Board Agenda Item 5

DATE: December 5, 2017

TO: Board of Supervisors

SUBMITTED BY: Dawan Utecht, Director, Department of Behavioral Health

SUBJECT: Submission of the Fresno County Mental Health Services Act FY 2016-17 Annual Update and FY 2017-18 through 2019-20 Three-Year Expenditure Plan

RECOMMENDED ACTION(S):

Approve and authorize the Department of Behavioral Health to submit the Fresno County Mental Health Services Act FY 2016-17 Annual Update ($61,098,542) and FY 2017-18 through FY 2019-20 Three-Year Program and Expenditure Plan to the California Mental Health Services Oversight and Accountability Commission ($164,831,365).

Approval of the recommended action will allow the Department to submit simultaneously the County's Mental Health Services Act (MHSA) FY 2016-17 Annual Update and Three-Year Program and Expenditure Plan (Three-Year Plan) for FYs 2017-18 through 2019-20 to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). Pursuant to Welfare & Institutions Code (W&IC), section 5847, the Three-Year Plan is a process in which the County outlines its MHSA-funded programs and services according to community stakeholder input and the Community Program Planning Process (CPPP). The programs and services are provided to behavioral health clients, their family members and target populations throughout the County with no increase to Net County Cost.

ALTERNATIVE ACTION(S):

Your Board may choose not to approve the update and plan; however, it would result in failure to adhere to the required statutes and would delay the Department's efforts to provide needed behavioral health services in the community. Additionally, non-approval may place MHSA funds at risk of reversion to the California Department of Health Care Services (DHCS) as the funds are subject to expenditure time limits. Further, if your Board recommends significant changes to the plan, the Department will be required to re-engage the community, as part of the stakeholder process, further delaying the submission of the plan.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. MHSA funding allows for full reimbursement of direct and indirect costs. The FY 2016-17 programs and service costs ($61,098,542) are detailed in the FY 2016-17 Annual Update. This Annual Update was included in the

previously approved FY 2014-15 through 2016-17 Three-Year Plan. The total funding for the FY 2017-18 through FY 2019-20 Three-Year Plan is $164,831,365:

FY 2014-15 - 2016-17 Three-Year Plan

- FY 2016-17 Annual Update: $61,098,542

FY 2017-18 - 2019-20 Three-Year Plan

- FY 2017-18: $ 57,964,885
- FY 2018-19: $ 54,739,356
- FY 2019-20: $ 52,127,124

  TOTAL $164,831,365

Your Board approved existing MHSA funded programs. As part of the Three-Year Plan, amendments to existing programs and new proposed programs would be brought to your Board for approval prior to implementation. Sufficient appropriations and estimated revenues are included in the Department's Org 5630 FY 2017-18 Adopted Budget and will be included in subsequent budget requests.

DISCUSSION:

The Annual Update and the Three-Year Plan submittal, and execution of the CPPP are required for the Department to continue receiving funds to provide MHSA services. During the planning phase, the Department provides the status of existing and future services financed with the funds, including outcomes, successes achieved, and challenges encountered. The update and plan process is used to request changes to existing approved programs, to request new programs, as well as to make additional fiscal and programmatic changes. MHSOAC mandates a robust and meaningful stakeholder process, through the CPPP, the Department provides community stakeholders the opportunity to identify system gaps and/or submit requests for service, allowing counties to continually evaluate program performance and make changes, amendments, additions, or eliminations, as necessary.

On September 22, 2015, your Board approved the MHSA FY 2014-15 through 2016-17 Three-Year Plan. Due to the extended stakeholder process during the development of the previous Three-Year Plan, an Annual Update for FY 2014-15 was not completed. On November 15, 2016, your Board approved the MHSA FY 2015-16 Annual Update, adopting an updated MHSA expenditure plan for FY 2016-17. The FY 2016-17 Annual Update is incorporated into the recommended Three-Year Plan and reports on activities and recommends changes to MHSA-funded programs based on FY 2016-17 program outcomes; specifically, programs added, deleted, and/or enhanced from the previously submitted plan. The plan is comprehensive, based on data collected through the CPPP, communicates ongoing needs, gaps, and changes to existing programs. The CPPP process and stakeholder recommendations provide data, which supports the development of new programs, updates to existing programs, program consolidation, and/or adjustments or enhancements to programs and activities. The recommendation also includes fiscal and programmatic changes, and designates funds to the local prudent reserve.

The proposed update and plan outlines a system of care in accordance with MHSA core values through five work plans identified by the Department, which are the core of the Department's needs assessment, gap analysis, and future program planning. The work plans include:

1. Behavioral Health Integrated Access
2. Wellness, Recovery and Resiliency Supports
3. Cultural/Community Defined Practices
4. Behavioral Health Clinical Care
5. Infrastructure Supports

Each work plan has a clear focus described on Attachment A and does not narrowly or exclusively classify any program or activity, but rather provides an organizing framework. The Department will utilize the work plans as the framework to report on activities and processes. Additionally, the plans will be used in department-wide staff meetings, meetings with contractors, meetings with other community partners, and in other community-based forums.

The required 30-day public review and comment period began with the posting of the drafts on the County's MHSA website from September 15, 2017 through October 15, 2017. A public hearing was conducted on October 18, 2017 in the afternoon and hosted by the Behavioral Health Board (BHB). In addition, the drafts were widely distributed to community-based organizations, client and family advocacy groups, community partners, and other stakeholders.

The update and plan covers the five MHSA components including Community Services and Supports (CSS) and Housing; Prevention and Early Intervention (PEI); Workforce Education and Training (WET); Innovation (INN); and, Capital Facilities and Technology Needs (CFTN). Currently, the Department has:

- 34 CSS programs,
- 14 PEI programs,
- 4 WET action plans,
- 3 INN plans,
- limited capital facilities improvement for on-going projects, the acquisition of new property, the building of a new crisis treatment center, 1 IT project, and 3 permanent supportive housing projects.

With your Board's approval, the FY 2016-17 Annual Update and Three-Year-Plan simultaneous submittal to MHSOAC will meet the statute requirement.

OTHER REVIEWING AGENCIES:

On October 18, 2017, the BHB held the public hearing at the Fresno County Health and Wellness Center. On the same date, the BHB unanimously voted to accept the Fresno County MHSA Annual Update/Three-Year Plan and recommended it for presentation to your Board for approval.

REFERENCE MATERIAL:

BAI #24, November 15, 2016 - MHSA FY 2015-16 Annual Update
BAI # 5, September 22, 2015 - MHSA FY 2014-15 through 16-17 Three-Year Plan

ATTACHMENTS INCLUDED AND/OR ON FILE:

Attachment A - MHSA Executive Summary - MHSA FY 2016-17 Annual Update and MHSA FY

2017-18 through19-20 Three-Year Plan
On file with Clerk - MHSA FY 2016-17 Annual Update and FY 2017-18 through 19-20 Three-Year Plan

CAO ANALYST:

Sonia M. De La Rosa

FINAL DRAFT

Fresno County
Department of Behavioral Health

Mental Health Services Act Plan

Executive Summary

Annual Update: FY 16/17

Three-Year Plan: FY 17/18, FY 18/19, and FY 19/20

Posted: September 15, 2017
Public Comments Close – October 15, 2017

Public Hearing – October 18, 2017

Approved by Board of Supervisors: Click here to enter a date.

WELLNESS • RECOVERY • RESILIENCE

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A Message from the Executive Team

The mission of the Fresno County Department of Behavioral Health (DBH) is to support the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

During the Annual Update to our Three-Year Plan, we have the opportunity to ensure that the programs and services, provided through Mental Health Services Act funding, continue to meet our client's needs, support the mission of our department and honor our stakeholder's input. Our mission reminds us of our purpose and overarching objective, to support the wellness of those we serve. As we continue to grow as a recovery focused organization, intent on providing the people we serve with the programs and services they need to thrive, we rely on this Annual Update process to guide and support us. As part of our process, we utilize stakeholder input to inform our decision making as we develop our plans for the Department. This year, along with stakeholder forums, we utilized existing departmental, interdepartmental/interagency meetings, cross-county collaborative groups and surveys to extend our opportunity to get feedback. As our nation grapples with the future of the Affordable Care Act, we see this as a critical time to close gaps in care and ensure a full continuum of services are available to meet the needs of the clients we serve. Thus, in this year's plan update, many programs are recommended for expansion. We also are proposing new programs to improve access and services to the people we serve. We are continuing to blend funding, where possible, to leverage all of our resources to ensure a robust continuum of care. Improving access to care was the top issue identified. Expanding services, increasing awareness and outreach were highly ranked, as well. Additional recommendations included improving cultural competency, workforce development, transportation services, customer service, children's services, substance use disorder services and housing. This Annual Update will outline, in detail, the programs and services, funded through Mental Health Services Act dollars, which will help us meet the needs of those we serve. Programs will be identified as 'Keep' if we are maintaining current service level. The title of 'Enhance' communicates that the Department is looking to strategies such as increasing funding, specifically to better meet the needs of clients/families, or to increase capacity and service level. During this process, gaps will have been identified and the Annual Update will seek local MHSA dollars to fund a 'New' program that will align with stakeholder input. Programs will be communicated as 'Deleted' if there is a change in the funding source or if they no longer fit into our goals and objectives or are no longer meeting our clients' needs. As always, we will be looking at all of our funding sources and the full spectrum of services offered to create a complete continuum of care for our clients, through integration of all available services.

Dawan Utecht, Director

Susan Holt, Deputy Director – Clinical Operations

Maryann Le, Deputy Director – Business Operation

Overview and Executive Summary

Mental Health Services Act Overview

In November 2004, voters in the State of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service system. To accomplish its objectives MHSA applies a specific portion of funding to each of six system-building components:

Component	Annual Percentage of MHSA	Reversion Period
Community Program Planning and Administration	10%*	Not Applicable
Community Services and Supports (CSS)	75-80%	3 years
Prevention and Early Intervention (PEI)	15-20%	3 years
Innovation (INN)	5%	3 years
Workforce Education Training (WET)	One time funding	10 years
Capital Funding (CF)	One time funding	10 years
Technology Needs (TN)	One time funding	10 years

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

MHSA funding is allocated as follows:

- 75-80% of the county's annual MHSA funds are allocated to CSS with a 3-year reversion period
- 15-20% of the county's annual MHSA funds are allocated to PEI with a 3-year reversion period
- 5% of the county's annual MHSA funds are allocated to INN with a 3-year reversion period
- One-time funds were allocated to WET, CF/TN, and PSH, with a 10-year reversion period (Counties can allocate up to 20% for CF/TN, WET and the Prudent Reserve for any year after 2007-08)

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

1. Community Collaboration

2. Cultural Competency

3. Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

4. Access to Underserved Communities

5. Creating an Integrated Service System

Fresno County Mental Health Services Act

The Three-Year Program & Expenditure Plan

Introduction:

This Three-Year Program & Expenditure Plan (The Plan) details the programs being administered, budget allocations, program updates and/or implementations, population/communities being served, and links to the most recent outcomes measurement reports. In accordance with instructions from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Three–Year Program and Expenditure Plan, the program summary sheets provide program descriptions and communicate enhancements, deletions or new programs being recommended.

History:

California Assembly Bill (A.B.) 100, passed in 2011, significantly amended MHSA to streamline the approval process of programs being developed. Among other changes, A.B. 100 deleted the requirement that the Three-Year Plan and Annual Updates be approved by the Department of Health Care Services (DHCS) after review and comment by the Mental Health Oversight and Accountability Commission (MHSOAC). Additionally, A.B. 1467 (passed in June 2012), amended the Act to require the Three-Year Program and Expenditure Plan, and Annual Updates, be adopted by the County Board of Supervisors and then submitted to the MHSOAC within 30 days. The goal of The Plan is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

Current Focus Areas:

The Department of Behavioral Health (DBH) has increased efforts to collect data, track results, and enhance program review to monitor effectiveness. The Plan has accomplished a thorough, carefully planned and executed Community Program Planning Process (CPP) that was organized into four levels of stakeholder participation (described at length in the Annual Update narrative):

- Level 1 – Outreach, Engagement and Data Collection through Collection in Individual and Group/Meeting Input
- Level 2 – Focus Groups and Community Stakeholder Meetings
- Level 3 – Prioritized Input, Draft of The Plan, and 30-Day Public Review
- Level 4 – Public Hearing and Approval Process

These efforts have taken place as a result of the work to continue to define priority activities; build infrastructure; and create a vision for Department staff partners and clients/family members that promotes wellness, recovery and resiliency in an accessible and seamless system of care. The Three-Year Program and Expenditure Plan of FY2014-2017 introduced and communicated the 'DBH Work Plan' concept as being at the core of the Department's on-going strategic vision, needs assessment and future program planning. The DBH Work Plans include: 1) Behavioral Health Integrated Access, 2) Behavioral Health Clinical Care, 3) Wellness, Recovery and Resiliency Supports, 4) Cultural/Community Defined Practices and 5) Infrastructure Supports. Each of these Work Plans continues to have a clear focus for the Department and provides an organizing framework. There have been no changes to the Work Plan design; any program change will be noted in the summaries and program sheets.

The Department has taken a lead role in many initiatives that truly support the integration of service delivery and funding and that were conducted in alignment with the principles of the MHSA Community Program Planning Process in that stakeholders, including clients and their families and other loved ones participated at every level of the data collection and reporting. These initiatives support The Plan activities and recommendations, which includes but are not limited to:

- ***Sequential Intercept Model Mapping Report*** *– This highly collaborative project provides the Department and community the development of a cross-systems map that identifies how people with mental illness and often co-occurring substance use disorders come in contact with local criminal justice system.*
- ***Housing Needs Assessment Report*** *– The Department secured consultation services for the completion of a local housing strategic plan and needs assessment. The strategic plan weaves existing work plans and initiatives into a comprehensive, integrated document that will serve as a roadmap for the development and management of an integrated behavioral health system of care that has a defined housing continuum.*

- ***Drug Medical Waiver Stakeholder Process*** *– The Department secured consultation services and completed a comprehensive stakeholder process for the drafting of the waiver.*

In addition, there are initiatives that are being developed at this time that will further support the strategic vision of the Department:

CARF – *The Department will be pursuing accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF's mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served. Successful CARF accreditation is evidence that standards improving efficiency, fiscal health, and service delivery are present in the Department*.

Update to the FY2015-16 Annual Update:

In the past year, Fresno County's MHSA programs have continued to produce positive results and meet objectives. MHSA program growth and successes are a result of many factors which include: strategic and community planning, enhanced oversight through infrastructure support, MHSA programs being highlighted in the Behavioral Health Board (BHB) meetings with monthly tour(s) of programs being completed by our BHB as well as the public posting of performance outcome reports.

DBH has acquired and renovated the two-story building located at 1925 E. Dakota Avenue, Fresno, CA on August 8, 2016, commonly previously known as the Sierra Community Health Center. This building includes approximately 80,000 square foot and includes 2,283 square feet of stall parking lot located on the west side of the property. It is anticipated that this building will house DBH administrative divisions including, but not limited to: Business Office, Managed Care, Quality Improvement and Information Technology Services, Staff Development, Facilities and Personnel Administration.

Innovations:

This update includes the posting and communicating of two Innovations (INN) final reports, these reports share the 'lessons learned' and share the meaningful use and implications of the contributions to learning.

Integrated Discharge Team (IDT):

The program purpose is to increase understanding of the variables associated with multiple repeat psychiatric hospitalization and crisis stabilization services. Once variables have been identified, IDT uses empirically based approaches to increase access to and participation in post hospitalizations services and support. IDT is a linkage and support program, promoting increased client investment by suing client defined, culturally relevant, innovative approaches that acknowledge the complexity and co –occurring condition of individuals with multiple hospital admissions. Evidence influenced practices included: Critical Time Intervention, Wellness and Recovery and Intensive Case Management. Final Report can be located at: http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/Integrated%20Discharge%20Team.pdf

Jan 2014- June 2015:

- 85% Decrease in acute psychiatric hospital days
- 69% Decrease in acute psychiatric hospitalization episodes
- 14% Decrease in utilization of the crisis stabilization unit
- Gains were maintained 6 months after discharge from the IDT Program

Jan 2013-2014:

- 64.5% Decrease in acute psychiatric hospital days
- 63% Decrease in acute psychiatric hospitalization episodes
- 41% Decrease in utilization of the Crisis Stabilization Unit
- Gains were maintained 6 months after discharge from the IDT Program.

IDT Integration of Learning:

The program proved to be very effective reducing hospitalization and use of crisis stabilization. Outreach prior to discharge from acute facilities, client driven discharge planning, intensive care coordination with linkage service, and "starting where the client is" decreased recidivism for the most complex cases and high cost clients.

The lessons learned from this pilot have been incorporated into each Adult Mental Health Program. Specialty services including intensive outreach to inpatient facilities and care coordination for complex cases have been integrated into the Access Team at Urgent Care Wellness Center.

System integration:

- Adoption of Critical Time Intervention practices, the Wellness and Recovery Model, co-occurring competency, and ultimately Wellness Action and Recovery Plan.
- Integration and training on client centered stage matched care
- Use of technology to connect for quick response
- Emphasis and training on client centered practice and relationship
- Incorporated intensive outreach and System Specialists into the single point of entry or "front door" of adult mental health services.
- Increase in field based services and outreach
- Increased focus on coordination of care, discharge collaboration, and client centered care across adult services.
- The *way* we do the business of mental health is the driving force for recovery.

Community Re-Integration back to the Community AB109 Team

The primary purpose of the creation of the AB109 team was to promote interagency collaboration and increase access to services for clients. Due to the targeted population of recently released offenders and due to the array of services identified in this plan, interagency collaboration was identified as being vital to the services provided. Recently released offenders would need access to appropriate services in order to successfully re-integrate back into the community and to prevent recidivism back into the jail system.

Full Final Report can be located at
http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/AB%20109%20Program.pdf

The goal of this project was to meet the need of providing culturally sensitive substance abuse and mental health services, better linkage of clients to appropriate levels of care, and to reduce the challenges faced by this population, with the expected outcome of lower recidivism rates, a reduction of costs associated with recidivism, reduction of emergency room visits and associated costs, and overall to see this underserved population receiving appropriate and necessary services.

System Integration:

The AB109 Probation Department and the First Street Center (FSC) team created an easy access point to treatment by co-locating a treatment intake specialist from FSC at the Fresno County probation department. The co-location of treatment staff makes the consultation, referral, and intake process extremely quick, easy, and effective for the probation officers and clients. At the request of the probation officer an individual can be scheduled for an assessment (which can often be completed on the same day) and walk-in appointments are accommodated as well. Having FSC treatment staff stationed at probation has also assisted in the development of a positive relationship and collaboration with the probation department, allowing for open communication, consultation, and planning. The FSC program has also been successful with coordinating direct referrals from CDCR state penitentiaries, state psychiatric hospitals, Fresno County Jail, Exodus, and DBH. Coordinated efforts between these agencies, probation, and FSC staff has ensured access to treatment services and supports for these individuals in need.

Another successful outcome has been the collaboration with community partners. FSC partners with several other community entities to meet the treatment needs of clients. These needs may include residential treatment programs, sober living environments, emergency and temporary housing, anger management and batters' intervention courses. The relationships established with the community partners are integral to the overall success of clients and include agencies such as West Care, Comprehensive Addiction Program, Spirit of Woman, King of Kings, Quest House, Fresno County Hispanic Commission, Poverello House, Hope House, Marjaree Mason Center, Fresno County Jail, Exodus, and the Gang Prevention Coalition. Clients are also linked to outside resources upon program completion as needed, such as external referrals for continuing mental health services, as well as other community resources.

Proposed New Innovations Programs

During the Community Program Planning Process and on-going system gap analysis, innovative ideas were generated. The stakeholder input included in this update will outline initial and preliminary program plans for further Innovations consideration, approval and funding. These include, but are NOT limited to:

- Creation and use of an 'application' that would seek/schedule and provide transportation services for clients to address the transportation gaps identified in multiple stakeholder groups;
- Create a workforce opportunity through a vocational community partner that would serve as the service provider;
- Create innovation trauma responsive activities that are community based, in natural settings which may include, but NOT be limited to innovative community gardening coordination with a focus on nutrition, skill development for the use of fresh produce and create a sustainable education component
- Development hospital/high level of institutional care for adults transitioning through acute levels of care, this could include the testing of practices such as Therapeutic Behavioral Services (TBS) in the adult setting through the provision of coaches to assist adult clients successful transition into levels of care.

Innovations funded programs will be vetted through the stakeholder process, draft a plan per regulations and have a public posting/comment period.

Fiscal Summary;

The County of Fresno MHSA expenditure plan for FY 2017-18 is $57,964,885. This amount includes expenditure plans for each of the five MHSA components listed below.

MHSA Expenditure Plan for FY 2017-18 by Component – Summary

Funding	FY 2017-18 Budgeted Expenditures	
Community Services and Support (CSS)	$ 36,857,806	64%
Prevention and Early Intervention (PEI)	$ 7,896,443	14%
Innovation (INN)	$ 3,096,719	5%
Capital Facilities and Technological Needs (CFTN)	$ 6,813,917	12%
Workforce Education and Training (WET)*	$ 3,300,000	6%
TOTAL	$ 57,964,885	**100%**

This is an overall net decrease of $3,133,657 (5%) from the FY 2016-17 MHSA County Budget as a result of increases in estimated Medi-Cal revenues.

*Workforce Education and Training (WET) funds will be expended by July 1, 2018 or reverted to the State.

Prudent Reserves

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

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

The DMH Information Notice 10-01 dated January 19, 2010 requirement to fund the Prudent Reserve at the 50% level was suspended due to economic circumstances and counties were allowed to access their Prudent Reserve to support any services allowable under the CSS and PEI components (excluding statewide PEI projects). The following is the current Prudent Reserve balance for the MHSA Community Support Services and Prevention Early Intervention categories.

Funding	Current Balance
CSS Prudent Reserve	$ 34,441,090
PEI Prudent Reserve	$ 14,474,758
TOTAL	**$ 48,915,848**

The County of Fresno Prudent Reserve balance is $48,915,848. These funds will be used to continue to serve children, adults, and seniors being served through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI) in the event MHSA funds fall below recent averages. Full fiscal details can be found in the Budget Summary section of all MHSA funded programs. Modifications made to program allocations are based on input from the Community Program Planning Process and/or the Department's Administrative Team.

Current Status: *The Department is not seeking to increase the Prudent Reserves at this time*

Proposal for MHSA Annual Update Plan

This table summarizes MHSA programs and references status.

DBH Work Plans:

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

*** = New Program Name or NEW program**

**** = Deleted and Combined with other program**

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan
AB 109 - Outpatient Mental Health & Substance Services	Enhance	BHCC
AB 109 Full Service Partnership (FSP)	Enhance	BHCC
***APP for Transportation**	New	BHIA
Assertive Community Treatment	New	BHCC
Blue Sky Wellness Center	Enhance	WRRS
Capital Facility Improvement	Enhance	IS
Child Welfare Mental Team/Katie A Team	Enhance	BHIA
Children & Youth Juvenile Justice Services - ACT	Enhance	BHCC
Children Full Service Partnership (FSP) SP 0-10 Years	Enhance	BHCC
Children's Expansion of Outpatient Services	Keep	BHCC
****Children/Youth/Family Prevention and Early Intervention*** (K-12 - School Based and Prevention Services for Children – Sub Abu) - combined & retitle	Keep	WRRS
****Collaborative Treatment Courts*** *(Behavioral Health Courts/Coordinator Services) – retitle*	Enhance	BHIA
Community Gardens	Enhance	CCDP
Consumer/Family Advocate Services	Keep	WRRS
Co-Occurring Disorders Full Service Partnership (FSP)	Keep	BHCC
Community Response/Law Enforcement	Enhance	BHIA
Crisis Residential Treatment Construction	Keep	IS
Crisis Stabilization Voluntary Services	Keep	BHCC
Cultural Based Access Navigation Specialist (CBANS)	Enhance	CCDP
****Cultural Specific Services*** *(Living Well Program) - retitle*	Enhance	CCDP
Enhanced Rural Services-Full Services Partnership (FSP)	Enhance	BHCC
Enhanced Rural Services-Outpatient/Intense Case Management	Enhance	BHCC

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan
Family Advocate Position	Keep	WRRS
***First-Onset Team** (Transitional Age Youth (TAY) - Department of Behavioral Health) - combined*	Delete	BHCC
Flex Account for Housing	Keep	WRRS
Functional Family Therapy	Enhance	BHCC
Holistic Cultural Education Wellness Center	Keep	CCDP
Housing - Master Leasing	Enhance	WRRS
Housing Supportive Services	Keep	WRRS
Information Technology	Enhance	IS
Integrated Mental Health Services at Primary Care Clinics	Enhance	BHIA
Integrated Wellness Activities	Enhance	WRRS
Intensive Transitions Team	New	BHIA
Medications Expansion	Enhance	BHCC
***MHSA Administrative Support** (MHSA Staffing – Administration) - retitle*	Keep	IS
Multi-Agency Access Points (MAP)	Enhance	BHIA
Older Adult Team	Keep	BHCC
Perinatal	Keep	BHCC
***Peer and Recovery Services** (Enhanced Peer Support) - retitle	Keep	WRRS
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS
RISE	Enhance	BHCC
School Base Services	Enhance	BHCC
***Sierra Resource Center** (Sierra Community Health – Acquisition of new property) - retitle*	Keep	IS
Suicide Prevention/Stigma Reduction	Enhance	WRRS
Supervised Overnight Stay	Enhance	BHIA
***Supported Employment & Education Services (SEES)** (Department of Rehabilitation (DOR – Supported Employment & Education Services (SEES) contract match) - retitle*	Enhance	WRRS
***Technology Based Behavioral Health Solutions**	New	BHIA
***The Lodge**	New	BHIA
Therapeutic Child Care Services	Keep	WRRS
Transitional Age Youth (TAY) - Department of Behavioral Health	Enhance	BHCC
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Keep	BHCC
Transportation Access	Enhance	BHIA

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan
Urgent Care Wellness Center (UCWC)	Keep	BHIA
Vista	Keep	BHCC
**** Wellness Integration and Navigation Supports for Expecting Families***	New	BHCC
Youth Empowerment Centers	Keep	WRRS
Youth Wellness Center	Keep	BHIA

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

Proposal for MHSA Annual Update Integrated Plan Workforce Education and Training Table of Programs

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

MHSA Prudent Reserves

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

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

The DMH Information Notice 10-01 dated January 19, 2010 requirement to fund the Prudent Reserve at the 50% level was suspended due to economic circumstances and counties were allowed to access their Prudent Reserve to support any services allowable under the CSS and PEI components (excluding statewide PEI projects). The following is the current Prudent Reserve balance for the MHSA Community Support Services and Prevention Early Intervention categories.

Funding	Current Balance
CSS Prudent Reserve	$ 34,457,233
PEI Prudent Reserve	$ 14,481,542
TOTAL	**$ 48,915,488**

The County of Fresno Prudent Reserve balance is $48,938,775. These funds will be used to continue to serve children, adults, and seniors being served through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI) in the event MHSA funds fall below recent averages. Full fiscal details can be found in the Budget Summary section of all MHSA funded programs. Modifications made to program allocations are based on input from the Community Program Planning Process and/or the Department's Administrative Team.

Current Status: *The Department is not seeking to increase the Prudent Reserves at this time.*

Table of Request by Category of Funding

CSS Funded Programs							
Program	**Provider**	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
AB 109 - Outpatient Mental Health & Substance Services	Turning Point	Enhance	BHCC	$449,279	$300,000	$300,000	$300,000
AB 109 Full Service Partnership (FSP)	Turning Point	Enhance	BHCC	$350,000	$837,008	$837,008	$837,008
Assertive Community Treatment	TBD	New	BHCC	$0.00	$500,000	$500,000	$500,000
Children & Youth Juvenile Justice Services - ACT	Uplift Family Services	Enhance	BHCC	$1,393,309	$550,533	$550,533	$550,533
Children Full Service Partnership (FSP) SP 0-10 Years	Comprehensive Youth Services; Exceptional Parents Unlimited; Uplift Family services	Enhance	BHCC	$2,957,247	$1,037,459	$1,037,459	$1,037,459
Children's Expansion of Outpatient Services	DBH	Keep	BHCC	$1,044,199	$544,199	$544,199	$544,199
Collaborative Treatment Courts *(Behavioral Health Courts/Coordinator Services) – retitle*	Superior Courts of California	Enhance	BHIA	$335,522	$1,665,522	$1,665,522	$1,665,522
Consumer/Family Advocate Services	Centro La Familia Advocacy Services	Keep	WRRS	$113,568	$113,568	$113,568	$113,568
Co-Occurring Disorders Full Service Partnership (FSP)	Mental Health Systems, Inc.	Keep	BHCC	$1,818,064	$577,272	$577,272	$577,272
Crisis Stabilization Voluntary Services	Exodus recovery, Inc.	Keep	BHCC	$450,000	$450,000	$450,000	$450,000
Cultural Specific Services *(Living Well Program) - retitle*	Fresno Center for New Americans	Enhance	CCDP	$644,626	$1,510,978	$1,510,978	$1,510,978
Enhanced Rural Services-Full Services Partnership (FSP)	Turning Point	Enhance	BHCC	$1,268,641	$700,000	$700,000	$700,000
Enhanced Rural Services-Outpatient/Intense Case Management	Turning Point	Enhance	BHCC	$3,667,824	$1,867,824	$1,867,824	$1,867,824
Family Advocate Position	Kristi Williams	Keep	WRRS	$75,000	$75,000	$75,000	$75,000
Flex Account for Housing	DBH	Keep	WRRS	$100,000	$100,000	$100,000	$100,000
Housing - Master Leasing	DBH	Enhance	WRRS	$400,000	$800,000	$800,000	$800,000
Housing Supportive Services	DBH	Keep	WRRS	$745,568	$745,568	$745,568	$745,568
Integrated Mental Health Services at Primary Care Clinics	Clinica Sierra Vista, United Health Centers of the San Joaquin Valley Inc., Valley Health Team Inc.	Enhance	BHIA	$0.00	$800,000	$2,000,000	$2,000,000
Intensive Transitions Team	TBD	New	BHIA	$0.00	$500,000	$500,000	$500,000
Medications Expansion	DBH	Enhance	BHCC	$250,000	$250,000	$250,000	$250,000
MHSA Administrative Support *(MHSA Staffing – Administration) - retitle*	DBH	Keep	IS	$5,864,861	$9,291,571	$9,291,571	$9,291,571
Older Adult Team	DBH	Keep	BHCC	$1,817,688	$900,000	$900,000	$900,000
Peer and Recovery Services (Enhanced Peer Support) - retitle	DBH	Keep	WRRS	$457,461	$457,461	$457,461	$457,461
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Kings View	Keep	WRRS	$125,754	$175,264	$175,264	$175,264
RISE	DBH	Enhance	BHCC	$1,900,917	$1,900,917	$1,900,917	$1,900,917
School Base Services	DBH	Enhance	BHCC	$1,818,154	$1,000,000	$1,500,000	$1,500,000
Supervised Overnight Stay	West Care California Inc.	Enhance	BHAI	$0.00	$819,090	$819,090	$819,090

CSS Funded Programs							
Program	**Provider**	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Supported Employment & Education Services (SEES) *(Department of Rehabilitation (DOR – Supported Employment & Education Services (SEES) contract match) - retitle*	DBH	Enhance	WRRS	$1,211,066	$98,723	$98,723	$98,723
Therapeutic Child Care Services	Reading and Beyond	Keep	WRRS	$125,388	$125,388	$125,388	$125,388
Transitional Age Youth (TAY) - Department of Behavioral Health	DBH	Enhance	BHCC	$1,274,486	$2,565,311	$2,565,311	$2,565,311
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Turning Point	Keep	BHCC	$2,602,882	$786,462	$786,462	$786,462
Transportation Access	TBD	Enhance	BHIA	$200,000	$288,500	$288,500	$288,500
Urgent Care Wellness Center (UCWC)	DBH	Keep	BHIA	$3,965,948	$2,000,000	$2,000,000	$2,000,000
Vista	Turning Point	Keep	BHCC	$4,113,122	$1,053,611	$1,118,828	$1,188,848
Youth Wellness Center	DBH	Keep	BHIA	$1,470,577	$1,470,577	$1,470,577	$1,470,577
Total				**$43,011,151**	**$36,857,806**	**$38,623,023**	**$38,692,343**

PEI Funded Programs							
Program		**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Blue Sky Wellness Center	Blue Sky Wellness Center	Enhance	WRRS	$1,250,000	$600,000	$650,000	$700,000
Child Welfare Mental Team/Katie A Team	DBH	Keep	BHIA	$693,549	$350,000	$350,000	$350,000
Children/Youth/Family Prevention and Early Intervention (K-12 - School Based and Prevention Services for Children – Sub Abu) - combined & retitle	Fresno County Superintendent of Schools (FCSS) - Master Agreement	Keep	WRRS	$451,633	$350,000	$350,000	$350,000
Community Gardens	Master Agreement -- (FIRM/FCNA) Gardens - Fresno Interdenominational Refugee Ministries/Fresno Center for New Americans	Enhance	CCDP	$325,000	$225,000	$225,000	$225,000
Community Response/Law Enforcement	DBH/Fresno PD	Enhance	BHIA	$2,040,928	$1,800,000	$1,900,000	$2,030,928
Cultural Based Access Navigation Specialist (CBANS)	Master Agreement – Multiple Providers	Enhance	CCDP	$551,633	$701,633	$701,633	$701,633
First-Onset Team *(Transitional Age Youth (TAY) - Department of Behavioral Health) - combined*	DBH	Delete	BHCC	$1,290,825	$0.00	$0.00	$0.00
Functional Family Therapy	Comprehensive Youth Services	Keep	BHCC	$571,810	$321,810	$321,810	$321,810
Integrated Mental Health Services at Primary Care Clinics	Clinica Sierra Vista, United Health Centers of the San Joaquin Valley Inc., Valley Health Team Inc.			$864,816	$248,000	$700,000	$700,000
Integrated Wellness Activities	DBH	Enhance	WRRS	$40,000	$50,000	$50,000	$50,000
Multi-Agency Access Points (MAP)	Kings View Corporation (lead), Poverello House, and Centro La Familia Advocacy Services	Enhance	BHIA	$1,500,000	$1,500,000	$1,500,000	$1,500,000
Perinatal	DBH	Keep	BHCC	$1,244,914	$400,000	$400,000	$400,000
Prevention Services for Children - Sub Abu (Children/Youth/Family Prevention and Early Intervention) - combined	Fresno County Superintendent of Schools (FCSS) - Master Agreement	Combined	WRRS	$240,000	$0.00	$0.00	$0.00
Suicide Prevention/Stigma Reduction	TBD	Enhance	WRRS	$150,000	$600,000	$600,000	$600,000
Wellness Integration and Navigation Supports for Expecting Families	TBD	New	BHCC	$0.00	$400,000	$400,000	$400,000
Youth Empowerment Centers	Kings View	Keep	WRRS	$350,000	$350,000	$350,000	$350,000
Total				**$11,565,108**	**$7,896,443**	**$8,498,443**	**$8,679,371**

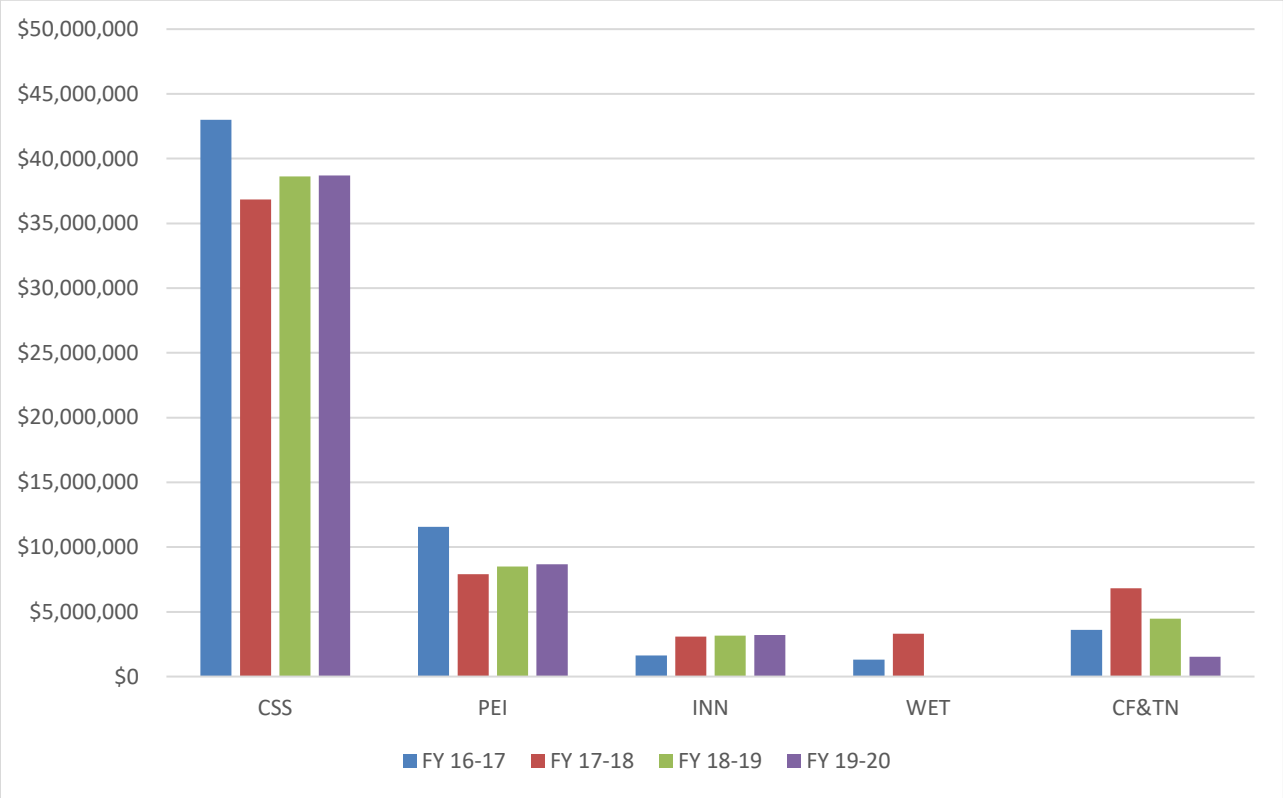
INN Funded Programs							
Program	**Provider**	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
APP for Transportation	TBD	New	BHIA	$0.00	$1,000,000	$1,000,000	$1,000,000
Holistic Cultural Education Wellness Center	Fresno Center for New Americans and Partners	Keep	CCDP	$801,202	$496,719	$496,719	$496,719
Supervised Overnight Stay	West Care California Inc.	Enhance	BHIA	$819,090	$0.00	$0.00	$0.00
The Lodge	TBD	New	BHIA	$0.00	$1,600,000	$1,060,000	$1,721,800
Total				**$1,620,292**	**$3,096,719**	**$3,156,719**	**$3,218,519**

WET							
Program	**Provider**	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Administrative & Coordination Activities	DBH	Keep	IS	$300,000	$763,173	$0.00	$0.00
Appropriate Services	DBH; CIBHS	Keep	IS	$352,633	$897,067	$0.00	$0.00
Career Pathways	DBH	Keep	IS	$250,000	$653,978	$0.00	$0.00
De-Stigmatization	DBH	Keep	IS	$200,000	$508,782	$0.00	$0.00
WET Administration	DBH			$194,582	$495,000	$0.00	$0.00
Total				**$1,297,215**	**$3,300,000**	$0.00	$0.00

CF&TN						
Program	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS	$ 250,000	$875,000	$875,000	$0.00
Information Technology - Avatar	Enhance	IS	$ 1,454,776	$ 1,988,917	$ 1,586,171	$ 1,536,891
Sierra Resource Center - Acquisition of new property	Enhance	IS	$ 450,000	$ 2,500,000	$ 2,000,000	$0.00
Crisis Residential Treatment Construction - Building New Crisis Treatment	Enhance	IS	$ 1,450,000	$ 1,450,000	$0.00	$0.00
Total			**$ 3,604,776**	**$ 6,813,917**	**$ 4,461,171**	**$ 1,536,891**

Allocation Summary

Funding Source	FY 16/17	FY 17/18	FY 18/19	FY 19/20
CSS	$ 43,011,151	$ 36,857,806	$ 38,623,023	$ 38,692,343
PEI	$ 11,565,108	$ 7,896,443	$ 8,498,443	$ 8,679,371
INN	$ 1,620,292	$ 3,096,719	$ 3,156,719	$ 3,218,519
WET	$ 1,297,215	$ 3,300,000		
CF&TN	$ 3,604,776	$ 6,813,917	$ 4,461,171	$ 1,536,891
Total	$ 61,098,542	$ 57,964,885	$ 54,739,356	$ 52,127,124



MHSA COUNTY COMPLIANCE CERTIFICATION

County: Fresno County

Local Mental Health Director	Program Lead
Name: Dawan Utecht	Name: Karen Markland, Division Manager
Telephone Number: (559) 600-9193	Telephone Number: (559) 600-6842
E-mail: dutecht@co.fresno.ca.us	E-mail: kmarkland@co.fresno.ca.us
County Mental Health Mailing Address: 3133 N. Millbrook Avenue Fresno, CA 93703	

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.

Dawan Utecht, Director
Local Mental Health Director/Designee (PRINT)

Dawan Utecht 11-7-17
Signature Date

County: Fresno County

Date: _____

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Fresno County

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Dawan Utecht	Name: Oscar J. Garcia, CPA
Telephone Number: (559) 600-9193	Telephone Number: (559) 600-2769
E-mail: dutecht@co.fresno.ca.us	E-mail: ogarcia@co.fresno.ca.us
Local Mental Health Mailing Address: 3133 N. Millbrook Avenue Fresno, CA 93703	

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

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

Dawan Utecht, Director
Local Mental Health Director (PRINT)

Dawan Utecht 11-7-17
Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, 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 12/30/2016 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Oscar J. Garcia, CPA, Auditor/Controller
County Auditor Controller / City Financial Officer (PRINT)

Oscar J Garcia 11-16-17
Signature Date

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

FINAL DRAFT

Fresno County
Department of Behavioral Health

Mental Health Services Act Plan

Annual Update: FY 16/17

Three-Year Plan: FY 17/18, FY 18/19, and FY 19/20

Posted: September 15, 2017
Public Comments Close – October 15, 2017

Public Hearing – October 18, 2017

Approved by Board of Supervisors: Click here to enter a date.

WELLNESS • RECOVERY • RESILIENCE

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A Message from the Executive Team

The mission of the Fresno County Department of Behavioral Health (DBH) is to support the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

During the Annual Update to our Three-Year Plan, we have the opportunity to ensure that the programs and services, provided through Mental Health Services Act funding, continue to meet our client's needs, support the mission of our department and honor our stakeholder's input. Our mission reminds us of our purpose and overarching objective, to support the wellness of those we serve. As we continue to grow as a recovery focused organization, intent on providing the people we serve with the programs and services they need to thrive, we rely on this Annual Update process to guide and support us. As part of our process, we utilize stakeholder input to inform our decision making as we develop our plans for the Department. This year, along with stakeholder forums, we utilized existing departmental, interdepartmental/interagency meetings, cross-county collaborative groups and surveys to extend our opportunity to get feedback. As our nation grapples with the future of the Affordable Care Act, we see this as a critical time to close gaps in care and ensure a full continuum of services are available to meet the needs of the clients we serve. Thus, in this year's plan update, many programs are recommended for expansion. We also are proposing new programs to improve access and services to the people we serve. We are continuing to blend funding, where possible, to leverage all of our resources to ensure a robust continuum of care. Improving access to care was the top issue identified. Expanding services, increasing awareness and outreach were highly ranked, as well. Additional recommendations included improving cultural competency, workforce development, transportation services, customer service, children's services, substance use disorder services and housing. This Annual Update will outline, in detail, the programs and services, funded through Mental Health Services Act dollars, which will help us meet the needs of those we serve. Programs will be identified as 'Keep' if we are maintaining current service level. The title of 'Enhance' communicates that the Department is looking to strategies such as increasing funding, specifically to better meet the needs of clients/families, or to increase capacity and service level. During this process, gaps will have been identified and the Annual Update will seek local MHSA dollars to fund a 'New' program that will align with stakeholder input. Programs will be communicated as 'Deleted' if there is a change in the funding source or if they no longer fit into our goals and objectives or are no longer meeting our clients' needs. As always, we will be looking at all of our funding sources and the full spectrum of services offered to create a complete continuum of care for our clients, through integration of all available services.

Dawan Utecht, Director

Susan Holt, Deputy Director – Clinical Operations

Maryann Le, Deputy Director – Business Operation

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Fresno County

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Dawan Utecht	Name: Oscar J. Garcia, CPA
Telephone Number: (559) 600-9193	Telephone Number: (559) 600-2769
E-mail: dutecht@co.fresno.ca.us	E-mail: ogarcia@co.fresno.ca.us
Local Mental Health Mailing Address: 3133 N. Millbrook Avenue Fresno, CA 93703	

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

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

Dawan Utecht, Director
Local Mental Health Director (PRINT)

Dawan Utecht 11-7-17
Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, 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 12/30/2016 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Oscar J. Garcia, CPA, Auditor/Controller
County Auditor Controller / City Financial Officer (PRINT)

Oscar J Garcia 11-16-17
Signature Date

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

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Fresno County

Local Mental Health Director	Program Lead
Name: Dawan Utecht	Name: Karen Markland, Division Manager
Telephone Number: (559) 600-9193	Telephone Number: (559) 600-6842
E-mail: dutecht@co.fresno.ca.us	E-mail: kmarkland@co.fresno.ca.us
County Mental Health Mailing Address: 3133 N. Millbrook Avenue Fresno, CA 93703	

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.

Dawan Utecht, Director
Local Mental Health Director/Designee (PRINT)

Dawan Utecht 11-7-17
Signature Date

County: Fresno County

Date: _____

Overview and Executive Summary

Mental Health Services Act Overview

In November 2004, voters in the State of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service system. To accomplish its objectives MHSA applies a specific portion of funding to each of six system-building components:

Component	Annual Percentage of MHSA	Reversion Period
Community Program Planning and Administration	10%*	Not Applicable
Community Services and Supports (CSS)	75-80%	3 years
Prevention and Early Intervention (PEI)	15-20%	3 years
Innovation (INN)	5%**	3 years
Workforce Education Training (WET)	One time funding	10 years
Capital Funding (CF)	One time funding	10 years
Technology Needs (TN)	One time funding	10 years

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

MHSA funding is allocated as follows:

- 75-80% of the county's annual MHSA funds are allocated to CSS with a 3-year reversion period
- 15-20% of the county's annual MHSA funds are allocated to PEI with a 3-year reversion period
- 5% of the county's annual MHSA funds are allocated to INN with a 3-year reversion period
- One-time funds were allocated to WET, CF/TN, and PSH, with a 10-year reversion period (Counties can allocate up to 20% for CF/TN, WET and the Prudent Reserve for any year after 2007-08)

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

1. Community Collaboration

2. Cultural Competency

3. Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

4. Access to Underserved Communities

5. Creating an Integrated Service System

Fresno County Mental Health Services Act

The Three-Year Program & Expenditure Plan

Introduction:

This Three-Year Program & Expenditure Plan (The Plan) details the programs being administered, budget allocations, program updates and/or implementations, population/communities being served, and links to the most recent outcomes measurement reports. In accordance with instructions from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Three–Year Program and Expenditure Plan, the program summary sheets provide program descriptions and communicate enhancements, deletions or new programs being recommended.

History:

California Assembly Bill (A.B.) 100, passed in 2011, significantly amended MHSA to streamline the approval process of programs being developed. Among other changes, A.B. 100 deleted the requirement that the Three-Year Plan and Annual Updates be approved by the Department of Health Care Services (DHCS) after review and comment by the Mental Health Oversight and Accountability Commission (MHSOAC). Additionally, A.B. 1467 (passed in June 2012), amended the Act to require the Three-Year Program and Expenditure Plan, and Annual Updates, be adopted by the County Board of Supervisors and then submitted to the MHSOAC within 30 days. The goal of The Plan is to provide the community and stakeholders with meaningful information about the status of local programs and expenditures.

Current Focus Areas:

The Department of Behavioral Health (DBH) has increased efforts to collect data, track results, and enhance program review to monitor effectiveness. The Plan has accomplished a thorough, carefully planned and executed Community Program Planning Process (CPP) that was organized into four levels of stakeholder participation (described at length in the Annual Update narrative):

- Level 1 – Outreach, Engagement and Data Collection through Collection in Individual and Group/Meeting Input
- Level 2 – Focus Groups and Community Stakeholder Meetings
- Level 3 – Prioritized Input, Draft of The Plan, and 30-Day Public Review
- Level 4 – Public Hearing and Approval Process

These efforts have taken place as a result of the work to continue to define priority activities; build infrastructure; and create a vision for Department staff partners and clients/family members that promotes wellness, recovery and resiliency in an accessible and seamless system of care. The Three-Year Program and Expenditure Plan of FY2014-2017 introduced and communicated the 'DBH Work Plan' concept as being at the core of the Department's on-going strategic vision, needs assessment and future program planning. The DBH Work Plans include: 1) Behavioral Health Integrated Access, 2) Behavioral Health Clinical Care, 3) Wellness, Recovery and Resiliency Supports, 4) Cultural/Community Defined Practices and 5) Infrastructure Supports. Each of these Work Plans continues to have a clear focus for the Department and provides an organizing framework. There have been no changes to the Work Plan design; any program change will be noted in the summaries and program sheets.

The Department has taken a lead role in many initiatives that truly support the integration of service delivery and funding and that were conducted in alignment with the principles of the MHSA Community Program Planning Process in that stakeholders, including clients and their families and other loved ones participated at every level of the data collection and reporting. These initiatives support The Plan activities and recommendations, which includes but are not limited to:

- ***Sequential Intercept Model Mapping Report*** *– This highly collaborative project provides the Department and community the development of a cross-systems map that identifies how people with mental illness and often co-occurring substance use disorders come in contact with local criminal justice system.*
- ***Housing Needs Assessment Report*** *– The Department secured consultation services for the completion of a local housing strategic plan and needs assessment. The strategic plan weaves existing work plans and initiatives into a comprehensive, integrated document that will serve as a roadmap for the development and management of an integrated behavioral health system of care that has a defined housing continuum.*

- ***Drug Medical Waiver Stakeholder Process*** *– The Department secured consultation services and completed a comprehensive stakeholder process for the drafting of the waiver.*

In addition, there are initiatives that are being developed at this time that will further support the strategic vision of the Department:

CARF – *The Department will be pursuing accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF's mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served. Successful CARF accreditation is evidence that standards improving efficiency, fiscal health, and service delivery are present in the Department*.

Update to the FY2015-16 Annual Update:

In the past year, Fresno County's MHSA programs have continued to produce positive results and meet objectives. MHSA program growth and successes are a result of many factors which include: strategic and community planning, enhanced oversight through infrastructure support, MHSA programs being highlighted in the Behavioral Health Board (BHB) meetings with monthly tour(s) of programs being completed by our BHB as well as the public posting of performance outcome reports.

DBH has acquired and renovated the two-story building located at 1925 E. Dakota Avenue, Fresno, CA on August 8, 2016, commonly previously known as the Sierra Community Health Center. This building includes approximately 80,000 square foot and includes 2,283 square feet of stall parking lot located on the west side of the property. It is anticipated that this building will house DBH administrative divisions including, but not limited to: Business Office, Managed Care, Quality Improvement and Information Technology Services, Staff Development, Facilities and Personnel Administration.

Innovations:

This update includes the posting and communicating of two Innovations (INN) final reports, these reports share the 'lessons learned' and share the meaningful use and implications of the contributions to learning.

Integrated Discharge Team (IDT):

The program purpose is to increase understanding of the variables associated with multiple repeat psychiatric hospitalization and crisis stabilization services. Once variables have been identified, IDT uses empirically based approaches to increase access to and participation in post hospitalizations services and support. IDT is a linkage and support program, promoting increased client investment by suing client defined, culturally relevant, innovative approaches that acknowledge the complexity and co –occurring condition of individuals with multiple hospital admissions. Evidence influenced practices included: Critical Time Intervention, Wellness and Recovery and Intensive Case Management. Final Report can be located at: http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/Integrated%20Discharge%20Team.pdf

Jan 2014- June 2015:

- 85% Decrease in acute psychiatric hospital days
- 69% Decrease in acute psychiatric hospitalization episodes
- 14% Decrease in utilization of the crisis stabilization unit
- Gains were maintained 6 months after discharge from the IDT Program

Jan 2013-2014:

- 64.5% Decrease in acute psychiatric hospital days
- 63% Decrease in acute psychiatric hospitalization episodes
- 41% Decrease in utilization of the Crisis Stabilization Unit
- Gains were maintained 6 months after discharge from the IDT Program.

IDT Integration of Learning:

The program proved to be very effective reducing hospitalization and use of crisis stabilization. Outreach prior to discharge from acute facilities, client driven discharge planning, intensive care coordination with linkage service, and "starting where the client is" decreased recidivism for the most complex cases and high cost clients.

The lessons learned from this pilot have been incorporated into each Adult Mental Health Program. Specialty services including intensive outreach to inpatient facilities and care coordination for complex cases have been integrated into the Access Team at Urgent Care Wellness Center.

System integration:

- Adoption of Critical Time Intervention practices, the Wellness and Recovery Model, co-occurring competency, and ultimately Wellness Action and Recovery Plan.
- Integration and training on client centered stage matched care
- Use of technology to connect for quick response
- Emphasis and training on client centered practice and relationship
- Incorporated intensive outreach and System Specialists into the single point of entry or "front door" of adult mental health services.
- Increase in field based services and outreach
- Increased focus on coordination of care, discharge collaboration, and client centered care across adult services.
- The *way* we do the business of mental health is the driving force for recovery.

Community Re-Integration back to the Community AB109 Team

The primary purpose of the creation of the AB109 team was to promote interagency collaboration and increase access to services for clients. Due to the targeted population of recently released offenders and due to the array of services identified in this plan, interagency collaboration was identified as being vital to the services provided. Recently released offenders would need access to appropriate services in order to successfully re-integrate back into the community and to prevent recidivism back into the jail system.

Full Final Report can be located at
http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/AB%20109%20Program.pdf

The goal of this project was to meet the need of providing culturally sensitive substance abuse and mental health services, better linkage of clients to appropriate levels of care, and to reduce the challenges faced by this population, with the expected outcome of lower recidivism rates, a reduction of costs associated with recidivism, reduction of emergency room visits and associated costs, and overall to see this underserved population receiving appropriate and necessary services.

System Integration:

The AB109 Probation Department and the First Street Center (FSC) team created an easy access point to treatment by co-locating a treatment intake specialist from FSC at the Fresno County probation department. The co-location of treatment staff makes the consultation, referral, and intake process extremely quick, easy, and effective for the probation officers and clients. At the request of the probation officer an individual can be scheduled for an assessment (which can often be completed on the same day) and walk-in appointments are accommodated as well. Having FSC treatment staff stationed at probation has also assisted in the development of a positive relationship and collaboration with the probation department, allowing for open communication, consultation, and planning. The FSC program has also been successful with coordinating direct referrals from CDCR state penitentiaries, state psychiatric hospitals, Fresno County Jail, Exodus, and DBH. Coordinated efforts between these agencies, probation, and FSC staff has ensured access to treatment services and supports for these individuals in need.

Another successful outcome has been the collaboration with community partners. FSC partners with several other community entities to meet the treatment needs of clients. These needs may include residential treatment programs, sober living environments, emergency and temporary housing, anger management and batters' intervention courses. The relationships established with the community partners are integral to the overall success of clients and include agencies such as West Care, Comprehensive Addiction Program, Spirit of Woman, King of Kings, Quest House, Fresno County Hispanic Commission, Poverello House, Hope House, Marjaree Mason Center, Fresno County Jail, Exodus, and the Gang Prevention Coalition. Clients are also linked to outside resources upon program completion as needed, such as external referrals for continuing mental health services, as well as other community resources.

Proposed New Innovations Programs

During the Community Program Planning Process and on-going system gap analysis, innovative ideas were generated. The stakeholder input included in this update will outline initial and preliminary program plans for further Innovations consideration, approval and funding. These include, but are NOT limited to:

- Creation and use of an 'application' that would seek/schedule and provide transportation services for clients to address the transportation gaps identified in multiple stakeholder groups;
- Create a workforce opportunity through a vocational community partner that would serve as the service provider;
- Create innovation trauma responsive activities that are community based, in natural settings which may include, but NOT be limited to innovative community gardening coordination with a focus on nutrition, skill development for the use of fresh produce and create a sustainable education component
- Development hospital/high level of institutional care for adults transitioning through acute levels of care, this could include the testing of practices such as Therapeutic Behavioral Services (TBS) in the adult setting through the provision of coaches to assist adult clients successful transition into levels of care.

Innovations funded programs will be vetted through the stakeholder process, draft a plan per regulations and have a public posting/comment period.

Fiscal Summary;

The County of Fresno MHSA expenditure plan for FY 2017-18 is $57,934,885. This amount includes expenditure plans for each of the five MHSA components listed below.

MHSA Expenditure Plan for FY 2017-18 by Component – Summary

Funding	FY 2017-18 Budgeted Expenditures	
Community Services and Support (CSS)	$ 36,857,806	64%
Prevention and Early Intervention (PEI)	$ 7,896,443	14%
Innovation (INN)	$ 3,096,719	5%
Capital Facilities and Technological Needs (CFTN)	$ 6,813,917	12%
Workforce Education and Training (WET)*	$ 3,300,000	6%
TOTAL	$ 57,964,885	**100%**

This is an overall net decrease of $3,133,657 (5%) from the FY 2016-17 MHSA County Budget as a result of increases in estimated Medi-Cal revenues.

*Workforce Education and Training (WET) funds will be expended by July 1, 2018 or reverted to the State.

Prudent Reserves

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

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

The DMH Information Notice 10-01 dated January 19, 2010 requirement to fund the Prudent Reserve at the 50% level was suspended due to economic circumstances and counties were allowed to access their Prudent Reserve to support any services allowable under the CSS and PEI components (excluding statewide PEI projects). The following is the current Prudent Reserve balance for the MHSA Community Support Services and Prevention Early Intervention categories.

Funding	Current Balance
CSS Prudent Reserve	$ 34,441,090
PEI Prudent Reserve	$ 14,474,758
TOTAL	**$ 48,915,848**

The County of Fresno Prudent Reserve balance is $48,915,848. These funds will be used to continue to serve children, adults, and seniors being served through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI) in the event MHSA funds fall below recent averages. Full fiscal details can be found in the Budget Summary section of all MHSA funded programs. Modifications made to program allocations are based on input from the Community Program Planning Process and/or the Department's Administrative Team.

Current Status: *The Department is not seeking to increase the Prudent Reserves at this time*

Table of Request by Category of Funding

CSS Funded Programs							
Program	**Provider**	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
AB 109 - Outpatient Mental Health & Substance Services	Turning Point	Enhance	BHCC	$449,279	$300,000	$300,000	$300,000
AB 109 Full Service Partnership (FSP)	Turning Point	Enhance	BHCC	$350,000	$837,008	$837,008	$837,008
Assertive Community Treatment	TBD	New	BHCC	$0.00	$500,000	$500,000	$500,000
Children & Youth Juvenile Justice Services - ACT	Uplift Family Services	Enhance	BHCC	$1,393,309	$550,533	$550,533	$550,533
Children Full Service Partnership (FSP) SP 0-10 Years	Comprehensive Youth Services; Exceptional Parents Unlimited; Uplift Family services	Enhance	BHCC	$2,957,247	$1,037,459	$1,037,459	$1,037,459
Children's Expansion of Outpatient Services	DBH	Keep	BHCC	$1,044,199	$544,199	$544,199	$544,199
Collaborative Treatment Courts *(Behavioral Health Courts/Coordinator Services) – retitle*	Superior Courts of California	Enhance	BHIA	$335,522	$1,665,522	$1,665,522	$1,665,522
Consumer/Family Advocate Services	Centro La Familia Advocacy Services	Keep	WRRS	$113,568	$113,568	$113,568	$113,568
Co-Occurring Disorders Full Service Partnership (FSP)	Mental Health Systems, Inc.	Keep	BHCC	$1,818,064	$577,272	$577,272	$577,272
Crisis Stabilization Voluntary Services	Exodus recovery, Inc.	Keep	BHCC	$450,000	$450,000	$450,000	$450,000
Cultural Specific Services *(Living Well Program) - retitle*	Fresno Center for New Americans	Enhance	CCDP	$644,626	$1,510,978	$1,510,978	$1,510,978
Enhanced Rural Services-Full Services Partnership (FSP)	Turning Point	Enhance	BHCC	$1,268,641	$700,000	$700,000	$700,000
Enhanced Rural Services-Outpatient/Intense Case Management	Turning Point	Enhance	BHCC	$3,667,824	$1,867,824	$1,867,824	$1,867,824
Family Advocate Position	Kristi Williams	Keep	WRRS	$75,000	$75,000	$75,000	$75,000
Flex Account for Housing	DBH	Keep	WRRS	$100,000	$100,000	$100,000	$100,000
Housing - Master Leasing	DBH	Enhance	WRRS	$400,000	$800,000	$800,000	$800,000
Housing Supportive Services	DBH	Keep	WRRS	$745,568	$745,568	$745,568	$745,568
Integrated Mental Health Services at Primary Care Clinics	Clinica Sierra Vista, United Health Centers of the San Joaquin Valley Inc., Valley Health Team Inc.	Enhance	BHIA	$0.00	$800,000	$2,000,000	$2,000,000
Intensive Transitions Team	TBD	New	BHIA	$0.00	$500,000	$500,000	$500,000
Medications Expansion	DBH	Enhance	BHCC	$250,000	$250,000	$250,000	$250,000
MHSA Administrative Support *(MHSA Staffing – Administration) - retitle*	DBH	Keep	IS	$5,864,861	$9,291,571	$9,291,571	$9,291,571
Older Adult Team	DBH	Keep	BHCC	$1,817,688	$900,000	$900,000	$900,000
Peer and Recovery Services (Enhanced Peer Support) - retitle	DBH	Keep	WRRS	$457,461	$457,461	$457,461	$457,461
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Kings View	Keep	WRRS	$125,754	$175,264	$175,264	$175,264
RISE	DBH	Enhance	BHCC	$1,900,917	$1,900,917	$1,900,917	$1,900,917
School Base Services	DBH	Enhance	BHCC	$1,818,154	$1,000,000	$1,500,000	$1,500,000
Supervised Overnight Stay	West Care California Inc.	Enhance	BHAI	$0.00	$819,090	$819,090	$819,090

CSS Funded Programs							
Program	**Provider**	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Supported Employment & Education Services (SEES) *(Department of Rehabilitation (DOR – Supported Employment & Education Services (SEES) contract match) - retitle*	DBH	Enhance	WRRS	$1,211,066	$98,723	$98,723	$98,723
Therapeutic Child Care Services	Reading and Beyond	Keep	WRRS	$125,388	$125,388	$125,388	$125,388
Transitional Age Youth (TAY) - Department of Behavioral Health	DBH	Enhance	BHCC	$1,274,486	$2,565,311	$2,565,311	$2,565,311
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Turning Point	Keep	BHCC	$2,602,882	$786,462	$786,462	$786,462
Transportation Access	TBD	Enhance	BHIA	$200,000	$288,500	$288,500	$288,500
Urgent Care Wellness Center (UCWC)	DBH	Keep	BHIA	$3,965,948	$2,000,000	$2,000,000	$2,000,000
Vista	Turning Point	Keep	BHCC	$4,113,122	$1,053,611	$1,118,828	$1,188,848
Youth Wellness Center	DBH	Keep	BHIA	$1,470,577	$1,470,577	$1,470,577	$1,470,577
Total				**$43,011,151**	**$36,857,806**	**$38,623,023**	**$38,692,343**

PEI Funded Programs							
Program		**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Blue Sky Wellness Center	Blue Sky Wellness Center	Enhance	WRRS	$1,250,000	$600,000	$650,000	$700,000
Child Welfare Mental Team/Katie A Team	DBH	Keep	BHIA	$693,549	$350,000	$350,000	$350,000
Children/Youth/Family Prevention and Early Intervention (K-12 - School Based and Prevention Services for Children – Sub Abu) - combined & retitle	Fresno County Superintendent of Schools (FCSS) - Master Agreement	Keep	WRRS	$451,633	$350,000	$350,000	$350,000
Community Gardens	Master Agreement -- (FIRM/FCNA) Gardens - Fresno Interdenominational Refugee Ministries/Fresno Center for New Americans	Enhance	CCDP	$325,000	$225,000	$225,000	$225,000
Community Response/Law Enforcement	DBH/Fresno PD	Enhance	BHIA	$2,040,928	$1,800,000	$1,900,000	$2,030,928
Cultural Based Access Navigation Specialist (CBANS)	Master Agreement – Multiple Providers	Enhance	CCDP	$551,633	$701,633	$701,633	$701,633
First-Onset Team *(Transitional Age Youth (TAY) - Department of Behavioral Health) - combined*	DBH	Delete	BHCC	$1,290,825	$0.00	$0.00	$0.00
Functional Family Therapy	Comprehensive Youth Services	Keep	BHCC	$571,810	$321,810	$321,810	$321,810
Integrated Mental Health Services at Primary Care Clinics	Clinica Sierra Vista, United Health Centers of the San Joaquin Valley Inc., Valley Health Team Inc.			$864,816	$248,000	$700,000	$700,000
Integrated Wellness Activities	DBH	Enhance	WRRS	$40,000	$50,000	$50,000	$50,000
Multi-Agency Access Points (MAP)	Kings View Corporation (lead), Poverello House, and Centro La Familia Advocacy Services	Enhance	BHIA	$1,500,000	$1,500,000	$1,500,000	$1,500,000
Perinatal	DBH	Keep	BHCC	$1,244,914	$400,000	$400,000	$400,000
Prevention Services for Children - Sub Abu (Children/Youth/Family Prevention and Early Intervention) - combined	Fresno County Superintendent of Schools (FCSS) - Master Agreement	Combined	WRRS	$240,000	$0.00	$0.00	$0.00
Suicide Prevention/Stigma Reduction	TBD	Enhance	WRRS	$150,000	$600,000	$600,000	$600,000
Wellness Integration and Navigation Supports for Expecting Families	TBD	New	BHCC	$0.00	$400,000	$400,000	$400,000
Youth Empowerment Centers	Kings View	Keep	WRRS	$350,000	$350,000	$350,000	$350,000
Total				**$11,565,108**	**$7,896,443**	**$8,498,443**	**$8,679,371**

INN Funded Programs							
Program	**Provider**	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
APP for Transportation	TBD	New	BHIA	$0.00	$1,000,000	$1,000,000	$1,000,000
Holistic Cultural Education Wellness Center	Fresno Center for New Americans and Partners	Keep	CCDP	$801,202	$496,719	$496,719	$496,719
Supervised Overnight Stay	West Care California Inc.	Enhance	BHIA	$819,090	$0.00	$0.00	$0.00
The Lodge	TBD	New	BHIA	$0.00	$1,600,000	$1,060,000	$1,721,800
Total				**$1,620,292**	**$3,096,719**	**$3,156,719**	**$3,218,519**

WET							
Program	**Provider**	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Administrative & Coordination Activities	DBH	Keep	IS	$300,000	$763,173	$0.00	$0.00
Appropriate Services	DBH; CIBHS	Keep	IS	$352,633	$897,067	$0.00	$0.00
Career Pathways	DBH	Keep	IS	$250,000	$653,978	$0.00	$0.00
De-Stigmatization	DBH	Keep	IS	$200,000	$508,782	$0.00	$0.00
WET Administration	DBH			$194,582	$495,000	$0.00	$0.00
Total				**$1,297,215**	**$3,300,000**	$0.00	$0.00

CF&TN						
Program	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS	$ 250,000	$875,000	$875,000	$0.00
Information Technology - Avatar	Enhance	IS	$ 1,454,776	$ 1,988,917	$ 1,586,171	$ 1,536,891
Sierra Resource Center - Acquisition of new property	Enhance	IS	$ 450,000	$ 2,500,000	$ 2,000,000	$0.00
Crisis Residential Treatment Construction - Building New Crisis Treatment	Enhance	IS	$ 1,450,000	$ 1,450,000	$0.00	$0.00
Total			**$ 3,604,776**	**$ 6,813,917**	**$ 4,461,171**	**$ 1,536,891**

MHSA Community Program Planning Process Defined

As a function of the State-mandated MHSA requirements for completing the annual updates to the County of Fresno's approved Mental Health Services Act (MHSA) Three Year Plan, as well as for developing the next MHSA Three Year Plan, the Community Program Planning Process (CPPP) is designed to coordinate the collection and analysis of stakeholder input to address gaps, needs and challenges within our communities related to behavioral health. The CPPP was coordinated through a planning process designed to include four levels of stakeholder participation. The purpose of the four levels of the CPPP is to ensure that stakeholders are appropriately engaged in the planning and are provided ongoing and comprehensive opportunities for input into the County's MHSA Three Year Plan and Annual Update so that we most appropriately meet the needs of our diverse communities.

Stakeholders are defined as members or representatives of various sectors of our County, including:

- Professional sectors with a nexus to behavioral health and related issues or concerns (mental health service providers, substance use disorder treatment providers, law enforcement, educators, child welfare professionals, criminal justice professionals, and elected officials, among others) ;
- Underserved and unserved communities (including ethnic communities, monolingual non-English speaking communities, LGBTQ population, cultural brokers, community-based/spiritually-based organizations);
- Clients receiving behavioral health services and their families/loved ones/advocates; and
- Geographically disperse populations, including homeless individuals and their advocates, migrant farm workers and their advocates, and individuals from rural communities.

Through the Department's MHSA team, a workgroup was formed in May, 2017 to begin developing the strategy for the upcoming MHSA CPPP to commence in June, 2017. A plan with a timeline was developed that included 4 essential levels:

- **Level 1**- CPPP Engagement, Stakeholder Input and Data Collection (plus inclusion of data from concurrent stakeholder processes, including Drug MediCal Waiver; Housing Inventory and Needs Assessment; Sequential Intercept Mapping Report; and from work done through the Suicide Prevention Collaborative, as well as the community-wide survey data collection from 2016.
- Level 2- Stakeholder Input—INN Project emphasis—concurrent with CPPP
- Level 3- Prioritize input, draft plan and hold 30 day public review and comment
- Level 4- Public hearing, Board of Supervisors, OAC Approval

Level 1- CPPP Engagement, Stakeholder Input and Data Collection

Level 1- CPPP Engagement, Stakeholder Input and Data Collection included a process in which the Department leveraged its network of contracted providers, community-based organizations, affiliated agencies and directly reaching out to communities throughout the County. The purpose of level 1 was to engage and educate community stakeholders and to collect data for the MHSA CPPP. Our focus on this round of MHSA CPPP was to solicit input through targeted focus groups, existing agency and community meetings to serve as ad hoc focus groups and through larger Stakeholder meetings. The Department also collected data though additional stakeholder processes to address areas deemed priorities from within the Department to address specific programming and policies needs. These programming and policy areas include:

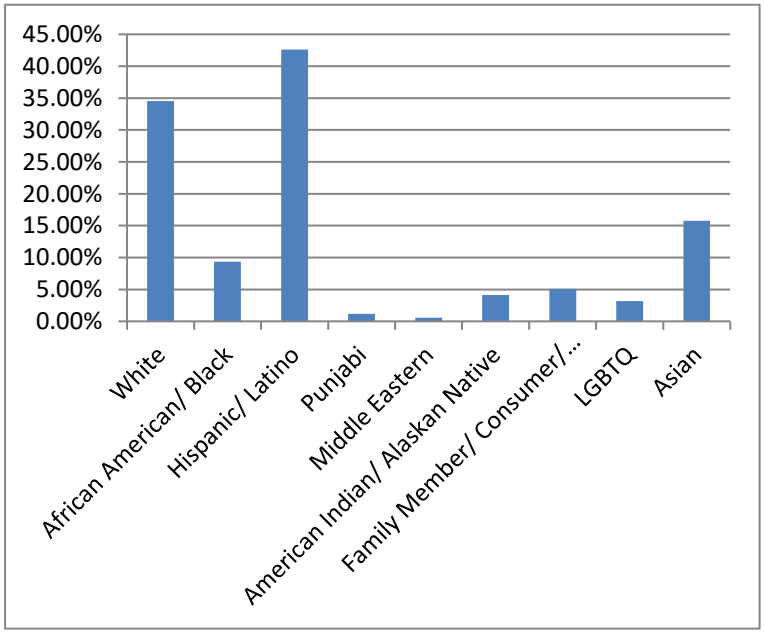
- Drug MediCal Waiver
- Sequential Intercept Mapping
- Housing Inventory and Needs Assessment
- Work completed through the Suicide Prevention Collaborative.

As part of the previous MHSA Annual Update, the Department also conducted a 2016 Community-wide Survey and collected a robust set of data that included developing a baseline measurement of stigma related to behavioral health, among other MHSA planning purposes. The data collected from that effort remains applicable and relevant in 2017 and beyond, as the conditions are long-standing and the challenges ongoing. The Department is using this information as a starting point for the current MHSA CPPP. The County continues to experience on-going challenges around reducing barriers to accessing services in rural communities. The County is nearly 6,700 square miles and includes metropolitan, rural and frontier areas with a number of federally designated health professional shortage areas. The County is also challenged to meet the needs of diverse cultural communities with long-standing trauma experiences, where there is a lack of capacity in the workforce to provide services in an appropriately culturally competent manner. Many areas, including the metropolitan area, lack sufficient community resources, where homelessness and housing issues remain at the forefront of the challenges the community faces. Rather than duplicate the 2016 Community-wide Survey effort that would not result in any new substantive understanding of the gaps and challenges, the Department focused outreach and engagement resources to soliciting stakeholder input through focus groups that target specific populations, sectors and service needs, as well as larger stakeholder meetings located in geographically diverse locations in the County. In short, the current CPPP springboards from the data from that survey effort.

