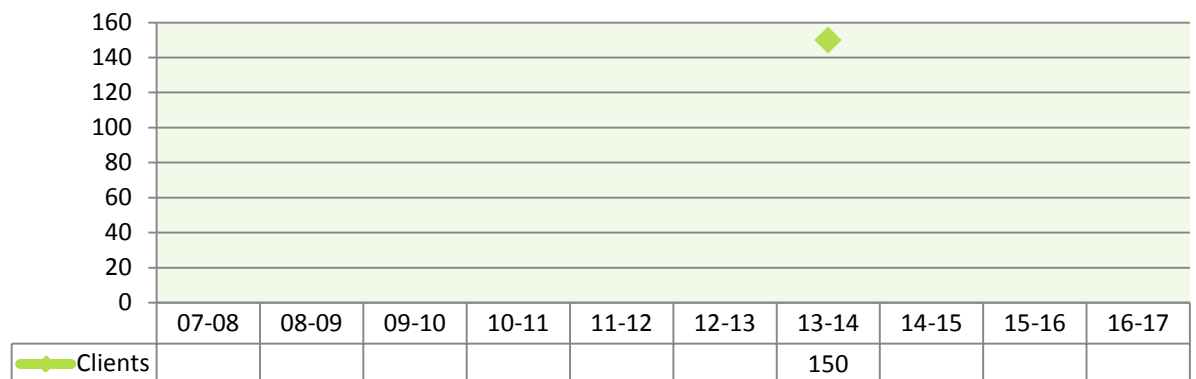
Date Started: 12/3/2013

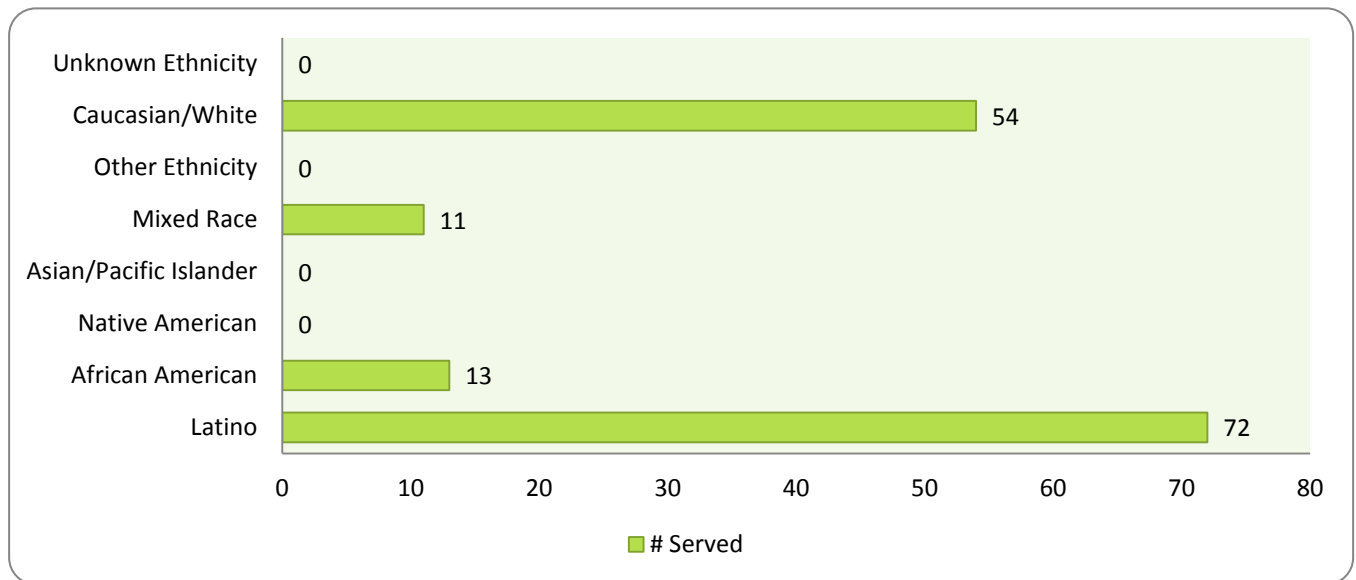
Program Description: Substance use prevention services are provided to Fresno County children ages 17 and under whose parent or guardian is receiving Substance Use Disorder (SUD) treatment services from a Fresno County funded program.

Program Update:

A Master Agreement was executed in December 2013 for family-focused prevention services. Fiscal year 2014-15 was the first full year of services.

Total Number of Clients Served:



Current FY Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$162.16

Cost per Client is based on actual costs (\$24,323.40) and actual number served (150) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$240,000	\$240,000	\$240,000	\$240,000
Change				

Proposed Changes:

None.

CSS Work Plans, Progress Updates and Proposed Changes

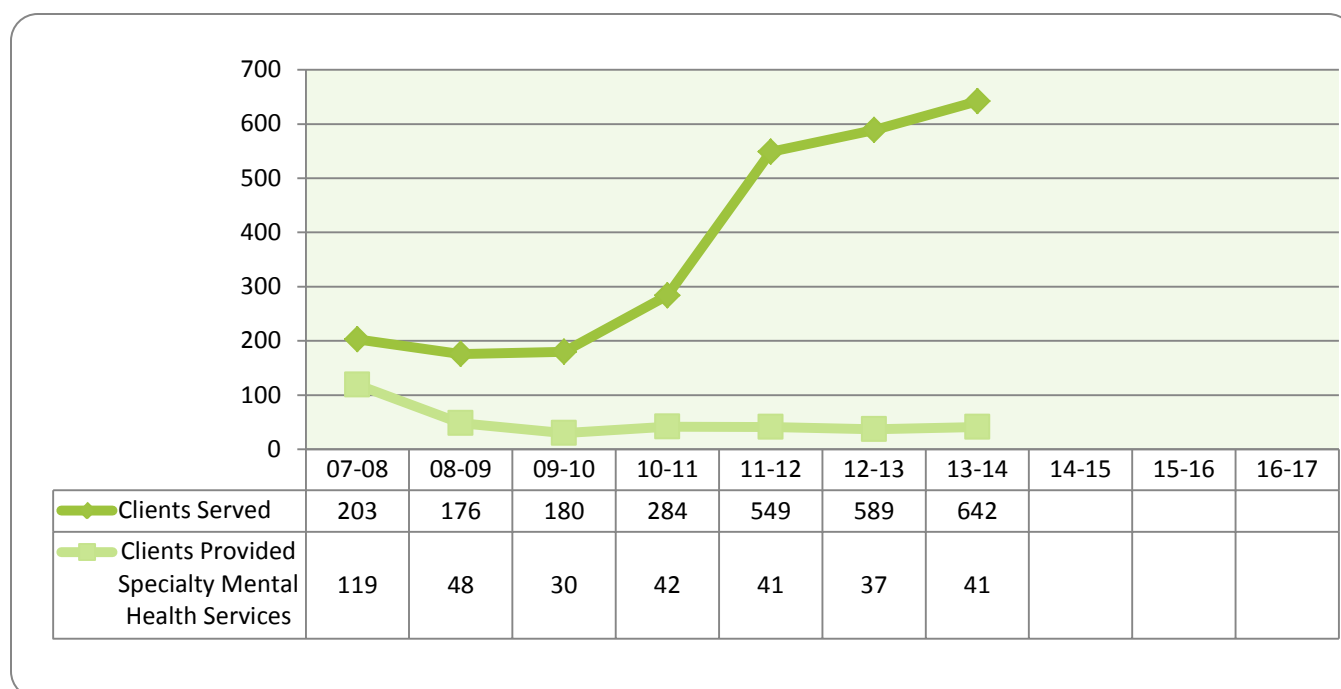
Project Identifier:	CSS4526P
Program Name and Provider:	Projects for Assistance in Transition from Homelessness (PATH) Grant Expansions Kings View PATH
Date Started:	October 1, 2008
Program Description:	The PATH program delivers services to clients who are suffering from severe mental illness and substance abuse (co-occurring disorders) who are homeless or at imminent risk of becoming homeless. The goal of the PATH program is to enable consumers to live in the community and to avoid homelessness, hospitalization and/or jail detention. The PATH program serves as a front door for clients into continuum of care services and mainstream mental health, primary health care and the substance abuse services system.

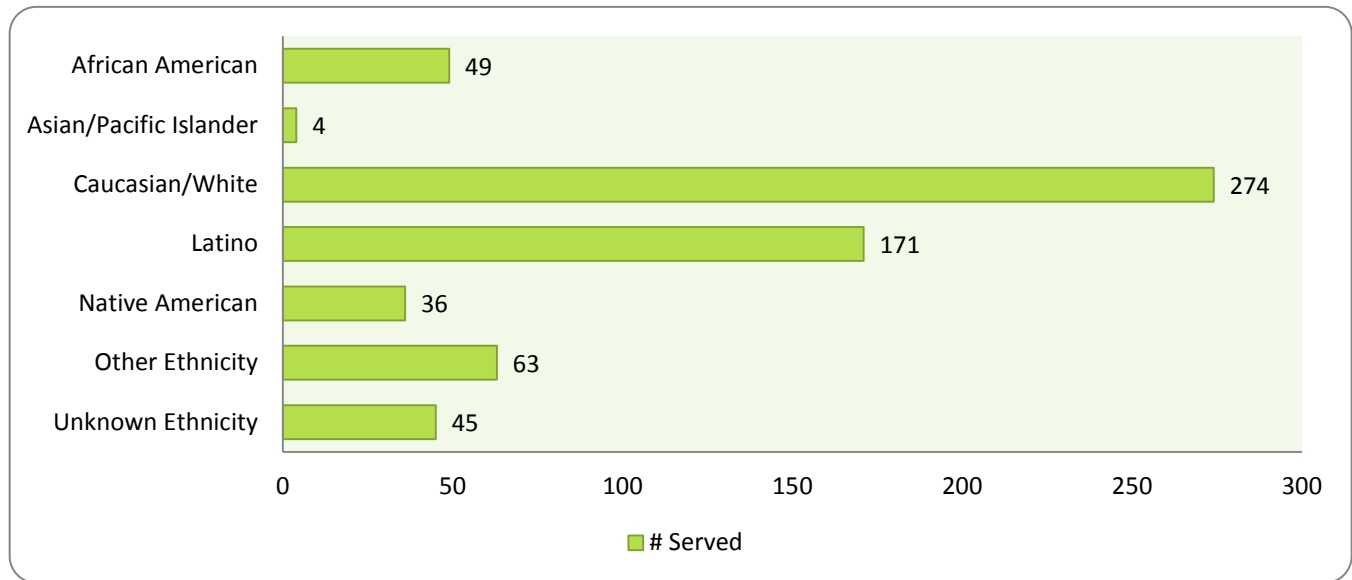
Program Update:

In 2008-09, the program was designed as a full service partnership to provide a full range of mental health services, primarily intensive case management services, psychiatric medication evaluation and follow-up to 30 severely mentally ill (SMI) homeless individuals. However, recommendations were made in FY 2010-11 to reflect the intent of the PATH grant program design which focuses on outreach, case management, housing and referral/linkage.

DBH prepared a Request for Proposal (RFP) for FY 2015-16 for a PATH program comprised of two components: 1) PATH – Outreach, Engagement, and Linkage Services (OEL); and 2) PATH – Specialty Mental Health Treatment Services (MH). Approximately 500 clients will be provided outreach, engagement, and linkage services; 400 will be enrolled in PATH- OEL where they will receive case management, linkage, consultation, peer support services, and supportive interim or bridge housing services. PATH-MH will provide specialty mental health services and housing for up to 30 clients.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$639.93**

Cost per Client is based on actual costs (\$313,653.00) and actual number served (683) in fiscal year 2013-2014.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$98,856.00	\$98,856.00	\$98,856.00	\$98,856.00
Change		\$4,530.00	\$5,402.00	\$5,402.00

Proposed Changes:

Allow for expansion of utilization of AVATAR to capture client demographics and data to be entered. This will allow for the department to capture Non-Medi-Cal client information to be gathered for program consistency for all programs across the department.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4521

Program Name and Provider: Blue Sky Wellness Center
Kings View

Date Started: 10/23/07

Program Description: Prevention and early intervention peer centered wellness and recovery focused activities. Services include group and individual peer supportive services in addition to teaching Wellness Recovery Action Plan services and Crisis Plan services, transportation, life skills courses, job readiness services, and on-site volunteer opportunities.

Progress Update:

Total clients served during FY13-14 were 25,769, with support group attendance at 12,765. Unique number of clients served: 1,043

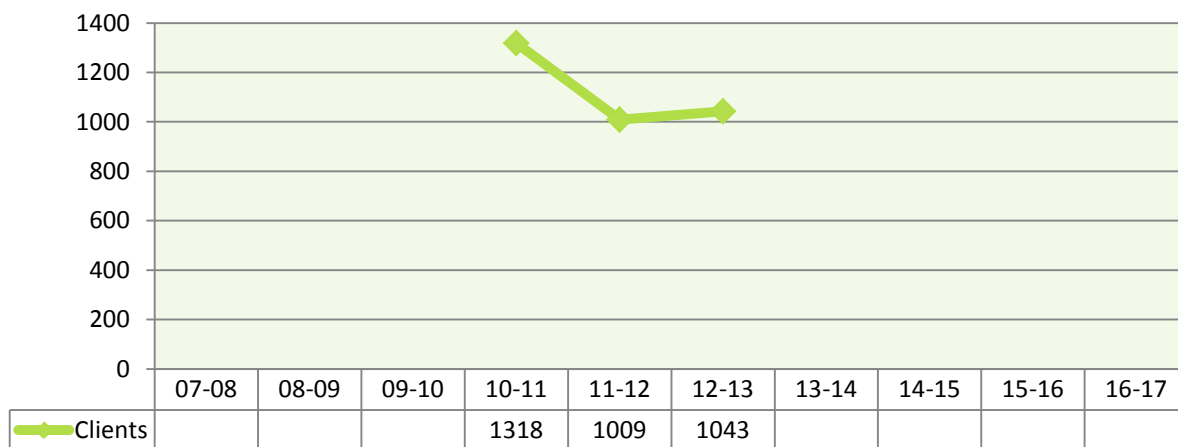
Total number of clients served has exceeded contract goals.

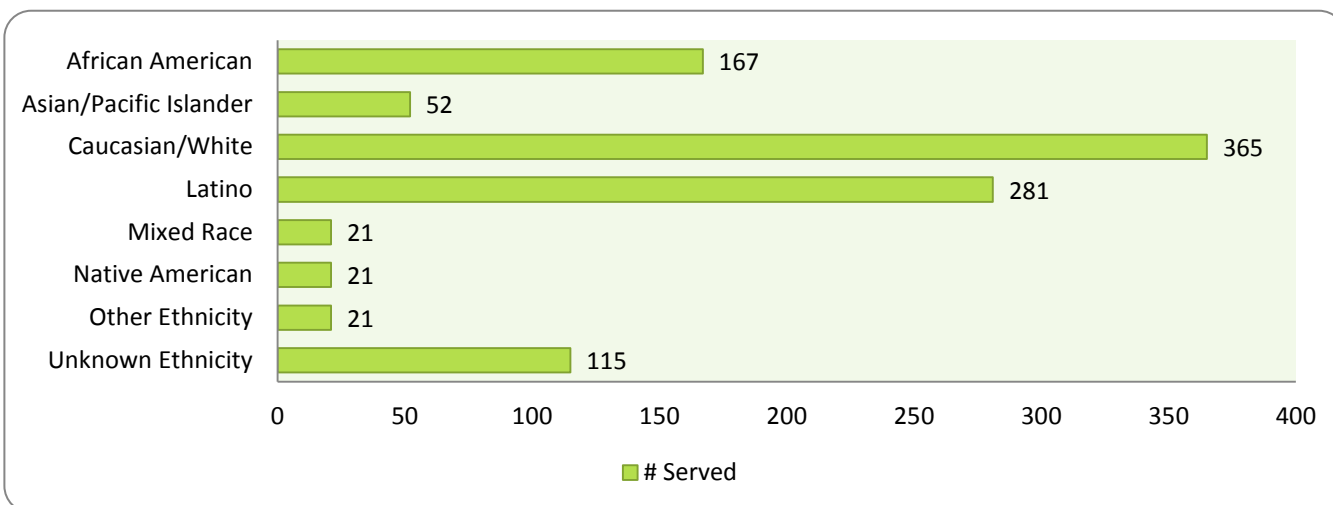
A challenge has been to locate consumer employees who can work effectively with clients towards wellness goals without triggering their own issues and relapsing. A second challenge is trying to maintain an open and voluntary program with expectations of participation in groups and activities towards one's wellness and recovery.

Data reflected in charts is based on calendar year data collection and will be tracked by fiscal year beginning in FY2015-16.

Total Number of clients reflected in charts is based on unique clients. Total overall attendance: Year 2011: 27,071, 2012: 26,853, 2013: 25,769

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$947.86**

Total cost per client is based on actual costs (\$988,620.97) and actual number served (1,043) in FY 2013-14. This figure does not include the Youth Empowerment Center budget, costs, or number served.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,005,436.00	\$1,005,436.00	\$1,005,436.00	\$1,005,436.00
Change			\$244,564.00	\$244,564.00

Proposed Changes:

The expiring contract will be extended by six months through December 2015 to allow for continued services while the RFP is developed.

RFP is currently being developed and will include increased services, sites, funding, capacity, vocational, and employment components.

The proposed new Agreement beginning in FY 2015-16 will include additional funding to allow for a vocational component to assist clients with entering or re-entering the workforce by providing work experience and job readiness skills which may require additional facility and staff costs.

Kings View Blue Sky has expressed an interest in adding a Thrift Store to provide employment and volunteer opportunities/experiences for client.

Additional funding will allow for the selected bidder to implement this additional component or a like component for clients.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4526

Program Name and Provider: Department of Rehabilitation (DOR) Support Employment & Education Services (SEES)
State DOR Grant Match/Fresno County Department of Behavioral Health

Date Started: 7/1/2009

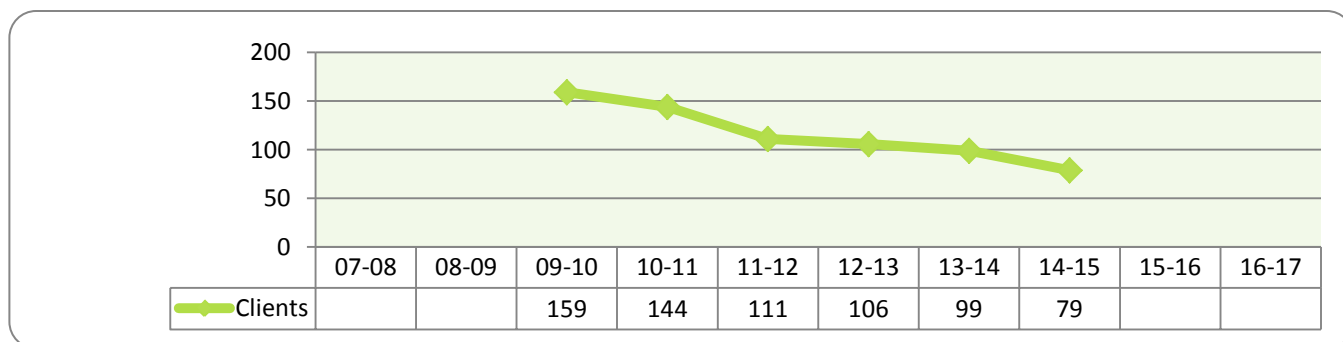
Program Description: The Supported Employment and Education Services (SEES) is a collaborative partnership with the State Department of Rehabilitation (DOR), the Department of Behavioral Health (DBH) and Mental Health Services Act to provide recovery, vocational and educational services to individuals with psychiatric disabilities living in Fresno County and receiving mental health services from DBH or other County-contracted mental health providers. SEES is a program accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

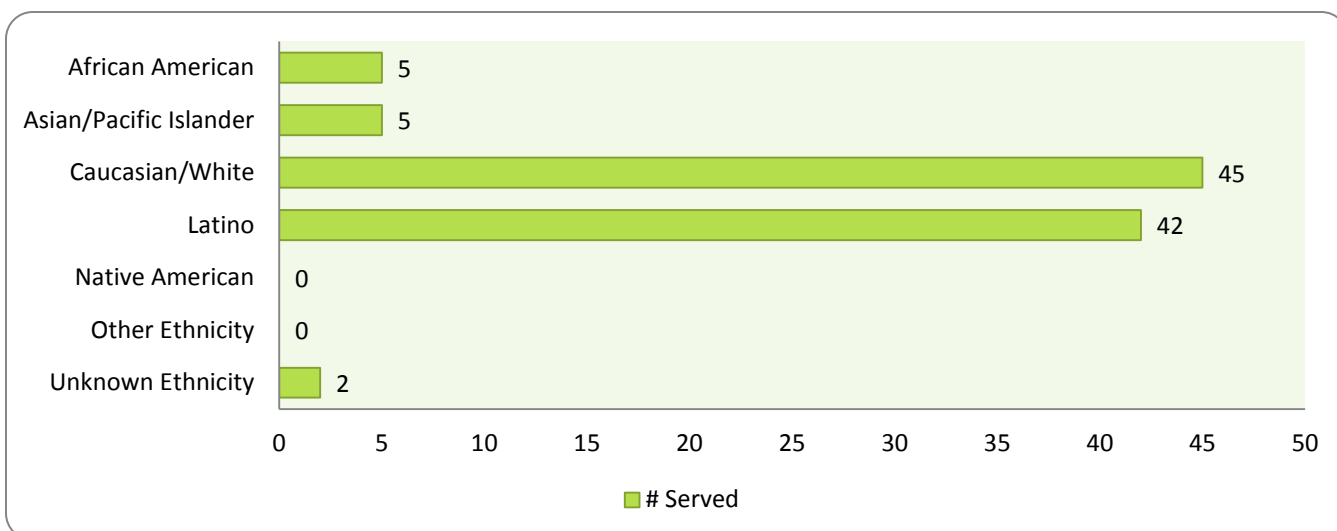
Program Update:

Original: The Supportive Education and Employment (SEES) contract with the Department of Rehabilitation is a competitive employment program for DOR clients. The DOR cooperative contract was amended in FY 2013-14 to fund two half-time Peer Support Specialist (PSS) positions, which the program is in the process of filling, who will provide peer-to-peer wellness activities to clients. Peer support is evidence-informed best practice that can reduce social isolation and facilitate involvement for clients in community-based services and supports. Peer Support also increases client access and moving serves toward wellness and recovery. Over the next Three Years we intend to research, explore, and begin to pilot various education and employment models. Matching funding in grants will be sought as available in order to develop a more comprehensive education, employment and recovery program. In addition to education and employment will provide more training and support for county employed PSS, a mentoring program, and wellness activities.

Enhancements to this program will include: expanded supportive employment opportunities outside of the DOR contract and confines. At the time of this request, it will place funding in this approved MHSA program to pursue addition of Job Developers, Vocation Field Placement Supervision, off DBH campus volunteer program/placement and oversight and a Clinical Supervisor for this expanded component. Funding placed in this work plan could also be designed to create Memorandums of Understanding for assorted educational opportunities for clients (i.e. Adult School, Fresno City College, trade schools to cover student costs).

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$3,168.26**

Cost per Client is based on actual costs (\$313,658.00) and actual number served (99) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$252,467.00	\$252,467.00	\$252,467.00	\$252,467.00
Change		\$586,132.00	\$958,599.00	\$958,599.00

Proposed Changes:

Please see prior narrative for proposed changes, this enhancement of vocational services is fully aligned with community planning process input in which the increased capacity for education and vocational opportunities for Department of Behavioral Health clients is increased. The requested increase of \$ 60,000 (approx. 10%) is a projection of costs for the items cited prior, none of these agreements or expansions has been initiated, and costs will be based on actual expenditures. Reduction in services level related to staff vacancies.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4510

Program Name and Provider: Housing Supportive Services Team
Fresno County Department of Behavioral Health

Date Started: 1/1/2011

Program Description: Provide onsite supportive service for clients that have been placed into permanent supportive housing. To be eligible, clients must be homeless or at-risk of homelessness and living with a severe mental illness.

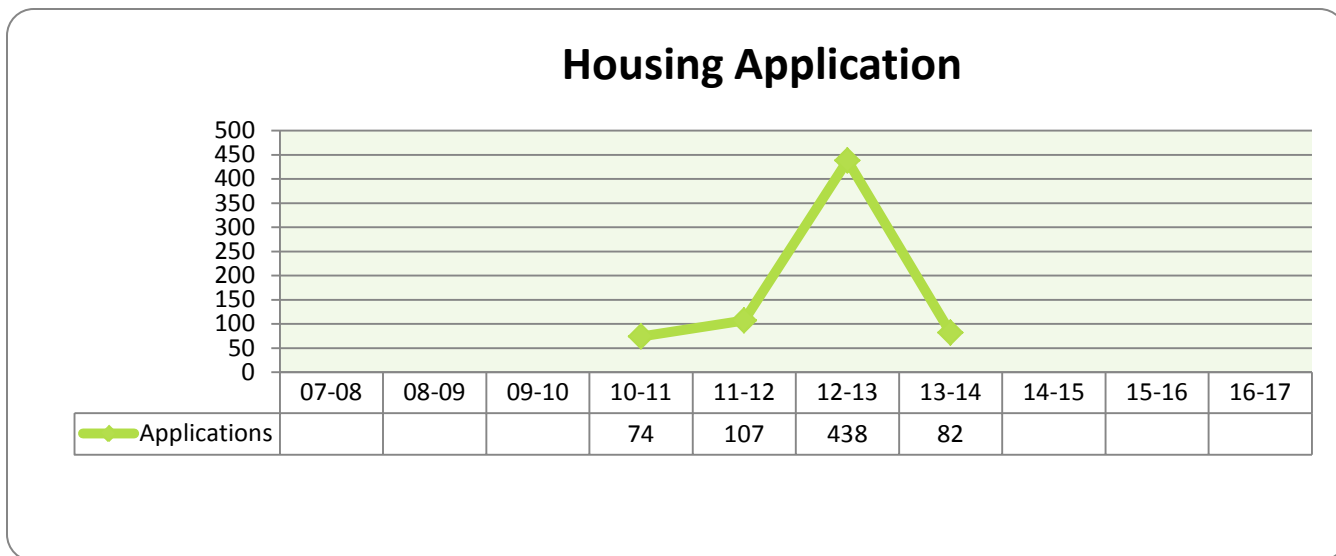
Program Update:

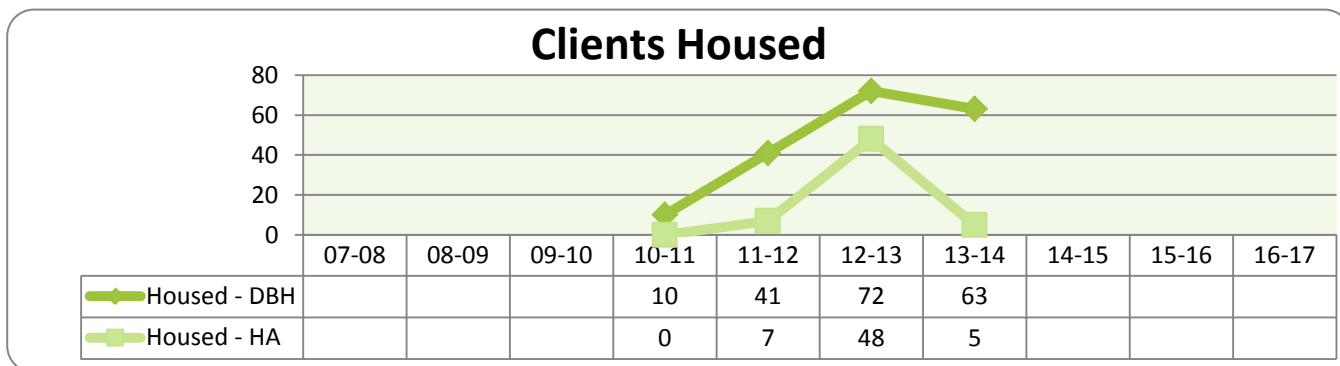
In 2012-2013, the Fresno Housing Authority opened 2 new Renaissance properties (Alta Monte 29 units and Santa Clara 25 units). These 54 units are designated DBH units for clients with SMI that are chronically homeless (Alta Monte) or at risk of homelessness (Santa Clara). 438 applications we received. 153 applications were verified by DBH and then referred to Fresno Housing Authority for approval process. 285 applications were denied for the following reasons.

- 31 – Client withdrew application (move out of the area, no longer wanted to proceed with application process, or other reason unknown)
- 6 – Clients found other housing
- 60 – Incomplete applications (client didn't complete the applications). Letters were mailed to applicant's address or assigned case managers were notified to attempt to contact client before closing the application.
- 8 – Required Family Housing
- 180 – Referred to other programs (didn't meet the DBH Criteria; not engaged in services or lacking SMI diagnosis)

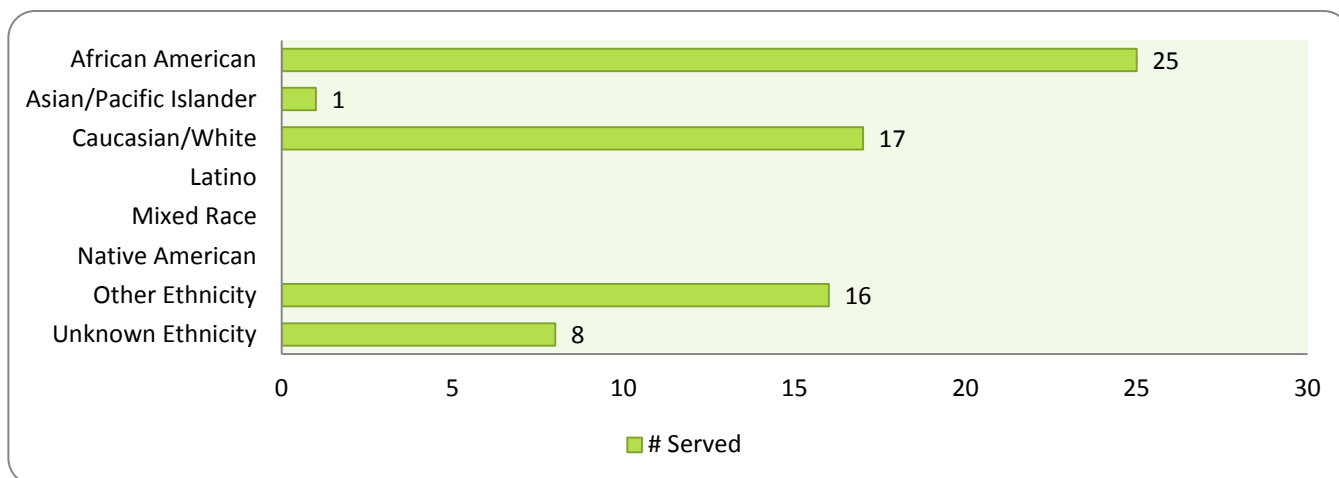
Currently there are 141 clients (homeless or at-risk of homelessness) that are pending housing. Staff include: 4 FT CMHS, 3 FT PSS, and 1 extra help CMHS (Floater to all sites).

Total Number of Clients Served:





FY 2013-2014 Total Number of Clients Served by Ethnicity:



Total Cost per Client: \$3341.13

Cost per client is based on actual cost (\$501,169.51) and actual number served (150) in fiscal year 2013-2014.
 *The number of clients serviced was based on the number of application (82) and number of clients housed (63+5=68) and received supportive services.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$842,161.00	\$842,161.00	\$745,568.00	\$745,568.00
Change				

Proposed Changes:

Proposed changes to the Housing Support Staff include:

Increase staffing of (1) Clinical Supervisor position to provide direct supervision to the onsite housing staff and (1) Case Manager Health Services (CMHS) position for supportive services for Shelter Plus Care and Master Leasing program. These positions will support FY 15/16 growth in housing opportunities to be created. FY 15/16 reduction as of 6/11/2015 is due to Clinical Supervisor position being budgeted in a different cost center; however the position is budgeted and will be functional for the MHSA Housing Team.

Based on Behavioral Health Board recommendation on 8/19/15, the following is added:
 The Department is committed to completing a comprehensive housing plan.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier:	PEI4324
Program Name and Provider:	K-12 School Based* (K-8 School Based) Fresno County Office of Education (FCOE) - Master Agreement
Date Started:	05/03/2010
Program Description:	Positive Behavior Interventions and Supports (PBIS) is an evidenced-based approach to early identification and prevention of students' behavioral/emotional problems. The prevention framework allows children and youth early access to evidence-based academic and behavioral practices prior to onset of severe behavior/emotional challenges. PBIS is a decision-making framework established to guide, select, integrate, and implement evidence-based practices to achieve positive outcomes for all students. Schools organize their continuum of practices and interventions in a multi-tiered logic model. The tiers typically include a universal level, a targeted level, and a tertiary level.

Progress Update:

The Master Agreement allows for multiple educational and community organizations to participate. FCOE is currently the only contractor who provides PBIS service programs to 100 schools within 23 schools districts serving over 66,000 students.

The number of schools in each new annual FCOE Cohort has increased annually since contract inception. There are currently 23 school districts ranging from Coalinga to Huntington Lake. Of those schools participating in the PBIS program, 75% are implementing at *model* PBIS behaviors.

PBIS is a 3 year cycle of training. Cohorts are started each year as new training begins. Once the 3 year training cycle ends, schools are encouraged to continue program though with no additional funding.

Amendment I increased program funding to allow for additional schools to participate through Cohorts.

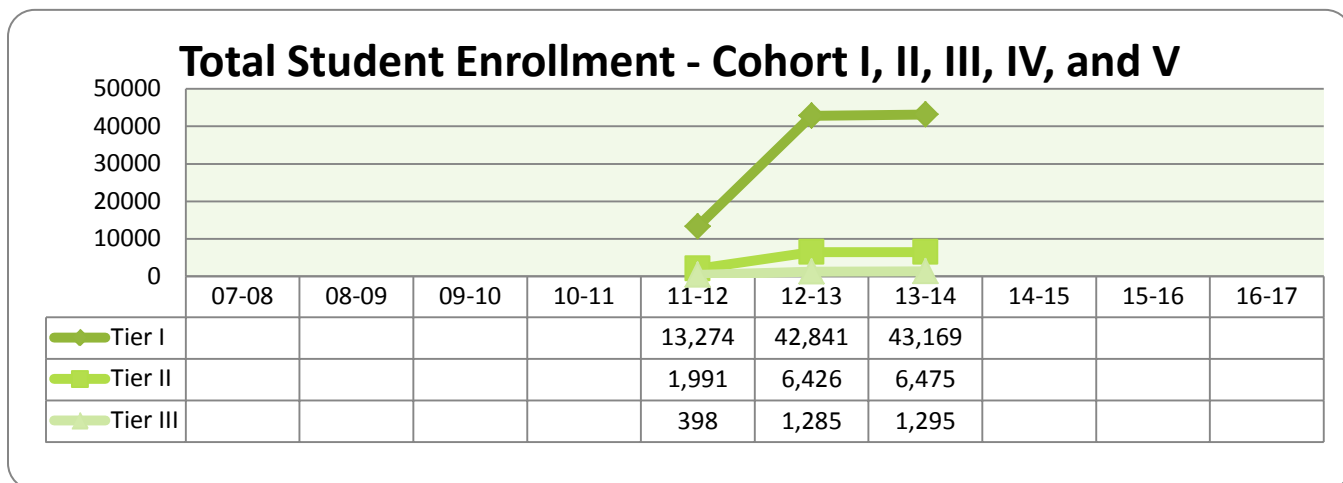
Amendment I also included additional funding to allow for rural based schools to participate through Cohorts.

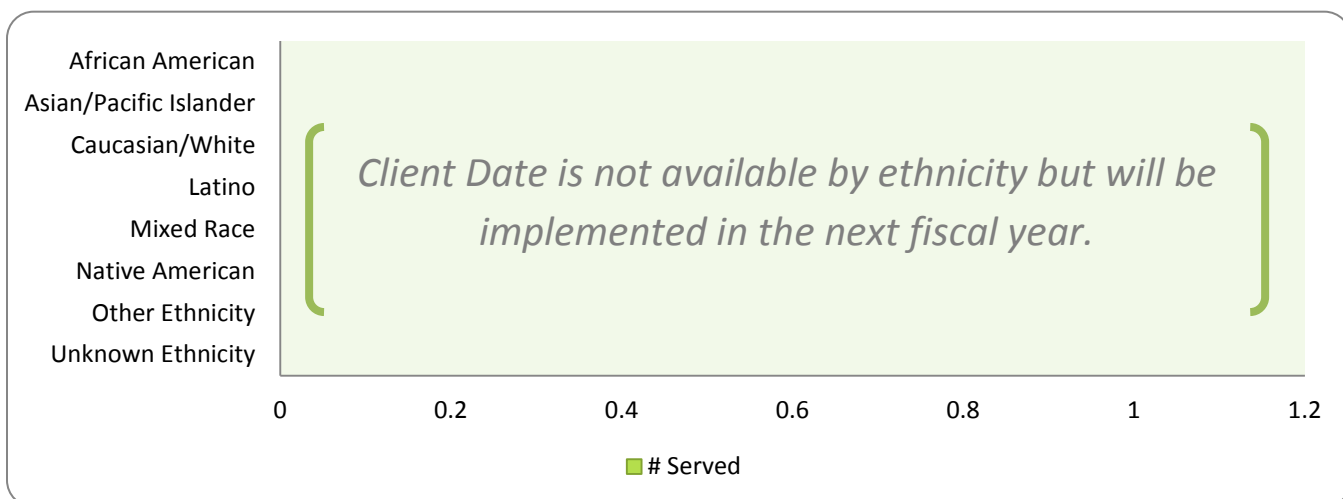
High schools stand to benefit and will include age based and appropriate programs to assist youth with issues including Drug Intervention, Attendance, and After School Programs.

Provide modified training for previous Cohorts that have run through the 3 year program. This will allow schools to cycle back through a modified training geared towards sustainability.

The total number of clients served is based on Unique Client. Cohorts are created an annual basis and include new students/clients participating in the program.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$60.78**

FCOE will provide for in-kind match in services for the overall program cost through State AB602 Entitlement and Federal Mental Health grant funding. ***All students attending participating schools are placed in Tier I and progress into Tiers II & III when additional services are provided. Total cost per client is based on actual costs (\$472,237.06) and actual number served in Tiers II & III. (7,770) during FY 2013-14.***

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$451,633.00	\$451,633.00	\$451,633.00	\$451,633.00
Change				

Proposed Changes:

Proposed changes to FCOE Master Agreement for PBIS services are the result of Fresno County MHSA Stakeholder Meeting held on February 13, 2014 and requests received from various schools within Fresno County currently providing PBIS services via MHSA to expand this program beyond K-8th grades in order include high schools up through twelfth grade.

Request for Proposal (RFP) currently in process to renew services and to expand program through twelfth grade. FCOE would also like to see additional funding provided for modified training to existing Cohorts that will allow program to continue beyond 3 year training period. In addition, a request for additional funding to hire substitute teachers while instructors attend training and for the SWIS Subscription.

Department of Behavioral Health and Provider will monitor fiscal needs of program each FY to determine if additional funds will be needed to provide requested services.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4311
Program Name and Provider:	Therapeutic Child Care Services* (Child Care Rooms – Heritage and West Fresno Regional Clinic) Reading and Beyond
Date Started:	10/01/09
Program Description:	Provides temporary, on-site child care to support DBH clients' ability to receive county mental health services. DBH's Supervised Children's Rooms provide a safe environment for children while parents and siblings are accessing on-site mental health services, allow parents uninterrupted access and increased participation with mental health staff, and reduce the number of appointments missed by parents who are unable to find temporary child care.

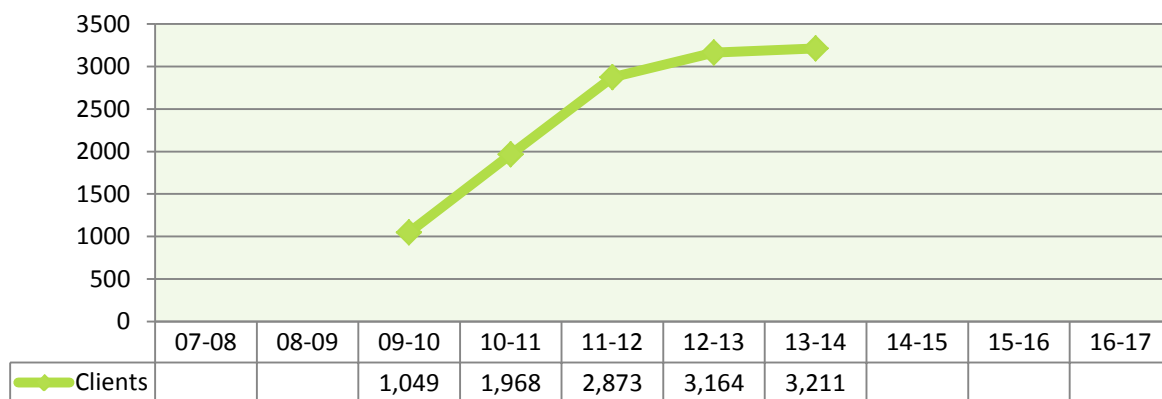
Program Update:

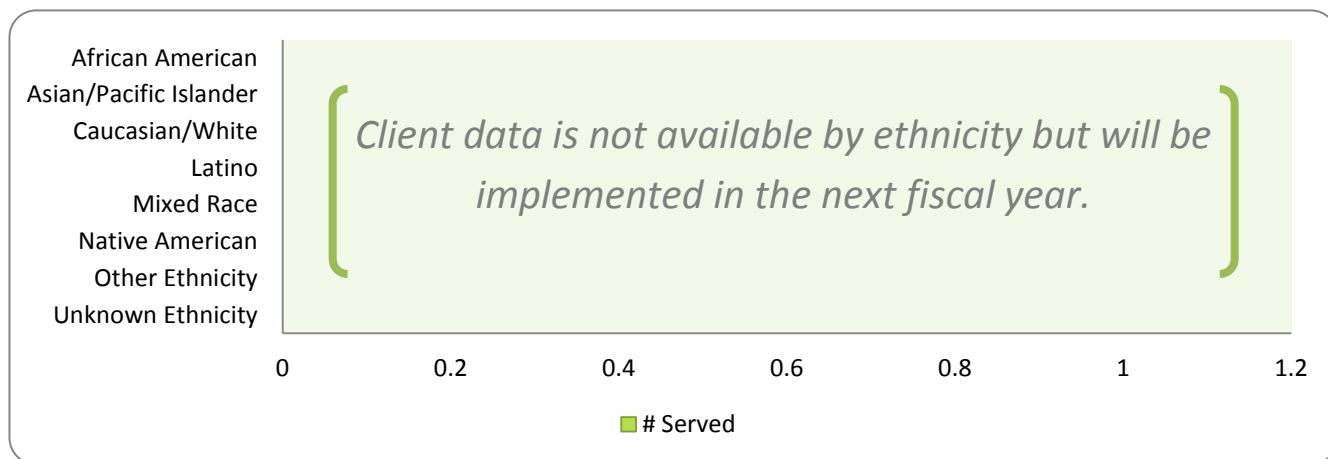
In FY 2009-10, the program began providing on-site child care for clients receiving services at various locations from the Department of Social Services (DSS) and DBH. DSS discontinued services at their sites in June 2014 due to elimination of on-site child care needs for DSS clients. DBH prepared a Request for Proposal (RFP) for FY 2015-16 to continue child care services after further assessing client utilization.

Children supervised at the Heritage Center include child clients of DBH and their siblings. An average of forty children per week are supervised at the Heritage Center and are primarily under the age of ten. Children supervised at the West Fresno Regional Center (WFRC) are primarily the children of DBH clients who are pregnant or post-partum women and teenagers. Four out of five children supervised at WFRC are under the age of five and an average of twenty children are supervised per week. On average, a child spends approximately 1 hour in child care.

In a September 2014 survey of clinicians, 96.6% of respondents stated that the program was very important to their client's ability to receive services. Additional comments supported the need for child care services and suggested that the program allowed for a delivery of quality care which supports parent participation, ensures safe and confidential services, and promotes regular attendance. Approximately 90% of clients stated they would miss their appointment if child care was unavailable.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$22.58

Cost Per Client is based on actual costs (\$72,516) and actual numbers served (3,211) in fiscal year 2013-2014.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$0.00	\$0.00	\$0.00	\$0.00
Change		\$81,516.00	\$125,388.00	\$125.388.00

Proposed Changes:

The RFP 2015-16 budget will be an increase of \$43,872 per year maximum upon implementation of expanded services at the WFRC location. The expansion will allow operational hours to extend for the full day instead of the current four hours per day. Additionally, DSS will allow use of the larger child care room for the full week instead of the current three days a week.

