FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH 8/20/14 draft

MENTAL HEALTH SERVICES ACT FY 2013-14 ANNUAL UPDATE

**table of Contents**

**County Compliance Certification……………………………….1**

**County Fiscal Certification………………………………………2**

**Introduction………………………………………………………...3**

**Community Program Planning………………………………….3**

**Fiscal Summary……………………………………………………4**

**Community Services and Supports…………….……………...4**

**Prevention and Early Intervention……………….……………31**

**Innovation……………….…………………………………………46**

**Workforce Education and Training…….……………………..53**

**Supportive Housing………………….…………………………..61**

**Information Technology………….……………………………..63**

**Capital Facilities………………….………………….……………64**

**Appendix A – FY 2013/14 CPP Process.……………………...66**

**Appendix B – References.………………………………………70**

**MHSA COUNTY COMPLIANCE CERTIFICATION**

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Local Mental Health Director**Name:Telephone Number:E-mail: | **Program Lead**Name:Telephone Number:E-mail: |
| County Mental Health Mailing Address: |

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

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

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

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

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Local Mental Health Director/Designee (PRINT) Signature Date

County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION1**

County/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Three-Year Program and Expenditure Plan

☐ Annual Update

☐ Annual Revenue and Expenditure Report

|  |  |
| --- | --- |
| **Local Mental Health Director**Name:Telephone Number:E-mail: | **County Auditor-Controller / City Financial Officer**Name:Telephone Number:E-mail: |
| Local Mental Health Mailing Address: |

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Mental Health Director (PRINT) Signature Date

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

**INTRODUCTION**

The Fresno County FY 2013-14 MHSA Annual Plan Update provides information about programs/projects that were operating during FY 2013-14, and additional programs/projects that the Department will be implementing. This Annual Plan Update provides information on each component of the MHSA and then specific program information on the various programs/projects within the components. Component information provides context for the programs within that component. It provides a general overview of the components in terms of their purpose. Program/project specific information provides a description of the program/project, data on numbers served and dollars budgeted, program evaluation results, and anticipated changes.

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. 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.

**COMMUNITY PROGRAM PLANNING**

This Annual Plan Update also includes a description of a Community Program Planning (CPP) process that was conducted during FY 2013-14 (see Appendix A). The information gathered during the FY 2013-14 CPP process will be utilized for the development of the County’s MHSA Three-Year Plan (FY 2014-15 through FY 2016-17). The Three-Year Plan will build upon the programs/projects included in the FY 2013-14 Annual Update by incorporating the recommendations that were received by the Department, along with data-driven needs identified by the Department, to develop a Three-Year Plan that describes changes to existing programs/projects (expansions/reductions/deletions), identifies new programs/projects, and describes the Department’s long-term strategy for effectively supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders.

As in prior years, the FY 2013-14 CPP process included several focus groups and community planning meetings with participation from a diverse group of stakeholders including consumers of mental health services, family members, law enforcement, schools, the criminal justice system, veterans, providers of alcohol and substance abuse services, social services, healthcare organizations, consumer advocacy groups, probation, the Mental Health Board, and underserved ethnic communities.

The Department attempted to draw more interested individuals to community planning meetings by holding the meetings at locations, and at times, that were more accessible to interested individuals that might not otherwise have been able to participate, i.e., County’s Juvenile Justice Campus during lunch hour; downtown Fresno during lunch hour; and at outlying communities such as Selma, Fowler, Kerman, and the local NAMI office North Fresno office. Translators were available at the meetings as needed.

The Department is striving towards developing a CPP process that is ongoing and encourages open dialogue by providing interested individuals with opportunities to have input in future planning. The Department is hoping to accomplish this ongoing CPP process by continuing to engage individuals through existing forums as well as specific CPP community planning meetings and focus groups. Some examples of existing ongoing forums where planning discussions have taken place, and will continue to take place, include: the Suicide Prevention Taskforce; Community Conversations; Mental Health Board Community Forums; and contracted provider meetings (*OTHER EXAMPLES OF ONGOING FORUMS*????).

*Talk about the Department re-organizing and filling key positions as a positive to accomplish further enhancements to the system, etc.???*

**FISCAL SUMMARY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Fiscal Year 2012-13** | **Fiscal Year 2013-14** | **Increase/Decrease\*** |
| **Community Services and Supports** | $29,816,000 | $26,238,100 | -$3,577,900 |
| **Prevention and Early Intervention** | $7,335,200 | $6,455,000 | -$880,200 |
| **Innovation** | $1,953,600 | $1,719,200 | -$234,400 |
| **Workforce Education and Training** | 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 SERVICES AND SUPPORTS**

1. **Component Information**

Community Services and Supports was the first component to be implemented and is the largest of all five components. Currently, 80% of each year’s MHSA allocation is budgeted for CSS. Services provided by CSS have the goal of improving access to underserved populations, bringing recovery approaches to the current systems, and providing “whatever it takes” services to those most in need. New programs offered under CSS programs are integrated recovery-oriented mental health treatment, offering case-management and linking to essential services such as housing, vocational support, and self-help.

CSS programs are available for all age groups, and some programs serve more than one age group of clients. A balanced approach was taken to meeting the mental health services and supports needs of:

* Children (ages birth to 15)
* Transitional Age Youth (ages 16-25)
* Adults (ages 26-59) and
* Older Adults (ages 60 and above)

CSS Funds are also divided into three functional categories:

* Full Service Partnerships (FSPs): Intensive Team approach, 24/7, with flex funding, for those homeless or at high risk of homelessness. (More than 50% of CSS funds must be spent on FSPs.)
* Outreach and Engagement (O&E): Identify and engage unserved or underserved individuals living with mental illness and link them to services.
* General Systems Development (GSD): Improve programs, services and supports for all clients and families.
* Examples of General Systems Development programs include:
* Children’s School Based Services
* Children’s Mental Health – New Front Door (Screening, Triage, and related services)
* Children’s Expansion of Outpatient Services
* Children’s Outpatient Services Co-Occurring
* Adult Rural Outpatient/Case Management Services
* Adult Cultural-Specific Services
* Adult Department of Rehabilitation/PATH Grant Expansions
* Adult Co-Occurring Disorders Training
* Adult Enhanced Peer Support
* Adult OPTIONS Program
* Adult Crisis Psychiatric Response Services
* Adult Urgent Care Wellness Center
* Adult Voluntary Crisis Stabilization Services
* Adult Behavioral Health Court Expansion
* Adult Family Advocate
* Older Adult Expansion Team
1. **Program Information**
2. **CY-1 Children 0-10 Years Full Service Partnership**
3. **Program Description**

The Children 0-10 Years FSP Program (formerly known as SMART Model of Care) offers an array of services designed to empower families to overcome barriers and effectively meet the needs of their children. The program uses a team based approach to deliver services to support families with children ages birth through ten who have severe behavioral problems. Every family in the program is assigned a team of professional staff to walk with them in their journey through the program.

Services include:

· Individualized services and supports tailored to the needs of the child and family

· Referrals and linkages to other needed community services and supports

· Behavioral management and positive parenting strategies

· 24 hours/7 days a week crisis support.

The evidence based treatment programs are Parent Child Interaction Therapy (PCIT) and Incredible years (IY) as well as Triple P (parenting).

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 210 | FY 2012-13 Funding Request - $2,503,605 |
| Number of clients served in 2013: 210 | FY 2013-14 Funding Request - $2,503,605 |

1. **Outcomes**

**Child Behaviors** – Matched pair intake/discharge assessment data has been received for 59 children and their families who participated in the program. Fifty-four out of fifty-nine children and their families (92%) showed improvement on their parent-identified, targeted behaviors.

**Child Behavior Check List (CBCL)** – During 2013, 86% improved to borderline or normal score at discharge on the Total Externalizing scale; 86% improved to a borderline or normal score at discharge on the Total Internalizing scale; and 86% improved to a borderline or normal score at discharge on the Total Problem scale.

**Parent/caregiver Stress** – During 2013, 70% of caregivers reported a decrease in their stress level between intake and discharge from the program. The results since inception were 71% reporting a decrease in their stress level during program participation.

**Child/Adolescent Needs and Strengths (CANS) Scores** – (CANS) 0-4: 93% of youth improved or maintained their overall clinical condition/quality of life after participation. CANS 5+: 85% of youth improved or maintained their overall clinical condition/quality of life after participation.

**Success at Linking to Services** – Data collected on this measure reflected that 64% of the children and families served since program inception were linked to evidence-based practices or other appropriate mental health services including 14% who were referred to the Incredible Years (IY) program, 44% who were referred to PCIT, and 6% who were referred to Triple P.

During 2013, 69% of the children and families were successfully linked to an evidence-based practice or other mental health service provider including 9% who were referred to the IY program, 47% who were referred to PCIT, and 13% who were referred to Triple P.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **CY-2 Children and Youth Juvenile Justice Services**
2. **Program Description**

The Assertive Community Treatment (ACT) program consists 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 169 | FY 2012-13 Funding Request - $1,064,355 |
| Number of clients served in 2013: 163 | FY 2013-14 Funding Request - $1,064,355 |

1. **Outcomes**

**Incarcerations** – 77% of youth decreased or maintained (at zero) their number of arrests, citations or probation violations.

**Consumer Satisfaction** – Consumer satisfaction data was collected during the one-week Fresno County Satisfaction Survey collection period (August 26-30, 2013). The raw data was submitted directly to the county and forward to the State for data analysis. Detailed data has not been received from the State at this time.

**Hospitalizations** – 89% of youth decreased or maintained (at zero) their number of hospitalizations.

**Child/Adolescent Needs and Strengths (CANS) Scores** – 76% of youth improved on their total CANS scores as measured by the calculating average total CANS score during program participation and at discharge.

Dispositions at Discharge – A majority of youth (74%) were discharged to a stable home setting.

**School Achievement** – When measuring change of “School Achievement” scores, 9% of youth improved their score, 73% maintained, and 18% declined from initial measure to discharge.

**School Attendance** – 89% of youth improved their school attendance or maintained regular attendance.

**School Suspensions/Expulsions** – 88% of youth decreased or maintained (at zero) their number of suspensions/expulsions.