As a foundation that underscores the ongoing challenges faced in the community, which will be evident in the data collected through the current round of CPPP focus groups and stakeholder meetings, the Department is including an overview of the results of the data collected from the 2016 Community-wide Survey. This survey effort included two survey tools that reached nearly 1000 unique individuals in the County and was designed to meet two discreet purposes, 1) to measure the level of stigma and attitudes towards mental illness in our communities, and 2) to identify service gaps and ongoing challenges in our communities. These surveys are the *Community Attitudes Survey* and the *Community Access Survey*.

Demographic Outreach of the Community-wide Surveys of 2016

The demographic make-up of the population engaged in the CPPP Level 1 data collection is the direct result of sincere efforts to reach into all of our underserved and unserved communities to solicit stakeholder input. We more broadly defined culture to be inclusive of those with lived experience and those who identify as LGBTQ in order to ensure representation of all of our diverse populations.



White	34.52%
African American/ Black	9.37%
Hispanic/ Latino	42.59%
Punjabi	1.19%
Middle Eastern	0.59%

American Indian/ Alaskan Native	4.15%
Family Member/ Consumer/ Client	5.10%
LGBTQ	3.20%
Asian	15.78%

FIGURE 1. CULTURAL COMPOSITION OF CPPP LEVEL 1

It is worth noting that there is some cross-over in terms of those who identify as family member/consumer/client, LGBTQ plus an ethnic identity. Of the 950 respondents, 843 chose to voluntarily disclose their cultural identity, and 103 individuals opted not to disclose their cultural identity. The demographics of the survey respondents are relatively consistent with the overall County demographics according to the 2014 U.S. Census Bureau. While Hispanic or Latino (of any race) population makes up 51.2% of Fresno County's population and is the majority, approximately 43% of respondents selected Hispanic/Latino as their race/ethnicity. The majority of the survey respondents were in fact Hispanic/Latino, with an increase in survey respondents who are African American/Black, American Indian/Alaskan Native, and Asian, as compared to their percentage of the population reported by the U.S. Census Bureau. Respondents selecting some other race/ethnicity reflect the same 2% reported by the U.S. Census Bureau for some other race alone. The survey results are from respondents who comprise .10% of the total County population and fairly represent the County's racial/ethnic diversity. Included also are the percentages of respondents who identify as rural and urban residents.

Rural	27.26%	169
Urban	72.74%	451
		620

The CPPP Level 1 also engaged all age groups, including the 0-15 year old age group. While approximately 77% of respondents are from the 25-59 year old age group, many of those individuals also work in fields that are specific to the 0-15 year old and 16-24 year old populations.

Age		
0-15	2.37%	19
16-24	8.59%	69
25-59	76.71%	616
60+	12.33%	99
		803

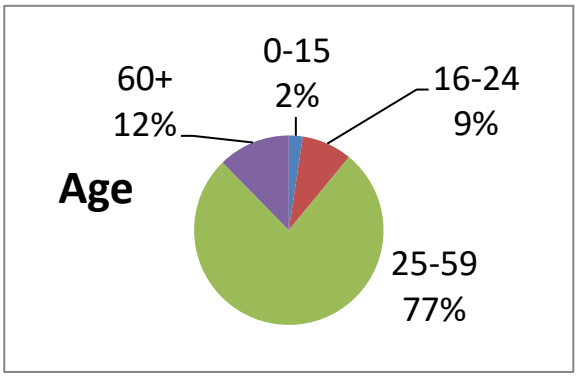


FIGURE 2. CPPP LEVEL 1 AGE OF RESPONDENTS

Community Attitudes Survey

As noted, the CPPP Level 1 included two survey tools, the Community Attitudes Survey and the Community Access Survey. The Community Attitudes Survey was designed to identify the level of stigma against mental illness through a series of six questions, three of which requested value judgments to a number of scenarios. The value judgment choices ranged from very negative to very positive, with a neutral response option, as well. Respondents were asked to select only one choice for each question. The questions and value judgment options are as follows:

1. When I hear about "mental health", I think to myself: a. Stay away b. I'm not interested c. It doesn't affect me d. I want to know more e. What can I do	3. Do you know someone living with a mental illness? a. Yes b. No
2. If I felt unwell mentally, I would: a. Hide it b. Hope it passes c. Read up about it d. Use anonymous helpline e. Actively talk to someone	4. If yes, how would you describe that person using only one of the choices below? a. Dangerous b. Strange c. Hard to be around d. I am available for them e. Positive influence on me

The following is a breakdown of the results of the Community Attitudes Survey, which provides the Department with a baseline stigma measurement that can be utilized over time to measure changes in attitudes around mental illness.

Question 1 concerns attitudes around the concept of "mental health", as in the conceptually related term "physical health". Interestingly, stigma associated with mental illness spills into the concept of mental health, such that, while 82% of the respondents held a positive attitude, 18% however, held negative or neutral views of mental health. This indicates a need to target education in our communities on the concept of mental health and how to make mental health and wellness a conscious part of daily living.

Question 2 identifies personal actions that a person would take in response to concerns of a lack of mental wellness. 72% indicated that they would take active steps towards addressing the concerns, while 12% would ignore or refuse to seek assistance for their own mental health concerns. Question 3 asks if the respondent knows someone living with a mental illness. 81% indicated that they do, while Question 4 asks for value judgements of that individual. 75% indicated that they have a positive view of that person, while 24% indicated that the individual is difficult to be around.
Question 5 presents four facts about the impact stigma has on seeking mental health services and requests *true* or *false* responses to each of those facts. 92% on average indicated full knowledge of these four facts, while 8% did not.
Question 6 asks whether drug and alcohol abuse and mental illness are related concerns. 92% stated that they are related concerns.

Community Access Survey

Stakeholder input was collected through the Community Access Survey on system performance, gaps in services, recommendations and ideas for improvement and ongoing community challenges. This short survey asked four open-ended questions, as follows:

1. Have you, a family member or loved one ever needed help from the Fresno County Department of Behavioral Health, or community-based behavioral health provider? And if so, were the services helpful
2. Do you know what to do or where to go to seek mental health services for you or a loved one, if needed?
3. Do you have recommendations for improving services or for additional services in your community?
4. What do you see as the biggest problem in your community regarding mental health?

Because the responses were designed with the expectation for open-ended narrative input, staff was prepared to analyze the data through categorizing the responses organically, based on identifying a general concept under which the individual response could naturally be placed. Responses to the first two questions were much simpler, but with narrative input, nevertheless. For question 1, the responses essentially fell into one of four categories:

- Yes, services were received and yes they were helpful
- Yes, services were received and they were somewhat helpful
- Yes, services were received, but no, they were not helpful
- No services received

While approximately 18% of respondents either chose to not respond to this question, or responded only partially (i.e. indicating that they received services, without further elaboration on the quality of those services), 73% of the effective responses indicated that services received were helpful, 11% indicated that services received were somewhat helpful, and 13.5% indicated that services received were not helpful.

For Question 2, 79% of respondents indicated that they know what to do or where to go for services. However, as will become evident through analysis of the narrative responses to Question 2, as well as through analysis of the narrative responses to the remaining 2 questions, there remain significant gaps in information about system delivery to our communities, along with requests for more information. For example, though 79% indicated that they would know what to do or where to go, a significant number (5%) of those respondents indicated that they would research information online, go to their primary care doctor, or take some other course of action that did not include accessing the public mental health system of care. Furthermore, 30% of the narrative responses to Question 3, regarding recommendations for improvements, indicated that the Department needs to improve communication and information about how to access services. Lack of information was the third most frequent response in Question 4 regarding the biggest problem facing the community. This data stands in juxtaposition to the high percentage of respondents to Question 2 who indicated that they know what to do and where to go.

Responses to ***Questions 3 and 4*** were significantly more open-ended and required additional efforts to appropriately trend the data, given the range of possible responses. Based on the Question 3 responses, the data easily fell into four fundamental categories, which include: ***Access Improvements, Substance Use Disorder Services, Housing and Homeless Services*** **and** ***Stigma Reduction***. Of the Access Improvement narrative responses, further analysis warranted subcategories for specific areas needing improvements, including: expanding program services (either to specific geographic areas, specific populations, and to specific age groups); Creating more awareness and information about how to access services; improving cultural competency; developing the workforce to build capacity for needed services; improving transportation to where existing services are delivered; and improving customer service for those who do access the services.

Question 3		
3. Do you have any recommendations for improving services or for additional services in your community?	**1. Access Improvement**	**78.59%**
	Expansion of services	39.61%
	Awareness and Outreach	30.34%
	Cultural Competency	9.27%
	Workforce Development	8.15%
	Transportation	6.18%
	Customer Service	5.06%
	2. SUD Services	5.06%
	3. Housing/Homeless Services	5.06%
	4. Stigma Reduction	5.90%

Input collected from the narrative responses to Question 4 indicates the largest problems facing our communities regarding mental health. The data analysis resulted in 15 categories of problems that need to be addressed in our communities. The top six problems indicated most frequently in the Question 4 response data include:

- Stigma (30.52%)
- Access Barriers (20.57%)
- Lack of Information (15.12%)
- Cultural Barriers (8.45%)
- Substance use Disorder (8.17%)
- Homelessness/Housing (7.49%)

The remaining categories of problems faced in our communities are included in the data as well (at or below 5%) and include: funding; clients not being engaged in services; workforce needs; youth services; timeliness of services; transportation; medication issues; suicide; and criminal justice involvement.

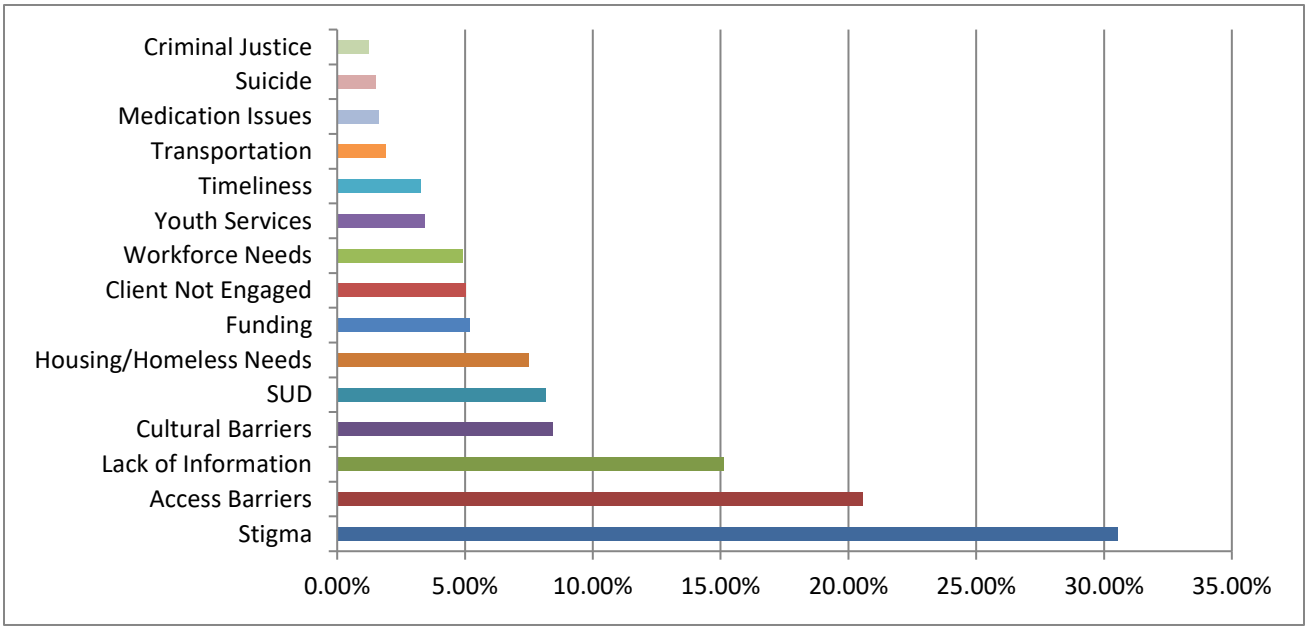


FIGURE 3. COMMUNITY MENTAL HEALTH PROBLEMS

Level 2 CPPP Community Stakeholder Meetings

The purpose and goals of the second level of the CPPP include analyzing the results of the CPPP Level 1 stakeholder data collection. We held four stakeholder meetings, within Fresno and Selma, based on attendance records from previous planning events. It is important to point out that all stakeholders were invited and encouraged to participate at one or more of the meetings of their choice. Announcements for each of these meetings was advertised in newspapers around the County, as well as through public postings, local radio announcements, emails, flyers, and outreach to contracted providers to share and encourage attendance from throughout the County.

As noted, the selection of the meeting sites was selected based on the population served in the community, as well as the likelihood of attendance by individuals with important professional affiliations and community connections to behavioral health services. The following is the list of sites and dates/times of the Community Stakeholder Meetings. The Department has learned from experiences that holding large meetings across the County is not an efficient or effective way of gaining stakeholder insights. Though we held four Stakeholder Meetings designed to solicit input from a larger gathering of community members, the Department truly focused efforts on expanding opportunities to receive input from widely across the County through other modalities that are described below. The four stakeholder meetings are as follows:

- Fresno: Tuesday, August 15, 2017 2:30pm - 4:30pm **Fresno County Health and Wellness Center**
- Selma: Friday, August 18, 2017 2:30pm - 4:30pm **Selma Regional Center**
- Fresno: Tuesday, August 22, 2017 2:30pm - 4:30pm **Fresno Holistic Center**
- Fresno: Wednesday, August 23, 2017 2:00pm – 4:00pm **West Fresno Regional Center**

Each of the Community Stakeholder Meetings was scheduled for up to two hours in length. Snacks and water were provided at each meeting. The format of the meetings was very basic, with welcoming remarks from the Department's MHSA team. We presented a power point presentation with summaries of the stakeholder processes for the Drug MediCal Waiver Plan, Housing Inventory and Needs Assessment, and the Sequential Intercept Mapping Report, which will be described in summary below. We also presented the findings from the 2016 Community-wide Survey. The core of the meetings was devoted to soliciting stakeholder attendee feedback in the form of brainstorming recommendations and solutions. The brainstorming session was facilitated using self-stick easel pads to record stakeholder discussions of the challenges, possible solutions and ideas and what resources, activities or work exists within the community that can be expanded or adapted for new populations or other innovative ideas. While note takers summarized and recorded the stakeholder input from these sessions on the self-stick easel pads, attendees were also encouraged to use a blank CPPP response form to provide additional input that they wanted to provide. In this way, all attendees were given ample opportunities to provide input, either verbally and/or anonymously and in writing.

As noted above, the Department also developed targeted focus groups, in large part based on challenges known to be persistent and in communities known to experience significant barriers to accessing services or exhibit significant stigma around behavioral health and illness. To effectively reach out into these communities for developing more authentic opportunities for input, staff met with community leaders in advance to discuss the MHSA CPPP and to build support and trust for holding more community-specific focus groups at times convenient for members of the communities we engaged. Additionally, the MHSA CPPP provided simple forms for stakeholders to fill out, along with requests to community leaders, including pastors, community center personnel and other community-engaged individuals, to help solicit input and collect that input on behalf of the Department through their organizations or work, in order to broaden the scope of the data collected. In all, three very simple and open-ended questions were asked:

- **What gaps in services, community problems and/or other challenges exist in your communities related to behavioral health and overall wellness?**
- **What ideas or solutions can you share with us to address these gaps, problems and challenges?**
- **What is working in your communities that can be leveraged, expanded, built upon, or serve as a model for programs and projects through MHSA?**

Scheduling focus groups alone does not capture all crucial stakeholder input either, therefore the Department developed a protocol for leveraging existing meetings in the community and across agencies to serve as ad hoc focus groups where these

three questions could be asked and responses collected. In all, the Department held 15 MHSA CPPP-specific focus groups and collected stakeholder input through an additional 25 meetings.
The table on the following page indicates specific focus groups and other meetings where MHSA CPPP stakeholder data was directly gathered. In addition to these focus groups and leveraged meetings, well over 200 individual forms were collected with additional stakeholder input.

MHSA CPPP Focus Group and Leveraged Meetings Input			
1	ACEs Collaborative	21	Holistic Cultural Education Wellness Center
2	Behavioral Health Board	22	Interagency Meeting of Behavioral Health and Primary Care Hospitals
3	Behavioral Health Court	23	Juvenile Justice Commission
4	Blue Sky Wellness Center	24	Mandated Reporter Meeting and Educators
5	California Black Health Network	25	Maternal Wellness Collaborative
6	Clients	26	Metro Ministries
7	Conservatorship Meeting	27	Pinedale Resource Center
8	Contracted Children's Service Providers	28	Preterm Birth Initiative
9	Crisis Intervention Team Workgroup	29	QIC Team meeting
10	DBH – Adult Clinical Supervisors	30	Saint's Rest Community Church
11	DBH – Children's Clinical Supervisors	31	Schools Psychologist Meeting
12	DBH – Pee Support Team	32	Sikh Community Members
13	DBH Staff Development	33	Social Welfare, Education, Research and Training (CSUF-SWERT)
14	DBH – Urgent Care Wellness Center	34	Suicide Prevention Collaborative
15	EOC – Aaron Foster-Documented tour of SW Fresno	35	Take a Stand and Community Members
16	Family	36	Transition Age Youth Meeting
17	Food To Share Network	37	Veteran's Administration Hospital
18	Fresno Center for New Americans	38	West Fresno Family Resource Center
19	Fresno Interdenominational Refugee Ministries	39	Youth Wellness Center
20	Hlee Wellness, Inc.	40	Community Members not otherwise formally affiliated as above

Level 3 CPPP —Prioritized Data, Plan Draft, and 30-Day Public Posting

Data gathered through the MHSA CPPP was entered as collected, written or spoken by the stakeholders. We then summarized each data entry line with a designation that fell into any number of known areas of persistent challenges, gaps, and problems. Any entry point that pertained to more than one designated category was included in both or more of those categories. We then sorted the analyzed data according to the categories and developed a matrix to show the weight of the category on the MHSA planning needs. The designated categories and the relative weight of each group of gaps, challenges and needs include the following:

Categories (System Gaps and Needs)	**%**
(A) Trauma and resource Needs (Individual, Family, Community, Multigenerational)	51.09%
(B) More Access to Services including Barriers (Transportation, Cultural, Linguistic and Timeliness)	40.15%
(C) Outreach and Engagement/Stigma/Suicide Prevention	26.28%
(D) System Integration including Primary Care, Nutrition, Health Equity, SUD Treatment, and HIPAA Barriers	19.71%
(E) Housing/Homelessness	19.71%
(F) Workforce, Staffing, Cultural Competence and Other Training	11.68%
(G) Education/Employment specific to community and clients	8.03%
(H) Criminal Justice/CIT	8.03%

Each response to question 2 concerning ideas and/or potential solutions to the categories of problems, gaps, and challenges underserved communities experience was entered on its own line in an excel spreadsheet. Columns were created to the right of the column of individual responses so that the idea and/or proposed solution could be cross-matched to any appropriate category of system gaps and needs, labeled A through H. The following table is a small sample of the methodology, showing that any individual response could be a potential way to address the stated categories of problems, gaps, needs and challenges.

Proposed Idea/Solution	Category i.	Category ii.	Category iii.
pocket farming and community gardens	A	D	
address gang and gun violence aftermath	A	D	H
care coordination in jail settings	H	D	B

We created, sorted and summed a single list of the responses and categories in order to determine areas where the community has more ideas and potential solutions to some of the problems they face, while other persistent challenges continue to vex the community. And since many of the noted ideas/solutions pertained to multiple categories of system gaps and needs, many proposed ideas and/or solutions may appear multiple times within the list. The following table shows how the solutions to the noted system gaps and needs are organized into areas that span from lots of ideas/solutions to fewer ideas/solutions.

Categories (System Gaps and Needs)	Solutions	%
Trauma and Resource Needs (Individual, Family, Community, Multigenerational)	A	35.63%
System Integration including Primary Care, Nutrition, Health Equity, SUD Treatment, and HIPAA Barriers	D	19.92%
More Access to Services including Barriers (Transportation, Cultural, Linguistic and Timeliness)	B	15.71%
Outreach and Engagement/Stigma/Suicide Prevention	C	7.66%
Education/Employment for community and clients	G	7.28%
Housing/Homelessness	E	6.13%
Criminal Justice/CIT	H	3.83%
Workforce, Staffing, Cultural Competence and Training	F	3.45%

While this is merely one method of organizing the solutions to the challenges, gaps and needs faced across communities in the County, it is important to note that the relative percentages in this chart are likely just the results of the greater number of ways to offer problem-solving in these areas. System Gaps and Needs with lower numbers, for example, concerning housing/homelessness or workforce development are long-standing and persistent challenges for which there are no easy solutions and so stakeholders are less inclined to offer solutions in these areas.
In short, what has emerged from this MHSA CPPP is a picture of unaddressed trauma across several communities within the County. This includes trauma that is individually experienced starting in childhood, trauma that is experienced by the families, trauma that extends in community-wide proportions and trauma that has occurred and been left unaddressed across generations. Secondly, what has emerged from this MHSA CPPP is a sincere desire for collaborating across agencies and sectors, to build new partnerships and leverage collaborative opportunities to address the challenges. These challenges include health outcomes disparities, educational disparities, economic disparities and all of the attending challenges that are compounded as a result of these, including stigma against acknowledging or seeking treatment for behavioral health needs, criminal justice involvement, poor parenting, substance use, cyclical poverty and lack of community engagement.

With respect to addressing Trauma and Resource Needs, responses indicate a lack of community resources, poor nutrition, lack of green space and an overall lack of basic resources most communities in our society might take for granted. It is difficult to begin to address the behavioral health of an individual when the community lacks fundamental markers for community wellness, such that children have no parks to play in, or the parks that are there are dilapidated and ugly, at best, or places of gang activity and gun violence. Lack of nutrition, grocery stores or fresh produce has created known food deserts and compounded the health disparities that affect individual and community wellness. Below is a sampling of the stakeholder input received with suggestions to address the trauma and lack of resources across the underserved communities of Fresno County.

Proposed Idea/Solution
pocket farming and community gardens
address gang and gun violence aftermath
clean up communities
role models
community gardens
clean up drug problem
wellness gymnasium
field trips for the home bound and community bound
ethnic books
healthy activities for kids
Culturally relevant arts and arts expression
Mentoring kids, even those with criminal justice involvement
animal therapy
teach compassion
character development
build children through responsibilities
trauma recovery
Community wide ACEs
serve SW Fresno with wellness activities
bring sub-communities together through program specific work
Continue with nonviolent crisis intervention
participation and collaboration with other community work
more food and nutrition
wellness activities/exercise
more community events

Proposed Idea/Solution
showers, laundry
need meals and nutrition
Healthy food recovery
Increase distribution of nutrition to communities and families
increase food access
directly engage residents in shared actions to address food challenges
increase number and quality of community gardens, pocket farms and green space
develop cooking classes to teach cooking skills
glean fruits and vegetables from yards and parks
nutrition classes
showers and laundry
provide food
cooking classes/ baking classes
nutritional classes
whole person centered care
nutritional opportunities
nutrition and mental health
address untreated trauma
address gun violence
Aces for the community
nurture to nurture program
Trauma informed care
family resources
Animal therapy to address childhood trauma and develop responsibilities
Healthy food and nutrition overall
Directly engage more residents in other service programs and build new positive relationships
black women's support group
family circles
green space
green space
clean up the parks
city infrastructure
development in SW Fresno
community gardens
healthy activities for kids
build civic engagement
community engagement
green space for kids
green space
parks for children and families
affordable markets for food
green space
sister group
green space

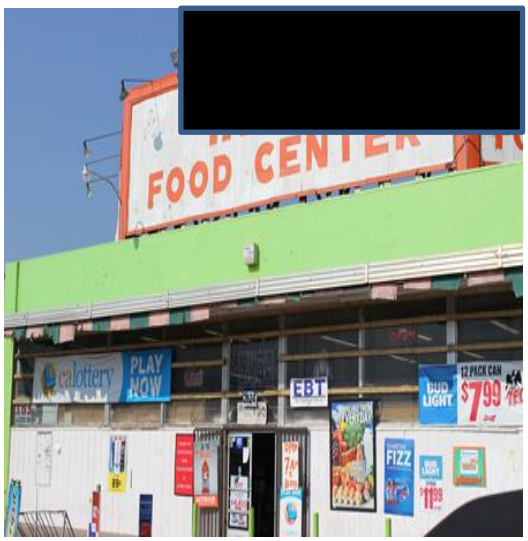
Proposed Idea/Solution
green space
green space
more community green space
more community green space
exercise and outside activities like community green space
green space
Absence of community involvement
build more green space
more outdoor green space in west Fresno for seniors
being of one body and loving each other
more play areas, parks, playgrounds, community programs, sports, arts and crafts
I believe if there were more positive outlets such as community green spaces and MH services within community
art therapy
community green space and activities with mental health as the focus
community needs green space
building green space to address the current problems

As a further illustration of the state of community wellness that in turn affects individual wellness, we were invited on a tour of the southwest Fresno area to witness the obvious challenges the community faces in this area on a continual basis. Community-wide challenges that translate into individual and family challenges and stressors include the lack of grocery stores in general and lack of stores with fresh produce, brown fields and lack of infrastructure at municipal parks located in the area. There is a dearth of green recreational space or areas with flowers and gardens.

The following photographs demonstrate why the area in southwest Fresno is considered a *food desert*. The photos are from two of three grocery stores within the area of approximately five square miles. The bottom left photo demonstrates the quantity, diversity and quality of the produce confined to a single case which is available to the community at that grocery store. The middle photo shows what was once a fresh meat counter that no longer appears to be functional in that store. And the photo on the right is of the storefront, where advertisements for alcohol and the lottery are prominent.

PRODUCE SECTION, STORE A

MEAT SECTION, STORE A



STOREFRONT, STORE A. 1

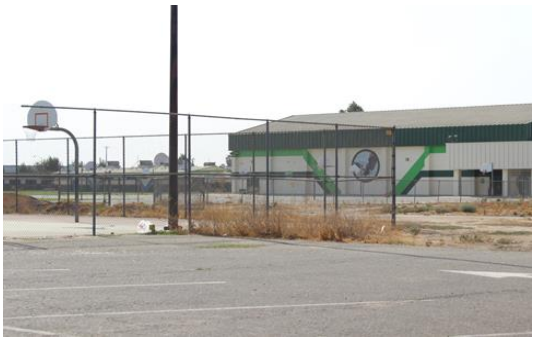
PRODUCE SECTION. STORE B. 1

The photo to the left is of the produce section in a different grocery store. As the observer can see, the produce is found, as in the photo above, within a single refrigerator case, indicating perhaps that the produce is kept on the shelf longer than in the more open style produce markets within the grocery stores in other areas.

Additionally, the prices for canned goods are generally higher than for identical products in more common grocery stores in other areas of the city. Gasoline sold at the gas stations tends also to be significantly inflated.

The photo on the left illustrates a common vacant lot or small field in the area where many such brown fields dot the area. These plots of land appear to be completely unused, undeveloped, and unavailable for use by the community. They demonstrate the lack of agricultural activity in the area, along with a lack of economic development or community infrastructure. They serve as windows into the level of community wellness that in part defines the environment that the residents face when they leave their homes, walk to school, go about their lives or seek recreational activities that are part of daily living. These blighted areas reduce

a sense of community or common concern from the larger society for the residents who live in these areas, which adds to the ongoing trauma and unmet need.



MUNICIPAL BASKETBALL COURT 2

MUNICIPAL SWIMMING POOL 2

These two photos are of the municipal parks and recreational areas for the residents to utilize. While the swimming pool and basketball courts are actively used during the season, the photos illustrate the lack of greenspace attached to outdoor municipal recreational facilities. The photos also show recreational areas completely surrounded by chain-link fencing, and wide open concrete or pavement areas.

These photos all demonstrate the experiences that our MHSA CPPP stakeholders provided in their responses to the challenges, gaps and needs experienced in the community. The solutions clearly include the recognition that we need to develop some innovative ways to address the trauma and lack of community and family resources through green spaces, and availability of nutritional food, including cooking classes, art expression, animal or equine trauma intervention and more community involvement and participation in general. In addition, the expressed desire for more integration across systems provides us with opportunities to combine efforts, reduce duplication of efforts, and plan more efficiently and with community buy-in and leadership to begin to address these longstanding challenges.

Addressing other challenges and implementing solutions for improving the service delivery model may be addressed in part through expansion of contracted services, providing more culturally appropriate services and addressing transportation needs. Outreach and engagement activities will continue in order to both reduce stigma and to reach out to our underserved communities to build trust and establish relationships vital to ensuring we improve the service delivery model and begin to address the persistent challenges.

As noted, the Department developed a Housing Inventory and Needs Assessment that is the blueprint for addressing the significant challenges around housing and homelessness in the County. Summary of this is provided immediately below. Significant program activity will be included in the plan to address these challenges. In a similar vein, the SIM Report, (summary included below) was commissioned to address the nexus between the criminal justice system and the behavioral health needs of individuals who come in contact with it at various intercept points. This report will form the basis for program planning and interventions, including the development of a CIT team that integrates law enforcement and behavioral health clinical teams, among other new projects.

And lastly, workforce capacity remains an ongoing challenge that will require continued efforts to build career pathways, to reduce stigma of working in the behavioral health field across populations, and to develop bilingual and bicultural clinicians to serve communities in culturally appropriate ways. Much more work needs to be done at both the national and State levels, as well as locally to support those in clinical education programs, including providing contracted providers with resources to help them place students within their programs that serve targeted communities.
Many other stakeholder ideas and proposed solutions include:

- Care coordination across the system
- More housing, more transitional housing, more residential treatment
- Job readiness, job placement and job coaching
- More mental health services in general
- Cultural competency
- More information about existing services
- Workforce development
- HIPAA barriers to parents of adult children with SMI
- Consent to treatment for minors
- More training for staff
- More stigma reduction activity
- Language classes

Please refer to the full plan that specifies which projects and programs will be enhanced or newly created to address the challenges identified through stakeholder input as outlined in this MHSA CPPP narrative.

Stakeholder Data from System-level Policy and Programming Areas

As noted in the introductory paragraphs, since 2016 the Department has engaged in significant efforts to engage stakeholders in other policy and program planning areas that have a direct nexus with MHSA planning and programming. While stakeholder input was mandated as part of the Drug MediCal Waiver planning process, the Department recognizes that stakeholder input is vital to program planning within and outside of MHSA. We are including summaries of the stakeholder data collected through these four areas, including 1) Summary of the Draft Drug MediCal Organized Delivery System, 2) Summary of the 2017 Sequential Intercept Model, Mapping Report for Fresno County, 3) the Housing Inventory and Needs Assessment, and 4) findings that have emerged from the Suicide Prevention Collaborative.

1. Summary of the Draft Drug Medi-Cal Organized Delivery System

The Drug Medi-Cal Organized Delivery System (DMC ODS) Waiver is a pilot program being tested in California as a new service delivery model for Medicaid eligible individuals with a substance use disorder (SUD). The DMC-ODS will expand the range of services available to people with Medi-Cal, increase provider payment rates and expand access to care for low income populations. The DMC-ODS will also foster greater integration of SUD services with primary care and mental health services.

Over the past year, Fresno County Department of Behavioral Health (DBH) has held over 25 stakeholder meetings and focus groups in all geographic areas of Fresno County and in various community gathering places. As a result of that process, DBH has developed its DMC-ODS Implementation Plan that will effectively allow Fresno County to "opt in".

The following is a summary of the outcomes of the stakeholder process to draft the waiver plan for the Drug Medi-Cal Organized Delivery System in the County of Fresno. In California, the Department of Health Care Services (DHCS) received approval from the federal government to test a new Substance Use Disorder (SUD) service delivery model. The pilot program will allow individuals that qualify for Drug Medi-Cal services (DMC) to have access to more and better quality SUD treatment services.

Highlights of the waiver include additional SUD services including detox, residential treatment, recovery services, additional medication assistance treatment, case management and telehealth. Regulations require that providers use the American Society of Addiction Medicine (ASAM) criteria to determine a client's needs – not just for SUD but for other needs too. ASAM is used as the basis for initial placement, periodic reassessment and for transitions to other levels of care, as needed. Treatment levels and timeframes are based solely on the patients' treatment needs, and there are no fixed treatment models or timeframes. Moreover, providers will be required to utilize Evidence-based Practices (EBP) and be culturally competent which also translates to better care. All providers will be required to utilize Motivational Interviewing (MI) and at least 2 other EBPs.

The Stakeholder Process: In order to opt-in, counties are required to advise the community and engage stakeholders. The Department of Behavioral Health (DBH) engaged stakeholders as follows:

- Participated in many MHSA meetings in which the community was advised.
- Conducted over 25 stakeholder meetings:
    - Stakeholders included the community at-large, community based organizations, SUD and mental health providers, law enforcement, the courts, County departments, etc.
    - Held in all parts of the county and in different venues known to be community gathering places.
- Conducted 4 focus groups
- Provided information at various other internal and external meetings, including mental health and SUD provider meetings, meetings with the courts and law enforcement, and others.
- DBH convened a number of internal workgroups to assist in the concept design of our ODS. Those workgroups incorporated much of the comment received through the stakeholder/informing process in our design.
- Workgroups consisted of subject matter experts and included IT, Compliance, Contracts, Fiscal, Managed Care and Clinical staff.

Key features of the plan include:

A. Referrals/Screening: "No wrong door". Clients can access treatment through the following access points:
   - 24/7 Access Line
   - DBH-SUD Services
   - County Depts. Including DBH- REACH Team, clinicians, DSS (CPS, CalWORKS), Probation (Assessment Center)
   - Superior Court (Drug Court)
   - Providers
   - Walk-in (clients may self-refer)
   - DBH SUD Services will receive clients and community during regular working hours – appointment or walk-in.
   - Providers will receive a referral through a shared appointment setting program and/or by email.

B. Assessment: Providers will continue to conduct assessments to confirm LOC. Medical necessity determined as part of intake assessment. Must meet medical necessity based on DSM V and ASAM criteria.

The use of ***ASAM Criteria*** is required and used to enhance the use of multidimensional assessments to develop patient-centered service plans and to guide clinicians, counselors, and care managers in making objective decisions about patient admission, continuing care, and transfer/discharge for various levels of care for addictive, substance-related, and co-occurring conditions.

Counselors consider 6 different areas when assessing clients for level of care:

1) Acute Intoxication and/or Withdrawal Potential – how likely are they to relapse?
2) Biomedical conditions and complications – physical health issues
3) Emotional/Behavioral/Cognitive – mental health, family life, arrests because of usage, etc.
4) Readiness to Change – why are they seeking treatment? Because they're ready to make a change, or because they're court ordered to be there?
5) Relapse/Continued Use or Continued Problem Potential
6) Recovery and Living Environment – do they have a home, are there people in the home that also use, etc.

If provider determines Level of Care (LOC) recommendation is not appropriate, must immediately make a referral to a different provider that does offer it or to SUD Central.

Each program will be required to periodically re-assess each client in order to determine if the current level of treatment is still appropriate and medically necessary.

Upon re-assessment, the program's Medical Director or a designated Licensed practitioner of the Healing Arts may choose to extend, increase, or decrease the level of care using The ASAM Criteria.

Reassessment Periods:

- ODF/IOT: Adults 90 days/Adolescents 30 days
- Residential: Adults 30 days/Adolescents 10 days
- NTP: 12 months
- Clients can be reassessed more frequently, as needed.
- **Clients cannot be placed in a designated level of care for a prescribed period of time.**

C. Authorization/Placement: All treatment modalities will require a TAR. Presumed authorization for clients that are pre-screened by Fresno County DBH or 24/7 Access Line. If TAR is denied, providers will still receive reimbursement.

- Providers can still admit clients not pre-screened, they just won't have guaranteed reimbursement if TAR is denied.
- Residential TARS approved within 24 hours. All others within 2 weeks – prioritized by LOC

D. Reassessment:
- Outpatient/IOT – adults at 90 days, children at 30 days
- Residential – adults at 30 days, children at 10 days

E. Movement through LOC/CM: Client movement through LOC will be based on reassessment, continued medical necessity and client progress. Providers are responsible to ensure transitions are made as necessary.
- County staff conducting initial screening will be responsible for performing initial case management activities to connect client to SUD services, crisis or psych care.
- Providers responsible for all others aspects of client advocacy and care coordination. For high utilizing clients, CM will be required to offer more intensive CM services.
- Case Managers are required to make appointments for clients within 7 days of discharge date.
- Appointment timeframes for providers receiving the referral, may not exceed 10 days from modality completion.
- If provider cannot accommodate the referral, interim services must be provided as appropriate.

F. Benefits under the waiver include:
1. Outpatient Services—9 hours or less per week for adults and 6 hours per week for adolescents.
2. Intensive outpatient services include between 9-19 hours of services per week for adults and 6 hours for adolescents.
3. Ability to receive services **away from the clinic site**. Services can be brought to the client where ever they may be. Home, coffee shop, etc. We expect this to be particularly useful in helping to meet the need in rural areas.
4. Opioid Treatment Programs – Medication Assisted Treatment (MAT) for opioid dependence. MAT can now be offered outside of the traditional methadone clinic site. We will also have the ability to **expand use of other medications** outside of those clinics. For example, medications for withdrawal and cravings can be offered in outpatient, detox and residential settings.
5. Other Newly reimbursable REQUIRED benefits include:
   - Detox – this can occur in outpatient or residential settings and medications may be used
   - Residential services are for up to 90 days with the possibility of (1) 30-day extension, and up to 2 episodes per year.
     - Perinatal and criminal justice populations may receive longer lengths of stay
       - Perinatal – up to length of pregnancy and post partum period (60 days after pregnancy ends)
       - Criminal Justice populations can stay up to 6 months with (1) 30 day extension
     - Extensions must be **BASED ON MEDICAL NECESSITY**.
   - Case Management – assistance to clients to help them meet their other needs – for instance, linkages to housing assistance, child care, employment services
   - Recovery services – aftercare
   - **IMPORTANT**: There are **NO FIXED LENGTHS OF STAY**

2. Summary 2017 Sequential Intercept Model, Mapping Report for Fresno County

The Sequential Intercept Model is a project designed to develop a map that demonstrates the various points within the criminal justice system that are contact points for those with behavioral health needs. The goal is to develop strategies and opportunities to intervene at the various intercept points to ensure better outcomes. Five intercept points have been identified, including: 1) Law Enforcement and Emergency Services, 2) Initial Detention and Initial Court Hearings, 3) Jails and Courts, 4) Reentry, 5) Community Corrections/Community Support. The report's recommendations are provided in the following table.

	Sequential Intercept Mapping Final Report Priorities for Change	Objective(s)	Action Steps
1	Crisis Intervention Team-- Make fuller use of the continuum of crisis care that includes 23 hour stabilization, Urgent Care, Mobile Crisis Teams, co-located mh clinicians with police and Sobering Resources	a. Develop CIT from a team approach	Use toolkit to develop/identify/determine clinical resources: clinicians and case managers
		b. Develop Steering Committee to drive action steps	Determine who will be on the steering committee
2	Increase Treatment of co-occurring disorders; Create Sobriety Center	a. Address rural issues (west of 99, including Mendota, Huron, Coalinga)	Inventory current services; add SUD and mental health as component of health clinics and develop mobile services sites
		b. Central receiving assess needs for sobriety centers	Reach out to all police agencies and hospitals (incl. FJO/ER); Identify data markers for how need per community; ensure medical clearance and identify model and location of sobriety centers.
		c. Inform Drug MediCal redesign	Include and work with data collected from rural sources
3	Discharge and Re-entry Planning	Discharge planning to occur in custody at admission	DPH/DBH/Sheriff to develop requirement in agreement
		Develop and implement screening tool for mental health and substance use disorder	Identify clinically appropriate tool(s)
		Develop Navigation Program	
		Create a Welcoming Center	
4	Develop sobering strategies, including detoxification and SUD Tx, including the use of Medication Assisted Treatment (MAT)		
5	Increase service capacity and timely treatment		
6	Increase information sharing between health providers and criminal justice professionals, in part through development of universal release form that is HIPAA compliant	Implement Universal Release of Information form	Develop the form based on existing, legally vetted forms in use in other areas of the United States (e.g. Erie County Department of Mental Health)

3. Summary of the Housing Inventory and Needs Assessment, 2017 Report for the Fresno County Department of Behavioral Health

The Fresno County Department of Behavioral Health (DBH) engaged Harder+Company Community Research to conduct a housing inventory and needs assessment. This project aims to provide DBH with information to better understand the housing needs of its clients and their families, identify gaps, and develop strategies for addressing those gaps. More specifically, in March 2017, the Housing Inventory and Needs Assessment project provided a report on the data collected and analyzed in response to the following questions:

- What are the housing needs of DBH clients? How many DBH clients are homeless, have unstable housing or are unsatisfied with their housing?
- What is the current inventory of housing for clients and their families? Do appropriate housing options exist for clients and their families based on Level of Care and other needs for services and supports?
- What other subsidized and affordable housing options exist in Fresno County? How can DBH better coordinate with and tap into these housing resources?
- What strategies can move DBH toward a more holistic system for providing adequate housing to all clients?

Data collection for this project included:

- Document review. This includes DBH program and policy documents, housing inventory lists, MHSA consumer housing survey data, Point-in-Time (PIT) homeless counts, and Fresno Housing Authority reports and inventory.
- Key stakeholder interviews. This includes administrators and staff of DBH, the Fresno Housing Authority, Fresno Department of Social Services, the Fresno/Madera Continuum of Care, contracted service providers, and the Fresno County Probation Department.
- Client Survey. We worked with DBH staff to conduct a client survey of close to 1,200 DBH clients representing a broad cross-section of the overall client population. The survey collected information about current housing, stability of housing, homeless history, and housing satisfaction.
- Focus Groups. We conducted a total of four focus groups to help contextualize the information we were getting from the client survey and better understand the perspectives of housing operators. We had four focus groups, including Board and Care operators, Board and Care residents, Room and Board operators and Room and Board residents.

The following findings and recommendations are included here in summary from the report:

A. Gaps in Housing Stock
Emergency and Transitional Housing Need
o Fresno Rescue Mission and Poverello House are often full and will not take people after hours. More after-hours emergency housing is needed.
o Difficulties using motel vouchers with hesitant motel management.
o Fresno Rescue Mission has service and program requirements for people who stay more than a night or two.
o Lack of transitional housing for clients reentering community after incarceration, along with sober-living options to support recovery
Permanent Housing Need
o 8% of Board and Care/Room and Board facilities are reserved for women; 23% are reserved for men.
o Lack of congregate housing options for Spanish-speaking clients.
o Difficult to place transition-aged youth in congregate housing as result of resident behaviors and lifestyles that are not appropriate for young adults.
o Very few housing options available in rural areas, which forces clients to live far away from family and friend, who provide support.

B. System Inefficiencies
Referral Process
o No standard process for referring clients to available housing options and no process for identifying vacancies.
Guiding Clients through Transitions between levels of care and from institutions
o Movement between levels of care-- when moving from FSP, provider can no longer use MHSA funds, which results in clients sometimes losing their housing.
o Lack of subsidized and affordable housing outside of MHSA funded programs makes it difficult for clients to move to more independent housing as they transition to lower levels of care.
Transitions from Incarceration and Crisis Stabilization
o Entering/leaving jail and crisis stabilization creates housing instability or happens in conjunction with it.
o 37% of clients incarcerated in the last year had trouble securing housing upon release.
o 20% of clients who had inpatient psychiatric care in the last year were not placed in safe and stable housing upon release
o Lack of emergency housing was a critical problem.
Interaction between Housing and Residential Treatment Options
o Lack of residential and crisis residential treatment options often means clients are sent to Board and Care/Room and Board facilities without supports
o Clients often take up residential treatment beds because there are no other appropriate housing options available to them.
o Creating capacity for crisis residential treatment and housing will alleviate this problem.
C. Coordination with Housing Operators
Financial Challenges
o High turnover, property damage, and restrictions on rent make it difficult to stay afloat as an owner/operator of a facility.
Client Stability
o Clients moving from one place to the next over short periods of time creates instability in Board and Care/Room and Board facilities
Partnership and Communication
o Operators often lack the tools and skills they need to function as part of the system of care for clients. There is a need to work more closely with case managers to address issues and concerns
D. Recommendations
Create coordinated housing identification and referral system for people with behavioral health disorders
o Maintain an updated list if housing resources that can be shared across DBH and its contracted providers
o Develop a coordinated housing referral process that leverages existing community resources
Increase emergency housing access and capacity
o Work with local hotels and motels to provide temporary housing to clients
o Identify emergency housing options for high-need or high-risk clients
Work with existing operators to address quality and capacity issues
o Consider instituting a quality control and inspection process for Room and Board facilities
o Explore the possibility of creating a system of enhanced rates to incentivize higher-quality facilities and services
o Facilitate closer collaboration between housing operators and DBH case managers/contracted providers

D. Recommendations
Increase access to affordable housing at all levels of care
o If successful, expand the Master Leasing project with a focus on rural areas and client populations that currently have fewer housing options available
o Consider creating a "moving on" program to move clients from supportive to more independent housing
Expand the stock of permanent housing available to DBH clients
o Work with developers and the Housing Authority to explore expanding supportive housing with existing MHSA funds
o Create a strategy to best leverage No Place Like Home competitive funding.

Work Plan # 1
Behavioral Health Integrated Access
Table of Programs

*= New Program Name
**=Deleted and Combined with Other Program

Status of Program	Program	Type of Funding	Contracted or Internal
Keep	Child Welfare Mental Team/Katie A Team	PEI	Internal
Keep	Urgent Care Wellness Center (UCWC)	CSS	Internal
Keep	**Youth Wellness Center*** Children's Mental Health – New Front Door	CSS	Internal
Enhance	**Collaborative Treatment Courts*** (Behavioral Health Courts/Coordinator Services)	CSS	Contracted
Enhance	Community Response/Law Enforcement	PEI	Contracted
Enhance	Integrated Mental Health Services at Primary Care Clinics	PEI	Internal & Contracted
Enhance	Multi-Agency Access Point (MAP)	PEI	Contracted
Enhance	Supervised Overnight Stay	INN	Contracted
Enhance	Transportation Access	CSS	Internal & Contracted
New	App for Transportation	INN	Unknown
New	***Technology Based Behavioral Health Solutions***	INN	Unknown
New	***Intensive Transitions Team**	CSS	Unknown
New	***The Lodge**	INN	Unknown

PEI Work Plans, Progress Updates and Proposed Changes

☐ Prevention ☒ Early Intervention ☐ Other (standalone programs focused on outreach)

Project Identifier: PEI4318

Program Name and Provider: Child Welfare Mental Team/Katie A Team
Fresno County Department of Behavioral Health – Children's

Date Started: 4/6/2007

Program Description: This program was initially designed as the Team Decision Making (TDM) Program. Its focus was to provide mental health participation and offer recommendations related to mental health needs of the child(ren) and families being considered by the Fresno County Department of Social Services-Child Welfare (DSS-CW) for foster care placement and prior to the opening a DSS case. This program was redesigned in December 2013 to meet the county's requirement to improve the mental health services and coordination of care as required by the State Departments of Health Care Services and Social Services resulting from the statewide implementation of the class action lawsuit known as "Katie A." in December 2011. The teaming processes with DSS-CW remain in place but occur after the opening of the DSS case. The staffs are co-located with DSS-CW enhance communication and collaboration. Program services include staff's participation in DSS-CW teaming meetings, processing DSS-CW court-ordered mental health and psychological evaluation referrals and distributing to vendors, review of a formal mental health screening tool to determine priority for performing mental health assessments, performing mental health assessments for Level 14 residential placement referrals, as needed, data entry and reporting, and intensive care coordination and clinical case management of the target population known as the "Katie A. subclass" who are identified as: Children with an open case, have Medi-Cal, meet medical necessity criteria for mental health services and who may have: a) three of more placements due to behaviors during a 24-month period, b) residing in a group home or in therapeutic foster care, c) accessed mental health crisis or inpatient services, d) received other high-level services such as SB 163 Wraparound, Therapeutic Behavioral Services and MHSA full-service partnership.

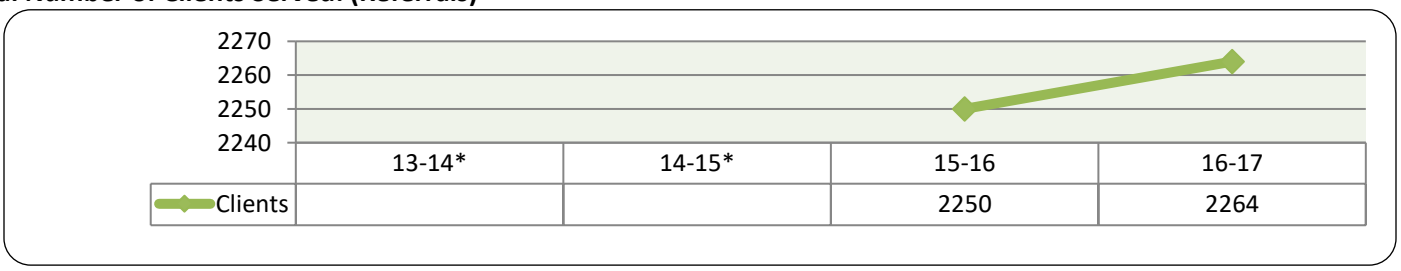
Program Update:

From 2016 to 2017, CWMH has been unable to maintain the four clinical positions, which includes the half-time placement clinician. Currently, Clinical Supervisor and one case manager attend teaming meetings for high acuity cases and provide mental health support services to vendors and social workers, as requested. Placement clinician duties have been completed by several Clinical Supervisors, as referrals for Level 14 mental health assessments are received.

Ages Served in the Program (check all that apply):

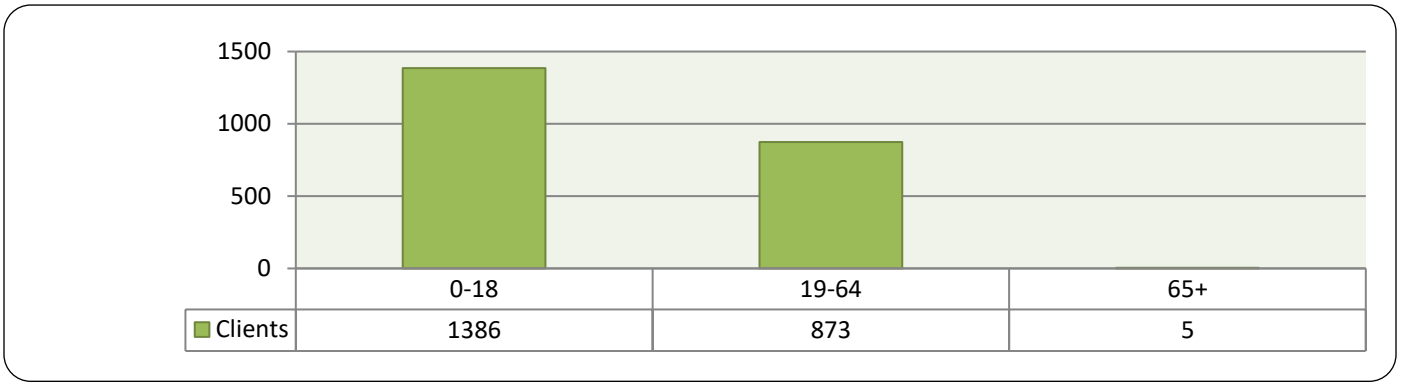
☒ **0-15** ☒**16-25** ☒**26-64** ☒**65 +**

Total Number of Clients Served: (Referrals)



*Not Available

FY 2016-2017 Total Number of Clients Served By Age: (Referrals)



FY 2016-2017 Total Number of Clients Served by Ethnicity:

**Clients served by ethnicity data is not included due to inconsistencies with referrals received with no data available.

Total Cost per Client:

Cost per client is being calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$693,549	**$693,549**	**$693,549**	**$693,549**
Change		-$343,549	-$343,549	-$343,549

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

CWMH team has been unable to fill four vacant licensed mental health clinician positions, which includes half-time placement clinician, over the past year.

Strategies: When advertising for the clinical positions to be filled, specify the openings are for the CWMH team.

Proposed Changes:

None at this time.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016**.**

CSS Work Plans, Progress Updates and Proposed Changes

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

Program Update:

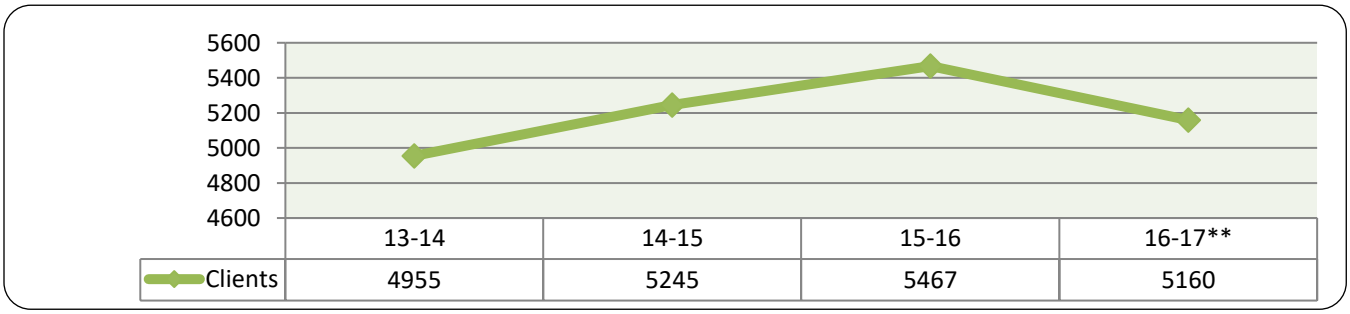
UCWC/Access has continued to develop in the following areas: 1) urgent care services providing triage/screening and linkage to services and assessment on a walk in or referral basis; 2) short term treatment/intervention (90 days or less); 3) wellness groups and activities for those receiving services in the Metro building; 4) provides Community Behavioral Health Center with a liaison that goes on site to engage clients and link to services as a part of wellness and discharge planning; 5) provides staffing and services for MAP at the Poverello House as well as provide triage/screening for behavioral health services and housing referrals/application generation; 5) clinical staff receive, review, and process Full Service Partnership referrals and linkages; 6) staff are dedicated to respond to the assessment and evaluation of needs of clients that are with a 1370 status to process and complete linkages to MIST approved programs; 7) crisis intervention co-response with law enforcement (this activity is referred to in the summary titled 'Crisis Acute Care', however the staff function out of UCWC at this time and are supervised by one of the UCWC/Access Supervisors. In addition, UCWC continues to provide a Probation liaison, Parole liaison, in order to outreach to partner agencies to further assist in access for specific populations. Future growth will include the consideration of Central Valley Regional Center and Veterans Affair's liaison.

Due to physical plant changes at the Poverello House, DBH staff will be co-located with the MAP staff, which will allow for closer collaboration and care coordination by DBH staff (see proposed changes).
The philosophy or "right place, right care, first time" remains. UCWC/Access has been utilizing the specialty skill set of Peer Support Staff to increase the volume of Wellness Groups and to provide a recovery based customer service experience in the Metro lobbies.

Ages Served in the Program (check all that apply):

☒ 0-15 ☐ 16-25 ☒ 26-64 ☒ 65 +

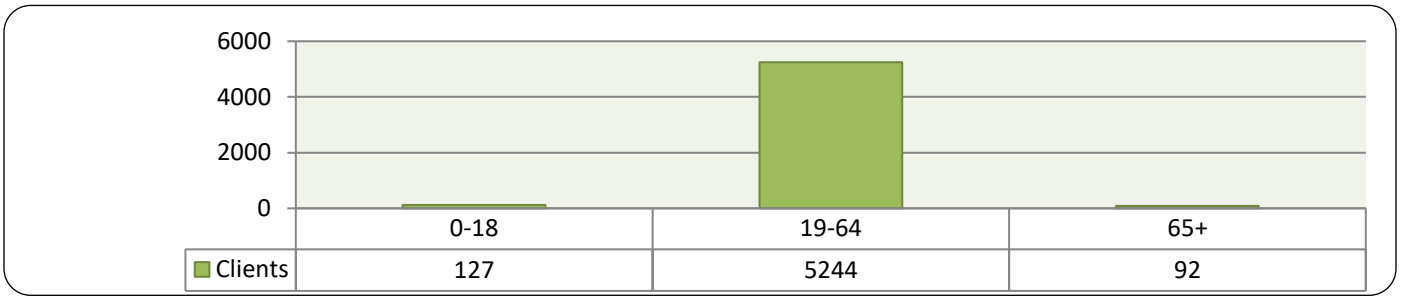
Total Number of Clients Served:



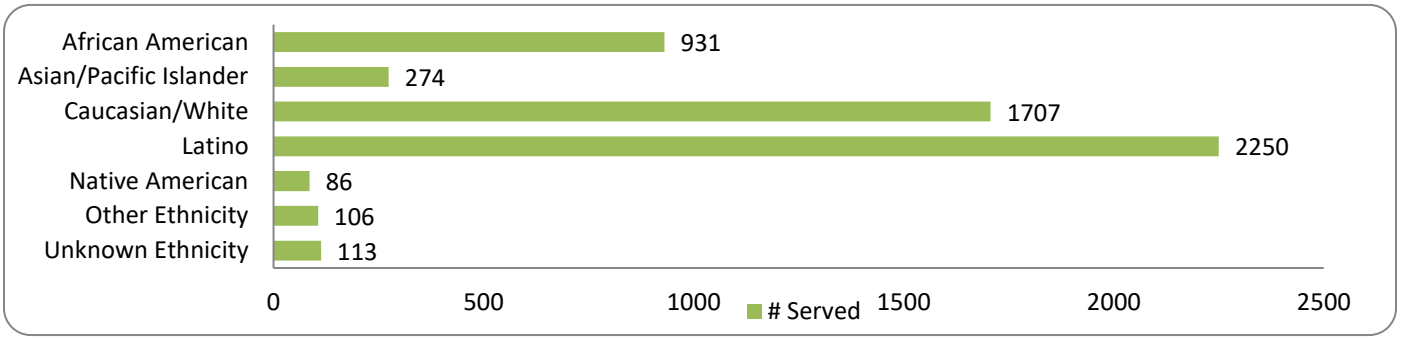
	13-14	14-15	15-16	16-17**
Clients	4955	5245	5467	5160

** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $479.07

Cost per Client is based on actual costs ($2,619,100.55) and actual number served (5,467) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$3,965,948	**$3,965,948**	**$3,965,948**	**$3,965,948**
Change		-$1,965,948	-$1,965,948	-$1,965,948

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

Vacancies continue to provide a barrier for capacity building, however in the last quarterly positions have been filled, mitigation strategy related to increase in wages. Same day/next day philosophy will be a challenge with appointment availability. Clinical staff have been very creative in their communication of availability and organizing teams to ensure those that walk in receive services that day.

Proposed Changes:

Currently there is .5 of a CMHS that is funded with MHSA PEI funds that is assigned to the Poverello House, this update requests to fully fund that position with MHSA funding. 50% of the current PEI funding will be aligned with MAP activities and linkages to services, 50% funded with MHSA CSS funds to support housing activities and case management services for those seeking housing stability and in need of short term / transition supports. Program leadership and staff to continue to determine needs for future growth, including enhancements to Care Coordination and Access to services and housing. These areas may include, use of Utilization Review Specialist for FSP referrals/coordination.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4315

Program Name and Provider: Youth Wellness Center
Fresno County Department of Behavioral Health - Children's

Date Started: Spring 2015

Program Description: The program is designed to improve timely access to mental health screening, assessment and referral for ongoing treatment and short-term interventions for youth up to age 17 or until high school graduation. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, other community-based healthcare providers, and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. The program also supports discharge planning, and schedules hospital follow-up services with the Youth Psychiatric Health Facility (Youth PHF) operated by Central Star and other out-of-county adolescent inpatient facilities. In addition, program staff provide post-crisis follow-up services for youth served at the Exodus Fresno Youth Crisis Stabilization Center (Exodus). This includes engaging parents/guardians to initiate mental health services, scheduling appointments and providing case management services and other supports until the linkages to ongoing mental health services are in place. Services may also include facilitating the transition of youth to/from Children's Mental Health programs to/from community resources when clinically appropriate.

Program Update:

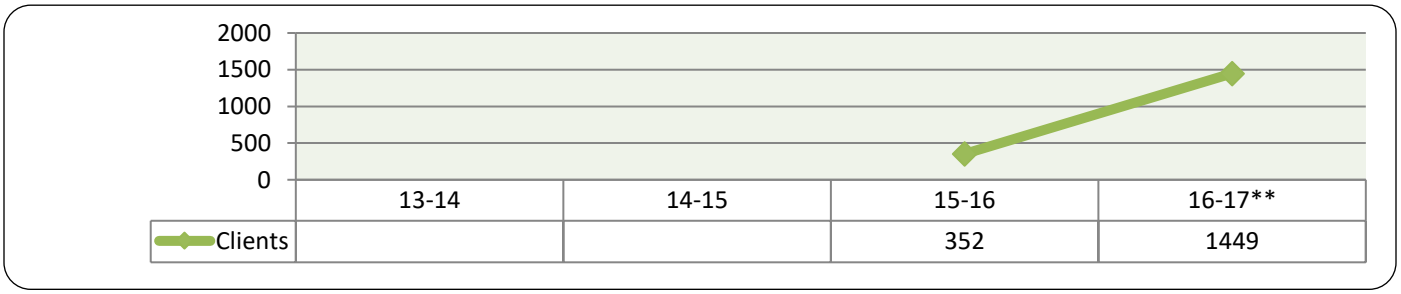
The Youth Wellness Center is located at the Heritage Center. The Youth Wellness team has added staff and filled vacancies in the last fiscal year. Current staffing for the program consists of one Clinical Supervisor, five Clinicians, three Community Mental Health Specialists and one Office Assistant.

The Youth Wellness team has established an Inbox to receive incoming referrals electronically from Youth Psychiatric Health facilities statewide and local Crisis Stabilization Unit. Referrals received to the Inbox are processed daily Monday through Friday to ensure that clients are linked to medication, assessment or therapy services as recommended. Youth Wellness assists in the discharge plan of clients from Central Star by providing follow up appointments to hospital staff in advance so that clients will be discharged with a scheduled follow up appointment to the Youth Wellness Center, including clients that may be discharged on weekends or after business hours. Case management staff consults regularly with Central Stars and Exodus by way of conference call to ensure clients needing follow up are appropriately linked and identified. Youth who are discharged from the hospital are scheduled a follow up assessment appointment within 14 days. For youth who do not show up for their appointment, contact is attempted with families by phone call and/or home visits immediately following to reduce barriers and encourage treatment.

Ages Served in the Program (check all that apply):

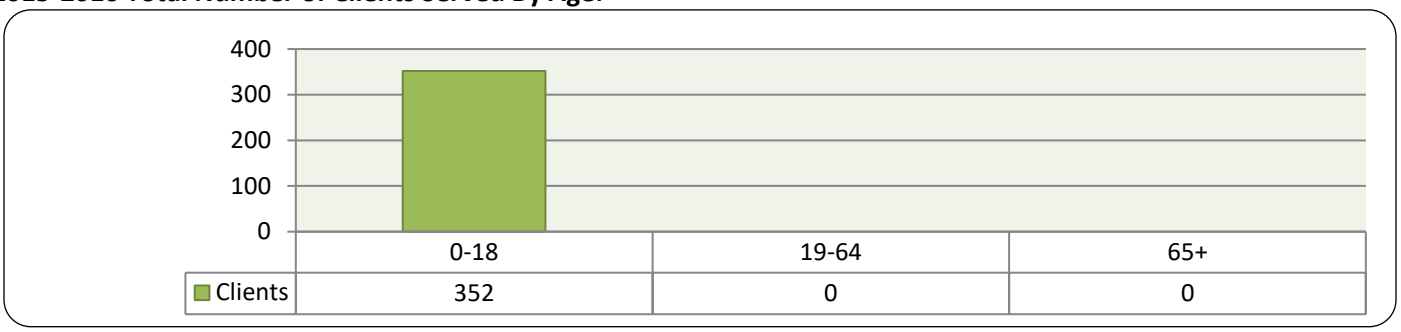
☒ 0-15 ☒ 16-25 ☐ 26-64 ☐ 65 +

Total Number of Clients Served:

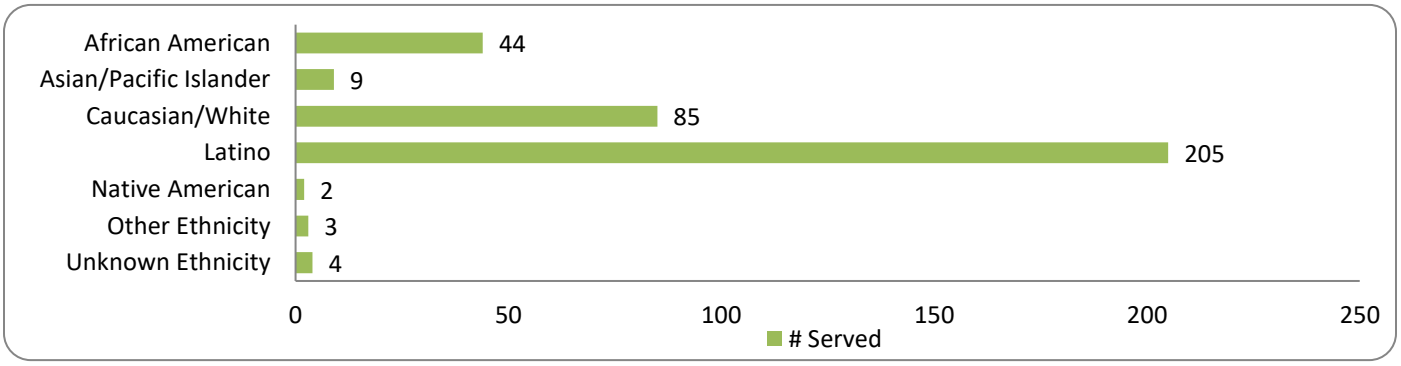


** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.0

Cost per Client is being Calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,470,577	**$1,470,577**	**$1,470,577**	**1,470,577**
Change				

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

Some of the challenges faced include hours of operation and staffing shortages. Limiting our hours of operation from 8-5 limits working parents to our schedules contributes to high No-Show rate, which in turn affects hospital recidivism as client are using the hospital as a way of getting treatment. Staff shortage affects our access to services in a timely manner. By adding staff, the program will be able to decrease wait time and help with engagement. Flexible hours of operation might improve timely access to services.

Proposed Changes:

When fully staffed, the Youth Wellness Center located at the Heritage Center expansion will be able to provide same day service to urgent/non urgent clients. The program will improve timely access to mental health screening, assessment and referral for ongoing treatment and short-term interventions for youth 5 to age 17 or until high school graduation. Clients coming through Youth Wellness Center will be placed in short treatment through case management, rehabilitative, DBT groups, TBS services, and short-term therapy following initial assessment. The additional staff hired may participate in care coordination to refer and follow clients from access to exiting our system of care according to client's needs.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4710
Program Name and Provider:	**Collaborative Treatment Courts*** Behavioral Health Courts/Coordinator Services Superior Court of California, County of Fresno
Date Started:	7/1/2015
Program Description:	The Behavioral Health Court (BHC) is a collaborative team consisting of the Superior Court, Office of the Public Defender, Office of the District Attorney, Probation Department, Department of Behavioral Health, and treatment providers. The BHC offers services for adults and children. The target population is in-custody minors and adults with acute mental illness or substance abuse related misdemeanors who meet the criteria for participation and can be served in an intensive community-based program. The Behavioral Health Court Coordinators provide service coordination, data compilation, and outcome evaluation for the Adult and Juvenile Behavioral Health Courts, Adult Criminal Drug Court, and Family Dependency Treatment Court. A Department Behavioral Health clinician and case manager outreach to and assess minors considered for the program, and provide clinical recommendations to the Courts for minors and adults.

Program Update:

Adult Mental Health Court (Adult Behavioral Health Court) – ABHC

- There has been a significant increase in cases with private attorneys, but the program is unable to expand due to capacity limitations as a result of having only one probation officer assigned to the cases.
- Corizon added an electronic medical record which has made it much easier to get timely and accurate information on medications administered to ABHC participants while in jail.
- Due to a 40% increase in cases, the treatment team meets more frequently to develop recommendations for the legal team's consideration, which allows the legal team to work through cases quicker.
- Participants who fail to comply with court requirements face the risk of being terminated from the ABHC program. Staffing meetings are held to explore different options for the participant to access resources and/or encourage active participation by the participant.

Juvenile Mental Health Court (Family Behavioral Health Court) – FBHC

- There has been a change in the assigned Department of Behavioral Health (DBH) mental health clinician and a turnover in probation staff.
- Fresno Superior Court established one designated substitute judge, who will be utilized when the usual judge is away.
- A decrease in participants could be attributed to referrals from new juvenile court judges. The FBHC team has been working to help inform the new judges about the FBHC program and appropriate referrals.

Adult Criminal Drug Court

- The passage of Proposition 47 in November 2014 reduced most drug charges from felonies to misdemeanors, giving defendants the option of short-term incarceration or entering an intensive 12 to 18 month drug court program, which ultimately required significant modifications to the drug court program.
- Misdemeanor drug court started in September 2015 through collaboration between DBH, the Public Defender and District Attorney Offices, Probation Department, law enforcement agencies, treatment providers, and Fresno Superior Court.
- Collaborators have worked together to shorten the time between citation and arraignment, and subsequently drug court arraignment, from 90 days to 30 days to reduce the failure to appear rates. This change has resulted in more participants appearing in court to be engaged in treatment and other appropriate services.
- A new electronic dashboard has been developed with a State grant to enable the drug court judge and probation officer to see the availability of inpatient beds at different treatment facilities.

- More than half of the defendants who are eligible to enter the drug court program are now choosing to engage in treatment.

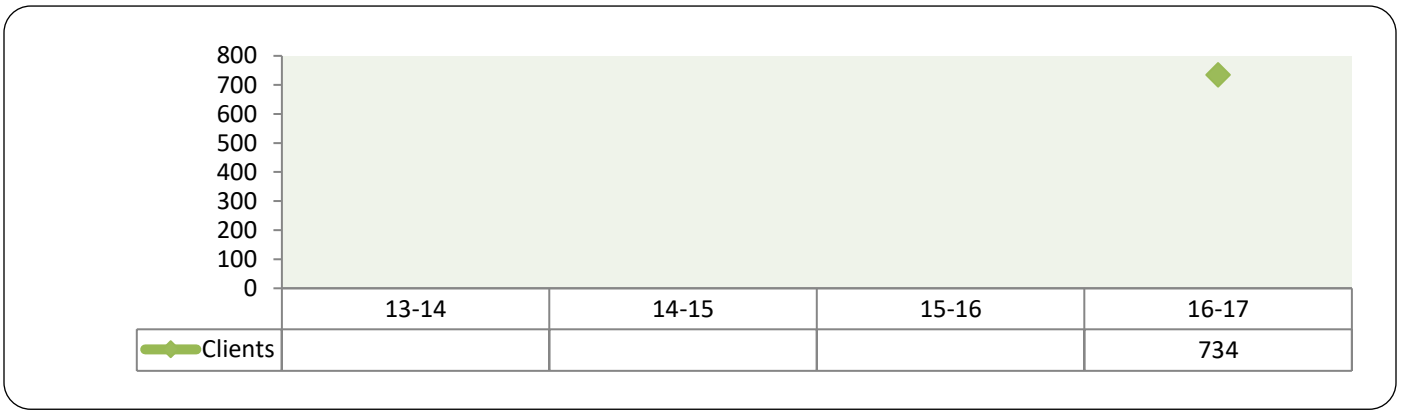
Family Dependency Treatment Court – FDTC

- The Department of Behavioral Health approved the addition of Court Coordinator services for the Family Dependency Treatment Court (FDTC) to begin July 1, 2017. Costs associated with the FDTC court coordinator would be absorbed by the existing Agreement with the Fresno Superior Court for the ABHC, FCBH, and Adult Criminal Drug Court. The addition of the FDTC aims to provide substance abuse services to adults who face losing their parental rights as a result of their substance use issues.

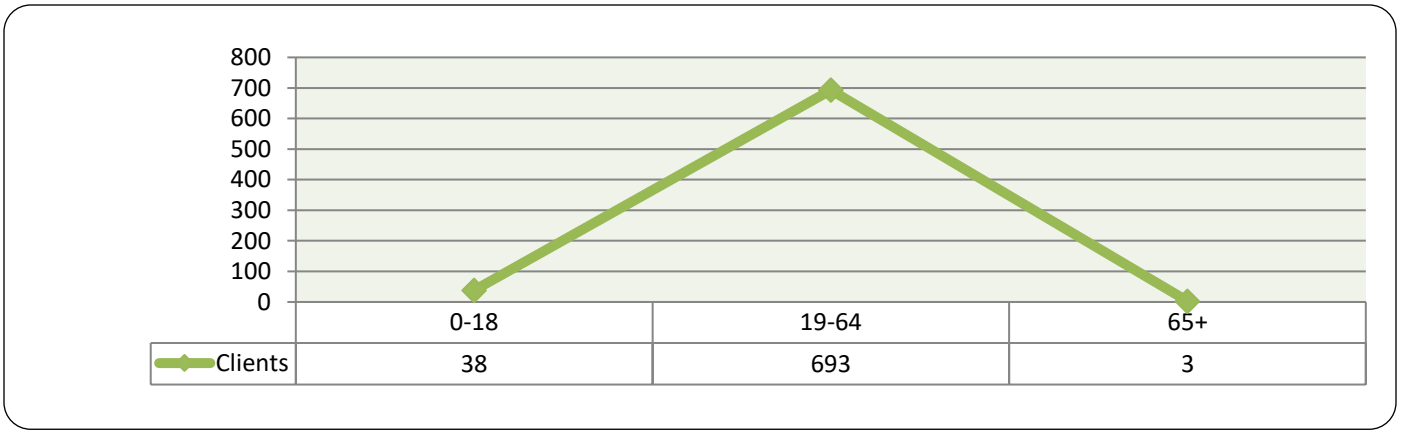
Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒ 65 +

Total Number of Clients Served: 734

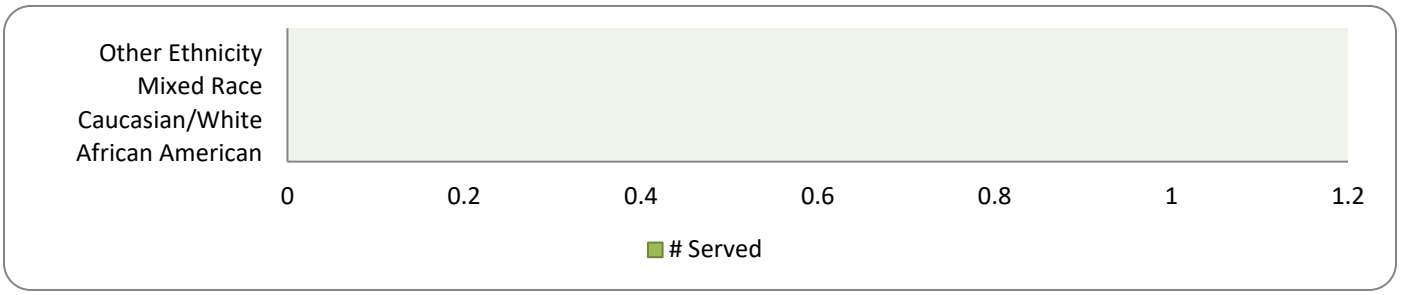


FY 2016- 2017 Total Number of Clients Served By Age:



The court does not obtain ethnicity information from offenders and therefore cannot provide accurate data for this factor; however, occasional evaluations of small groups of adult drug court participants in the past have indicated that race and ethnicity demographics for treatment court participants are similar to Fresno County's demographics as a whole.

FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $35.06

Cost per Client is based on actual costs ($25,734.25) and actual number served (734) for the period of July 1, 2016 through March 31, 2017.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$335,522	**$335,522**	**$335,522**	**$335,522**
Change		+$1,330,000	+$1,330,000	+$1,330,000

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

Adult Mental Health Court (Adult Behavioral Health Court) – ABHC

- Average active caseload increased by 40%, which made discussing all the cases immediately before hearings impractical due to time constraints. A strategy to mitigate this issue was initiated and implemented in April 2017.
- Some participants clearly need services but, due to repeated relapses or failure to comply with court requirements, are at high risk of being terminated from the court program. A strategy to mitigate this issue was initiated and implemented in April 2017. Use of multiple Full Service Partnership providers, prompts some treatment/intervention inconstancies, design and use of an Assertive Community Treatment (ACT) model for 50 clients with fidelity is being sought in this update.

Juvenile Mental Health Court (Family Behavioral Health Court) – FBHC

- There has been a decrease in participants in FBHC in the past 18 months. The reason is not easily identifiable, but may be related to referrals from juvenile court judges. There have been changes to the judicial bench in the last two years and it is possible that the new judges may not fully understand appropriate referral to the FBHC.

Adult Criminal Drug Court Program

- Arraignments offer valuable opportunities to engage addicted offenders in treatment. Unfortunately, many defendants charged with misdemeanor crimes, including those who would be eligible for drug court, do not show up for their arraignments. The Court issues a bench warrant for defendants who miss their arraignment. Law enforcement officers run warrant searches but do not actively seek such offenders due to limited time and resources; misdemeanor offenders are rarely arrested for outstanding bench warrants.
  - In an attempt to get more defendants who might be eligible for the Adult Criminal Drug Court program to appear for arraignments, the period that misdemeanor offenders are cited to appear in court has been shortened from 90 to 30 days. This has reduced the failure to appear rate somewhat but the issue persists.
  - The court and the Probation Department are exploring ways to remind misdemeanor defendants about their arraignment dates, either by automated phone calls or texts. There are two challenges related to reminder contacts:
    1. Obtaining valid phone numbers at the time of citations will require consistent cooperation from law enforcement agencies.
    2. While offenders might provide good numbers when cited, the contacts may not be valid for long. A high number of offenders change their phone numbers frequently due to financial and social factors.

- The court and justice organizations continue to look for ways to reduce the failure to appear rate in order to provide offenders with opportunities to engage in treatment earlier.

Proposed Changes:

Adult Mental Health Court (Behavioral Health Court) – BHC

- As of 4/2017, BHC Coordinator began leading a meeting the day before the court hearings with the treatment staff (i.e., Probation Officer and DBH clinician), referred to collectively as the *treatment team*. The treatment team develops recommendations for the legal team (prosecutor, defense attorney, and judge) to review at the staffing meeting held immediately before hearings. The legal team accepts most of the treatment team's recommendations, and only has to review cases that warrant further discussion or those on which the judge or others want more clarification or discussion. Although this process requires extra time from the treatment team, the legal team only has extended discussion on less than one quarter of the entire calendar, thereby expediting the court process.
- As of 4/2017, the court team started holding "Avoid Termination" staffing meetings to discuss participants who greatly need services but are at risk for being terminated from the BHC. The clinical supervisor for the contracted treatment provider; the Public Defender; the DBH clinician and supervising manager; and the BHC Probation Officer attend this meeting. This group explores potentially beneficial strategies that have not yet been tried, and identify if there are new resources that could be helpful but do not exist in the County yet. Lastly, the team determines if they can develop a plan for keeping the participant in the program. Their findings are provided to the legal team to determine the best course of action and to continue monitoring the participants closely.
- Seeking approval for the design and funding of an ACT for 50 clients, the current FSP 'slots' would be re-purposed and used with our SMI non court clients, thus enhancing capacity.

Juvenile Mental Health Court (Family Behavioral Health Court) – FBHC

- The FBHC team, led by Juvenile Delinquency Presiding Judge Kimberly Nystrom-Geist, has been helping to inform the other two judicial officers in the delinquency division about the FBHC program and who are suitable participants.

Family Dependency Treatment Court – FDTC

- The Department of Behavioral Health approved for the court to use the MHSA funding allocated for the treatment court coordinators to include the coordinator for the Family Dependency Treatment Court (FDTC), effective July 1, 2017. This will not change the funding level but rather increase the scope of services. The FDTC provides substance abuse treatment and services for parents who are abusing or neglecting their children due to addiction. These parents are not facing criminal charges but are at risk for losing their parental rights. As with the Adult Criminal Drug Court, the contracted FDTC coordinator works with the court participants to resolve issues and problems that could affect their efforts to become sober and stabilize their lives.
- **Collaborative Courts**

The program re-title is to provide a comprehensive and overarching title that represents the vision of the Department to organize and dedicate resources for a collaborative /care coordination model of dedicated staffing, liaison services and on scene/in court presence for triage/screening and linkages to needed services.

DBH dedication of resources include, but are not limited to the use of vacant Clinical Supervisor position to be aligned with justice services, providing oversight to current staffing and be responsible for program development that will coordinate ACT services, 1370 evaluations, complete analysis for additional staffing for use in all courts, including existing courts as well as Veterans Court, Misdemeanor Court, Federal Court, etc. Fiscal changes in this plan include the budgeting of ACT for 50 clients, movement of a funded Clinical Supervisor to Justice Services, addition of one clinician, one CMHS and one SAS for use upon evaluation of need for comprehensive justice related care coordination.

Requested allocations above include funding for staff ($ 330,000) and estimated ACT costs for 50 clients at $20,000 per client/per year.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2016-2017.

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention ☒ Early Intervention ☐ Other (standalone programs focused on outreach)

Project Identifier:	PEI4762
Program Name and Provider:	Community Response/Law Enforcement Fresno County Department of Behavioral Health & Kings View Rural Triage (Contracted)
Date Started:	6/1/2010
Program Description:	Prevention & Early Intervention Crisis Field Clinician serves as active liaison with law enforcement in the County to provide training, outreach, and direct field response to clients with mental illness in the community, specifically in the metro area. Evaluations for 5150's and recurrent calls from law enforcement are a primary focus. Enhancement included in this update include the associated costs for

Program Update:

Program continues to provide outreach, education, consultation, to law enforcement agencies including direct field response to support law enforcement with writing 5150s and support in addressing mental health crisis calls and provide post crisis call follow up as needed.

This program consists of multiple components:

Rural Triage for East and West Fresno County – Consisting of a contracted service in which mental health professionals respond with law enforcement on mental health related calls. The Rural Triage program (divided by "East" and "West") was contracted out to Kings View to provide outreach, education, and training to law enforcement and communities as well as provide to crisis intervention services and short term case management. East services will be provided for 3 years utilizing SB82 funds, while West services are to be provided with MHSA PEI funds that has a 'match' provided by Fresno County Police Chiefs Association funds for 1 year. The remaining 2 years will be funded by MHSA PEI. East county services were implemented July 14, 2015; West county services were implemented in October 2015. Rural Triage based field clinicians work 7 days a week, 6am-12am. Both the East and West County cities have 2 staff members working during each shift respectively.

Metro Community Response/Law Enforcement (now titled Metro Crisis Intervention Team) – Effective September 2017, the DBH clinician staff assigned to field response will be co-located and provide co-response with a dedicated Fresno Police Department Crisis Intervention Team. This is a newly dedicated team to provide behavioral health interventions as a response to crisis as well as to design prevention and community based interventions. At the time of this update, Metro CIT mental health staffing is provided 4 days a week from 8am to 10 pm based on two staff with a rotating 10 hour shift. While on duty, response to additional law enforcement partners is maintained.

The enhancement of this program is related to the projected growth of the Metro CIT component through the following means:

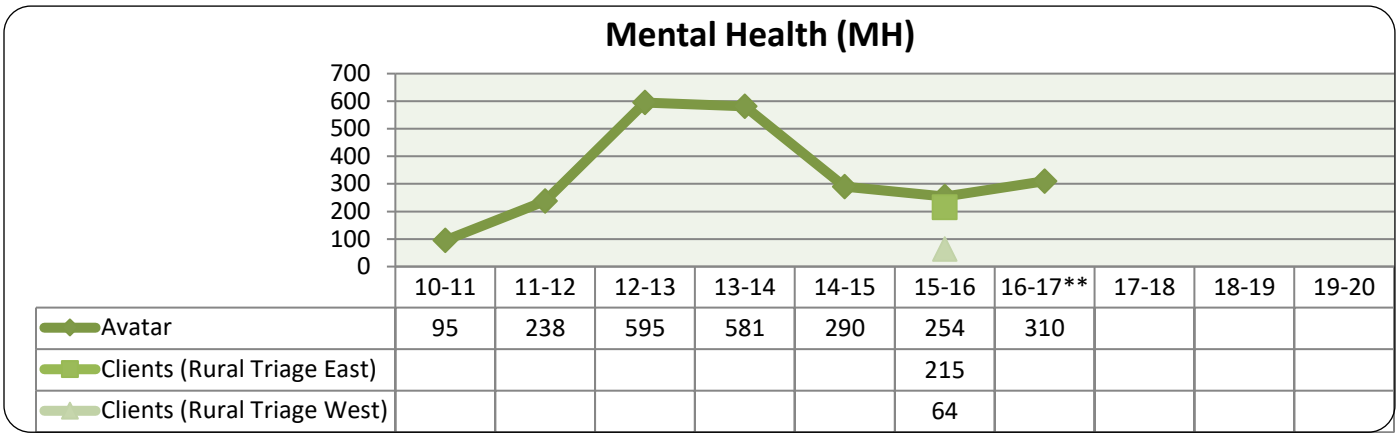
- Development of a Scope of Work / RFP for expanded Metro CIT to increase staffing and hours of availability of behavioral health staff.
- During the DBH provision of this service, enhancement to add Case Management, Clinician and Substance Abuse staffing. Position to be filled based on actual need as determined during the pilot phase.
- Development of a MOU with Fresno Police Department for hard costs (vehicles) to implement an evidenced based CIT Model in Fresno

Crisis Intervention Training (CIT) -= Is a component of this program plan and correlates with WET Action Items. Actions are being taken to continue DBH presence and support in the provision of a local CIT model in collaboration with Fresno County law enforcement agencies and other community's agencies. CIT training ensures that staff is trained with intervention techniques for use in high risk situations in order to appropriately serve clients and to mitigate risk for the Department.

Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

Total Number of Clients Served:

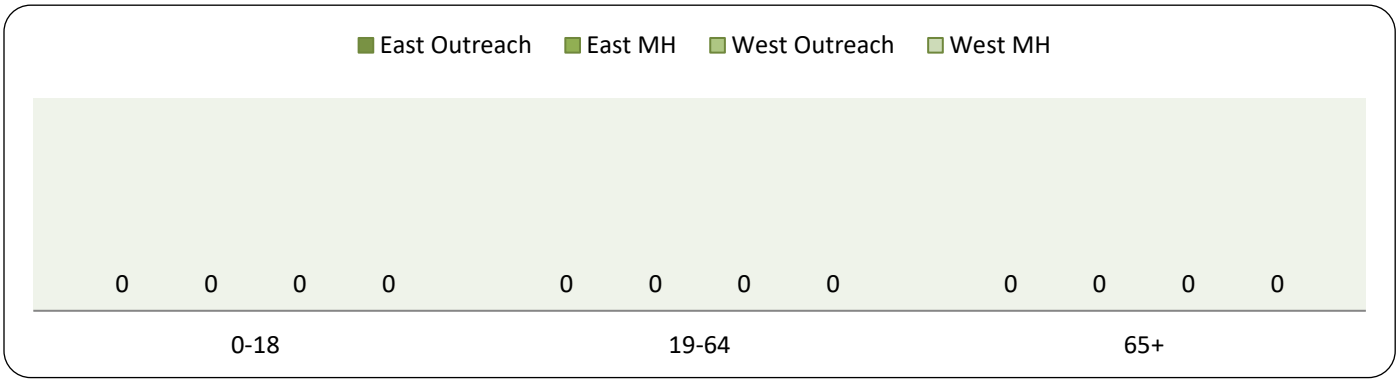


	10-11	11-12	12-13	13-14	14-15	15-16	16-17**	17-18	18-19	19-20
Avatar	95	238	595	581	290	254	310			
Clients (Rural Triage East)						215				
Clients (Rural Triage West)						64				

** Partial data for FY 16/17

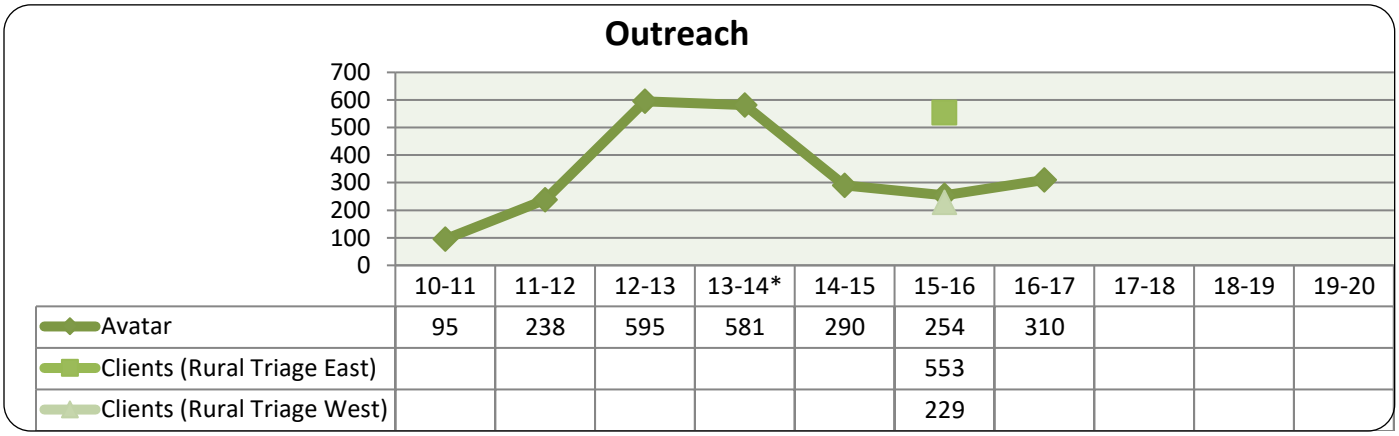
Program data collection in process.

FY 2015-2016 Total Number of Clients Served By Age:



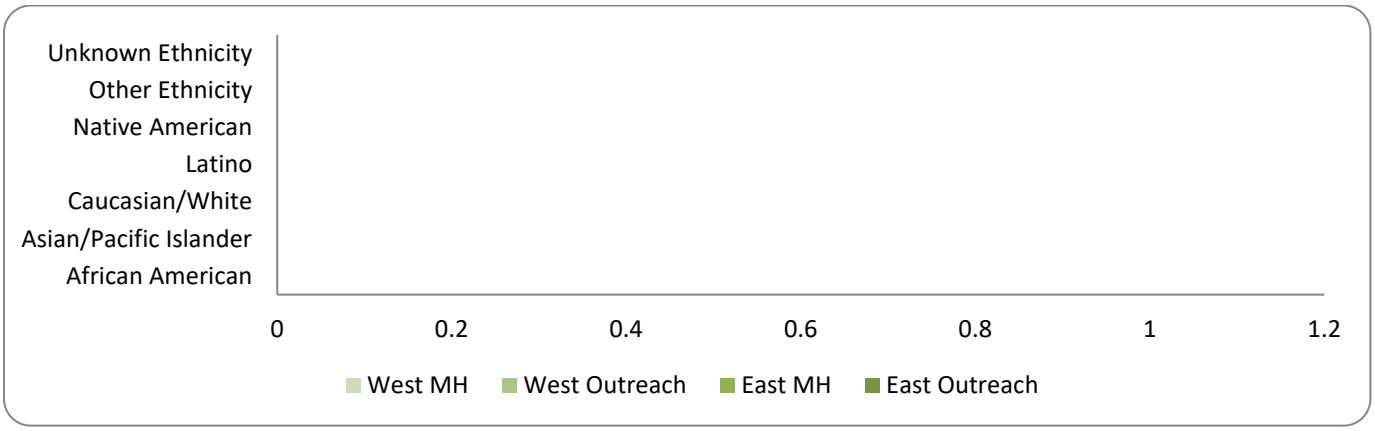
Program data collection in process.

FY 2015-2016 Total Number of Clients Served by Ethnicity:



	10-11	11-12	12-13	13-14*	14-15	15-16	16-17	17-18	18-19	19-20
Avatar	95	238	595	581	290	254	310			
Clients (Rural Triage East)						553				
Clients (Rural Triage West)						229				

Program data collection in process.



Program data collection in process.

Total Cost per Client: Being Calculated. Will be updated during posting for final draft.

Cost per Client is being calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$2,040,928.00	**$2,040,928.00**	**$2,040,928.00**	**$2,040,928.00**
Change		+$1,480,000	+$1,680,000	+$1,990,000

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

For County operated programming, staffing has been consistent, at time of this update, looking for growth in adding staffing. The change in allocation request above includes the following:

Although Public Safety Realignment (PSR) match was designated for 3 years for the West Program, we were only able to secure funds for the 1st year due to PSR funding cuts. The MHSA Allocation for FY 16/17 needs to be updated to reflect this change.

Adding Clinician, Substance Abuse Specialist and Case Management to the DBH Team ($330,00 annual) and allocated funds for the RFP for an enhancement of the Metro CI Team ($800,000 FY 17/18, $1,200,000 FY 18/19, $1,500,00 FY 19/20

Funding for the MOU being completed with Fresno Police Department for the purpose of funding hard costs of the co-located/co-response CIT model ($ 350,000 FY17/18, $150,000 FY 18/19, $160,000 FY 19/20)

Proposed Changes:

Monitor outcomes during the pilot Metro CIT – work collaboratively with Fresno Police Department to capture data that documents : decreased time on services calls for patrol, increased officer and community safety, effectiveness of on scene mental health assessment to access needed services. Future updates to have data inclusive of all crisis field response.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

PEI/CSS Work Plans, Progress Updates and Proposed Changes

☒ Prevention ☒ Early Intervention ☐ Other (standalone programs focused on outreach)

Project Identifier:	PEI4760/CSSXXXX
Program Name and Provider:	Integrated Mental Health Services at Primary Care Clinics United Health Centers of the San Joaquin Valley Inc. – PEI Valley Health Team Inc. – PEI
Date Started:	Contract Effective 10/01/2011 UHC began services in January 2012 VHT began services in April 2012
Program Description:	Previously, this program integrated Prevention and Early Intervention (PEI) mental health services at primary care locations. Beginning in Fiscal Year 2016-17, this program has been in the process of negotiating a more robust version of the original program. The expanded program would integrate PEI, specialty mental health, to be funded with newly allocated Community Services and Supports (CSS) funds, and substance use disorder (SUD) treatment services at primary care settings as part of an effort to integrate behavioral health and physical health care services. Services include behavioral health screening, assessment, treatment, and case management, as needed. The goal is to offer holistic wellness services to children, families, and adults at each of the primary care clinic general locations.

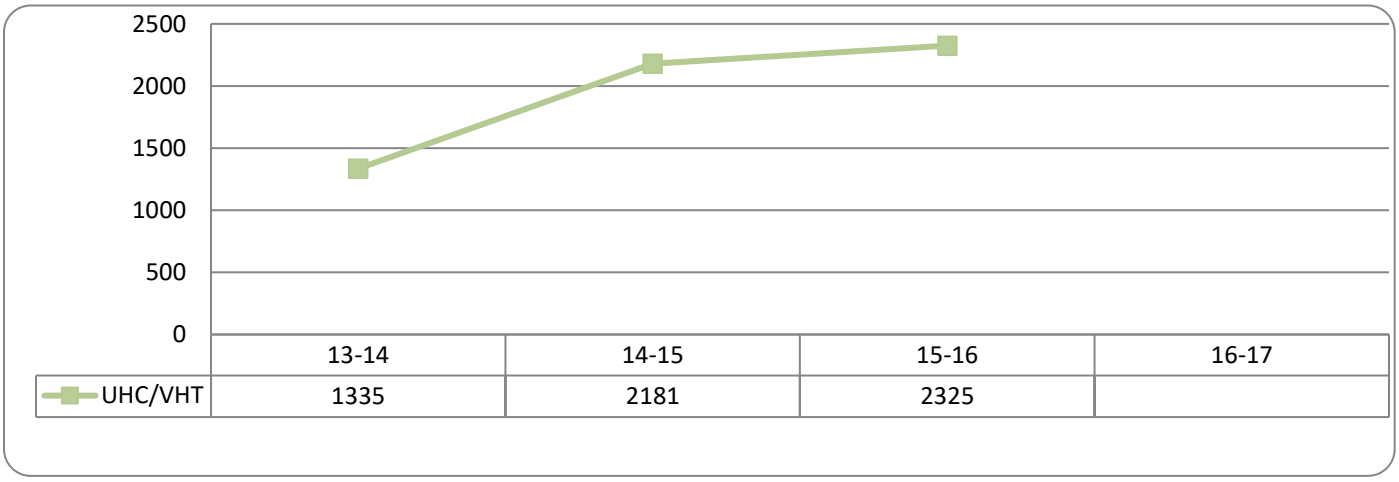
Program Update:

The contract with United Health Centers and Valley Health Team, which provided prevention and early intervention (PEI) screening and short-term treatment services at primary care clinics, ended on October 11, 2016. In July 2016, a new Request for Proposal (RFP) was released to solicit bids for an expanded integration of primary care and behavioral health services. Whereas the previous agreement provided only PEI services at the primary care sites, the new RFP sought primary care providers that would utilize CSS funds to provide specialty mental health (Severely Mentally Ill [SMI] and Seriously Emotionally Disturbed [SED]) and substance use disorder (SUD) services in addition to PEI. The Department is diligently working toward a new master agreement for the expanded program.

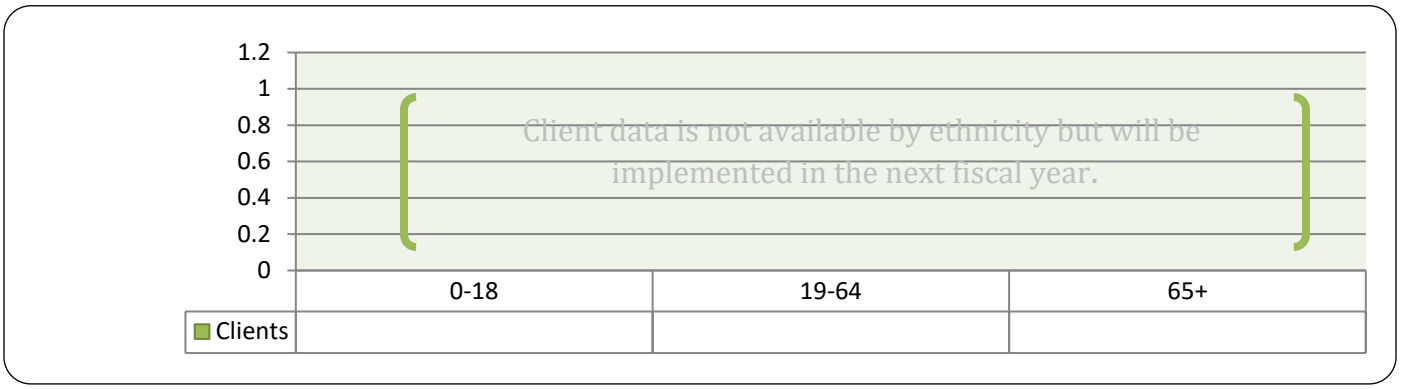
Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

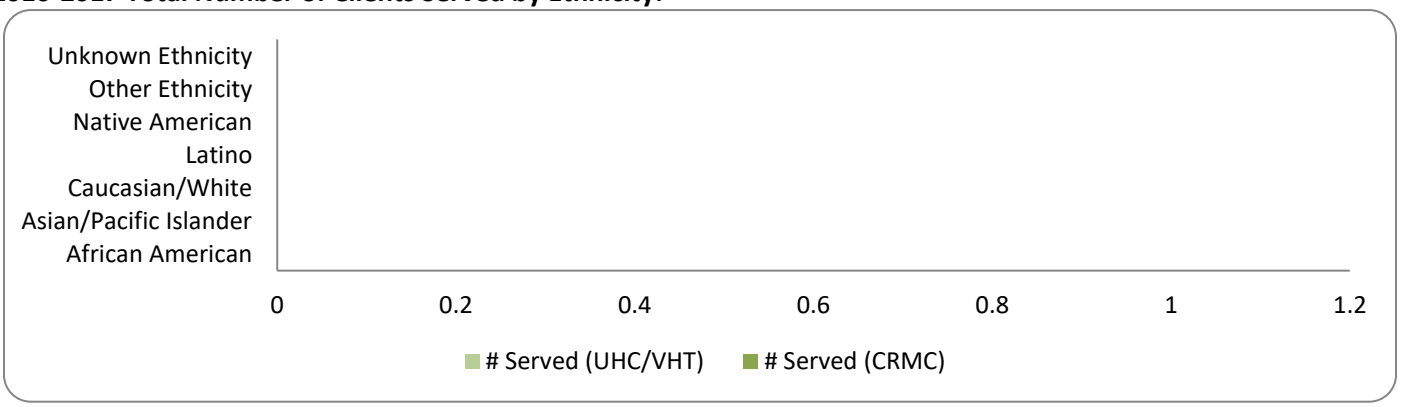
Total Number of Clients Served:



FY 2016-2017 Total Number of Clients Served By Age:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cost per Client is based on actual costs ($212,519.45), and actual number served for the period of July 1, 2016 through March 31, 2017. Unfortunately, client data for the reporting period is not available at this time; therefore, an actual cost per client cannot be determined.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
PEI	**$1,364,816**	**$248,000**	**$700,000**	**$700,000**
CSS (SMI / SED)	**$0**	**$800,000**	**$2,000,000**	**$2,000,000**
SUD	**$0**	**$0**	**$0**	**$0**
Total	**$1,364,816**	**$1,048,000**	**$2,700,000**	**$2,700,000**

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

The PEI services provided in the original agreement were located in rural communities of Fresno County. Two major challenges to the program were limited resources and transportation. When clients needed specialty mental health services or substance use disorder services, the program's service providers referred clients to other agencies that provided such services. Unfortunately, there were few agencies to refer SMI/SED and SUD clients to in the rural areas, or there were long wait lists. There are more service options in Fresno; however, many clients had difficulty finding transportation to and from Fresno.

To address these challenges, the new master agreement seeks to provide primary physical care, PEI, SMI/SED, and SUD services in one general location. Keeping all services in-house would reduce the wait times and travel challenges clients would face if they were referred to external programs. There would be opportunities to collaborate with other agencies, as needed, but clients would have a more convenient and efficient experience by having the opportunity to receive all their care in one facility, or in a neighboring suite or building.

Proposed Changes:

A fully integrated program consisting of primary care, PEI, CSS-funded specialty mental health, and SUD is new to the County and relatively new on the State and Federal levels as well. As a result there were many unforeseen concerns that have arisen in the development of the new master agreement, and likely more that have yet to present themselves as the master agreement comes into effect and as additional providers are added. We will continue to develop and seek more streamlined approaches to the program as it progresses.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2016-2017.

PEI Work Plans, Progress Updates and Proposed Changes

☒Prevention

Project Identifier:	PEI4768
Program Name:	Multi-Agency Access Program (MAP) Kings View Corporation (lead), Poverello House, and Centro La Familia Advocacy Services
Date Started:	December 2016
Program Overview:	MAP provides a single point of entry for residents of Fresno County to access linkage to services in various life domains to promote their wellness and recovery. An integrated screening process connects individuals and families facing mental health concerns, physical health conditions, substance use disorders, housing/homelessness, social service needs, and other related challenges to supportive services in Fresno County. Clients are matched to the right resources at the right time in the right location through a collaborative network of partner agencies and local resources.

Program Update:

The Multi-Agency Access Program (MAP), in its original iteration, had been operating at the Poverello House, as a solution to mitigating housing concerns in Fresno County. As funding for the MAP Point at Pov, as it was commonly known, was ending the Department of Behavioral Health (DBH) made the decision to fund MAP to maintain the MAP point at Poverello House and further expand it to other areas in metro and rural Fresno County. As of January 1, 2017, the County of Fresno, through its DBH, executed a master agreement with Kings View Corporation, Poverello House, and Centro La Familia to create a partnership and expand the MAP throughout Fresno County.

There are currently eight MAP Points (locations) throughout Fresno County, many of which are located in rural cities, some located in Fresno, and one food truck which also operates as a mobile MAP Point. The food truck is not funded through the County's MAP agreement, however; the Poverello House operates their food truck in conjunction with MAP as an opportunity to reach rural regions of Fresno County that do not have a stationary MAP Point. One MAP Point opened its doors in March 2017, while the majority began serving clients beginning in April 2017. The latest MAP Point opened in Selma in June 2017. The Selma opening also served as an anniversary celebration of the original MAP Point at Pov. Cities with MAP Points include Fresno, Mendota, Firebaugh, Orange Cove, and Kerman.

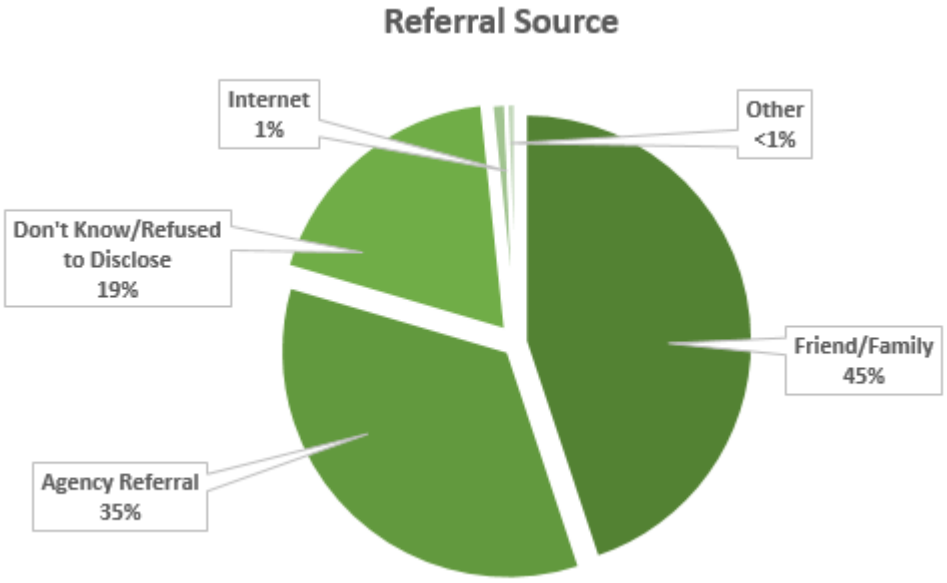
The MAP collaborative partners, which consist of Kings View Corporation (lead agency), Poverello House, and Centro La Familia Advocacy Services, has been working on outreach to residents and resource agencies. A brief radio campaign featured advertisements in May and June 2017. Outreach staff also identify and contact potential organizations that may become linkage sources for clients. Existing partner resource agencies include various law enforcement agencies, Fresno Superior Courts, Social Security Administration, the DMV, and community based organizations (faith- and non-faith-based), among many others.

Upon execution of the MAP master agreement, DBH, the partnering providers (Kings View, Poverello House, and Centro La Familia), and other key contributors began developing a new, more robust version of the community survey tool, used to determine client needs and an action plan to address those needs. Additionally, the new survey tool was in the process of being digitized and web-based. Although a paper version of the more robust survey tool was made available to MAP partners on May 2, 2017, the digitized version was not available until June 9, 2017. Between the period of January 1, 2017 and May 2, 2017, Poverello House was the only MAP Point serving MAP clients—using the original client survey developed by the Poverello House—and providing service linkages.

Poverello House collected data for this update's reporting period of January 1, 2017 through March 31, 2017, as appropriate for the County-funded MAP, although it does not directly coincide with the data points that are intended to be demonstrated in the tables below. The following visuals show some of the data collected.

REASON FOR COMING TO MAP		
Reason	No. Clients	% Clients
Housing	539	76%
Identification	66	9%
Seeking Employment	29	4%
Other	34	5%
Medical Services	13	2%
Mental Health Treatment	11	2%
Buss Pass	7	1%
Substance Abuse Treatment	6	1%
Fleeing Domestic Violence	3	0%
Don't Know/Refused to Disclose	3	0%

LINKAGES		
Linkage Made	No. Clients	% Clients
Emergency Housing	1237	52%
Low Income Housing	317	13%
Other	228	10%
Dept. of Social Services	179	7%
Mental Health Services	114	5%
DMV	108	5%
Medical Services	87	4%
Employment Services	71	3%
Veterans Benefits	20	1%
Direct Apartment Linkage	11	0%
Substance Abuse Services	10	0%
Legal Services	10	0%



The MAP collaborative partners have issued a request for proposal (RFP) for a website developer to redesign and revamp the MAP website. The website would be very succinct and is primary intended to inform a viewer of the purpose of MAP, identify MAP Points, and list the upcoming locations for the mobile food truck. A website developer was chosen through a RFP selection process, with a selection committee that was comprised of staff from the MAP collaborative partners and County of Fresno. The website developer is a subcontractor of the MAP collaborative and was not subject to the standard County competitive bidding process.

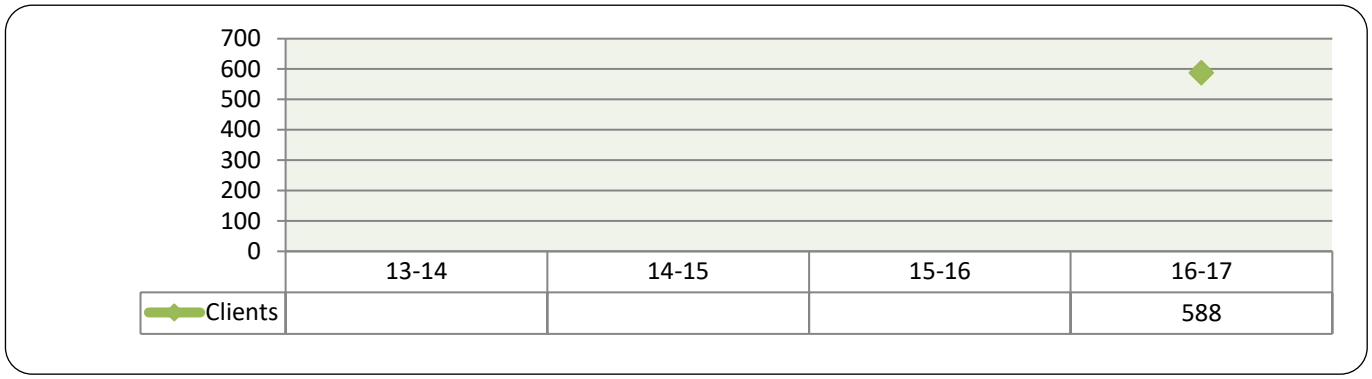
DBH has contracted with Shift3 Technologies, a subsidiary of BitWise Industries, Inc., to develop a web-based community screening tool. The screening tool is a multi-phase endeavor to collect client responses to carefully curated questions designed to ascertain client needs and ultimately link clients to services and resources that would help clients achieve wellness, recovery, and self-sufficiency. At present, there are two phases to the screening tool: the first is to make the basic screening tool operative and available for Navigator use at MAP points; the second is to incorporate enhanced features that would allow Navigators to more effectively assist clients, such

as event and task management, and more robust options for case notes and service linkages. As of June 9, 2017, Phase I of the screening tool has been in use by the MAP collaborative partners at the various MAP Points. Phase II of the screening tool is currently in the development and testing process.

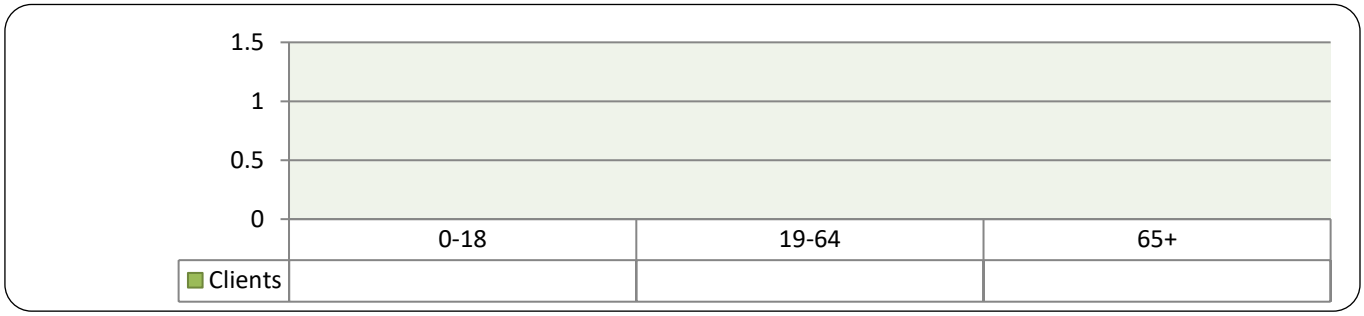
Ages Served in the Program (check all that apply):

☒ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

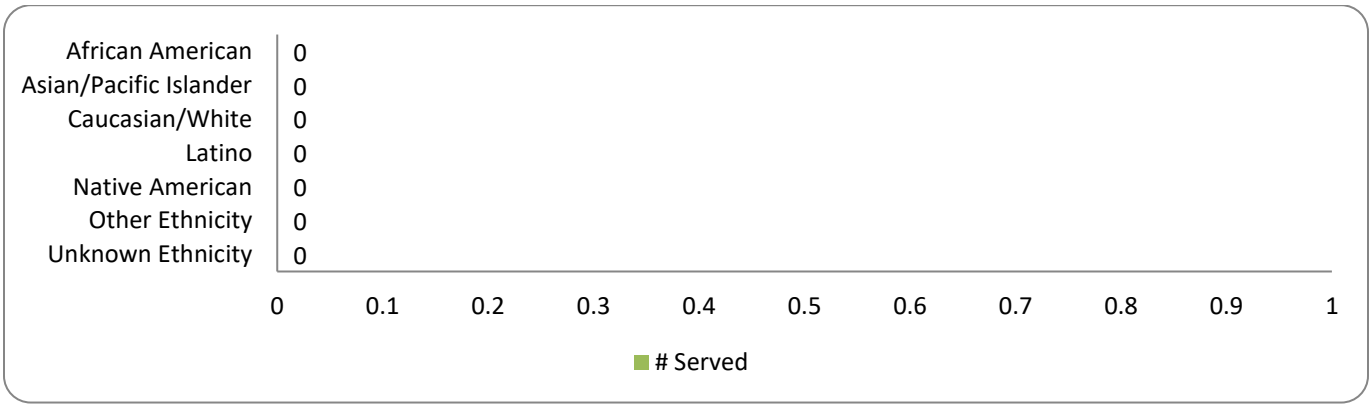
Total Number of Clients Served: Data will be reported next Update related to contract/service start times.



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client:

The total costs incurred between the period of July 1, 2016 through March 31, 2017 for MAP is not directly client-related. The costs incurred during this time frame are logistical, consisting of $119,043.53 worth of cost in staffing, training, furnishings, and equipment. A true cost per client cannot be determined at this time as clients were served using survey resources available through the previous iteration of MAP during in this reporting period, and costs incurred were not incurred for direct client service.

Estimated Budget:

Budget Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,500,000.00	**$1,500,000.00**	**$1,500,000.00**	**$1,500,000.00**
Change				

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

The MAP collaborative determined that there is a need to manage a waiting room, as some locations (i.e., Poverello House) anticipate having many clients present to receive MAP-related services and linkages. The MAP collaborative has subcontracted with Shift3 Technologies to build an additional module to the MAP web-based application to register clients, perform a basic triage function, and schedule clients for future appointments with the MAP Navigator to complete the screening tool. The management tool would operate on the front end of the screening tool and would be easily used in conjunction with the community screening tool portion of the web application. The result is intended to be one seamless web-based tool to manage the waiting room, screen the client for service and resource needs, and provide linkages to recommended resources.

The MAP collaborative have identified challenges involving registered sex offenders and the difficulty in finding housing and employment opportunities. Currently, the MAP collaborative works with law enforcement agencies and the Superior Court systems to help clear outstanding warrants by encouraging clients to complete tasks required by law enforcement, which is one barrier to housing options. However, most clients who are registered sex offenders have few to no job prospects due to employers being reluctant to hire them. The MAP collaborative intends to seek out employers who may be open to hiring persons who are registered as sex offenders.

Proposed Changes:

A future phase of the MAP community screening tool is the Break the Glass module, which would allow law enforcement to have limited access to some information captured in the community screening tool. This module has not been discussed in depth and is not intended to come to fruition in the foreseeable future, but is part of a larger plan for the Department to help law enforcement identify persons with whom they come into contact who may have behavioral health or other needs that incarceration will not likely address.

Performance Outcomes: Please see xxxxxxx for outcomes reported for FY 2016-2017.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4782
Program Name and Provider:	Supervised Overnight Stay WestCare California, Inc.
Date Started:	05/22/12
Program Description:	An overnight stay program for mental health clients discharged from local hospital emergency departments and 5150 designated facilities. The program provides overnight stay, clinical response, peer support, and discharge services, in addition to transportation to appropriate mental health programs for adults and older adults who are deemed applicable for the program pursuant to discharge.

Progress Update:

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

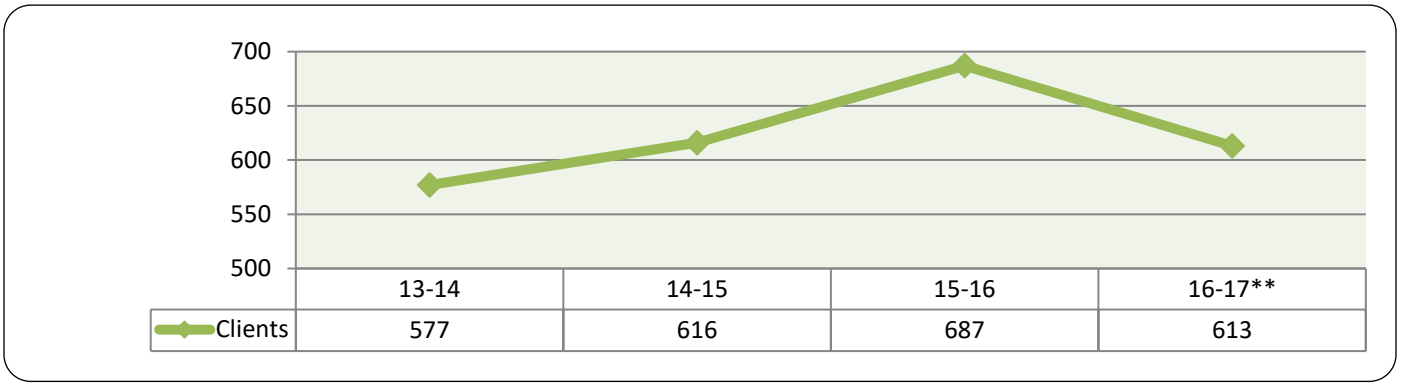
Amendment I approved November 2014 to expand program hours from 8pm to 10am to a 24hr/7 day a week cycle. Amendment I included an increase of $1,734,995.00 to total contract term to allow the facility to operate as a 24hr/7day a week program. Annual Contract Amount FY14/15 $778,550, FY15/16 $819,090

Number of clients served per calendar year: (2012) 427 (2013) 499 FY (2012-13) 388 (2013-14) 577. As of June 20, 2016, the program was approved for a 12-month extension, increasing the maximum budget by $819,090.00. This extension will allow time for a new request for proposal to be drafted.

Ages Served in the Program (check all that apply):

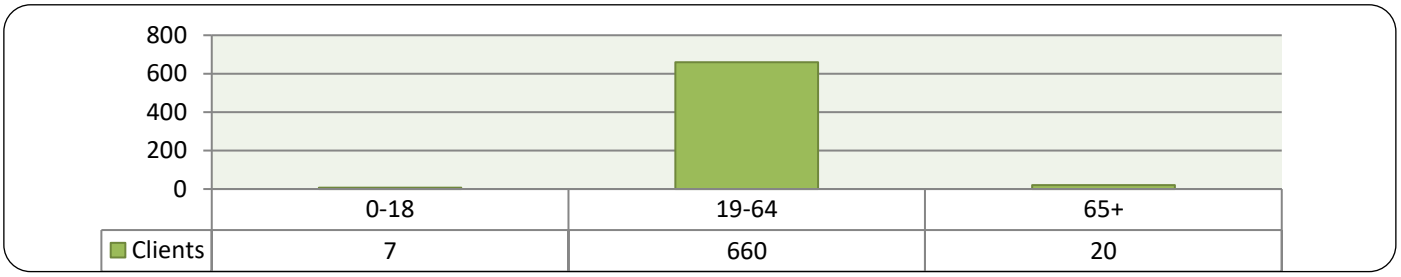
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:

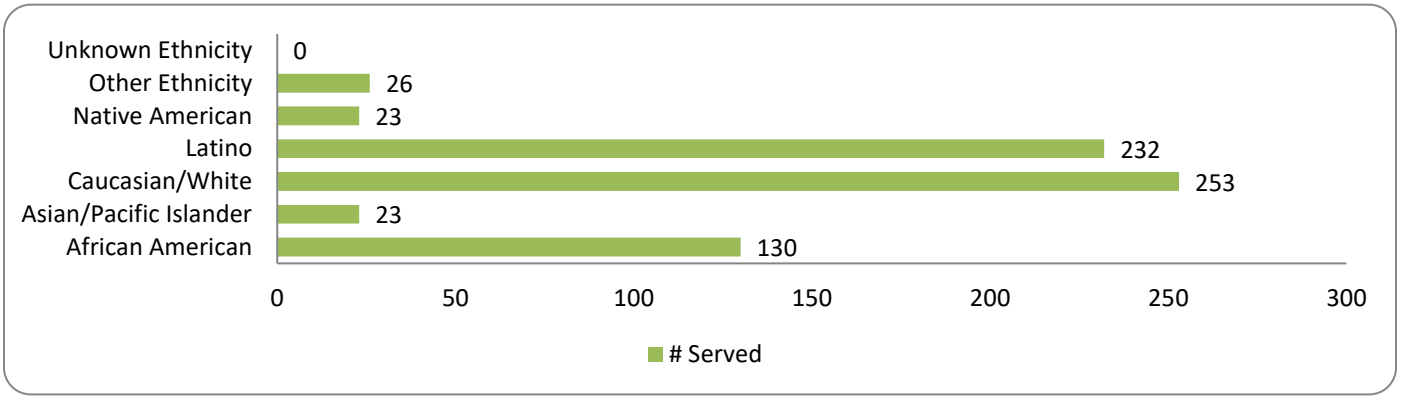


** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $1,118.29

687 client, total actual expenses $ 768,267.41 = $ 1,118.29 per client

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$819,090			
Change				

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

The vast majority of consumers who recidivate to Exodus or area Emergency Departments (and are referred to SOS) are both homeless and have co-occurring substance use disorders. Many are in need of detox and have mental illness that is further destabilized by their substance use; likewise, substance abuse often represents an attempt to medicate untreated mental health symptoms. Integrated services are limited or non-existent for this population and represent a significant barrier to reducing crisis recidivism and overall access and engagement in MH services.

Proposed Changes:

The program was recently approved for a 12-month extension with MHSA PEI funds. This will allow adequate time to analyze clients served over the life of the current program and determine how to best draft the request for proposal to meet the needs of the community.
Enhancement is identified to be inclusive of case management services based on the learning goals from SOS; personal service coordination for linkages post crisis episode has been determined to be the best practice for recovery-based services. Additional funding will prompt the provider to be an organizational provider which allow for leveraging of Medi-Cal funding.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Program Updates and Proposed Changes

Project Identifier:	CSS4710
Program Name and Provider:	Transportation Access
Anticipated Date Started:	Components in Progress
Program Overview:	Program activities in Transportation Access will serve as a 'hub' for the procurement, organization and management of transportation related services for clients and families. This work plan documents and addresses gaps with solutions are transportation related; specifically to create transportation opportunities to access services and transition through levels of care.

Program Update:

During the prior comprehensive Community Program Planning Process there was consistent input from stakeholders that specified transportation as a barrier to accessing services. Availability of reliable transportation and costs were identified as barriers for both children and adults and their family members, with specific focus on rural transportation needs for unserved/underserved populations. As a priority focus, transportation resources could serve as a part of the overall solution to geographic barriers to services as the provision of rural-based services continues to be a challenge due to a number of factors, including lack of population density in which to locate additional services, lack of culturally appropriate staff to serve in the rural communities, costs, and other issues.

Since the prior Update process the Department has made progress in the allocation of resources and structure and pertaining to Transportation Access:

- Addition of staffing, initial phase to include a Program Technician that would assist with the oversight of areas that may include, but not be limited to:
- Centralization of bus passes/tokens distribution, supported with protocols
- Taxi vouchers; (under review/development)
- Development and implementation of new technology for automation of scheduling, tracking, recording, information and data related to scheduling transport and management of resources
- Medical transportation coordination

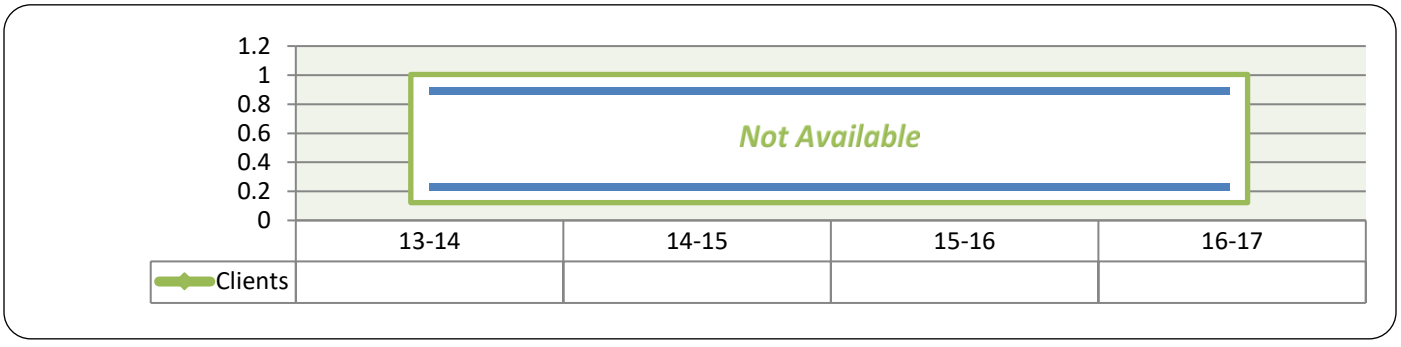
Additional items under consideration or in use include:

- Add-additional security to transportation, i.e. vehicle with security, as needed;
- Master agreement for transport services;
- Additional staffing (beyond the FTE PT)
- Explore solutions that may include building transportation capacity through training.

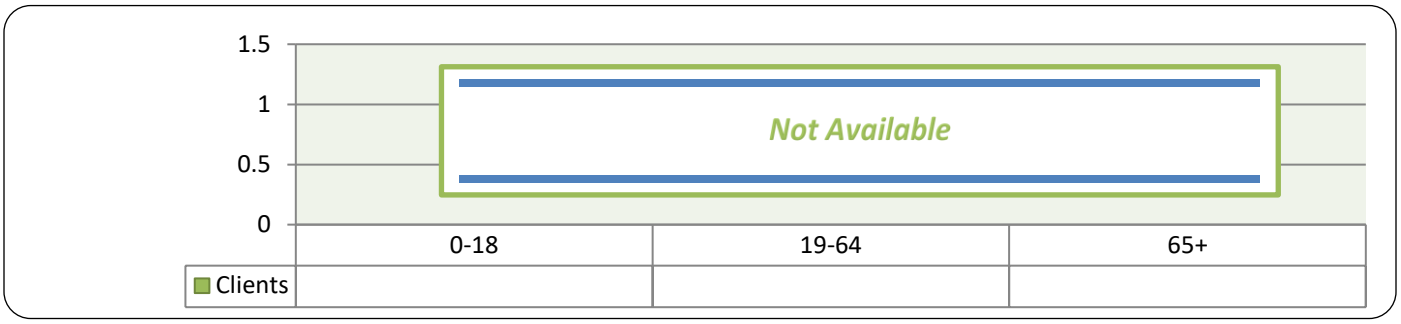
Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

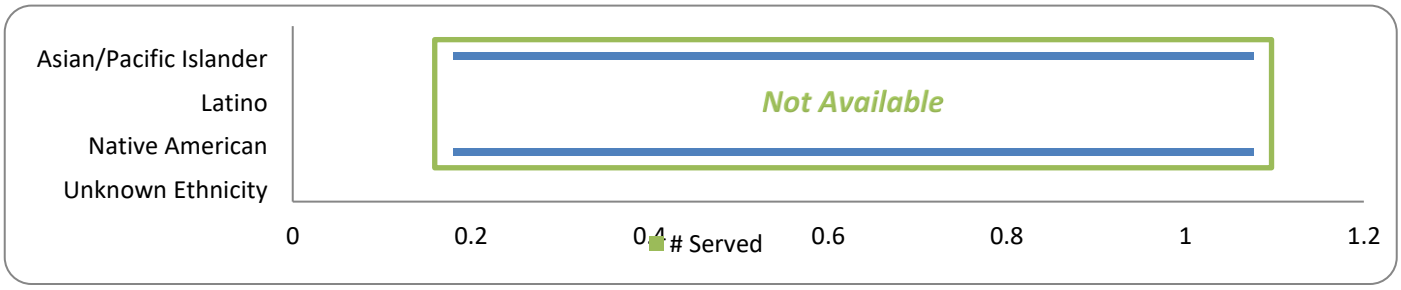
FY 2015-2016 Total Number of Clients Served:



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cannot be calculated at this time.

Current Budget and Anticipated:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$200,000	**$200,000**	**$200,000**	**$200,000**
Change		+$88,500	+$88,500	+$88,500

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

Dedicated staffing and resources for transportation services, programming and monitoring continued since prior Update. Mitigation strategies include the filing of Chief Office Assistant, which will be taking the lead on many of the transportation research and recommendations in collaboration with the Clinical Support and Contracts teams. Lack of central coordinated schedules and need has provided a challenge, mitigation efforts will include centralized schedules and automation of tracking of resources, needs and options.

Proposed Changes:

Add the initial x1 FTE of a Program Technician with evaluation and identification of additional staff/positons to be added specific to transportation access activities. This work will include the means to report data such as volume and demographics, as well as show/no show rates and other impacts to reducing transportation barriers. Future Update will include staffing recommendations and budget for automated items as needed.

Performance Outcomes: No outcomes for posting.

Funding Source: Innovations

Project Identifier: To be Assigned
Program Name: APP for Transportation
Anticipated Date Started: April 1, 2018
Program Overview: This program will create an 'Uber-like' transportation program, supported by a software application, which will be utilized by Department of Behavioral Health for clients/families throughout Fresno County, for transportation to scheduled appointments that support access and individualized treatment plan / recovery goals. The program will be administered through a contractual agreement with an entity/agency which will provide vehicles and drivers trained to provide transportation services. Clients will access those services through the software application, which will be coordinated through DBH through a linkage with scheduled appointments. DBH staff/contracted staff will arrange for transportation, based on set criteria, through the application. Criteria for use may include: location of home, location of services, type of services, access to public transportation, level of impairment/mental/physical limitations, etc.

Target Population:

Individuals who live in areas with limited/no access to public transportation or who have appointments for services in areas with limited/no access to public transportation. May include clients with impairments which preclude use of public transportation.

Estimated # to be Served:

TBD

Program Details:

See above
This summary serves as a placeholder for full INN proposal

Performance Measurement(s):

Increase access/penetration rate to underserved populations; decrease no show/cancellation rate for clients in target population.

Estimated Cost per Client: $0.00

$25/ride in metropolitan areas or within a specific rural area; up to $100+/ride from rural areas to metropolitan areas.

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,000,000	**$1,000,000**	**$1,000,000**

Final budget determined prior to solicitation. All funds will be MHSA Innovation funds.

Funding Source: CSS

Project Identifier:	To be Assigned
Program Name:	Intensive Transition Team
Anticipated Date Started:	August 1, 2018
Program Overview:	The Department will develop a Request for Proposals (RFP) to develop a new program intended to serve as a bridge between programs/services for individuals with serious mental illness (SMI) who are released from the Fresno County Jail. The program staff will collaborate with the contracted provider for jail medical services and the jail correctional staff of Fresno County Sheriff's department for care coordination prior to and during inmates release from custody. Services will be available for all persons with SMI who are released from the jail, irrespective of whether release from custody is planned or unplanned. Services will be available 24 hours per day 365 days per year. The purpose of the program is to ensure that inmates with serious mental illness receive appropriate linkage to treatment services, housing, and other necessary community-based supports with a warm handoff and validated linkage. Services will include all aspects of linkage based on an individualized assessment of individual needs and may include, but not be limited to: pre-release collaboration with correctional staff and jail medical provider, pre-release contact when possible to establish connection, post-release community welcoming and in-person pick-up, assessment of behavioral health needs and service plan, housing assistance, intensive short-term case management, assistance with medication management, connection or reconnection with family or other natural supports, intensive individual one-to-one supports and/or coaching, transportation, and other services as determined appropriate. Services are short-term as serve only as a bridge between services provided in the jail and the most appropriate community-based treatment program for the individual. The provider will develop strong collaborative relationships with all DBH mental health and substance use disorder treatment providers as well as other community-based non-treatment service agencies/providers.

Target Population:

The target population will be refined during the RFP development process. However, this program intends to serve adults with serious and persistent mental illness who are released from the Fresno County jail.

Estimated # to be Served:

TBD during RFP development

Program Details:

See above

Performance Measurement(s):

Engagement in services as evidenced by percent of released inmates with SMI successfully linked to treatment programs; increased levels of recovery as measured by Reaching Recovery where applicable; increased stability in the community as measured by reduction in jail days, reduction in hospitalization and/or reduction in other emergency services such as EMS; reduced distress or impairment as measured by pre-post measures identified by program.

Estimated Cost per Client: $0.00

To be determined.

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$500,000	$500,000	$500,000

This is an estimated budget, final budget to be determined in RFP Scope of Work and contract negotiations. Estimation based on 50 enrollees at $10,000 per client

Funding Source: Innovations

Project Identifier:	To be Assigned
Program Name:	Technology Based Behavioral Health Solutions
Anticipated Date Started:	July 2018
Program Overview:	This program proposed to contract with one or more virtual mental health care providers with capacity to implement technology-based mental health solutions accessed through multiform-factor devices (for example, a computer, smartphone, etc.) to identify and engage individuals, provide automated screening and assessments and improve access to mental health and supportive services focused on prevention, early intervention, family support, social connectedness and decreased use of psychiatric hospitals and emergency services.

Target Population:

The target population or intended beneficiaries or users of technology-based mental health solutions:

- Individuals with sub-clinical mental health symptom presentation, including those early in the course of a mental health condition who may not recognize that they are experiencing symptoms
- Individuals identified as at risk for developing mental health symptoms or who are at risk for relapsing back into mental illness
- Socially isolated individuals, including older adults at risk of depression
- High utilizers of inpatient psychiatric facilities
- Existing mental health clients seeking additional sources of support
- Family members with either children or adults suffering from mental illness who are seeking support.

Estimated # to be Served:

To be determined and reported

Program Details:

This summary is placeholder for full INN request.
Overall, the primary purpose of this Innovation project is to increase access to mental health care and support and to promote early detection of mental health symptoms, or even predict the onset of mental illness.

This project will dismantle barriers to receiving mental health services by utilizing multiform-factor devices as a mode of connection and treatment to reach people who are likely to go either unserved or underserved by traditional mental health care. It will also serve to reduce the stigma associated with mental health treatment with virtual innovative engagement strategies, care pathways and bidirectional feedback.

Components include:

- Utilize technology-based mental health solutions designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness

- Utilize passive sensory data to engage, educate and suggest behavioral activation strategies to users
- Create a strategic approach to access points that will expose individuals to the technology-based mental health solutions
- Develop method and conduct outcome evaluation of all elements of the project, including measuring reach and clinical outcomes
-

Performance Measurement(s):

Will be designed based on program details about.

Estimated Cost per Client: $0.00

Unknown at this time , will be reported during INN project development and posting

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,000,000*		

Estimated expenditures only, final budget determined prior to solicitation. All funds will be MHSA Innovation funds.

Funding Source: Innovations

Project Identifier: To be Assigned
Program Name: The Lodge
Anticipated Date Started: September 2018
Program Overview: This program will be a short-term come as you are place to stay with on-site (or readily accessible, such as adjacent to site) specialty mental health services for clients with serious mental illness (SMI) or co-occurring SMI and substance use disorders where clients would have access to showering, clothes, food and recovery supports during their stay. These clients would be referred from local mental health plan (MHP) providers, Emergency Departments (ED), the Crisis Stabilization Unit (CSU), psychiatric hospitals, crisis intervention teams (CIT), and other agencies as approved by the Department. This program will serve adults and older adults who are at various stages of change related to their own recovery.

Target Population:

Clients with SMI referred by the abovementioned entities. Adults and older adults ages 18 through 65.

Estimated # to be Served:

Considering an initial capacity up to 30 per day. To be determined during RFP process and contract negotiations.

Program Details:

The main component of this program would be the provision of a short-term safe place to stay for the above mentioned population. The place to stay and programming would be 'intentional' in that the client and team would develop shared goals regarding stabilization and acquisition of social, emotional, medical, and housing supports beyond this program. Clients within the program would have access to showering facilities, clothes, and food during their stay within this program. The program would have on-site specialty mental health services delivering mental health services, case management, and linkage to other programs within the network of care or readily accessible services, such as in an adjacent office. Services will be inclusive of appropriate SUD services for clients with co-occurring issues. All services provided in the program will be individualized based on the client's stage of change and identified goals. The program will utilize evidence based practices including, but not limited to, Motivational Interviewing. This program would serve adults who are independent with activities of daily living and individuals would be screened accordingly during referral evaluation. The program would operate 24 hours a day 365 days a year.

Performance Measurement(s):

This program would have the following measures:

1) Decrease the number of client's recidivating to the CSU.
2) Decrease the number of client's recidivating to EDs.
3) Decrease the number of client's recidivating to inpatient hospitals.
4) Decrease the number of incarceration days for this population.

Estimated Cost per Client: $0.00

To be determined, estimate at $5,555

Estimated Budget:

Budget Summary	***FY 17/18***	***FY 18/19***	***FY 19/20***
	$1,600,000	**$1,660,000**	**$1,721,800**

Work Plan # 2
Wellness, Recovery and Resiliency Support
Table of Programs

*= New Program Name
**=Deleted and Combined with Other Program

Status of Program	Program	Type of Funding	Contracted or Internal
Keep	***Children/Youth/Family Prevention and Early Intervention*** (K-12 - School Based and Prevention Services for Children – Sub Abu) - combined & retitle	PEI	Contracted
Keep	Consumer/Family Advocate Services	CSS	Contracted
Keep	Family Advocate Position	CSS	Contracted
Keep	Flex Account for Housing	CSS	Contracted
Keep	Housing Supportive Services	CSS	Internal
Keep	***Peer and Recovery Services** (Enhanced Peer Support)	CSS	Internal
Keep	Project for Assistance Transition from Homelessness (PATH) Grant Expansions	CSS	Contracted
Keep	Therapeutic Child Care Services	CSS	Contracted
Keep	Youth Empowerment Centers	PEI	Contracted
Enhance	Blue Sky Wellness Center	PEI	Contracted
Enhance	Housing - Master Leasing	CSS	Contracted
Enhance	Integrated Wellness Activities	PEI	Internal
Enhance	Suicide Prevention/Stigma Reduction	PEI	Internal
Enhance	***Supported Employment & Education Services (SEES)*** (Department of Rehabilitation (DOR – Supported Employment & Education Services (SEES) contract match)	CSS	Internal
Deleted	** Prevention Services for Children – Sub Abu – retitle and combine with ***Children/Youth/Family Prevention and Early Intervention***	PEI	Contracted

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention ☒ Early Intervention ☐ Other (stand-alone programs focused on outreach)

Project Identifier: PEI4324

Program Name and Provider: ***Children/Youth/Family Prevention and Early Intervention*** (K-12 - School Based and Prevention Services for Children – Sub Abu) - combined & retitle
Fresno County Superintendent of Schools (FCSS) - Master Agreement

Date Started: 05/03/2010

Program Description: Positive Behavior Interventions and Supports (PBIS) is an evidenced-based approach to early identification and prevention of students' behavioral/emotional problems. This framework allows children and youth early access to evidence-based academic and behavioral practices prior to onset of severe behavior/emotional challenges. PBIS is a decision-making framework established to guide, select, integrate, and implement evidence-based practices to achieve positive outcomes for all students. Schools organize their continuum of practices and interventions in a multi-tiered logic model, which typically include a universal level, a targeted level, and a tertiary level. Work plan has been re-titled to maintain the current PBIS services as well as create a platform for comprehensive prevention services to children and families. The Prevention Services for Children (Sub Abu) activity will be merged in this work plan. In this update there is a unique summary sheet for reporting purposes.

Progress Update:

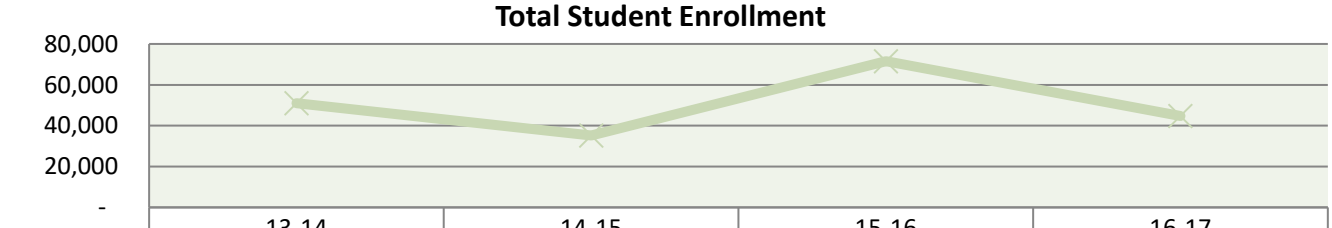
The Master Agreement allows for multiple educational and community organizations to participate; FCSS is currently the only contractor. The PBIS model consists of a 3 year cycle of training with cohorts starting each year as new training begins. Once the 3 year training cycle ends, schools are encouraged to continue program though with no additional funding; however, schools will continue to receive support from FCSS.

FCSS continues to work with schools in Fresno County to train school administrators and each school's PBIS team to intervene and mitigate potential emotional and behavioral challenges that may arise from students. FCSS also maintains contact with school sites throughout the school year for continued support to schools' PBIS teams to ensure success and continuation of PBIS strategies and efforts.

Ages Served in the Program (check all that apply):

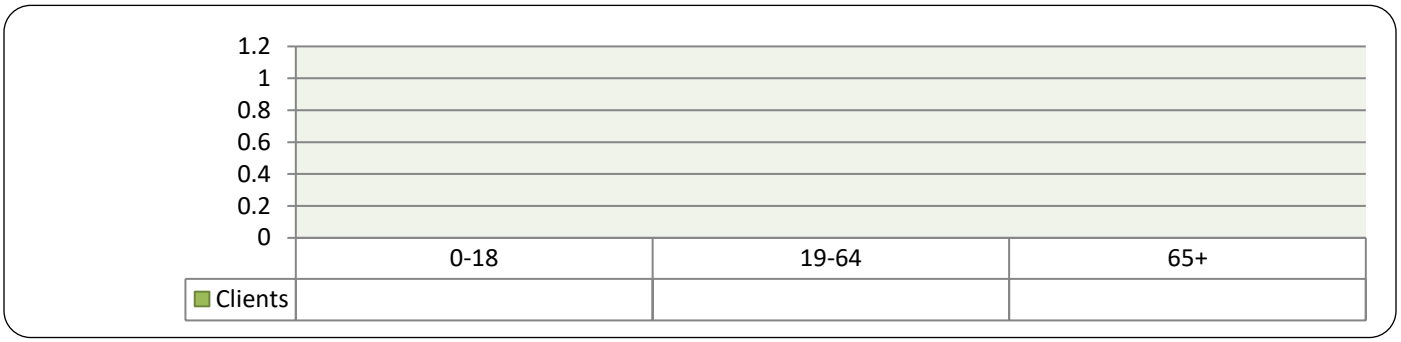
☒ 0-15 ☒ 16-25 ☐ 26-64 ☐65 +

Total Number of Clients Served:

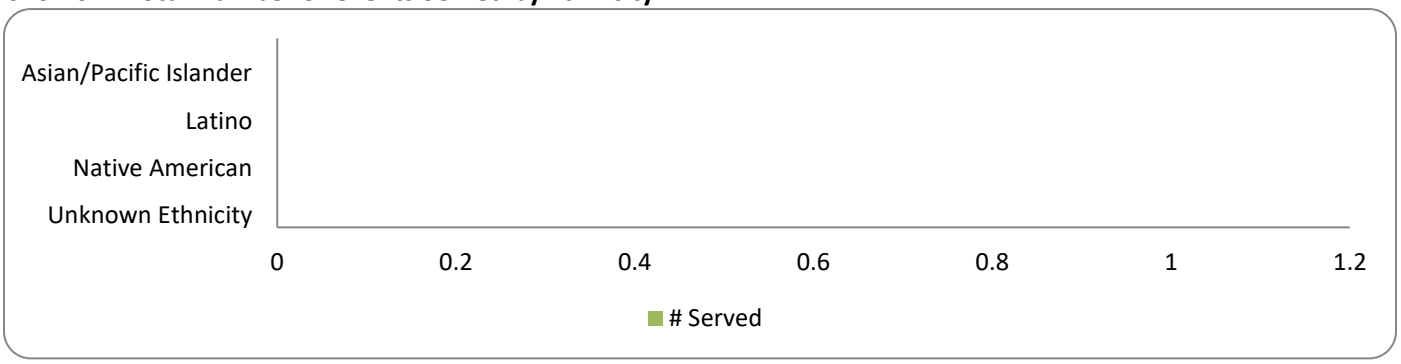


	13-14	14-15	15-16	16-17
Total Clients	50,939	35,190	71,549	44,768

FY 2016-2017 Total Number of Clients Served By Age:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $2.13

FCSS will provide for in-kind match in services for the overall program cost through State AB602 Entitlement and Federal Mental Health grant funding. Cost per Client is based on actual costs ($95,253.62) and actual number served (approximately 44,768 students) based on enrollment records of schools participating in PBIS for the period of July 1, 2016 through March 31, 2017. The cost per client indicated by these numbers is not a true indication of actual cost as the reporting period does not consider the final three months of the fiscal year, which is when the bulk of costs are expensed.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$451,633	**$691,633**	**$691,633**	**$691,633**
Change		-$341,633	-$341,633	-$341,633

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

The challenges or barriers to implementing PBIS at various school sites depends on the participation and direction provided by the school site administration. School site leaders who participate in all of the trainings, lead the trainings at their school sites and make PBIS implementation a priority at their school have far greater outcomes. Administrators who do not attend trainings, pass off training to other faculty members, or do not make PBIS a priority at their site have minimal success in their outcomes, have far less staff buy-in and do not ever fully implement the PBIS strategies that will affect a positive change at their school sites. There was a noticeable drop the number of schools that actively participate in PBIS activities and refresher trainings, which in turn, decreases the number of students reached through the PBIS efforts.

To mitigate these barriers, our trainers make contact with the school sites regularly. They conduct walk-throughs at the site to measure how effectively PBIS is being implemented, and provide schools with a walk-through score at the beginning and end of the school year to show the areas that need improvement. Trainers are also available to meet individually with PBIS school teams to help them implement strategies at their school sites.

Proposed Changes:

Proposed changes to the PBIS training is to increase the number of contacts the trainers have at each individual school site. Meetings between trainers and school site teams will be made mandatory as part of the participation in PBIS training. Refresher training times will also be increased so that schools that have completed the PBIS training can get more training on sustainability efforts at their school sites.
This MHSA work plan has been re-titled to communicate its comprehensive nature of prevention and early intervention services to children/youth and families. During this update process, the MHSA work plan now known as Prevention Services for Children – (Sub Abu) will be merged with this work plan. Enhancement is related to future expansion of services from school based (PBIS) only to capture all prevention services, inclusive of co-occurring integrated services.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2016-2017.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4710
Program Name and Provider:	Consumer/Family Advocate Services Centro La Familia Advocacy Services (Contracted)
Date Started:	7/1/2011
Program Description:	Mental health consumer and family advocacy services are provided to unserved and underserved populations, consumers and families.

