COUNTY CERTIFICATION

Exhibit A

County: Fresno

County Mental Health Director	Project Lead
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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, laws and statutes for this annual update/update. 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.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 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.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/13 annual update/update are true and correct.

Donna Taylor, RN _____ _____ January 17, 2013

Mental Health Director/Designee (PRINT) Signature Date

County: Fresno

Date: January 17, 2013

Introduction Fresno County MHSA Annual Update FY 2012-13

Fresno County is the 10th largest California County in population with over 930,450 residents, it is the 6th largest California County in size at approximately 5,958 square miles. Fresno County has over 310,425 medi-cal beneficiaries which results in over 33% of the total population on Medi-cal, which represents the 2nd highest proportion of medi-cal clients in the state. Fresno County Department of Behavioral Health has three threshold languages- English, Spanish and Hmong. Fresno County is a very diverse culturally/linguistic County and the Department serves clients from many different ethnic, cultural, and linguistic backgrounds.

Fresno County Department of Behavioral Health has approved Mental Health Services Act programs covering all of the MHSA components – community services and supports – treatment (CSS), prevention and early intervention (PEI), workforce education and training (WET), innovation (INN), Capital Facilities, Information Technology (IT), and Housing. Currently the Department has 24 CSS programs, 11 PEI programs, 15 WET action plans, 4 INN plans, limited capital facilities improvement programs, 3 IT projects, and 3 permanent supportive housing projects.

The MHSA Annual Update process is required by statute and is a process in which the County reports to the community the status of current and future planned MHSA funded programs, including outcomes/successes and challenges faced. During the Annual Update process various actions can be taken such as continuing to fund existing programs, making adjustments to current programs, adding/terminating programs, making fiscal and programmatic changes as well as designating funds to the local prudent reserve.

Some of the challenges and successes faced this past year included implementing the final approved PEI programs - community based access and navigation specialists (CBANS), integration of behavioral health with primary care, K-8 Positive Behavioral Interventions and Supports program and the Horticulture Therapeutic Community center-gardens program. In addition the Department has developed and is implementing four innovation plans – Integrated Discharge Team (IDT) for inpatient hospitals, Overnight Stay Facility - Emergency Departments, Holistic Wellness Center, and the AB 109 Community re-integration team for former State prison inmates.

As part of the goal of MHSA system transformation various additional achievements included the beginning of three statewide projects in collaboration with CalMHSA JPA (suicide prevention, stigma reduction, and the Student Mental Health Initiative), support to the Juvenile and Adult Behavioral Health Courts, hiring of a Diversity Services Officer, hiring of a Quality Improvement Officer, as well as supporting funding and supporting client and family Speaker's Bureau's.

Other challenges faced were the process and time taken to complete the competitive bid and contract process for various agreements and the time needed to hire qualified culturally appropriate staff.

An introduction into some of the key MHSA guidelines, components, and definitions is included below.

Proposition 63 / Mental Health Services Act (MHSA)

Purpose: MHSA (or Proposition 63) was approved by voters in 2004 to tax millionaires 1% of their income to increase county mental health funding. MHSA is creating an innovative mental health system that promotes wellness, recovery, and resiliency—and decreases stigma. Services are culturally competent, easier to access, and more effective in preventing and treating serious mental illness.

MHSA is based on five essential elements:

- **Community Collaboration**
- **Cultural Competence**
- **Consumer and Family Driven Services**
- **Focus on Wellness, Recovery, Resiliency**
- **An Integrated Service Experience**

To meet these goals, funding is provided for:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation Projects (INN)
- Workforce Education and Training (WET)
- Capital Facilities & Technological Needs (CF/TN)

Additional funding was provided for Community Program Planning (CPP) and for Permanent Supportive Housing (PSH) for those with Serious Mental Illness who are homeless or at risk of homelessness.

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)

Counties must establish and maintain a Prudent Reserve to ensure the county program will continue to be able to serve the MHSA target populations during years in which revenues for the Mental Health Services Fund are below recent averages. Most counties set aside 50% of their FY 2008/09 CSS amounts.

Initially, MHSA funds were released to the county upon state approval of component expenditure plans and annual updates. After Assembly Bill 100 and 1467 were passed, plans and expenditures

were approved locally and funds were distributed by the state controller on a monthly cash-in/cash-out basis.

References:

- Welfare & Institutions Code Section 5847-5848 (Original MHSA Statute from 2004) http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5845-5848
- Assembly Bill 100 (First Modification to MHSA passed in March 2011) http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0051-0100/ab_100_bill_20110314_amended_sen_v98.pdf
- Assembly Bill 1467 (Second Modification to MHSA passed in July 2012) http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1467_bill_20120613_amended_sen_v98.pdf

Community Services and Supports (CSS)

Purpose: CSS is the first and largest component funded under MHSA. This component focuses on those with serious emotional disturbances or mental illness for the following target populations:

- Children and Families
- Transitional Age Youth
- Adults
- Older Adults

CSS funding is allocated to "systems of care" that focus on the target populations. Counties are required to implement these three components within their CSS programs to serve the groups above:

- Full Service Partnerships
- System Development
- Outreach and Engagement

MHSA guidelines emphasized that the majority of funding should be spent on Full Service Partnerships and historically underserved groups.

Full Service Partnerships (FSPs):

In a FSP, individuals (and sometimes their families) enroll in a voluntary program that provides a broad range of supports to accelerate their recovery. These include:

- Assignment of a single point of responsibility case manager
- Access team with a low enough caseload to ensure 24/7 availability
- Linkages to, or provision of, supportive services defined by the client

- "Whatever-it-takes" commitment to progress on concrete recovery goals
- Additional Access to System Development services below

System Development (SD):

SD refers to the development of core services funded through CSS, utilizing a recovery and resiliency lens, centering on the consumer. These services include but are not limited to:

- Peer Support
- Case Management
- Clinical Interventions (including medication assistance)
- Wellness Recovery Action Planning (WRAP)
- Supported Education and Employment

Outreach and Engagement (OE):

Historically, a number of groups have been un-served, underserved, or inappropriately served by public mental health. Outreach and engagement to these groups includes:

- Identifying those in need
- Reaching out to target populations
- Connecting those in need to appropriate treatment

References:

- Clarification on FSP Requirements from DMH http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

Prevention and Early Intervention (PEI)

Purpose: PEI focuses interventions and programs for individuals across the life span prior to the onset of a serious emotional/behavioral disorder or mental illness.

- Prevention includes programs provided prior to a diagnosis for a mental illness.
- Early Intervention includes programs that improve a mental health problem very early, limiting or avoiding the need for more extensive treatment, or that prevent a problem from getting worse.

References:

- Guidelines for PEI Component from DMH
  http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Rev_PEI_Guidelines_Referencing_RM.pdf

Innovation (INN)

Purpose: INN funds learning-based projects that are intended to affects an aspect of mental health practices and/or assess a new or changed application. INN projects must address one of the following:

- Increase access to underserved groups
- Increase the quality of services including measurable outcomes
- Promote interagency and community collaboration
- Increase access to services

References:

- Guidelines for INN Component from DMH
  http://www.dmh.ca.gov/DMHDocs/docs/notices09/09-02_Enclosure_1.pdf

Workforce Education and Training (WET)

Purpose: WET provides funding to remedy the shortage of staff available to address serious mental illness and to promote the employability of consumers. WET funds in these five categories:

- Workforce Staffing Support
- Training and Technical Assistance
- Mental Health Career Pathway Programs
- Residency and Internship Programs
- Financial Incentive Programs

Capital Facilities and Technological Needs (CF/TN)

Purpose: CF/TN supports infrastructure associated with the growth of the public mental health system, software mandates related to Electronic Health Records (EHR), and other technological needs.

- CF funding is limited to the purchase and/or rehabilitation of county-owned facilities used for mental health treatment and services and/or administration.
- TN may cover expenditures including the purchase of electronic billing and records software, computers for staff or consumers, and other software or hardware.

Fiscal Snapshot of MHSA Allocations Available for FY 2012-13

Total increase for CSS, PEI and INN components are projected to be $4,966,100

Component	Fiscal Year 2011-12	Fiscal Year 12-13	Increase/Decrease
Community Services and Supports (CSS)	$18,292,000	$22,133,300	+$3,841,300
Prevention and Early Intervention (PEI)	$4,500,100	$5,445,100	+$945,000
Innovation (INN)	$1,198,500	$1,378,300	+$179,800
Workforce Education and Training (WET)	No New Funds, use past years unspent funds	No New Funds, use past years unspent funds	N/A
Capital Facilities	No New Funds, use past years unspent funds	No New Funds, use past years unspent funds	N/A
Information Technology	No New Funds, use past years unspent funds	No New Funds, use past years unspent funds	N/A

Community Program Planning and Local Review Process

County: FRESNO **30-day Public Comment period dates:** Nov. 19 – Dec. 19 2012

Date: January 17, 2013 **Date of Public Hearing (Annual update only):** January 9, 2013

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2012/13 annual update/update. Include the methods used to obtain stakeholder input.

Fresno County's Community Planning Process and education to the community has been an on-going process to include a wide array of community stakeholders and various system partners. This annual update is a comprehensive plan of Community Services and Supports (CSS), Prevention and Early Intervention, Innovation, Workforce Education and Training, Information Technology/Capital Facilities, and Housing requests and programs. The FY 12-13 Annual Update builds on the stakeholder approved programs through prior approved plans/updates with the addition of requests for funding for FY 12-13.

9 county wide stakeholder meetings were conducted at the following sites:

Date	Location	Purpose
7/25/12	West Fresno Regional Center	Annual Update Discussion/Recommendations
7/26/12	Blue Sky Wellness Center	Annual Update Discussion/Recommendations
7/30/12	Selma Regional Center	Annual Update Discussion/Recommendations
8/2/12	Heritage Center	Annual Update Discussion/Recommendations
8/7/12	Centro La Familia	Annual Update Discussion/Recommendations
8/9/12	Fresno Center for New Americans	Annual Update Discussion/Recommendations
8/14/12	Blue Sky Wellness Center	Annual Update Discussion/Recommendations
8/16/12	Heritage Center	Annual Update Discussion/Recommendations
8/28/12	Heritage Center	Data Results and Reporting

Additional information meetings were conducted at the following locations:

7/26/12	Children's MHB Sub-Committee Meeting Comprehensive Youth Centers	Annual Update Discussion/Recommendations
8/21/12	Adult System of Care COQI Committee Meeting Metro Building	Annual Update Discussion/Recommendations
8/27/12	Consumer Update Meeting - SEES Modular Building	Annual Update Discussion/Recommendations
9/17/12	DBH Leadership Meeting	Annual Update Discussion/Recommendations

Educational Annual Update presentation and status reports were held as part of the local Mental Health Board Meetings on July 18, 2012, August 15, 2012, and September 19, 2012.

Outcome measurements, program reports, and site visits to various MHSA programs have been conducted at regularly scheduled Mental Health Board meetings (and at program sites) from April 2012 through August 2012.

The Public Hearing date was January 9, 2013, and the Mental Health Board discussion and approval of the revised Annual Update took place on January 16, 2013. Many consumers, community agencies, and other community partners were present.

Discussions regarding the MHSA programs and outcome measurements have been regularly discussed at the monthly Adult and Children Sub-committee meetings. Representatives from the community are active members of these standing committees.

The MHSA FY 2012-13 Annual Plan Update was posted on the County's MHSA website for public comment from November 19, 2012 through December 19, 2012 and feedback forms were posted to elicit community/public input. Other specific community planning conducted is shown below:

CSS

The MHSA CSS Planning Team implemented an expansive outreach effort to educate members of the community and include them at each stage of the planning process. The process included the engagement of diverse local stakeholders, including those from various diverse sectors of the County. Our local planning process was designed to elicit input from numerous and diverse stakeholders especially consumers, family members and members of underserved ethnic and language groups. Members of the community were encouraged to become involved in the CSS Planning Process in a variety of ways. As the initial plans were being developed stakeholders/members of the community were invited to participate in Public Stakeholder Meetings, complete Community Surveys, develop and participate in focus groups, sit on the CSS Planning Panels for each of the CSS age population planning committees. Draft CSS strategies through the Planning Panel working groups were then voted on based on priority ranking of the CSS draft strategies. For a complete review of the CSS planning process please refer to the County of Fresno CSS approved three year plan. For

CSS components, the plan is inclusive of current approved CSS programs, with the recent expansion of programs for the provision of a comprehensive crisis service delivery approach. The design of the crisis delivery approach has underwent community input process and continues to be evaluated/redesigned and engineered to ensure fiscal effectives and ability to meet consumer/family centered outcomes.

Prevention and Early Intervention

The MHSA PEI Planning Team implemented an expansive outreach effort to educate members of the community and include them at each stage of the planning process. The process included the engagement of diverse local stakeholders, including those from strategic sectors, systems and organizations of the community. Our local planning process was designed to elicit input from numerous and diverse stakeholders especially consumers, family members and members of underserved ethnic and language groups. During the initial development of the PEI 3 year plan, members of the community were encouraged to become involved in the PEI planning process in a variety of ways. They were invited to participate in Public Stakeholder Meetings, complete the Community Survey, develop and participate in focus groups, sit on the PEI Planning Panel, draft PEI strategies through the Planning Panel working groups, and vote on the priority ranking of the PEI draft strategies. For a complete review of the PEI planning process please refer to the County of Fresno PEI approved three year plan. A summary is shown below:

1. Over 1600 community members participated in 7 large community input meetings, 26 focus group meetings in every region of the County, 6 community educational meetings, and 2 Surveys (Survey A, 96 respondents, Survey B, 954 respondents) were administered.

2. Public Stakeholder Meetings were planned throughout geographically disperse areas of Fresno County to reach:
   - Migrant Workers, Undocumented, Latino, Punjabi, and Sikh populations on the western side of Fresno County
   - Rural and Native American populations in the foothills of the Sierra Nevada's on the eastern side of Fresno County
   - Urban and ethnic populations in Fresno metropolitan area, including Hmong, Native American, Latino, African American, Lao, and Khmer populations
   - Invitations were sent to individuals, organizations, including schools, faith-based organizations, community-based organizations, mental health providers, primary care clinics and providers, consumer advocacy groups, and ethnic advocacy organizations throughout the county in multiple languages, including Spanish, Hmong, and Lao using various mailing lists.

3. The Stakeholder Meetings were advertised using a variety of media:
   a. Hmong radio stations *KQEQ* and *KBIF*
   b. Latino media, including *Radio Bilingue* and *Univision*
   c. Public radio, including *Fresno State KFSR, KFCF*
   d. Commercial radio, including *Clear Channel Communications,* and *KJWL*
   e. Advertisements in local newspapers throughout the county
   f. Strategically distributed flyers announcing local Stakeholder Meetings

Workforce Education and Training

1- Introductory Meetings:

To prepare the community for the WET component and regulations, a series of introductory trainings were held to assist the community better understand allowable WET activities. A total of four (4) community informational meetings were held, those attendees later participated in the WET planning process for the three year plan.

2- Surveys

A survey of training needs directed specifically to consumers and family members was conducted in early 2008 through use of a questionnaire. Out of 3,111 consumers/families who received the questionnaire 413 (13% return response rate) responded. The responses were compiled, tabulated and analyzed. The results of this consumer survey assisted in the formulation of priorities and actions.

A survey for County workforce was also completed that identified training priorities and preferred learning formats.

3- Focus Groups:

Following the completion of the surveys, a total of 21 focus group surveys were conducted. Each of the 21 focus group meetings started with a PowerPoint presentation and explanation of the WET funding areas and definition of what is and is not an allowable activity. Information identified the County's mental health workforce shortages needed to be addressed for system transformation and to deliver wellness, recovery, consumer and family focused services. Ideas and group discussion regarding different projects were discussed. The focus group attendees were asked questions regarding the five WET funding areas; those results were used to formulate the County 3-year plan and action items.

Focus groups were conducted that were inclusive of the diverse ethnic communities, consumer/family members, Department of Behavioral Health – Adult and Children's Divisions, contracted service providers as well as academic institutes in Fresno County.

4- Key Informant Interview

Key informant interviews were conducted with 28 individuals that included County Directors, management, staff, faculty, consumer/family members, Mental Health Board, physical health care, and contracted behavioral health providers. Key informant interviews provided opportunity to obtain unique perspectives on the shortages, priorities and effective means of collaboration in achieving the MHSA goals of addressing shortages and training. The results of all the needs assessment methodologies were prioritized and categorized according to the five funding categories: workforce staffing support, training and technical assistance, mental health career pathway programs, residency internship programs, and financial incentive programs

Capital Facilities

The stakeholder process to renovate the University Medical Center (UMC) was completed in October 2011. The stakeholder process included a 30 day public comment period as well as Mental Health Board discussion and approval.