**Crisis Care/Inpatient Services** – 95% of youth decreased or maintained (at zero) their number of CCAIR visits.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **CY-3 School Based Services**
2. **Program Description**

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 provides 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 907 | FY 2012-13 Funding Request - $1,818,154 |
| Number of clients served in 2013: 907 | FY 2013-14 Funding Request - $1,818,154 |

1. **Outcomes**

Metro School Based Services

**Clients requiring crisis (CCAIR)** **services**

* 37 of 564 clients had crisis services with a total of 77 had crisis visits prior to receiving services during July 1, 2012 through December 31, 2012
* 13 of the same 37 (35%) clients had crisis services with a total of 62 crisis visits after receiving services during this reporting period, January 1, 2013 through December 31, 2013

**Clients requiring acute inpatient hospitalization**

* 10 of 564 clients had inpatient visits with a total of 16 inpatient days prior to receiving services during July 1, 2012 through December 31, 2012
* 4 (60%) of the same 10 clients had inpatient visits with a total of 6 (40%) inpatient days after receiving services

**School Achievement**

* School GPA – 10% shown improvement
* School Suspension – 6% shown improvement
* Attendance Improvement – 8% shown improvement

Rural School Based Services

**Reduce need for higher and/or more intensive services** – per clinical staff report of the 207 CANS that included two or more completed scales, there was an average overall improvement of 64 (31%), 105 (51%) maintained, and 38 (18%) decreased

**Academic Performance will be maintained/improved** – of the 207 CANS that included two or more completed scales there was a 60 (29%) improvement in their school academic achievement, 106 (51%) maintained, and 41 (20%) decreased

**School Attendance will improve** – of the 207 CANS that included two or more completed scales there was a 42 (20%) improvement in their attendance, 130 (63%) maintained, and 35 (17%) decreased

**School Behaviors will improve** – of the 207 CANS that included two or more completed scales, there was an improvement in their school behaviors by 75 (36%), 87 (42%) maintained, and 45 (22%) decreased in school behaviors

**Social Functioning** **will improve** – of the 207 CANS that included two or more completed scales, there was an improvement in social functioning by 79 (38.16%), 96 (46.38%) maintained, and 32 (15.46%) decreased

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **CY-4 Children’s Mental Health – New Front Door (Screening, Triage and related services)**
2. **Program Description**

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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 0 | FY 2012-13 Funding Request - $300,000 |
| Number of clients served in 2013: 0 | FY 2013-14 Funding Request - $300,000 |

1. **Outcomes**

To Be Determined

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **CY-4 Children’s Mental Health – New Front Door (Screening, Triage and related services)**
2. **Program Description**

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.

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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 0 | FY 2012-13 Funding Request - $750,000 |
| Number of clients served in 2013: 0 | FY 2013-14 Funding Request - $750,000 |

1. **Outcomes**

To Be Determined

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **CY-4 Children’s Outpatient Services Co-Occurring**
2. **Program Description**

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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 0 | FY 2012-13 Funding Request - $150,000 |
| Number of clients served in 2013: 0 | FY 2013-14 Funding Request - $150,000 |

1. **Outcomes**

To Be Determined

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **TAY-1 Transition Age Youth Services and Supports**
2. **Program Description**

The Assertive Community Treatment (ACT) program consists 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 253 | FY 2012-13 Funding Request - $1,064,355 |
| Number of clients served in 2013: 253 | FY 2013-14 Funding Request - $1,064,355 |

1. **Outcomes**

**Inpatient psychiatric hospitalizations** – 96% reduction incidents of inpatient psychiatric hospitalizations**.**

**Homelessness** – 100% reduction in incidents of homelessness.

**Incarcerations** – 90% reduction in incidents of incarcerations.

**Number of clients in Educational Settings** – 48 clients

**Number of clients in Employment settings** – 34 clients

**Reduction of LOCUS (Level of Care Utilization System) Scores:**

Total PAF (new enrollment) LOCUS Score\* = 1601 Average PAF LOCUS Score =22

Total 6 Month (post admission) LOCUS Score = 1466 Average 6 Month LOCUS Score =19.50

Total LOCUS Reduction = 135

 \* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine client service needs. It also provides a way to measure client progress and treatment outcomes. A higher score indicates a higher level of service need.

**Supportive Housing:**

* 79 clients were assisted with locating and securing housing.
* 24 clients received housing subsidy funding.\*
* 9 clients were successfully transitioned to independent permanent housing.

\*Not all clients require or accept housing services. Clients with sufficient income are assisted with locating affordable housing.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 1 – Integrated Mental Health - Adult Homeless Mentally Ill: - Housing and recovery FSP services**
2. **Program Description**

Adult Homeless Mentally Ill Full Service Partnership – Serving 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 127 | FY 2012-13 Funding Request - $1,513,220 |
| Number of clients served in 2013: 127 | FY 2013-14 Funding Request - $1,513,220 |

1. **Outcomes**

**Inpatient psychiatric hospitalizations** – 88% reduction in inpatient psychiatric hospitalizations**.**

**Homelessness** – 98% reduction in incidents of homelessness.

**Incarcerations** – 92% reduction in incidents of incarcerations.

**Number of clients in Educational Settings** – 100% increase in clients in an educational setting.

**Number of clients in Employment settings** – 36% increase in clients employed.

**Reduction of LOCUS (Level of Care Utilization System) Scores:**

Total PAF (new enrollment) LOCUS Score\* = 1464 Average PAF LOCUS Score =21

Total 1st year (post admission) LOCUS Score = 1249 Average 1st year LOCUS Score =18

Total LOCUS Reduction = 215

 \* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine client service needs. It also provides a way to measure client progress and treatment outcomes. A higher score indicates a higher level of service need.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 1 – Community Re-Integration Team – AB 109 FSP**
2. **Program Description**

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 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 30 | FY 2012-13 Funding Request - $350,000 |
| Number of clients served in 2013: 30 | FY 2013-14 Funding Request - $300,000 |

1. **Outcomes**

**Inpatient psychiatric hospitalizations** – 88% reduction in inpatient psychiatric hospitalizations**.**

**Homelessness** – 98% reduction in incidents of homelessness.

**Incarcerations** – 94% reduction in incidents of incarcerations.

**Number of clients in Educational Settings** – 100% increase in clients in an educational setting.

**Number of clients in Employment settings** – 39% increase in clients employed.

**Reduction of LOCUS (Level of Care Utilization System) Scores:**

Total PAF (new enrollment) LOCUS Score\* = 203 Average PAF LOCUS Score =23

Total 6 Month (post admission) LOCUS Score = 167 Average 6 Month LOCUS Score =19

Total LOCUS Reduction = 36

 \* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine client service needs. It also provides a way to measure client progress and treatment outcomes. A higher score indicates a higher level of service need.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 1 – Project for Assistance in Transition from Homelessness (PATH) Program**
2. **Program Description**

This program provides mental health outreach and housing services. A variety of mental health services are 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 30 | FY 2012-13 Funding Request - $155,217 |
| Number of clients served in 2013: 36 | FY 2013-14 Funding Request - $155,217 |

1. **Outcomes**

**Incarcerations** – 100% of the 36 consumers, who received mental health treatment and ongoing case management decreased or maintained (at zero) their number of arrests, citations or probation violations in 2013 compared to 2012.

**Hospitalizations** – 100% of the 36 consumers, who received mental health treatment and ongoing case management decreased or maintained (at zero) their number of hospital days in 2013 compared to 2012.

**Homelessness** – 100% of the 36 consumers, who received mental health treatment and ongoing case management decreased or maintained (at zero) their number of homeless days in 2013 compared to 2012 homeless days. Based on the PATH data for said reporting period active participants showed a 100% reduction in homeless days when comparing baseline data to current experience (from almost all consumers being homeless for the year prior to intake and 0 consumers homeless prior to discharge).

**Outreach** – PATH staff outreached to 589 homeless individuals this past year and enrolled 289 for various services

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 1 – Intensive Community Services and Supports Team (ICSST) FSP**
2. **Program Description**

This FSP program serves 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 90 | FY 2012-13 Funding Request - $1,300,917 |
| Number of clients served in 2013: 115 | FY 2013-14 Funding Request - $1,300,917 |

1. **Outcomes**

**Inpatient psychiatric hospitalizations** – 85% reduction in inpatient psychiatric hospitalizations**.**

**Homelessness** – 99% reduction in incidents of homelessness.

**Incarcerations** – 60% reduction in incidents of incarcerations.

**Number of clients in Educational Settings** – 21 clients in an educational setting.

**Number of clients in Employment settings** – 19 clients employed.

**Reduction of LOCUS (Level of Care Utilization System) Scores:**

Total PAF (new enrollment) LOCUS Score\* = 291 Average PAF LOCUS Score = 22.53

Total 6 Month (post admission) LOCUS Score = 222 Average 6 Month LOCUS Score = 17.29

Total LOCUS Reduction = 69

 \* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine client service needs. It also provides a way to measure client progress and treatment outcomes. A higher score indicates a higher level of service need.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 1 – Enhanced Rural Mental Health Services Outpatient/Intensive Case Management/Full Service Partnerships**
2. **Program Description**

TheRural Mental Health (RMH) Program is a Mental Health Services Act (MHSA) funded Full Service Partnership (FSP), Intensive Case Management (ICM), and Outpatient (OP) treatment program. The target population includes adults and children that live in rural Fresno County. Services are provided at six established rural service sites including Reedley, Pinedale, Sanger, Selma, Kerman, and Coalinga. The level of service provision (FSP, ICM, or OP) is determined after the client has been assessed.

The population for the FSP program includes adults with severe mental illness (SMI), children with serious emotional disturbance (SED), and adults/children who have had recent admissions to the County’s crisis intervention services (acute inpatient or incarcerated clients).

FSP services are available 24 hours per day, seven days per week. ICM services are provided to clients in need of case management and community based crisis intervention services. The ICM population includes adults with severe mental illness and children with serious emotional disturbance who are in need of on-going community based services. In general, the ICM population requires less than three contacts per week from the RMH staff in order to sustain a largely independent level of functioning. OP services are provided to those who are Medi-Cal eligible and meet the State Department of Mental Health’s medical necessity criteria. In general, the OP population requires only infrequent interaction from the RMH staff in order to sustain a largely independent level of functioning. ICM and OP services are available 8 hours per day and five days per week.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 1,500 | FY 2012-13 Funding Request - $2,333,892 |
| Number of clients served in 2013: 1,500 | FY 2013-14 Funding Request - $2,333,892 |

1. **Outcomes**

**Inpatient psychiatric hospitalizations** – 77% reduction in inpatient psychiatric hospitalizations**.**

**Homelessness** – 90% reduction in incidents of homelessness.

**Incarcerations** – 40% reduction in incidents of incarcerations.

**Number of clients in Educational Settings** – 100% increase in number of clients in an educational setting.

**Number of clients in Employment settings** – 25% increase in number of clients employed.

**Reduction of LOCUS (Level of Care Utilization System) Scores:**

Total PAF (new enrollment) LOCUS Score\* = 965 Average PAF LOCUS Score = 27.5

Total 6 Month (post admission) LOCUS Score = 887 Average 6 Month LOCUS Score = 25.3

Total LOCUS Reduction = 78

 \* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine client service needs. It also provides a way to measure client progress and treatment outcomes. A higher score indicates a higher level of service need.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 1 – Cultural-Specific Services**
2. **Program Description**

Outpatient Mental Health Services: The goals of the Outpatient component are primarily to provide culturally and linguistically competent outpatient mental health services to adult (minimum) Southeast Asian (SEA) community members in Fresno County.