Program Update:

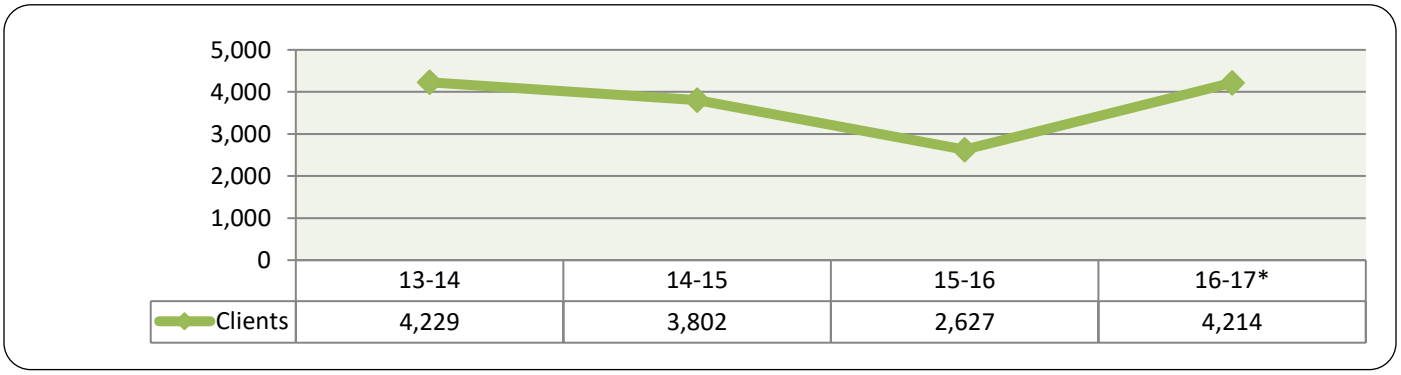
Contractor, Centro La Familia Advocacy Services (CLFAS), and their subcontractor, Fresno Interdenominational Refugee Services, provide culturally appropriate consumer/family advocacy services to unserved and underserved populations of rural and suburban Fresno County. Services include support groups,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

CLFAS was awarded the contract to continue services effective January 1, 2017 through June 30, 2021.

Ages Served in the Program (check all that apply):

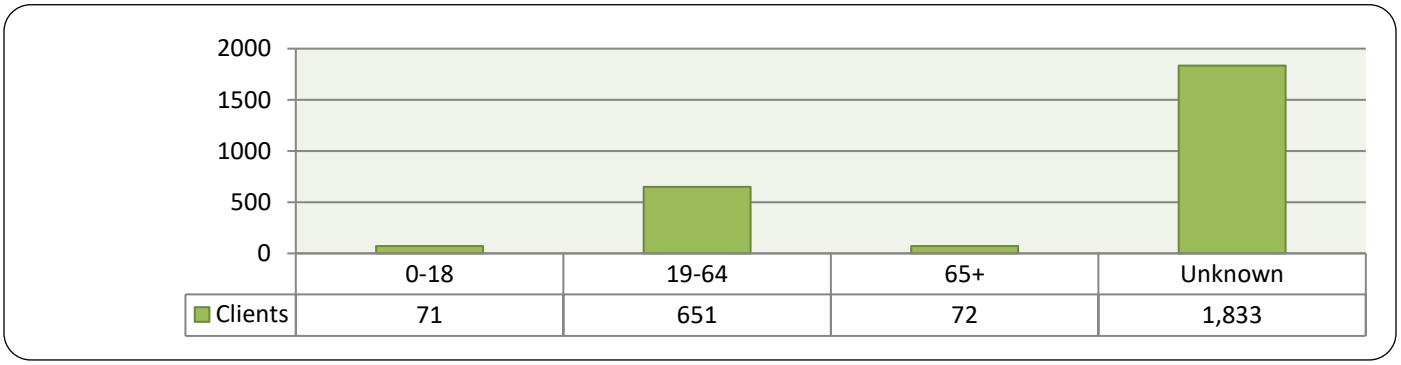
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒ 65 +

Total Number of Clients Served:

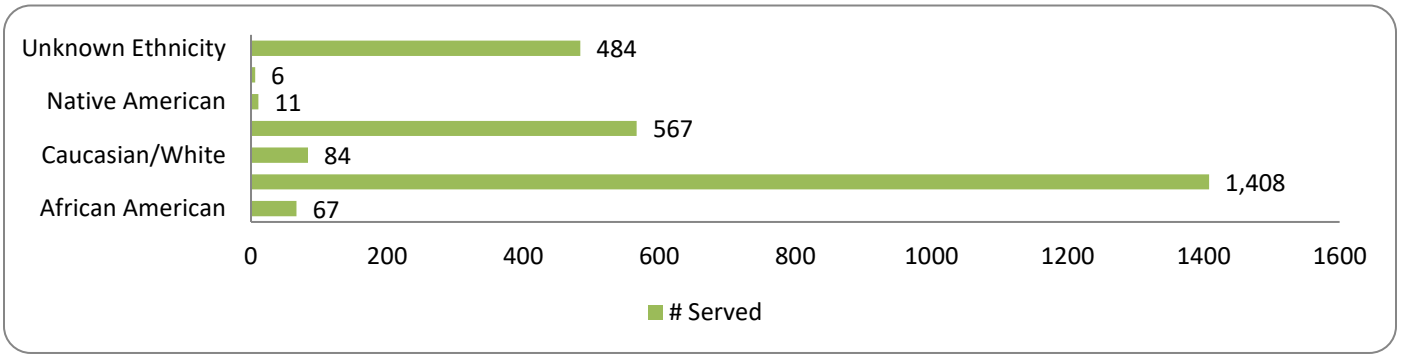


***Partial data through 3rd Quarter FY 16/17**

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cost per client is being Calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$113,568.00	**$113,568**	**$113,568**	**$113,568**
Change				

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

Transportation is the main barrier/challenge for clients in both rural and urban Fresno County. To address this ongoing issue, staff provide roving services that include presentations, outreach, support groups and home visits. To further mitigate this issue, staff routinely engage and collaborate with various programs/providers that all work to meet the needs of the community in rural and urban Fresno County. Through these working relationships and collaborations, staff have established satellite sites in the rural communities to which staff can provide linkage and warm-handoffs.

If possible, an increase in the budget may also help alleviate this challenge and better accommodate clients' transportation needs. For example, the provision of gas cards, bus tokens, bus passes or mileage reimbursement for clients will help increase access to services.

Proposed Changes:

None approved for FY 2017-18.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomesfor outcomes reported FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4710
Program Name and Provider:	Family Advocate Position Kristi Williams (Contracted)
Date Started:	12/3/2013
Program Description:	Mental health advocacy, support, and other services to unserved and underserved populations, consumers and families. The contract services fall within the Wellness, Recovery and Resiliency Support work plan.

Program Update:

The contracted Family Advocate Position continues to provide advocacy and linkage services to families and caregivers while working to enhance their skills and abilities through a variety of opportunities. The Family Advocate participates in the following: Behavioral Health Board Sub-Committees, Fresno County Suicide Prevention Collaborative, Community Conversations, Crisis Intervention Team Work Group and National Alliance on Mental Illness (NAMI) activities and trainings. The Family Advocate co-facilitates NAMI's six-week "Basics" class for families with younger children experiencing mental health issues and co-facilitates a monthly NAMI Family Support Group. The Family Advocate continues to work closely with the Law Enforcement Field Clinicians to provide linkage and community-based support for families out in the field. The Family Advocate received recertification as a co-facilitator of Wellness Recovery Action Plan (WRAP) in order to enhance the wellness and recovery of family members. In addition, the Family Advocate distributes the Family Advocacy Brochure to educate the community regarding available and accessible services.

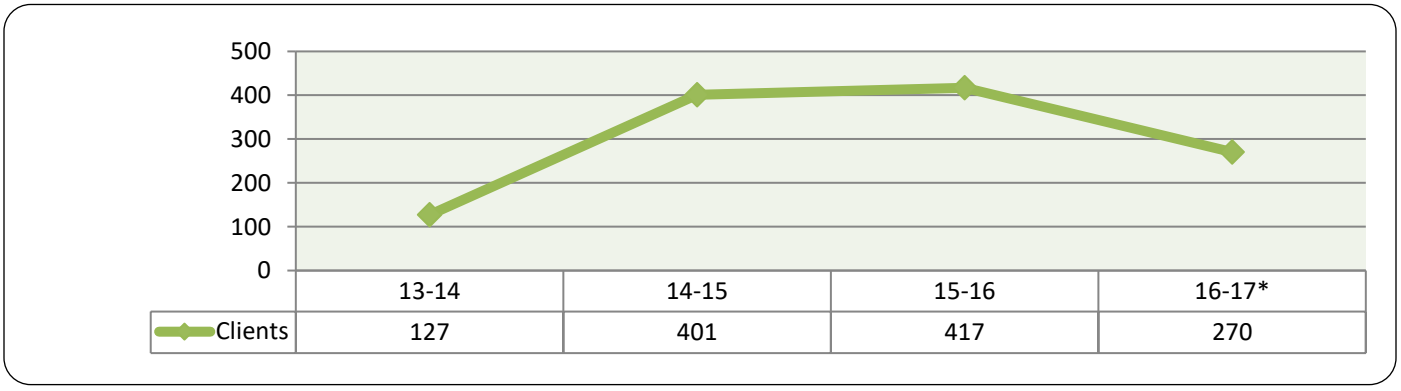
The Family Advocate receives an average of two referrals per business day, which are received through family members, NAMI, Clinicians, Community Providers, and other DBH Staff.

Statistics reported below represent the number of families served; data was not collected for the number of individual members in the family. Data reported for FY 2016-17 will be approximations due to the loss of a data drive in late FY 2016-17.

Ages Served in the Program (check all that apply):

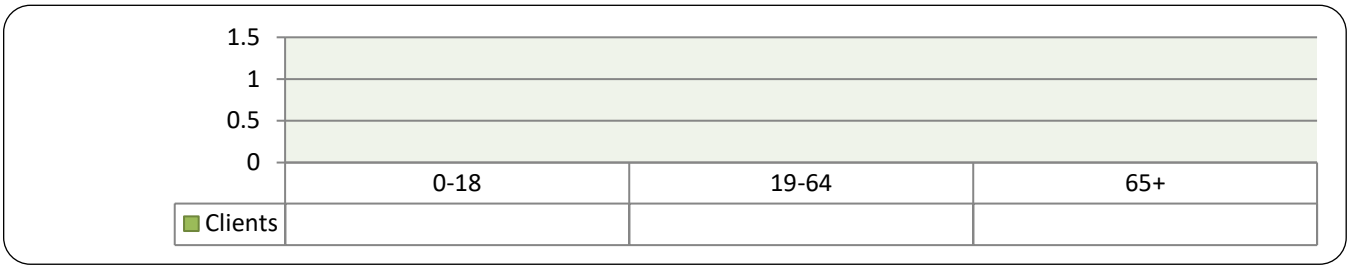
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒ 65 +

Total Number of Clients Served:



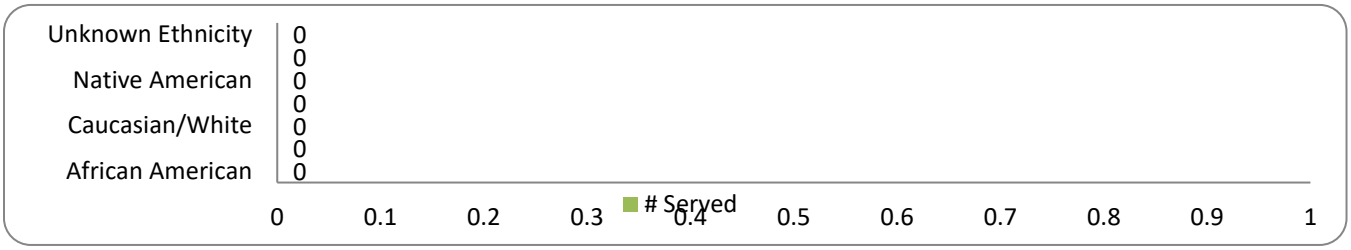
*** Partial data through 3rd Quarter FY 16/17**

FY 2015-2016 Total Number of Clients Served By Age:



Client data is not available by age; program will continue to seek appropriate data collection strategies for the services provided.

FY 2015-2016 Total Number of Clients Served by Ethnicity:



Client data is not available by ethnicity; program will continue to seek appropriate data collection strategies for the services provided.

Total Cost per Client: $179.44

Cost per Client is based on actual costs ($74,828.19) and actual number served (417) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$75,000	**$75,000**	**$75,000**	**$75,000**
Change				

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

The services provided to families by the Family Advocate may occur in the midst of a crisis situation and therefore, are not conducive to in-depth data collection. This issue is addressed by attempting to follow up with families at a later date to gather the necessary data.

The contract will expire on June 30, 2018. For future contracts for these services, it would be beneficial to increase the budget in order to accommodate for a cost of living adjustment, administrative overhead, and individual client incentives.

Proposed Changes:

Family Advocate contracted services will expire June 30, 2018. A Request for Proposal will be prepared for family advocacy position and will be released in the fall of 2017, with a new contract written and approved in order to continue providing services without interruption in FY 2018-19.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4510
Program Name and Provider:	Flex Account for Housing Fresno County Department of Behavioral Health
Date Started:	7/1/2011
Program Description:	The Housing Flex account is designed to provide funding that would bridge gaps in funding to secure permanent housing and temporary lodging for eligible clients. The following are examples of possible expenditures: apartment security deposit, PG&E deposit, Pet Deposit, Spay/Neutering of companion animals and vouchers for temporary lodging in hotels/motels.

Program Update:

In FY 15/16, 12 unique clients secured Shelter Plus Care voucher and subsequent unit.
Funding was used to provide 6 security deposits and 3 PG&E deposits. Each approval is individualized and part of the treatment teams plan for independence and recovery. Approval does not indicate 100% funding of deposits, when appropriate and available the client/family provides fiscal support.

Continuing with small pilot program of accessing flexible funds for security and/or PGE deposit to those In DBH with a treatment team/staff. This was initiated to determine a process for seeking approval and outcome monitoring. In FY 15/16, 2 DBH clients/treatment staff sought and secured deposit assistance (this is not associated with Shelter Plus Care); both are still in their housing and engaged in care.
The flex style of fiscal support is still considered pilot and will be evaluated for means to increase use to ensure Department has the infrastructure and case management means to support the program and clients.

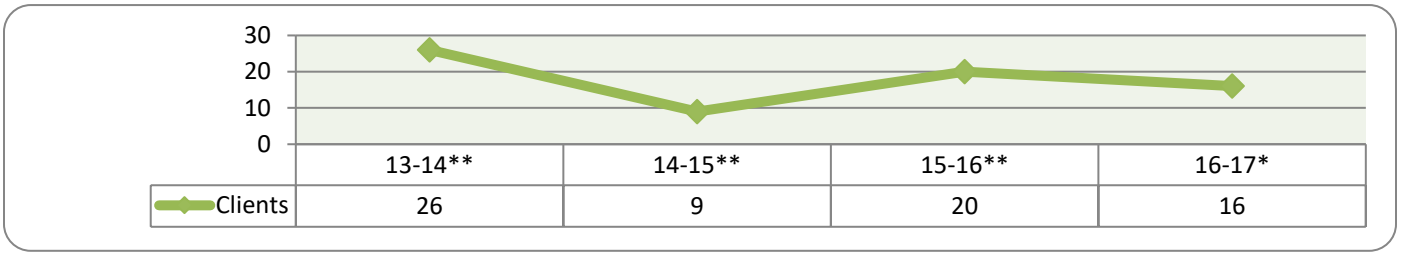
Continuing with companion animal assistance (started in 2013) by providing spay/neutering and vaccines so that the client could have their animals with them. This was initiated during first phase of move in opportunities when homeless SMI clients turned down units as no pet allowances has been made. Outcome tracking has been initiated to track key events and lease violations for those with pets in an effort to indicate positive aspects of pet ownership. In FY 15/16, 5 tenants received pet services.

During the reporting period, DBH entered a Master Agreement with 5 local hotels/motels to create a pilot program within the adult system of care to provide DBH clients with temporary lodging (up to 30 days). The annual contract amount is $50,000. This pilot program was intentionally designed to be slowly and carefully implemented to ensure client satisfaction. As of March 31, 2017, one DBH client had been placed in the pilot program. The client's experience was a positive one and it is anticipated the hotel/motel program will become more accessible to DBH case managers for a client's temporary lodging needs.

Ages Served in the Program (check all that apply):

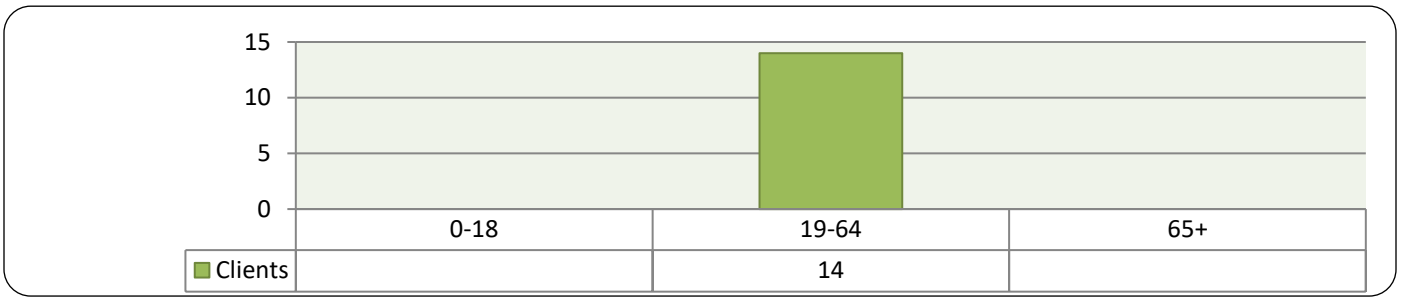
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

FY 2015-2016 Total Number of Clients Served:

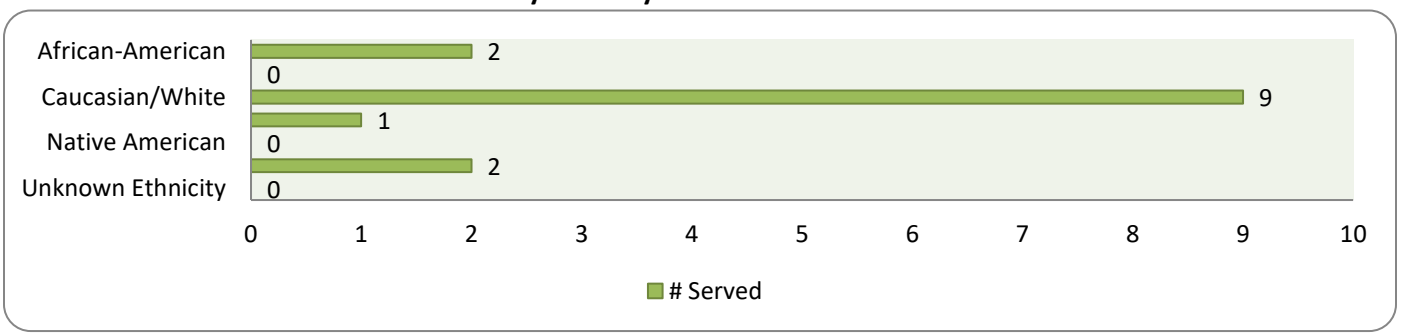


*= 2016-2017 3rd Qtr Only
** = Updated from last plan.

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cost per Client is based on actual costs ($0.00) and actual number served (0) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$100,000	**$100,000**	**$100,000**	**$100,000**
Change				

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

Awareness of and access to the emergency lodging program within DBH was limited due to the careful and deliberated implementation of the program. Given positive client feedback, the emergency lodging program will have an increase in client referral and usage in the upcoming period.

Proposed Changes:

Security deposits for client leased units are not included within the Master Lease Housing program that was recently implemented. However, the housing contract provided includes a $500 security deposit fee within their budget of the Master Lease Housing program. To minimize financial impact to the Master Lease agreement, an additional $15,000 should be allocated to the Master Lease program for security deposits for future periods.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4510/4810
Program Name and Provider:	Housing Supportive Services Team Fresno County Department of Behavioral Health
Date Started:	1/1/2011
Program Description:	Provide onsite supportive service for clients that have been placed into permanent supportive housing. Client eligibility criteria includes being homeless, at-risk of homelessness or chronically homeless and living with a severe mental illness. The Housing Supportive Services Team also conducts outreach to homeless, provides hours at MAP and conducts housing application processing for eligible DBH clients.

Program Update:

The Renaissance developments of Trinity, Alta Monte and Santa Clara are the three current permanent supportive housing sites, representing 69 dedicated MHSA units for those meeting eligibility criteria. Updates over this reporting period include the hiring of a Clinical Supervisor to provide supervision of the Housing Supportive Services Team. Additionally, the Community Mental Health Specialist (CMHS) positions are full at each Renaissance housing site.

On Site Supportive Services: provided **462.68** hours of Individual Services and **1636.11** hours of Group Services for a total of **2098.79** hours of services during July 2016 thru March 2017 to **79** Unique Clients.

2015-2016 Move Out Stats
• **Alta Monte – 3 - average stay: 2.69 years**
• **Santa Clara – 4 - average stay: 2.42 years**
• **Trinity – 2 - average stay: 5.18 years**

Reasons for Move outs:

1 – Used Voucher Program (11%)	1 – Moved with Family (11%)	0 – Deceased (0%)
1 – Abandoned/Forfeited Apartment (11%)	2 – Unknown (22%)	4 – Eviction (44%)

Application Outcomes: 20 new applications were received During July 2016 – March 2017

- 2 - At-Risk
- 15 - Chronically
- 3 - Other

Currently there are eight clients on the pending opening (housing list).

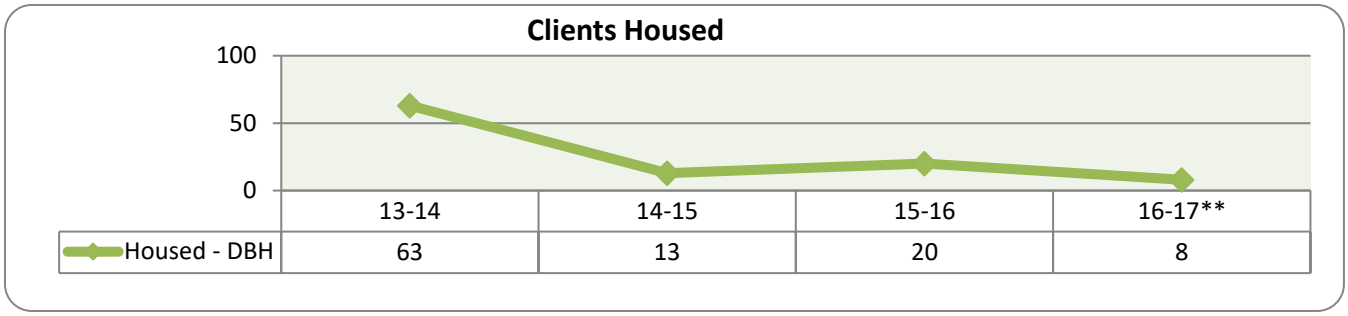
- 4 – Chronically Homeless
- 4 – At-Risk

Staff include: 4 FT CMHS, 3 FT PSS and 1 Clinical Supervisor

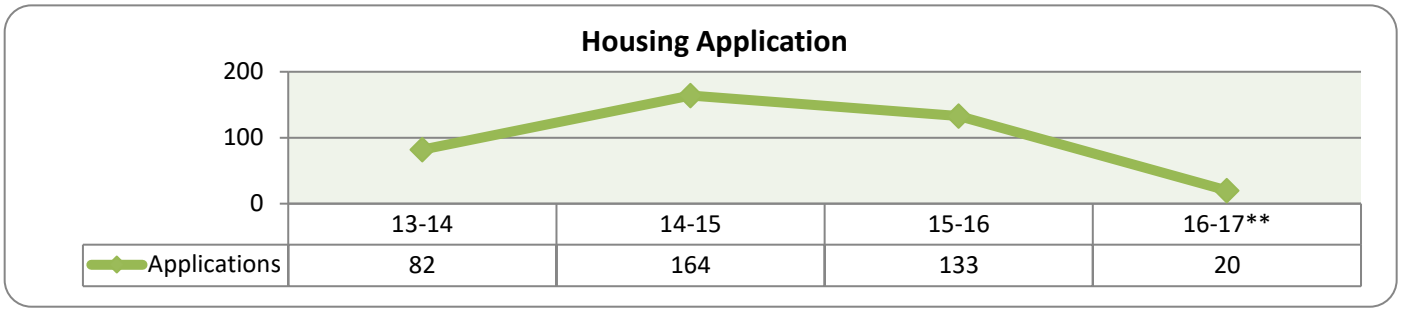
Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒ 65 +

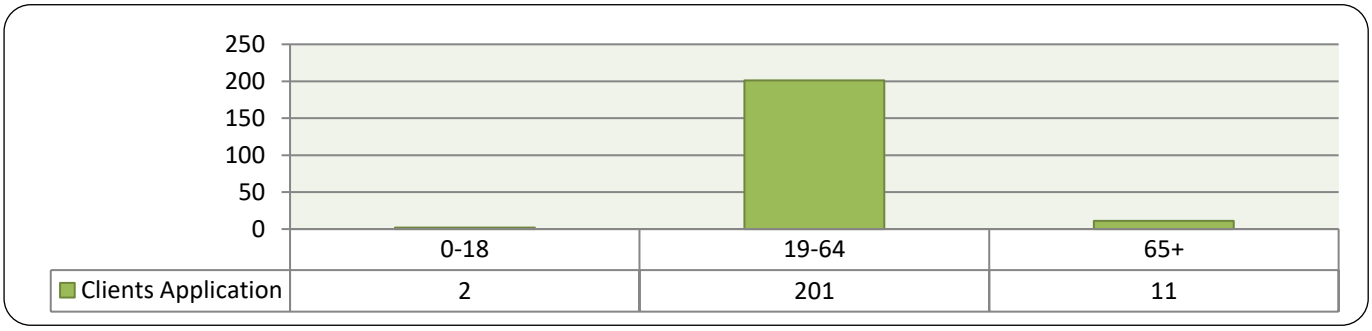
Total Number of Clients Served:



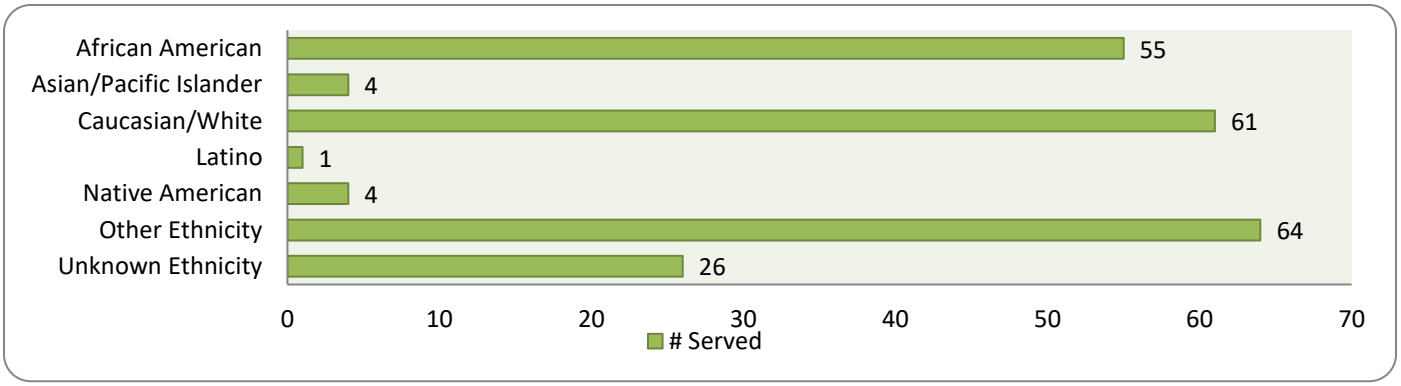
** Partial data for FY 16/17



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $2,065.38

Cost per Client is based on actual costs ($441,991.79) and actual number served (214) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$745,568	**$745,568**	**$745,568**	**$745,568**
Change				

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

Capacity and available housing continues to be the challenge/barrier for staff and clients. During this reporting period, the Department has identified housing as one of its priorities. Work has been done on a Housing Needs Assessment, resulting in a priority list a Housing Task Force. At the time of this update, the Department is working on securing a Supportive Housing Needs Assessment to evaluate and determine best/evidence based practices. The work done on priorities will alleviate a portion of the housing capacity issues by exploring and expanding housing at levels in addition to on-site permanent supportive housing (i.e. Master Leasing, creating access point for housing information, etc)

Proposed Changes:

No changes to the staffing as identified on prior page at this time. The Adult Services Division/ Mobile Access Team and staff assigned to the Poverello House will be engaged in dialogue to determine how to best utilize the staffing resources to meet the housing and DBH priority needs. Future update will identify these re-organization changes.

Performance Outcomes: No distinct outcomes for this plan, Outcomes will be available for the next FY 16-17

CSS Work Plans, Progress Updates and Proposed Changes

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

Program Update:

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

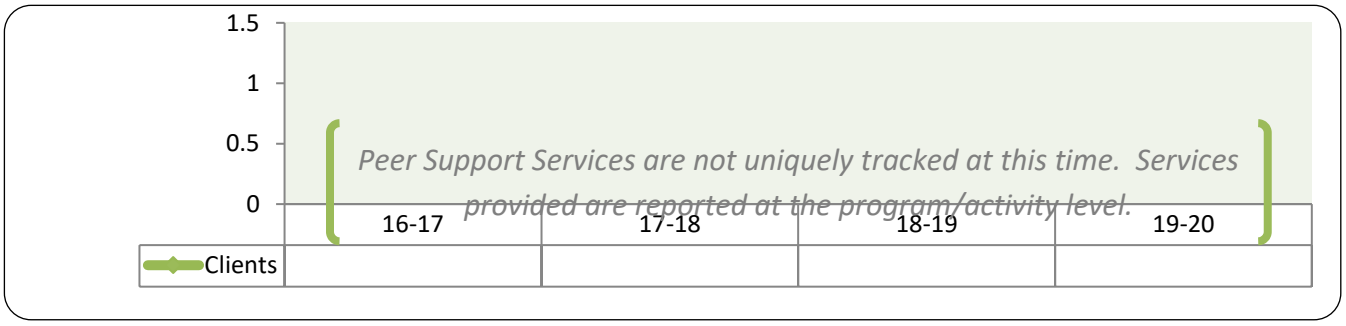
In the Peer and Recovery Services MHSA program there are 10 FTE positions that are placed in one cost center, however the positions can be found throughout the Department, Additional program specific PSS positions make a total of 18 PSS FTE positions. At the time of this update, 14 total are filled positions. As programs have been added over the years, PSS positions have been added in program budgets such as Older Adult, Transition Age Youth, and RISE, Medium Intensity Team, and traditional outpatient to initiate the seamless use of peer support services. The Parent Partner positions are not filled at this time. To be re-considered in the development of client/family services in the Department.

The Department continues to work on the design of a comprehensive, embedded and inclusive recovery based system of care for all programs. The maintenance of the Peer and Recovery Services program for this update is to continue the approved plan while design details are in progress to recommend the following action items: a) budget PSS positions within the actual program (vs stand alone cost center) b) to further develop Integrated Wellness Activities program plan to be a comprehensive program plan for the use of peer and recovery services throughout the MHP. (Please see Integrated Wellness Activities sheet for more details).

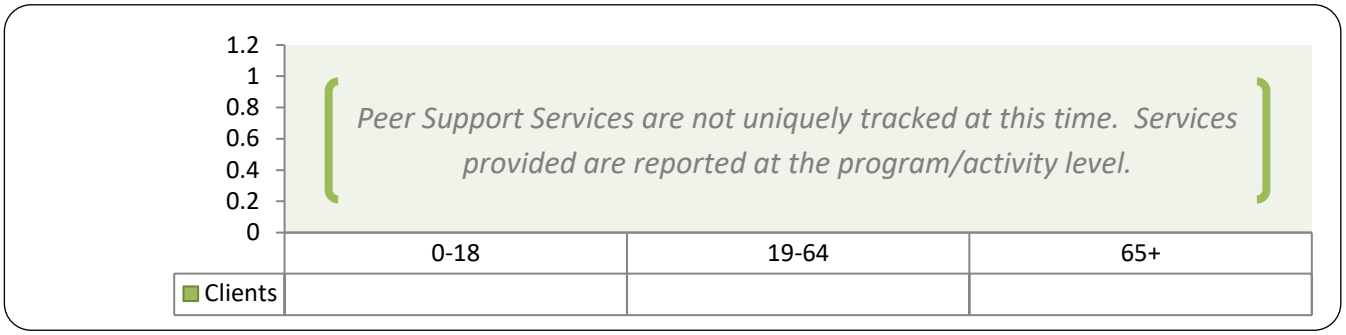
Ages Served in the Program (check all that apply):

☐ **0-15** ☐ **16-25** ☐ **26-64** ☐ **65 +**

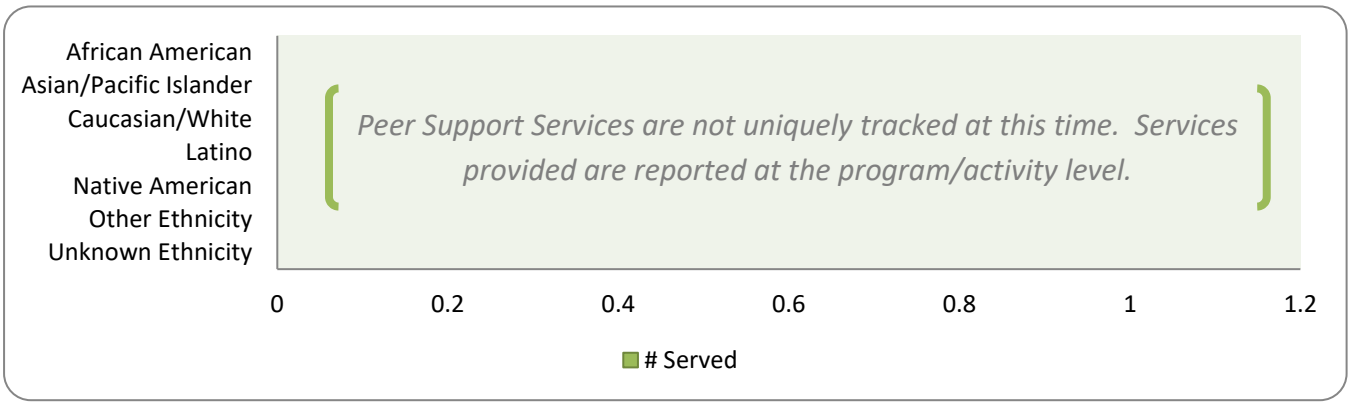
Total Number of Clients Served:



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

For staff in County operated programming, their costs would be aligned in the unique program/activity.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$457,461	**$457,461**	**$457,461**	**$457,461**
Change				

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

The separation of some PSS positions in a 'stand alone' cost center or program does not communicate the inclusiveness of the peer and recovery services that is desired.

Proposed Changes:

See program update

Performance Outcomes: No distinct outcomes for this plan, staff and outcomes in County operated programs are reported at the program/activity level.

CSS Work Plans, Progress Updates and Proposed Changes

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

Program Update:

During FY 2015-16, PATH came into contact with 600 clients; 408 clients were eligible for enrollment. 238 of these clients received further case management, peer support, and housing services. Specialty mental health services and supportive housing services were provided to 34 clients.

The PATH program is comprised of two components: 1) PATH – Outreach, Engagement, and Linkage Services (OEL); and 2) PATH – Specialty Mental Health Services (SMHS). Per the original contract, the expectations were 500 clients would be provided outreach, engagement, and linkage services and 400 would be enrolled in PATH-OEL wherein they would receive case management, linkage, consultation, peer support services, and supportive interim or bridge housing services. Also, PATH-SMHS was to provide specialty mental health services and housing for up to 30 clients.

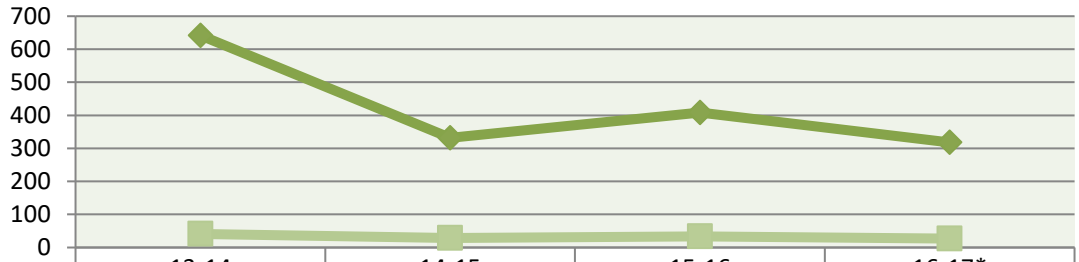
The contract was amended in FY 2016-17 to reduce the expected number of clients outreached to 350 and the number enrolled to 200. This reduction was supported by the State PATH grant, in order to reflect realistic numbers, be responsive to program experience, and provide more in depth and substantial services to clients engaged.

Kings View continues to work on staff training with data collection and data entry to meet the PATH grant requirement that program data be entered into the Homeless Management Information Systems (HMIS) in FY 2016-17.

Ages Served in the Program (check all that apply):

☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

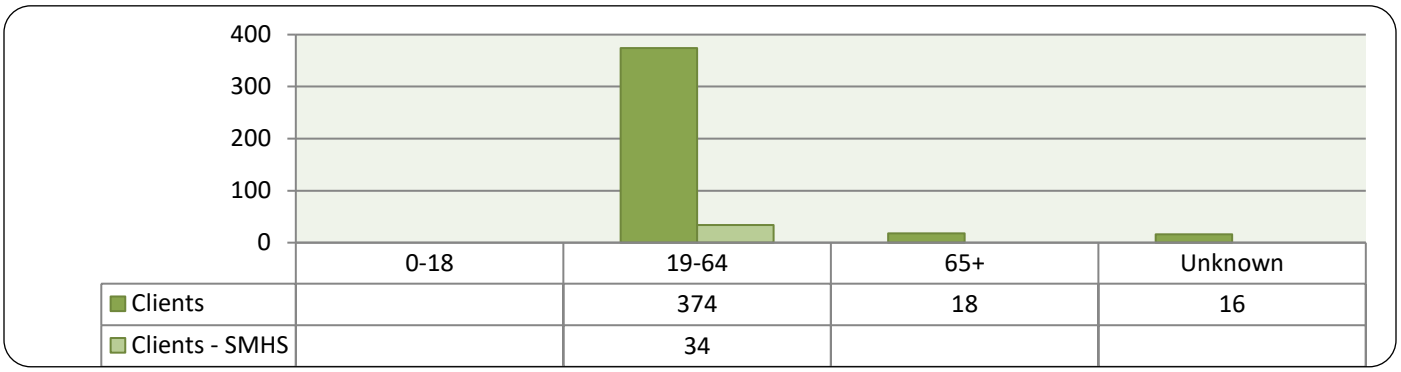
Total Number of Clients Served:



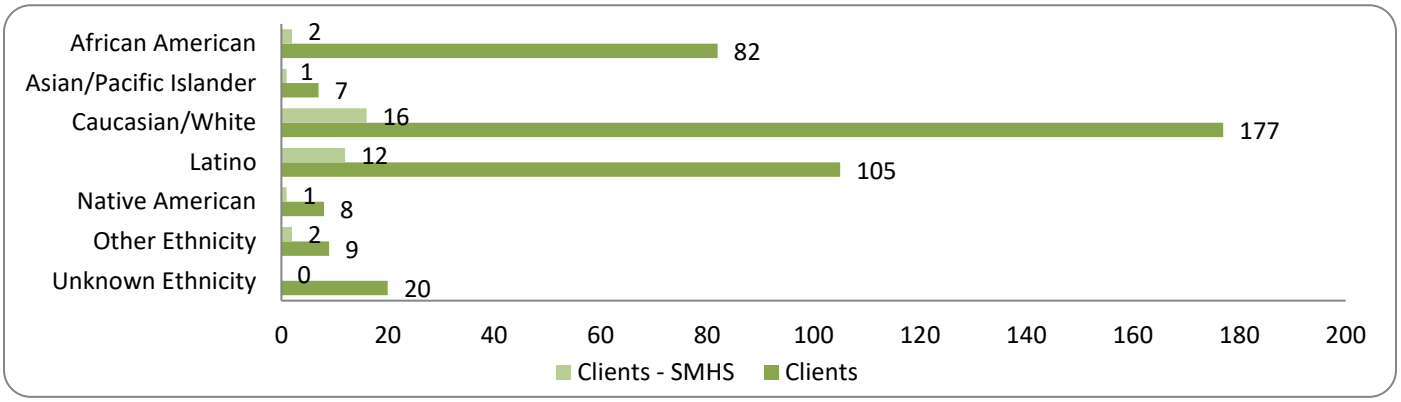
	13-14	14-15	15-16	16-17*
Clients	642	332	408	318
Clients - SMHS**	41	29	34	27

*** Partial data through 3rd Quarter FY 16/17; **SMHS (Specialty Mental Health Services)**

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $730.35

Cost per Client is based on actual costs ($297,981) and actual number served (408) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$125,754	**175,264**	**175,264**	**175,264**
Change	$49,510			

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

Housing availability continues to be one of the greatest challenges for PATH. Many clients are assisted to become "document-ready" in a short time; however, there is an ongoing wait list for housing programs. The various housing programs have restrictions imposed by HUD (U.S. Department of Housing and Urban Development) that make it difficult for people who do not meet the criteria for "literally homeless" or "chronically homeless" definitions. Such criteria forces clients to remain homeless longer if they want to qualify for the housing programs offered through the Fresno-Madera Continuum of Care (FMCoC).

The target population struggles with many other challenges that require attention and time. PATH outreach and clinical staff often report that the immediate need is to just listen to the clients, but that requires ample time to allow them to share their stories of pain and victory. This requires significant time; however, in return the clients become more engaged. PATH staff continue to be challenged to complete required HMIS documentation and information gathering in a timely manner while also building that solid rapport and finding solutions.

Strategies:
PATH continues to work closely with the Multi-Agency Access Program (MAP) Points on getting clients "document-ready," providing education and navigation assistance, and works to promote creative ways to address the perils of homelessness. PATH work with the clients' families, support systems, and other housing resources to link clients

to emergency housing. If FMCoC housing is unavailable, PATH works with clients to get them off the streets. Emergency housing funding assists clients to remain in their homes by paying rent or security deposits, or to locate temporary housing, etc. Case managers work with low-income housing complexes that serve seniors and veterans and assist in expediting the applications. PATH collaborates with other community agencies that provide goods, furnishings and financial aid. PATH staff continue to identify all possible forms of proper housing that fits each individuals and families' needs.

To address the challenge and barrier of length of time to services delivery, PATH has focused on prioritizing based on critical needs, especially those in need of urgent medical services. Case management and the outreach team dedicate time and resources to these individuals to reduce risk of death, injury, or incarceration.

The next critical priority are those with psychotic disorders that lack the ability to maintain self-care and to follow up with services available. The team stays connected to these individuals on a regular basis and encourages them to attain, engage, and maintain services provided. PATH provides transportation or means to utilize public transportation as needed. Staff may also accompany the client while receiving services.

PATH staff also works with the already engaged population as well as those who are able to navigate the system with little assistance from staff. Although close contact is maintained, staff remain alert as the client's level of needs may change at any moment and response needs to be timely and appropriate.

Proposed Changes:

The reduction of the original target of 500 outreached individuals to 350 and the 400 enrolled clients to 250 began in FY 2016-17. By decreasing these numbers, the expectation is that the PATH program will have enough capacity and time to work closer and more effectively in assisting clients to attain and remain in services. The budget expansion, effective late FY 2016-17, also allows the program to better serve individuals with housing assistance. PATH is aware that the barriers to find proper and adequate housing will continue, and is collaborating with other agencies, Fresno County DBH and the community at large to make progress towards ending homelessness.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4311
Program Name and Provider:	**Therapeutic Child Care Services** (Child Care Rooms – Heritage and West Fresno Regional Center) Reading and Beyond
Date Started:	10/1/09
Program Description:	DBH's Supervised Children's Rooms provides temporary, on-site child care in a safe environment for children under the age of 12 while DBH families are accessing on-site mental health services. This program allows parents access to and increased participation with DBH mental health staff and reduces the number of appointments missed by parents who are unable to find temporary child care. This program falls under DBH's work plan of Wellness, Recovery, and Resiliency Supports (WRRS).

Program Update:

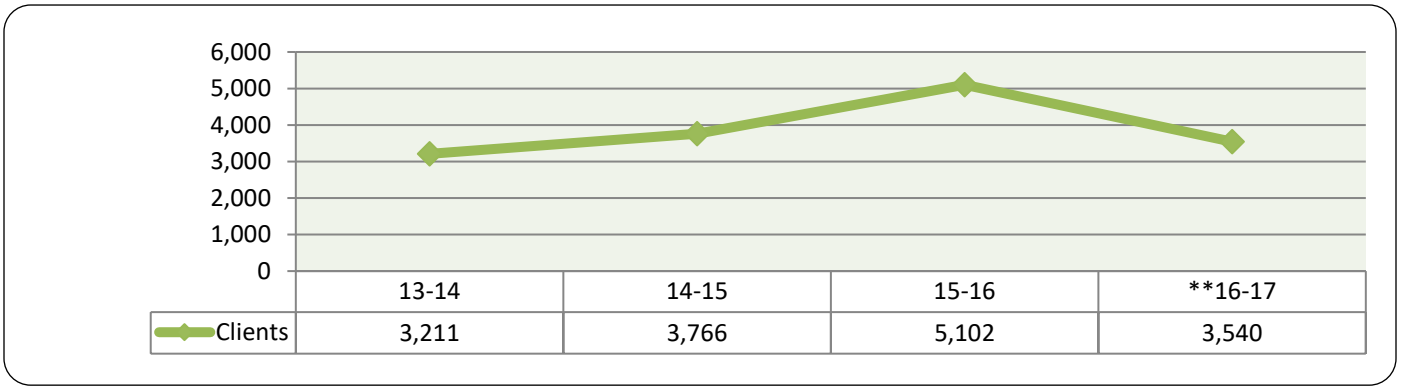
The therapeutic child care program continues to support client's ability to receive County DBH mental health services. In a November 2016 survey, 97.3% parents stated they would miss either their appointment or their child's appointment if the program was not available.

During the period of July 2016 to March 2017 an average of 44.4 children per week were supervised at the Heritage Center. The children were primarily under the age of five. An average of 36.8 children per week were supervised at the West Fresno Regional Center. The children were primarily between the ages of 6-10 years old.

Ages Served in the Program (check all that apply):

☒ **0-15** ☐ **16-25** ☐ **26-64** ☐ **65 +**

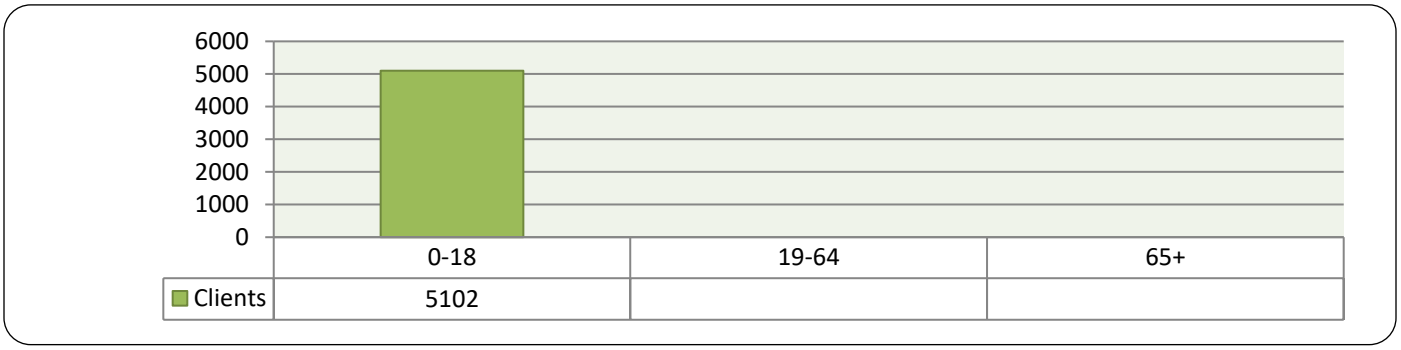
Total Number of Clients Served:



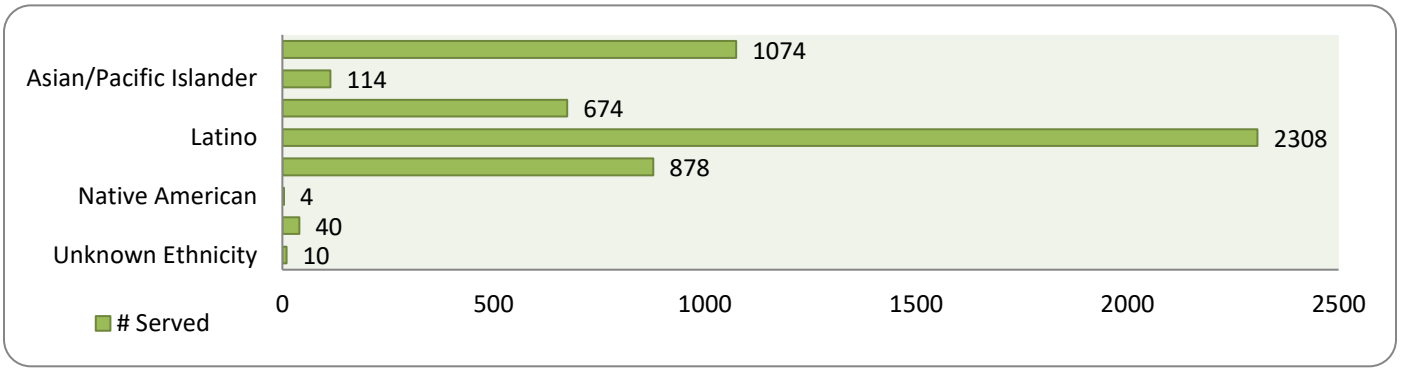
	13-14	14-15	15-16	**16-17
Clients	3,211	3,766	5,102	3,540

** Partial data through 3rd Quarter FY 16-17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $315.82

Cost Per Client is based on actual costs ($1,611,305.44) and actual numbers served (5,102) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$125,388	**$125,388**	**$125,388**	**$125388**
Change				

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

Limited staffing is a challenge to this program. Currently both locations are staffed with 1 full time site coordinator and 1 part-time site aid, and both locations share 1 substitute. The program manager is able to mitigate this by helping to provide additional coverage as needed. The program manager also strives to strengthen the communication between both locations to have the most appropriate staffing available for each locations.

Proposed Changes:

A proposed change for FY 17-18 would be to increase awareness of the admission criteria which includes admissions based on "first come, first served" basis as well as the denial of admission if the child appears to be ill or "under the weather" which includes but is not limited to flu, fever, cold, pinkeye, chicken pox, and head lice. This will help alleviate parent's frustration if their child were to be denied admission. Program staff are also open to modifying hours of operation as needed to best meet the needs of the clients.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention ☐ Early Intervention ☐ Other (standalone programs focused on outreach)

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

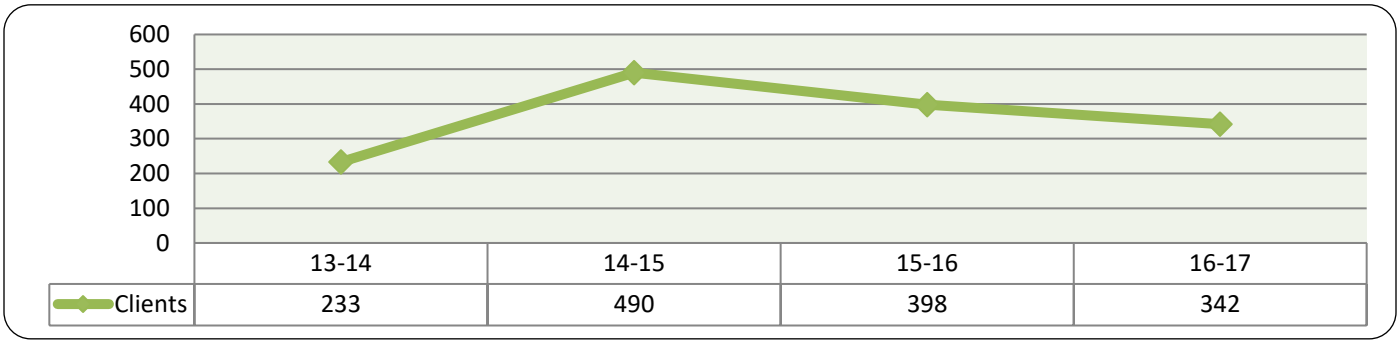
Program Update:

- The total amount of clients served by the YEC is 3,288.
- During this last year, there has been the continued offering of youth based services in metropolitan and rural Fresno County. Contract has two distinct Scopes of Work (Blue Sky and YEC) representing each unique service, budget and invoices have a clear separation.
- The Youth Empowerment Centers Program offers recovery and resiliency support groups throughout Fresno County. Program continues to expand peer and family support services to include children and youth peer support groups in the Parent Partners and older peers to create a 'mentor' component.
- YEC offers numerous group sessions per month at eighteen different mini-centers, located in Fresno Unified Schools, as well as rural sites including Firebaugh, Orange Cove, Tollhouse and Raisin City.
- There has been great success in providing services to youth of rural areas. Youth are engaged in a variety of mental health topics which empowers them to respond better in school and at home.

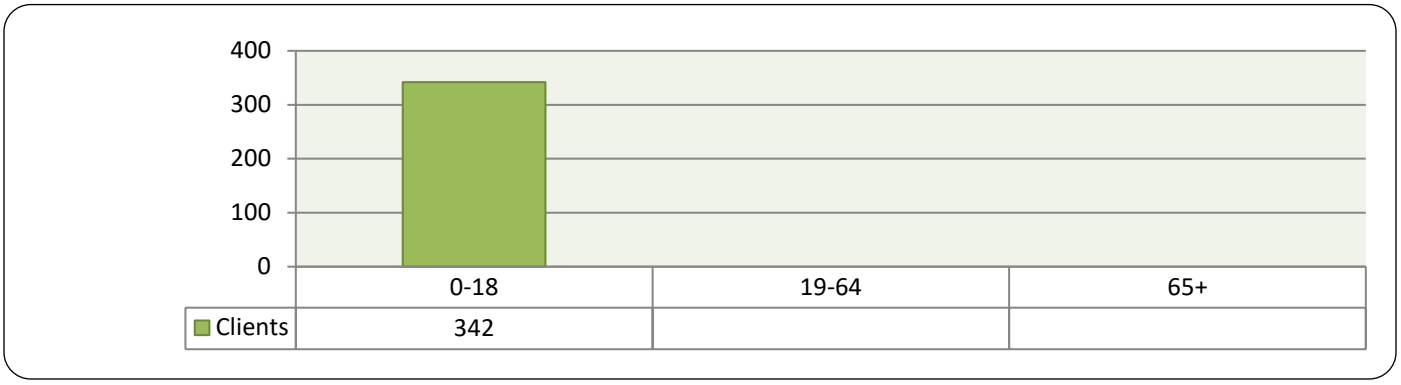
Ages Served in the Program (check all that apply):

☒ **0-15** ☒ **16-25** ☐ **26-64** ☐ **65 +**

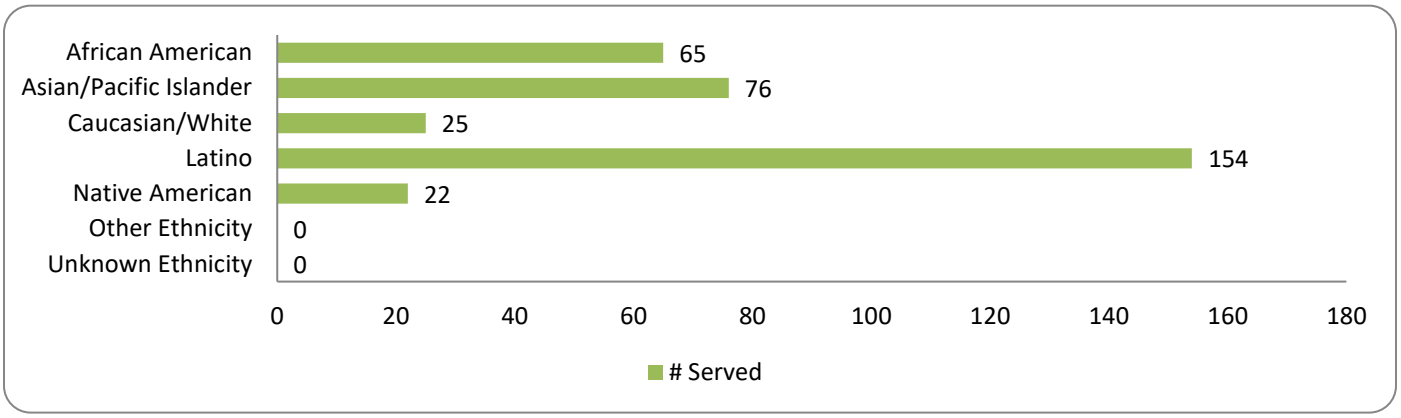
Total Number of Clients Served:



FY 2016-2017 Total Number of Clients Served By Age:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $858.90

Total cost per client is based on actual costs ($341,842.93) and actual number served (398) in FY 2015-16. This figure does not include the Blue Sky budget, costs, or number served.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$350,000	**$350,000**	**$350,000**	**$350,000**
Change				

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

Schedules of school groups - It is difficult to have youth participate when they are getting unexcused absences if they come to group. Trying to work out different systems with each school to make sure youth attendance is not affected.

Proposed Changes:

None at this time.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported FY 2015-2016.

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention ☒ Early Intervention ☐ Other (standalone programs focused on outreach)

Project Identifier:	PEI4521
Program Name and Provider:	Blue Sky Wellness Center Kings View
Date Started:	10/23/07
Program Description:	Prevention and early intervention peer centered wellness and recovery focused activities. Services include group and individual peer supportive services in addition to teaching Wellness Recovery Action Plan services and Crisis Plan services/relapse prevention, transportation, life skills courses, job readiness services, and on-site volunteer opportunities.

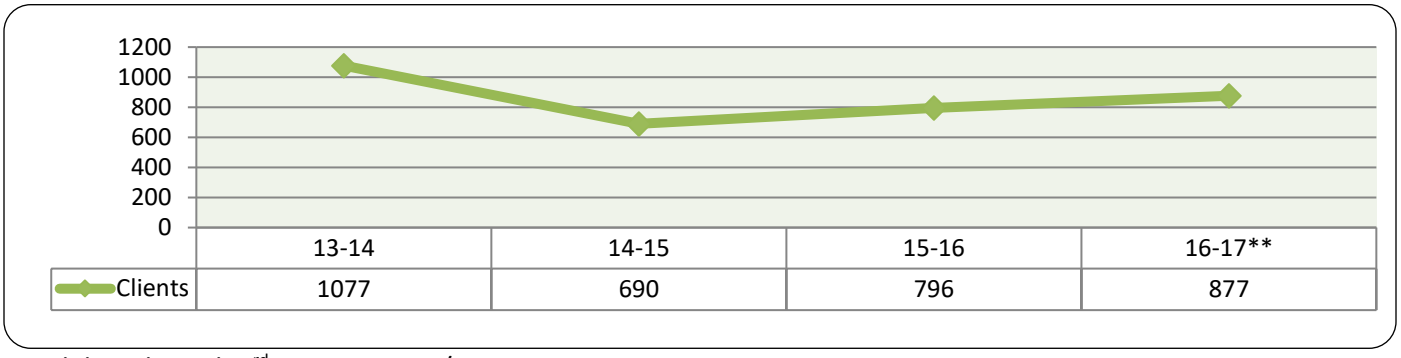
Progress Update:

Blue Sky Wellness Center expanded services to the Transition Age Youth (TAY) population for ages 16-25 years. These additional services provided at the "TAY Warehouse" are specifically programmed for the TAY population. The TAY Warehouse is an energetic, youth focused program that provides job skill identification and development, computer skills, positive socialization and future goals that include Youth WRAP. Property was secured in April/May with services starting in July 2016; staffing Is designed to focus on provision of services by those with youth experience.
During this last year, the Good Neighbor Crew (GNC) began which is a group of Blue Sky volunteers that goes out and picks up trash in the neighborhood as a group supervised by the Operations Manager. The members are active and visible in the community with the goal of being a good neighbor and reducing the stigma of mental illness associated with Blue Sky.

Ages Served in the Program (check all that apply):

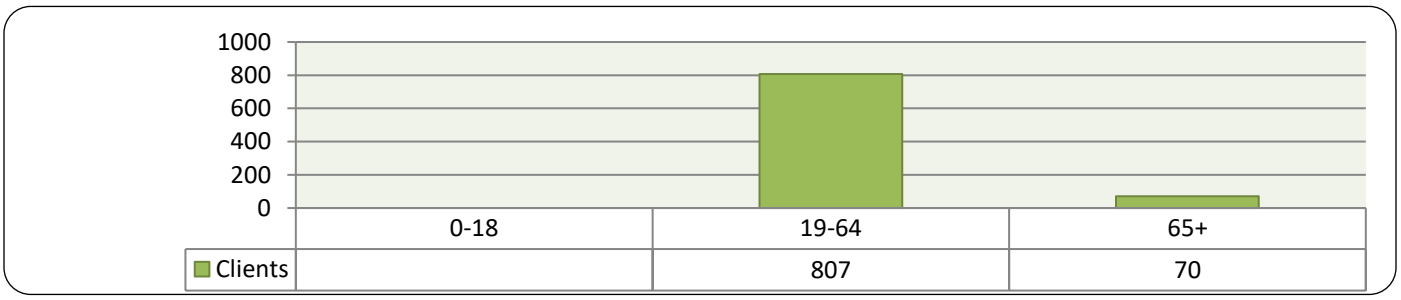
☐ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

Total Number of Clients Served:

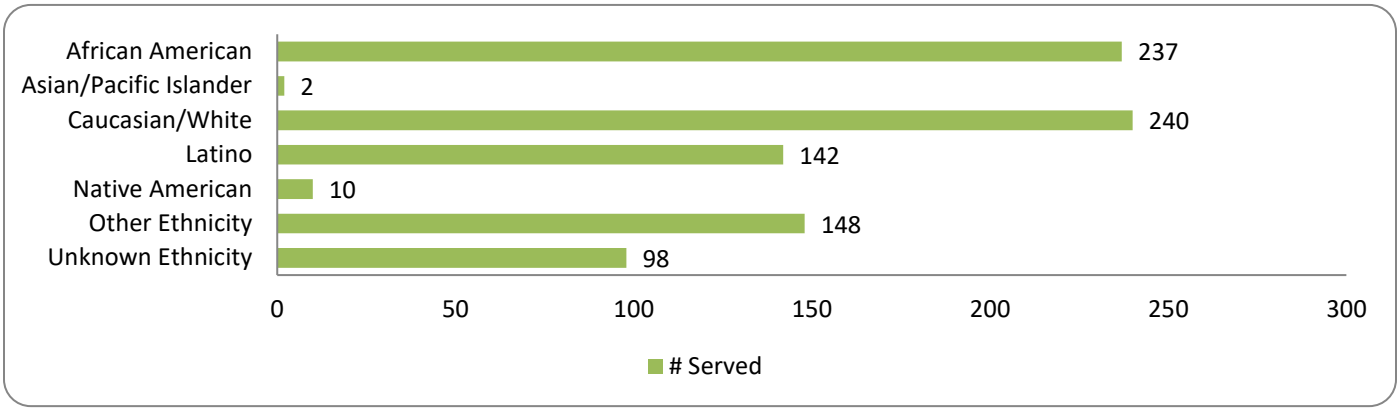


** Partial data through 3rd Quarter FY 16/17

FY 2016-2017 Total Number of Clients Served By Age:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client:

Total cost per client is being calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,250,000	**$1,250,000**	**$1,250,000**	**$1,250,000**
Change		-$650,000	-$600,000	-$550,000

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

Food is an important part of Blue Sky's culture and wishes to reinstate at least the Bistro food which the members "pay" for with their 'Bistro bucks" which has been earned by group and activity attendance. The Bistro is also part of the vocational program and they have not been able to continue this function.

It is their goal to consult with Resilience, Inc. possibly over a two year period, if funding for this is approved, to further train staff and become a center of excellence for Peer Support Personnel training.

Proposed Changes:

Resilience Inc is supporting Blue Sky in re-developing the program in a way that supports a safe and secure environment while increased growth of the members occurs. Instead of "screening" they prefer a Welcoming Process where Blue Sky gets to know the potential consumer/member to understand their goals and needs.

The program intends to grow the skill set of staff and leadership team to enable the forward movement of the program to develop mentorship and leadership skills of members with the idea of bringing new members along. They intend to increase the productivity, community involvement and volunteerism of members to cultivate a sense of accomplishment and self-worth. One goal is to teach vocational skills to members, train others in the community and be recognized as a program designed just for this purpose.

Blue Sky wishes to continue to consult with Resilience Inc in order to become a Center of Excellence for Peer Support Personnel training and to provide a service to the community.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4510
Program Name and Provider:	Housing – Master Leasing (Subsidized Rental Assistance) Fresno County Department of Behavioral Health
Date Started:	May 1, 2017
Program Description:	Permanent housing opportunities for eligible DBH clients living with a severe mental illness that are engaged in DBH services. The Master Lease program (up to 25 leased units) is maintained by a contracted provider (Mental Health Systems) who work to secure leased units for DBH clients that have been approved and referred by DBH for housing placement.

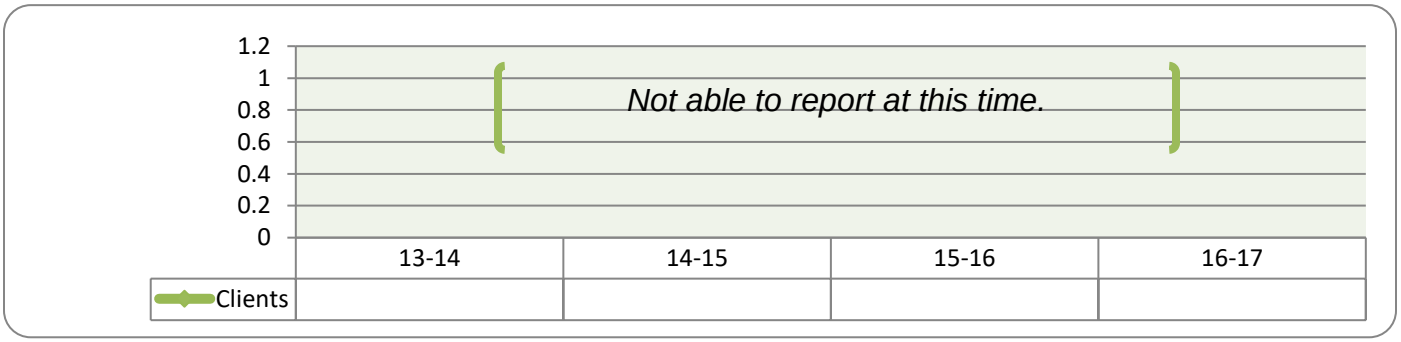
Program Update:

In fiscal year 2015-16, $400,000 was allocated to master leasing services to develop additional permanent supportive housing for DBH clients. The Department issued an RFP in the Fall of 2016 seeking rental/leased housing for DBH clients through master leasing. The RFP resulted in an agreement that was executed with Mental Health Systems on May 1, 2017 for a 5 year term that includes up to 25 leased units. Startup of the program was deliberately cautious to ensure the program was operating as planned and that clients were being successfully housed within the program. As of July 2017, seven clients have been referred and have successfully secured housing within the program. Program implementation is being closely monitored with monthly reporting on move in/out activity, occupancy status and lease violations. It is anticipated that full occupancy will be reached by the Fall of 2017. Monitoring program startup will include identification of occupancy and fiscal milestones (25%, 50% occupancy and expenditures) in order to make and adhere to Proposed Changes described below.

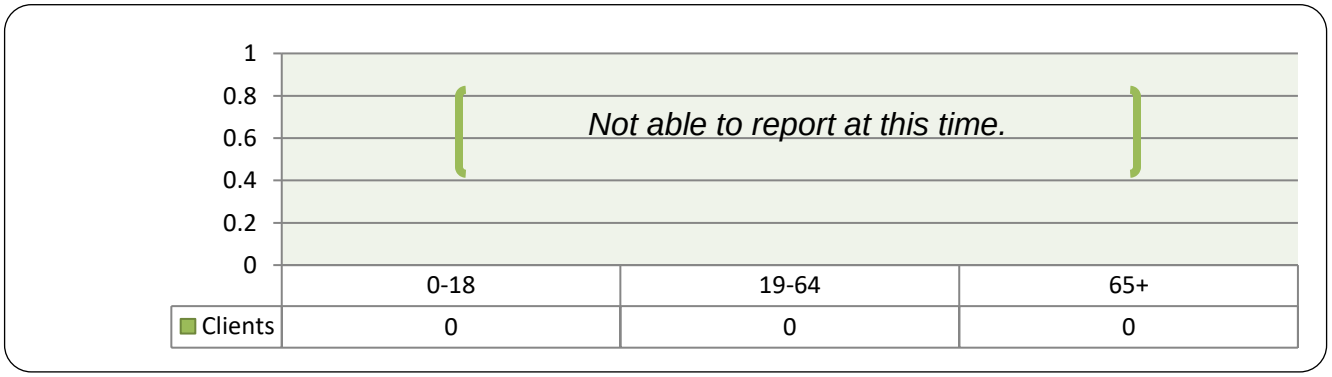
Ages Served in the Program (check all that apply):

☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

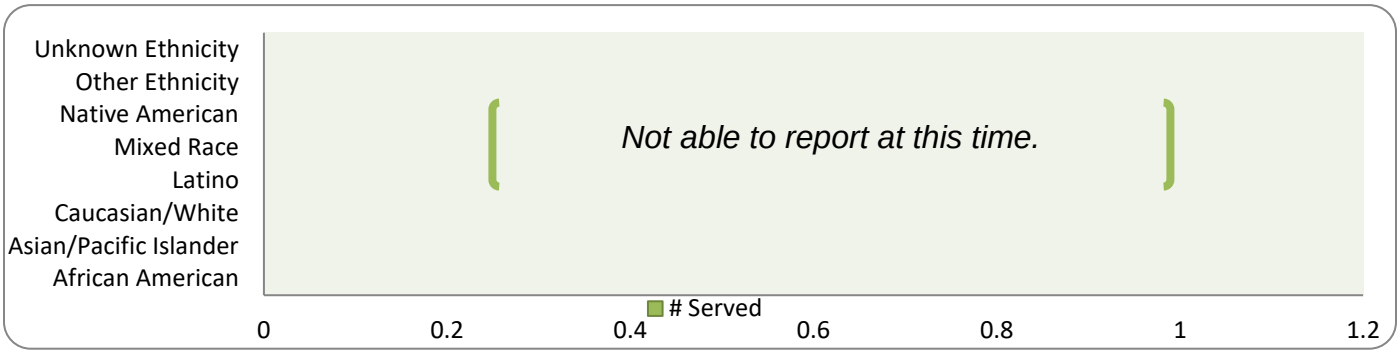
Total Number of Clients Served:



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cost per Client is based on Actual Costs ($0.00) and actual number served (0) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$400,000	**$400,000**	**$400,000**	**$400,000**
Change		+$400,000	+$400,000	+$400,000

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

The Master Lease Housing program commenced May 1, 2017, so challenges have yet to be fully realized as of this report. As mentioned above, the program's startup was intentionally limited to only a few clients to observe how well the program operated during its startup phase. Based upon successful implementation, the intention now is to greatly increase the number of DBH referrals for housing. As such, a consequence/potential challenge could be a delay in DBH clients being placed into housing, due to a large influx of DBH referrals to Mental Health Systems, as leased property will need to be searched and secured in response to referrals. This situation could potentially/temporarily "backlog" the program with more referrals than available housing units. To mitigate this situation, MHS has been made aware of the potential increase in referrals and has agreed to intensify its search for additional leased housing units based upon increased demand.

Proposed Changes:

It is anticipated the number of DBH referrals to Mental Health Systems will increase significantly during August and September 2017, resulting in fully occupancy by the Fall of 2017. Based upon the increased occupancy, along with tracking and verification of program expenditures, DBH proposes to add $400,000 to this agreement for an annual maximum agreement of $800,000, which will double the number of leased housing units, from 25 to 50 leased units.

Performance Outcomes: No outcomes available at this time due to program startup date of May 1, 2017.

PEI Work Plans, Progress Updates and Proposed Changes

☐ Prevention ☐ Early Intervention ☐ Other (standalone programs focused on outreach)

Not able to report at this time.

Project Identifier: PEI4776

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

Date Started: June 2013

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

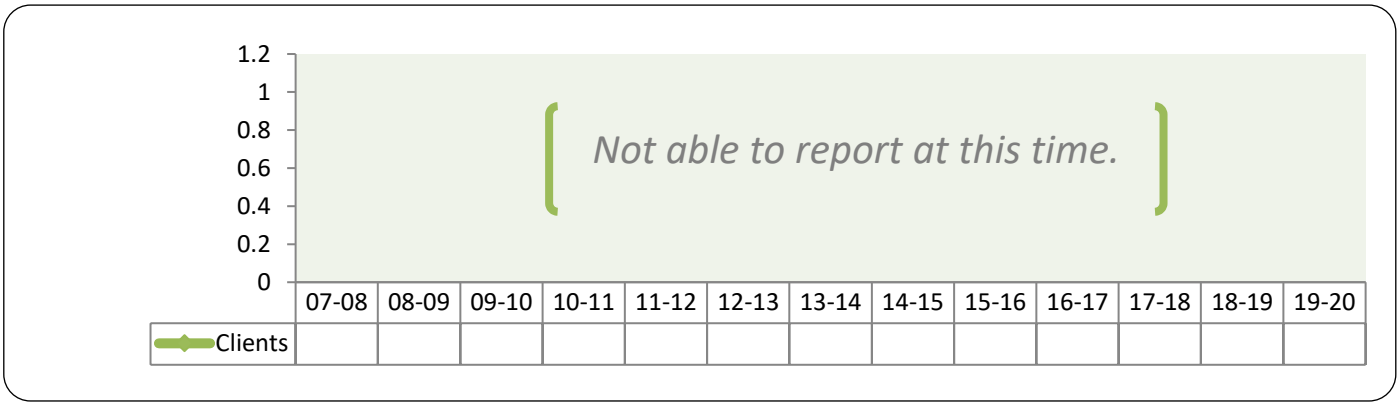
Program Update:

- Integrated wellness activities provides support for Recovery oriented services and activities through out our traditional service delivery system. Prior to the MHSA the DBH was designed to provide fee for service specialty mental health services for people with mental illness. This model relied heavily on the medical model. Over the past 2 and ½ years, the Department has embraced the MHSA as a system transformation initiative that was designed to change the way public mental health service is delivered. Each of the ASOC programs has implemented a program plan which outlines the changes and adaptations made to incorporate Recovery oriented values and the principles of the MHSA. Client-centered strength-based services as required by the MHSA. Supplemental funding was infused to support culture change department wide, integrate non-traditional mental health activities and provide the flexibility needed to address the whole person outside of the traditional fee-for Service medical model.