Report tools will be designed to capture client ethnicities as well as more information on the DSS clients who also continue to be served at WFRC.

There is also ongoing discussion to evolve the program from simply Child Care Rooms to Therapeutic Child Care. In addition to continuing client support by increasing access to services, the program would have activities tailored to the promotion of wellness and recovery. This development is in alignment with the Department's future Work Plans.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier:	PEI4521
Program Name and Provider:	Youth Empowerment Centers Kings View
Date Started:	10/05/10
Program Description:	A division of Kings View Corporation, Youth Empowerment Centers provide services to children, youth, and transitional age youth populations in various communities within Fresno County. The Youth Empowerment Centers aim to provide Wellness and Recovery Action Plan Services, Crisis Plan Services, and group/individual peer support. Their goal is to empower children and youth in combating the early signs of mental illness and establishing healthy approaches to decision making, leadership, and life choices.

Program Update:

Amendment I of BlueSky Agreement authorized an expansion of peer and family support services to include children and youth peer support groups and centers. Kings View was contracted to begin offering services to a minimum of five support groups and four Youth Empowerment Mini-Centers.

There are currently thirteen site locations providing services to children and youth in Fresno, Firebaugh, Orange Cove, Tollhouse, and Raisin City.

There has been great success in providing services to youth of rural areas. Youth are engaged in a variety of mental health topics which empowers them to respond better in school and at home.

Time traveling to rural sites and finding venues in these rural communities has been challenging. Additional funding is needed to hire more staff which will allow the program to expand services into more schools. There has been an increased interest from schools to include the program, however limited staff and funding place restrictions on program staff availability to all requested school sites.

Most recently, parenting classes are now being offered to parents of students.

Data reflected in charts is based on calendar year data collection and will be tracked by fiscal year beginning in FY2015-16.

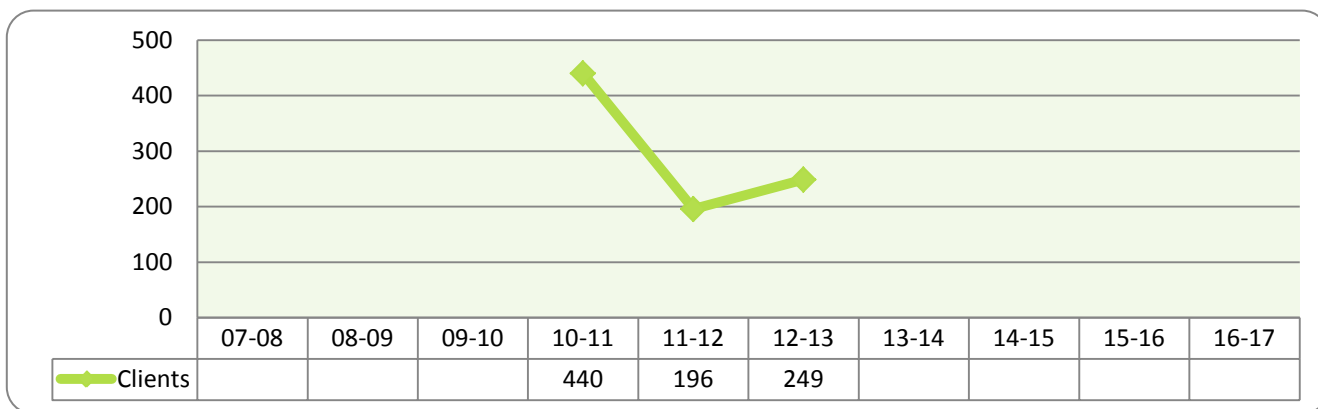
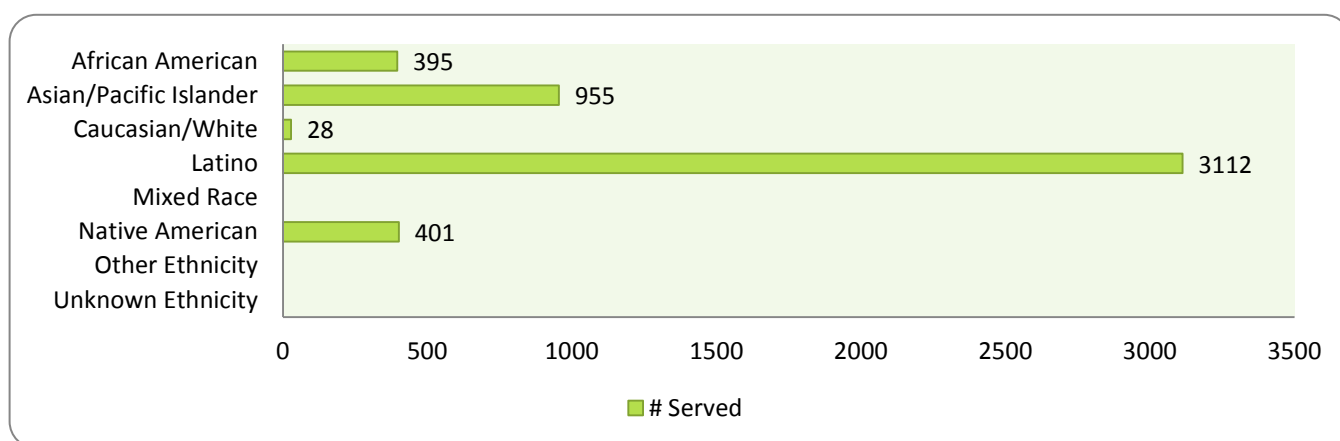
The significant number of clients served in the 2011-2012 reporting period when compared to 2012 - 2013 is the result of additional outreach services recorded during this period versus actual engaged client reporting data in 2012-2013.

In addition, data reflected in Total Number of Clients Served chart reflects a decrease in unique clients served but there was an increase in the overall attendance as noted in below statement.

Total Number of clients reflected in charts is based on unique clients. Total overall attendance:

Year 2011: 3,270, 2012: 5,716, 2013: 4,891

The Youth Empowerment Budget is inclusive part of the Blue Sky Agreement and has not exceeded the total contracted amount.

Total Number of Clients Served:**FY 2013-2014 Total Number of Clients Served by Ethnicity:****Total Cost per Client: \$1,120.42**

Total cost per client is based on actual costs (\$278,983.40) and actual number served (249) in FY 2013-14. This figure does not include the Blue Sky budget, costs, or number served

MHSA State Approved Allocations

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$251,359	\$251,359	\$251,359	\$251,359
Change			\$98,641	\$98,641

Proposed Changes:

Request for Proposal (RFP) is currently being developed and will include increased services, sites, funding, and capacity.

The RFP will include an option for potential contractors to bid separately on Wellness and Recovery services for Adults or Wellness and Recovery services for Youth Empowerment Centers.

The expiring contract will be extended by six months to allow for continued services while the RFP is developed and finalized.

Subsequent awards contract(s) will be separate from the current contract designed in which adult Blue Sky and Children & Youth - Youth Empowerment Centers will be two distinct contracts.

Funding Source: PEI

Project Identifier:	PEI4776
Program Name:	Suicide Prevention / Stigma Reduction
Anticipated Date Started:	8/2015
Program Overview:	This new MHSA work plan will provide the resources, structure, activities and creation, and reporting of performance indicators related to Fresno County suicide prevention and stigma reduction. This work plan will contain activities that include, but are not limited Strategic Suicide Prevention and Stigma Reduction Plan, social media and other outreach activities, speaker's bureau activities while focusing on the lifespan of clients, recognizing cultural and linguistic variations in the perceptions of mental wellness.

Target Population:

All of Fresno County in a targeted and universal prevention model of intervention and education.
--

Estimated to be Served:

Annual targets and detailed target population to be finalized in a Suicide Prevention/Stigma Reduction Plan completed with stakeholder input and participation in on going activities.
--

Program Details:**Suicide Prevention (SP) activities will include, but not be limited to:**

Appoint a liaison to the state office of suicide prevention, and convene a new suicide prevention advisory council to collectively address local suicide prevention issues.

Membership should reflect a broad range of local stakeholders with expertise and experience with diverse at-risk groups.

Establish annual targets for suicide prevention training that identify the number of individuals and occupations that will receive training, and the models, including Peer Support, which will be used for training. Using an inclusive process in input, develop and implement training plans that meet these targets.

Build grassroots outreach and engagement efforts to coordinate with and tailor the statewide suicide prevention education campaign and activities to best meet community needs.

Creating and using digital mediums / social media, as part of the outreach, this medium provides geographic reach and provides an outlet for individuals that is accessible and relevant.

Create opportunities to promote greater understanding of the risks and protective factors related to suicide and how to get help by engaging and educating local media about their role in promoting suicide prevention and adhering to suicide reporting guidelines.

Educate family members, caregivers, and friends of those who have attempted suicide, individuals who have attempted suicide, and community helpers to recognize, appropriately respond to, and refer people demonstrating acute warning signs.

Promote and provide suicide prevention education for community gatekeepers.

Department will be an active fiscal and program partner with the Central Valley Suicide Prevention Hotline. Partnership will include, but not be limited to: sustainability planning, outcome/performance review, participation in local education and outreach, assist in the collaboration with other areas such as agriculture, cultural groups, education institutions, law enforcement and first responders.

Provide leadership and assistance with the data collection and review of Fresno County suicide statistics, to include, but not be limited to: participation on Suicide Review Team in collaboration with Fresno County Coroner and local nonprofit(s), engage skills of epidemiologist in the review of data and creation of a demographics specific suicide prevention plan.

Stigma and Discrimination Reduction (SDR) activities will include, but not be limited to:

Create widespread understanding and recognition within the public and across all systems that people at different points in their lives experience different degrees of mental health from wellness to crisis; and persons living with mental health challenges have resilience and the capacity for recovery.

Prevent the development of mental health stigma, stereotyping, and discrimination.

Create opportunities and forums for strengthening relationships and understanding between clients, family members and the larger community.

Address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination based on their race, ethnicity, age, sex, sexual orientation, gender identity, physical disability, or other societal biases.

Ensure that mental health services are offered in nontraditional, non-stigmatizing community and school sites.

Promote and enhance initiatives, programs and curricula to change school cultures and increase social inclusion and social acceptance.

The strategic document / plan for this work plan will provide details of activities and expected outcomes such as:

- Participation / sponsorship of community events , ensuring reach to all ages
- Use nontraditional mental health partnerships and methods to provide a stigma reduction and suicide prevention message, such as participation in non-health industry events, child development initiatives (Talk, Read, Sing) and school based support for classroom education (pilot mini grants for children/youth stigma reduction messaging)
- Use of and securing public speakers that connect to community events / initiatives
- Provide Suicide Prevention and Stigma Reduction support to all DBH and contracted programs
- Leveraging of all regional and State resources for local use and participation

Performance Measurement(s):

Specific performance measures and outcome indicators will be part of the strategic plan.

Measuring effectiveness will include, but not be limited to:

Design and implementation of longitudinal studies to determine benefits of exposure of stigma reduction / suicide prevention outreach and education

Evaluating and estimating the cost benefit of SP/SDR activities and training

Estimated Cost per Client: \$0.00

To be determined in strategic plan as part of the MHSA work plan.

Estimated Budget:

<i>Budget Summary</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$0	\$150,000.00	\$150,000.00

Work Plan # 3

Cultural/Community Defined Practices

The third work plan is Cultural/Community Defined Practices. Fresno County is a large geographic region of approximately 6000 square miles with a population of over 900,000 persons. The county is also remarkably diverse and given the ongoing stigma towards mental illness and the desired holistic and integrated view of health in Fresno County, the MHP continues to work on increasing access to all unserved, underserved and inappropriately served populations as prescribed by Medi-Cal and State Cultural Competence Plan Requirements

The intent of this work plan is to focus attention on behavioral health practices which reflect the unique needs of various cultures and communities who are living within our county.

DBH recognizes the fact that behavioral health cannot be a “one size fits all” approach. Behavioral health practices which are effective for some groups of people may be less effective with other groups. The goal of this work plan is to identify a variety of behavioral health practices that are specifically and intentionally geared toward cultural and community groups which are unserved, underserved, or inappropriately served, and to support and develop those practices as part of the broader continuum of care.

The term “culture” is applied broadly to include groups of persons with shared knowledge, life experiences, beliefs, values, and customs. By understanding the variations of cultural groups and perceptions on mental health, best practice or “cultural competence” strategies can be designed to address barriers in seeking and understanding help.

The term “cultural competence” is now clarified as “community-defined practices” by the California Reducing Disparity Project – Asian Pacific/Islander Strategic Planning Workgroup (CRDP-API -SPW). The definition was derived from a community group’s conceptualization of core cultural competence components that add meaning and value to service, it is envisioned that organizational structure, program design and service delivery processes will function in congruence with client and community needs.

It’s the intent of the Department that the following eight components of community-defined practices will serve as guidance for ensuring culturally/linguistically relevant service is achieved with the implementation the MHSA Three-Year Plan.

Components	System Level
Linguistic Capacity	Recognize the importance and provide support for the development and retention of linguistically qualified workforce. Provide resources to support bilingual staff and reimbursement for the service, including interpreters. Provide resources for preparing and printing bilingual materials.
Cultural Specific Considerations	Actively engage ethnically diverse communities. Funding should allow culture-specific factors to be considered and incorporated into services appropriate for that cultural community.
Community Relations & Advocacy	Encourage and support culturally appropriate efforts for community outreach and community relationship-building. Recognize the importance and provide support for collaboration with community leaders.

Flexibility in Program Design & Service Delivery	<p>Recognize the importance and support time for engagement and building trust.</p> <p>Recognize the importance and support essential ancillary services needed to ensure access to services.</p> <p>Encourage and support programs that include community-based research and/or community-designed practices.</p> <p>Flexibility in diagnostic criteria to accommodate cultural differences.</p> <p>Provide support for innovative outreach.</p>
Capacity Building	<p>Provide support for capacity-building within the agency and the community.</p> <p>Provide support for future workforce development.</p> <p>Encourage and support outreach and educating the community on mental health and wellness issues.</p> <p>Provide support for cultural competence training.</p> <p>More involvement of the community in the policy-making process.</p> <p>Provide support for a central resource center.</p>
Use of Media	<p>Encourage and support the use of ethnic media and technology for outreach.</p>
Data Collection & Research	<p>Provide support for disaggregated data collection.</p> <p>Support ethnic/cultural specific program evaluation and research.</p> <p>Support research to develop evidence-based programs for cultural-based programs/services.</p>

*California Reducing Disparities Project, Asian/Pacific Population Report, Office of Health Equity, California Dept. of Public Health, March, 2013. pp 47.

For the last two decades, Fresno County Department of Behavioral Health has been assessing gaps and aligning resources for cultural and community defined practices and wellness programming. Existing and piloted programs have been recognized by the California Reducing Disparities Project as being a community-defined practice services:

- Holistic Education and Wellness Center
- Horticultural Therapeutic Community Centers
- Cultural Based Navigation and Access Specialists (CBANS)
- Fresno County Cultural Competence Plans
- Cultural Competence Training Plan
- Cultural Diversity Committee Work Plans

The Cultural/Community Defined Practices work plan of this MHSA Three-Year Plan will provide a detailed description of all current and planned MHSA-funded programs, services, and activities which are centered around cultural or community defined behavioral health practices. Some programs which may also have elements of cultural or community defined practices may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

Work Plan # 3

Cultural/Community Defined Practices

Table of Programs

*= New Program Name

Status of Program	Program (Listed Alphabetical Order)	Type of Funding	Contracted or Internal
Keep	<i>Community Garden*</i> (Horticultural Therapeutic Community Centers)	PEI	Contracted
Keep	Cultural Based Access Navigation Specialists (CBANS)	PEI	Contracted
Keep	Holistic Cultural Education Wellness Center	INN	Contracted
Enhance	Living Well Program* Cultural Specific Services	CSS	Contracted

Work Plan # 3

Cultural/Community Defined Practices

Individual Program Sheets



Artwork Submitted By: Unknown Artist

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4765

Program Name and Provider: **Community Gardens*** (Horticultural Therapeutic Community Center)
Master Agreement – Multiple Providers

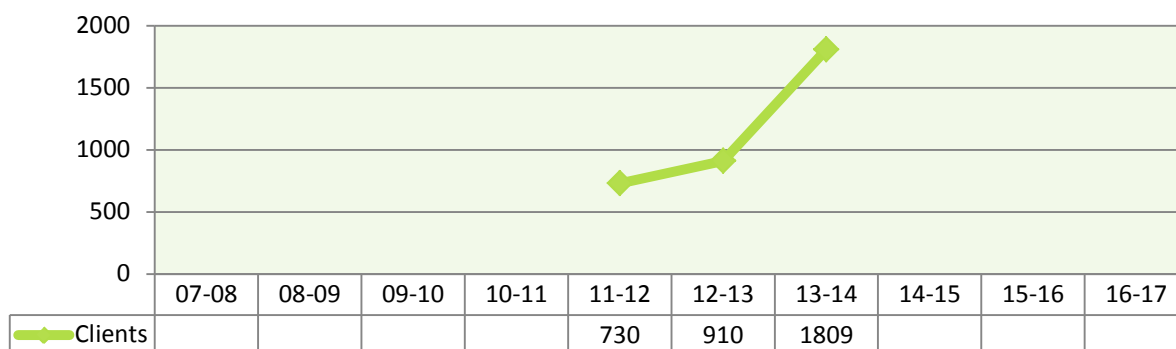
Date Started: March 8, 2011

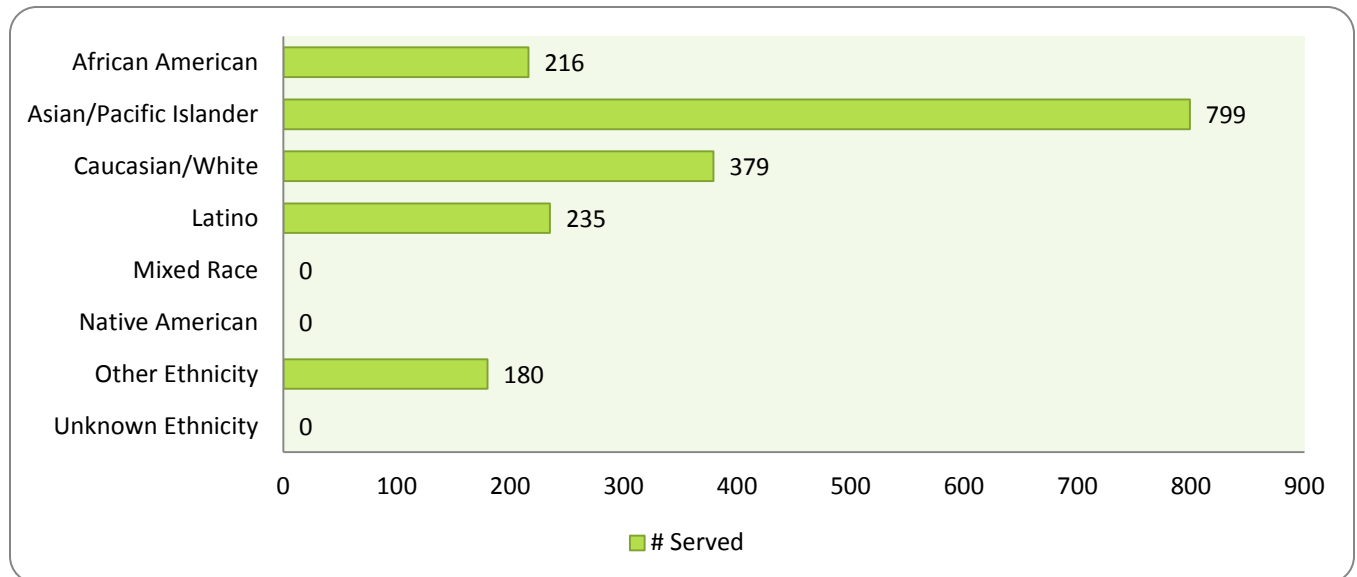
Program Description: This Horticultural Therapeutic Community Centers (HTCC) program provides geographically dispersed new or enhanced gardens throughout Fresno County. HTCC sites are a platform for the provision of peer support, mental health delivery and engagement on matters that relate to mental wellbeing and mental health services, and delivers mental health prevention, early intervention (PEI) activities in traditionally and culturally relevant environments to un-served and underserved suburban and rural communities. In addition to a horticultural therapeutic garden, each site includes a covered shelter for informal gatherings and sharing of mental health related information, as well as a site liaison/coordinator and/or project director to facilitate the collaboration of PEI services and activities between community providers, community leaders, and HTCC participants.

Program Update:

Our HTCC sites continue to gain positive recognition throughout the state. In July 2014 Mr. Robert Oaks, Executive Director of the County Behavioral Health Directors Association of California visited Fresno to tour our garden sites and to enjoy a culturally relevant luncheon in his honor hosted by our garden participants. Also in calendar year 2014, three of the seven HTCC gardens were featured on KAIL television station: Sarbat Bhala, Inc. (Punjabi), FIRM (Russian), and FCNA (Hmong). Our seven HTCC sites continue to outreach and educate Fresno's underserved communities on mental health in culturally appropriate and traditional settings. In Calendar Year 2013 1,804 were served and 226 events were held (include community events, ethnic media outreach, group activities, trainings, and workshops). Our HTCC Participants report reduced suicide ideation by 72%, improved ways of coping with stress by 99%, 87% report increased knowledge of where to go for help in the community, and 84% report more community/neighborhood/family involvement, and 82% report reduced feelings of being alone.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$94.90**

Cost Per Client is based on actual costs (\$171,201) and actual numbers served (1,804) in calendar year 2013, all sites combined. The annual cost per client is \$94.90; the monthly cost per client is \$7.91.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$240,653.00	\$240,653.00	\$240,653.00	\$240,653.00
Change		↑\$84,347.00	↑\$84,347.00	↑\$84,347.00

Proposed Changes:

Currently the HTCC Garden sites primarily serve Southeast Asians, Punjabi, African American, Hispanic, and Slavic/Russian communities and are planning to reach out to other unserved/underserved communities of Fresno County.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4764

Program Name and Provider: Cultural Based Access Navigation System (CBANS)
Master Agreement

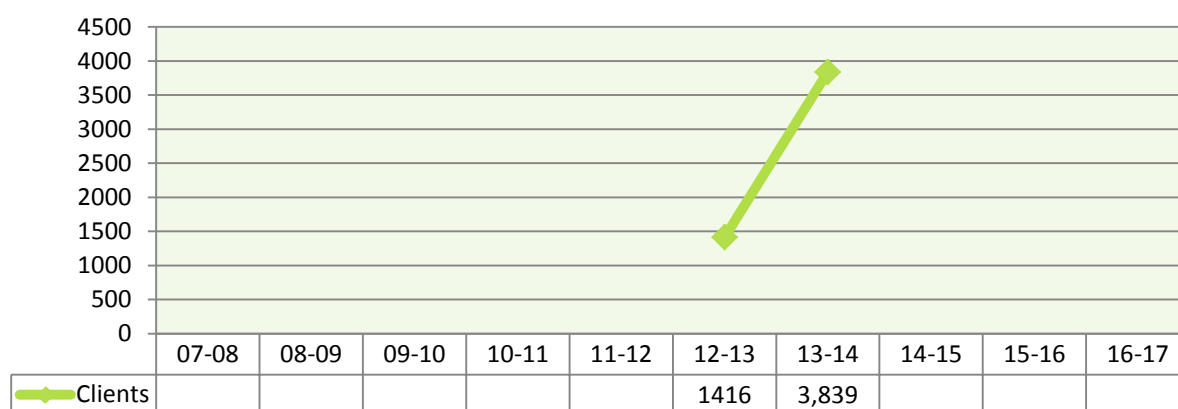
Date Started: 10/11/2011

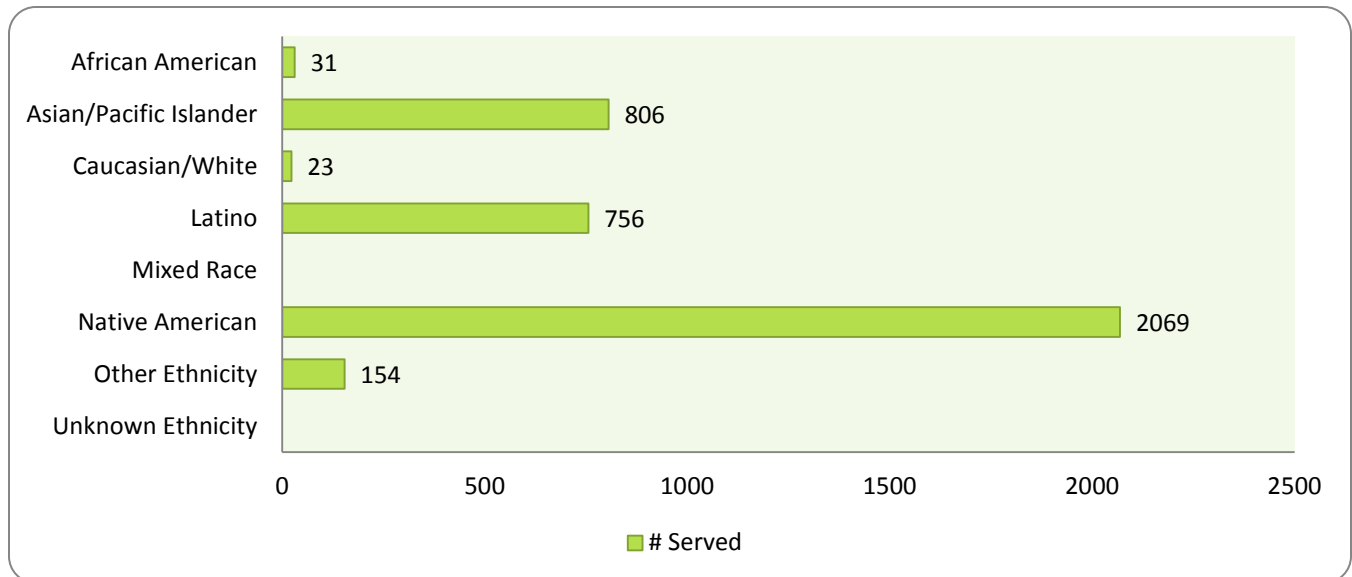
Program Description: Prevention & Early Intervention Evidence Based Practice/Program similar to the "Promotores/community health workers" model. Program consists of Community Health Workers and Peer Support Specialists - providing advocacy, liaison between the mental health system, other systems, and cultural communities within Fresno County. Services are provided under a master agreement with multiple providers, each serving unique target populations. Promotores = "Promoters of Health" outreach model in which "Promotores" often live in hard to reach areas.

Program Update:

CBANS provides linguistically and culturally appropriate universal mental health education, prevention and early intervention services to underserved and unserved communities under a master agreement with six providers, each serving unique target populations. Providers are: Fresno American Indian Health Project serving primarily American Indians; Centro La Familia serving primarily Hispanics; Fresno Interdenominational Refugee Ministries primarily serving Southeast Asians; West Fresno Family Resource Center serving primarily Hispanics and African Americans; Sarbat Bhala primarily serving Punjabi; and Kings view serving Homeless and Faith Based organizations of all ethnicities. Each year, with universal outreach and education for prevention and early intervention services, more individuals/families are being served. From Fiscal Year (FY) 2012-13 to FY 2013-14, there was an approximate 271% increase in numbers being served; and from FY 2013-14 to FY 2014-15 the percentage of increase is projected to be approximately 156%.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$96.32**

Cost per Client is based on actual expenditures (\$369,779.49) and actual number of unique clients served (3,839) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$551,633.00	\$551,633.00	\$551,633.00	\$551,633.00
Change				

Proposed Changes:

Working on refining data collection and reporting methods for more accurate and useful output on client participation and performance measures.

INN Work Plans, Progress Updates and Proposed Changes

Project Identifier: INN 4783

Program Name and Provider: Holistic Cultural Education Wellness Center
Fresno Center for New Americans

Date Started: 6/19/2012

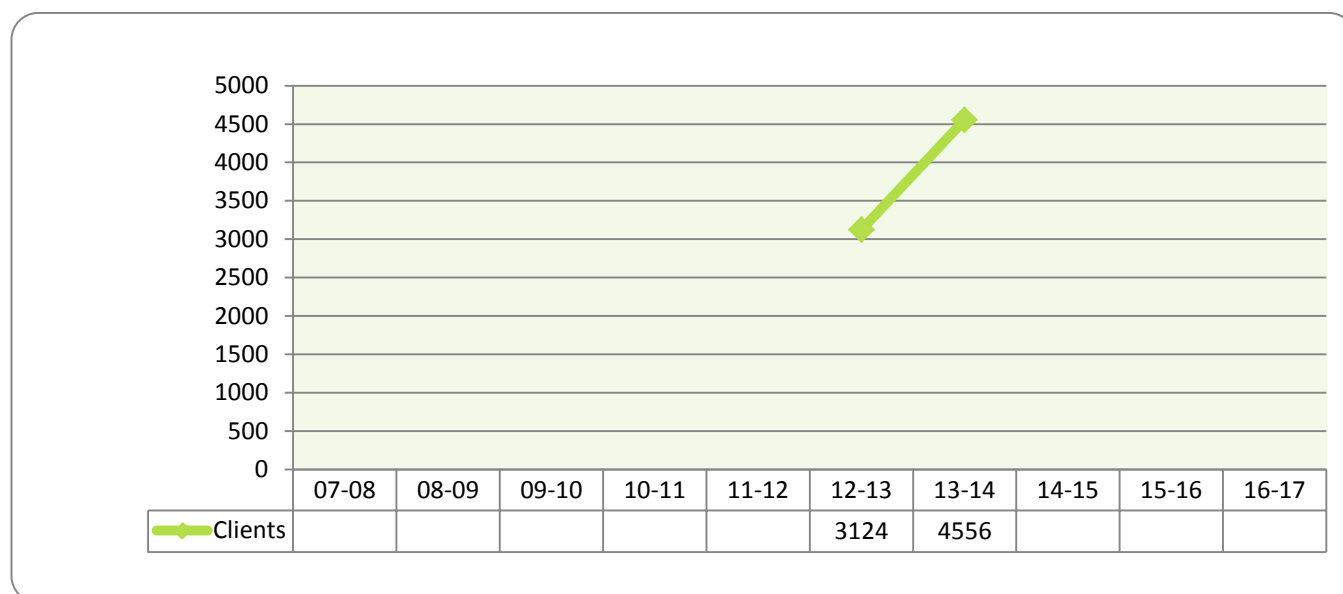
Program Description: The Holistic Center is a place of learning, where a client's wellness and recovery is based upon a holistic recovery model promoting an understanding that behavioral, physical and spiritual health are all connected. Culturally competent education classes and activities are provided to unserved / underserved cultural groups.

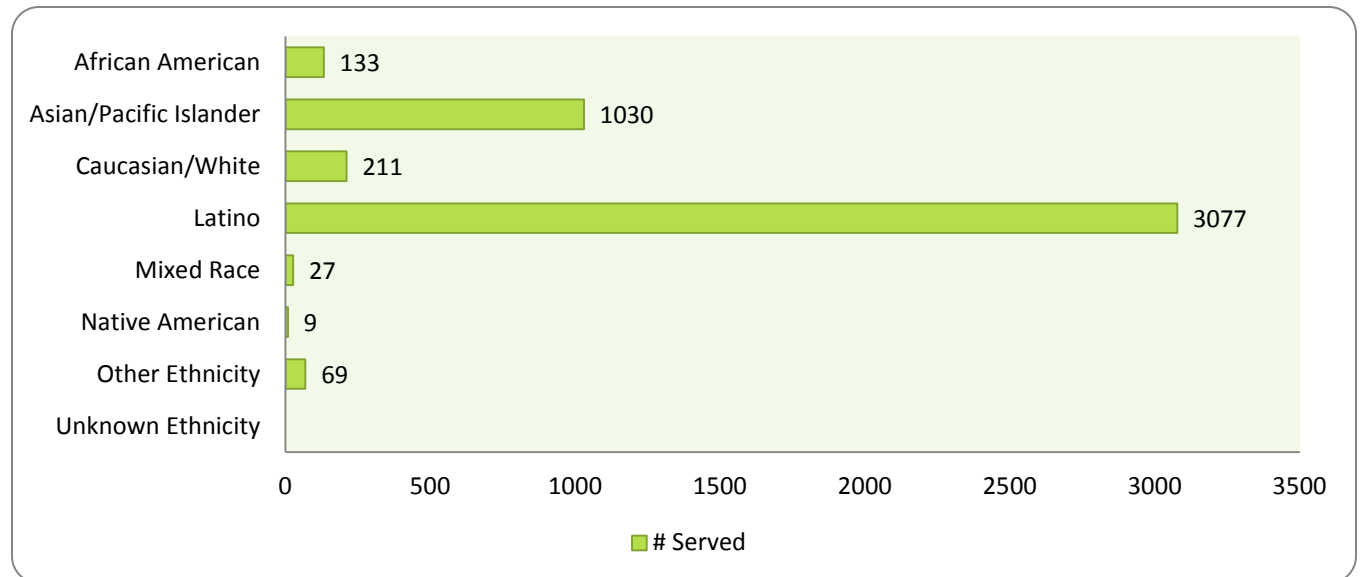
Program Update:

The Holistic Center encountered obstacles during its initial startup period of July 2012 through December 2013, which delayed delivery of services and subsequently, any meaningful data collection for program evaluation services. Due to this situation, consistent programming and data collection efforts have been in place for approximately 15 months.

To allow for a full 3 years of continuous programming, data collection and evaluation, the Mental Health Services Oversight and Accountability Commission (MHSOAC) has approved Fresno County's request to extend the Holistic Center for 1 additional year. As such, the Holistic Center 3 year agreement, scheduled to complete its term on June 30, 2015, will be extended for 1 additional year through June 30, 2016. This additional time will also enable the Holistic Center to fully implement California's first "*Alternative Holistic Healer Policy & Procedure Guide*" designed to link clients to Alternative Healers in non-traditional mental health settings. At this time, on a monthly basis, the Holistic Center provides educational services and learning activities through community outreach and education classes to approximately 2,000 individuals who may or may not live with mental illness.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$147.00

Cost per Client is based on actual costs (\$671,413.00) and actual number served (4,556) in fiscal year 2013-2014.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$686,075	\$686,075	\$686,075	\$686,075
Change		↑\$115,127	↑\$115,127	↑\$115,127

Proposed Changes:

The Holistic Center Agreement is scheduled to complete its term on June 30, 2015. The Agreement will be amended on May 5, 2015 by the Fresno County Board of Supervisors allowing the agreement to extend its term for 1 additional year through June 30, 2016, allowing for a one year period of additional programming, enhanced data collection/program evaluation, and increased program capacity, including an additional Cultural Broker (African American Community), an increase in salary for two existing Cultural Brokers, 1 part-time Healing Gardner and 1 part-time child care provider.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4524

Program Name and Provider: **Living Well Program*(LWP)** (Cultural Specific Services)
Fresno Center for New American

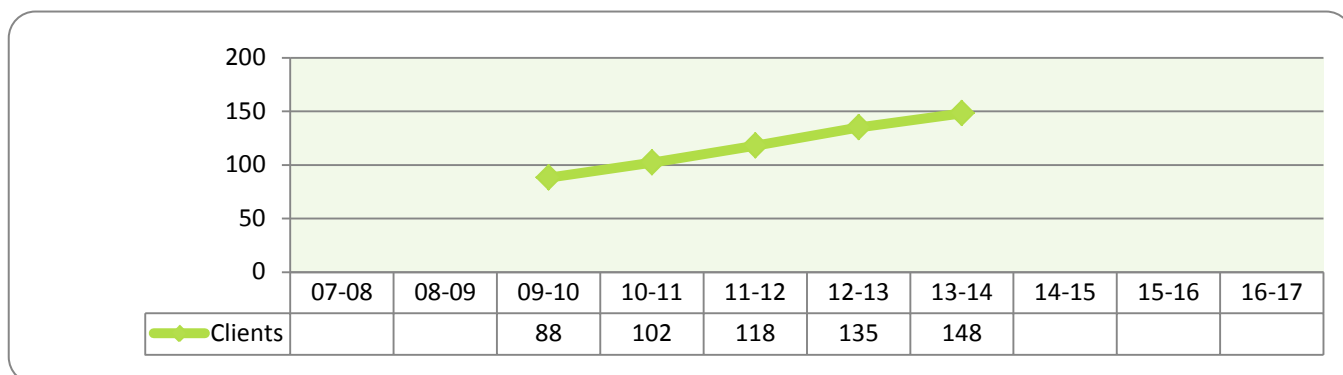
Date Started: 08/25/2009

Program Description: The Living Well Program (LWP) is a culturally competent, linguistically accessible community-based program that provides outpatient specialty mental health services to South East Asian (SEA) adults in Fresno. The LWP also provides clinical training and supervision of students that are obtaining required hours for licensure, thereby increasing the capacity of licensed SEA mental health professionals in our community.

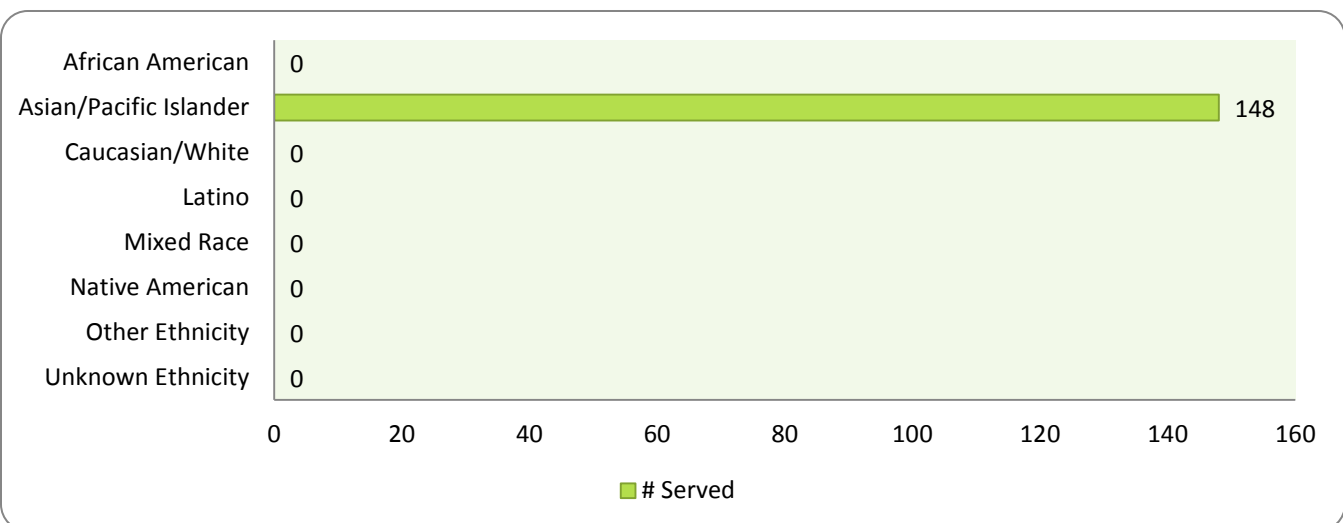
Progress Update:

The LWP is contracted with Fresno County's DBH to serve 95 SEA living with mild to moderate anxiety and depression. The actual number of unduplicated consumers receiving psychotherapy (individual and group) and/or other mental health services during FY 13/14 was 148 clients.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:



Total Cost per Client: \$3,345.00

Cost per client is based on actual cost (\$495,121.00) and actual number served (148) in fiscal year 2013-2014
--

MHSA State Approved Allocations

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$495,121.00	\$495,121.00	\$495,121.00	\$495,121.00
Change			*149,505	*149,505 **200,000

Proposed Changes:

The LWP has requested additional funding for program expansion to meet increased client needs of the SEA community, the second largest underserved population in Fresno County. Additional funding will increase the program's capacity as well as improve the quality of services in the following ways:

- The addition of 2 fulltime bilingual and bicultural Peer Support Specialist (PSS) positions
- Stipends for bilingual and bicultural students
- Upgrades to automation
- Movement of 3 fulltime to 7 fulltime staff (including the 2 Peer Support Specialists)
- Reclassification of 2 existing positions
- Salary adjustments for staff
- Increase client service capacity from 95 to 120 unique clients (contracted)
- Maintain highly qualified and competent bilingual/bicultural staff and clinical training program.

We anticipate amending the contract during FY 15/16 to allow for the program expansion. The expense associated with this contract amendment will be approximately \$149,505, and will be effective through June 30, 2018.

*LWP contract is to be amended during FY 15/16 to allow for increased program capacity to more effectively provide services to the SEA community. Cost: \$149,505

**In addition, we are currently researching further expansion of the LWP to include the incorporation of Fresno County's Asian/Pacific Islander (API) program clients and services. It has not yet been determined if this program merger would be more beneficial to client services and more economical for DBH. For this reason, we are putting a place-holder on this potential merger with an estimated cost of approximately \$200,000. If the merger is approved, a more specific cost will be known and provided.

Work Plan #4

Behavioral Health Clinical Care

The fourth work plan is Behavioral Health Clinical Care and it encompasses services and activities which are considered direct client care and clinical treatment. Clinical care services are geared toward supporting clients in reducing functional impairments resulting from a behavioral health condition, increasing coping skills and adaptive functioning, and of course services are additionally geared toward increasing wellness and recovery. While treatment is always individualized to the unique client, some programs are designed to work with groups of clients who share similar experiences or who are of a similar demographic.

As we focus on this Behavioral Health Clinical Care work plan, it is important to note our department's recognition that the way in which behavioral healthcare is delivered in California is clearly evolving. The passage and subsequent implementation of the Affordable Care Act (ACA) is transfiguring the behavioral healthcare arena across the nation. Not only did ACA significantly increase the number of persons who have access to healthcare coverage, it also greatly expanded parity for the specific coverage of mental health and substance use disorders. Additionally, ACA emphasized the concept of accountable care which draws our industry's focus toward value-based, data-driven, patient-centered care with measured quality and reportable outcomes. Care coordination is another area of focus in California. Counties across our state are working to develop processes to coordinate care between health plans, which have responsibility for care of persons with mild to moderate impairment, and counties, which have responsibility for those with significant impairment. Lastly, another major factor influencing clinical care is the considerable focus in California on funding changes for the treatment of substance use disorders; although this current MHSA Three-Year plan is specific to mental health, DBH would like to note that we are closely watching progress at the state level related to funding for treatment of substance use disorders. The provision of co-occurring competent care for persons with co-occurring substance use and mental health disorders is an important component of the mental health clinical care continuum. Just these few examples referenced here demonstrate a changing environment of healthcare in our state and we remain cognizant that there are many other behavioral health changes pending.