The Board of Supervisors approved the $7 million in MHSA Capital Facilities funding for developing space at the University Medical Center (UMC) to accommodate the relocation of the Department's Children's Mental Health programs and related mental health programs to the County-owned UMC property. Ongoing cost review and service design of the UMC campus is continuing with engineering studies and feasibility analysis being conducted.

Information Technology

The Fresno County Department of Mental Health (DBH) as required under the Mental Health Services Act (MHSA), opened a public review and comment period for the proposed Technological Needs Project Proposal effective March 4 through April 2, 2009.

The 30 day public comment period was solicited in *English, Spanish and Hmong* languages through the use of:

- Website posting @ www.co.fresno.ca.us/mhsa
- Distributed via email to all Department of Children and Family Services (DCFS) staff, DBH staff, contracted providers, Mental Health Board, Kings View Outreach & Engagement and community stakeholders for further posting and distribution
- 85+ Collaborative organizations throughout rural and metro Fresno County were informed of the IT Posting and asked to distribute information and post at their sites for consumers awareness
- Posting/announcement in program consumer service sites
- Posting at various mental health clinics/outpatient lobby rooms
- Meeting agenda items for discussion, including focus groups

The IT proposal and Components resulted in funding a new IT system. The new Integrated Ment Health Information System provided Fresno County with an upgraded IT system that will aid in mo efficient and accurate collection of mental health services. The funding aided in developing a syste that is EHR (Electronic Health Record) compliant as per state requested standards.

On July, 30, 2008, Fresno County submitted a Technological Needs (TN) Component Proposal to DMH. The following three components were approved for funding after conducting a 30 day public comment period and public hearing:

- Integrated Mental Health Information System
- Consumer/Family Member Computer Labs and Computer Training and Education
- Telemedicine Services in Rural and Metro Fresno County

Housing

CSS Housing Funds

With funding made available via the Mental Health Services Act (MHSA), Fresno County assigned $9.2 million of Fresno County's MHSA funds to the California Housing and Finance Agency (CalHFA) to assist Fresno County in the development of permanent supportive housing for the mentally ill who are homeless or at-risk of being homeless.

Collaboration with the Housing Authorities

The Department of Behavioral Health / MHSA (DBH), in collaboration with the Housing Authority of the City of Fresno, have initiated the first-of-its-kind permanent supportive housing for eligible MHSA consumers in Fresno County. Three permanent supportive housing developments are planned (two Renaissance project have been completed and 1 additional project will be completed by the end of 2012). To qualify for MHSA

Housing programs, a consumer/family must be homeless or at-risk of being homeless and have a Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) diagnosis and currently be receiving services through the DBH.

Surveys

The Department's stakeholder process was initiated via the Consumer/Family Supportive Housing Survey in March 2008 where the survey was sent to 1,752 families and/or support systems. A summary based on the survey responses was completed and posted to the MHSA website in July 2008. The consumer/family Housing Survey was repeated and updated in 2011 and 2012.

Community Stakeholder Meetings

There were 9 Stakeholder meetings held between April and July 2008 to solicit stakeholder feedback related to MSHA Housing. More recent community stakeholder meeting have been conducted in 2011 and 2012. Outreach has also included flyers, Internet, email, and in-person engagement efforts.

RFP for alternative Housing Models

During early July 2011, the Housing Authority released a Request For Proposals (RFP) for future MHSA housing projects. The RFP includes a request for geographically dispersed project proposals based on the Consumer/Family Housing Surveys. At this time, the DBH is researching Shared Housing model(s) as a housing alternative for consumers and as an option to the Renaissance rental housing developments.

Current Status

With the past completion and opening of Renaissance at Trinity and Renaissance at Alta Monte and the forthcoming opening of the Santa Clara development, Fresno County will have three (3) Rental Housing developments making 69 MHSA units available to MHSA eligible tenants. However, it should be noted the current Renaissance developments are not the only supportive housing options available to Fresno County. As per the MHSA Housing Survey conducted by DBH in 2008 and 2012, a significant portion of responses indicated a desire for a single family or larger 3 to 4 bedroom residences. As mentioned above, the DBH is conducting research on Shared Housing Model(s) to determine how the model would work and fit both into the needs of our MHSA consumers and the community at large. A Shared Housing Model could provide an alternative and option for consumers to the Renaissance (Rental units) developments.

Innovation (most current stakeholder process conducted in 2010-2012)

The Innovation community stakeholder process began in March 2010 and continued through February 2011 and consisted of numerous public meetings to gather ideas and community input. Using surveys and stakeholder focus groups the innovative ideas were prioritized and voted on resulting in a total of four Innovation plans. Innovation 1, Integrated Discharge Team (IDT) working with inpatient hospitals, Innovation 2, Overnight Stay Facility (Emergency Departments), Innovation 3, Holistic Center, and Innovation 4, AB 109 Community Re-Integration - mental health services to former prison inmates and paroles.

A more detailed community stakeholder process is identified below:

Fresno County's Community Program Planning Process (CPPP) for the MHSA Innovation component started in March 2010. At this time stakeholders were invited to an initial stakeholder meeting hosted at Blue Sky Wellness Center to learn about Innovation. At this initial stakeholder meeting an Innovation webcast hosted by California Institute for Mental Health (CIMH) was aired and stakeholder discussion took place. Beginning in April 2010 through December 2010 the Department conducted Innovation surveys, focus groups and various stakeholder meetings. During December 2010 through February 2011 additional stakeholder meetings took place to summarize data findings, prioritize community needs, and draft stakeholder driven innovation plans. At the same time the majority of the Department's stakeholder planning activities were taking place, the Department also funded a parallel stakeholder process through a contracted agency - Resource Development Associates (RDA). RDA was contracted by the Department as a consultant to conduct a system (public and private systems of care within the County) review evaluation to assist in identifying possible innovation programs/projects. A summary of the key CPPP activities are shown below:

MHSA Innovation Community Stakeholder Surveys:

Innovation surveys were posted on the County's MHSA website from April 2010 through December 2010 as well as given to stakeholders at various meetings. Over 200 surveys were received. This process also consisted of a consumer/staff survey that was also posted on the County's MHSA website. The survey comprised of questions related to possible novel/new ideas for innovation programs, how to increase Access to services, how to improve quality, how to improve Collaboration, how to better serve the Unserved and Underserved, possible learning outcomes of innovation programs, strengths and challenges in the community. A section at the beginning of the survey contained a brief description of Innovation as well as its purpose and Innovation's guidelines. The survey was posted in English, Spanish and Hmong, the threshold languages for Fresno County.

MHSA Focus Groups
During April through December 2010, 22 Focus groups were held throughout metro and rural areas of Fresno County. The focus groups were held in geographically diverse locations and comprised of various ethnic, cultural, age, and socioeconomic groups. For consistency similar questions were asked at the focus groups as asked in the surveys. Focus groups represented all age populations and metro and rural areas of the County as well as underserved areas in remote areas of the County.

RDA Consultants System Review

The Department entered into an agreement with RDA for the time period February through October 2010. RDA conducted clinical and medical chart reviews, billing and business review, staff/key personnel interviews, as well as an overall system review of strengths, challenges, gaps in the mental health system, as well as provide possible innovative idea's/recommendations. RDA submitted its technical report in December 2010 indicating its findings and recommendations. Identified in the report were several system gaps and possible innovative solutions. RDA's analysis identified several key needs - need for better follow up and linkage for clients admitted to crisis, ED, inpatient hospitals, need for better collaboration and communication between the Department and stakeholder agencies, and need for more culturally and linguistically competent services.

Stakeholder Meetings

A series of three stakeholder meetings were conducted in December 2010 to present data findings of the MHSA Innovation surveys, focus groups, RDA findings, as well as other input received. These meetings were held in geographically diverse communities in the County.

The purpose of these meetings was to allow stakeholders an opportunity to expand on the data collected during

the early stages of the planning process as well as to prioritize the needs for the community. Spanish and Hmong interpreters were available at all three stakeholder meetings in order to make the meetings as productive and accessible to a culturally diverse population. Members of various community based agencies, clients/families, consumer/family advocacy groups, culturally diverse groups, as well as other stakeholder groups and partners in care attended the stakeholder meetings. Department staff provided Powerpoint presentations on Innovation key idea's, essential purposes, as well as provide several handouts on data received to date. At each stakeholder meeting the stakeholders prioritized the ideas gathered previously and narrowed the thirty plus ideas down to the top 10 ideas. These top 10 ideas were then presented to Department administrative and clinical staff, to review and comment on innovative fundable ideas as well as clinical review as needed in each possible plan write-up. After this review phase was completed, stakeholder meetings were reconvened in February 2011, to go over clinical and administrative feedback and to allow for stakeholders to provide specific input and clarification. Stakeholders consequently brought forward more specific input at these meetings. Based on the feedback received from all of the planning activities stated above, the Department drafted innovation plans to meet the needs of the community.

Final Innovation Plans

A draft of the MHSA Innovation plan was posted for 30-day public comment and feedback on the County's MHSA website. In addition, updates of the plan were shared with our Mental Health Board and other community agencies. A public Hearing, chaired by the Local Mental Health Board took place on July 6, 2011, with plan approval being received by the Mental Health Board on July 20, 2011. The First two MHSA Innovation plans were approved by the County Board of Supervisors on August 30, 2011, Innovation 3 and 4 were approved on November 8, 2011. Final vendor agreement following RFP and contract development were approved by the Board of Supervisors on June 19, 2012. All innovation programs have been started and are in various stages of implementation.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

Public Stakeholder Meetings were planned throughout geographically disperse areas of Fresno County to reach:

- Hispanic populations, including stakeholder meeting conducted at Centro La Familia
- Migrant Workers, Undocumented, Latino, Punjabi, and Sikh populations on the western side of Fresno County
- Southeast Asian populations, including stakeholder meeting conducted at Fresno Center for New Americans
- African American populations, including stakeholder meetings at West Fresno Regional Center and Blue Sky Wellness Center
- Rural and Native American populations in the foothills of the Sierra Nevada’s on the eastern side of Fresno County
- Urban and ethnic populations in Fresno metropolitan area, including Hmong, Native American, Latino, African American, Lao, and Khmer populations
- Invitations were sent to individuals, organizations, including schools, faith-based organizations, community-based organizations, mental health providers, primary care clinics and providers,

consumer advocacy groups, and ethnic advocacy organizations throughout the county in multiple languages, including Spanish, Hmong, and Lao using mailing lists and email list-serves.

Additional stakeholder entities involved in the CPP process included consumer/family advocacy groups such as NAMI and Centro La Familia, faith based agencies, local school districts, Child Welfare agencies, probation and law enforcement agencies, as well as community based organizations representing South East Asian, African American, Hispanic, and Native American populations and their related languages. Translators in Fresno County's threshold languages (Spanish and Hmong) were also present as needed at community planning meetings.

In addition to consumer/family member affiliation groups mentioned above additional agencies such as Mental Health America, Survivors of Suicide, Metro Ministries, Lao Family, Fresno Center for New Americans, West Fresno Coalition, Blue Sky, and other groups represented client/families. All age groups were represented at the CPP process, including consumers and families for the children and youth, TAY, Adult, and Older Adult populations. Targeted populations for race/ethnicity included the Hispanic, African American, South East Asian (Hmong, Lao, Cambodian), and Native American populations.

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

N/A

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

Since the initiation of the planning and implementation stages of MHSA, stakeholders, various Boards, community members and staff have been informed of status of MHSA programs. Some of the activities included, but were not limited to:

- Monthly presentations to Mental Health Board and subsequent sub-committees for Adult, Children, Juvenile Justice, etc;
- Informational meetings to consumers and the community as well as Public Hearing and Mental Health Board meetings
- Use of County MHSA website for required postings and continued communication;
- Regular and consistent meeting with consumer, advocacy and other community groups;
- Stakeholder participation has been highly encouraged and has had success in engaging those in activities such as Cultural Competency Committees, Quality Improvement Councils, Consumer Advisory Committee, Change Agent Cadre, using these forums for the communication of DMH and MHSA information.
- Community Based organizations vendor meetings as well as Department staff meetings also took place.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

Various questions and comments were received during the 30 day public comment period. A full description of comments and responses provided by the Department is attached as "Attachment A – MHSA FY 2012-13 Annual Update questions received from MHB members and responses provided"

Various questions and comments were received during the Public Hearing. A full description of comments and questions received is attached as "Attachment B – Public Hearing comments received - 1-9-13"

Various questions and comments were received at the Mental Health Board (MHB) meeting on 1-9-16. Substantive changes to the plan made following the MHB are stated below:

A. In regards to the Prevention and Early Intervention Youth Empowerment Centers the following changes were made to the plan (bold text below):

The Youth Empowerment Centers shall serve approximately 2200 clients in various rural areas of Fresno County. Services shall include peer/family support groups, parenting groups, art/craft activities, mental health education, etc. to children and youth and families via community based youth empowerment centers. In 2011, approximately 3,270 youth and family contacts occurred with 403 youth groups held at 8 sites around the County. Approximately 440 different individuals participated in the youth groups. Approximately 21 youth were referred to County/Provider mental health programs. ***Under direction of Department, the provider will design goals and objectives with timelines that will address the following:***

- Increase the amount of direct face to face hours with children/youth in the program, this time is/can be in structured groups, special projects, and 1:1 time with child/youth and designated support systems.

- Increase the volume and type of services for adolescent age group (14-17), this may be done through additional types of or styles of programming that is more engaging to this age group

Goals, objective and timelines will become part of the ongoing outcome reporting process to the MHB and community.
These changes do not prompt scope of work change, staffing or fiscal amounts, but target an enhancement of services.

B. In regards to the Prevention and Early Intervention Community Based Access Navigation Specialist (CBANS) program the following changes were made to the plan (bold text below):

No change or additional funding recommended to this program during FY 12/13 MHSA Annual Update.

During FY 11-12, a master agreement was developed for the provision of CBANS services. Currently 5

underserved communities are provided preventative and early intervention services as indicated below. Communities served are underserved Africa American, Hispanic, Southeast Asian, Native American, homeless ***and faith –based communities.***

The provision of culture-based access and navigation specialists is modeled on the evidence-based promotora community healthcare model. The access specialists are chosen by and represent the community in a culturally appropriate and competent way. Additionally, there is a culture-based peer support component that will be in collaboration with the access specialists. 2000 individuals will receive prevention services and 2000 individuals will receive early interventions through peer support, 3200 families will receive prevention and early intervention services.

Related to CBANS Agreement changes since the final draft of the MHSA Annual Update, there is a dollar amount allocated to this agreement in the total of $ 164,661. The Department proposes no changes to this agreement at this time and will accept proposals as additional underserved communities can be served and interest has been shown to increase services to rural communities. Many underserved communities lack transportation and experience community stigma related to mental health services. Having trusted community workers/peer support workers reduces the likelihood of crisis situation from escalating.

C. In regards to the Prevention and Early Intervention - Horticulture Therapeutic Community Centers and Peer Support (Community Gardens) program the following changes were made to the plan (bold text below):

Increase in funding of ***$60,000*** to allow for expansion of community gardens services in underserved communities. ***Current approved total providers under current agreement for FY 12/*****13 is $ 171,620 leaving no balance for successful additions.**

In FY 2011-12 community garden agreements were awarded to several agencies to serve underserved communities in Fresno County. Community gardens serving the Southeast Asian, Slavic, Hispanic, Anglo, African American ***and Punjabi*** as well as other communities have been developed. These programs provide community-leveraged community gardens to serve as neighborhood mental health resource centers and peer support services for untreated mental health issues such as post-traumatic stress in underserved cultural communities. Over 1500 individuals and/or families have been served.
An expansion ***of funding to add new sites and specialties*** is required as additional community based organizations have shown interest and the need for developing community gardens and peer support centers for underserved communities. Additional services in rural communities have been requested. An expansion of this prevention and early intervention program will allow many individuals to seek the behavioral, physical, and spiritual benefits achieved through horticulture therapeutic interventions.

The Department will work with all providers (current and new) to increase access to all interested clients/families, continue with outcome reporting and assess outcome reporting for additional mental health, prevention and early intervention data. The Department will be seeking Community Gardens as an approved project to be identified as a Suicide Prevention Best Practice. Additional dollars will allow for approximately 3 additional acres of approved gardens upon Department approvals of submitted proposal(s).