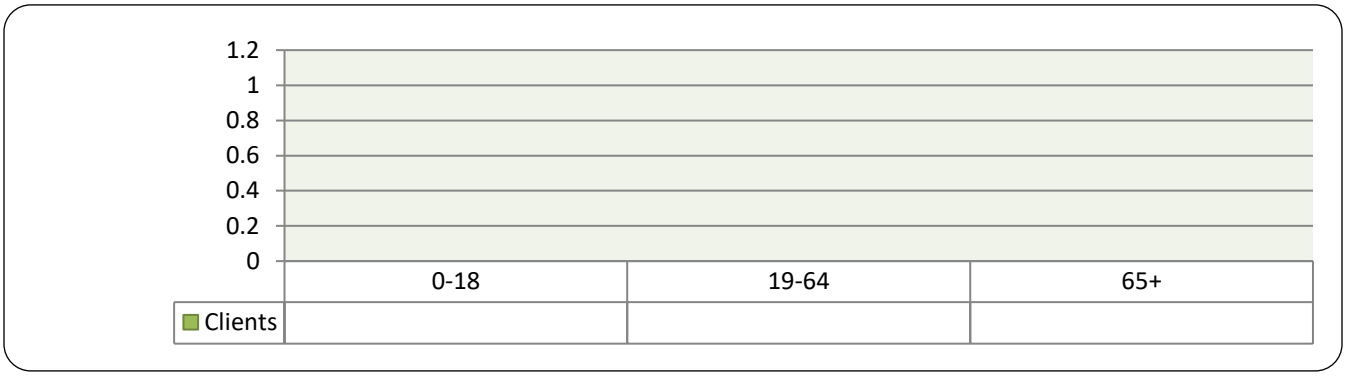
Ages Served in the Program (check all that apply):

☐ **0-15** ☐ **16-25** ☐ **26-64** ☐ **65 +**

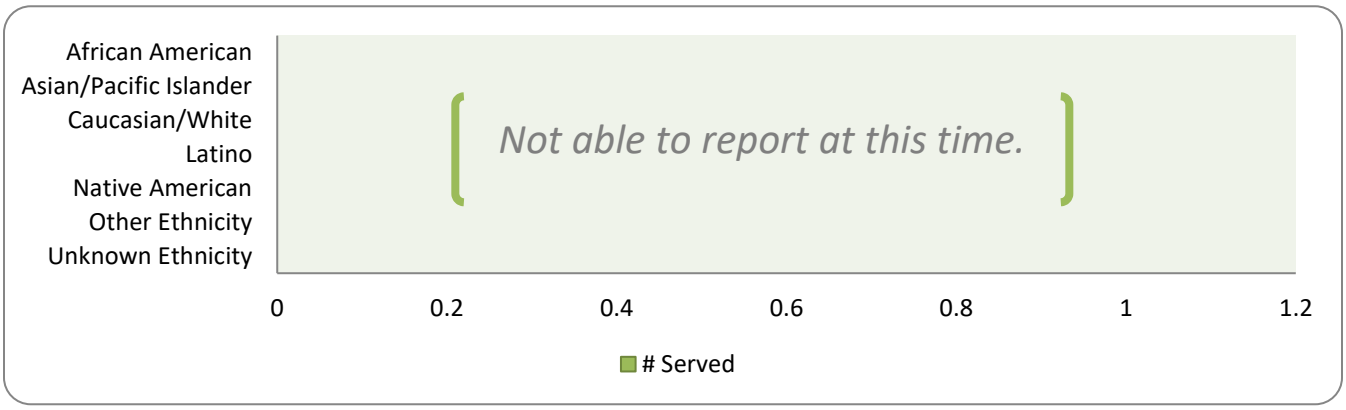
Total Number of Clients Served:



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cost per Client is based on actual costs ($0.00) and actual number served (0) in fiscal year 2015-2016.

MHSA State Approved Allocations

Allocation Summary	***FY 16/17***	***FY 17/18***	***FY 18/19***	***FY 19/20***
	$40,000.00	$ 50,000	$50,000	$ 50,000
Change				

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

Culture change is a slow process. Access to flexible funds for ASOC programs has been problematic. Systems and process for accessing and using the funds have been in ongoing development as the system learns more about the integration of Recovery practices. .

Proposed Changes:

Next steps include developing protocols and process for the accessing of funds for all of our DBH programs. We will be developing more defined parameters for the use of the funds and work as a larger department to identify initiates that highlight recovery and hope into our mental health service delivery system.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

PEI Work Plans, Program Updates and Proposed Changes

☒ Other (standalone programs focused on outreach)

Project Identifier:	PEI4776
Program Name:	Suicide Prevention / Stigma Reduction
Date Started:	August 2015
Program Overview:	This MHSA work plan provides the structure, resources, activities and reporting of performance indicators related to Fresno County suicide prevention and stigma reduction. Activities include, but are not limited to, a Strategic Suicide Prevention and Stigma Reduction Plan, social media and other outreach, while focusing on the lifespan of clients and recognizing cultural and linguistic variations in the perceptions of mental wellness.

Program Update:

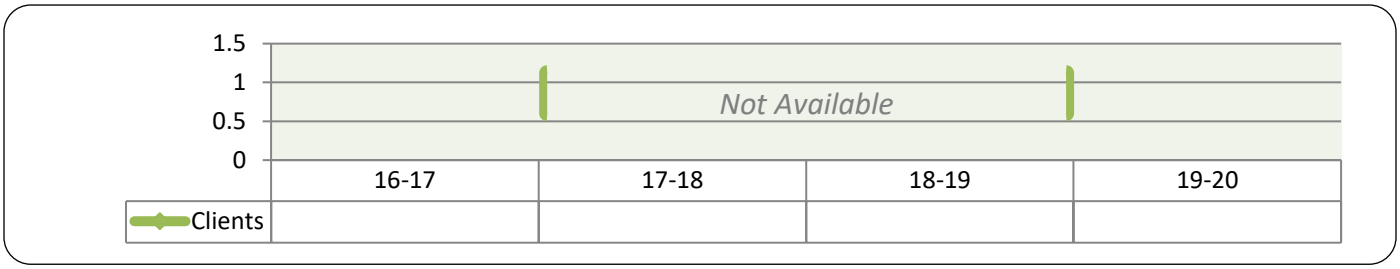
The Department has continued with a multi-faceted outreach approach to community and 'in' reach to County Departments with awareness and education activities. These activities include, but are not limited to, recognition of Mental Health Awareness Month, Suicide Prevention Week, and Recovery Month, stigma reduction and suicide prevention activities, and coordination of leveraged resources for outreach, education and training.

Although two key positions in coordination and media/outreach provide infrastructure support to existing efforts, the Department recognized the need for more focused strategic planning, performance measurement design and reporting with an enhancement to integration with substance use services and other partners. In May 2017, the Department contracted with consultants to develop a strategic, community-based suicide prevention plan, including prevention, early intervention and postvention components for the County. Consultants will design the plan to help the County build a framework necessary for effective and sustainable prevention and provide a process to evaluate outcomes. The plan will inform development and evaluation of prevention services specific to the community and its needs. The planning process will follow the state and national guidelines proposed for comprehensive, integrated, community-based suicide prevention strategies and approaches.

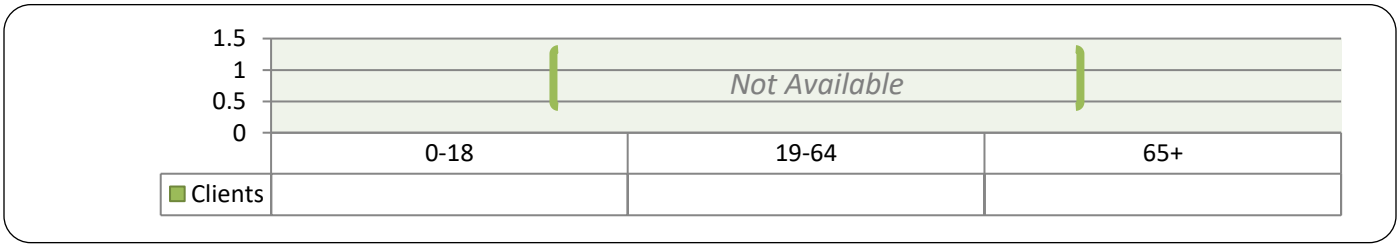
Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

Total Number of Clients Served:



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:

Total Cost per Client: $0.00

Not available.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$150,000.00	**$150,000**	**$150,000**	**$150,000**
Change		**+$450,000**	**+$450,000**	**+$450,000**

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

Challenges included coordinating individual efforts and resources in the community into one comprehensive, community-based approach to address suicide and stigma reduction. Beginning January 2017, a large cross sector of behavioral health, physical health, schools, public safety, advocates, community-based organizations, people with lived experience, and county and community leaders joined together to create the Fresno County Suicide Prevention Collaborative and committed to realign resources to shared goals.

Proposed Changes:

Request for Proposals and associated contracts for services will be developed based on the needs and gaps identified in the strategic suicide prevention plan. Programs and initiatives may include, but are not limited to, suicide prevention and stigma reduction training for community organizations, media campaigns for safe reporting and messaging about suicide, and active postvention through a Local Outreach to Suicide Survivors (LOSS) Team to provide immediate on-scene support and resources to individuals bereaved by the suicide death of a loved one. Funding for services is expected through an enhancement of this work plan.

Performance Outcomes: No outcomes to be reported at this time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4526
Program Name and Provider:	Supported Education and Employment Services Includes State DOR Grant Match/ Department of Behavioral Health
Date Started:	7/1/2009
Program Description:	The Supported Employment and Education Services (SEES) is a collaborative partnership with the State Department of Rehabilitation (DOR), the Department of Behavioral Health (DBH) and Mental Health Services Act to provide recovery, vocational and educational services to individuals with psychiatric disabilities living in Fresno County and receiving mental health services from DBH or other County-contracted mental health providers. SEES is a program accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). This update will include the plan for enhancement of services to be delivered and expand the target population.

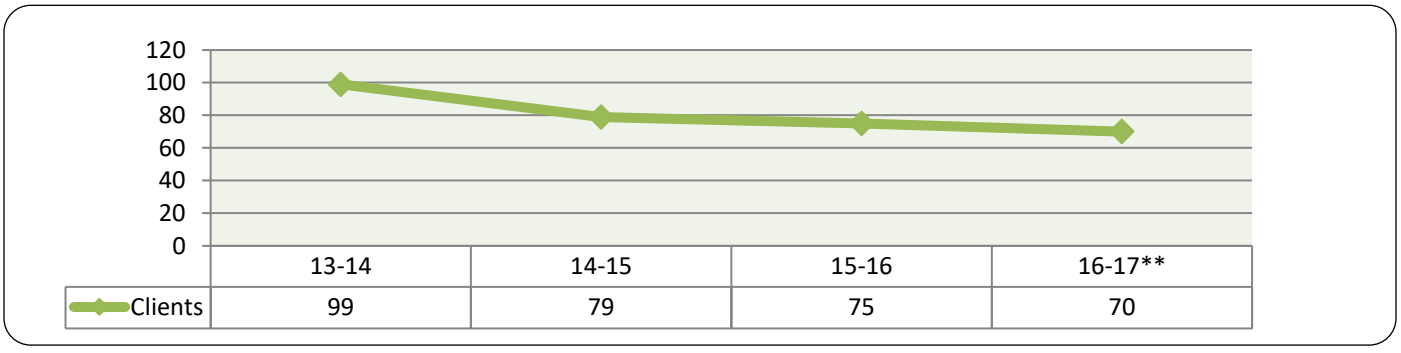
Program Update:

During this last year, the SEES program maintained CARF Accreditation. A new Clinical Supervisor was assigned to the program in late 2016. The existing SEES program is recognized as meeting the objectives of the current program design and the DOR contract requirements. However, the Department also recognizes that current program design and allocated resources are insufficient to meet the varied education and employment needs of the full DBH population. Thus, the Department is currently developing a Scope of Work for significant expansion of vocational/educational supportive services beyond what is defined by the existing DOR contract. This will provide the Department with the ability to increase the target population and significantly enhance the breadth of educational and employment services to be offered. At this time, no contracts or expansions have been initiated, however, in anticipation of Update approval, a Request for Proposals (RFP) is being generated that will be inclusive of promising models for employment and education services that are reflective of Evidence Based Practices.

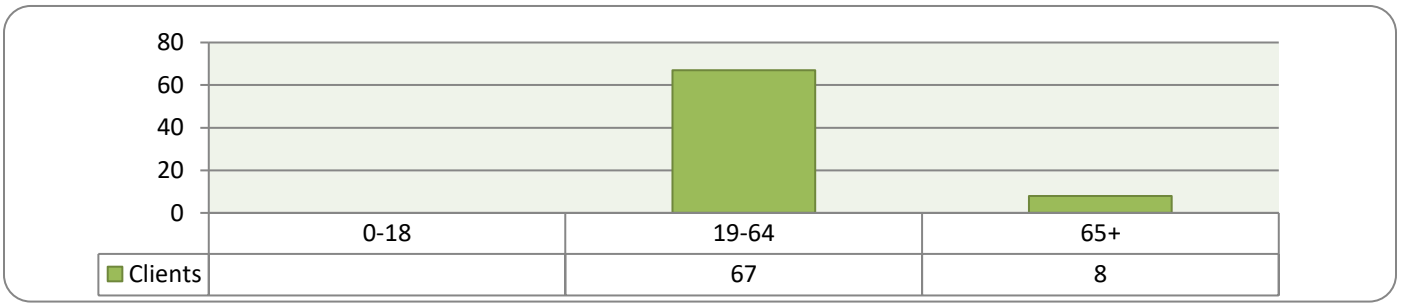
Ages Served in the Program (check all that apply):

☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

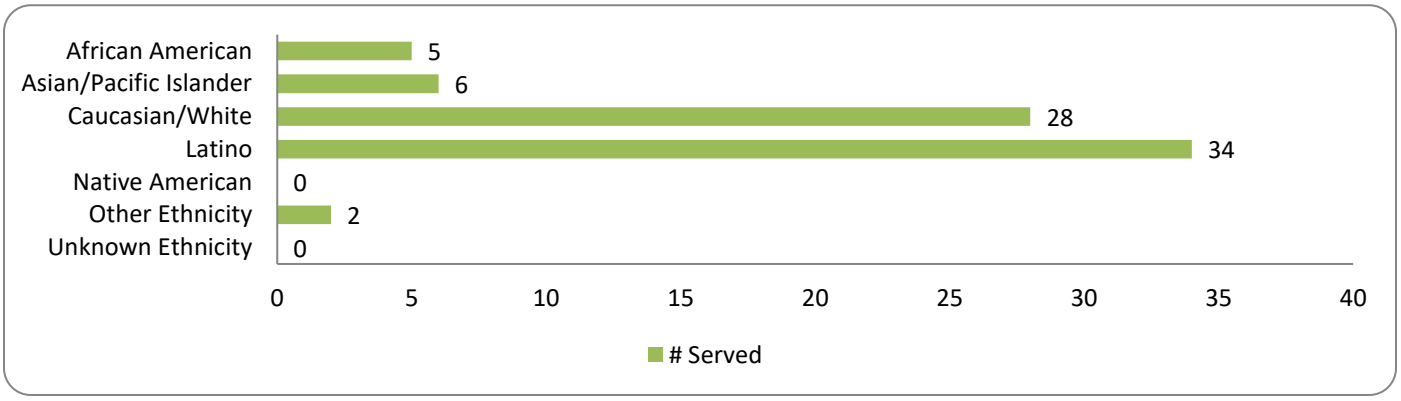
Total Number of Clients Served:



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $4,197

Cost per Client is based on actual costs ($293,812) and actual number served (70) in fiscal year 2015-2016.

MHSA State Approved Allocations: Actual budget will be clarified during the RFP process and contract negotiations.

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,211,066	**$1,211,066**	**$1,211,066**	**$1,211,066**
Change		-$1,112,343	-$1,112,343	-$1,112,343

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

The current program breadth of educational opportunities and employment expectations target a very small population of the people served by DBH. Other models may serve to support individuals with serious mental illness (SMI) in a more comprehensive way.

Proposed Changes:

Over the next period, based on stakeholder input and pending Update approval, the Department will be finalizing and releasing an RFP which will result in a contracted program that expands populations served and incorporates promising/evidence based practices and varied service model options to serve a wider range of client needs. The Department has been studying various programs across the country and is looking to incorporate more educational components, increased employment models/types, increased collaboration with community employers, and to incorporate more wellness driven activities and supports aimed at meaningful use of time in addition to formal education and competitive employment.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier:	PEI4317
Program Name and Provider:	**Prevention Services for Children – Sub Abu** *(K-12 – School Based and Prevention Service for Sub Abu) combined & retitle)* Providers: Delta Care, Inc., Central California Recovery, Inc., Fresno New Connections
Date Started:	12/3/2013
Program Description:	Substance use disorder prevention services are provided to Fresno County children ages 17 and under whose parent or guardian is receiving Substance Use Disorder (SUD) treatment services from a Fresno County funded program.

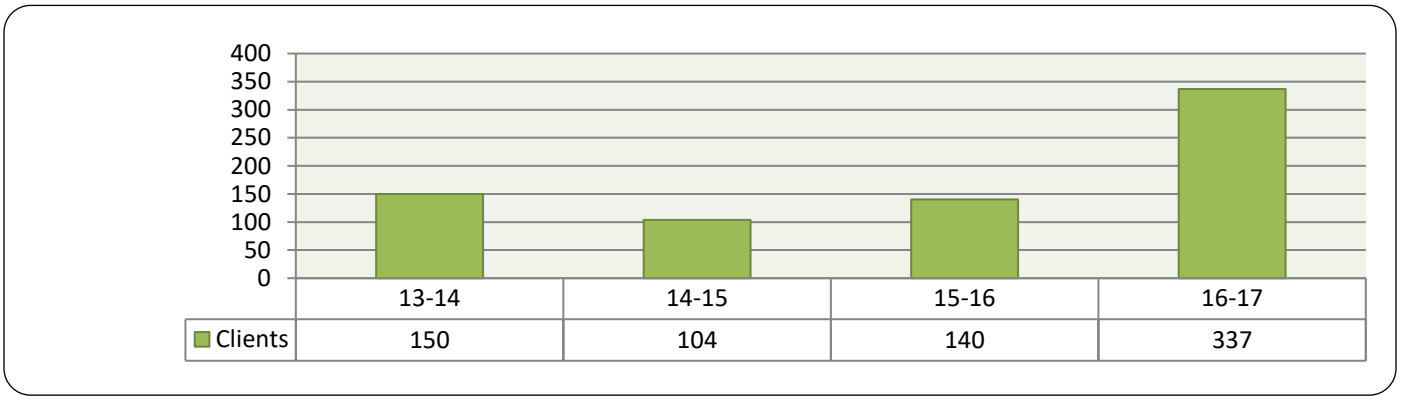
Program Update:

The total number of unique clients served by Family Focused Prevention Services during the 2016-17 fiscal year reached 337, which exceeded contracted goals. Of the three contracted providers only two, Delta Care, Inc. and Central California Recovery, provided services throughout the 2016-17 fiscal year. The Fresno County Department of Behavioral Health Contracts Division – Substance Use Disorder Services intends to solicit additional providers for the upcoming 2018-19 fiscal year to maximize MHSA funding by offering services to a greater number of clients.

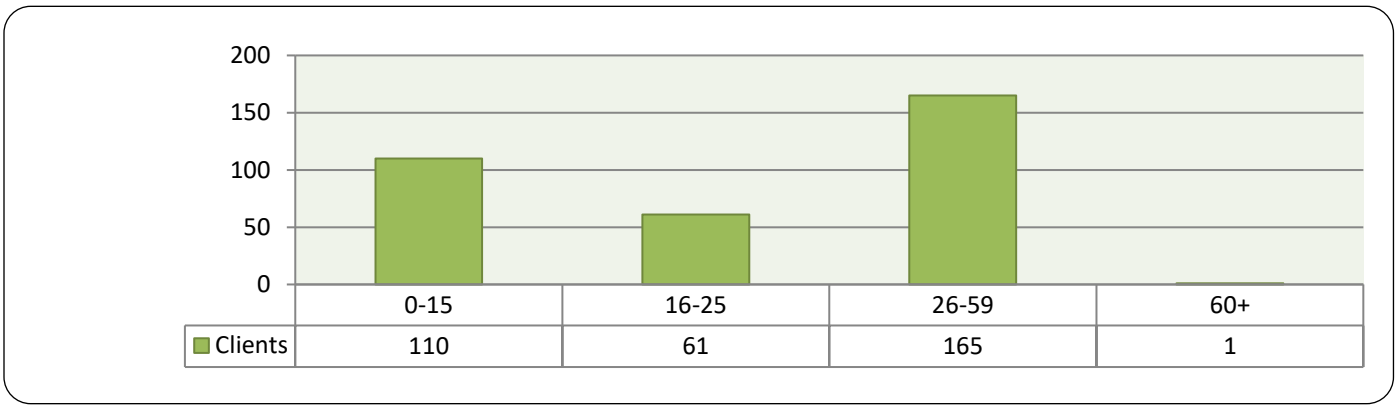
Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

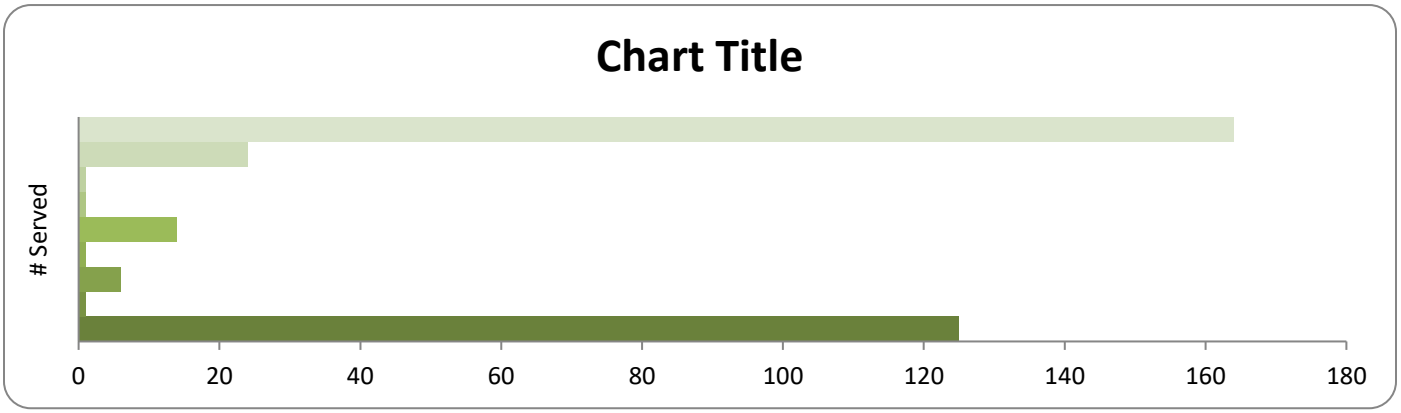
Total Number of Clients Served by Fiscal Year:



FY 2016-2017 Total Number of Clients Served By Age:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $45.32

Cost per Client is based on actual costs ($15,272.94) and actual number served (337) in fiscal year 2016-2017.

MHSA State Approved Allocations: FFPS Master Agreement contract amount is $240,000.

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$240,000.00	**$240,000.00**	**Allocation moved to combined/to Children/Youth/Family Prevention and Early Intervention**	
Change				

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

One Family Focused Prevention Service provider has stated that the reporting requirements are too difficult to manage due to the type of evidence-based program implemented and the limited amount of funds available to them. Further conversations will take place to explore the options available to the provider that will continue to meet all funding requirements and the needs of the families receiving this service.

Proposed Changes:

Increase the number of Family Focused Prevention providers to create a greater geographical reach.
This work plan and its activities will be merged with Children/Youth/Family Prevention and Early Intervention work plan (which is inclusive of the program formerly titled k-12 School Based). Program, activities and allocations will remain.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2016-2017

Work Plan # 3
Cultural/Community Defined Practices
Table of Programs

*= New Program Name
**=Deleted and Combined with Other Program

Status of Program	Program	Type of Funding	Contracted or Internal
Keep	Holistic Cultural Education Wellness Center	INN	Contracted
Enhance	Community Gardens	PEI	Contracted
Enhance	Cultural Based Access Navigation Specialists (CBANS)	PEI	Contracted
Enhance	***Cultural Specific Services*** (Living Well Program)	CSS	Contracted

INN Work Plans, Progress Updates and Proposed Changes

Project Identifier:	INN 4783
Program Name and Provider:	Holistic Cultural Education Wellness Center (Holistic Center) Fresno Center for New Americans
Date Started:	6/19/2012
Program Description:	The Holistic Center contributes to learning of holistic healing practices, with learning goals of increased mental health awareness, reduced stigma/discrimination, increased program capacity and the promotion of wellness and recovery through a developed process that links clients to non-traditional holistic healers within the diverse cultural communities of Fresno County. Vision Bringing together diverse groups of people and cultures who will teach and support one another to achieve overall holistic mental health wellness and recovery. Mission To empower individuals and families to live a well-balanced life in mind, body and spirit.

Program Update:

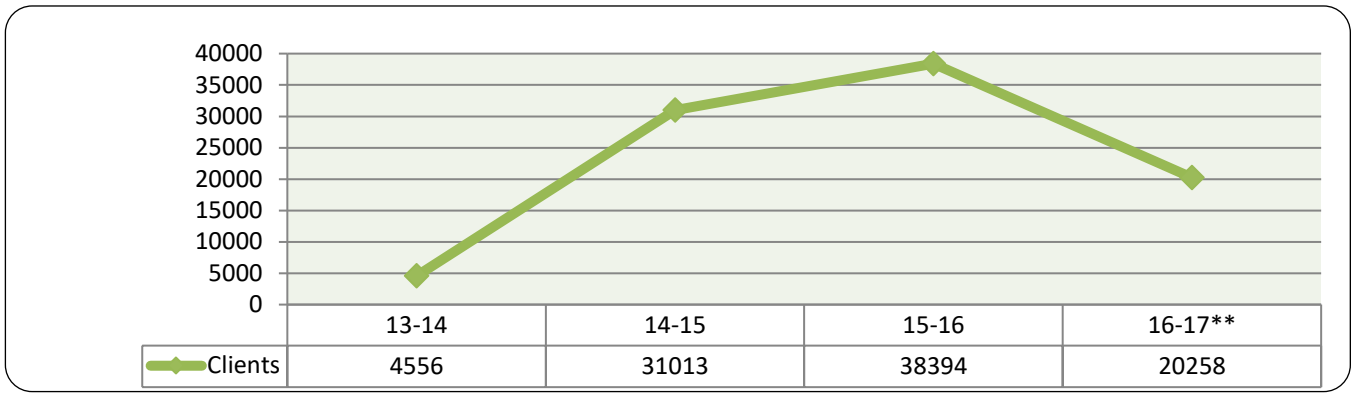
During the reporting period, Fresno County extended the Holistic Center agreement for one additional year for the period of July 1, 2016 through June 30, 2017 as previously approved by the MHSAOC. The additional one year Agreement will allow for continuous programming, additional data collection and enhanced program evaluation. At this time, on a monthly basis, the Holistic Center provides educational services, learning activities and referral/linkage to community services to approximately 2,000 Holistic Center participants who may or may not live with mental illness. Some of the outcome measures include but is not limited to:

- 80% of Holistic Center participants will report satisfaction with services they receive.
- Identification of cultural and linguistic barriers to the behavioral health system and report such to COUNTY.
- Activities/services contribute to learning that enhances or benefits mental health practices.
- A developed and utilized measurable system for identifying promising/best practices learned from the Holistic Center experience.
- A report that clearly describes how the Holistic Center can be replicated in future projects in other locations.
- Increased participant access to behavioral health services.
- All services are participant and family driven.
- Promote participant wellness, recovery and resiliency.
- Increased participant knowledge of risk and resilience/protective factors.
- Increased mental health awareness in the community.
- Participants shall overcome culture-based stigmas related to mental illness.
- Clients will develop coping skills and build resiliency.
- Reduced stigmatizing attitudes/beliefs towards mental illness

Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒ 65 +

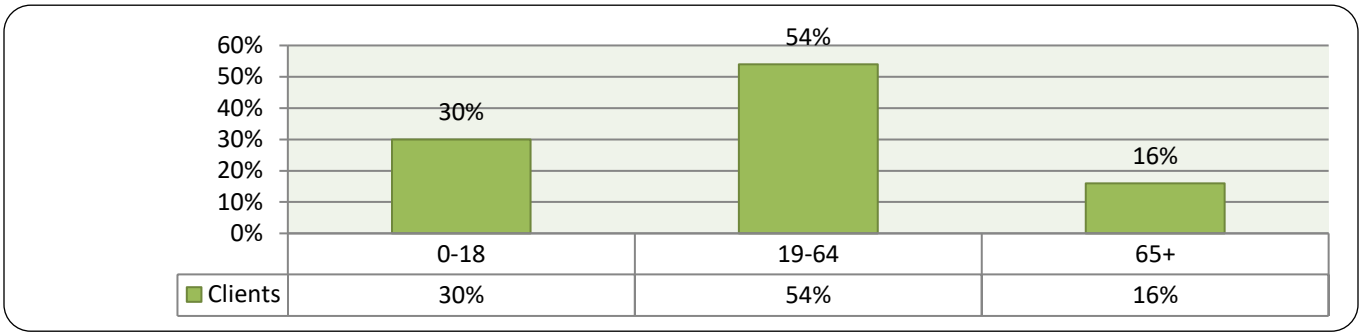
Total Number of Clients Served:



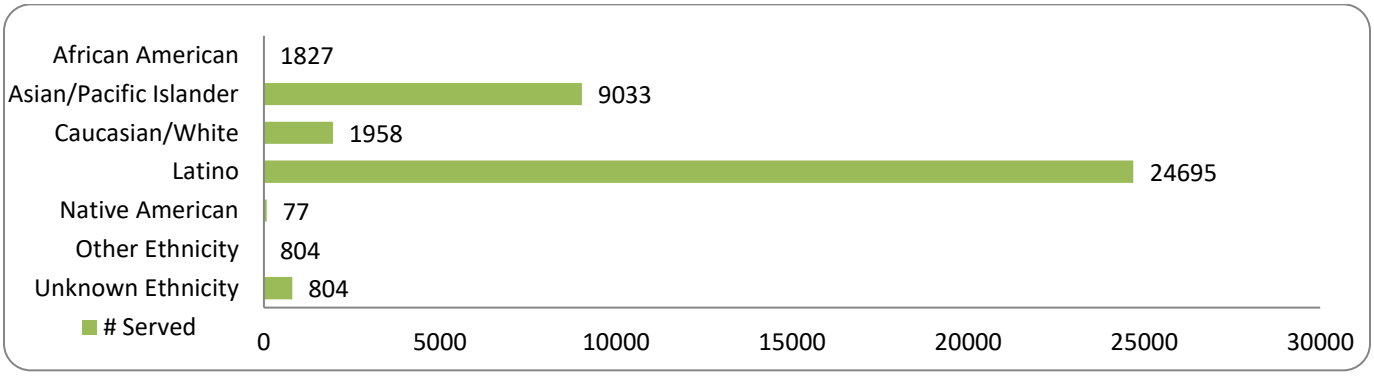
Under new leadership as of FY 14-15, the Holistic Center implemented new types of additional programming that greatly increased the efficiency and effectiveness of reaching more participants, thus the major increase in number of clients served.

**Partial data through 3rd Quarter FY 16/17.

FY 2015-2016 Total Number of Clients Served By Age:



FY2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $17.35

Cost per Client is based on actual costs ($666,070.81) and actual number served (38,394) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$801,202	**$801,202**	**$801,202**	**$801,202**

Change		-$304,483	-$304,483	-$304,483

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

The Holistic Center has learned that many female participants involved in Holistic Center programming are parents of young children. Limiting program participation to only those participants not having children resulted in low participation levels and thus became a programming challenge. Acceptance of mothers with children greatly increased participation but also created a childcare need. The situation was mitigated by hiring a part time childcare provider utilized during programming that involves mothers with children.

Proposed Changes:

The 5 year FCNA/Holistic Center Agreement (FY 11/12 – FY 16/17) will complete its term on June 30, 2017. A RFP was issued in which the FCNA/Holistic Center was selected as the best service provider to meet the County's need for holistic services. The Agreement was approved by the Board of Supervisors on June 20, 2017 to continue Holistic Services as of July 1, 2017 through June 30, 2022, based upon available MSHA funding and successful outcome performance of FCNA as the operator of the Holistic Center. The annual maximum compensation of the Agreement is $896,719. Additional funding will allow the Holistic Center to more effectively track participants referred/linked to community services, thus learning/tracking outcome results from the referral process. Funding will also provide for a part-time childcare provider and subcontracts with agency partners of the Holistic Center in order to expand services, including rural locations.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016

PEI Work Plans, Progress Updates and Proposed Changes

☐ Prevention ☐ Early Intervention ☒ Other (standalone programs focused on outreach)

Project Identifier:	PEI4765
Program Name and Provider:	**Community Gardens*** (Horticultural Therapeutic Community Center) Master Agreement – Multiple Providers (Contracted)
Date Started:	March 8, 2011
Program Description:	The Community Garden Program (**formerly known as Horticultural Therapeutic Community Centers (HTCC)*) provides geographically dispersed new or enhanced gardens throughout Fresno County. Garden sites are a platform for the provision of peer support, outreach and engagement on matters that relate to mental well-being and mental health services, and promotes prevention while performing activities in traditionally and culturally relevant environments to unserved and underserved suburban and rural communities. In addition to a horticultural therapeutic garden, each site includes a covered shelter for informal gatherings and sharing of mental health related information, as well as a site liaison/coordinator and/or project director to facilitate the collaboration of PEI services and activities between community providers, community leaders, and Community Garden participants. The contract services fall within the Cultural/Community Defined Practices (CCDP) work plan.

Program Update:

The Community Garden Program currently includes nine sites providing mental health outreach and education to Fresno's unserved and underserved communities in culturally appropriate and traditional settings. Community garden sites may target specific populations, but are open to all community members including homeless, veterans, and lesbian, gay, bisexual, transgender and questioning (LGBTQ). The list of current providers, their number of sites and target populations are identified below:

- Fresno Interdenominational Refugee Ministries (FIRM) – Hmong/South East Asian (3 sites), African Immigrant/Refugee (1 site) and Slavic/Russian Immigrants (1 site);
- Fresno Center for New Americans (FCNA) – Hmong (1 site);
- Fresno American Indian Health Project (FAIHP) – American Indian (1 site);
- West Fresno Family Resource Center (WFFRC) – African American and Hispanic/Latino (1 site); and
- Sarbat Bhala, Inc. – Punjabi (1 site).

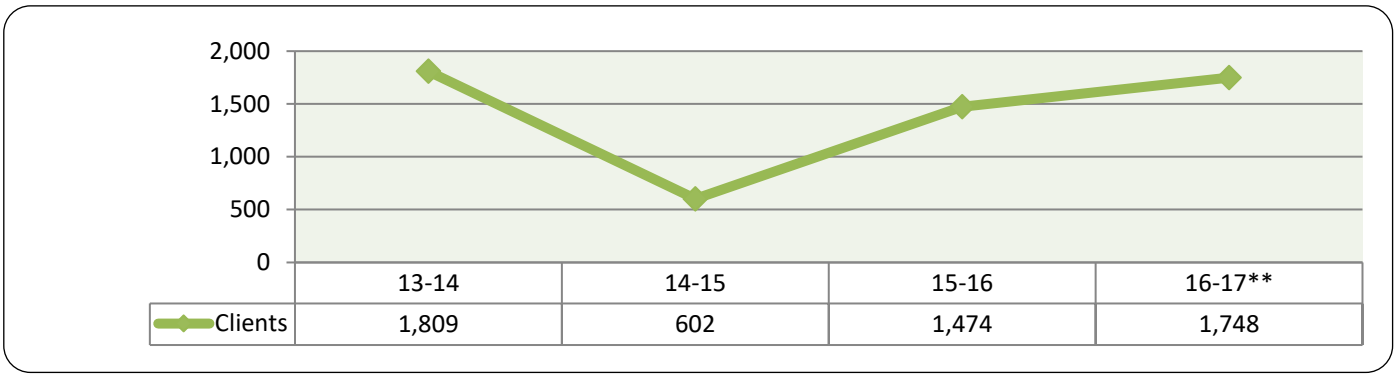
A site relocation was necessary in late FY 2016-17 for Sarbat Bhala, Inc. due to low water resources that prevented cultivation, planting, and/or harvesting activities.

Data statistics below are approximations based on clients who interacted for the first time with the providers through the reporting period. Community Gardens also outreached and increased their presence in communities by holding and participating in 1,462 events, presentations, and workshops.

Ages Served in the Program (check all that apply):

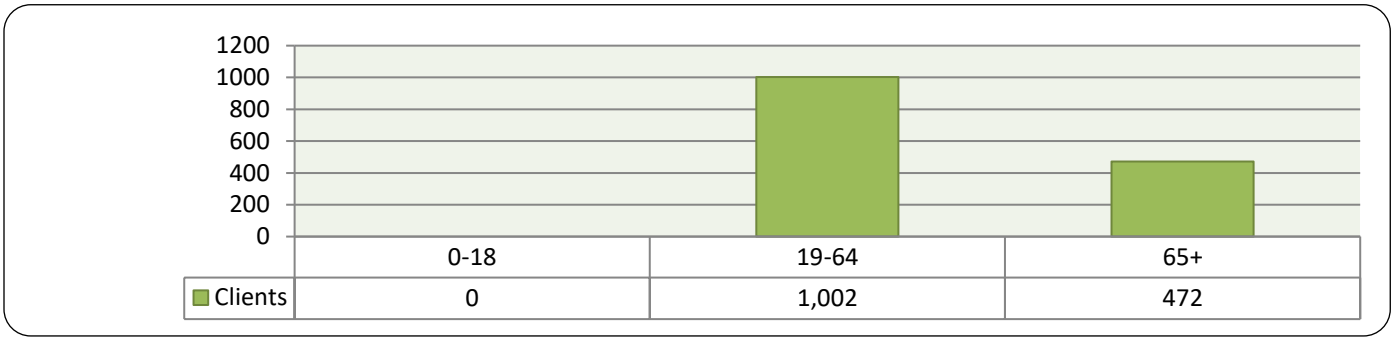
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

Total Number of Clients Served:

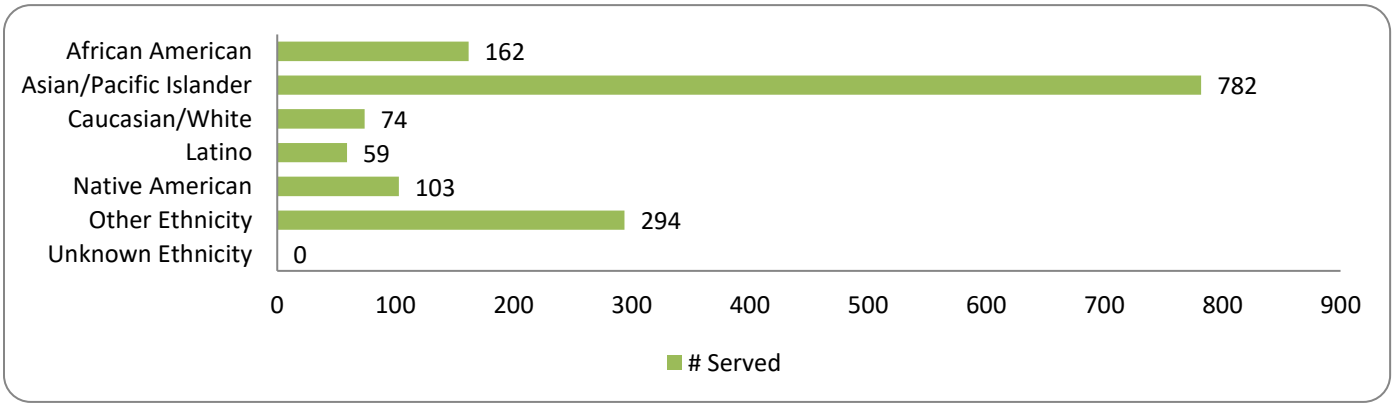


** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $190.67

Cost Per Client is based on actual costs ($281,052.65) and actual numbers served (1,474) in calendar year 2015-2016, all sites combined. The annual cost per client is $190.67; the monthly cost per client is $15.89.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$325,000.00	**$425,000.00**	**$425,000.00**	**$425,000.00**
Change	$100,000↑	**-$200,000**	**-$200,000**	**-$200,000**

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

Water availability is an ongoing barrier due to shortage from drought conditions and high cost. Too many farming activities in one area limit water usage and prevent the cultivation of good crops. FCNA is working with their landowner to install a new pump system. Sarbat Bhala needed to relocate to be able to access an available water source.

There is not enough funding to maintain a full-time liaison to coordinate community garden sites and related mental health support activities. Mental health stigma continues to be a barrier. There is lack of available written materials in all relative languages. Providers have used stipends to engage community volunteers and leaders to participate in outreach activities.

With limited funding, providers are unable to lease additional land needed for clients who want to join the community garden program. Providers maintain waitlists, with an average wait of 3 to 6 months. Some providers have been able to talk to gardeners to share their plots or rotate in after a crop harvest.

Proposed Changes:

Garden sites are intended to be a welcoming environment; surveys and detailed data collection is difficult with participants who would normally not discuss mental health issues or seek traditional treatments. Providers will work on refining data collection and reporting methods for more accurate and useful output on client participation and performance measures.

It is recommended that the program allocation be increased to allow new providers to serve currently unserved populations and rural communities as well as existing providers to address funding barriers including establishing a garden coordinator to provide oversight and further growth and development in each community garden. There has been provider interest to start a LGBTQ-specific community garden site. The contract (annual maximum $325,000) only has $38,364 in funds not currently allocated and available for additional providers/services.

Performance Outcomes: Please see xxxxxxx for outcomes reported for FY 2015-2016.

PEI Work Plans, Progress Updates and Proposed Changes

☐ Prevention ☒ Early Intervention ☐ Other (standalone programs focused on outreach)

Project Identifier:	PEI4764
Program Name and Provider:	Cultural Based Access Navigation System (CBANS) Master Agreement – Multiple Providers (Contracted)
Date Started:	10/11/2011
Program Description:	Prevention & Early Intervention evidence based practice/program similar to the "Promotores de Salud", or Promotors of Health, outreach model, where community health workers act as change agents within their naturally occurring social networks. The program consists of Community Health Workers and Peer Support Specialists providing advocacy and liaison services between the mental health system, other systems, and cultural communities within Fresno County. Services are provided under a master agreement with multiple providers, each serving unique target populations. The contract services fall within the Cultural/Community Defined Practices (CCDP) work plan.

Program Update:

Cultural Based Access Navigation System (CBANS) provides linguistically and culturally appropriate, universal mental health education, prevention and early intervention services to underserved and unserved communities under a master agreement with multiple providers, each serving unique target populations. Providers are also able to serve members from any culture as well as veterans, homeless and lesbian, bi-sexual, gay, transgender, and questioning (LBGTQ) members within the community.

A Request for Proposal released in January 2016 resulted in five providers being selected for services effective July 1, 2016. Providers are listed below with the primary populations they served:

- Fresno American Indian Health Project - American Indians;
- Centro La Familia - Hispanics/Latinos;
- Fresno Interdenominational Refugee Ministries - Southeast Asians;
- West Fresno Family Resource Center - Hispanics/Latinos and African Americans; and
- Sarbat Bhala - Punjabi.

There were no provider changes except for Kings View, who did not submit a proposal to continue serving the homeless and faith-based organizations.

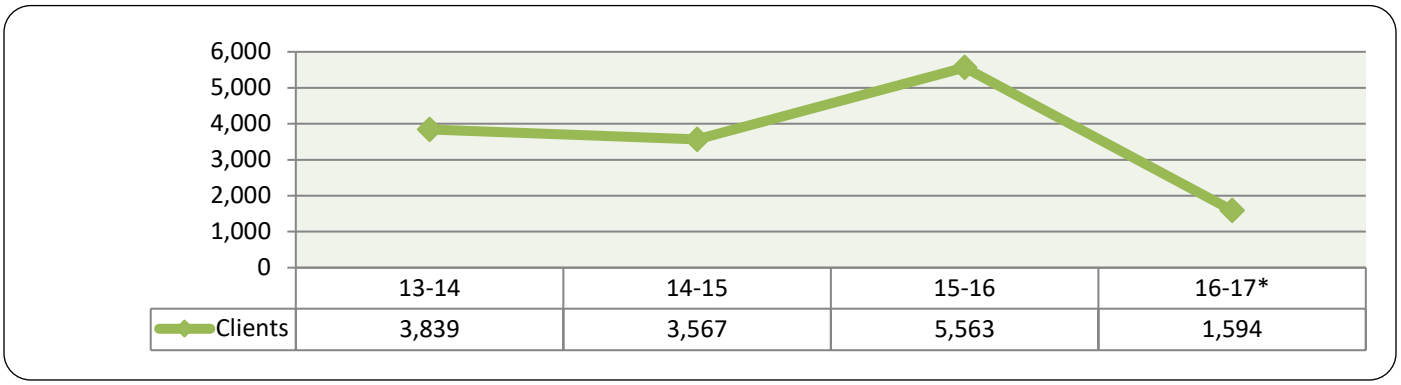
In February 2017, the contract was amended to reallocate additional funding to Fresno Interdenominational Refugee Ministries in order to serve the needs of Syrian refugees in the community.

Data statistics below are approximations based on clients who interacted for the first time with the providers through direct services, referrals, support groups and targeted trainings during the reporting periods. In FY 2015-16, CBANS outreached to over 20,000 consumers, families and community members at events, presentations, workshops and media campaigns.

Ages Served in the Program (check all that apply):

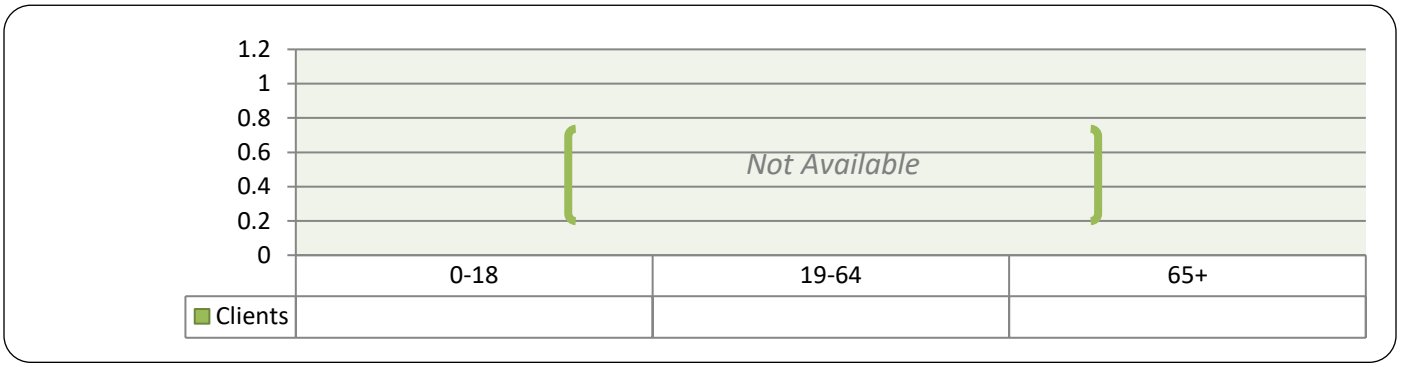
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

Total Number of Clients Served:

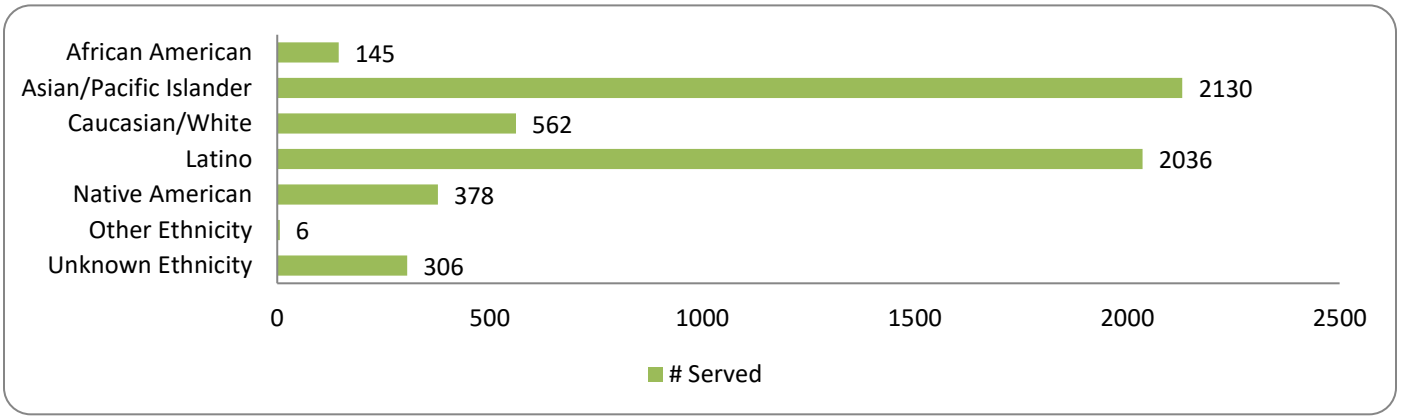


* Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $90.00

Cost per Client is based on actual expenditures ($500,672.46) and actual number of unique clients served (5,563) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$551,633	**$701,633**	**$701,633**	**$701,633**
Change	$150,000↑			

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

The lack of resources/funding is a barrier to hiring additional staff needed to cover more areas that are rural and provide the depth of services/follow up required for clients to become stable. Additionally, there is not enough staff time to develop the trust and relationships required to ensure ongoing client success and/or prevent and reduce symptom relapse in these unique target populations. Clients are reluctant to provide demographic information due to distrust of local government and/or political climate based on their past cultural experiences. CBANS continues to work with other community providers to provide appropriate services in remote and rural locations.

Language/communication is an additional area in need of resources. Translations of resource materials and interpreters are available, but these may not be culturally specific.

Proposed Changes:

Providers will work on refining data collection and reporting methods for more accurate and useful output on client participation including demographics such as age as well as performance measures.

It is recommended that the program allocation be increased to allow new providers to serve currently unserved populations from cultural and rural communities and existing providers to address funding barriers. The contract (annual maximum $551,633) only has $871 in funds not currently allocated and available for additional providers/services.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4524
Program Name and Provider:	**Cultural Specific Services*** (Living Well Program) Fresno Center for New American and TBD
Date Started:	08/25/2009
Program Description:	The enhancement of this program will create network of culturally informed providers, specific vendors and activities to be determined. The Living Well Program (LWP) is a culturally competent, linguistically accessible community-based program that provides outpatient specialty mental health services to non SMI Asian Pacific Islander (API) adults in Fresno. The LWP also provides clinical training and supervision of students that are obtaining required hours for licensure, thereby increasing the capacity of licensed API mental health professionals in our community. Program enhancements being sought will include services for SMI individuals across multiple populations.

Progress Update:

During FY 2015-16 with a Board approved contract amendment that is aligned with Three-Year Plan funding was increased to this program in order to:

* increase capacity from 95 to 120 unique clients to be served at any given time;
* added 1.5 FTE of a bilingual and bicultural Peer Support Specialist (PSS);
* provide up to four stipends for bilingual and bicultural students.

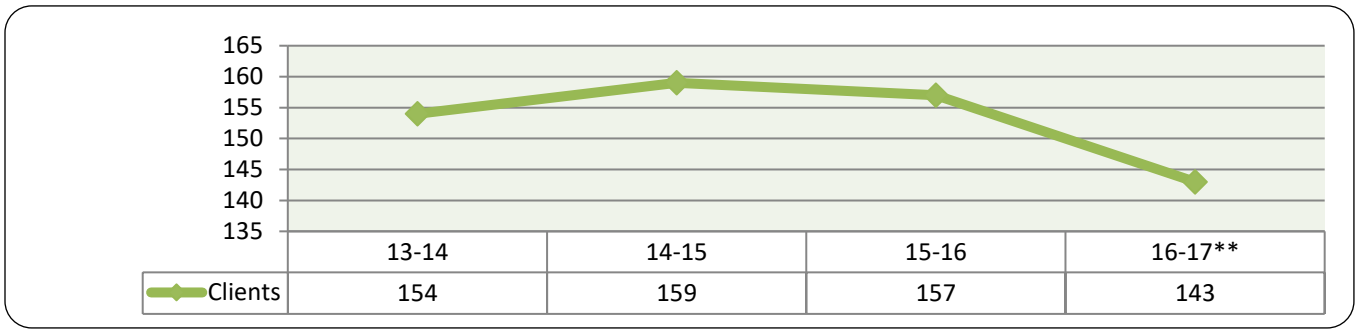
Specific to Clinical Training Services:

2 undergraduate social worker students completed their required field practicum hours.
2 graduate level interns hired.
1 graduate Associate Social Worker continuing to earn 3,000 hrs.
Allocation reporting shows the Board approved increase as sought in the Three Year Integrated Plan.

Ages Served in the Program (check all that apply):

☐ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

Total Number of Clients Served:

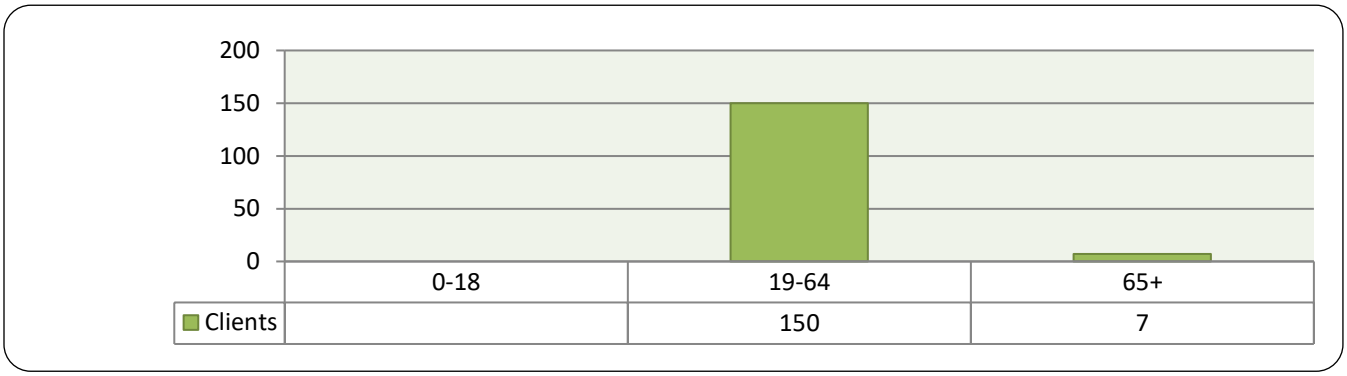


	13-14	14-15	15-16	16-17**
Clients	154	159	157	143

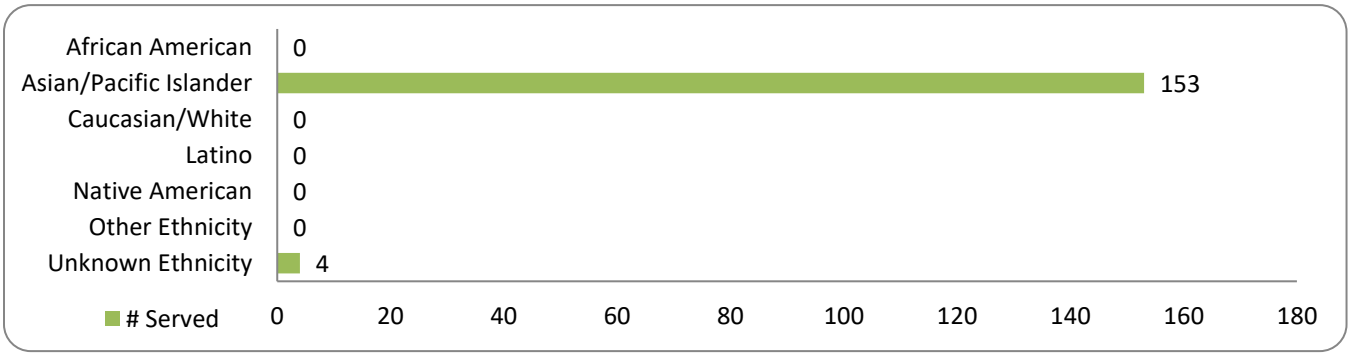
***Updated numbers from 3 year plan.**

** Partial data for FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $3,041.09

Cost per client is based on actual cost ($477,450.90) and actual number served (157) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$644,626	**$644,626**	**$644,626**	**$644,626**
Change		+ $ 866,352	+ $ 866,352	+ $ 866,352

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

The original program design was for the treatment of persons who did not have serious mental illness. Since the time of the program's original implementation, the Affordable Care Act has significantly increased access to Medi-Cal for many community members and services for persons with mild-moderate impairments are available through the managed care health plans. However, there remains a great need for services to persons with serious mental illness across many unique cultural groups, including API.

Proposed Changes:

Specific to the current vendor in this summary sheet, exploration of organization and staff readiness to serve an SMI population will be initiated. The current services will remain intact while the Department seeks expansion of Culture Specific Services. The enhancement in this update is specific to adding populations to be serve at this time

The overall plan for Culture Specific Services is to increase the number of cultures served, the breadth of service, the number of persons served, and the levels of care provided. An RFP will be created to solicit proposals that demonstrate a unique blend of traditional mental health services and non-traditional culture based treatments and supports that will serve our SMI clients in an integrated model. Programs would service one or more levels of care and provide holistic behavioral health care immersed in client culture. Clients who prefer to receive care within the context of their identified culture would be fully immersed in a comprehensive program.

As more robust Culture Specific Service programs are procured, current DBH staff working in county-operated culture specific programs will be redirected to provide support across all levels of care; these staff will provide expertise, language capacity, and culturally relevant care through direct services and consultation across levels within the context of multidisciplinary teams. This will enhance the understanding, sensitivity, and capacity across DBH county-operated treatment teams.

DBH will continue to explore and develop opportunities for increased diversity of staff, language and culture, through recruitment, partnership with universities, and collaboration with cultural community leaders, ongoing annual staff development, and RFP development.

Specific populations targeted through the enhanced Culture Specific Services plan but include and are not limited to):
Asian Pacific Islander
Native American
African American
LGBTQ
Punjabi

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

Work Plan # 4
Behavioral Health Clinical Care
Table of Programs

*= New Program Name
**=Deleted and Combined with Other Program

Status of Program	Program	Type of Funding	Contracted or Internal
Keep	Children's Expansion of Outpatient Services	CSS	Contracted
Keep	Co-Occurring Disorders Full Service Partnership (FSP)	CSS	Contracted
Keep	Crisis Stabilization Voluntary Services	CSS	Contracted
Keep	Functional Family Therapy	PEI	Contracted
Keep	Older Adult Team	CSS	Internal
Keep	Perinatal	PEI	Internal
Keep	Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	CSS	Contracted
Keep	Vista	CSS	Contracted
Enhance	AB 109 - Outpatient Mental Health & Substance Services	CSS	Contracted
Enhance	AB 109 Full Service Partnership (FSP)	CSS	Internal
Enhance	Children & Youth Juvenile Justice Services - ACT	CSS	Contracted
Enhance	Children Full Service Partnership (FSP) SP 0-10 Years	CSS	Contracted
Enhance	Enhance Rural Services-Full Services Partnership (FSP)	CSS	Contracted
Enhance	Enhance Rural Services-Outpatient/Intense Case Management	CSS	Internal
Enhance	Medications Expansion	CSS	Internal
Enhance	RISE	CSS	Internal
Enhance	School Base Services	CSS	Internal
Enhance	Transitional Age Youth (TAY) - Department of Behavioral Health	CSS	Internal
New	Assertive Community Treatment	CSS	Unknown
New	Wellness Integration and Navigation Supports for Expecting Families	PEI	Unknown
Delete	***First-Onset Team*** (Transitional Age Youth (TAY) - Department of Behavioral Health)	PEI	Internal

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4316
Program Name and Provider:	Children's Expansion of Outpatient Services Fresno County Department of Behavioral Health - Children's
Date Started:	October 2014
Program Description:	This program is designed to improve timely access and incorporate specific mental health treatment interventions for the target population that includes Medi-Cal eligible and underinsured/uninsured infants through age 17. Some of the staff will have expertise or will be trained in infant and early childhood mental health and others will have or be trained in evidence-based therapeutic interventions/practices (i.e., Trauma-informed Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), Motivational Interviewing, etc.) that will achieve the desired treatment outcomes.

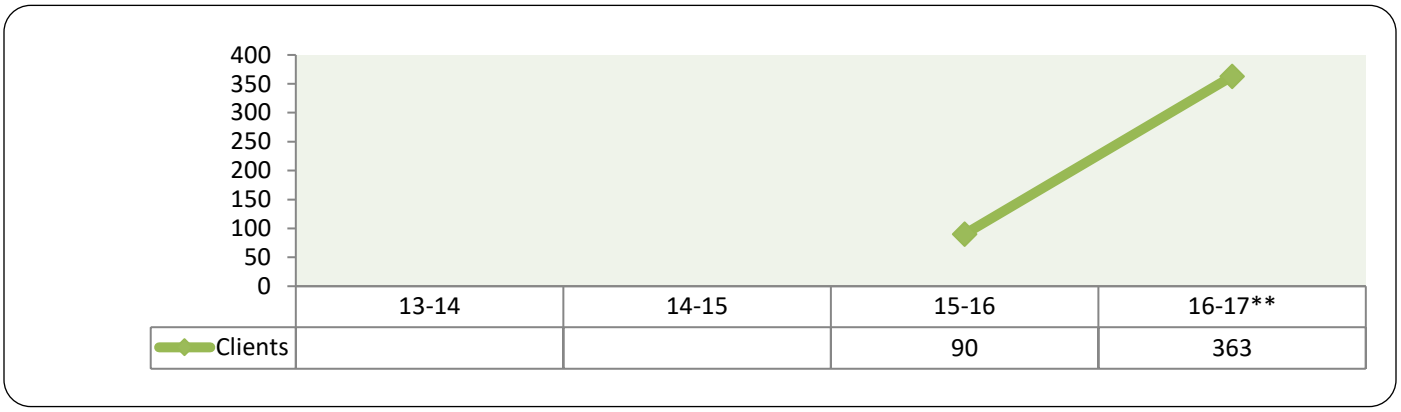
Program Update:

The program lost one of four clinicians in February 2017 that has yet to be replaced. DBT training and Motivational Interviewing will be available this coming fiscal year. EMDR is actively being used.

Ages Served in the Program (check all that apply):

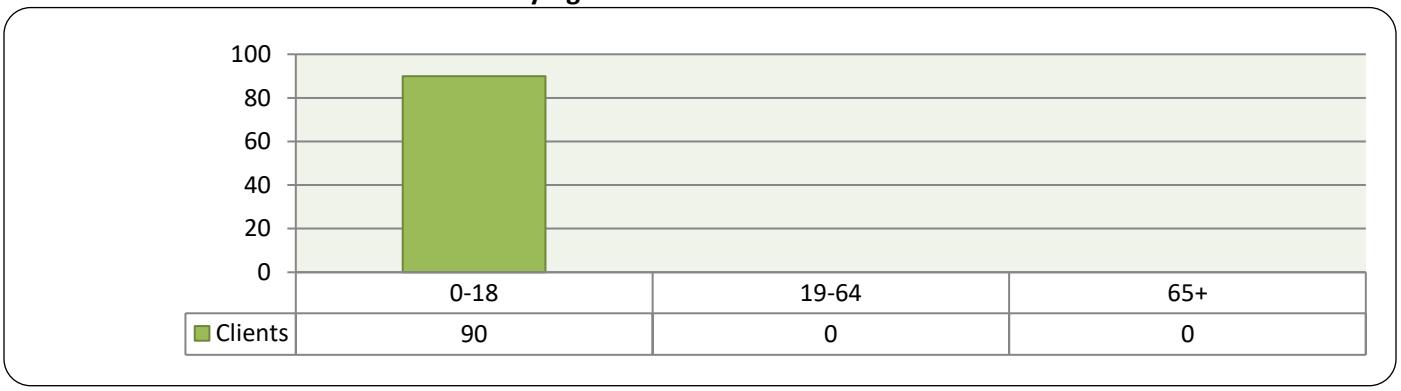
☒ **0-15** ☒ **16-25** ☐ **26-64** ☐ **65 +**

Total Number of Clients Served:

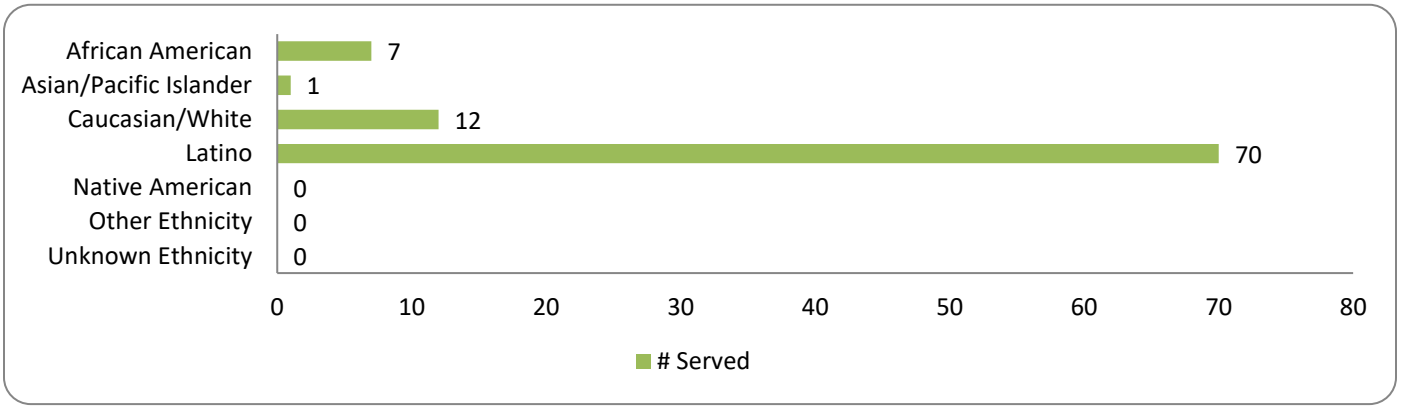


** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.0

Cost per Client is being Calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,044,199	**$1,044,199**	**$1,044,199**	**$1,044,199**
Change		-$500,000	-$500,000	-$500,000

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

The barriers were staff shortage; and DBT and Motivational Interviewing training not being available to staff this fiscal year. The program will be actively hiring to mitigate staff shortage.

Proposed Changes:

None

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4563
Program Name and Provider:	Co-Occurring Disorders Full Service Partnership (FSP) Mental Health Systems, Inc. (Contracted Provider)
Date Started:	7/21/2009
Program Description:	Full Service Partnership program that provides/coordinates mental health services, housing, and substance abuse treatment for seriously and persistently mentally ill adults and older adults; also provides 3 substance abuse residential beds.

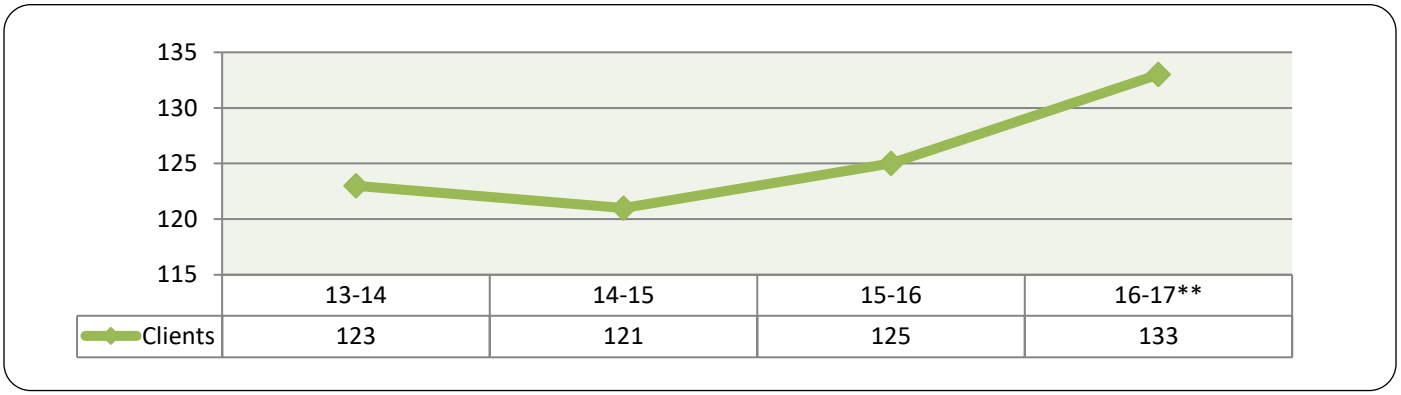
Program Update:

Mental Health Systems was the new provider for this service effective June 1, 2014, and is now commonly referred to as the "Fresno IMPACT" program. The scope of services and target population have remained the same under Mental Health Systems. Recently, a client recreation center and new medical clinic were added. Clients are now able to meet with the psychiatrist, registered nurse and LVN in a more private and therapeutic environment.

Ages Served in the Program (check all that apply):

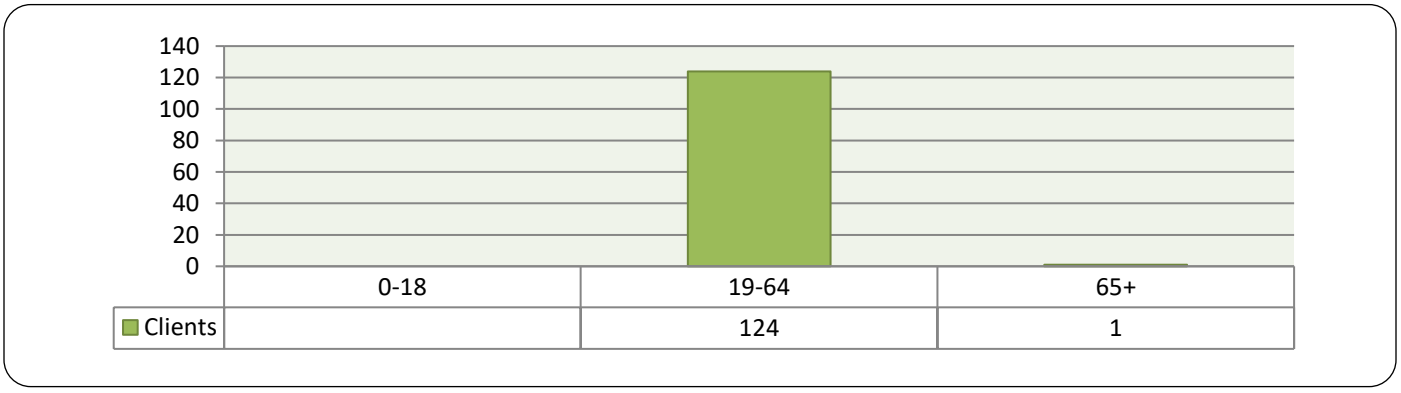
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:

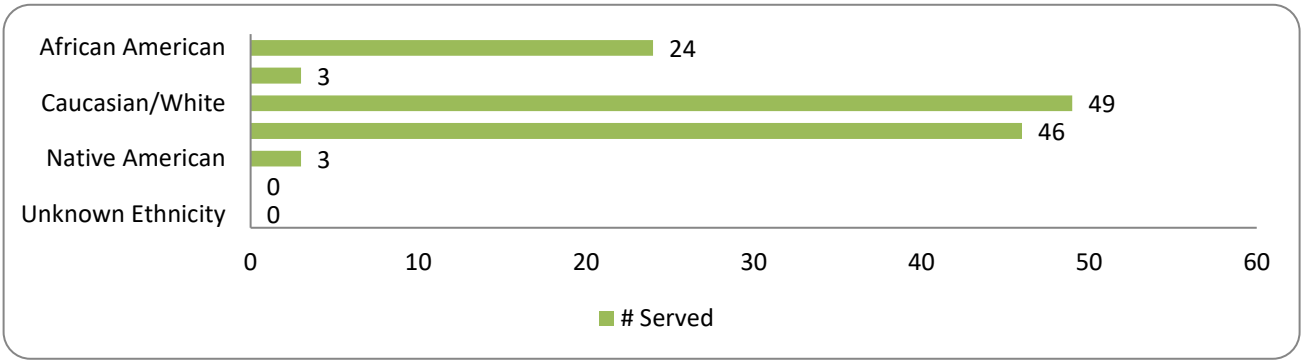


** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.0

Cost per Client is being Calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,818,064	**$1,818,064**	**$1,818,064**	**$1,818,064**
Change		-$1,240,792	-$1,240,792	-$1,240,792

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

The program has recently seen an increase in client referrals. With this comes a difficulty with engagement due to lack of client information on many referrals. The program has been increasing their contact with referral sources and community providers in order to engage clients at the referral site.