DBH seeks to keep pace with the changes in the healthcare environment, by transforming our system of care. Themes of recovery, integration, outcomes and accountability, sustainability, and client/family-centered care are consistently present in all clinical care planning conversations. DBH is working hard to organize our clinical care delivery system around a framework which will delineate clear and distinct levels of care across the total spectrum of the Mental Health Plan. The department is in the process of reviewing all current programs to define the level of care provided and to assess how the services fit into a full and integrated system of care. We also seek to deliver services which are known to be effective and considered to be evidence-based, evidence-supported, or promising practices. At the same time, the department also embraces the creative learning spirit of innovation and will continue testing, implementing, and measuring new practices. DBH is also actively working to develop a process and structure for measuring client recovery and program outcomes. The Behavioral Health Clinical Care work plan of this MHSA Three-Year Plan will provide a detailed description of all current and planned MHSA-funded programs, services and activities which focus on direct client care and clinical treatment. Some programs which also provide clinical treatment may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

Work Plan # 4

Behavioral Health Clinical Care

Table of Programs

*= New Program Name

Status of Program	Program (Listed Alphabetical Order)	Type of Funding	Contracted or Internal
Keep	AB 109 - Outpatient Mental Health & Substance Services	INN	Contracted
Keep	AB 109 Full Service Partnership (FSP)	CSS	Internal
Keep	Children & Youth Juvenile Justice Services - ACT	CSS	Contracted
Keep	Children Full Service Partnership (FSP) SP 0-10 Years* (SMART Model of Care)	CSS	Contracted
Keep	Children's Expansion of Outpatient Services	CSS	Contracted
Keep	Co-Occurring Disorders Full Service Partnership (FSP)	CSS	Contracted
Keep	Crisis Stabilization Voluntary Services	CSS	Contracted
Keep	First-Onset Team	PEI	Internal
Keep	Functional Family Therapy	PEI	Contracted
Keep	School Base Services	CSS	Internal
Keep	Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	CSS	Contracted
Enhance	Enhance Rural Services-Full Services Partnership (FSP)	CSS	Contracted
Enhance	Enhance Rural Services-Outpatient/Intense Case Management	CSS	Internal
Enhance	Medications Expansion* (Indigent Medications Expansion)	CSS	Internal
Enhance	Older Adult Team	CSS	Internal
Enhance	Perinatal	PEI	Internal
Enhance	RISE* (Specialty Intensive Treatment Team)	CSS	Internal
Enhance	Transitional Age Youth (TAY) - Department of Behavioral Health	CSS	Internal
Enhance	Vista	CSS	Contracted
Deleted	CODAC/OPTIONS	CSS	None
Deleted	Crisis Psych Response Services	CSS	None
Deleted	Housing & Recovery Full Service Partnership (FSP) - Program deleted but was combined with Vista	CSS	None
Deleted	Intensive Community Services & Support Team (ICSST) - Full Service Partnership (FSP) - Program deleted but was combined with Vista	CSS	None

Work Plan #4

Behavioral Health Clinical Care

Individual Program Sheets



Artwork Submitted By: Sydney G.
Children's Mental Health

INN Work Plans, Progress Updates and Proposed Changes

Project Identifier: INN4784

Program Name and Provider: AB109 – Outpatient Mental Health & Substance Services
Turning Point

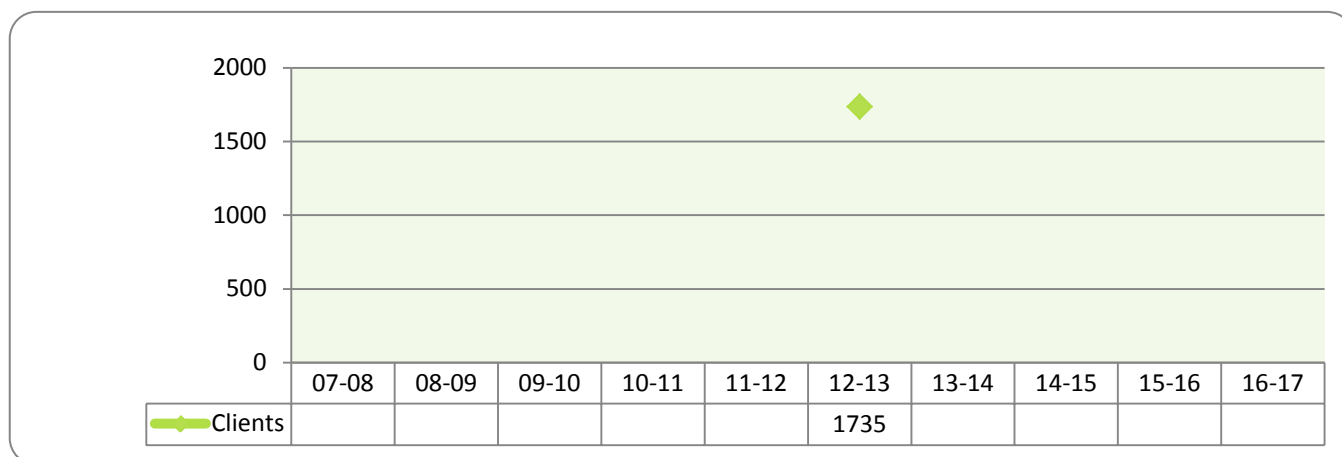
Date Started: 4/24/2012

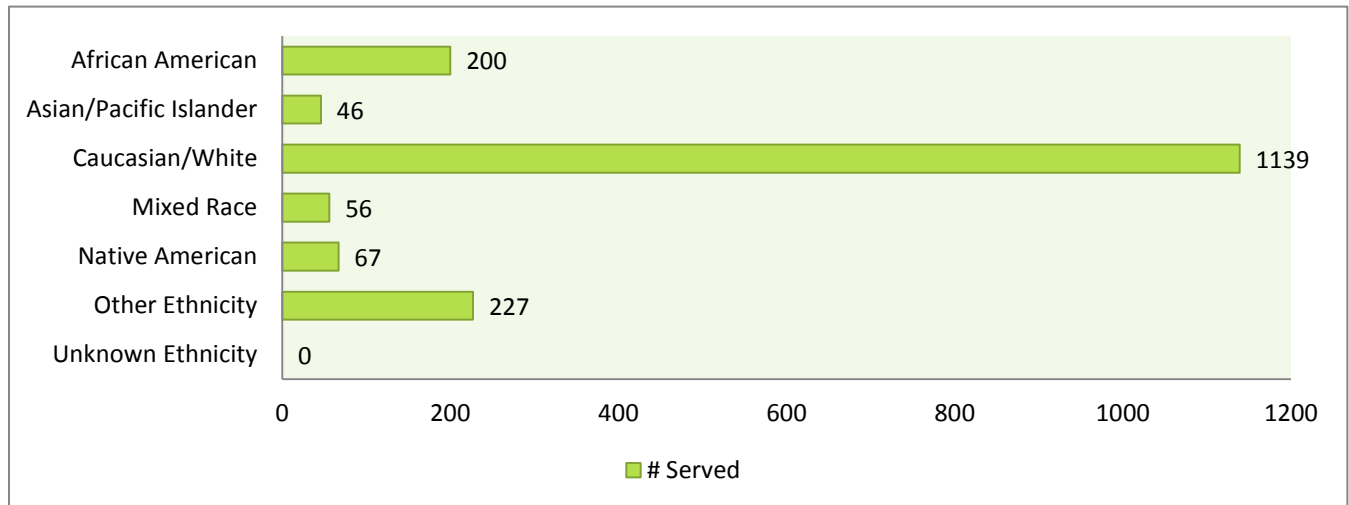
Program Description: Mental Health outpatient, and substance use disorder treatment services as required by AB109 Public Safety realignment & Post-release Community Supervision Act of 2011

Program Update:

No program update from prior year.

Total Number of Clients Served



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$172.47**

Cost per Client is based on actual costs (\$299,246.00) and actual number served (1,735) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$449,279.00	\$449,279.00	\$449,279.00	\$449,279.00
Change				

Proposed Changes:

Recommendation to shift funding for innovation component of this agreement to other funding source. Medical billing for mental health outpatient component to begin.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4525

Program Name and Provider: AB109 Full Service Partnership (FSP)
Turning Point

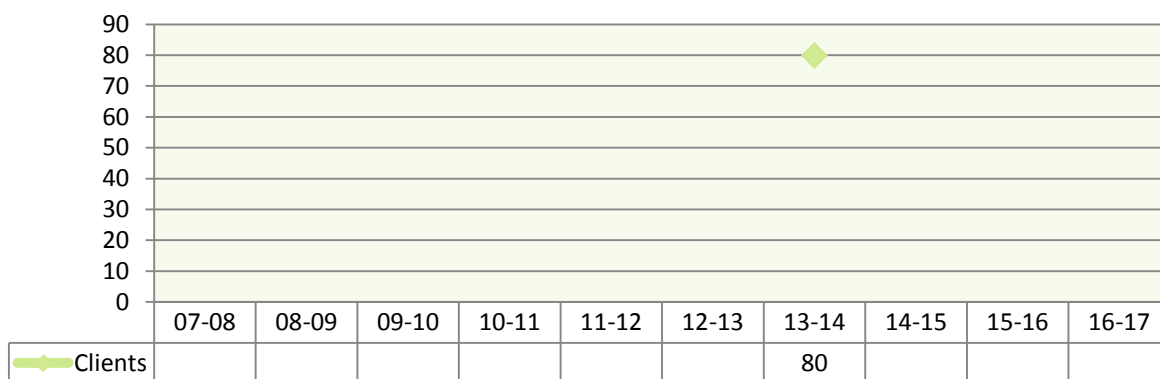
Date Started: 4/24/2012

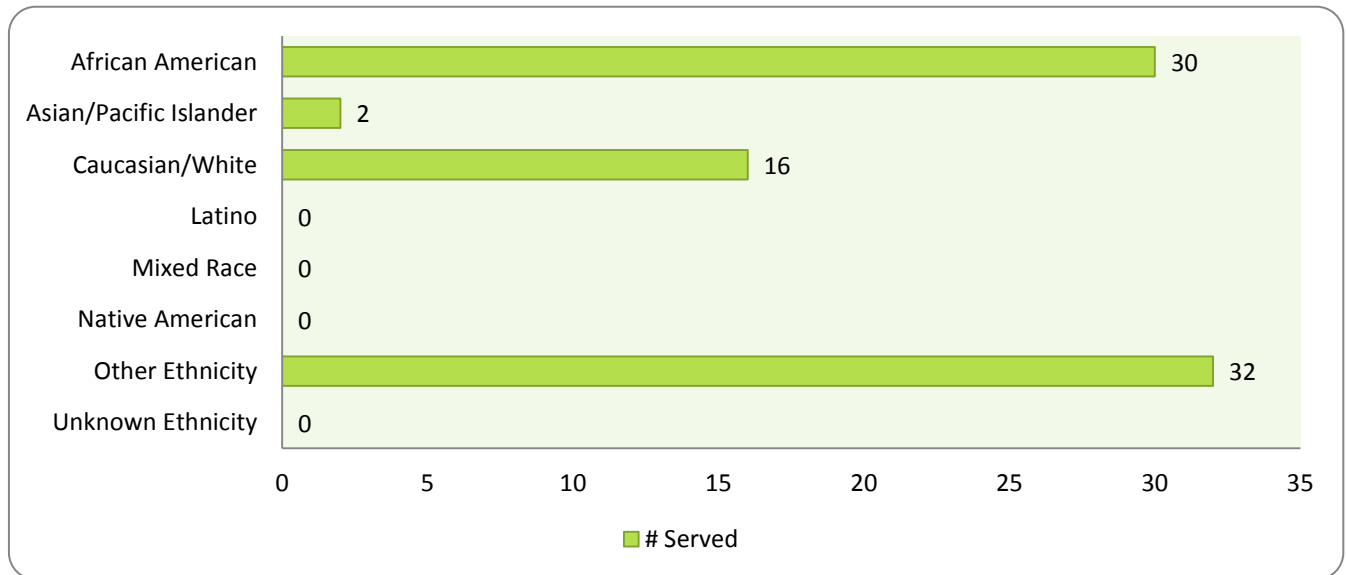
Program Description: Full Service Partnership (FSP) as required by AB109 Public Safety Realignment & the Post-release Community Supervision Act of 2011

Program Update:

On October 1, 2014, Turning Point was awarded an additional \$120,000 from the Fresno County Community Corrections Partnership (CCP) to expand current FSP slots by an additional 45 to be implemented in FY 15-16. The need for FSP services currently exceeds capacity at this time.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$5,012.44

Cost per Client is based on actual costs (\$400,994.95) and actual number served (80) in fiscal year 2013-2014. Actual costs reflect other revenue sources such as Substance Use Disorder and Medi-cal funding.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$350,000.00	\$350,000.00	\$350,000.00	\$350,000.00
Change				

Proposed Changes:

Expansion of FSP slots by 45 slots to be implemented in FY 15-16

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4323

Program Name and Provider: Children & Youth Juvenile Justice Services - ACT
EMQ Families First

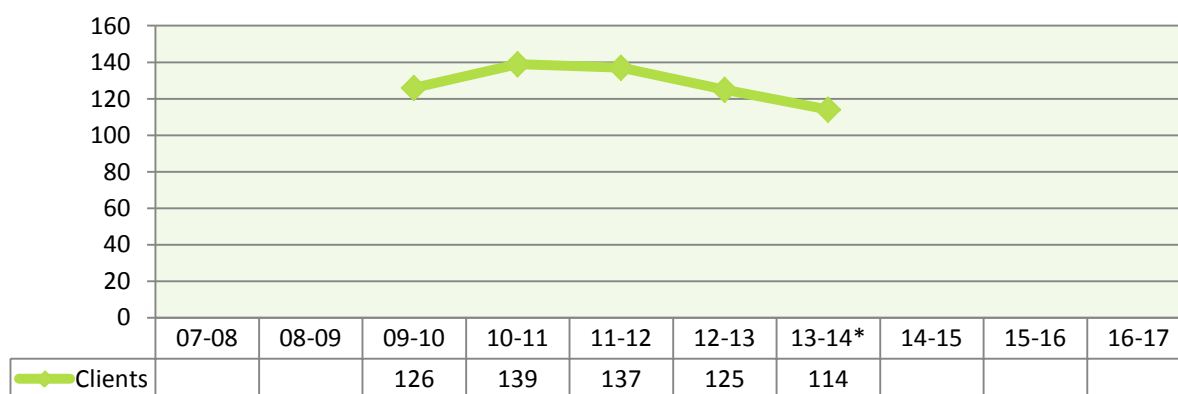
Date Started: 8/25/2009

Program Description: The ACT team, a Full Service Partnership, provides a wide range of mental health and rehabilitation services to youth aged 10-18 and their families, including individual and family therapy, case management, substance abuse, educational and vocational support, and psychiatric services.

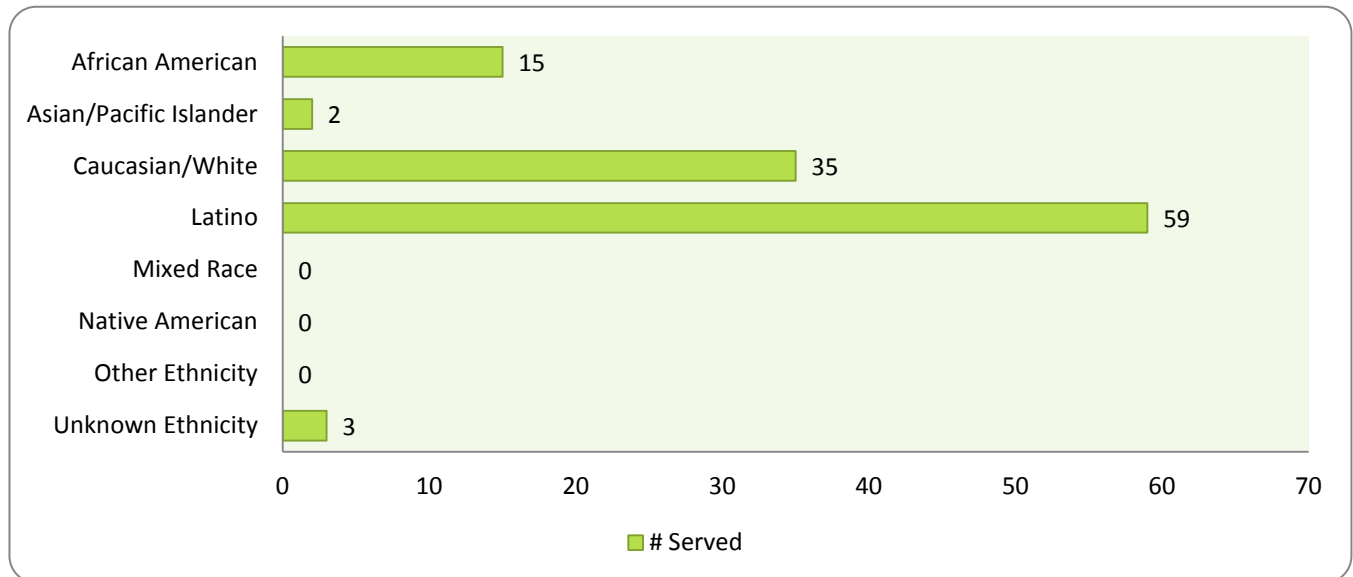
Program Update:

No program update from prior year.

Total Number of Clients Served:



*The number of clients served decreased in 2013-2014 because the program had issues maintaining staffing levels. Also the level of need of the clients receiving services increased where the program was not able to discharge as many clients. There is currently a wait list for services from this program.

FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$13,203.04

Cost per client is based on actual costs (\$1,505,147) and actual number served (114) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,064,355.00	\$1,064,355.00	\$1,064,355.00	\$1,064,355.00
Change				

Proposed Changes:

None.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4320

Program Name and Provider: **Children Full Service Partnership (FSP) SP 0-10 Years*** (SMART Model of Care)
EMQFamiliesFirst/Exceptional Parents Unlimited/Comprehensive Youth Services

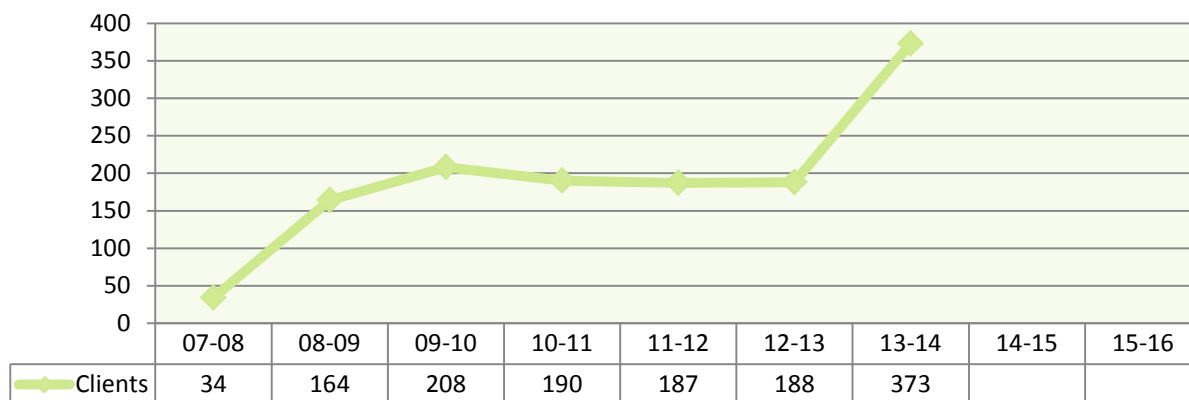
Date Started: 9/1/2007

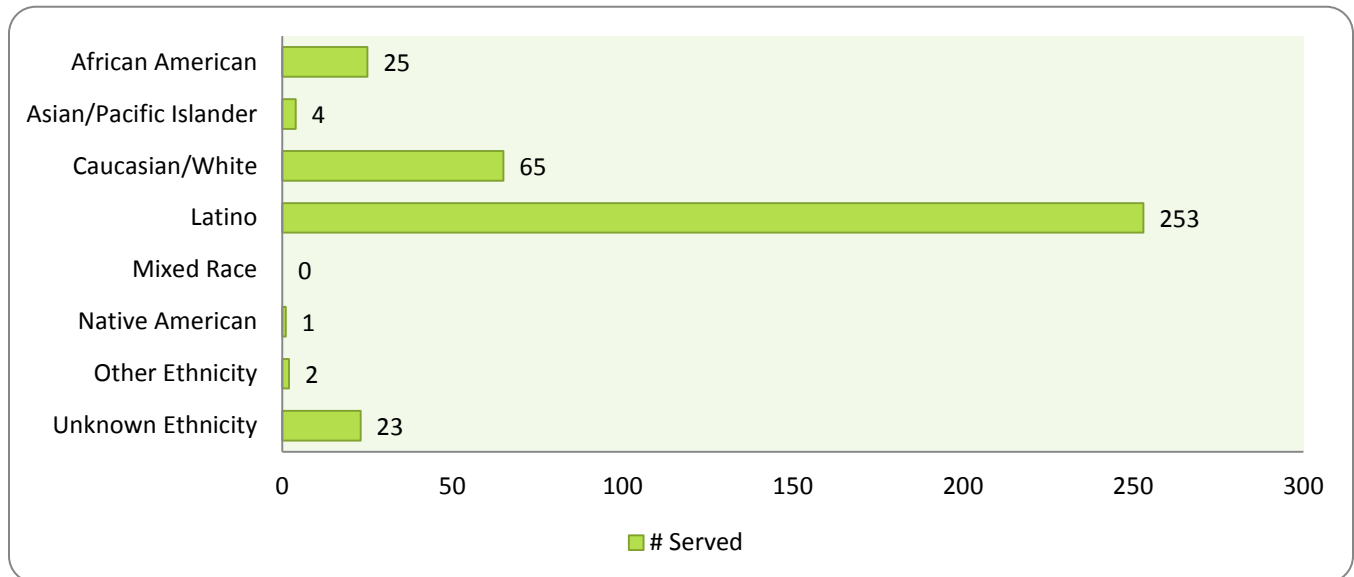
Program Description: This program is a collaboration of three agencies. Goal is to build stronger families, with the focus on families of children with complex behavioral health needs. Program offers an array of services designed to empower families to overcome barriers and effectively meet the needs of their children.

Program Update:

Under the contract from start through June 30, 2013, services were delivered to families with children ages birth through five years old. Since July 1, 2013 the age range has expanded from birth through 10 years old. In addition, since July 1, 2013 all three agencies are providing the full spectrum of services, including case management. Prior to July 1, 2013 only EMQFamiliesFirst was responsible for providing case management for all families.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$7,539.87**

Cost per Client is based on actual costs (\$2,812,372.32) and actual number served (373) in fiscal year 2013-2014.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$2,503,605.00	\$2,503,605.00	\$2,503,605.00	\$2,503,605.00
Change				

Proposed Changes:

None.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4316

Program Name and Provider: Children's Expansion of Outpatient Services
Fresno County Department of Behavioral Health - Children's

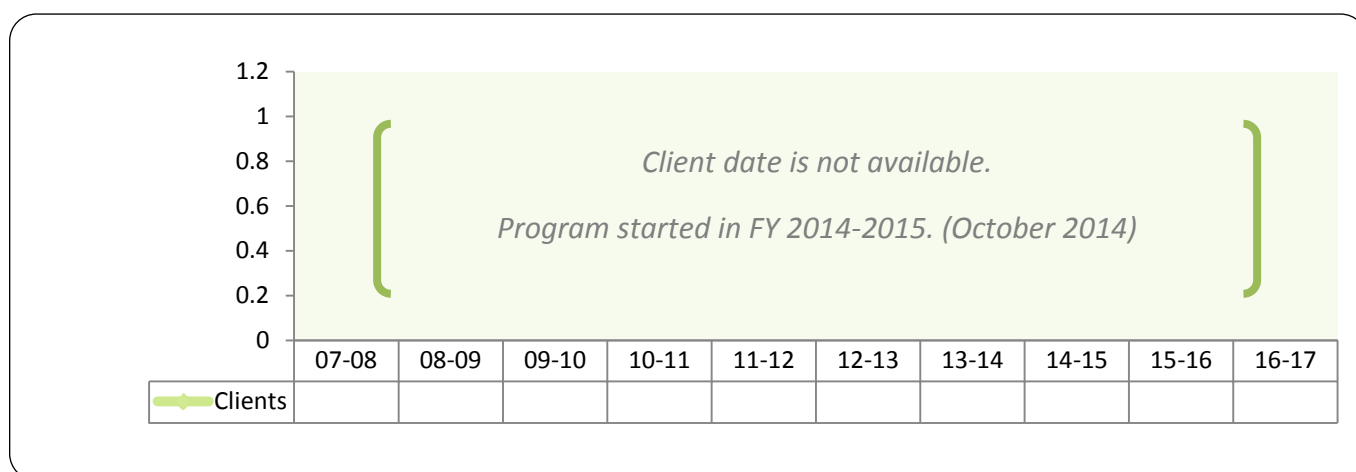
Date Started: October 2014

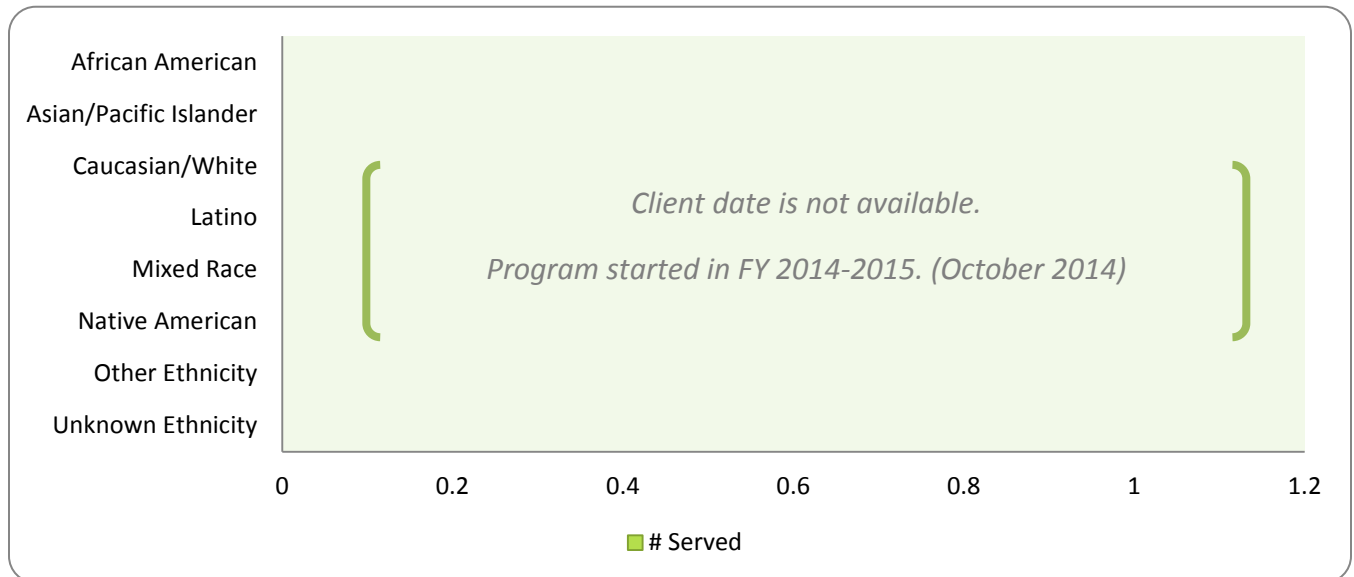
Program Description: This program is designed to improve timely access and incorporate specific mental health treatment interventions for the target population that includes Medi-Cal eligible and underinsured/uninsured infants through age 17 with serious emotional disturbances. The added staff will have expertise or will be trained in infant mental health its practice standards and others will have or be trained in those evidence-based therapeutic interventions/practices (i.e., Trauma-Informed Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Dialectical Behavioral therapy, Motivational Interviewing, etc.) that will achieve the desired treatment outcomes.

Program Update:

The staffing has been ramping up since October 2014 and five (5) clinical positions are currently allocated to this program with three (3) positions filled. Positions will be added as they become available through repurposing or added in the future as the department continues to identify system gaps and enhance the array of services for youth. From October 2014 to April 2015, a total of 230 clients received services.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$0.00**

Cost per Client is based on actual costs (\$0.00) and actual number served (0) in fiscal year 2013-2014. NOTE: Date is not available as the program was implemented in FY 2014-2015 (October 2014)

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$750,000.00	\$750,000.00	\$750,000.00	\$750,000.00
Change			\$244,475.00	\$294,199.00

Proposed Changes:

The formal supervision of this program is being provided by the Clinical Supervisor of the Children's Outpatient Program resulting in a total of 25 subordinate staffs that form the multi-disciplinary team. The proposed change is to add a Clinical Supervisor for this program and divide the combined Children's Outpatient staffs into two teams to increase the clinical supervision, development and oversight of program operations and other supervisory responsibilities. An additional three (3) clinicians are needed to provide short-term treatment, coordination of care from higher/lower levels of care and case management. A driver position will also be added in order to address barriers to care due to transportation. The requested FY 16-17 amount accounts for potential operational expense increases (5%) over FY 15-16.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4562

Program Name and Provider: Co-Occurring Disorders Full Service Partnership (FSP)
Turning Point

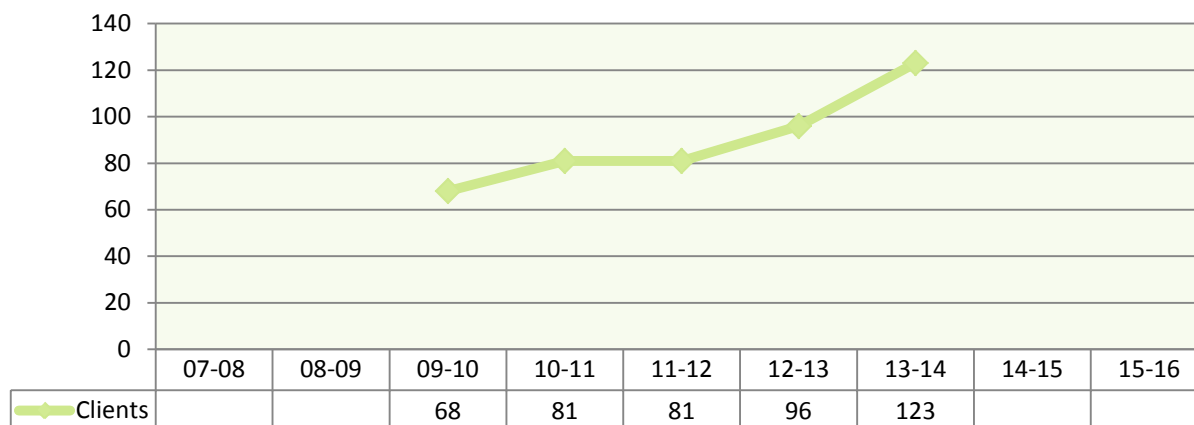
Date Started: 7/21/2009

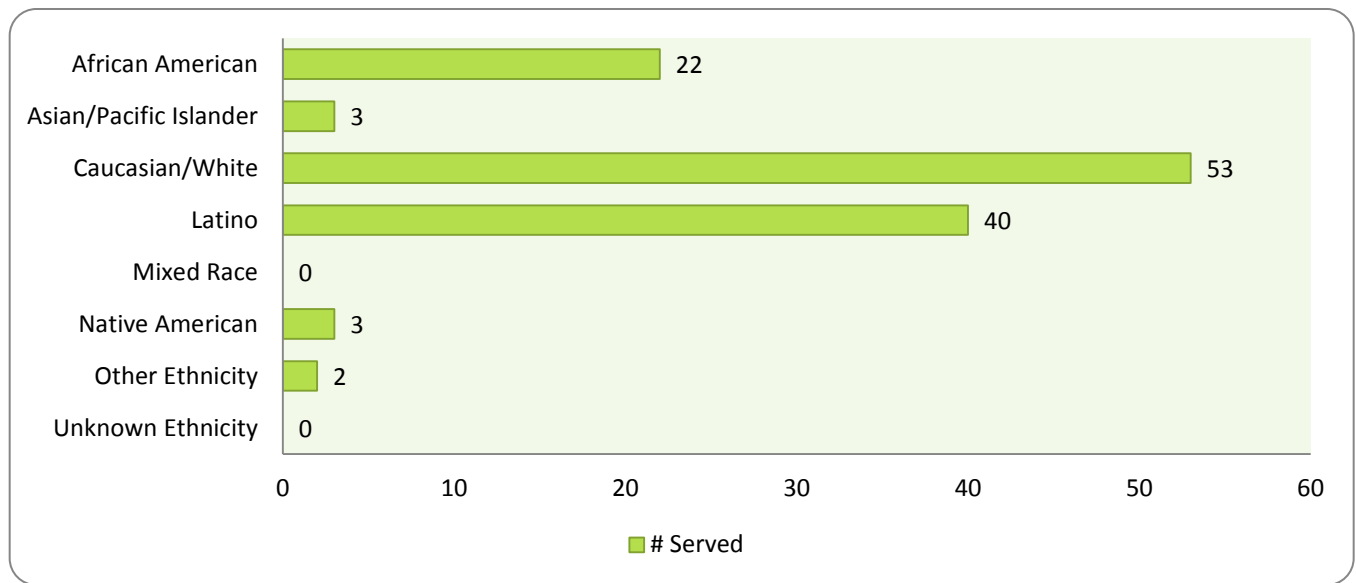
Program Description: Full Service Partnership program that provides/coordinates mental health services, housing, and substance abuse treatment for seriously and persistently mentally ill adults and older adults; also provides 3 substance abuse residential beds

Program Update:

The program has been taken over by Mental Health Systems as of June 1, 2014, and it is now commonly referred to as the "Fresno IMPACT" program. The scope of services and target population has remained the same under Mental Health Systems. The number of clients served by Mental Health Systems from July 1, 2014 through March 2015 is 111.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$10,561.61

Cost per Client is based on actual costs (\$1,299,079.00) and actual number served (123) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,661,138.00	\$1,661,138.00	\$1,661,138.00	\$1,661,138.00
Change				

Proposed Changes:

None.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS2110

Program Name and Provider: Crisis Stabilization Voluntary Services
Exodus

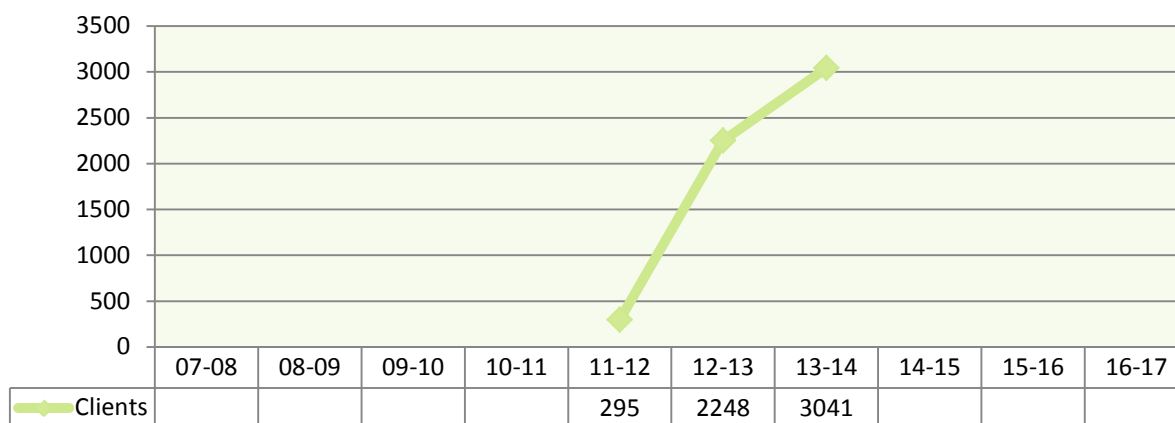
Date Started: 5/4/2012

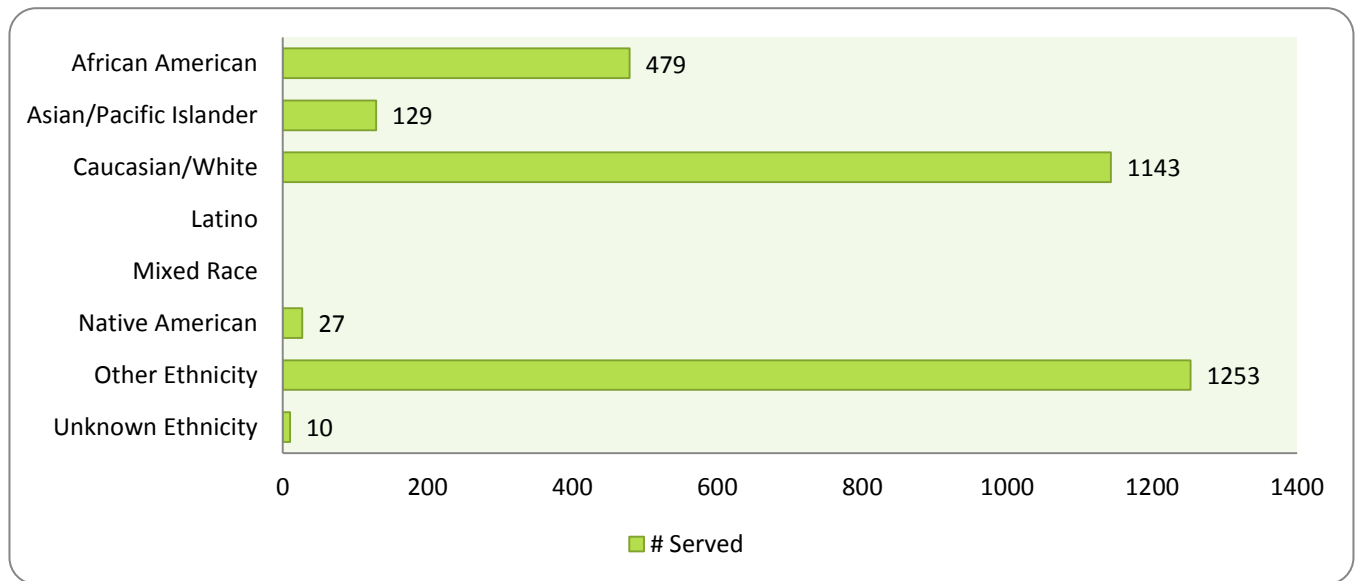
Program Description: Exodus Recovery operates an Lanterman-Petris-Short (LPS) ACT designated Crisis Stabilization Center (CSC) providing psychiatric stabilization services to adult consumers 18 years of age and older who would otherwise be taken to or access care in an emergency room. Individuals who experience a mental health crisis or are in imminent danger of presenting a risk to themselves, others or becoming gravely disabled are able to immediately access care 24/7, 365 days per year at the Exodus CSC.

Program Update:

- Calendar year total admissions 6,668 of which 4,082 (61%) were referred to Non-Hospital Outgoing Resources.
- Exodus had zero hours denied during the reporting period.
- Exodus is expanding to a total of 20 adult beds and 8 youth beds effective April 2015.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$1406.27**

Cost per Client is based on actual cost incurred (\$4,276,465.00) divided by actual number of unique clients served (3,041) in fiscal year 2013-2014
 Actual costs (\$4,276,465.00) including Re-Alignment Funds

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$450,000.00	\$450,000.00	\$450,000.00	\$450,000.00
Change				

Proposed Changes:

Exodus Recovery Crisis Stabilization Center is undergoing an expansion of 8 beds on its youth section and eight beds in the adult section. The new beds will be operational in late April 2015.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4761x

Program Name and Provider: First-Onset Team
Fresno County Department of Behavioral Health

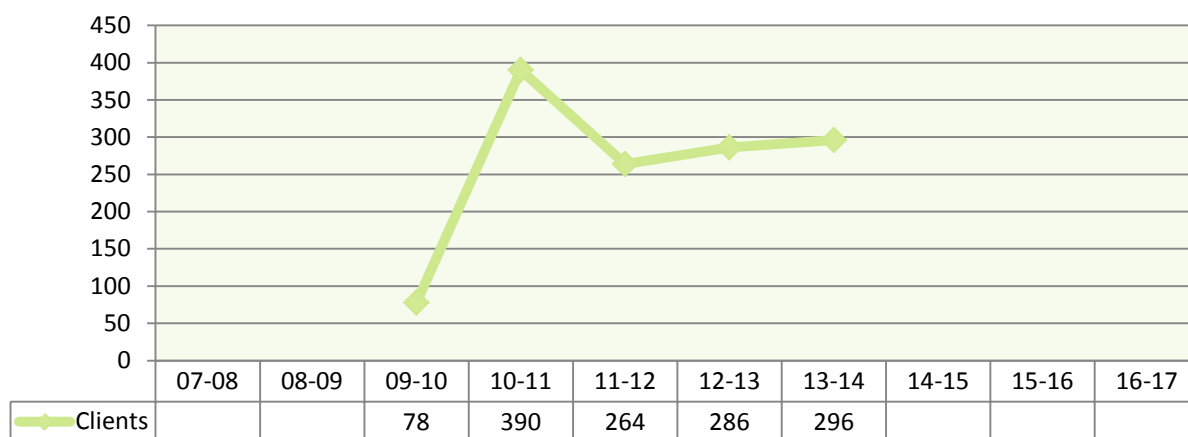
Date Started: 2/1/10

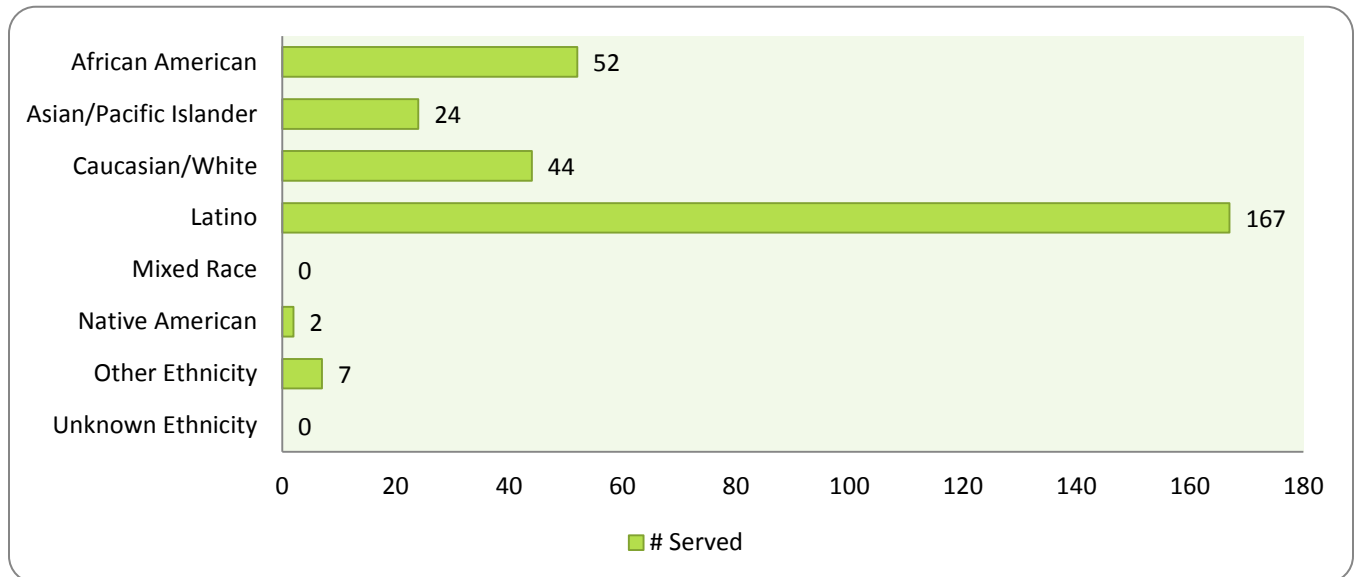
Program Description: The First Onset Team (FOT) is a multi-disciplinary team consisting of a psychiatrist, clinicians, case managers and peer support staff. A wide range of services is provided that includes such services as medication management, individual, family collateral and group therapy. Case management, individual and group rehabilitative services are provided. Also provided by FOT is education about mental health symptoms, treatment and stigma.

Program Update:

The multi-disciplinary team consisting of a psychiatrist, nurse, clinicians, and case managers work with individuals (17-28) who are experiencing first onset of psychosis and the accompanying symptoms, which might include persistent and overwhelming delusions and/or visual and auditory hallucinations. Specific goals for implementation will target the reduction of distress associated with positive symptoms, functional impairments associated with negative symptoms and wellness planning for relapse reduction, with the overall aim of increasing functioning for these individuals. Evidence Based Practice used is Cognitive Behavioral Therapy for Psychosis (CBTp) and the program is working toward the capability to provide concurrent Alcohol and Other Drug (AOD) treatment. Family support group is also provided. This program services client in Level 2-4 as a prevention program aimed at decreasing the long term effects of psychosis and schizophrenia on the brain. Due to issues with hiring, peer support specialist (PSS) services were not previously provided. Over the next three years PSS service and mentoring services are being anticipated as an addition. Hours of operation are M-F, 8 am-5 pm.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$1850.56

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$1,290,825.00	\$1,290,825.00	\$1,290,825.00	\$1,290,825.00
Change				

Proposed Changes:

No Proposed Changes at this time.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4321

Program Name and Provider: Functional Family Therapy
Comprehensive Youth Services (CYS)

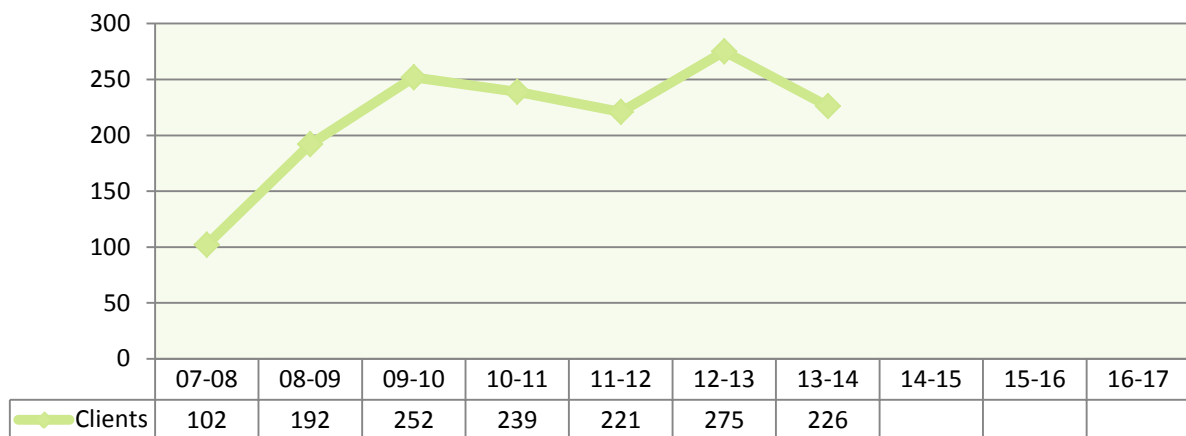
Date Started: 4/20/2007

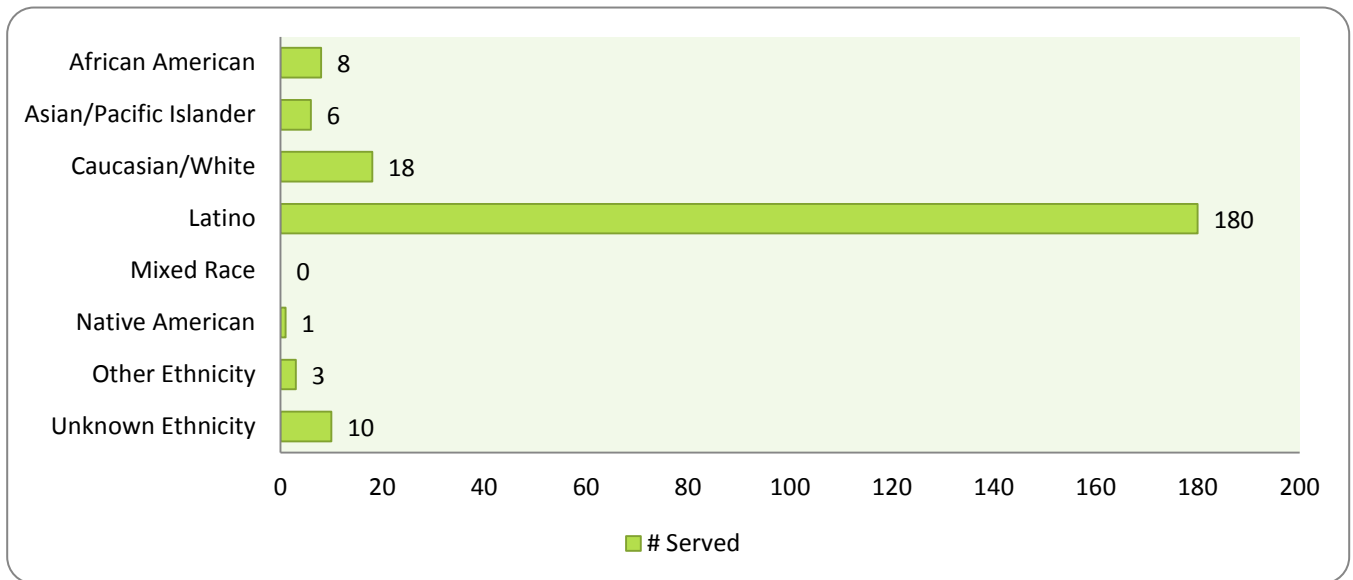
Program Description: Functional Family Therapy (FFT) is a twelve-week (minimum), mental health intervention service for families. Therapy is provided to the family unit of consumers aged 11-18 years who have disruptive behaviors, family conflict, and/or risk of involvement in the juvenile justice system. Services are provided to the entire family in the convenience of their own home.