D. In regards to the Integrated Wellness Center the following changes were made to the plan (bold text below):

FY 2012-13 Funding Request ***$40,000 for planning purposes and costs associated with specialized client/family stakeholder planning as completed by DBH***
Reason for Change: New Program
Addition of Integrated Wellness Center(s). ***The Integrated Wellness Centers shall incorporate various prevention and early intervention services as well as treatment services. The concept of the Integrated Wellness Center was driven from stakeholder process to address prevention, early intervention and treatment programming. Vast needs and the complexity of co-programming prevention and treatment have prompted the Department to request funds to complete a more extensive planning process for the submission of an Integrated Wellness Center concept in the MHSA Annual Update FY 13/14. Fund will be used exclusively for county wide focus groups and stakeholder input and further work/research on development of this concept.***

The process will include the input received prior and work with the following public submission below:

Cultural/linguistic services shall be offered to meet the needs of the community and the diverse ethnic and cultural community present in the County.
Client supported employment services including job coaching, mental health peer career development, employment services and retention, and peer support services shall be offered.
Transportation services for rural and other clients unable to visit the center by their own means shall be provided. Transportation or bus tokens as well as other supports shall be provided.
Intensive case management services and intensive outpatient services shall be provided at the center that focuses on a recovery and wellness model. Evidence based or best practices shall be encouraged at the center and outcomes shall be data driven.
Peer support shall be embedded in the design of the center. Peer support, parenting groups, and family support groups shall be offered.
Educational and training services shall be offered that will assist clients in furthering their educational goals.
Recreational activities that further social skills development, reduction of anxiety and that promote self-esteem and self-confidence shall be provided.
Other prevention and early intervention as well as treatment services shall be provided at the Integrated Wellness Center.

General Comments Received: Stakeholders/Public in support of the plan.

The MHSA FY 2012-13 Plan Update was posted for the period November 19, 2012 through December 19, 2012. The Public Hearing was conducted on January 9, 2013. The Mental Health Board discussion and approval of the revised Annual Update was conducted on January 16, 2013. The Fresno County Board of Supervisors will be presented the Plan for review and approval in February 2013.

Fresno County, Department of Behavioral Health Mental Health Services Act FY 2012-13 Annual Update

MHSA Programs and Funding

The Mental Health Services Act (MHSA) FY 12-13 Annual Update is the process in which the Fresno County Department of Behavioral Health reports to the local community on the current MHSA programs in existence, reports on the outcomes/successes of MHSA programs, as well as reports on the funding allocated for MHSA programs. The annual update process allows the Department to update our MHSA plans, including target populations and funding. The annual update process is also the medium used to request changes to currently approved programs, to request new programs, delete programs, or to consolidate programs.

Fresno County's MHSA FY 12-13 annual update materials, as well as related information are also posted at the MHSA website at: www.co.fresno.ca.us/mhsa.

A public hearing shall be scheduled following the end of the 30 day stakeholder comment period.

MHSA has five components – Community Services and Supports (CSS) including Housing, Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Information Technology and Capital, and Innovation. Currently Fresno County has 24 CSS programs, 11 PEI programs, 15 WET programs, 4 Innovation programs, 3 approved IT program, limited capital facilities program, as well as 3 MHSA Housing renaissance developments.

In FY 2011-12 Fresno County's State MHSA CSS program allocation was $18,292,000, PEI allocation was $4,500,100, and Innovation allocation was $1,198,100. Prior year unspent funds in addition to Medi-cal/EPSDT revenues were used to complete the expenditures needed for FY 2011-12.

In FY 12-13 Fresno County's estimated MHSA CSS program allocation is $22,133,300 (increase of 21%/ $3,841,300), PEI allocation is $5,445,100 (increase of 21%/$945,000), and Innovation allocation is $1,377, 300 (increase of 15%/$179,200). There is an overall increase of $4, 965,500 in MHSA funds in FY 2012-13. However, it is noted that FY 12-13 amounts are estimate amounts received from the California Mental Health Directors Association fiscal consultants and fiscal distributions are sent monthly from the State.

There are no separate/additional funding allocations for WET, Capital Facilities, Information Technology, or MHSA Housing as these programs will use past unspent allocations for FY 12-13 expenditures.

The increase in funds requested in the 2012-13 annual update is in the amount of $5,662,005. This increase shall be supported by the estimated increase in FY 12-13 MHSA amounts ($4,965,500) as well as prior year unspent funds ($696,505).

Total MHSA Plan amounts for FY 2012-13 also reflect past years savings, additional unspent funds, as well as medi-cal revenues. The key differences (not including regular/normal cost increases for County operating costs – retirement, benefits, office supplies, etc) in this year's request is shown in Table 1 below.

The Department's primary focus in the annual update is to provide additional funding and support in the following key community needs:

- Renovation and improvement of existing buildings using Capital Facility funds to make existing buildings more welcoming, more accessible to clients and families. Examples of renovations and

improvements would include such items as new carpet, better signage, new paint, bathroom and lobby re-design, automatic doors, ADA compliant upgrades, etc.

- Upgrading Electronic Medical Records (EMR) system – AVATAR to be more efficient and provide for additional options to achieve full implementation of EMR system.
- Expanding mental health services to rural areas of Fresno County – mental health staffing and related operating costs to provide expanded services to additional clients as well as additional rural locations.
- Increasing Housing related support positions (3 FTE Community Mental Health Specialist – CMHS) for upcoming Renaissance MHSA Alta Monte, Santa Clara, and existing Trinity Housing projects. Responsibilities to include supportive services as well as related client support services.
- Increasing flex account for Housing related support costs (Shelter + Care, Security Deposit, utilities, etc.) for use in Renaissance Housing Projects as well as in County/contracted Programs.
- Allocating CSS funds to support General System Development (GSD) Housing in support of existing approved MHSA plans. Funds can be used for project based housing - system development on a long term basis. Project based housing can include acquisition of land, building, renovation, master lease, etc. Housing to include support for TAY Housing as well as Rural Housing.
- Adding 1 additional licensed clinician to the Team Decision Making (TDM) program. The three clinicians assigned to the program shall all be licensed. A CMHS shall provide services formerly provided by vacant Parent Partner position, in addition to other services provided by the case manager. This allows the program to better meet the needs of the TDM program and allows for mental health needs to be addressed by the clinician as well as the case manager.
- Expansion of PEI Perinatal program to expand access to women in need of mental health services related to their pregnancy-post pregnancy. Expansion of services will be funded through CSS funds and will allow clients with pre-existing or past mental health conditions in receiving services through the Perinatal program.
- Expansion of Prevention and Early Intervention Agreements relating to community requests for additional providers for integration of mental health with primary care providers, K-8 school based positive behavioral intervention and supports program, and the Community Gardens program.
- Addition of 1.0 FTE (County or contracted) Family Advocate position to provide liaison, advocacy, and support services for families experiencing mental health challenges.
- Restoring and increasing Full Service Partnership (FSP) agreements as well as other MHSA agreements to add to program capacity and to reduce wait lists. This will lead to increasing access to services to current successful programs. In addition. increasing cultural/linguistic appropriate services shall also be provided.
- Redesign of crisis related services for the CPRS Westcare and County CPRS Program to meet the needs of the community and service providers.
- Increase in adult mobile crisis services for inpatient hospital discharge, ED placement, and field response through increase in clinicians, case management, and peer support through MHSA Innovation and PEI programs.
- Transition Age Youth (TAY) previously approved Expansion to allow for In House Department TAY Program and Contracted TAY Full Service Partnership (FSP) to provide services to additional clients and to offer additional services.
- Co-Occurring FSP Services - Increasing funding for co-occurring (mental health and substance abuse services) FSP services. This will increase the capacity and access of this program. Currently this program is at full capacity.
- Establishing a Children's Mental Health – Screening, triage and related services program, a New Front Door. This program will reduce the current access and quality challenges faced by Fresno County children and families.
- Children's System of Care Outpatient Treatment Services Expansion. This program will provide a variety of mental health services to additional clients coming into the system due factors such as the

Healthy Families program merging into Medi-cal as well as the increase in clients expected from the Federal Health Care Affordable Care Act.

- Children's Outpatient Services - provide an outpatient substance abuse treatment program for children/youth with co-occurring mental health/substance use disorders.
- Expansion of Children's 0-5 age Full Service Partnership. Services will be expanded to include children 6-10 years of age. Services will be provided for young children experiencing crisis or hospital settings. A significant number of children through the age of 10 will benefit from this expansion in services. In addition, this expansion will complete the full age spectrum for full service partnerships available in Fresno County.
- Substance Abuse Outpatient Services - provide prevention and early Intervention services to the children of clients enrolled in substance use disorder programs. There is a high prevalence of mental health issues and substance use by this population. These services could be provided at the substance abuse program.
- Addition of Integrated Wellness Center(s) – Planning Funds- ***The Integrated Wellness Centers shall incorporate various prevention and early intervention services as well as treatment services. The concept of the Integrated Wellness Center was driven from stakeholder process to address prevention, early intervention and treatment programming. Vast needs and the complexity of co-programming prevention and treatment have prompted the Department to request funds to complete a more extensive planning process for the submission of an Integrated Wellness Center concept in the MHSA Annual Update FY 13/14. Fund will be used exclusively for county wide focus groups and stakeholder input and further work/research on development of this concept.***
- Adding administrative costs to assist in the support of expanding MHSA programs. Support staff to assist with increased need for personnel hiring, training, billing, admitting, telephone access line, telepsychiatry, etc, to assist in the expansion and support of requested and current programs.

Table 1

Key MHSA Program Changes for the Fiscal Year 2012-13 Annual Update

Program	Description of Change	Cost
Urgent Care Wellness Center, Metro Building Peer Support, First Onset etc, as well as other buildings	Renovation of existing buildings using Capital Facility funds to make existing buildings more welcoming, more accessible to clients and families. Examples of renovations would include, new carpet, better signage, re-configure front lobby's, paint, automatic doors, ADA compliant, bathroom re-design, Outside lobby and	$200,000

	parking area improvements, etc - to create a welcoming and wellness related setting	
AVATAR/EMR	Upgrade AVATAR/EMR system to be more efficient and to allow for additional options needed for full implementation	$150,000
Expanding mental health services to Rural areas of Fresno County	Mental health staffing and related operating costs to provide expanded services to additional clients as well as additional rural locations.	$250,000
Housing Support Services (Staffing)	Add 3 FTE CMHS (Peer Support Specialists positions already allocated) for upcoming Renaissance MHSA Alta Monte, Santa Clara, and existing Trinity Housing projects. Responsibilities to include supportive services as well as related client support services.	$230,0000
Housing and Utilities Flex Account	Flex Account for Housing related support costs (Shelter + Care, Security Deposit, utilities, etc) for use in Renaissance Housing Projects as well as in County/contracted Programs. Use FSP Cost Center (4510)	$50,000
Housing Program – Master Leasing	Allocate CSS funds to GSD Housing in support of existing approved CSS plans. Can use funds for project based housing - system development on a long term basis. Acquisition of land, building, renovation, master lease, etc are all covered items. Addressed partially with Housing Flex Funds stated above.	$400,000
Team Decision Making (TDM)	Add 1 licensed Clinician. All 3 Clinicians shall be licensed. Case Manager to provide services of former vacant Parent Partner position in addition to other	$77,133

	case manager duties. This will allow for the program to better meet the needs of the TDM program and will allow for mental health needs to be addressed by the clinician and case manager.	
Perinatal Program Expansion	Expansion of PEI Perinatal program to expand access to women in need of mental health services related to their pregnancy-post pregnancy. Expansion of services will be funded through CSS funds and will allow clients with pre-existing or past mental health conditions in receiving services through the Perinatal program.	$200,000
Primary Care Integration, K-8 School Based, Community Gardens - Master Agreements Expansion	Expansion of PEI Agreements – Mental Health integration with primary care providers, K-8 positive behavioral intervention supports program providers/school districts and Community Gardens agreements	Total Increase $660,000 (3 contracts)
Family Advocate Position	Request to add County or contracted 1.0 FTE Family Advocate position to provide liaison, advocacy, and support services for families experiencing mental health challenges	$75,000
FSP and other MHSA Agreements Restoring of funding	Request to increase FSP and other MHSA agreements to increase access, increase capacity of clients served. This will help restore previous cuts to MHSA agreements. Cultural/linguistic appropriate services to be increased.	$770,653

CPRS Crisis Services	Redesign and possible reduction of CPRS Program due to changes in community requests from using agencies/ED's. Current State plan had 2 Clinical Staff stationed at Community Regional Medical Center (CRMC) - 2 County Clinicians during the day and 2 Westcare Clinicians for the night and weekends/holidays.	N/A
Transition Age Youth (TAY) Expansion – In House TAY Program and Contracted TAY Full Service Partnership (FSP). *Funds previously approved this is not a new request.	Allows for implementation of previously approved TAY expansion with the following modifications. Allows for expansion of County TAY program as a higher level support (step up) and a lower level support (step down) for the contracted FSP program. In addition, allows for contracted out FSP TAY program to increase the number of clients served and the ages of clients served.	$1,661,198
Co-Occurring FSP Services	Increasing funding for co-occurring (mental health and substance abuse services) FSP services. This will increase the capacity and access of this program. Currently this program is at full capacity.	$600,000
Children's Mental Health Outpatient Services	Establishing a Children's Mental Health – Screening, triage and related services program, a New Front Door. This program will reduce the current wait time to see clinical staff, reduces time for assessment and treatment as well as increases access and quality for Fresno County children and families	$300,000
Children's Mental Health Outpatient Treatment Services	Children's System of Care Outpatient Services Expansion. This program will provide a variety of mental health services to additional clients coming into the system currently as	$750,000

	well as clients expected to request services due to the Healthy Families program merging into Medi-cal as well as the increase in clients expected from the Federal Health Care Affordable Care Act	
Children's Mental Health Outpatient Services – Co-Occurring Services	Provide an outpatient substance abuse treatment program for children/youth with co-occurring mental health/substance use disorders	$150,000
Children's Full Service Partnership Expansion for ages 6-10	Expansion of Children's 0-5 age Full Service Partnership. Services will be expanded to include children 6-10 years of age. Services will be provided for young children experiencing crisis or hospital settings. A significant number of children through the age of 10 will benefit from this expansion in services. In addition, this expansion will complete the full age spectrum for full service partnerships available in Fresno County.	$119,219
Substance Abuse Outpatient Services	Provide prevention and early Intervention services to the children of clients enrolled in substance use disorder programs. There is a higher prevalence of mental health and substance use by children of clients experiencing co-occurring issues. These services could be provided at the substance abuse program.	$240,000

Addition of Integrated Wellness Center(s) – Planning Funds	***The Integrated Wellness Centers shall incorporate various prevention and early intervention services as well as treatment services. The concept of the Integrated Wellness Center was driven from stakeholder process to address prevention, early intervention and treatment programming. Vast needs and the complexity of co-programming prevention and treatment have prompted the Department to request funds to complete a more extensive planning process for the submission of an Integrated Wellness Center concept in the MHSA Annual Update FY 13/14. Fund will be used exclusively for county wide focus groups and stakeholder input and further work/research on development of this concept.*** .	$40,000
MHSA Administration and Support Services	Support staff to assist with increased need for personnel hiring/training	$400,000

		(support peer support, career ladders, wellness/recovery),billing, admitting, telephone access line, telepsychiatry, etc, to assist in the expansion and support of requested and current programs	

Program descriptions, recommended changes and fiscal highlights are included below for MHSA funded programs. To review program successes, challenges, demographic and other related data refer to the Outcome Measurement data.

Community Services and Supports (CSS)

Community Services and Supports (CSS)

Implementation activities for CSS programs are in general progressing at adequate levels and generally proceeding as described in the County's approved State and local plans. Most of the CSS plans are exceeding their target client numbers to be served. Number of clients seen and the types of treatment provided are meeting expected levels throughout all four age populations. Some of the challenges for CSS programs included redesigning adult comprehensive crisis services to meet the consumer/family needs of the community. Some of these crisis needs will be met with new innovation funded programs such as Innovation 01 – Integrated discharge Team, Innovation 02 – Emergency Department Overnight Stay Facility, as well as Innovation 04 –Community Re-integration for the AB109 population (former prison inmates released to County supervision). In addition partial MHSA funding of the new Crisis Stabilization Unit (CSU), funding of additional crisis field clinicians, as well as funding new Housing developments and supports have assisted in providing crisis related services.

As part of the community stakeholder input process and pursuant to the Department Outcomes Committee, Outcomes have been reported for each MHSA funded program. Department and contractor vendors have been reporting on outcomes measurements on a regular basis to the community and Mental Health Board. Additional outcome reporting has and is being prepared for the County Board of Supervisors.