Proposed Changes:

The program believes it would be beneficial to increase their staffing by two case managers who can work solely with new clients in the first 30 days of their arrival to increase program engagement.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS2110
Program Name and Provider:	Crisis Stabilization Voluntary Services Exodus Recovery, Inc. (Contracted)
Date Started:	5/4/2012
Program Description:	Exodus Recovery, Inc. (Exodus) operates an LPS designated Crisis Stabilization Center (CSC) providing psychiatric crisis stabilization services to adult clients 18 years of age and older who would otherwise access care in an emergency department. Individuals who experience a mental health crisis or are in imminent danger of presenting a risk to themselves, others or becoming gravely disabled are able to immediately access care 24/7, 365 days per year at the Exodus CSC. In 2014, services were added for youth clients up to 18 years of age.

Program Update:

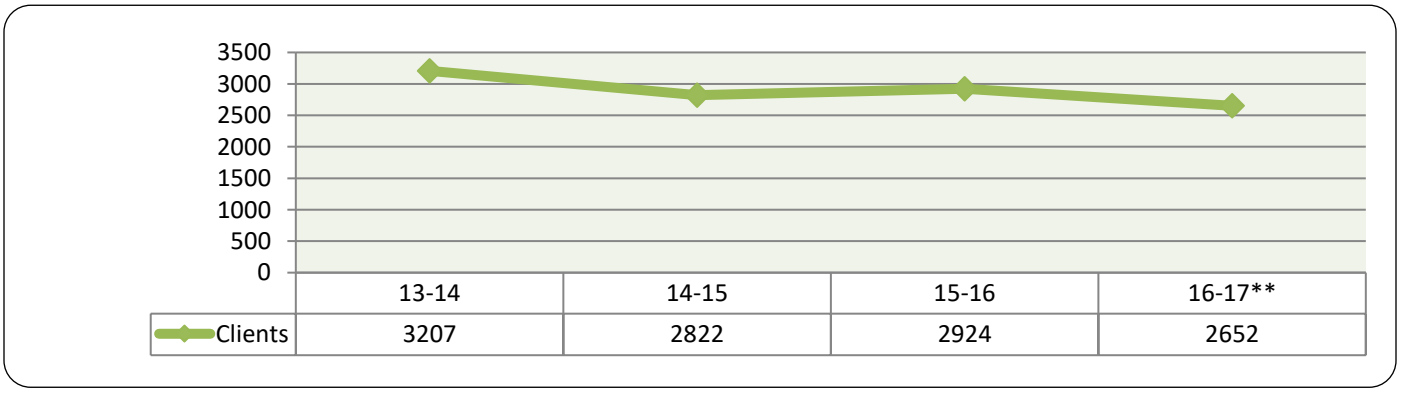
This program was designed to designate MHSA funding for services specific to adult clients receiving voluntary crisis services. Seeking voluntary crisis services is an important component of wellness and recovery as well as supporting education to clients and families to help identify and respond to triggers prior to a crisis incident. Funding provides support, staffing, education and materials that integrate recovery into crisis intervention and post-crisis planning. At the time of this annual update, these designated funds had not been accessed; therefore, the reporting below provides an overview of the census of the entire Exodus program for the year and does not specifically speak to the voluntary service component.

- FY 2015-16 total number of admissions was 8,320, of which 6,036 (73%) were referred to non-hospital resources. The total number of admissions is reflective of all client admissions, including multiple admissions for a single client.
- Between July 1, 2016 and March 31, 2017, the total number of admissions was 4,888, of which 3,292 (67.3%) were referred to non-hospital resources. The total number of admissions is reflective of all client admissions, including multiple admissions for a single client.
- A new contract began 7/1/2016 for youth and adult crisis stabilization services and also added the operation of the State-mandated toll-free answering service (Access Line) 24 hours a day/7 days a week, beginning 9/1/2016.
- Six additional chairs were added, to be used in emergency situations when there is an overflow of new clients while current clients are awaiting placement. The chairs may be used for youth or adult, as needed.

Ages Served in the Program (check all that apply):

☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

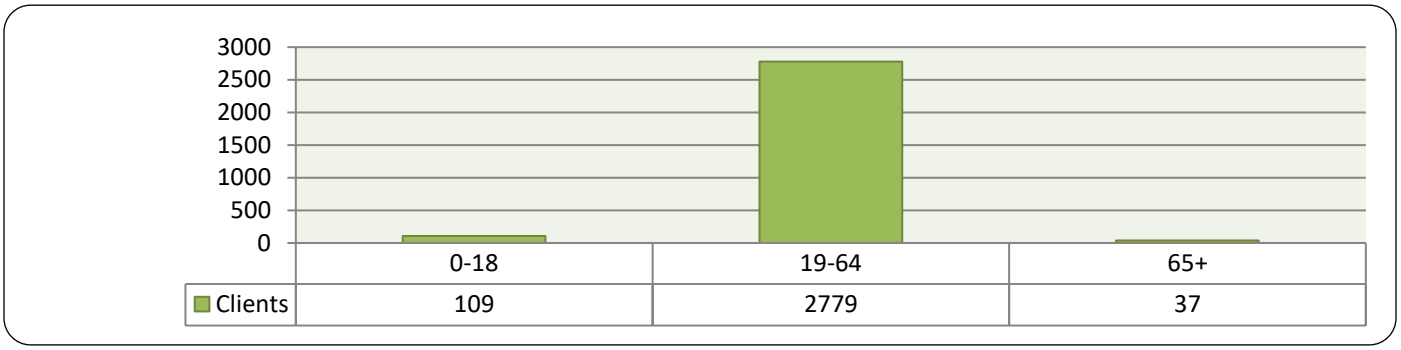
Total Number of Clients Served:



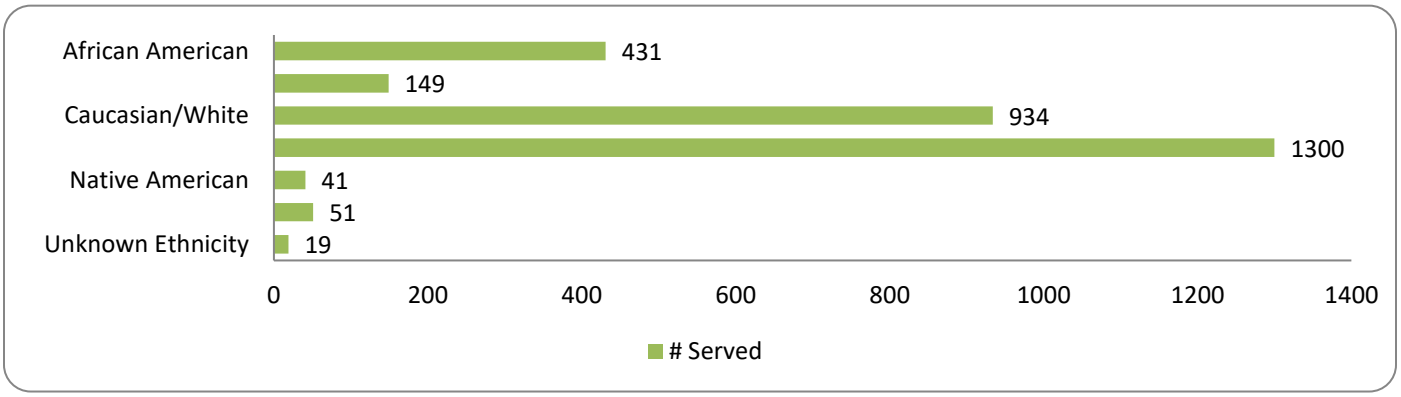
*Updated numbers from 3 year plan.

** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.0

Cost per Client is being Calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$450,000	**$450,000**	**$450,000**	**$450,000**
Change				

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

An internal process to access and use these funds were not identified or implemented in FY 2016-17. The unused funds have been identified internally and a process to utilize these MHSA funds will be resolved during the next fiscal year.

Proposed Changes: Per MHSUDS Information Notice 16-034 these funds may be used for both voluntary and involuntary clients. This clarification will help to establish a set process for the utilization of the allocated/designated funds and include support for the involuntary clients admitted to the CSC, as well.

Additionally, Exodus Recovery, Inc. has submitted a proposed idea for a pilot program to DHCS to provide enhanced program services for clients who, due to unavailability of beds for placement, end up staying longer than the designated 24 hours in the CSC. The proposal provides that this program would be located within the premises of the current facility, staffed separately with an estimated two or three part-time staff members to provide ongoing intensive treatment and linkage, as needed, as well as group and individual therapy. DBH executive leadership will review this and other proposals for approval to be initiated within FY 2017-18.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

PEI Work Plans, Progress Updates and Proposed Changes

☐ Prevention ☒ Early Intervention ☐ Other (standalone programs focused on outreach)

Project Identifier:	PEI4321
Program Name and Provider:	Functional Family Therapy Comprehensive Youth Services
Date Started:	4/20/2007
Program Description:	Functional Family Therapy (FFT) is a twelve-week (minimum), mental health intervention service for families. Therapy is provided to the family unit of consumers aged 11-18 years who have disruptive behaviors, family conflict, and/or risk of involvement in the juvenile justice system. Services are provided to the entire family in the convenience of their own home.

Program Update:

There were a few staffing transitions that occurred in FFT. FFT was able to hire most positions within a timely manner, so there was little disruption is services to clients. Comprehensive Youth Services (CYS) applied for and received at grant from the County of Fresno Department of Social Services to open a Family Resource Center (FRC) beginning in July 2017. CYS FFT will be co-locating services at the FRC to increase accessibility to the rural communities.

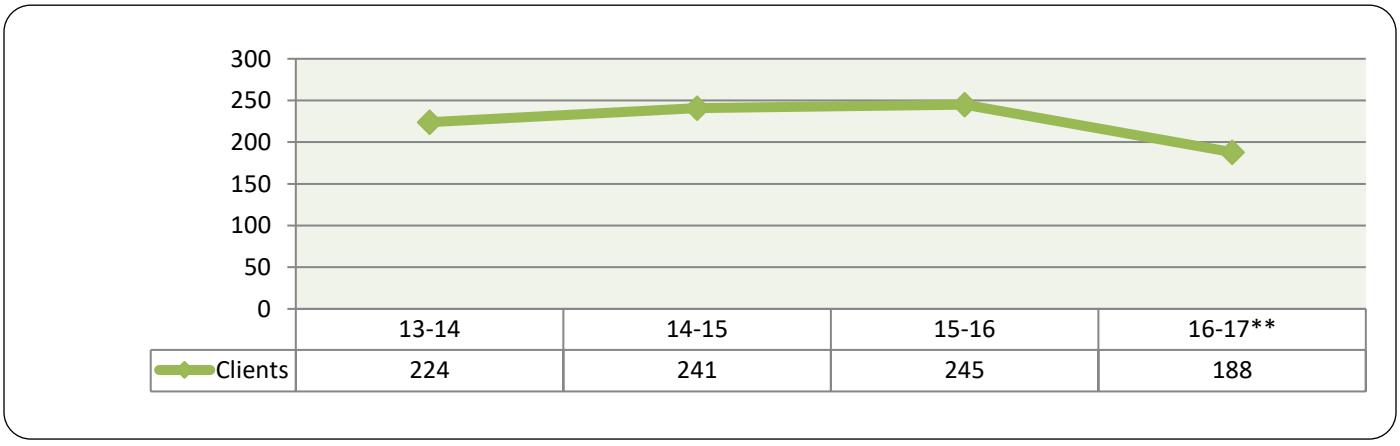
The FFT program was expanded effective July 11, 2017, upon approval by the County of Fresno Board of Supervisors. The expansion increased funding for resources and staff to help diminish the waitlist, provide timely mental health services and supports to youth and their parents and caregivers. The expansion increased the number of case managers from three to four, and increased the number of therapists from 10 to 14.

The FFT program was evaluated in a research study, conducted by Trylon Evaluation and Performance Monitoring and funded by the Mental Health Services Oversight and Accountability Commission, regarding the cost benefit/return on investment of providing evidenced-based services. The study was completed in March 2017 and cited the CYS FFT program as one of two evaluated programs in the report. The study found that there is a significant cost savings benefit and return on investment with regard to the CYS FFT program.

Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☐ 26-64 ☐65 +

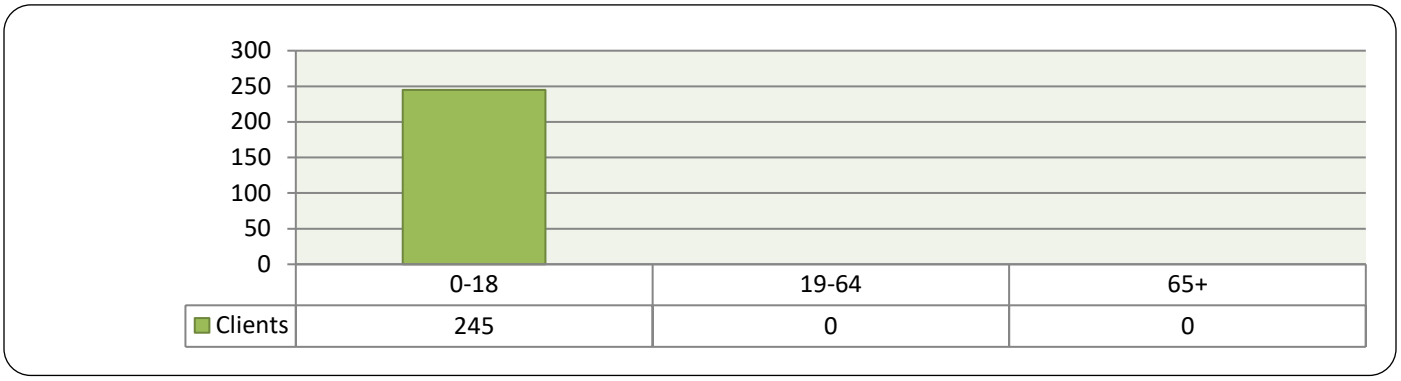
Total Number of Clients Served:



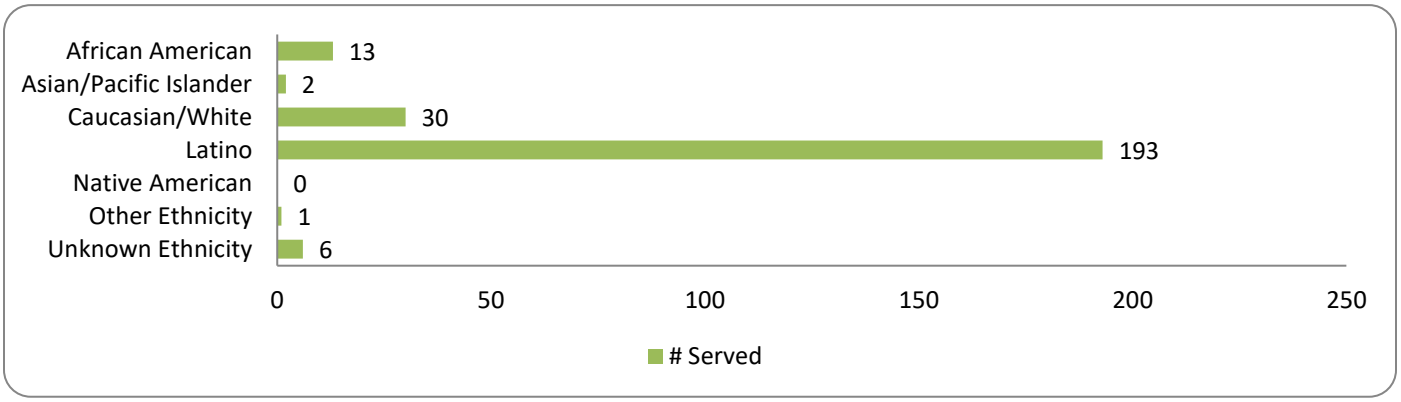
*Not Available

** Partial data through 3rd Quarter FY 16/17

FY 2016-2017 Total Number of Clients Served By Age:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $3,363.32

Cost per client based on actual costs ($824,013.69) and actual number served (245) for the period of July 1, 2016 through March 31, 2017. This calculation only accounts for services provided to the identified client, although FFT also serves the identified client and his/her family, as needed.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$571,810.00	**$571,810.00**	**$571,810.00**	**$571,810.00**
Change		-$250,000	-$250,000	-$250,000

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

As usual, FFT had a significant wait list throughout the year. There was some turnover in staffing but the program continues to receive more referrals than it can provide services. CYS requested an expansion of the program to increase from 10 to 14 therapists, and to add an additional Case Manager/Parent Partner to increase from three to four. An amendment to expand FFT was approved on July 11, 2017.

Proposed Changes:

There are no proposed changes at this time as an amendment to expand services and funding was approved on July 11, 2017 and FY 17-18 is the final year of this agreement term.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4610
Program Name and Provider:	Older Adult Team Fresno County Department of Behavioral Health
Date Started:	10/1/08
Program Description:	Metropolitan and rural services for older adult consumers. Staff partner with primary care physicians and APS for outreach and engagement of services to seniors.

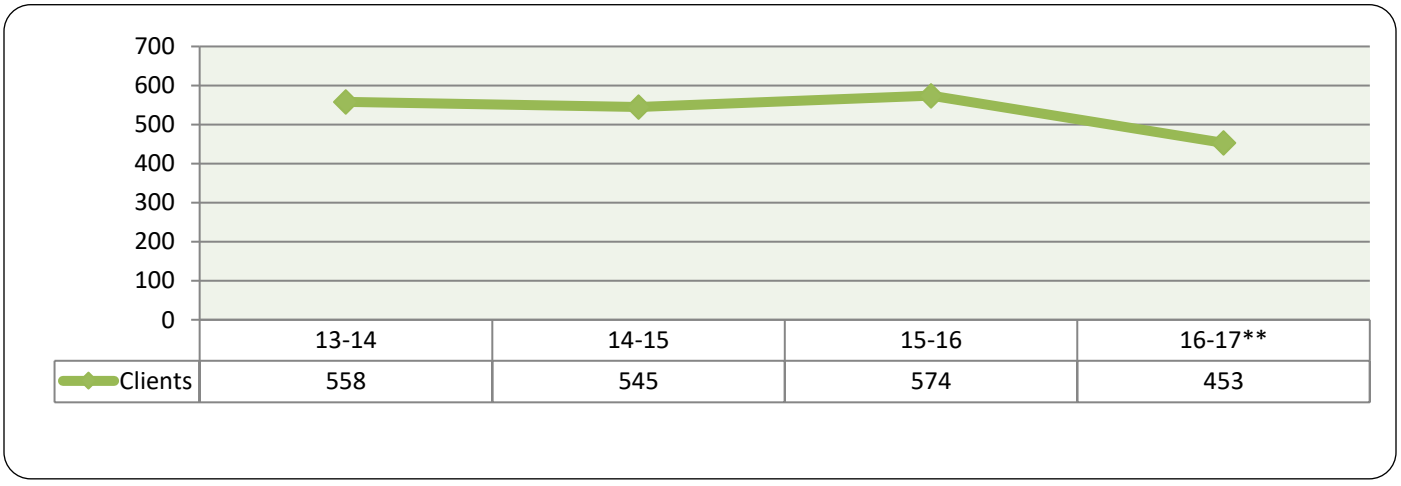
Program Update:

Older Adult Team's mission is to provide, through the utilization of a culturally competent, strength-based, solution focused, wellness oriented and client centered approach to treatment, outpatient mental health services to older adults (seniors) ages 60 years and older with a mental disorder and significantly impaired functioning. Goals include outreach and engagement of services to seniors to reduce incarcerations, homelessness, and hospitalizations and to make access to mental health services more convenient to seniors and their families. Outreach to increase access has included consultations with Adult Protective Services and co-response with that agency to seniors with potential mental disorders with significantly impaired functioning. Staff position totals will be changed from 5 clinicians and 5 community mental health specialists (CMHS) positions to 6 clinicians and 4 CMHS positions to provide sufficient clinicians for high fidelity Cognitive Behavioral Therapy for psychosis (CBTp) and Dialectical Behavior Therapy (DBT), and to ensure adequate clinical support for CMHS staff. CBTp, DBT, Motivational Interviewing, and Wellness Recovery Action Plan (WRAP) are the Evidence Based Practices for this program. Program runs M-F, 8am-5pm.

Ages Served in the Program (check all that apply):

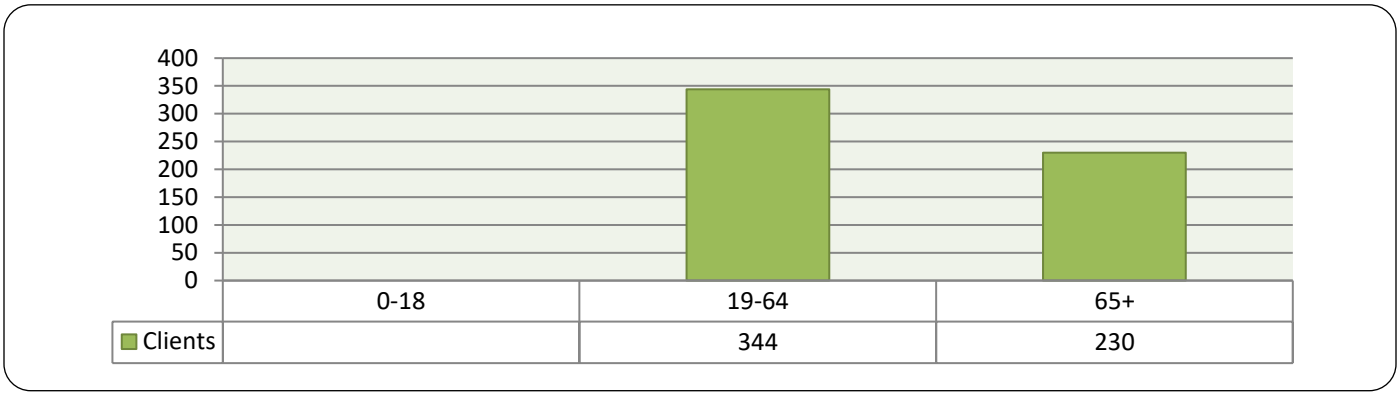
☐ **0-15** ☐ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:

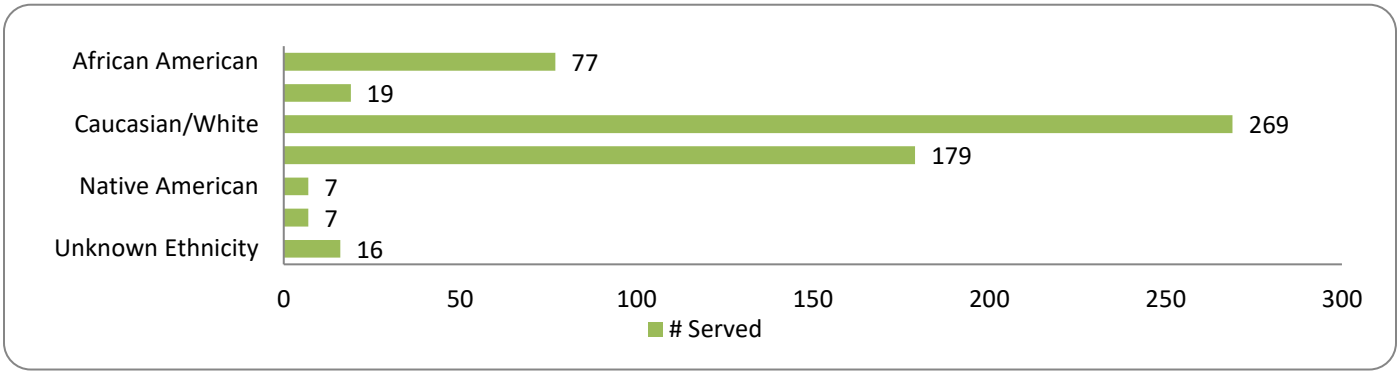


** Partial data for FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $2,324.00

Cost per Client is based on actual costs ($1,333,975.22) and actual number served (574) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,817,688	**$1,817,688**	**$1,817,688**	**$1,817,688**
Change		-$917,688	-$917,688	-$917,688

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

Transportation continues to be a barrier to accessing services such as group therapy. The lack of resources including a senior center. Existing resources are not designed for the specific needs of seniors including housing and day treatment. There are limited resources for people with co-occurring medical issues including the needs for integrated care and specialty housing.

Proposed Changes:

The program is exploring access to a financing recovery support activities to supplement the specialty mental health services with recovery oriented practices and activities. This includes a broad range of supports and services not typically associated with traditional mental health. The program will continue to work on relocation of this program to the first floor with sufficient space. This will continue to provide ongoing opportunities to interface with other services related to support of the elderly.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention ☒ Early Intervention ☐ Other (standalone programs focused on outreach)

Project Identifier:	PEI4314
Program Name and Provider:	Perinatal Fresno County Department of Behavioral Health - Adult
Date Started:	04/05/10
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 now staffed with three Public Health Nurses to evaluate and provide preventive services to mother and baby. Services are open to women who experience first onset of mental disorders during the period, pregnancy and up to a year postpartum.

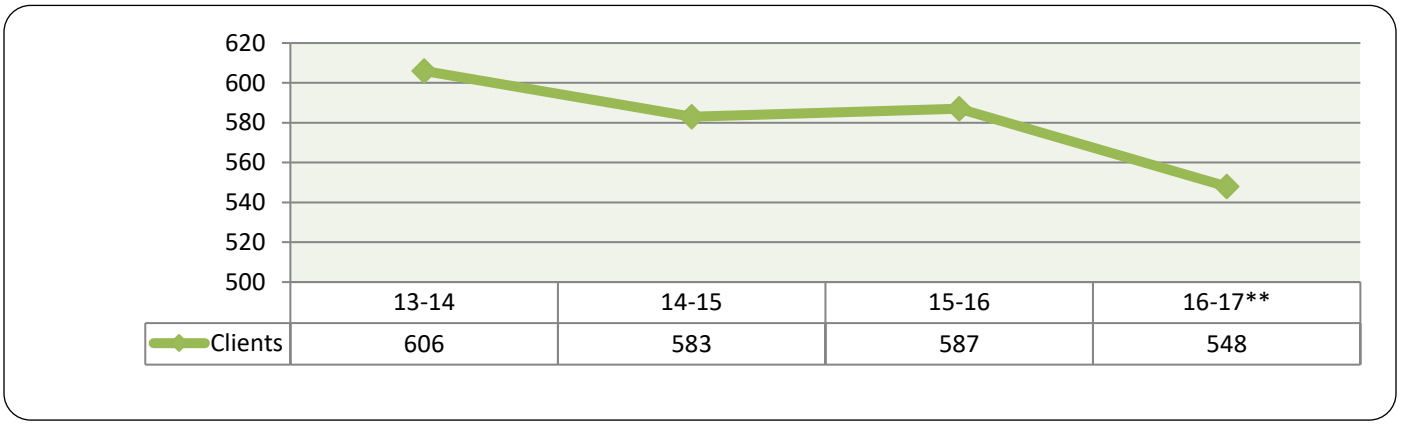
Program Update:

The Perinatal Wellness Center is now providing therapeutic services to fathers of babies who are experiencing paternal Postnatal Depression, as well as to children affected by the severe postpartum depression experienced by their mothers. The Perinatal Wellness Center also provides Infant Mental Health assessments.

Ages Served in the Program (check all that apply):

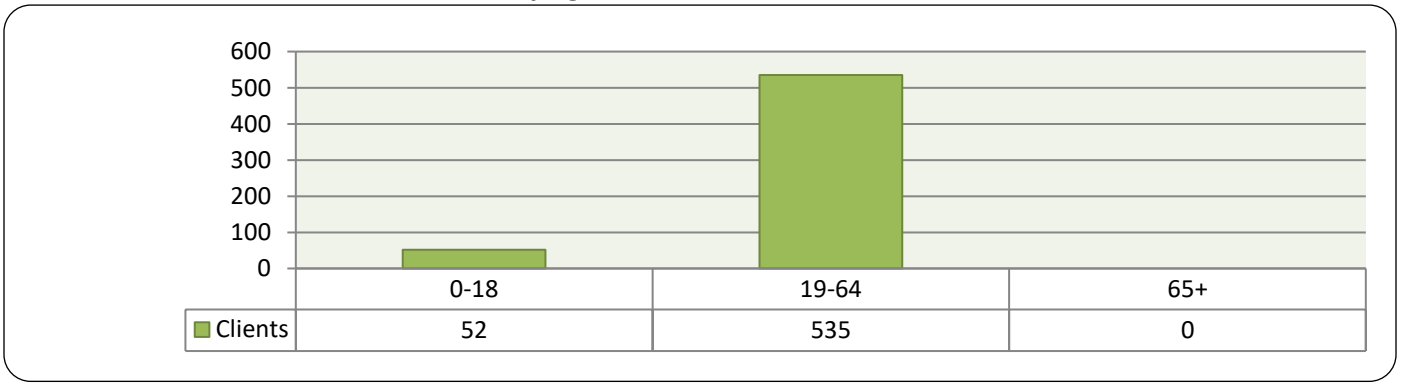
☒ 0-15 ☒ 16-25 ☒ 26-64 ☐ 65 +

Total Number of Clients Served:

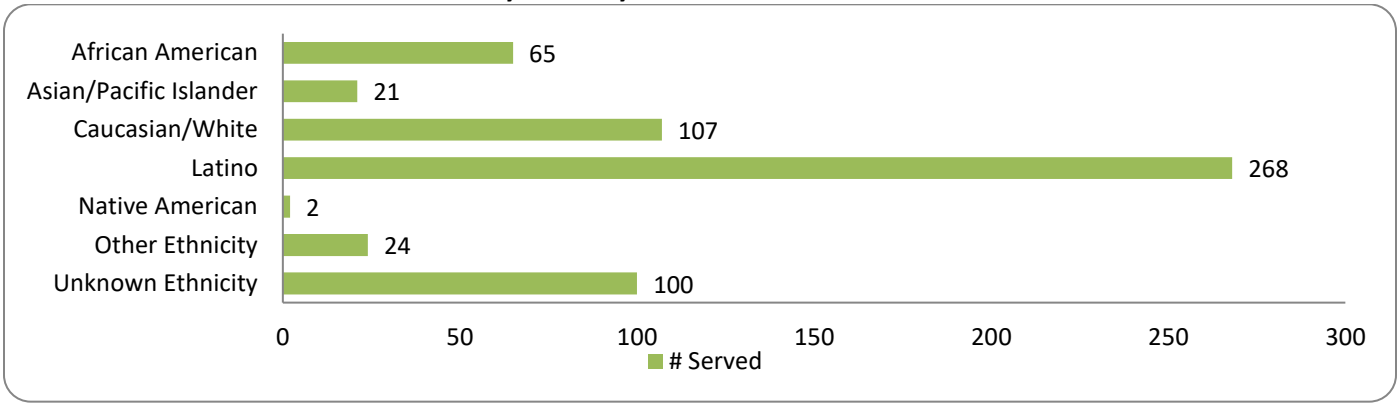


** Partial data through 3rd Quarter FY 16/17.

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $3,157.12

Cost per Client is based on actual costs ($1,853,229.89) and actual number served (587) in Fiscal Year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,244,914	**$1,244,914**	**$1,244,914**	**$1,244,914**
Change		-$844,914	-$844,914	-$844,914

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

Transportation has been a consistent challenge for clients that prefer services in the office rather than in-home services. The stigma of receiving mental health services has often been a barrier to treatment.
Strategies implemented to mitigate these challenges and barriers are as follows:

Changing the name of the Perinatal Program to the 'Perinatal Wellness Center', updating the Perinatal Wellness Center brochure to include supportive services to other family members impacted by Perinatal Mood and Anxiety Disorders or Paternal Postnatal Depression and hiring a Peer Support Specialist to help reduce stigma and assist with transportation challenges.

Proposed Changes:

None at this time.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4470
Program Name and Provider:	Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP) Turning Point
Date Started:	11/27/07
Program Description:	The Transition Age Youth (TAY) Program operated by Turning Point Central California is a full service partnership outpatient mental health program serving clients between the ages of 16-24 with serious emotional disturbance (SED) or serious mental illness (SMI). Through an Assertive Community Treatment (ACT) model clients receive on-going mental health services, case management, group/individual/family therapy, medication/psychiatrist services and affordable housing as well as support needed to achieve their goals. The TAY Program focuses on client strengths and abilities to successfully gain independence and self–sufficiency in the community. Clients are assisted with life transitions and empowered to achieve a variety of goals.

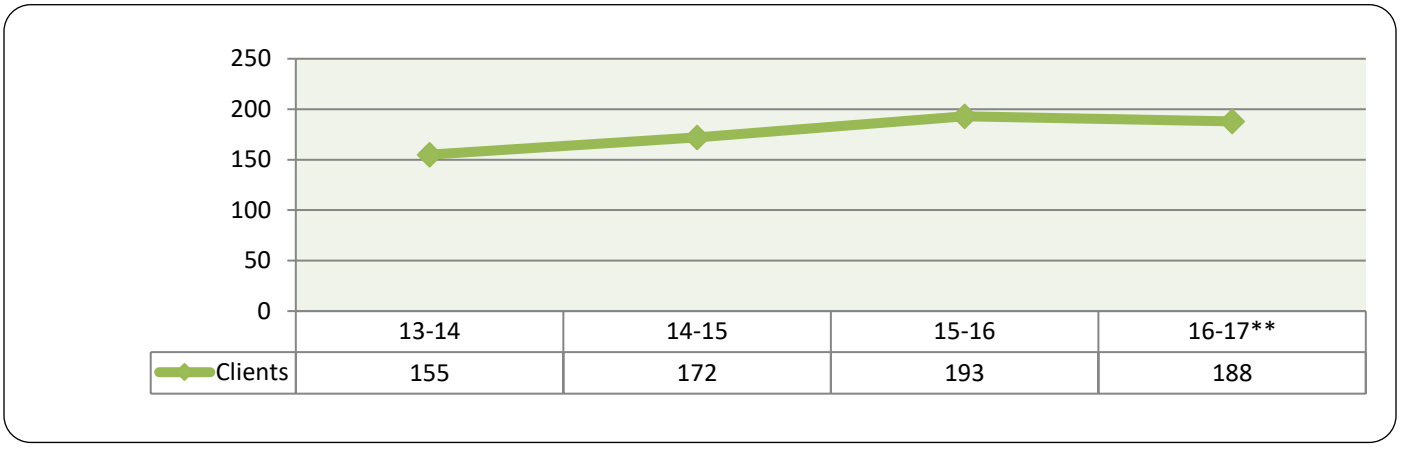
Program Update:

The program continues to maintain a steady census while accepting new referrals/intakes into the program and discharging clients due to: successful graduations, transitions to DBH Metro or Turning Point Vista due to age, difficulty with locating clients because of fluctuating contact information, and incarceration. The program continues to strive to educate program staff on topics applicable to client population to best understand and meet the needs of the population served. The program continues to have engaging events that promotes and encourages clients to achieve their personal recovery/resiliency and wellness goals.

Ages Served in the Program (check all that apply):

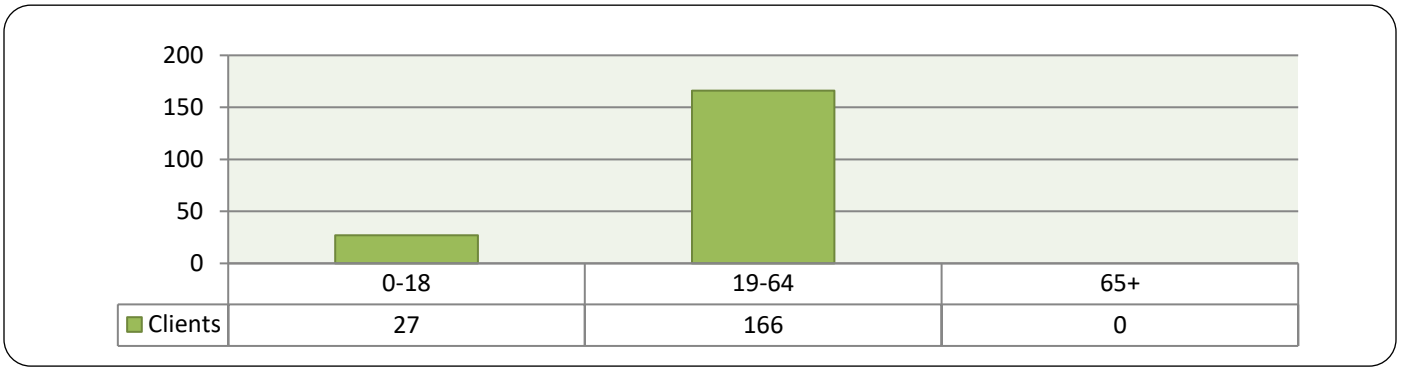
☐ **0-15** ☒ **16-25** ☐ **26-64** ☐ **65 +**

Total Number of Clients Served:

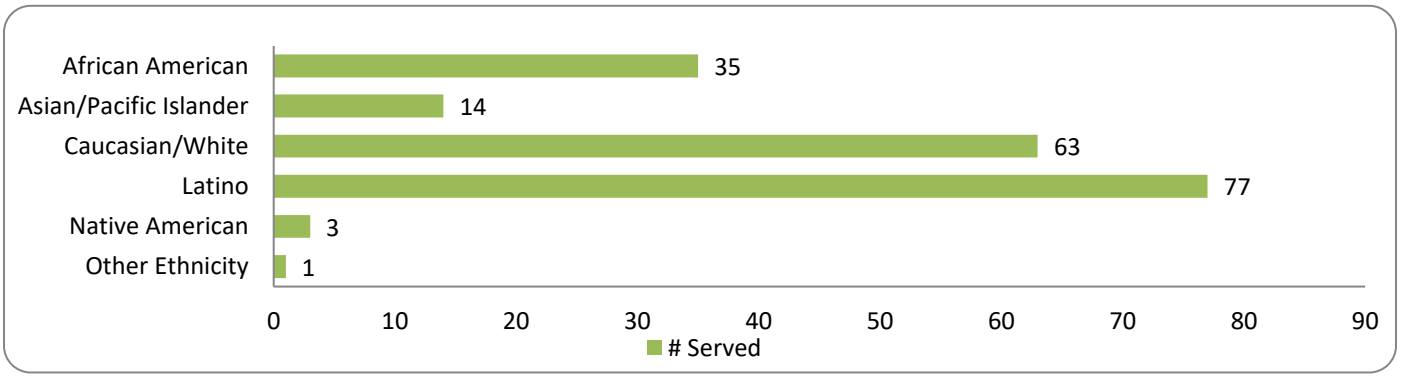


** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $11,086.30

Cost per Client is based on actual costs $2,139,655.47) and actual numbers served (193) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$2,602,882	**$2,602,882**	**$2,602,882**	**$2,602,882**
Change		-$1,816,420	-$1,816,420	-$1,816,420

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

The program would like to be a place of recovery and a drop-in center; however, the ability to create such a space is limited due to the location and the size of the current building. Provider plans to select a different location when responding to the forthcoming RFP. Program staff also recognizes difficulty with referrals to other agencies when trying to assist individuals with both mental health issues and intellectual disabilities who unfortunately do not meet the criteria for entry into this program.

Proposed Changes:

There are no proposed changes for FY 17-18 at this time as it will be the last year of the contract term.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4531
Program Name and Provider:	Vista Turning Point
Date Started:	7/1/2015
Program Description:	This Full Service Partnership (FSP) program operated by Turning Point Central California provides comprehensive mental health services, including housing and community supports, to approximately 300 adult Fresno County clients with a serious mental illness.

Program Update:

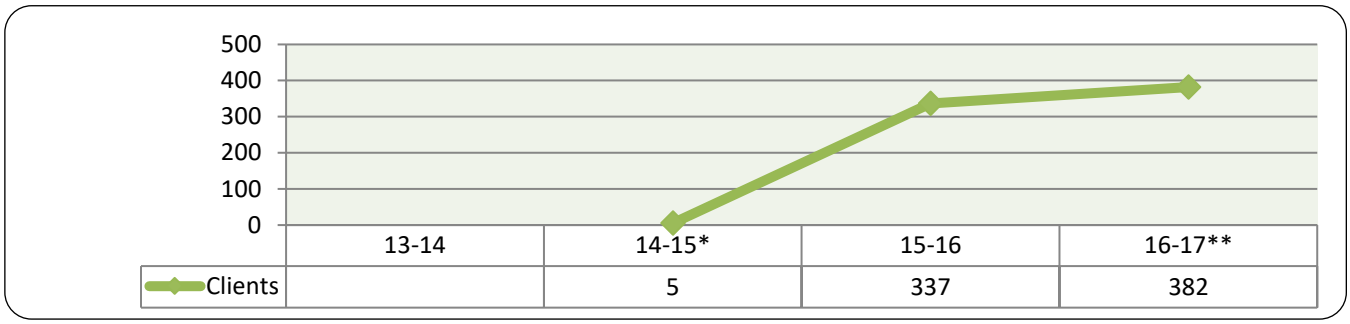
- Clients previously receiving services from the ICSST (Program Cost Center #4522) and IMH (Program Cost Center #4530) programs were transferred to this program on 7/1/2015.
- Contract was amended in 2016 to provide Turning Point with full access to the Department of Behavioral Health's electronic health record known as Avatar. Full access allowed Turning Point to utilize Avatar as its electronic health record and aided in greater coordination of care for clients, including Reaching Recovery tools.
- Building modification was completed to add four privacy rooms for treatment and other confidential matters. Site recertification was completed in May 2016.

Ages Served in the Program (check all that apply):

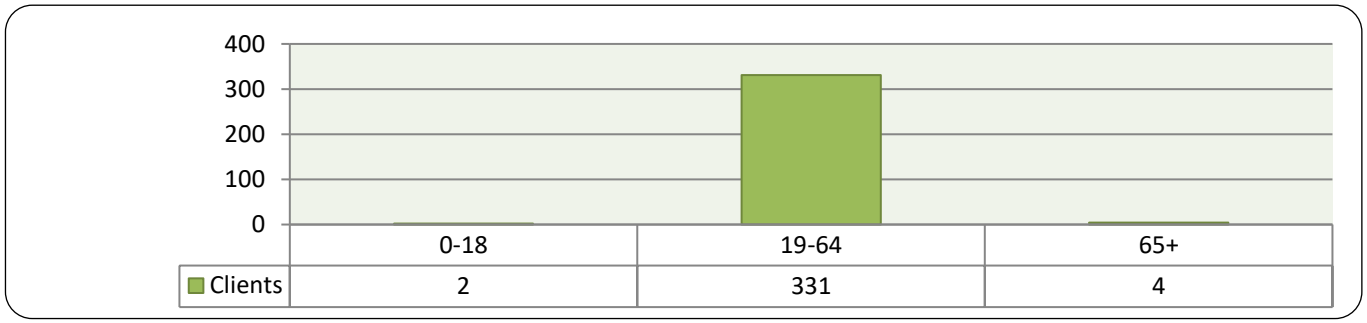
☒ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:

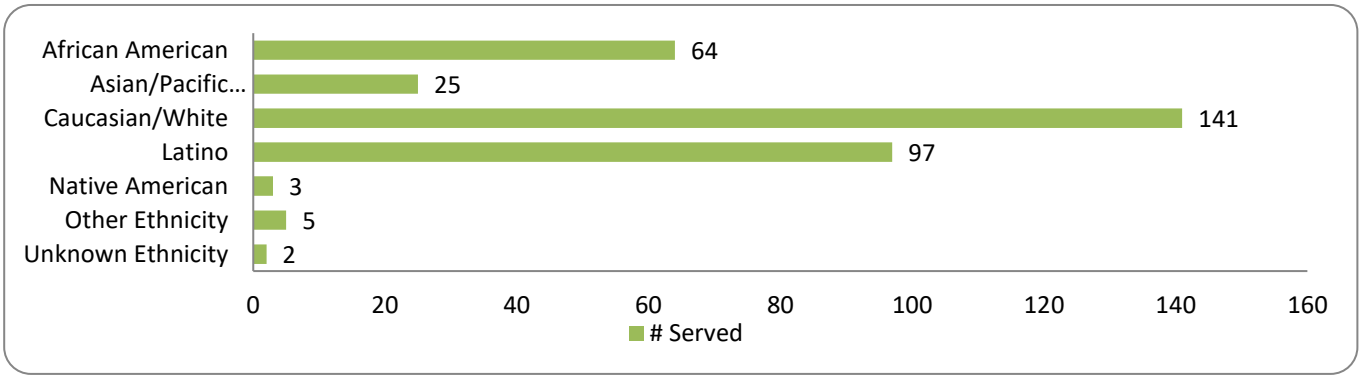
** Partial data through 3rd Quarter FY 16/17



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $7,305.90

Cost per Client is based on actual costs ($2,462,086.87) and actual number served (337) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$4,113,122	**$4,113,122**	**$4,113,122**	**$4,113,122**
Change		-$3,059,511	-$2,994,294	-$2,924,974

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

- Lack of communication from outside agencies when making referrals to Vista.
- Attempts to mitigate have been to keep an open line of communication from Vista to these outside agencies in order to better collaborate with respect to continuity of care.
- When Vista clients become incarcerated, there is an ongoing lack of communication regarding the clients' continuity of care within the jail.
- Attempts to mitigate have been to keep open lines of communication with the provider of mental health services in the jail. Also to request DBH assistance if there are continued barriers to communication.
- Client capacity has become close to/already is being reached at 300.
- Attempts to mitigate have been to re-evaluate the entire current client caseload to determine if there are any clients that have been successful in the program and are ready to be discharged and transitioned to a lower level of care.

Proposed Changes:

There are no proposed changes for FY 17-18 at this time.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4784
Program Name and Provider:	AB109 – Outpatient Mental Health & Substance Services Turning Point
Date Started:	4/24/2012
Program Description:	Mental Health outpatient, and substance use disorder treatment services as required by AB109 Public Safety realignment & Post-release Community Supervision Act of 2011

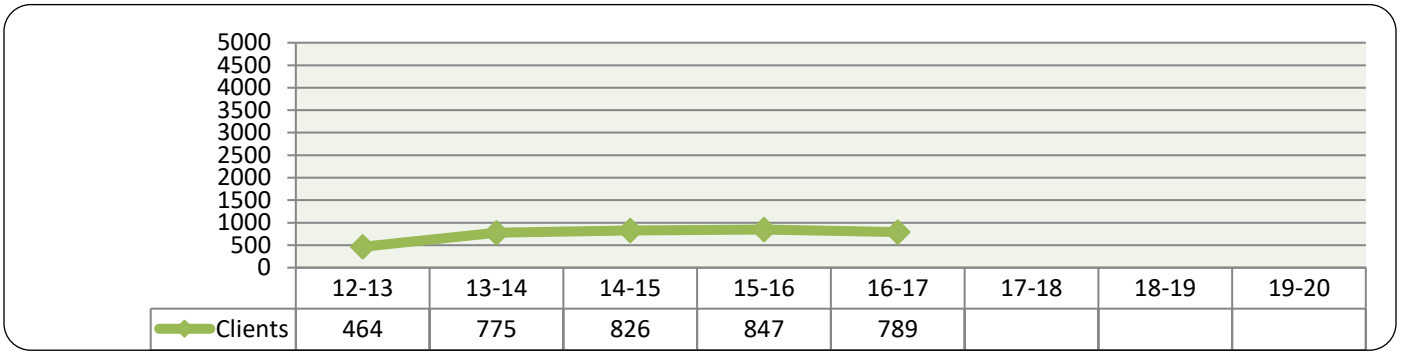
Program Update:

Since inception, the First Street Center Outpatient program has partnered with several community entities to meet the treatment needs of clients. These needs include residential treatment programs, sober living environments, emergency and temporary housing, anger management and batters' intervention courses. Clients have also been linked to outside resources upon program completion as needed, such as external referrals for continuing mental health services, as well as other community resources. In 2016, funding for this program changed from MHSA Innovations to MH Realignment. In 2017, the program will be funded with MHSA Community Services and Supports (CSS) funding. Turning Point was awarded the AB109 contract once again on July 1, 2017.

Ages Served in the Program (check all that apply):

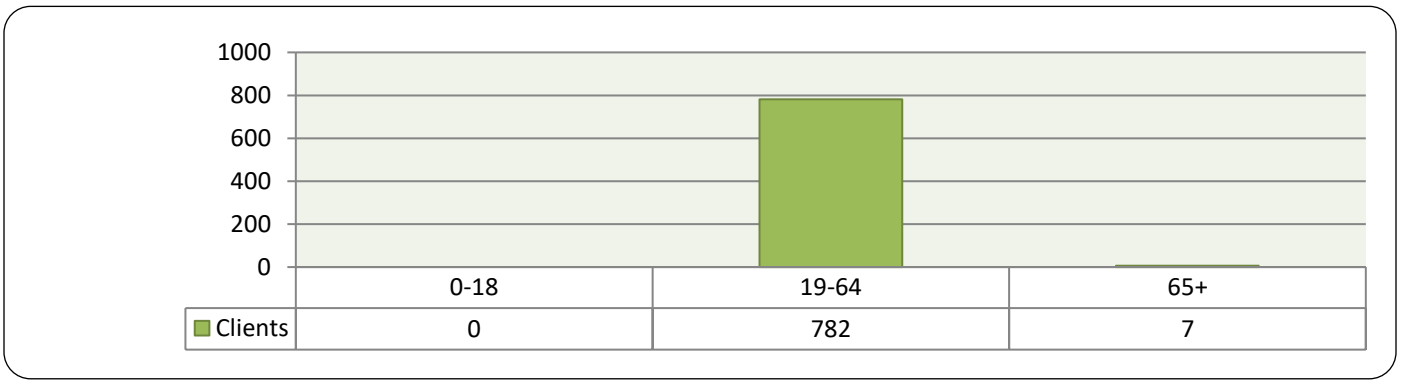
☐ **0-15** ☒ **16-25** ☒ **26-64** ☐ **65 +**

Total Number of Clients Served



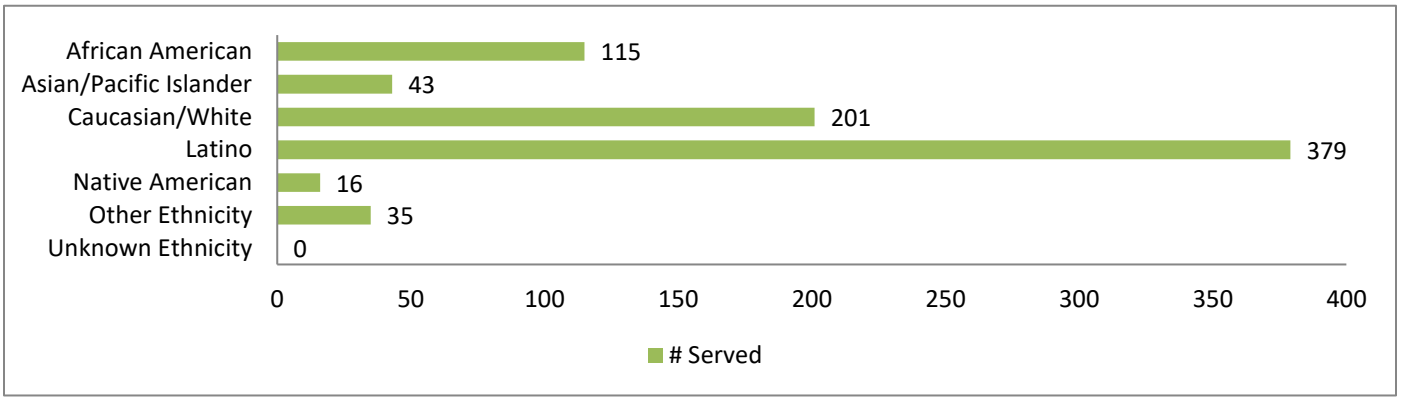
	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20
Clients	464	775	826	847	789			

FY 2016-2017 Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients	0	782	7

FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cost per Client is being calculated. Will be updated during posting of final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$0	**$0**	**$0**	**$0**
Change		$300,000	$300,000	$300,000

*Decrease in Allocation Funds due to increase in reimbursable services.

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

Homelessness has been a barrier for many individuals that have been referred for services. The volume of clients experiencing homelessness was unanticipated. The program has been able to temporarily meet the housing needs for individuals that require residential treatment and/or sober living environments. Unemployment remains high with this population and employment opportunities are very limited. The lack of job readiness, job skills, and job opportunities affects motivation to seek employment.

Proposed Changes:

First Street Center would like to work towards continuing to improve the treatment retention and completion rates. The outcome data revealed that a larger percentage of clients left treatment with satisfactory progress before completion. Although these individuals were engaged in treatment and made progress prior to leaving, it is believed FSC can increase the number that complete treatment by identifying the primary reasons why individuals leave early and to develop strategies to better meet their needs.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4525
Program Name and Provider:	AB109 Full Service Partnership (FSP) Turning Point
Date Started:	4/24/2012
Program Description:	The Full Service Partnership (FSP) is required by AB109 Public Safety Realignment & the Post-release Community Supervision Act of 201. The Turning Point First Street Center FSP is an outpatient mental health program serving individuals referred by the County of Fresno Probation Department. The FSP program provides comprehensive mental health and co-occurring treatment services to post release adult AB 109 consumers. The Program provides a wide variety of mental health and supportive services to empower consumers to achieve their wellness and recovery goals. The FSP program currently offers consumer services including psychiatric evaluations, psychiatric medication, medication education, medication management, health education, intensive case management, linkage to community resources, rehabilitation services, individual psychotherapy, psychoeducational groups, supportive housing subsidy, housing placement assistance, social/educational/employment skill development, substance abuse treatment, assistance with applying for Medi-Cal, and a 24/7 after hours line.

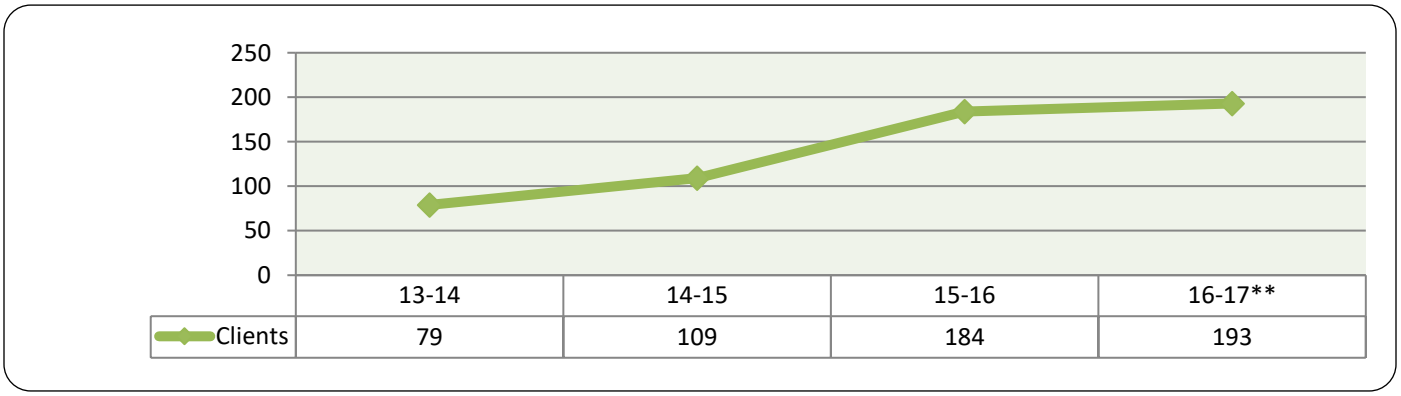
Program Update:

On October 1, 2014, Turning Point First Street Center FSP was awarded an additional $120,000 from the Fresno County Community Corrections Partnership (CCP) to expand current FSP slots by an additional 45 to be implemented in FY 15-16. Utilizing the awarded funds, beginning July 1, 2015 the FSP program expanded by an additional 60 slots to provide a total of 105 slots. Beginning August 1, 2015 the FSP program converted from Tele Psychiatry to face to face psychiatric services, offering 32 hours of psychiatric services in person a month at the First Street Center office location. Additionally, beginning February 1, 2016 the FSP program successfully integrated into the Fresno County Department of Behavioral Health's AVATAR - Electronic Health Record (EHR) system. Beginning June 1, 2016 the FSP program began offering 2 hour Wellness Recovery Action Plan (WRAP) workshops once a week. Turning Point was awarded the AB109 contract once again on July 1, 2017.

Ages Served in the Program (check all that apply):

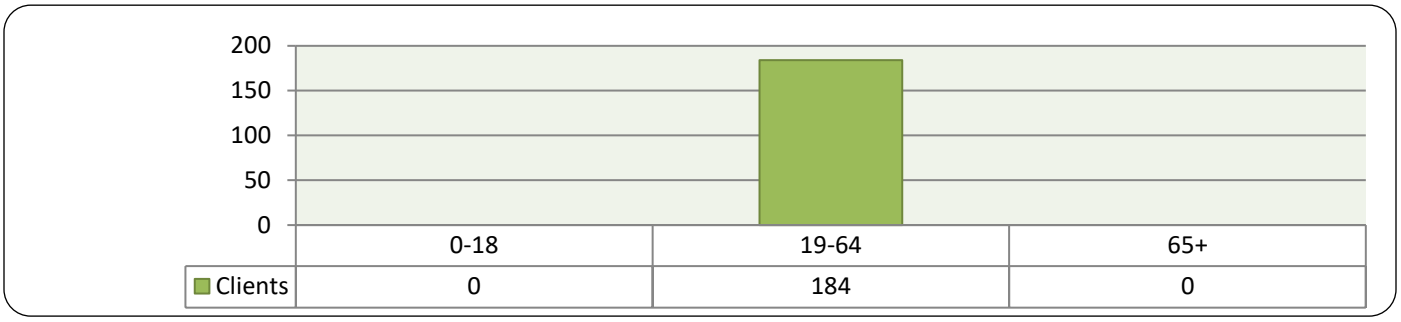
☐ **0-15** ☒ **16-25** ☒ **26-64** ☐ **65 +**

Total Number of Clients Served:

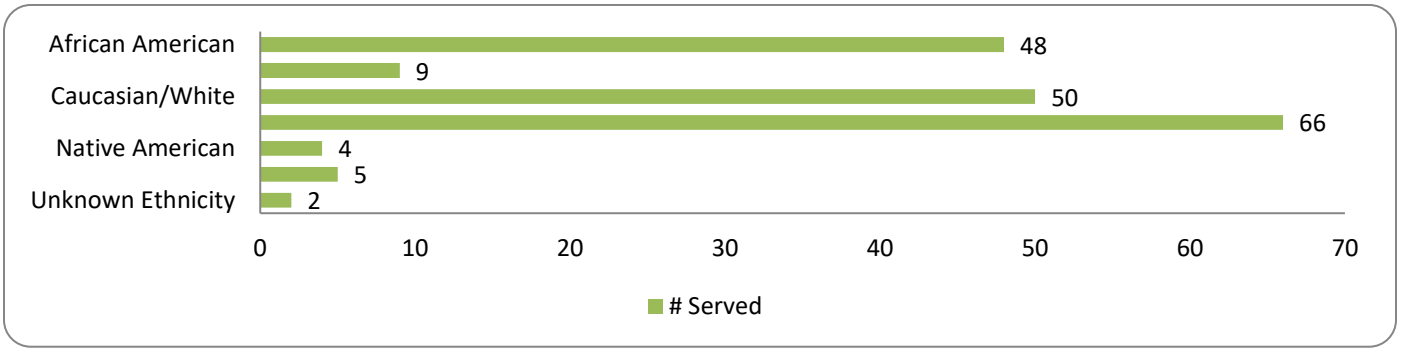


** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.0

Cost per Client is Being Calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$350,000	**$350,000**	**$350,000**	**$350,000**
Change		$487,008	$487,008	$487,008

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

Homelessness has been a barrier for many individuals that have been referred for services. The volume of clients experiencing homelessness was unanticipated. The program has been able to temporarily meet the housing needs for individuals that require residential treatment and/or sober living environments. Unemployment remains high with this population and employment opportunities are very limited. The lack of job readiness, job skills, and job opportunities affects motivation to seek employment.

Proposed Changes:

First Street Center would like to work towards continuing to improve the treatment retention and completion rates. The outcome data revealed that a larger percentage of clients left treatment with satisfactory progress before completion. Although these individuals were engaged in treatment and made progress prior to leaving, it is believed FSC can increase the number that complete treatment by identifying the primary reasons why individuals leave early and to develop strategies to better meet their needs.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4323
Program Name and Provider:	Children & Youth Juvenile Justice Services – ACT Uplift Family Services
Date Started:	8/25/2009
Program Description:	The Assertive Community Treatment (ACT) program, is a Full Service Partnership and provides a wide range of mental health and rehabilitation services to youth aged 10-18 and their families, including individual and family therapy; case management; substance abuse, educational and vocational support; and psychiatric services.

Program Update:

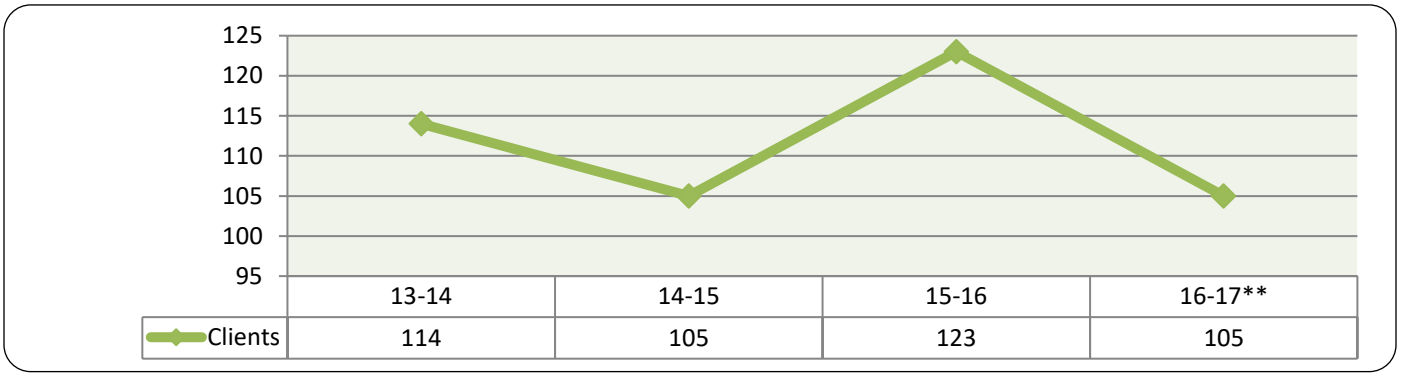
EMQ Families First changed its name to Uplift Family Services July 2016.

The Assertive Community Treatment (ACT) program was expanded as of July 11, 2017, upon approval by the County of Fresno Board of Supervisors. The expansion increased funding for resources and staff to help diminish the waitlist, provide timely mental health services and supports to youth and their parents and caregivers.

Ages Served in the Program (check all that apply):

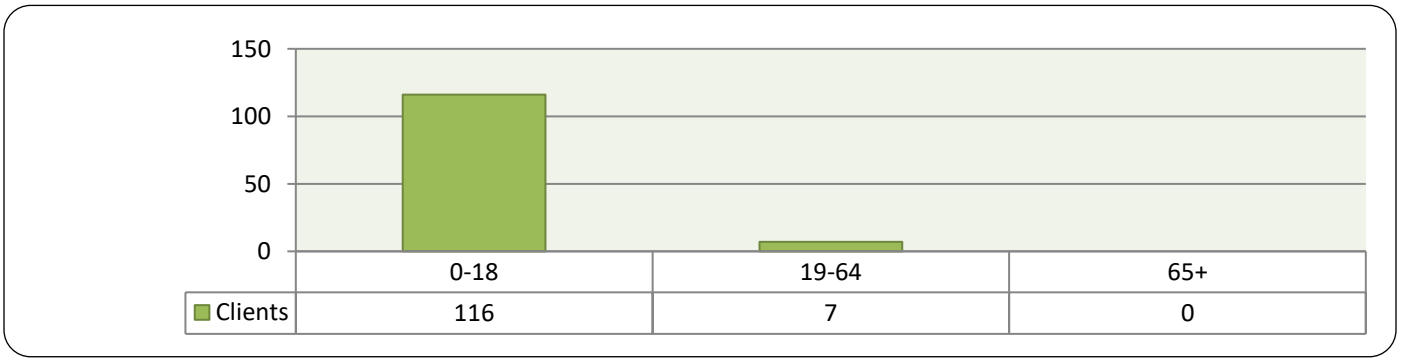
☒ **0-15** ☒ **16-25** ☐ **26-64** ☐ **65 +**

Total Number of Clients Served:

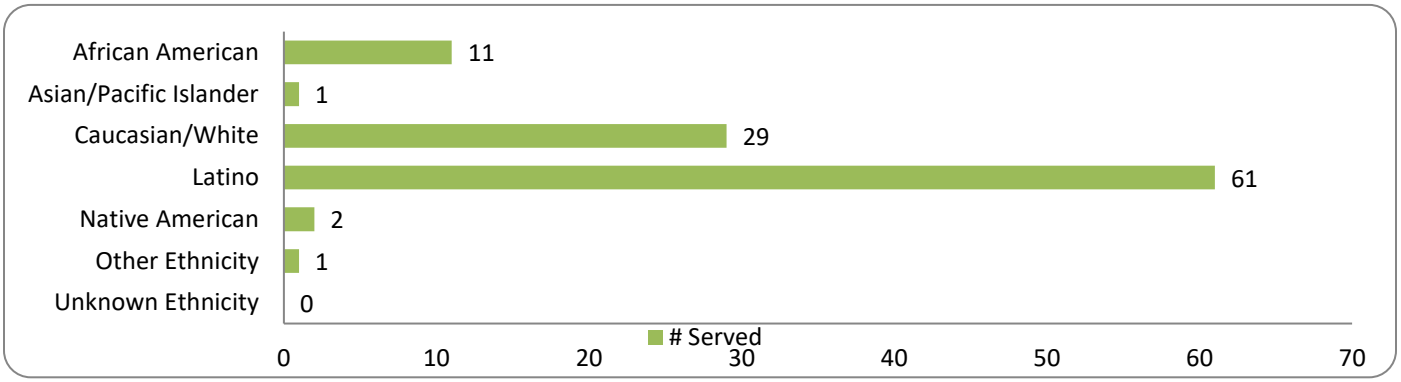


**Partial data through 3rd Quarter FY 16/17.

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $10,869.31

Cost per client is based on actual costs ($1,141,277.98) and actual number served (105) in fiscal year 2016-2017, for the period of July 1, 2016 through March 31, 2017.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,393,309	**$1,393,309**	**$1,393,309**	**$1,393,309**
Change		-$842,776	-$842,776	-$842,776

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

Uplift Family Services has provided a high quality of care for an increasingly complex population of youth that is evidenced by the outstanding outcomes being realized by those served. A challenge that the ACT program is experiencing is not having the capacity to serve enough youth to diminish the waitlist. Due to the increasingly high acuity of the youth being served by the ACT program, more intensive support services are necessary. As the program strives to meet the complex needs for the existing census, the is providing the units of services required by the contract, but is not regularly achieving the census because the existing youth require intensive and frequent intervention/support to achieve positive outcomes.

The program as well is seeing that the longer youth sit on the wait list, the less engaged they are once the program is able to enroll them. Additionally, the program is seeing a high need for parents and caregivers to receive their own mental health services.

Strategies to mitigate these challenges have included attempting to link parents and caregivers to other service providers to meet their own mental health needs and linking youth/families on the waiting list to other resources in the community for support until they are able to receive services through ACT.

Proposed Changes:

Proposed Changes

Uplift Family Services received approval from the Board of Supervisors on July 11, 2017 to expand staffing levels and resources in an effort to build capacity to serve more youth, to provide mental health services and supports to the parents/care-givers, to diminish the waitlist, and ensure more timely access to services for the children and families seeking services through the ACT Program.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4320X
Program Name and Provider:	Children Full Service Partnership (FSP) 0-10 years Comprehensive Youth Services; Exceptional Parents Unlimited; Uplift Family Services
Date Started:	9/1/2007
Program Description:	This FSP program, commonly referred to as Bright Beginnings for Families (BBFF), is a collaboration between three agencies with the goal to build stronger families, focusing on families of children with complex behavioral health needs. The program offers an array of services designed to empower families to overcome barriers and effectively meet the needs of their children, ages 0-10.

Program Update:

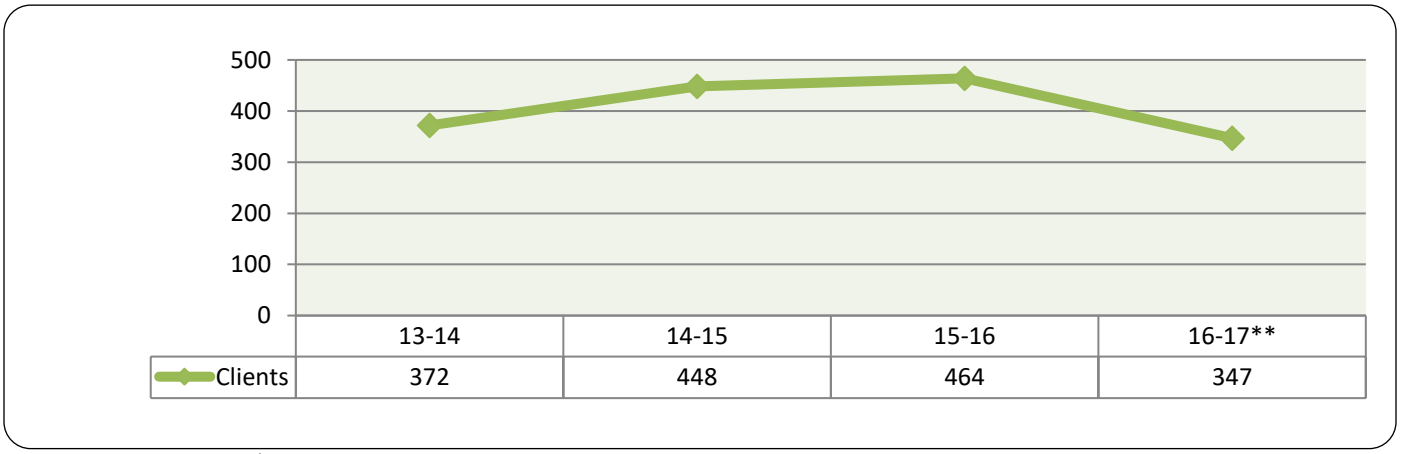
Comprehensive Youth Services (CYS), Exceptional Parents Unlimited (EPU), and Uplift Family Services, the partner agencies that provide Bright Beginnings for Families FSP services, requested an increase to the contract compensation maximum to help diminish client waitlist times, expand services to parents/caregivers of identified clients as necessary, and expand training opportunities for staff. An amendment to the BBFF Agreement was approved by the County of Fresno Board of Supervisors on July 11, 2017.

- **Uplift Family Services** – Formerly known as EMQ Families First, changed its name to Uplift Family Services as of July 2016. They have implemented staffing and process changes to improve timely access to services.
- **EPU** – EPU continues to provide the same level of assessment and service to families with whom they work.
- **CYS** – CYS staff have completed or are currently attending the following trainings to enhance and augment Parent Child Interaction Therapy (PCIT) services for children ages 0-5: Neurological Framework (NRF) training with Connie Lillas, sponsored by First 5 and Central California's Children's Institute; and Early Childhood Mental Health Training sponsored by County of Fresno and First 5. The trainings were included to further enhance quality of service.

Ages Served in the Program (check all that apply):

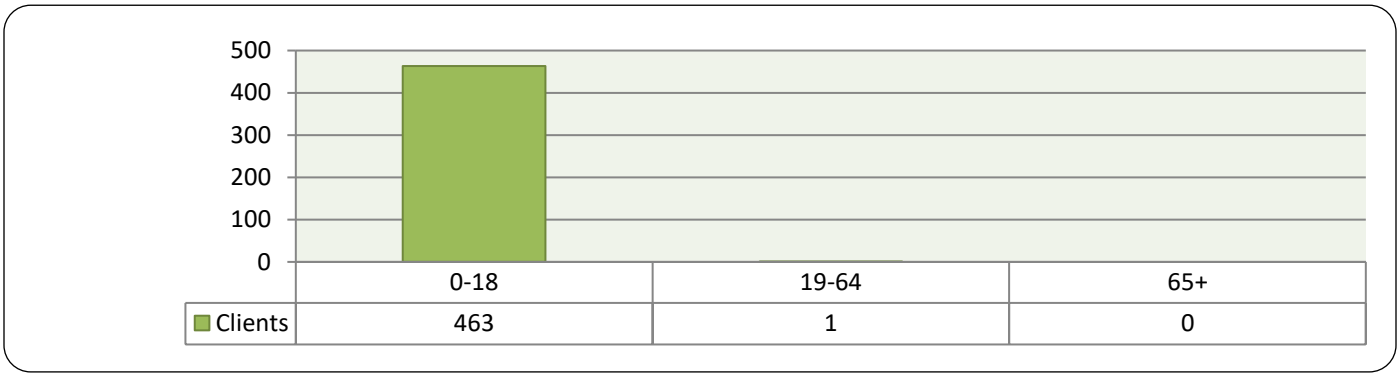
☒ **0-15** ☐ **16-25** ☐ **26-64** ☐ **65 +**

Total Number of Clients Served:

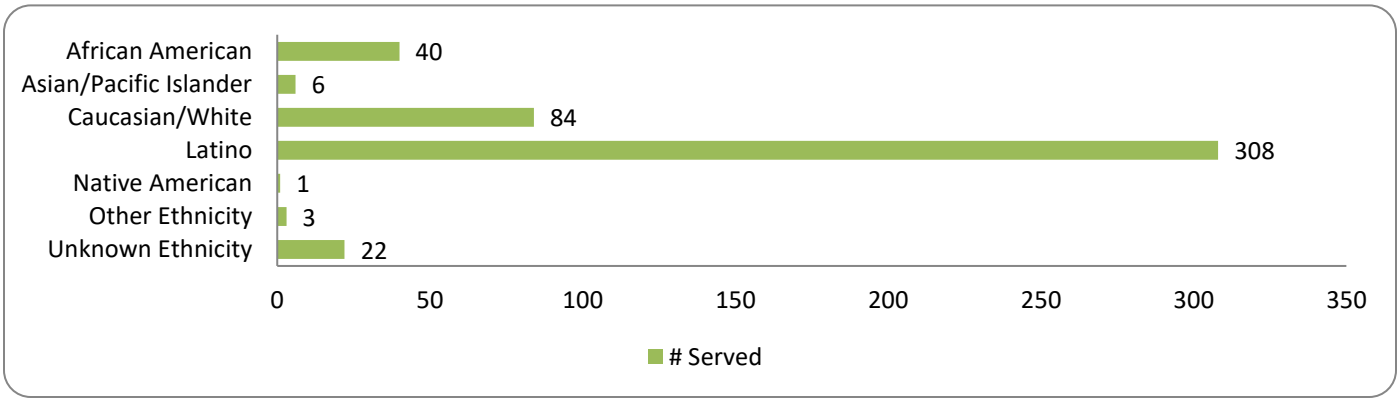


**Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $6,392.61

Cost per Client is based on actual costs ($2,218,234.05) and actual number served (347) for the period of July 1, 2016 through March 31, 2017.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$2,957,247.00	**$2,957,247.00**	**$2,957,247.00**	**$2,957,247.00**
Change		-$1,919,788	-$1,919,788	-$1,919,788

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

- **Uplift Family Services** – A major challenge beginning from the onset of the program has been the need for mental health services for parents/caregivers to meet their own mental health challenges. Parents/caregivers struggling to get their own needs met are less available to meet the needs of their children. With the expansion from ages 0-5 to 0-10 in 2013 there has been an increased need for psychiatric services for children on the older end of the age range (6-10); 65% of the youth currently being served by the Uplift Family Services BBFF program are ages 6-10. Additionally, there is an increased need for individual therapy and rehabilitation services (behavioral coaching) for school-aged children. With children 0-5 there is less one-on-one treatment and more collateral work with the parent/caregiver and the child together. With the children over age 5, in addition to collateral work the child is able to participate in and benefit from one-on-one services such as social skills training.