Program Update:

The program continues to demonstrate positive impacts on the clients served based on outcomes reporting.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$8,611.99

Cost per client based on actual costs (\$1,162,619.37) and actual number served (135) in fiscal year 2013-2014.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$571,810.00	\$571,810.00	\$571,810.00	\$571,810.00
Change				

Proposed Changes:

None.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4311 & CSS4312

Program Name and Provider: School Based Services
Fresno County Department of Behavioral Health

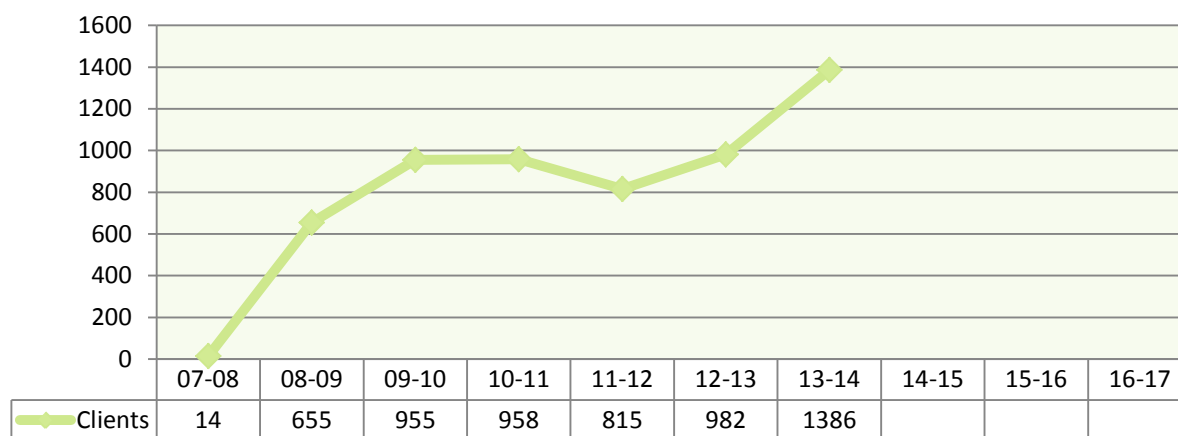
Date Started: 09/01/08

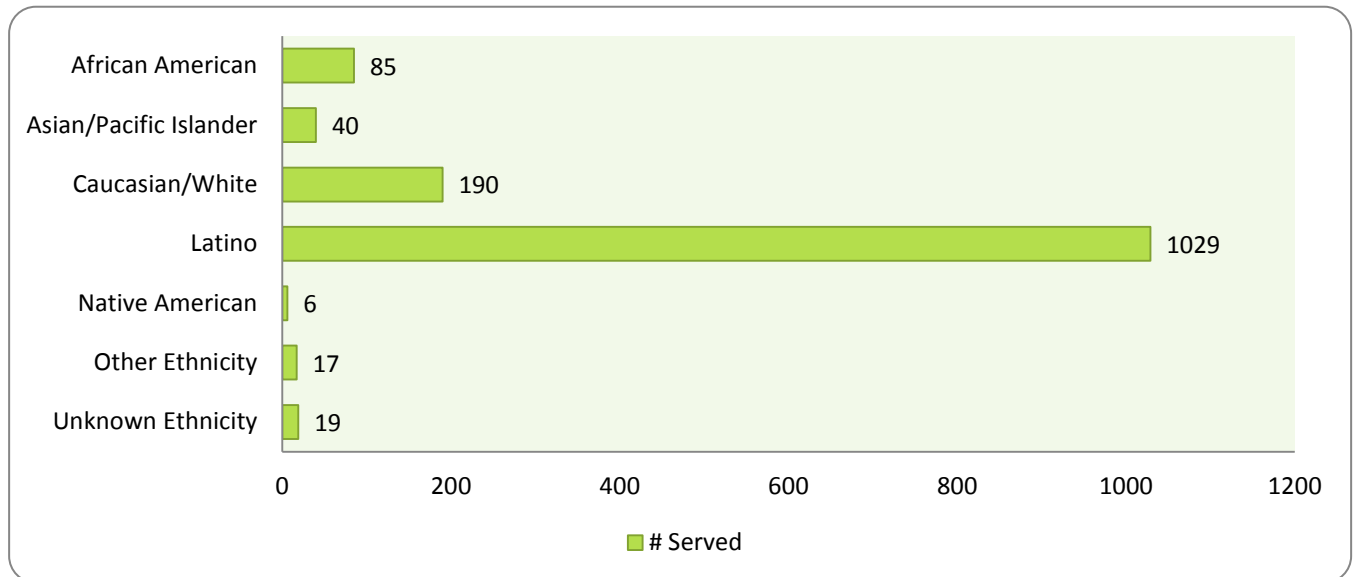
Program Description: The target population is youth in grades K-12 (ages 4-17 or until graduation from high school) with serious emotional disturbances that require screening, engagement, assessment and ongoing mental health treatment services that include individual, group, family therapy, case management and collateral services. The School-Based Metro Team serves the Central, Clovis and Fresno Unified School Districts while the School-Based Rural Team serves schools in rural communities throughout Fresno County. The services are provided at the school, in the home or community to improve access to mental health services and decrease barriers such as transportation, stigma, conflicts with caregiver work hours, etc. The program is designed to have flexible hours of treatment.

Program Update:

The metropolitan team (Metro Team) serves 23 school sites while the rural team (Rural Team) serves nine school districts that include 99 schools. Clinician vacancies have impacted the capacity of the programs and recruitment is underway to fill these positions. The Clinical Supervisors work closely with designated school district liaisons to identify the schools with the greatest need for onsite mental health services. However, the volume of referrals varies. The department is continuing to dialogue with school administration on this service delivery model to insure that clinical staffs are fully utilized to reach the greatest number of youth in our community needing mental health services through these programs.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$1,943.14

Cost per Client is based on actual costs 4311–Metro & 4312–Rural (\$2,693,194.00) by the actual number served (1,386) in fiscal year 2013-2014

MHSA State Approved Allocation:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,818,154.00	\$1,818,154.00	\$1,818,154.00	\$1,818,154.00
Change				

Proposed Changes:

No changes.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4470

Program Name and Provider: Transition Age Youth (TAY) Services & Supports Full Service Partnership (FSP)
Turning Point

Date Started: 11/27/07

Program Description: The TAY (Transitional Age Youth) Program is an Assertive Community Treatment (ACT) model outpatient mental health program serving clients between the ages of 16-24. TAY clients have a serious mental illness (SMI) or serious emotional disturbance (SED) and require ongoing services. The TAY Program provides an opportunity for clients to receive mental health services, case management, group/individual/family therapy, medication/psychiatrist services, and affordable housing. The TAY Program focuses on client strengths/abilities to successfully gain independence and self-sufficiency in the community. TAY assists clients with life transitions and empowers clients to achieve a variety of goals.

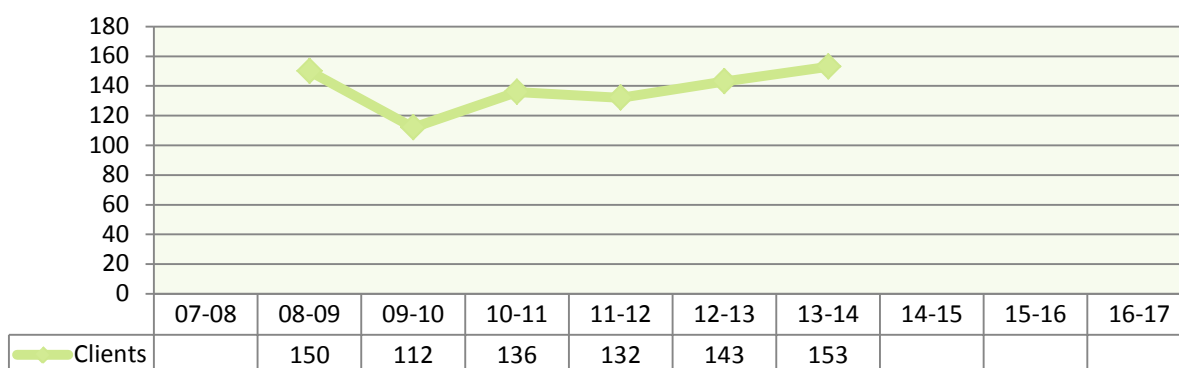
Program Update:

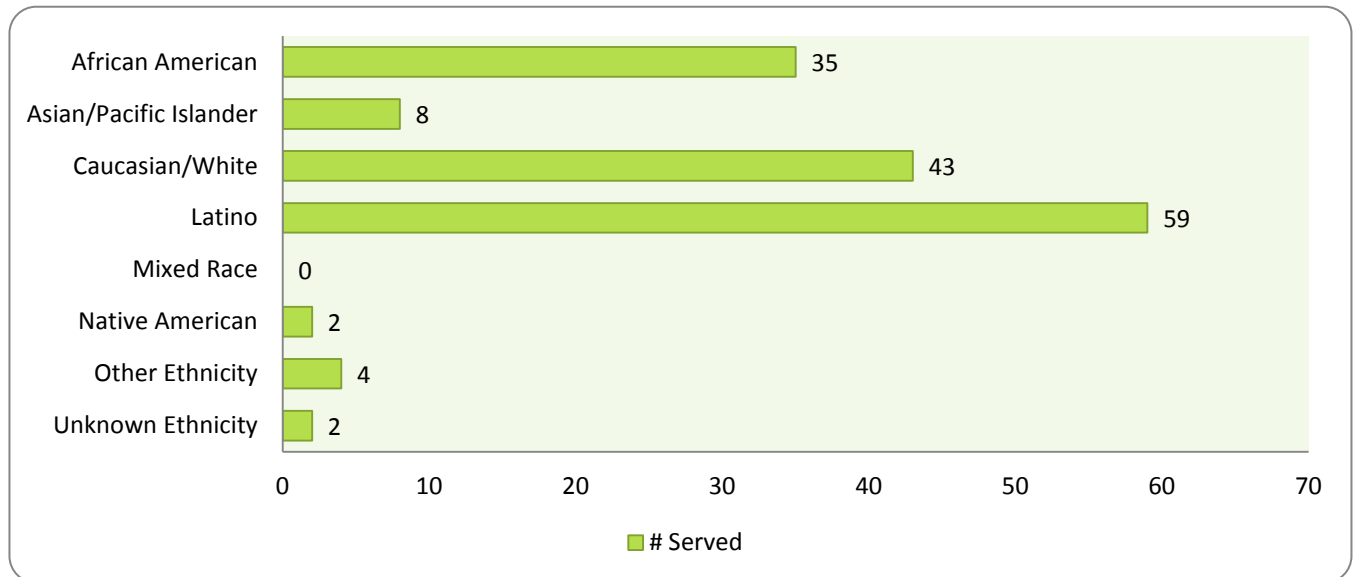
2007-2008 – Incomplete Data to Report.

TAY increased client service capacity by 51% from the previous minimum of 99 to 149 clients due to an expansion in July 2013 to meet the increasing demand for TAY services.

In calendar year 2013, TAY served 152 clients with serious mental illness or serious emotional disturbance resulting in outcomes reflecting 100% decrease in homelessness, a 96% decrease in hospitalizations, and a 90% decrease in incarcerations.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$11,109.47**

Total Cost Per Client of is based on actual costs (\$1,699,749.11) and actual numbers served (153) in FY 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,911,713.00	\$1,911,713.00	\$1,911,713.00	\$1,911,713.00
Change		\$691,169.00	\$691,169.00	\$691,169.00

Proposed Changes:

None.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4529

Program Name and Provider: Enhance Rural Services-Full Service Partnership (FSP)
Turning Point

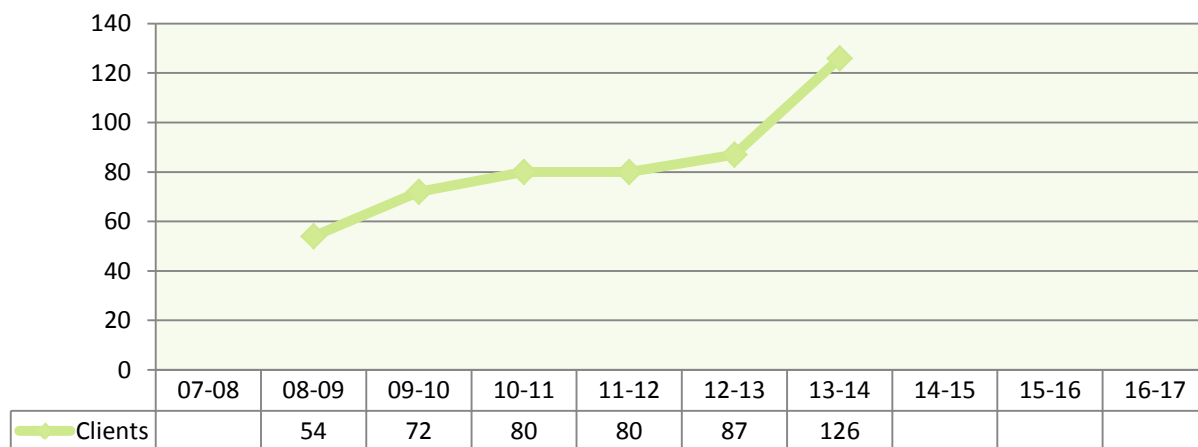
Date Started: 10/1/08

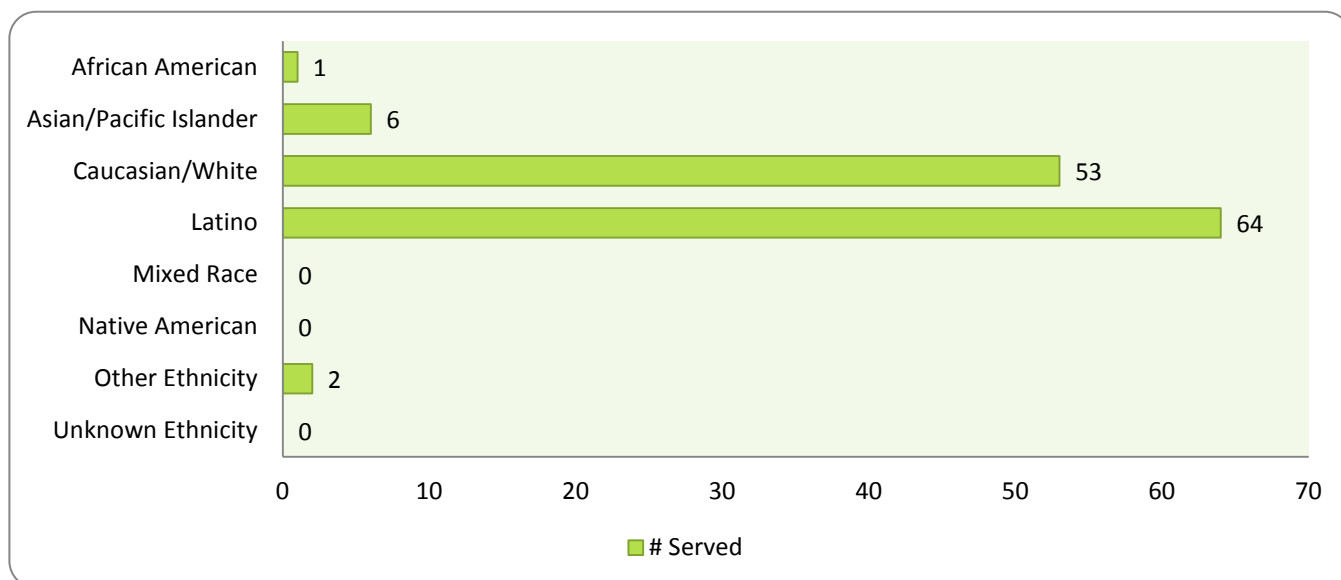
Program Description: Contract includes Full Service Partnership Program, Intensive Case Management Program, and Outpatient Program that are in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga) that provides mental health services that may include personal service coordination, medications, housing through treatment plan for seriously and persistently mentally ill adults and severely emotionally disturbed children.

Program Update:

The number of clients served by Turning Point for Outpatient and Intensive Case Management from July 1, 2014 through March 2015 is 113. This contract is being amended to include expansion request per Turning Point. This request has been proposed and approved by leadership.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$705.83**

Cost per client is based on actual costs (\$88,934) and actual number served (126) in fiscal year 2013-2014.
--

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,166,946.00	\$1,166,946.00	\$1,166,946.00	\$1,166,946.00
Change			\$92,322.00	\$92,322.00

Proposed Changes:

Contract being amended to expand services. Turning Point expects to provide services for clients in the Full Service Partnership Program to increase to 175 clients for FY 15-16 through FY 17-18.
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CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4527/4528

Program Name and Provider: Enhance Rural Services-Outpatient/Intensive Case Management
Turning Point

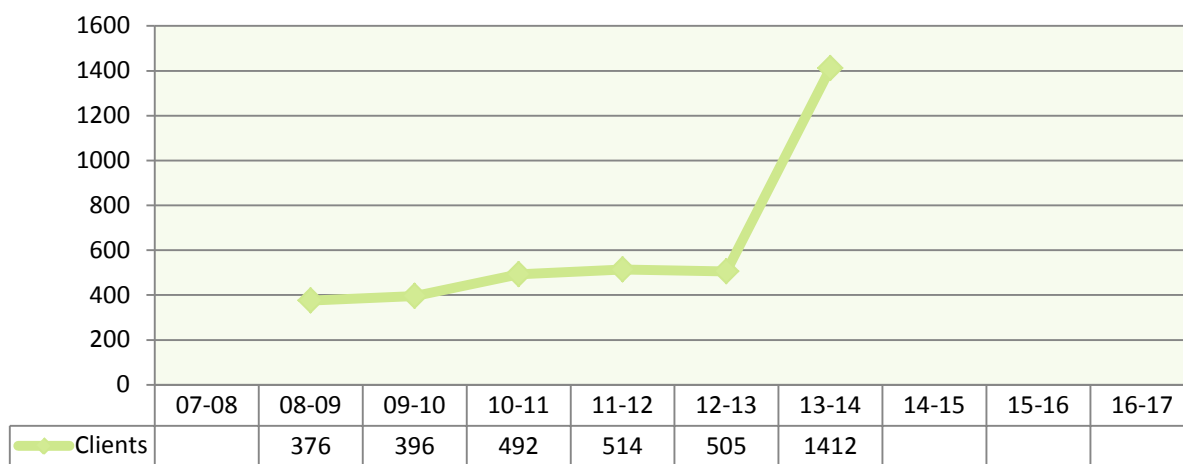
Date Started: 10/1/08

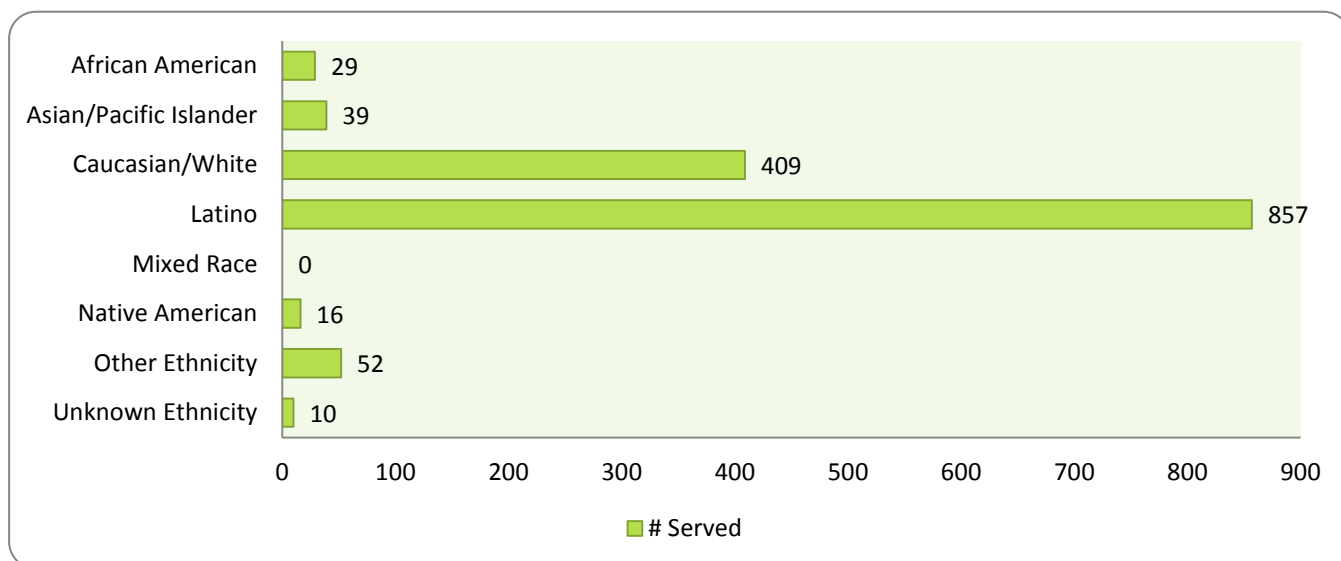
Program Description: Contract includes Full Service Partnership Program, Intensive Case Management Program, and Outpatient Program that are in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga) that provides mental health services that may include personal service coordination, medications, housing through treatment plan for seriously and persistently mentally ill adults and severely emotionally disturbed children.

Program Update:

The number of clients served by Turning Point for Outpatient and Intensive Case Management from July 1, 2014 through March 2015 is 1,531. This contract is being amended to include expansion request per Turning Point. This request has been proposed and approved by leadership.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$100.68**

Cost per Client is based on actual costs (142,162.40) and actual number served (1,412) in fiscal year 2013-14.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$1,166,946.00	\$1,166,946.00	\$1,166,946.00	\$1,166,946.00
Change			\$1,764,324.00	\$1,764,324.00

Proposed Changes:

Contract being amended to expand services. Turning Point expects to provide services for clients in the Intensive Case Management Program to increase to 1400 and for the Outpatient Program to increase to 778 clients for FY 15-16 through FY 17-18.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4512

Program Name and Provider: **Medications Expansion*** (Indigent Medications Expansion)
Fresno County Department of Behavioral Health

Date Started: 09/09/2008

Program Description: Original: This program provides psychotropic medications for uninsured adult and older adult mental health clients within the outpatient programs. Program enhancements are being recommended in the update below.

Program Update:

During the implementation and use of this program, there have been minor changes to serves in response to the decrease of use of the US Script contract. Redesign included the utilization of discounted generic medications, patient assistance programs, sample medications, and the requirement for clients to pay a co-payment for generic and name brand prescriptions. It also allows for financial management education and general support from the County Peer Support staff.

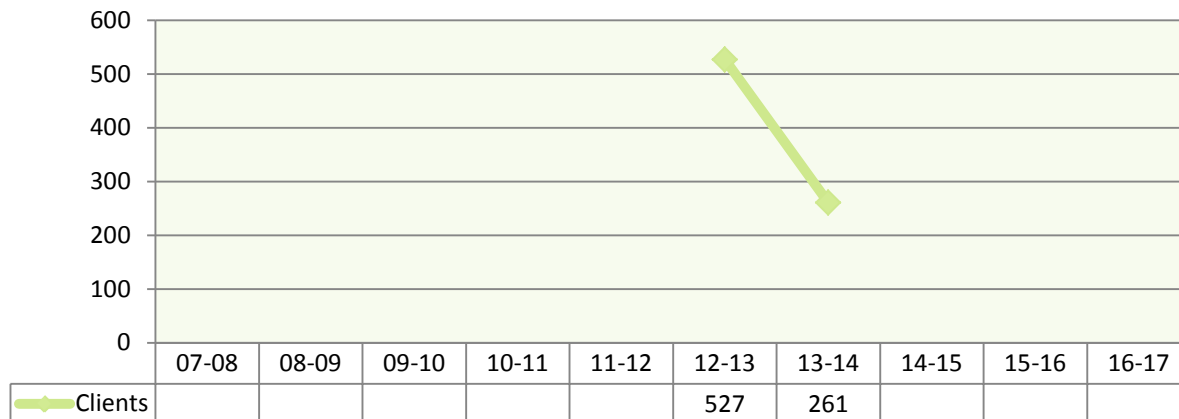
Based on the original design of the medication plan and changes in coverage which include, but are not limited to Affordable Care Act (ACA) , the following enhancements are being sought:

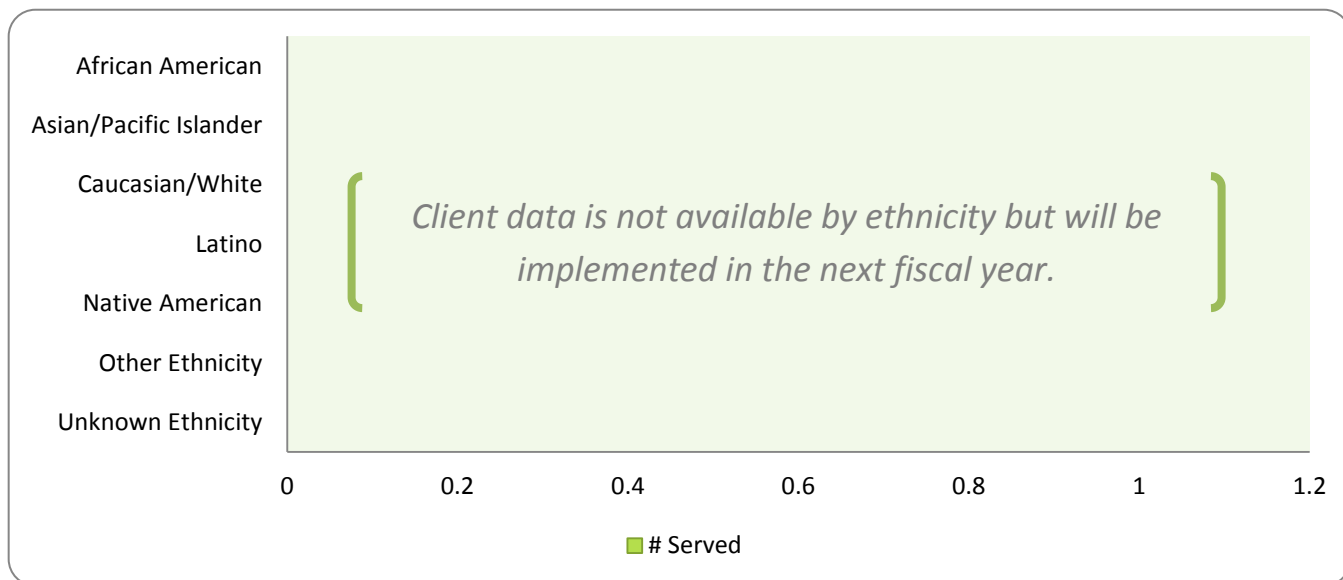
program title change to remove "indigent" population reference,

expand population to include youth, co-pay costs for youth/adults with healthcare coverage to be provided on a case by case basis, full cost coverage for those with no other means of health care support on a case by case basis, provide for 2 weeks (more as needed) of medication costs for youth and adults discharged from inpatient setting as part of Access services during wait time for appointment with Doctor.

By integrating the variety of resources listed above, the County will be able to provide a greater number of clients the medication they need to remain stable and avoid crisis situations.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$541.24

Cost per Client is based on actual costs (\$141,264.19) and actual number served (261) in fiscal year 2013-2014.

MHSA State Approved Allocation:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$500,000.00	\$250,000.00	\$250,000.00	\$250,000.00
Change				

Proposed Changes:

While there is a noted decrease in the annual budgeted/projected use of the contract (US Scripts) it is anticipated that the \$250,000 will be sufficient for the enhancements as outlined above. In FY 2013-2014 to total spent was \$141,264.19.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4610

Program Name and Provider: Older Adult Team
Fresno County Department of Behavioral Health

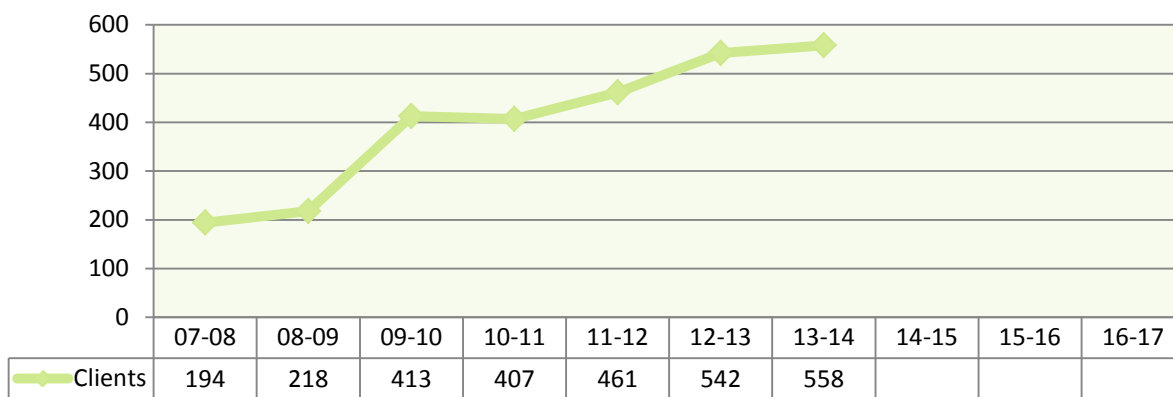
Date Started: 10/1/08

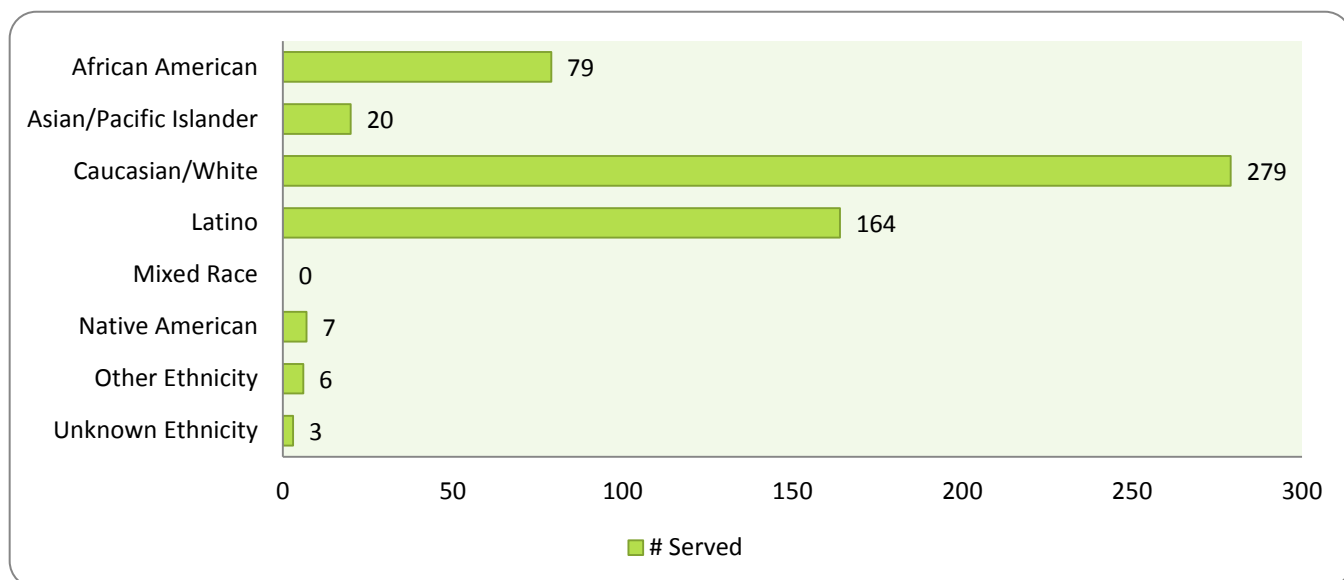
Program Description: Metropolitan and rural services for older adult consumers. Staff partner with primary care physicians and Adult Protective Services (APS) for outreach and engagement of services to seniors.

Program Update:

Older Adult Team's mission is to provide, through the utilization of a culturally competent, strength-based, solution focused, wellness oriented and client centered approach to treatment, outpatient mental health services to older adults (seniors) ages 60 years and older with a mental disorder and significantly impaired functioning. Goals include outreach and engagement of services to seniors to reduce incarcerations, homelessness, and hospitalizations and make access to mental health services more convenient to seniors and their families. Outreach to increase access has included consultations with APS and co-response with that agency to seniors with potential mental disorders with significantly impaired functioning. Program runs M-F, 8am-5pm.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$2419.26**

Cost per Client is based on actual costs (\$1,422,524.88) and actual number served (558) in fiscal year 2013-2014.

MHSA State Approved Allocation:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1817,668.00	\$1,817,668.00	1,817,668.00	1,817,668.00
Change				

Proposed Changes:

Staff position totals will be changed from 5 Clinician and 5 Community Mental Health Specialist (CMHS) positions to 6 Clinician and 4 CMHS positions to provide sufficient clinicians for high fidelity Cognitive Behavioral Therapy for Psychosis (CBTp) and Dialectical Behavior Therapy (DBT) and to ensure adequate clinical support for CMHS staff. CBTp, DBT, Motivational Interviewing, and Wellness Recovery Action Plan (WRAP) are the Evidence Based Practices for this program.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: PEI4314

Program Name and Provider: Perinatal
Fresno County Department of Behavioral Health - Adult

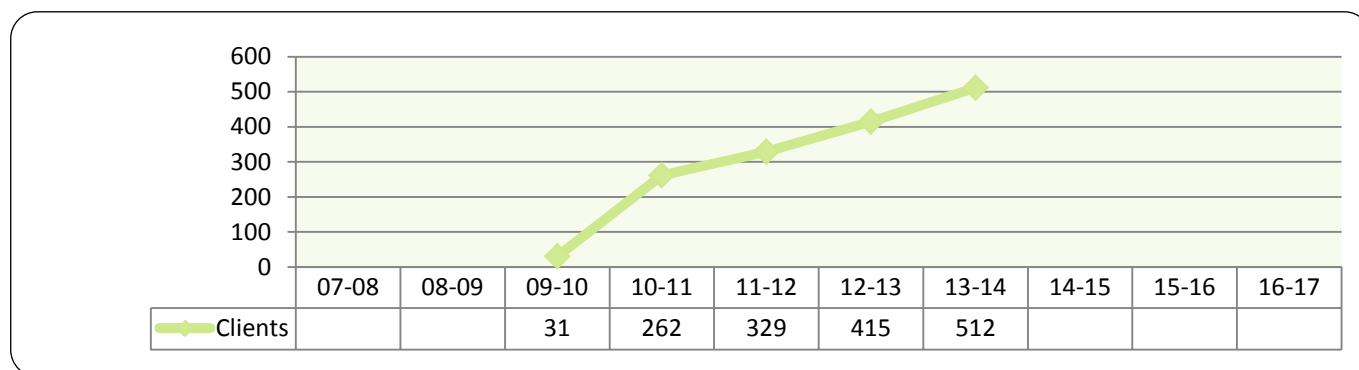
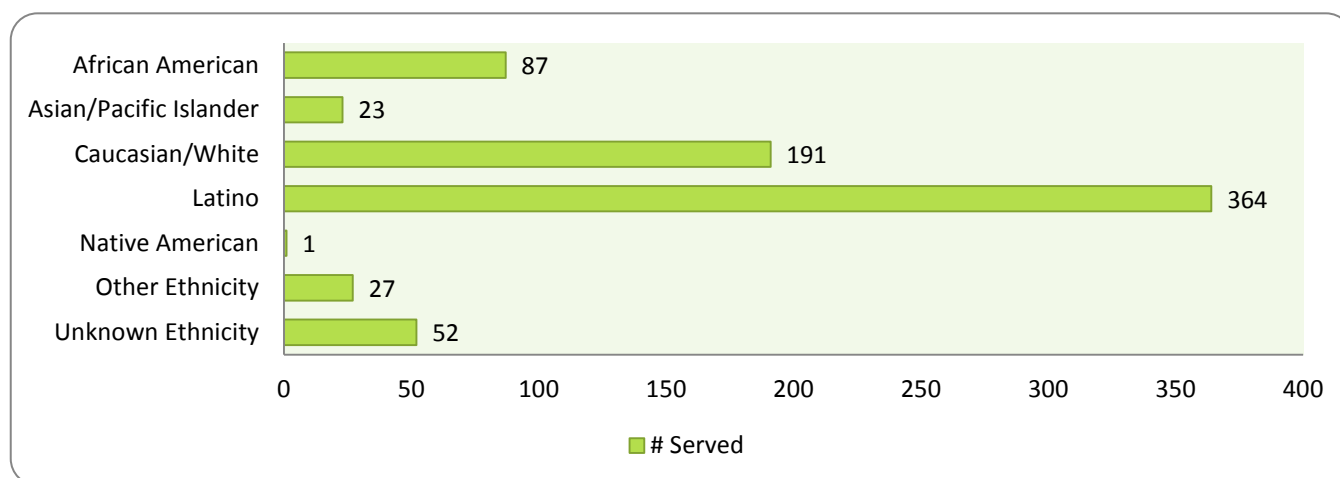
Date Started: 04/05/10

Program Description: Original: The Perinatal program provides outpatient mental health services to pregnant and postpartum teens, adults and their infants. The short term mental health services include outreach, prevention and early intervention identification through screening, assessment and treatment. This program is staffed with two Public Health Nurses to evaluate and provide preventive services to mother and baby. Services are open to women who experience first onset of mental disorders during the period, pregnancy and up to a year postpartum.

Program Update:

The perinatal program continues to provide outpatient mental health services to pregnant and postpartum teen/adults and their infants. This program works in partnership with Public Health to provide for both the mental health for mother and baby as well as in home public nursing services. The Prenatal program coordinates care with the primary care physician, pediatrician, and the OBGYN. Psychiatry services are provided by a psychiatrist board certified in Perinatology. Services are provided in the place most convenient for the mother and child care services are available should the mother require this to access service. An array of specialty mental health services are provided including medication services, attachment based therapies and infant bonding. Goals include decreased premature delivery, decreased risk of suicide and infanticide, improved bonding and attachment, decreased decompensation and long term effects of postpartum mood disorders and psychosis. The program operated M-f, 8 am-5pm and is co-located with public health and Child Protective Services (CPS) at the West Fresno Regional Center.

- It should be noted that the original data gathered was number of referrals received vs clients served, reflected on the graph below. CSS funding was made available to expand Perinatal to include those mothers with chronic mental health problems.
- In July 2013, the program expanded to include all mothers including those with chronic mental health problems. A clinician was added to the program but a case manager and Public Health Nurse (PHN) have yet to be hired.
- The program has a Tele-meds doctor one day per week. She is booked out six weeks. A nurse practitioner was hired 12/8/14 to meet the needs of the program and to eventually be shared with the Older Adult program.
- There is a current waitlist of 20 clients and has reached as many as 40 to see a PHN.
- Clients can be on waitlists for up to two months.

Total Number of Clients Served:**Current FY Total Number of Clients Served by Ethnicity:****Total Cost per Client: \$3,476.00**

Cost per Client is based on actual costs (\$1,779,710.00) and actual number served (512) in Fiscal Year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,244,914.00	\$1,244,914.00	\$1,244,914.00	\$1,244,914.00
Change				

Proposed Changes:

Case manager and PHN still need to be added to meet the needs of clients with a higher level of care and at risk. Memorandum of Understanding (MOU) was processed increasing funds to remainder of FY 2014-15 and subsequent years to allow the addition of a third PHN which will help meet client needs and reduce or eliminate waitlists.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4519

Program Name and Provider: RISE* (Specialty Intensive Treatment Team)
Department of Behavioral Health

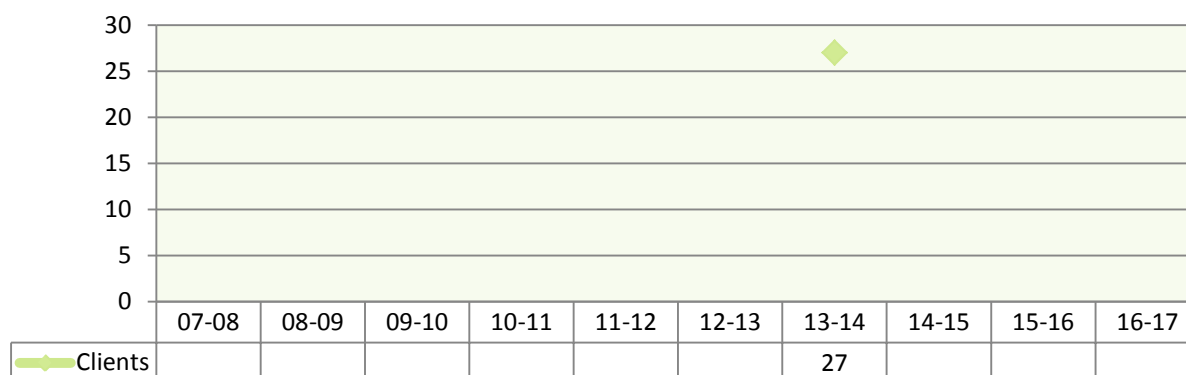
Date Started: 12/30/2013

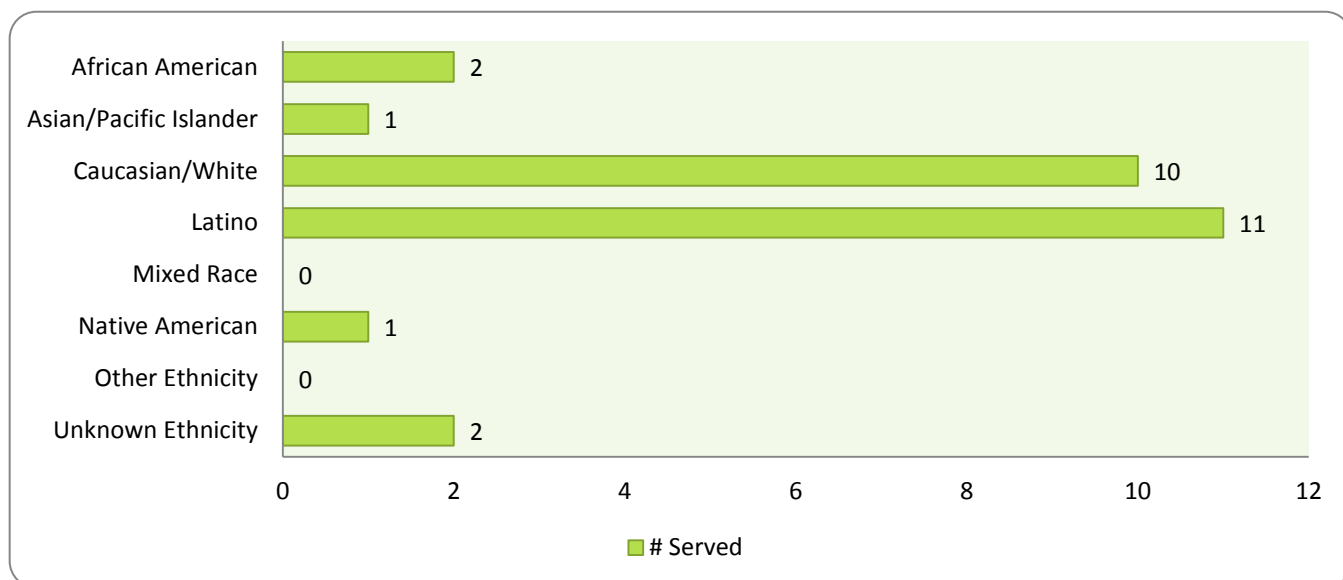
Program Description: Original: Program is an intensive community based outpatient treatment, supports and recovery program for clients in our highest level of voluntary outpatient care including conservatees, individuals transitioning off of conservatorship, and people who have recidivised to conservatorship. May serve any client level 4/5 despite legal status.