CSS services included Smart Model of Care FSP services (0-5 children intensive community services and supports, Parent Child Interaction Therapy (PCIT) and Incredible Years (IY) evidence-based practices), K-12 School based metro and rural services serving more than 25 different school sites, Assertive Community Treatment (ACT) FSP for children and youth 10-18 years old, Transition Age Youth FSP with ACT evidence based services, Peer Support Specialists are working in various DBH teams/programs, adult rural services were provided with emphasis in FSP services, intensive case management, as well as outpatient services, consumer advocacy services were provided through experts in the targeted populations, Intensive community services and supports FSP services were provided to adult consumers at high risk of repeat hospitalization/crisis services, housing and recovery FSP services were provided to adult consumers including individual and group therapy services, medication and supportive employment services, FSP Co-occurring services were provided, Co-occurring training, change agent teams, and co-occurring assessments were provided, and various Older Adult mental health services were provided to clients in remote and rural areas of Fresno County, with a crisis response component with collaboration with Adult Protective Services.

Services were focused towards unserved and underserved populations in Fresno County, with emphasis on Hispanic, African American, Southeast Asian, and Native American populations, cultural and linguistic mental health services were provided to the SE Asian population.

Co-occurring FSP services were provided to adults, Adult daily outpatient (OPTIONS) services were provided to clients exiting crisis/ER and hospital settings, mobile crisis services were provided in many rural areas of the County (CPRS), and Urgent Care Wellness Center outpatient services were provided for adult populations.

Reducing racial and ethnic service disparities was achieved though hiring cultural and ethnic staff reflective of the target communities, hiring culturally competent and training staff, awarding agreements to agencies that were experienced with working and resided in the target communities, hiring significant number of consumer and family members, and providing outreach and engagement services to many of the rural areas of the county, rural and outlying school districts, as well as to poor, mountain/foothills, and immigrant communities.

By June 30, 2012, approximately 150 clients received services through the SMART MOC program, , 167 clients received services through the Children and Youth ACT program, 878 clients received school based services, 139 clients received TAY FSP services, over 3000 clients received various Adult FSP and GSD services, and over 500 clients received Older Adult mental health services .

Most contracted services and County in-house MHSA programs exceeded target client levels and are performing at satisfactory levels throughout the four age populations. Collaboration between multiple providers have taken place both within the mental health system as well as with other partner agencies/systems such as Public Health, Probation, Law Enforcement, Schools, Child Welfare, etc

CSS program descriptions are included below for all age populations.

Children and Youth Population

Children ages 0-5 Full Service Partnership (FSP)

FY 2011-12 Funding Request $2,384,386
FY 2012-13 Funding Request $ 2,503,605
Change: Expand services to include children ages 6-10 and to increase capacity.

Children ages 0 through 5 who are at high risk and who experience attachment/bonding issues. Many times this population is underinsured or uninsured and are involved in multiple systems (e.g. child welfare system). Many of these youth are from racially and ethnically diverse populations (Latino, Southeast Asian, African American, etc.). Many children in this target population are reared by teen mothers of color. The target population also consists of families affected by substance abuse issues, and or experiencing extreme behaviors at pre-school, day care, kindergarten, or school. Because of unaddressed social, emotional and health needs, these children experience behavioral problems, multiple placements, and educational failure.

The FSP (previously referred to as the SMART MOC) program is a 24hr/day 7days a week comprehensive and intensive services and supports program. This work plan is a full service partnerships (FSP) program for children ages 0-5 and their families/siblings. The comprehensive and intensive services and supports include care management, case management, linkage, referral, evidenced based treatment, peer support for families, coordination of services, translation services, emergency housing assistance, child care services, utility assistance, clothing, food, hygiene vouchers, transportation, and crisis services (wrap around services). The evidence based treatment programs are Parent Child Interaction Therapy (PCIT) and Incredible years (IY) as well as Triple P (parenting). Over 150 clients served each year.

PCIT is an effective evidenced-based treatment model with highly specified, step-by step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and,

using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. A PCIT trained therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns. IY is an effective evidence-based intervention that was initiated (2003) through a partnership with the California Institute of Mental Health (CIMH). The IY program is a program that provides treatment for school age children with severe emotional and behavioral problems. These children are in need of an effective intervention, follow-up and support as they were failing in the school system because of their emotional and behavioral problems.

The IY program consists of the following three components: 1) Parent Basic: educates parents on social learning and child development and non-violent discipline techniques, Parent Advanced: to aid parents cope with personal and interpersonal problems. It also helps parents collaborate with teachers and work with their child to foster academic readiness (peer support for families-parenting groups); 2) Teacher training: works with the teacher to learn how to manage misbehavior and develop a plan with the parents for behavior management (teacher training not funded by MHSA); and, 3) Children's Groups: promotes pro-social behavior and is a source of on-going treatment.

Expansion of Children's 0-5 age Full Service Partnership. Services will be expanded to include children 6-10 years of age. Services will be provided for young children experiencing crisis or hospital settings. A significant number of children through the ages of 10 will benefit from this expansion in services. In addition, this expansion will complete the full age spectrum for full service partnerships available in Fresno County.

Children and Youth ACT Program – FSP

FY 2011-12 Funding Request $1,013,672
FY 2012-13 Funding Request $_1,064,355_____
Reason for Change: Increase by 5% to increase client capacity

The priority population for the Assertive Community Treatment (Act – FSP) program is Youth ages 12-18 identified as being at risk of, or currently involved with, the juvenile justice system. The majority of youth have co-occurring serious emotional disturbances and substance abuse disorders. Approximately 167 clients were served in 2011.

ACT target population is unserved and underserved children and youth in the juvenile justice system that are transitioning back into or remaining in the community to participate in this evidence based programs which is client/family driven and promote wellness and recovery. ACT program will strive to maintain the fidelity of the program, with adjustments made to focus on the children and youth populations.

The ACT program will consist of, multidisciplinary staffing (including Peer and Family Support staff, Psychiatrist, clinicians, nurses, and case managers), low staff-to-client ratios, intensive services, staff available 24-hours a day, and a strong team organizational and communication structure. The ACT program concentrates on a team approach and with the ACT program being a FSP, all support services will be available. In addition, the ACT program is client/partner-centered, with individualized assessment and treatment planning, and up-to-date individually tailored treatment, rehabilitation, and support services such as case management services, housing assistance, client and family support services, rehabilitative services, and employment assistance as needed. Referrals for the ACT program are received from County Mental health programs, Behavioral Health Court, Juvenile Probation, as well as other community based agencies.

Children and Youth School Based Programs – Metro and Rural Teams

FY 2011-12 Funding Request $1,789,981
FY 2012-13 Funding Request $1,818,154
Reason for Change: Reflects increase in County costs related to benefits, retirement etc.

The priority population shall be high-risk children/youth (K-12 grades) who are in danger of failure in the school system, risk of institutional care, hospitalization, incarceration, out of home placement, and addiction to substances. Unserved/underserved Latino, African American, Southeast Asian and Native American populations with few resources shall be targeted. Many of the clients to be served come from families that are historically difficult to engage and have multi-generational patterns of substance abuse problems, discipline problems at school, work, and in the community.

The County of Fresno provides school based mental health services by utilizing MHSA General Systems Development funds. This program is designed to improve and expand mental health services and supports for youth, including clients that also experience co-occurring – mental health and alcohol/substance abuse and/or discipline issues. Mental health clinical staff provide various types of individual therapy, group therapy, case management, crisis services, and Evidence Based Practices (EBP's) as appropriate. School sites are designated by collaborative discussions/meetings between Children's Mental Health, school sites, schools' Special Education Local Plan Area (SELPA) Directors, Child Welfare agencies, and other community partners according to the greatest need. Services are provided at various school districts in Fresno County, both metro and rural schools.

As part of this collaboration all parties (teachers, faculty, administrators, parents/guardians, support staff, etc) are educated about mental illness and its impact on behavior, academic and social/emotional functioning. Appropriate education on identification and treatment/intervention for severe childhood mental illness is included. Stigma reduction, anger management and advocacy training is provided. Additional supports to children/families shall be provided through family counseling on drug and alcohol prevention, education on treatment of alcohol and drug problems, parenting groups, and socialization/support groups to include the whole family.

Services are provided throughout metro and rural Fresno County. Of the rural areas, the cities that had the most clients served were Sanger, Reedley, Kerman, Parlier, Orange Cove, and Firebaugh. In 2011, approximately 398 clients were served by the Metro school based team and 480 clients served in the rural school based team.

Children's Mental Health - Screening,Triage and related services - New Front Door - New

FY 2011-12 Funding Request $ N/A
FY 2012-13 Funding Request $300,000
Reason for Change: New Program

This is a new Program request to enhance existing Children's mental health services. This new program will lead to timely access to DBH Children's Mental Health services by establishing a new front door to screen requests for services, schedule walk-in, orientation, triage/assessment, treatment, and/or make referrals to contract providers or community resources. This program may also include a one-stop call center to assist in improving access to clients. Current access to children's services experiences long wait times for assessment and ongoing clinical services.

During the last 6 month period over 1,000 requests for mental health services have been received. Through this new program clinical screening and same day or expedited services based on the severity of the mental health symptoms would be provided.

EQRO data shows County's penetration rates for children 0-5 is 1.26% compared to the Statewide average of 1.65% and ages 6-17 the penetration rate is 4.43% compared to the Statewide average of 7.75%.

A new front door screening and Triage program will also enable clients to access Psychiatrist and nursing staff more rapidly.

Staffing would include 1-Office Assistants, 1-Admitting Interviewer, 1-Case Manager, 1-County clinicians and utilizing current clinicians when additional clinical support is needed.

Children's System of Care Expansion of Outpatient Services – New

FY 2011-12 Funding Request $ N/A
FY 2012-13 Funding Request $750,000
Reason for Change: New Program

Increase mental health outpatient treatment services by increasing system capacity to meet the needs of current children and youth waiting treatment and the anticipated increases expected with the Medi-Cal population beginning January 1, 2013 with the inclusion of Healthy Families children being enrolled into Medi-cal. In addition, this expansion of services will assist in the mental health services needs of children and youth in 2014 due to the expanded medi-cal eligibility criteria under the Federal health care reform through the Affordable Care Act. All of these factors will result in the increase in the number of SED referrals for mental health assessment and treatment.

EQRO data shows County's penetration rates for children 0-5 is 1.26% compared to the Statewide average of 1.65% and ages 6-17 the penetration rate is 4.43% compared to the Statewide average of 7.75%, Foster Care youth penetration rate is 59.56% compared with the Statewide average of 62.53%.

Special emphasis will be to locate services in metropolitan and rural Fresno areas with the highest density of client need. This new program will be staffed by mental health professionals who mirror the ethnic and cultural diversity of that community.

Services will increase the number of home visits, individual/group therapy treatment for clients and parents/caregivers and case management services. Evidence-based/best practices will be used that focus on measurable outcomes.

Staffing would include up to 6 County Clinicians, 3 Case Managers, 1-Office Assistants, 1-Admitting Interviewer, and 1 Clinical Supervisor.

Children's Outpatient Services Co-Occurring (mental health and substance abuse treatment) – New

FY 2011-12 Funding Request $ N/A
FY 2012-13 Funding Request $150,000
Reason for Change: New Program

This new program will enhance the current Children's Outpatient treatment Services. This program will provide an outpatient substance abuse treatment program for children/youth with co-occurring mental health/substance use disorders. During FY 2011-12 County operated Children's Mental Health programs served a monthly average of 1,500 children and youth. National Prevalence studies estimate that of the youth

receiving mental health services almost 43% have a co-occurring substance abuse disorder. Integration of Substance Abuse Specialists will address these needs and increase the co-occurring competence of the mental health clinicians and treatment team.

Increasing co-occurring mental health/substance abuse treatment services will also be needed due to the increase in clients expected with the inclusion of Healthy Families children being enrolled into Medi-cal in 2013 and the expansion of medi-cal clients due to the Federal health care reform through the Affordable Care Act.

EQRO data shows County's penetration rates for children 0-5 is 1.26% compared to the Statewide average of 1.65% and ages 6-17 the penetration rate is 4.43% compared to the Statewide average of 7.75%, Foster Care youth penetration rate is 59.56% compared with the Statewide average of 62.53%.

Staffing would include 2 Substance Abuse Specialists.

Transitional Age Youth (TAY) FSP

FY 2011-12 Funding Request $3,186,189
FY 2012-13 Funding Request $3,186,189
Reason for Change: Implementation of previously approved TAY expansion with modifications as stated below

Services provided to Transition age youth 16-24 years old, with population to also include those ages 14-15 years that are identified as requiring early engagement into appropriate Full Service Partnership programs. Approximately 139 TAY clients were served in 2011.

Fresno County Transition Age Youth Services work plan is inclusive of the following program:

Transition Age Youth Full Service Partnership will provide ACT evidence based services to include individual and group therapy, crisis services, medications, housing, case management, rehabilitation and support, employment related services as well as a team based approach to wellness and recovery. The TAY program will have a positive impact on juvenile and adult justice systems as well as the TAY focus on supported employment as coordinated through the Department of Rehabilitation (DOR) and Supported Education Employment Services (SEES) of Fresno County. This will allow for the unique opportunity of close collaboration with both agencies for strong outcome measurements specific to supported employment services, development and job coaching. Outcomes to be measured will include, but not be limited to successful residence in the community with monitoring of access to crisis services during the first 3 months of transition (and on-going crisis review) and enrollment and successful job placement while in the SEES program. Services will include TAY peer support specialists to serve as mentor and system navigators through the various systems to be accessed for integrated care.

Allows for implementation of previously approved TAY expansion with the following modifications. Allows for expansion of County TAY program as a higher level support (step up) and a lower level support (step down) for the contracted FSP program. In addition, allows for contracted out FSP TAY program to increase the number of clients served and the ages of clients served. This additional funding will allow for a projected increase in 50 FSP TAY slots, thus increasing capacity of the program and increasing access to services.

Adults and Older Adults populations ages 18-65+ representing unserved/underserved populations throughout metropolitan and rural Fresno County.

Integrated Mental Health - Adult Homeless Mentally Ill: - Housing and recovery FSP services

FY 2011-12 Funding Request $1,441,162
FY 2012-13 Funding Request $1,513,220
Reason for Change: Increase by 5% to increase client capacity

Adult Homeless Mentally Ill Full Service Partnership – Serving 127 adult at risk of homelessness at any given time, referrals received from community providers, adult mental health County programs, Behavioral Health Court, as well as other agencies. The Housing and Recovery FSP provides a full array of mental health treatment services including assessments, individual therapy, group therapy, medications, case management, crisis services, rehabilitation services, in addition to housing services. The age range of the population served is from 18 to 65 years.

Community Re-Integration Team – AB109 FSP

FY 2011-12 Funding Request $350,000
FY 2012-13 Funding Request $350,000
Reason for Change: N/A

The AB 109 Full Service Partnership (FSP) program provides evidence-based mental health services specifically tailored to meet the unique needs of the seriously mentally ill (SMI) population identified among the AB109 post-release adult male and female offenders. Services shall include individual therapy, medications, as well as case management services. This program shall serve approximately 30 clients at any given time. This project includes the use of innovative approaches resulting in increased access to services for the underserved criminal justice clients thereby encouraging and assisting this population in transition towards growth, stability, wellness, and recovery. Services shall be delivered with a focus of "meeting the clients where they are" utilizing a "whatever it takes" approach. An important element of this project is the close and constant communication and collaboration between the contracted vendor, the criminal justice system, Fresno County Probation Department, and Fresno County Department of Behavioral Health.

Project for Assistance in Transition from Homelessness (PATH) Program

FY 2011-12 Funding Request $147,826
FY 2012-13 Funding Request $155,217
Reason for Change _ Increase by 5% to increase client capacity

This program provides mental health outreach and housing Services. A variety of mental health services were provided, including outpatient, case management, linkage, medication, and substance abuse services. MHSA funds have been used as matching funds for federal funds received to allow additional services/clients to access the provision of housing for the mentally ill. This program is designed to provide outreach services to 442 clients each year, with 30 clients at any given time receiving intensive case management, medication, assessment, and housing services.

Intensive Community Services and Supports Team (ICCST) FSP

FY 2011-12 Funding Request $1,238,969
FY 2012-13 Funding Request $1,300,917
Reason for Change Increase by 5% to increase client capacity

This FSP program on average serves 90 adults who have 4+ inpatient, crisis admissions in calendar year, participates in Behavioral Health Court and assisting those moving to a lower level of care out of locked settings. Full array of mental health services and supports are provided, including triage and referral, assessments, individual therapy, group therapy, medications, case management, crisis services, and rehabilitation services.