  Strategies to mitigate these challenges have included attempting to link parents and caregivers to other service providers to meet their own mental health needs, having the Support Service Coordinator maintain contact with families on the waiting list at least once per month to keep them engaged while they await services, linking youth/families on the waiting list to other resources in the community for support until they

are able to receive services through other programs such as Assertive Community Treatment (ACT), and having existing staff provide behavioral coaching for school-aged children as availability allows.

- **EPU** –There was an increase in the number of referrals, likely due to the expansion of One Call for Kids outreach, under the Assessment Center for Children contract with First 5. The highest wait times during this reporting period were 8-12 weeks for assessment and 8-16 weeks for treatment. An amendment to the agreement was proposed to modify facility space and allow for added staff to help diminish the wait list.

- **CYS** – The wait list is consistently long as a result of high referrals and clients who prefer services at generally the same time of day. Additionally, the facility and staff requirements to properly deliver Parent-Child Interaction Therapy (PCIT) treatment created a barrier to providing timely service to clients.

  CYS requested an increase to the contract to hire additional staff, training for new staff as well as cross training in Child Parent Psychotherapy (originally only designated for EPU to provide), to assist EPU in diminishing their CPP waitlist, and to allow CYS staff to provide services to clients in their home environments, when appropriate, as opposed to transporting clients to and from the CYS office for treatment delivery.

Proposed Changes:

Uplift Family Services, EPU, and CYS received approval from the County of Fresno Board of Supervisors on July 11, 2017 to add the following resources in an effort to build capacity to serve more children, to provide mental health services and supports to the parents/care-givers, to diminish the waitlist, and ensure more timely access to services for the children and families seeking services through the Bright Beginnings for Families program.

- **Uplift Family Services** – The agreement expansion increased staffing: facilitators from 5 Full-Time Equivalent (FTE) to 9 FTE; therapists from 4 FTE to 6 FTE; and adding Family Specialist 2 FTE.

- **EPU** – EPU requested an expansion of the program to increase clinical staff from 2.4 FTE positions to 4 FTE, and 4.25 FTE case managers to 5 FTE to decrease the wait times. The amendment includes minor construction to the EPU facility which, in addition to the increase in FTE, would help with the reduction of waitlists and ensure that EPU staff are better able to provide services to clients. Construction was scheduled to begin in July 2017.

- **CYS** – The agreement expansion redistributed staffing levels, increasing therapists from 3 FTE to 6 FTE and decreasing case managers from 4 FTE to 3FTE.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4529x
Program Name and Provider:	Enhance Rural Services-Full Service Partnership (FSP) Turning Point
Date Started:	10/1/08
Program Description:	Contract with Turning Point Central California includes Full Service Partnership, Intensive Case Management, and Outpatient Programs that are provided in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. The contract services fall within the Behavioral Health Clinical Care work plan..

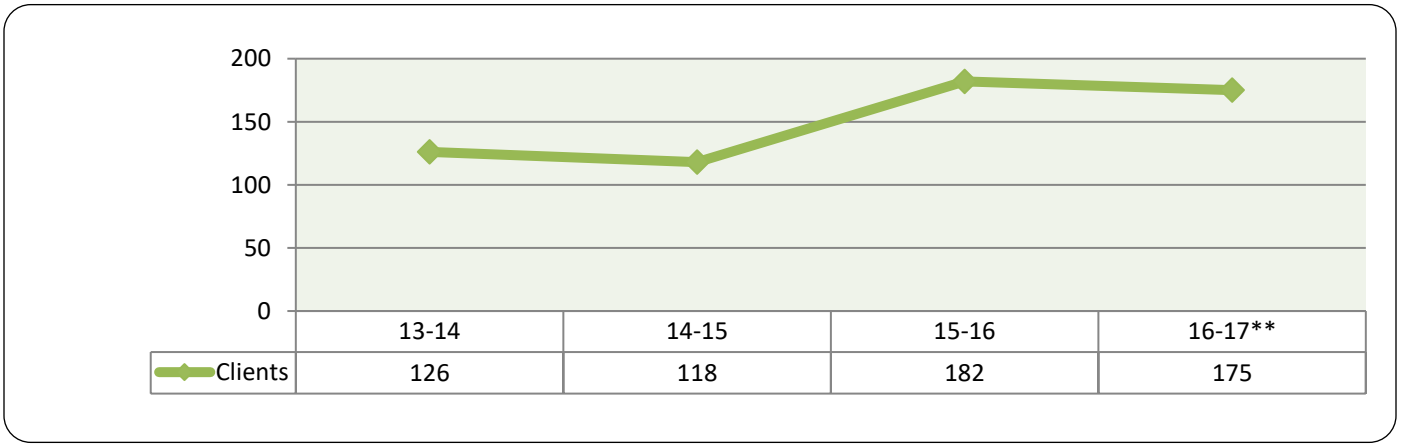
Program Update:

The number of clients served by Turning Point Rural Mental Health Full Service Partnership program services from July 1, 2015 through July 2016 is 182. The number of clients served from July 1, 2016 through March 31, 2017 is 152. An expansion request was received from Turning Point and approved by DBH Leadership. Amendment III to the Turning Point – Rural Mental Health Agreement was presented and approved by the Board at their April 4, 2017, Board of Supervisors Meeting. The contract was amended to include the expansion request from Turning Point for additional funding and additional staffing with a majority of the funds to be utilized within OP and ICM Programs to provide appropriate services. The contract with Turning Point – Rural Mental Health will terminate on June 30, 2018. A Request For Proposal will be solicited in FY 2017-18.

Ages Served in the Program (check all that apply):

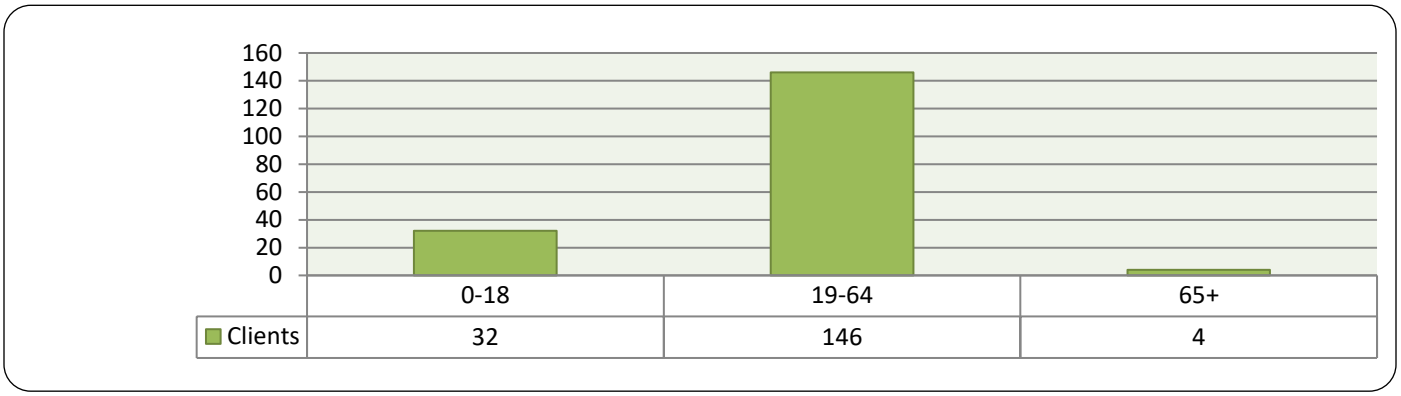
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

Total Number of Clients Served:

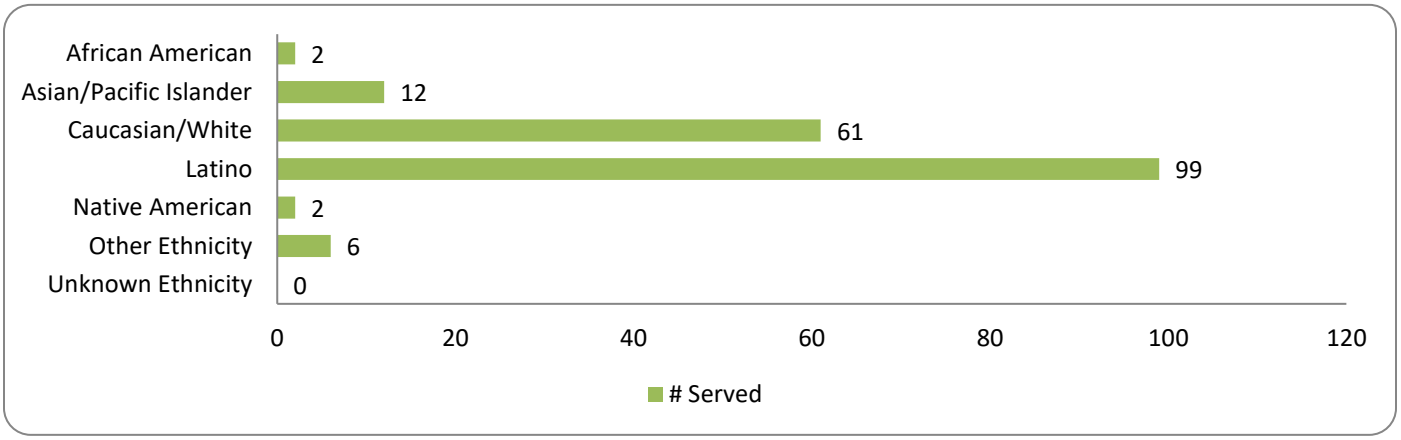


****Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $5,075.20

Cost per client is based on actual costs ($771,431.07) and actual number served (152) in fiscal year 2016-2017 (July 1, 2016 through March 31, 2017).

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,268,641.00	**$1,268,641.00**	**$1,268,641.00**	**$1,268,641.00**
Change		-$568,641	-$568,641	-$568,641

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

With the current staffing plan it has been difficult for Turning Point staff to keep up with the increased service demands due to continuous high volume of referrals received weekly. The clinicians struggle to keep up with the high volume of weekly referrals and higher acuity of care needed. Referrals have significantly increased in Reedley, Selma and Coalinga. Turning Point has not been able to meet contracted client totals due to increase challenges in processing clients through intake and triage. With the recent transition to AVATAR the annual re-assessment document requires an entire new full assessment which requires more time from their clinicians. As a strategy, as part of their expansion request, Turning Point had requested additional contract funds to allow them to hire additional clinicians and admin staff to increase the volume of assessments and intake appointments that can be scheduled. Given the approval of Amendment III to the Turning Point contract, the provider will be able to Increase staffing which should significantly alleviate the waiting lists and allow more clients through the door.

Proposed Changes:

With Amendment III to the Turning Point Rural Mental Health Contract, the providers goal is to be able to:

- hire additional staff
- triage non-urgent and/or urgent referrals ensuring those identified as urgent are seen sooner for an assessment
- reduce medication services wait time from six-12 weeks down to no more than four weeks out
- reduce wait times for services
- provide timely access and treatment to services in preventing hospitalizations or re-hospitalization
- maximize rural resources by linking referrals that can be served in lower level of care in the community.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4527/4528
Program Name and Provider:	Enhance Rural Services-Outpatient/Intensive Case Management Turning Point
Date Started:	10/1/08
Program Description:	Contract with Turning Point Central California includes Full Service Partnership, Intensive Case Management, and Outpatient Programs that are provided in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. The contract services fall within the Behavioral Health Clinical Care work plan.

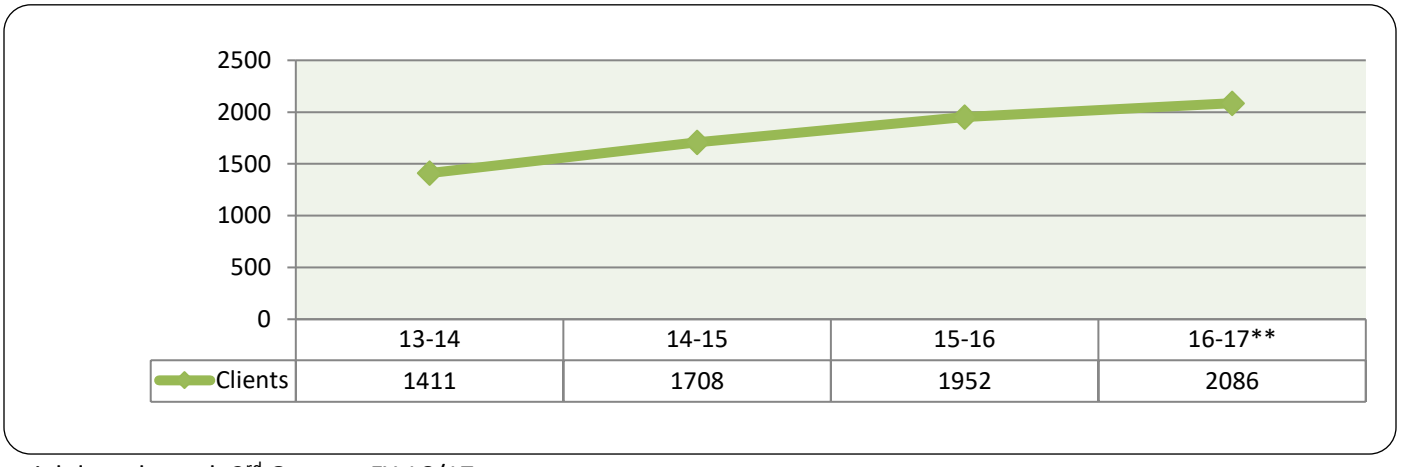
Program Update:

The number of clients served by Turning Point Rural Mental Health Outpatient and Intensive Case Management program services from July 1, 2015 through June 30, 2016 is 1,952. The number of clients served from July 1, 2016 through March 31, 2017 is 2,744. An expansion request was received from Turning Point and approved by DBH Leadership. Amendment III to the Turning Point – Rural Mental Health Agreement was presented and approved by the Board at their April 4, 2017, Board of Supervisors Meeting. The contract was amended to include the expansion request from Turning Point for additional funding and additional staffing with a majority of the funds to be utilized within OP and ICM Programs to provide appropriate services. The contract with Turning Point – Rural Mental Health will terminate on June 30, 2018. A Request For Proposal will be solicited in FY 2017-18.

Ages Served in the Program (check all that apply):

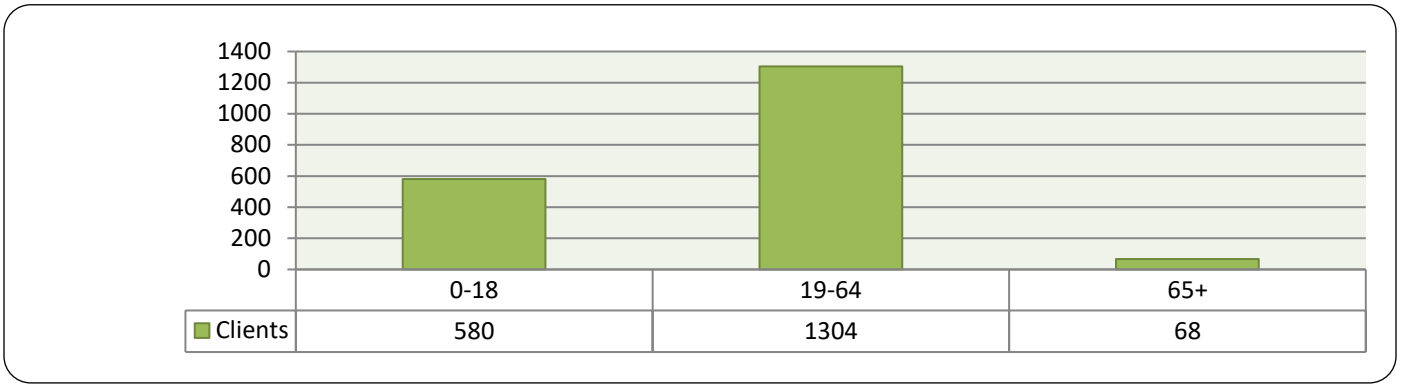
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

Total Number of Clients Served:

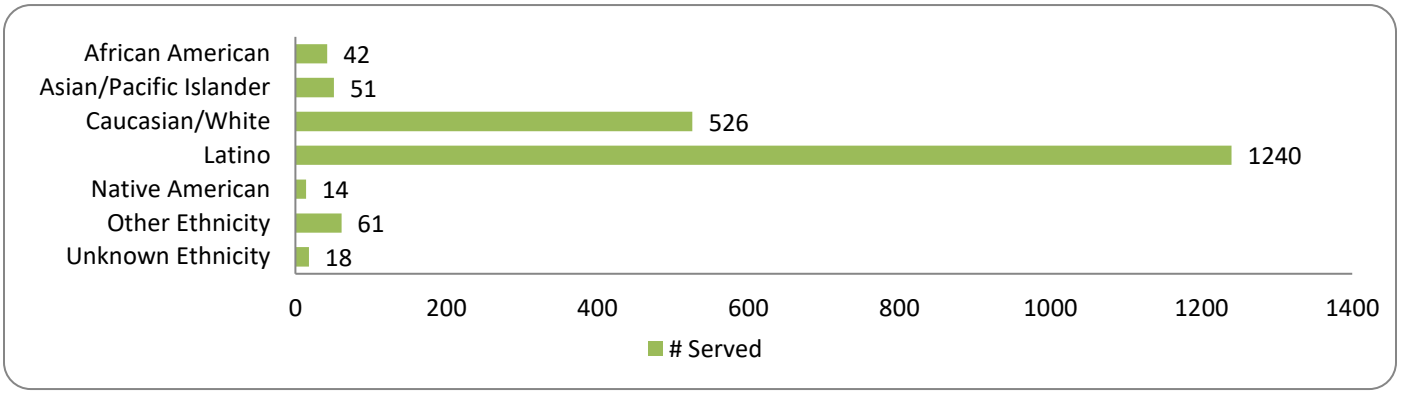


**Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $1,462.73

Cost per Client is based on actual costs ($3,770,920.81) and actual number served (2,578) in fiscal year 2016-17 (July 1, 2016 through March 31, 2017).

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$3,667,824	**$3,667,824**	**$3,667,824**	**$3,667,824**
Change		-$1,800,000	-$1,800,000	-$1,800,000

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

With the current staffing plan it has been difficult for Turning Point staff to keep up with the increased service demands due to continuous high volume of referrals received weekly. The clinicians struggle to keep up with the high volume of weekly referrals and higher acuity of care needed. Referrals have significantly increased in Reedley, Selma and Coalinga. Turning Point has not been able to meet contracted client totals due to increase challenges in processing clients through intake and triage. With the recent transition to AVATAR the annual re-assessment document requires an entire new full assessment which requires more time from their clinicians. As a strategy, as part of their expansion request, Turning Point had requested additional contract funds to allow them to hire additional clinicians and admin staff to increase the volume of assessments and intake appointments that can be scheduled. Given the approval of Amendment III to the Turning Point contract, the provider will be able to Increase staffing which should significantly alleviate the waiting lists and allow more clients through the door.

Proposed Changes:

With Amendment III to the Turning Point Rural Mental Health Contract, the providers goal is to be able to:

- serve an additional 300 clients in FY 2017-18
- triage non-urgent and/or urgent referrals ensuring those identified as urgent are seen sooner for an assessment
- provide timely access and treatment to services in preventing hospitalizations or re-hospitalization
- maximize rural resources by linking referrals that can be served in lower level of care in the community
- increase the volume of assessment and intake appointments
- and help reduce the wait times for:
    - assessments
    - appointments with clinicians or psychiatrist
    - therapy services
    - medication services
- reduce the caseloads for doctors and clinicians.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4512
Program Name and Provider:	Medications Expansion Fresno County Department of Behavioral Health
Date Started:	09/09/2008
Program Description:	This program provides psychotropic medications for uninsured adult and older adult mental health clients within the outpatient programs.

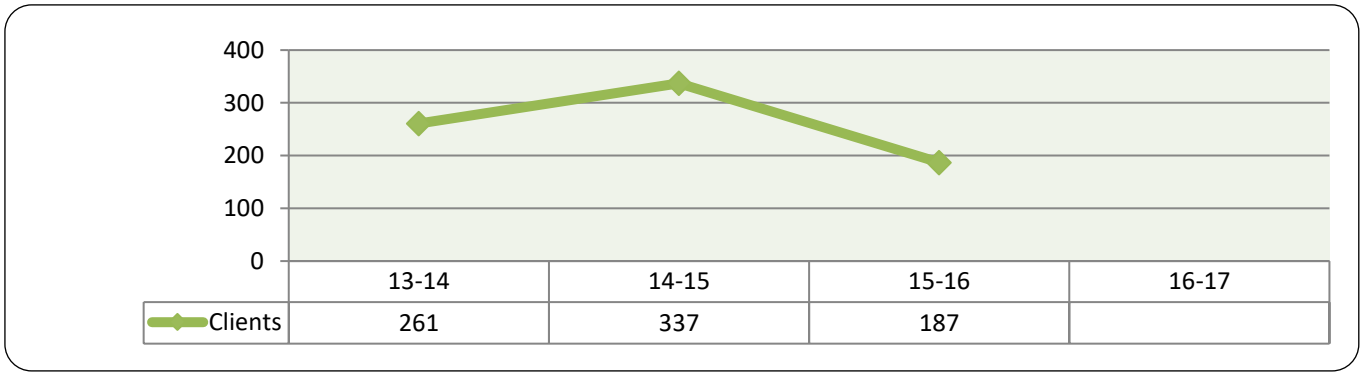
Program Update:

The current vendor for pharmaceuticals under the medications expansion is US Script. The program has seen a significant drop in the number of clients needing their services since the implementation of the Affordable Care Act. The program services and target population has remained the same, however a large majority of clients now have Medi-Cal and are able to get their psychotropic medications without utilizing US Script. As of November 1, 2016, US Script is now known as Envolve Pharmacy Solutions, Inc.

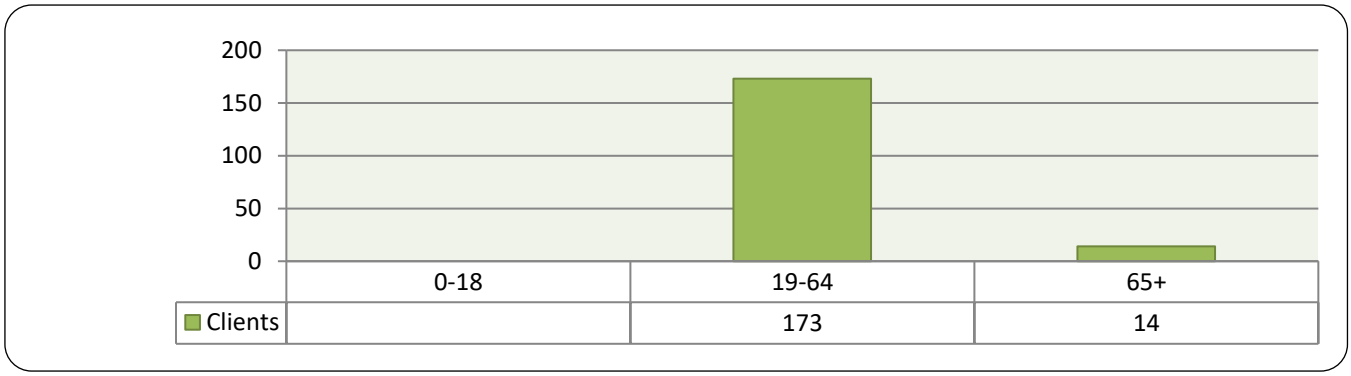
Ages Served in the Program (check all that apply):

☐ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

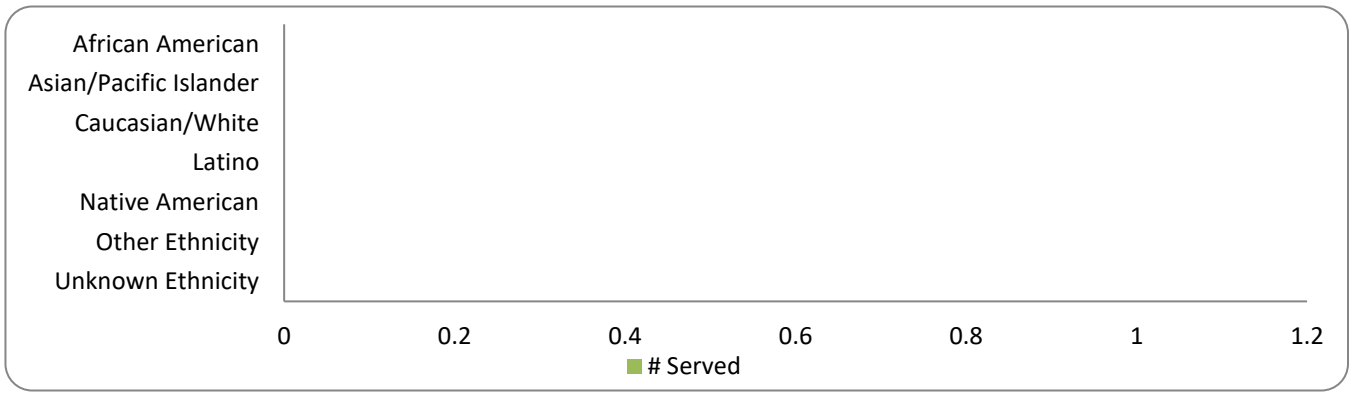
Total Number of Clients Served:



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



***Ethnicity Data not tracked/available at this time from the Contracted provider.**

Total Cost per Client: $33.82

Cost per Client is based on actual costs ($6,325.27) and actual number served (187) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$250,000.00	**$250,000.00**	**$250,000.00**	**$250,000.00**
Change				

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

None

Proposed Changes:

Enhancement proposed to include MHSA funds for medication services provided to clients in Juvenile Halls and/or County Jails for the purpose of facilitating discharge; thus adding to/enhancing the target population for medication services.
(California Code of Regulations, Article 6 (f, g): Community Services and Supports, Section 3610). Funds also can be used to support POST release offenders. No additional funding needed at this time.

Performance Outcomes: No outcomes reported.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4519
Program Name and Provider:	RISE Department of Behavioral Health
Date Started:	12/30/2013
Program Description:	Original: Program is an intensive community based outpatient treatment, support and recovery program for clients in our highest level of voluntary outpatient care including conservatees, individuals transitioning off of conservatorship, and people who have recidivised to conservatorship. The program may serve any client level 4/5 despite legal status. Enhancements being sought, please see below.

Program Update:

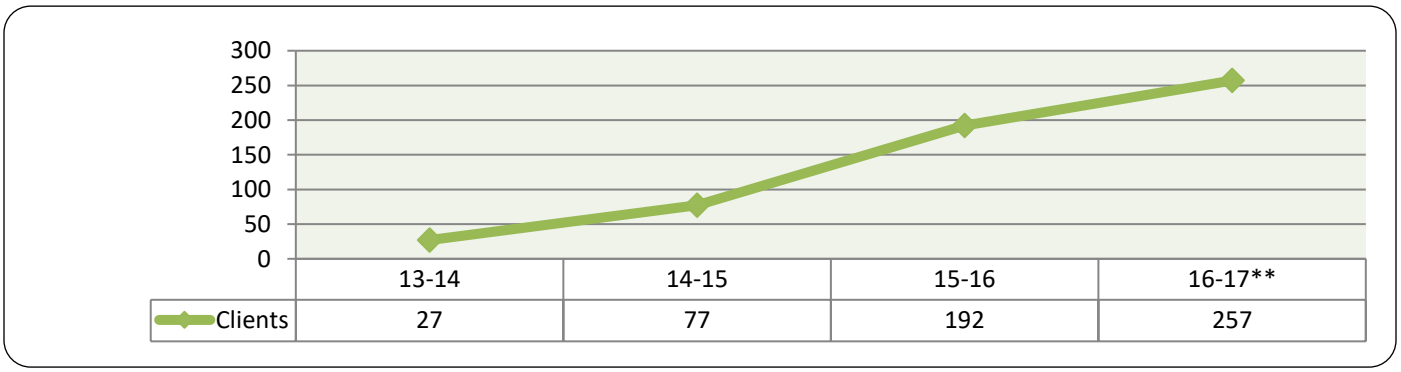
The RISE Program serves people on conservatorship, people transitioning off of conservatorship, people recently released from conservatorship, individuals at high risk of return to conservatorship, and those who require the highest level of outpatient voluntary care despite legal status. The team works with the conservatorship team to transition clients to outpatient care from IMDs, and works with the outpatient team to treat people needing more intensive contact than traditional outpatient or for stepdown to level 3 services. The goal is to increase independent functioning, stability of residency, follow through with needed services/access, and incorporate wellness and recovery into the client's understanding of their capabilities. Additionally, the program focuses on reducing acute hospitalization, reducing changes in residency, and preventing returns to conservatorship, as well as need for hospitalization, and promoting independence. Additional focus is placed on collaboration with primary care, and the development of a natural support system.

The program uses Cognitive Behavior Therapy for Psychosis (CBTp) as an evidence based practice. After identifying barriers in implementing a high fidelity ACT model the program has begun to embrace various components of the ACT and Wraparound models. New Models have been incorporated including wellness and recovery concepts, strengths focused client driven practices, and a continued focus on increased natural supports. Service is largely field based and client contact can range from daily to weekly. This team uses mental health clinicians and case managers, operates M-F 8 am - 5 pm, and is the highest level of county operated outpatient of care. Current staffing consists of 5 clinicians and 9 case managers and one Peer Support Specialist was added this year.

Ages Served in the Program (check all that apply):

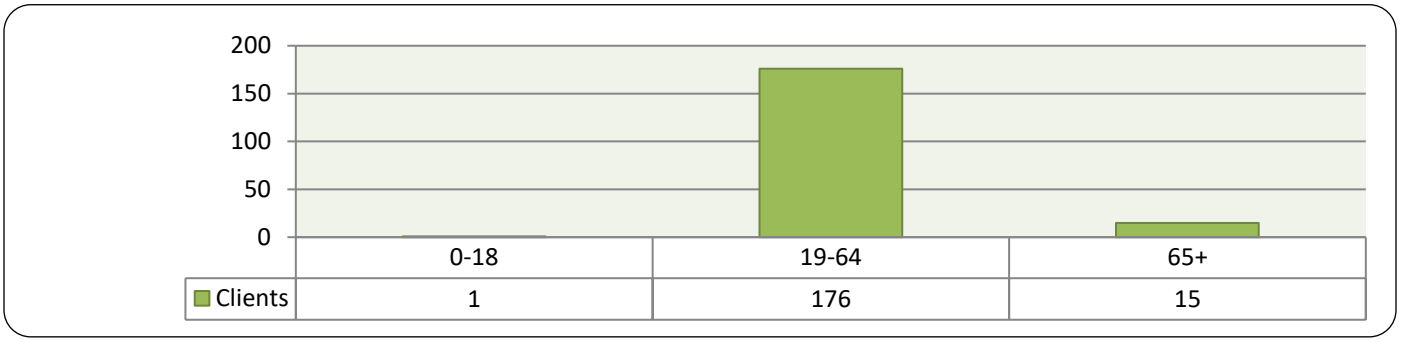
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒ 65 +

Total Number of Clients Served:

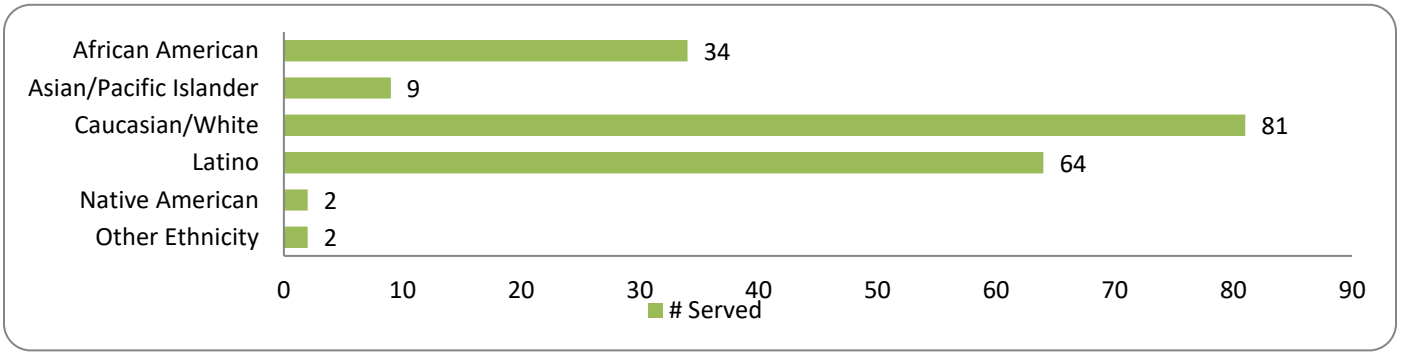


** Partial data for FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $5,143.69

Cost per client is based on actual costs ($987,588.49) and actual number served (192) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,900,917	**$1,900,917**	**$1,900,917**	**$1,900,917**
Change				

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

A few factors including the opening of the Kingsburg MHRC have led to an almost doubling of the number of people on conservatorship. Due to this increase, RISE has focused on the highest priority clients, which are those on conservatorship. This has led to less support for clients with high recidivism, those at risk of conservatorship and those exiting conservatorship. Competition for inpatient beds has increased since the increase of clients assigned to conservatorship and the recent changes with the 1370 (MIST) clients. There have been difficulties in maintaining full staffing of clinicians.

Proposed Changes:

The possibility of converting one clinician position to a case manager (CMHS) position is being discussed, as well as other staffing changes needed to maintain effective caseload sizes over time. This could include new staff, additional staff, and/or a new team as capacity increases. Depending on staffing changes this could be an enhancement. The program is exploring the ACT and Wraparound models. The program would consider staffing increases based on trends in Conservatorship referrals and reflective of clients in need of higher level of care.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4311 & CSS4312
Program Name and Provider:	School-Base Services Fresno County Department of Behavioral Health
Date Started:	09/01/08
Program Description:	The target population is youth in grades K-12 (ages 4-17 or until graduation from high school) with serious emotional disturbances that require screening, engagement, assessment and ongoing mental health treatment services that include individual/group/family therapy, case management, rehabilitation both individual and group, and collateral services. The services are provided at the school, in the home or community to improve access to mental health services and decrease barriers such as transportation, stigma, conflicts with caregiver work hours, etc. The program is designed to have flexible hours of treatment.

Program Update:

The program includes three teams serving East, West and Central regions of Fresno County.

The East County team has hired 2 clinicians and 1 case manager to fill existing vacant positions. Currently the program has 11 clinicians, 1 vacant clinical position, 4 community mental health specialists, 1 vacant community mental health specialist and 1 office assistant.

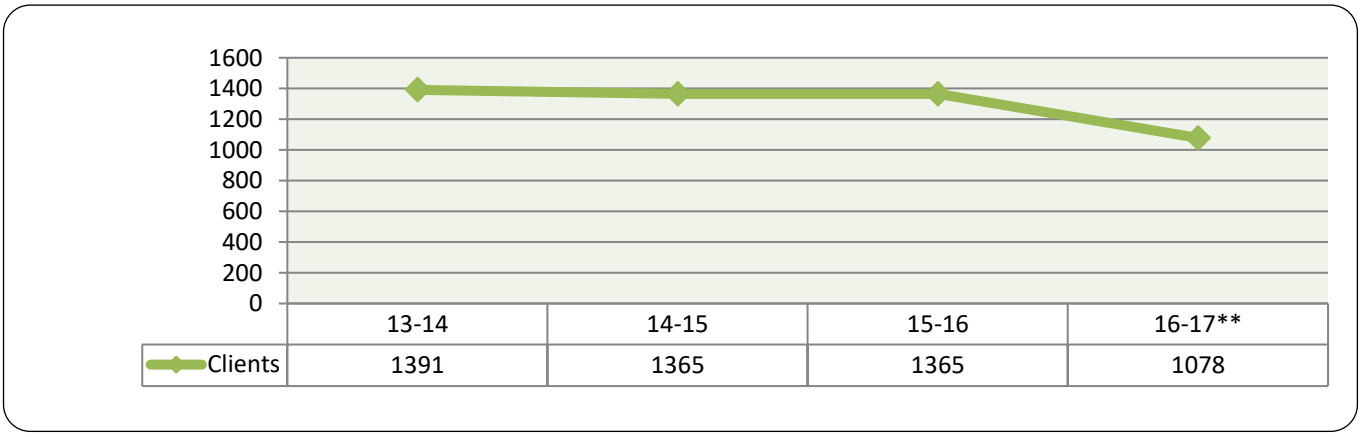
The West County team has 5 Clinicians, 1 community mental Health specialist and 1 clinician vacancy.

The Central County team has hired 3 clinicians and 1 community mental health specialist to fill existing vacant positions. Currently the program has 6 clinicians, 3 vacant clinical positions, 1 community mental health specialist and 1 office assistant. A community mental health specialist position was reallocated from the team to another internal program.

Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☐ 26-64 ☐65 +

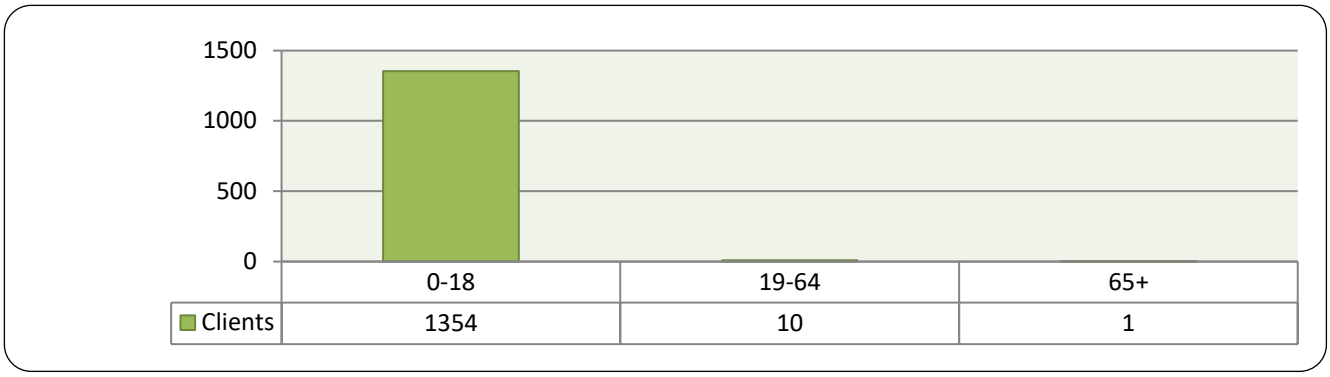
Total Number of Clients Served:



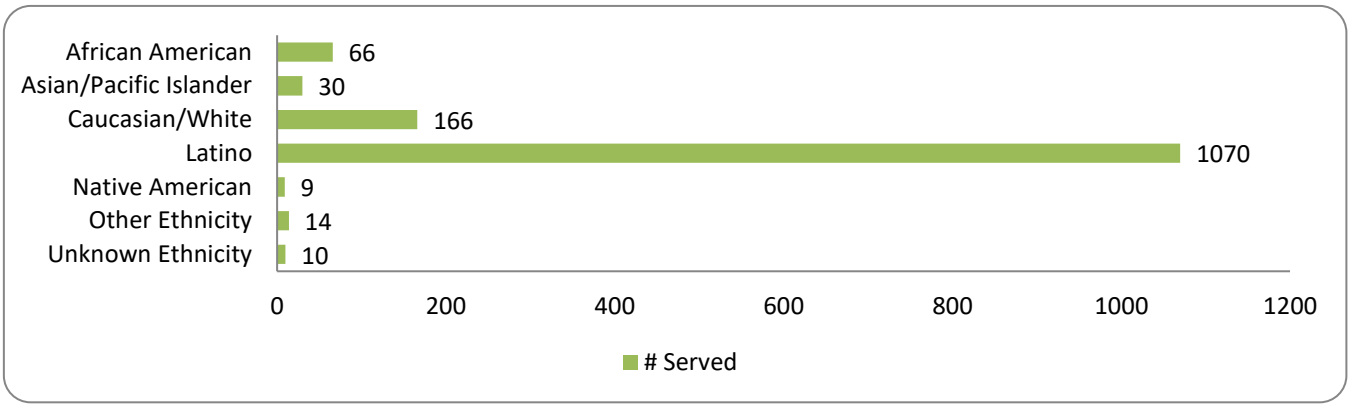
*Updated numbers from 3 year plan.

** Partial data through 3rd Quarter FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: See below

Metro - Cost per Client is based on actual costs ($1,309,615) by the actual number served (380) in fiscal year 2016-17 for $3,446 per client. Rural - Cost per Client is based on actual costs ($4,183,811) by the actual number served (890) in fiscal year 2016-17 for $4,700per client.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,818,154.00	**$2,000,000.00**	**$2,000,000.00**	**$2,000,000.00**
Change		-$1,000,000	-$500,000	-$500,000

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

East Team: Space and student availability has at times been an obstacle at the school sites for the East County team. The clinical supervisor continues to evaluate sites and work with school administration to help mitigate these barriers. In previous years, transportation due to issues with county vehicles was an obstacle but since that time, many cars were serviced and/or replaced and that has improved service delivery.

West Team: The geographical area that the School Based West Team covers is wide reaching for the current size of the Team. All school districts are at least 30 minutes or more drive time, one way, from Fresno, with the exception of Central Unified School District. Most West area school districts have a significant number of schools and many are not geographically close to one another. Due to distance and time spent on travel, clinicians' caseloads remained small and the availability to provide direct services was limited. Due to clinicians stretched thin to cover several schools and not spending substantial time at each site, staff had difficulty establishing a partnership with school supportive services staff. Office space and client availability has at times been an obstacle at some schools sites. To mitigate these challenges the Clinical Supervisor evaluated the number of referrals generated by each school site and focused resources in schools that were generating referrals. In efforts to reduce travel time and

increase direct services, clinicians were assigned 1-2 sites in one city. An MOU was established with West Side Preservation Services Network in the city of Huron in efforts to address available office space during the time schools are out of session to address continuity of care for clients.

Central Team: Challenges have included the inability to hire linguistically/culturally diverse staff, loss of staff, access to the clients during school hours, stigma, availability of parent/caregiver participation in treatment, adequate/appropriate office space, as well as school staff understanding services, and schools hiring their own clinicians causing lower referrals rates. The strategies utilized to mitigate the barriers included, but were not limited to: community wellness meetings to educate, inform and solicit feedback on service delivery; and meetings with personnel from various school districts. DBH continues to actively recruit clinicians and community mental health specialists to fill positions.

Proposed Changes:

The Department is collaboratively working toward a partnership with Fresno County Superintendent of Schools (FCSS) in order to reduce barriers to school and community based care and increase access to behavioral health services for all students across the county through the integration of behavioral health services within the context of the FCSS structure. When implemented, this partnership will expand the target population of current school-based services to include the early childhood years and will increase the availability of clinical services throughout all school settings. The Department will monitor service delivery data during the first phase of the partnership program and recommend expansion of the FCSS partnership if need is demonstrated; any program expansion will be reflected in a future MHSA Plan Annual Update. Current services will remain in place during the development of the partnership program.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS2830
Program Name and Provider:	Transition Age Youth - Department of Behavioral Health Team Fresno County Department of Behavioral Health
Date Started:	8/10/2009
Program Description:	The Department of Behavioral Health Transition Age Youth program serves Medi-Cal beneficiaries ages 17 through 24 who live within Fresno County and who require specialty mental health treatment services. The mission of DBH-TAY is to assist young adults in making a successful transition into adulthood, and more specifically, to provide mental health services which help the young adult reach personal goals in the areas of employment, education, housing, personal adjustment and overall functioning in the community. This program is being merged with First Onset Team (FOT). There will be a review for PEI funding to be included, this will be communicated in next update.

Program Update:

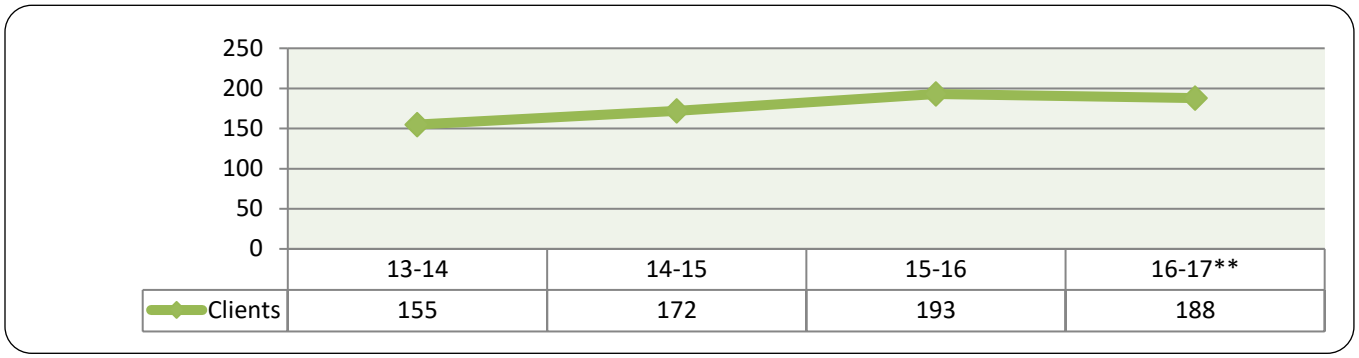
The Transitional Ages Youth Program (TAY) uses Transition to Independence Process (TIP) model, a community-based system model utilizing an individualized process engaging youth and young adults (ages 17-24) in a process of futures planning concurrent with the provision of supports and services that are accessible, coordinated, appealing non-stigmatizing, trauma informed, and developmentally appropriate that builds on their own strengths. The TIP model involves youth and young adults, their families, and informal key players in a process that facilitates the youths' movement towards enhanced self-sufficiency and achievement of personal goals. Young people are encouraged by transition facilitators and therapists to explore their interests, and to envision a future that relates to conventional transition domains of employment and career, education, living situation, personal effectiveness/wellbeing, and community-life functioning. Objectives include: increased employment and post-secondary career education, improved community-life functioning, reduced use of intensive mental health services, reduction in incarcerations, and increased natural supports. Parent/family support group is available. The team is in the final year of the TIP training.

Evidence Based Practices used are TIP and Cognitive Behavioral Therapy for Psychosis (CBTp). Staff will receive Motivational Interviewing training in 17/18. A mini drop-in center was added to assist in the "de-institutionalization" of care and to create a welcoming TAY friendly environment where socialization, rehabilitation, and peer learning can occur in a fluid and natural setting. The TAY program works closely with the First Onset Team to integrated practices specifically designed for those TAY who are experiencing first onset of psychosis.

Ages Served in the Program (check all that apply):

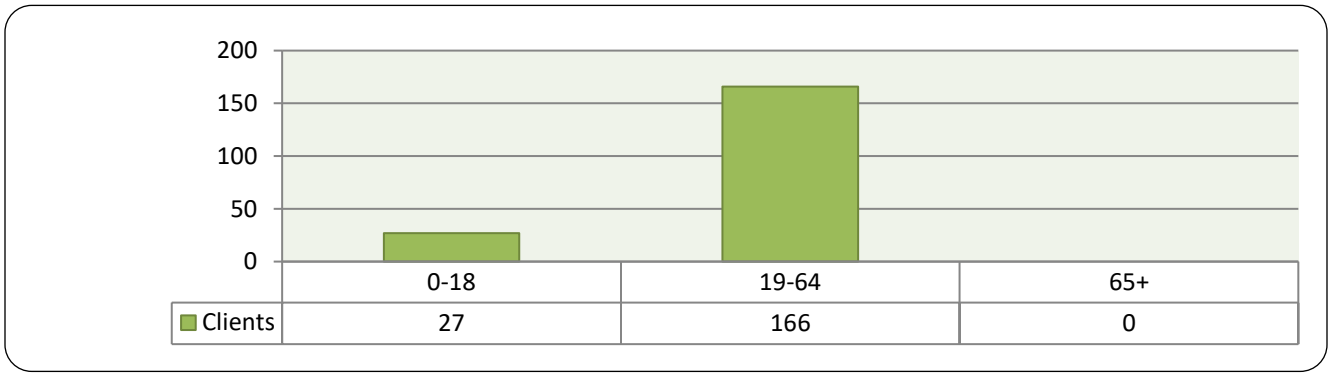
☐ **0-15** ☒ **16-25** ☐ **26-64** ☐ **65 +**

Total Number of Clients Served:

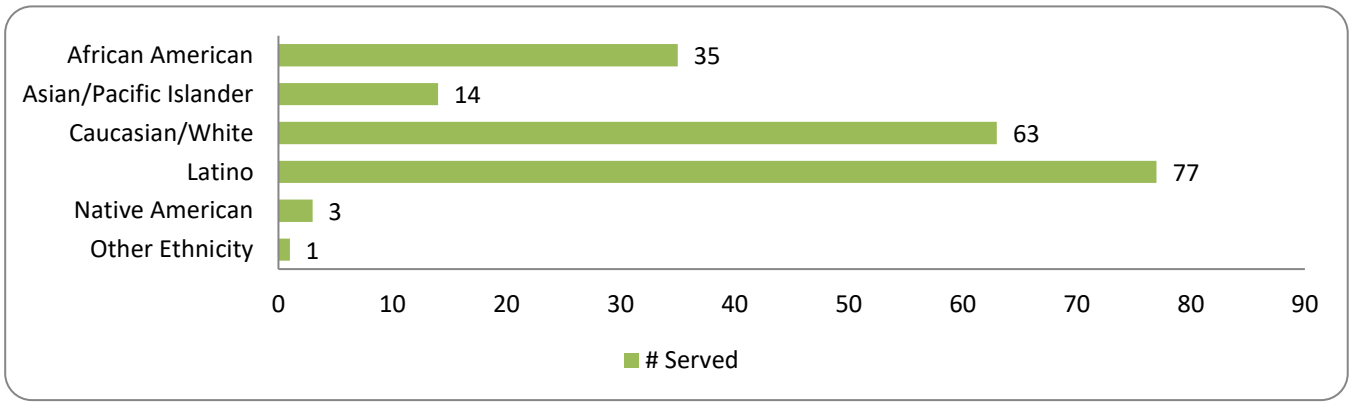


** Partial data for FY 16/17.

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $11,086.30

Cost per Client is based on actual costs ($2,139,655.47) and actual number served (193) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,274,486	**$1,274,486**	**$1,274,486**	**$1,274,486**
Change		+$1,290,825	+$1,290,825	+$1,290,825

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

This team has experienced turnover and has had difficulty with recruiting and hiring qualified staff especially in the roll of peer support. The Department will continue to recruit for vacancies. As stated on the First Onset Team summary sheet, these two programs are being merged to create resources and subject matter expertise for this level of care and population. Allocation enhancement is inclusive of the FOT budget and 'flexible funding' as referenced below.

Proposed Changes:

The Transitional Aged Youth program and the First Onset Teams are merging to create a comprehensive program that blends best practices for those experiencing their first psychotic episode with the social rehabilitation components of the TIP model. The program will be adding funds to support recovery and wellness based activities to supplement the specialty mental health treatment provided through Medi-cal. This includes a broad range of supports and services not typically associated with traditional mental health. There will be a review for PEI funding to be included, this will be communicated in next update.

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

Funding Source: CSS

Project Identifier: To be Assigned
Program Name: Assertive Community Treatment
Anticipated Date Started: August 1, 2018
Program Overview: The Department will develop a Request for Proposals (RFP) for a high fidelity Assertive Community Treatment Program in keeping with the standards for the Evidence Based Practice. ACT is a transdisciplinary team-based approach to care delivery in the community setting and is deeply rooted in the values of recovery. Services are delivered wherever is most appropriate and acceptable for the person served. ACT is a self-contained delivery system consisting of a team of professionals from different disciplines, inclusive of persons with lived experience, who collaborate in providing care to a shared caseload of persons with severe and persistent mental illness. In this self-contained system, referrals to other service providers are minimized, as it is expected that the ACT Team is fully responsive to the needs of the individuals served. Services are comprehensive, available 24 hours per day 365 days per year, and include, but are not limited to assessments; case management; psychiatric services; employment and housing assistance; family support and education; substance use disorder services; and other services and supports necessary for an individual to live successfully in the community.

Target Population:

The initial target population will be refined during the RFP development process. However, this ACT program intends to serve adults with serious and persistent mental illness who experience severe functional impairments and who have not engaged in or responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Persons served will have a complexity of co-occurring challenges such as homelessness or housing instability, substance use, physical health issues, and/or involvement or risk of involvement with the judicial system. Persons considered for this level of service would experience frequent utilization of emergency and crisis services across the community.

Estimated # to be Served:

TBD, rough calculations below based on 100 slot capacity at $20,000/per client per year

Program Details:

See above

Performance Measurement(s):

Increased levels of recovery as measured by Reaching Recovery; increased stability in the community as measured by reduction in jail days, reduction in hospitalization and/or reduction in other emergency services such as EMS; reduced distress or impairment as measured by pre-post measures identified by program.

Estimated Cost per Client: $0.00

To be determined.

Estimated Budget: Actual budget and anticipated expenditures will be finalized in Request for Proposal and contract negotiations

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$500,000	$500,000	$500,000

Funding Source: PEI

Project Identifier: To be Assigned

Program Name: Wellness Integration and Navigation Supports for Expecting Families

Anticipated Date Started: August 1, 2018

Program Overview: This new pilot program will focus on the integration of behavioral health services within primary care settings that serve pregnant and post-partum women and their families. Prevention activities will include outreach, training, and supports to physicians and other health providers, education and wellness-focused coaching for pregnant and postpartum women and their families, services to help persons to access or develop personal or community-based supports, and screening for behavioral health needs. These prevention activities may occur within the primary care setting or in other settings affiliated with primary care, pregnancy, or early childhood. Early intervention services will include linkages, cultural brokerage, care coordination and navigation, and ongoing wellness supports. These early intervention activities may occur within the primary care setting or in other settings affiliated with primary care, pregnancy, or early childhood. This program will include staff members who have lived experience to serve as peer support specialists to both support peer-to-peer connection and recovery as well as to serve as cultural brokers and navigators. The program will also include a licensed mental health clinician to provide education, training, screening and assessment when indicated, and to ensure care coordination. The clinician will possess or develop specific competencies in perinatal mood and anxiety disorders, perinatal psychosis, infant-family mental health, and co-occurring mental health and substance use disorders. The new program will collaborate and integrate with existing community groups and/or initiatives including, but not limited to, the Fresno County Maternal Wellness Coalition, the Pre-Term Birth Initiative's "Group Prenatal Care" program, and the existing DBH Perinatal Wellness Center.

Target Population:

Pregnant women and their families in Fresno County.

Estimated # to be Served:

TBD

Program Details:

See above.

Performance Measurement(s):

Increased access as measured by penetration rate to underserved populations; increased knowledge about behavioral health and how to access care as measured by pre-post surveys or other measures proposed by program; reduced distress or impairment in persons served through early intervention component as measured by pre-post measures identified by program.

Estimated Cost per Client: $0.00

To be determined.

Estimated Budget:

Budget Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	0	**$400,000**	**$400,000**	**$400,000**

PEI Work Plans, Progress Updates and Proposed Changes

☐ Prevention ☒ Early Intervention ☐ Other (standalone programs focused on outreach)

Project Identifier:	PEI4761x
Program Name and Provider:	****First-Onset*** Combined with (Transitional Age Youth (TAY) – Department of Behavioral Health) Fresno County Department of Behavioral Health
Date Started:	2/1/10
Program Description:	The First Onset Team (FOT) is a multi-disciplinary team consisting of a psychiatrist, clinicians, case managers and peer support staff. A wide range of services is provided that includes such services as medication management, individual, family collateral and group therapy. Case management, individual and group rehabilitative services are provided. Also provided by FOT is education about mental health symptoms, treatment and stigma. Noted as 'deleted' due to merging with DBH TAY program.

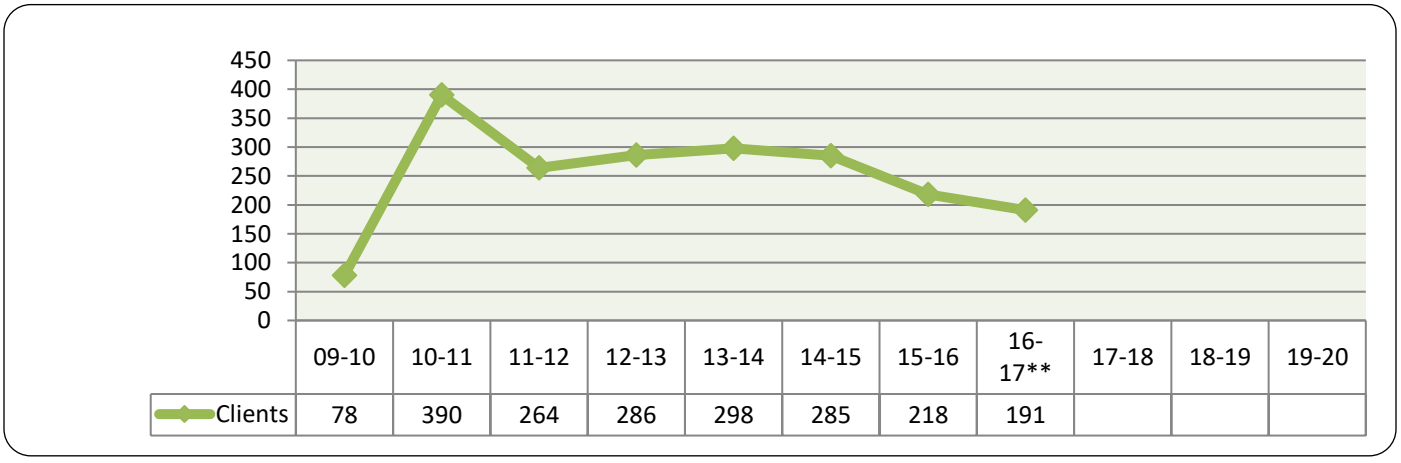
Program Update:

The Multi-disciplinary team consisting of a psychiatrist, nurse, clinicians, and case managers work with individuals (17-28) who are experiencing first onset of psychosis and the accompanying symptoms, which might include persistent and overwhelming delusions and/or visual and auditory hallucinations. Specific goals for implementation will target the reduction of distress associated with positive symptoms, functional impairments associated with negative symptoms and wellness planning for relapse reduction, with the overall aim of increasing functioning for these individuals. Evidence Based Practice used is CBTp. Family support group is also provided. This program services clients in Level 2-4 as a prevention program aimed decreasing the long term effects of psychosis and Schizophrenia on the brain. This program works closely with the Transitional Aged youth Program that is trained in the TIP model. This provides additional support in age appropriate EBP for the TAY portion of this programs population. Hours of operation are M-F, 8 am-5 pm. Service delivery is not impacted with merging of teams/MHSA programs.

Ages Served in the Program (check all that apply):

☐ **0-15** ☐ **16-25** ☐ **26-64** ☐ **65 +**

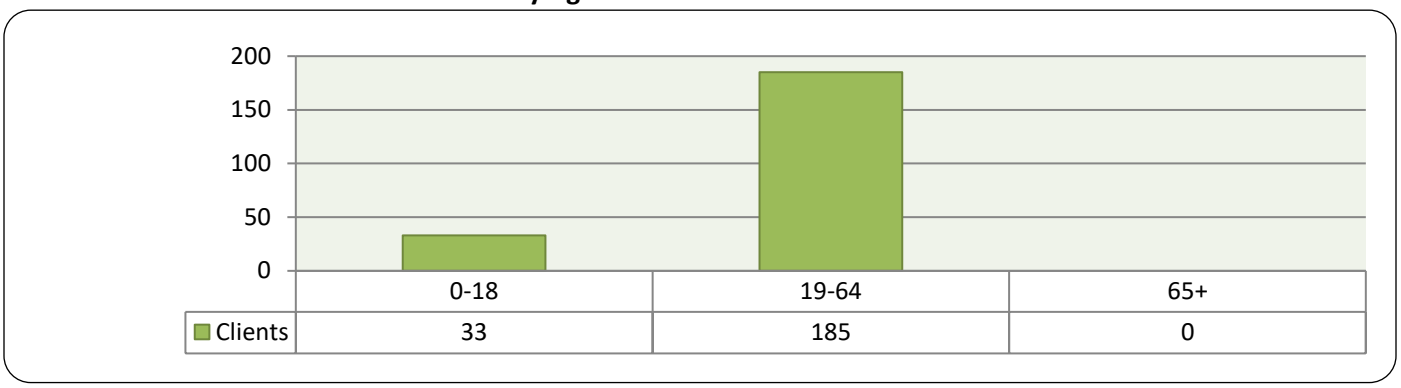
Total Number of Clients Served:



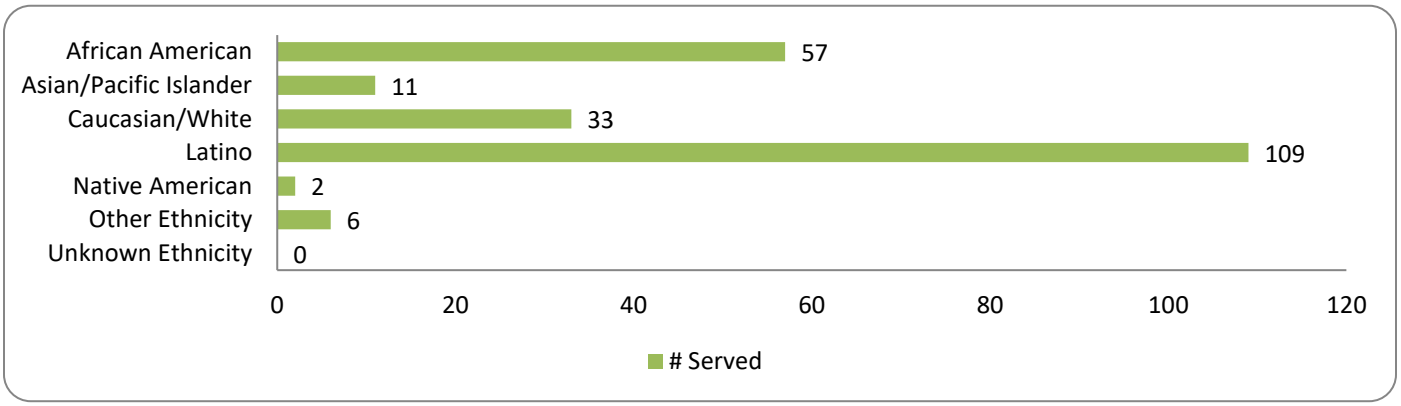
	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17**	17-18	18-19	19-20
Clients	78	390	264	286	298	285	218	191			

** Partial data for FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cost per Client is based on actual costs ($xxxxxxx) and actual number served (??) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	0	**0**	**0**	**0**
Change				

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

This team has experienced turnover and has had difficulty with recruiting and hiring qualified staff. One of the strategies is to merge the FOT and DBH TAY teams, both teams have same Clinical Supervisor / Manager, this merging will consolidate resources, staffing and create a more robust level of care for this population.

Proposed Changes:

We are also exploring access to a flexible spending account to supplement the specialty mental health services with recovery oriented practices and activities. This includes a broad range of supports and services not typically associated with traditional mental health

Performance Outcomes: Please see http://www.co.fresno.ca.us/department/behavioral-health/mental-health-services-act/mhsa-outcomes for outcomes reported for FY 2015-2016.

Work Plan # 5
Infrastructure Supports
Table of Programs

*= New Program Name
**=Deleted and Combined with Other Program

Status of Program	Program	Type of Funding	Contracted or Internal
Keep	Crisis Residential Treatment Construction	CF&TN	Contracted
Keep	***MHSA Administrative Support*** (MHSA Staffing – Administration)	CSS, INN, & PEI	Internal
Keep	***Sierra Resource Center*** (Sierra Community Health – Acquisition of new property)	CF&TN	Contracted
Enhance	Capital Facility Improvement	CF&TN	Contracted
Enhance	Information Technology	CF&TN	Contracted

CFTN Work Plans, Progress Updates and Proposed Changes

Project Identifier: CFTN

Program Name and Provider: Crisis Residential Treatment Construction - Building New Crisis Treatment

Date Started: January 2017

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

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

Program Update:

The Fresno County Department of Behavioral Health was approved for a Senate Bill (SB) 82 Investment in Mental Health Wellness grant totaling $3,100,714.60 by the California Housing Facilities Financing Authority to construct a 16-bed crisis residential treatment (CRT) facility in order to prevent acute inpatient psychiatric placements, reduce lengths of stay in a more intensive inpatient setting, and improve immediate and long-term outcomes for clients in crisis. The total construction cost is estimated at $4.3 million. The remainder of the costs will be financed with Mental Health Services Act Capital Facilities and Mental Health Realignment funds.

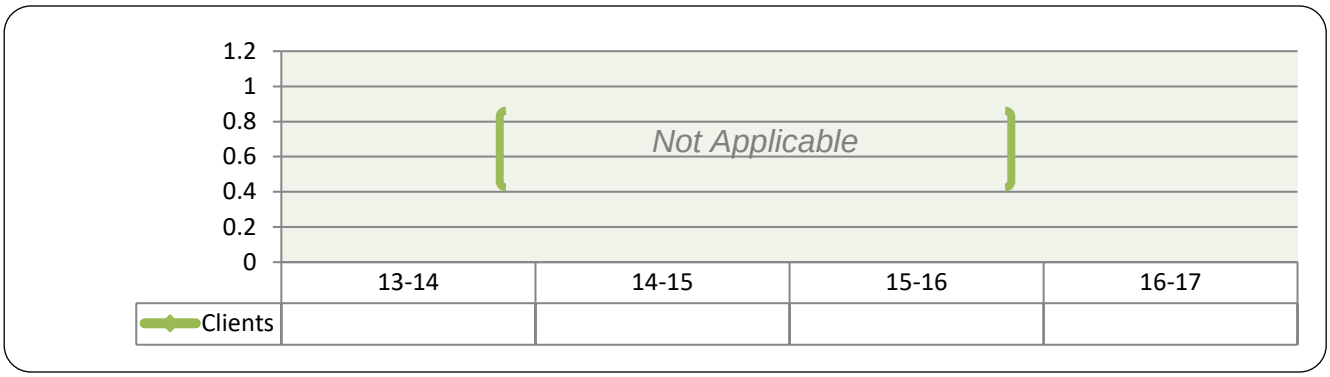
The 16-bed CRT facility will be licensed by Community Care Licensing as a Social Rehabilitation Facility and be Medi-Cal certified. The CRT will be integrated into the continuum of care and provide a crisis residential 30 day service of highly structured recovery oriented services to avoid hospitalizations for clients. The current continuum provides emergency-room based mental health interventions, brief (under 24 hours) short-term crisis stabilization and treatment in an inpatient restrictive setting, none of which allow for community-based, client-centered interventions and services. There is a gap between very short term stabilization and outpatient community-based services. The addition of the CRT fills that gap with a longer stabilization early wellness and recovery initiation point and provides linkages to an array of comprehensive post-discharge services.

The facility will be built on existing county-owned land currently known as County Parking Lot K, adjacent to County building 331, which currently houses a Community Regional Medical Center asthma and diabetes clinic. It is estimated that the structure will be between 10,000 to 12,000 square feet with associated grounds encompassing a total of 53,000 square feet (1.2 acres). The CRT will be conveniently located on the same campus as the adult and youth crisis stabilization center and the adult and youth psychiatric facility.

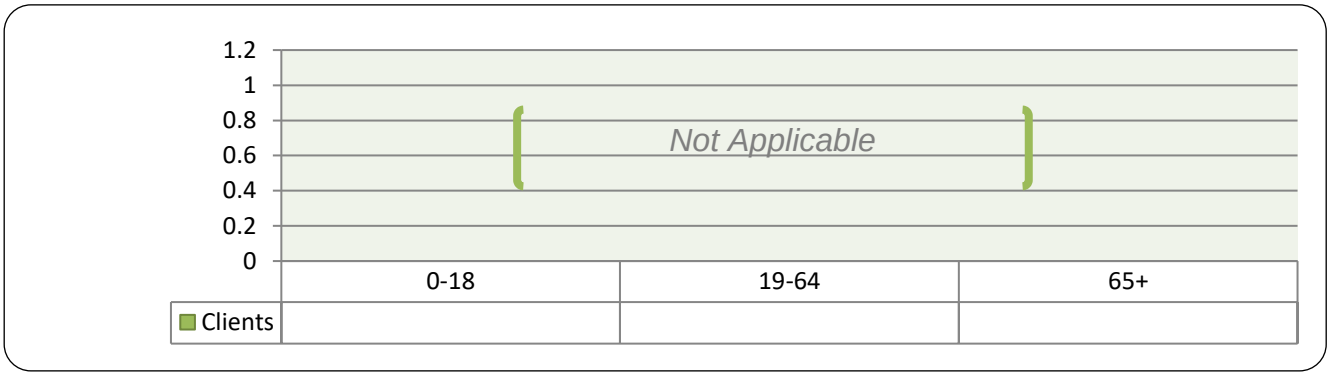
Ages Served in the Program (check all that apply):

☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

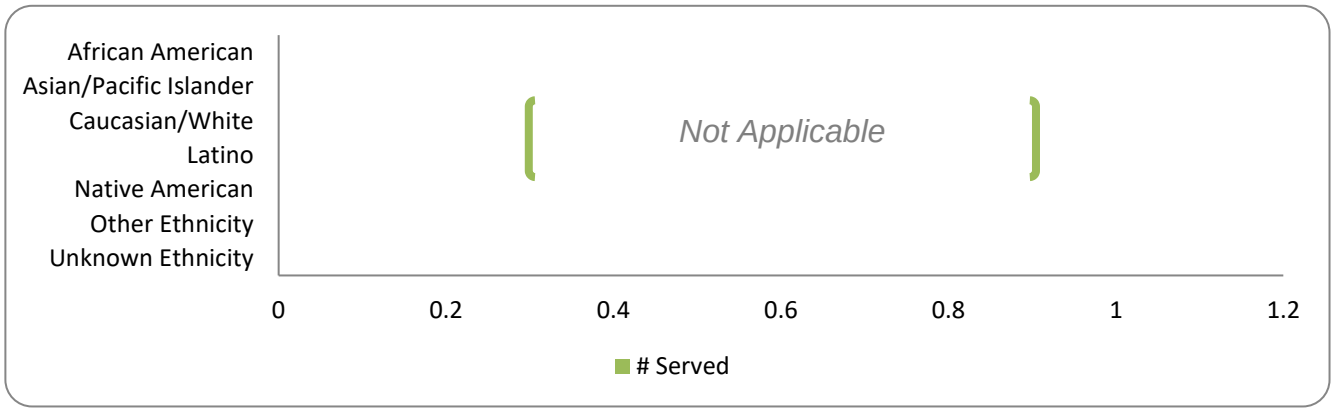
Total Number of Clients Served:



FY 2016-2017 Total Number of Clients Served By Age:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Not Applicable.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$1,450,000	**$1,450,000**		
Change				

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

N/A

Proposed Changes:

N/A

Performance Outcomes: No outcomes reported for this program.

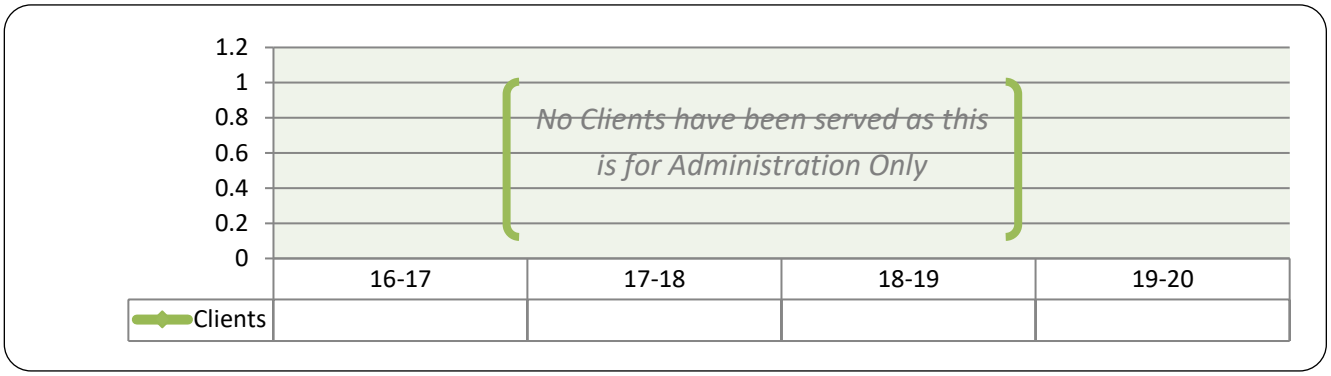
CSS, INN, and PEI Work Plans, Progress Updates and Proposed Changes

Project Identifier: CIP4710
Program Name and Provider: MHSA Staffing - Administration
Fresno County Department of Behavioral Health
Date Started: 01/01/05
Program Description: This work plan addresses and funds the positions that support the administrative/infrastructure needs of the Department, to plan, implement, and monitor MHSA programs and activities. Staffing expenditures are estimated based on the County's pay scale.

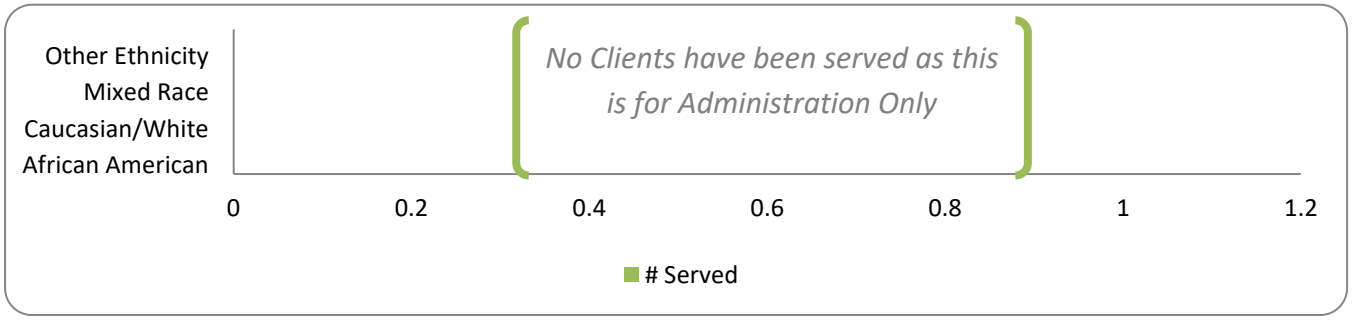
Progress Update:

The previous 3-yr Integrated Plan added/deleted the following positions:
2 Clinical Supervisors, 2 Substance Abuse Specialists, 1 Principal Accountant, 1 Accountant, 2 Program Managers, 1 Business Intelligence Analyst, 1 Chief OA, 2 Senior Staff Analysts, 7 Staff Analysts, and -1 Office Assistant.
Status Update:
Positions noted to add/delete have been completed with the exception of 1 Principal Accountant and 2 Program Managers. In the upcoming budget process, the Department will be adding 2 Accountants (as opposed to 1 Principal Accountant), and 1 Program Manager that directly will oversee staff development and MHSA programs. The Department will also add management positions to the program, which oversee the direct MHSA provider staff.

Total Number of Clients Served:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Administration Only

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$5,864,861	**$5,864,861**	**$5,864,861**	**$5,864,861**
Change		**+ $3,426,710**	**+ $3,426,710**	**+ $3,426,710**

Proposed Changes:

Add positions in table below

CMH & ASOC	Contracted Services	Administration	QI/IT	Managed Care	Executive/ Outreach & Prevention	Finance
1 Staff Analyst	6 Staff Analysts	1 Program Manager	1 Staff Analyst	1 Clinical Supervisor	1 Division Manager	2 Accountants
1 Program Technician	1 Program Technician	2 Staff Analysts	1 Systems and Procedures Analyst	2 Utilization Review Specialists	1 Administrative Assistant	1 Account Clerk
.50 Division Manager	.50 Division Manager	.25 Division Manager	.25 Division Manager	.25 Division Manager	.25 Director	.25 Business Manager
					.25 Deputy Director x2	
					1 Staff Analyst	
					1 Program Technician	
2.5	7.5	3.25	2.25	3.25	4.75	3.25

Classification	FTE	Salaries & Benefits
Director of Behavioral Health	0.25	$63,174
Deputy Director	0.50	$95,371
Division Manager/Business Manager	3.0	$422,876
Clinical Supervisor	1.0	$167,940
Account Clerk	1.0	$79,636
Utilization Review Specialist	2.0	$295,466
Accountant	2.0	$260,682
Program Manager	1.0	$106,705
Administrative Assistant	1.0	$79,450
Systems & Procedures Analyst	1.0	$136,973
Staff Analyst	11	$1,431,691
Program Technician	3	$286,926
TOTAL	**25.75**	**$3,426,710**

CFTN Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CFTN
Program Name and Provider:	**Sierra Resource Center*** (Sierra Community Health – Acquisition of new property) – retitle Fresno County Health and Wellness Center – Acquisition of New Property and Upgrades/Repairs
Date Started:	January 2017
Program Description:	It is anticipated that this building will house all DBH administrative divisions including, but not limited to: Contracted Services, Finance, Managed Care, Quality Improvement and Information Technology Services, and Administration. DBH also plans to locate the majority of children's mental health programs and select adult mental health programs at the site. Client services will be located on the ground floor of the building whereas administrative operations will occupy the second floor. Ground floor will include integration of primary care into behavioral health settings.

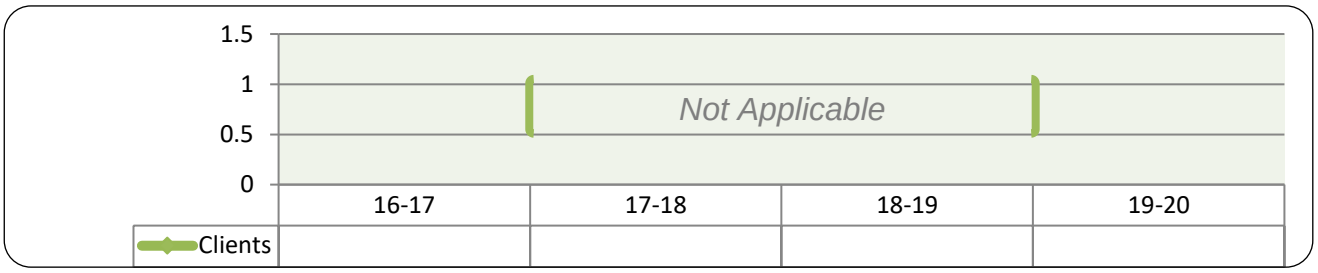
Program Update:

The Department of Behavioral Health (DBH) acquired the two-story building located at 1925 E. Dakota Avenue, Fresno, CA on August 8, 2016, previously known as the Sierra Community Health Center, from Community Regional Medical Centers. The purchase price of the 80,000 square foot building was $3.5 million, which included the 228-stall parking lot located on the West side of the property. An original amount of $4.2 million in CalMHSA Capital Facilities funds was earmarked for the purchase and remodel of the building. Based on further evaluation and needs assessment, the building requires additional capital improvements to meet ADA standards as well as address client and staff needs. The additional improvements include replacement of the roof and AC/heating units, and repaving of the parking lot. The total cost of the additional projects is estimated not to exceed $5 million.

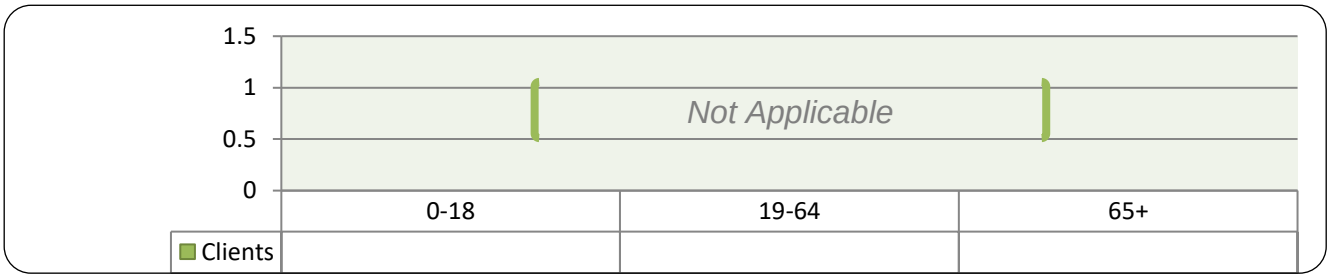
Ages Served in the Program (check all that apply):

☒ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

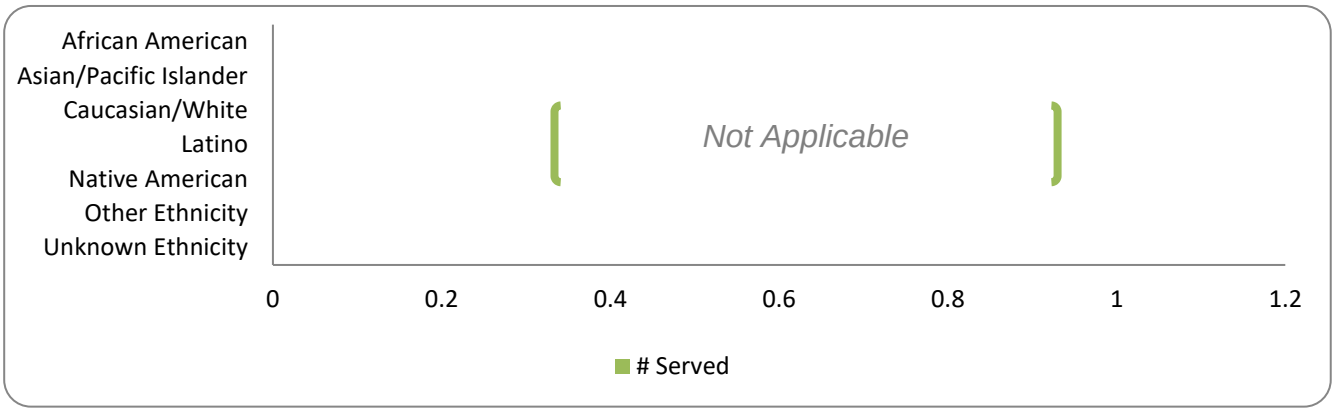
Total Number of Clients Served:



FY 2016-2017 Total Number of Clients Served By Age:



FY 2016-2017 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

To be determined. (TBD)

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$4,200,000	**$2,500,000**	**$2,000,000**	
Change				

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

DBH is working with the County's Department of Public Works and Planning – Capital Projects Division (Capital Projects) to design, advertise and award the additional projects. Once the projects are awarded, the bid-winning companies will commence construction. A potential challenge could include bids coming in over budget. To mitigate that risk, extra precautions will be taken in the design phase of the two projects to ensure realistic construction cost estimates. Another potential challenge could include construction delays due to unfavorable weather. To mitigate that challenge, DBH will work closely with Capital Projects to ensure scheduling of the construction portion of the project is planned during seasons less likely to experience unfavorable weather conditions.

Proposed Changes:

The Department would like to enhance this project to include: $2.5 million for the parking lot project; $1.25 million for the roof replacement project; and $1.25 million to replace the AC/heating units. The parking lot project encompasses the repaving of the existing parking lot, addressing ADA deficiencies and increasing the parking stall number by approximately up to 70 stalls. The roof project encompasses the removal of the current roof and its replacement with either a single- or 5-ply roofing system with an estimated usable life of 20+ years. The AC/heating unit replacement project encompasses the replacement of 36 units that have outlived their useful lives and are currently in a state disrepair.

Performance Outcomes: No outcomes for reporting.

CFTN Work Plans, Progress Updates and Proposed Changes

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

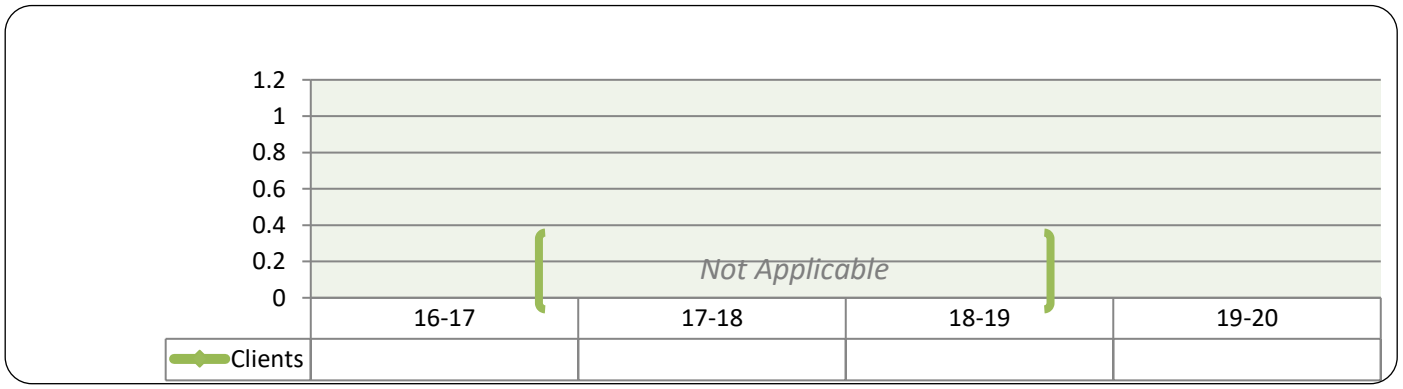
Program Update:

Many changes has been made to the service site located at Kings Canyon, changes include, but are not limited to, renovation of space to create Youth PHF, expansion of adult crisis stabilization and creation of space for children's crisis services (these actions were completed with separate MHSA actions and/or SB 82). These changes prompted to move of the Urgent Care Wellness Center to the building known as "Metro" and the re-configuring of programs in that building without any significant capital facility changes. Other changes included the move of administrative staff from the UMC Campus to Heritage, creating additional client care space on the UMC Campus in the building known as "PATH Building." The CF plan and funds were accessed to enhance signage and pilot use of sidewalk marking to create a welcoming environment and explore providing direction to campus services in a variety of means. The enhancement of this work plan allows for an increase in funding to specifically providing CF improvements to the Metro building as it now services as the primary hub for adult mental health services, and the Adult Psychiatric Health Facility (PHF). The Metro building has not received any improvements for over 20 years and floorplan/functionality is not conducive or reflecting of recovery oriented, client engagement format of services. The Adult PHF is in a similar state of disrepair and requires significant CF enhancements to provide and safe and secure space for some of the Department's most fragile clients. Potential projects with these funds include, but are not limited to: removal barriers, counters and plastic shields/walls, renovation of rooms that have served as medical records (less space to be used related to electronic health record use), creation of space that provides kiosks for computer/tablet use, improve items such as lighting and flooring. Improvements will address interior, exterior, signage, and access to services on the UMC Campus per the CF guidelines.

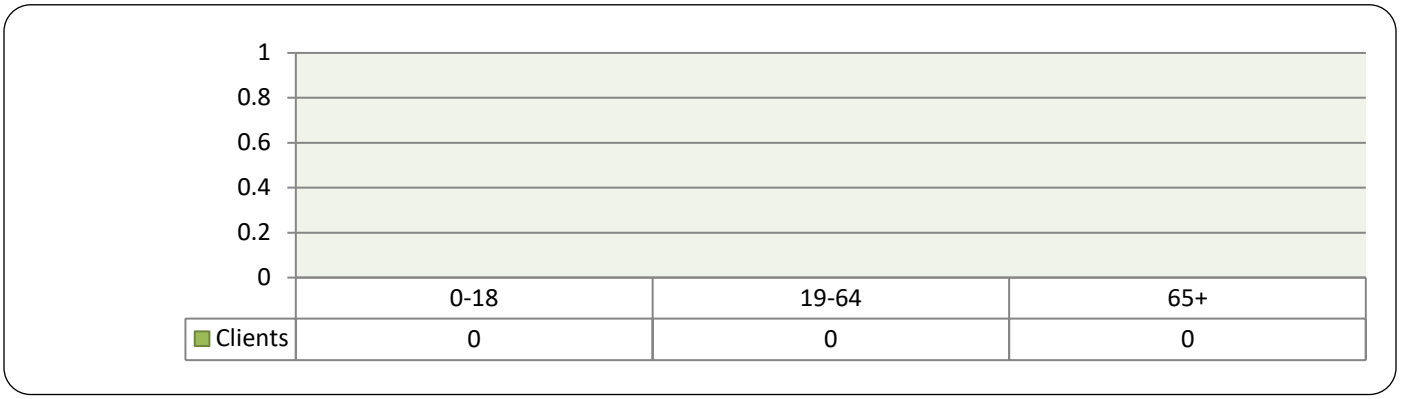
Ages Served in the Program (check all that apply):

☐ **0-15** ☐ **16-25** ☐ **26-64** ☐ **65 +**

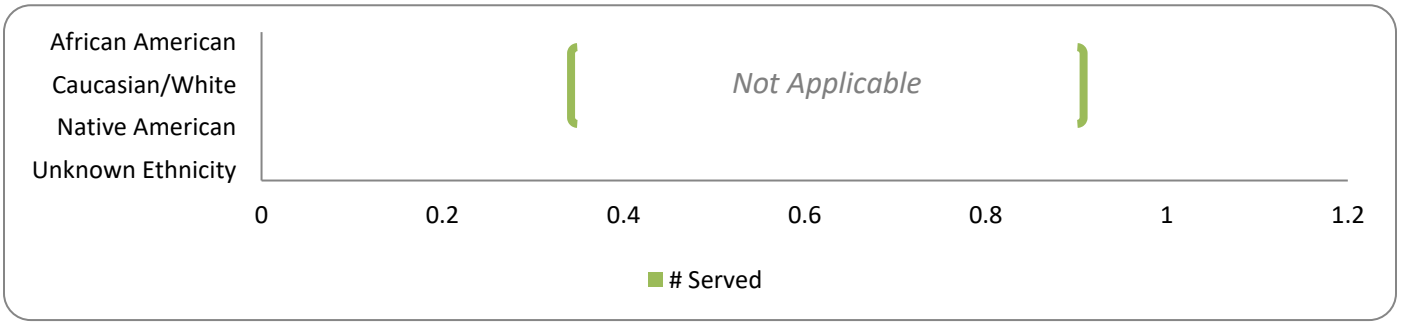
Total Number of Clients Served:



FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Not applicable

MHSA State Approved Allocation:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
	$250,000	**$250,000**	**$250,000**	
Change		+$625,000	+$625,000	

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

The CPP Process clearly documents the need for safe, secure inpatient setting, Current on campus setting that is the cornerstone to the 'right place' right time right door' system of care is in need of repairs that will create a more homelike environment that is safe and conducive to recovery and whole person wellness.

Proposed Changes:

The updated plan expands the use of CF funds to upgrade the Adult PHF, making it a safe and secure space to provide client services. Advocates and client representatives will be present and active in any facilities planning.

Performance Outcomes: No outcomes for this approved plan.

CFTN Work Plans, Progress Updates and Proposed Changes

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

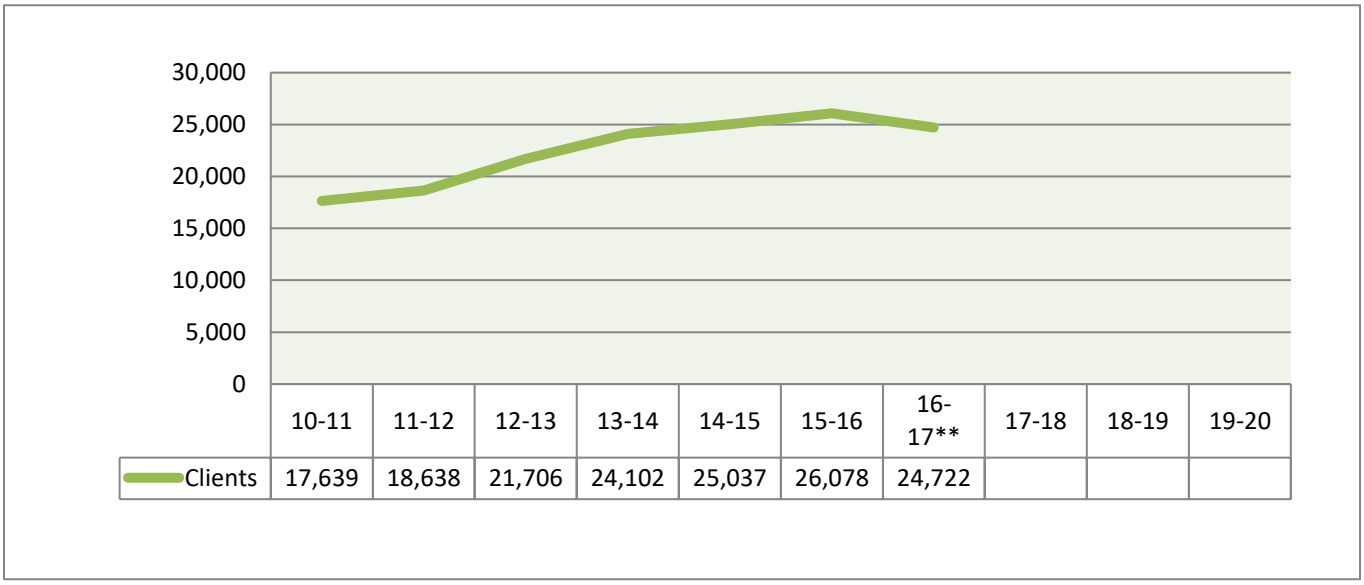
Progress Update:

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

Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

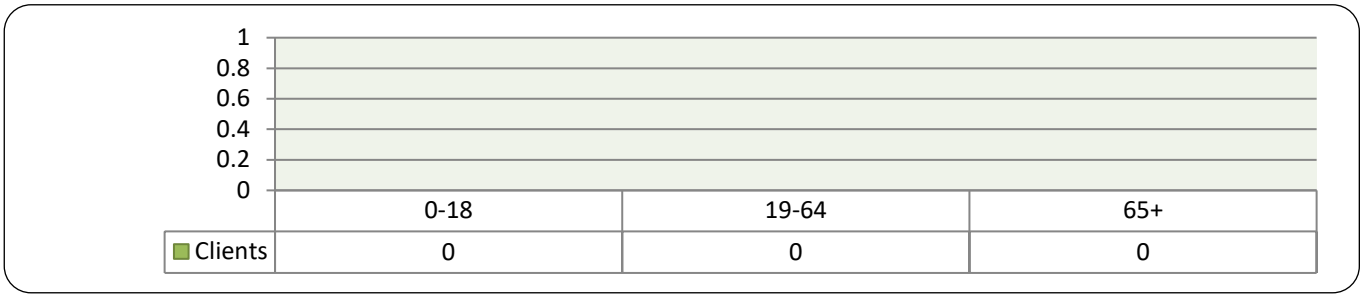
Total Number of Clients Served:



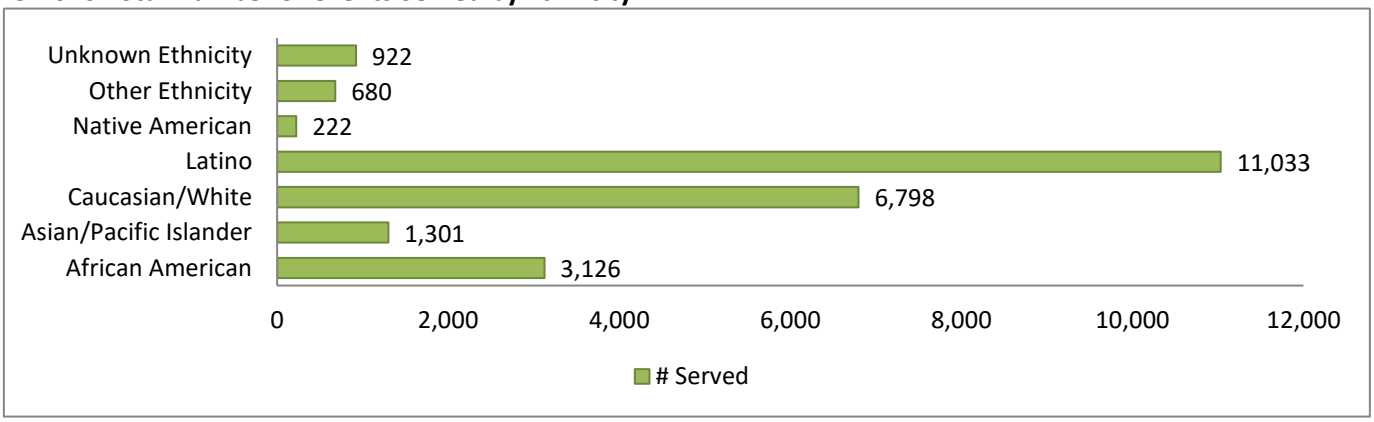
	10-11	11-12	12-13	13-14	14-15	15-16	16-17**	17-18	18-19	19-20
Clients	17,639	18,638	21,706	24,102	25,037	26,078	24,722			

** Partial data for FY 16/17

FY 2015-2016 Total Number of Clients Served By Age:



FY 2015-2016 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $0.00

Cost per Client is Being Calculated. Will be updated during posting for final draft.

MHSA State Approved Allocations:

Allocation Summary	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Allocation	**1,454,776.12**	**1,454,776.12**	**1,454,776.12**	**1,454,776.12**
Change		+ 534,141.38	+ 131,394.88	+ 82,114.88

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

Proposed Changes:

Proposed changes include the following added services/functionalities:

(1) Additional 460 subscriptions of named EHR users to support the expanded use of EHR by contracted partners/providers;
(2) EHR document scan and upload upgrade;
(3) EHR Web Services which is a software system designed to support interoperable;
(4) Management Services Organization and Provider Connect EHR module to support the managed care/service provided by the group and individual care providers;
(5) EHR CareConnect Inbox which supports the direct messaging from/to another EHR;
(6) Additional 69 subscriptions of EHR OrderConnect which supports e-prescription;
(7) Ad-hoc professional EHR vendor support service;
(8) Subscription of EHR Reaching Recovery (outcome measurement tools for adult clients), and
(9) Dashboard/data analytics software.

Performance Outcomes: No outcomes for reporting.

Proposal for MHSA Annual Update Integrated Plan Workforce Education and Training Table of Programs

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

Workforce Education and Training

The MHSA Workforce, Education and Training (WET) Three Year Plan is a continuation of the activities the County has been engaged in. The WET related activities continue in design to build capacity in the workforce; to support educational pathways in a number of domains; and to provide training to a spectrum of audiences to help meet the County's behavioral health needs. The MHSA WET component's main function is to develop a workforce capable of serving the County's diverse populations, including clients and their families, all age groups, and communities that are underserved and unserved. The proposed plan, however, is different from the other MHSA components in that the one-time funding for WET activities will be sun-setting on June 30, 2018. The County will therefore redouble efforts to ensure remaining balance of WET funds are appropriately expended by June 30, 2018 to meet the remaining WET goals, particularly with respect to core competency building and other sustainable planning. The WET Action Items outlined in the Annual Update have been organized around four essential Action Items designed to focus on the steps to build capacity, as follows:

- Action Item 1: *Administrative and Coordination Activities*—dedicated to the purpose of planning, coordinating, supporting, implementing, and monitoring a variety of the activities in an effort to meet the plan objectives, including equipment support specific to training needs;
- Action Item 2: *Appropriate Services* – focused on providing training and training supports that help ensure core competencies across staff and providers, including implementation of evidence-based practices, as well as supporting and developing capacity for services that are culturally and linguistically appropriate;
- Action Item 3: *De-stigmatization* – designed to address stigma-based barriers to seeking services, workforce development, and career pathways, as well as to build knowledge in our communities about mental health and mental illness, specifically through training first responders , law enforcement, other community professionals, and clients and their families/loved ones; and
- Action Item 4: *Career Pathways* -- focused on supporting individuals at various points along the career pathway into a behavioral health field or as staff within the Department of Behavioral Health, including those with lived experience, through a number of specific activities, such as placement within the Department by working with various educational programs.

Activities listed under the approved Three-Year Plan and in the subsequent Annual Update will continue, apart from one of the activities in support of the psychiatric physician assistant program. Which is obsolete, since San Joaquin Valley College no longer provides this program. The Annual Update for the WET component will strive to address current needs in a number of areas, including working with a newly developed Staff Development program, supporting management of training in core competencies across practitioners in the public mental health plan through a learning management system, and ensuring that all staff are trained in meeting the needs of clients.

Consistent with the MHSA core values, the WET component Annual Update will include necessary flexibility to meet Departmental needs within the context of the four Action Items, as needed and as challenges are addressed or new ones emerge. The following table lists the status of key activities begun under the WET Three-Year Plan under each of the four Action Items. While there are no significant changes to in the proposed Three-Year Plan, the remaining WET funds will be used to o support ongoing work to ensure appropriate services, to promote de-stigmatization and to promote career pathway development through coordination of resources and training opportunities.

Action Item	Activity	Status	Comments
Action Item 1 Administrative and Coordination Activities	WET Coordination and Implementation	Keep	Activities are ongoing with efforts that include placing MFT/MSW students, MHFA training, Skills Development Workshops, various training events, participation at the WET Central Regional Partnership meetings and coordination of activities that arise through that partnership, coordinating and participating on the MHLAP application and evaluation committee, managing HPSA/NHSC site certification requirements, and implementing the various activities of the WET plan update.
Action Item	Activity	Status	Comments
Action Item 2 Appropriate services	Training in Co-Occurring, wellness, e-learning, and Core Competencies	Keep	In the process of scheduling specific trainings and planning to do so for others. Specific movement towards planning include: EMDR, TF-CBT, CBTp, DBT, continuing and including community/contract providers in Early Childhood Mental Health Training, Eating Disorders, Cultural Competency, and Motivational Interviewing. Other training discussed includes SEES Job Placement/Job Coaching. Most of these trainings are designed to address core competency primarily in clinical operations, address the loss of subject matter expertise and build capacity. Executed new CIBHS agreement.
	Cultural Awareness Training/Linguistic Access for Staff, Consumers, and Family Members	Keep	Cultural Competency training will be planned for the coming year. The goal is to develop a train-the-trainer opportunity for longevity. WET Recommends continuing/re-authorizing direct support for unlicensed clinicians towards their licensure by funding the expenses of study materials and the costs of the licensure exam.
	Provide Training and Support for Peer Support Specialists and Parent Partners	Keep	Continue developing and providing core competency training opportunities for non-licensable staff who work directly with clients and their families
Action Item #3 De-Stigmatization	Educate Consumers and Family Members on Mental Health Disorders, Meds & Side Effects	Keep	Continue supporting training and education efforts for clients and families of medication, their side effects, and mental health disorders.
	Mental Health Training for PCP, Teachers, Faith-Based and Other Community Partners	Keep	Continue Mental Health First Aid training in all sectors of our County.
	Training Law Enforcement and first responders, on mental health	Keep	Continue working with Law Enforcement and other first responders on expanding their training in Mental Health/Mental Illness, stigma reduction and discrimination awareness.

Action Item	Activity	Status	Comments
Action Item # 4 Career Pathways	Collaboration with Adult Education, community college, ROP and SEES	Keep	Ongoing activities have included presentations to high school ROP programs and community college events. WET committee has discussed/approved moving forward with job readiness training for SEES. No activities to date with Adult Education directly through WET.
	Consultation Services for Utilization of Consumers and Volunteers	Keep	Consumer/client and volunteer opportunities are currently limited in the Department and are coordinated through the SEES program. Creation of additional volunteer opportunities and college undergraduate level internships could benefit the Department to develop career pathways into a behavioral health career.
	Expand Existing Students Internship Program	Keep	Continue existing student placement activities, but expand the number of schools with whom we have Memoranda of Understanding, with the principle goal of increasing the number of MSW student placements.
	Financial Incentives to Increase Workforce Diversity	Keep	Continue leveraging Federal and State programs that provide financial incentives through loan repayment programs, including MHLAP, NHCS grants and others. Provide oversight support for the MHSA Stipend program through the MFT Consortium that is coordinated through Phillips University.
	Outreach to High Schools / Career Academy	Keep	Leverage opportunities at events and through various allied statewide efforts to provide stigma reduction messaging and career pathway training. Efforts include annual OSHPD mini grant career pathway opportunities; Statewide MHSA PEI projects, including Walk In Our Shoes, Each Mind Matters and Directing Change; among other opportunities, such as Staff Development days for K-12 teachers/staff.
	Partnership with CSUF on Training Psychiatric Nurse Practitioner (PNP)	Keep	Continue working with Programs to place students for internships/preceptorships
	Partnership with the Psychiatry Residencies and Fellowships - UCSF	Keep	Continue working with Programs to place students for internships/preceptorships
	Partnership with San Joaquin Valley college on Training Psychiatric Physician Assistants	Delete	SJVC no longer has a PA program; this activity had no cost to DBH.

MHSA State Approved Allocations
Budget/Fiscal

MHSA Prudent Reserves

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

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

The DMH Information Notice 10-01 dated January 19, 2010 requirement to fund the Prudent Reserve at the 50% level was suspended due to economic circumstances and counties were allowed to access their Prudent Reserve to support any services allowable under the CSS and PEI components (excluding statewide PEI projects). The following is the current Prudent Reserve balance for the MHSA Community Support Services and Prevention Early Intervention categories.

Funding	Current Balance	
CSS Prudent Reserve	$	34,441,090
PEI Prudent Reserve	$	14,474,758
TOTAL	**$**	**48,915,848**

The County of Fresno Prudent Reserve balance is $48,915,848. These funds will be used to continue to serve children, adults, and seniors being served through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI) in the event MHSA funds fall below recent averages. Full fiscal details can be found in the Budget Summary section of all MHSA funded programs. Modifications made to program allocations are based on input from the Community Program Planning Process and/or the Department's Administrative Team.

Current Status: *The Department is not seeking to increase the Prudent Reserves at this time.*

CALMHSA Joint Powers Authority

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

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

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

The County of Fresno assigned $305,616.88 to CalMHSA as a fiscal intermediary of the CVSPH program. This is a one (1) year agreement with CALMHSA.

MHSA Supportive Housing Project

Executive Order S-07-06 directed the Department of Mental Health "DMH," which was restructured to the Department of Health Care Services "DHCS" in consultation with the California Mental Health Directors' Association (CMHDA), allocated up to $75 million per year to finance the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals living with mental illness and their families. On May 6, 2008, the Fresno County Board of Supervisors approved the assignment of $9,248,900 to the California Housing and Finance Agency (CalHFA) to participate in the Mental Health Services Act (MHSA) Housing Program jointly administered by the DHCS. The CalHFA is the state's affordable housing lender who is uniquely qualified to provide housing development expertise and real estate lending services for the benefit of governmental entities in the State of California for the construction, rehabilitation, and development of housing for persons qualifying for mental health services under the Act.

The Assignment agreement transferred $9,248,900 into a state held interest-bearing account for the County of Fresno for the development of local permanent supportive housing for seriously mentally ill clients and families with no net County cost. In 2011 and 2012, the Renaissance housing development (Trinity, Alta Monte and Santa Clara), leveraged $3,121,353 of the $9,248,900 Fresno County allocation and developed 69 permanent supportive housing units for DBH clients, which remain at full rental capacity.

In 2016, the Special Needs Housing Program "SNHP" was created by CalFHA to replace the expiring MHSA Housing Program as an option for local governments to begin or continue to develop permanent supportive housing for MHSA-eligible persons, and to utilize fully MHSA funds for housing purposes. An advantage of the SNHP allows local governments to roll over unused MHSA Housing funds from the expiring MHSA Housing Loan Program. Participation in the SNHP will ensure County MHSA funds are not redirected locally for other purposes, and allow local governments to use MHSA funds and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness. To participate in the SNHP, local governments must enter into a SNHP Participation Agreement with CalFHA.

Current Status: As of July 1, 2017, the County of Fresno has $6,127,547 remaining of the original $9,248,900, which will remain assigned to CalHFA for use in the SNHP. At this time, the Department of Behavioral Health is working with a research consultant to develop a comprehensive housing needs assessment for clients. The Department will use the findings from the housing needs assessment to create a strategic plan that will identify local housing needs for the community.

Overall Allocations and Requests – Summary

FY 2016/17 Mental Health Services Act Annual Update
Funding Summary

County: Fresno Date: 10/9/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	52,279,271	14,151,895	6,181,024	3,707,550	6,242,794	
2. Estimated New FY 2016/17 Funding	26,860,800	6,740,400	1,794,500			
3. Transfer in FY 2016/17[a/]	0					
4. Access Local Prudent Reserve in FY 2016/17						0
5. Estimated Available Funding for FY 2016/17	79,140,071	20,892,295	7,975,524	3,707,550	6,242,794	
B. Estimated FY 2016/17 MHSA Expenditures	43,011,151	11,565,108	1,620,292	1,297,215	3,604,776	
G. Estimated FY 2016/17 Unspent Fund Balance	36,128,920	9,327,187	6,355,232	2,410,335	2,638,018	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	13,602,182
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	13,602,182

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

FY 2016/17 Mental Health Services Act Annual Update

Community Services and Supports (CSS) Funding

County: Fresno Date: 10/9/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. AB 109 Full Service Partnership (FSP)	350,000	350,000				
2. Children & Youth Juvenile Justice Services - ACT	1,393,309	1,393,309				
3. Children Full Service Partnership (FSP) SP 0-10 Years	2,957,247	2,957,247				
4. Children's Expansion of Outpatient Services	1,044,199	1,044,199				
5. Collaborative Treatment Courts	335,522	335,522				
6. Co-Occurring Disorders Full Service Partnership (FSP)	1,818,064	1,818,064				
7. Enhance Rural Services-Full service Partnership (FSP)	1,268,641	1,268,641				
8. Older Adult Team	1,817,688	1,817,688				
9. RISE	1,900,917	1,900,917				
10. School Base Services	1,818,154	1,818,154				
11. Transitional Age Youth (TAY) - Department of Behavioral Health	1,274,486	1,274,486				
12. Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	2,602,882	2,602,882				
13. Vista	4,113,122	4,113,122				
Non-FSP Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	449,279	449,279				
2. Consumer/Family Advocate Services	113,568	113,568				
3. Crisis Stabilization Voluntary Services	450,000	450,000				
4. Enhance Rural Services- Outpatient/Intensive Case Management	3,667,824	3,667,824				
5. Peer and Recovery Services	457,461	457,461				
6. Family Advocate Position	75,000	75,000				
7. Flex Account for Housing	100,000	100,000				
8. Housing - Master Leasing	400,000	400,000				
9. Housing Supportive Services	745,568	745,568				

10. Cultural Specic Services	644,626	644,626				
11. Medications Expansion	250,000	250,000				
12. Project for Assistance Transition from Homelessness (PATH) Grant Expansions	125,754	125,754				
13. Supportive Employment & Education Services (SEES)	1,211,066	1,211,066				
14. Therapeutic Child Care Services	125,388	125,388				
15. Transportation Access	200,000	200,000				
16. Urgent Care Wellness Center (UCWC)	3,965,948	3,965,948				
17. Youth Wellness Center * (Children's Mental Health - New Front Door)	1,470,577	1,470,577				
CSS Administration	5,864,861	5,864,861				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	43,011,151	43,011,151	0	0	0	0
FSP Programs as Percent of Total	52.8%					

FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Fresno Date: 10/9/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,250,000	1,250,000				
2. Community Garden	325,000	325,000				
3. Cultural Based Access Navigation Specialist (CBANS)	551,633	551,633				
4. Integrated Wellness Activities	40,000	40,000				
5. Prevention Services for Children - Sub Abu	240,000	240,000				
6. Suicide Prevention/Stigma Reduction	150,000	150,000				
7. Youth Empowerment Centers	350,000	350,000				
PEI Programs - Early Intervention						
8. Child Welfare Team/Katie A Team	693,549	693,549				
9. Community Response/Law Enforcement	2,040,928	2,040,928				
10. First-Onset Team	1,290,825	1,290,825				
11. Functional Family Therapy	571,810	571,810				
12. Integrated Mental Health Services at Primary Care Clinics	864,816	864,816				
13. K-12 - School Based	451,633	451,633				
14. Multi-Agengy Access Point (MAP)	1,500,000	1,500,000				
15. Perinatal	1,244,914	1,244,914				
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	11,565,108	11,565,108	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update

Innovations (INN) Funding

County: Fresno Date: 10/9/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Holistic Cultural Education Wellness Center	801,202	801,202				
2. Supervised Overnight Stay	819,090	819,090				
INN Administration	0					
Total INN Program Estimated Expenditures	1,620,292	1,620,292	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update

Workforce, Education and Training (WET) Funding

County: Fresno Date: 10/9/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Administrative & Coordination Activities	300,000	300,000				
2. Appropriate Services	352,633	352,633				
3. Career Pathways	250,000	250,000				
4. De-Stigmatization	200,000	200,000				
WET Administration	194,582	194,582				
Total WET Program Estimated Expenditures	1,297,215	1,297,215	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update

Capital Facilities/Technological Needs (CFTN) Funding

County: Fresno Date: 10/9/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facility Improvement Sierra Resource Center	250,000	250,000				
2. Acquisition of new property Crisis Residential Treatment	450,000	450,000				
3. Construction - Building New Crisis Treatment	1,450,000	1,450,000				
CFTN Programs - Technological Needs Projects						
4. Information Technology - Avatar	1,454,776	1,454,776				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	3,604,776	3,604,776	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Fresno Date: 10/9/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	27,691,813	5,126,406	2,514,413	3,300,000	12,976,543	
2. Estimated New FY2017/18 Funding	28,877,170	6,566,477	2,328,800			
3. Transfer in FY2017/18[a/]	0					
4. Access Local Prudent Reserve in FY2017/18						0
5. Estimated Available Funding for FY2017/18	56,568,983	11,692,883	4,843,223	3,300,000	12,976,543	
B. Estimated FY2017/18 MHSA Expenditures	36,857,806	7,896,443	3,096,719	3,300,000	6,813,917	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	19,711,177	3,799,440	1,746,504	0	6,162,626	
2. Estimated New FY2018/19 Funding	29,454,713	6,697,807	2,375,376			
3. Transfer in FY2018/19[a/]	0					
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	49,165,890	10,497,247	4,121,880	0	6,162,626	
D. Estimated FY2018/19 Expenditures	38,623,023	8,498,443	3,156,719	0	4,461,171	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,542,867	1,998,804	965,161	0	1,701,455	
2. Estimated New FY2019/20 Funding	30,043,808	6,831,763	2,422,884			
3. Transfer in FY2019/20[a/]	0					
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	40,586,675	8,830,566	3,388,045	0	1,701,455	
F. Estimated FY2019/20 Expenditures	38,692,343	8,679,371	3,218,519	0	1,536,891	
G. Estimated FY2019/20 Unspent Fund Balance	1,894,332	151,195	169,526	0	164,564	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	48,915,848
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	48,915,848

5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	48,915,848
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	48,915,848

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

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Fresno Date: 10/9/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. AB 109 Full Service Partnership (FSP)	837,008	837,008				
2. Children & Youth Juvenile Justice Services - ACT	971,921	550,553	421,388			
3. Children Full Service Partnerdhip (FSP) SP 0-10 Years	2,097,353	1,037,459	1,059,894			
4. Children's Expansion of Outpatient Services	1,044,199	544,199	500,000			
5. Collaborative Treatment Courts	1,665,522	1,665,522				
6. Co-Occurring Disorders Full Service Partnership (FSP)	1,197,668	577,272	620,396			
7. Enhance Rural Services-Full service Partnership (FSP)	1,268,641	700,000	568,641			
8. Older Adult Team	1,817,688	900,000	917,688			
9. RISE	1,900,917	1,900,917				
10. School Base Services	2,000,000	1,000,000	1,000,000			
11. Transitional Age Youth (TAY) - Department of Behavioral Health	2,565,311	2,565,311				
12. Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	1,536,462	786,462	750,000			
13. Vista	2,106,611	1,053,611	1,053,000			
Non-FSP Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	300,000	300,000				
2. Assertive Community Treatment	1,000,000	500,000	500,000			
3. Consumer/Family Advocate Services	113,568	113,568				
4. Crisis Stabilization Voluntary Services	450,000	450,000				
5. Cultural Specic Services	1,927,802	1,510,978	416,824			
6. Enhance Rural Services-Outpatient/Intensive Case Management	3,667,824	1,867,824	1,800,000			
7. Family Advocate Position	75,000	75,000				
8. Flex Account for Housing	100,000	100,000				
9. Housing - Master Leasing	800,000	800,000				
10. Housing Supportive Services	745,568	745,568				

11.	Integrated Mental Health Services at Primary Care Clinics	800,000	800,000				
12.	Intensive Transitions Team	500,000	500,000				
13.	Medications Expansion	250,000	250,000				
14.	Peer and Recovery Services	457,461	457,461				
15.	Project for Assistance Transition from Homelessness (PATH) Grant Expansions	175,264	175,264				
16.	Supervised Overnight Stay	819,090	819,090				
17.	Supportive Employment & Education Services (SEES)	193,723	98,723	95,000			
18.	Therapeutic Child Care Services	125,388	125,388				
19.	Transportation Access	288,500	288,500				
20.	Urgent Care Wellness Center (UCWC)	4,013,544	2,000,000	2,013,544			
21.	Youth Wellness Center * (Children's Mental Health - New Front Door)	1,470,577	1,470,577				
CSS Administration		9,291,571	9,291,571				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		48,574,181	36,857,806	11,716,375	0	0	0
FSP Programs as Percent of Total		57.0%					

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. AB 109 Full Service Partnership (FSP)	837,008	837,008				
2. Children & Youth Juvenile Justice Services - ACT	971,921	550,553	421,388			
3. Children Full Service Partnership (FSP) SP 0-10 Years	2,097,353	1,037,459	1,059,894			
4. Children's Expansion of Outpatient Services	1,044,199	544,199	500,000			
5. Collaborative Treatment Courts	1,665,522	1,665,522				
6. Co-Occurring Disorders Full Service Partnership (FSP)	1,197,668	577,272	620,396			
7. Enhance Rural Services-Full service Partnership (FSP)	1,268,641	700,000	568,641			
8. Older Adult Team	1,817,688	900,000	917,688			
9. RISE	1,900,917	1,900,917				
10. School Base Services	3,000,000	1,500,000	1,500,000			
11. Transitional Age Youth (TAY) - Department of Behavioral Health	2,565,311	2,565,311				
12. Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	1,536,462	786,462	750,000			
13. Vista	2,236,828	1,118,828	1,118,000			
Non-FSP Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	300,000	300,000				
2. Assertive Community Treatment	1,000,000	500,000	500,000			
3. Consumer/Family Advocate Services	113,568	113,568				
4. Crisis Stabilization Voluntary Services	450,000	450,000				
5. Cultural Specic Services	1,927,802	1,510,978	416,824			
6. Enhance Rural Services-Outpatient/Intensive Case Management	3,667,824	1,867,824	1,800,000			
7. Family Advocate Position	75,000	75,000				
8. Flex Account for Housing	100,000	100,000				
9. Housing - Master Leasing	800,000	800,000				
10. Housing Supportive Services	745,568	745,568				
11. Integrated Mental Health Services at Primary Care Clinics	2,000,000	2,000,000				
12. Intensive Transitions Team	500,000	500,000				
13. Medications Expansion	250,000	250,000				
14. Peer and Recovery Services	457,461	457,461				
15. Project for Assistance Transition from Homelessness (PATH) Grant Expansions	175,264	175,264				

16.	Supervised Overnight Stay	1,310,544	189.090	491,454			
17.	Supportive Employment & Education Services (SEES)	193,723	98,723	95,000			
18.	Therapeutic Child Care Services	125,388	125,388				
19.	Transportation Access	288,500	288,500				
20.	Urgent Care Wellness Center (UCWC)	4,013,544	2,000,000	2,013,544			
21.	Youth Wellness Center * (Children's Mental Health - New Front Door)	1,470,577	1,470,577				
CSS Administration		9,291,571	9,291,571				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		51,395,852	38,623,023	12,772,829	0	0	0
FSP Programs as Percent of Total		57.3%					

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. AB 109 Full Service Partnership (FSP)	837,008	837,008				
2. Children & Youth Juvenile Justice Services - ACT	971,921	550,533	421,388			
3. Children Full Service Partnerdhip (FSP) SP 0-10 Years	2,097,353	1,037,459	1,059,894			
4. Children's Expansion of Outpatient Services	1,044,199	544,199	500,000			
5. Collaborative Treatment Courts	1,665,522	1,665,522				
6. Co-Occurring Disorders Full Service Partnership (FSP)	1,197,668	577,272	620,396			
7. Enhance Rural Services-Full service Partnership (FSP)	1,268,641	700,000	568,641			
8. Older Adult Team	1,817,688	900,000	917,688			
9. RISE	1,900,917	1,900,917				
10. School Base Services	3,000,000	1,500,000	1,500,000			
11. Transitional Age Youth (TAY) - Department of Behavioral Health	2,565,311	2,565,311				
12. Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	1,536,462	786,462	750,000			
13. Vista	2,376,148	1,188,148	1,188,000			
Non-FSP Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	300,000	300,000				
2. Assertive Community Treatment	1,000,000	500,000	500,000			
3. Consumer/Family Advocate Services	113,568	113,568				
4. Crisis Stabilization Voluntary Services	450,000	450,000				
5. Cultural Specic Services	1,927,802	1,510,978	416,824			
6. Enhance Rural Services-Outpatient/Intensive Case Management	3,667,824	1,867,824	1,800,000			
7. Family Advocate Position	75,000	75,000				
8. Flex Account for Housing	100,000	100,000				
9. Housing - Master Leasing	800,000	800,000				
10. Housing Supportive Services	745,568	745,568				
11. Integrated Mental Health Services at Primary Care Clinics	2,000,000	2,000,000				
12. Intensive Transitions Team	500,000	500,000				
13. Medications Expansion	250,000	250,000				
14. Peer and Recovery Services	457,461	457,461				

15.	Project for Assistance Transition from Homelessness (PATH) Grant Expansions	175,264	175,264				
16.	Supervised Overnight Stay	1,310,544	819,090	491,454			
17.	Supportive Employment & Education Services (SEES)	193,723	98,723	95,000			
18.	Therapeutic Child Care Services	125,388	125,388				
19.	Transportation Access	288,500	288,500				
20.	Urgent Care Wellness Center (UCWC)	4,013,544	2,000,000	2,013,544			
21.	Youth Wellness Center * (Children's Mental Health - New Front Door)	1,470,577	1,470,577				
CSS Administration		9,291,571	9,291,571				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		51,535,172	38,692,343	12,842,829	0	0	0
FSP Programs as Percent of Total		57.6%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Fresno Date: 10/9/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,136,595	600,000	536,595			
2. Community Garden	425,000	225,000	200,000			
3. Cultural Based Access Navigation Specialist (CBANS)	701,633	701,633				
4. Integrated Wellness Activities	50,000	50,000				
5. Suicide Prevention/Stigma Reduction	1,150,000	600,000	550,000			
6. Navigation Supports for Expecting Families	400,000	400,000				
7. Youth Empowerment Centers	350,000	350,000				
PEI Programs - Early Intervention						
8. Child Welfare Team/Katie A Team	693,549	350,000	343,549			
9. Children/Youth/Family Prevention and Early Intervention	691,633	350,000	341,633			
10. Community Response/Law Enforcement	3,520,928	1,800,000	1,720,9228			
11. Functional Family Therapy	571,810	321,810	250,000			
12. Integrated Mental Health Services at Primary Care Clinics	248,000	248,000				
13. Multi-Agency Access Point (MAP)	1,500,000	1,500,000				
14. Perinatal	1,244,914	400,000	844,914			
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	12,684,062	7,896,443	4,787,619	0	0	0

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,182,493	650,000	532,493			
2. Community Garden	425,000	225,000	200,000			
3. Cultural Based Access Navigation Specialist (CBANS)	701,633	701,633				
4. Integrated Wellness Activities	50,000	50,000				
5. Suicide Prevention/Stigma Reduction	1,150,000	600,000	550,000			
6. Navigation Supports for Expecting Families	400,000	400,000				
7. Youth Empowerment Centers	350,000	350,000				
PEI Programs - Early Intervention						
8. Child Welfare Team/Katie A Team	693,549	350,000	343,549			
9. Children/Youth/Family Prevention and Early Intervention	691,633	350,000	341,633			
10. Community Response/Law Enforcement	3,720,928	1,900,000	1,820,928			
11. Functional Family Therapy	571,810	321,810	250,000			
12. Integrated Mental Health Services at Primary Care Clinics	700,000	700,000				
13. Multi-Agency Access Point (MAP)	1,500,000	1,500,000				
14. Perinatal	1,244,914	400,000	844,914			
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	13,381,960	8,498,443	4,883,517	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,218,326	700,000	518,326			
2. Community Garden	425,000	225,000	200,000			
3. Cultural Based Access Navigation Specialist (CBANS)	701,633	701,633				
4. Integrated Wellness Activities	50,000	50,000				
5. Suicide Prevention/Stigma Reduction	1,150,000	600,000	550,000			
6. Navigation Supports for Expecting Families	400,000	400,000				
7. Youth Empowerment Centers	350,000	350,000				
PEI Programs - Early Intervention						
8. Child Welfare Team/Katie A Team	693,549	350,000	343,549			
9. Children/Youth/Family Prevention and Early Intervention	691,633	350,000	341,633			
10. Community Response/Law Enforcement	4,030,928	2,030,928	2,000,000			
11. Functional Family Therapy	571,810	321,810	250,000			
12. Integrated Mental Health Services at Primary Care Clinics	700,000	700,000				
13. Multi-Agengy Access Point (MAP)	1,500,000	1,500,000				
14. Perinatal	1,244,914	400,000	844,914			
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	13,727,793	8,679,371	5,048,422	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Fresno Date: 10/9/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. APP for Transportation	1,000,000	1,000,000				
2. Holistic Cultural Education Wellness Center	896,719	496,719	400,000			
3. The Lodge	1,800,000	1,600,000	200,000			
INN Administration	0					
Total INN Program Estimated Expenditures	3,696,719	3,096,719	600,000	0	0	0

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. APP for Transportation	1,000,000	1,000,000				
2. Holistic Cultural Education Wellness Center	896,719	496,719	400,000			
3. The Lodge	1,860,000	1,660,000	200,000			
INN Administration	0					
Total INN Program Estimated Expenditures	3,756,719	3,156,719	600,000	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. APP for Transportation	1,000,000	1,000,000				
2. Holistic Cultural Education Wellness Center	896,719	496,719	400,000			
3. The Lodge	1,921,800	1,721,800	200,000			
INN Administration	0					
Total INN Program Estimated Expenditures	3,818,519	3,218,519	600.000	0	0	0

FY 2017-18 Through FY 2019-120Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Fresno Date: 10/9/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Administrative & Coordination Activities	763,173	763,173				
2. Appropriate Services	897,067	897,067				
3. Career Pathways	635,978	635,978				
4. De-Stigmatization	508,782	508,782				
WET Administration	495,000	495,000				
Total WET Program Estimated Expenditures	3,300,000	3,300,000	0	0	0	0

*Workforce Education and Training (WET) funds will be expended by July 1, 2018 or reverted to the State.

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	0					
2.	0					
3.	0					
4.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	0					
2.	0					
3.	0					
4.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Fresno Date: 10/9/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facility Improvement - Ongoing Plan	875,000	875,000				
2. Crisis Residential Treatment Construction	1,450,000	1,450,000				
3. Sierra Resource center Facility Upgrades	2,500,000	2,500,000				
CFTN Programs - Technological Needs Projects						
11. Information Technology - Avatar	1,988,917	1,988,917				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	6,813,917	6,813,917	0	0	0	0

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facility Improvement - Ongoing Plan	875,000	875,000				
2. Sierra Resource center Facility Upgrades	2,000,000	2,000,000				
CFTN Programs - Technological Needs Projects						
11. Information Technology - Avatar	1,586,171	1,586,171				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	4,461,171	4,461,171	0	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
CFTN Programs - Technological Needs Projects						
11. Information Technology - Avatar	1,536,891	1,536,891				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,536,891	1,536,891	0	0	0	0

Cost per Client - Summary

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client
AB 109 - Outpatient Mental Health & Substance Services	Keep	BHCC	INN	Contracted	NA
AB 109 Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	$ 5,593.47
Administrative & Coordination Activities	Enhance	IS	WET	Internal	NA
Appropriate Services	Enhance	IS	WET	Internal	NA
Behavioral Health Court/Coordinator Services	Enhance	BHIA	CSS	Contracted	NA
Blue Sky Wellness Center	Keep	WRRS	PEI	Contracted	$ 1,720.40
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS	CF&TN	Contracted	NA
Career Pathways	Enhance	IS	WET	Internal	NA
Child Welfare Team/Katie A Team	Keep	BHIA	PEI	Internal	NA
Children & Youth Juvenile Justice Services - ACT	Enhance	BHCC	CSS	Contracted	$ 15,872.76
Children Full Service Partnership (FSP) SP 0-10 Years	Enhance	BHCC	CSS	Contracted	$ 6,572.10
Children's Expansion of Outpatient Services	Keep	BHCC	CSS	Contracted	$ 6,429.41
Children's Outpatient Services Co-Occurring	Keep	BHIA	CSS	Contracted	$ 504.34
Community Garden	Keep	CCDP	PEI	Contracted	$ 48.74
Community Response/Law Enforcement* (Crisis Acute Care - Law Enforcement Field Clinician)	Enhance	BHIA	PEI	Contracted	$ 174.20
Consumer/Family Advocate Services	Keep	WRRS	CSS	Contracted	NA
Co-Occurring Disorders Full Service Partnership (FSP)	Enhance	BHCC	CSS	Contracted	
Crisis Residential Treatment Construction - Building New Crisis Treatment	Enhance	IS	CF&TN	Contracted	NA
Crisis Stabilization Voluntary Services	Keep	BHCC	CSS	Contracted	$ 2,271.01
Cultural Based Access Navigation Specialists (CBANS)	Keep	CCDP	PEI	Contracted	$ 69.70
Department of Rehabilitation (DOR) - Supported Employment & Education Services (SEES) contract match	Keep	WRRS	CSS	Internal	NA
De-Stigmatization	Enhance	IS	WET	Internal	NA
Enhance Rural Services-Full Services Partnership (FSP)	Enhance	BHCC	CSS	Contracted	$ 6,869.15
Enhance Rural Services-Outpatient/Intense Case Management	Enhance	BHCC	CSS	Contracted	$ 2,891.74

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client
Enhanced Peer Support	Keep	WRRS	CSS	Internal	NA
Family Advocate Position	Keep	WRRS	CSS	Contracted	NA
First-Onset Team	Keep	BHCC	PEI	Internal	$ 1,953.61
Flex Account for Housing	Keep	WRRS	CSS	Internal	$ 529.63
Functional Family Therapy	Enhance	BHCC	PEI	Contracted	$ 4,839.11
Holistic Cultural Education Wellness Center	Keep	CCDP	INN	Contracted	$ 17.35
Housing - Master Leasing	Keep	WRRS	CSS	Contracted	NA
Housing Supportive Services	Keep	WRRS	CSS	Internal	$ 2,004.20
Information Technology* (Information Technology - Avatar)	Enhance	IS	CF&TN	Contracted	NA
Integrated Mental Health Services at Primary Care Clinics	Enhance	BHIA	PEI	Internal	$ 1521.96 UHC/VHT $ 2439.96 (CRMC)
Integrated Wellness Activities	Keep	WRRS	PEI	Internal	NA
K-12 - School Based	Keep	WRRS	PEI	Internal	NA
Living Well Program	Keep	CCDP	CSS	Contracted	$ 3,041.09
Medications Expansion	Keep	BHCC	CSS	Internal	$ 69.79
MHSA Staffing - Administration	Enhance	IS	CSS	Internal	NA
Multi-Agency Access Point (MAP)	New	BHIA	PEI	Contracted	NA
Older Adult Team	Keep	BHCC	CSS	Internal	$ 2,683.65
Perinatal	Keep	BHCC	PEI	Internal	$ 3,167.91
Prevention Services for Children - Sub Abu	Keep	WRRS	PEI	Contracted	NA
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS	CSS	Contracted	$ 674.17
RISE	Keep	BHCC	CSS	Internal	$ 5,117.04
School Base Services	Keep	BHCC	CSS	Internal	$ 2,536.58
Sierra Resource Center - Acquisition of new property	Enhance	IS	CF&TN	Contracted	NA
Suicide Prevention/Stigma Reduction	Keep	WRRS	PEI	Internal	NA
Supervised Overnight Stay	Keep	BHIA	INN	Contracted	$ 1,135.57
Therapeutic Child Care Services	Keep	WRRS	CSS	Contracted	$ 315.82

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client	
Transitional Age Youth (TAY) - Department of Behavioral Health	Keep	BHCC	CSS	Internal		
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Enhance	BHCC	CSS	Contracted	$	10,972.59
Transportation Access	New	BHIA	PEI	Internal/Contracted	NA	
Urgent Care Wellness Center (UCWC)	Keep	BHIA	CSS	Internal	$	479.78
Vista	Enhance	BHCC	CSS	Contracted	$	7,284.28
WET Administration	Enhance	IS	WET	Internal	NA	
Youth Empowerment Centers	Keep	WRRS	PEI	Contracted	$	47.39
Youth Wellness Center * (Children's Mental Health - New Front Door)	Enhance	BHIA	CSS	Internal	$	514.56
				Average Cost Per Client:	**$**	**3,041.30**

Table of Request by Category of Funding

CSS Funded Programs						
Program	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
AB 109 - Outpatient Mental Health & Substance Services	Enhance	BHCC	$ 449,279	$ 300,000	$ 300,000	$ 300,000
AB 109 Full Service Partnership (FSP)	Enhance	BHCC	$ 350,000	$ 837,008	$ 837,008	$ 837,008
Assertive Community Treatment	New	BHCC	$ -	$ 500,000	$ 500,000	$ 500,000
Children & Youth Juvenile Justice Services - ACT	Enhance	BHCC	$ 1,393,309	$ 550,533	$ 550,533	$ 550,533
Children Full Service Partnership (FSP) SP 0-10 Years	Enhance	BHCC	$ 2,957,247	$ 1,037,459	$ 1,037,459	$ 1,037,459
Children's Expansion of Outpatient Services	Keep	BHCC	$ 1,044,199	$ 544,199	$ 544,199	$ 544,199
Collaborative Treatment Courts *(Behavioral Health Courts/Coordinator Services) – retitle*	Enhance	BHIA	$ 335,522	$ 1,665,522	$ 1,665,522	$ 1,665,522
Consumer/Family Advocate Services	Keep	WRRS	$ 113,568	$ 113,568	$ 113,568	$ 113,568
Co-Occurring Disorders Full Service Partnership (FSP)	Keep	BHCC	$ 1,818,064	$ 577,272	$ 577,272	$ 577,272
Crisis Stabilization Voluntary Services	Keep	BHCC	$ 450,000	$ 450,000	$ 450,000	$ 450,000
Cultural Specific Services *(Living Well Program) - retitle*	Enhance	CCDP	$ 644,626	$ 1,510,978	$ 1,510,978	$ 1,510,978
Enhanced Rural Services-Full Services Partnership (FSP)	Enhance	BHCC	$ 1,268,641	$ 700,000	$ 700,000	$ 700,000
Enhanced Rural Services-Outpatient/Intense Case Management	Enhance	BHCC	$ 3,667,824	$ 1,867,824	$ 1,867,824	$ 1,867,824
Family Advocate Position	Keep	WRRS	$ 75,000	$ 75,000	$ 75,000	$ 75,000
Flex Account for Housing	Keep	WRRS	$ 100,000	$ 100,000	$ 100,000	$ 100,000
Housing - Master Leasing	Enhance	WRRS	$ 400,000	$ 800,000	$ 800,000	$ 800,000
Housing Supportive Services	Keep	WRRS	$ 745,568	$ 745,568	$ 745,568	$ 745,568
Integrated Mental Health Services at Primary Care Clinics	Enhance	BHIA	$ -	$ 800,000	$ 2,000,000	$ 2,000,000
Intensive Transitions Team	New	BHIA	$ -	$ 500,000	$ 500,000	$ 500,000
Medications Expansion	Enhance	BHCC	$ 250,000	$ 250,000	$ 250,000	$ 250,000
MHSA Administrative Support *(MHSA Staffing – Administration) - retitle*	Keep	IS	$ 5,864,861	$ 9,291,571	$ 9,291,571	$ 9,291,571
Older Adult Team	Keep	BHCC	$ 1,817,688	$ 900,000	$ 900,000	$ 900,000

CSS Funded Programs						
Program	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Peer and Recovery Services (Enhanced Peer Support) - retitle	Keep	WRRS	$ 457,461	$ 457,461	$ 457,461	$ 457,461
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS	$ 125,754	$ 175,264	$ 175,264	$ 175,264
RISE	Enhance	BHCC	$ 1,900,917	$ 1,900,917	$ 1,900,917	$ 1,900,917
School Base Services	Enhance	BHCC	$ 1,818,154	$ 1,000,000	$ 1,500,000	$ 1,500,000
Supervised Overnight Stay			$ -	$ 819,090	$ 819,090	$ 819,090
Supported Employment & Education Services (SEES) *(Department of Rehabilitation (DOR – Supported Employment & Education Services (SEES) contract match) - retitle*	Enhance	WRRS	$ 1,211,066	$ 98,723	$ 98,723	$ 98,723
Therapeutic Child Care Services	Keep	WRRS	$ 125,388	$ 125,388	$ 125,388	$ 125,388
Transitional Age Youth (TAY) - Department of Behavioral Health	Enhance	BHCC	$ 1,274,486	$ 2,565,311	$ 2,565,311	$ 2,565,311
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Keep	BHCC	$ 2,602,882	$ 786,462	$ 786,462	$ 786,462
Transportation Access	Enhance	BHIA	$ 200,000	$ 288,500	$ 288,500	$ 288,500
Urgent Care Wellness Center (UCWC)	Keep	BHIA	$ 3,965,948	$ 2,000,000	$ 2,000,000	$ 2,000,000
Vista	Keep	BHCC	$ 4,113,122	$ 1,053,611	$ 1,118,828	$ 1,188,848
Youth Wellness Center	Keep	BHIA	$ 1,470,577	$ 1,470,577	$ 1,470,577	$ 1,470,577
Total			**$ 43,011,151**	**$ 36,857,806**	**$ 38,623,023**	**$ 38,692,343**

PEI Funded Programs						
Program	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
Blue Sky Wellness Center	Enhance	WRRS	$ 1,250,000	$ 600,000	$ 650,000	$ 700,000
Child Welfare Mental Team/Katie A Team	Keep	BHIA	$ 693,549	$ 350,000	$ 350,000	$ 350,000
Children/Youth/Family Prevention and Early Intervention (K-12 - School Based and Prevention Services for Children – Sub Abu) - combined & retitle	Keep	WRRS	$ 451,633	$ 350,000	$ 350,000	$ 350,000
Community Gardens	Enhance	CCDP	$ 325,000	$ 225,000	$ 225,000	$ 225,000
Community Response/Law Enforcement	Enhance	BHIA	$ 2,040,928	$ 1,800,000	$ 1,900,000	$ 2,030,928
Cultural Based Access Navigation Specialist (CBANS)	Enhance	CCDP	$ 551,633	$ 701,633	$ 701,633	$ 701,633
First-Onset Team *(Transitional Age Youth (TAY) - Department of Behavioral Health) - combined*	Delete	BHCC	$ 1,290,825	$ -	$ -	$ -
Functional Family Therapy	Keep	BHCC	$ 571,810	$ 321,810	$ 321,810	$ 321,810
Integrated Mental Health Services at Primary Care Clinics			$ 864,816	$ 248,000	$ 700,000	$ 700,000
Integrated Wellness Activities	Enhance	WRRS	$ 40,000	$ 50,000	$ 50,000	$ 50,000
Multi-Agency Access Points (MAP)	Enhance	BHIA	$ 1,500,000	$ 1,500,000	$ 1,500,000	$ 1,500,000
Perinatal	Keep	BHCC	$ 1,244,914	$ 400,000	$ 400,000	$ 400,000
Prevention Services for Children - Sub Abu (Children/Youth/Family Prevention and Early Intervention) - combined	Combined	WRRS	$ 240,000	$ -	$ -	$ -
Suicide Prevention/Stigma Reduction	Enhance	WRRS	$ 150,000	$ 600,000	$ 600,000	$ 600,000
Wellness Integration and Navigation Supports for Expecting Families	New	BHCC	$ -	$ 400,000	$ 400,000	$ 400,000
Youth Empowerment Centers	Keep	WRRS	$ 350,000	$ 350,000	$ 350,000	$ 350,000
Total			**$ 11,565,108**	**$ 7,896,443**	**$ 8,498,443**	**$ 8,679,371**

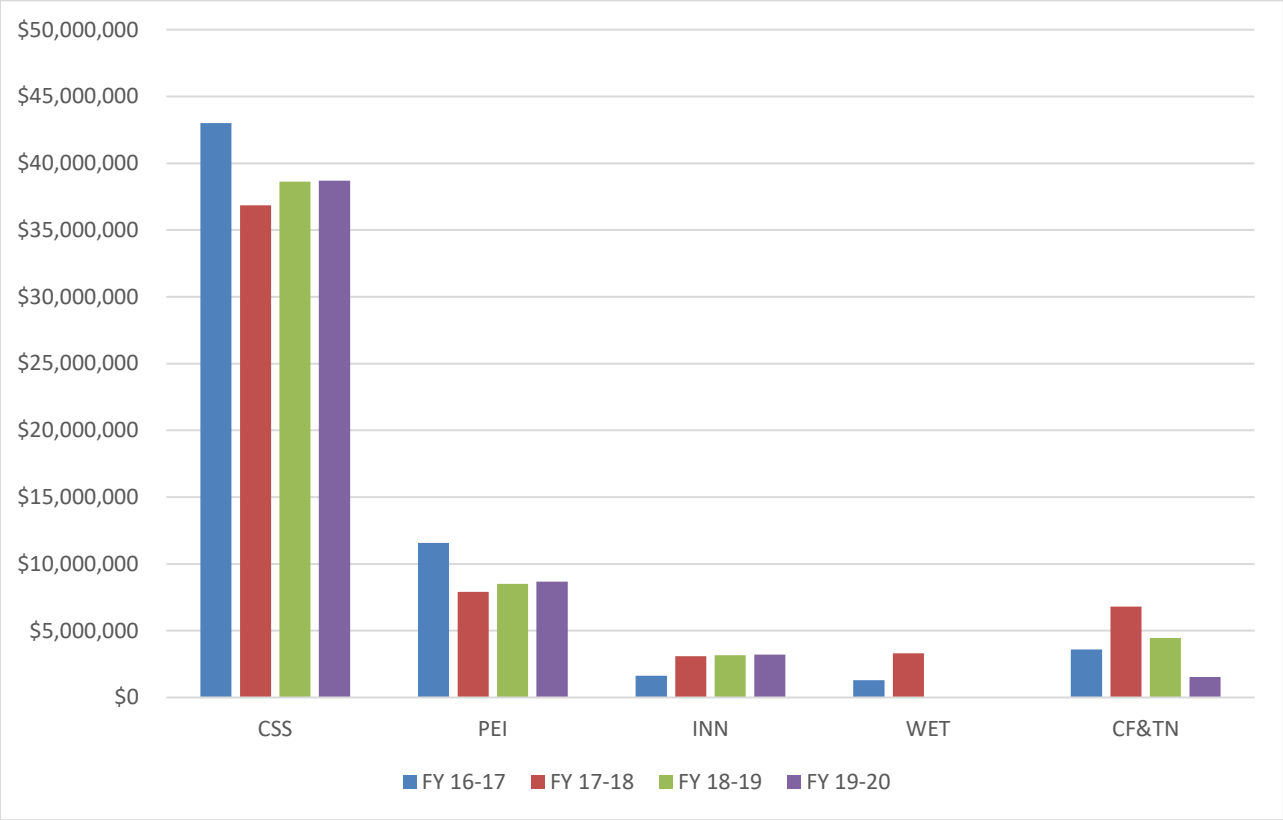
INN Funded Programs						
Program	**Status of Program**	**DBH Work Plan**	**FY 16/17**	**FY 17/18**	**FY 18/19**	**FY 19/20**
APP for Transportation	New		$ -	$ 1,000,000	$ 1,000,000	$ 1,000,000
Holistic Cultural Education Wellness Center	Keep	CCDP	$ 801,202	$ 496,719	$ 496,719	$ 496,719
Supervised Overnight Stay	Enhance	BHIA	$ 819,090	$ -	$ -	$ -
The Lodge	New	BHIA	$ -	$ 1,600,000	$ 1,060,000	$ 1,721,800
Total			**$ 1,620,292**	**$ 3,096,719**	**$ 3,156,719**	**$ 3,218,519**

WET						
Program	Status of Program	DBH Work Plan	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Administrative & Coordination Activities	Keep	IS	$ 300,000	$ 763,173	$ -	$ -
Appropriate Services	Keep	IS	$ 352,633	$ 897,067	$ -	$ -
Career Pathways	Keep	IS	$ 250,000	$ 653,978	$ -	$ -
De-Stigmatization	Keep	IS	$ 200,000	$ 508,782	$ -	$ -
WET Administration			$ 194,582	$ 495,000	$ -	$ -
Total			**$ 1,297,215**	**$ 3,300,000**	**$ -**	**$ -**

CF&TN						
Program	Status of Program	DBH Work Plan	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS	$ 250,000	$ 875,000	$ 875,000	$ 0.00
Information Technology - Avatar	Enhance	IS	$ 1,454,776	$ 1,988,917	$ 1,586,171	$ 1,536,891
Sierra Resource Center - Acquisition of new property	Enhance	IS	$ 450,000	$ 2,500,000	$ 2,000,000	$ 0.00
Crisis Residential Treatment Construction - Building New Crisis Treatment	Enhance	IS	$ 1,450,000	$ 1,450,000	$ 0.00	$ 0.00
Total			**$ 3,604,776**	**$ 6,813,917**	**$ 4,461,171**	**$ 1,536,891**

Allocation Summary

Funding Source	FY 16/17	FY 17/18	FY 18/19	FY 19/20
CSS	$ 43,011,151	$ 36,857,806	$ 38,623,023	$ 38,692,343
PEI	$ 11,565,108	$ 7,896,443	$ 8,498,443	$ 8,679,371
INN	$ 1,620,292	$ 3,096,719	$ 3,156,719	$ 3,218,519
WET	$ 1,297,215	$ 3,300,000		
CF&TN	$ 3,604,776	$ 6,813,917	$ 4,461,171	$ 1,536,891
Total	$ 61,098,542	$ 57,964,885	$ 54,739,356	$ 52,127,124



Last Updated: 11/16/2017
All Performance Outcome Links were updated.