Clinical Training Services: The Clinical Training component of this program serves as a training/practicum site for SEA graduate and post-graduate SEA students (post Master’s or post-Doctorate Degrees) to work toward completing all of the requirements necessary to take the licensure exams to become licensed mental health clinicians. The services are provided in traditional SEA languages and therapeutic methods are adapted appropriately to respond to the diverse mental health needs of SEA consumers. This serves to achieve diversification in the mental health workforce, and to provide cross-cultural training for health care professionals.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 95 | FY 2012-13 Funding Request - $367,767 |
| Number of clients served in 2013: 95 | FY 2013-14 Funding Request - $367,767 |

1. **Outcomes**

**Higher Level of Care** – 100% of consumers served have not required a higher level of care.

**Homelessness** – No (<1%) consumers served were homeless at intake, during or after engaging in services; no consumers served have declined housing assistance.

**Improved Access to Services** – 100% of consumers with Medi-Cal insurance have been linked to PCP. 100% of those who have no Medi-Cal or any other form of medical insurance have been linked or attempted to be linked to the Medically Indigent Service Program (MISP).

* 129/129 (100%) consumers have been assisted with application for SSI benefits as needed.
* 57/129 (44%) of consumers served receive SSI benefits.
* 14/129 (11%) their benefits are in progress/pending.
* 58/129 (45%) of consumers have been denied/decline benefits.
* 100% of consumers are aware of services available to assist in becoming naturalized US citizens. Nearly all clients have been assisted with attaining their US naturalization.

**Clinical Training Services**

* 1 Clinician (currently the Clinical Director) has been an LCSW since 2009.
* 3 unlicensed clinicians have successfully completed all of their required clinical hours in preparation to take their licensure exams.
* 4 graduate student interns completed 100% of their required field practicum hours.
1. **Future Plans for Change**

No significant changes are expected.

1. **Adult Services 1 – Indigent Medications Expansion**
2. **Program Description**

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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: N/A | FY 2012-13 Funding Request - $500,000 |
| Number of clients served in 2013: N/A | FY 2013-14 Funding Request - $500,000 |

1. **Future Plans for Change**

No significant changes are expected.

1. **Adult Services 1 – State Department of Rehabilitation (DOR) Program**
2. **Program Description**

Partial MHSA matching funds have been used in the County’s Supportive Education and Employment Services (SEES) program. This has led 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: N/A | FY 2012-13 Funding Request - $196,106 |
| Number of clients served in 2013: N/A | FY 2013-14 Funding Request - $196,106 |

1. **Future Plans for Change**

No significant changes are expected.

1. **Adult Services 2 – Co-Occurring Disorders FSP**
2. **Program Description**

The Co-Occurring Disorders Program (CDP) is a Full Service Partnership providing outpatient, integrated, intensive services to clients with severe mental illness (SMI) as well as substance dependency. The program offers a variety of services based on the Assertive Community Treatment (ACT) model including intensive case management, rehabilitation, psychiatric services, individual/group therapy, linkages to financial resources (General Relief, Social Security, Medi-Cal, etc.) and housing support in the client’s own environment. The program provides integrated mental health treatment simultaneously with substance abuse treatment based on the Harm-Reduction model. CDP collaborates with numerous community partners, financially assists clients in receiving inpatient substance abuse treatment as needed, provides linkages to local sober living and community support groups (NA, AA, CR), and supports clients participating in Behavioral Health Court.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 93 | FY 2012-13 Funding Request - $1,661,138 |
| Number of clients served in 2013: 128 | FY 2013-14 Funding Request - $1,661,138 |

1. **Outcomes**

**Inpatient psychiatric hospitalizations** – 87% reduction in inpatient psychiatric hospitalizations**.**

**Homelessness** – 98% reduction in incidents of homelessness.

**Incarcerations** – 97% reduction in incidents of incarcerations.

**Number of clients in Educational Settings** – 100% increase in number of clients in an educational setting.

**Number of clients in Employment settings** – 39% increase in number of clients employed.

**Reduction of LOCUS (Level of Care Utilization System) Scores:**

Total PAF (new enrollment) LOCUS Score\* = 788 Average PAF LOCUS Score = 19.22

Total 6 Month (post admission) LOCUS Score = 784 Average 6 Month LOCUS Score = 19.12

Total LOCUS Reduction = 4

 \* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine client service needs. It also provides a way to measure client progress and treatment outcomes. A higher score indicates a higher level of service need.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 2 – Urgent Care Wellness Center (UCWC)**
2. **Program Description**

The Urgent Care Wellness Center (UCWC) is an outpatient treatment center that provides assessment, treatment planning, individual and group counseling, and linkage to community resources. UCWC is often considered the “front door” for adult mental health services at Fresno County as most new consumers will contact UCWC to begin services. UCWC has been at the forefront of providing Evidence Informed Practices with groups such as Dialectical Behavior Therapy (DBT), Wellness and Recovery Action Plan (WRAP), Seeking Safety, Mindfulness Based Cognitive Therapy (MBCT), and Cognitive Behavioral Therapy groups focused on multiple topics such as Self-Esteem, Anger Management, and Anxiety and Depression. UCWC has also been instrumental in increasing services to underserved populations by starting DBH’s first Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) support group and by outreaching to programs and consumers at the local homeless shelter.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 3,297 | FY 2012-13 Funding Request - $2,817,001 |
| Number of clients served in 2013: 4,688 | FY 2013-14 Funding Request - $2,817,001 |

1. **Outcomes**

**Increase number of services** – 42% increase in the number of clients served in 2013

**Client satisfaction** – 199 responses to the Fresno County Consumer Satisfaction Survey in 2013, a total of 87% of responders were satisfied with UCWC services.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 2 – Consumer/Family Advocate Services**
2. **Program Description**

Culturally appropriate consumer / Family advocacy services to the unserved and underserved populations of Fresno County. Services include support groups, peer support, family support groups, advocacy services, presentations, outreach to target groups, consumer and family speaker’s bureau, media outreach, phone assistance, linkage services, community mental health outreach events, education and training to increase awareness of the impact of mental health, developing community collaborations, and mental health newsletters.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 855 (261 individuals linked to services) | FY 2012-13 Funding Request - $113,568 |
| Number of clients served in 2013: 888(322 individuals linked to services) | FY 2013-14 Funding Request - $113,568 |

1. **Outcomes**

**Provide advocacy services as initiated by consumer/family calls to office, document disposition of call, referral, follow up** – in 2012, 261 individuals were successfully linked to services within the County of Fresno, and staff received 594 calls for assistance; in 2013, staff was able to refer and link 322 individuals, staff received 441 calls for assistance, and staff performed 125 home visits.

**Educate and increase awareness of the impact of mental illness on consumers & family members** –in 2012, staff provided 39 presentations throughout Fresno County to consumers, family members, schools, senior agencies and staff such as Housing Authority sites, WIC staff, child care centers , Pacific University and the Mexican Consulate; in 2013, staff provided 73 presentations to similar groups.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 2 – Enhanced Peer Support**
2. **Program Description**

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 participates as team members to assist consumers with wellness and recovery goals. Many programs have Peer Support staff that assists them with clients and families well-being and recovery.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 300 | FY 2012-13 Funding Request - $457,461 |
| Number of clients served in 2013: 300 | FY 2013-14 Funding Request - $457,461 |

1. **Future Plans for Change**

No significant changes are expected.

1. **Adult Services 2 – Co-Occurring Disorders Training**
2. **Program Description**

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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: N/A | FY 2012-13 Funding Request - $174,649 |
| Number of clients served in 2013: N/A | FY 2013-14 Funding Request - $174,649 |

1. **Future Plans for Change**

No significant changes are expected.

1. **Adult Services 3 – Adult and Juvenile Behavioral Health Court**
2. **Program Description**

The Adult BHC team consists of the judge, defense and prosecuting attorneys, BHC-dedicated probation officer, Full Service Partnership (FSP) Personal Service Coordinators and other FSP representatives, sometimes a jail psychologist liaison, the BHC Services Coordinator that is funded with MHSA CSS funds, and occasionally clinicians/interns conducting psychological assessments. The goals are to improve public safety, reduce recidivism, and improve mental health access and treatment for those in the justice system.

The Juvenile BHC is a voluntary program and parental involvement is expected. The court meets every other week with the entire collaborative team that also includes the judge, two probation officers, attorneys, treatment providers and the Juvenile BHC Services Coordinator that is funded with MHSA CSS funds. Mental health clinicians and a case manager serve on a multi-agency treatment team to serve incarcerated youth at the Juvenile Justice Campus. In order to be eligible, a minor may not have a previous sexual or seriously violent offense against another person, be actively involved in a gang, or sold or had in their possession to sell illegal drugs, and must be diagnosed with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 34 (adults) and 33 (juvenile) | FY 2012-13 Funding Request - $124,359 (adult) and $187,677 (juvenile) |
| Number of clients served in 2013: 34 (adults) and 33 (juvenile) | FY 2013-14 Funding Request - $124,359 (adult) and $187,677 (juvenile) |

1. **Outcomes**

Adult BHC

**Successful BHC Graduation** – 1 of 13 clients (8%) exiting the program in 2013 successfully graduated. Of the remaining 12 discharges, one absconded, two incurred new charges that were serious enough for discharge, one’s probation timed out, one voluntarily left, one no longer was diagnosed with an SMI after his substance use disorder was treated and so returned to his home court for sentencing, and six were in lengthy non-compliance. Those discharged from the program averaged just under one year’s participation.

7 of 9 clients (78%) that separated from the program in 2012 successfully graduated. The other two were discharged for non-compliance.

1 of 3 clients (33%) that separated in 2011 from the program successfully graduated. One separation was due to conserving the client to a higher level of care, while the other voluntarily chose to no longer participate.

Of the remaining 6 separations prior to 2011, 3 were conserved and three discharged from BHC for non-compliance.

The cumulative graduation rate from inception through 2013 is 9 of 31 exits from BHC or 29%.

**Recidivism Reduction** – the 2013 graduate has had a full 12 months since his graduation and has not re-offended.

Of the seven 2012 graduates, one re-offended in 2013 and is now back in BHC. The 2011 graduate has had no recidivism.