Enhanced Rural Services – Outpatient/Intensive Case Management/Full Service Partnerships

FY 2011-12 Funding Request $1,984,659
FY 2012-13 Funding Request $2,333,892
Reason for Change Increase by 5% to increase client capacity as well as Expansion of rural services

Provision of services to consumers in the Reedley, Sanger and Pinedale areas with a level of care system that provides outpatient services (173 consumers), intensive case management (371 consumers) and 54 served in a rural based FSP. As part of the County of Fresno CSS Community Planning Process in 2004-2005, it was determined that there was a high prevalence and associated complications of mental health disorders among rural Latinos, attributable in part to limited access to services because of language barriers and culturally inappropriate services. As a result, it became a priority that Fresno County begin bridging the gaps in service by removing barriers and increasing access to care and addressing issues of availability and appropriateness of care. Services also provided to Older Adults.

Increasing mental health staffing and related operating costs to provide expanded services to additional clients as well as additional rural locations. This expansion of rural services will provide needed services to clients in remote areas, clients that lack transportation, and provide services in a linguistic and culturally appropriate manner. This additional funding will also allow for a projected increase in 30 FSP rural slots, thus increasing capacity of the program and increasing access to services.

Indigent Medications:

FY 2011-12 Funding Request $500,000
FY 2012-13 Funding Request $500,000
Reason for Change N/A

The provision of these services included a complete redesign of the psychotropic medication provision for indigent clients. This redesign included the utilization of discounted generic medications, patient assistance programs, sample medications, and the requirement for consumers 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. By integrating the variety of resources listed above, the County will be able to provide a

greater number of consumers the medication they need to remain stable and avoid crisis situations. Services also provided to Older Adults.

Cultural Specific Services:

FY 2011-12 Funding Request $350,273
FY 2012-13 Funding Request $367,787
Reason for Change: Increase by 5% to increase client capacity

This program provided by Fresno Centers for New Americans provides culturally competent and linguistically accessible community-based outpatient specialty mental health services to the Southeast Asian community. Services are provided by Southeast Asian licensed and/or unlicensed/waivered professionals. Furthermore, these services allows clinical training opportunities for bilingual and bi-cultural post-master interns and second year graduate students in Social Work, clinical psychology or Marriage and Family Therapy. These services have provided a framework for Fresno County to create a Master Agreement that will encompass the services of multiple culturally specific/linguistically appropriate community based providers to create a network of services to communities as identified as priorities in the community planning process as well as in the cited approved work plans. The Work Force Education and Training component will also provide training opportunities/site to increase the bi-lingual/bi-cultural work force that is needed in Fresno County. Services also provided to older Adults. Approximately 102 clients were served in 2011.

State Department of Rehabilitation (DOR) Program:

FY 2011-12 Funding Request $196,106
FY 2012-13 Funding Request $196,106
Reason for Change N/A

Partial MHSA matching funds have been used in the County's Supportive Education and Employment Services (SEES) program. This has lead to an increase in the participation in the State Department of Rehabilitation (DOR) program. This program allows for the continuation of supportive education activities for transition age youth and adults. Peer Support Specialists have been used to assist clients in seeking job opportunities, peer support activities, as well as educational and related supports.

OPTIONS Outpatient Daily Program

FY 2011-12 Funding Request $892,421
FY 2012-13 Funding Request $937,042
Reason for Change Increase by 5% to increase client capacity

Provision of services include a front line triage, assessment, stabilization and engagement opportunity within an integrated mental health/ substance abuse services that includes, but is not limited to, co-occurring assessments, appropriate substance abuse services/referrals and follow up services. Services to be provided also include: integrated and welcome focused crisis interventions, and services that are responsive to the individual consumer needs. The goals of MHSA are advanced as evidenced by reducing long term community impacts of those suffering serious mental illness. Effective 12/09 a re-engineering of this program was initiated to address under utilization of services and to more effectively design services that are supportive, ongoing and address crisis/hospital admissions as aligned with CSS priority populations. Services also provided to older Adults. These services will also be focusing on the integration of services and provision of pre/post crisis

services through various outpatient related services. Approximately 142 consumers were served by the OPTIONS program in 2011.

Mobile Crisis Psychiatric Response Services (CPRS)

FY 2011-12 Funding Request $1,555,950
FY 2012-13 Funding Request $1,555,950
Reason for Change N/A

Provides services designed for adult consumers to receive crisis intervention services at the emergency room closest to their community of origin. These services are offered within emergency rooms throughout Fresno County in an effort to reduce future exposure to stigma and crisis services during crisis interventions. Services provided include: crisis assessment that is consumer/family focused and co-occurring capable. Discharge planning will address mental health needs post crisis situation within local community and involve significant community partners. Services will include structured communication between emergency room responders, assessment/intervention team and other service providers in a means to 'wrap' the consumer in an integrated, welcoming comprehensive manner. Such an approach will enhance all current services provided to consumers and assist in the development of a design for pre-crisis interventions that will reduce the access to crisis services within the community. Westcare, Inc., evaluated approximately 505 clients in 2011.

Redesign and possible reduction of CPRS Westcare and County CPRS Program is possible due to local hospitals usage and requests for this program. In the previous 2011-12 Annual Update, Westcare Inc., assigned 2 Clinicians that provided services to rural and other hospitals during the day and 2 Clinicians that provided services for the night and weekends/holidays. Other changes may occur as this program is undergoing further refinement based on community needs and the opening of other programs such as the Crisis Stabilization Unit (Exodus) and various Innovation programs.

Co-Occurring Disorders FSP

FY 2011-12 Funding Request $800,000
FY 2012-13 Funding Request $1,661,138
Reason for Change Increase of $261,138 to allow for additional staff to be hired as well as relocation costs with the opening of the Crisis Stabilization Unit (FY 11-12). Additional $600,000 increase to increase capacity and access to services.

Full Service Partnership (FSP) work plan provides focus on services to those that are determined to have been unsuccessfully engaged and linked to services that are co-occurring capable, welcoming and anticipate that those with substance abuse issues will be the expectation. This specialty FSP service was designed to enroll consumers post crisis service in which referral to outpatient substance abuse services has been completed, but it is anticipated that those individuals may not successfully complete the waiting period or 'fail out' of treatment. This FSP wrap around service will welcome those individuals and be staffed accordingly with substance abuse specialists as well as staff fully trained in the provision of co-occurring capable services.

An increase of $261,138 was completed mid-year 2011-2012 to allow for additional staff to be hired to increase the capacity of the program as well as the relocation costs associated with the opening of the Crisis Stabilization Unit

An additional $600,000 in funding increase to allow for co-occurring (mental health and substance abuse services) FSP services. This will increase the capacity and access of this program. Currently this program is at full capacity. An additional 60 FSP slots are projected.

Co-Occurring Disorder Assessments, Training and Consultation

FY 2011-12 Funding Request $174,649
FY 2012-13 Funding Request $174,649
Reason for Change N/A

Provision of education and training for staff, stakeholders and providers specific to the integration of co-occurring disorders and the creation of a welcoming environment for complex consumers accessing services continues through change agent teams as well as throughout the Department to recognize and implement change within the community system of care. Under this program a Senior Licensed Mental Health Clinician is performing co-occurring assessments in the Department's Adult Outpatient programs. Some of the services/funding transferred to the approved MHSA Workforce Education and Training Plan during FY 09/10.

Urgent Care Wellness Center (UCWC)

FY 2011-12 Funding Request $2,817,001
FY 2012-13 Funding Request $2,817,001
Reason for Change: N/A.

Provides outpatient services and acts as the "front door" for services for adults. Service delivery system that provides outpatient, case management, and medication services. Short-term assessment, treatment and linkage services are also provided in a layered approach to wellness and recovery. Outpatient services provided will include: short term engagement, treatment and referrals to continued care as offered through triage activities, assessment, brief case management and peer support services. For many clients this will be the front door for much needed mental health services. Over 1,200 clients were served in 2011.

Enhanced Peer Support

FY 2011-12 Funding Request $457,461
FY 2012-13 Funding Request $457,461
Reason for Change: N/A.

Peer support services as full time equivalent employees providing peer support services on an enhanced basis throughout many mental health programs. Peer Support Specialists and Parent Partner retention is aimed at 100% and reflects bi-lingual, bi-cultural services for consumers and families. Peer support staff participate as team members to assist consumers with wellness and recovery goals. Many programs have Peer Support staff that assist them with clients and families well being and recovery.

Older Adult Teams

FY 2011-12 Funding Request $1,817,668
FY 2012-13 Funding Request $1,817,668
Reason for Change: N/A.

Older Adults representing unserved/underserved populations throughout metropolitan and rural Fresno County. Populations include, but are not limited to those accessing emergency services. Older Adult populations are also served in the Adult Services work plans as described previously.

Provides services to older adults that live in rural and metropolitan Fresno County, services are peer supported, community based and engage those into services for linkages to primary care and other recovery oriented services. Various Older Adult teams have been developed to serve the unique demographic needs of the community. A unique function to this team is the co-location and co-response with Adult Protective Services (APS). This collaboration provides immediate response to older adult crisis needs in the emergency room and community settings. Services include a vast array of mental health services to the older adult populations.

The Older Adult Team age eligibility criteria will be based on the needs of their clients and flexibility in the program design ensures that clients shall be served based on their unique needs.

Consumer/Family Advocate Services

FY 2011-12 Funding Request $113,568
FY 2012-13 Funding Request $113,568
Reason for Change: N/A

Centro La Familia provides culturally appropriate consumer/family advocacy services to un-served and underserved populations as well as services to all residents needing mental health advocacy services. Services include support groups, peer support, family support groups, advocacy services, presentations, outreach to target populations, consumer and family speaker's bureau, media outreach, phone assistance, linkage services, community mental health outreach events, education, training to increase awareness of the impact of mental illness, developing community collaborations, and mental health newsletters. Centro La Familia has sub-contracted with Fresno Interdenominational Refugee Ministries (FIRM) to provide consumer/family advocacy services to the Southeast Asian populations. FIRM offers similar services to this population as identified above.

Behavioral Health Court (BHC) – Adult and Juvenile Behavioral Health Court

FY 2011-12 Funding Request $124,359 (Adult) + $187,677 (Juvenile)
FY 2012-13 Funding Request $124,359 (Adult) + $187,677 (Juvenile)

Reason for Change: N/A

For the Adult BHC, a Deputy Probation officer provides staffing as part of the overall treatment team, provides recommendations on services to be provided, client compliance with the program, attendance, physical health as well as various other functions as part of the integrated service delivery.

The Juvenile BHC has a clinician and case manager assist in the overall staffing of the integrated Juvenile BHC team. The clinical and case manager provide clinical and case management services to the clients as well as provide advice/recommendations to the team on the progress of the client.

In addition a BHC coordinator provides facilitation and coordination, program development, compliance with regulations as well as other related services for both the Juvenile and Adult BHC's.

Family Advocate Position - New

FY 2011-12 Funding Request $ N/A
FY 2012-13 Funding Request $75,000
Reason for Change: New Program

Request to add County or contracted 1.0 Full Time Equivalent (FTE) Family Advocate position to provide the following, but not limited liaison, advocacy, navigation, family support, and related support services for families experiencing mental health issues.

This position would also act as the liaison for families and Department/County administration as well as act on behalf of families in Department funded contractor programs.

This position would also serve as the voice of families in strategic planning and development of policies and procedures involving mental health families in the Department and contracted agencies.

Crisis Stabilization Voluntary Services

FY 2011-12 Funding Request $ 450,000
FY 2012-13 Funding Request $450,000
Reason for Change: N/A

Provides for continued funding for voluntary services at the Contracted out Crisis Stabilization Program (currently Exodus, Inc.,). Funding allows for wellness and recovery related services at the center and allows for clients to receive additional client and family oriented services.

Full Service Partnership and other MHSA Programs Increase in Funding - Restoring of funds

FY 2011-12 Funding Request $ Varies and is specific to each individual agreement and program

FY 2012-13 Funding Request $5% increase to MHSA FSP and other MHSA agreements/programs have been added to the specific programs stated in this Annual Update _
Reason for Change: Restoring funds that were reduced in prior FY's to increase client capacity_____

Request to increase MHSA funded agreements and programs by 5-10% to restore and increase prior funding amounts. Prior reductions were made to maintain the sustainability of MHSA programs for future years. In light of future year State MHSA funding projections increasing it is recommended that agreements/programs have the ability to increase current funding amounts to increase client capacity, reduce program access times, reduce waiting lists, as well as to increase productivity of staff. In addition, the provision of cultural and linguistic services to be increased.

The increase of funding to existing MHSA contracts and programs shall increase capacity and be based on successful outcome measurements and shall be data and needs driven.

The following MHSA programs are funded through the Prevention and Early Intervention (PEI) component. Brief program descriptions are included below for all age populations.

During this last year, the remaining four PEI programs were started. The K-8 School based program, Horticulture Therapeutic Community Centers and peer support (Community Gardens), Community Based Access and Navigation Specialist (CBANS) and the Primary Care integration with mental health all completed the county competitive bid and contracting process and services are being provided in the community. In general PEI programs are progressing at adequate levels and generally proceeding County's approved plans. Most of the PEI plans are exceeding their target client numbers to be served. Number of clients seen and the types of prevention and early intervention provided are meeting expected levels throughout all four age populations. The following PEI services were provided in FY 2011-12:

Functional Family Therapy – evidence based practices for kids 11-15 involved in the juvenile justice system, Team Decision Making (child welfare children addressing placement out of home needs), Peer Support and recovery center services (Blue Sky Wellness Center), youth empowerment centers, perinatal program for pregnant/parenting women and their infants, First onset teams for Metro, Asian Pacific Islander, and Latino populations, crisis intervention training, provision of crisis field clinicians, and crisis and acute care services early intervention mental health services were provided.

The crisis field clinician services were expanded to provide field support services and support to law enforcement agencies.

By June 30, 2012, approximately 210 clients received FFT services, 500 families received TDM services, 1318 clients received peer/family support services at the Blue Sky center, 440 individuals participated in the youth empowerment centers/groups, 216 clients received perinatal services for pregnant/parenting women and their infants, over 100 clients received First onset services, over 100 individuals received crisis clinician field services, approximately 1040 individuals are anticipated to be served each year in the primary care integration program. Over 1500 individuals have been served in the community gardens and peer support program, 2000 individuals will receive prevention and early interventions services through the CBANS program, and 3000 individual children and youth will receive K-8 school based Positive Behavioral and Interventions Supports (PBIS) at over 30 schools in various County school districts.

PEI program descriptions are included below for all age populations

Perinatal Program

FY 2011-12 Funding Request $1,044,914
FY 2012-13 Funding Request $1,244,914
Reason for Change: Reflects expansion of the program and increase in County costs related to benefits, retirement etc.

The Perinatal program is designed to provide services to women and their infants. Provision of screening and assessment of pregnant and newly parenting women and their infants and early intervention services for mothers presenting with early manifestation mood disorders and mother-child bonding concerns. Mental Health services as well as public health nursing services are being provided. In home support/visitation from

both mental health and public health nursing staff will assist pregnant and newly parenting women in this PEI program. 216 clients were served in 2011.

Expansion of PEI Perinatal program to expand access to women in need of mental health services related to their pregnancy-post pregnancy. Expansion of services will be funded through CSS funds and will allow clients with pre-existing or past mental health conditions in receiving services through the Perinatal program. Program eligibility shall be based on client need and flexibility shall be maintained to meet the needs of the underserved and unserved populations of the County.

By January 1 2013 the Perinatal PEI Program will add a component to provide services to women of child bearing age covering various mental health issues. Some mothers suffering from chronic mental illness may decompensate during pregnancy or postpartum, due to hormonal changes. The program will provide brief therapy, individual, family, and group therapy. The client will be stabilized, stepped down from services and triaged to the appropriate resource or program. The program supports the stabilization of the mother, while addressing bonding & attachment and addresses safety concerns regarding the newborn**.** If appropriate the infant will be referred to the County's Department of Behavioral Health Infant Mental Health program at Children's Outpatient and the mother linked to long-term services.

Timely and appropriate mental health services for the mother can be a cost savings to prevent higher level of care and possible long-term treatment.

First Onset Team (FOT)

FY 2011-12 Funding Request $1,290,825
FY 2012-13 Funding Request $1,290,825
Reason for Change: N/A

Services consist of intensive early interventions for individuals experiencing the first onset of a serious mental disorder with psychotic features. Services include intensive clinical and case management, psycho education, and life-domain support services to provide best outcomes for recovery and wellness. Family and life educational support to help reduce stigma and ensure plan of action for consumers is included. First Onset Teams are designed for the Latino, Southeast Asian, and Metro teams. The First Onset teams have a multi-disciplinary staffing which consists of clinicians, case managers, medical staff (MD), Nurse, and peer support staff. Estimated number of individuals to receive services during the year is 300. 100 families will also receive mental illness education and outreach. There is an additional one-day early psychosis training that will reach up to 500 individuals/families.