Program Update:

Program serves conservatees, people transitioning off of conservatorship, people recently released from conservatorship, individuals at high risk of return to conservatorship and those who require the highest level of outpatient voluntary care despite legal status. The team works with the conservatorship team to transition clients to outpatient care from Institutions for Mental Diseases (IMD)s. And works with the outpatient team to treat people needing more intensive contact than traditional outpatient or for stepdown to level 3 services The goal is to increase independent functioning, stability of residency, follow through with needed services/access, and incorporate wellness and recovery into the client's understanding of their capabilities. Additionally, reduce acute hospitalization, reduce changes in residency and prevent a return to conservatorship, need for hospitalization and promote independence. Additional focus is placed on collaboration with primary care and the development of a natural support system. The Assertive Community Treatment (ACT) model was piloted as a means by which to achieve these objectives. Due to various complications associated with implementing a 24/7 model in a government environment new models are currently being piloted. New Models being considered include wellness and recovery concepts, strengths focused client driven practices with additional focus on increased natural supports. Service is largely field based and client contact can range from daily to weekly. This team uses mental health clinicians and case managers, operates M-F 8 am-5 pm, and is a Level 4/5 program. In the last year this team has increased staffing from three clinicians and two case managers to five clinicians and eight case managers.

Total Number of Clients Served:



Current FY Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$2,744.98

Cost per client is based on actual costs (\$74,114.36) and actual number served (27) in fiscal year 2013-2014

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$0.00	\$0.00	\$0.00	\$0.00
Change			\$1,900,917.00	\$1,900,917.00

Proposed Changes:

None at this time, monitoring enhancements for effectiveness.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4470

Program Name and Provider: Transition Age Youth (TAY) - Department of Behavioral Health Team (DBHT)
Fresno County Department of Behavioral Health

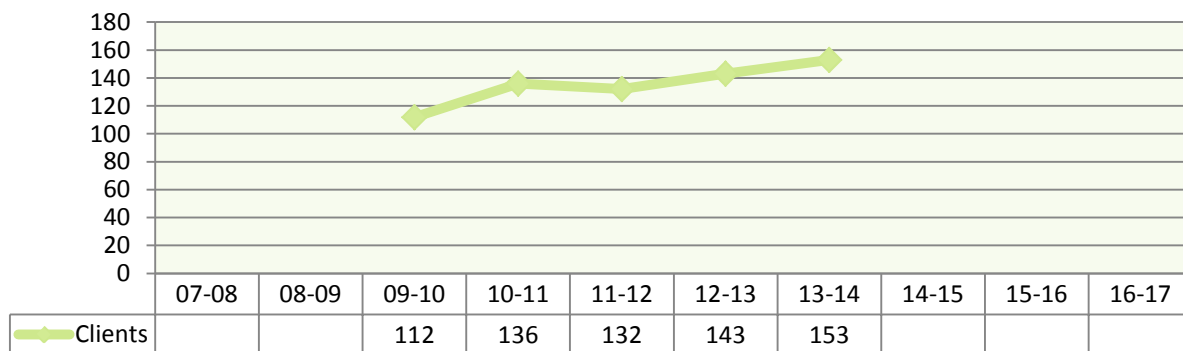
Date Started: 8/10/2009

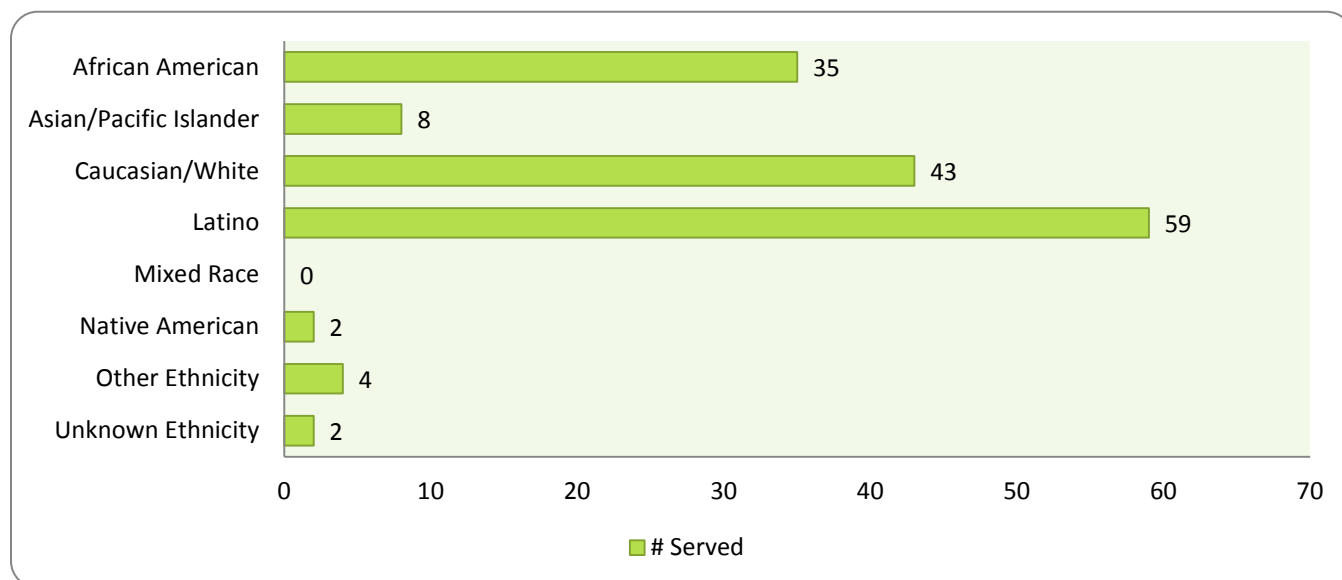
Program Description: The Department of Behavioral Health Transition Age Youth is a newer program which serves Medi-Cal beneficiaries' ages 17 through 24 who live within Fresno County and who require specialty mental health treatment services. The mission of TAY DBHT is to assist young adults in making a successful transition into adulthood, and more specifically, to provide mental health services which help the young adult to reach personal goals in the areas of employment, education, housing, personal adjustment and overall functioning in the community

Program Update:

The Transitional Ages Youth Program (TAY) uses Transition to Independence Process (TIP) model, a community-based system model utilizing an individualized process, engaging youth and young adults (ages 17-23) in a process of futures planning concurrent with the provision of supports and services that are accessible, coordinated, appealing non-stigmatizing, trauma-informed, and developmentally-appropriate—and that build on their own strengths. The TIP model involves youth and young adults, their families, and informal key players in a process that facilitates the youths' movement towards enhanced self-sufficiency and achievement of personal goals. The youth are encouraged by transition facilitators and therapists to explore their interests and to envision a future that relates to conventional transition domains of employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning. Objectives include: Increased employment and post-secondary career education, improved community-life functioning, reduced use of intensive mental health services, reduction in incarcerations, and increased natural supports. Parent/family support group is available. Evidence Based Practices used are TIP and Cognitive Behavioral Therapy for Psychosis (CBTp). This program employs Mental Health Clinicians and Case Managers. This program was recently awarded a grant and will participate in a Substance Abuse and Mental Health Services Administration (SAMHSA)/RAND study. Anticipate the addition of TAY Peer Support Specialist (PSS), TAY mentoring program, and a pilot of a mini TAY drop in center. Hours of operation are M-f, 8am-5pm.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$12,159.79

Cost per Client is based on actual costs (\$1,860,447.23) and actual number served (153) in fiscal year 2013-2014.

MHSA State Approved Allocation:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,274,486.00	\$1,274,486.00	\$1,274,486.00	\$1,274,486.00
Change				

Proposed Changes:

Changes are noted in prior narrative, enhancements will be monitored for effectiveness as budget and positions are actualized and filled.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4531

Program Name and Provider: Vista
Turning Point

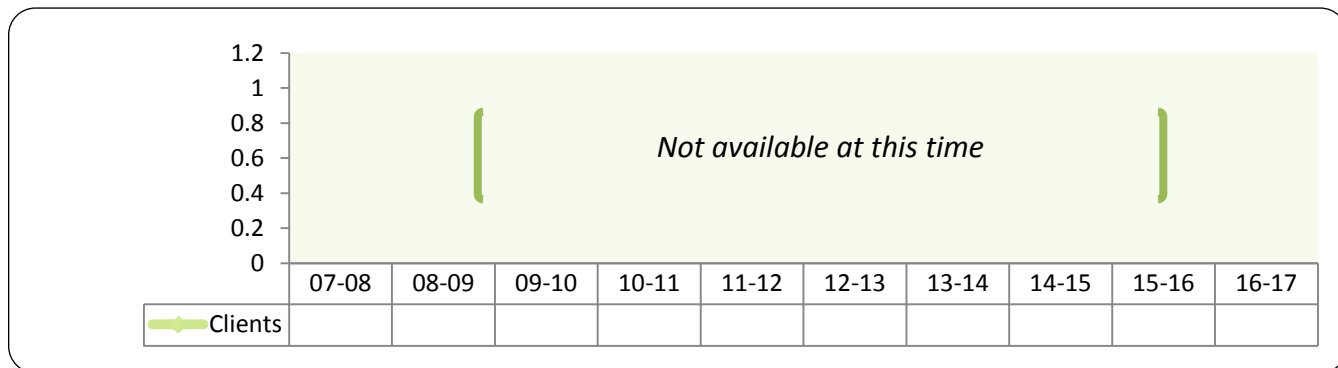
Date Started: 07/1/2015

Program Description: Full Service Partnership program that provides comprehensive mental services, including housing and community supports, to approximately 300 adult Fresno County clients with a serious mental illness.

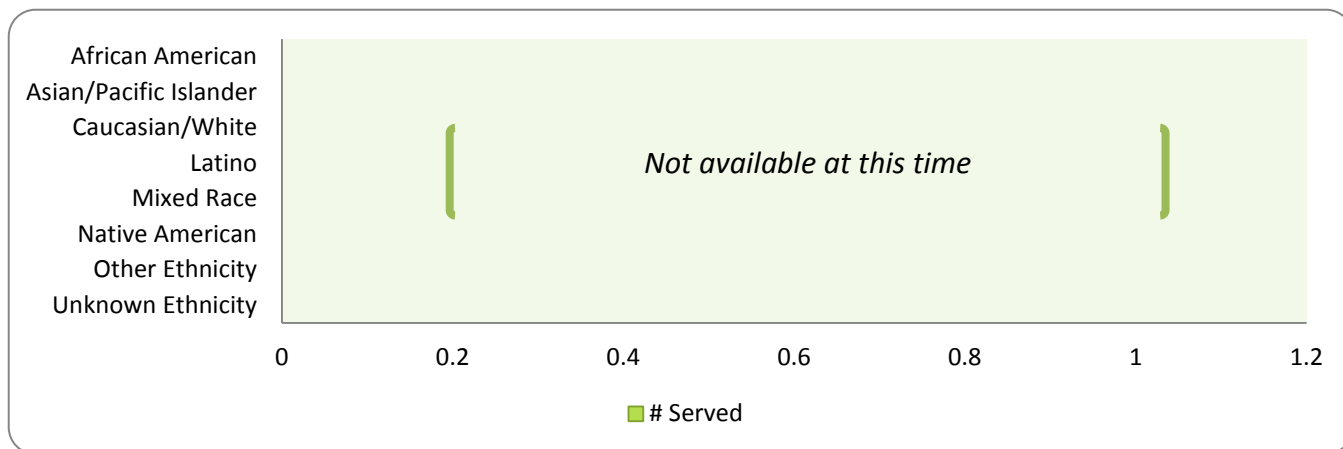
Program Update:

- Approved by BOS on June 2, 2015
- Current clients of the ICSST (4522) and IMH (4530) programs (both closing 6/30/2015) will transfer to this new program on 7/1/2015.
- Site address is 258 N. Blackstone Avenue, Fresno, CA 93701 (location of the current IMH program). Site certification was completed on 6/9/2015

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:



Total Cost per Client: \$0.00

Not available at this time

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$0.00	\$0.00	\$4,113,122	\$4,094,147
Change				

Proposed Changes:

- Provider is planning to remodel current site location, in order to improve both privacy rooms and group rooms for Vista clients. A new site certification will be completed once remodel is completed.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4561

Program Name and Provider: CODAC/OPTIONS
WESTCARE

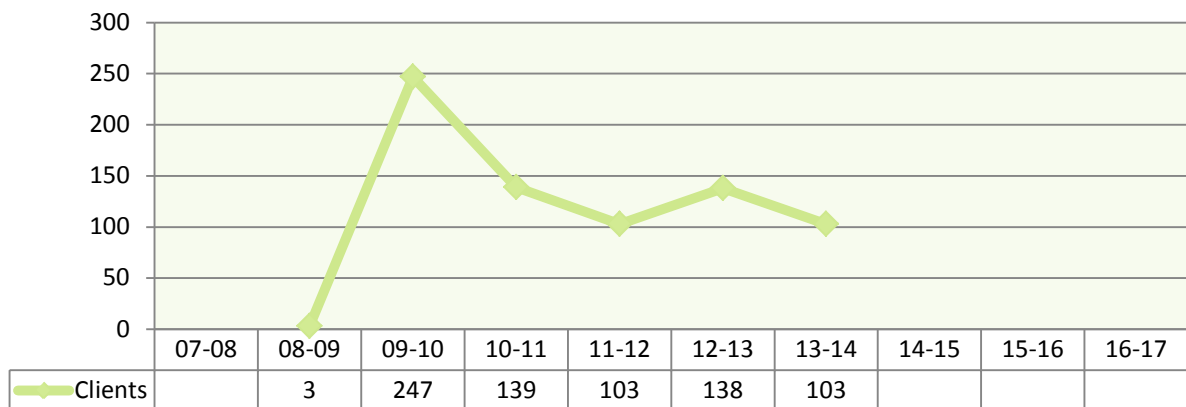
Date Started: 01/01/01

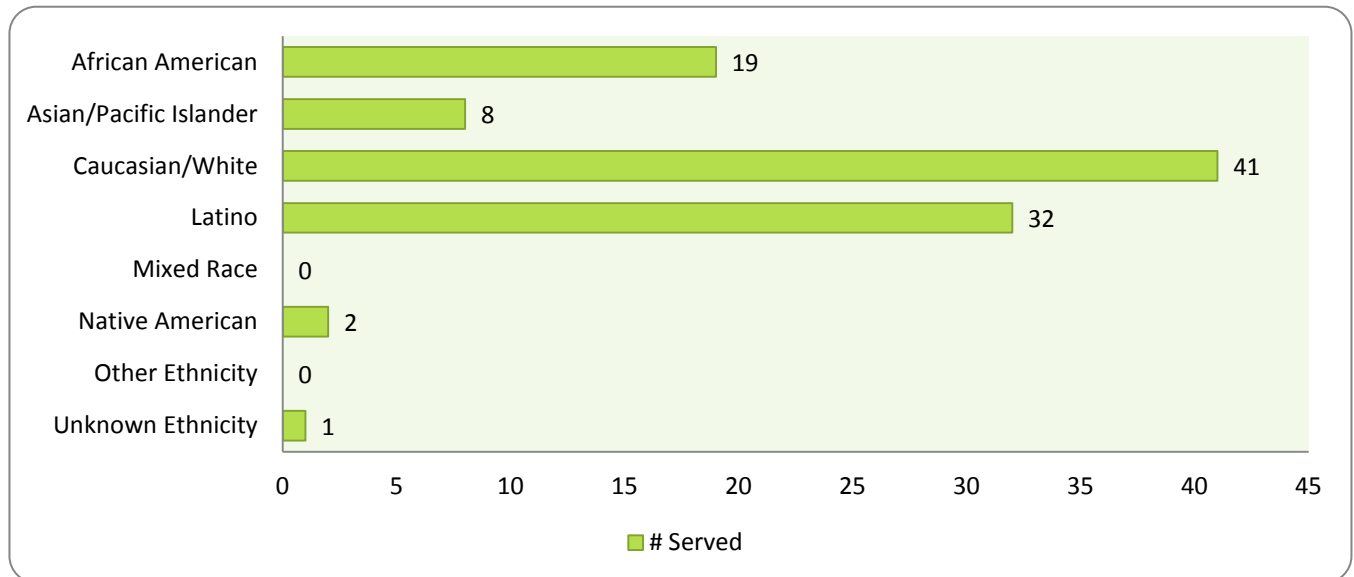
Program Description: Mental health outpatient services "multiple users" of the local hospital emergency departments to participate - engaged consumer focused program.

Program Update:

Program contract ended on June 30, 2014.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client:** \$6744.33

Cost per Client is based on actual costs (\$694,665.87) and actual number served (103) in fiscal year 2013-2014.
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MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$937,042.00	0.00	0.00	0.00
Change				

Proposed Changes:

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CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4621

Program Name and Provider: Crisis Psych Response Services
Fresno County Department of Behavioral Health and Westcare

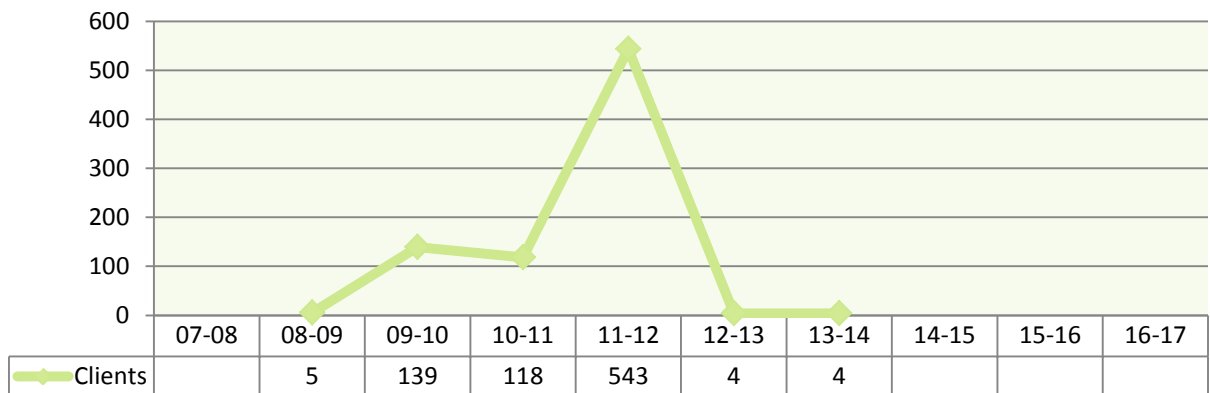
Date Started: 01/01/01

Program Description: Mobile crisis psychiatric response services to rural hospital Emergency Departments. Redesign of program includes CPRS Clinicians (Westcare and County staff) stationed at Community Medical Regional Center (CMRC).

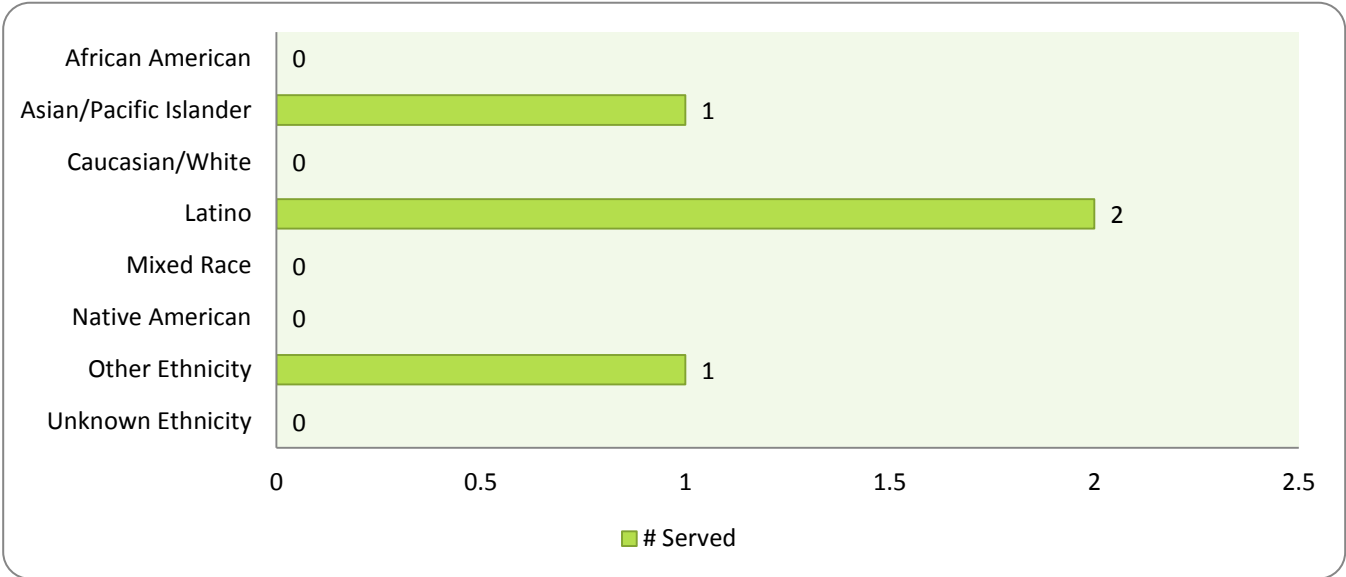
Program Update:

Contract ended on June 30, 2014.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:



Total Cost per Client: \$2,397.46

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,555,950.00	0.00	0.00	0.00
Change				

Proposed Changes:

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4520/4530

Program Name and Provider: Housing & Recovery Full Service Partnership (FSP)
Turning Point

Date Started: 06/14/2010

Program Description: Full Service Partnership program that provides comprehensive mental health services that may include housing support, hospitalization support, and behavioral health court engagement for adults with severe mental illness.

Program Update:

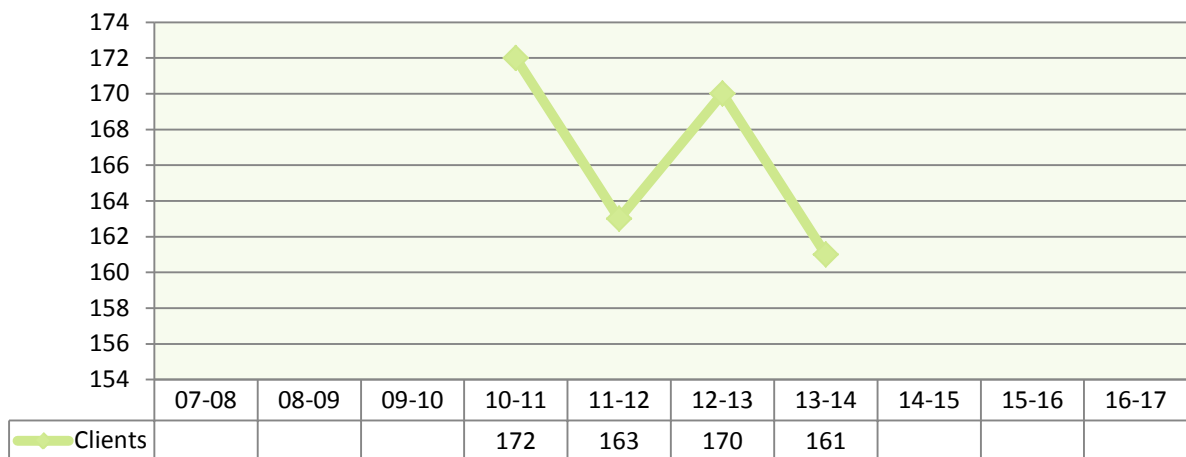
CY 2011 reduction in: psychiatric hospitalizations - 82%; homelessness - 99%; incarcerations - 85%

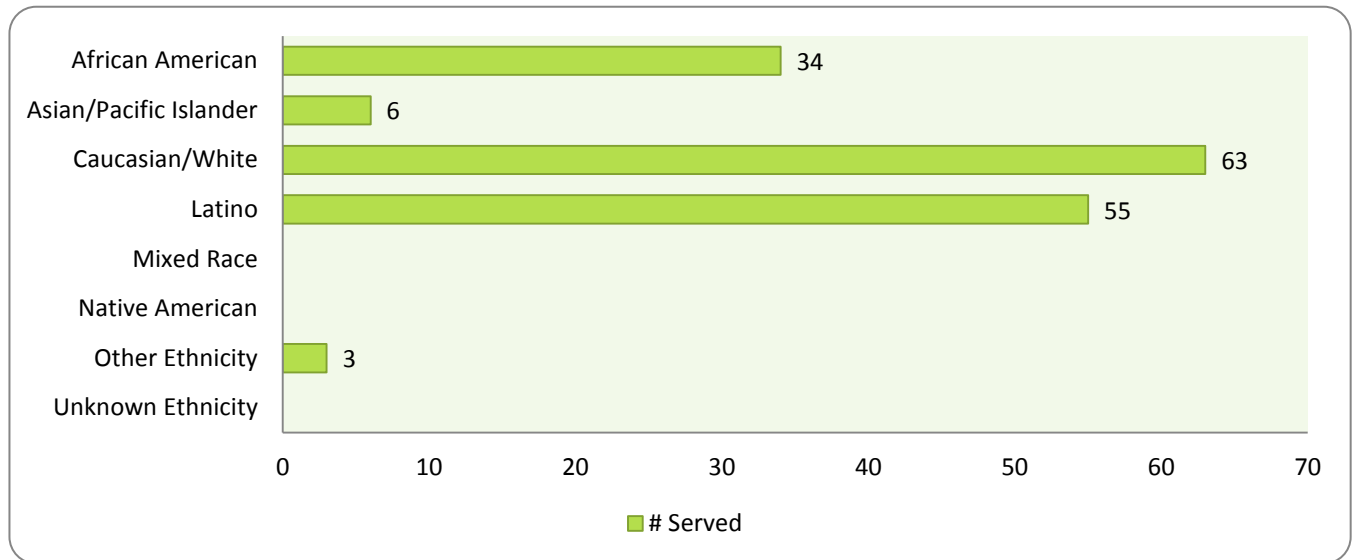
CY 2012 reduction in: psychiatric hospitalizations - 88%; homelessness - 98%; incarcerations - 76%

CY 2013 reduction in: psychiatric hospitalizations - 88%; homelessness - 98%; incarcerations - 92%

FY 13-14 additional program expansions in other areas led to an increase in referrals to those other programs and a slight decrease in the number of clients served within this program.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$11,925.60**

Cost per client is based on actual costs (\$1,514,551.71) and actual number served (127) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$1,513,220.00	\$1,513,220.00	n/a	n/a
Change				

Proposed Changes:

While services are not anticipated to change, the IMH program will merge with the Intensive Community Services and Supports Team (ICSST) program. The contacts associated with both programs will expire 6/30/15 and the combined program for a service capacity of 300 adult clients with a serious mental illness will begin 7/1/15.

See – Work Plan # 4 – Behavioral Health Clinical Care – Enhanced – Vista for more details.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4522

Program Name and Provider: Intensive Community Services & Support Team (ICSST) Full Service Partnership (FSP)
Turning Point

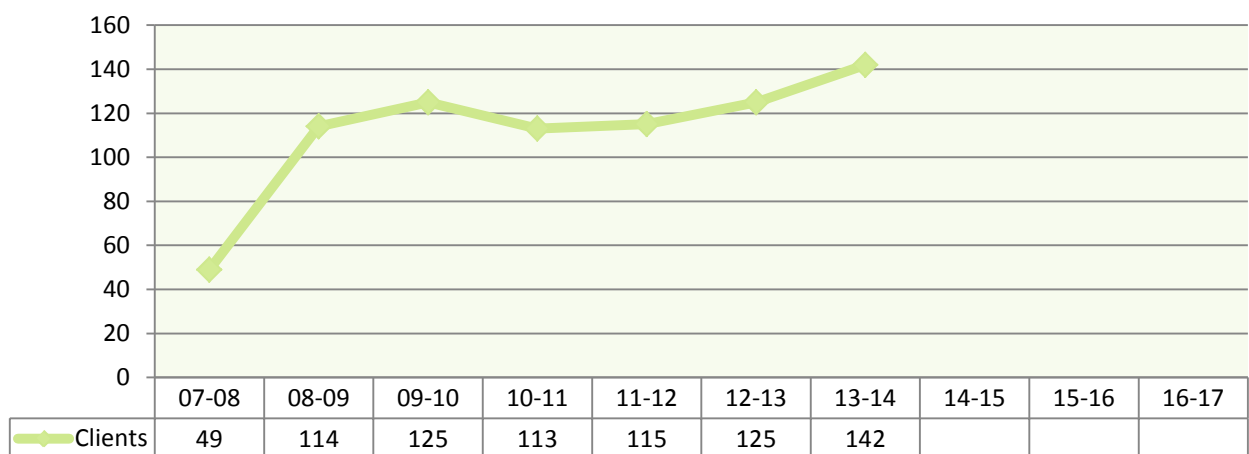
Date Started: 12/01/07

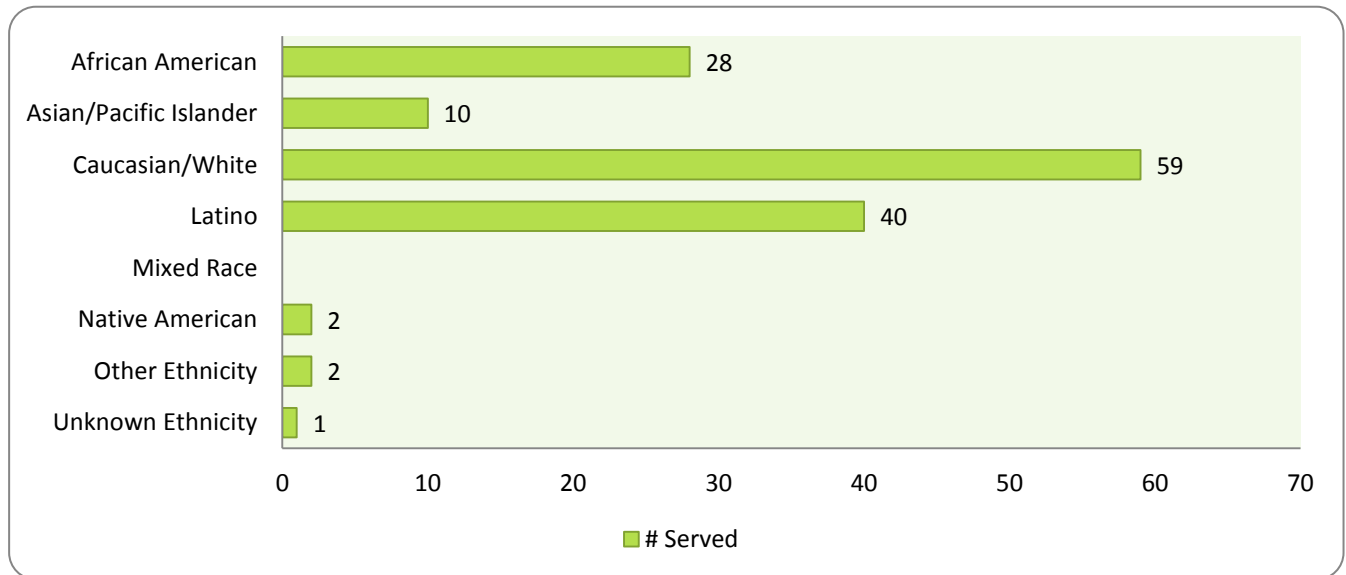
Program Description: Full Service Partnership program that provides mental health services that may include personal service coordination, medications, and housing through treatment plan for seriously and persistently mentally ill adults.

Program Update:

8/26/08 – Increased capacity from 50 to 90 clients
 CY 2009 reduction in: psychiatric hospitalizations - 66%; homelessness - 97%; incarcerations - 72%
 CY 2010 reduction in: psychiatric hospitalizations - 87%; homelessness - 100%; incarcerations - 100%
 CY 2011 reduction in: psychiatric hospitalizations - 93%; homelessness - 93%; incarcerations - 97%
 CY 2012 reduction in: psychiatric hospitalizations - 98%; homelessness - 92%; incarcerations - 91%
 6/18/13 – Increased capacity from 90 to 115 clients
 CY 2013 reduction in: psychiatric hospitalizations - 85%; homelessness - 99%; incarcerations - 60%

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:

Total Cost per Client: \$10,254.44

Cost per client is based on actual costs (\$1,456,130.48) and actual number served (142) in fiscal year 2013-2014.

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$1,300,917.00	\$1,300,917.00	n/a	n/a
Change				

Proposed Changes:

While services are not anticipated to change, the ICSST program will merge with the Integrated Mental Health Services (IMHS) program. The contracts associated with both programs will expire 6/30/15 and the combined program will begin 7/1/15 for a service capacity of 300 adult clients with a serious mental illness.

See – Work Plan # 4 – Behavioral Health Clinical Care – Enhanced – Vista for more details.

Work Plan #5

Infrastructure Supports

The fifth and final work plan is titled, Infrastructure Supports. Infrastructure is a set of basic systems and supported services that an entity must have in order to work effectively. In behavioral health, infrastructure includes and is not limited to information systems and technology, staffing resources and training, billing systems, quality management, data analysis, oversight and compliance, and facilities management. The Infrastructure Supports plan is intended to outline the department's services and activities which are necessary to support the effective implementation the remaining four work plans.

To achieve our mission and to successfully implement the first four work plans, DBH understands that we must additionally invest to fortify and further build an effective infrastructure. Just as any safe building must be built on stable footing, so must a healthcare delivery system. With many current and anticipated changes in the healthcare industry nationwide and in California, we would be destined to fail our clients in the long run without investing in our infrastructure. Rebuilding and procuring appropriate space for care to occur allow DBH to provide a safe setting which promotes wellbeing for our clients and staff. Having current and appropriate technology would enable DBH staff to document our care efficiently and effectively, measure our clients' recovery and treatment outcomes, evaluate our programs, manage multiple funding sources and billing requirements, or manage any of our other complex clinical and business operations. Investing in training and staff development for our clinical and business operations staff helps team members stay current with skills and knowledge as a healthcare provider. Failure to invest in building a solid infrastructure would do a disservice to our clients, ultimately putting their care at risk. We are committed to operate a behavioral health system of care that is of the highest quality; to achieve that, DBH is committed to having a robust and resilient infrastructure.

The Behavioral Health Infrastructure Supports work plan of this MHSA Three-Year Plan will provide a detailed description of all current and planned MHSA-funded programs, services and activities which serve as clinical and business operations infrastructure. Some other activities which may also serve in this way may be referenced in another work plan if the other work plan better captures the focus and intent of the activity.

Work Plan #5

Infrastructure Supports

Table of Programs

*= New Program Name

Status of Program	Program (Listed Alphabetical Order)	Type of Funding	Contracted or Internal
Enhance	MHSA Staffing – Administration	CSS, INN, and PEI	Internal
<i>For the below programs please see Section: Capital Facilities Technology Needs</i>			
Enhance	Capital Facility Improvement - on going approved Capital Facility plan	CF&TN	Contracted
Enhance	Information Technology - Avatar	CF&TN	Contracted
New	Crisis Residential Treatment Construction - Building New Crisis Treatment	CF&TN	Contracted
New	Sierra Resource Center - Acquisition of new property	CF&TN	Contracted

Work Plan #5

Infrastructure Supports

Individual Program Sheets



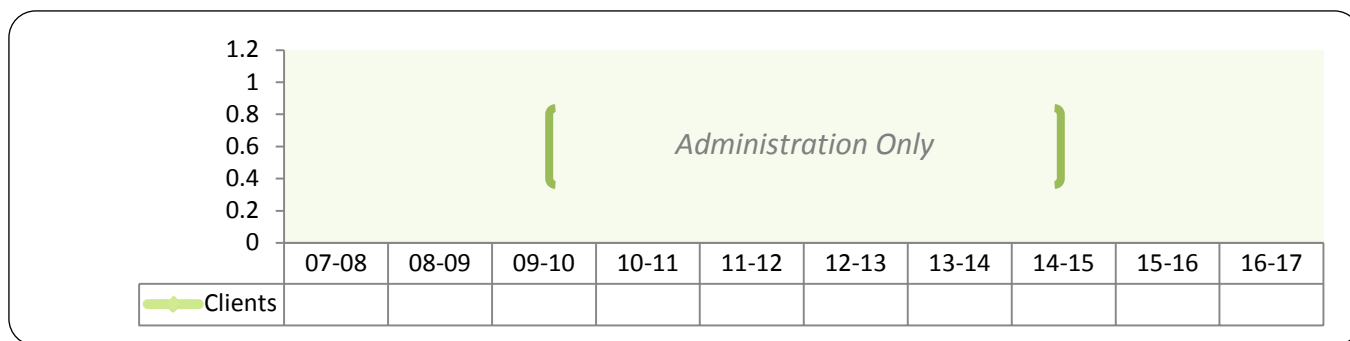
Artwork Submitted By: Stanley S

CSS, INN, and PEI Work Plans, Progress Updates and Proposed Changes

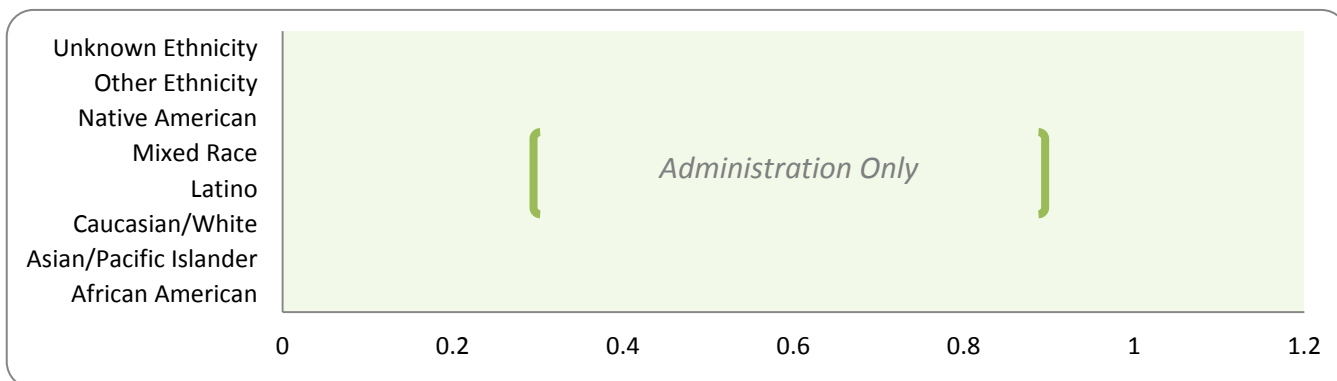
Project Identifier:	CIP4710
Program Name and Provider:	MHSA Staffing - Administration Fresno County Department of Behavioral Health
Date Started:	01/01/05
Program Description:	Staffing costs include staff analyst cost to provide administrative oversight to in-house and contracted staff providing service as well as contract development and monitoring. Office assistants and program technicians staffing costs are included to provide administrative support and assist with coordination of functions. This staffing combination is designed to provide services to exploit human resource skills and abilities to enhance collaboration between technical and clinical staff in support of community and interagency coordination and cooperation to better serve our community and clients. Staffing expenditures are estimated based on the County's pay scale.

Progress Update:

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:



Total Cost per Client: \$0.00

Administration Only

MHSA State Approved Allocations:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$5,864,861.00	\$5,864,861.00	\$5,864,861.00	\$5,864,861.00
Change				

Proposed Changes:

Add the below positions

Positions	CMH & ASOC	Contracted Services	Personnel	QI	Managed Care	PP & SS	Business Office	TOTAL POSITIONS
Clinical Supervisor					1	1		2
Substance Abuse Specialist					2			2
Principal Accountant							1	1
Accountant							1	1
Program Manager				1		1		2
Business Intelligence Analyst				1				1
Chief OA	1							1
Sr. Staff Analyst					1	1		2
Staff Analyst	2	2	1			1	1	7
PT			1	1			2	4
OA				-1				-1
TOTAL FOR EACH DIVISION	3	2	2	3	4	4	5	23

Workforce Education and Training

Fresno County's *Workforce Education and Training* (WET) component of the Three-Year Integrated Plan addresses the shortage of qualified individuals who provide services in Fresno County's public mental health system through a set of action items designed to develop a workforce that appropriately meets the needs of clients; to coordinate education and training opportunities to foster and support career pathways and existing workforce; to prevent suicide and reduce stigma and discrimination by coordinating outreach and education activities focused on a spectrum of professional and community sectors throughout the County, and to administer, coordinate and evaluate the effectiveness of all these activities. WET activities, as designed through the community-based stakeholder process, provide workforce, education and training supports for County employees, contract providers, community-based organizations, Individuals with Lived Experience, Educators, Law Enforcement, Primary Care Providers, Faith Groups, and anyone else whose role in the community has a nexus with Fresno County's public mental health system or its larger goals, including the five core MHSA values:

- Promote wellness, recovery and resilience;
- Increase consumer and family member involvement in policy and service development, and employment in service delivery;
- Develop a diverse, culturally sensitive and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group;
- Deliver individualized, consumer and family-driven services that are outcome oriented and based upon successful or promising practices; and
- Outreach to underserved and unserved populations.

The WET Plan Update maintains or enhances the action items of the existing operational, community-based WET Plan, while re-formatting them within a more cohesive set of four action items, each of which underscores fundamental *workforce, education and training* needs. Each of the stakeholder-approved action items from the existing WET Plan are organized within one of four action items, as illustrated on the WET Integrated Plan Update crosswalk. The Plan's action items include:

- Action item 1: Administrative and Coordination Activities
- Action Item 2: Appropriate Services
- Action Item 3: De-Stigmatization
- Action Item 4: Career Pathways

The WET Plan Update falls within the Three-Year MHSA Integrated Plan under the Departmental Work Plan Number 5, *Infrastructure Supports*, as these activities are designed as supports for Department-wide operations, in addition to workforce and training needs throughout the public mental health system.

Proposal for MHSA Three-Year Integrated Plan

Workforce Education and Training

Table of Programs

WET Activity	Status of Program	Updated WET Action Items
WET Coordination and Implementation	Enhance	1- Administrative and Coordination Activities
Cultural Awareness Training/Linguistic Access for Staff, Consumers, and Family Members	Keep	2.a.Appropriate Services, Cultural Competency
Financial Incentives to Increase Workforce Diversity	Keep	2.b. Appropriate Services, Financial Incentives
Training in Co-Occurring, wellness, e-learning, and Core Competencies	Enhance	2.c. Appropriate Services, Core Competencies
Training Law Enforcement and first responders, on mental health	Keep	3.a. De-Stigmatization, Training for First Responders
Mental Health Training for PCP, Teachers, Faith-Based and Other Community Partners	Keep	3.b. De-Stigmatization, Training for Community Professionals
Educate Consumers and Family Members on Mental Health Disorders, Meds & Side Effects	Keep	3.c. De-Stigmatization, Training for Clients and Family
Consultation Services for Utilization of Consumers and Volunteers	Keep	4.a. Career Pathways, Volunteer Opportunities
Collaboration with Adult Education, community college, ROP and SEES	Keep	4.b. Career Pathways, Career Development Programs
Outreach to High Schools / Career Academy	Keep	4.b. Career Pathways, Career Development Programs
Provide Training and Support for Peer Support Specialists and Parent Partners	Keep	4.c. Career Pathways, Peer Support/Parent Partner
Expand Existing Students Internship Program	Keep	4.d. Career Pathways, Professional Placements
Partnership with CSUF on Training Psychiatric Nurse Practitioner (PNP)	Keep	4.d. Career Pathways, Professional Placements
Partnership with San Joaquin Valley College on Training Psychiatric Physician Assistants	Continue	4.d. Career Pathways, Professional Placements
Partnership with the Psychiatry Residencies and Fellowships - UCSF	Keep	4.d. Career Pathways, Professional Placements

Workforce Education and Training Program Sheet



Artwork Submitted By: Lula R

1. **ACTION ITEM 1** --Administrative and Coordination Activities:

Program Administration—The Workforce, Education and Training (WET) Coordinator will continue coordinating and monitoring educational and training activities within the Department and at County-contracted provider agencies to ensure that workforce, education and training goals align with the focus of the Mental Health Services Act (MHSA) to remedy the shortage of qualified individuals to provide appropriate services. Coordination of workforce, education and training activities shall be within the context of adhering to culturally and linguistically appropriate standards; reducing stigma and discrimination within the County system and across the community; and Supporting and facilitating education programs as well as Federal and State programs that enhance the availability of licensed professional staff in order to improve access to appropriate services. An enhancement to the Three-Year Plan includes implementing, coordinating and monitoring workforce, education and training activities in support of staff development. Staff development activities shall orient new staff to our department and programs as well as assist current staff in attaining new skills and knowledge to increase levels of competence and motivation within each staff role of the Department's work plan and core mission in order to promote care and to better serve clients and their families.

Sample of activities include (but are not limited to):

- i. Confer with Department Director, Division Manager, Behavioral Health Board, various committees, contracted providers and community-based organizations, including consumer- and family-focused groups.
- ii. Be the Director's designee for Board of Behavioral Sciences (BBS) for signing Continuing Education Units (CEU).
- iii. Administer the Health Professional Shortage Area (HPSA) activities for the Department, including certifying the Department of Behavioral Health clinics that are designated by the Federal Health Resources and Services Administration.
- iv. Represent the County of Fresno at the Central Regional WET Partnership meetings, and at State WET meetings, at OSHPD, including the Mental Health Loan Assumption Program (MHLAP).
- v. Coordinate internship and trainee placements within the Department for qualified students from institutions of higher education with which the Department has an active Memorandum of Understanding.
- vi. Develop and prepare reports, memoranda, correspondence, special studies and research, as necessary.
- vii. Serve on various community partner agency advisory committees.
- viii. Manage online training resource activities, including Trilogy Network of Care.
- ix. Serve as Chair of the WET Advisory Committee, the Skills Development Workgroup, and the Department Institutional Review Board (IRB).
- x. Coordinate leadership and supervisory staff input to develop core competencies for each job classification
- xi. Create a study to prioritize and identify all training needs within the Department.
- xii. Confer with leadership to create protocols for developing and managing training plans.
- xiii. Confer with Leadership, including Personnel Manager, to develop an all-staff orientation geared to ensure awareness of the Department's Core Mission, Work Plan, organizational structure, and Department role within the County system and the community.

- xiv. Identify and implement infrastructure to support staff development activities, including hiring 1.0 FTE Program Tech I or II, and implementation of a training/learning management system.
- xv. Conduct a Workforce Assessment to align Department and community needs and priorities with the workforce in order to meet client needs.
- xvi. Coordinate, Administer and/or Implement, as appropriate, each Action Item of the WET Plan and all associated activities.
- xvii. Collect and analyze longitudinal, qualitative and other appropriate data, design studies and report out results and outcomes, and assess/learn from the execution of programs, practices, and events.

2. **ACTION ITEM 2**--Appropriate Services

This Action Item will focus on ensuring appropriate services and access to services through a number of WET activities designed to: enhance cultural competency for staff and providers; develop a workforce that is culturally and linguistically appropriate; coordinate a variety of resources from the Federal, State and other Agency levels to attract and retain workforce; develop and measure core competencies of staff and providers; and provide other trainings and staff development activities to enhance customer service and focus on the principles of wellness and recovery. Enhancements in this Action Item include focusing on core competencies, including Evidence Based Practices (EBP) for clinical and non-clinical staff and providing more training support for cultural brokers and access navigation specialists.

Sample activities include (but are not limited to):

- a. Cultural Competency--Identify training needs and develop competencies towards reducing stigma, and enhancing cultural/linguistic awareness in order to reduce cultural/linguistic barriers to access across the behavioral health system, including among County staff, contracted providers, clients and family members.
 - i. Collaborate with the Department Cultural Diversity Committee and with the advisory committees of cultural-based organizations on cross-cultural/linguistic issues and concerns regarding stigma and access issues to mental health services.
 - ii. Assess Cultural Brokers, Access Navigation Specialists and Interpreters for training needs and best practices, and evaluate for effectiveness.
 - iii. Support/host/participate in local training events for staff and providers which address cultural competency and awareness of culture-specific needs.
 - iv. Work closely with Central Regional WET Partnership on issues related to cultural competency and stigma reduction.
 - v. Identify and promote e-learning, webinars and other training programs that address cultural competency and awareness for Department staff and contracted providers.
 - vi. Recruit and retain bi-lingual/bi-cultural staff, especially clinicians in order to reduce barriers.
 - vii. Assess the need for bi-lingual staff to develop and retain bi-lingual capacity within the Department.

- b. Financial Incentives--Facilitate/Coordinate Federal, State and Other Agency resources to increase the diversity and expertise in the workforce.
- i. Utilize State and Federal financial incentives to increase the mental health workforce in federally designated shortage areas, including those designated as a HPSA, Medically Underserved Area (MUA) or Medically Underserved Population (MUP). Activities allow for mental health clinicians, psychologists, psychiatrists and nurse practitioners to commit to providing service in designated areas for a period of time for the purposes of loan forgiveness or repayment programs.
 - ii. Maintain, update and/or (re)apply for Federal designations, including HPSA, MUA and MUP. This activity requires collaboration with the California Office of Statewide Health Planning and Development (OSHPD), including attending trainings and conferences and seeking technical assistance, as appropriate.
 - iii. Continue to integrate mental health services and primary care services at both rural clinics and within the County.
 - iv. Confer and collaborate with Department leadership and Federally Qualified Health Center (FQHC) leadership on training needs or federal designations for the purpose of integrating mental health services in rural primary clinics and primary care services from within County mental health.
 - v. Coordinate and participate in the OSHPD's Mental Health Loan Assumption Program (MHLAP), which is designed to assume portions of student loan debt for qualified individuals who choose to work in an underserved or hard-to-fill position.
 - vi. Coordinate and facilitate training and other educational opportunities that emerge through the California Institute for Behavioral Health Solutions (CIBHS) and the WET Central Region Partnership.
 - vii. Coordinate and/or facilitate other programs and stipends as they emerge for post-secondary educational opportunities for staff geared towards developing workforce needs, reducing stigma and discrimination and reducing barriers to access.
- c. Core Competencies-- Identify and support Evidence Based Practices (EBP), including but not limited to co-occurring disorders. The goal is to develop an active training plan for licensed and unlicensed staff that is responsive to the overall system, including outcome-driven practices that are effective and measurable, while remaining focused on client care. The training plan shall articulate with broader staff development goals under the Department Work Plan
- i. Confer with Department Leadership, Supervisory staff, and subject matter experts to identify and implement EBP, including training in the core competencies associated with the targeted EBP.
 - ii. Coordinate local Mental Health First Aid (MHFA) training, including developing English and Spanish-speaking Certified Instructors in both Adult and Youth; maintain a quarterly MHFA Work Group, and; develop resources and work closely with Central Regional Workgroup on MHFA-related issues.
 - iii. Continue supporting CPI, QPR, Motivational Interviewing, Advanced WRAP Facilitators (ALWF), Cognitive-Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) trainings, or other trainings, as opportunities emerge.
 - iv. Continue providing access to Trilogy's Network of Care, e-learning or other BBS approved CEU training programs.
 - v. Ensure all clinical staff and those working directly with clients and family members are trained in the principles of wellness and recovery and other service-oriented skills.
 - vi. Support training for using the new DSM 5 and ICD9/10 diagnostic codes.

3. ACTION ITEM 3-- De-stigmatization:

This Action Item seeks to provide training to develop new skills and to provide continuing education that is responsive to the cultural and workforce needs of first responders, community professionals and clients & family members to appropriately address mental health needs and prevent mental health crisis, reduce stigma and discrimination and prevent suicide. Training shall target first responders, physicians, educators, religious leaders, and other community members whose knowledge of mental illness is critical within the community. Additionally, clients and family members also need training to overcome existing stigma and challenges associated with being newly diagnosed or with concerns related to new medications. Enhancements to this Action item include adding outreach as a function of training for targeted sectors of the community.

- a. Training for First Responders- Provide training to develop new skills and to provide continuing education to First Responders which include, but are not limited to law enforcement, emergency medical technicians, fire fighters, Emergency Department staff and community members who interact with first responders in the course of their work. Crisis Intervention Training should strive to have fidelity with the Memphis Model. Additional training for first responders includes Mental Health First Aid and Suicide Prevention.
 - i. Confer, collaborate and plan closely with Department leadership and first responder leadership to develop, promote, host/support, and/or facilitate Crisis Intervention/Prevention Trainings consistent with EBP, including, but not limited to the Memphis Model.
 - ii. Consistent with Action Item 3, promote MHFA and support MHFA T4T Training opportunities specifically targeting first responders.
 - iii. Promote volunteer opportunities for Department staff to gain insight into the experiences of law enforcement and other first responders through participation in community ride-along programs with local law enforcement agencies.
 - iv. Support training for medical and clinical first responders in emergency assessment and treatment, or other mental health emergency-related activities.
 - v. Provide stigma reduction and suicide prevention trainings, along with crisis intervention strategies.
- b. Training for Community Professionals-- Provide training for community professionals and leaders whose positions within the community provide opportunities to positively impact individuals and families through awareness of mental health interventions and knowledge of available services. A significant component of this Action Item is to develop community knowledge and skills in a way that is sustainable.
 - i. Confer, collaborate and plan closely with Community Professionals to identify training activities that provide sustainable learning and knowledge sharing.
 - ii. Identify profession-specific training, including activities specific to primary care professionals, educators, faith leaders and other community leaders.
 - iii. Develop outcome measures to continuously improve training activities that are relevant, meet the needs of the community professionals and leaders and are sustainable.
 - iv. Coordinate, facilitate or leverage State and Regional funding for community-targeted trainings including *SafeTalk*, *Know the Signs*, among others.
 - v. Provide stigma reduction and suicide prevention trainings, along with crisis intervention strategies.

- c. Training for Clients and Family -- Provide training and education to individuals living with mental health diagnosis and their families/loved ones on issues and concerns related to their mental health, medications, side effects and strategies for living well.
 - i. Continue to collaborate with and support client-based and family-based wellness programs.
 - ii. Support and manage e-learning activities, including the Network of Care or other appropriate online learning resources for clients.
 - iii. Collaborate with and support community advocacy organizations who work with clients.
 - iv. Coordinate trainings with staff and clients specific to living in supportive housing with a mental health diagnosis.
 - v. Develop and promote Speakers Bureaus for clients to learn how to tell their stories and to tell them.
 - vi. Provide stigma reduction and suicide prevention trainings, along with crisis intervention strategies.
- d. Outreach – Provide specific focus on outreach activities for suicide prevention and reducing stigma and discrimination as an essential part of training provided through WET to first responders, community professionals and leaders and key stakeholders, as well as clients and their loved ones.
 - i. Design and deploy various media strategies with appropriate messaging to prevent suicide and reduce stigma and discrimination.
 - ii. Develop trainings specific to suicide prevention and reducing stigma and discrimination with invited presenters who have lived experience or who have compelling experiences to share with the public and with targeted sectors.
 - iii. Support/leverage/partner with existing efforts and activities of CBOs, FBOs, cultural and other community events where WET participation can have a significant impact towards preventing suicide and reducing stigma and discrimination against individuals living with a mental illness.

4. **ACTION ITEM 4** --Career Pathways:

This Action Item includes activities to support individuals at various points along the spectrum of a career pathway for establishing a robust workforce that includes: essential subject matter experts; accessible career opportunities in a mental health field for individuals with lived experience as well as those from underserved communities; includes wellness through meaningful employment of any kind for those with lived experience; and provides training opportunities within the Department for medical and professional-level students and practitioners.

- a. Volunteer Opportunities -- Develop a volunteer workforce that is inclusive of lived experience, and broaden the understanding of the employment needs of those with lived experience. Activities include expanding workforce development efforts through policies that establish a volunteer classification for experience-building across a spectrum of career pathways. Updates to this Action Item also include developing new funding resources through grant writing activities.
 - i. Conduct a review of inventory of existing and potential volunteer opportunities in the behavioral health community. Volunteers may include, but not be limited to students, clients who recently graduated from a program, and other clients and family members.

- ii. Survey Peer staff and family member staff for input regarding career pathways and creative volunteer opportunities designed to establish work experience-building.
 - iii. Secure grant writing services to develop funding resources dedicated to volunteer opportunities.
 - iv. Confer with Department Leadership and County Personnel to develop volunteer job classifications and policies, procedures and guidelines.
 - v. Continue supporting existing programs that focus on lived experience, including the Supportive Education and Employment Services Program.
- b. Career Development Programs – Collaborate and formalize activities with Adult Education, Community Colleges, High School Career Programs, undergraduate programs, and related Department programs, including the Supportive Education and Employment Services (SEES).
- i. Confer, plan and collaborate with area schools, including SCCC, Caesar Chavez Adult School, High School Career programs and SEES Program staff, as well as clients and other stakeholders to develop educational opportunities for career pathways. Activities will include developing/coordinating stipend/tuition-assistance programs, and to develop formal agreements with area schools.
 - ii. Collaborate and work with SEES Program staff and client participants to support the SEES program training and education needs.
 - iii. Explore opportunities to work with the "Doctor's Academy" --and other career pathway programs for high school students to learn and become excited about career opportunities in behavioral health.
 - iv. Identify and support culturally appropriate and supportive mentoring pathways for undergraduates and beginning or struggling graduate students with clinical staff and programs in the public mental health system who share similar cultural backgrounds in order to build and retain a culturally diverse and appropriate workforce.
- c. Peer Support/Parent Partner—Provide support to those with Lived experience for training, educational and professional opportunities specifically geared towards Peer Support Specialists (PSS) and Parent Partners (PP) specific to the job descriptions and essential functions.
- i. Support education and training opportunities, including WISE, Recovery 360, Working Well Together (WWT) or other programs, to professionally prepare Peer Support Specialist staff, including opportunities towards earning a Peer Certificate that may develop through State legislation.
 - ii. Provide training opportunities to support Parent Partners, including Wraparound or other evidence-based practices.
 - iii. Facilitate opportunities for PSS and PP staff to take advantage of CASRA college course programs and certificates, when they emerge.
 - iv. Continue supporting SEES and WRAP training.
 - v. Confer with the Skills Development Workgroup, which is inclusive of PSS and/or PP staff to develop quarterly Skills Development Workshops geared towards learning opportunities for unlicensed staff.
 - vi. Ensure participation on the WET Advisory Committee that is inclusive of PSS and PP

- d. Professional Placements-- Provide placements within the County system for MSW, MFT, PCC, Psychiatrist, Psychiatric Nurse Practitioner, Pharmacist, Psychiatric Registered Nurse, or other professionals. Collaborate with accredited programs through formal agreements for faculty time within the Department for psychiatry, psychiatric nurse practitioner and pharmacy preceptorship, residency and fellowship. Activities here are also designed to expand opportunities for Master's level students to be placed with the Department and to mentor and provide training to unlicensed clinicians for the purpose of obtaining licensure.
- i. Contact regional Medical and Pharmacy schools to promote Fresno County Department of Behavioral Health as a viable preceptorship, residency and fellowship opportunity for psychiatric and pharmacy students.
 - ii. Develop formal agreements with accredited schools for preceptorships, residencies and fellowships.
 - iii. Include formal agreements with online programs and schools, including CSU-Stanislaus online MSW Program.
 - iv. Collaborate with California State University, Fresno (CSUF) and Fresno Pacific University (FPU) to maintain MOUs between the Department and the educational institutions for student placement.
 - v. Expand the pool of qualified and talented Master's level students for placement within the Department by developing agreements with other accredited institutions of higher education, including those with distance learning programs located here in the Central Valley, such as Humboldt State University and University of Southern California.
 - vi. Support unlicensed clinicians by providing mentoring opportunities and support for training opportunities that are effective.

Capital Facilities Technology Needs

Information Technology Overview

A portion of the MHSA funds have been specifically set aside for Technology. In order for projects to receive funding approval, Fresno County must show that use of these funds will:

- Modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness
- Increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings

Ways to Use Technology Funds

Some of the ways the MHSA Technology funds could be used are listed below. This is not an exhaustive list of possible projects.

- Electronic Health Record (EHR) projects, providing secure, real-time, point-of-care, client-driven information system for providers of mental health services.
- To purchase a data warehouse to combine and store data from multiple information systems to increase or complete clinical picture available to the treatment team.
- To purchase resources to increase consumer and family access to computers (i.e. computer labs, computer literacy training for consumers/families).
- To fund scanning and imaging projects to allow the information system to become “paperless.”
- Expansion of the Network of Care to increase consumer access to the Personal Health Record.
- To fund pilot projects to monitor new programs and improve service outcome strategies.

Capital Facilities Overview:

A portion of the MHSA funds have been specifically set aside for Capital Facilities. Counties must show that use of these funds will:

- Produce long-term impacts with lasting benefits
- Move the mental health system toward the goals of wellness and recovery
- Provide for the expansion of accessible community-based services for clients and their families
- Support integrated service experiences
- Increase peer support and client run facilities
- Develop community based, less restrictive settings that will reduce the need for incarceration or institutionalization

What is a “Capital Facility”?

- A building secured to a foundation which is permanently affixed to the ground
- Used for the delivery of MHSA services for mental health clients and their families or
- Used for MHSA administrative offices

Allowable Use of Capital Facilities Funds

- Acquire and build upon land
- Acquire Buildings
- Construct Buildings
- Renovate Buildings

Non-Allowable Use of Capital Facilities Funds

- Master Leases/Rent

Proposal for MHSA Three-Year Integrated Plan

Capital Facilities Technology Needs

Table of Programs

*= New Program Name

Status of Program	Program (Listed Alphabetical Order)	Type of Funding	Contracted or Internal
Enhance	Capital Facility Improvement - on going approved Capital Facility plan	CF&TN	Contracted
Enhance	Information Technology - Avatar	CF&TN	Contracted
New	Crisis Residential Treatment Construction - Building New Crisis Treatment	CF&TN	Contracted
New	Sierra Resource Center - Acquisition of new property	CF&TN	Contracted

Capital Facilities Technology Needs Program Sheet



Artwork Submitted By: Linda L.

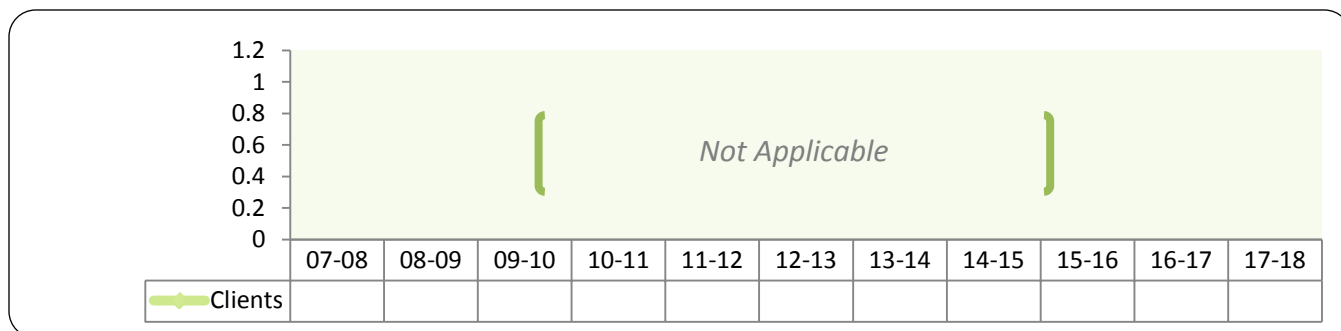
CFTN Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CFTN2114
Program Name and Provider:	Capital Facility Improvement - on going approved Capital Facility plan Fresno County Department of Behavioral Health
Date Started:	2/1/2012
Program Description:	In 2011 a Capital Facilities plan was approved titled "UMC Campus Improvements" and outlined a plan as buildings and client service space is currently in poor condition and in need of major renovation. The County of Fresno Capital Projects has completed a thorough analysis of the buildings on the campus, including a review of the zoning and building code requirements. It was determined that because of their poor condition, renovation of the facilities for the intended building usages would require two (2) phases: 1) Interior Abatement and Demolition, and 2) Interior Building Improvements.

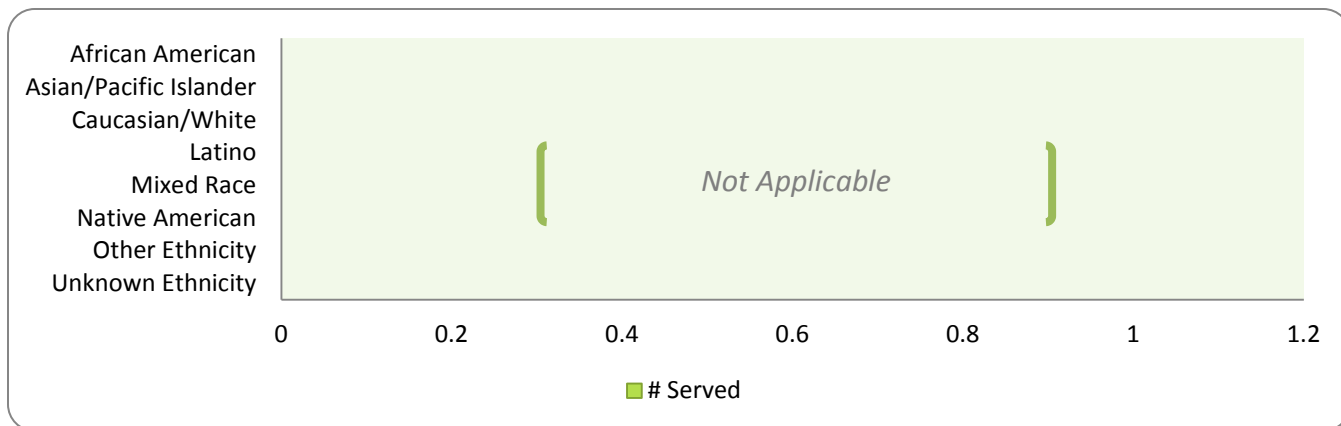
Program Update:

Many changes has been made to the service site located at Kings Canyon, changes include, but are not limited to: renovation of space to create Youth PHF, expansion of adult crisis stabilization and creation of space for children's crisis services (these actions were completed with separate MHSA actions and/or SB 82). These changes prompted to move of the Urgent Care Wellness Center to the building known as "Metro" and the re-configuring of programs in that building without any significant capital facility changes. Other changes included the move of administrative staff from the UMC Campus to Heritage, creating additional client care space on the UMC Campus in the building known as "PATH Building." The CF plan and funds were accessed to enhance signage and pilot use of sidewalk marking to create a welcoming environment and explore providing direction to campus services in a variety of means. The enhancement of this work plan allows for an increase in funding to specifically providing CF improvements to the Metro building as it now services as the primary hub for adult mental health services. The building has not receiving any improvements for over 20 years and floorplan/functionality is not conducive or reflecting of recovery oriented, client engagement format of services.

Potential projects with these funds include, but are not limited to: removal barriers, counters and plastic shields/walls, renovation of rooms that have served as medical records (less space to be used related to electronic health record use), creation of space that provides kiosks for computer/tablet use, improve items such as lighting and flooring. Improvements will address interior, exterior, signage, and access to services on the UMC Campus pre the CF guidelines.

Total Number of Clients Served:


FY 2013-2014 Total Number of Clients Served by Ethnicity:



Total Cost per Client: \$0.00

Not applicable

MHSA State Approved Allocation:

<i>Allocation Summary</i>	<i>FY 13/14</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	\$200,000	\$200,000	\$200,000	\$200,000
Change		\$50,000.00	\$50,000.00	\$50,000.00

Proposed Changes:

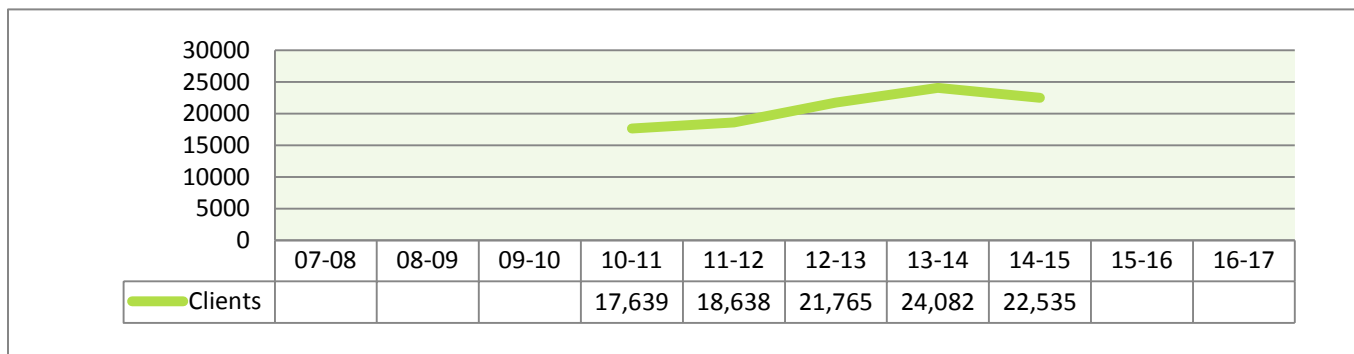
CF&TN Work Plans, Progress Updates and Proposed Changes

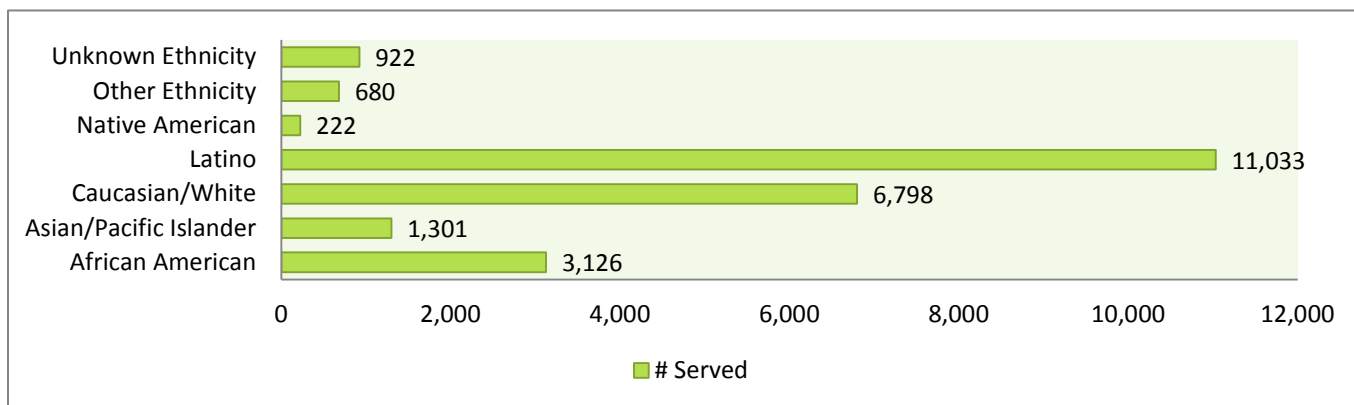
Project Identifier:	CFTN9055
Program Name and Provider:	Information Technology – Avatar Capital Facilities and Technology Needs
Date Started:	08/12/2009
Program Description:	Information Technology – Avatar Enhancements Fresno County Department of Behavioral Health

Progress Update:

This project originally called for the selection and implementation of a new Integrated Mental Health Information System (IMHIS), now being referred to as Electronic Health Record (EHR). The County committed to transition to the fully integrated EHR system. Within the framework of the transformation of Fresno County's electronic health record, the goal is to have an Integrated Information Systems Infrastructure for secured access and exchange information. The initial plan which began in 2009 included purchasing software for the EHR migration and user licenses, and training. The County continued to take additional necessary steps to migrate toward a full Electronic Health Record (EHR) and changes in the essence of continuous quality improvement and continue to work towards getting the system to meet the Meaningful Use Requirements. Technological Needs projects continue to address two MHSa goals: 1) Increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings; and 2) Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

Total Number of Clients Served:



FY 2013-2014 Total Number of Clients Served by Ethnicity:**Total Cost per Client: \$21.00**

Cost per Client is based on costs (\$508,017.01) and actual number served (24,082) in fiscal year 2013-2014.

MHSA State Approved Allocations:

Allocation Summary	FY 13/14	FY 14/15	FY 15/16	FY 16/17
	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
Change			\$722,765.12	\$771,825.12

Proposed Changes:

The \$ 327,705 increase in FY 15/16 is specific to the costs to be incurred to initiate implementation of Reaching Recovery online forms, an enhancement for labs results reporting for client care, and other IT enhancements in support of client care and family empowerment and engagement.

After further consideration, it would be necessary to continue to maintain and add additional components to further enhance the EHR will accommodate the integrated practice.

Goal 1) Increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent.

The enhancements include:

- **MyHealthPointe Kiosks:** subscription and iPad kiosks that allow clients to check in and complete assessments and other documentation themselves when visiting clinics. In the effort to person-centered care, client engagement is a critical element. This seamless integrated connection is intended to engage and empower client in their goal of recovery, health, wellness and active participation in their healthcare. Clients and Family Empowerment projects provide clients and families with improved access to computer technology, allowing individuals to access their personal health information and make more informed decisions. This tool allows client to check in for appointments, verify demographic data such as address, telephone, insurance, complete forms, screenings, and assessments such as PHQ 9, smoking cessation, suicide risk screening, and addiction screening (without the kiosk, these are items the clinician or staff need to perform). Additionally, the kiosk's software and tools enable clients to become an influential part in ensuring the organization and the EHR has the most up-to-date information.
- **Reaching Recovery System Subscription:** the Recovery Instruments include: (1) Recovery Needs Level, (2) Consumer Recovery Measure, (3) Recovery Marker Inventory, and (4) Promoting Recovery in Organizations (PRO) Survey. The recovery instruments measure the improvement of a client's mental health from multiple perspectives and dimensions. Fresno County will use the instruments to link

outcomes to service effectiveness and system transformation. This process gives Fresno County a comprehensive picture and standardized method for examining effectiveness of services and outcomes. The recovery instruments are client strengths-based approach which designed to increase client empowerment and engagement.

Goal 2) Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

The maintenance and enhancements include:

- **EHR system Maintenance and Hosting Services:** Cloud based hosting service of the EHR. With a cloud-based system, the organization does not need to purchase any software or hardware therefore less up-front costs for licensing and enabled mobile and field access.
- **OrderConnect:** the implementation services and a subscription for e-prescribing and lab order entry system. This is a secure web-based electronic prescribing and medication management system. Benefits associated with using OrderConnect e-Prescribing include: medication errors can be reduced and risk management efforts improved, medication history is available and can be sorted by medication, status or chronological date, client medication compliance is improved with online prescriber reports, including expiring medication orders, refill tracking, polypharmacy and dose range, diagnoses are automatically integrated into the prescribing process (in DSM and/or ICD format) for an accurate and current medication record.
- **CareConnect:** subscription to the secure network which is the health information exchange for Integrated client care that allows the Lab Orders to be passed to EHR from outside Lab and the results to come back to the EHR. This subscription will also allow to implementation of the referral connector with outside agencies and partners. This will enable additional health information exchange with providers, hospitals, physicians allowing partners to share information in supporting the Stage 2 Meaningful Use requirements and supporting all federal and state policies and standards for health information exchange.
- **ICD-10 and DSM-5 Upgrade Diagnosis:** Professional services and a Third Party Subscription which provides the functionality and codes needed to meet the ICD10 Deadline of 10/1/2015. This service/tool provides the necessary cross-mappings, updates and terminology to manage the transition across the different mental health client diagnosis vocabularies. This enhancement is mandatory in ensuring appropriate Medi-Cal and Medicare billing for rendered mental health services.
- **Scriptlink Hosting Services:** Technical Tool that allows adding programming logic on top of the EHR application to retrieve and update information from any option/form in HER. This tool will be deployed for quality assurance and streamline and eliminate entry duplication, reduce errors going into the system by validating data before it was submitted and pre-populated some forms in order to remove redundancy in work flow.
- **Perceptive Point of Service Scanning:** subscription and tool that allows scanning and storing documents generated outside the EHR or health information collected outside the EHR.
- **Consulting Services:** a professional support from the vendor staff in support of implementation of the needed enhancements.

A total cost for these enhancements:

Enhancements	FY2014-15	FY2015-16	FY2016-17
CareConnect	\$2,525.00	\$53,300.00	\$30,300.00
Consulting Services & Professional Services	\$22,500.00	\$52,500.00	\$52,500.00
Hosting Services & Maintenance	\$534,829.00	\$517,076.00	\$619,186.00
ICD-10andDSM-5Upgrade	\$730.76	\$20,769.12	\$8,769.12
MyHealthPointe & Kiosks	\$51,250.00	\$98,700.00	\$65,000.00
OrderConnect	\$6,783.00	\$80,046.00	\$73,296.00
Perceptive Point of Service Scanning	\$4,749.00	\$4,749.00	\$4,749.00
Reaching Recovery System	\$0.00	\$30,625.00	\$53,025.00
Scriptlink Hosting Services	\$1,250.00	\$15,000.00	\$15,000.00
Total	\$624,616.76	\$872,765.12	\$921,825.12
Estimate cost per client	\$26.00	\$39.00	\$39.00

Funding Source: CF&TN

Project Identifier:	To be Assigned
Program Name:	Crisis Residential Treatment Construction - Building New Crisis Treatment
Anticipated Date Started:	January 2017
Program Overview:	<p>The Fresno County Department of Behavioral Health was approved for a Senate Bill (SB) 82 Investment in Mental Health Wellness grant totaling \$3,100,714.60 by the California Housing Facilities Financing Authority to construct a 16-bed crisis residential treatment (CRT) facility in order to prevent acute inpatient psychiatric placements, reduce lengths of stay in a more intensive inpatient setting, and improve immediate and long-term outcomes for clients in crisis. The total construction cost is estimated at \$4.3 million. The remainder of the costs will be financed with Mental Health Services Act Capital Facilities and Mental Health Realignment funds.</p> <p>The 16-bed CRT facility will be licensed by Community Care Licensing as a Social Rehabilitation Facility and be Medi-Cal certified. The CRT will be integrated into the continuum of care and provide a crisis residential 30 day service of highly structured recovery oriented services to avoid hospitalizations for clients. The current continuum provides emergency-room based mental health interventions, brief (under 24 hours) short-term crisis stabilization and treatment in an inpatient restrictive setting, none of which allow for community-based, client-centered interventions and services. There is a gap between very short term stabilization and outpatient community-based services. The addition of the CRT fills that gap with a longer stabilization early wellness and recovery initiation point and provides linkages to an array of comprehensive post-discharge services.</p> <p>The facility will be built on existing county-owned land currently known as County Parking Lot K, adjacent to County building 331, which currently houses a Community Regional Medical Center asthma and diabetes clinic. It is estimated that the structure will be between 10,000 to 12,000 square feet with associated grounds encompassing a total of 53,000 square feet (1.2 acres). The CRT will be conveniently located on the same campus as the adult and youth crisis stabilization center and the adult and youth psychiatric facility.</p>

Target Population:

The CRT will be an alternative to hospitalization for ED or Exodus clients who are experiencing acute psychiatric episodes or crises without medical complications requiring nursing care. The focus will be clients in a pre-contemplative/contemplative stage of change that are seeking structure to achieve recovery. The program is expected to serve 194 clients annually. When the CRT facility is nearing full capacity, clients who have accessed emergency services such as EMS or law enforcement multiple times will be prioritized. It is anticipated that 36% of the 194 clients served annually will have more than one contact with EMS or law enforcement in the months prior to CRT admission. In fact, law enforcement is the largest referral source for Exodus, accounting for 33% of all admissions in FY 2012-13. Current Department statistics indicate that approximately one in five clients have unstable living situations due to frequent address changes or reported homelessness. More than 70 percent have co-occurring substance abuse issues. These factors contribute to the repeated interactions with law enforcement agencies and the justice system.

Based on Exodus client census data, slightly more than half (54%) of the CRT clients are expected to be men. Mirroring Fresno County's diversity, approximately 53% will consider themselves Hispanic and 35% white non-Hispanic. Exodus discharge data reveals a higher demographic for African Americans at 14% versus 6% in the county, nearly 5% is expected to be Asian, and the rest will self-identify as mixed races or unknown. The majority will be from the Fresno-Clovis metro area, though up to 36% may be rural.

Estimated # to be Served:

This program is anticipated to serve a minimum of 194 Fresno County clients annually.

Program Details:

The CRT will be integrated into the continuum of care and provide a crisis residential 30 day service of highly structured recovery oriented services to avoid hospitalizations for clients. Currently, there is no local program that is designed to provide residential-based critical time interventions that engages clients and their families while they are in the pre-contemplative/contemplative phase of recovery. A key component of the CRT includes early assessments for those determined to be in a pre-contemplative/contemplative stage of recovery.

As the only adult crisis residential program in Fresno County, the CRT program will provide a range of onsite activities and services in a wellness and recovery focused residential environment. On admission day, clients will participate in strengths-based assessment, which will be the foundation for targeted case management services and CRT groups/activities provided throughout the client's stay at CRT. CRT staff will engage clients in Seeking Safety and Wellness Recovery Action Plans in order to create plans for personal well-being and to work with each client individually and through group work. The plans will assist through all 'stages of change to help clients stabilize their lives and reduce crisis-inducing stresses by learning, restoring, and maintaining interpersonal and independent living skills. The CRT will integrate co-occurring capable services and interventions. Understanding that relapse can be a normal part of the initial recovery process, the program will not automatically discharge clients who are intoxicated. Instead, these clients will be provided with any needed medical and psychiatric support for sobering and recovery.

Performance Measurement(s):

The planning and design phase is anticipated to start in June 2015 and be completed in March 2016. It will include issuing an RFP for and selection of the Architect; completion of schematic, design and construction drawings; and site plan review and plan checks. The construction phase is anticipated to follow in March 2016 and be completed around November 2016. It will include bidding of construction services and selection of the construction contractor(s), site work and residence construction. DBH plans to release the RFP for the operation of the CRT facility in FY 2015-16 and anticipates a service provider will be identified by June 2016. Operational start-up activities will commence prior to construction completion and the CRT is projected to begin serving clients between January and March of 2017.

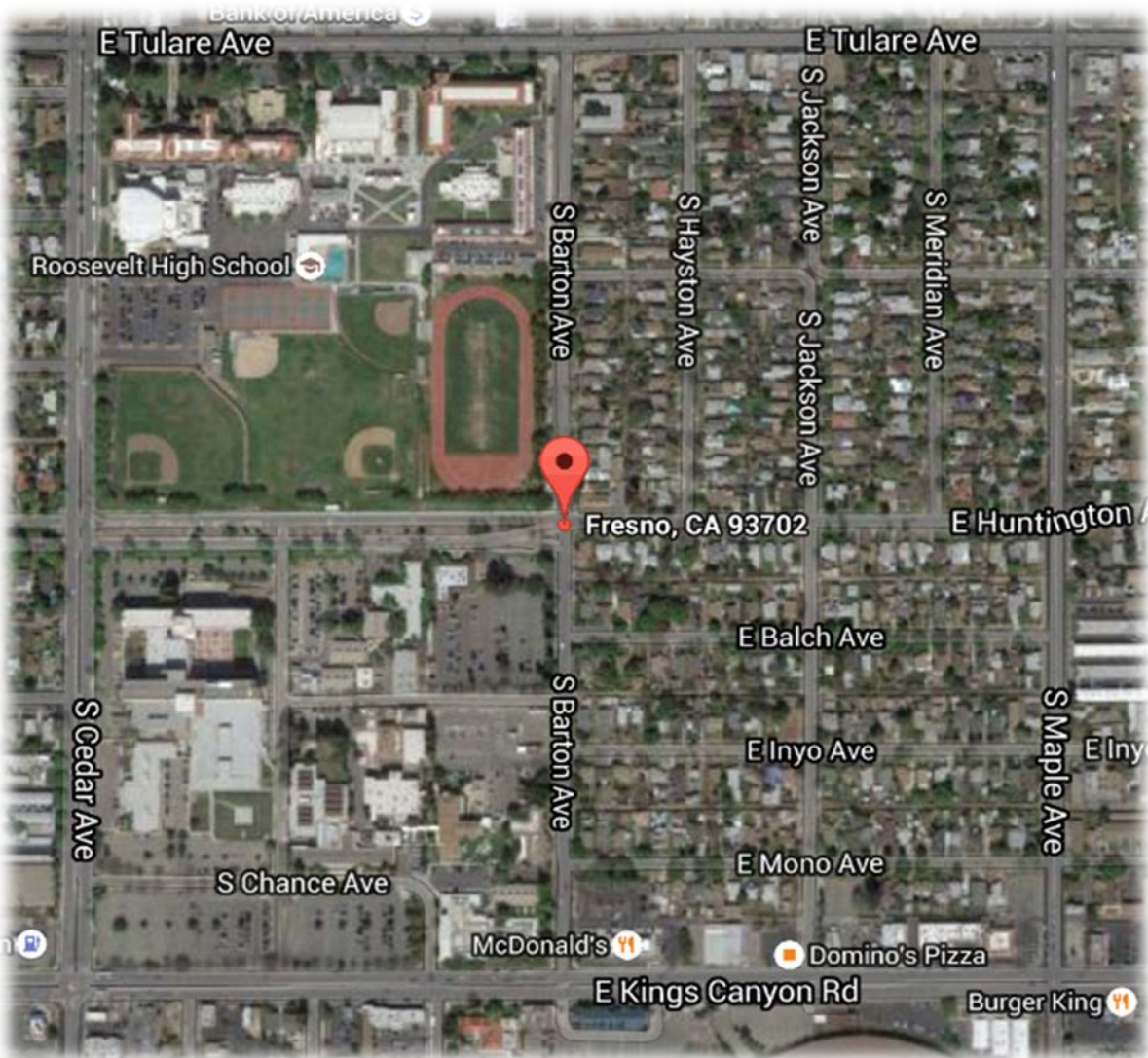
Estimated Cost per Client: \$0.00

To be determined.

Estimated Budget:

<i>Budget Summary</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	N/A	\$1,000,000.00	TBD

Figure 1
4- Block Radius



Conner View



Overhead View

Enclosure 2

Exhibit 1

Face Sheet

Capital Facilities Project Proposal

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES PROJECT PROPOSAL

County Name: Fresno Date: _____

Project Name: Fresno County DBH Crisis Residential Treatment Facility

County Mental Health Director

Name: Dawan Utecht

Address: 4441 E Kings Canyon Road

City: Fresno State: CA Zip Code 93702

Phone: (559) 600-9193 Fax: 559-600-7674

Email: dutecht@co.fresno.ca.us

Signature: (Signed Upon Submission) Date: _____

Contact Name and Information

Name: Karen Markland

Phone: (559) 600-6842 Fax: (559) 600-7711

Email: kmarkland@co.fresno.ca.us

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Fresno County and that the following are true and correct:

1. The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to:

☐ Renovate ☐ Purchase and/or ☒ Construct a building at:

Construction of the facility is proposed at the southwest corner of Huntington Boulevard and Barton Avenue on the Kings Canyon Campus. The facility will be built on existing county-owned land currently known as County Parking Lot K.

2. The intended use of the building is:

The Crisis Residential Treatment program will be integrated into the continuum of care and provide a residential 30-day service of highly structured recovery-oriented services in a welcoming, home-like environment, to avoid hospitalization for clients. The CRT will establish a rich recovery environment encompassing mental health care, substance abuse treatment, pre- and post-discharge planning to ongoing community programs/services.

There is an existing gap in the current continuum of care between very short-term stabilization and outpatient community-based, client-centered interventions and services. The CRT will provide client-friendly residential housing with trained staff to support clients while addressing their needs to avoid a new crisis or hospitalization. The addition of the CRT facility fills this gap with a longer stabilization, early wellness and recovery initiation point, and provides linkages to an array of comprehensive post-discharge services.

3. All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and / or renovate those portions of the property that will be used for the provision of MHSA Services.
4. The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health Services.
5. For acquisition/construction Fresno County will be the owner of record.
6. For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.
7. This building will be dedicated to the provision of MHSA services for a minimum of 20 years.
8. Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.
9. The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities funds.
10. The building will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.

11. [Fresno](#) County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.
12. Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.
13. The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in the Technological Needs portion of this Component.
14. This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.
15. All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at [the southwest corner of Huntington Boulevard and Barton Avenue](#) in [Fresno, California](#) are true and correct.