The cumulative graduate recidivism rate is 11%.

Prior to BHC entry, the 2013 graduate had 2 convicted charges and served a total of 0 actual days in jail. Post-graduation, the graduate has had 0 jail days or convicted arrests.

The seven 2012 graduates had 16 convicted arrests among them for the year of their entry, pled to 12, and served a total of 840 actual days in jail or an average of 120 actual days each. Post-graduation, the number is 1 convicted arrest with 19 jail days.

Prior to BHC entry, the one 2011 graduate had 3 convicted arrests and served 86 actual days in jail. Post-graduation, he has had no convicted arrests and no jail time.

Cumulative jail days through 2013 of the 9 graduates in the year prior to participating in BHC totaled 926 actual days. Post-graduation, 1 graduate reoffended and spent 19 days in jail.

**Improvement in coping skills, behavior, and productive use of time** – in order to graduate, participants must regularly attend therapy, learn new coping tools, show consistent improvement in behavior skills and increase their productive use of time. 100% of the graduates showed such improvement.

Juvenile BHC

**Successful BHC Graduation** – 12 minors successfully graduated out of 22 clients (54 %) who separated from the program in 2013 after advancing to stage 2 of the BHC program.

8 minors successfully graduated out of15 clients (53%) who separated from the program in 2012 after advancing to stage 2 of the BHC program.

9 of 16 clients (62.5%) who separated in 2011 successfully graduated after advancing to Stage 2.

15 of 21 clients (71%) successfully graduated in 2010 after advancing to Stage 2

8 of 10 clients (80%) successfully graduated the program in 2009 after advancing to Stage 2.

A five year cumulative successful graduation rate for those advancing to Stage 2 is 70% or 52 graduates of 74 exiting FBHC from 2009 through 2013. There have been a total of 70 graduates from 2007-2013, although the remaining 18 prior to 2009 did not progress through the stages now in place, making it difficult to appropriately compare.

**Recidivism Reduction** – there has been insufficient time to assess recidivism for 2013 graduates, as 83% have not been out of the program for 12 months.

For the eight 2012 graduates, there was one juvenile who re-offended in 2013 as an adult. It occurred at the end of 2013, serving 47 jail days until the end of the calendar year and continuing into 2014. There was one other adult re-offense from the Exit Class of 2009 with jail time suspended. A juvenile from the Exit Class of 2011 re-offended in 2013 and spent 109 days in JJC.

Consequently, out of 58 total graduates through 2012, 3 re-offended during 2013 and 55 stayed out of the justice system.

Cumulatively (excluding Exit Class 2013), a total of 15 have re-offended in any year from 2007 through 2013 or 25.8%. Of those 15, ten were adult offenses or 17% of the total graduate group. One of the juveniles participating in 2011 re-offended as an adult and entered adult BHC. His probation period timed out the end of 2013 before his graduation occurred.

In the past six years, 43 of 58 graduates stayed out of the justice system completely (74.1%).

**Improvement in coping skills, education, discipline and behavior** – in order to graduate, improvement is necessary in school attendance and grades; participants must regularly attend therapy, learn new coping tools, and show consistent improvement in behavior skills. 100% of the graduates showed such improvement, although not uniformly across all areas and to varying levels.

1. **Future Plans for Change**

No significant changes are expected.

1. **Adult Services 3 – Family Advocate Position**
2. **Program Description**

Contracted 1.0 Full Time Equivalent (FTE) Family Advocate position provides liaison, client/family advocacy, client/family mental health system navigation, family support, and related support services for families experiencing mental health issues.

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

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

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012:  | FY 2012-13 Funding Request - $113,568 |
| Number of clients served in 2013: 116 over 4 months in 2014 (Jan-April) | FY 2013-14 Funding Request - $113,568 |

1. **Outcomes**

**Provision of Advocacy Services** – 116 unduplicated contacts and 29 duplicated contacts.

Average duration of service is 2 days (for duplicated contacts), representing 3-4 contacts with family.

**Increase family member/caregiver access to resources** – 33 total linkages: 6 linkages to FSP, 5 families assisted with school support/IEP’s, 12 linkages to community organizations, and 10 linkages to County programs.

**Increase family member/caregiver level of functioning, confidence and awareness of relapse prevention** – survey initiated late April 2014. During one week of use, 4 surveys completed. All respondents rated increase in functioning, confidence and awareness at moderate or higher rating of satisfaction.

**Increase awareness of the impact of mental illness on family members** – all respondents rated an increase in orientation of the mental health system at moderate or higher.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Adult Services 3 – Crisis Stabilization Voluntary Services**
2. **Program Description**

Provides for continued funding for voluntary services at the contracted 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 0 | FY 2012-13 Funding Request - $450,000 |
| Number of clients served in 2013: 0 | FY 2013-14 Funding Request - $450,000 |

1. **Outcomes**

To Be Determined

1. **Future Plans for Change**

No significant changes are expected for next year.

**PREVENTION AND EARLY INTERVENTION**

1. **Component Information**

The intent of the Prevention and Early Intervention (PEI) strategies is to engage persons prior to the development of serious mental illness (SMI) or serious emotional disturbances (SED), or, in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment.

PEI funding is to be used to achieve specific PEI outcomes for individuals, programs/systems and communities. PEI funding may support relatively short duration and low intensity approaches to achieve intended outcomes, *not* for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness (SMI) or serious emotional disturbance and their families.

Exception for Early Onset of a Serious Psychiatric Illness with Psychotic Features: The standards of low intensity and short duration do not apply to services for individuals experiencing early onset of a serious psychiatric illness with psychotic features that receive this type of transformational intervention.

Fresno County‘s PEI Plan was approved in July 2009. In that Plan, programs were designed to address one or more of the following Community Mental Health Needs:

1. Disparities in Access to Mental Health Services – reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability (i.e., cultural competency) of traditional mainstream services.
2. Psycho-Social Impact of Trauma – reduce the negative psycho-social impact of trauma on all ages
3. At-Risk Children, Youth and Young Adult Populations – increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.
4. Stigma and Discrimination – reduce stigma and discrimination affecting individuals with mental illness and mental health problems.
5. Suicide Risk – increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

Additionally, many of the PEI Projects were developed to address the specific cultural needs of underserved age and ethnic groups. It is the intent of the staff at Fresno County MHSA that the PEI Projects will also support additional high need groups who may be inappropriately served by the mental health system, including the physically disabled and lesbian, gay bisexual, transgender, and questioning (LGBTQ) communities.

**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>

**II. PEI Program Information**

1. **PEI 1 – Integrated Primary Care and Mental Health Services**
2. **Program Description**

The program provides behavioral health prevention and early intervention services in primary care settings and integrates behavioral health and physical health care services at community primary care clinics. Behavioral health services are provided at health centers to people who are feeling overwhelmed with everyday stressors and seek treatment for symptoms (anxiety, depression, sleep disorders, etc.) from their primary care physician. Co-location of primary care and behavioral health services fosters effective use of expertise in overlapping fields of knowledge and practice.

The specific services that are provided include screening, assessment, and short-term therapeutic treatment for individuals who are early in the manifestation of a mental health concern or disorder, as well as referrals to appropriate community resources and services as needed.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 475 | FY 2012-13 Funding Request - $1,272,816 |
| Number of clients served in 2013: 479 | FY 2013-14 Funding Request - $1,272,816 |

1. **Outcomes**

Valley Health Team, Inc.

**Access to Services** – of the 381 patients (1,730 behavioral health encounters) served from January thru December 2013, 100% were treated by a mental health team member at the primary care clinic within 7 to 10 working days of the initial request for mental health prevention and early intervention (PEI) services.

**Early Identification of Mental Health Issues** – of the 381 individual patients treated, 254 (67%) were screened by use of the PHQ-2 or PHQ-9 assessment tool. Of the 381 individuals, 127 (33%) minors (12 to 17 years old) did not meet the age requirement for PHQ -2 or PHQ-9 screenings, therefore they were not screened.

Initial baseline scores on PHQ-9 screenings have been established for individuals with depression that have received behavioral health PEI services since program inception. The baseline scores have been evaluated against individuals’ scores after they have engaged in behavioral health PEI services for an extended period (beyond 6 months).

21 patients have received behavioral health PEI services for 6 months or longer. After patients engaged with behavioral health PEI services for an extended period (beyond 6 months), 95% experienced improvement in symptoms according to PHQ-9 (assessment tool) results. 86 % of patients were negative for any depressive symptoms, and 95% of patients’ PHQ-9 scores had decreased from their initial baseline score. 05% of patients did not experience a change from their initial PHQ-9 baseline score.

Currently, all medical patients (pregnant, postpartum, diabetic, hypertensive, hospital follow ups, etc.) are receiving a PHQ-2 screening. The goal over the next year is that a minimum 75% of all minors, ages 12 to 17 years old will receive a PHQ-9 modified screening.

**Linkages to appropriate behavioral health prevention and early intervention activities** – a Staying Healthy Assessment tool is administered to all patients at their annual (medical) exam. 381 patients were referred to the primary care clinics’ behavioral health program and seen for mental health PEI services.

PHQ-2 and PHQ-9 screenings are administered at every medical visit. According to the baseline score, 381 patients were referred for behavioral health services.

**Linkages to appropriate long term behavioral health services** – 24 individuals in need of assistance beyond the scope of behavioral health (PEI) services have been linked with county behavioral health providers or other community-based behavioral health providers/services.

United Health Centers of the San Joaquin Valley, Inc.

**Access to Services** – 100% of the 954 individuals served from January thru December 2013 have been contacted and seen by the primary care clinics’ Behavioral Health (BH) teams within 10 working days of the initial request for mental health Prevention and Early Intervention (PEI) services.

**Early Identification of Mental Health Issues** – 1,249 PHQ-9 or PHQ-2 screenings were administered during the reporting period from January through December 2013. UHC plans for universal adoption of the PHQ screening for patients ages 12 and up. UHC has also joined a project with the California Health Collaborative to administer perinatal self-assessments and screenings to pregnant and post-partum patients.

**Linkages to appropriate behavioral health prevention and early intervention activities** – clients are linked from primary care to appropriate and integrated mental health PEI and low to moderate acuity services offered at the clinics. Services offered include case management, individual and family psychotherapy, medication management, and face-to-face and telepsychiatry currently serving ages 5 to 92. All clinicians are bilingual (English and Spanish). On-site BH clinicians staff four clinics in Fresno County with additional specialty telepsychiatry visits available in Mendota and Huron. Telepsychiatry is expected to expand to 7 or more UHC sites by December 2014. 2,487 PEI visits were kept in 2013. For psychiatry services from August to December 2013, 249 visits were kept with 94 individual adult patients and 72 individual pediatric patients receiving assessment and management to date.