Many of the clients served range in ages from 18-40. This age range is in line with the data received relating to when most first psychotic episodes occur.

Crisis and Acute Care – Prevention and Early Intervention – Crisis Field Clinicians

FY 2011-12 Funding Request $740,928
FY 2012-13 Funding Request $740,928
Reason for Change: N/A

There are currently 2 Crisis Field Clinicians assisting law enforcement on calls, field intervention, training , and education and other related services. Clinical Field Crisis services have been provided in conjunction with local Enforcement including Fresno PD, Fresno Sheriff's Office, as well as calls from Family members. De-escalation, assessment, linkage, collaboration, and writing 5150 services have been provided. The Field Clinicians provide outreach services to family members, community based agencies, and Department of Behavioral Health staff. Field Clinicians have provided education and consultation services in the community, Fresno County Sheriff's Office, California Highway Patrol (CHP), and Fresno PD on 5150 and basic mental health. Additional staffing (Case Manager, Peer Support, Clinicians, etc.) was added in the FY 11-12 Annual Update to allow for an expansion of services as needed.

In addition, a Case Manager provides outreach services at the Poverello House for homeless or at risk of homeless clients . Staff promote a hopeful, engaging, strength focused and consumer defined process of building a relationship with the consumer and their support network.

Blue Sky Wellness Center and Youth Empowerment Centers

FY 2011-12 Funding Request $1,256,795
FY 2012-13 Funding Request $1,256,795
Reason for Change: N/A

Services provided at the Blue Sky Wellness Center include; provision of peer/family support and recovery oriented services at the drop-in wellness center for clients ages 18-59+. Services include, but are not limited to peer and family support groups, education, and training, volunteer program, consumer employment activities as well as services such as pantry, clothing closest, games/billiards and other supportive services. Approximately 1,318 unique individuals were seen by the Blue Sky Wellness Center in 2011.

Consumers of all ethnic persuasion attend groups, creating a very diverse population working on their wellness and recovery. There are over 18 active groups throughout the week, covering all major mental illness diagnoses, including co-occurring disorders. Most if not all of those we serve are un served or underserved consumers, many with little financial resources. Activities are conducted daily as are groups with special events being regularly held celebrating ethnic traditions, holidays, and/or such special celebrations such as Mental Health or Disability Month. In keeping with the intent of Blue Sky Wellness Center wellness and recovery philosophy, all staff are either consumers or family members of consumers.

The Youth Empowerment Centers shall serve approximately 2200 clients in various rural areas of Fresno County. Services shall include peer/family support groups, parenting groups, art/craft activities, mental health education, etc. to children and youth and families via community based youth empowerment centers. In 2011, approximately 3,270 youth and family contacts occurred with 403 youth groups held at 8 sites around the County. Approximately 440 different individuals participated in the youth groups. Approximately 21 youth were referred to County/Provider mental health programs. ***Under direction of Department, the provider will design goals and objectives with timelines that will address the following:***

- ***Increase the amount of direct face to face hours with children/youth in the program, this time is/can be in structured groups, special projects, and 1:1 time with child/youth and designated support systems.***
- ***Increase the volume and type of services for adolescent age group (14-17), this may be done through additional types of or styles of programming that is more engaging to this age group***

Goals, objective and timelines will become part of the ongoing outcome reporting process to the MHB and community.

These changes do not prompt scope of work change, staffing or fiscal amounts, but target an enhancement of services.

Team Decision Making

FY 2011-12 Funding Request $471,297
FY 2012-13 Funding Request $548,430
Reason for Change _ Adding 1 licensed Clinician, all 3 clinicians shall be licensed, Case Manager to provide services that vacant Parent Partner position would provide (in addition to other services case manager would provide).

Team Decision Making is a strategy of Family-to-Family initiative to improve outcomes for children in foster care & entry level of the child welfare system. The core values are that: 1) safety of children is paramount, 2) all children belong in families, 3) families need supportive and nurturing communities. TDM participants include the TDM facilitator, Social Worker, Social Worker Supervisor, mental health staff, parent, family members, caregivers, community representative, educational representative, health care professionals, and CASA advocates. The process of the TDM as it relates to mental health is as follows:1) The Social Worker identifies mental health concerns of the parent and/or child. 2) Consumers not receiving services from Voluntary Family Maintenance (VFM) or CPS, can be linked to appropriate mental health services. 3) If a consumer is already receiving mental health services, the TDM, mental health staff can be liaison for treating mental health staff.

The primary role of TDM staff is to attend TDM's most of the day, thus they are able to provide direct services to only a few consumers. Many clients/families are linked to ongoing treatment services as needed.

The goal of the Fresno County TDM process is to make appropriate plans for preventing foster care placements, to reduce out-of-home care and placement changes due to emotional or behavioral problems for underserved and unserved children and youth targeted populations. Mental health staffing was added to strengthen the TDM process, and allow specific client/family mental health needs to be addressed. Mental Health Clinicians provides mental health assessment and linkage to appropriate treatment or other services. The Clinicians also provide consultation and training to TDM participants, including community partners and foster parents, to educate them on mental health issues relative to each particular client/family, such as information on the trauma associated with placement moves for children in foster care. During 2011, the TDM team participated in 564 TDM's serving more than 500 clients/families.

Recommended change in staffing is to add one licensed clinician. All 3 of the clinicians shall be licensed. Case Manager to provide services of the vacant Parent Partner position in addition to other services to be provided by the case manager. This will allow for the program to better meet the needs of the TDM program and will allow for mental health needs to be addressed by the clinician and case manager.

Functional Family Therapy (FFT) Program

FY 2011-12 Funding Request $544,581
FY 2012-13 Funding Request $571,810
Reason for Change Increase by 5% to increase client capacity

The FFT program target population is unserved and underserved children and youth in the juvenile justice system that are transitioning back into or remaining in the community to participate in this evidence based program which is client/family driven and promotes wellness and recovery. FFT is a family focused comprehensive, strength-based assessment, intervention/treatment, follow-up and support program. Services include, evidence based treatment, case management, peer support for families, education/guidance through the mental health system, and advocacy services to families of clients.

The FFT program provides services to adolescents and families residing within Fresno County. Families are given the option to have services at the contracted vendor's office, home, school or a community location to make services more accessible. Over 81% of FFT services are provided in the home or the community. Many of the families served would not have access to services if services were not provided in their own community. FFT provides outreach services to rural communities and ethnic/cultural communities to inform them of the services available and the referral process. Emphasis is placed on reaching clients that are un served or underserved with an emphasis on reducing ethnic and cultural disparities. Previously approximately 210 clients were served each year. In March 2012, the agreement with Comprehensive Youth Services for FFT services was modified to reflect an increase in clients (increase to 350 clients) to be served through the generation of additional medi-cal funds.

Integration of primary care and mental health services

FY 2011-12 Funding Request $772,816
FY 2012-13 Funding Request $1,272,816
Reason for Change: Increase of $500,000 to allow for Expansion of Primary Care Integration Agreements due to requests in the community to be added to the master agreement for additional mental health services in primary care settings.

Two Federally Qualified Health Centers (Valley Health Team and United Health Centers) provide mental health services in primary care settings. Provision of screening, assessment, linkages/referrals, and short-term, non-intensive early interventions for non-SMI individuals, but who are early in the manifestation of a mental health disorder are provided. Appropriate early interventions include peer support, short term group counseling, and linkages to appropriate human services to support wellness, resiliency and recovery. Approximately 1040 individuals are anticipated to be served each year. 780 individuals to be served for prevention and 260 for early intervention.

Expansion of Primary Care Integration Agreement as a result of community requests to provide mental health services in primary care clinics. Request from CBHC is pending review. This expansion of services and primary care providers will also assist the Department in the overall federal health care changes set to begin in 2013 and 2014. Mental health services and staffing shall be stationed at primary care clinics, thus integrating the services provided to consumers.

Cultural Based Access and Navigation Specialists (CBANS) and Peer Support

FY 2011-12 Funding Request $451,633
FY 2012-13 Funding Request $451,633
Reason for Change: N/A

No change or additional funding recommended to this program during FY 12/13 MHSA Annual Update.

During FY 11-12, a master agreement was developed for the provision of CBANS services. Currently 5 underserved communities are provided preventative and early intervention services as indicated below. Communities served are underserved Africa American, Hispanic, Southeast Asian, Native American, homeless ***and faith –based communities.***

The provision of culture-based access and navigation specialists is modeled on the evidence-based promotora community healthcare model. The access specialists are chosen by and represent the community in a culturally appropriate and competent way. Additionally, there is a culture-based peer support component that will be in collaboration with the access specialists. 2000 individuals will receive prevention services and 2000 individuals will receive early interventions through peer support, 3200 families will receive prevention and early intervention services.

Related to CBANS Agreement changes since the final draft of the MHSA Annual Update, there is a dollar amount allocated to this agreement in the total of $ 164,661. The Department proposes no changes to this agreement at this time and will accept proposals as additional underserved communities can be served and interest has been shown to increase services to rural communities. Many underserved communities lack transportation and experience community stigma related to mental health services. Having trusted community workers/peer support workers reduces the likelihood of crisis situation from escalating.

K-8 School Based PEI Program

FY 2011-12 Funding Request $451,633
FY 2012-13 Funding Request $551,633
Reason for Change: Increase of $100,000 to allow for expansion of K-8 school based services

In FY 10-11 Fresno County Office of Education was awarded an agreement to provide Positive Behavioral Intervention and Supports to various schools in rural and metro Fresno County.

Provision of K-8th classroom universal prevention services, with identification of at risk populations for selective prevention activities and early interventions, where indicated. Schools have been selected based on geographic distribution and willingness to participate. Positive Behavioral Intervention and Supports shall be provided to students and schools faculty. Linkages to more intensive services will be made when a child presents with more serious mental health concerns. 3000 individual children and youth to receive universal and selective prevention services, and an estimated 750 will receive early interventions. Three tiers of PEI services

shall be provided. Primary tier services are provided to all students, secondary tier services are provided to students who require limited mental health interventions, and tertiary or third tier services are provided to those children that need more acute and intense mental health interventions. Some of the third tier level services involve referring services to County mental health staff. Over 30 schools in various County school districts have become a part of the PBIS program.

An expansion is required as additional school districts have shown the interest and the need for positive behavioral intervention and supports to benefit their student population. Additional services in rural school districts/communities have been requested. An expansion of this prevention and early intervention school based program will allow many underserved children in rural communities to be served as well as offer smaller financially challenged school districts the ability to expand behavioral health supports to their faculty and student populations. Requests are pending in various school districts to be added to this agreement.

Horticulture Therapeutic Community Centers and Peer Support (Community Gardens)

FY 2011-12 Funding Request $180,653
FY 2012-13 Funding Request $**240,653**
Reason for Change: Increase of **$60,000** to allow for expansion of community gardens services in underserved communities.

***Current approved total providers under current agreement for FY 12/*13 is $ 171,620 leaving no balance for successful additions.**

In FY 2011-12 community garden agreements were awarded to several agencies to serve underserved communities in Fresno County. Community gardens serving the Southeast Asian, Slavic, Hispanic, Anglo, African American ***and Punjabi*** as well as other communities have been developed. These programs provide community-leveraged community gardens to serve as neighborhood mental health resource centers and peer support services for untreated mental health issues such as post-traumatic stress in underserved cultural communities. Over 1500 individuals and/or families have been served.
An expansion ***of funding to add new sites and specialties*** is required as additional community based organizations have shown interest and the need for developing community gardens and peer support centers for underserved communities. Additional services in rural communities have been requested. An expansion of this prevention and early intervention program will allow many individuals to seek the behavioral, physical, and spiritual benefits achieved through horticulture therapeutic interventions.
The Department will work with all providers (current and new) to increase access to all interested clients/families, continue with outcome reporting and assess outcome reporting for additional mental health, prevention and early intervention data. The Department will be seeking Community Gardens as an approved project to be identified as a Suicide Prevention Best Practice. Additional dollars will allow for approximately 3 additional acres of approved gardens upon Department approvals of submitted proposal(s).

Statewide PEI Training, Technical Assistance, and Capacity Building (TTACB) ($151,300)

FY 2010-11 Funding Request $151,300
FY 2011-12 Funding Request $151,300

Reason for Change: N/A- continue to use past year allocation for PEI - TTACB activities

The purpose of this request is to develop, implement, and coordinate mental health training, capacity building and technical assistance to meet the needs of our community, including training for first responders and other agencies primarily outside of mental health in order to expand the level of knowledge, sensitivity, and consumer/cultural competence among non-mental health providers who interact with individuals with mental illness, including during psychiatric crisis response, psychiatric triage, emergency/primary care , and jail psychiatric services.

Use of funds shall include coordinating training, capacity building and technical assistance for other local, regional, and statewide needs. Funding can also be used to support participation in various regional and statewide workshops, meetings, and conventions.

Use of funds will support training and materials costs, including travel for Statewide experts to help develop training and to develop regional and local activities with potential for statewide training, technical assistance, and capacity building which will support the implementation of best practices across mental health and non-mental health agencies.

Substance Abuse PEI Outpatient Services for Children – New

FY 2011-12 Funding Request $ N/A
FY 2012-13 Funding Request $240,000
Reason for Change: New Program

This new program would use PEI funding to provide substance abuse prevention and early Intervention outpatient services to the children of clients enrolled in substance use disorder programs. There is a high prevalence of mental health issues and substance use by this population. These services could be provided at the substance abuse program.

The Substance Abuse Division currently does not offer prevention services to the children of clients in substance abuse treatment. There are approximately 3,185 substance abuse treatment clients with children 5 or under, and 4,298 clients with children 6-17 years of age. Data reveals children of substance abusers have significantly higher rates of substance abuse than children of non-substance abusers.

Staffing to include Substance Abuse Specialist, Case Manager, and Clinician.

Addition of Integrated Wellness Center(s) – New

FY 2011-12 Funding Request $ N/A
FY 2012-13 Funding Request $40,000 ***for planning purposes and costs associated with specialized client/family stakeholder planning as completed by DBH***
Reason for Change: New Program

Addition of Integrated Wellness Center(s). ***The Integrated Wellness Centers shall incorporate various prevention and early intervention services as well as treatment services. The concept of the Integrated Wellness Center was driven from stakeholder process to address prevention, early intervention and treatment programming. Vast needs and the complexity of co-programming prevention and treatment have prompted the Department to request funds to complete a more extensive planning***

process for the submission of an Integrated Wellness Center concept in the MHSA Annual Update FY 13/14. Fund will be used exclusively for county wide focus groups and stakeholder input and further work/research on development of this concept.

The process will include the input received prior and work with the following public submission below:

Cultural/linguistic services shall be offered to meet the needs of the community and the diverse ethnic and cultural community present in the County.

Client supported employment services including job coaching, mental health peer career development, employment services and retention, and peer support services shall be offered.

Transportation services for rural and other clients unable to visit the center by their own means shall be provided. Transportation or bus tokens as well as other supports shall be provided.

Intensive case management services and intensive outpatient services shall be provided at the center that focuses on a recovery and wellness model. Evidence based or best practices shall be encouraged at the center and outcomes shall be data driven.

Peer support shall be embedded in the design of the center. Peer support, parenting groups, and family support groups shall be offered.

Educational and training services shall be offered that will assist clients in furthering their educational goals.

Recreational activities that further social skills development, reduction of anxiety and that promote self-esteem and self-confidence shall be provided.

Other prevention and early intervention as well as treatment services shall be provided at the Integrated Wellness Center.

The following MHSA programs are funded through the Innovation (INN) component. Brief program descriptions are included below.

Fresno County developed and was approved four Innovation programs as stated below. All four programs have been implemented and are in various stages of service delivery.

Integrated Discharge Team (INN 01)

FY 2011-12 Funding Request $1,271,320
FY 2012-13 Funding Request $1,271,320
Reason for Change: N/A

Innovation 01 – Inpatient Discharge Team (IDT) was approved by the Board of Supervisors in August 2011. This program is operated by County staff. This program serves adult Fresno County residents who have been recently discharged from an inpatient psychiatric hospital.

Staffing of the IDT is culturally appropriate to serve the needs of the community. Fresno County's IDT team goes to the consumers for a client driven and wellness driven approach. IDT incorporates peer and family support. Staff assigned to this program engage and create a wellness focused discharge plan with clients exiting inpatient facilities and provide transportation services as needed to ensure effective discharge and linkage. The team provides clinical, case maangement, linkage, as well as other support services. The IDT develops a Wellness and Recovery Action Plan (WRAP) for each client. The IDT helps clients establish or link to a support group, as well as link to cultural and spiritual services. Approximately 500 clients are to be served each year.