Date _____ Signature _____ (Signed Upon Submission)
Local Mental Health Director

Date _____ Signature _____
Auditor and Controller

Executed at: _____

Enclosure 2
Exhibit 2
Project Proposal Narrative

County Name: Fresno

Project Name: Fresno County DBH Crisis Residential Treatment Facility

1. Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirements of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project.

The Department of Behavioral Health has initiated, and is maintaining, a consistent stakeholder input process that solicits and documents input from clients, families, stakeholders, community partners and County agencies. This has resulted in a comprehensive planning and needs assessment process that uses outcomes and data in the determination of effectiveness as part of the evaluation and recommendation process.

The Department submitted an application to secure Senate Bill (SB) 82 Investment in Mental Health Wellness (IMWH) grant funds to construct the CRT facility among several other expansion and renovation projects. IMWH Grant Program language requires grant recipients to house mental health programs in less-institutional settings and create welcoming, home-like environments where possible. In December 2014, the Department was notified that its SB 82 grant application was awarded during a second round funding allocation to construct the CRT.

To determine viable sites for the CRT, DBH conducted an assessment of existing vacant County-owned facilities, including the vacant UMC Hospital in 2010. As part of the assessment, DBH considered renovation, modernization of specific areas to be occupied by the program and possible demolition and construction. PW&P Capital Projects Division estimated the cost associated with the renovation of the UMC Hospital, to achieve a home-like environment, at approximately \$7,000,000, substantially greater than construction of a new facility. The estimated cost of constructing the CRT is \$4.2 million.

On July 22, 2014, Fresno County sent a Letter of Interest (LOI) to 118 agencies throughout California as well as several in Pennsylvania and Virginia. The list included Realtors, contractors, medical centers, and others seeking information and interest regarding available land and/or buildings to renovate or build a 16-bed CRT facility serving adult mental health clients. Of the seven responses that were received by the August 18, 2014 deadline and reviewed; one was deemed a potential site but it was determined to be significantly more space than needed for a 16-bed facility. Additionally, its rural location and floor plan would not be conducive to creating a home-like, non-institutional environment as required for the IMWH grant application. Furthermore, selection of the facility would require the closure of programs the facility is currently contracted with DBH to provide supplemental transitional residential services to severely and persistently mentally ill adults.

Through this extensive process, Fresno County opted to pursue the more cost-effective solution of constructing a new suitable stand-alone building as opposed to renovating vacant county-owned space or utilizing existing property within the community.

2. Explain how the proposed Capital Facilities Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.

The Department of Behavioral Health intends to use Capital Facilities funds to establish the county's only short-term (up to 30 days) crisis residential treatment (CRT) facility serving adults ages 18-59, in order to prevent acute inpatient psychiatric placements, reduce lengths of stay in a more intensive wellness- and recovery-focused inpatient setting, and improve immediate and long-term outcomes for clients in crisis.

The CRT facility will operate 24 hours a day, seven days a week, with crisis services and after-care services are available, including family support, education/job training, social services, and outpatient mental health and substance abuse services. As the only adult CRT program in Fresno County, the CRT program will provide a range of onsite activities and services in a wellness and recovery focused home-like environment. The CRT will integrate co-occurring capable services and interventions.

This project proposal is supported in the MHSA Three-Year plan in the following ways:

- Provides a local level of care that can be easily accessed and supports integrated and specialty mental health services;
- Fresno County's Three-Year Plan funds and supports multiple adult services and levels of care from Full Service Partnership (FSP) to outpatient co-occurring services, with the basis for continuum of care present; and
- The purpose of this request is for construction costs of establishing the CRT facility to allow for the provision of a short-term, client/family-centered, services in a welcoming, homelike and safe treatment environment and ensure certification of these services.

Enclosure 2
Exhibit 3
Project Details

County Name: Fresno

Project Name: Fresno County DBH Crisis Residential Treatment Facility

Project Address: Construction proposed at the southwest corner of Huntington Boulevard and Barton Avenue in Fresno, California

Answer the following questions as appropriate to the Project Proposal.

1. Describe the type of building(s) and whether the building is being acquired with/without renovation or whether the Project is new construction.

The proposed project is a new ground-up, stand-alone building construction.

- If the proposed building is being acquired and renovated, describe the prior use and ownership.

The proposed project involves ground-up construction of a new crisis residential treatment facility on County-owned property.

- If the proposed project involves renovation of an existing facility, indicate whether it is County owned or owned by a private entity.

The proposed project involves ground-up construction of a new crisis residential treatment facility on County-owned property.

- Describe the scope of the renovation and the method used to ensure that the costs of the renovation are reasonable and consistent with what a prudent buyer would incur. If privately owned, include a description of the private entity's efforts in determining the cost of renovation.

The County, through its competitive bidding process, will select qualified licensed contractors to provide architectural design and development services, construction services, consultant services and service provision related to the establishment of the CRT facility, based on proposals deemed to be most responsive to the scope of the project in terms of capacity and pricing. This process will ensure that all costs for the construction and operation of the CRT are reasonable and consistent with what a prudent buyer would incur.

DBH will collaborate with the County of Fresno Department of Public Works and Planning, Capital Projects Division (Capital Projects), who will conduct the full scope architectural and construction project management for the project in question. Work will be completed by either the County of Fresno's Job Order Contractor (JOC) or an independent contractor. The JOC / independent contractor will be selected through a competitive bidding process.

The planning and design phase is anticipated to start in June 2015 and be completed in March 2016. It will

include issuing a bid for and selection of the Architect; completion of schematic, design and construction drawings; and site plan review and plan checks. The construction phase is anticipated to follow in March 2016 and be completed around November 2016. It will include bidding of construction services and selection of the construction contractor(s), site work and residence construction. DBH plans to release the Request For Proposal (bid) for the operation of the CRT facility in FY 2015-16 and anticipates a service provider will be identified by June 2016. Operational start-up activities will commence prior to construction completion and the CRT is projected to begin serving clients between January and March of 2017.

- When the renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.

The construction of the 16-bed CRT facility will allow for provision of new services, which will fill a gap in the County's current continuum of care, designed to provide community-based, client-centered interventions and services.

- When the renovation is for administrative services, describe how the administrative offices augment/support the County's ability to provide programs/services, as set forth in the County's Three-Year Plan.

Not applicable. Construction of the CRT is for the purpose of providing direct client services.

- When the Project involves renovation of a privately owned building, describe and explain the method used for protecting the County's capital interest in the renovation and use of the property.

Not applicable. The Project involves construction of a brand new building on existing and county-owned property.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable.
Complete all that apply.

Age Group		Projected Client/Family Capacity
<input type="checkbox"/>	Children	N/A
<input checked="" type="checkbox"/>	TAY	Beds not age-designated.
<input checked="" type="checkbox"/>	Adults	Program to serve a minimum of 194
<input checked="" type="checkbox"/>	Older Adults	clients total annually

Once construction is complete, DBH will seek licensure from the California Department of Social Services, Community Care Licensing Division as a Social Rehabilitation Facility and Medi-Cal certification for the facility with service to adults ages 18 through 59, for up to 30 days with a minimum annual capacity of 194 clients.

3. Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.

The facility is proposed to be constructed at the corner of Huntington Boulevard and Barton Avenue at the location currently known as County parking lot K on the Kings Canyon campus that currently houses two human services departments, DBH and the Department of Social Services, as well as two County-contracted services; a youth/adult crisis stabilization center (Exodus) and youth/adult psychiatric health facility (Crestwood PHF). Even though it will be on the same campus as other mental health services, the CRT will be separate. This will facilitate a smooth transition for individuals referred to the CRT from Exodus and Crestwood PHF but retain a home/respite environment.

Accessible public bus transportation is in close proximity with three bus stops located on the perimeter of the UMC Campus. The property is zoned as CP (Commercial) and the surrounding area includes: a high school, commercial buildings, and other County and DBH programs.

4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes.

☐ MHSA Only ☒ MHSA and other services

- If the building will be used for other purposes, the description should indicate the percentages of space that will be designated for mental health programs/services and supports and for other uses.

100% of the space will be utilized for mental health services.

- Explain the relationship between the mental health programs/services and supports and the other uses, i.e., co-located services.

(Note: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

See #3 above

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.

DBH will ensure that the newly constructed facility is maintained by the County's Internal Services (County ISD) Facility Services Division and Public Works and Planning, Grounds Division. County ISD has the ability to maintain and update the facilities and enable DBH to effectively meet the expectations of its staff and clients. The Grounds Division is responsible for grounds maintenance services, including tree-trimming, irrigation, landscape installation and maintenance, indoor/outdoor water fountain cleaning, as well as power sweeping of parking lots. Another function of County ISD is to provide building maintenance and repair to promote safe and healthy building environments for use by the public and the County employees.

County ISD performs routine maintenance, and responds to emergency building issues 24 hours per day, seven hours per week. Additionally, County ISD is responsible for minor Capital Improvement Projects and minor remodel projects to support the County employees' work sites as well as routine and emergency janitorial services.

Additional Information:

1. Leasing (Rent) to Own Building

Provide justification why “leasing (rent) to own” the property is needed in lieu of purchase. Include a detailed description of length and terms of lease prior to transfer of ownership to the County.

Not applicable. The proposed CRT facility will be newly constructed on County-owned land.

2. Purchase of Land with No MHSA Funds Budgeted for Building/Construction

For purchase of land with no MHSA funds budgeted for construction/building, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.

Not applicable. The land on which the facility is proposed to be constructed is owned by Fresno County. The budgeted MHSA funds are to be utilized in part (23%) to finance construction costs associated with establishing the CRT. The balance to complete the funding required for construction of this building will be financed by SB 82 Investment in Mental Health Wellness (IMHW) Grant (72%) and Mental Health Realignment (5%) funds.

3. Restrictive Settings

Submit specific facts and justifications that demonstrate the need for a building with a restrictive setting, as described on page 4. (Must be in accordance with WIC Section 5847 (a) (5))

Construction of the facility for use as the adult CRT provides adults and their families the opportunity to take advantage of locally-based treatment that is appropriate to the client's level of need. The CRT will be a less restrictive program than the psychiatric hospitals, IMDs or Exodus Crisis Stabilization Center. Unlike 5150 facilities, this program will be unlocked and voluntary. Program services, staffing and amenities are designed to promote recovery and empower clients.

Funds are being requested solely for construction costs. Mental Health Realignment funding is committed for program start-up and annual operating costs. Medi-Cal reimbursement for social rehabilitation facilities will fund the program, along with the eligible billable services of Targeted Case Management through Medi-Cal for sustainability.

Enclosure 2
Exhibit 4
Capital Facilities Project Proposal Fact Sheet

County Name: Fresno

Project Name: Fresno County DBH Crisis Residential Treatment Facility

Project Address: Construction proposed at the southwest corner of Huntington Boulevard and Barton Avenue in Fresno, California

Project Information

- ☒ New Construction
☐ Acquisition of an existing structure
☐ Acquisition and renovation of an existing structure
☐ Renovation of a County owned structure
☐ Renovation of a privately owned structure
☐ Purchase of Land
☐ Lease (rent) to own

Intended Use: Social Rehabilitation Facility serving adults in Fresno County with mental health conditions

- ☒ Mental Health only (Includes facilities for integrated mental health substance abuse treatment)
☐ Mental Health and other

Amount of Capital Facilities funds requested in this Project Proposal	<u>\$1,000,000.00</u>
CSS Capital Facilities funds requested in this Project Proposal	<u>0</u>
Total	<u>\$1,000,000.00</u>

Priority Population (please check all that apply)

- ☐ Children
☒ Transition Age Youth
☒ Adults
☒ Older Adults
☐ N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly 16.

- ☒ Provide new services
☐ Expand services

Please provide brief description below

The newly constructed adult CRT program will allow DBH to provide residential-based services up to 30 days for Fresno County adult clients with mental illness in a home-like environment, filling a gap in the continuum of mental health care. Currently, there is no local facility/program that provides this level of care.

Enclosure 2

Exhibit 5

Sample Budget Summary For Each Capital Facilities Project Proposal

County Name: FresnoProject Name: Fresno County DBH Crisis Residential Treatment Facility

The sample project budget allows Counties to summarize proposed expenditures for each Project by type of expenditure for each fiscal year. Based upon the Project a County may wish to submit a modified budget summary that more closely reflects the County Capital Facilities Project Proposal.

Expenditures and request for funds. Expenditures for the proposed Project should be easily identified and related to the project description. Total estimated Project expenditures are offset by any estimated other funding sources to compute the net MHSA funding requirements. Complete a separate Project budget for each proposed project. The sum of all Project budgets should not exceed the total Capital Facilities and Technological Needs Planning Estimate identified for the County. MHSA funds dedicated to the Capital Facilities and Technological Needs Component must be used within ten years or they will revert back to the State MHS Fund for redistribution to all Counties.

(in Thousands of \$)				
Expenditure Category	(1)* Capital Facilities Funds	(2)** CSS Capital Facilities Funds	(3)*** Other Funding Sources	(4) Total (1 + 2 + 3)
A. Project Expenditures	0	0	0	0
1. Acquisition of Land (including deposits)	0	0	0	0
2. Acquisition of Existing Structures	0	0	0	0
3. Survey & Soil Investigation	0	0	0	0
4. Appraisal	0	0	0	0
5. Cal-EPA	0	0	0	0
6. Architectural & Engineering (A&E) Expenditures				
a. Plan Check Fees, Permits, etc.		0	0	
b. Contract Architect		0	0	
c. Contract Engineer	0	0	0	0
d. Other A&E Consultant Fees	0	0	0	0
e. A&E Travel Expenditures	0	0	0	0
f. Other A&E Expenditures (please describe)	0	0	0	0
7. Construction				
a. Landscaping	0	0	0	0
b. Construction Contracts	\$1,000,000	0	0	\$1,000,000
c. Insurance	0	0	0	0
(in Thousands of \$)				

Expenditure Category (Continued)	(1)* Capital Facilities Funds	(2)** CSS Capital Facilities Funds	(3)*** Other Funding Sources	(4) Total (1 + 2 + 3)		
d. Material Testing		0	0			
e. Contingency		0	0			
f. Other Construction Expenditure (please describe)		0	0			
8. Rehabilitation/Renovation of Existing Structures	0	0	0	0		
9. Fixed/Movable Equipment	0	0	0	0		
10. Supervision – Inspector	0	0	0	0		
11. Title and Recording	0	0	0	0		
12. Other Fees and Charges	0	0	0	0		
13. On-Site Management	0	0	0	0		
14. Project Management/Administration	0	0	0	0		
15. Other Project Expenditures (please describe)	0	0	0	0		
16. Other Expenses (describe)		0	0			
17. Total Project Expenditures	\$1,000,000	0	\$3,298,448.07	\$4,298,448.07		
Total Capital Facilities Funds Requested (col 1+2)	\$4,298,448.07					
* Column 1 are expenditures directly attributed to the Capital Facilities Funds ** Column 2 are expenditures directly attributed to the CSS Capital Facilities Funds *** Column 3 are expenditures directly attributed to the Other Funding Sources						
B. Other Funding Sources*						
1.SB 82 Investment in Mental Health Wellness Grant Funds			\$3,100,714.60			
2.Mental Health Realignment Funds			\$197,733.47			
3.			0			
4.			0			
5.			0			
Total Other Funding Sources**			\$3,298,448.07			
* All other funding sources (non-MHSA) should be listed. ** Section B total Should equal Line 17/Column 3						

Notes:

Budget figures are preliminary estimates for the entire project scope.

Provide information regarding ability to maintain and update the property/facility for the required time period (Include proposed funding sources, capitalized reserves, etc.)

The County of Fresno will have the ability to maintain and update the CRT facility to be occupied by the contracted service provider through the services provided by the County's Internal Services Department, Facilities Division or through maintenance services via the service provider. The County of Fresno utilizes a

County-Wide Cost Allocation Plan as the method for which to pay the service costs of the Facilities Division. Payment for the general operating cost will be included in the ongoing budget for the adult CRT which includes Mental Health Realignment and Medi-Cal as funding sources. In addition the above budget also includes other expenses above to include a reserve/contingency fund for unexpected costs.

Describe what structure is in place to manage the project and track usage, costs, maintenance, etc., over time (e.g., agreement with County Department of General Services, contractor consultant, etc.)

DBH will collaborate with the County of Fresno Department of Public Works and Planning, Capital Projects Division (Capital Projects) who will conduct the full scope architectural and construction project management for the CRT. Work will be completed by either the County of Fresno's Job Order Contractor (JOC) or an independent contractor, procured through a competitive bidding process. Capital Projects will submit claims for reimbursement to DBH through an Inter-County Transfer. At which time, DBH's MHSA Administration will assist in ensuring that all design/construction decisions and expenditures incurred by Capital Projects are reasonable and approved by DBH. Claims will be forwarded to DBH's Business Office for final payment.

The DBH Business Office will utilize the County's Financial Accounting System to track usage, costs, maintenance, etc. of the proposed project. An Organization (Org) Code and a Cost Center has been established by the Business Office for this project, providing the ability to code all purchase orders, expenditures, and MOU's as they are inputted into the County's Financial Accounting System. The Org code allows the Business Office to identify and manage all MHSA Capital Facilities fund usage, while the Cost Center allows them to narrow down the costs and expenditures by the specific project. As a result, through the utilization of the County's Financial Accounting System, DBH has the structure in place to manage the fiscal aspects of the project.

Project Identifier:	To be Assigned
Program Name:	Sierra Resource Center – Acquisition of New Property
Anticipated Date Started:	January 1, 2017
Program Overview:	The Department of Behavioral Health (DBH) in the process of acquiring the two-story building located at 1925 E. Dakota Avenue, Fresno, CA commonly known as the Sierra Community Health Center. The building is currently owned by Community Regional Medical Centers. The estimated purchase price of the building is \$3.5 million and includes the approximately 80,000 square foot building and the 223-stall parking lot located on the west side of the building. Acquisition of this building is anticipated to be completed by December 2015 and A total of \$4.2 million in CalMHSA Capital Facilities funds has been earmarked for the purchase and remodel of the building.

Target Population:

It is anticipated that this building will house all DBH administrative divisions including, but not limited to: Contracted Services, Business Office, Managed Care, Quality Improvement and Information Technology Services, and Personnel. DBH also plans to locate the majority of children's mental health programs and select adult mental health programs at the site. Client services will be located on the ground floor of the building whereas administrative operations will occupy the second floor. Ground floor will include integration of primary care into behavioral health settings.

Estimated # to be Served:

The estimated number of clients to be served at this location will be contingent upon the specific client services to be relocated to the building.

Program Details:

The Sierra Community Health Center building will enable DBH to co-locate all administrative staff for greater operational efficiency as well as minimize its footprint in leased spaces. With this acquisition, it is anticipated that all DBH programming will vacate the Heritage Center campus with the exception of the Adolescent Expansion Day Treatment program. The Heritage site remains appropriate for this program due to the presence of appropriate classroom space and an outdoor playground area, which apparently cannot be replicated at the Sierra Community Health Center location.

The building will also allow room for an expansion of DBH clinical services in areas of the Kings Canyon campus currently occupied by administrative staff. The building may also provide temporary space for staff during planned renovations of DBH space on the Kings Canyon Campus. Additionally, DBH is looking at leasing approximately 13,400 square feet of office space back to Community Regional Medical Centers for a possible period of two years.

DBH will be initiating an in-depth planning effort with respect to the proposed acquisition to encompass all elements of the proposed moves.

Performance Measurement(s):

DBH anticipates the acquisition of this building will be finalized by December 31, 2016 and any needed renovations and staff moves can commence in January 2017.

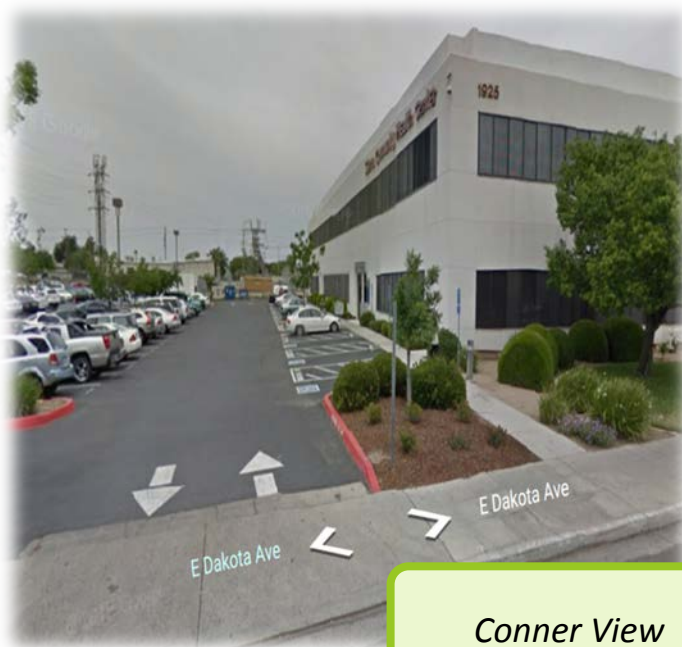
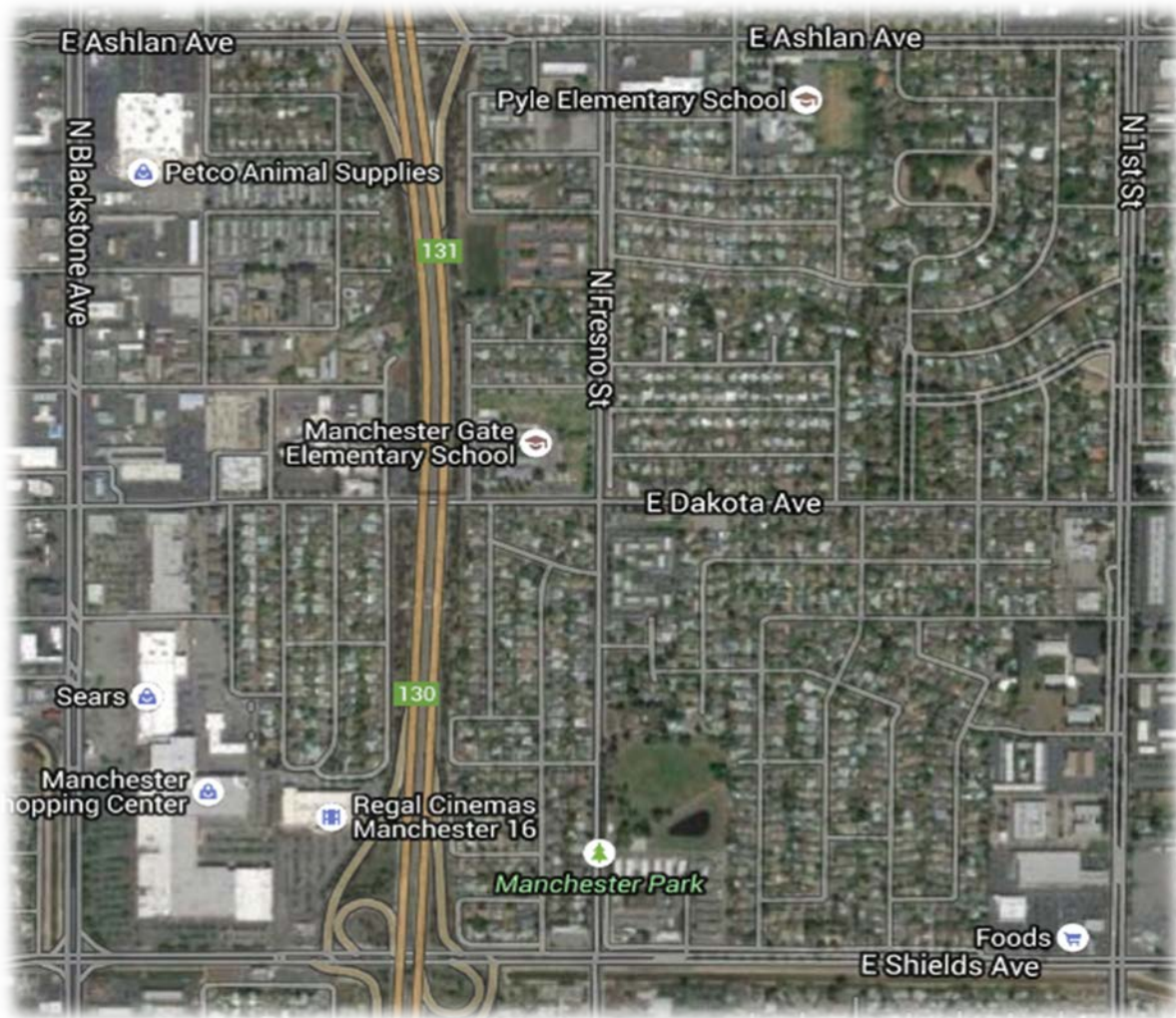
Estimated Cost per Client: \$0.00

To be determined.

Estimated Budget:

<i>Budget Summary</i>	<i>FY 14/15</i>	<i>FY 15/16</i>	<i>FY 16/17</i>
	0	4,200,000.00	TBD

Figure 2
4 Block Radius



Enclosure 2
Exhibit 1
Face Sheet
Capital Facilities Project Proposal

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES PROJECT PROPOSAL**

County Name: Fresno Date: _____

Project Name: Fresno County DBH Sierra Building Acquisition

County Mental Health Director

Name: Dawan Utecht

Address: 4441 E Kings Canyon Road

City: Fresno State: CA Zip Code 93702

Phone: (559) 600-9193 Fax: 559-600-7674

Email: dutecht@co.fresno.ca.us

Signature: (Signed Upon Submission) Date: _____

Contact Name and Information

Name: Karen Markland

Phone: (559) 600-6842 Fax: (559) 600-7711

Email: kmarkland@co.fresno.ca.us

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Fresno County and that the following are true and correct:

16. The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to:

☒ Renovate ☒ Purchase and/or ☐ Construct a building at:

1925 E. Dakota Avenue, Fresno, CA 93726

17. The intended use of the building is:

Acquisition of the approximately 80,000 square feet Sierra Community Medical Center building will allow DBH to co-locate all administrative staff for greater operational efficiency. . It is anticipated that This building will house all DBH administrative divisions including, but not limited to; Contracted Services, Business Office, Managed Care, Personnel, Quality Improvement and Information Systems, and Medical Records; that provide support to direct client service programs The Department also plans to locate the majority of children's mental health programs and select adult mental health programs at the site. Client services will be located on the ground floor of the building whereas administrative operations will occupy the second floor.

18. All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and / or renovate those portions of the property that will be used for the provision of MHSA Services.

19. The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health Services.

20. For acquisition/construction Fresno County will be the owner of record.

21. For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.

22. This building will be dedicated to the provision of MHSA services for a minimum of 20 years.

23. Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.

24. The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities funds.

25. The building will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.

26. Fresno County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.

27. Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.
28. The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in the Technological Needs portion of this Component.
29. This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.
30. All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at [1925 E. Dakota Avenue](#) in [Fresno](#), California are true and correct.

Date _____ Signature _____ (Signed Upon Submission)
Local Mental Health Director

Date _____ Signature _____
Auditor and Controller

Executed at: _____

Enclosure 2
Exhibit 2
Project Proposal Narrative

County Name: Fresno

Project Name: Fresno County DBH Sierra Community Health Center Acquisition

3. Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirements of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project.

The Department of Behavioral Health has initiated, and is maintaining, a consistent stakeholder input process that solicits and documents input from clients, families, stakeholders, community partners and County agencies. This has resulted in a comprehensive planning and needs assessment process that uses outcomes and data in the determination of effectiveness as part of the evaluation and recommendation process.

To determine viable sites for the co-location of administrative operations and client services, DBH conducted an in-depth assessment of existing vacant County-owned facilities in 2010, including the vacant UMC Hospital located on the Kings Canyon campus, which is where the majority of adult services and some children's services are located. As part of the assessment, DBH considered renovation, modernization of specific areas to be occupied by the program and possible demolition and construction. Fresno County's Department of Public Works & Planning Capital Projects Division estimated the cost associated with the renovations of the UMC Hospital necessary to meet the needs of DBH to co-locate administrative operations as well as direct client services at approximately \$7,000,000, substantially greater than acquisition of the Sierra Community Medical Center building. The estimated cost to purchase the Sierra building is \$3.5 million. Additionally, feedback from clients, family members and the community supports consolidation and/or co-location of programs/services to enable greater accessibility to a of range client services.

Through this intensive research, Fresno County opted to pursue the more cost-effective solution of acquiring a new building as opposed to renovating vacant county-owned space or utilizing existing property within the community.

4. Explain how the proposed Capital Facilities Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.

The Department of Behavioral Health intends to use Capital Facilities funds to acquire the Sierra Community Medical Center building will enable DBH to co-locate all of its business operations divisions/staff, allowing for greater operational accessibility and efficiency. This building will house Children's Outpatient programs serving children ages 0-18, in order to prevent acute inpatient psychiatric placements, reduce lengths of stay in a more intensive wellness- and recovery-focused inpatient setting, and improve immediate and long-term outcomes for clients.

The facility will operate 12 hours a day (7:00am-7:00pm), five days a week (Monday-Friday), with children's' services available, including family support, education/job training, social services, and outpatient mental health and substance abuse services.

This project proposal is supported in the MHSA Three-Year plan in the following ways:

- Provides a local level of care that can be easily accessed and supports integrated and specialty mental health services;
- Fresno County's Three-Year Plan funds and supports multiple adult services and levels of care from Full Service Partnership (FSP) to outpatient co-occurring services, with the basis for continuum of care present; and
- The purpose of this request is for acquisition costs of Sierra Community Medical Center facility to allow for the provision of client/family-centered services in a welcoming and safe treatment environment.

Enclosure 2
Exhibit 3
Project Details

County Name: Fresno

Project Name: Fresno County DBH Sierra Community Health Center Acquisition

Project Address: 1925 E. Dakota Avenue, Fresno, CA 93726

Answer the following questions as appropriate to the Project Proposal.

6. Describe the type of building(s) and whether the building is being acquired with/without renovation or whether the Project is new construction.

The two-story building is approximately 80,000 square feet and includes a 223-stall parking lot. Purchase of the building will require some renovation including replacement of dilapidated flooring and repurposing of existing space.

- If the proposed building is being acquired and renovated, describe the prior use and ownership.

The building is currently owned by Community Regional Medical Centers and is utilized as an outpatient treatment center for multiple programs as well as for administrative services.

- If the proposed project involves renovation of an existing facility, indicate whether it is County owned or owned by a private entity.

This acquisition will make the facility a county-owned facility.

- Describe the scope of the renovation and the method used to ensure that the costs of the renovation are reasonable and consistent with what a prudent buyer would incur. If privately owned, include a description of the private entity's efforts in determining the cost of renovation.

The County will utilize the Job Order Contractor (JOC) to provide architectural design and development services, construction services, consultant services and service provision related to the renovations of the facility. This contractor will be selected based on proposals deemed to be most responsive to the scope of the County's needs in terms of capacity and pricing. This process will ensure that all costs for the construction and operation of the CRT are reasonable and consistent with what a prudent buyer would incur.

DBH will collaborate with the County of Fresno Department of Public Works and Planning, Capital Projects Division (Capital Projects), who will conduct the full scope architectural and construction project management for the project in question. Work will be completed by either the County of Fresno's JOC or an independent contractor(s). If utilized, independent contractor(s) will be selected through a competitive bidding process.

The acquisition is anticipated to be effective January 1, 2016. The renovation phase is anticipated to follow, beginning in January 2016 and be completed around June 2016. Operational activities will commence prior to construction completion and is projected to begin serving clients between March and June 2016.

- When the renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.

The renovations of the spaces to be occupied by children's and possibly adult outpatient services will allow for improved client access to these services in one location. It could potentially serve as a one-stop shop for services ranging from children's services to older adult services to co-occurring and substance use services/linkages.

- When the renovation is for administrative services, describe how the administrative offices augment/support the County's ability to provide programs/services, as set forth in the County's Three-Year Plan.

Housing administrative operations that provide medical records support, contracted services support, IT support, facility management services, among other administrative functions located within the same building will allow for more efficient client services.

- When the Project involves renovation of a privately owned building, describe and explain the method used for protecting the County's capital interest in the renovation and use of the property.

N/A – Facility will be County owned

- Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable.
Complete all that apply.

Age Group

Projected Client/Family Capacity

<input checked="" type="checkbox"/>	Children	7,000
<input type="checkbox"/>	TAY	
<input type="checkbox"/>	Adults	
<input type="checkbox"/>	Older Adults	

While primarily utilized for children's services, a portion of the building may be utilized for select adult services as well.

- Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.

The facility is situated at 1925 E. Dakota Avenue, Fresno, CA 93726. Accessible public bus transportation is in close proximity with the Manchester Transit Center within ¼ mile of the facility. The property is zoned as CP (Commercial) and the surrounding area includes: an elementary school, commercial buildings, and other County and DBH programs.

- Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes.

☐ MHSA Only ☒ MHSA and other services

- If the building will be used for other purposes, the description should indicate the percentages of space that will be designated for mental health programs/services and supports and for other uses.

100% of the space will be utilized for mental health services, both direct and indirect.

- Explain the relationship between the mental health programs/services and supports and the other uses, i.e., co-located services.

(Note: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

10. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.

DBH will ensure that the facility is maintained by the County's Internal Services (County ISD), Facility Services Division, and Public Works and Planning-Grounds Division. County ISD has the ability to maintain and update the facilities and enable DBH to effectively meet the expectations of its staff and clients. The Grounds Division is responsible for grounds maintenance services, including tree-trimming, irrigation, landscape installation and maintenance, indoor/outdoor water fountain cleaning, as well as power sweeping of parking lots. Another function of County ISD is to provide building maintenance and repair to promote safe and healthy building environments for use by the public and the County employees.

County ISD performs routine maintenance, and responds to emergency building issues 24-hours per day, 7-days per week. Additionally, County ISD is responsible for minor Capital Improvement Projects and minor remodel projects to support the County employees' work sites as well as routine and emergency janitorial services.

Additional Information:

3. Leasing (Rent) to Own Building

Provide justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include a detailed description of length and terms of lease prior to transfer of ownership to the County.

N/A

4. Purchase of Land with No MHSA Funds Budgeted for Building/Construction

For purchase of land with no MHSA funds budgeted for construction/building, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.

N/A. The purchase of this building includes the land upon which it is located.

3. Restrictive Settings

Submit specific facts and justifications that demonstrate the need for a building with a restrictive setting, as described on page 4. (Must be in accordance with WIC Section 5847 (a) (5))

N/A. Services to be provided at this facility are inclusive of outpatient services for children and possibly adults which do not require a restrictive setting.

Enclosure 2
Exhibit 4
Capital Facilities Project Proposal Fact Sheet

County Name: Fresno

Project Name: Fresno County DBH Sierra Community Health Center Acquisition

Project Address: 1925 E. Dakota Avenue, Fresno, CA 93726

Project Information

- ☐ New Construction
- ☐ Acquisition of an existing structure
- ☒ Acquisition and renovation of an existing structure
- ☐ Renovation of a County owned structure
- ☐ Renovation of a privately owned structure
- ☐ Purchase of Land
- ☐ Lease (rent) to own

Intended Use: Administrative, Children's Mental Health Services, select Adult Services

- ☒ Mental Health only (Includes facilities for integrated mental health substance abuse treatment)
- ☐ Mental Health and other

Amount of Capital Facilities funds requested in this Project Proposal \$4,200,000

CSS Capital Facilities funds requested in this Project Proposal 0

Total \$4,200,000

Priority Population (please check all that apply)

- ☒ Children
- ☐ Transition Age Youth
- ☐ Adults
- ☐ Older Adults
- ☐ N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly 7,000.

- ☐ Provide new services
- ☐ Expand services

Please provide brief description below

The purchased facility will allow the Department to move the majority of children's mental health services to the new County owned location. In addition, non-client administrative functions would be transferred to this facility.

Enclosure 2

Exhibit 5

Sample Budget Summary For Each Capital Facilities Project Proposal

County Name: FresnoProject Name: Fresno County DBH Sierra Community Health Center Acquisition

The sample project budget allows Counties to summarize proposed expenditures for each Project by type of expenditure for each fiscal year. Based upon the Project a County may wish to submit a modified budget summary that more closely reflects the County Capital Facilities Project Proposal.

Expenditures and request for funds. Expenditures for the proposed Project should be easily identified and related to the project description. Total estimated Project expenditures are offset by any estimated other funding sources to compute the net MHSa funding requirements. Complete a separate Project budget for each proposed project. The sum of all Project budgets should not exceed the total Capital Facilities and Technological Needs Planning Estimate identified for the County. MHSa funds dedicated to the Capital Facilities and Technological Needs Component must be used within ten years or they will revert back to the State MHS Fund for redistribution to all Counties.

(in Thousands of \$)				
Expenditure Category	(1)* Capital Facilities Funds	(2)** CSS Capital Facilities Funds	(3)*** Other Funding Sources	(4) Total (1 + 2 + 3)
A. Project Expenditures	0	0	0	0
18. Acquisition of Land (including deposits)	0	0	0	0
19. Acquisition of Existing Structures	\$3,500,000	0	0	\$3,500,000
20. Survey & Soil Investigation	0	0	0	0
21. Appraisal	0	0	0	0
22. Cal-EPA	0	0	0	0
23. Architectural & Engineering (A&E) Expenditures				
g. Plan Check Fees, Permits, etc.		0	0	
h. Contract Architect		0	0	
i. Contract Engineer	0	0	0	0
j. Other A&E Consultant Fees	0	0	0	0
k. A&E Travel Expenditures	0	0	0	0
l. Other A&E Expenditures (please describe)	0	0	0	0
24. Construction				
g. Landscaping	0	0	0	0
h. Construction Contracts	\$	0	0	\$
i. Insurance	0	0	0	0
(in Thousands of \$)				
Expenditure Category (Continued)	(1)* Capital Facilities Funds	(2)** CSS Capital Facilities Funds	(3)*** Other Funding Sources	(4) Total (1 + 2 + 3)

j. Material Testing		0	0	
k. Contingency		0	0	
l. Other Construction Expenditure (please describe)		0	0	
25. Rehabilitation/Renovation of Existing Structures	\$700,000	0	0	\$700,000
26. Fixed/Movable Equipment	0	0	0	0
27. Supervision – Inspector	0	0	0	0
28. Title and Recording	0	0	0	0
29. Other Fees and Charges	0	0	0	0
30. On-Site Management	0	0	0	0
31. Project Management/Administration	0	0	0	0
32. Other Project Expenditures (please describe)	0	0	0	0
33. Other Expenses (describe)		0	0	
34. Total Project Expenditures	\$4,200,000	0	0	\$4,200,000
Total Capital Facilities Funds Requested (col 1+2)	\$			
* Column 1 are expenditures directly attributed to the Capital Facilities Funds ** Column 2 are expenditures directly attributed to the CSS Capital Facilities Funds *** Column 3 are expenditures directly attributed to the Other Funding Sources				
B. Other Funding Sources*				
1.N/A			0	
2.			0	
3.			0	
4.			0	
5.			0	
Total Other Funding Sources**			0	
* All other funding sources (non-MHSA) should be listed. ** Section B total Should equal Line 17/Column 3				

Notes:

Budget figures are preliminary estimates for the entire project scope.

Provide information regarding ability to maintain and update the property/facility for the required time period (Include proposed funding sources, capitalized reserves, etc.)

The County will have the ability to maintain and update the facility to be occupied by the children's mental health and administrative staff, through the services provided by the County's Internal Services Department, Facilities Division or through maintenance services via the service provider. The County of Fresno utilizes a County-Wide Cost Allocation Plan as the method for which to pay the service costs of the Facilities Division. Payment for the general operating cost will be included in the ongoing budget for the facility which includes Mental Health Realignment and Medi-Cal as funding sources. In addition the above budget also includes other expenses above to include a reserve/contingency fund for unexpected costs.

Describe what structure is in place to manage the project and track usage, costs, maintenance, etc., over time (e.g., agreement with County Department of General Services, contractor consultant, etc.)

DBH will collaborate with the County of Fresno Department of Public Works and Planning, Capital Projects Division (Capital Projects) who will conduct the full scope architectural and construction project management for the facility. Required work will be completed by either the County of Fresno's Job Order Contractor (JOC) or an

Intentionally Blank

independent contractor, procured through a competitive bidding process. Capital Projects will submit claims for reimbursement to DBH through an Inter-County Transfer. At which time, DBH's MHSA Administration will assist in ensuring that all design/construction decisions and expenditures incurred by Capital Projects are reasonable and approved by DBH. Claims will be forwarded to DBH's Business Office for final payment.

The DBH Business Office will utilize the County's Financial Accounting System to track usage, costs, maintenance, etc. of the proposed project. A project code will be established by the Business Office for this project, providing the ability to code all purchase orders, expenditures, and MOU's as they are inputted into the County's Financial Accounting System. The project code allows the Business Office to identify and manage all MHSA Capital Facilities fund usage and narrow down the costs and expenditures by the specific project. As a result, through the utilization of the County's Financial Accounting System, DBH has the structure in place to manage the fiscal aspects of the project.

MHSA State Approved Allocations

Budget/Fiscal



Artwork By: Danny M. – Blue Sky Wellness Center

MHSA Prudent Reserves

Welfare & Institutions Code (WIC) Section 5847(b)(7) requires each county to establish and maintain a prudent reserve to ensure that in years in which revenues for the MHS Fund are below recent averages the county will be able to continue to serve children, adults and seniors that it had been serving through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI). DMH, in consultation with the MHSAOAC and California Mental Health Directors Association, adopted the following Prudent Reserve policies which were in effect prior to FY 10/11:

- 50 percent of the most recent annual approved CSS and PEI (excluding statewide PEI) funding level should be set aside as the required Prudent Reserve amount.
- Each county should maintain the 50 percent Prudent Reserve at the local level and fully fund the prudent reserve by June 30, 2011, unless the county would have to reduce CSS (System of Care) or PEI below those funded in FY 2007-08 in order to reach the 50 percent Prudent Reserve level.
- MHSA funds dedicated to a local Prudent Reserve can only be accessed in accordance with WIC Sections 5847(b)(7) and 5847(f). A county will be able to access these funds only with DMH/MHSAOAC plan approval. For audit purposes, each county should be able to clearly identify funds in their local MHS fund dedicated to the local Prudent Reserve. Interest earned on funds dedicated to the local Prudent Reserve is to be used for services consistent with a county's approved Plan and/or the Prudent Reserve.

In DMH Information Notice 10-01 dated January 19, 2010 the requirement to fund the Prudent Reserve at the 50% level was suspended due to economic circumstances and counties were allowed to access their Prudent Reserve to support any services allowable under the CSS and PEI components (excluding statewide PEI projects). In addition to the Prudent Reserve, counties have other MHSA funds available to maintain CSS and PEI services when there are reductions in MHSA revenues. These funds include unapproved funds, unspent funds and interest, see Overall Allocations & Requests – Summary for component detail.

Prudent Reserve Balance will be increased by \$34,786,242.00 for a total balance of \$48,161,323.00.

Funding Source	Current Funds	Interest Accrued	Increased Funds	Row Total
CSS	\$9,648,659.00	\$865,309.00	\$20,265,673.00	\$33,898,208.00
PEI	\$2,670,936.00	\$190,177.00	\$10,640,360.40	\$14,263,115.00
INN (80% - CSS)*			\$3,118,566.40	
INN (20% - PEI)*			\$779,641.60	
TOTAL	\$12,319,959.00	\$1,055,486.00	\$34,786,242.00	\$48,161,323.00

***\$3,898,208.00 WAS ALLOCATED TO CSS & PEI PER MHSA LEGISLATION. THESE ALLOCATIONS WERE ADDED AS INDICATED ABOVE**

CALMHSA Joint Powers Authority

On September 14, 2010 Board of Supervisor executed the Joint Exercise of Power Agreement (JPA) which established the operations of the California Mental Health Services Authority (CalMHSA). The JPA allows CalMHSA to perform statewide Prevention Early Intervention (PEI) services to increase cost efficiency for suicide prevention, student mental health initiative, stigma and discrimination reduction as well as stigma reduction related to mental illness.

The County of Fresno continues to participate in CalMHSA statewide PEI activities, specifically the Central Valley Suicide Hotline (CVSPH). Through an agreement between CalMHSA and Kings View a partnership with various central valley counties: Fresno, Stanislaus, Merced, Mariposa, and Madera, the suicide hotline is funded with designated PEI funds assigned to CalMHSA, which serves as the primary suicide prevention hotline for these counties.

Central Valley Suicide Hotline will operate 24 hours a day, 7 days a week (24/7) suicide prevention hotline accredited by the American Association of Suicidology, and will answer calls through its participation in the National Suicide Prevention Lifeline. CVSPH will maintain a hotline website, and will provide outreach and technical assistance to counties that are participating and funding the program.

The County of Fresno assigned \$438,901.74 to CalMHSA as a fiscal intermediary of the CVSPH program. This is a one (1) year agreement with CALMHSA.

MHSA Supportive Housing Project

Mental Health Services Act (MHSA) Planning Estimates for the initial funding of the MHSA Housing Program from the Community Services and Supports (CSS) component. \$400 million was available for counties to participate in the MHSA to support the implementation of the MHSA Housing Program. Each county was required to fully execute the MHSA Performance Contract amendment authorizing the state to administer this program on its behalf before any applications were approved. To receive MHSA Housing Program funding, counties were required to submit an MHSA Housing Program application to DMH and the California Housing Financing Agency (CalHFA).

Executive Order S-07-06 directed the DMH, in consultation with the California Mental Health Directors' Association (CMHDA), to allocate up to \$75 million per year to finance the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals with mental illness and their families.

On May 6, 2008 the Board of Supervisors approved the assignment of \$9,248,900 to the California Housing and Finance Agency (CalHFA) to participate in the Mental Health Services Act (MHSA) Housing Program jointly administered by the State Department of Mental Health (DMH). The Agreement specified that \$9,248,900 would be transferred into a state held specific interest bearing account for the County of Fresno for the development of local housing for seriously mentally ill clients and families with no net County cost. The Renaissance Developments, Trinity, Alta Monte and Santa Clara, leveraged \$3,121,353 and developed 69 permanent supportive housing units for DBH clients. As of July 1, 2015, the County of Fresno has \$6,127,547 remaining in the MHSA HLP, which will remain assigned to CalHFA.

Overall Allocations and Requests – Summary

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: County of Fresno

Date: 7/7/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	38,299,422	13,398,198	6,126,755	4,036,353	7,981,746	12,319,595
2. Estimated New FY2014/15 Funding	30,621,000	7,533,200	1,542,800	0	0	0
3. Transfer in FY2014/15 ^{a/}	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY2014/15	0	0	0	0	0	0
5. Estimated Available Funding for FY2014/15	68,920,422	20,931,398	7,669,555	4,036,353	7,981,746	0
B. Estimated FY2014/15 MHSA Expenditures	32,591,027	8,534,784	3,300,445	1,297,215	400,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	36,329,395	12,396,614	4,369,110	2,739,138	7,581,746	12,319,595
2. Estimated New FY2015/16 Funding	26,334,100	6,478,600	1,724,800	0	0	0
3. Transfer in FY2015/16 ^{a/}	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY2015/16	0	0	0	0	0	0
5. Estimated Available Funding for FY2015/16	62,663,495	18,875,214	6,093,910	2,739,138	7,581,746	0
D. Estimated FY2015/16 Expenditures	39,472,430	9,605,320	3,340,985	1,297,215	6,322,765.12	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	23,191,065	9,269,894	2,752,925	1,441,923	1,258,981	12,319,595
2. Estimated New FY2016/17 Funding	26,860,800	6,740,400	1,794,500	0	0	0
3. Transfer in FY2016/17 ^{a/}	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY2016/17		0	0	0	0	0
5. Estimated Available Funding for FY2016/17	50,051,865	16,010,294	4,547,425	1,441,923	1,258,981	
F. Estimated FY2016/17 Expenditures	39,752,642	9,615,108	2,069,665	1,297,215	1,171,825.12	
G. Estimated FY2016/17 Unspent Fund Balance	10,300,257	6,395,186	2,477,760	144,708	87,156	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	12,319,595
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	12,319,595
5. Contributions to the Local Prudent Reserve in FY 2015/16	17,393,121
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	29,712,716
8. Contributions to the Local Prudent Reserve in FY 2016/17	17,393,121
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	47,105,837

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects 1. Capital Facility Improvement - on going approved Capital Facility plan 2. Sierra Resource Center - Acquisition of new property 3. Crisis Residential Treatment Construction - Building New Crisis Treatment	250,000 0 0	250,000				
CFTN Programs - Technological Needs Projects 4. Information Technology - Avatar	150,000	150,000				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	400,000	400,000	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: County of FresnoDate: 7/7/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facility Improvement - on going approved Capital Facility plan	250,000	250,000				
2. Sierra Resource Center - Acquisition of new property	4,200,000	4,200,000				
3. Crisis Residential Treatment Construction - Building New Crisis Treatment	1,000,000	1,000,000				
CFTN Programs - Technological Needs Projects						
4. Information Technology - Avatar	872,765.12	872,765.12				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	6,322,765.12	6,322,765.12	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: County of FresnoDate: 7/7/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects 1. Capital Facility Improvement - on going approved Capital Facility plan 2. Sierra Resource Center - Acquisition of new property 3. Crisis Residential Treatment Construction - Building New Crisis Treatment	250,000 0 0	250,000				
CFTN Programs - Technological Needs Projects 4. Information Technology - Avatar	921,825.12	921,825.12				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,171,825.12	1,171,825.12	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County:

County of Fresno

Date: 7/7/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's Co-Occurring	150,000	150,000				
2. Children's Outpatient Expansion	750,000	750,000				
3. Family Behavioral Health Court	312,036	312,036				
4. MHSA Adult Act (Rise)	0	0				
5. MHSA Adults Co-Occurring FSP	1,661,138	1,661,138				
6. MHSA Adults Housing & Recovery	1,513,220	1,513,220				
7. MHSA Adults Rural – FSP	1,166,946	1,166,946				
8. MHSA Children ACT	1,064,355	1,064,355				
9. MHSA Children SMART MOC	2,503,605	2,503,605				
10. MHSA TAY Exp. 18-24 Years	1,274,486	1,274,486				
11. MHSA TAY Services Supports	2,602,882	2,602,882				
12. AB 109 FSP	350,000	350,000				
13. MHSA Older Adults Exp.	1,817,668	1,817,668				
14. MHSA Children Metro/Rural Schools	1,818,154	1,818,154				
Non-FSP Programs						
1. MHSA Adults Cultural Specific	495,121	495,121				
2. MHSA Adults Enhance Peer Support	457,461	457,461				
3. MHSA Adults Rural Outpatient/Intensive	1,166,946	1,166,946				
4. Medications Expansion	250,000	250,000				
5. MHSA DOR and SEES	838,599	838,599				
6. Consumer Family Advocacy	75,000	75,000				
7. Therapeutic Child Care Services	81,516	81,516				
8. Crisis Stabilization Unit	450,000	450,000				
9. Housing Flex & Master Leasing	450,000	450,000				
10. Children Mental Health New Front Door	300,000	300,000				
11. Consumer/Family Advocacy Services	113,568	113,568				
12. PATH Grant	103,386	103,386				
13. MHSA Adults ICSST	1,300,917	1,300,917				
14. MHSA Adults Urgent Care/Well Center	2,817,001	2,817,001				
15. Housing Supportive Services	842,161	842,161				
CSS Administration	5,864,861	5,864,861				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	32,591,027	32,591,027	0	0	0	0
FSP Programs as Percent of Total	52.1%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: County of Fresno

Date: 7/7/15

Community Services and Supports (CSS) Component Worksheet	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignmen t	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's Co-Occurring	150,000	150,000				
2. Children's Outpatient Expansion	994,475	994,475				
3. Family Behavioral Health Court	334,489	334,489				
4. MHSA Adult Act(RISE)	1,900,917	1,900,917				
5. MHSA Adults Co-Occurring FSP	1,661,138	1,661,138				
6. MHSA VISTA	4,113,122	4,113,122				
7. MHSA Adults Rural - FSP	1,259,628	1,259,628				
8. MHSA Children ACT	1,064,355	1,064,355				
9. MHSA Children SMART MOC	2,503,605	2,503,605				
10. MHSA TAY Exp. 18-24 Years	1,274,486	1,274,486				
11. MHSA TAY Services Supports	2,602,882	2,602,882				
12. AB 109 FSP	350,000	350,000				
13. MHSA Older Adults Exp.	1,817,668	1,817,668				
14. MHSA Children Metro/Rural Schools	1,818,154	1,818,154				
Non-FSP Programs						
1. MHSA Adults Cultural Specific	644,626	644,626				
2. MHSA Adults Enhance Peer Support	457,461	457,461				
3. MHSA Adults Rural						
4. Outpatient/Intensive	2,931,270	2,931,270				
5. Medications Expansion	250,000	250,000				
6. MHSA DOR and SEES	1,211,066	1,211,066				
7. Consumer Family Advocacy	113,568	113,568				
8. Therapeutic Child Care Services	125,388	125,388				
9. Crisis Stabilization Unit	450,000	450,000				
10. Housing Flex & Master Leasing	450,000	450,000				
11. Children Mental Health New Front						
12. Door	390,000	390,000				
13. PATH Grant	104,258	104,258				
14. MHSA Adults Urgent Care/Well Center	3,813,412	3,813,412				
15. Housing Support Services	745,568	745,568				
16. Family Advocacy	75,000	75,000				
CSS Administration	5,864,861	5,864,861				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	39,472,430	39,472,430	0	0	0	0
FSP Programs as Percent of Total	55.3%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's Co-Occurring	150,000	150,000				
2. Children's Outpatient Expansion	994,475	994,475				
3. Family Behavioral Health Court	335,522	335,522				
4. MHSA Adult Act(RISE)	1,900,917	1,900,917				
5. MHSA Adults Co-Occurring FSP	1,661,138	1,661,138				
6. MHSA VISTA	4,113,122	4,113,122				
7. MHSA Adults Rural - FSP	1,259,628	1,259,628				
8. MHSA Children ACT	1,064,355	1,064,355				
9. MHSA Children SMART MOC	2,503,605	2,503,605				
10. MHSA TAY Exp. 18-24 Years	1,274,486	1,274,486				
11. MHSA TAY Services Supports	2,602,882	2,602,882				
12. AB 109 FSP	350,000	350,000				
13. MHSA Older Adults Exp.	1,817,668	1,817,668				
14. MHSA Children Metro/Rural Schools	1,818,154	1,818,154				
Non-FSP Programs						
1. MHSA Adults Cultural Specific	844,626	844,626				
2. MHSA Adults Enhance Peer Support	457,461	457,461				
3. MHSA Adults Rural - Outpatient/Intensive	2,931,270	2,931,270				
4. Medications Expansion	250,000	250,000				
5. MHSA DOR and PATH Grant Match	1,211,066	1,211,066				
6. Consumer Family Advocacy	75,000	75,000				
7. Therapeutic Child Care Services	125,388	125,388				
8. Crisis Stabilization Unit	450,000	450,000				
9. Housing Flex & Master Leasing	450,000	450,000				
10. Children Mental Health New Front Door	393,944	393,944				
11. Consumer/Family Advocacy Services	113,568	113,568				
12. PATH Grant	104,258	104,258				
13. MHSA Adults Urgent Care/Well Center	3,889,680	3,889,680				
14. Housing Supportive Services	745,568	745,568				
CSS Administration	5,864,861	5,864,861				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	39,752,642	39,752,642	0	0	0	0
FSP Programs as Percent of Total	55.0%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	449,279	449,279				
2. Holistic Cultural Education Wellness Center	801,296	801,296				
3. Integrated Discharge Team	1,271,320	1,271,320				
4. Supervised Overnight Stay* (Overnight Stay)	778,550	775,550				
INN Administration	0					
Total INN Program Estimated Expenditures	3,300,445	3,300,445	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	449,279	449,279				
2. Holistic Cultural Education Wellness Center	801,296	801,296				
3. Integrated Discharge Team	1,271,320	1,271,320				
4. Supervised Overnight Stay* (Overnight Stay)	819,090	819,090				
INN Administration	0					
Total INN Program Estimated Expenditures	3,340,985	3,340,985	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	449,279	449,279				
2. Holistic Cultural Education Wellness Center	801,296	801,296				
3. Supervised Overnight Stay	819,090	819,090				
INN Administration	0					
Total INN Program Estimated Expenditures	2,069,665	2,069,665	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,005,436	1,005,436				
2. Community Garden (Horticultural Therapeutic Community Centers)	325,000	325,000				
3. Cultural Based Access Navigation Specialists (CBANS)	551,633	551,633				
4. Integrated Wellness Activities (formally known as Integrated Wellness Center)	40,000	40,000				
5. Prevention Services for Children - Sub Abu (Outpatient Services for Children-Sub Abu)	240,000	240,000				
6. Suicide Prevention/Stigma Reduction	0	0				
7. Youth Empowerment Centers	251,359	251,359				
PEI Programs - Early Intervention						
1. Child Welfare Team/Katie A Team	548,430	548,430				
2. Crisis Acute Care - Law Enforcement Field Clinician (LEFC)	740,928	740,928				
3. First-Onset Team	1,290,825	1,290,825				
4. Functional Family Therapy	571,810	571,810				
5. Integrated Mental Health Services at Primary Care Clinics (CRMC)	500,000	500,000				
6. Integrated Mental Health Services at Primary Care Clinics (UHC and VHT)	772,816	772,816				
7. K-12 - School Based (K-8 School Based)	451,633	451,633				
8. Perinatal	1,244,914	1,244,914				
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	8,534,784	8,534,784	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,250,000	1,250,000				
2. Community Garden (Horticultural Therapeutic Community Centers)	325,000	325,000				
3. Cultural Based Access Navigation Specialists (CBANS)	551,633	551,633				
4. Integrated Wellness Activities (formally known as Integrated Wellness Center) Prevention Services for Children - Sub Abu	40,000	40,000				
5. (Outpatient Services for Children-Sub Abu)	240,000	240,000				
6. Suicide Prevention/Stigma Reduction	150,000	150,000				
7. Youth Empowerment Centers	350,000	350,000				
PEI Programs - Early Intervention						
1. Child Welfare Team/Katie A Team	683,761	683,761				
2. Crisis Acute Care - Law Enforcement Field Clinician (LEFC)	1,090,928	1,090,928				
3. First-Onset Team	1,290,825	1,290,825				
4. Functional Family Therapy	571,810	571,810				
5. Integrated Mental Health Services at Primary Care Clinics (CRMC)	592,000	592,000				
6. Integrated Mental Health Services at Primary Care Clinics (UHC and VHT)	772,816	772,816				
7. K-12 - School Based (K-8 School Based)	451,633	451,633				
8. Perinatal	1,244,914	1,244,914				
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	9,605,320	9,605,320	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,250,000	1,250,000				
2. Community Garden (Horticultural Therapeutic Community Centers)	325,000	325,000				
3. Cultural Based Access Navigation Specialists (CBANS)	551,633	551,633				
4. Integrated Wellness Activities (formally known as Integrated Wellness Center)	40,000	40,000				
5. Prevention Services for Children - Sub Abu (Outpatient Services for Children-Sub Abu)	240,000	240,000				
6. Suicide Prevention/Stigma Reduction	150,000	150,000				
7. Youth Empowerment Centers	350,000	350,000				
PEI Programs - Early Intervention						
1. Child Welfare Team/Katie A Team	693,549	693,549				
2. Crisis Acute Care - Law Enforcement Field Clinician (LEFC)	1,090,928	1,090,928				
3. First-Onset Team	1,290,825	1,290,825				
4. Functional Family Therapy Integrated Mental Health Services at Primary	571,810	571,810				
5. Care Clinics (CRMC)	592,000	592,000				
6. Integrated Mental Health Services at Primary Care Clinics (UHC and VHT)	772,816	772,816				
7. K-12 - School Based (K-8 School Based)	451,633	451,633				
8. Perinatal	1,244,914	1,244,914				
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	9,615,108	9,615,108	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Workforce, Education and Training (WET) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Administrative & Coordination Activities	300,000	300,000				
2. Appropriate Services	352,633	352,633				
3. De-Stigmatization	200,000	200,000				
4. Career Pathways	250,000	250,000				
WET Administration	194,582	194,582				
Total WET Program Estimated Expenditures	1,297,215	1,297,215	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Administrative & Coordination Activities	300,000	300,000				
2. Appropriate Services	352,633	352,633				
3. De-Stigmatization	200,000	200,000				
4. Career Pathways	250,000	250,000				
WET Administration	194,582	194,582				
Total WET Program Estimated Expenditures	1,297,215	1,297,215	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: County of Fresno

Date: 7/7/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Administrative & Coordination Activities	300,000	300,000				
2. Appropriate Services	352,633	352,633				
3. De-Stigmatization	200,000	200,000				
4. Career Pathways	250,000	250,000				
WET Administration	194,582	194,582				
Total WET Program Estimated Expenditures	1,297,215	1,297,215	0	0	0	0

Cost per Client - Summary

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client
AB 109 - Outpatient Mental Health & Substance Services	Keep	BHCC	INN	Contracted	\$ 172.47
AB 109 Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	\$ 5,012.44
Adult Behavioral Health Court – Program deleted but was combined with Behavioral Health Court/Coordinator Services	Deleted	BHIA	CSS	Contracted	\$ 336.20
Behavioral Health Court	Enhance	BHIA	CSS	Contracted	\$ 0.00
Blue Sky Wellness Center	Enhance	WRRS	PEI	Contracted	\$ 947.86
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS	CF&TN	Contracted	\$0.00
Child Welfare Team/Katie A Team	Enhance	BHIA	PEI	Internal	\$ 4,145.19
Children & Youth Juvenile Justice Services - ACT	Keep	BHCC	CSS	Contracted	\$ 13,203.04
Children Full Service Partnership (FSP) SP 0-10 Years* (SMART Model of Care)	Keep	BHCC	CSS	Contracted	\$ 7,539.87
Children's Expansion of Outpatient Services	Keep	BHCC	CSS	Contracted	\$ 0.00
Children's Mental Health - New Front Door	Enhance	BHIA	CSS	Internal	\$ 0.00
Children's Outpatient Services Co-Occurring	Keep	BHIA	CSS	Contracted	\$ 765.97
CODAC/OPTIONS	Deleted	N/A	CSS	Contracted	\$ 6,744.33
Community Garden* (Horticultural Therapeutic Community Centers)	Keep	CCDP	PEI	Contracted	\$ 94.90
Consumer/Family Advocate Services	Keep	WRRS	CSS	Contracted	\$ 8.86
Co-Occurring Disorders Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	\$ 10,561.61
Crisis Acute Care - Law Enforcement Field Clinician (LEFC)	Enhance	BHIA	PEI	Contracted	\$ 1,080.88
Crisis Psych Response Services (CPRS)	Deleted	N/A	CSS	Contracted	\$ 2,397.46
Crisis Residential Treatment Construction – Building New Crisis Treatment	New	IS	CF&TN	Contracted	\$ 0.00

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client
Crisis Stabilization Voluntary Services	Keep	BHCC	CSS	Contracted	\$ 1,406.27
Cultural Based Access Navigation Specialists (CBANS)	Keep	CCDP	PEI	Contracted	\$ 96.32
Department of Rehabilitation (DOR) - Supported Employment & Education Services (SEES) contract match	Enhance	WRRS	CSS	Internal	\$ 3,168.26
Enhance Rural Services-Full Services Partnership (FSP)	Enhance	BHCC	CSS	Contracted	\$ 705.83
Enhance Rural Services-Outpatient/Intense Case Management	Enhance	BHCC	CSS	Contracted	\$ 100.68
Enhanced Peer Support	Keep	WRRS	CSS	Internal	\$ 0.00
Family Advocate Position	Keep	WRRS	CSS	Contracted	\$ 295.54
First-Onset Team	Keep	BHCC	PEI	Internal	\$ 1,850.56
Flex Account for Housing	Keep	WRRS	CSS	Internal	\$ 131.11
Functional Family Therapy	Keep	BHCC	PEI	Contracted	\$ 8,611.99
Holistic Cultural Education Wellness Center	Keep	CCDP	INN	Contracted	\$ 147.00
Housing - Master Leasing	Keep	WRRS	CSS	Contracted	\$ 0.00
Housing & Recovery Full Service Partnership (Program Deleted but was combined with Vista)	Deleted	BHCC	CSS	Contracted	\$ 11,925.60
Housing Supportive Services	Enhance	WRRS	CSS	Internal	\$ 3341.13
Information Technology - Avatar	Enhance	IS	CF&TN	Contracted	\$ 0.00
Integrated Discharge Team	Keep	BHIA	INN	Internal	\$ 3,275.03
Integrated Mental Health Services at Primary Care Clinics (UHC and VHT)	Keep	BHIA	PEI	Contracted	\$ 576.00
Integrated Mental Health Services at Primary Care Clinics (CRMC)	Keep	BHIA	PEI	Internal	\$ 2,439.96
Integrated Wellness Activities* (Integrated Wellness Center)	New	WRRS	PEI	Internal	\$ 0.00
Intensive Community Services & Support Team (ICSST) – Full Service Partnership (FSP) – (Program Deleted but was combined with Vista)	Deleted	BHCC	CSS	Contracted	\$ 10,254.44

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client
Juvenile Behavioral Health Court – Program deleted but was combined with Behavioral Health Court/Coordinator Services	Deleted	BHIA	CSS	Contracted	\$ 0.00
K-12 - School Based* (<i>K-8 School Based</i>)	Enhance	WRRS	PEI	Internal	\$ 60.78
Living Well Program* (Cultural Specific Services)	Enhance	CCDP	CSS	Contracted	\$ 3,345.00
Medications Expansion* (<i>Indigent Medications Expansion</i>)	Enhance	BHCC	CSS	Internal	\$ 541.24
MHSA Staffing - Administration	Enhance	IS	CSS	Internal	\$ 0.00
Older Adult Team	Enhance	BHCC	CSS	Internal	\$ 2,419.26
Perinatal	Enhance	BHCC	PEI	Internal	\$ 3,476.00
Prevention Services for Children - Sub Abu* (<i>Outpatient Services for Children-Sub Abu</i>)	Keep	WRRS	PEI	Contracted	\$ 162.16
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS	CSS	Contracted	\$ 639.93
RISE* (<i>Specialty Intensive Treatment Team</i>)	Enhance	BHCC	CSS	Internal	\$ 2,744.98
School Base Services	Keep	BHCC	CSS	Internal	\$ 1,943.14
Sierra Resource Center - Acquisition of new property	New	IS	CF&TN	Contracted	\$ 0.00
Suicide Prevention/Stigma Reduction	New	WRRS	PEI	Internal	\$ 0.00
Supervised Overnight Stay* (<i>Overnight Stay</i>)	Keep	BHIA	INN	Contracted	\$ 1,087.37
Therapeutic Child Care Services* (<i>Child Care Rooms - Heritage and West Fresno Regional Clinic</i>)	Enhance	WRRS	CSS	Contracted	\$ 22.58
Transitional Age Youth (TAY) - Department of Behavioral Health	Enhance	BHCC	CSS	Internal	\$ 12,159.79
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	\$ 11,109.47
Urgent Care Wellness Center	Enhance	BHIA	CSS	Internal	\$ 460.00
VISTA	New	BHCC	CSS	Contracted	\$0.00
Youth Empowerment Centers	Enhance	WRRS	PEI	Contracted	\$ 1,120.42
Average Cost Per Client FY 2013-2014 is \$ 2,417.44					

Table of Request by Category of Funding

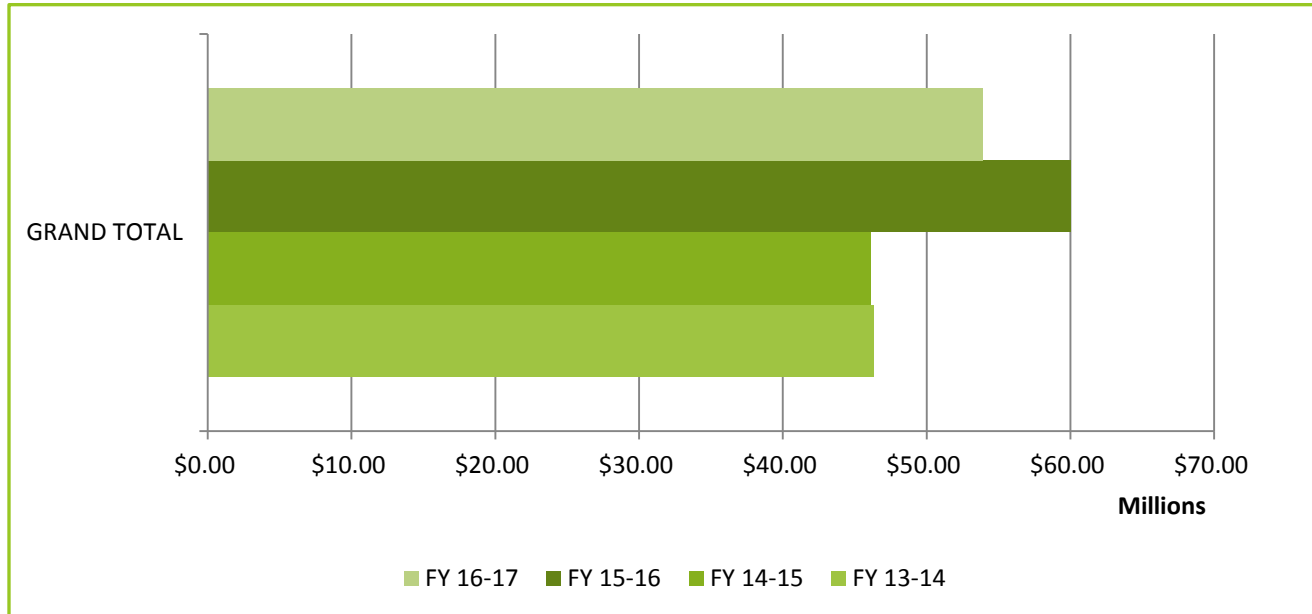
Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY 13-14	FY 14-15	FY 15-16	FY 16-17
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS	CF&TN	Contracted	\$ 200,000.00	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00
Information Technology - Avatar	Enhance	IS	CF&TN	Contracted	\$ 150,000.00	\$ 150,000.00	\$ 872,765.12	\$ 921,825.12
Sierra Resource Center - Acquisition of new property	New	IS	CF&TN	Contracted	\$ -	\$ -	\$ 4,200,000.00	\$ -
Crisis Residential Treatment Construction - Building New Crisis Treatment	New	IS	CF&TN	Contracted	\$ -	\$ -	\$ 1,000,000.00	\$ -
TOTAL CF&TN					\$ 350,000.00	\$ 400,000.00	\$ 6,322,765.12	\$ 1,171,825.12
AB 109 Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	\$ 350,000.00	\$ 350,000.00	\$ 350,000.00	\$ 350,000.00
Children & Youth Juvenile Justice Services - ACT	Keep	BHCC	CSS	Contracted	\$ 1,064,355.00	\$ 1,064,355.00	\$ 1,064,355.00	\$ 1,064,355.00
Children Full Service Partnership (FSP) SP 0-10 Years* (SMART Model of Care)	Keep	BHCC	CSS	Contracted	\$ 2,503,605.00	\$ 2,503,605.00	\$ 2,503,605.00	\$ 2,503,605.00
Children's Expansion of Outpatient Services	Keep	BHCC	CSS	Contracted	\$ 750,000.00	\$ 750,000.00	\$ 994,475.00	\$ 994,475.00
Children's Outpatient Services Co-Occurring	Keep	BHIA	CSS	Contracted	\$ 150,000.00	\$ 150,000.00	\$ 150,000.00	\$ 150,000.00
Consumer/Family Advocate Services	Keep	WRRS	CSS	Contracted	\$ 113,568.00	\$ 113,568.00	\$ 113,568.00	\$ 113,568.00
Co-Occurring Disorders Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	\$ 1,661,138.00	\$ 1,661,138.00	\$ 1,661,138.00	\$ 1,661,138.00
Crisis Stabilization Voluntary Services	Keep	BHCC	CSS	Contracted	\$ 450,000.00	\$ 450,000.00	\$ 450,000.00	\$ 450,000.00
Enhanced Peer Support	Keep	WRRS	CSS	Internal	\$ 457,461.00	\$ 457,461.00	\$ 457,461.00	\$ 457,461.00
Family Advocate Position	Keep	WRRS	CSS	Contracted	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00
Flex Account for Housing	Keep	WRRS	CSS	Internal	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
Housing - Master Leasing	Keep	WRRS	CSS	Contracted	\$ 400,000.00	\$ 400,000.00	\$ 400,000.00	\$ 400,000.00
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS	CSS	Contracted	\$ 98,856.00	\$ 103,386.00	\$ 104,258.00	\$ 104,258.00
School Base Services	Keep	BHCC	CSS	Internal	\$ 1,818,154.00	\$ 1,818,154.00	\$ 1,818,154.00	\$ 1,818,154.00
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	\$ 1,911,713.00	\$ 2,602,882.00	\$ 2,602,882.00	\$ 2,602,882.00
Behavioral Health Court/Coordinator Services	Enhance	BHIA	CSS	Contracted	\$ -	\$ -	\$ 334,489.00	\$ 335,522.00
Children's Mental Health - New Front Door	Enhance	BHIA	CSS	Internal	\$ 300,000.00	\$ 300,000.00	\$ 390,000.00	\$ 393,944.00

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY 13-14	FY 14-15	FY 15-16	FY 16-17
Department of Rehabilitation (DOR) - Supported Employment & Education Services (SEES) contract match	Enhance	WRRS	CSS	Internal	\$ 252,467.00	\$ 838,599.00	\$ 1,211,066.00	\$ 1,211,066.00
Enhance Rural Services-Full Services Partnership (FSP)	Enhance	BHCC	CSS	Contracted	\$ 1,166,946.00	\$ 1,166,946.00	\$ 1,259,628.00	\$ 1,259,628.00
Enhance Rural Services-Outpatient/Intense Case Management	Enhance	BHCC	CSS	Contracted	\$ 1,166,946.00	\$ 1,166,946.00	\$ 2,931,270.00	\$ 2,931,270.00
Housing & Recovery Full Service Partnership - Program deleted but was combined with Vista	Deleted	BHCC	CSS	Contracted	\$ 1,513,220.00	\$ 1,513,220.00	\$ -	\$ -
Housing Supportive Services	Enhance	WRRS	CSS	Internal	\$ 842,161.00	\$ 842,161.00	\$ 745,568.00	\$ 745,568.00
Intensive Community Services & Support Team (ICSST) - Full Service Partnership (FSP) - Program deleted but was combined with Vista	Deleted	BHCC	CSS	Contracted	\$ 1,300,917.00	\$ 1,300,917.00	\$ -	\$ -
Living Well Program* Cultural Specific Services	Enhance	CCDP	CSS	Contracted	\$ 495,121.00	\$ 495,121.00	\$ 644,626.00	\$ 844,626.00
Medications Expansion* (Indigent Medications Expansion)	Enhance	BHCC	CSS	Internal	\$ 500,000.00	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00
MHSA Staffing - Administration	Enhance	IS	CSS	Internal	\$ 5,864,861.00	\$ 5,864,861.00	\$ 5,864,861.00	\$ 5,864,861.00
Older Adult Team	Enhance	BHCC	CSS	Internal	\$ 1,817,668.00	\$ 1,817,668.00	\$ 1,817,668.00	\$ 1,817,668.00
RISE* (Specialty Intensive Treatment Team)	Enhance	BHCC	CSS	Internal	\$ -	\$ -	\$ 1,900,917.00	\$ 1,900,917.00
Therapeutic Child Care Services* (Child Care Rooms - Heritage and West Fresno Regional Clinic)	Enhance	WRRS	CSS	Contracted	\$ -	\$ 81,516.00	\$ 125,388.00	\$ 125,388.00
Transitional Age Youth (TAY) - Department of Behavioral Health	Enhance	BHCC	CSS	Internal	\$ 1,274,486.00	\$ 1,274,486.00	\$ 1,274,486.00	\$ 1,274,486.00
Urgent Care Wellness Center (UCWC)	Enhance	BHIA	CSS	Internal	\$ 2,817,001.00	\$ 2,817,001.00	\$ 3,813,412.00	\$ 3,889,680.00
Vista	Enhance	BHCC	CSS	Contracted	\$ -	\$ -	\$ 4,113,122.00	\$ 4,113,122.00
Adult Behavioral Health Court - Program deleted but was combined with Behavioral Health Court.	Deleted	BHIA	CSS	Contracted	\$ 124,359.00	\$ 124,359.00	\$ -	\$ -
CODAC/OPTIONS	Deleted	N/A	CSS	Contracted	\$ 937,042.00	\$ -	\$ -	\$ -
Crisis Psych Response Services	Deleted	BHCC	CSS	Contracted	\$ 1,555,950.00	\$ -	\$ -	\$ -
Juvenile Behavioral Health Court - Program deleted but was combined with Behavioral Health Court/Coordinator Services	Deleted	BHIA	CSS	Contracted	\$ 187,677.00	\$ 312,036.00	\$ -	\$ -
TOTAL CSS					\$ 33,970,670.00	\$ 32,591,027.00	\$ 39,472,430.00	\$ 39,752,642.00

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY 13-14	FY 14-15	FY 15-16	FY 16-17
AB 109 - Outpatient Mental Health & Substance Services	Keep	BHCC	INN	Contracted	\$ 449,279.00	\$ 449,279.00	\$ 449,279.00	\$ 449,279.00
Holistic Cultural Education Wellness Center	Keep	CCDP	INN	Contracted	\$ 686,075.00	\$ 801,296.00	\$ 801,296.00	\$ 801,296.00
Integrated Discharge Team	Keep	BHIA	INN	Internal	\$ 1,271,320.00	\$ 1,271,320.00	\$ 1,271,320.00	\$ -
Supervised Overnight Stay* (Overnight Stay)	Keep	BHIA	INN	Contracted	\$ 701,003.00	\$ 778,550.00	\$ 819,090.00	\$ 819,090.00
TOTAL INN					\$ 3,107,677.00	\$ 3,300,445.00	\$ 3,340,985.00	\$ 2,069,665.00
Integrated Wellness Activities* (Integrated Wellness Center)	New	WRRS	PEI	Internal	\$ 40,000.00	\$ 40,000.00	\$ 40,000.00	\$ 40,000.00
Suicide Prevention/Stigma Reduction	New	WRRS	PEI	Internal	\$ -	\$ -	\$ 150,000.00	\$ 150,000.00
Community Garden* (Horticultural Therapeutic Community Centers)	Keep	CCDP	PEI	Contracted	\$ 240,653.00	\$ 325,000.00	\$ 325,000.00	\$ 325,000.00
Cultural Based Access Navigation Specialists (CBANS)	Keep	CCDP	PEI	Contracted	\$ 551,633.00	\$ 551,633.00	\$ 551,633.00	\$ 551,633.00
First-Onset Team	Keep	BHCC	PEI	Internal	\$ 1,290,825.00	\$ 1,290,825.00	\$ 1,290,825.00	\$ 1,290,825.00
Functional Family Therapy	Keep	BHCC	PEI	Contracted	\$ 571,810.00	\$ 571,810.00	\$ 571,810.00	\$ 571,810.00
Integrated Mental Health Services at Primary Care Clinics (CRMC)	Keep	BHIA	PEI	Internal	\$ 500,000.00	\$ 500,000.00	\$ 592,000.00	\$ 592,000.00
Integrated Mental Health Services at Primary Care Clinics (UHC and VHT)	Keep	BHIA	PEI	Contracted	\$ 772,816.00	\$ 772,816.00	\$ 772,816.00	\$ 772,816.00
Prevention Services for Children - Sub Abu* (Outpatient Services for Children-Sub Abu)	Keep	WRRS	PEI	Contracted	\$ 240,000.00	\$ 240,000.00	\$ 240,000.00	\$ 240,000.00
Blue Sky Wellness Center	Enhance	WRRS	PEI	Contracted	\$ 1,005,436.00	\$ 1,005,436.00	\$ 1,250,000.00	\$ 1,250,000.00
Child Welfare Team/Katie A Team	Enhance	BHIA	PEI	Internal	\$ 548,430.00	\$ 548,430.00	\$ 683,761.00	\$ 693,549.00
Crisis Acute Care - Law Enforcement Field Clinician	Enhance	BHIA	PEI	Contracted	\$ 740,928.00	\$ 740,928.00	\$ 1,090,928.00	\$ 1,090,928.00
K-12 - School Based* (K-8 School Based)	Enhance	WRRS	PEI	Internal	\$ 451,633.00	\$ 451,633.00	\$ 451,633.00	\$ 451,633.00
Perinatal	Enhance	BHCC	PEI	Internal	\$ 1,244,914.00	\$ 1,244,914.00	\$ 1,244,914.00	\$ 1,244,914.00
Youth Empowerment Centers	Enhance	WRRS	PEI	Contracted	\$ 251,359.00	\$ 251,359.00	\$ 350,000.00	\$ 350,000.00
TOTAL PEI					\$ 8,450,437.00	\$ 8,534,784.00	\$ 9,605,320.00	\$ 9,615,108.00
Administrative & Coordination Activities	Enhance	IS	WET	Internal	\$ 1,102,633.00	\$ 300,000.00	\$ 300,000.00	\$ 300,000.00
Appropriate Services	Enhance	IS	WET	Internal	\$ -	\$ 352,633.00	\$ 352,633.00	\$ 352,633.00
Career Pathways	Enhance	IS	WET	Internal	\$ -	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00
De-Stigmatization	Enhance	IS	WET	Internal	\$ -	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00
WET Administration	Enhance	IS	WET	Internal	\$ 194,582.00	\$ 194,582.00	\$ 194,582.00	\$ 194,582.00
TOTAL WET					\$ 1,297,215.00	\$ 1,297,215.00	\$ 1,297,215.00	\$ 1,297,215.00
GRAND TOTAL					\$ 46,333,840.00	\$ 46,123,471.00	\$ 60,038,715.12	\$ 53,906,455.12

Allocation Summary

Funding Source	FY 13-14	FY 14-15	FY 15-16	FY 16-17
CF&TN	\$ 350,000.00	\$ 400,000.00	\$ 6,322,765.12	\$ 1,171,825.12
CSS	\$ 33,970,670.00	\$ 32,591,027.00	\$ 39,472,430.00	\$ 39,752,642.00
INN	\$ 3,107,677.00	\$ 3,300,445.00	\$ 3,340,985.00	\$ 2,069,665.00
PEI	\$ 8,450,437.00	\$ 8,534,784.00	\$ 9,605,320.00	\$ 9,615,108.00
WET	\$ 1,297,215.00	\$ 1,297,215.00	\$ 1,297,215.00	\$ 1,297,215.00
GRAND TOTAL	\$ 46,333,840.00	\$46,123,471.00	\$ 60,038,715.12	\$ 53,906,455.12



Updates to Plan after Posting

- Table of Contents - updated the with Page #
- Entire plan updated with page #
- MHSA Overview – Explanation of the percentages allocation added.
- Proposal for MHSA Three-Year Intergraded Plan Table was updated in the following areas:
 - Added explanation of * next to Program Name
 - * = New Program Name
 - Added Omitted Program:
 - Housing Supportive Services – Enhanced – DBH Work Plan – WRRS
- DBH Work Plan Introduction – updated acronym to spell-out program names
- Updated the columns for “Contracted or Internal” in the following areas:
 - Table of Programs for each work plan
 - Cost Per Client Summary
 - Table of Request by Category of Funding – updated in Book and Summary.
- Work Plan #2:
 - Table of Programs - Housing Supportive Services – Funding – CSS, Internal Program
 - Program Sheet Updated in the following areas:
 - Integrated Wellness Activities – Provider: Fresno County DBH
 - Added Omitted Program Sheet – Housing Supportive Services Team
- Work Plan #4:
 - Program Sheet Updated in the following areas:
 - Transition Age Youth Services & Supports FSP – Program Description
 - Older Adult Team – “Program Update” – moved Staff Position to the “Program Update”
- MHSA State Approved Allocations Budget/Fiscal:
 - Added Omitted CALMHSA Joint Powers Authority
 - Overall Allocation and Request – Summary – Updated in the following areas
 - Expenditures for the below funding source:
 - Community Services and Support (CSS)
 - Prevention and Early Intervention (PEI)
 - Innovation (INN)
 - All Three-Year MHSA Expenditure Plan worksheet were updated to reflect the above changes.
 - Cost Per Client – Summary:
 - Removed program form list:
 - “Co-Occurring Disorders Training” – was deleted in previous Three-Year Plan
 - Added Omitted Program - “Housing Supportive Services”
 - Updated list to be in alpha order by program names
 - Updated Average Cost per Client.
 - Table of Request by Category of Funding:
 - Added Omitted Program - “Housing Supportive Services”
 - Allocation were updated to reflex the Expenditure Plans worksheets
 - Budget Summary:
 - Title Changed to “Allocation Summary”
 - Summary of Funding source was updated to reflex the Expenditure Plans worksheets
- The following areas were update throughout the MHSA Three-Year Plan:
 - Grammar
 - Punctuation
 - Spelling

Based on Behavioral Health Board Recommendation on 8/19/15 the following items were updated:

- Behavioral Health Courts/Coordinator Services Program Sheet:
 - Section: “Program Changes”
 - The enhanced Behavioral Health Courts/Court Coordinating work plan creates a “place holder” for additional Court considerations that may include, but not be limited to:
 - Assisted Outpatient Treatment, Veteran's Court, etc.
- Housing Supportive Services Program Sheet:
 - Section: “Program Changes”
 - The Department is committed to completing a comprehensive housing plan.
- Housing Master Leasing Program Sheet:
 - Section: “Program Changes”
 - Master Leasing agreements/contracts in place and pilot initiated by 3/31/16.

Changes Made After Board of Supervisors Approval on 9/22/2015

- Cost per Client Summary Sheet was updated:
 - Section: “Average Cost Per Client FY 2013-2014” from \$2,401.51 to \$2,417.44
 - Programs were updated to be in alphabetical order.
- Table of Request By Category of Funding was updated:
 - Status of Program was changed on the following programs under the CSS Funding Type
 - “Housing & Recovery Full Service Partnership” from Enhance to Deleted
 - “Intensive Community Services & Support Team (ICSST) – Full Service Partnership (FSP)” from Enhance to Deleted
- Allocation Summary was changed to match Table of Request by Category of Funding:
 - CF&TN was changed in the following areas:
 - FY 15-16 was changed from \$6,322,765.00 to \$6,322,765.**12**
 - FY 16-17 was changed from \$1,171,825.00 to \$1,171,825.**12**
 - Grand Total was changed in the following areas:
 - FY 15-16 was changed from \$60,038,715.00 to \$60,038,715.**12**
 - FY 16-17 was changed from \$53,906,455.00 to \$53,906,455.**12**

Abbreviations

CF&TN	-	Capital Facility and Technology Needs
CSS	-	Community Services and Support
DBH	-	Department of Behavioral Health
INN	-	Innovations
MHSA	-	Mental Health Service Act
PEI	-	Prevention and Early Intervention
WET	-	Workforce Education and Training



County of Fresno
Department of Behavioral Health

Mental Health Services Act

Three-Year Plan

Public Comment Form

The posted Three-Year-Program and Expenditure Plan (Three-Year Plan) provides information on all of the Mental Health Services Act (MHSA) components and local programs. It is the first time since 2005/06 that counties have been asked to prepare a Three-Year Plan.

POSTING DATES: July 17, 2015 – August 17, 2015

PUBLIC HEARING: August 17, 2015 at Blue Sky, 1617 E Saginaw Way # 108, Fresno 93704

TIME: 3PM-5PM

Name: _____

Agency/Organization: _____

Phone Number: _____
Area Code Phone Number

Email: _____ @ _____

The following information is OPTIONAL, but is greatly appreciated if you would fill it out for purposes of demographical information. These responses will not be made public.

ROLE IN THE BEHAVIORAL HEALTH SYSTEM/COMMUNITY

- | | |
|---|--|
| <input type="checkbox"/> Client/Consumer | <input type="checkbox"/> Probation/Law Enforcement |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Education |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Other _____ | |

DEMOGRAPHICS

**GENDER
IDENTITY:**

AGE:

RACE:

EDUCATION LEVEL:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Under 18 years | <input type="checkbox"/> White | <input type="checkbox"/> Less than high school |
| <input type="checkbox"/> Male | <input type="checkbox"/> 18 to 24 years | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> High school graduate
(includes equivalency) |
| <input type="checkbox"/> Specify: _____ | <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Some college, no degree |
| | <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> Alaskan Native or American
Indian | <input type="checkbox"/> Associate's degree |
| | <input type="checkbox"/> 45 to 54 years | <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Bachelor's degree |
| | <input type="checkbox"/> 55 to 64 years | <input type="checkbox"/> Specify: _____ | <input type="checkbox"/> Ph.D. |
| | <input type="checkbox"/> Age 65 or older | | <input type="checkbox"/> Graduate or professional
degree |

The following comments will be included in the public input and feedback process.

What do you see as the strengths of this ***Three-Year Plan*** request?

If you have any concerns about the ***Three-Year Plan***, please explain.

General Comments

Please send the completed form by one of the following means:

Email to: mhsa@co.fresno.ca.us Fax to: (559)600-7711

Phone: (559)600-6899

Mail to: 3133 N. Millbrook, Fresno, CA 93703 - ATTN: MHSA