**Linkages to appropriate long term behavioral health services** – 115 individuals in need of help outside the scope of mental health PEI services based on client’s condition have been linked with County Mental Health providers or other community-based mental health providers.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 2 – Cultural Based Access and Navigation Specialists (CBANS) and Peer Support**
2. **Program Description**

The CBANS program is a prevention and early intervention program that promotes positive cognitive, social, and emotional development as well as encourages a state of well-being that allows the individual to function well in challenging circumstances. CBANS focuses on reducing risk factors and stressors, building protective factors and skills, and increasing social supports across all age groups through individual and group peer support, community awareness, and education through culturally sensitive discussions and activities.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 1,930 | FY 2012-13 Funding Request - $551,633 |
| Number of clients served in 2013: 1,930 | FY 2013-14 Funding Request - $551,633 |

1. **Outcomes**

Centro La Familia

**Reduced Stress Factors** – 50% of the 85 one-on-one clients served showed a clear reduction of stressors. The other 50% of clients also showed a reduction on the stressors identified; however, new stressors were identified on the second follow-up interview.

The Needs and Stressor tool is used to measure the number of stressors consumers have when they arrive for services. The tool identifies four primary areas which are: basic needs, physical and mental needs, environmental/social needs and other needs (related to participant's family, friends, work, etc.)

36% of the 85 clients reduced their stressors by finding employment, volunteering in their communities, practicing prayer and/or meditation, participating in Zumba classes, distancing themselves from the negative people in their lives, and dedicating more time to themselves and their children.

**Increase Access to Community Resources** – the Needs Survey and caseload reports are also used to measure the increase or decrease access to community resources. About 87% of the client files reviewed had an average of 2-3 referrals to both internal and external services per individual interview and follow-up. In addition, 90% of the clients served had an increase in community resources access after entering the program. Fifty-three percent of the 85 clients attended or continue to attend support groups, received or are receiving counseling services, and participated in parenting classes.

Fresno Interdenominational Refugee Ministries, Inc. (FIRM)

**Increase in consumer wellness** – the Wellness outcome measures the overall wellness of the consumer on their confidence of state and mind and community resources within their surroundings. There is a scale of 1 to 6 of which if consumers score higher, the consumer is more knowledgeable and confident in themselves.

The initial assessment:

80% of consumers measured between 0-3

20% of consumers measured between 4-6

A follow up assessment at time of discharge or six months out:

10% of consumers measured between 0-3

90% of consumers measured between 4-6

**Increasing Awareness of Mental Health** – during the year, there have been 24 workshops presented in the Hmong and Lao language for the community with over 900 attendees. There have been 38 different community outreaches with over 1,000 participants that received information. FIRM has also made 43 media presentations that have reached over 100,000 participants.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 3 – Perinatal Program**
2. **Program Description**

The Perinatal Program provides outpatient mental health services to pregnant and postpartum teen, adults and their infants. The short term mental health services include outreach, prevention and early intervention identification through screening, assessment and treatment. This program is staffed with two Public Health Nurses to evaluate and provide preventive services to mother and baby. Services are open to women who experience mental disorders during pregnancy and up to a year postpartum. Services include home-based mental health intervention, psycho-educational, therapeutic, and support groups for mothers and family, psychiatric services, therapy, and case management. The recommended Evidence Based Practice for Perinatal clients is CBT and Interpersonal therapy. All staff received training to deliver this Evidence Based Practice. Staff is currently leading a DBT group. Staff is attending Infant Mental Health training and co-lead Bonding and Attachment group.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 500 | FY 2012-13 Funding Request - $1,244,914 |
| Number of clients served in 2013: 512 | FY 2013-14 Funding Request - $1,244,914 |

1. **Outcomes**

**Functioning** –

|  |  |
| --- | --- |
| **LOCUS** | **Percent** |
| Improved Functioning | 65% |
| Stable Functioning | 13% |
| Declined Functioning | 22% |

**Reduction in risk factors and/or stressors** –

|  |  |
| --- | --- |
| **Perinatal PHQ-9 Results** | **Score** |
| Initial | 15 |
| Discharge | 12 |

**Excellent client services** –

|  |  |
| --- | --- |
| **Overall Rating** | **Percent** |
| Agree/Strongly Agree | 92% |
| Disagree/Strongly Disagree | 1% |
| Neutral/NA | 7% |

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 4 – Grades K-8 School Based PEI Program**
2. **Program Description**

The program includes universal prevention services, with identification of at risk populations for selective prevention activities and early interventions, where indicated to children/youth in kindergarten through 8th grade. Schools have been selected based on geographic distribution and willingness to participate. Positive Behavioral Intervention and Supports (PBIS) 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. 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 475 | FY 2012-13 Funding Request - $451,633 |
| Number of clients served in 2013: 479 | FY 2013-14 Funding Request - $451,633 |

1. **Outcomes**

**Decrease in number of suspensions and expulsions** – 80% of K-8 FCOE schools participating in the PBIS cohort trainings demonstrate a decrease in number of suspensions and expulsions.

Cohort- defined as a group of K-8 Fresno County Office of Education (FCOE) schools participating in the PBIS training. Currently there are 4 cohorts (Cohort 1 is comprised of 20 schools, Cohort 2 is comprised of another 32 schools, Cohort 3 includes an additional 24 schools, and Cohort 4 is another 27 schools). Total of schools participating is 103.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 5 – Horticulture Therapeutic Community Centers and Peer Support (Community Gardens)**
2. **Program Description**

Geographically dispersed or new enhanced Horticultural Therapeutic Community Centers (HTCC) throughout Fresno County serving families and individuals who suffer from symptoms of early onset non-serious mental illness (non-SMI) and who are un-served/under-served.

The program provides 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 35 families/210 individuals | FY 2012-13 Funding Request - $240,653 |
| Number of clients served in 2013: 35 families/210 individuals | FY 2013-14 Funding Request - $240,653 |

1. **Outcomes**

**Physical/behavioral health improvements in the well-being of site participants** –



1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 6 – First Onset Team**
2. **Program Description**

The First Onset Team (FOT) provides mental health services to adult severely mentally ill (SMI) populations who have been identified as experiencing a first onset of mental illness with psychosis within the last 365 days. The program consists of a team that provides psychiatry, therapy, case management, and peer support services in a collaborative manner with a “whatever it takes” approach to engaging the consumer in appropriate and expedited mental health services. Referrals are generated through and received from various agencies, programs, hospitals and individuals. Outreach efforts involve educating the public in the availability of First Onset Program services, reducing stigma via education and presentations, and program explanation to potential referring sources and consumer contact. The program continues to review existing practices according to community responses/needs and requests as well as staffing reporting issues.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 315 | FY 2012-13 Funding Request - $1,290,825 |
| Number of clients served in 2013: 320 | FY 2013-14 Funding Request - $1,290,825 |

1. **Outcomes**

**Improved functioning** – as measured by the LOCUS tool clients have experienced improved functioning (18%), stable functioning (18%) and declined functioning (64%).

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 7 – Crisis and Acute Care Crisis Field Clinicians**
2. **Program Description**

The role of the Law Enforcement Field Clinician (LEFC) is to educate law enforcement officers about mental health, writing 5150 holds, and the 5150 process. This is accomplished by assisting law enforcement in responding to mental health crisis calls (in vivo training), both in the field and through phone consultation. Formal didactic training is also offered. On-Site support is designed to assist with de-escalation, the writing of 5150 holds, and mental health resource identification that can be used in place of criminal justice interventions. The goals are increased safety for the client, community and the offices, as well as quick resolution of the crisis, and appropriate, timely mental health intervention for the consumer and family.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012:  | FY 2012-13 Funding Request - $740,928 |
| Number of clients served in 2013: 759 | FY 2013-14 Funding Request - $740,928 |

1. **Outcomes**

**Alternative resolution of clients interactions with law enforcement** – 91% of individuals were not charged with a crime during the interaction with the LEFC, and 5% did have charges placed against them.

Client diversion from incarceration – in the 90 days prior to LEFC involvement there were a total of 85 hospitalization episodes, 502 hospital days, 139 arrests, 198 Crisis Stabilization Center episodes, and 2,875 days of homelessness combined for 145 clients.

In the 90 days prior to LEFC involvement there were an average of 18.2 days of homelessness per person, and average of 3.2 hospital days per person, and .51 Psychiatric Hospitalization episodes per person.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 7 – Team Decision Making (TDM)**
2. **Program Description**

Team Decision Making is a strategy of the 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012:  | FY 2012-13 Funding Request - $548,430 |
| Number of clients served in 2013:  | FY 2013-14 Funding Request - $548,430 |

1. **Outcomes**

There are no outcomes to report because the program has not operated continuously due to lack of staffing available to provide the mental health-related support services.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 8 – Functional Family Therapy**
2. **Program Description**

Functional Family Therapy (FFT) is an evidence-based family therapy program for youth ages 11-17 years old that are involved in the juvenile justice system or at-risk of involvement. Youth are generally referred for behavioral or emotional problems by the juvenile justice system, schools, mental health specialists or child welfare system. Services are provided throughout Fresno County in the homes, schools, community centers and at the main office of CYS to the identified clients and their families. Participants may include parents, siblings, grandparents, and/or other relatives living in the home.

FFT is a strength-based model built on a foundation of acceptance and respect. At its core is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development. FFT is a short-term, high quality intervention program with an average of 12 to 14 sessions over three to five months. The model also encourages follow-ups with the family members 3 months, 6 months and 1 year after completion of the program.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 210 | FY 2012-13 Funding Request - $571,810 |
| Number of clients served in 2013: 342 | FY 2013-14 Funding Request - $571,810 |

1. **Outcomes**

**Reduction in the average number of days incarcerated** – a total of 7 clients receiving FFT services were incarcerated before treatment. While participating in FFT services a total of 2 clients were incarcerated and post treatment 2 clients were incarcerated. This is a 71% decrease in the number of clients incarcerated after completion of FFT services.

Previous to treatment, the clients spent a total of 92 days incarcerated. While participating in FFT services, clients spent a total of 14 days incarcerated and 38 days incarcerated post treatment. This is a 59% decrease in the number of days youth spent in detention. Clients are followed up for up to one year after completion of the FFT Program

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 8 – Blue Sky Wellness Center**
2. **Program Description**

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 closet, games/billiards and other supportive services.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 475 | FY 2012-13 Funding Request - $1,005,436 |
| Number of clients served in 2013: 1,043 | FY 2013-14 Funding Request - $1,005,436 |

1. **Outcomes**

**Decrease inpatient psychiatric admissions from previous year** –

The program tracks 3 different consumers with a previous history of inpatient admissions. These consumers are identified as D, T, and C.