The IDT and crisis law enforcement clincians also provide services to frequent users of inpatient hospitals, ED's, 5150 repeat clients. The colloboration the Department has with Law enforcement (Fresno PD) and EMS has produced very positive results. Some client success stories are shown below:

Success Story 1

- *This is a message passed onto everyone, via our client, xxxxx. He is the client that was in foster care from early childhood on. He was always a runaway. He has been homeless, most of his adult life. Last Wednesday x and I met with an FSP program, about 3pm. By 3:30 pm, the next day, I dropped him off at the FSP office, where he was then taken to and placed in his new home, a Room and Board.*
- *This morning I received a message from xxxxx, leaving a heartfelt message for all of us, of gratitude for placing him in a home and believing in him. I was at CRMC yesterday and they noted that this is the longest time that xxxxx had not been admitted to the ER.*
- March 2012 FPD 5150 list and EMS frequent user, since identification and intervention = 0 use of either system

Success Story 2

- *As of March 2012, the third highest ambulance frequent user was an individual from the Department of behavioral health (DBH).*
- *Contact to DBH regarding noted increase use allowed for the activation of our Integrated Discharge Team (IDT).*
- *The IDT Team worked with the client (even through a couple more 911 calls), met the client 'where he was at' (public pay phone), made numerous crisis interventions and was able to assist the client into correct level of care for stabilization.*
- Cost of 2012 (thru March) ambulance use = $13,019
- Since April 2012 client has not utilized ambulance and continues to be engaged in services.

Success Story 3:

- *Client on Top dollar/cost list for DBH for 3/11-3/12 with total cost of $108,795 to DBH for mental health services, total of 127 days in inpatient settings. Cost does not factor in EMS and Law Enforcement response costs.*
- *As of May 2012, through the DBH Advancing Recovery Principles Collaborative, this client was contacted for interview regarding perception of own wellness and recovery. The Integrated D/C Team used that opportunity to begin long process of engagement.*
- *This client has a 'story' that anyone could relate too, from established business man to living isolated in a means that we would not want for a loved one.*
- *The Integrated D/C has assisted him through a significant medical issue, established re-connection with adult children, linked to on-going mental health care and provided a sense of hope for this individual.*
- Since March 2012, there have been no inpatient, EMS or Police Department costs associated with this individual.

Overnight Stay Facility (INN 02)

FY 2011-12 Funding Request $701,003
FY 2012-13 Funding Request $701,003
Reason for Change: N/A

Innovation 02 – Overnight Stay was approved by the Board of Supervisors in August 2011. Following the competitive bid process, Westcare Inc., was awarded the agreement in May 2012, with services starting in July 2012.

This program will assist clients that have presented at local Emergency Departments (ED's) and will move clients from the ED's to the overnight stay facility. An overnight stay facility has been developed where clients will stay during the overnight hours until applicable linkage services/community resources have been made available to the client the next day.

Staffing for this innovation program shall be a multi-disciplined team that is responsible for engagement, linkage, peer and family support, follow up and case management as applicable. Transportation, overnight stay/shelter, food, and other supports will be available as needed to assist

clients in their referral and linkage plan. Some key features of this program include: Initial ED assessment/discharge instructions do not support admittance to an inpatient psychiatric facility however, client and ED team are not able to secure appropriate linkages during after hour times (i.e. 8pm to 8 am); ED team will coordinate for consumer to arrive at the overnight stay/shelter for non business overnight hours with transportation included; Provide linkage to appropriate services once services are available; Follow-up with each consumer on a regular basis to ensure consumer is still actively participating in follow –up services; the team shall be culturally sensitive and offer natural supports to the client and families; Family support services through Peer and Family Support Specialists and Linkage Specialists will be provided to aid in the recovery of the client as well as to educate and engage with the whole family. Approximately 1000 clients are to be served each year.

Holistic Center (INN 03)

FY 2011-12 Funding Request $686,075
FY 2012-13 Funding Request $686,075
Reason for Change: N/A

Innovation 03 – Holistic Culturally Competent Wellness Center was approved by the Board of Supervisors in June 2012. Fresno Center for New Americans and it partner collaboration started services in October 2012.

The Holistic Center shall be welcoming and focus on MHSA principles of wellness and recovery, providing education, referral, linkage to culturally appropriate alternative/holistic opportunities based upon a holistic wellness and recovery approach that will be used to create positive change and meet the unique needs of individuals/community groups in Fresno County.

Clients visiting the Holistic Center shall benefit from reducing cultural and linguistic barriers in receiving appropriate behavioral health services, reducing stigma associated with mental illness, increasing access to culturally relevant alternative/holistic services, providing linkage to behavioral health programs/system and promoting inter-agency collaboration between various community agencies working and learning together at the Holistic Center. Underserved populations include the African American, Hispanic, Southeast Asian, Native American, veterans, individuals facing anxiety/depression due to job losses, and new moms. Approximately 1300 clients are to be served each year.

AB 109 Community re-integration Team - former State Prison Inmates (INN 04)

FY 2011-12 Funding Request $449,279
FY 2012-13 Funding Request $449,279
Reason for Change: N/A

Innovation 04 – Community re-integration team for the AB 109 former State prison inmates was approved by the Board of Supervisors in November 2011. Following the competitive bid process, Turning Point of Central California, was awarded the agreement in April 2012, with services commencing in May 2012.

The Innovation 04 Team works with Fresno County residents who have recently been released from State prison and are in need of mental health and related support services in order to re-integrate successfully back into the community. Clients are also in need of substance abuse services, case management and natural community support services. This program assists with the growing population of individuals who are being released from the State prison system to local level supervision and related services.

The multi-disciplined team is responsible for engagement, assessment, mental health therapy, medications, linkage, peer and family support, follow up and case management. Transportation, temporary housing, food, and other supports will be available as needed to assist clients in their wellness and recovery. Follow-up with each consumer on a regular basis to ensure consumer is still actively participating mental health and community support services; family support services through Peer Support Specialists and Case Managers will be provided to aid in the recovery of the client as well as to educate and engage with the whole family. Approximately 150 clients are to be served each year.

The following MHSA programs are funded through the Workforce Education and Training (WET) component. No additional WET funds are being requested in this annual update as sufficient funding has been received in prior years to continue successful operations of the WET programs. Brief program descriptions are included below:

Workforce Education and Training (WET) Program

2011-2012

Workforce Staffing Support

Action Item # 1: WET Coordination & Implementation:

- WET Coordinator continued monitoring of all education and training activities
- WET Coordinator developed implementation plan and continued overseeing the implementation of the on-going trainings
- WET Advisory Committee was established
- WET coordinator continued to:
    - Confer with the Department Director, Mental Health Board, Committees, contract providers, etc
    - Coordinate CEU credits
    - Ensure compliance with culturally & linguistically appropriate standards - - Represent Fresno County at Regional WET Partnership meetings
    - Prepare reports, memoranda, correspondence, special studies, and research
    - Provide assistance to contracted MHSA community providers, interested community agencies as approved in work plans
- Administers the Health Professions Shortage Area (HPSA) activities for DBH
- WET Coordinator assumed the responsibility to coordinate 5150 training needs.
- Coordinates the student placement at DBH
- WET Coordinator assumed the MHLAP (Mental Health Loan Assumption Program) Advisory Panel with the State.

Action # 2- Specific Consultation Services for Organizational Assessment - Utilization of Consumers and Volunteers

This Action Item has not been implemented at this time.

TRAINING AND TECHNICAL ASSISTANCE

Action # 3- Training in Co-Occurring Disorders, Wellness and Recovery with Operationalize Actions Plans/Core Competencies and E-Learning

- Provided **Mental Health First Aid (MHFA) Certification Training** for DBH staff, contracted providers and CBOs; trained 27 Certified MHFA Instructors. August 16-20, 2010.
- An MHFA subcommittee was established lead by WET Coordinator to coordinate MHFA trainings for the public.
- The MHFA Certified Instructors have provided 12 hour MHFA training to nearly 1500 staff and community people.
- Sent four more individuals to the T4T MHFA training provided by Central Valley Regional WET Program
- Provided **Wellness Recovery Action Plan (WRAP) Certification Training** for DBH staff, contracted providers and CBOs; trained 18 Certified WRAP Facilitators. August 13-17, 2012
- The certified WRAP Facilitators continue providing WRAP training to the staff and the community. Nearly 300 people have been trained as of today.
- Trained five CPI trainers for DBH in 2011. They provide further CPI trainings to staff on quarterly basis.
- Provided training on "Sex Offenders and Internet Crime against Children" to 70 DBH and Contracted provides staff, September 27, 2012.
- 5150 PowerPoint presentation, pre and post-tests and roster were updated and posted.
- More than 8 5150 Initial Training was conducted.
- Perinatal Mental Health Conference was sponsored by MHSA WET Program, October 2011
- Trauma Focused CBT Training was provided to Children's Clinicians in March 2012.
- Reflective Practice Group Training provided on October 2012 Thru May 2013
- Several Suicide Prevention Trainings titled Question, Persuade and Refer (QPR) was provided to DBH, Contracted Providers and CBOs through S.O.S. group sponsored by MHSA /WET Program since March of 2012.
- SBIRT and MI training was provided to staff on January 2012 sponsored by Substance Abuse Services
- Hosted a regional training on Older Adults on October 9, 2012.
- Offered Many educational Webinars to DBH and Contracted Providers staff
- Provided Law and Ethics training to a few clinicians through Families First, Inc.,

Action # 4- Cultural Awareness Training/Linguistics Access for Staff, Consumers, and Family Members

- Provided a training on LGBTQ culture to approximately 300 staff and contractor providers in four sessions on 9/12, 10/4, 11/2 & 11/17 - 2011
- Provided online training on Cultural Competency developed by CIMH in the spring of 2012.
- Provided training on Military Culture 101 (unclassified) to DBH and contracted providers' staff on September 13, 2012.
- Offered Webinar trainings on cultural competency topics to all staff
- Currently working with Regional WET Directors on bringing T4T Interpreter Training to the County.

Action #5 – Training, Law Enforcement (Urban and Rural), Probation and First Responders, and Emergency Departments on Mental Health, Cultural Competency and Fundamental Concepts of the MHSA

- Partnered with the PEI Program in providing 2-hour presentation on CIT overview: mental disorders, symptoms, signs, behaviors that police officers need to recognize myths and facts, and referral services for the City of Fresno, Transit Department in collaboration with NAMI on June 22, 2010. Eighteen (18) staff at the City plus police officers attended the training.

- Partnered with the PEI Program in providing 24-hour POST Certified CIT training to Fresno PD in conjunction with National Alliance on Mental Illness on June 28-30, 2010.

Action #6 – Mental Health Training for Primary Care Providers, Teachers, Faith-Based Organizations and Other Community Partners

- Developed a survey to solicit the Primary Care Providers' (nurses, nurse practitioners, physician assistants, pediatricians, obstetricians, family medicine physicians) behavioral health educational needs as well as their preference on how to address those needs. The results of the survey will assist in the identification and/or development of the required education in the format and content that you are requesting and are needed to help families with behavioral issues.

- Data collected and analyzed and a report was developed.

- Explored the possibility of building capacity in training the first responders: staff, teachers, faith-based organizations, and other community partners. Brought the Mental Health First Aid (MHFA) training to Fresno County in an attempt to capacity building for the County.

Action #7 – Educate Consumers and Family Members on Mental Health Disorders, Medications & Side Effects

- Network of Care has been made available to consumers through peer support wellness programs, such as Blue Sky
- Appropriate videos were identified for projecting at the waiting room.
- Continue Collaborating with peer support wellness programs including Blue Sky
- Continue Collaborating with community advocacy groups in educating consumers and families
- Pre-planning stage on developing a resource center for consumers/family members to receive information on recovery and wellness
- Increased collaboration between the County and underserved ethnic communities in order to improve awareness about mental health and available resources through providing Mental Health First Aid training to all communities and organizations
- Exploration started for finding low literacy informational brochures on different mental health disorders and services in order to make them available to case managers, consumers and family members

MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #8– Provide Training and Support for Peer Support Specialists (PSS) and Parent Partners (PP) Specific to Job Descriptions and Essential Functions

- Collaborating with Working Well Together (WWT) on developing the Certificate Program for Peer Support Specialists, family members and interested individuals.
- SEES program is in charge of coordinating and managing the Certified WRAP Facilitators group.
- Cultural Competency training was provided for Peer Support Specialists and Parent Partners.
- Provided PSS with WRAP training; ordered Mary Ellen Copeland Wellness Recovery Action Plan booklets. It is being used as a transformative recovery tool in peer support and volunteer training

Action #9 – Collaboration with Adult Education, Community College and Regional Occupational Program (ROP) – Enhancement to Supported Education and Employment Services (SEES)

- Continue working with SEES and other programs to empower consumers and family members by teaching them job-seeking skills including interviewing, resume writing, employment search, job readiness and job coaching, services can be coordinated through employment opportunities made through Fresno County programs and contracted services, creating an integrated system of support and employment;
- Two 12-hour volunteer trainings were completed and 28 consumers completed the training.
- Brain storming with the WET Advisory Committee to start working with ROP and other agencies to use the resources and to add "Career Path in Mental Health" to their program and outreaches to children and transition age youth;
- Will be working on developing a consumer volunteer program within SEES to assist consumers to identify occupational areas of interest and to provide job readiness skills

Action #10 – Outreach to High Schools / Career Academy:

- Initiated collaboration with the Fresno ROP (Regional Occupation Centers) by the

  PowerPoint presentation to the ROP meeting
- Dialogued with Fresno Unified Initiative to establish some form of behavioral health career connection component for students and preparing career ready graduates
- Reviewed and discussed the possibility of adopting and implementing the San Bernardino County ROP model with the WET Advisory Committee
- In the process of examining the possibility of developing a Speakers bureau and/ or mental health career fairs at high schools

RESIDENCY & INTERNSHIP

Action #11 – Continue Partnership with the Psychiatry Residencies and Fellowships in Existence with University of California San-Francisco, Fresno Campus

- Continued working with the UCSF that has received funding from the State of California for curriculum development based on MHSA principles, admission process and facilitating some rotation program in the public mental health system in Fresno County, resulting in training for child psychiatrists.
- Continued providing faculty time for developing/continuing psychiatry fellowship program that meets the MHSA principles and supervising of residents

Action #12 – Continue Partnering with California State University Fresno on Training Psychiatric Nurse Practitioner (PNP) with emphasis on Children, Adults, and Geriatrics psychiatry

- Fresno County DBH worked with the California State University Fresno (CSUF), School of Nursing that has received funding from the State of California for the development of psychiatric nurse practitioners program.
- Provided staff time for the appropriate and needed supervision of nurse practitioners to address work force shortage in public mental health,
- Funded consultation and technical assistance time for the development and design of psychiatric nurse practitioner internship program that meets the MHSA principles
- MOU for the successful implementation of Psychiatric Nurse Practitioner Program was developed.
- The third cohort started the program in August 2012. Students registered are from several neighboring counties.

Action #13 – Continue Partnering with San Joaquin Valley College on Training Psychiatric Physician Assistants (PPA) with emphasis on Children, Adults, and Geriatrics:

Fresno County DBH partnered with the San Joaquin Valley College (SJVC) that had received funding for training Psychiatric Physician Assistants (PPA), on facilitating some rotation program in the public mental health system in Fresno County. The rotation during their internship focuses on the general psychiatric care at the County facilities. This collaboration not only results in additional psychiatric services to consumers, but also increases the possibility of recruiting and retaining the PPA graduates in Fresno County public mental health system.

The Memorandum of Understanding between DBH and SJVC was revised to reflect the new changes. It was approved by the Board of Supervisors. A new cohort was accepted during 2010-11 FY, so DBH did not receive any interns in 2009-10.

Action #14 – Expand Existing Students Internship Program-

- The existing guidelines for conducting research at the Department of Behavioral Health (DBH) was reviewed, changes were made and sent to the administration leadership group soliciting comments toward research policy development.
- IRB (Institution Research Board) was developed and established. The WET Coordinator assumed the Chair position for the IRB assigned by the Director of the Behavioral Health. .
- The student internship is expanded so that contract providers developed student-internship program and DBH accepted Alliant International University (AIU) doctoral students as well.
- Collaboration continued between the Department Of Behavioral Health and California State University Fresno Schools of Nursing, Social Work Studies, and Counseling and Education; University of California San Francisco (UCSF) Medical Residency Program- Psychiatry Department; San Joaquin Valley College; Fresno City College; AIU, Pacific College, etc.
- Memorandum of Understanding (MOU) between the DBH and above mentioned local academic programs are in place.
- Several research projects have been approved by the IRB and conducted by the students on various topics within the past fiscal year. The findings will be shared with Quality Improvement Committee.

FINANCIAL INCENTIVES

Action #15 – Financial Incentives to Increase Workforce Diversity:

- The WET Advisory Committee decided to assist unlicensed clinicians to become licensed as the priority for this Action Item.
- The established WET Advisory Committee developed application materials and the Selection criteria and strategy for selecting the applicants and awarding the incentives.
- Provided supervision training for licensed clinicians to give unlicensed clinicians a chance to become licensed.
- Provided licensed clinicians with trainings required for keeping their licensure with the BBS.
- Provided loan assumption awards to clinicians with educational loans through MHLAP Program.

- Discussed allowing current staff to obtain further education or complete certification for specialty programs when needed without losing their salary and benefits with the Personnel Department.
- Began to explore other counties' approaches to provision of financial awards.
- Wellness and recovery concept was incorporated in to the training mental health student-interns receive during their internship at the County.
- As a member of the MHSA Stipend Advisory Committee at the California State University Fresno (CSUF), WET coordinator continued promoting inclusion of the wellness and recovery education into the School curricula

Next Step

The three year WET Plan will be reviewed and revised/updated by the WET Advisory Committee in the coming year.

Case Example of success of WET Programs

As part of the Mental Health First Aid (MHFA) Training provided by the Department and its contracted vendors, trained individuals and agencies the following survey data results were provided on the success of the Fresno County MHFA program as reviewed by the National Council for Community Behavioral Healthcare

Would you recommend this course to others?	***Yes***	97.43%	***No***	0.35%	***No response***	2.22%

Response range 1 - 5 , 5 being highest score

Overall Course Evaluation	
Course goals were clearly communicated.	4.74
Course goals & objectives were achieved.	4.73
Course content was practical and easy to understand.	4.75
There was adequate opportunity to practice the skills learned.	4.68

Presenter Evaluation	***Average***
The Instructor's presentation skills were engaging and approachable.	4.68
The Instructor demonstrated knowledge of the material presented.	4.72

The Instructor facilitated activities and discussion in a clear and effective manner.	4.70

Practical Application: As a result of this training, I feel more confident that I can…

Recognize the signs that someone may be dealing with a mental health problem or crisis.	4.57
Reach out to someone who may be dealing with a mental health problem or crisis.	4.51
Ask a person whether s/he is considering killing her/himself.	4.52
Actively and compassionately listen to someone in distress.	4.62
Offer a distressed person basic "first aid" level information and reassurance about mental health problems.	4.55
Assist a person who may be dealing with a mental health problem or crisis to seek professional help.	4.56
Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports	4.56
Be aware of my own views and feelings about mental health problems and disorders.	4.63
Recognize and correct misconceptions about mental health and mental illness as I encounter them.	4.58

How did you hear about this course?	***Total***	***Percent***
My employer asked/assigned me	482	56.3%
Word of mouth, not employer *who*?	35	4.1%
A website *which site?*	3	0.4%
Email notice *from whom?*	94	11.0%
Flier or brochure *where obtained?*	11	1.3%
A newsletter/bulletin *which one?*	74	8.6%
Radio *station?*	1	0.1%
Newspaper *which paper?*	0	0%
TV *station?*	0	0%
Other:	119	13.9%

	TOTAL
Courses conducted	**83**
Confirmed MHFA participants	**997**
Completed evaluations	**858**

Participant Race/Ethnicity	Total # Identified	Percentage of Total
American Indian or Alaskan Native	25	**2.9%**
Asian	49	**5.7%**
Black or African American	98	**11.5%**
Hispanic or Latino origin	392	**45.8%**
Native Hawaiian or other Pacific Islander	10	**1.2%**
Caucasian / White	195	**22.8%**
Did not specify	86	**10.1%**

Participant Age Range	Total # Identified	Percentage of Total
16-24	74	**8.7%**
25-44	486	**56.8%**
45-60	239	**28.0%**
61 and up	38	**4.4%**
Not specified	0	**0%**

Participant Gender	Total # Identified	Percentage of Total
Male	224	**26.2%**
Female	616	**72.0%**
Not specified	14	**1.6%**

WET Programs/Actions	Funding Category	Amount to be funded from prior years funds
Action # 1: Workforce Education and Training (WET) Coordination and Implementation	Workforce Staffing Support	$314,203
Action #2: Specific Consultation Services for Organizational Assessment- Utilization of Consumers and Volunteers	Workforce Staffing Support	$56,250
Action # 3: Training in Co-Occurring Disorders, Wellness and Recovery and how to operationalize Actions Plans/Core Competencies and E-Learning	Training and Technical Assistance	$340,000
Action # 4: Cultural Awareness Training/Linguistic Access for Staff, Consumers, and Family Members	Training and Technical Assistance	$101,250
Action # 5: Training Law Enforcement (Urban and Rural), Probation and first responders, and Emergency Department on Mental Heath, Cultural Competency and Fundamental Concepts of the MHSA	Training and Technical Assistance	$56,250
Action # 6: Mental Health Training for Primary Care Providers, Teachers, Faith-Based Organizations and Other Community Partners	Training and Technical Assistance	$39,375
Action #7: Educate Consumers and Family Members on Mental Health Disorders, Medications & Side Effects	Training and Technical Assistance	$22,500
Action # 8: Provide Training and Support for Peer Support Specialists (PSS) and Parent Partners (PP) on Specific to Job Descriptions and Essential Functions	Mental Health Career Pathways Programs	$55,000
Action # 9: Collaboration with Adult Education, Community College and Regional Occupational Program (ROP) – Enhancement to Supported Education and Employment Services (SEES)	Mental Health Career Pathways Programs	$28,125
Action # 10: Outreach to High Schools / Career Academy	Mental Health Career Pathways Programs	$16,875
Action # 11: Continue Partnership with the Psychiatry Residencies and Fellowships in Existence with University of California San-Francisco, Fresno Campus	Residency, Internship Programs	$375,000
Action # 12: Continue Partnering with California State University Fresno on Training Psychiatric Nurse Practitioner (PNP) with emphasis on Children, Adults, and Geriatrics Psychiatry	Residency, Internship Programs	$140,625
Action # 13: Continue Partnering with San Joaquin Valley College on Training Psychiatric Physician Assistants (PPA) with emphasis on Children, Adults, and Geriatrics	Residency, Internship Programs	$11,250
Action #14: Expand Existing Students Internship Program	Residency, Internship Programs	$146,250
Action # 15: Financial Incentives to Increase Workforce Diversity	Financial Incentive Programs	$76,499

The following programs are funded through the CSS and Housing allocations. Brief program descriptions are included below:

With funding made available via the MHSA Housing funds, Fresno County assigned its approximate $9.2 million to the California Housing and Finance Agency (CalHFA) in 2008 to assist Fresno County in the development of permanent supportive housing for the mentally ill who are homeless or at-risk of being homeless. The Department in collaboration with the Housing Authority of the City of Fresno, have initiated the first-of-its-kind permanent supportive housing for eligible MHSA consumers in Fresno County. To qualify for MHSA Housing programs, a consumer/family must be homeless or at-risk of being homeless and have a Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) diagnosis. Three Housing projects (Renaissance projects) have been developed/are being developed as further detailed below.

Of the approximate $9.2 million for permanent supportive housing $5.9 million is designated for construction of MHSA housing and $3.2 million is designated for a Capital Operating Subsidy Reserve account.

Construction of the below stated Housing developments experienced some initial delays due to multiple financing streams being secured, more stringent requirements on client eligibility criteria based on financing requirements, land/property being secured, as well as the required stakeholder posting time needed to inform/receive feedback from the community. The actual construction phases of the developments are meeting benchmarks and lease up/move in dates are on schedule.

Permanent Supportive Housing – Rental Housing - Renaissance Status & Timeline

Titled “Renaissance,” the current three MHSA housing developments are designed as rental housing, or apartment-type developments which will include a community center for activities and supportive services. Supportive Services shall be provided by the DBH, Life Skills shall be provided by private agencies and property management will be provided by the Housing Authority. The DBH will dedicate staff to the Renaissance developments to assist MHSA tenants with succeeding in their wellness, helping with their re-integration into the community, supporting independence, reducing hospitalizations, reducing incarcerations, and increasing employment opportunities.

The first development **Renaissance at Trinity**, a rental housing development - opened during August 2011 and consists of 20 single room occupancy units with 15 of the units being designated for MHSA clients. All units are currently occupied. Trinity is located just west of Highway 99 at 532 S. Trinity. This $3.3 million development includes $875,000 of MHSA funding.

The second development **Renaissance at Alta Monte** – a rental housing development consists of 30 units, 29 of which are designated for MHSA clients, with one unit designated for the unit manager. Construction for Alta Monte was completed in October 2012 and all units are fully occupied. Alta Monte is located at 205 N. Blackstone Avenue (the former Apollo Building). This $6.3 million development includes $1.5 million of MHSA funding.

The third development **Renaissance at Santa Clara** – also a rental housing development **-** will consist of 70 units, 25 of which will be designated for MHSA clients. Construction for Santa Clara was completed in November 2012 and all units are fully occupied. Santa Clara is located on G Street / Santa Clara Street in Chinatown. This $12 million development will include $1 million of MHSA funding.

With the recent completions of Renaissance at Trinity, Renaissance at Alta Monte and Renaissance of Santa Clara developments, Fresno County has three (3) Rental Housing developments consisting of 69 MHSA permanent supportive housing units for MHSA eligible tenants.

Shared Housing

Shared Housing consists of a residence within a traditional neighborhood which can be a home, duplex, triplex, 4plex, etc. All bedrooms within a Shared Housing development are considered "separate units" and must be occupied by an MHSA tenant. Similar to Rental Housing, the Shared Housing model must also provide for adequate space for community activities and supportive services, although the property management and supportive services staff do not reside at the residence but travel between Shared Housing sites (if developing more than one site).

The DBH is reviewing recent research/survey data (including RFP data) on Shared Housing Model(s) needs of our community to determine how the model would work and fit both into the needs of our MHSA consumers and the community at large. A Shared Housing Model could provide an alternative and option for consumers to the Renaissance (Rental units) developments.

The Department's initiated Consumer/Family Supportive Housing Survey in March 2008 where the survey was sent to 1,752 families and/or support systems. A summary based on the survey responses was completed and posted to the MHSA website in July 2008. The consumer/family Housing Survey was repeated and updated in 2011 and 2012. A summary of the most recent Housing survey in included below:

- Request for input on draft survey was sent to Consumers, Contract Providers, Case Managers, CBO's, FSPs and the Mental Health Board.

- Electronic version of Surveys was available on the DBH/MHSA webpage.

- Focus Groups were conducted with the Hmong community and rural Spanish speaking communities for their input, which is included in the findings.

- 184 Surveys completed
  - 160 Consumers, 79% female, ranging in age between 25 and 55
  - 24 family members (75% parents)

CURRENT LIVING SITUATION

- 65% live with family
- 20% live in an apartment with no supportive services
- 10% live in a Board and Care

INCOME

- 85% receive some type of financial/income assistance
- 10% are employed

MHSA HOUSING TYPE

- Approximately an even split (50/50) when given the choice between Cluster and Scatter housing

HOUSING LOCATION, FEATURES, CONVENIENCES

- Consumers desire a place to live that is in a Safe Neighborhood, Affordable, provides them access to Public Transportation and is close to a Shopping Center.

TYPE/SIZE OF HOUSING

- Response varied greatly between family and consumer. 50% of family indicated 1 bedroom apartment, whereas 55% of consumers indicated a 3 bedroom apartment. Further research demonstrated consumer's perception of the 3 bedroom apartment was the closest option to a residential home, and would be for their entire family not just the consumer.

LOCATION

- Fresno was overwhelmingly selected for location of housing and Clovis was ranked second. Several rural communities were also selected but with far fewer responses.

Housing Supports to assist MHSA Housing Projects and General Housing Needs

To support the various MHSA Housing projects, contractor housing needs, and general housing needs, the Department has added the following supports to the FY 12-13 Annual Update:

- Addition of Three (3.0) Full Time Equivalent (FTE) Community Mental Health Specialists (CMHS) to provide direct supportive services for clients at Renaissance Alta Monte, Santa Clara, and existing Trinity Housing projects. CMHS staff shall provide client support, peer support, case management, linkage, and a variety of additional client and family support services. ($230,000)

- Increase of Flex Account ($50,000) for Housing related support costs to include Shelter + Care program assistance, security Deposits, utilities, etc.) for use in Renaissance Housing Projects as well as in County/contracted Programs.

- Allocate MHSA (CSS General System Development) funds to support establishment of project based housing in support of existing approved MHSA plans. Acquisition of land, building, renovation, master lease, etc. are all items that can be considered. ($400,000)

The following programs are funded through the MHSA Information Technology funding allocation. Brief program descriptions are included below:

In 2008, the DBH after an extensive community stakeholder process received State Department of Mental Health (DMH) approval for three IT projects.

- Integrated Mental Health Information System (IMHS)/ Electronic Health Record (EHR)
- Telemedicine Services in Rural and Metro Fresno County
- Consumer/Family Member Computer Labs and Computer Training and Education

The primary program (over 90%) was allocated to a new Integrated Mental Health Information System. This new system provided Fresno County with an upgraded IT medical records system that has aided in a more efficient and accurate collection of mental health and related services. This funding aided in developing a system that is EHR (Electronic Health Record) compliant as per state requested standards. The IMHS was competitively bid and Netsmart Corporation was awarded the agreement. The IMHS has gone through various development stages and went into operation in 2010. The IMHS adopted is known as the AVATAR/EMR system. Changes/updates have been made to the IMHS since 2010 with further refinements and clinical enhancements to be made later this year and 2013.

Development and implementation of the IMHS experienced some initial delays due to the contracting process needed for competitive bid for selecting a qualified vendor, other delays were experienced due to testing the system and fixing possible errors, however for the most part the IMHS is meeting timelines and staying within budget parameters. Many of the benchmarks for such a large system overhaul met plan requirements as well as other refinements/enhancements are being carried out.

Development and implementation of Telemedicine equipment and services have for the most part met plan requirements and benchmarks. Telemedicine equipment is being operated in various rural and metro areas of the County. Both Children and Adult services have benefited from this equipment.

Development and implementation of consumer/family member computer labs and computer training and education has been delayed due to a variety of factors including administrative, HIPAA compliant, training needs associated with the program, securing appropriate facilities, etc. Consumer/family computer labs and computer training and education is being developed and it is planned that these services shall be available in FY 12-13.

Additional upgrades to AVATAR/EMR are needed to allow the system to be fully implemented to meet the programmatic, fiscal, and clinical needs of the Department. Further upgrades will allow for additional options/reporting and interfaces to be developed for the Department. Some of the upgrades may include check-in portals (clients electronically sign in for services and answer demographic/satisfaction questions) and computer hardware needed to obtain signatures in the field /community. Additional IT funding of $150,000 shall be allocated for these system refinements.

The following programs are funded through the MHSA Capital Facilities funding allocation. Additional capital facility requests have been received as stated below:

The stakeholder process to renovate the University Medical Center (UMC) was completed in October 2011. The stakeholder process included a 30 day public comment period as well as Mental Health Board discussion and approval. The Board of Supervisors approved approximately $7 million in MHSA Capital Facilities funding for developing space at the University Medical Center (UMC) to accommodate the relocation of the Department's Children's Mental Health programs and related mental health programs to the County-owned UMC property. Ongoing cost review and service design of the UMC campus is continuing with engineering studies and feasibility analysis being conducted .Actual completion dates of the development of this project are being worked on, though it is anticipated that move in will not take place until approximately June 2014.

This project is in the pre-development stages and County Public Works has released a competitive bid proposal to determine whether this project can meet plan budget and time benchmarks. Based on bids received, the next steps of this project will be determined.

Additional renovation of existing buildings using Capital Facility funds are proposed to enable existing County operated buildings to become more welcoming, more accessible to clients and families. Examples of renovations would include, new carpet, better signage, re-configure front lobby's, paint, automatic doors, ADA compliant, bathroom re-design, outside lobby and parking area improvements, etc. Buildings planned for such renovations include the Urgent Care Wellness Center, Metro Building Peer Support, First Onset as well as other buildings. Cost of renovations to be approximately $200,000.

Fiscal Sheets

Fiscal Sheets for all MHSA Components and MHSA programs are shown in the attached Budget sheets – Attachment C.

OUTCOME MEASUREMENTS AND FURTHER DESCRIPTIONS OF MHSA FUNDED PROGRAMS – Attachment D

A more detailed descriptions of the MHSA funded programs identified above as well as the annual outcome measurements reported by each program are shown in Attachment D.