**Increase in family member attendance** – 16 family members were served at Blue Sky in 2013. The program also offered 3 different presentations for family members at 3 different locations: NAMI, Resource for Independent Living and County DBH TAY.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 8 – Youth Empowerment Centers**
2. **Program Description**

The objective of the Youth Empowerment Centers is to empower children and youth in combating the early signs of mental illness and establishing healthy approaches to decision making, leadership and life choices. Services 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 64 | FY 2012-13 Funding Request - $251,359 |
| Number of clients served in 2013: 111 | FY 2013-14 Funding Request - $251,359 |

1. **Outcomes**

**Improved grades** – 39 of the 64 (61%) youth active in the program in 2012 demonstrated improvement in grades; 52 of the 60 (87%) youth active in the program in Spring 2013 demonstrated improvement in grades; and 19 of the 51 (37%) youth active in Winter 2013 demonstrated improvement in grades (the Winter report cards only include 1 reporting period while the Spring has 2 reporting periods).

**Consumer satisfaction** – in 2013, 1,281 satisfaction surveys were completed with a 98% satisfaction with the groups and activities.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 8 – Integrated Wellness Centers**
2. **Program Description**

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 past stakeholder processes to address prevention, early intervention and treatment programming. Vast needs and the complexity of co-programming prevention and treatment have prompted the Department to dedicate funds to complete further work/research on development of this concept.

The development of the Integrated Wellness Centers 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.
1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: N/A | FY 2012-13 Funding Request - $40,000 for planning |
| Number of clients served in 2013: N/A | FY 2013-14 Funding Request - $40,000 for planning |

1. **Outcomes**

To be determined as the Integrated Wellness Centers concept is further developed and implemented.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **PEI 9 – Substance Abuse PEI Outpatient Services for Children**
2. **Program Description**

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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: N/A | FY 2012-13 Funding Request - $240,000 |
| Number of clients served in 2013: N/A | FY 2013-14 Funding Request - $240,000 |

1. **Outcomes**

**Client Access** – 70% of clients admitted for Outpatient Treatment services will be engaged in treatment for 60 days or more.

**Client Progress** – 60% of clients receiving treatment will have satisfactory progress at discharge.

1. **Future Plans for Change**

No significant changes are expected for next year.

**INNOVATION**

1. **Component Information**

An innovative project is defined, for purposes of the California Department of Health Care Services (DHCS) guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future practices/ approaches in communities, an innovation contributes to learning in one or more of the following three ways.

1. Introduces new mental health practices/approaches including

2. Prevention and early intervention practices/approaches that have never been done;

3. Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community;

4. Introduces a new application to the mental health system of a promising community driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.

The Innovation (INN) Program cultivates research projects to evaluate the effectiveness of new practices and approaches. By their very nature, not all INN projects will be successful. Innovation projects are expected to operate between one to three years. A thorough evaluation of each project will be conducted and the findings disseminated and in some instances the length of the project may be extended. Those projects deemed “unsuccessful” will be discontinued. Continuation of projects showing positive outcomes, are contingent upon identification of alternate funding sources.

In addition to contributing to learning, all of the current Orange County Innovation Projects serve one or more of the following purposes:

1. Increase access to underserved group

2. Increase the quality of services, including better outcomes

3. Promote interagency collaboration

4. Increase access to services.

The ten current Innovation projects are:

1. Integrated Discharge Team
2. Overnight Stay Facility
3. Holistic Center
4. AB 109 Community Re-integration Team
5. **Program Information**
6. **INN 1 – Integrated Discharge Team**
7. **Program Description**

The program purpose is to increase understanding of the variables associated with multiple repeat psychiatric hospitalizations and crisis stabilization services (CSC). Once variables have been identified, IDT uses empirically based approaches to increase access to, and participation in, post hospitalization services and supports. The goal: Increased client stability as evidenced by a decrease in multiple frequent usage of Emergency Departments, Crisis Stabilization Centers, and Psychiatric Inpatient Facilities.

IDT is a linkage and support program that seeks to reduce the risk of re-hospitalization by identifying client resources, formal services, and natural supports via a client driven process of Wellness and Recovery. IDT promotes increased client investment in post hospitalization services by using client defined, culturally relevant, innovative approaches that acknowledge the complexity and co-occurring conditions of people who have multiple re-hospitalizations. IDT works with client identified issues across life domains including: substance use issues, medical issues, legal challenges and socio-environmental struggles such as poverty and homelessness. IDT facilitates multi-system collaboration, communication, and treatment planning to ensure successful transition into outpatient services. Evidence influenced practices include: Critical Time Intervention (CTI), Wellness and Recovery, Intensive Case Management (ICM), and Comprehensive, and the Continuous, Integrated, System of Care (CCISC) Model.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 200 | FY 2012-13 Funding Request - $1,271,320 |
| Number of clients served in 2013: 224 | FY 2013-14 Funding Request - $1,271,320 |

1. **Outcomes**

**Decrease in criminal justice system involvement** - the number of clients on probation, parole, and with restraining orders trended downward from intake involvement to the 6 months following IDT involvement.

**Increase in conservatorship for clients** – there was a significant increase in clients becoming conserved within the 6 months following IDT involvement. This is consistent with other findings showing that FSP and Conservatorship were the top two discharge locations following intervention by IDT.

**Increase in clients with SSI** – at intake 47% of the clients were receiving SSI. At 6 months post discharge 70% had received SSI.

**Improved housing situations** – at intake 33% of the clients were homeless and only 25% were in long term housing situations. By discharge, only 9 % were homeless and 60% were placed in long term housing. The effects were maintained. When measured at 6 months post discharge only 6 % of clients were homeless and 71% had been placed in long term housing.

**Increase identification of, and connection with a significant support person** – intake data of 68% connectedness to a significant support person seems high for this population. This is possibly due to the use of a client centered strength based approach that encourages staff to identify any possible support persons to attempt to re-build relationship with.

84% of clients were connected to a significant support person at transition and this was maintained over time.

**Increase access to primary care** – when engaged by IDT 31% of clients had an identified primary care doctor, 69% had a primary care doctor when transitioned. Six 6 months after discharge 68% of clients were able to maintain connectedness with primary care. At discharge 69% of clients had an identified pharmacy, up from 37% and intake. This number continued to rise to 71%, 6 months following discharge from IDT.

**Decrease number of psychiatric hospitalizations** - IDT clients had an average of 2.7 psychiatric hospitalizations with an average of 19.7 days of hospitalization during the 6 months prior to being assisted by IDT. While enrolled with IDT (average enrollment = approx. 4 months) clients had an average of .9 hospitalization episodes and an average total of 9.2 days of hospitalization. In the six month period following connection to services, clients had an average of 1 hospitalization episodes and an average of 7 days of hospitalization.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **INN 2 – Overnight Stay Facility**
2. **Program Description**

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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 427 | FY 2012-13 Funding Request - $701,003 |
| Number of clients served in 2013: 427 | FY 2013-14 Funding Request - $701,003 |

1. **Outcomes**

**Hospitalizations** – SOS discharged 499 consumers from January 1 – December 31, 2013. Previous hospitalizations over 12-24 months for these consumers dropped from 486 to 146 during 90 days post admission. Post-SOS data is tracked 90 days after program admission.

**Linkages successes and challenges** – for the calendar year **challenge (1)** is reflected in consumers not being able to be contacted (76). The majority were consumers admitted on the week end when there are no mental health services available. **Challenge (2)** is keeping consumers engaged in services. **Challenge (3)** is that 110 consumers declined services after linkage.

***Successes*** were exhibited with 127 being discharged as successfully linked and active.

**Consumer satisfaction** – consumer satisfaction as indicated on the Survey Instrument applied by SOS staff show above a 90% approval rating.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **INN 3 – Holistic Cultural and Educational Wellness Center (HCEWC)**
2. **Program Description**

The Holistic Cultural and Education Wellness Center (HCEWC) mission is to empower individuals and families to live a well-balanced life with the vision that the HCEWC will convene diverse groups of people and cultures who together will teach and support one another to achieve overall holistic mental health wellness and recovery. The HCEWC provides culturally and linguistically appropriate education, training, and linkage services to un-served and underserved individuals and families who may not typically seek traditional Western (clinically based) mental health services. The HCEWC’s education and training sessions are also open for Fresno County staff, Fresno County contracted providers, and other mental health/behavioral health professionals. These trainings cover topics on various cultures, cultural practices (such as indigenous healing and recovery, signs, symptoms, and manifestation of mental health, benefits of various healthy activities (such as yoga, zumba, meditation, healing arts and crafts, music, story-telling, etc.).

The HCEWC is staffed with diverse Cultural Brokers, representing the underserved communities in Fresno County. All are bi-lingual and bi-cultural staff who speaks Spanish, Hmong, Punjabi, Hindu, Urdu, Lao, Khmer and/or Thai in addition to English.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 5,900 | FY 2012-13 Funding Request - $686,075 |
| Number of clients served in 2013: 5,900 | FY 2013-14 Funding Request - $686,075 |

1. **Outcomes**

**Increase mental health awareness** – on either a weekly or monthly basis, HCEWC cultural brokers are deployed to trusted community organizations and sites to: conduct holistic educational workshops and/or activities on mental health issues and related topics to explain common responses to life stressors as conditions that can be helped through the center and other mental health services; and conduct group talks where the cultural brokers will visit existing community grown gatherings to organize mutual-support talking circles, and educational and mutual-interest groups. A total of 18,347 individual consumers have been made aware of the HCEWC Program and what it offers. A total of 59individuals, including clients, family members, community leaders, and service provider staff have successfully completed the Mental Health First Aid Classes offered through HCEWC.

1. **Future Plans for Change**

No significant changes are expected for next year.

1. **Inn 4 – AB 109 Community Re-integration Team**
2. **Program Description**

The Community Re-integration 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.

1. **Funding**

|  |  |
| --- | --- |
| **Numbers Served** | **Funding** |
| Number of clients served in 2012: 300 | FY 2012-13 Funding Request - $350,000 |
| Number of clients served in 2013: 300 | FY 2013-14 Funding Request - $350,000 |

1. **Outcomes**

**Inpatient psychiatric hospitalizations** – 89% reduction in inpatient psychiatric hospitalizations**.**

**Homelessness** – 98% reduction in incidents of homelessness.

**Incarcerations** – 94% reduction in incidents of incarcerations.

**Number of clients in Educational Settings** – 100% increase in number of clients in an educational setting.

**Number of clients in Employment settings** – 39% increase in number of clients employed.

**Reduction of LOCUS (Level of Care Utilization System) Scores:**

Total PAF (new enrollment) LOCUS Score\* = 203 Average PAF LOCUS Score = 23

Total 6 Month (post admission) LOCUS Score = 167 Average 6 Month LOCUS Score = 19

Total LOCUS Reduction = 36

 \* PAF is the Partnership Assessment Form given to FSP clients when they are first admitted into the program. The LOCUS provides an objective measure to help determine client service needs. It also provides a way to measure client progress and treatment outcomes. A higher score indicates a higher level of service need.

**Supportive housing** – 42 clients were assisted with locating and securing housing; 34 clients received housing subsidy funding; and 18 clients were successfully transitioned to independent permanent housing.

1. **Future Plans for Change**

No significant changes are expected for next year.

**WORKFORCE EDUCATION AND TRAINING**

1. **Component Information**

The Workforce Education and Training (WET) component is focused on training staff members with necessary skill sets to provide services in accordance with MHSA principals, offering education and training that promote wellness, recovery, and resilience to county staff and that of contracting community partners.

Skills building and education are also being provided to prepare and encourage the employment of mental health consumers and family members within the behavioral health system. Effort is also focused on developing and maintaining a culturally responsive, bicultural/bilingual workforce that also includes consumers and family members, who are capable of providing consumer and family-driven services.

1. **Program Information**

**Workforce Staffing Support**

**Action Item # 1: WET Coordination & Implementation:**

The WET Coordinator position is responsible for WET planning process and plan implementation, including needs assessment, writing WET plan, implementing and evaluating the plan objectives, and integrating MHSA services in a multitude of program sites focusing on education and training issues faced by mental health service consumers and their family members, community members, and staff within the Department of Behavioral Health, as well as contract providers agencies.

The 15 actions recommended in the WET plan will require continued coordination with the County mental health system, contract providers, higher education system, and the consumer and family member constituency.

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

The WET Coordinator, supported by consultant(s), will complete organizational assessment, draft policy and procedures that will identify increased effective utilization of consumers / family members as well as in the development of career pathway plan for Peer Support Specialists and Parent Partners.

**TRAINING AND TECHNICAL ASSISTANCE**

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

The comprehensive stakeholders’ needs assessment conducted through surveys, key informant interviews, and focus groups identified a need to invest resources in the current workforce for their transformation consistent with the MHSA principles. An extensive interest in promoting system-wide competencies in co-occurring disorders and in providing culturally competent and evidence-based training on core competencies of seamless service delivery models were identified by the stakeholder process. A web-based E-learning system was determined to be the most effective training program for all staff, providing an invaluable resource that will save time and money in providing necessary education at the individual’s convenience. The WET planning money was invested in contracting with Network-of-Care’s e-learning web-based program. This valued employment benefit and no cost to employee CEU program, is made available to the staff at DBH, DCFS, and contract providers. Activities continue to make e-learning available to consumers at the Wellness Center (peer support services) to increase consumer access to training. Training needs have been met by engaging a multi-model training program that uses Zia Partners (co-occurring), Change Agents (Transformation), E-Learning, and face-to face trainings.

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

Latino, Hmong and African American populations are among the underserved / un-served groups in the public mental health system in Fresno County due to several identified factors. Insufficient numbers of cultural knowledge and competence or linguistically access to staff, insufficient number of culturally /linguistically competent interpreters in threshold languages, insufficient number of professional staff from the underserved / inappropriately served groups, as well as insufficient public mental health services in rural areas contribute to the difficulty in serving clients from ethnic/cultural minorities.

Ongoing training will be funded and made mandatory on the following topics for current and new employees at all levels. Training modules on diverse ethnicities in Fresno County will be developed.

**Action Item #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**

A curriculum will be developed, with the consumers and family members’ input, to train law enforcement on appropriate handling crisis situations with severe emotional disturbance (SED) or with serious mental illness (SMI). The subject matter experts will facilitate the training utilizing consumers and family members engaged in mental health services as guest speakers, including those with first hand mental health experience. This would be in line with the vision of MHSA for including consumers and family members. Consumers/family members will participate in developing and conducting training program.

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

The stakeholders who participated in the planning process prioritized the need to educate and train primary care providers (PCP), educators, clergymen, faith-based organizations and other community providers/agencies as appropriate. They often have first contact with individuals as community based responders to SEDs and SMIs on mental health, substance abuse and crisis intervention. Stakeholders stated the need to educate this group on mental health, substance abuse and crisis intervention.

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

During stakeholder focus groups consumers and family members expressed their need to learn more about their mental health condition, course of mental health services they receive, medications they are taking, and the side effects or drug interactions of their medications. They also identified the need for culturally competent wellness and recovery training to inform African American, Native American, Spanish, Hmong, and other Southeast Asian communities of mental health principles and services. The methods and strategies suggested by consumers and family members will be utilized to develop and implement a plan and strategies to meet their needs. Suggested strategies include, but not limited to, developing a resource center, obtaining books and easy to read informational brochures, making available to mentors to pass on to consumers, establishing a small library of information at the waiting area, more serious classes to help out with handling mental health disorders; a centrally located computer-based classes for consumers to attend; better trained case managers; a variety of mental health peer support meetings; information on available programs in mental health; having education on medications and information on the medications available.

Stakeholder meetings also identified a need to reach out to underserved communities in their own languages to raise awareness about mental health disorders and resources available for consumers and family members. Such outreach efforts would involve collaborating with churches, community centers, media outlets, other health providers, etc. using bilingual staff including American Sign Language.

**MENTAL HEALTH CAREER PATHWAY PROGRAMS**

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

The need to reduce barriers to consumers / family members’ employment and increase opportunities for their participation in the public mental health workforce were needs expressed in the WET planning process. The need is greatest for the individuals from the unserved / underserved ethnic population. For meaningful inclusion of the consumer/family member, it was recommended to provide opportunity for DBH and contract providers’ entry level employees to gain additional education and training so that they can advance up the career ladder. The long term goal of this action plan will help to reduce stigma and discrimination in the workplace toward consumer/family employees and recognize the specialty services that are provided by these classifications.

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

The consumers and other stakeholders expressed a need to empower consumers / family members to become employable by providing opportunities to explore different career paths, their interests, develop career skills, and reinforce academics, instructions in job seeking skills including interviewing, resume writing and employment search. The Fresno County SEES program prepares consumers and family members for employment and volunteer opportunities in the in the mental health system in collaboration with Department of Rehabilitation. Regional Occupational Program (ROP) also provides career preparation programs and services to high school and adult students, facilitating preparation for advanced education, preparation for employment, or upgrade of existing employment skills. Many Fresno ROP courses qualify for college credit through articulation agreements with Fresno City College, Reedley College, West Hills Community College, and California State University-Fresno.

**Action Item #10: Outreach to High Schools / Career Academy**

One of the strategies suggested by stakeholders in meeting the needed bilingual / bicultural manpower in mental health is to outreach to high school students and even junior high through career days and academy programs to encourage them to explore mental health as a possible career choice. There exist few career academy programs throughout Fresno County that provide opportunity for students to explore many different career paths, such as Medical Academy at the Sunnyside high school that promotes medical careers or Regional Occupation Centers (ROP). For example the Center for Advanced Research and Technology (CART) is a comprehensive, state-of-the-art education reform effort at the secondary level. The CART combines rigorous academics with technical, design, process, entrepreneurial, and critical thinking skills. Students also develop positive work attitudes and behaviors, and are prepared for continuing education and training after high school. We plan to partner with the education system to participate in high school career days and speaking engagements to high school academies, career counseling and ideally outreach to rural and multicultural communities.

**RESIDENCY & INTERNSHIP**

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

The extensive needs assessment indicated that our public mental health system has been faced with a shortage of psychiatrists, child Psychiatrists and geriatric psychiatrists with a wellness and recovery focus. Fresno County DBH works with the UCSF that has recently 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. The rotation for geriatric and general psychiatric residents will be provided as well to enhance the overall workforce.

This collaboration not only results in additional psychiatric services but it also increases the opportunities of recruiting and retaining of the UCSF graduates in Fresno County public mental health system. The program also creates greater appreciation of the recovery and integrated service delivery model, based on the training and supervision residents receive. To launch such a program, additional faculty time and supervision time for the fellows will be needed. In addition, the County will provide training for fellows / involved faculty that stress the wellness and recovery model, raises their awareness about the philosophy of inclusion of consumers and family members in service delivery and increases their knowledge of multicultural issues and the diverse community we serve. Training will be done by utilizing the e-learning opportunity as well as a wellness and recovery-oriented psychiatrist to work with the medical school to develop the program.

**Action Item #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 is currently working with the California State University Fresno (CSUF), School of Nursing that has recently received funding from the State of California for the development of psychiatric nurse practitioners program. The academic portion and the clinical rotation will focus on children, geriatric and general psychiatric nursing at the County facilities. This collaboration not only results in additional psychiatric services to consumers, but it also increases the possibility of recruiting and retaining the CSUF graduates in Fresno County public mental health system. The program also creates greater appreciation of the recovery and integrated service delivery model, based on the training and supervision the interns receive.

To launch such a program, it might be necessary to fund additional faculty time for additional supervision time for the psychiatric nurse practitioner Interns. In addition, the County will provide training for fellows / involved faculty that stress the wellness and recovery model, raises their awareness about the philosophy of inclusion of consumers and family members in service delivery and increases their knowledge of multicultural issues and the diverse community we serve. Training will be done by utilizing the e-learning opportunity as well as a wellness and recovery-oriented psychiatrist to work with the Nursing school in developing the program.

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

Shortage of psychiatric physician assistants was expressed as one of the shortage areas through the stakeholder focus group and key informant interviews. Fresno County DBH will partner with the San Joaquin Valley College (SJVC) that has recently received funding for training psychiatric Physician Assistants, on curriculum development based on MHSA principles, admission process and facilitating some rotation program in the public mental health system in Fresno County. The rotation during their internship will focus 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 SJVC graduates in Fresno County public mental health system. The program also creates greater appreciation of the recovery and integrated service delivery model, based on the training and supervision the interns receive. To launch such a program, it might be necessary to fund additional faculty time for additional supervision time for the Psychiatric Physician Assistants Interns. In addition, the County will provide training for involved faculty that stress the wellness and recovery model, raises their awareness about the philosophy of inclusion of consumers and family members in service delivery and increases their knowledge of multicultural issues and the diverse community we serve. Training will be done by utilizing the e-learning opportunity as well as a wellness and recovery-oriented psychiatric Physician Assistants to work with SJVC in developing the program.

**Action Item #14: Expand Existing Students Internship Program**

MHSA prompts for the expansion of postsecondary education to meet the needs of identified mental health occupational shortages. The expansion include plans for internship programs offered at the public mental health system (DBH and contract providers) to equip the future workforce with the wellness, recovery and resiliency skills. Training opportunities to be created pursuant to MHSA for student Psychologists, MSWs, MFTs, psychiatric nurse practitioners, physician assistants, Licensed Psychiatric Technicians, Licensed Vocational Nurse. Students’ placements within the public mental health system will increase their knowledge and will give students hands on experience with the wellness and recovery model as practiced within an integrated service delivery system. Placements to be designed and created in cultural settings such as Fresno Center for New Americans to provide a training placement. Students meet their internship requirements through the field work placement/internship within the public mental health system. The public mental health workforce will benefit by opening the internship to more levels of mental health related fields. New ideas will be coming to the public mental health system through receiving diverse group of students. The results of the possible research and studies they may conduct at the facilities can in return be used for the quality improvement of the mental health services. The internship will hopefully produce many applicants to the public mental health system positions.

**FINANCIAL INCENTIVES**

**Action Item #15: Financial Incentives to Increase Workforce Diversity:**

DBH collaborates with the California State University Fresno, Community Colleges, and West Hills College to enroll a number of students from current workforce who are interested in advancing their education in behavioral health direct service occupations. The education program strategy will help the existing public mental health employees to attend graduate school. Current DBH staff and contracted providers are eligible to submit applications. The unlicensed clinicians will also be given the opportunity to become licensed. A WET Committee will be established to determine the selection criteria with main emphasis on bilingual / bicultural staff in either Spanish or Hmong (the two threshold languages of Fresno County) and consumers/family members. The WET Committee will interview the screened applicants and make the final selection. Upon graduation, they are committed to returning to the public mental health in Fresno County for the number of years (at least two years) they received support.

**Next Step**

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

**WET COMPONENT FUNDING**

|  |  |  |
| --- | --- | --- |
| 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, Consumer 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 Health, 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 and Parent Partners on Specific to Job Descriptions and Essential Functions | Mental Health Career Pathways Program | $55,000 |
| Action #9: Collaboration with Adult Education, Community College and Regional Occupational Program – Enhancement to Supported Education and Employment Services (SEES) | Mental Health Career Pathways Program | $28,125 |
| Action #10: Outreach to High Schools / Career Academy | Mental Health Career Pathways Program | $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 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 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 |

**SUPPORTIVE HOUSING**

**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.

**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 added the following supports during the FY 2012-13 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).

**INFORMATION TECHNOLOGY AND CAPITAL FACILITIES**

**Information Technology**

1. **Program Information**

**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 2012-13.

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.

**Capital Facilities**

1. **Program Information**

**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.

The specific plan to renovate and occupy the UMC Hospital building has since been cancelled; however other renovations to the UMC Campus are being developed with a Project Proposal that was recently submitted for a 30-day public comment review. The specific project presented included renovation of a UMC Campus building that has housed the Urgent Care Wellness Center for the development of a Youth Psychiatric Health Facility. All public comments received were in support of this project. Cost of the former Urgent Care Wellness Center space is approximately $2,300,000.

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.

**Local Community Planning Process**

This year the Department has conducted a CPP process in FY 2013-14 to collect information that will be used to prepare a Three-Year Program and Expenditure Plan (FY 2014-15 through FY 2016-17).

During the CPP process, data on budgets, program expenditures, people served and other relevant topics was presented for the components/age groups within each area of interest.

* Between November 2013 – January 2014 Department staff accessed thirteen (13) established forums in which gaps and solutions were identified in a “meet the stakeholders where they are at” format.
* Between January 2014 – February 2014 the Department scheduled twelve (12) meetings where staff presented and facilitated discussions at various geographic locations to encourage participation.
* Between March – April 2014 the Department scheduled four (4) meetings where information gathered from the community was presented with more opportunity for participants to submit comments and suggestions.
* In April 2014 three (3) CPP Workgroup meeting were conducted with the task of identifying gaps, strengths, and discussing components of the MHSA Three Year Plan and Annual Update to provide recommendations to the Department.

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| **Location** | **Date** | **Purpose** |
| Suicide Prevention Taskforce | Various meetings/forums conducted throughout Fresno County from November 2013 through January 2014. | Discussions to identify gaps and solutions in a “meet the stakeholders where they are” format for use in developing Annual Update/Three Year Plan. |
| Community Conversations |
| Community Forum on MH |
| Blue Sky Exchange Meeting |
| Blue Sky Provider Meeting |
| Feedback from Turning Point ICSST Program |
| Feedback from Turning Point Integrated MH/First Street Center FSP Program |
| Feedback from Turning Point Co-Occurring Disorders Program |
| Feedback from Turning Point TAY Program |
| Feedback from Turning Point Rural Program |
| Feedback from K-12 School Based PEI Program |
| Feedback from Cultural Based Access Navigation Program |
| Fresno Center for New Americans | 1/22/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| Blue Sky Wellness Center | 1/23/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| Selma Regional Center | 1/27/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| DBH Heritage Center | 1/29/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| West Fresno Regional Center | 1/30/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| Senior Resource Center  | 2/6/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| DBH UMC Campus, Substance Use Services Office | 2/11/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| NAMI Fresno Local Office | 2/12/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| Fowler Branch Public Library | 2/13/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| Fresno County Downtown Plaza Building | 2/18/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| Fresno County Juvenile Justice Campus | 2/20/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| Kerman Community/Teen Center | 2/26/14 | Annual Update/Three Year Plan Discussion/Recommendations |
| Fresno Center for New Americans | 3/25/14 | Presentation of Input Received during initial CPP meetings. |
| Fowler Branch Public Library | 3/27/14 | Presentation of Input Received during initial CPP meetings. |
| West Fresno Regional Center | 4/1/14 | Presentation of Input Received during initial CPP meetings. |
| Blue Sky Wellness Center | 4/8/14 | Presentation of Input Received during initial CPP meetings. |
| Blue Sky Wellness Center | 4/15/14 | CPP Workgroup Discussion |
| Blue Sky Wellness Center | 4/22/14 | CPP Workgroup Discussion |
| Blue Sky Wellness Center | 4/29/14 | CPP Workgroup Discussion |

**Summary of Recommendations**

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| --- | --- | --- | --- |
|  | **Recommendations** | **Mental Health Needs** | **Proposed Component** |
| 1 | Establish Job Coaches/Job Developers to assist clients seeking employment (Dartmouth Model). Include volunteer opportunities with a structured volunteer coordinator, which could be a connection with SEES Program and lead to paid work. | Client Employment | Community Services & Supports (GSD) |
| 2 | Establish Public Relations Unit/Public Information Office/Officer to enhance the Department’s marketing, outreach, and education capabilities. | Outreach & Engagement and Access to Services | Community Services & Supports (O&E) |
| 3 | Establish “Come As You Are” Shelter Program. | Crisis Services | Prevention & Early Intervention |
| 4 | Establish a program to provide transportation assistance on a time limited basis for clients that meet specific criteria. Also, continue to design programs and services in services centers to limit transportation being a barrier to clients obtaining services. | Transportation | Innovation |
| 5 | Establish mini Blue Sky like culturally sensitive wellness centers in various areas to help increase access to services in identified natural settings to improve culturally appropriate services. | Cultural Competency and Mental Health Stigma | Prevention & Early Intervention |
| 6 | Expand CSS-funded school based mental health services, i.e., therapy, counseling. Incorporate more outreach to youth and training for school staff, students and parents on mental health. | School Based Services and Children/Youth Services | Community Services & Supports (GSD) |
| 7 | Expand supportive housing opportunities in different locations, including rural areas, and in different forms, i.e., master leasing, clustered housing, etc. on a continuum based on individual recovery progress and needs. | Client Supportive Housing | Community Services & Supports (Housing) |
| 8 | Expand Cultural-specific specialty mental health services (FCNA Living Well Program), CBANS Program, and Community Gardens Program to improve effectiveness and reach additional groups. | Cultural Competency and Mental Health Stigma | Community Services & Supports (GSD) and Prevention & Early Intervention |
| 9 | Expand Primary Care Integration Program to incorporate more collaboration and coordination with the County’s Mental Health Plan. | Collaboration & coordination within the mental health system | Prevention & Early Intervention |
| 10 | Expand Law Enforcement Field Clinician Team and Integrated Discharge Team. | Crisis Services | Prevention & Early Intervention and Innovation |
| 11 | Continue planning and developing Behavioral Health Courts, including support for a Veterans’ Court. | Collaboration & coordination within the mental health system | Community Services & Supports (GSD) |
| 12 | Continue planning and implementing Integrated Wellness Center(s) incorporating core elements of MHSA. | Outreach & Engagement and Access to Services | Prevention & Early Intervention |
| 13 | Continue to establish ACT Team for Conservatees. | Outreach & Engagement and Access to Services | Community Services & Supports (GSD) |
| 14 | Continue funding Suicide Prevention Hotline locally. | Statewide Projects | Prevention & Early Intervention (Statewide) |
| 15 | Continue to support Statewide Projects, i.e., Student Mental Health at college level. | Statewide Projects | Prevention & Early Intervention (Statewide) |
| 16 | Continue funding for WET activities. | Workforce Education & Training | Workforce Education & Training |
| 17 | Establish incentives/line items for improving collaboration. | Collaboration & coordination within the mental health system | N/A – no funding needed |
| 18 | Include cultural competency tracking in outcomes reporting. | Cultural Competency and Mental Health Stigma | N/A – no funding needed |
| 19 | Integrate co-occurring service elements into all services. | Collaboration & coordination within the mental health system | N/A – no funding needed |
| 20 | Incorporate cultural/linguistic appropriateness in all services. | Cultural Competency and Mental Health Stigma | N/A – no funding needed |
| 21 | Establish Co-Occurring Crisis Stabilization Program accepting clients on a 72-hour hold who test positive for AOD. | Crisis Services | N/A – MHSA regulations may not allow this request. |

**References**

* Fresno County MHSA Website

<http://www.co.fresno.ca.us/DepartmentPage.aspx?id=3244>

* Fresno County Department of Behavioral Health Website

<http://www.co.fresno.ca.us/Departments.aspx?id=120>

* State of California Department of Health Care Services – MHSA Program

<http://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx>

* State of California Department of Health Care Services – Mental Health Services Division

<http://www.dhcs.ca.gov/services/MH/Pages/default.aspx>

* First Modification to MHSA passed in March 2011 – Assembly Bill 100

<http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB100&search_keywords>=

* Second Modification to MHSA passed in July 2012 – Assembly Bill 1467

<http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf>