

The County of Fresno
Department of Behavioral Health

Mental Health Services Act
Three Year Plan 2020-2023 & Annual Update
2019-2020

Posted: December 18, 2020
Public Comments Close: January 18, 2021
Public Hearing: January 20, 2021

Board of Supervisors Approval: TBD

Where Hope & Healing Unite



Department of
Behavioral Health

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Fresno County

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 4/13/2021.

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 5/06/2021
Signature Date

County: Fresno

Date: _____

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Executive Summary

Fresno County Department of Behavioral Health (Department) had a plan, or that should be the qualifying statement for much of the work in 2020. The enclosed Mental Health Services Act (MHSA) Three-Year Plan lays out Fresno County's plans for utilizing MHSA funding to support its overall system of care for the residents of Fresno County by focusing on prevention, timeliness, engagement, support services, cultural responsiveness, and strengthening our more traditional clinical services. This MHSA plan—covering FY 2020-2021, 2021-22, and 2022-23—was set to be completed in the spring of 2020, with an effective date of July 1, 2020. As with most things in 2020, this did not go according to plan. The efforts to complete this plan were delayed by the pandemic, the unknown impact COVID-19 was having on MHSA funding, and the Department's need for sustainability.

This three-year plan was developed with attention to the adverse financial results of COVID-19 and the economic downturn on our overall system of care. MHSA is driven by an annual 1% tax revenues over a million dollars, and the economic downturn will impact the MHSA funding over the term of this agreement. Revenues will be reduced each of the next three to four years (including this current year). As such, in this Plan the Department has initiated work on strategies to navigate MHSA-funded efforts over the next three years and into the future, including assessing each programs' ability to bill Federal Financial Participation (FFP) otherwise known as Medi-Cal, to increase sustainable revenue source and offset program costs. Some strategies that have been used in the development of this plan include the following:

-
- *Freeze new programs- delay RFPs for new programs, and/or delay implementation of new programs (not Innovation Component funded)*
 - *Freeze funding levels- All contracts will remain at 2019-20 funding levels. Newer contracts entered into after 2019-20 shall be held to 2020-21 levels for the next three years (duration of new MHSA Plan).*
 - *Sunset Programs- Some programs will sunset at the end of this FY 2019-2020. In years to come others may also sunset if outcomes are not met, do not align with PEI funding requirements, and/or are not sustainable.*
 - *Right-sizing – adjusting current program budgets to more closely align with actual expenditures over several years, which may include reduction of budgets and services.*
-

Thus, in this new MSHA Three Year Plan, Fresno County has identified four programs for sunset (phase out). The programs are HTCC (Community Garden), Family Focused Prevention, Primary Prevention at Primary Care Clinics, Intensive Transition Teams, and Wellness Integration & Navigation Supports for Expecting Families. These programs will cease as county MHSA-funded services at the end of FY 2020-21. These programs were assessed based on a number of variables including lack of utilization, costs, and limited outcomes. Details are found in the plan.

Due to the reduction in MHSA revenues, at this time the only new programs being presented are several Innovation Plans, of which two were already in previous plans (Justice Multi-Agency Access Point and Suicide Follow Up Call Program) and have specific Innovation funding for piloting and assessing their efficacy. The third INN plan being put forth is work around the California Reducing Disparities Project Phase II. The new programs under innovation have been put forth due to the separate allocation of INN funds, which cannot be shifted to other MHSA components, and some of which is slated to revert back to the state if not encumbered to a state-approved Innovation Plan.

This new Three-Year Plan reflects renewed effort and commitment to the Workforce Education and Training (WET) plan, which is part of a grant match through the Office of Statewide Health Planning and Development that will support a career pathways, scholarships, and loan repayment as ways to grow a more diverse and culturally responsive workforce as well as address our workforce shortage.

In reading the new MHSA Three-Year Plan for Fresno County, one should note the themes of sustainability, and aligning MHSA funded services with the overall system of care. These efforts will allow MHSA to continue its intended goal of transforming the system of care, while becoming more data informed, more efficient, continuing to engage our community, and developing overarching strategies for our system of care.

Executive Team Intro

We are proud to present our new Mental Health Services Act (MHSA) Three-Year Plan. This plan will detail Fresno County's efforts for fiscal years 2020-21 through 2022-23. This new MHSA plan builds on efforts in our previous MHSA Three-Year plans and seeks to continue existing efforts to integrate more behavioral health services (mental health, substance use disorders, and prevention) into one system of care. The efforts in past and this newest MHSA Three-Year Plan seek to streamline access to care, strengthen care coordination, and increase the usage of data to improve the overall system of care. The Mental Health Services Act was created in part to help close the gaps in the behavioral health system, as well as to transform the system of care into one that focuses on prevention, early intervention, recovery and resilience, and whole person care, with a focus on individualized care and inclusion of community input. This new MHSA plan continues to strive to address existing gaps in our system of care and takes strides to improve effective and timely care through ongoing evaluation, process improvement, and data-informed decision-making.

As we write this plan, we cannot ignore the impacts of the COVID-19 pandemic on individuals' need for additional care and services, and on MHSA revenues and funding over the next three years. As such, this plan takes on more of a sustainability approach than a growth approach. This plan also includes the Department's Annual Update (which appears as at the end of this three-year plan).

While Fresno County is proud to say it has always had a robust and meaningful stakeholder input in the development of its MHSA Three-Year Plans, this time, it expounded on previous efforts to

not only have robust and meaningful stakeholder input, but attempted to increase opportunities for increased and new participation in this process.

In the following plan readers will see efforts for greater input and participation from our stakeholders, as well as efforts to improve services and outcomes while addressing community needs. Lastly, readers will see continued efforts to reduce behavioral health disparities and promote greater cross-sector and community collaboration in services.

We want to thank all the stakeholders, partners, providers, and staff who have assisted with the development of this new MHSA Three-Year Plan for Fresno County.

Sincerely,

Dawan Utecht, Behavioral Health Director and Public Guardian

Maryann Le, Deputy Director-Administrative Operations

Susan Holt, LMFT Deputy Director-Clinical Operations

MHSA Three Year Plan

- a. Cert
- b. Cert

Community Planning Process

The Mental Health Services Act (MHSA) directs a county to conduct a robust and meaningful community planning process (CPP) for the development of its MHSA Three-Year Plan, as well as input from stakeholders on any changes and/or updates to the plans. Title 9, California Code of Regulations Section 3320 requires the CPP for development of MHSA plans. Per regulations, the CPP is required to be client (individual served) and family-driven; prioritize community collaboration and cultural competence; and foster an integrated service experience for individuals and families that focuses on wellness, recovery and resilience. Fresno County has worked diligently over the years to ensure its process maximized opportunities for our diverse stakeholders to participate in the planning process that is inclusive of the six CPP standards. Fresno County applies the term “stakeholders” to a broad range of residents, including individuals served (clients), family/care takers, concerned community members, advocates, providers, first responders, educators, and more. Fresno’s CPP has always been robust; however, past financial expenditures related to that effort were not documented. Fresno County began documenting these expenditures in FY 2019/2020 to better reflect the thoroughness of the CPP effort.

This year, Fresno County continued that robust effort, and expanded its CPP to welcome additional stakeholder groups through virtual/online opportunities and key informant interviews.

Counties are permitted to expend up to 5% of their Community Supports and Services (CSS) funding for the CPP process. Should Fresno County have committed the full 5% allowable to the CPP it would have expended close to \$2,000,000. In this planning cycle—with the intentional efforts for greater inclusion, including over 21 stakeholder forums, surveys, translation, interpretation, staff time, travel, food, incentives, and promotion, to allow for greater participation—Fresno County expended \$64,941.06. This amount is well under 5% of Fresno County's MHSA budget, but demonstrates that the amount expended on the CPP does not directly correlate to a meaningful CPP or community engagement process, robust and meaningful community input can be achieved through strategic efforts for well less than 5% of the MHSA budget.

The Community Planning Process (CPP) Plan

In August of 2019, Fresno County Department of Behavioral Health (DBH) developed a CPP plan to identify specific timelines, efforts, and engagement strategies to drive and guide the CPP process. That plan is included in Appendix A. This CPP plan was reviewed by the DBH leadership team and approved by the Executive Team of the Department prior to implementation of CPP efforts. This plan assisted in scheduling and allocating resources, provided a strategy for engagement, and projected initial budgets and costs for the CPP. This was a valuable exercise as it provided the Department and the team driving the CPP with reference points, direction, timelines, and specific objectives as part of this current CPP. This pre-planning assisted in standardization of presentations, forum formats, translation of materials, development of surveys, and development of key informant interviews.

Community Forums

Fresno county conducted a total of 21 in-person community planning forums. These forums were developed to increase the opportunity for diverse stakeholders to participate. Some forums focused on geographic accessibility, ensuring accessibility for rural, distant, and isolated communities. Other forums were planned to accommodate a variety of schedules, including days, evenings, and weekends for those who may not be able to attend forums held during normal business hours. Yet more forums were designed to increase participation of specific groups; individuals with specific cultural and language needs, the LGBTQ+ community, service users/consumers, family/care takers, first responders, etc. The County held a separate forum for its contracted providers. It should be noted that the County worked with several providers to host gatherings based on their existing relationships with some of the targeted communities (for example, Turning Point-Rural Mental Health in Coalinga) where they are a provider and have an established clinical site. Another example was with the Fresno Center to assist in engaging some of the mono-lingual Spanish speaking populations, and South East Asians who access culturally specific services from the Fresno Center. While some forums were targeting specific populations and communities, all forums were open to the public.

DBH took on a new, innovative approach at the time (December 2019) to increase engagement and opportunities for persons to participate by facilitating four virtual meetings using various social media platforms. This option allowed the potential for greater youth participation, for those who may not feel comfortable attending a forum in person, or if other barriers would prevent them from attending one of the 21 in-person public forums. We held two virtual meetings using Facebook live. This platform is free to participate and could be done anywhere the individual felt comfortable (they could watch and listen with

County facilitated one of these Facebook Live sessions in Spanish. The County facilitated one virtual session using YouTube Live, as a web-based option for those who may not have a social media account but can again access to a free platform. Lastly, a virtual meeting was facilitated using the County's Skype platform allowing for countywide staff participation (not just Behavioral Health) in the planning process. When these efforts are tallied, the county provided 25 opportunities to for stakeholders to share the information and receive live input and participation from the community.

DBH worked in conjunction with local providers in identifying the best venues in the different communities for the community forums. The County worked with communities to identify optimal dates and times where the forums could engage the most persons in the targeted groups. This collaboration used provider and community expertise on local outreach to maximize participation, as well as provide recommendations for the best participation incentives.

For most community forums, participants were provided with a \$20.00 gift card for their participation. The type of cards selected were based on community and local provider input, to ensure they were of value/use to the participants. With some venues, it was suggested to raffle off specific items that would resonate with cultural population, such as rice cookers and large bags of rice for the older Hmong participants at the Fresno Center, instead of gift cards.

All in-person forums had interpreters on-site. Many in metro Fresno had both Spanish and Hmong translators on site. For one of the sessions, American Sign Language interpreters were requested and provided.

The flyers with the CPP dates postings are available in the Appendix B for review.

The following is a list of the completed community planning forums.

	DATE	LOCATION	TARGET POPULATION	TIME	TOTAL ATTENDEES
1	11/12/2019	Blue Sky Wellness Center	Individuals Served/Peers	9:45am - 12pm	25
2	11/13/2019	Behavioral Health-Health and Wellness Center	Family and Caregivers	4:45pm - 7pm	5
3	11/14/2019	West Fresno Church of God	West Fresno	4:45pm - 7pm	7
4	11/18/2019	The Big Red Church	LGBTQ+	5:15pm - 7:30pm	10
5	11/19/2019	Behavioral Health-Health and Wellness Center	Contracted Service Providers and Community Based Organizations	9:45am - 12pm	31
6	11/19/2019	Heritage Center-Millbrook	Family & Caregivers	3:45am - 6pm	0
7	11/26/2019	Pathways	Individuals Served	11:45am - 2pm	5
8	12/2/2019	City of San Joaquin Community Center	Rural Residents	5pm - 7pm	9
9	12/3/2019	Selma Neighborhood Resource Center	Rural Residents	4:45pm - 7pm	6
10	12/4/2019	The Fresno Center	Spanish Speaking and Hmong Speakers	9:45am - 12pm	73
11	12/5/2019	Fresno State- Alumni House	Transition Age Youth	12:45pm - 3pm	21
12	12/7/2019	Behavioral Health-Health and Wellness Center	General Forum	9:45am - 12pm	3
13	12/9/2019	Westside Youth Center-Mendota	Rural TAY	4:15pm - 6:30pm	23
14	12/16/2019	Behavioral Health and Wellness Center	Faith Leaders & Community	11:45am - 2pm	7
15	12/17/2019	West Fresno Family Resource Center	West Fresno	10am - 12pm	25
15	12/18/2019	Rural Mental Health Services-Turning Point Clinic in Coalinga	Rural Persons Served	9:45am - 12pm	13

16	12/19/2019	Health and Wellness Center	First Responders	11:45am - 2pm	15
17*	12/18/2019	Health and Wellness Center	Behavioral Health Board	3pm - 4pm	27
18	12/20/2019	Health and Wellness Center	Persons Served	2:45pm - 5pm	7

* note this was not a previously scheduled forum in our plan but was requested by the Fresno County Behavioral Health Board to be included as a portion of their monthly meeting.

Virtual Convening

DBH facilitated four virtual meetings, using social media as the platform for three of those meetings. Two were conducted on Facebook using Facebook live as noted earlier. These virtual convenings were conducted prior to the COVID-19 pandemics and before increased familiarization and acquaintance with virtual meetings.

The initial Facebook session was a Spanish Facebook live. For the first session DBH utilized a staff member who is fluent in Spanish to facilitate the session. As noted earlier, different platforms were used to make this option available, including providing

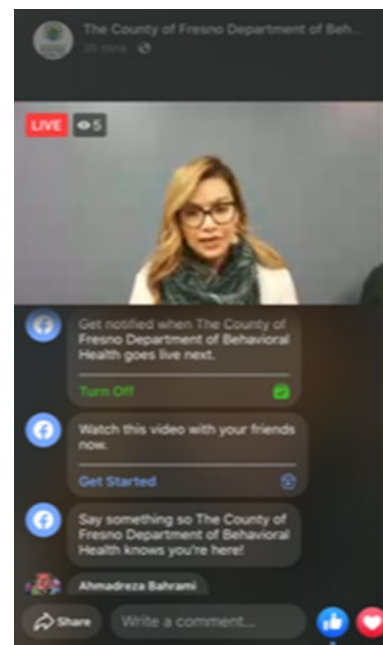


Figure 1. Screenshot of the Facebook Live Spanish Session on December 17, 2019

access for those who may not have social media accounts. The table below provides the details as they

#	Date	Platform	Population	Time	Attendees	Views during plan development
1	12/17/2019	Facebook Live	Spanish	5pm-7pm	5	732
2	12/19/2019	YouTube Live	Open	5pm-7pm	3	44

3	12/20/2019	Facebook Live	Open	11am-1pm	7	169
4	12/23/2019	Skype	Fresno County Employees	12pm-2pm	24	Not recorded

relate to the total number of views during the plan development, captured from the time of the actual event through the first week of February 2020. As these “live” sessions remain on-line as videos, people have had the opportunity to go back later to review and learn more, and opportunity for participation in the future.

Promotion



Promotion of the CPP is an important process that ensures members of the community and stakeholders are made aware of, understand,

and participate in, the CPP. The CPP was promoted in several different ways in Fresno County. DBH staff promoted the upcoming CPP on November 7, 2019 on the i-Heart Radio’s weekly segment called Community Matters which aired on November 10, 2019.

Figure 3. Fresno Bee front page ad to promote Community Planning Process.

A front-page advertisement was taken out in the Fresno Bee newspaper on Saturday, November 16, 2019. See Appendix C a for copy.

Paid advertisements promoting the various community forums were conducted on social media (Facebook) for the duration of the CPP. Examples/image are provided to the right.

Just prior to the start of the MHSA CPP process, Fresno County assisted researchers from the University of California Los Angeles (UCLA) in conducting several focus groups for their study on behalf of the California Mental Health Services Oversight and Accountability Commission (MHSOAC). These focus groups were part of a project conducted by UCLA for the MHSOAC to understand and measure the seven (7) negative outcomes that can result from untreated or improperly treated mental illness: (1) suicide; (2) incarceration; (3) school failure/dropout; (4) unemployment; (5) prolonged suffering; (6) homelessness; and (7) removal of children from their homes. Aims of the UCLA focus groups were to understand how individuals with different perspectives on mental health understand, measure, and make decisions regarding community wellness. These focus groups were conducted by UCLA in Fresno on October 15, 2019 at the Health and Wellness Center and on October 16, 2019 at the West Fresno County offices. Some of the findings from the UCLA focus group in Fresno provided some insights into areas in which the county has been progressing, and areas that still need to be addressed - systemic racism, implicit bias, and lack of

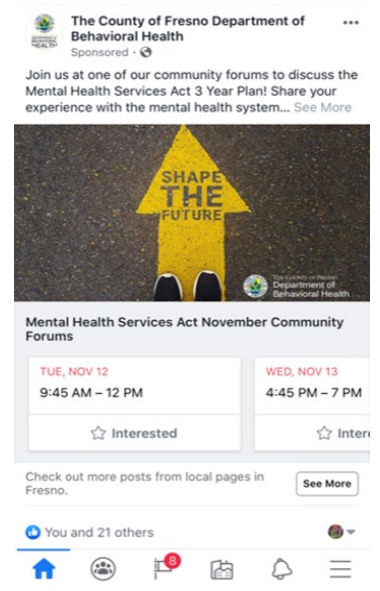


Figure 4. DBH CPP Social Media Promotion



Figure 5. Sample of Social Media Ads

diversity in hiring and training of mental health professionals, which have been factored into the efforts in this upcoming MHSA Three Year Plan.

- Communication with communities and “cultural humility”
- Inter-agency communication
- Need for long-term care
- Recognizing unacknowledged/normalized suffering
- Serving clients with substance use disorders (SUD) or criminal history
- Greater community engagement
- Culturally tailored services

The full summary of UCLA’s Fresno focus groups (which included a general community group, and one that targeted African Americans) is included in this plan in the Appendix D.

Fresno County submitted a number of emails to its providers, community list serves, and community groups with the request that they not only share information on the CPP with their networks, but to also participate themselves. These email efforts extended to over 175 unduplicated individuals who are not county employees, but members of various workgroups and committees, and encouraged them to share the CPP among their organizations and interested stakeholders. These emails included a carbon copy (cc) to the mhsa@fresnocountyca.gov address for documentation of the notifications. The groups included state and regional stakeholders United Parents, the Fresno-Madera Continuum of Care, ACCESS California, The Racial and Ethnic Mental Health Disparities Coalition (REMHDC), California Pan-Ethnic Health Network (CPEHN), Central Valley Urban Institute, and California Mental Health

Services Oversight and Accountability Commission (MHSOAC), just to name a few. Additionally, all of Fresno County's 7,000 plus staff were notified.

Fresno County DBH created several one-minute introductory videos about MHSA. These videos included information on the CPP process, as well as five short videos on each component of MHSA. These videos were posted on the Department's website to assist individuals and communities in understanding more about MHSA and the CPP to increase participation. A single video was also developed in Spanish and Hmong to allow for additional access for those monolingual populations. The department purchased a vanity URL, www.fresnoMHSA.com, for the CPP which would make it easier to promote the CPP process; this URL made it easier for the public to find information about MHSA, determine local CPP dates, and access CPP surveys (which were translated into the threshold languages of Spanish and Hmong) and available on the county's MHSA page. These links and videos were also shared in emails and postings.

DBH also promoted the upcoming CPP at various open meetings including the Quality Improvement Committee, Cultural Humility Committee Meeting, Behavioral Health Board Meeting, Suicide Prevention Collaborative Meetings, etc.

Key Themes from the Forums

The 21 public forums yielded the following themes (listed in the table below). In this plan, those themes have ranked based on the frequency that these themes, needs, or recommendations appeared. Overall, there were 14 different theme areas, with each having some specific sub-set needs.

PUBLIC FORUM THEMES

RANK	Identified Area of Need
1	Increase Providers
2	Stigma Reduction Efforts Through Outreach and Education
3	Education and Support For Families
4	Education and Training for Specific Groups
5	Support for Persons Who Are Homeless or At Risk Of Homelessness
6	Wellness Centers and Activities
7	Transportation Options
8	Building Community Capacity
9	Career Pathways
10	Assisted Outpatient Therapy (Laura's Law)
11	Interagency Collaboration
12	Peer to Peer Support and Engagement
13	Accessibility Consideration
14	Support for Individuals with Criminal Justice Involvement

1. Increase Providers

- Increase the number of providers (clinicians, doctors, etc.)
- Diverse workforce, especially more African American, LGBTQ+ and bilingual providers.

2. Stigma Reduction Efforts Through Outreach and Education

3. Education and Support for Families
 - Training/education for parents/caregivers
 - Support for families to learn together
 - Family wellness activities
4. Education and Training For Specific Groups (faith community, school personnel, college leaders)
5. Support for persons who are homeless or at risk of homelessness
 - Overnight Programs
 - Navigation
 - Permanent Supportive Housing
 - Permanent Housing Solutions
6. Wellness Centers and Activities That Are:
 - Culturally Responsive
 - Available in both Metro and Rural communities
7. Transportation Options
8. Building Community Capacity
9. Career Pathways
 - Early Start/Prior to high school
 - High School Options
 - Pathways for peers
10. Assisted Outpatient Treatment (AOT)/Laura's Law
11. Interagency Collaboration

12. Peer-to-Peer Supports and Engagement

13. Accessibility Considerations

- Bilingual Staff
- Significantly increase the accessibility of services for individuals who used American Sign Language for communication
 - Tele-translation and Tele-Psych are overwhelming to use
 - Interpreter time limits

14. Support for individuals involved in the criminal justice system. (the passage of SB 389 allows for paroles access MHSA funded services, where previously they were excluded).

Later in this plan, Fresno County will address each of these areas. It should be noted for the CPP forums, the Department's overview and presentations did not include a review of existing MHSA programs or services, nor did it redirect conversations or interests on existing services, which would address some of the needs areas identified in some forums and the themes.

Key Informant Interviews

In addition to the 21 public forums and four (4) virtual forums in the current CPP, DBH facilitated 17 key informant interviews (with 20 individuals) with stakeholders who represented different sectors or populations, and could provide some additional perspectives to the CPP. Many of the key informant interviews were not providers of behavioral health service; this intentional choice ensured that our plan addressed community needs and could garner input from all stakeholders and not just those who are providers or users of behavioral health services. The interviews were conducted between October 1, 2019 through January 6, 2020. All 17 interviews used the same set of questions and all interviews were for one hour or less (Appendix E).

Name	Title	Agency	Sector	Date
Miguel Arias	City Council Member	City of Fresno	Local Elected Official/City of Fresno	9/30/2019
Mike Karbassi	City Council Member	City of Fresno		
David Luchini	Assistant Director	Fresno County Department of Public Health	Public Health	10/1/2019
Jim Yovino	Superintendent	Fresno County Superintended of Schools	Education	10/7/2019
Trina Frazier	Chief Student Services Officer			
Kirk Hayes	Chief Probation Officer	Fresno County Probation Department	Criminal Justice	10/9/2019
Jean Rousseau	County Administrative Officer	County of Fresno	County of Fresno/Government	10/9/2019
Michelle DiBudo	Executive Director	Valley Caregiver Resource Center	Older Adults	10/9/2019
Artie Padilla	Executive Director	Every Neighborhood Partnership	Community Based Organization/Community Advocacy	10/10/2019
Kylene Hashimoto	TAY/Behavioral Health Board Member	Behavioral Health Board/Wildfire Effect.	Transition Aged Youth	10/11/2019
Preston Prince	Executive Director	Fresno Housing Authority	Housing Services	10/15/2019
Reza Nekumanesh	Director/Clergy	Islamic Cultural Center-Fresno and Faith in the Valley	Faith Community	10/17/2019
Elizabeth Nunez	City Manager	City of San Joaquin	Rural City/Municipality	10/25/2019
Christina Roup	Executive Director	NAMI-Fresno	Consumers/Family Members	10/28/2019
Christian Faulkenberry-Miranda, MD	Associate Professor/Associate Residency Program Director Department of	Community Regional Medical Center/ University of California-San Francisco	Children's Health Care/Primary Care	10/29/2019

Amy Parks, DSW, LCSW	Pediatrics Medical Social Worker			
Rais Vohra, MD	Emergency Room Doctor/Interim Health Officer	Community Regional Medical Center/Public Health Dept.	Emergency Room/Physical Health	10/31/2019
Margarita Rocha	Executive Director	Centro La Familia	Community Based Organization- Latino and Immigrant Populations	11/14/2019
Isabella Gutierrez	Foster Youth	n/a	Foster Youth/TAY	12/20/2019
Ralph A.	Foster Youth	N/A	Foster Youth/TAY	1/6/2020

In addition to those 20 individuals who were interviewed as a part of the key informant process, there were additional individuals sought for input, including local youth from California Youth Connection (Central Valley Region) and the Central Valley Urban Institute. However, after several unsuccessful efforts to schedule meetings/interviews, and time constraints, they could not be secured for input in this process.

After completion of the Key Informant Interviews, staff reviewed the comments and began to group them into similar interests and/or themes. DBH staff completed coding of the responses in a manner that would standardize as much of the information that was possible. Specifically, there was a focus on topics such as barriers to care, gaps in services, the role of prevention, strengthening of existing programs, and new ideas to be considered. Common priorities from the key informants are categorized in the table below.

Question 1 Responses:

- School-based services
- Suicide prevention
- CIT and Stigma were tied at third priority.

Question 2 Responses:

- Law enforcement/first responders and schools tied as the most common.
- The Multi-Agency Access Point (MAP and Crisis were tied for the second most common response).

Question 3 Responses:

- Transportation, stigma and lack of resources (especially in some rural communities) were a three-way tie for primary barrier to care.
- Language, location and insurance were in a three-way tie for the second most common response.

Question 4 Responses:

The response to this question included 26 different options.

- The top priority, with three responses, was language

There were multiple items tied in second. Those ranged from:

- care coordination,
- navigation of the system,
- local access,
- substance use prevention and
- provider capacity.

Question 5 - Prevention:

- There was a big focus on need for education, with stigma reduction
- Adverse Childhood Experiences (ACEs)/trauma were the second most common need.
- SUD prevention was the third most common prevention focus area identified by the respondents.

Question 6 Responses:

- The top area the informants felt MHSA could make an impact was in the area of low barrier housing.
- Second was addressing ACEs/trauma
- Third was SUD/co-occurring treatment and prevention.

Question 7 - Strengthen:

- Recommendations were made for prevention efforts.
- Followed by MAP as a second most common focal point
- SUD/co-occurring was the third with a focus being able to expand co-occurring services for youth.

Question 8 - Innovative ideas:

Did not receive common support. If one looks at the response and tried to identify a theme, some themes that would emerge is

- more focus on both trauma care,

- **and/or data collection and sharing**
- **school based services or efforts involving schools.**

Surveys

In addition to the in-person meetings and key informant interviews, DBH printed and distributed surveys (see Appendix F for sample), as well as having the survey available electronically (via Survey Monkey), so to provide the public with more timely options, as well as more confidential options to participate or provide feedback. These surveys were translated using professional translation services (into Spanish and Hmong), and then reviewed by DBH staff and some community provider staff to ensure the translation captured the intent of the questions. These surveys strived to collect demographic information and sought input on needs from the community as part of the CPP.

Fresno County collected a total of **655** surveys over the course of two months. The surveys were available online from the start of the CPP until January 6, 2020. This extended time allowed individuals an opportunity over the holidays and after the in-person and virtual community forums were completed to still weigh in. The use of the surveys was promoted and noted at the various community forums, and on the social media/virtual meetings.

As noted, these surveys were available and distributed in the various languages to providers, list serves, county staff, and other stakeholders as well as the links for electronic copies of the surveys.

In all, the 655 surveys helped identify the following interest areas from the public:

Priority	Area of Interest	Number of Respondents
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1	Education and Information	401
2	Parent and Family Support	349
3	More School Services	321
4	Accessing to Housing Resources	232
5	More Transportation	195
6	Older Adult Services	182
7	Culturally Focused Services	144
8	Career Pathways and Mentors	87
9	Train Resident Helpers	86
10	Veteran Services	85
11	Wellness Activities	76
12	Train Peers to Be Helpers	55
13	Some other response	102

Table 1. Prioritization of Needs Based on Community Surveys

Of the **655** respondents, the majority identified themselves as adults between the ages of 25-64. The next highest survey respondents were TAY (age 16-24). There were 52 respondents who preferred not to respond (which has been tracked differently than those who just did not respond).

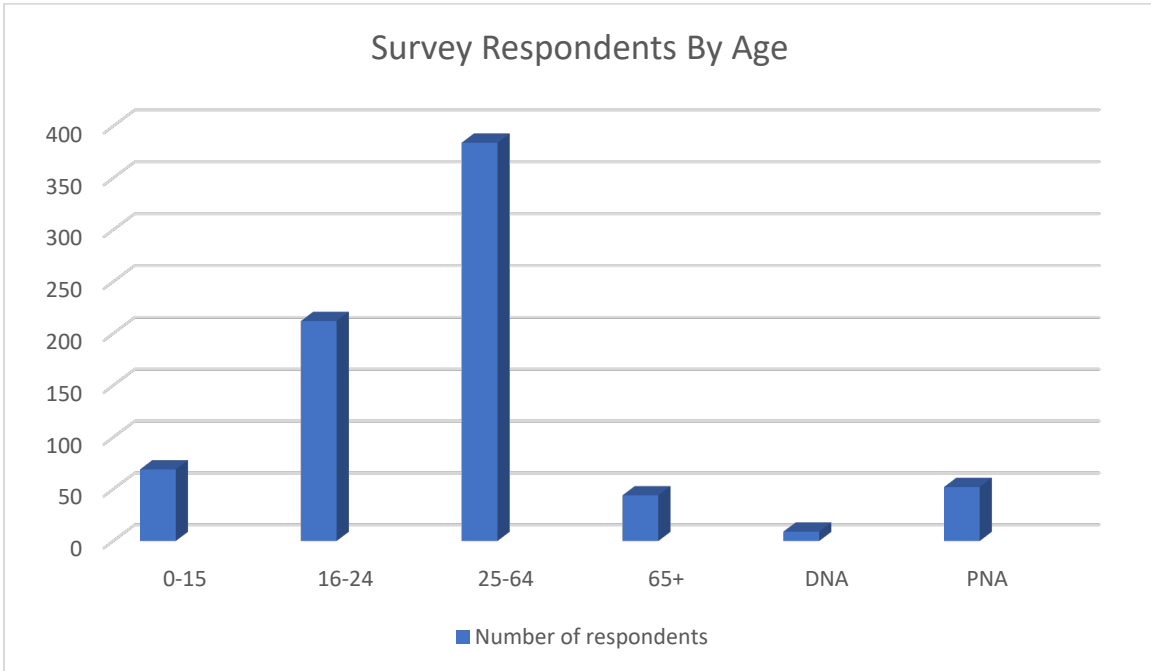


Table 2. Survey Respondents by Age

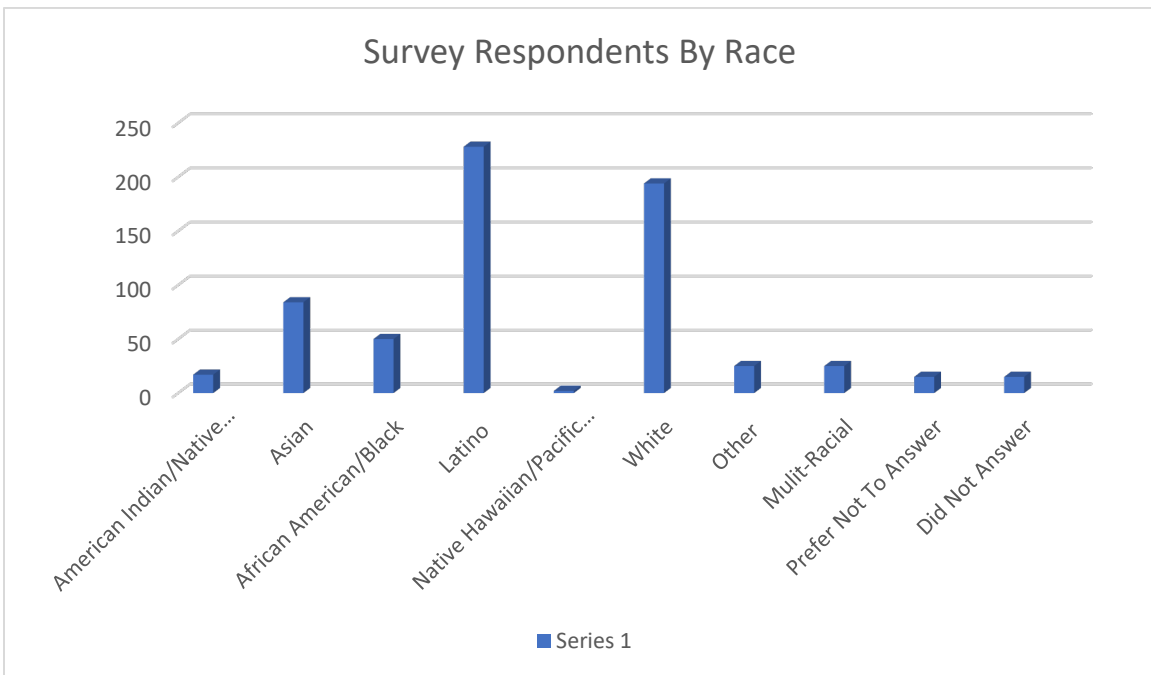


Table 3. Survey Respondents by Race/Ethnicity

Provider Focus Groups

In addition to the community stakeholder forums and the community surveys facilitated by the County, Fresno County DBH requested for each of its providers across its system of care (including SUD providers) to facilitate some type focus group and/or discussion with individuals they serve in at least one of their programs. The providers were given basic instructions but left with latitude on how to conduct the sessions based on their populations and capacity. The surveys were provided as a possible discussion guide.

There were several providers who did not facilitate focus groups, and that was due to the fact that they were either hosting one of our community forums and/or assisting with recruitment of participants. These included organizations like Turning Point of Central California, the West Fresno Family Resource Center and the Fresno Center.

Some providers conducted multiple sessions, such as Kings View Counseling Service, Centro La Familia, WestCare, and California Health Collaborative to name a few, while some providers did not submit results of their facilitated sessions. A summary of the themes yielded by those efforts is presented below.

Over 100 individuals participated in the contractor's focus groups during the month of December.

General themes:

While the participant populations varied widely between provider focus groups, a few over-arching themes emerged. First, participants requested more information for parents, families, and caregivers. Many individuals wished to share what they were learning with their families at home but did not feel equipped to do so. Families would

like to feel supported from their first contact with the mental health system through discharge from treatment.

A second key theme that arose in these focus groups was individualization. Adults and children alike expressed a desire to feel like their services were tailored to their needs. Methods for individualizing services included, but were not limited to, supported decision making, inclusion of families in treatment, culturally specific services, and “collateral” services (support groups, family therapy, wellness activities) that would support an individual receiving specialty mental health services. Most participants reported feeling satisfied with the services that they were receiving.

RANKING ON MOST COMMON	NEED
1	More information for parents, family, caregivers
2	Family involvement in treatment/Collateral Sessions
3	Family Support from First Contact through the process
4	Individualization of treatment

Other Community Forums

- *Regional Community Listening Session* - Fresno County DBH hosted a regional community listening session on October 14, 2020 for the California Mental Health Services Oversight and Accountability Commission (MHSOAC). This session occurred just before the start of the County's CPP. The listening session was in response to the Mental Health Student Services Act (MHSSA). The Fresno/Central Region session was attended by close to 50 persons representing local educational agencies (LEA), as well as concerned parents and community members. DBH staff including the MHSA Coordinator and members of DBH leadership were present as well to hear the needs, ideas and opportunities for more school based and student focused services. Some of the discussions that emerged from the listening session were to examine expanding clinical school-based services, opportunities for teachers/school personnel training and development, as well as prevention services that would allow and/or include whole person care that could include SUD prevention for students and parents.
- *Northern California Youth Listening Session* - Fresno County participated in the Northern California Youth Listening Session facilitated by Kaiser Permanente and Mental Health California on January 30, 2020. Staff members working on the MHSA Plan, the Children's Services Division Manager, and a Supervisor attended the youth listening session, which focused on sharing needs and perspectives of justice-involved and foster youth. One of the themes repeated over and over again in that session was the need for **trauma-informed care** and the **development of the workforce**, providers, and others who work

with and serve youth to become more trauma-informed and trauma-focused so they can better serve the needs of youth and TAY.

These events, while not directly driven by the MHSA or DBH, presented additional opportunities for DBH staff to hear and learn of community needs and input on relevant topics.

Capacity Assessment

The Community Planning Process (CPP) as a whole was used for the MHSA plan’s capacity assessment, as were several other data sources to help provide insight, input and context to the MHSA plan.

As noted earlier, the CPP included 20 community forums, in different geographic locations, times, and languages as well as ones that targeted specific populations to reflect as much of the community’s diverse make up as possible. As stated, the CPP was used for capacity input from 21 community forums with a total of **285** participants in those forums yielding their insights.

The CPP also included 20 different key informant interviews from various public and private

Community Participation	
Community Forums Participants	285
Key Informant Interviews	20
Community Surveys	655
Market Research/Feedback Sessions	144

sectors, including professionals in and outside of the behavioral health field, to provide a broad range of perspective and input.

655 surveys were completed as part of the planning process, with the details of the demographics and responses identified in the previous section of this plan.

At the beginning of FY 2019-2020 the Fresno County commissioned its contracted marketing firm JP Marketing to conduct a series of population focused market research. This effort encompassed

eight homogeneous focus groups with 79 participants (seven in English and one in Spanish) and sought to understand their perceptions of behavioral health, how they defined mental health, and what they saw a barrier to mental health. JP Marketing used an external service to help recruit participants who met specific criteria for the research. These sessions were performed in person.

A second focus group, this one a Feedback Session, was also facilitated by JP Marketing in May of 2020 with a focus on nine specific cultural/population groups with a total of 66 participants. This was a continuation of a research commitment seeking to gain deeper understanding from additional audiences throughout Fresno County that are vulnerable and hard-to-connect (HTC). The sessions were tailored to gain understanding for how HTC audiences define mental health and to assess HTC audience preferences for message content and delivery. They sought to gauge knowledge of and trust in DBH, its programs, and services. These feedback sessions were kept to six to eight persons maximum as needed for interaction among all participants. Due to COVID-19, these sessions were adapted into virtual Zoom events. For these sessions, JP and Fresno County worked with community organizations to assist in identifying and coordinating participants.

While these efforts were not specific to the CPP, the data and information that was provided have been helpful in capacity assessment, as well as other service planning and considerations.

Below are the tables listing the different target populations of the Market Research Project and the Feedback Session Project.

MARKET RESEARCH FOCUS GROUP POPULATION

1	African American/Black
2	Rural TAY (14-25)
3	TAY (14-25)
4	LGBTQ+ over 18yrs of age
5	Older Adults 55+
6	Friends & Family of a Diagnosed Person 18+
7	Hmong 18+
8	Spanish Speaking Adults

FEEDBACK SESSION TARGET POPULATION

1	Individuals with Substance Use Disorder
2	Individuals Identifying as Homeless
3	Domestic Violence Victims
4	Persons Impacted By Human Trafficking
5	African American/Black
6	LGBTQ+ Older Adults 50+
7	Rural TAY
8	TAY
9	LGBTQ+ TAY

In February of 2020, prior to the onset of COVID-19 and the global pandemic, Fresno County completed its second year of Cultural Humility Surveys. The surveys were instituted in February of 2019 as part of the county’s Cultural Humility Plan. The annual surveys completed in the previous year established a baseline for comparison. The surveys were conducted over a two-week period and had three target populations: persons/individuals (clients) served, family/caregivers, and workforce members.

These surveys provided insights for the MHSA plan development including areas for training, and/or need for culturally responsive or specific services.

Persons Served	304
Family/Caregivers	334

Staff/Workforce	582
Cultural Humility Surveys Total	1,220

In addition to seeking to measure the responsiveness of services and needs, these surveys also provided demographic information on the survey participants, which reflects the diverse make up of Fresno County. To further support our diverse community, the surveys were offered in the county’s threshold languages. These surveys and the details are available upon request; due to size of the files they have not been included in this document.

Workforce Assessment

For the MHSA Three-Year Plan, Fresno County used the most recent survey that was completed for the California Office of Statewide Health Planning and Development (OSHPD) for its workforce assessment. The survey results are included at Appendix G.

Similar to most of the Central Valley, Fresno is in the heart of a mental health shortage area, which experiences an even greater dearth of psychiatric services than the general populace. In addition to developing its workforce (as in the County’s WET Plan) the County seeks to also develop a more diversified, linguistically capable and bi-cultural workforce that better reflects Fresno’s diverse communities.

Changes and New Opportunities

The 2018-2019 annual update process revealed challenges in data collection for PEI programs, as well as a lack of thorough evaluation of many of those programs. The effort to address these needs continued through FY 2019-2020. Additionally, the Department went from having no

active Innovation Plan program to establishing three at the end of FY 2018-2019, two of which are part of larger statewide projects. Furthermore, the Department developed three new research-focused Innovation plans that were approved in FY 2019-2020, and hopes in the coming cycle to present an Innovation Plan driven and developed by youth for youth.

Changes in legislation in the past few years have simultaneously created challenges and opportunities for the use of MHSA to address our community's needs, engagement, and targeted services.

In March of 2020, the department was nearing the completion of its MHSA Three-Year planning and internal plan development process when COVID-19 emerged as a pandemic and public health emergency, shifting the efforts and focus for Fresno County. The necessary changes in capacity, accessibility, and public engagement pushed the completion of this plan into the late fall, when the initial goal had been to have the plan finalized and approved before June 30, 2020.

Additionally, it is critical to note the impact of COVID-19 on MHSA funding. MHSA funding is based on the 1% tax on annual incomes over a million dollars. The economic downturn caused by COVID-19 has had, and will continue to have, an impact on MHSA funding for the duration of this Three-Year Plan. The State had projected impacts of 5%-10% reduction in MHSA funding over the next few years, with the highest anticipated impact occurring during the third year of this plan. Thus, Fresno County is forced to consider the need for sustainability of programs and services, which will curtail initial plans for program expansion and/or new program development.

Culturally Specific

As part of the CPP process, Fresno County raised the question for need of population-specific services, but the process did not yield information on specific options to address these needs. In the coming year, Fresno County will utilize continued research, needs assessments, focus groups, and community forums to solicit more information and better understand the specific service needs of Older Adults, LGBTQ+ individuals, and African Americans. The CPP has opened the door for dialog which DBH will be building upon for additional planning. Fresno County will explore opportunities for greater community input related to culturally specific services for persons with a serious mental illness, as that is where services are currently lacking.

In FY 2019-2020, the county conducted a Request For Proposal (RFP) process seeking culturally specific specialty mental health services but received just one proposal. Through the CPP process some providers shared ideas for culturally specific services, however none of those participated in the RFP process for culturally specific specialty mental health services, and most ideas were centered around prevention. There will be opportunities in the coming years to engage providers and understand how to garner participation in RFP processes for culturally responsive treatment services, as well as how to better develop programs and services that can be culturally responsive. The County of Fresno is home to three California Reducing Disparities Project (CRDP) Phase II. These programs are State-funded MHSA programs through the California Department of Public Health (not Department of Health Care Services or the MHSOAC) that are community defined practices, which focus around prevention. These programs will be examined in the coming year and are being considered as types of programs that can improve culturally responsive services or be adapted to become more treatment-oriented, culturally specific

services. Fresno County is seeking to examine adaption of these CRDPs to meet PEI criteria as a new Innovation Plan.

PEI Evaluation

For FY 2019-2020, the Department instituted data collection requirements for PEI Programs, dedicated funding for database development or other options related to PEI data, and worked to identify evaluation options for those services. PEI regulations do call for evaluation of PEI programs, and for commitment of funds for evaluation purposes. As such, in FY 2019-2020 the Department has worked through its membership in the California Mental Health Services Authority (CalMHSA) to secure a service agreement with the RAND Corporation to conduct an evaluation of 12 PEI programs. The RAND Corporation has previously completed similar evaluations of Los Angeles County's PEI programs. It imperative for Fresno County to monitor outcomes and evaluate PEI programs to understand if programs are meeting both the intended outcomes and regulatory requirements, as well as using data to understand and evaluate program effectiveness, and how and why they are working? It is critical to understand 1.) if there are programs that require a redesign; 2.) what programs are most effective; 3.) what is working and can be replicated, and; 4.) what programs are

PEI Programs Under Review

1. Community Gardens
2. Youth Empowerment Centers
3. Culturally Based Access Navigation Services (CBANS)
4. Blue Sky Wellness Center
5. Family Focused Prevention
6. Holistic Cultural Wellness Center
7. School Based Children's Early Intervention Using PBIS
8. Community Reponses Law Enforcement (CIT)
9. Functional Family Therapy
10. Perinatal Wellness Center
11. Integrated Mental Health at Primary Clinics
12. Multi-agency Access Point (MAP) Program

not effective, do not meet PEI requirements, and/or are no longer meeting a need, and should possibly be retired. This work will be conducted in the coming year (FY 20/21) and will allow for more informed decision making related to PEI programs in the remaining two years of the new MHSA Three-Year Plan and a shift to a more comprehensive prevention plan rather than fragmented prevention efforts. This evaluation will also allow Fresno County to complete its required three-year PEI evaluation report (due June 30, 2021). This evaluation work with RAND will provide Fresno County and stakeholders with information necessary for rendering effective prevention and early intervention services, including evaluation metrics and data systems. In light of the fiscal impact that COVID 19 is projected to have on MHSA revenues, it is important to have a data-driven understanding of existing PEI programs, to understand needed changes, and to recognize new program opportunities.

SB 398

Changes through legislation ([SB 389](#)) will now allow for an expansion of MHSA programs and services to include a greater number of justice-involved individuals, who had been previously excluded from participation in many MHSA programs. While this change cannot yet be quantified, Fresno County does anticipate that the addition of eligible individuals will increase service usage and require future expansion of some program capacity. The legislation allows for services under MHSA to be provided to persons who are participating in a pre-sentencing or post-sentencing diversion program or who are on parole, probation, post-release community supervision, or mandatory supervision.

Some of the feedback acquired in the CPP process encouraged providing more services to criminal justice-involved populations, with a focus on diversion. Efforts were already underway

to create specific, targeted programs; these changes to legislation will allow for other criminal justice populations to be engaged with some of the other existing services, including some of the Full-Service Partnerships (FSP). In the past year, DBH has created Forensic Services Division within the Adult System of Care. This Division is focused on services for justice-involved adults, forensic services, and supportive housing. This team is headed by a Division Manager and allows for both development and implementation of more population and sector-specific services in the system of care. The forensic services are working to leverage other funding opportunities, including grants, to support programs and services.

AB 2265

This bill, signed into law in September of 2020, provided additional clarification regarding the use of MHSA funds in providing screening for co-occurring disorders and MHSA funding for co-occurring services. [AB 2265](#) adds Section 5891.5 to the Mental Health Services Act (MHSA) code section to clarify that MHSA funds may be used to treat an individual with co-occurring mental health and substance use disorders (SUDs). The bill requires treatment for co-occurring disorders (COD) to be identified in the counties' three-year plan and annual update. If the person being treated is ultimately determined to have a substance use disorder and not another mental health illness that is fundable under the MHSA, the county will quickly refer the person receiving treatment to county SUD treatment services. The provision does require tracking and reporting of how many individuals served had co-occurring or SUD as a primary diagnosis.

WET

In the previous year the Office of Statewide Health Planning and Development (OSHPD) completed significant work around the state to support Workforce Education and Training (WET) efforts. The State FY 2019-20 budget included approximately \$40 million to fund county MHSAs Workforce Education and Training (WET) programs statewide. To secure these funds, county behavioral health agencies must collectively provide a 33% match or \$13.2 million by 2025. County Behavioral Health Director's Association (CBHDA's) Board authorized CBHDA to calculate a suggested contribution amount for each county (based on the current MHSAs allocation formula). Counties are required to make a commitment to contribute the suggested amount, or a different amount based on the county's ability to provide more or less than the suggested amount, in order to access the statewide WET funds.

County contributions must be used for WET purposes to fund; (1) pipeline/career activities, (2) scholarships (undergraduate or graduate), (3) stipends for graduate or doctoral students, (4) loan repayment programs, and/or (5) retention activities. These are to support the public behavioral health system. The WET grant funds will need to be transferred to a third-party entity. CBHDA has requested that California Mental Health Services Authority (CalMHSA) a joint powers authority and California Institute for Behavioral Health Solutions (CIBHS) submit proposals to act as this entity and ensure contributions are returned to the county for WET purposes. The Central Region partnership, of which Fresno is the lead county, will be utilizing CalMHSA for administration of the grant and programs.

Based on the current MHSAs allocation formula, CBHDA has suggested a contribution amount for Fresno County of **\$377,667**. (Fresno County's share of the \$6,615,968 Central Region grant match). Fresno County will provide its required match but will also be seeking to allocate

additional funds to WET services beyond the Regional WET partnerships for local and current efforts.

Based on input and feedback from stakeholders through the CPP process, as well as needs assessments and Network Adequacy, Fresno County has identified the following OSHPD WET initiatives to invest in with a focus of diversifying its workforce:

Pipeline/Career Pathways (K-12 Students)
Scholarships For Undergrad and Graduate Education
Loan Repayment

These three initiatives will be conducted on a regional approach with 15 other counties in the Central Region. The focus of these efforts will be on underserved or inappropriately served communities, with intent to provide greater diversity in our future workforce and to create a workforce that can support more culturally responsive services. Outreach and education will be conducted to underserved groups including Black, Indigenous and Persons of Color (BIPOC) to inform them of the initiatives and opportunities such as local chapters of behavioral health professional associations for underserved groups. With the OSHPD match, Fresno will have \$991,859.80 of WET grant funding for the participation in three regional initiatives over the next five years.

In FY 2019-2020, the costs and/or expenditures for the WET services exceeded what was initially budgeted. As such, in this plan, Fresno County seeks to move the CSS funds exceeding the Prudent Reserve amounts into WET. This change will offset last year's costs cover costs for current WET programs that will include the WET grant dollar match to OSHPD.

For FY 20-21, DBH is budgeting \$1,000,000 for WET, which does include the funds for the OSHPD match as \$377,667 or the total grant \$991,859.80. Fresno County is seeking to provide/submit its required match early on (must provide the match during a five-year term), which will allow for the County to obtain those funds and the match for various WET programs and services. The OSHPD WET funds may only be used for the specific projects Fresno County has identified in its WET grant application.

[Update about PEI Regulations, Populations, and Strategies](#)

SB 1004-Priority Populations. In 2019 the Legislature passed Senate Bill (SB) 1004, which provided new parameters on the use and focus of PEI funding, including the identification of priority populations for PEI services. The legislation calls for counties to identify programs that can address the needs of the identified priority populations but does not limit counties from having programs and services that only serve the newly-defined priority populations. Counties can provide PEI programs outside of the SB 1004 priority populations with clear justification for those programs. The PEI priority populations per WIC Section 5840.7 are as follows:

- | |
|---|
| <ul style="list-style-type: none"> • Childhood trauma prevention and early interventions to early with the early origins of mental health needs as defined in Section 5840.6 (d). |
| <ul style="list-style-type: none"> • Early psychosis and mood disorder detection and intervention as defined in Section 5840.6(e). |
| <ul style="list-style-type: none"> • Youth outreach and engagement strategies as defined in Section 5840.6(f) that target secondary school and transition age youth, with a priority on partnerships with college health programs. |
| <ul style="list-style-type: none"> • Culturally competent and linguistically appropriate prevention and early intervention as defined in Section 5840.6.(g). |
| <ul style="list-style-type: none"> • Strategies targeting the mental health need of older adults as defined in Section 5840.6(h); and |
| <ul style="list-style-type: none"> • Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis. |

Fresno County DBH has programs and services in place that address the legislation's target populations, and/or variation of programs that meet these priority populations. In the coming years, through more community engagement and assessment, more services may be implemented to ensure PEI services for the new priority populations, which will be based on evaluations of current programs.

At this time, Fresno County does not have unallocated PEI funds to expand on any current PEI programs and services, nor to implement any new PEI programs. DBH has been over budget with its PEI programs, and is working on sustainability. The financial impacts of COVID-19 will also hinder efforts for program expansion and/or new program development over the next three years, unless effort is made to examine current programs and services.

CFTN requests from CSS

Fresno County has been working on strategies to increase the accessibility of direct services through greater co-location of services, as well as needs for new spaces due to sale of some county properties which house Behavioral Health services. This strategy was established upon the completion of the Department's Facility Needs Assessment (completed in September of 2018).

Fresno County DBH has continued to pursue a campus that will allow for Direct Services to be housed in an accessible location. Per the Facility Needs Assessment, such co-location will allow for maximizing some resources (medical/psychiatric) and coverage. Over the next five years, the Department will have to relocate from the current "metro" campus located in southeast Fresno, as the property has been sold. A location has been identified and examined. Possible relocation

of direct services to a new location would also free up existing space at the Children's Campus, which was once a children's hospital, for possible location of future and additional psychiatric health facility (PHF), crisis residential, crisis stabilization, and reentry facilities. The relocation of DBH direct services from the current "metro" campus to either the planned site or other sites will require capital investments. In this MHSA Three-Year Plan, Fresno County is continuing with its current CFTN efforts, including allocation of planned CSS funds which exceed the allowable Prudent Reserve Level to continue the planned CFTN efforts.

Fresno County has previously identified CFTN funds for such a capital project. Fresno County intends to utilize \$9,500,000 of CFTN funds to purchase property. The funds of \$9,500,000 will be formally shifted into a purchasing account in September 2020 to allow for completion of the property purchase.

The shift of Prudent Reserve CSS excess funds to CFTN allows the county to comply with the standards for how much funding may be in Prudent Reserves, brings the county's prudent reserves into compliance with legislation, while addressing physical operational needs.

In the last Annual Update, Fresno County dedicated \$300,000 to support efforts around development of a PEI Database to assist in improvement of evaluation and reporting. Fresno County DBH also dedicated \$2,500,000 for technology, especially around improvement of the electronic health record (EHR). These allocations shall remain as they are, as Fresno County is actively exploring its current and future options related to an integrated EHR. The PEI Evaluation work with RAND is intended to culminate with the establishment of a PEI database option. If that option proves to be viable, Fresno County will go back to stakeholders to re-allocate the one-

time \$300,000 for other CFTN use. However, should the efforts by RAND not meet the expectations, the existing CFTN funding's set aside for PEI Database will then be used to secure a functional PEI database.

INN Plans (April 2020)

As part of the last MHSA Three Year Plan, Fresno County put forth three new Innovation plans, which were also part of the county's AB 114 Plan. With the approval of the three plans, which were approved by the MHSOAC in May of 2020, Fresno County now has six active INN plans. The three plans include: The Lodge—a research project exploring engagement strategies for homelessness individuals in the pre-contemplation stage driven by peer support; Project RideWell—a collaborative, technology-based transportation project with the Fresno County Economic Opportunities Commission (EOC); and finally Handle with Care Plus+ --a pilot based on the Handle with Care model for rapid response to traumatic/life changing events). These projects are heavily focused on peer support, research, learning, and testing approaches. All three plans can be found at www.FresnoMHSA.com.

As mentioned above, Fresno County has three existing Innovation Plans, two of which are part of multi-county statewide efforts. Fresno County is one of six counties that is participating in an MHSOAC-sponsored Statewide Full-Service Partnership (FSP) Evaluation with Third Sector Capital Partners. Fresno County started this project in September 2019 and will complete it in September 2022. Fresno County's is contributing \$950,000 to the project. The majority of these funds (\$840,000) are going to Third Sector Capital Partners (project implementation), CalMHSA (multi-county administration) and The RAND Corporation (evaluation). The Annual Update for

this project can be found at <https://www.co.fresno.ca.us/departments/behavioral-health/mental-health-services-act/innovations>.

Fresno County is the lead county on one statewide Innovation plan sponsored by the MHSOAC called Psychiatric Advance Directive (PAD) Using Supportive Decision Making. Four other counties—including Orange, Monterey, Modoc, and Sutter/Yuba—had expressed interest in joining this effort. Fresno County’s plan was approved for \$950,000 in June of 2019 to work with the Saks Institute at the University of Southern California, the Texas RioGrande Legal Aid and the Blatt Institute at Syracuse University. The project has been in the planning stages throughout FY 2019-2020, and experienced significant delays as result of COVID-19. Fresno County has identified three potential target populations for this program and is working on program design amid COVID-19 restrictions. In July 2020 Fresno County requested an extension to this plan. As it stood, Fresno County would have had just over two years left to complete the design, implement the project, and spend down \$947,000. The two-year extension allows Fresno County and the partners over four years to complete the project with no change the total project budget. The Annual Update for this INN Plan can be found here

<https://www.co.fresno.ca.us/departments/behavioral-health/mental-health-services-act/innovations>.

The third active INN plan designates funding to be used by Fresno County to assist in community planning for the development of Innovation Plans. This Innovation Plan is funded at \$750,000 for five years. Funds have already allocated to a human-centered design effort with San Diego State University/BeWell, to work with local transition-aged youth (TAY) to develop several innovation ideas for programs for TAY. Fresno County has also contracted with a local marketing firm (JP

Marketing) to conduct nine market research focus groups/feedback sessions with specific populations. Using a third-party facilitator often provides greater insights on perceptions, needs, stigma, and communication and messaging, which can assist in driving ideas and initiatives forward under Innovation or support other MHSA service efforts.

TARGET POPULATION OF FEEDBACK SESSION

1	Substance Use Disorder Treatment Participants
2	Individuals Experiencing Homelessness
3	Domestic Violence
4	Human Trafficking
5	LGBTQ+ Older Adults
6	African American/Black
7	Rural Youth
8	Transitional Aged Youth (TAY)
9	LGBTQ+ Youth

The Annual Update for this project is available here:

<https://www.co.fresno.ca.us/departments/behavioral-health/mental-health-services-act/innovations>

In the coming year, Fresno County is exploring a joint effort with an academic institution and local African American faith and community leaders for community participation action research

around engagement and fostering relationships in order to develop population- and culturally specific services. The Department will dedicate \$100,000 from the INN CPP plan to support this effort, and seeks to include a third party evaluator to assess the project.

On May 28, 2020, Fresno County had three Innovations plans approved by the MHSOAC. These plans included \$6,200,000 funds that were subject to reversion after June 30, 2020. These three plans were in the MHSA 2017-2020 plan and part of the County's AB 114 plan.

The funding is encumbered within these new plans and will not revert. The programs are now in the initial stages of program planning (contracting, implementation planning, etc.). Each plan is slated to start at some point during FY 2020-2021. Each are for three years and will run to 2023 or 2024 depending on the actual project start dates. These plans include:

The Lodge - \$4,200,000
Handel With Care Plus+ - \$1,200,000
Project RideWell - \$1,527,000

COVID-19 has had a significant impact on planning and sustainability of MHSA programs. As many counties anticipate a significant decline in MHSA revenues, legislators have been asked to explore the option of having counties shift funds set aside for INN to support existing CSS and PEI programs. This request was not granted, and as a result, Fresno County Department of Behavioral Health is progressing with development of current INN plans and developing future INN plans that will provide learning, while seeking to avoid reversion of INN funds.

No Place Like Home

In November of 2018, California voters approved Proposition 2, which formalized the No Place Like Home (NPLH) initiative. The NPLH initiative is funded by using PEI dollars to support the NPLH bonds for competitive grants to develop permanent and supportive housing for individuals experiencing mental illness. The State will utilize PEI funds from future MHSA-PEI allocations to the Counties to fund the NPLH bonds; this process will reduce the amount of funding counties will receive in their future PEI allocation. A part of the NPLH grants calls for counties to use some of their MHSA funding as grant matches and to provide the supportive housing components for the funded units. This will increase affordable and supportive housing for individuals served in Fresno County; at the same time, the reduction in future PEI funds will mean the growth of PEI programs will be slower. To date, Fresno County has utilized this initiative to secure a total five grants for permanent supportive housing. Fresno County is currently preparing for an RFP for supportive housing services. In FY 2019/2020 Fresno had allocated \$6,000,000 to the Housing Authority as part of long-term supportive housing efforts. At this time, however, it is recommended to not utilize MHSA funding for future housing opportunity matches, due to the anticipated drop in MHSA revenues over the next few years.

Proposed New Programs

Through the Community Planning Process (CPP), Fresno County DBH received input on needs, areas of focus, and gaps in its system of care. Across the board, stakeholders provided more information on needs than specific programs or program recommendations.

The staff gathered input from meetings, surveys, and interviews, and presented the findings to the DBH leadership team. Additional discussions were held on current programs and services that are in the implementation process, which can and would address some of the needs noted

CPP. The leadership team also discussed the status of a variety of current programs, including program capacity and needs.

In its past three-year plan, Fresno County committed to implement a number of comprehensive, high-intensity programs that meet the greatest need of those individuals in our community with a serious mental illness and/or severe emotional disturbance. These services, while costly, will result in cost savings in terms of human suffering, justice involvement, hospitalizations and other negative outcomes. These efforts include a continuum of care focused on justice-involved diversion programs; the Department released RFPs for the AB1810 Diversion Program and for a Continuum of Care for Children and Young Adults Affected by Human Trafficking in summer 2020. The AB1810 Diversion Program was awarded, and contract negotiations were initiated. However, the Continuum of Care for Children Affected by Human Trafficking project remains on hold as the the review panel recommended to not award a contract based on the submitted proposals. This program remains in development. The establishment of Assertive Community Treatment (ACT) teams is also currently on hold. The expansion of current Full-Service Partnerships (FSP), and additional supportive housing services to support the No Place Like Home (NPLH) projects were conducted and completed during the development of this MHSA Three-Year Plan.

Fresno County does not have a specific FSP program dedicated to older adults at this time. The Department does have a dedicated Older Adult team that specifically provides services and care coordination for the older adults; however, the number of Older Adults that have needed to be involved in an FSP level of care has been limited. In the instances when that need has been identified, the Older Adult team has been able to place those individuals into available adult FSP slots based on the individuals' need. In the coming three years, the County will work to better

identify the needs of the growing Older Adult population. The Department will explore options for Older Adults including FSPs, population-specific older adult supportive housing programs, and engagement opportunities to reduce behavioral health issues that result from isolation.

In FY 2019-2020, Fresno County expanded its Adult FSP services through an open RFP process. The original Adult FSP program was known as Vista and provided by Turning Point of Central California. Upon conclusion of the RFP process, the Adult FSP project was expanded to three Adult FSP Programs (Vista-Turning Point, Sunrise-Turning Point and D.A.R.T. West-Mental Health Systems). The RFP process left open an option for a fourth Adult FSP, depending on both demand and available MHSA Funding. If MHSA funding does not become available, a fourth adult FSP may not be implemented during this three-year plan.

Fresno County has ten FSP programs at this time provided by seven different community providers. The FSPs are designed by populations served (eight different populations). None of the FSPs are provided by the Department.

<i>Number</i>	<i>FSP Name</i>	<i>Population</i>	<i>Provider</i>
1	Vista FSP	Adult	Turning Point of Central California
2	Sunrise FSP	Adult	Turning Point of Central California
3	DART West	Adult	Mental Health Systems, Inc
4	AB 109 FSP	Justice-Involved Adults	Turning Point of Central California
5	Enhance Rural FSP	Rural	Turning Point of Central California
6	IMPACT	Co-Occurring Adults	Mental Health Systems, Inc.
7	Culturally Specific Services	South East Asian Adults	The Fresno Center
8	Bright Beginnings	Children 0-10	1. Comprehensive Youth Services. 2. Exceptional Parents Unlimited 3. Uplift Family Services
9	Children & Youth ACT	Children, Youth, and Juvenile Justice	Uplift Family Services
10	TAY Services & Support FSP	TAY	Central Star

In addition to the ten FSP programs offered at this time, the Department continues to explore establishing ACT teams, and a full continuum of care for justice-involved populations. The implementation of these new programs will increase the number of FSPs in Fresno County to twelve. A standalone ACT team will be implemented only if such a project is financially viable and sustainable.

As Fresno County continues as an active participant in the Statewide FSP Evaluation project, it anticipates having the ability to enhance and improve its FSPs, the quality of care, and outcomes for FSP services and participants. Smaller programs such as the Culturally Specific Services FSP (30 slots) and large programs such as the Adult FSP (150 slots each) will likely have differing needs. Participating in the FSP Evaluation project will ensure that FSP growth is driven by best practices, and outcomes and service delivery is adapted to meet opportunities for improvement. This approach will ensure that each FSP program maintains its ability to best serve its target population.

DBH currently has seventeen PEI programs. Fresno County has one PEI program in each of the six required PEI strategies. These programs were assigned to a PEI strategy in the last MHSA Annual Update in order to ensure the programs matched the PEI regulations. Currently, the County's PEI programs take up the full allotment of PEI budget for the coming year, and as such no new PEI programs are being proposed. Two programs identified in the PEI section of the 2018-2019 Annual Update are being re-classified as Innovation programs.

The first of these programs, the Suicide Follow-Up Call Program, has been under consideration for development and possible implementation based on funding availability. As Fresno County is seeking to explore how a Suicide Follow-Up Call program can be used to better assess and understand factors contributing to suicide in Fresno, the Department is seeking to move the Follow-Up Call Program to be explored as a new Innovation Plan.

In the previous MHSA Three Year Plan, there was a proposed Innovation project for the creation of a Multi-agency Access Point (MAP) program specifically for justice-involved populations. The Department reviewed the viability of a Justice MAP as an Innovation project early in FY 2019-2020. County and justice partners discussed the need to implement this program before the end of FY 2019-2020, which resulted in the program being removed from consideration as an INN program in favor of the more expeditious PEI program implementation process. Upon the emergence of COVID-19, these efforts were delayed. Courts had closed and the Public Health Department and Cradle 2 Career initiative (our database and care coordination partners) were required to address other needs. As a result of this work delay and the COVID-19 impacts on MHSA funding, the department is seeking to re-designate the Justice MAP as an Innovation project. This project will focus on designing a Justice MAP that is tailored to the population, addresses whole person needs, and is culturally responsive with cross-sector input, including from justice involved individuals.

With the upcoming PEI evaluation with the RAND Corporation, there will be changes to PEI programs and services. If some programs are no longer needed (as in, the need for those services has changed in the decade since being established), the programs are not cost effective, the programs are not meeting the need or having the necessary outcome, those programs would be

discontinued and may open the opportunity for new programs that can address current needs and meet statutory requirements (PEI strategies, or priority populations) with funding changes in the future.

Fresno County DBH had underspent its MHSA funds in previous years, and in the past three years had worked to expand services funded under MHSA to meet the community's needs, and as such has expended much of the unspent funds in the form of new programs and services. Moving forward, the department is seeking to leverage MHSA funds to support and sustain current and planned services, including using MHSA where possible for FFP matches, as well as matches for grants and other county and statewide initiatives. DBH's approach to the MHSA plan has been to balance both closing service gaps in our system of care, while also ensuring that services are sustainable beyond just a three-year MHSA plan. To this end, the department is taking a conservative approach in this Three-Year Plan in order to ensure the implementation of services and sustainability of existing programs; the number of "new," enhanced, or expanded programs in this Three-Year plan is significantly less than in previous plan iterations.

COVID-19 has and will continue to impact MHSA revenues in the coming three-year cycle. As such, the number of new programs has been limited. DBH is not proposing any new CSS or PEI programs; however, a limited number of programs are being recommended for enhancement. Several programs which never came to fruition and were not implemented are being recommended for elimination as needs have changed, these programs might duplicate existing services, and/or the programs are not financially viable.

- *Enhance-Permanent Supportive Housing* - DBH has several permanent supportive housing projects, including several new projects coming on-line as a result of successful No Place Like Home grant awards, for which DBH is obligated to provide the supportive housing services. These services will be contracted out through an RFP; however, the addition of grant awards deem it necessary to enhance these programs (mainly in the form of personnel to support this program's growth). The grant awards and commitments had been made long before the onset of COVID-19 and its subsequent fiscal impact.
- *Move- Justice MAP* - Justice Multi-agency Access Point (MAP) program was a proposed INN program that moved to PEI. Now it is being proposed to move back to INN. The Justice MAP will work better as an INN where piloting and evaluating such a program's efficacy is needed. It will be specific to justice-involved populations experiencing mental illness, substance misuse, or co-occurring disorders. The choice to move the Justice MAP back to INN was made after partners realized that establishing a Justice MAP in the next few months would not be possible, and funding would not be feasible under PEI. As an INN project, there will be time to develop and design a program with cross sector input that will provide a realistic and sustainable effort for a population-specific services.
- *Eliminate- Intensive Transition Teams* - In the last MHSA Three-Year plan, the concept for an Intensive Transitions Team had been introduced as a possible Innovation Plan. The project would provide 24/7 service coordination and warm hand-off for persons being released from the jail to community services including emergency shelter. The proposed concept did not meet some of the criteria for Innovation consideration, and thus, in the 2018-19 Annual Update was recommended to move from an INN idea to a CSS program.

This program has not been developed since that time. The projected costs for the program exceeded what could be funded for the three years and the sustainability of the program could not be maintained through proposed MHSA Three-Year Plan.

Additionally, DBH is slated to initiate a full continuum of care focused on justice-involved populations. This project, which includes diversion services, could support some of the planned efforts that would have been addressed through the intensive transition team. The development of a Justice MAP, with its focus on linking and coordinating resources for justice-involved persons, will also address some of the needs of the justice-involved populations being released from local custody. Existing programs like the Supervised Overnight Stay may possibly be leveraged provide some alternatives as well. Finally, the Department is leveraging other programs and services to provide some transition planning work and support. Working to implement an Intensive Transition team at this point would be undertaking a program that cannot be sustained and would duplicate some existing services. For those reasons we are seeking to eliminate this proposed project from this plan.

- *Eliminate – Wellness Integration and Navigation Support for Families of Newborns and Expecting Families*- Changes in legislation as well as new local and statewide health initiatives have rendered the development of the proposed Wellness Integration and Navigation Support for Families of Newborns and Expecting Families as duplicative at this time. Thus, during program development planning in 2019, DBH deemed that it would not be prudent to initiate a program which would be a duplication of existing services.

The concept was initially proposed in the 2017-2020 MHSA Three-year plan to address a gap in services which has since been resolved.

- *Eliminate- PEI component of Integrated Mental Health Activities at Primary Care Clinics -*

This prevention program was initially used to support prevention and early intervention activities under the PEI component in the form of screenings, early intervention and counseling. However, since its inception one of the two initial providers has withdrawn. The sole remaining provider on this service agreement has not served individuals under this agreement for over a year, the positions funded through this agreement/program have been vacant for over a year, and the provider reports challenges in filling certain positions. Additionally, the provider is a Federally Qualified Health Center, (FQHC) and is able to serve individuals using other funding options other than MHSA. As MHSA is to be the funding of last resort; these services can be provided by other sources; and the provider has noted it has not served individuals with PEI in over a year, this program will be eliminated from the MHSA Three-Year plan, allowing for the resources to be allocated elsewhere.

- *Eliminate-Family Focused Prevention -* This program was initially provided by four different providers. Over time, one provider withdrew from the program due to lack of demand and challenges in operating a program with a limited budget. Another provider ceased operations, and a third was removed from the agreement after not rendering services for over a year. This program currently has one vendor remaining. The program has not collected the data necessary to assess the program's impact are required for PEI funded services, although it uses an evidence-based curriculum. In an assessment of the program,

DBH staff deemed that SUD prevention can better be rendered by SUD prevention providers and/or by integrating prevention activities into other existing youth programs and services, in order to promote comprehensive and integrated model of care. This prevention program will be eliminated at end of FY 2020-2021.

- *Eliminate-Community Gardens* - In FY 2018-2019 DBH contracted with Fresno Metro Ministries to conduct an assessment/evaluation of the Community Gardens program. After a three-month evaluation, the report (April 2019) was inconclusive due to the limited data, and lack of standardization across the program due to several different gardens operating different models and with different goals. The program was extended for an additional year to allow for additional data collection and a fresh evaluation. During this extension, one vendor withdrew from the program. The RAND Corporation has begun work on a second evaluation, and has also struggled in its evaluation. Due the programs' limited data and lack of standardized outcomes, the RAND Corporation is unable to assess the effectiveness of the program as a prevention, stigma reduction, or outreach service. After two separate independent program evaluations that have not been able to demonstrate program effectiveness due to flaws in program design, DBH is recommending the retirement of the current Community Garden at the end of FY 2020-2021 for a lack of clear impact or outcomes that aligns with PEI funding requirements. DBH is willing to explore the viability of an actual therapeutic gardening program in the coming years as part of a program re-design, which would ensure the gardens have cultural components, clear therapeutic components, and measurable outcomes as either prevention programs, stigma reduction, or other PEI strategies.

	PROGRAM NAME	MHSA COMPONENT	STRATEGY COMPONENT	STATUS	JUSTIFICATION
1	Permanent and Supportive Housing	CSS	Systems Development	Enhance	X
2	Justice Multi-Agency Access Point (MAP) Program	INN	Keep as INN	Keep/Move	X
3	Project Ignite	CSS	System Development	Enhance	X
4	Wellness Integration and Navigation Support for Families of Newborns and Expecting Families	CSS	System Development	Eliminate	X
5	Primary Prevention at Primary Care Centers	PEI	Prevention & Early Intervention	Eliminate	X
6	Family Focused Prevention	PEI	Prevention	Eliminate	X
7	Community Gardens	PEI	Stigma Reduction	Eliminate	X

AB 114 Plan to Spend

Fresno County's Innovation Plans funds that were identified in its AB 114 Plan and approved did not revert back to the State on July 1, 2020 as the Innovation projects were approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). Previously, MHSA funds subject to reversion under AB 114 had to be spent by July 1, 2020 or to be reverted. New regulations and direction from the MHSOAC have allowed for funds to be encumbered in an MHSOAC-approved project, in which situation, the funds are secure and not subject to reversion. Fresno County received approval for three Innovation plans that had funding subject to reversion. Fresno County will have innovation funds subject to reversion at the end of FY 2020-21 and again in FY 2021-22. Thus, Fresno County will be developing plans which can address the issue of reversion over the next two years through additional Innovation Projects.

Community Services and Supports

The Community Services and Supports (CSS) component of the MHSA is the largest component of MHSA (making up close to 80% of MHSA funding allocation). The CSS component is focused on community collaboration, cultural competence, persons served- and family driven- services and systems, wellness focus (which includes concepts of recovery and resilience), integrated service experiences for persons served and families, and serving the unserved and underserved. Housing is also a large part of the CSS component.

CSS is comprised of three components. Those are Full-Service Partnerships (FSP), General System Development, and Outreach and Engagement (O&E). CSS is intended to span the spectrum of care, from high intensity 24/7 programs and services falling within the FSP component, to the non-direct services efforts around O&E. The CSS programs are focused on those who have a diagnosed Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), and who have a diagnosis that meets medical necessity.

Full-Service Partnerships

[Title 9 California Code of Regulations \(CCR\) Section 3620](#) provides the guidance for all FSPs. This code requires all counties to have age specific FSP programs (Children/Youth, Transitional Aged Youth, Adults, and Older Adults). FSP programs are defined as mental health treatment, including alternative and culturally specific treatments, peer support, supportive services, wellness centers, case management, crisis intervention/stabilization and family educational services. The regulation specifies what constitutes support services (*9 CCR Section 3620 1.B. i-vi*). Priority shall be given to underserved populations as defined in *9 CCR Section 3200.310* (individuals who may

have a SMI or SED and not be receiving services). Some specific requirements of FSP level programs are:

Case management must be culturally and linguistically competent or at minimum trained in linguistically and cultural competence (9 CCR 3620 (h)(2)).

Programs are for the highest level of care and may include services such as an Assertive Community Treatment (ACT) teams.

Programs must have 24/7 access to someone known to the individual served (client) and/or their family and familiar with the individual served case that can provide timely assistance (no hotline). Assertive Community Treatment (ACT) teams fall into the FSP level of care, even though ACT teams have more specific fidelity requirements. The majority of CSS funds have to be spent on FSP level of care and services (which include ACT Teams).

Currently Fresno County has eight FSP providers supporting ten FSP programs which focus on specific target populations. The Department does not directly operate FSP or ACT services. Those are all contracted services. Fresno County’s current efforts will expand FSPs (including levels of services for higher intensity (ACT) and population specific services) when possible in the future.

NUMBER	FSP NAME	POPULATION	PROVIDER
1	Vista FSP	Adult	Turning Point of Central California
2	Sunrise FSP (new)	Adult	Turning Point of Central California
3	DART West (new)	Adult	Mental Health Systems, Inc (MHS)
4	AB 109 FSP	Justice Involved Adults	Turning Point of Central California

5	Enhance Rural FSP	Rural	Turning Point of Central California
6	IMPACT	Co-Occurring Adults	MHS
7	Culturally Specific Services	South East Asian Adults	The Fresno Center
8	Bright Beginnings	Children 0-10	1.Comprehensive Youth Services. 2.Exceptional Parents Unlimited 3.Uplift Family Services
9	Children & Youth ACT	Children, Youth, and Juvenile Justice	Uplift Family Services
10	TAY Services & Support FSP	TAY	Central Star

In the previous year, work was completed for expansion of FSP services. In this new plan, there are two additional FSPs established which are noted in the table above (one provided by Turning Point and one by MHS). The RFP allows for an addition of one more FSP program; however, any expansion of FSP services will be contingent on availability of MHSA funding as well as the viability of effective FFP match or leverage.

The table below provides the projected number of individuals to be served by FSP programs based on age group during the three years of this current plan.

Population Age Group	Number to be served in FY 2020/2021	Number to be served in FY 2021/20202	Number to be served in FY 2022/2023
Children/Youth	80	80	80
TAY	149	149	149
Adults	794	794	794
Older Adults	10	10	10

General Systems Development

General Systems Development Services are guided by [Title 9 California Code of Regulations Section 3630](#). Under those regulations, Counties are authorized to develop and operate programs for mental health services to individuals served who meet medical necessity (according to *WIC 5600.3 (a-c)* and when appropriate their families).

General Systems Development funds may be used for services and/or support. Funds may be utilized for: mental health treatment, alternative and culturally specific treatments, peer support, supportive services to individuals served and/or their family when appropriate, case management, wellness centers, crisis intervention and stabilization, project-based housing, family educational services, needs assessments, improving the county mental health service delivery system, and strategies for reducing ethnic/racial disparities.

General Systems Development funded treatment programs are not as intense as FSP programs and thus do not require 24/7 care coordination.

Outreach and Engagement (O&E)

O&E in CSS is guided by [Title 9 California Code of Regulations-Section 3640](#). Under these guidelines, counties may develop programs/services for identifying unserved individuals—and when appropriate, their families—who meet medical necessity so as to engage them in services/care.

The programs/services may include: Strategies to reduce racial and ethnic disparities; outreach to community organizations, schools, tribal communities, primary care providers, faith-based

groups, community leaders, and homeless individuals; and outreach to those incarcerated individuals discharging from county facilities.

Services are not actual mental health treatments but efforts to engage individuals in care for their serious mental illness/emotional disturbance.

In this 2020-2023 MHSA Three Year Plan, Fresno County will have 29 different CSS programs (ten under FSP, and three that will include projects that have a full continue of care within those programs, from outreach to FSP). The Department has not yet determined the number of providers for each new program; for example, the two new ACT teams may be split between two providers. The AB1810 Diversion Continuum of Care is slated to become operational in FY 2020-2021, and blend MHSA funding with SB 1810 grant funding to provide services to justice-involved individuals. The Continuum of Care for Victims of Human Trafficking shall remain in the plan, but implementation will be conditional on the availability of MHSA funding, ability to leverage FFP, and other possible funding considerations.

There are 30 programs that fall under Systems Development of CSS (or have components of services in the Systems Development category), and finally there are a total of seven (7) programs that are in the O&E component of CSS in this plan.

Below is a full table of all the planned and proposed CSS programs for the next three years. The current status is identified, and any programs that are either “pending” or recommended for “enhance” will have a "X" in the justification box and will be delineated following the table.

	CSS Program Name	MHSA Component	CSS Strategy Component	Status	Justification
1	Collaborative Treatment Courts	CSS	Outreach & Engagement (O&E)	Keep	
2	Supervised Overnight Stay	CSS	System Development	Keep	
3	Urgent Care Wellness Center (UCWC)	CSS	System Development	Keep	
4	Consumer Family Advocate	CSS	O&E	Keep	
5	Family Advocate Position	CSS	O&E	Keep	
6	Flex Account for Housing	CSS	System Development	Keep	
7	Fresno Housing Institute (FHI)	CSS	System Development	Keep	
8	Hotel Motel Voucher Program	CSS	System Development/ O&E	Keep	
9	Housing Access and Resource Team (HART)	CSS	System Development/ O&E	Keep	
10	Housing Supportive Services	CSS	System Development	Enhance	X
11	Intendent Living Association (ILA)	CSS	System Development	Keep	
12	New Starts Program (Master Leasing Housing)	CSS	System Development	Keep	
13	Peer and Recovery Services	CSS	System Development	Keep	
14	Project for Assistance from Homelessness (PATH) Grant Expansion	CSS	System Development/ O&E	Keep	
15	Project Ignite	CSS	System Development	Pending	X
16	Supported Education and Employment Services (SEES)	CSS	System Development	Keep	
17	Therapeutic Child Care Services	CSS	System Development	Keep	

18	Culturally Specific Services	CSS	FSP/Systems Development	Keep	
19	AB 109 Outpatient Mental Health and Substance Use Services	CSS	System Development	Keep	
20	AB 109 Full-Service Partnership	CSS	FSP	Keep	
21	Assertive Community Treatment (ACT) Team	CSS	FSP	Pending	X
22	Children and Youth Juvenile Justice Services ACT	CSS	FSP	Keep	
23	Children Full-Service Partnership Ages 0-10 years.	CSS	FSP	Keep	
24	Children's Expansion of Outpatient Services	CSS	System Development	Keep	
25	Continuum of Care for Youth and Young Adults Affected by Human Trafficking	CSS	System Development	Pending	X
26	Co-Occurring Disorders Full-Service Partnership	CSS	FSP	Keep	
27	Crisis Stabilization Voluntary Services	CSS	System Development	Keep	
28	Enhanced Rural Services Full-Service Partnership	CSS	FSP	Keep	
29	Medication Expansion	CSS	System Development	Keep	
30	Older Adult Team	CSS	System Development	Keep	
31	Medication Expansion	CSS	System Development	Keep	
32	Older Adult Team	CSS	System Development	Keep	
33	Medication Expansion	CSS	System Development	Keep	

34	Older Adult Team	CSS	System Development	Keep	
35	Medication Expansion	CSS	System Development	Keep	
36	Youth Wellness Center	CSS	System Development	Keep	
37	Forensic/Diversion Continuum of Care SB1810	CSS	FSP/Systems Development/O&E	Pending	X
38	Integrated Wellness Activities	CSS	Systems Development	Keep	
39	All4Youth	CSS	Systems Development	Keep	
40	Justice MAP	CSS	Systems Development	Keep/Pending	X

The County explored opportunities for enhancement and expansion of some of the existing services in order to increase personnel to improve ratios and quality of services; expand capacity to improve programs; and increase access. However, as both the State and the County are now projecting significant reduction in MHSAs revenues over the next three years, and thus challenges to sustain most enhancement and/or expansions, DBH has decided to delay most of those new initiatives. Many requested enhancements are not being recommended in this plan, and the only enhancements, or expansions are the programs identified in the table above and included in this new plan.

Housing Supportive Services

This proposed enhancement is to support increasing demand for supportive housing services for the new Permanent Supportive Housing programs, and the No Place Like Home (NPLH) grants. DBH has obligations under those awarded grants to provide the supportive housing components.

As more supportive housing and NPLH opportunities are realized in Fresno, there will be a need to provide the critical supportive housing component. At this time there are five new NPLH programs slated to come online in the next three years, which require supportive housing component from the department. It is the intention of the department to have these supporting housing services be rendered by vendors who will be selected through the County's procurement process (competitive request for proposals). Due to the new NPLH awards and possible additional awards, supportive housing will be enhanced through fiscal expansion for the programs.

Project Ignite

A request for proposal (RFP) for this program was issued this year. The project's enhancement will increase housing vouchers for two more NPLH projects that have not yet been build. The vouchers are \$6,500 for 60 vouchers, which will increase the project's total cost. This effort also ensures quick and timely access to housing for those coming into care and services. These vouchers will not become available until completion of the two new housing projects.

Assertive Community Treatment (ACT) Teams

ACT teams are not new projects for this MHSA plan. They had been identified in the previous MHSA Three-Year Plan, but these programs have not yet been operationalized. The department is seeking to complete a Request for Proposal (RFP) for two different ACT teams to provide the highest intensity services possible in an out-patient setting. The status of the ACT Team was identified as pending in the table above because it has not yet been implemented. It is the hope of the Department that the information yielded from the Innovation Project-Statewide FSP Evaluation will provide additional insights that can inform the development of an effective and efficient ACT team to complement the overall system and levels of care. MHSA funding necessary

to support and sustain an ACT team are not available at this time and thus will delay establishment of ACT teams, until sustainable funding is available.

Continuum of Care for Youth and Young Adults Affected by Human Trafficking

This program has been marked “pending” as it was identified in the previous MHSA Three-Year Plan but has not yet been implemented. DBH collaborated with a number of partner organizations, including the Courts, Probation Department, and Department of Social Services, to develop a program design that would provide a full continuum of care ranging from FSP to outpatient to outreach and engagement levels of care specifically for those impacted by human trafficking. The procurement process was initiated on February 28, 2020 with the release of a Request for Proposal. The County received one submission from a collaborative partnership proposal between several local organizations. The panel did not recommend awarding a contract, due to several concerns, including the proposed cost, which exceeded what was available for the project. DBH is not eliminating this project at this time but will evaluate the program design and seek to issue a new RFP again in the future contingent on availability of funding.

Forensic Continuum of Care

This program was set forth in the last Annual Update. MHSA funds were used for part of a match for a grant with the Department of State Hospitals. This program is part of a grant for forensic mental health services and mental health justice involved diversion program under a SB 1810 grant. In the grant, Fresno County proposed using MHSA funds to help develop a full continuum of care for the creation of a diversion program. This program will provide service from high intensity ACT team, to FSP down to lower levels of care in outreach and engagement using screenings and referrals. This program will leverage both grant funding, Federal Financial

Participation (FFP), and MHSA to provide diversion services to both felony and misdemeanor cases. In the community planning process, diversion services for those with a serious mental illness were requested and discussed by individuals who received services from the behavioral health system of care. Thus, the diversion services align with stakeholder requests. This is a three-year grant for a five-year program. As such the program will require close monitoring and evaluation to measure its effectiveness, its outcomes and financial sustainability during the three years where grant funding is supporting the project. Close monitoring shall be applied to this program to ensure the maximum allocated MHSA funds are not exceeded and that the project maximized FFP and other revenue streams to meet grant reimbursement protocols. MHSA shall be used to fund treatment and support services of the program and not justice or law enforcement components.

Prevention & Early Intervention (PEI)

Prevention and Early Intervention (PEI) is one of the five components of the MHSA. This component has its own reporting requirements and set of regulations which guide design, outcomes and measures.

PEI is comprised up of six funding categories or strategies. As Fresno County is deemed a large county, it is required to have program in each of the six PEI strategies.

Six PEI Strategies:

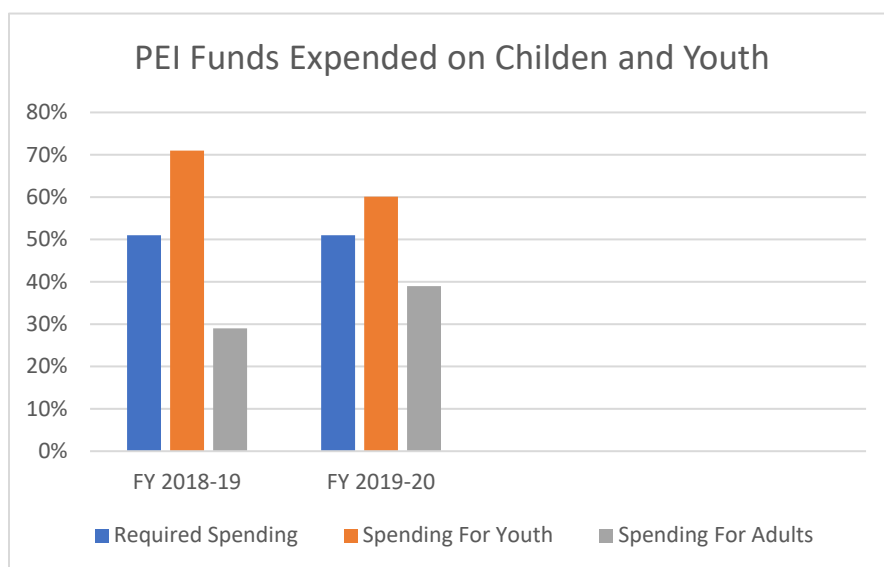
PREVENTION & EARLY INTERVENTION STRATEGIES

1	Prevention
2	Early Intervention
3	Outreach for Recognition of Early Signs of Mental Illness

4	Suicide Prevention
5	Stigma Reduction
6	Access and Linkage

PEI programs are intended to improve timely access and linkage to care, increase access and services for underserved, unserved and inappropriately served populations in each county. PEI services are intended for engagement of individuals before the onset of a serious mental illness

or emotional disturbance. PEI endeavors are intended to alleviate the need for additional, more restricted mental



health services, and finally to transition those with an identifiable need to mental health treatment earlier in the onset. 51% or more of all PEI funding must be allocated to youth services/programs (Section 3706 of Title 9 California Code of Regulations). Fresno County has historically exceeded this expenditure requirement, expending the majority of its PEI funds on children and youth.

Below is the table of all PEI programs for 2020-2023 MHSA Three Year Plan, and any proposed changes related to enhancement.

PROGRAM NAME	MHSA COMPONENT	STRATEGY COMPONENT	STATUS	JUSTIFICATION
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1	Child Welfare Mental Health Team/Katie A Team	PEI	Access and Linkage	Keep	
2	Crisis Intervention Teams (formerly Community Response Law Enforcement)	PEI	Early Intervention/ Outreach for Increasing Recognition of Early Signs of Mental Illness	Keep	
3	Integrated Mental Health Services at Primary Health Care Clinics	PEI	Prevention and Early Intervention	Delete	X
4	Multi-Agency Access Point (MAP)	PEI	Access and Linkage	Keep	
5	Wellness Integration and Navigation Supports for Expecting Families.	PEI	Prevention/ Outreach for Recognition of Early Signs of Mental Illness	Delete	X
6	Blue Sky Wellness Center	PEI	Prevention	Keep	
7	School Based Children's Prevention <i>(was formerly Children/Youth/Family Prevention and Early Intervention)</i>	PEI	Prevention	Keep	
9	Family Focused Prevention Services <i>(as formerly Children/Youth/Family Prevention and Early Intervention)</i>	PEI	Prevention	Delete	X
10	DBH Communications Plan	PEI	Stigma/Suicide Prevention/ Outreach	Keep	
11	Suicide Prevention	PEI	Suicide Prevention	Keep	
12	Suicide Attempt Follow Up Call Program	INN	Suicide Prevention	move	X

13	Local Outreach to Survivors of Suicide (LOSS) Team	PEI	Suicide Prevention	Keep	
14	Youth Empowerment Centers (YEC)	PEI	Prevention/ Outreach for Recognition of Early Signs of Mental Illness	Keep	
15	Community Garden	PEI	Stigma Reduction	Eliminate	X
16	Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	PEI	Access and Linkage	Keep	
17	Holistic Cultural Education Wellness Center	PEI	Prevention	Keep	
18	Functional Family Therapy	PEI	Early Intervention	Keep	
19	Perinatal Wellness Center	PEI	Early Intervention	Keep	
20	CalMHSA	PEI	Suicide Prevention & Stigma Reduction	Enhance	X
21	All4Youth	PEI	Early Intervention	Keep	

Due to limited PEI funding available in this planning cycle, the need for sustainability and with changes to PEI priority populations, Fresno County has not introduced new PEI programs at this juncture. However, it is likely that the completion of PEI program evaluations by an independent third party (the RAND Corporation) may provide evidence and justification for the retirement of some additional PEI programs. The evaluation may provide recommendations for changes, or redesigns of some programs. The evaluation outcomes may create an opportunity for new initiatives to be considered and/or replace projects that are not as effective in meeting their

intended goals. Additionally, in the coming year, Fresno County intends to examine the needs and opportunities for culturally responsive programs and services, which could include the three programs currently funded by the California Reducing Disparities Project (an MHSAs-funded project through the California Department of Public Health) as well as other opportunities. Any addition of future PEI programs will go through the same community input and stakeholder process, as well as the county's procurement process.

No new PEI programs are being added at this time. Several programs were recommended for "enhancement;" however, at this time, program changes will be focused on design, rather than expansion or an increase in funding allocation. There is one pending PEI program which was included in the last MHSAs Annual Update, but is currently in development (Suicide Attempt Follow-Up Call Program). The department is seeking to move the Suicide Attempt Follow-Up Program to Innovation, where it can be implemented as a pilot program.

The programs that are recommended for elimination include the PEI Integrated Mental Health Services at Primary Health Care Clinics, Wellness Integration and Navigation Supports for Expecting Families, Community Gardens, and Family Focused Prevention.

PEI Integrated Mental Health Services at Primary Care Clinics

This is a project under contract with Clinica Sierra Vista, who had reported that it has not served individuals through this program in well over a year, and has not been able to fill the positions related to this project (so funds have not been used). Additionally, as a Federally Qualified Health Center (FQHC), they have other means to fund those types of services should individuals require such services. It would be irresponsible to continue to fund or allocate funding for a program that

has not served individuals and is not needed when the funds may be used elsewhere in our system of care. Lastly, MHSA is to be the funding of last option; in this case, MHSA funding would be duplicating other available funding. As such, Fresno County and Clinica Sierra Vista have both agreed to end this agreement, and thus Fresno County is eliminating this program from its MSHA plan.

Wellness Integration and Navigation Supports for Families of Newborns and Expecting Families

While this program was described in the 2017-2020 Three-Year Plan, it was not implemented during the three-year plan period. In the intervening years, other services and primary care efforts have closed the gaps that existed during the initial program conception period. The use of MHSA funds at this time would create a duplication of services, and MHSA is to be a funding of last resort. At this time, this program is being recommended for elimination based on not being implemented and changing needs over the past three years.

Community Garden

DBH is recommending the retirement of the current Community Garden at the end of FY 2020-2021 for a lack of clear impact or outcomes that aligns with PEI funding requirements. DBH is willing to explore the viability of an actual therapeutic gardening program in the coming years as part of a program re-design, which would ensure the gardens have both cultural components, clear therapeutic components, and measurable outcomes as either prevention programs, stigma reduction, or other PEI strategies.

Family Focused Prevention

While Family Focused Prevention was initially offered by four providers, only one provider was rendering substance use prevention services at the conclusion of FY 2019-2020. The program has capacity limitations that impede adherence to the required reporting for PEI programs. The curriculum used by this program, Celebrating Families, is used by other providers in the community. Furthermore, the program is limited to individuals residing in the metro area and the limited data has posed a challenge in being able to identify any outcomes. These types of services can be integrated into other programs such as Youth Empowerment Centers and/or new Student Wellness Centers, which can expand accessibility and opportunity for participation in the future. The County's Substance Use Prevention Plan can provide the SUD prevention and education services with other funding sources. The program agreement ends at the end of the current fiscal year. The County will not renew the agreement or issue a new RFP, allowing the program to sunset at the end of FY 2020-2021. Similar services can and will be integrated into other programs.

Crisis Intervention Teams Services (formerly Community Response Law Enforcement)

There are three different programs under the Crisis Intervention Team services. These programs include the CIT with the Fresno Police Department, the Metro CIT (supporting Metro area law-enforcement), as well as the rural crisis triage services (to be renamed Rural CIT Services).

These services are funded under PEI, specifically under early intervention and a second strategy, Outreach for Recognition of Early Signs of Mental Illness. Upon completion of the evaluation by RAND, this program is projected to move to an Access and Linkage program.

A modification is being set forth in this plan to clarify that the Outreach for Recognition of Early Signs of Mental Illness which are performed currently by the CIT teams, be targeted for/toward other law enforcement, versus as written currently with a broad spectrum. Having the CIT team provide short, brief targeted mental health-related training to law enforcement will be the goal of the outreach component (for example, training on the use of the C-SSRS screening tool). Other Fresno County-lead outreach efforts (which have included, training, education, marketing, etc.) are providing some of that education at the community level and in other sectors. This program does not fund law enforcement positions but funds the program and the clinical professionals

who support Crisis Response/CIT in Fresno County. The CIT teams consist of specially trained and identified law enforcement officers (focused on crisis intervention and de-escalation) who work in conjunction with professional mental health clinicians to defuse and resolve cases involving either mental health crisis or persons experiencing acute psychiatric symptoms. The clinical components of CIT are provided through service contract with Kings View Counseling Services. Efforts will be made in the coming year to make the CIT teams distinct and visible; for example, the color and markings of assigned CIT vehicles should align with CIT officers in more casual uniforms. Additionally, efforts will be made to have clinicians accompany the CIT teams in the same vehicles, allowing for a rapid response, and ensuring that a clinician is on-scene and the primary responder to non-violent crisis calls.

Justice Multi-Agency Access Point (Justice MAP)

The Justice MAP is a proposed access and linkage program modeled after the current Multi-agency Access Point (MAP) program, and was identified in the previous MHSA Three-Year plan and Annual Updates as an innovation project. In FY 2019-2020 Fresno County examined the viability of having this program be continued as an Innovation Project. Innovation programs are focused on research, learning, and piloting, and the Justice MAP was sought as an effort to provide more population-specific access and linkage tailored to addressing specific barriers for justice involved individuals. Because immediate implementation was a critical factor for this program, the six-to-nine-month Innovation Plan process (from focus groups, program design and development, all the way to Commission approval) posed a challenge. In an effort to address significant needs in a timely manner, it was decided to propose moving the Justice MAP program from an Innovation project to an Access and Linkage program in PEI, allowing for it to

operationalize by the end of the FY 2019-2020. The unanticipated global COVID-19 pandemic has skewed that initial timeline for implementation. Justice MAP is not a new concept, but rather an existing one that in this plan was going to be proposed to be implemented as a PEI program. Justice MAP was previously approved by stakeholders and will remain in the plan, but will be explored as an Innovation project.

As an INN project, the Justice MAP will seek to utilize community planning to develop a program to provide near-immediate linkages to resources and services for justice-involved adult individuals, increase accessibility for target population, and enhance cross-sector co-location. The onset of the COVID-19 emergency resulted in closure or limited operation of many of the project's stakeholders (Courts, MAP Providers, Probation, District Attorney's Office, etc.) and thus the program's implementation was delayed. The delays have allowed for this program to be reconsidered for Innovation again, where the adaptation, testing, development and piloting of such a program could be conducted. Fresno County has been working with Cradle 2 Career and the Department of Public Health to develop a specific screening and referral tool that would identify needs and create referrals for justice involved individuals to access care, but COVID-19 has delayed this work. The proposed screening and referral tool may include mental health screening, SUD screening, co-occurring disorders, housing needs, and other supports based on a whole-person approach that includes Adverse Childhood Experiences (ACE)s, culture, criminogenic needs, and more. As an Innovation Plan, this project will move forward in the coming year. Once approved by the MHSOAC, the Justice MAP will utilize community planning to provide an opportunity for testing use of a tool and algorithms that can facilitate more customized and specific linkages to intercept lower level offenders. These individuals will be linked to services

that move them out of the justice system, and/or limit their duration or intensity of interaction with the justice system. The proposed project will revolve around community planning and community participation in program design.

Suicide Attempt Follow-Up Call Program

The Follow-Up Call Program was a program that was proposed in the 2018-19 Annual Update. This program was approved by the stakeholders and seeks bring about an evidence-based approach to leverage the existing Central Valley Suicide Prevention Hotline (CVSPH) efforts. A Suicide Follow-Up Call Program will allow the CVSPH to follow up with individuals who have been engaged by the lifeline to complete a wellness check, and check the status of an individual's engagement in follow up clinical care. CVSPH can also offer care coordination and navigation. The immediate follow-up model allows for critical, real-time information to understand environmental or social factors that may have contributed to an individual's ideation and improve prevention efforts. These program models have shown to increase an individual's engagement in services and reduce risk factors for suicide. This program was identified by the Suicide Prevention as a priority in FY 2018-2019. DBH obtained a suspension of competition from the County's Purchasing Department, and it had been seeking to implement this as a pilot program through the CVSPH who is already conducting similar work. The program was initially considered prior to the on-set of COVID 19. Calls to the Hotline have increased during the COVID-19 Pandemic. At the same time, COVID-19 has also had a negative fiscal impact on MHSA which is limiting the addition of new services, despite the ongoing increase in community needs. A program such as the Suicide Follow-Up Call may help reduce future crises and suicide. The Suicide

Follow-Up Call program is being put forth as a new Innovation Project and removed from PEI plan.

California Mental Health Services Authority (CalMHSA)

Fresno County DBH is a member organization of CalMHSA. CalMHSA is a joint-powers authority (JPA) that administers multi-county and statewide efforts and initiatives. Its work varies based on requests of the member counties. Under PEI, CalMHSA leads the statewide Each Mind Matters/Stigma reduction efforts that Fresno has leveraged, as well as coordinates the Central Valley Suicide Prevention Lifeline (which is supported by MHSAs from six central valley counties). The cost for the CVSPH is calculated based on call volume of each county (or usage). As the largest of the six counties and because of Fresno's robust suicide prevention efforts, Fresno County's call volume has increased annually; in the past year, the call volume increased by over 13%. Fresno County constitutes over 60% of the total call volume of the CVSPH. As such the annual cost will continue to increase based on call volume, and it is anticipated that more education, outreach, and prevention efforts will increase usage. The call volume for this project will likely increase over the next three years, and thus DBH is planning now for such an increase, so it does not have to make an adjustment each year or delay the refunding process for the CVSPH. The enhance option for this program also allows for response to a surge in calls as a result of COVID-19 as well as an anticipated increase in calls in correlation with the economic downturn.

Initiatives

In this new MHSAs Three-Year plan, DBH is putting forth two initiatives in response to stakeholder input that are not full-fledged programs. Instead, these areas of interest from the community will be addressed by leveraging existing DBH staff, resources and efforts. The two initiatives are:

Faith Community Engagement - Historically, our faith community has not had as active a role in the system of care, or in the community planning efforts. Several local faith communities have initiated some efforts either on their own or in collaboration with other CBOs to provide some broad range of mental health services, but those have been limited. Faith Leaders who engaged in the County's CPP either through interviews, meetings, or the community forum for Faith Leaders, shared an increasing need for more faith leader involvement, but that there is also a need for more education, empowerment and even support for those who are often dealing with secondary trauma or compassion fatigue. As such, the Department is seeking to leverage some work of its Public Behavioral Health Division and Staff Development Teams, to organize convenings for faith leaders to have open discussions about mental health, wellness, and resources, similar to the Mental Health From The Pulpit series that Tulare County has used over the past three years with its Suicide Prevention Taskforce. The department may also work to offer or expand opportunities for faith leaders to participate in an array of existing mental health and suicide prevention trainings to better empower local faith leaders to have conversations around mental health and wellness. These efforts would leverage existing communication plans, outreach and stigma reduction efforts, without requiring a robust "program" at the inception. The efforts can also leverage speaking opportunities and allow faith leaders to become more active in some of the future community planning efforts. Some of the planned efforts will also be under the INN CPP that can provide some opportunities for increasing engagement and discussions with faith communities and inform future efforts on effective engagement.

Community and Cultural Engagement - Fresno County will continue to work to better understand the needs of underserved communities through a series of initiatives that will leverage existing efforts through its Outreach, Stigma Reduction, Communication Plans, Community Planning Process (CPP) and the Innovation Community Planning Process. These efforts include using third party efforts to conduct market research, community town halls to solicit input on culturally specific needs, townhalls to help inform and explore subjects like social determinants of health, behavioral health inequities, and current health disparities in our system of care. These will include meeting with community-based organizations (CBOs) to explore culturally specific programs and challenges for CBOs in offering culturally responsive services. The Community and Cultural Engagement Initiative seeks to increase both the Department's visibility in our underserved communities, and encourage collaboration for development and design of services to better serve those underserved communities. This initiative allows many in our community who may not be heard and/or served to be afforded greater opportunities to be involved in the MHSA process as well as improving and shaping service delivery. The forums and engagement opportunities will work to reach diverse communities, rural and metro areas, various neighborhoods, age groups, ethnic and language groups, service users, and other groups. These initiatives will support future CPP requirements reported in annual updates and allow for on-going community planning throughout the year and not as needed, or once or twice a year.

These initiatives will be driven primarily under two PEI strategies, through efforts in both Outreach for Recognition of Early Signs of Mental Illness as well as Stigma Reduction.

Additionally, Fresno County is supporting broader community efforts to address trauma and resiliency and has funded small projects (\$4,000) for the first year of the ACEs Connection Subscription through the Fresno County Health Improvement Partnerships (FCHIP). This support allows the Trauma and Resilience Network—an FCHIP sub-committee of cross sectors of community, education and business—to begin working using the ACEs Connection tool to create a more trauma informed community based on adverse childhood experience (ACEs) science. This community workgroup may provide insights on how to promote awareness related to mental health.

Non-SB 1004 Population Programs

Fresno County has provided and will continue to provide services and programs which are broader than just the six priority populations set forth in new regulations introduced by Senate Bill (SB) 1004 in 2019. DBH and Fresno County stakeholders understand that mental illness is not limited to just those six priority populations. Prevention, program services, recovery, wellness and resilience are not realistic for some of those populations without additional efforts focused on education, outreach, and stigma reduction efforts. As specific regulations and/or updates to the PEI regulations related to SB 1004 have not yet been issued, Fresno County cannot anticipate possible changes that may require additional program modification or enhancements in the future, and thus is proceeding with services as required by the current regulations. DBH will make any required changes when those are formally implemented by the MHSOAC.

The six PEI priority populations identified in the new SB 1004 requirements are currently addressed through the following Fresno County programs; ALL4Youth, Family Functional

Therapy, Holistic Cultural Education Wellness Center, Cultural Based Access and Navigation and Peer/Family Support Services (CBANS), Youth Empowerment Centers, School Based Children’s Prevention, and Child Welfare Mental Health Team/Katie A team. Fresno County has seven (7) existing PEI programs that support the SB 1004 priority populations. Family Focused Prevention and Community Gardens will continue for the remainder of this year, but sunset at the end of FY 2020-2021.

DBH has several programs that are not specific to the six priority populations but are critical to support efforts targeting those six populations, and are necessary in an upstream approach for prevention. DBH has ten (10) current programs which address the broader community in general and meet PEI regulations and the original intended purpose of PEI programming. Below are the Fresno County PEI programs which fall outside of the six priority populations identified in SB 1004 along with brief justification for each program as called for under the new MHSOAC Letter [SB 104 PEI Framework](#).

Program Name	Crisis Intervention Team (CIT) (formerly Community Response Law Engagement)
PEI Strategy Component	<ul style="list-style-type: none"> ● Early Intervention ● Outreach for Increasing Recognition for Early Signs of Mental Illness
Program Justification	The Community Response Law Enforcement program supports three Crisis Intervention Teams with training and clinicians who support the CIT team in the City of Fresno (Fresno PD CIT) and first responders in the general Fresno Metro area (Metro CIT).

	<p>Additionally, this program also supports the Rural Mobile Crisis Triage (to be renamed at Rural CIT), which provides the clinical partnership for law enforcement in the field to be able to address and often defuse mental health related crisis calls.</p> <p>This program is vital for communities in Fresno County, which is home to the fifth largest city in California, and a county that is over 6,000sq miles, and mostly rural. Having timely access to specialized crisis teams focused on mitigating crisis incidents with clinical support ensures timely response to crises, proper care response, early identification, and reduction of hospitalizations and/or arrests.</p> <p>The current provider for these services, Kings View Counseling Services, provides on-going training on mental health, crisis, and other related topics to various law-enforcement agencies in the county, assisting in the increased law enforcement understanding of mental illness, being able to recognize mental illness, and to render proper clinical responses.</p> <p>This program provides early intervention through the CIT teams, including having specially trained teams deployed to individuals who are experiencing a crisis. The program, through Kings View, also provides navigation, case management, and several follow-up sessions with the CIT clinician until the individual can be linked to</p>
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	proper level of care and services. Clinical experts provide additional training for the specific sector (law enforcement) with whom they have an understanding and have established rapport.
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Program Name	Multi-Agency Access Point (MAP)
PEI Strategy Component	Access and Linkage
Program Justification	This program addresses an unserved or underserved segment of the community, which include those who are homeless and/or at risk for homelessness. The program’s ability to provide screening, referral, linkage, and engagement at numerous sites in the county based on the specific MAP Tool, allows for it to increase access to care, provide engagement to underserved communities, and provide other support and resources to those in need. Without such a program, many of our homeless individuals and those at risk for homelessness would experience greater challenges in accessing care and navigating resources to help both prevent homelessness and address mental health needs. The MAP tool uses screening questions and algorithms to develop referrals for an individual based on their specific need.

Program Name	Blue Sky Wellness Center
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PEI Strategy Component	Prevention
Program Justification	<p>MHSA values resources and spaces for peers and those with lived experience to contribute to and support ongoing wellness. Fresno’s system of care would not have a peer-run, peer-lead wellness center where individual served and peers could gather, socialize, support each other, and participate in learning activities without using MHSA-PEI funds to support the Blue Sky Wellness Center. The Blue Sky Wellness Center is one of the only adult wellness centers in the community which is also peer focused and driven. This program serves as both a wellness promotion resource and a relapse prevention program for many of the adults who access the center on a daily or weekly basis. Peers are an important part of our system of care and wellness centers are also a vital component of the wellness efforts for many of the individuals served, beyond just the six priority populations. This program provides the support for those already engaged in care to maintain their wellness and recovery.</p>

Program Name	DBH Communication Plan
PEI Strategy Component	<ul style="list-style-type: none"> • Stigma Reduction • Outreach for Recognition of Early Signs of Mental Illness

	<ul style="list-style-type: none"> • Suicide Prevention
Program Justification	<p>The Communication plan is the Department’s effort to take an upstream approach to prevention, through targeted and strategic educational campaigns, increasing community awareness of mental health as well as services and resources. The effort has worked to tailor messaging and outreach efforts that are responsive to different populations, communities, professions, etc.</p> <p>Additionally, parts of the communication plan involved how to increase community conversations around mental health to reduce stigma among different populations. The communication plan leverages statewide resources, local resources, and marketing experts to help use the communication efforts in a multi-prong upstream prevention effort.</p>

Program Name	Suicide Prevention
PEI Strategy Component	Suicide Prevention
Program Justification	<p>Under the suicide prevention program, DBH has developed the countywide suicide prevention plan, and coordinated community wide coordination of suicide prevention efforts in Fresno County.</p> <p>As suicide deaths have been on the rise and some populations for</p>

	<p>suicide risk are outside the six priority populations, it is necessary to have a countywide inclusive suicide prevention effort to both help inform the public of the signs of suicide, the resources available (including trainings such as ASIST, SafeTalk, MHFA), suicide prevention policy training, development of resources, etc. This work also focuses on normalizing the discussion about suicidal ideation and being able to seek help and care without the current stigma associated with suicide is an important part of prevention. The program provides administrative and logistic support to the Fresno County Suicide Collaborative (FresnoCares) as well as other community partners in implementing the countywide suicide prevention efforts. This support in the coming year will include trainings to support the implementation of a Suicide Death review team, countywide screening tool and other Collaborative initiatives.</p>
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Program Name	Local Outreach to Survivors of Suicide (LOSS) Team
PEI Strategy Component	Suicide Prevention
Program Justification	The LOSS team, an evidence-based approach, provides postvention outreach for those who have an increased risk for suicide following the loss of a loved one to suicide. This work

	<p>translates back into Prevention by reducing risk factors associated with being a suicide loss survivor. Additionally, the LOSS Team provides both linkages to other support services and can provide short-term intervention in the form of clinical services directly related to grief and loss.</p>
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Program Name	Perinatal Wellness Center
PEI Strategy Component	Early Intervention
Program Justification	<p>While maternal mental health has not been identified as a priority population, it is a challenge for some and has ramifications beyond just the mother, but also the infant, child and the whole family. This program supports families early on and may in some instances support the priority populations, for instances in that it does support an underserved, or often inappropriately served, population. The program is housed in West Fresno (at the West Fresno Regional Center) where there are high rates of infant mortality, and provides a needed resource to the overall efforts to improve black infant and family health and wellness.</p>

Innovation Plans

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is charged with approving funding for the Innovation (INN) component of the MHSA. The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan. Innovation Plans are not to address a need or to be start-up funds, but rather to test an approach, pilot an adaptation, to conduct research, and other learning opportunities. All Innovation plans are required to have an evaluation component, and all these projects include funding for the required evaluation.

Fresno County DBH was able to have three new Innovations Plans approved in June of 2018. Those plans began work in Fiscal Year (FY) 2019-2020. As noted earlier, two of these plans are part of MHSOAC supported statewide projects (Innovation Incubator). As all those programs began to operate in FY 2019-2020, the County was required to complete an Annual Update for each plan. A report for each plan was completed in July 2020 and submitted to the MHSOAC. Links to each of the reports will be available in the section to come.

Multi-County Full Service Partnership Project

The Multi-County FSP Project is a six (6) county effort in collaboration with Third Sector to better understand FSP programs, data collection, outcomes, and effectiveness as well as supporting better planning and informed decision-making regarding FSP programs. This project began work in FY 2019-2020 and will run for three years. Fresno County's budget for the project is a total of \$950,000. Fresno has been actively working on this project for over six months. Fresno contracted with the CalMHSA and, as a member county, used CalMHSA to conduct the multi-county agreement with Third Sector for the project and the RAND Corporation for this project's

evaluation. The work around the FSP evaluation has been able to continue despite of the impact of COVID-19 on many business and program operations. Fresno County's annual update for this Innovation Plan was submitted to the MHSOAC in July of 2020 and is available for review on the DBH site under MHSA. The report may be accessed via this link: [Multi-County FSP Evaluation Annual Update](#).

Psychiatric Advanced Directives (PAD) with Supportive Decision Making

Psychiatric Advanced Directives (PAD) with Supportive Decision Making is another multi-county/statewide project, of which Fresno is the lead county. This project is being completed in collaboration with several other counties and the Saks Institute, Texas RioGrande Valley Legal Services, and the Blatt Institute. The project will be working to operationalize the use of PADs in California as a way to reduce hospitalizations, improve care coordination, and increase participation in care. Fresno County has sought an extension of this plan to be changed from a three year to a five-year plan. As to date Fresno County has not been able to develop specific scope of work and/or establish service agreements (partly due to COVID-19), and the extension will afford the department an additional two years to complete the project (four years total). The extension does not change the project budget amount. To date Fresno County had only expended \$2,042 of the \$950,000 for the project. The County is working with the MHSOAC and the project partners and several counties (Orange, Monterey and possibly more) for some statewide project coordination. Fresno County has thus far identified three key populations for which it will seek to coordinate PADs and measure implementation and usage. The three Fresno County populations identified in the project are:

PAD Target Population	Phase
Homeless Adult Individuals	One
Adults on LPS Conservatorships	Two
Youth Aging out of the Foster Care System	Three

The full annual update with project details, extension request, etc. can be accessed on the County’s MHSA page under Innovation at <https://www.co.fresno.ca.us/home/showdocument?id=47185>.

Innovation Community Planning Process

The third INN plan that was approved in June of 2019 provided DBH with funds necessary to conduct community planning efforts to support Innovation ideas and efforts. In FY 2019-2020, DBH utilized these funds to support its contracted marketing firm, JP Marketing, in the facilitation of nine feedback session groups (which were noted in the capacity assessment section). These nine sessions were conducted with specific targeted populations, and built upon similar market research efforts conducted earlier this year as part of the broader communication plan efforts. These insights facilitated by professionals are yielding insights for possible Innovation plan related to learning and informing Fresno County on barriers and community service needs.

DBH contracted with the Policy Institute at San Diego State University (SDSU) to lead an effort for Fresno youth to develop and produce viable innovation plan ideas that are created for youth and by youth. One of the viable plans will then be proposed in the coming year as a new

Innovation plan for Fresno County. The BeHealth project is currently underway. The program timeline was extended (with no changes to the budget) due to impacts of COVID-19.

A small portion of the funds were also used in FY 2019-2020 to sponsor a portion of the 3rd Annual Statewide Asian Pacific Islander Mental Health Empowerment Conference in Fresno. The department conducted a brief survey (108 received) of conference participants in an effort to gain feedback on understanding early signs of mental illness, knowledge of where to refer someone who may need mental health services, understanding risk factors for developing a mental illness, their attitude towards those with a mental illness and what role their culture may play in supporting those with a mental illness. As API communities have been underserved in Fresno County, this was an opportunity to gain some valuable insight. A copy of the API Conference Survey is included in the Appendix H.

Fresno County DBH will work on the result of the Youth Lead Innovation Project proposals in the coming year and will also explore opportunities for greater engagement of underserved or inappropriately served communities by exploring faith community partnerships.

The INN CPP Annual Report can be viewed using this link [here](#).

Present Plans

As noted earlier in the plan, DBH obtained approval for three Innovation Plans from the previous three-year plan which will be implemented during the term of the new MHSA Three Year Plan. All three of these plans were, projects in the previous MHSA plan and Annual Update. These three plans will provide an opportunity for Fresno County and the State to explore some adaptations to existing approaches and provide insights necessary to establishing successful services in the

future. These three plans were part of the county's AB 114 plan, which required for the county to develop Innovation Plan with the funds that were subject to reversions. At that time the funds for these three plans were subject to reversion. The approval by the MHSOAC on May 28, 2020 prevented the revision of these funds.

- *Project RideWell* - This innovation project increases opportunities for individuals served to improve their own wellness and recovery through greater access and participation in related activities. The County hopes to develop and leverage technology to address the need for timely, coordinated transportation to wellness related activities for individuals served in their community. Additionally, the County will focus on the inclusion of peers and those with lived experience to train transportation drivers, so they gain an understanding of mental health, individuals served, reduce stigma and transform drivers into allies in the wellness and recovery efforts of the community. The project will be operated in collaboration with the Fresno County Economic Opportunities Commission. The program will be in two phases which will explore the viability of the program in rural community and in metropolitan Fresno. The planned project is for \$1,200,000 over three years.

\$105,000 of the total has been set aside for the evaluation of this program. An evaluator has been identified through the county's purchasing process.

- *Handle with Care Plus+* The intent of this project is to collaborate with Fresno County's community partners (Fresno County Superintendent of School, Fresno Unified, and the Fresno Police Chaplaincy) to create a program that will respond to children and families immediately after a trauma or stressful life event occurs. This project will provide early

support after a traumatic event; screen and assess children for early indicators of mental health symptoms resulting from life changing events; empower families with the tools they need to cope and recover; and connect children and families to any additional necessary resources. This project will add a Parent Café component focused on understanding trauma as an adaption to the current Handle with Care programs active around the state. The planned project is for three years for a total of \$1,527,000. The Parent Café curriculum is being developed by Brain Wise Solutions.

\$150,000 has been allocated for the program's evaluation. The UC Davis Center for Reducing Health Disparities has been identified as the evaluator for the project through the county's purchasing process.

The uncertainty of how school instruction would be delivered in Fresno for this school year created variables that necessitated that the project allow for school schedules to be completed before implementation of project. The department is working with partners, evaluators and others to continue to work on the implementation. The project is anticipated to start possibly in January of 2021, but the on-going impact of COVID could delay the start up.

- *The Lodge* - The intent of The Lodge is to gain insight through a pilot research project on factors/interventions that can enhance and increase engagement of individuals who are homeless or at risk for homelessness, with the onset of an early or severe or chronic mental illness, and who are not engaging in care due to being in pre-contemplation stage of change. Specifically, the project is examining whether ensuring an individual's basic needs are met in a safe setting increase their willingness to engage in

services. Additionally, the project shall explore the role of trained peers utilizing evidence-based interventions to engage individuals who have previously declined services. Through an RFP process, the Department identified RH Community Builders as the vendor who will operate the Lodge. This project is for three years for a total of \$4,200,000.

\$150,000 has been designated for the program evaluation. The Social Research Institute at Fresno State has been identified as the evaluator for the project through the county's purchasing process. These are anticipated to begin before the end of FY 2020-2021.

New Plans

Fresno County will need to establish new Innovations plans in the first year of this new three-year plan or be faced with reverting Innovation funds. If all reverting funds are not encumbered within the first year of the plan, additional plans will be developed in the second year of the plan.

The Department is seeking to advance three Innovation plans, two of which have been noted as Innovation projects in past Three-Year Plans (Suicide Follow Up Call Program and Justice MAP), as well as seeking to fund three Fresno area California Reducing Disparities Projects (CRDPs) in an effort to adapt these from current community defined practices, to support culturally-specific populations in a manner that will align with MHSA funding criteria.

It is Fresno County's plan to develop three INN plans in the coming year to fund three projects, which will explore adaption and customization of services to meet specific populations and inform future practices. Fresno County will be funding programs at current manageable levels so the programs, if successful can be sustained due to viable costs, versus large scale pilot projects that would be difficult to fund beyond three years if successful.

The Innovation plans will assist in avoiding reversion in FY 2020-21 and FY 2021-22 by allocating close to \$4,000,000 for three Innovation programs. It will also allow time to develop other possible innovation plans such as a youth focused project, training curriculum development, or something utilizing technology to improve the experience of persons served.

Future Considerations

The Community Planning Process did not yield as many new Innovation Plans as anticipated. One possible idea that emerged from the educational sector and was reinforced in various community forums by youth was the need for more training, especially for those who work with children and youth. In prior years there had been suggestions for possible curriculum development with Innovation around Cognitive Behavioral Therapy (CBT). An idea that was presented was to focus on the possibility of partnering with educational sector and the likes of the Beck Institute to work around Cognitive Behavioral Therapy (CBT) training. This idea was advanced by some limited conversation with Beck Institute, the Fresno County Superintendent of Schools (FCSS) and past interested school districts for feasibility and interest.

The proposed Innovation plan would examine if an effective CBT training could be developed for non-clinical school personnel so that an entire school/campus could become CBT informed and involved and use those techniques across the board with all students to create an environment of wellness and reduce instances of negative behaviors by students without signaling out any group of students. The plan could explore the possibility of a curriculum that may be designed to apply to all school personnel and be implemented by an array of school staff. This project would also investigate whether such training may be effective for campus-wide implementation, and if such training results changes the environment for the better.

Such a project could seek to support schools providing input in the development of a CBT training which can be tailored to the district and/or campus' needs, such as resources available, workforce, diversity and demographics of students.

This project could yield a curriculum that is developed by schools and can be then implemented in other schools, either locally or statewide. The project would increase the staff knowledge of CBT and thus allow a campus-wide effort to improve student behavior and wellness and enhance school climate. By developing shared knowledge, language, and responses, the project could result in measurable outcomes including reduction of truancy and chronic absenteeism, disciplinary issues/suspensions, classroom disruptions and increases in classroom learning, student engagement, linkage of students and families to behavioral health services and/or other related services, and change in staff perception of "problem students" stigma.

The project could be implemented in collaboration with the Fresno County Superintendent of Schools (FCSS) who—through an existing partnership funded through MHSA—provides an array of school based mental health services. The project would also seek to work with actual school districts. Some preliminary discussions have identified interest for Sierra Unified, which is a rural community district in the Sierra Nevada mountains. A comparable school which would allow for comparison which has also expressed interest in a possible pilot has been Coalinga Unified, which is on the opposite side of the county and supports largely rural farming communities. Both Districts are geographically isolated communities who also have enrollment of BIPOC students that have been historically underserved.

All the active, pending, and planned Innovation funds are identified in the table below. “Keep” denotes existing plans, while “approved” denotes plans that have been approved and not yet implemented. The other plans appear as “proposed” and are presented for future consideration as part of the new MHSA Three-Year Plan.

	PROGRAM NAME	INN	STATUS	YEAR
1	Psychiatric Advance Directives with Supportive Decision Making	INN	Keep	1
2	Multi-County FSP with Third Sector	INN	Keep	1
3	INN Community Planning	Inn	Keep	1
4	The Lodge	Inn	Approved	
5	Project RideWell	Inn	Approved	
6	Handel With Care Plus+	Inn	Approved	
7	Justice MAP	Inn	Proposed	
8	Suicide Follow Up Call Program	Inn	Proposed	
9	California Reducing Disparities Project-Adaptions	Inn	New	
10	Youth Driven- Plan to Be Proposed	Inn	New	
11	BECKS Campus Cognitive Behavioral Therapy Training	Inn	New	

Presently, Fresno County is working with San Diego State University’s BeWell to conduct a TAY youth-driven, human-centered initiative to facilitate ideas for TAY services, designed by TAY for

TAY. Fresno County opted to use SDSU based on their understanding of Innovation Plans and the MHSAAC, experience in conducting similar projects, and experience using human-centered design. The project seeks to identify several viable ideas for youth-focused innovation projects. Fresno County will await the results of the current effort for development of concept papers from TAY for a TAY-focused/TAY-driven program. DBH will use a stakeholder process to select a viable plan that will then be presented as an Innovation Project to be included in this three-year term.

Capital Facilities and Technological Needs

The Capital Facilities & Technological Needs (CFTN) component works towards the creation of facilities and sites that are used for the delivery of MHSA services to individuals served and their families, or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for individuals served and their families. CFTN funds cannot be used for locked facilities or involuntary services.

The sale of the former UMC Campus—where DBH’s adult services, crisis services and other administrative services are housed—requires the department to identify and plan for alternative sites. Through a detailed process, DBH has identified a location which is large enough to house both the adult and children’s services on one campus, with separate entrances, parking, etc. The planned location is in metro Fresno, and along existing city bus lines. DBH is seeking to use portions of MHSA CFTN funds for the development of this new direct services center, which can be customized for specialty mental health programs, improve access, flow, and more. DBH used

a Facility Needs Assessment Report to help identify the needs for space, how to best leverage resources, improve accessibility, and to coordinate care. The identified facility will have improved aesthetics, which is a factor for engagement by some individuals served and their families. Having services which are not on a dilapidated campus, or on a site with condemned buildings goes a long way to signal the type of care an individual will receive. This new service campus will allow adults, children, and families to access services more readily with more co-location of services, improved parking, and a facility that is not dilapidated and stigmatizing. The property is located at 5555 E. Olive Ave in Fresno. This location is in the city limits, near both freeways and an existing public transportation line. The campus would provide ample space for all direct services, parking, and allow for separate entrances for children served and adults, and internally allow for leveraging of some psychiatric or medical services.

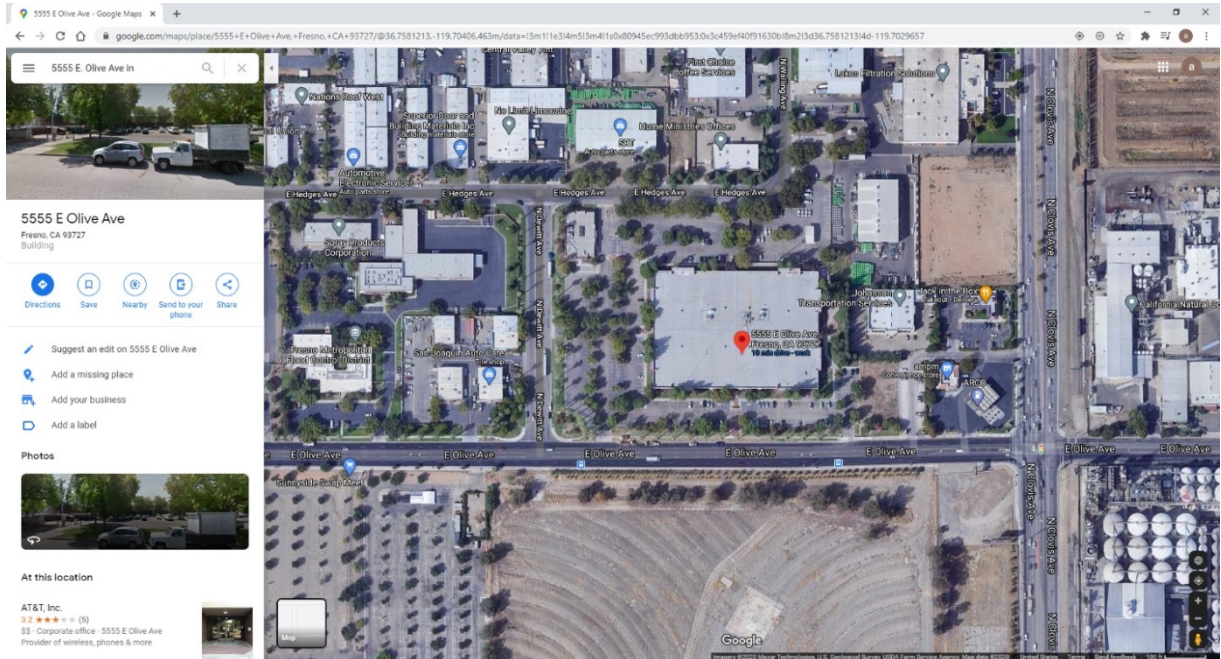


Figure 6. New building purchase by DBH.

The Health and Wellness Center (HaWC), which was previously funded in part with CFTN, now serves a great role in our community and efforts. The HaWC houses the DBH’s administrative functions; is the centerpiece for trainings, meetings, community forums; and serves as a space shared with other community organizations for use meetings and events. Having training and meeting space away from direct services helps promote and improve confidentiality of individuals served. The space has allowed the County to host other departments and agencies, as well as regional and state forums. Work is presently underway which will add additional training and meeting rooms to the HaWC to increase opportunity for physical capacity for our system of care.

	PROGRAM NAME	MHSA COMPONENT	STATUS
1	Adult-Children’s Services Campus**	CFTN	NEW
2	PEI Database*	CFTN	KEEP

3	Information Technology- Electronic Health Record	CFTN	KEEP
4	MHSA Administrative Support	CFTN	KEEP
5	Capital Facilities Improvement/ "UMC" Campus Improvements	CFTN	Eliminate
6	Psychiatric Health Facilities- Reentry	CFTN	NEW

As written prior, the department, in September of 2020 shifted \$9,300,000 in CFTN funds through the approval of the BOS from CFTN into a purchasing account to complete the sale for the new direct service campus.

There may be opportunities to develop or expand Psychiatric Health Facilities (PHF) on existing county locations through future grants. If those are viable the county would seek to use CFTN funds for either some portion of a match or to support reentry aspects of such facilities. As the Department has already identified the need for a PHF-Reentry program, if such an opportunity should arise to apply for funding, the County would be in a position to pursue such an opportunity.

Workforce Education and Training

The goal of the Workforce Education & Training (WET) component is to develop a diverse workforce. Providers, individuals served, and families/caregivers are provided training to help others by providing skills to promote wellness and other positive mental health outcomes; work collaboratively to deliver person centered-and family-driven services; provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally

competent and relevant; and include the viewpoints and expertise of individuals served and their families/caregivers.

The California Office of Statewide Health Planning and Development (OSHPAD) is providing grants to counties through an MHSa Match. Counties must provide their match to the region by 2024. Participation in the program allows the county to get a return on its match back as well as \$614,192.80. Fresno County’s Contribution for the match is \$377,667. Fresno will receive \$991,859.80 in OSHPD WET grant funds for specific WET efforts locally over five years. Fresno County is seeking investment in three of the possible WET funding activities.

	PROGRAM NAME	MHSA COMPONENT	STATUS
1	Pipeline Development	WET	NEW
2	Undergraduate College and University Scholarship	WET	NEW
3	Loan Repayment Program	WET	NEW

WET/Career Pathways

Through the community planning process, as well as other community dialog opportunities, members of the community have expressed the lack of qualified African American mental health professionals, as well as a need for growing a more diverse workforce which reflects Fresno County’s diverse community. This lack of diverse professionals, especially African Americans, hinders efforts to provide culturally specific or tailored services for local, diverse communities in Fresno County. So, to be able to provide more culturally responsive and tailored services, there is a need for more BIPOC students to pursue careers in the behavioral health field. Additionally, working to talk about and promote careers in the behavioral health field with students who are early in their academic careers may serve as a catalyst for reducing stigma around mental health.

Focusing on creating a pathways program would again leverage a number of existing resources to achieve a goal of increasing diversity of the workforce without having to be developed initially into a formal program. Diverse speakers, presentations, and outreach can be developed and implemented by leveraging efforts around stigma reduction and outreach, tied in with efforts of the County's Diversity Services Coordinator and a Workforce Education and Training (WET) coordinator. Such an effort could also be leveraged with some minor adaptations to support local CalHOSA campus clubs (that promote careers for future health professionals). Currently one CalHOSA campus club in Fresno County is focusing on mental health careers and several others that are doing similar work.

DBH intends to explore WET options that can both address the county's and the Central region's shortage of behavioral health professionals, including opportunities for peer development and the greater professional opportunities for peers afforded by the passage of SB 803. Finally, DBH seeks to also address a greater need for inclusion of diverse, underserved and unserved communities including BIPOC. One strategy will include the development of career pathways and professional development opportunities with an effort to more effectively engage African American communities, students, and organizations.

WET component funding will also be used to explore funding of scholarships for college/university undergraduate programs that would lead to behavioral health careers. Graduate program stipends will also be developed in collaboration with other Central Region counties as part of the Central County Regional Partnership to support WET efforts and workforce diversification.

Through the Central Region Partnership, the county will be able to develop loan repayment

programs and explore options for retention activities. Fresno County does have an interest in working with the Central Region to examine the possibility of creating Psychiatric or Child Psychiatry fellowships as a way to recruit and retain much-needed psychiatric professionals in the region.

Fresno County had over expended funding the WET category during FY 18/19 and thus an increase was made to the 19-20 allocation from CSS (\$2,000,000 dollars vs \$1,000,000). Some of the expenditures in the WET category were dedicated toward trainings in the area of Cultural Humility/Responsiveness, and some was expended on training for clinicians, psychiatrists, and medical providers. Some of the prudent reserve max that is being moved to WET is intended to cover the costs of existing efforts. Moving forward, the Department has established budget limits for general WET activities, and will have maximum amounts for the each of the WET categories for its OSHPD WET plan.

Number of Trainings	WET Funded Training Efforts in FY 19/20
1	3 rd Annual Statewide Asian Pacific Islander Mental Health Empowerment Conference
4	Applied Culturally and Linguistically Appropriate Services (CLAS) 1 of 2 (Zoom & Google Docs)
4	BHIT Interpreter Training (Day 1)
3	BHIT Provider Training – Day 1
7	CANS 50 Training
1	Cognitive Behavioral Therapy (CBT) Training
1	Harbage Fiscal Training
12	Heath Equity Multi-Cultural Diversity Training (HEMCDT)

4	Managing Effective Telecommuters
7	Mental Health First AID (MHFA)
2	Motivational Interviewing
9	NCI

The WET budget for FY 20-21 will be \$1,000,000. This allocation does not include use of \$377,667 of that year’s budget to pay into Fresno required OSHPD contribution. However, Fresno County intends to allocate its grant match upfront and will then have access to \$991,000 for WET regional activities over the next five years. These WET funds provided through the OSHPD grant must be expended and projects must be completed within five years.

As Fresno County has allocated the maximum allowable amount of funding to its prudent reserve, the Department intends to move its excess CSS funds to the WET regional project and other WET efforts. The WET Plan can be found as Appendix I.

The Statewide Innovation FSP Program Evaluation, of which Fresno County is a participant, conducted a local focus group with FSP providers which yielded a need for greater substance use disorder training for providers, and to increase capacity of provider’s SUD treatment teams to support individuals with co-occurring disorders. Additionally, with the passage of AB 2265 in September 2020, more assessment and support for those with co-occurring disorders will be available. In the past, Fresno County had developed a career pathway in collaboration with Fresno City College to develop certified SUD Counselors. Fresno County would like to explore reinstating this program to support the growing need for trained and certified SUD providers to support those with co-occurring disorders in our FSPs, Early Intervention and outpatient

treatment programs. In the past iteration, the project used WET dollars to develop 15 certified SUD counselors. FSP providers have raised the need for SUD expertise as a key component of process improvement.

Work Plans

In the previous section, DBH provided tables with listing of all the programs in each component as well as each strategy area of each component. The new three-year plan has also identified changes to existing or planned programs. This section, however, details how programs are organized in Fresno County. A strategic effort has been made to combine programs and services that best address needs—such as interaction, clinical care, culturally specific services—which allows for a more realistic visualization of the structure of the system of care, and how MHSA is used to close gaps in, enhance the capacity of, and transform our system of care.

Work Plan 1: Behavioral Health Integrated Access

The design of the Behavioral Health Integrated Access Work Plan is to focus on the types of services, functions and activities that serve as entry points into our broader system of behavioral health care. Fresno County DBH subscribes to the practice that persons have the greatest opportunity for wellness and recovery when they receive the right services at the right time in the right setting. The size and complexity of the behavioral health care system can be challenging to navigate and become a barrier itself.

Fresno County continues to seek to streamline access processes to ensure that all persons in need of behavioral health care have the ability and availability to timely, personal, relevant, clear and comprehensible path to care. *“Integrated”* term was chosen as a strategic choice to drive a

system of care that is broad in its delivery and yet clear and navigable to the individual served and to our community. The Behavioral Health Integrated Access Work Plan supports programs to increase and improve access in an integrated manner for the whole community. These programs are across the various MHSA components which focus on screening, assessment, engagement, access and linkages as well as early intervention services. Programs in this work plan include Innovation, Access and Linkage (PEI), Early Intervention (PEI), and Systems Development (CSS) categorized services.

Program Name	MHSA Component	Strategy Component	Status
Child Welfare Mental Health Team/Katie A Team	PEI	Access and Linkage	Keep
Collaborative Treatment Courts	CSS	Outreach & Engagement	Keep
Crisis Intervention Teams (formerly Community Response Law Enforcement)	PEI	Early Intervention/ Outreach for Increasing Recognition of Early Signs of Mental Illness	Keep
Integrated Mental Health Services at Primary Health Care Clinics	PEI	Prevention and Early Intervention	Eliminate
Multi-Agency Access Point (MAP)	PEI	Access and Linkage	Keep
Supervised Overnight Stay	CSS	System Development	Keep
The Lodge	INN	Innovation	Pending
Project RideWell	INN	Innovation	Pending
Urgent Care Wellness Center (UCWC)	CSS	System Development	Keep
Youth Wellness Center	CSS	System Development	Keep
Wellness Integration and Navigation Supports for Expecting Families.	PEI	Prevention/ Outreach for Recognition of Early Signs of Mental Illness	Eliminate

Note: The two Innovation Plans identified in this section are noted as “pending”, as at the time of writing of this plan, those were approved by the MHSOAC approval in May 2020, and are currently in the process for implementation, but not yet active.

Programs That have been identified for elimination appear in the section Eliminations (following Work Plan 5)

- *Child Welfare Mental Health Team/Katie A Team* - Child Welfare Mental Health Team/Katie A Team is designed to improve 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.” This program has sought expansion to improve timeliness and maintain state reporting/admin requirements; however at this time the Department is exploring other funding options to support expansion, and/or other funding to reduce MHSA cost for the program. The Child Welfare Mental Health team, which is co-located with child welfare services (at Department of Social Services) is part of a multidisciplinary team that coordinates access to behavioral health services and care.
- *Collaborative Treatment Courts* - 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 of 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. The Department will be evaluating this program to explore options for greater federal fund participation (FFP) for funding, as well as ensuring that all program expenditures are aligned with MHSA requirements and regulations.
- *Crisis Intervention Team (CIT)- (formerly Community Response Law Enforcement)-* Prevention & Early Intervention Crisis Field Clinicians serve as active liaisons with law enforcement in the County to provide training, outreach, and direct field response to

persons with mental illness related crisis in the community, the metro area, and rural crisis triage. Evaluations for 5150's and recurrent calls from law enforcement are a primary focus for the specialized team. Enhancement included in this plan are for the contracted provider to hire four clinicians for the program, as the county shifts use of its clinicians to support other mandated programs. It should be noted that under MHSA regulations, MHSA funds cannot be used for law enforcement functions, and thus MHSA funding for this program is not used for law enforcement personnel, functions, or administration costs. The program is working on redesign which will allow for expanded availability of clinical support, as well as co-location for all programs. Furthermore, this expansion will allow clinicians to ride-along with the specifically assigned law-enforcement trained CIT units in some of the programs (Rural CIT has logistic limits to having a clinician with riding along as they answer/support several different law enforcement agencies) to allow for a more timely response and increase mental health services as a primary option.

- *Multi-Agency Access Point (MAP)*- 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. MAP uses a customized tool that implements screening questions and algorithms to create an integrated screening process that refers 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. Individuals served are matched to the right resources at the right time in the right location through a collaborative network of partner

agencies and local resources based on their assessment. The Fresno County Economic Opportunity Commission has been added to the MAP cohort, joining Kings View, Poverello House, and Centro La Familia who operate the MAP program as a collaborative. These services are provided at traditional brick and mortar locations, as well as mobile options allowing greater accessibility to those in need. Due to current and projected reduction in MHSA funding over the next few years, expansion will not be feasible using MHSA funding.

- *Justice Multi-Agency Access Point (MAP)* - The Justice MAP is a proposed innovation plan, that may be modeled after the existing MAP program, with tailoring for justice-involved individuals. The innovation aspect shall seek to develop tailored screenings to better identify the needs of the target population. MAP provides a single point of entry for adult residents of Fresno County involved in the justice system to access linkage to services in various life domains to promote their wellness and recovery. The screening process will connect individuals facing criminal justice issues, mental health concerns, physical health conditions, substance use disorders, housing/homelessness, social service needs, and other related challenges to supportive services in Fresno County. The project will seek to develop a tailored MAP tool that will ensure participants are matched to the right resources using algorithms that account for individual needs, including ASAM criteria, criminogenic factors, adverse childhood experiences, and other culturally responsive factors. This project (Justice MAP) was proposed in the previous MHSA Three-Year plan and supports input from stakeholders to increase services that support justice-involved individuals.

- *Supervised Overnight Stay* - An overnight stay program for individuals with a mental health diagnosis 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.
- *The Lodge* - The intent of The Lodge is to use a pilot research project to gain insight on what may enhance and increase engagement of individuals who are homeless or at risk for homelessness, with the onset of an early or severe or chronic mental illness, and who are not engaging in care due to being in pre-contemplation stage of change. Specifically, does meeting an individual's basic needs in a safe setting with peer engagement result in greater access to care? Additionally, the project seeks to understand if trained peers utilizing interventions (such as motivational interviewing) to engage individuals who have previously declined services can an effective model for increasing acceptance of mental health services. This is not an "open" program, and referrals will come from specific referral sources to ensure for the purpose of the research project that the participants are members of the target population. This project, which can serve 30 individuals at a time, is intended to be a pathway to care services, including those for high intensity outpatient, housing, and substance use. It is anticipated that The Lodge will begin operation in early 2021.
- *Project RideWell* -This innovation project will seek to increase opportunities for individuals served to improve their own wellness and recovery through greater access

and participation in related activities. Fresno County DBH, in collaboration with Fresno County Economic Opportunity Commission (EOC), will develop and leverage technology to address the need for timely, coordinated transportation to wellness related programs for individuals served in their community. This pilot will be tested in two phases with one in a rural community and a second phase in the Metro area, each with a different targeted population. Additionally, the project will focus on the inclusion of peers and those with lived experience to train transportation drivers. This peer-led training will ensure drivers gain an understanding of mental health problems and individuals receiving services; reduce stigma; and transform drivers into allies in the wellness and recovery efforts of the community. The project will use using Reaching Recovery tools to measure any improvement in the wellness of individuals served as a result of being able to access greater number of or types of wellness activities. This project was approved in May 2020 by the MHSOAC. It is not yet operationalized due to current impact of COVID on limits public gatherings, indoor spaces, etc.

- *Urgent Care Wellness Center (UCWC)*- Urgent Care Wellness Center serves individuals 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. The target populations include adults ages 18 and older who are at risk of needing crisis service interventions or at risk of homelessness or incarceration, and/or are 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. The focus is early identification, triage, and

stabilization and to ensure individuals served are linked to the appropriate level of care in a timely manner.

- *Youth Wellness Center (YWC)* - The YWC was designed to improve timely access to mental health screening, assessment, referral for ongoing treatment and short-term interventions for youth ages 5-17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, other community-based healthcare providers and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. The program will also support discharge planning and bridge services for individuals being discharged from Exodus Fresno Crisis Stabilization Center and inpatient psychiatric hospitals. Services may also include facilitating the transition of youth to/from Children's Mental Health programs from/to community resources when clinically appropriate.

Work Plan 2: Wellness, Recovery and Resiliency Support

The Wellness, Recovery and Resiliency Support work plan is intended to help target services, efforts and focus on efforts that promote wellness, recovery resiliency. Fresno County DBH believes and has seen evidence that people do recover. This work plan strives to support and sustain an environment of recovery and resilience. The programs and services set forth in this work plan are primarily to support wellness, recovery and resilience of individuals and their families. This Workplan leverages MHSA programs to close many gaps in the traditional system of care. Many of these programs and services fall under Prevention, Stigma Reduction, Outreach and Engagement, and Systems Development.

- *Blue Sky Wellness Center*- A program under PEI Prevention that provides activities in a peer-centered, wellness and recovery-focused center. This is the county's only wellness center for adults, and services are driven by individuals-served and peers. Services include group and individual peer supportive services, Wellness and Recovery Action Plan services, Crisis Plan services, relapse prevention, transportation, life skills courses, job readiness services, positive socialization and onsite volunteer opportunities. The RAND PEI program evaluation is seeking to identify ways to better measure the efforts and positive impact of the services rendered at the center.
- *School Based Children's Early Intervention*- School Based Children's Early Intervention uses an array of resources including Positive Behavioral Intervention and Supports (PBIS), screenings, assessment, Early Intervention and short-term treatment (while connecting the student to other clinical services). This program supports the early intervention efforts of the Fresno County Superintendent of Schools (FCSS) through the All4Youth program. This program has been expanding the PBIS training to include trauma-informed practices and to provide triage for at-risk children and families in order to link individuals 0-22 years of age to services in a timely manner. These services may include intensive case management, intensive care coordination (ICC), intensive home-based services (IHBS), rehabilitation, individual and group therapy, crisis services, medication support services, outreach, and advocacy services. This program/service is one which is under evaluation to assist in developing better outcome measures and ensuring opportunities to improve access.

- *DBH Communication Plan*- DBH has been working with JP Marketing to assist in the development of its communication plan, as well as its efforts through to conduct and perform market research to help inform strategies around community engagement; public education around behavioral health and stigma reduction; and marketing related to services and resources. The communication plan works to support the efforts around stigma reduction, increasing understanding around mental illness, suicide prevention, community engagement, and the promotion of services. Part of the work with the communication plan has included developing various campaigns to support stigma reduction and suicide prevention. Additionally, the work has included market research with various target populations that have been used to inform outreach and communication strategies to our community based on language, age, culture, etc., and assisting in identifying the most effective mediums and content for our diverse populations. Lastly, efforts have included ways make information more accessible including website redesign, development of social media outreach, etc.
- *Consumer Family Advocate*- This program will has shifted in the new plan from the existing provider to a new provider, Reading and Beyond, that can leverage its available resources. Reading and Beyond has begun work as the Family Advocate Program provider for FY 2020-2021. The program and its navigator staff will provide support to families and assist them in navigating the behavioral health system of care. The program will be able to provide these services in a culturally and linguistically appropriate manner with staff who can provide services in the county's threshold languages.

- *Flex Account for Housing* - Flex Account for Housing provides funding to bridge gaps/barriers to allow eligible homeless individuals in care to secure permanent housing and/or temporary lodging. Examples of possible expenditures include security deposit, utility deposit, pet deposit, and vouchers for temporary lodging via the Hotel-Motel Voucher Program. The services have been under-utilized thus far; however amid the COVID-19 pandemic and the economic downturn, it is anticipated that housing support needs will increase.
- *Fresno Housing Institute (FHI)* - The Fresno Housing Institute is a comprehensive project development and capacity building exercise for supportive housing developers and providers in Fresno County. The Institute (operated by Corporation for Supportive Housing) is a project planning forum for project managers, service providers, and property management staff designed to ensure the development of successful supportive housing funding applications and high-quality supportive housing production and implementation.
- *Hotel Motel Voucher Program (HMVP)* - The HMVP provides short-term lodging for individuals in need of shelter who are connected to the DBH system of care. The HMVP provides the individual with a limited-stay voucher to be applied to various hotel/motels pending the implementation of a more permanent individualized housing plan. This program was previously initiated as a pilot project under the Flex Account for Housing program. Based on the early learning from this pilot, as well as the unique nature of the service, the Department developed a specific stand-alone temporary housing support program. To date this program has not been fully maximized;

however, with the addition and expansion of FSP programs and a new Innovation program (The Lodge), and well as the economic impact of COVID-19, the Department anticipates an increase usage in the coming year.

- *Housing Access and Resource Team Program (HART)* - The HART provides coordination and consultation related to housing for DBH county-operated programs with an intention to expand across the system of care in upcoming years. Functions of the team include, and are not be limited to, review of housing inquiries submitted by treatment teams to determine eligibility for various housing resources (including DBH funded and others); serving as a liaison with property managers and landlords; processing approvals for linkages to DBH funded housing options; ensuring that reporting obligations for housing programs are met; and providing supportive services including tenancy support and case management when treatment and support teams are unavailable for an individual in need. This team also provides cross-coverage for county-operated Permanent Supportive Housing sites at this time. As the supportive housing is contracted out through a procurement process and expanded with the addition of several new No Place Like Home (NPLH) grant awards, HART will support the oversight and administration of those supporting services as well.
- *Housing Support Services*- Housing Support Services currently provides Fresno County with the onsite supportive services for individuals that have been placed into permanent supportive housing. 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 populations,

provides access hours at the Multi-Agency Access Program (MAP) and processes housing applications for eligible individuals seeking Department of Behavioral Health Services. In the future the on-site supportive housing will be provided through a contracted provider.

- *Independent Living Association (ILA)* - The ILA is a quality improvement program operated by the Community Health Improvement Partnership (CHIP), designed to expand the number of high-quality, independent, affordable living home (aka room and boards) for individuals in need of housing who are receiving DBH services. Recognition as an ILA member provides individuals, family members, and the community with knowledge that the home meets an established standard of quality housing. ILA works to identify new independent living spaces and opportunities as well as community outreach, education and training around their services and development of quality room and board opportunities.
- *Integrated Wellness Activities*- The Integrated Wellness program was previously under PEI, but during program development in the past year, it was identified to be a Systems Development service under CSS, as its aim was to support those in care with wellness activities. The program provides support for recovery-oriented services and activities throughout the traditional service delivery system, ensuring access to wellness opportunities for those who may not be in FSP level services and would benefit from wellness-focused activities.
- *Master Leasing Program (formerly New Starts Program [Master Leasing])*- The Master Leasing program is a housing service that provides housing opportunities and rental

assistance for eligible DBH individuals living with a Serious Mental Illness (SMI) that are working with their treatment provider(s) to address barriers that prevent them from securing a permanent housing plan. The New Starts program was previously operated by Mental Health Systems. However, concerns with capacity and program administration required the Department to change the provider. Fresno County is now contracting with RH Community Builders—an agency which secures leased units, then sub-leases the unit to individuals served by DBH who have been approved and referred by DBH for housing placement.

- *Peer and Recovery Services*- The Peer & Recovery Service project funds 18 full-time Peer Support and Parent Partners positions in County Operated programs. Initially, this program was intended to increase peer roles in the system of care, as well as integrate peers into meaningful roles in our system of care. Since its inception, DBH has continued to add peer roles to many new MHSA programs, where MHSA can support the funding of those positions. Past legislation efforts—which thus far have been unsuccessful—to create certified peer positions which could draw on FFP, have limited peer roles to MHSA. The Peer Support Specialist positions associated with this MHSA program plan are placed in one cost center for tracking of the staff costs; however, positions are allocated to work in various programs throughout the Department. With the recent passage of SB 803 it is the hope of Fresno County that peer support positions will grow in our system of care.

- *Project For Assistance From Homelessness (PATH) Grant Expansion*- PATH is a program that provides services to individuals who are experiencing serious mental illness (SMI) and co-occurring substance use disorders, and who are homeless or at imminent risk of becoming homeless. The PATH program seeks to enable individuals to live in the community and to avoid homelessness, hospitalization, and/or jail detention. The PATH program serves as a “front door” for individuals into continuum of care services and mainstream mental health, primary health care, and the substance use disorder services systems. MHSA funds are used to support the program, but the program also utilizes other funding and grant sources. These other funding sources have allowed the PATH program to expand its efforts.
- *Project Ignite* - Project Ignite is not yet operational but will support additional housing needs for adult individuals with an SMI or SED, who are chronically homeless. This collaboration between DBH and the Fresno Housing Authority will supply up to 600 housing vouchers for the target population. Those who receive housing vouchers will also receive care through the department’s supportive housing services. Upon the completion of new housing development vouchers will become available for eligible participants.
- *Suicide Prevention/Stigma Reduction*- Fresno County’s Suicide Prevention efforts are a cross-sector effort driven by the county’s Suicide Prevention Plan. The plan drives suicide prevention efforts, including the development of the Local Outreach to Survivors of Suicide (LOSS) team (an evidence based post-vention and prevention effort); support for the Central Valley Suicide Prevention Hotline; suicide prevention

training; and outreach and education around suicide and identifying its risk factors. Suicide prevention efforts have ranged from advertising, community events, and support of efforts such as Directing Change. In this plan, the LOSS Team will be identified as its own standalone program under the Suicide Prevention component of PEI.

Fresno's Stigma Reduction efforts are integrated with the Suicide Prevention Plan, as well as the communication plan, and are initiated through various campaigns as well as community outreach events. These include supporting and promoting the statewide Directing Change program.

In the coming year, Fresno County will be seeking to establish in collaboration with #Out4MentalHealth affiliated LGBGQ+ providers "LGBTQ+ Pop-Up" groups to provide safe space, support, acceptance, and affirmation for our LGBTQ members, especially youth, adults, and parents/caregivers of an LGBTQ+ youth to increase supportive factors and resilience for a population with high risk factors. One area #Out4MentalHealth provider, The Source, has effectively facilitated such pop-up groups over the past several years in neighboring counties.

- *Local Outreach to Survivors of Suicide (LOSS) Team*- The Fresno LOSS Team was established in 2019. It is an evidence-based model for post-vention (following a death to suicide) that provides immediate support, resources and linkages to those who have experience a loss of a loved one to suicide. The response team of a clinician and a volunteer survivor are mobilized by the Coroners' office. The intervention helps decrease the risk factors for the survivors, thus becoming a prevention effort as well

and providing specific linkages. The program also provides funding for support groups and short-term (six session) therapy to cope with specific grief and loss following a suicide loss. The Fresno LOSS Team is operated by Hines Hospice.

- *Supported Education and Employment Services (SEES)* – A new SEES program provider was selected in late FY 2019-2020 through a procurement process. The provider renders 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. The SEES program provider is Dream Catchers, who will provide services starting in FY 2020-2021.
- *Therapeutic Child Care Services*- Therapeutic Child Care has been provided for the past decade. This service has been a systems development program which has worked to promote wellness in children while simultaneously increasing access to care by addressing the childcare needs of parents who have another child in services. The services are provided at two DBH-run locations where services for children are provided. The program serves children 12 years of age and younger, and services are provided only while persons served (parents/guardians/siblings) are in the building conducting business with the DBH. During the time in childcare, age/developmentally appropriate activities are rendered. The program maintains specific staff-to-child ratios. The service is provided by Reading and Beyond.
- *Youth Empowerment Centers*- The Youth Empowerment Centers (YEC) expanded in the previous three-year plan to add a second provider to the effort. The programs are intended to be peer and family support, focused on wellness and recovery, and support

services children and youth individuals served with SMI or SEM and their family and support systems. The programs have historically had challenges in reaching the projected numbers to be served. Also, efforts around data collection noted that programs are not operating in a standardized format. These programs are among the PEI services which are being evaluated by a third party to assess the program's effectiveness in meeting the PEI reporting requirements for Prevention and Outreach for Recognition of Early Signs of Serious Mental Illness. Due to low numbers and impending budget impacts, Fresno County will continue the program, but its RFP shall be for one provider. The evaluation will examine outcomes, and work to identify strategies to ensure the programs efforts meet PEI intent and measurable outcomes.

- *The Handle With Care Plus+* - Handle with Care Plus is an innovation program described in the last plan that was finally approved by the MHSOAC in May of 2020. The program will work across sectors to provide rapid response to students in pilot schools, and address toxic stressors (poor health scores, high crime rates, etc.) following a traumatic or life changing event using the Handle With Care model. This innovation approach will adapt the model to also provide support for parents/guardians/caregivers through education via Parent Cafés to increase overall family resilience and additional support. This pilot project is a collaboration with Fresno County Superintendent of Schools, Fresno Unified School District, The Fresno Police Chaplaincy, and Brain Wise Solutions. As an Innovation Plan, the program must have an evaluation component, and UC Davis Center for Reducing Health Disparities is the planned evaluator. The challenges raised by the impact of COVID-19 on school starts, closures, and in-person vs distance learning

has delayed project implementation. It is anticipated to become active in the Spring of 2021, depending on COVID-19 conditions.

Program Name	MHSA Component	Strategy Component	Status
Blue Sky Wellness Center	PEI	Prevention	Keep
School Based Children’s Prevention Using PBIS (<i>was formerly Children/Youth/Family Prevention and Early Intervention</i>)	PEI	Prevention	Keep
Family Focused Prevention Services (<i>as formerly Children/Youth/Family Prevention and Early Intervention</i>)	PEI	Prevention	Eliminate
Consumer Family Advocate	CSS	O&E	Keep
DBH Communications Plan	PEI	Stigma/Suicide Prevention/ Outreach	Keep
Family Advocate Position	CSS	O&E	Keep
Flex Account For Housing	CSS	System Development	Keep
Fresno Housing Institute (FHI)	CSS	System Development	Keep
Hotel Motel Voucher Program	CSS	System Development/ O&E	Keep
Housing Access and Resource Team (HART)	CSS	System Development/ O&E	Keep
Housing Supportive Services	CSS	System Development	Keep
Intendent Living Association (ILA)	CSS	System Development	Keep
Integrated Wellness Activities	CSS	Systems Development	Keep
New Starts Program (Master Leasing Housing)	CSS	System Development	Keep
Peer and Recovery Services	CSS	System Development	Keep
Project for Assistance From Homelessness (PATH) Grant Expansion	CSS	System Development/ O&E	Keep
Project Ignite	CSS	System Development	Keep

Suicide Prevention	PEI	Suicide Prevention	Keep
Local Outreach To Survivors of Suicide (LOSS) Team	PEI	Suicide Prevention	Keep
Supported Education and Employment Services (SEES)	CSS	System Development	Keep
Therapeutic Child Care Services	CSS	System Development	Keep
Youth Empowerment Centers (YEC)	PEI	Prevention/ Outreach For Recognition of Early Signs of Mental Illness	Reduce
Handle With Care Plus+	INN	Innovation	Pending

Programs That have been identified for elimination appear in the section Eliminations (following Work Plan 5)

Work Plan 3: Cultural/Community Responsive Services

Providing culturally responsive services is part of Fresno County DBH’s guiding principles and drives its MHSA strategy to reduce health disparities and increase timely access to appropriate services. To this end, DBH has several MHSA programs that work to support the Cultural/Community Defined Practices Work Plan to support our diverse community. The following section outlines those programs, services, and activities which inform and drive behavioral health practices that reflect the diverse needs of various cultures and communities who reside within Fresno County. Fresno’s rich diversity—which includes different languages and cultures—requires understanding the communities’ specific needs in order to address stigma and health issues.

Programs and services in this third Work Plan include behavioral health practices that are specifically and intentionally tailored toward diverse cultural and community groups which are unserved, underserved, or inappropriately served. Additional programs and supports may be

directed toward ensuring Cultural and Linguistically Appropriate Service (CLAS) national standards are met, and efforts to address health disparities are undertaken. The term “culture” is applied broadly to include groups of persons with shared knowledge, life experiences, beliefs, values, and customs. By understanding the variations of cultural groups and perceptions of mental health, best practices can be designed to address system barriers in seeking and understanding services. The Cultural/Community Defined Practices Work Plan will provide a description of all current and planned MHSA-funded programs, services, and activities that are centered around cultural or community defined behavioral health practices. Some programs which may also have elements of cultural or community defined practices may be referenced in another work plan if the other work plan better captures the focus and intent of the program. There have been no changes to these programs, and none are proposed in this update; efforts are under way to better classify these programs, clarify outcome goals, and to complete independent assessment and evaluation of these services and programs to validate cultural/community defined practices and ensure they are meeting the needs of the different communities.

- *Culturally Specific Services* - The Culturally Specific Services has been a long-standing effort to provide more access to culturally responsive therapeutic services. This particular program, the Living Well Program, provides two distinct services—an Outpatient Mental Health Services and Clinical Training Services. These services are provided in traditional south east Asian (SEA) languages and therapeutic methods are adapted to appropriately respond to the specific mental health needs of SEA persons served. These services are provided by the Fresno Center and include dedicated Full-

Service Partnership (FSP) slots to support persons served from SEA backgrounds in a more culturally responsive manner.

- *Culturally-Based Access Navigation and Peer/Family Support Services (CBANS)*- The CBANS program is an access and linkage program provided by five community-based organizations focused on different cultural populations in Fresno County (American Indian, Latinos, South East Asian and Syrian Refugees, African American and Indian/Punjabi speakers). In the coming year, following the completion of the RAND evaluation the program will likely be classified as a “Timely Access” program in PEI. CBANS was designed to provide linguistically and culturally appropriate, universal mental health education, prevention and navigation to early intervention services to unserved and underserved communities. There was no existing standardizing for outcomes and data in service agreements and thus it has been a challenge to assess the program’s effectiveness to assist persons from underserved communities’ access to timely care and services. This program is third party evaluation to assess the program effectiveness in delivering culturally and linguistically appropriate services, numbers served, education, and navigating persons to mental health services. The current program master agreement ends at the end of FY 2020-2021. However, the limited funding per provider and limited capacity of the various organizations has made meeting the funding, reporting, and outcomes requirements challenging. Thus, the CBANS program is planned to continue as there is a need for culturally bases services, which can truly assist persons in navigating their way to the appropriate level of behavioral health services in a timely and effective manner. The RFP shall include a

redesign which will factor in providers' capacity, target populations to be served, specific access and linkage outcomes and other changes based on the recommendations from the third-party assessment of the program's effectiveness and how it can support a broader county prevention strategy.

- *Holistic Cultural Education Wellness Center* - 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 nontraditional holistic healers within the diverse cultural communities of Fresno County. The program engages in community trainings such as Mental Health First Aid and other specific mental health related educational efforts, including suicide prevention, culturally response services, and more. The efforts of the Holistic Center have been focused on engaging diverse communities while providing some specific efforts around South East Asian and Latino communities. The program is part of the current third-party evaluation. The evaluation may yield some opportunities to help improve tracking, reporting and leveraging other efforts.
- *California Reducing Disparities-Evolution* - The Proposed California Reducing Disparities (CRDP) Evolution is an effort by Fresno County to explore possible adaptations to three existing CRDP Phase II projects in Fresno County. Fresno County and the three CRDP providers would use the INN Plan project to explore how programs evolve from community-defined practices into PEI programs, without losing their community and cultural contact. These projects will be collaboratives between the County, the

Providers, the current and past program participants, and explore what adaptations they would like to make to each program that may allow them to fit better into one of the six PEI strategies. CRDP Phase II programs are pilot projects administered by the California Department of Public Health and funded by MHSAs. These programs are community defined practices targeting three specific populations. The Hmong Helping Hands (prevention and engagement for older Hmong Adults), The Sweet Potato Project (a prevention program for African American Youth through entrepreneurship), and Platicas (a prevention program for Latino Youth). Through use of Innovation, the Department will seek to learn how these non-traditional, community defined practices can still keep their grassroots community responsiveness, while incorporating some standard prevention or clinical practices.

Program Name	MHSA Component	Strategy Component	Status
Community Garden	PEI	Stigma Reduction	Eliminate
Cultural Specific Services	CSS	Systems Development	Keep
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	PEI	Access and Linkage	Keep
Holistic Cultural Education Wellness Center	PEI	Prevention	Keep
CRDP Evolution	INN	INN	New

Programs that have been identified for elimination appear in the section Eliminations (following Work Plan 5)

Work Plan 4: Behavioral Health Clinical Care

The Behavioral Health Clinical Care Work Plan encompasses services and activities which are widely considered to be direct care and clinical treatment services. Clinical care services are geared toward supporting individuals and their families in reducing functional impairments

resulting from a behavioral health condition; increasing coping skills and adaptive functioning; and ensuring that the services focused on increasing wellness, resiliency and recovery. Individualized treatment approaches are a standard for providing the best care to persons served; some programs are targeted for specific groups of persons who share similar experiences or who are of a similar demographics and (for example, culture, justice involvement, co-occurring disorders, foster youth, children, transition aged youth (TAY), and Older Adults). The Behavioral Health Clinical Care Work Plan strives to highlight all current and existing ideas for treatment. Some programs which also provide clinical treatment may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

- *AB 109 Outpatient Mental Health and Substance Use Services* - The AB 109 outpatient services are systems development level services to support Justice Involved individuals supervised by the County Probation Department under AB 109 criteria. The persons served under this modality are persons who are identified as having a co-occurring disorder. The program is specific in engaging the target population into intensive-based outpatient services and seeks to achieved significant decreases in homelessness, incarceration, substance use, and hospitalization post-enrollment. This program is operated by Turning Point of Central California.
- *AB 109 Full-Service Partnership (FSP)* - The AB 109 FSP serves high intensity, high-needs justice-involved individuals referred through the probation department who have either a mental health need or have co-occurring diagnosis after release from custody. Participants are adults. The FSP program is required to provided individuals services with 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, and assistance with applying for Medi-Cal. FSPs are required to provide access to persons enrolled 24/7. Currently the AB 109 services (both FSP and Outpatient) are provided by Turning Point of Central California. This FSP, along with all the other FSPs, is being evaluated under a statewide FSP evaluation of which Fresno is one of the six active participants.

- *Assertive Community Treatment (ACT) Team* - The Department has not yet implemented an adult ACT team. It has previously planned two ACT teams. These would be the highest intensity services available outside a of a hospital or in-patient setting. ACT teams fall in the FSP categories of the CSS plans but have lower ratios of staff-to-persons served than FSPs, and are focused on preventing hospitalization and stabilizing a person to move to an FSP or lower level of care. Similar to FSPs, ACT teams are intended to provide wraparound services through a dedicated treatment team, that included psychiatric and peer supports, as well as the FSP model of “whatever it takes” support services. 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.

Moving forward Fresno may not be able to fund two ACT teams during this three-year cycle as initially desired due to reduction in MHSA revenues during the term of this plan. If it is financially feasible, ACT may be implemented to address the needs for Assisted Outpatient (AOT) programs, in which some stakeholders expressed an interest.

- *Children & Youth Juvenile Justice Services-Assertive Community Treatment (ACT) Team -* Justice Involved Youth ACT team is the only current active ACT service in the system of care. The ACT team falls under the 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. ACT teams are more intensive than regular FSPs, with lower staff to persons served ratios. As Justice involved youth are a high risk for hospitalization, incarceration, homelessness, having the highest intensity care in an outpatient setting is critical to stabilizing the participants and diverting them from hospitals, emergency departments, loss of placement, or detention centers. The current provider for this program is Uplift Family Services.

- *Children's Full-Service Partnership 0-10 Years of Age* - The Bright Beginnings program is the children's FSP which is a collaboration between the county and three community-based organizations (Uplift Family Services, Exceptional Parents Unlimited, and Comprehensive Youth Services). The program's goal is to build stronger families, focusing on families of children with complex behavioral health and serious emotional 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, including specialized services such as infant mental health. This, along with all other FSPs, is part of a six county FSP evaluation project, which will seek to establish some local FSP standards, address areas for improvement and enhancement.
- *Children's Expansion of Outpatient Services* - This program was initially designed to increase 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. The program applies expertise and capacity for infant and early childhood mental health, as well as other 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 in the target population. This is a non-FSP program, and is under the Systems Development component of CSS. In addition to direct clinical care, the provided services include an array of individual and family support to promote wellness and completion of wellness plans.

- *Continuum of Care for Youth and Young Adults Affected By Human Trafficking* - This was a program proposed in the last MHSA Three Year plan to address a need of a specific population, who may have previously been inappropriately served. An RFP was issued in late FY 2019-2020. There was only one proposal, which was a collaborative submission of several local providers. The RFP panel deemed the proposal did not meet the RFP criteria and recommended no award at the time.

The program is designed to provide a full continuum of care from outpatient mental health and intensive case management, all the way to the Full Service Partnership (FSP) specifically for youth and young adults who have been impacted by and/or are at risk for human trafficking based on assess need. The program will seek to render trauma-informed care; remain focused on needs of human trafficking victims; understand how individual youth and young adults involved may be affected by human trafficking; be able to collaborate with multiple agencies; understand the legal system; have the ability to collaborate with justice partners; consider the impacts of human trafficking on family systems; and support and work with families. The program will serve individuals referred through Collaborative Treatment Courts, Probation, and other referral sources.

At this time the Department has not issued a new/second RFP. Fresno County will have the project continue as an option in this new three-year plan while it assesses both the feasibility of this program and the financial sustainability of the full continuum program for the target populations. If it is determined that the program is not viable in this three-year term, it may be eliminated or held for future consideration.

- *Co-Occurring Disorders Full-Service Partnership* - Many persons served by the behavioral health system who have high intensity needs often are working to manage a co-occurring disorder. To better support the needs of this population--who, prior to MHSA—was often inappropriately served, an FSP program was created to target the specific needs of these individuals. The County’s Co-Occurring FSP program—called IMPACT—provides and coordinates mental health services, housing, and substance abuse treatment for seriously and persistently mentally ill adults and older adults; including access to three residential substance abuse treatment beds. This program is operated by Mental Health Systems. As an FSP, it adheres to FSP staffing/caseload ratios and uses support services to increase successful outcomes. This program, along with all the other FSP programs, is under evaluation as part of an Innovation six county FSP evaluation project. Input from the evaluation may be used to help enhance and improve services.
- *Crisis Stabilization Voluntary Services* - Fresno’s crisis stabilization services are provided by Exodus Recovery, Inc. This Crisis Stabilization Center (CSC) is a Lanterman-Petris-Short Act (LPS) designated site that renders psychiatric crisis stabilization services to adult individuals 18 years of age and older who would otherwise access behavioral health crisis 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. The same provider also provides limited specialized services for youth up to 18 years of age. The services are for those persons seeking voluntary crisis

services, as well as supporting individuals served and their families to help identify and respond to triggers prior to a crisis incident. Services focus on stabilization as well as linkage for continued care.

- *Enhanced Rural Services-Full-Service Partnerships (FSP)* - Rural Mental Health Services (RMS)-FSP is often referred to as Enhanced Rural Service which is a full continuum of care for Fresno County's rural communities and residents. This is specifically the FSP portion of that continuum of care that provides services in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman, Mendota, Huron and Coalinga). The range of programs provide mental health services that may include personal service coordination, medications and psychiatric services, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. These services are located and rendered in many of the rural communities in Fresno, thus increasing access to care as well as timely care by providing services in those rural communities rather than limiting them to metro Fresno. The rural services are provided by Turning Point of Central California. The rural services provide services to a large Spanish-speaking, Latino, and migrant populations and as such work to tailor those rural services to best meet the needs of the communities they serve, including hiring bilingual and bicultural staff.
- *Enhance Rural Services Outpatient/Intensive Case Management* - The Rural Mental Health Services, as this program is known, is part of a continuum of care that provides services to residents in the rural communities of Fresno County. The RMS services are provided by Turning Point of Central California. The non-FSP services provided include

Intensive Case Management, and Outpatient Programs in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman, Mendota, Huron, and Coalinga). Programs provide mental health services that may include personal service coordination, medications, and housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. These services are adapted to better meet the needs of the primary Latino and Spanish speaking residents of many of the rural communities.

- *Functional Family Therapy* - Functional Family Therapy (FFT) is a Prevention and Early Intervention component strategy, specifically an Early Intervention evidence-based treatment approach that focuses on the entire family in the course of the treatment. FFT is family therapy for youth ages 11-17 years of age, who are involved with the juvenile justice system or are at risk of justice involvement or loss of placement. The FFT requires involvement with all members of the youth's family who reside in the "home", including siblings, relatives, parents/caretakers, etc. who as persons in the "home" have a major impact on the family's overall functioning and dynamics be involved. This intervention is short term (ranging for six to eight months). Participants are often referred as a result of behavioral, emotional, relational, and/or mental health concerns. Referrals are received from probation, courts, schools, other service providers, parents/guardians or self-referral. These services are provided by Comprehensive Youth Services.
- *Medications Payment For Indigent Populations* - The Medication Expansion is a CSS-Systems Development program to support individuals and persons in care. The primary

role of this program is to provide psychotropic medications for uninsured youth, adults, older adults, or individuals post-release from detention centers who do not yet have supply or ability to obtain their prescribed medications. These individuals have a mental health diagnosis and are participating outpatient programs to ensure they can receive/obtain their needed medications. The program's intake of new persons served has been trending down in the past few years since passage of the Affordable Care Act (ACA). As only 1/10 or so of the programs budget is used annually, the program's overall budget maybe reduced, allowing for either cost savings or reallocation of those resources to other programs or services. The program is not being eliminated, as it provides a much-needed support to specific populations, as well as an emergency resource to those in care which can often prevent destabilization or crisis; however, an assessment may show the program can continue with a leaner budget. The program has average expenditures under \$20,000, and thus it is recommended to reduce the project budget from \$100,000 to \$50,000 which would allow for any increased need or utilization but reduce the programs overall cost and/or budget.

- *Older Adult Team* - The older adult team provides specialty mental health services to adults over the age of 60 or older who are experiencing symptoms of mental illness. The program continues to provide a variety of Evidence-Based Practice in treatment and support service. The older adult team renders services to older adult persons served with a focus on needs specific of the populations.
- *Perinatal Wellness Center* - The Perinatal Wellness Center is a County-operated program. The services are provided in an outpatient mental health setting to pregnant

and postpartum teens/adults and their infants. The short-term mental health services utilize some outreach and prevention activities; however, this is a PEI-Early Intervention strategy that uses identification through screening and assessment to address specific needs and appropriate treatment for individuals served. Services are open to women who experience first onset of mental disorders during the period of pregnancy and up to a year postpartum. The program is open to all residents of Fresno County, but is housed at the County's West Fresno Resource Center, where additional support services are provided by the Departments of Social Services and Public Health as part of Preterm Birth Initiative and activities.

- *Recovery with Inspiration, Support and Empowerment (RISE)* - The County-operated RISE program provides specialty mental health services for individuals on conservatorships in Fresno County. RISE provides support to Lanterman Petris Short (LPS) conserved beneficiaries and those who were recently released from conservatorship adjusting to a less structured living environment, as a stepdown from Institution for Mental Disease/Mental Health Rehabilitation Center level of care. The treatment team provides services that range from intensive case management, rehabilitation and therapeutic services in an approach that supports and helps to restore dignity, supports the empowerment of each individual, demonstrates respect, and is individualized to the expressed need of each person served. The purpose of RISE is to increase stability and wellness among Fresno County's residents who are conserved using natural supports to increase overall wellness and reduce recidivism back to LPS MHP.

- *All 4 Youth* - All4Youth is a collaborative effort under CSS Systems Development between the County and the Fresno County Superintendent of Schools (FCSS). Using a hub-and-spoke model, the partnership has a five-year goal to ensure a behavioral health clinician on every school campus. The All4Youth program has begun the work with placement of school-based clinicians who can provide services, at school sites, in the home, or community for any youth to 21. Referrals can come from schools, community, and families of the individuals themselves. The program has focused on ensuring services in the county's many rural schools and then worked its way back to the greater metro area. As part of the on-boarding process, schools are required to have staff, administrators, etc. receiving training related to trauma-informed care and wellness and recovery. The services range from screening, to access and linkage to primary care providers, and to specialty mental health services. This program seeks to use MHSA and FFP to cover the costs for such services.
- *School Based Behavioral Health Services* - The school-based services, are behavioral health services provided by the Department at specific schools or districts not served by the All 4 Youth program. This program is also a Systems Development program, as the target is on youth 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. Services may include individual/group/family therapy, case management, rehabilitation for both individuals and groups, 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. The Program will be undergoing evaluation in the coming year to explore opportunities for increasing use of FFP, wellness centers, telehealth, etc.

- *Transition Aged Youth (TAY) First Onset Team* - The TAY program is operated by the Department. The program focuses on serving Fresno County youth ages 16-24 who are Medi-Cal eligible beneficiaries. The TAY program was established 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 was merged with First Onset Team (FOT) during the last MHSA Plan. The program is a Systems Development program and is not the same as the TAY FSP with a similar name.

- *Transition Aged Youth Services and Support Full-Service Partnership (FSP)* -The following is a TAY FSP program operated by Central Star and should not be confused with the non-FSP TAY First Onset Program. The program provides FSP level of care and services to Fresno County TAY (ages 16-25). The TAY-FSP offers recovery-oriented outpatient mental health services that provide the individuals served with opportunities to utilize their strengths and abilities to gain independence and self-sufficiency in the community using the FSP “whatever it takes” approach. This FSP, along with all other Fresno County’s FSP services, is part of a six-county evaluation project that can inform how to improve both the FSPs and services provided by the FSPs.
- *Adult Full Service Partnership (formerly VISTA Full Service Partnership)* – The Adult FSP program was expanded in FY 2020-2021 to include a new provider and 180 more slots for individuals receiving services. . These programs are general FSP programs without a focus on any specific populations as compared to most of the other FSPs listed, which have specific target populations. Program services focus on meeting the needs of the whole-person and ensure physical health, mental health, medication, co-occurring disorders, housing, and support services are considered in the treatment plan. As an FSP, support services are provided 24/7 to individuals with high needs. The program works to support persons served with linkage and transportation to primary care settings for preventative and follow-up health care. While not a population specific program, the services are provided in the County’s threshold languages. As with all the current FSP services, this program is also part of a current Innovation Plan to evaluate FSPs which may provide some service delivery improvements.

Program Name	MHSA Component	Strategy Component	Status
AB 109 Outpatient Mental Health and Substance Use Services	CSS	System Development	Keep
AB 109 Full-Service Partnership	CSS	FSP	Keep
Assertive Community Treatment (ACT) Team	CSS	FSP	Pending
Children and Youth Juvenile Justice Services ACT	CSS	FSP	Keep
Children Full-Service Partnership Ages 0-10 years.	CSS	FSP	Keep
Children's Expansion of Outpatient Services	CSS	System Development	Keep
Continuum of Care for Youth and Young Adults Affected by Human Trafficking	CSS	System Development	Pending
Co-Occurring Disorders Full-Service Partnership	CSS	FSP	Keep
Crisis Stabilization Voluntary Services	CSS	System Development	Keep
Enhanced Rural Services Full-Service Partnership	CSS	FSP	Keep
Enhanced Rural Services-Outpatient/Intense Case Management	CSS	System Development	Keep
Functional Family Therapy	PEI	Early Intervention	Keep
Medication Expansion	CSS	System Development	Reduce
Older Adult Team	CSS	System Development	Keep
Perinatal Wellness Center	PEI	Early Intervention	Keep
Recovery with Inspiration, Support and Empowerment (RISE)	CSS	System Development	Keep
All 4 Youth-School Based Services	CSS	System Development	Keep
School Based Services	CSS	System Development	Keep
Transitional Age Youth (TAY) Services (Department of Behavioral Health)	CSS	System Development	Keep
Transitional Age Youth (TAY) Full-Service Partnership	CSS	FSP	Keep
Vista	CSS	FSP	Keep
Wellness Integration and Navigation Supports for Expecting Families	PEI	Prevention & Early Intervention	Eliminate

Programs That have been identified for elimination appear in the section Eliminations (following Work Plan 5)

Work Plan 5: Infrastructure Supports

- *Health and Wellness Center* -The bulk of the work in the Health and Wellness Center (HaWC) has been completed during the past few years. The space at the HaWC is not sufficient for most of the DBH operated programs and/or services; however, the space at the HaWC has been developed for training, community forums, meeting and other community and system use. DBH is currently working to complete renovations for additional spaces to serve the community. Some of these spaces will house the Public Behavioral Health Division, with space for them to continue to produce educational and informational content for radio PSAs, visual and digital contents, and virtual trainings, conferences, and meetings.

The space at the HaWC will also be developed to include additional training and meeting space to support more community activity around professional development, care coordination, planning, focus groups, in-services, and other ways of engaging partners, providers, the public and persons served in this centrally-located training and meeting space on the HaWC first floor.

Limited services are housed at the HaWC, such as the Fresno-CIT Team which includes members of Fresno PD CIT and the clinicians from the program operator KV, to provide co-location and improved responses.

- *Information Technology* - This project is specifically for investment in additional adaptations to the current electronic health record (EHR) to increase data collection and care coordination for all services, not just direct clinical services. The funding may also be used to enhance or acquire an EHR that can better integrate mental health and SUD information, medical, and prevention activities. Some EHRs are more adept for implementation of efforts around the Zero Suicide Initiatives, or collaborative documentation. The County will be embarking on an RFP process to seek options for an EHR, and the needs identified here will be include in the RFP and considered when selecting a county-wide provider.
- *MHSA Administrative Support* - MHSA is one of the more complex funding sources in the county behavioral health system. MHSA, as a whole, has specific and rigorous reporting requirements which include annual reports, outcomes, community planning, and fiscal and programmatic oversight. Over the past few years, DBH gained a better understanding of the need for greater oversight and administration of MHSA programs to ensure compliance, cost effectiveness, measured outcomes, and adequate response to community needs. To support these goals and standards and truly fulfill the arduous administrative requirements for MHSA, the MHSA Admin funds activities and positions related to MHSA delivery such as the MHSA Coordinator, Division Manager, WET Coordinator, MHSA Fiscal Analyst, and MHSA fiscal support staff for developing and administering MHSA programs like suicide prevention, innovation plan development, evaluation, and compliance. In the past three years a dedicated MHSA fiscal team was

established to ensure the County's ability to comply with the complicated and ever-changing MHSA fiscal reporting and oversight.

These efforts are resulting in better reporting, more inclusive community planning, increased oversight, cost savings, and service improvement. Since DBH has filled many of these open positions and dedicated experienced and specialize teams for the administration, the Department has been able to improve compliance, ensure effectiveness, and successfully complete reporting and other regulations. The administrative support is set to improve MHSA-funded efforts, and ensure MHSA truly serves as a transformation tool for the system of care.

Some recent and on-going administration activities have included contracting with the RAND Corporation to evaluate Fresno County's PEI services. Efforts are underway to evaluate efforts around Suicide Prevention and the Fresno Cares plan's implementation as an oversight effort. Having a full-time team dedicated to MHSA is allowing for deeper analysis of program costs and opportunities to maximize other funding, while supporting MHSA funded services through a time of declining MHSA revenues. The administrative services support the numerous INN plans and their related evaluation; the development of new INN plans; the robust PEI and CSS networks to provide proper support to County contract staff and contracted providers; to support WET plan; and to support compliance.

- *Workforce Education and Training (WET)* - Workforce Education and Training Regional Partnership is one activity under this effort. The 2020-2025 MHSA WET Five-Year Plan (WET Plan) provides Regional Partnerships the opportunity to design and implement

their chosen WET programs in the counties of their respective regions through a contract with Office of Statewide Health Planning and Development (OSHPD). The programs under the domain of the Regional Partnerships include pipeline development, scholarships, stipends, loan repayment, and retention strategies, with the ability to link programs across the workforce pipeline spectrum (from pipeline to scholarship and stipends to loan repayment and retention). Fresno County is pursuing pipeline development, scholarships, and loan repayment activities through the WET grant to grow a more diverse and prepared workforce. The activities Fresno County plans to implement with some of its regional partners are intended to attract culturally diverse individuals to behavioral health careers and support them along each step in their educational and training career pathway within the public mental health system.

Fresno County will also continue to use WET funds to support development and training for peers/parent partners, providers, and other professionals to ensure the workforce is trained on new and/or best practices, cultural responsiveness, and evidence-based care. These efforts will range from informational to clinical and medical trainings. In Fresno County, some of these trainings will continue to be provided through cost effective training systems options, such as Relias, through the use of WET dollars. The Department is exploring ways to expand access and/or use of Relias licenses to contract providers.

Additionally, the WET efforts will continue to work to address the needs of our workforce such as continuing development of SUD treatment professionals to support those with co-occurring mental health and substance use needs.

Additional information can be found in the **WET Central Region Stakeholder Engagement Report**, **WET Provider Survey**, and **WET plan**.

- *Prevention and Early Intervention Database* - A challenge for Fresno County's Prevention and Early Intervention (PEI) efforts is the data collection required for PEI programs and activities. PEI has specific data and outcomes that are required per the PEI regulations which are used to assess and evaluate a program for the three-year PEI evaluation and annual reports, and to understand the impacts of those services. One of the challenges faced by the system of care is that many of the PEI activities are unable to be captured in the EHR. Additionally, different PEI strategies have different metrics and outcomes and so the data collection often varies across the strategies. Currently there is no standard way to collect, store, or sort the data. In the previous Annual Update, an amount of \$300,000 was set aside for the development and operation of a PEI database. In the past year Fresno County began to explore options for a systemwide PEI database. It had identified a possible option with the current HER; however, if the county may change EHRs in the next year, the Department did not want to invest in an option that would then be out of use in a year. Thus, the County will determine through the RFP process whether an EHR may be identified which can support PEI data needs. If this is not possible, the Department will explore development of a standalone PEI database. The current work with the RAND Corporation on the evaluation of PEI programs will include development of an online data collection tool for each PEI strategy, and will make data collection more standardized and easier to collect and process.

A portion of the PEI Database set aside is being considered for work to resolve the database/software challenges with the current MAP tool, which provides challenges in coordinating care (allowing for bidirectional feedback), tracking participant's progress, and other software challenges. Fresno County is seeking to work with Public Health and the Cradle 2 Career initiative to explore ways to address issues within the MAP tool and provide enhancements that allow for greater integration across sectors. The cost of such an undertaking is \$100,000. This will leave \$200,000 to support a PEI database if either opportunity fails to yield a desirable option.

- *Adult and Children's Services Campus* - The plan for purchase and development of one campus to house County operated Adult and Children's behavioral health services. As noted, Adult Services must vacate current "UMC" campus in the next few years. Children's Services are currently located on a property which is zoned for, and can be used to expand and develop, additional crisis stabilization units and psychiatric health facilities which are currently limited. The Facility Needs Assessment developed for the Department in 2018 recommended one campus that could house both children's and adult services, where some of the limited resources such as medical, psychiatric could be leveraged. The plan identified the need for a site that would be large enough to have separate entrances for adults and youth/children, and ample parking to meet the needs of the workforce and the public.

The Commitment of CFTN funds will allow for the completion of the purchase of the new clinical services campus, and necessary work to ensure it can best support the

different populations, service delivery needs, and needed types of care. The proposed campus noted earlier in this plan will be located along public transportation routes and close to freeways and major thoroughfare to make the location accessible.

1. *Statewide Full-Service Partnership Evaluation* - The Statewide FSP evaluation is a multi-county innovation project with six counties including Fresno, who are working with Third Sector and an evaluator (RAND) to better understand and improve the design, operation, and understanding of FSP services. The Counties and providers have worked closely with a third party to establish some commonalities across the state in order to standardize functions and outcomes of FSPs statewide, while still ensuring the FSPs can address local needs in a measurable way. This project is placed in Work Plan 5, as it is not direct services, but rather working to better understand and provide the infrastructure supports needed by FSPs.

Program Name	MHSA Component	Strategy Component	Status
Health & Wellness Center (HaWC)	CFTN	N/A	Keep
Information Technology-Avatar	CFTN	N/A	Keep
MHSA Administrative Support	CFTN	N/A	Keep
WET Coordination and Implementation	WET	N/A	Keep
PEI Database*	CFTN	N/A	Keep
Adult or Children’s Services Campus**	CFTN	N/A	NEW
Statewide FSP Evaluation	INN	N/A	Keep

Programs That have been identified for elimination appear in the section Eliminations (following Work Plan 5)

Elimination

The following programs and services have been selected for elimination from the plan or are to be discontinued at the end of FY 2020-2021 due to factors like changes in demand, funding, needs, or other services having since filled the void. These changes are intended to support a more effective use of limited MHSA funds, but also to assist the county in the development of a more comprehensive and overarching system of care by having services that support things like an overarching prevention plan, need for more specialty mental health and culturally and population responsive services, by leveraging existing resources rather than having a number of stand along programs that fragment our system of care. Each of the programs being eliminated are listed below, with a description of the program and justification for its elimination.

Eliminated Programs

- *Integrated Mental Health Services at Primary Care Clinics* - Services had not been provided under this funding or service agreement with Clinica Sierra Vista for over a year. Additionally, the provider noted that it was able to provide many of the needed services to individuals through their capacity as a Federally Qualified Health Clinic, and that persons served by them would receive any needed services. Lastly, as there have not been services rendered in over a year there was no justification to continue the program when there is no need for services at this time. This program was budgeted for \$90,000 a year, which will now be eliminated.

- *Wellness Integration and Navigation Supports for Expecting Families* - This project was never implemented and in the last annual update it was recommended for elimination. The program was initially considered to provide support to expecting families due to a need and gap in services. However, since that time, other services have expanded and as additional services in the health and wellness sectors have come online to address the initial need. Thus, implementation of this program would duplicate available services. Instead, DBH will leverage those existing services, as well as programs such as the Perinatal Wellness Center, MAPs, CBANS and other efforts to help families.
- *Family Focused Prevention Services* - Family Focused Prevention Services (FFPS) has provided services to minor children (ages 17 years and younger) whose parent is enrolled and participating in a County-funded substance use disorder (SUD) treatment program. The service providers were: Delta Care, Central California Recovery (CCR), and Fresno New Connections (FNC). FFPS services included, but are not limited to:

 1. Developing opportunities for youth that encourage bonding with and engaging in activities that include family, school, and community. Performance outcomes and measures are being developed to ensure that efforts and impact can be measured effectively.
 2. Developing opportunities that encourage attachment to peers that possess healthy beliefs and clear standards about alcohol and illegal drug use.
 3. Developing opportunities for families that encourage improvement of parent-child relations, healthy beliefs and clear standards about alcohol and illegal drug use.

4. Conducting community education programs that would educate the youth and family members about substance use disorder.
5. Distributing literature and other information about the dangers of drug abuse.
6. Providing counseling services to those adults who present with substance use disorder

Comprehensive Addiction Programs ceased to exist as an organization in the previous fiscal year and is no longer a provider. At the end of FY 2019-2020 Fresno New Connection requested to be released from its contract with the County. The provider cited a lack of persons served over the past year which eliminated the services as a viable program for the provider to continue. After these changes, the project had two remaining providers: Delta Care (who has not served any persons in the past year and will be removed from the current agreement), and Central California Recovery. This program as a whole is one of several PEI programs which was under evaluation to assess its impact. The program did not provide required data needed for program evaluation. Additionally, the program does use an evidence-based curriculum which would have measures for outcomes and impact of services, but those were not implemented, and the vendor indicated they were not contracted to collect data and measures. Data collection and outcomes are a required part of PEI funding (which this program was funded through) and all Fresno County DBH contracts.

At the end of FY 2020-2021, DBH will discontinue the Family Focus Prevention. DBH will be exploring ways to include primary prevention activities into the either its SUD Primary Prevention Plan. The Department may also include similar evidence-based, primary

prevention activities into some of our other youth programs and services where we can integrate SUD and Mental Health services while leveraging resources. The Department may be able to further support the youth and their families of Fresno County through providing these services at Youth Empowerment Centers and Student Wellness Centers rather than supporting a standalone program where there are challenges with linkage, tracking, and outcomes due in part of program and provider capacity. This program was budgeted for \$120,000 a year.

- *Community Gardens* - The Community Gardens is a PEI program that was established in the first MHSA plan 2011. In FY 2018-2019, an effort was undertaken to evaluate the Community Gardens; however due to the lack of data, clear outcome goals, and standardization over five different program providers, the effort was not able to yield an assessment outside the need for greater data collection and standardize measures.

In FY 2019-2020, one of the providers of the garden opted to end its service agreement citing the challenges in operating the garden.

Currently there are four contracted providers, offering nine different gardens. Community gardens are a platform for engagement and conducting stigma reduction around mental health through non-traditional venues, and with more culturally specific activities that relate to mental wellbeing and mental health services. Gardens may also allow for the delivery of mental health information through activities to unserved and underserved suburban and rural communities. The Community Gardens program was extended for an additional year (FY 2020-2021) for an assessment of the program to evaluate its data, outcomes, and design to meet PEI funding requirements. Two separate

independent evaluations, conducted by Fresno Metro Ministries and the RAND Corporation, have been unsuccessful in determining the impact of the garden programs due to lack of data. This lack of data has impacted not only the two efforts for evaluation, but also the County's ability to report on the effectiveness of the program. Thus, at this time, Fresno County is recommending that the current garden program sunset at the end of FY 2020-2021. The Department is open to exploring future opportunities for an actual Therapeutic Garden program that would be designed with specific goals, parameters, and outcomes that would both aligned with PEI requirements and also address gaps in our system of care. These efforts will be dependent on funding availability and the results of the FY 20-21 evaluation and report from RAND that indicates whether or not this program can be redesigned. Currently the program budget is \$325,000 a year.

The financial impact that the COVID-19 pandemic has had on California's economy and on revenues for MHSA, may necessitate additional reduction of service levels, redesign of some programs, and/or possibly the sunsetting of additional services. It is imperative for programs that can utilize Federal Financial Participation (FFP) funding to do so in order to offset the reduction in MHSA revenues, while providing the Department with more flexibility to utilize MSHA funding to support services and programs that cannot drawdown FFP for their services.

Emerging Concepts

In two previous Annual Update, new ideas, efforts, strategies initiatives and programs had been identified in the "emerging concepts" portion of the update. These included new initiatives,

several innovation project ideas, and other program plans. Some of these programs have been developed and implemented.

Due to the projected reduction in MHSA funding over the next three years, the Department is limiting possible projects. Some emerging concepts from years past that have been in the planning stages but have not yet come to fruition may do so in the future if funding becomes available. Areas of focus identified in the Innovation Section or the WET plans will continue to be developed in order to meet funding requirements and avoid the reversion of funds.

As the INN CPP continues, youth-driven, youth-focused projects will come about. These and other ideas for addressing gaps in the system of care or services and increasing culturally responsive specialty mental health services will be identified in the Emerging Concepts session in future annual updates.

Budget/Fiscal

State Approved Allocations

Welfare and Institutions Code (WIC) Section 5892(b) allows counties to use up to 20% of the average amount of funds allocated to the county for the previous five years to fund CFTN, WET, and/or Prudent Reserves.

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—that the county will be able to continue to serve children, adults, and seniors that it had been serving at previous levels through Community Services and

Supports (CSS) (System of Care) and Prevention and Early Intervention (PEI).

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 MHSA fund dedicated to the local Prudent Reserve. Interest earned on funds dedicated to the local Prudent Reserve shall be used for services consistent with the County's approved plan and/or Prudent Reserve.

The County of Fresno's Prudent Reserve balance at the end of Fiscal Year 2019-2020 was \$10,081,463.06 after a mandated five (5) year recalculations. The maximum prudent reserve was calculated in June 2019, and Fresno County reduced its Prudent Reserve to the maximum allowable for FY 2020-2021. These funds may be used to serve children, adults, and older adults being served through the CSS and PEI components in the event that MHSA funds fall below recent averages. Current projections show Fresno County's MHSA revenues falling by 10-18%. As such, it is likely that during the term of this Three-Year Plan, the County may seek approval from stakeholders and the Department of Health Care Services (DHCS) to access some portions of the prudent reserve to fund some existing services. The prudent reserve usage must be authorized by DHCS, and at this time DHCS has not authorized Fresno County to access or use prudent reserves. Additionally, the current service demands and the reduction in revenues, will more than likely prevent Fresno County from being able to allocate funds to the Prudent Reserve.

Full fiscal details can be found in the Budget Summary section of all MHSA funded programs.

Due to the projected decline in MHSA funds, the Fresno County is holding all current MHSA funded agreements at the FY 19-20 levels and will not be increasing service agreements using MHSA funds for the next few years. Instead, the County will work with programs and providers to examine opportunities to leverage other funds such as FFP.

Current Status:

The County of Fresno does not plan on contributing to the Prudent Reserve for FY 2020-2021. The county will examine future allocations to assess if it will have sufficient revenues available to contribute to the prudent reserves; however, with the reduction in revenues anticipated during the term of this plan, it is not likely that the County will be able to contribute to the reserves without a significant reduction on services.

The MHSA funding and program amounts in this plan are budgets, and as such they may increase or decrease depending upon the actual amounts needed for the various projects. This is due to several variables, such as cost savings, the amount of FFP that is generated, and use of other funding to supplement costs.

As MHSA is the last funding of last resort, it is the Department's practice to use all available funding resources (such as grants, FFP, etc.) prior to utilizing MHSA funds for programs/services whenever possible.

The Department has increased its review of how MHSA funds are used, exploring where MHSA funding should be offset by other possibly revenues, and working to cap the MHSA funding portions of each projects, to ensure cost overfunds are not then offset by MHSA. In the future,

MHSA funds in these programs will have an established baseline and should not be over-expended.

Capital Facilities and Technology Needs Current Status:

The County of Fresno will not allocate any funding to the CFTN component in FY 2020-21, but may add additional funding to CFTN in the future. Any such increases, or changes will be made in future Annual Updates.

Workforce and Education and Training Current Status:

The County of Fresno increased funding to WET plans during the 2019-2020 for a total of \$1,500,000 to address increased cost during that previous year. The WET funds came from the prudent reserves over the max. Fresno County will budget \$1,000,000 funding for FY 2020-2021 which will not include the WET funding match (\$377,667) for the OSHPD Regional Partnership grant. It shall be noted that the \$991,859.80 of the WET grant shall be used specifically for the projects identified in the County's WET grant application over the next few years, that will be administered by CalMHSA (with exception of the Pathways portion). Current WET funding will continue to fund an array of training services for practitioners (both clinical and clinical support), medical providers, and the general public (Mental Health First Aid, Applied Suicide Intervention Skills Training, etc.). Various trainings through subscription and licenses for the Relias system will be available.

CalMHSA Joint Powers Authority

On September 14, 2010, the County of Fresno Board of Supervisor executed a Joint Exercise of Power Agreement (JPA), which established the operations of the CalMHSA. The JPA allows Cal MHSA to perform statewide Prevention Early Intervention (PEI) services to increase cost

efficiency for suicide prevention, student mental health initiatives, and stigma and discrimination reduction related to mental illness.

The County of Fresno continues to participate in CalMHSA statewide PEI activities around suicide prevention and stigma reduction. Fresno County funds the Central Valley Suicide Prevention Hotline (CVSPH). The CVSPH was established through an agreement between CalMHSA and Kings View, in partnership with seven Central Valley counties (Fresno, Kings, Tulare, 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. Fresno County has seen an increase in its call volume each of the past three years. Currently calls from Fresno County make up over 60% of the overall call volume for the call center.

CVSPH continues to operate a 24 hours a day, 7 days a week (24/7) suicide prevention hotline accredited by the American Association of Suicidology, and answers calls through its participation in the National Suicide Prevention Lifeline. CVSPH maintains a hotline and website, and provides outreach, training and technical assistance to the participating seven counties that fund the program. The County of Fresno has assigned \$486,325.44 to fund the program.

Conclusion

In conclusion, the system of care in Fresno County has grown exponentially in the past three years with the use of MHSA funded services and programs. The Department's efforts now reflect a focus on measuring and assessing those services to ensure they meet the intended goals of MHSA, of our stakeholders, and the programs as envisioned. While there are some changes to

what was initially explored in our CPP, the fiscal impact of COVID-19 on MHSA revenues requires the Department to focus on the provision of viable services. This plan represents our best effort to continue to transform our system of care to one that is focused on wellness, resilience and recovery.

It is the goal of Fresno County, through its efforts for service and system evaluation, to develop a more effective, culturally-responsive, person-centered, and data-informed system of care which can manage the current uncertainties with COVID-19, projected reduction in revenues, and our communities growing need for more behavioral health care services. It is our belief that the presented plan supports those goals, the Departments' Guiding Principles, and its overall mission.

Appendix A – CPP Proposal and Plan

2020-2023 MHSA Three Year Plan: Community Planning Process Proposal

Introduction

The following is a formal proposal for the efforts related to the 2020-2023 Mental Health Services Act (MHSA) Three Year Plan Community Planning Process. Fiscal Year 2019/2020 brings forth the opportunity for the stakeholders of Fresno County along with Fresno County Department of Behavioral Health (DBH) to develop a new MHSA Three Year Plan.

The following is a proposed plan for this year's efforts around the MHSA Three Year planning, which this plan will outline and plan for review, approval, but also to assist in the project management of this effort.

Stakeholder Engagement

Fresno County DBH's Public Behavioral Health (PBH) team, is seeking to take the lead role in this process. While PBH seeks to take the lead, this is a countywide and departmental wide effort, and thus will seek support and input from other DBH Divisions, partner agencies and communities.

The effort this year is intended to continue the Fresno County practice of having robust and meaningful stakeholder input, as well as enacting efforts which will increase opportunities for such participation. The intent is to provide access for input as has been done in the past, as well as to increase the voices of underserved, unserved, or inappropriately served stakeholders of Fresno County.

Fresno County DBH seeks to expand the means of obtaining stakeholder involvement from just open community forums, to more dynamic options and mediums. These will include, key informant interviews, on-line surveys, focus groups, targeted marketing and targeting populations for participation, as well as having meetings in various geographical locations throughout Fresno County. A new initiative is also to expand our effort to social media, which will allow for engagement of audiences who may not be able to travel/participate in other forums, who maybe do not wish to be seen, or feel comfortable in public settings, to be able to interact through meetings that may be streamed live via Facebook and/or YouTube. Finally these approaches also expand our efforts to different demographics that our efforts in the past may not have reached.

We are proposing the following ambitions stakeholder forums and process over a period of four months.

Targeted In Person Population Focused Forums	In Person Geographical Forums
<ul style="list-style-type: none">• Latino Youth in Rural Communities (Mendota)• Rural Latino Services Users (Coalinga)• LGBTQ+ (Fresno)• Hmong (Fresno)• Community Based Providers/Contracted Partners• Individuals Served-General (Fresno)• Individuals Served-Wellness Centers (Fresno)• Community Faith Leaders (Fresno)• Family/Care Givers (OAC Family Care Givers Group)• Family/Care Givers (NAMI)• TAY Students @ Fresno State• First Responders (Fresno)	<ul style="list-style-type: none">• San Joaquin• Selma• Fresno (day meeting)• Fresno (evening)• Clovis• South East Fresno• South West Fresno

Virtual/Social Media Forums	Surveys	Key Informant Interviews
<ul style="list-style-type: none"> • Facebook Live-English • Facebook Live-Spanish • YouTube Live (TAY focused) • Skype (Staff/CBO Staff) 	<ul style="list-style-type: none"> • On-Line Survey Open to any member of the public (who reside in Fresno County). Available in English, Spanish and Hmong. • On-Line Survey targeting TAY for ideas/or possible TAY specific Innovation Planning that is TAY drive • Strength Based what is working what is not? (To serve as an needs assessment at events). 	<ul style="list-style-type: none"> • Education (FCSS Superintendent) • Criminal Justice (Probation Chief) • Foster Youth (DSS or Youth Advocacy) • Public Health (David Pomaville or David Luchini) • Transition Aged Youth Leader • Hospitals (either ED or medical care) • Faith/Interfaith Group Chair • Housing Authority (Director) • Undocumented/Immigrant Populations (Mexican Consulate or Advocacy Group) • County CAO • Central Valley Urban Institute • Rural Community Official • City of Fresno Officials • Older/Aging Adults

In all, this plan presents over 36 methods (not a total of 36 public groups) for stakeholders to participate or be involved in lending their voice and experience to the planning process. This is the initial process, but as this process will yield new programs, ideas and innovation opportunities, additional planning efforts will then be conducted to solicit input and experience in the development of those efforts. We are seeking to conduct 15 (minimum of ten) key informant interviews from specific sectors, and thus are looking at specific individuals from those sectors. These will all be used in the overall development a new three year plan which will then go through a public comment and public hearing process. We seek approval and direction on the key informants.

We propose development of a vanity url (i.e. MHSAFresno.com) which can be used to promote the CPP. That site will land on the department’s MHSA page which will have information and dates on all stakeholder meetings and locations, links to surveys and other related information for the CPP.

Lastly, we will seek to have our contracted providers assist with dissemination of surveys, but to also attempt to hold their own stakeholder groups with individuals they serve.

DBH intends to use market research to assist in the activation of the various populations, and to use marketing and advertising opportunities to inform the public and various target populations of the opportunity to be a participant in the planning process.

This robust approach with some additional targeted efforts are intended to ensure that our newest MHSA Three Year Plan, addresses the various behavioral needs of our community, and can take advantage of

MHSA to close service gaps, improve cultural responsiveness, and further integrate our overall system of care.

Plan Development and Approval

Upon completion of these 36 different means for gaining community and stakeholder input, Fresno County DBH will facilitate internal Program Development meetings during a 45-to-60 day window to formulate a Three Year Plan (draft). Once that plan is developed a series of public engagement opportunities will be facilitated to allow for stakeholders to weigh-in on the proposed MHSA Three Year Plan. Specific plan for the Program Development process will be detailed separately.

Often the MHSA plans are lengthy and may be difficult access for some stakeholders even when on-line. DBH is proposing to host four (4) in person public hearings to review the plan, answer questions, and receive stakeholder input leading up to the 30-Day Public Review Process. DBH is seeking to record several of these public comments, and either post them for review by the public during the 30-day public comment, and/or also use social media options (Facebook like and YouTube Live) to allow others to also view and participate in the public hearings. The dissemination of the information in ways beyond just the written plan may increase understanding and support for the plan.

We are proposing the following four public hearings before the start of the 30 Day Public Process, so that those who may not be aware of the plan, can access the plan or be aware of the plan prior to the final hearing so to have sufficient information on the plan to weigh in should the desire to do.

MHSA Public Hearings Prior 30 –Day Public Comment

- Mendota (in Spanish live streamed and recorded)
- Clovis (in person, livestream and record in English)
- SE Fresno (in person in Hmong)
- Fresno State or Fresno City College (in person and also livestreamed)

Upon completion of these community public hearings which will allow access to the proposed plan and also ensure the targeting of some traditionally underserved, and also some targeted groups will allow for a more transparent, we will initiate 30-Day Public Comment Process. The public hearings will ensure those who have visual, literacy, or language barriers can get obtain the information thought other means (such as recordings of the public hearings) and increase ADA compliance.

At the conclusion of the 30-Day Public Comment period, a final public hearing will be held on the same day as the Fresno County Behavioral Health Board (for a 2.5 hrs.). The hearing shall be held from 12-2:30pm (including lunch which can be provided). This time slot will allow for time for persons to patriciate fully (by having a portion of the hearing during traditional lunch hour) and not cut into the BHB meeting. At this final public hearing all public comments received will be provided to the public. The final plan and any final input can be shared with the BHB for their adaption.

DBH will establish, prior to the completion of the plan, a thorough protocol and policies for the MHSA 30-Day Public Comment Process and Hearing. These will include ensuring hard copies of the plan may be available at all DBH locations, partner agency locations, County Libraries, and for BHB members. Details

will be developed for drafts, such as page numbering, feedback forms, etc. A process for the submission of public comments and responses will be conducted on a weekly bases and posted for public viewing by all public members on the DBH website. This ensures timely access by all interested parties to the public comments and response from DBH prior to the final hearing and BHB adoption. This process will ensure the public all have access to the information at the same time and prior to the final hearing.

On new projects and Innovation Plans approved in the Three Year Plan, DBH will schedule community planning opportunities with the target populations of those programs and projects to assist in testing ideas, developing implementation plans, and receiving voices of the targeted population for those projects. This will ensure those programs are developed with those stakeholder's input for a best practice, but can also address some of the MHSOAC needs for some INN plans ahead of time, expediting the approval process.

Project Costs

While we have not established a specific financial budget for this plan, we do have MHSA funding which can be used for community planning, and with the approval of Fresno County's newest INN Plan, a special allocation has been set aside to assist with both community planning focused for innovation and some MHSA.

We anticipate costs for this project (beyond staff time), to be primary in the following areas;

- Incentives for the targeted stakeholder groups (mileage/gift cards, etc.) *(est. \$5,000)*
- Food and/or refreshments for all in person community forums *(est. \$5,500-\$6,000)*
- Possible cost for some community venues (we do anticipate being able to obtain most for no cost)
- Cost for advertising and promoting the various engagement opportunities (radio, digital ads (on-line ads/social media), community events) *(\$5,000)*
- Interpreters (we will need interpreters at all the in-person events)
- Visual and other print materials for events *(\$5,000)*
- Print/Distribution of plan drafts *(\$2,500)*

We initially estimate the process to need a budget of \$25,000-\$30,000 (not counting staff time). Costs may increase based on size of groups and number of participants.

There will be costs as noted associated with staff time which may be leveraged across several different MHSA Cost Centers, including CSS Admin, MHSA Admin, INN Admin, and Communications Admin. We will have discussions to explore MHSA Planning cost centers, in addition to the new INN Plan for community planning. We anticipate lower costs in that many venues can be obtained at no cost. As DBH plans to facilitate many of these forums in the various communities it will limit transportation barriers for many and thus reduce costs. Use of technology will also address some transpiration barriers and reduce costs.

A final budget can be developed and submitted if necessary for plan's approval by the executive team (which can detail cost for interpreters, based on the number of community forums, and venues).

WHO (Plan's Team)

The lead for this community planning effort as mentioned earlier should be the PHB (primarily with the DM and the MHSA Coordinator), to monitor the process/project, to ensure compliance with MHSA planning guidelines and lastly to establish a process that can be replicated in future annual updates and plans.

Public Behavioral Health

- Division Manager
- MHSA Coordinator
- Diversity Service Coordinator
- Sr. Staff Analyst
- Staff Analysts
- Communications Coordinator/Media

We are seeking to have this proposed plan include support by at some of the following employees and incorporate additional staff with planning experience, language capacity, etc. We are seeking approval to engage with DMs about participation of some of the following DBH team members for parts of the overall process.

MHSA Fiscal Team

- Primary for assistance of purchase orders, requisitions, and budgets for planning process, but also the expertise in the development of the plan's fiscal components.

Staff Development

- For assisting with the deployment of some of the surveys, possible Skype forum for staff and CBOs, securing some resources such as translators.

Facilities

- For meetings which may be held and/or conducted at DBH locations.

Contracts

- For assisting in communication with various providers for CBO groups, survey opportunities or on-line/social media events where the CBOs and their staff may be able to provide input. Contracts will be able to provide some program data, information on programs and history to assist in developing a plan based on stakeholder input.

Executive Team

- Approval of plan.
- Coordination/approval of some key informant interviews.
- Approval of changes to plan or adaptations.
- Presentation/attendance at some community forums or virtual sessions.
- Review process, findings, and provide direction on plan development.

Clinical Ops

- Attendance of some representatives at identified community forums to provide response to questions programmatic in nature, also to be involved in discussions on needs, service gaps, etc.

DBH Wide

- Utilization of key bilingual staff who may be able to assist with facilitation of some of the community groups and/or portions so to limited the translation and or risk of information becoming lost in translation. This will not replace translators but rather have the presentations be in the primary language of the audiences.

During the development of the plan over the 45-60 days, there would be numerous program development meetings and discussions to plan out programs with all DBH teams. A plan will be developed to try and consolidate the internal program development meetings over one to two days. Separate process plan will be developed to guide internal program planning process.

Standardization

For the purpose of developing themes, being able to merge various community voices into a new three year plan, the standardization of some of the planning efforts may prove to be prudent, and thus we are suggesting that all meetings have a similar agenda (modified for audience/language), but to follow similar process for purpose of comparing and evaluation. Having a structured process will also make it easier in coming years to replicate and also be easier to demonstrate efforts in any type of an audit.

Agendas- The agendas should follow the same format, and include MHSA history and background. Brief overview of CSS, PEI and INN. An update on the current plan and services, and then have open discussions about community needs, service gaps, successful efforts that can be expanded or replicated, learning opportunities, and target or population specific. We intend to have activities be strength bases activities driven by Appreciated Inquiry (AI) to focus on past successes and new opportunities. These efforts can now be guided by some of the MHSA regulations, some recent outcomes, which can ensure any new ideas and/or efforts are tied to direct and clear outcomes and objectives.

We shall provide samples of the Agenda with information on MHSA and the community planning process to any contracted providers who are able to facilitate their own community planning with individuals they serve.

Surveys- Develop participant data info and surveys to be used at each event to capture who attended, ideas they may not have verbalized but may be able to submit. Data and demographics collected through this process can be used for funding reporting, but also to help identify in the plan the diversity and breath of stakeholders involved. All surveys will also include a frequently asked questions (FAQ) sheet to help address any questions and concerns respondents may have with completing surveys or sharing their opinion or information.

On-Line Surveys- Using standard on-line surveys (to be developed in several languages) which can be used by members of the public to identify success, opportunities for improvement, and ideas to address unmet needs. The surveys need to be standardized across all languages and audiences so to ensure the

survey is collecting the response needed to establish some themes, or specific community needs. These will also be shared with contracted providers and community organizations to share with individuals served and interested stakeholders. The same FAQ that are used for the hard copy surveys will also be on the digital version and also available on the DBH webpage.

Key Informant Interviews- For the same purposes as stated earlier, having a set of questions which can be used across all the key informant interviews will allow for easier reporting, comparison and development of themes. Thus we are seeking to develop a short 6-8 questionnaire. We then request to be permitted to conduct interviews with our key informants (via phone/skype or in person). We believe this is more effective than a survey or sending a questionnaire to be completed.

Timeline

The plan must have a timeline, otherwise had solely ideas on a paper. We understand that this is a robust plan with over 36 different “events and opportunities”, but we believe this is necessary to continue Fresno’s practice of robust stakeholder involvement, and to expand that effort to foster greater participation in our process. The challenge is to complete these in a time span that is realistic, that allows for changes, for action and implementation.

We understand the concept of Planning Fallacy, (*tendency to underestimate the time it will take to complete a project, while knowing similar projects have taken longer*). This project, while initially sought to be completed by early January, would not be realistic due to the size of the effort, but also the logics (the planning and coordination needed before the direct community planning process is underway). Being aware of Planning Fallacy, and our own internal drive to complete the task, we have established a realistic timeline that will guide the efforts.

We are seeking to begin this process in August of 2019. We are setting the objectives to complete all the community stakeholder processes within a four month span (completing in the middle of February 2020). This will provide sufficient time to develop, implement and complete the stakeholder efforts. In February internal work will be done to process all the input, develop Program Development meetings and develop a plan for public review and discussion based on the stakeholder input.

All of August and September shall be devoted to development of survey questions, developing agendas, scheduling and securing venues and interpreters, etc.

We are then seeking to have two months to compile all the input into an actual MHSA plan after four months of stakeholder engagement. We seek to have a plan presented for public review by the end of February 2020. At that time, DBH would facilitate the four public hearings for the plans before implementing updates and posting the plans for 30-day review. These could be conducted in late February and early March.

It is the intent for the plan to be posted for Public Comment in late March, so it can complete the required 30-day public comment for the BHB adoption at the April meeting, and presented to the BOS for final approval by the end of April or early May. This timeline would then provide DBH staff time to complete any other updates, plan for implementation of new services and programs before the new MHSA Three Year Plan becomes active July 1, 2020. Additionally, the remaining months of the current fiscal year can

be used to conduct more community planning around INN plans and other new MHSA projects, and expend those funds in one of the new Innovation Plans.

Parallel Process

We are additionally seeking to leverage this robust effort to also conduct the completion of the current MHSA Three Year Plan, and PEI Three Year Report by sharing the current information and obtaining stakeholder input. This would allow for DBH to use the input, data and information from this half year process to then complete the report and incorporate it into the MHSA Three Year Update (which regulations allow us to combine with Three Year Planning).

Conclusion


We are seeking approval of this proposed plan for the MHSA Three Year Community Planning Process and Plan Development. We seek approval so may begin work with other teams for some of the planning, but to also work on our need for coordination of the community events, development of agendas, presentation, surveys, info sheets, interview questions so that we can begin as early as possible with parts of this effort.

The PBH Division shall develop specific plan and process for the DBH teams to review, process and plan future efforts based on the stakeholder input in developing drafts of a MHSA Three Year Plan for public review. This will be developed in a separate specific plan.

The PBH Division would like time to plan out the workload for the coming six-nine months with the Three Year Planning process, as we are also working on current plans, projects, efforts, which will also be continuing during this time frame.

PHB Division anticipates being close to if not fully staffed by end of this month/start of August (with an MHSA Coordinator on board, a Program Tech by end of the month, and a DSC soon. With approval we can begin work on development of schedules and tools for the process almost immediately.

Appendix B – CPP Community Forum Flyers



The County of Fresno
Department of
Behavioral Health



COMMUNITY FORUMS

forums open to all ♦ interpreter services available ♦ be heard

LEND YOUR VOICE

- ♦ Help shape the future of Mental Health Services in Fresno County ♦
- ♦ Join the Department of Behavioral Health for a Community Forum ♦
 - ♦ Discuss the Mental Health Services Act 3 Year Plan ♦
 - ♦ Attend a forum that best fits your schedule ♦

- ♦ Nov. 12th, 2019 - Individuals Receiving Services
9:45am - 12:00pm
Blue Sky Wellness Center
1617 E Saginaw, Fresno, 93704
- ♦ Nov. 13th, 2019 - Family and Caregivers
4:45pm - 7:00pm
The Health and Wellness Center
1925 E. Dakota Ave Fresno, 93726
- ♦ Nov. 14th, 2019 - West Fresno
4:45pm - 7:00pm
Westside Church of God
1424 W. California Ave. Fresno, CA 93706
- ♦ Nov. 18th, 2019 - LGBTQ+ Community
TBD
- ♦ Nov. 19th, 2019 - CBO's and Service Providers
9:45am - 12:00pm
The Health and Wellness Center
1925 E. Dakota Ave Fresno, 93726
- ♦ Nov. 19th, 2019 - CBO's and Service Providers
3:45pm - 6:00pm
Millbrook Training Room
3127 N. Millbrook Ave. Fresno, CA 93726
- ♦ Nov. 26th, 2019 - Individuals Receiving Services
11:45am - 2:00pm
Pathways Grand Room
515 S. Cedar St, Fresno Ca 93702



FREE OPEN TO THE PUBLIC

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To learn more about the Mental Health Services Act visit fresnoMHSA.com



FRESNO COUNTY PUBLIC
Department of
Behavioral Health

COMMUNITY FORUMS

forums open to all ♦ interpreter services available ♦ be heard

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- ♦ Join the Department of Behavioral Health for a Community Forum ♦
 - ♦ Discuss the Mental Health Services Act 3 Year Plan ♦
 - ♦ Attend a forum that best fits your schedule ♦

- ♦ Dec. 2nd, 2019 - Rural
4:45pm - 7:30pm
City of San Joaquin
21991 Colorado Ave.
San Joaquin CA 93660

- ♦ Dec. 3rd, 2019 - Rural
4:45pm - 7:00pm
Selma Neighborhood Res. Ctr.
1940 E. Front St. #102
Selma, CA 93662

- ♦ Dec. 4th, 2019 - Hmong & Spanish
9:45am - 12:00pm
The Fresno Center
4879 E Kings Canyon Rd
Fresno, CA 93727

- ♦ Dec. 5th, 2019 - Fresno State TAY
12:45pm - 3:00pm
Fresno State Alumni House
2625 E. Matoian Way,
Fresno 93740

- ♦ Dec. 7th, 2019 - Open to All
9:45am - 12:00pm
The Health and Wellness Center
1925 E. Dakota Ave Fresno, 93726

- ♦ Dec. 9th, 2019 - Rural TAY
4:15pm - 6:30pm
Westside Youth Center
1709 7th St. Mendota, CA 93640

- ♦ Dec. 16th, 2019 - Faith Leaders
11:45am - 2:00pm
The Health and Wellness Center
1925 E. Dakota Ave Fresno, 93726

- ♦ Dec. 18th, 2019 - Rural
9:45am - 12:00pm
Turning Point
380 Coalinga Plaza
Coalinga, CA 93210

- ♦ Dec. 19th, 2019 - First Rsp.
11:45am - 2:00pm
The Health and Wellness Ctr.
1925 E. Dakota Ave
Fresno, 93726

- ♦ Dec. 20th, 2019 - Individ. Served
2:45pm - 5:00pm
The Health and Wellness Ctr.
1925 E. Dakota Ave
Fresno, 93726



FREE OPEN TO THE PUBLIC

For more information or to request specific accommodations contact mhsa@fresnocountyca.gov or call 559.600.0736

To learn more about the Mental Health Services Act visit fresnoMHSa.com

Appendix C – CPP Community Forum Ad Sample

LOCAL
A funeral Mass is held Friday for Lemoore police officer 4A



BUSINESS
Trump's new rule would force hospitals to show their prices 9A



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The Fresno Bee

Ex-ambassador testifies about ouster from post

BY SARAH D. WILE
Los Angeles Times

WASHINGTON
Even as ousted U.S. Ambassador to Ukraine Marie Yovanovitch warned Friday about the national security risks of publicly undermining American diplomats, Pres-

ident Donald Trump took to Twitter to discredit her, handing Democrats additional ammunition for their impeachment case. Yovanovitch, the latest career diplomat to testify publicly in the House impeachment inquiry, largely accomplished what Democrats hoped she would in their second day

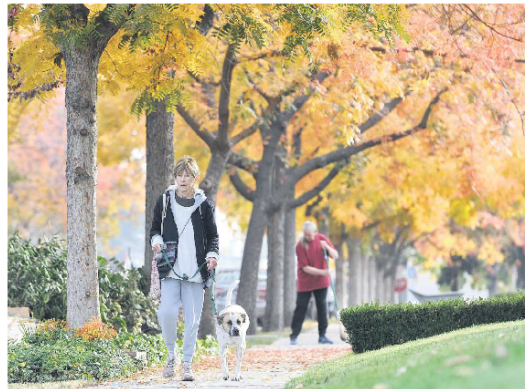
of public hearings. The State Department veteran, who was recalled in May amid a flurry of unfounded rumors that she was unfaithful to Trump, put a sympathetic

face on the investigation as she described her confusion and despair at being abruptly sidelined. She said she understood the president's right to replace an ambassador at any time but said, "I do wonder why it's necessary to smear my reputation falsely."

Yovanovitch also warned that openly criticizing U.S. officials working in foreign countries undermines the nation's interests and may encourage foreign leaders to attempt to sideline American diplomats who are pushing for difficult but needed reforms. "Shady interests the world over have learned

how little it takes to remove an American ambassador who does not give them what they want," she said, referring to her ouster in May following what she calls a smear campaign by some in the Trump administration. "After these events, what foreign official, corrupt or not, could be blamed for wondering whether the ambassador represents the president's views?" As she testified, Trump went on Twitter to criticize her and defend his right to hire and fire ambassadors at will. He

SEE AMBASSADOR, 2A



The morning sun lights up Chinese Pistache trees lining East Cambridge Avenue in their full fall color as Kathy Lustig and her cattle dog mix named Texas take a stroll on Wednesday.

San Joaquin Valley waits for wet season to start

BY DEBBIANT SON ANTONIA
fresnobee.com

With dry weather persisting across the central San Joaquin Valley, the Fresno area is facing possibly the most delayed start ever to its wet season. The fact that there hasn't been any rain this month already has made this year the fourth latest start ever for Fresno's rainy sea-

son, according to the National Weather Service in Hanford. And if the dry weather lasts through the rest of November—as some forecasts suggest—2019 would then have the second most delayed start to a wet season in Fresno. The latest start to the wet season in Fresno occurred in 1995, when rain didn't come until Dec. 11. "Right now, we've been in a stagnant weather pattern with high pressure in the Pacific

Ocean," said Carlos Molina, a meteorologist with the National Weather Service. "Everything is going north into Canada and flowing down into the Midwest and East Coast. It's given them an early winter. "But for us in the Valley and on the West Coast, we've had nonstop dry conditions. Maybe there's a chance it'll rain closer to the end of the month. For now, it could be awhile." Of course, any delay in rain or signs of a lack of rain could

draw panic over the possibility of a drought on the horizon. It was just over two years ago when then-Gov. Jerry Brown finally declared California's historic drought to be officially over in April 2017. But research by the National Weather Service shows that a late start to the wet season isn't automatically a warning sign that a drought is coming. Sometimes, the lack of rain during November and parts of December are made up with heavy or consistent rain in January through March, Molina said. Ryan Jacobson, the Fresno County Farm Bureau CEO, said the lack of rain and abnormal

SEE WET, 2A

Council narrowly adopts policy for leaks

BY THADDEUS MILLER
miller@fresnobee.com

The Fresno City Council adopted a policy Thursday that could charge elected officials or employees with a misdemeanor if they leak confidential information or documents—a policy some called redundant and poorly justified.

Meanwhile, supporters of the new policy say those criticisms are absurd. The controversial policy narrowly passed with a 4-3 vote. Councilmembers Emeraldita Soria, Nelson Esparza and Miguel Arias cast the "no" votes. Councilmember Paul Capriglio, who is a practicing attorney, said closed session meetings with attorneys should be treated sacredly and the council has been too loose with information in the past.

"We have to be responsible for our own actions," he said. "Since we're unable to do that, we have to create consequences." The misdemeanor charge could apply to elected officials and city employees involved in leaking documents from

SEE LEAKS, 2A

“ I THINK THIS LEGISLATION IS WAY TOO STICKY. ”
Fresno Councilmember Nelson Esparza

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- HELP SHAPE THE FUTURE OF MENTAL HEALTH SERVICES IN FRESNO COUNTY •
- JOIN THE DEPT. OF BEHAVIORAL HEALTH FOR A COMMUNITY FORUM •
- DISCUSS THE MENTAL HEALTH SERVICES ACT 3 YEAR PLAN •
- FOR DATES AND TIMES VISIT •

fresnoMHA.com

THE COUNTY OF FRESNO
DEPARTMENT OF BEHAVIORAL HEALTH

Appendix D – UCLA Focus Groups Summary

Summary of 2019 Fresno Focus Groups conducted by UCLA Center for Health Services and Society

Focus Group Design:

These focus groups are part of a larger project conducted by UCLA for the MHSOAC to understand and measure the 7 negative outcomes that can result from untreated or improperly treated mental illness: suicide; incarceration; school failure/dropout; unemployment; prolonged suffering; homelessness; & removal of children from their homes. Aims of the focus group are to understand how individuals with different perspectives on mental health understand, measure, and make decisions regarding community wellness, particularly the 7 outcomes listed above, but also other key underlying factors.

Focus group structure

- Facilitator writes the 7 outcomes on a whiteboard before the focus group begins.
- Participant & facilitator introductions and brief explanation of the project.
- Discussion prompts for each outcome:
 - How would you tell whether [outcome] is getting better/worse in your community?
 - How does that information affect your own actions in your work or personal life?
 - We've noticed that different people have different definitions of **prolonged suffering**. How would you define it and how would you measure whether it's improving or worsening in your community?
 - To understand community wellness, what other issues (apart from these 7) need to be measured and tracked? What other information do you want us to bring back for this project?

Participant recruitment

Focus groups were advertised through mailing lists and word of mouth. Individuals were screened and selected to ensure a range of different experiences and provide fruitful discussion during the focus group and screened for recent suicidality. All participants had experience with one or more of the seven MHSA-targeted outcomes, either:

- personal (self or family member) OR
- professional (including MH care, housing or employment assistance, etc.) OR
- impacted community member (teacher, pastor, etc.).

Data analysis

Focus groups were audio recorded and a member of the research team (XT) took live notes. Notes and transcripts were coded according to topic (the 7 targeted outcomes and additional codes based on key topics that emerged during the discussion).

Fresno county focus groups

Dates: Oct 15th (general community) and Oct 16th (African American community) 2019.
Fresno County involvement: DBH staff led by Ahmadreza Bahrami and Erinn Reinbolt organized the site arrangements and hosting. They also assisted with recruitment by providing recommendations for local organizations, individuals, and mailing lists and sending out first-round recruitment emails (to be followed up afterwards by UCLA staff).

Participant characteristics:

- 15 participants: 9 in the general community group, 6 in the African American group.
- Most had multiple different types of experience with mental illness or trauma: 56% (9) reported having either personal or family experience; 80% (13) had worked professionally with individuals with mental illness.
- The 13 professionals included at least one of each of the following: clinician, case manager, program administrator, emergency responder, teacher, religious leader, community organizer. (To protect confidentiality, exact numbers are not included.)

Results and Discussion:

The following themes were identified from the findings of both focus groups. Quotes have been edited slightly for clarity and to preserve confidentiality.

County progress

Participants noted that the county was making progress on suicide prevention, unemployment, and school failure, as well as working to integrate different agencies that interact with individuals experiencing mental health issues (e.g. law enforcement, medical). However, they felt that more work still needed to be done. In some cases, there were concerns about whether proposed projects were feasible with county resources -- for example, concerns that out-of-county recruitment of new mental health service providers has not been as successful as hoped, and worries about staff shortages in other needed areas.

Systemic/institutional racism and implicit bias

Racism was cited by both focus groups as a major issue, particularly against African Americans. For example, African American children with mental illness who “act out” are treated as troublemakers and punished rather than being referred to services. The first step in addressing this is recognizing and naming the problem. Participants connected systemic racism and implicit bias with the way individuals with mental health needs are perceived, the lack of diversity among service providers, communication difficulties between institutions or providers and clients, and drop out because clients feel like the services being offered are not designed for people like them. These issues are discussed in further detail below.

Lack of diversity hiring (and training) in the mental health profession

Participants expressed concern about racism in hiring, especially for individuals with professional degrees (see *Need for culturally tailored care*, below). Even when institutions attempt to increase the diversity of mental health service providers, efforts to advertise and recruit have not been effective in reaching potential hires (see *Communication and cultural humility*, below)

Additionally, MH training programs have low proportions of minority students, and they face higher barriers (including racism and financial debt) to gaining their degree or certification, which also reduces their representation in the field.

Need for culturally tailored care

There is a need for providers and staff who are from the same cultural or ethnic background as the clients they serve. Cultural mis-match in care between staff and clients leads to higher rates of drop-out and reluctance to seek help; clients feel like the services are not intended for people like them, do not meet their actual needs, or that staff don't understand the problems they face. One participant discussed the damage that can be caused by a culturally-unaware clinician and concluded:

"I worry about the clients because they shouldn't be having to educate [clinicians] on why this is a cultural norm. That is not their job, that's not what they came for."

Participants recommended the following ways to improve culturally tailored care:
(Quotes are provided for supporting evidence.)

- Re-examine the metrics used to evaluate "success" and "failure" in mental wellness and make sure they are appropriate:
"You cannot grade Black people on the White curve. We will never be successful at that because of systemic racism."
- Meet clients where they are, acknowledge the disadvantages they have faced, and emphasize their strengths:
"If you can talk to someone who's seeking services and say 'You're going through all of this and still getting up every day and going to work on time?'"
"You're not here [in treatment] cuz you're weak, you're here cuz you're strong! And you've been doing it too long."
- Address internal cultural stigmas (e.g. mental illness being a shame to the family) as well as external racial biases (e.g. African American boys being treated as troublemakers rather than troubled).
- Understand cultural/community differences in communication:
"People are not prepared to talk and engage with the community on the community's terms. We [African Americans] get our point across in narrative. We do it in story, so a lot of people will miss a lot of what we're saying. Story, narrative is very, very important, especially in the Black community."

Communication with communities and "Cultural humility"

Both focus groups expressed a need for more effective communication between the institutions/people who design programs and implement policy (e.g. city/county government, mental health and medical service agencies, researchers) and the communities those programs/policies are designed to serve, and felt that when communication does occur it is not always effectively acted on:

"I don't think we value the voices of those we intend to impact"

One provider raised the concept of "cultural humility" as a step beyond cultural awareness: first listening to and learning from a community, and then working with them to design programs or policies that respond to their needs:

"A long time ago I learned that if I go to the people, they will tell me what they need and then I just need to get out of their way."

There was also a sense that even when county-level institutions try to elicit feedback or increase diversity hiring, they do not have adequate networks or skills to make the needed connections. This leaves both sides frustrated: the county feeling like there is lack of interest (We ask for feedback, why don't we get any?) and communities feeling like their perspective is being ignored (We never heard anything, who did you ask? Where did you try to recruit?)

Inter-agency communication

Effective communication between different types of service agencies is needed in order to assist individuals who don't know how to navigate the system themselves and make sure that they get transferred to the appropriate services. Additionally participants emphasized that other sorts of institutions such as law enforcement and schools should also include special training on how to work with individuals with mental illness, or even have embedded clinical specialists on staff. One participant cited a positive example of police training.

Need for long-term care

Some of the MH professionals in the focus groups said there is currently too much emphasis on short-term care (solving an immediate crisis), but not enough support for follow-up or ongoing care, particularly with regards to MediCal/insurance coverage. One participant cited 3-5 years of episodic treatment for an average client with co-occurring disorders.

Such short term "revolving door" treatment also discourages people from seeking help, knowing that they will just be released again without making a difference.

Recognizing unacknowledged/normalized suffering

Communities with intergenerational trauma may internalize or normalize psychological distress. Instead of seeking help, they transfer these harmful coping methods to their children, furthering the cycle of trauma. Additionally, there can be resistance to asking for help for fear that a diagnosis may lead to negative consequences, particularly for discriminated minority groups:

"If I tell you my son is raising my daughter, I have the risk of removal from home, the risk of incarceration. It has been proven true more often than it hasn't."

Finally, an individual may not perceive or describe their problem in clinical terms:

"They may not say anxiety but they will say 'my nerves are bad'. Or they may not say depressed but they may say that 'I was pissed off, all the time.'"

Serving clients with SUD or criminal history

The MH service providers in the focus groups described barriers in assisting clients with substance use disorders or prior incarceration (particularly 290, registered sex offenders). There are limited housing options that will accept such individuals and limited job opportunities, so they often end up in insecure "under the table" jobs instead. These barriers make it difficult for providers to helping such individuals break out of unemployment and homelessness or prevent MH relapses or subsequent incarceration.

Substance use disorders are criminalized and treated differently from other psychiatric disorders, again frustrating MH providers in their attempts to assist clients. For example, sobriety restrictions prevent individuals from receiving care when they most need it:

“It would be like turning somebody [away] – ‘Oh you have depression, you’re depressed. Come back and see me when you’re not depressed.’ ‘I can’t provide treatment for you in the mental health field because you’re high, so come back when you’re not using.’ We can’t help individuals that way.”

Recommendations and Conclusions:

Listen to the needs and voices of these communities. Create services and policies that reflect those needs. Institutions (city/county government, MH services, etc.) also must build effective avenues of communication with community members and let the communities take the lead in enacting change:

“We can solve our own unemployment problems if we are businesses and can hire. When I became a business owner I found out you can get a tax credit for hiring people out of our zip code.”

Create culturally tailored services. Hire staff who are from the populations/cultures being served, develop diverse services that are appropriate for those populations, and work on actively recruiting diverse candidates into mental health related training and certification programs. Work on the availability of sustainable jobs, and particularly enabling job creation on the part of community businesses. Remember that the majority of people with serious mental illness want to work and most of them are capable of doing so.

Look at the larger picture. Go beyond the mental illness symptoms (or the 7 MHSA outcomes) to focus on underlying structural issues that cause them. Living in precarity can cause even small problems (such as not being able to pay a utility bill) to have larger consequences (eviction or removal of children). Work on improving systems to help buffer families in times of need, and to help families access those resources.

Provide support for individuals and families who don’t know how to navigate the system and access/request the resources that they do qualify for. Create and design a system that focuses on relationship building and fostering abundance, rather than simply reducing needs.

Address other related domains that contribute to mental wellbeing: physical health, nutrition, medical/dental care, home environment for students and children (e.g. homelessness or insecure shelter will contribute to school failure), as well as alternative resources such as meditation and yoga to supplement medication and clinical therapy.

“If you want to give something back [to the MHSOAC and the county]: As counties are working on the symptoms, let’s not get caught up in looking at levels and number of appointments. Let’s instead look at what has helped contribute to these occurrences. What we can do about bigger issues.”

Appendix E—Key Informant Interview Questions

Key Informant Representative: _____

Agency/Sector: _____

Interviewer: _____

Date of Interview: _____

Location of Interview: _____

1. In your opinion, what has been the most successful behavioral health program/effort over the last three years?
2. Consider the population that you serve, what is the most likely way for individuals to enter the behavioral health system?
3. Are you aware of any barriers that prevent your consumers from accessing behavioral health services/care?
4. What do you understand to be a gap or gaps in receiving appropriate behavioral health services?
5. What role does prevention play in behavioral health field?
6. What is one issue that you think MHSAs could be used to address?
7. Are there any programs that you would like to see strengthened in the next three-year plan?
8. Are there any innovative ideas/models/ or methods in your field that behavioral health should be aware of?
9. Are there any other topics and/or concerns that you would like to discuss?

Appendix F – CPP Participant Survey

Frequently Asked Questions

How long will this take?

These surveys should take about 10 minutes.

Why should I participate?

These surveys are an important part of our county's effort to build a mental health system that serves all Fresno County residents. You can help the Department of Behavioral Health create a plan to better help people in the future. This project is important, and we would appreciate your input.

When do I have to complete these surveys?

You can complete the surveys at a community forum, online, or, if you are a behavioral health client, at your providers' office. If you would like information on how to access the online survey, please ask! Our staff will be happy to share the link with you. You can always email us at mhsa@fresnocountyca.gov.

Why are you asking me to do this? Can't you get someone else? Why is this project important?

Fresno County DBH values the input of all Fresno County residents. It is important that we talk to as many different people as possible so that the survey results truly represent the community. We are interested in your opinions. Your experiences are unique and valuable. Someone else cannot replace the information that you can give us.

What questions will be asked?

The survey asks questions about your participation and satisfaction with the mental health system, about you and your family, and a few demographic questions to help us describe our community. You can decline to answer any question that bothers you, and just go on with the next question.

Do I have to do this? Is this required? Is this mandatory?

No. We think this project is important, and would appreciate your input, but you do not have to complete the survey if you do not want to. You can participate in the community forum whether you choose to do the survey or not. This survey will not affect your ability to receive behavioral health services now or in the future.

What is going to happen to the answers I give you? Is this private? Are you going to tell anyone what I say?

The survey is anonymous. This means your name is not part of the survey. Your answers will not be associated with your name or other personal information. Everyone's answers will be combined to produce a summary report of all the answers so that we can learn how to best serve our community as a whole.

Community Planning Process Participant Information

This survey is optional. Your answers will help us to ensure we have heard from a diverse group of community members. Your answers are private. Thank you for your help!

1. **I agree to take this survey:** Yes No

2. **Age:** _____ Prefer not to answer

3. **Primary Language:** English Spanish Hmong
 Other _____ Prefer not to answer

4. **Current Gender Identity:** Male Female Transgender Genderqueer
 Questioning or unsure Other _____
 Prefer not to answer

5. **Gender assigned at birth:** Male Female Prefer not to answer

6. **Race:** White Black or African-American Asian Multiple Races
 American Indian or Alaskan Native Native Hawaiian/Pacific Islander
 Latino Other _____ Prefer not to answer

7. **Ethnicity:** European Eastern European Armenian Hmong Lao
 Cambodian Asian Indian/South Asian Filipino Vietnamese
 Mexican/Mexican American/Chicano Central or South American
 Other Ethnicity _____ Prefer not to answer

8. **Sexual Orientation:** Heterosexual or Straight Gay or Lesbian Bisexual
 Questioning or unsure Queer
 Other _____ Prefer not to answer

9. **Do you have a disability?** Yes No Prefer not to answer

10. **Are you a veteran?** Yes No Prefer not to answer

Community Needs Survey

This survey will help us to improve behavioral health services in Fresno County. All questions are optional, and your answers are private.

1. **Which city do you live in?** _____

2. **Have you or a loved one ever received mental health services?**

- Yes, I have Yes, my family member has Yes, my children have
 No Prefer not to answer

3. **If I felt mentally unwell, I would reach out to (check all that apply):**

- My friends and family My doctor My religious leader
 A local clinic A community leader No one
 Someone else _____

4. **The most helpful services in my community are:**

- Access to education and information Support for parents and families
 Access to housing resources The transportation options
 Services provided in the schools Train residents to be helpers
 Services available for older adults Services available for veterans
 Services that are connected to my culture _____
 Something else: _____
- _____
- _____

5. **The best way(s) to improve mental wellness in my community would be (please choose up to 3):**

- Increase education and information Support for parents and families
 Increase access to housing resources More transportation options
 Provide more services in schools Train residents to be helpers
 Increase services for older adults Increase services for veterans
 Provide services that are connected to my culture _____
 Something else: _____
- _____
- _____

6. **Please use the back of this paper for any other comments you have.**

Thank you for your help!

Frequently Asked Questions

How long will this take?

These surveys should take about 10 minutes.

Why should I participate?

These surveys are an important part of our county's effort to build a mental health system that serves all Fresno County residents. You can help the Department of Behavioral Health create a plan to better help people in the future. This project is important, and we would appreciate your input.

When do I have to complete these surveys?

You can complete the surveys at a community forum, online, or, if you are a behavioral health client, at your providers' office. If you would like information on how to access the online survey, please ask! Our staff will be happy to share the link with you. You can always email us at mhsa@fresnocountyca.gov.

Why are you asking me to do this? Can't you get someone else? Why is this project important?

Fresno County DBH values the input of all Fresno County residents. It is important that we talk to as many different people as possible so that the survey results truly represent the community. We are interested in your opinions. Your experiences are unique and valuable. Someone else cannot replace the information that you can give us.

What questions will be asked?

The survey asks questions about your participation and satisfaction with the mental health system, about you and your family, and a few demographic questions to help us describe our community. You can decline to answer any question that bothers you, and just go on with the next question.

Do I have to do this? Is this required? Is this mandatory?

No. We think this project is important, and would appreciate your input, but you do not have to complete the survey if you do not want to. You can participate in the community forum whether you choose to do the survey or not. This survey will not affect your ability to receive behavioral health services now or in the future.

What is going to happen to the answers I give you? Is this private? Are you going to tell anyone what I say?

The survey is anonymous. This means your name is not part of the survey. Your answers will not be associated with your name or other personal information. Everyone's answers will be combined to produce a summary report of all the answers so that we can learn how to best serve our community as a whole.

Community Planning Process Participant Information

This survey is optional. Your answers will help us to ensure we have heard from a diverse group of community members. Your answers are private. Thank you for your help!

1. **I agree to take this survey:** Yes No

2. **Age:** _____ Prefer not to answer

3. **Primary Language:** English Spanish Hmong
 Other _____ Prefer not to answer

4. **Current Gender Identity:** Male Female Transgender Genderqueer
 Questioning or unsure Other _____
 Prefer not to answer

5. **Gender assigned at birth:** Male Female Prefer not to answer

6. **Race:** White Black or African-American Asian Multiple Races
 American Indian or Alaskan Native Native Hawaiian/Pacific Islander
 Latino Other _____ Prefer not to answer

7. **Ethnicity:** European Eastern European Armenian Hmong Lao
 Cambodian Asian Indian/South Asian Filipino Vietnamese
 Mexican/Mexican American/Chicano Central or South American
 Other Ethnicity _____ Prefer not to answer

8. **Sexual Orientation:** Heterosexual or Straight Gay or Lesbian Bisexual
 Questioning or unsure Queer
 Other _____ Prefer not to answer

9. **Do you have a disability?** Yes No Prefer not to answer

10. **Are you a veteran?** Yes No Prefer not to answer

TAY Community Needs Survey

This survey will help us to improve behavioral health services in Fresno County. All questions are optional, and your answers are private.

1. **Which city do you live in?** _____

2. **Have you or a loved one ever received mental health services?**

- Yes, I have Yes, my family member has Yes, my friends have
 No Prefer not to answer

3. **If I felt mentally unwell, I would reach out to (check all that apply):**

- My friends and family My doctor My religious leader
 A local clinic A community leader No one
 Someone else _____

4. **The most helpful services in my community are:**

- Access to education and information Support for my whole family
 Access to housing resources The transportation options
 Services provided in my schools Activities that keep me well
 Training for my peers to be helpers Career pathways and mentors
 Services that are connected to my culture _____
 Something else: _____
- _____
- _____

5. **The best way(s) to improve mental wellness in my community would be (please choose up to 3):**

- Increase education and information Support for my whole family
 Increase access to housing resources More transportation options
 Provide more services in my school Activities to keep me well
 Train my peers to be helpers More career pathways and mentors
 Provide services that are connected to my culture _____
 Something else: _____
- _____
- _____

6. **Please use the back of this paper for any other comments you have.**

Thank you for your help!

Appendix G – Workforce Survey

Region	County	% of Public Mental Health System Workforce in NACT			
			Licensed Psychiatrist	Licensed Physicians	Licensed Psychologists
Central	Alpine	26.6	0.25	0	0
Central	Amador	100	1.3	0	0
Central	Calaveras	65	1.3	0	0
Central	El Dorado	75	2.63	0	0
Central	Fresno	97	39.555	0	11.815
Central	Kings	90	6.51	0	0
Central	Mariposa	99	0.75	0	0
Central	Merced	80	9.45	0	0.5
Central	Mono	50	0.5	0	0
Central	Placer	74	3.65	0	1
Central	Sacramento	95	34.2	22.5	6
Central	Stanislaus	81	8.03	0	1.5
Central	Sutter-Yuba	80	7	1	0
Central	Tulare	90	12.8	0	0
Central	Tuolumne	90	1	0	0
Central	Yolo	90	3.5489325	0	0.35
Central Region		80.16	132.47	23.50	21.17

*Column C: (actual or estimated) percentage of the Public Mental Health System workforce that is reported

**Columns D through W are Full-Time Equivalent (FTE) providers reported in the NACT

***Columns X through Z are raw numbers of providers, not FTE (unless otherwise noted)

Full-Time Equivalent (
Licensed Clinical Social Workers	Marriage and Family Therapists	Registered Nurses	Certified Nurse Specialists	Nurse Practitioners	Licensed Vocational Nurses	Psychiatric Technicians
1.5	1.25	0	0	0	0	0
1.66	2.47	0	0	0	0	1
0.89	4.63	1	0	0	0	0
4.22	17.2	1.38	0	0	1	0
45.76	160.495	1.8	0	14.5	26.76	4
7	13.5	1	0	1.15	0	6
1.45	1.05	0	0	0.6	0.9	0
11.7	21.7	1.4	0	1.4	10.85	0
0	2.5	0	0	0	0	0
18.3	53.19	7.8	0	4	1	0
30.8	78.3	20.3	0.8	10.4	21.7	6.5
13.38	42.53	15.2	0	1.76	1.95	1.25
24	39	1.5	0	0.5	22	7
14.75	52.75	3	0	1.38	9.98	10.38
0.6	2.9	0	0	0	3	0
4.875	9.575	1.250625	0	3.0125	0	2
180.89	503.04	55.63	0.80	38.70	99.14	38.13

rted in the NACT

40 hour per week) Reported in NACT

Mental Health Rehabilitation Specialists	Physician Assistants	Pharmacists	Occupational Therapists	Licensed Professional Clinical Counselor	Associate Clinical Social Worker
0	0	0	0	0	0
0	0	0	0	0	3
0	0	0	0	0	2
22.33	1	0	0	0	3.94
180.255	0.5	0	0	4	54.64
19	0	0	0	0	9
1.9	0	0	0	1.05	2
0	0	0	0	2.9	35.1
0	0	0	0	0	1
21.91	0	0	0	1	15.35
167	5.4	0	0	3.1	84.8
0	0.2	0	0	4.5	36.98
15	0	0	0	0	9
32	0	0	0	1	23.9
11	0	0	0	0.1	5
21.2	0	0	0	0.375	14.9
491.60	7.10	0.00	0.00	18.03	300.61

				Raw Numbers of Providers		
Associate Marriage Family Therapist	Associate Professional Clinical Counselor	Other Qualified Providers	Total	# Peer Personnel	# Other Non-NACT	# PMHNPs
0	0	1	4	0	0	0
2	0.35	7.75	19.53	0	0	0
2.5	2	14.3	28.62	7	14	0
11.35	2	9.12	76.17	21	147	0
144.84	18.5	170.61	878.03	0	0	0
19.05	1	40.31	123.52	0	10	0
7.2	0	13.45	30.35	1	0	0
36.5	14.4	136.35	282.25	17	0	1
1	0	5.25	10.25	0	11	0
15.1	4	18	164.3	56	58	4
113.1	16.5	284.4	905.8	84	69	4
52.38	10.5	240.76	430.92	2	115	4
14	0	28	168	10	35	1
56.98	1	153.37	373.29	6	50	0
3.5	1	0	28.1	2	0	0
21.275	2	23	107.3621	30	14	5
500.78	73.25	1145.67	3630.49	236.00	523.00	19.00

Providers Fluent/Certified in Language

Arabic	Armenian	Cambodian	Cantonese	English	Farsi	Hmong	Korean	Mandarin
0	0	0	0	24	0	0	0	0
0	0	0	0	45	0	0	0	0
0	0	0	0	46	0	0	0	0
0	0	0	0	147	1	0	0	0
3	12	3	2	1662	2	77	0	4
0	0	2	0	188	0	1	0	0
0	0	0	0	88	0	0	0	0
0	2	0	0	478	0	22	0	1
0	0	0	0	22	0	0	0	0
0	0	0	0	218	0	0	0	0
1	1	4	12	1571	7	34	5	3
0	5	16	0	681	1	2	0	0
0	0	1	0	136	0	8	0	0
0	0	0	0	328	0	6	0	0
0	0	0	0	69	0	0	0	0
0	0	0	1	250	0	0	7	3
4	20	26	15	5953	11	150	12	11

age

Other Chinese	Russian	Spanish	Tagalog	Vietnamese	American Sign Language (ASL)
0	0	4	0	0	0
0	0	5	0	0	0
0	0	4	0	0	0
1	0	9	0	0	1
3	2	497	2	5	12
0	0	50	0	0	0
0	0	5	0	0	0
0	0	137	0	1	2
0	0	8	0	0	0
0	2	17	2	0	0
8	12	174	14	12	4
0	6	165	6	1	0
0	0	14	0	0	0
0	0	124	1	1	0
0	0	4	0	0	1
0	2	58	6	4	0
12	24	1275	31	24	20

Appendix H – API Mental Health Empowerment Conference Survey

API Mental Health Empowerment Conference Evaluation

Thank you for attending the 3rd Annual Statewide Asian-Pacific Islander Mental Health Empowerment Conference in Fresno! Please let us know how this conference helped you by answering the questions below.

1. I am able to better recognize early signs of mental illness.
Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I know where to refer myself, my family, and the individuals I work with who need mental health care.
Strongly Agree Agree Neutral Disagree Strongly Disagree

3. I understand the risk factors that may make a person more likely to develop a mental illness.
Strongly Agree Agree Neutral Disagree Strongly Disagree

4. What I learned at this conference has helped me develop more positive feelings toward people experiencing a mental illness.
Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I have a better understanding of how my culture can help support people with a mental illness.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Please write any other questions or comments below. Thank you!

Appendix I – WET Regional Partnership Plan and Application



Office of Statewide Health
Planning and Development

The Office of Statewide Health Planning and Development (OSHPD) is pleased to announce a grant funding opportunity in Fiscal Year (FY) 2019-20 to support Workforce Education and Training (WET) Regional Partnerships.

Up to \$40,000,000 is available to fund grant awards among the five WET Regional Partnerships:

Maximum Grant Award Amount	Regional Partnerships (<i>lead county is highlighted</i>)
\$6,463,032	<i>Central Region:</i> Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin Stanislaus, Sutter-Yuba, Tulare, Tuolumne, and Yolo counties.
\$7,978,104	<i>Greater Bay Area Region:</i> Alameda, City of Berkeley, Contra Costa, Marin Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma counties
\$10,057,516	<i>Los Angeles Region:</i> Los Angeles County.
\$11,555,913	<i>Southern Region:</i> Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, the Tri-City (Pomona, Claremont, and La Verne) area of Los Angeles County, and Ventura counties.
\$3,945,436	<i>Superior Region:</i> Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity counties.

OSHPD will disperse funds contingent on a signed commitment to match 33 percent of the funds for the programs that your Regional Partnership proposed to administer.

After completing your application, you will be contacted by OSHPD staff to receive final confirmation of the grant award amount and a copy of your grant agreement. OSHPD will not release funds before grant execution.

A copy of a sample grant agreement can be found in Attachment 1 of the Grant Guide below:

[Regional Partnership Grant Guide](#)

If you have questions or concerns about developing any of the WET programs, please see the Resource Guide below. The document provides background on the WET programs, describes previous WET programs, and list considerations for RPs as you design your pipeline, scholarship, stipend, loan repayment, and retention programs.

[Regional Partnership Resource Guide](#)

If you have any questions, please contact MHSAWET@oshpd.ca.gov. To begin the application process, please answer the questions below.

On behalf of which Regional Partnership are you applying?

Drop down list:

- Central Region (Fresno County)
- Greater Bay Area (Sonoma County)
- Los Angeles (Los Angeles County)
- Southern (Santa Barbara County)
- Superior (Nevada County)

Please provide your name and contact information below:

Full Name:

Title:

Organization Serving as Fiscal Sponsor:

Work Address
(including suite number, if any):

City:

State:

ZIP Code:

Phone Number
(xxx-xxx-xxxx):

Email Address
([xxx@xxx.gov](#)):

Will you also act as the project representative for **grant agreement** inquiries?

- Yes
- No

Project Representative: Grant Agreement Inquiries (*if not the person completing the application*)

Please provide the name, title, address, phone number and email for your Project Representative in the fields below. If awarded, OSHPD will use this information for the Grant Agreement (see link at the end of this application).

Full Name:

Title:

Address
(including suite number, if any):

City

State

ZIP Code

Phone Number
(xxx-xxx-xxxx):

Email Address
(xxx@xxx.gov):

Will you also act as the project representative for **administrative** inquiries?

Yes

No

Project Representative: Administrative Inquiries (if not the person completing the application)

Please provide the name, title, address, phone number and email for your Project Representative in the fields below. If awarded, OSHPD will use this information for the Grant Agreement (see link at the end of this application).

Full Name:

Title:

Address (including suite number, if any):

City:

State:

ZIP Code:

Phone Number (xxx-xxx-xxxx):

Email Address (xxx@xxx.gov):

Your region is eligible to receive OSHPD grant funding based on the following calculation (from the following table):

Reminder: the figures on this table are outdated because it was missing a few counties in the calculations. OSHPD reassured me the online application reflects the updated figures.

Region	OSHPD Grant Award Amount	Regional Partnership Local Match Funds (33 percent match of OSHPD Grant Award Amount)	Total Budget
Central	\$6,463,032	\$2,132,800	\$8,595,832
Greater Bay Area	\$7,978,104	\$2,632,774	\$10,610,878
Los Angeles	\$10,057,516	\$3,318,980	\$13,376,496
Southern	\$11,555,913	\$3,813,451	\$15,369,364
Superior	\$3,945,436	\$1,301,994	\$5,247,430

Applicants must implement a program that contains one or all of the following components:

- ◆ **Pipeline Development:** Introduce the Public Mental Health System (PMHS) to kindergarten through 12th grades, community colleges, and universities. Ensure that these programs incorporate developmentally appropriate concepts of mental health needs, self-care, and de-stigmatization and target resources at educational institutions with underrepresented communities. The Grantee would administer pipeline activities and may identify students as potential scholarship and stipend candidates.
- ◆ **Undergraduate College and University Scholarships:** Provide scholarships to undergraduate students in exchange for paid or volunteer work in a local mental health setting. The Grantee may consider the following factors in determining the scholarship level: student's academic aspirations (including certificate, associate degree, and bachelor's degree), pre-placement training and education received, lived experience, and/or other possible factors. The Grantee shall determine the amount awarded and length of volunteer or paid work commitment.
- ◆ **Clinical Master and Doctoral Graduate Education Stipends:** Provide funding for post-graduate clinical master and doctoral education service performed in a local PMHS agency. Regional Partnerships would select students in advance of their final year of education and provide funds in exchange for paid or volunteer work in a local mental health setting, giving consideration to applicants who previously received a scholarship. The Grantee shall determine the amount they award and length of volunteer or paid work commitment.
- ◆ **Loan Repayment Program:** Provide educational loan repayment assistance to PMHS professionals that the local jurisdiction identifies as high priority in the region, giving consideration to applicants who previously received a scholarship and/or stipend. The Grantee may consider the following factors when determining award amounts: applicants who previously received scholarships and/or stipends, educational attainment, the level of unmet need in the community served, and years of service in the PMHS. The Grantee also determines the amount they award and length of volunteer or paid work commitment.
- ◆ **Retention Activities:** Increase the continued employment of PMHS personnel that county behavioral health agencies identify as high priority, by developing and enhancing evidence-based and community-identified practices. Learn more about the possibilities for Retention Activities in the [Resource Guide](#).

Note: Up to 25 percent of your total budget can be used for administrative costs, including participant supervision and mentoring activities.

Please select the workforce education training program(s) that you plan to implement under this grant. Select all that apply.

- Pipeline Development
- Undergraduate College & University Scholarships
- Clinical Master & Doctoral Graduate Education Stipends
- Loan Repayment Program
- Retention Activities

Please complete your proposed budget below.

	Budget FY 2020- 21	Budget FY 2021- 22	Budget FY 2022- 23	Budget FY 2023- 24	Budget FY 2024- 25	Total (auto calculates)
Pipeline Development	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Undergraduate College & University Scholarships	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Clinical Master & Doctoral Graduate Education	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Stipends						
Loan Repayment Program	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Retention Activities	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total (auto calculates)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Budget: \$8,799,237 minus Admin cost of \$1,319,866 = \$7,479,381

	Percentage of Total Budget	FY 2020- 21	FY 2021- 22	FY 2022- 23	FY 2023- 24	FY 2024- 25	Total
Pipeline Development	3%	\$224,381	\$224,381	\$224,381	\$224,381	\$224,381	\$1,121,907
Undergraduate College & University Scholarships	18%	\$1,346,289	\$1,346,289	\$1,346,289	\$1,346,289	\$1,346,289	\$6,731,443
Clinical Master & Doctoral Graduate Education Stipends	25%	\$1,869,845	\$1,869,845	\$1,869,845	\$1,869,845	\$1,869,845	\$9,349,226
Loan Repayment	31%	\$2,318,608	\$2,318,608	\$2,318,608	\$2,318,608	\$2,318,608	\$11,593,041
Retention Activities	23%	\$1,720,258	\$1,720,258	\$1,720,258	\$1,720,258	\$1,720,258	\$8,601,288
Program Total		\$7,479,381	\$7,479,381	\$7,479,381	\$7,479,381	\$7,479,381	\$37,396,905

Administrative Cost	15%	\$1,319,886	\$1,319,886	\$1,319,886	\$1,319,886	\$1,319,886	\$6,599,428
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What are your proposed administrative costs?

Keep in mind that your proposed program costs are **\$0** (auto calculates). Your total administrative costs may not exceed **25%** of the **total budget**.

	FY 2020- 21	FY 2021- 22	FY 2022- 23	FY 2023- 24	FY 2024- 25	Total
Administrative Costs	\$1,319,866	\$1,319,866	\$1,319,866	\$1,319,866	\$1,319,866	\$6,599,330

Please indicate how many program participants you plan to have by activity per year.

	FY 2020- 21	FY 2021- 22	FY 2022- 23	FY 2023- 24	FY 2024- 25	Total
Pipeline Development	2400	2400	2400	2400	2400	12,000
Undergraduate College & University Scholarships	269	269	269	269	269	1345
Clinical Master & Doctoral Graduate Education Stipends	93	93	93	93	93	465
Loan Repayment Program	231	231	231	231	231	1155
Retention Activities Total	1300	1300	1300	1 1300	1300	6500
	4293	4293	4293	4293	4293	21,465

Regional Partnership Activities Description Block

Please describe Stakeholder Engagement Activities you used to develop your budget, proposed program activities, and projected number of program participants (500 word maximum).

Word count: 249

Central Region counties described their dynamic MHPA Three Year Community Planning Process (CPP) comprised of stakeholder participation, data aggregation and analysis, a 30-day Public Notice/Comment period and formal Public Hearing prior to submitting the Plan to the Behavioral Health Board and County Board of Supervisors for approval. County stakeholder engagement activities informed the selected workforce investments to develop our budget. Activities included engaging their MHPA/Cultural Competency Steering Committees in development of a community survey, issuing community surveys and provider surveys to staff and contractors, holding many key stakeholder interviews, Public Planning Sessions/ Stakeholder Forums, some in Spanish and/or Hmong. Staff explained the Mental Health Services Act and defined the core components, with stakeholders identifying needs and strengths of current programs and community partners. Meetings focused on brainstorming and developing strategies to address gaps and disparities in the full range of County MHPA prevention and treatment programs. Stakeholders, including persons and families served, were encouraged to provide opinions and feedback via stakeholder comment forms that included questions regarding general demographic information (age, gender, and race/ethnicity, etc.) and asking opinions on mental health services in the community (strengths, weaknesses, recommendations). Some counties ran ads in their local newspaper and radio stations regarding the CPP, providing survey link and contact information for the entire CPP period. Counties utilize committees throughout the year to review/ discuss programs, including WET, such as Adults System Improvement Committee, Quality Improvement Committee, and Wellness & Recovery Committee; all include consumers, family members, providers, staff and community partners.

Please describe the Pipeline Development activities that you plan to implement, including but not limited to, career shadowing, mentoring, agency training, workforce readiness assessments, and placements (250 word maximum).

Word count: 233

Four counties from the Central Region Partnership plan to design and implement pipeline programs. These programs will be based on best practices and proven models such as academic support, career development, outreach to target populations, and “Grow-your-own” programs. The primary purpose of these activities will be to engage culturally underserved youth (grades K-12) while they are still in school, and in the early stages of planning their future careers. This focus on the development of a pipeline for culturally underserved youth will assist the Central Region in developing a unified effort to strengthen the PMHS for years to come₂₀₂

While the Central Region will use multiple strategies to achieve its goals, all activities will ultimately introduce the youth to PMHS careers, explore the full array of opportunities within those careers, introduce youth to professionals who reflect the underserved communities, and educate youth on how to pursue various career options. The Central Region will also develop career events geared toward careers in the PMHS. Students may participate in a variety of activities, from discussions about mental health stigma within their culture, to career shadowing and advice sessions with experienced PMHS professionals. Traditional and emerging outreach and communication strategies will be used to engage the target population; these strategies will be honed as students begin to engage in pipeline activities and have an opportunity to share their feedback on ways to best engage their peers.

Please describe the Undergraduate College & University Scholarships activities that you plan to implement (250 word maximum).

Word count: 127

Seven counties plan to implement an Undergraduate College & University Scholarships program to provide scholarships of \$5,000 per school year to undergraduate students in exchange for service learning received in a PMHS agency. Student's academic aspirations (including certificate, associate degree, and bachelor's degree), pre-placement training and education received, lived experience, and/or other possible factors will be taken account. Counties will conduct in reach (to system of care providers) and outreach efforts (multicultural communities, university clubs, clinical mentors, etc.) to inform various eligible applicants of this scholarship opportunity. The Central Region is interested in increasing the number of diversified staff to closely match the service population in terms of race, cultural, and gender and sexual identity. Establishing applicant eligibility criteria and terms of the agreement are in development.

Please describe the Clinical Master & Doctoral Graduate Education Stipends activities that you plan to implement (250 word maximum).

Word count: 221

Ten counties from the Central Region plan to implement the Clinical Master & Doctoral Graduate Education Stipends program, providing financial support for post-graduate clinical master and doctoral education service performed while serving in a local PMHS agency. These counties will select students in advance of their final year of education and provide funds in the amount of \$20,000 stipend in exchange for a 12-month service commitment, giving priority to applicants who previously received a scholarship. Factors to be considered in determining awardees are: enrollment status, full/part-time status, discipline/concentration, degree sought, year in program, career goals, grade point average, cultural diversity, lived/raised in a rural area (determined through high school attended), language(s) spoken, lived experience, veteran status, geographic area applicant plans to work in, previous participation in a pipeline program and/or scholarship, the county applicant lives in/attends school in, length of mental health service to which the applicant is willing to commit. Counties will conduct in reach (to system of care providers) and outreach efforts (multicultural communities, university clubs, clinical mentors, etc.) to inform various eligible applicants of this stipend opportunity. The Central Region is interested in increasing the number of diversified staff to more closely match the service population in terms of race, cultural, and gender and sexual identity. Establishing applicant eligibility criteria and terms of the agreement are in development.

Please describe the Loan Repayment Program activities that you plan to implement (250 word maximum).

Word count: 223

Fifteen counties from the Central Region plan to implement a Loan Repayment Plan to provide educational loan repayment assistance in the amount of \$10,000 to PMHS professionals identified at the local level as serving in high need positions. Counties will consider giving priority to applicants who previously received a scholarship and/or stipend to reinforce their commitment to the PMHS. Factors to be considered in determining loan assistance awardees are: is the applicant a current PMHS employee, profession, career goals, full/part-time employment, cultural diversity, lived/raised in a rural area (determined through high school attended), language(s) spoken, lived experience, veteran status, geographic area applicant works in, previous participation in a pipeline program, scholarship, and/or stipend, the county applicant lives in/attends school in, and length of mental health service to which the applicant is willing to commit. Counties will conduct in reach (to system of care providers) and outreach efforts (multicultural communities, university clubs, clinical mentors, etc.) to inform various eligible applicants of this opportunity for loan repayment assistance. The Central Region is interested increasing the number of diversified staff to more closely match the service population in terms of race, cultural, and gender and sexual identity. Establishing applicant eligibility criteria and terms of the agreement are in development.

Nine of the fifteen counties are interested in exploring a region-wide partnership, so this may be pursued.

Please describe the Retention activities that you plan to implement using evidence-based and community-identified practices, including but not limited to: retaining personnel and training personnel about MHPA values (250 word maximum).

Word count: 234

Eleven of the Central Region counties plan to promote developing and implementing systemic changes and opportunities that increase the likelihood of staff retention in the PMHS workforce. Among these 11 counties, some have chosen to implement two to four of the following retention strategies: Enhancing Workers' Day-to-Day Experiences (ie. offering financial incentives for retention, instituting personnel policies that explicitly support/promote employee work life balance by addressing schedules, commuting, travel and/or other work requirements, etc.); Enhance and Support Staff Development (ie., engaging with workers at all levels to develop personalized career growth pathways, ensuring worker opportunities to pursue licensure, higher education, and/or career advancement, funding and providing paid time for both on and off-site continued professional development, providing specialized trainings relevant to the specific persons and communities served, providing ongoing trainings on issues such as trauma-informed therapy and vicarious trauma, and/or about MHPA values to personnel, etc.); Strengthen Management and Supervision of Workers (ie., training and guiding supervisors in order to offer high quality supervision that includes mentorship, reflective coaching, professional guidance, and debriefing opportunities, providing reflective coaching on the effects of vicarious trauma and work-related stressors, providing professional guidance that complements and supports worker training, providing structured opportunities for workers to debrief after stressful events, etc. and; Enhance Organizational Climate and Culture, (ie., offering regular

opportunities for workers to provide input on workplace policies and practices, to share stories, victories, challenges, and strategies, etc.).

Please describe the Administrative Costs associated with the activities that you plan to implement, including but not limited to: mentoring, worksite placement, monitoring paid or volunteer work requirements (500 word maximum).

Word count: 411

The Central Regional Partnership plans to contract with a third-party administrator to serve as the Regional WET Third-Party Fiduciary Agent and program support for WET grant program deliverables. Administrative costs would include drafting Participation Agreements (PA) for each contributing county (up to 19 counties), develop invoices for match dollars for each contributing county (up to 19 counties), confirming matching funds (provide OSHPD with copies of all PAs, invoices, and financial statement), distribute matching funds to the Central Regional WET Partnerships per our direction. The third-party administrator will need to account and report on all funds, as well as provide activities report data annually to OSHPD.

Other administrative support activities include the following for these grant programs:

- Pipeline Program activities and deliverables, that include researching best practices utilizing models such as academic support, career development, outreach to target populations, and “Grow-our Own” programs and sharing with participating counties. Support the participating counties with developing and monitoring career events, activities, including a pipeline for culturally underserved youth in grades K-12 so they are introduced to PMHS professionals and the full array of opportunities within those careers, as well as how to pursue them.
- Undergraduate Scholarship Program activities and deliverables, that include working with participating counties to establish applicant eligibility criteria, disbursement of awards directly to awardees, develop an annual evaluation/follow-up survey for awardees to complete, provide fiscal administration of the scholarship program, as well as monitoring work requirements.
- Loan Repayment Program deliverables, that include working with participating counties to in developing eligibility requirements, developing an annual evaluation/follow-up survey, dispersing loan repayments directly to awardees and provide the required loan verification statements, and other administration duties of the loan repayment program such as monitoring loan repayment requirements.
- Clinical Master and Doctoral Graduation Education Stipend activities and deliverables, that include assisting participating counties in developing terms of agreements with awardees, disbursement of stipends directly to awardees, develop an annual evaluation/follow-up survey, provide other fiscal administration duties of the stipend programs, such as monitoring work requirements.
- Retention Activities deliverables that include assisting participating counties to develop retention programs, policies and practices in the following strategy areas: Enhance Workers’ Day-to-Day Experiences; Enhance and Support Staff Development; Strengthen Management and Supervision of Workers; and Enhance Organizational Climate and

Culture. Also, to develop and enhance evidence-based and community-identified practices, identify, coordinate and monitor trainings, policy implementation and advocacy to increase retention in the PMHS, including research effective strategies and evidence-based practices for retention and share with the participating counties.

Documents to Submit

Please click the links below to access the Payee Data Record (STD 204) and Contractor Certification Clauses (CCC), then complete, sign, scan, and upload the signed documents on the following page.

Payee Data Record form (STD 204)

You must include a signed Payee Data Record (STD 204) with the proper business name and mailing address used for future payments. These forms are provided below.

[Payee Data Record \(STD 204\)](#)

[Contractor Certification Clauses \(CCC\)](#)

Please upload your signed Payee Data Records (STD. 204) form here.

Please upload your signed Contractor Certification Clauses (CCC) form here.

Regional Partnership Application Assurances

You have provided all of the necessary data to complete your grant application.

Please read and agree to the statement below, then click on the "Submit" button to submit your application.

I certify that the statements herein are true and complete to the best of my knowledge.

Central Regional Partnership

Stakeholder Engagement Activities Report

Workforce Education and Training

Submitted by: Laura Luna, Program Manager for Staff Development, Fresno County 10/6/2020

The 2020-2025 MHSA WET Five-Year Plan (WET Plan) provides Regional Partnerships the opportunity to design and implement their chosen WET programs in the counties of their respective regions through a contract with Office of Statewide Health Planning and Development (OSHPD). The programs under the domain of the Regional Partnerships include pipeline development, scholarships, stipends, loan repayment, and retention strategies, with the ability to link programs across the workforce pipeline spectrum (from pipeline to scholarship and stipends to loan repayment and retention). The Central Region Partnership (CRP) appreciates this opportunity to further its workforce by attracting culturally diverse individuals to behavioral health careers and support them along each step in their educational and training career pathway within the public mental health system. In June of this year, in preparing to apply for the Workforce Education and Training Grant, each county completed a survey in efforts to identify the most pressing PMHS workforce development needs at its local level. The nineteen counties submitted responses to the following questions:

1. Based on the amount listed in 33% Match table, in the Local Match by County column, can your county commit to paying that amount by December 2024? The Match will need to be used for the same workforce component areas as outlined in the Central Regional Partnership's WET Grant. Respond, yes or no.
2. What amount would your county be willing to commit to paying? The amount can be more, or less, than your indicated county share. Amount:
3. By component area, please identify the dollar amount your county would like to put towards each program (The Central Regional Partnership will be allocated approximately \$8.5 million for the WET Grant, this includes the \$2 million local match):
 - a) Pipeline Development:
 - b) Undergraduate College and University Scholarships:
 - c) Clinical Master and Doctoral Graduate Education Stipends:
 - d) Loan Repayment Program:
 - e) Retention Activities:
4. Would your county be interested in any region-wide partnerships for the WET Grant? If so, indicate which program component(s). Select all that apply. Opportunity to develop a model to have streamlined approaches.
 - Pipeline Development
 - Undergraduate College and University Scholarships
 - Clinical Master and Doctoral Graduate Education Stipends
 - Loan Repayment Program
 - Retention Activities
5. a) Would your county want to handle their own administrative functions or prefer the regional partnership to manage?
 - b) If your county prefers the regional partnership to manage, what administrative cost does your county think would be associated with your part? This would include the annual workforce survey which consists of the NACT and other questions,

administering the grant, and data collection activities. Our Regional Partnership can also contract with a third-party to oversee the administration of this project. Admin cost amount:

6. Provide a description of any stakeholder process that can be used to inform workforce investments. Please also briefly describe your MHS community planning process with an emphasis on stakeholder participation:

Through the survey findings the CRP determined the highest needs for this region are the Loan Repayment Program, Retention Activities, the Clinical Master and Doctoral Graduate Education Stipends the Pipeline Development Activities, and Undergraduate College and University Scholarships. It is through these activities the CRP will report on its stakeholder engagement activities used to develop its Budget, Proposed Program Activities, and Projected Number of Program Participants.

A. Specify which WET Five-Year Plan 2020-2025 values each of the proposed activities address.

The CRP will be implementing these five program component activities while addressing the OSHPD values; refer to section D of this report for proposed program activities. The referenced OSHPD values are:

- A. Provide treatment and early intervention services that are culturally and linguistically responsive to California’s diverse and dynamic needs.
 - B. Promote wellness, recovery, and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes. PMHS agencies need to extend these same values to their workforce.
 - C. Work collaboratively to deliver individualized, strengths-based, consumer-and family-driven services.
 - D. Use effective, innovative, community-identified, and evidence-based practices.
 - E. Conduct outreach and engage with unserved, underserved, and inappropriately served populations.
 - F. Promote inter-professional care by working across disciplines.
 - G. Include the viewpoints and expertise of persons with lived experience, including consumers and their families and caregivers, in multiple healthcare settings.
- B. Specify how the RP reached out to and included key stakeholder groups such as: state and local government partners, health systems, providers, educational institutions, faith-based organizations, training consortia, consumers, family members, local WIBs, non-**

profit organizations, social service agencies, children networks, TAY networks, aging networks, businesses, and other community and system partners.

At the time of the writing of the CRP Stakeholder Engagement Report, the Regional Partnership for the Central Region counties is still forming. The 19 counties that will form the Central Regional Partnership have been working as a region to complete the WET application, however a formal partnership has not been established.

The Central Region Counties began discussions on WET activities in late 2019. The Regional Counties have met as a region over six times in the past four months. It has been the intent of the Central Region, to identify a third-party administrator who can coordinate a formal partnership across 19 different counties and jurisdictions. At this time a Central Region Administrator has not been identified. Fresno County is the lead county for the region, leading the work with the WET application, however it does not possess the authority to establish a formal authority for all participating counties.

These regional convening calls have been used to gather input from all the 19 regional counties to identify their WET needs, based on each of their own community planning processes, needs assessments, stakeholder input and other engagement activities.

Fresno County which is the Central Region lead has conducted what it perceives as a thorough, meaningful and inclusive community planning process and stakeholder input to guide its WET plans. Fresno County's WET plans will be including in its overall MHSA Three Year Plan.

For its MHSA Three Year Plan, Fresno County completed 21 key informant interviews, across sectors such as health, foster youth, community advocates, city and county officials, justice services, as older adult organizations. Fresno County held 20 in-person Community Planning meetings between November 12, 2019 through December 20, 2019. These meetings were held at different times, in different geographic locations (including four in our rural communities), as well as separate community planning for CBOs, on College Campus, with first responders as well as with various underserved communities, including two that were facilitated completely in the County's threshold languages. Fresno County initiated four virtual meetings back in December of 2019 on three different platforms (including one in Spanish), to increase access and opportunity for stakeholder input. In all it conducted total of 24 community planning events and collected/received 655 stakeholder surveys/response during the CPP process. Of the 14 topics that emerged from the process as areas of need, career pathways were the ninth ranked item.

In the CPP surveys, 87 persons expressed interest in behavioral health career pathways and/or mentorship opportunities. Of these 87 respondents, 63 were 24 years of age or younger. Overall, 38% of participants 24 years and younger were interested in career pathways for behavioral health. Additionally, 45 of these youth respondents indicated

that they would like to see their peers trained to render behavioral health help (peer support). Support for career pathways was expressed predominantly in the online survey. The in-person events with the most support for career pathways were held at the Growing Health Leaders Conference, Fresno State forums, and the Mendota Youth Center.

The same presentation was used at all 24 CPP meetings and the same questions were used in all key informant interviews creating a consistent baseline. All the CCP presentations discussed the five components of MHSA, including WET. To supplement the presentation, a short, one-minute video on WET was developed and posted to our MHSA page before the start of the CPP. This video was intended to educate stakeholders about WET and whether a person was able to attend a CPP meeting. Some individuals were able to view this video before the CPP meetings and were therefore prepared to participate in the discussion at the meeting.

The WET introduction video can be found at this link:

https://www.youtube.com/watch?v=-0WV38k-xyI&feature=emb_title

In February of 2020, Fresno County initiated its annual cultural humility survey. This survey provides insights and is used to guide the Department's overall strategy for culturally responsive services. One of the areas highlighted in the survey was completed by \$352 persons served, \$334 family members/care takers and \$582 workforce members was a need for more culturally responsive services, which requires a more diverse workforce to be able to support those types of services and programs. Specially the need for more bilingual service providers. Additionally, the cultural humility survey showed that the county's South East Asian population (primarily Hmong) were underrepresented in accessing care.

Fresno County conducted an Ad Hoc survey of its African American staff this summer and of the participants who made up for than half of the Department's African American workforce. Amongst other things the survey yielded a need for more African American professionals to support an underserved community/population.

Dialog with the Centro Binacional para el Desarrollo Indígena Oaxaqueño a local organization who serves indigenous populations from Central American who reside in Fresno was conducted in June 2020. The feedback noted a need for more culturally responsive services, noting that the populations they serve have unique service and language needs, and currently language barriers are an issue to equitable care.

As recent as August of 2020 it has received additional input from it Cultural Humility Committee (CHC) for more diverse workforce and supported the WET plan seeking to address needs of a more diverse workforce which can better reflect, represent and support the needs of our local communities, including need for peers.

Fresno County is one of six counties working on a statewide MHSIA Innovation Plan that is working on evaluating Full-Service Partnership (FSP) programs in those counties. Fresno County's system of care has nine different FSP programs which are provided by community-based organizations (CBOs). The third party firm facilitating the evaluation held a focus group with all the FSP providers in August 2020 and some of needs identified as a result of that process was a need for greater workforce development that would develop more bilingual service providers, providers that represented our community, specifically a need for more African American providers, and training in areas of trauma, working as part of treatment teams, infant mental health, justice involved populations and substance use for co-occurring program participants.

These various findings, insights and the Department's planned WET efforts have also been shared with the County's Behavioral Health Board.

What has been described is a robust and thought-out stakeholder engagement activity. It should be noted that Fresno County is the second largest County in the central region after Sacramento, and 10th largest overall. It is home to the State's fifth largest city, it is at the same time a county with a great number of rural communities. While we describe Fresno's efforts, it must be noted that not all the counties in the central region can conduct the same CCP process, in part many are very small, and rural communities with both financial, capacity and resource limitations. However, all the participating counties have been conducting CCP as a part of their new MHSIA Three Year Plans. The 52nd, 53rd and 54th smallest counties in the State are also in the Central Region.

Each of the 19 counties has conducted work within its own county with its stakeholders, local advisory boards, and its Board of Supervisors to address their own process in identifying and including its WET efforts in its MHSIA plans as required by the regulations driving MHSIA. Some have been as robust as what Fresno has described, and some may have been on a much smaller scale due to their capacity, but the stakeholder engagement under the CCP were conducted.

While not impossible, it would be challenging for us to cover in detail the specific WET discussions that 18 other diverse counties have in their own CCP. To fulfill their CCP obligations counties all made efforts to ensure their stakeholders were engaged on the MHSIA planning which included WET as one of the five components of MHSIA. There are 19 different counties, with different sizes, locations, resources and capacity it would be a labor intensive process to try and provide a singular response to OSHPD's question on what were all the stakeholders that were identified in 19 different, independent and unique counties.

The CCP of many of the counties did engage their local providers, consumers and their families, local non-profits who are often provides, and other available organizations. The attached *Central Region Counties Description* provides overviews of what each of the counties did to inform their various stakeholders.

During the CPP efforts the OSHPD Grant process was still on-going and thus for many counties their efforts were projections on what may be some option with WET, as some may not have been sure if they could afford WET activities, and may not have always specific identified examples in their plans.

As the WET funds have yet to be finalized many Counties will return to their stakeholders for approval as their plans have either been submitted or are in the works still, and will require when the WET funds are finally approved to include in their Annual Updates, or amend their current plans to include specifics. Those amendments, and/or Annual Updates requires each county to go back and inform their stakeholders with both a formal written plan to address charges, or inclusion of new WET funds as well as a 30-day public comment period and a public hearing. Most all counties who have not yet completed their new MHS A Three Year Plan (due to COVID 19) who have extensions will either add the WET grant funds depending on when the funds are awarded, and/or formally inform their stakeholders through the required MHS A process.

Please see the attached *Central Region Counties Description* for overview of each of the 19 counties efforts around completed stakeholder engagement and/or plans for additional community stakeholder engagement upon approval and receipt of WET funding.

C. Specify the activities the RP engaged in to support the increase of groups such as: consumers, family members, parents/caregivers, culturally diverse communities, rural, and other underrepresented, underserved, unserved, and inappropriately served population in the PMHS workforce.

Many of the Central Region counties have worked to include Peers in their system of care and programs, and many are. All counties in accordance with MHS A regulations engaged their stakeholders as part of the those CCP and best practices. MHS A services are geared toward those who are underserved, unserved and inappropriately served and the focus of the CCPs are to include persons in those target populations and/or who serve those populations.

Counties with larger populations and more diverse populations may have more opportunities in their CCP to target different communities and populations in response the input from their communities. Counties with rural communities made efforts to host CCPs to increase input from those communities and address those needs, but need to note some of the smaller and rural counties do not boost as diverse populations as some of their counter parts, and the demographics in any such question should also be factored.

In the attached report, there are examples of specific efforts the various counties have undertaken to increase opportunity for underserved, unserved and inappropriate served populations to be heard and efforts to ensure their engagement. These are some of the examples of efforts by central region to address the question of engaging populations and

communities as well as community needs but is not an exhaustive list of all the efforts by all the counties.

Amador County, for example, has worked closely with its Cultural Competency Steering Committee as well as conducting survey of underserved communities in its WET efforts and plans to return to its stakeholders for additional input upon approval of the WET grant funds.

Calaveras another small and rural county has implemented the use of targeted focus groups to ensure its underserved or unserved communities are involved with the WET process.

El Dorado County worked with many of its community-based organizations and targeted underserved populations such as Veterans, justice involved persons, foster youth, Spanish speakers, etc.

Mariposa a small county geographically as well as population wise (53rd smallest county in the state) held 20 community meetings to increase opportunities for community participation in its MHSA planning efforts.

Placer County has a WET Advisory Committee tasked specifically with oversight and implementation of the WET efforts, including gathering input from underserved, or inappropriately served populations in its County.

Sacramento used its Human Resources Survey and Language Proficiency Report to assist in its WET planning as well as identifying the need for WET engagement with linguistically, culturally diverse groups as well as its LGBTQ+ communities guided by its Cultural Competency Committee.

Stanislaus County's efforts included targeting some of its underrepresented, underserved or unserved communities including LGBTQ+. Stanislaus worked with its Promotor providers, South East Asian Resource Centers as well as local Faith/Spirituality partnerships for more meaningful inclusion of those underserved populations.

Sutter-Yuba, conducted some of its community planning process in its threshold languages, which are Spanish and Hmong to increase access and input from communities where culturally and language challenges can be a barrier to engagement.

Tulare County utilized a number of different committees and workgroups in its planning and engagement efforts, including its Wellness and Recovery Committee which is focused and driven by peers, consumers and their families.

Several other examples of county efforts for engagement of their community members include Tuolumne, which plans to host specific culturally targeted focus groups to ensure proper engagement, in a small rural county whose Black Indigenous Persons of Color (BIPOC) is less than 13% of its approximate 55,500 residents. This is a concerted effort to

ensure inclusion of all its residents who may be underserved or inappropriately served are heard.

Yolo County through its process has identified through its stakeholder sessions specific WET needs identified by its stakeholders.

The populations of the central region counties vary drastically from county to county. Some like Mono have populations just over 14,000 residents (54th smallest California County), compared to Counties such as Sacramento that boast over 1.4 million residents (the 8th largest county in California). Many of the counties in the central region are ones with large metro centers and vast rural communities. Many of the others are small counties with spars populations that are geographically isolated. It is challenging to provide summation of efforts of 19 different counties in the region as one. The central region is far from homogenous. The needs, demographics, resources, all vary. However, the counites in the region do have past experience in effectively utilizing a Central Region WET Partnership to support the varying needs of our unique counites and communities and ensuring that our unserved, underserved and inappropriately served communities are supported through our public behavioral health system.

D. Provide a budget detail and narrative for proposed activities, including but not limited to proposed training activities, individual award amounts, length of volunteer or paid work commitments, disciplines supported, county and contracted community-based organization (CBO) sites to be served, training activities, mentoring, and any other activities applicable to the programs to be administered.

Based on the “WET Allocation-Budget PR Implementation” table dated June 4, 2020, the 19 CRP counties committed to being able to pay collectively the 33% Local Match by December 2024. When reviewing the amount of money committed relative to their “Local Match by County” amount, 17 counties agreed to commit to paying their identified amount, while two counties indicated they could provide an amount beyond their local match, which served beneficial since one county committed an initial value that was less than their identified Local Match with the possibility of being able to commit to their exact value in the future. Detailed survey results can be found below:

- Pipeline Development – Five counties interested and able to contribute, as well as expressed interest in region-wide partnership.
- Undergraduate College and University Scholarships – Eight counties interested and able to contribute; four of these counties expressed interest in a region-wide partnership.
- Clinical Master and Doctoral Graduate Education Stipends – 10 counties interested and able to contribute, of which eight expressed interest in a regional partnership.

- Loan Repayment Programs – 15 counties interested and able to contribute, of which 10 expressed interest in a region-wide partnership.
- Retention Activities – 12 counties interested and able to contribute, as well as expressed interest in region-wide partnership.

A table was created using the amounts each county’s survey response, noting the amount they wanted to contribute per program component, if any. The sum amount for each of the five program components were calculated as a percentage to the total year amount to calculate the percent distribution. The table below represents the percent distribution of the yearly total budget.

Table D.1 Percent distribution by Program Component

Pipeline Development	3%
Undergraduate College and University Scholarships	18%
Clinical Master and Doctoral Graduate Education Stipends	25%
Loan Repayment Programs	31%
Retention Activities	23%
Total percentage	100%

The total program budget was calculated by subtracting out the 15% admin cost (\$1,319,885) from the total budget of \$8,799,237, leaving a balance of \$7,479,352 for the 5-year term. The yearly program budget was calculated by dividing the total program budget by five (years of the grant) giving each year an amount of \$1,495,870.40.

Each program component’s yearly budget was calculated by multiplying the yearly program budget by the percentage distribution amount; amounts listed in narratives below.

Counties who expressed interest in program components were provided asked how many program participants they planned on serving with the funding they planned to provide for the pipeline and/or retention, if applicable. The values were added to calculate the yearly program participant amount for those two components.

The program participant values for the Undergraduate College University Scholarships, Clinical Master & Doctoral Graduate Education Stipends, Loan Repayment were calculated by the yearly program budget divided by the award amounts.

The **Pipeline Development activities** that we plan to implement, including but not limited to, career shadowing, mentoring, agency training, workforce readiness assessments, and

placements. These activities address values A, B, C, D, E, F, and G listed in Section A above, with a yearly program budget of \$44,876 (13%) serving 450 participants.

Four counties from the Central Region Partnership plan to design and implement pipeline programs. These programs will be based on best practices and proven models such as academic support, career development, outreach to target populations, and “Grow-your-own” programs. The primary purpose of these activities will be to engage culturally underserved youth (grades K-12) while they are still in school, and in the early stages of planning their future careers. This focus on the development of a pipeline for culturally underserved youth will assist the Central Region in developing a unified effort to strengthen the PMHS for years to come. While the Central Region will use multiple strategies to achieve its goals, all activities will ultimately introduce the youth to PMHS careers, explore the full array of opportunities within those careers, introduce youth to professionals who reflect the underserved communities, and educate youth on how to pursue various career options. The Central Region will also develop career events geared toward careers in the PMHS. Students may participate in a variety of activities, from discussions about mental health stigma within their culture, to career shadowing and advice sessions with experienced PMHS professionals. Traditional and emerging outreach and communication strategies will be used to engage the target population; these strategies will be honed as students begin to engage in pipeline activities and have an opportunity to share their feedback on ways to best engage their peers.

The **Undergraduate College & University Scholarships activities** that we plan to implement address values A, B, C, D, E, F, and G identified Section A of this report, with a yearly program budget of \$269,256.65 (18%) serving 54 participants.

Seven counties plan to implement an Undergraduate College & University Scholarships program to provide scholarships of \$5,000 per school year to undergraduate students in exchange for service learning received in a PMHS agency. Student’s academic aspirations (including certificate, associate degree, and bachelor’s degree), pre-placement training and education received, lived experience, and/or other possible factors will be taken account. Counties will conduct in reach (to system of care providers) and outreach efforts (multicultural communities, university clubs, clinical mentors, etc.) to inform various eligible applicants of this scholarship opportunity. The Central Region is interested increasing the number of diversified staff to one that reflects the service population in terms of race, cultural, and gender and sexual identity. Establishing applicant eligibility criteria and terms of the agreement are to be discussed and decided on soon.

The **Clinical Master & Doctoral Graduate Education Stipends activities** that we plan to implement address values A, B, C, D, E, F, and G identified Section A of this report, with a yearly program budget of \$373,967.57 (25%) serving 19 participants.

Ten counties from the Central Region plan to implement the Clinical Master & Doctoral Graduate Education Stipends program, providing financial support for post-graduate clinical

master and doctoral education service performed in a local PMHS agency. These counties will select students in advance of their final year of education and provide funds in the amount of \$20,000 stipend exchange for a 12-month service commitment, giving priority to applicants who previously received a scholarship. Factors to be considered in determining awardees are: enrollment status, full/part-time status, discipline/concentration, degree sought, year in program, career goals, grade point average, cultural diversity, lived/raised in a rural area (determined through high school attended), language(s) spoken, lived experience, veteran status, geographic area applicant plans to work in, previous participation in a pipeline program and/or scholarship, the county applicant lives in/attends school in, length of mental health service to which the applicant is willing to commit. Counties will conduct in reach (to system of care providers) and outreach efforts (multicultural communities, university clubs, clinical mentors, etc.) to inform various eligible applicants of this stipend opportunity. The Central Region is interested increasing the number of diversified staff to one that reflects the service population in terms of race, cultural, and gender and sexual identity. Establishing applicant eligibility criteria and terms of the agreement are to be discussed and decided on soon.

The **Loan Repayment Program activities** that we plan to implement address values A, B, C, D, E, F, and G identified Section A of this report, with a yearly program budget of \$463,719.98 (31%) serving 46 participants.

Fifteen counties from the Central Region plan to implement a Loan Repayment Plan to provide educational loan repayment assistance in the amount of \$10,000 to PMHS professionals identified at the local level as serving in high need positions. Counties will consider giving priority to applicants who previously received a scholarship and/or stipend to reinforce their commitment to the PMHS. Factors to be considered in determining loan assistance awardees are: is the applicant a current PMHS employee, profession, career goals, full/part-time employment, cultural diversity, lived/raised in a rural area (determined through high school attended), language(s) spoken, lived experience, veteran status, geographic area applicant works in, previous participation in a pipeline program, scholarship, and/or stipend, the county applicant lives in/attends school in, and length of mental health service to which the applicant is willing to commit. Counties will conduct in reach (to system of care providers) and outreach efforts (multicultural communities, university clubs, clinical mentors, etc.) to inform various eligible applicants of this opportunity for loan repayment assistance. The Central Region is interested increasing the number of diversified staff to one that reflects the service population in terms of race, cultural, and gender and sexual identity. Establishing applicant eligibility criteria and terms of the agreement are to be discussed and decided on soon.

Nine of the fifteen counties are interested in a region-wide partnership so this may be pursued.

Retention activities that we plan to implement using evidence-based and community-identified practices, including but not limited to retaining personnel and training personnel about MHSA values. These activities address values A, B, C, D, E, F, and G identified Section A of this report, with a yearly program budget of \$344,050.17 (23%) serving 685 participants.

Eleven of the Central Region counties plan to promote developing and implementing systemic changes and opportunities that increase the likelihood of staff retention in the PMHS workforce. Among these 11 counties, some have chosen to implement two to four of the following retention strategies: Enhancing Workers' Day-to-Day Experiences (ie. offering financial incentives for retention, instituting personnel policies that explicitly support/promote employee work life balance by addressing schedules, commuting, travel and/or other work requirements, etc.); Enhance and Support Staff Development (ie., engaging with workers at all levels to develop personalized career growth pathways, ensuring worker opportunities to pursue licensure, higher education, and/or career advancement, funding and providing paid time for both on and off-site continued professional development, providing specialized trainings relevant to the specific persons and communities served, providing ongoing trainings on issues such as trauma-informed therapy and vicarious trauma, and/or about MHSA values to personnel, etc.); Strengthen Management and Supervision of Workers (ie., training and guiding supervisors in order to offer high quality supervision that includes mentorship, reflective coaching, professional guidance, and debriefing opportunities, providing reflective coaching on the effects of vicarious trauma and work-related stressors, providing professional guidance that complements and supports worker training, providing structured opportunities for workers to debrief after stressful events, etc. and; Enhance Organizational Climate and Culture, (ie., offering regular opportunities for workers to provide input on workplace policies and practices, to share stories, victories, challenges, and strategies, etc.).

MHSA Annual Update FY 2019-2020

Background and Overview of the Annual Update

The Mental Health Services Act (MHSA) Three Year Plans are required to be updated annually. Counties prepare these plans via a community planning process. This community planning process may be shorter and smaller in scale than that performed for the creation of a Three-Year Plan. The Annual Updates are intended to address any changes to services described in the Three-Year Plan, present ideas for new services and programs, and document the public participation that led to these changes. Annual updates are provided to stakeholders in writing, opened for a 30-day review period, and subject to public hearings.

Community Planning Process Summary

Fresno County Department of Behavioral Health (DBH) engages in a robust Community Planning Process (CPP) for its annual updates and MHSA Three-Year Planning. This process included community forums and stakeholder groups related to the new 2020-2023 Three-Year Plan, three innovation plans, and other topics specific to cultural and demographic needs. For more information about the CPP for the 2020-2023 Three-Year Plan, please see pages 6-27.

This Annual Update was originally slated to be posted for a 30-day public comment/public review from April 1, 2020 through April 30, 2020 but due to the COVID-19 pandemic, Fresno County DBH suspended the community planning process. An extension request (Form 5511) was submitted to the Department of Healthcare Services (DHCS) on July 30, 2020. This December, the Department hosted four virtual community report-back forums, posted the plan for public comment, and will hold a public hearing at the end of the 30-day Public Comment Period.

After public comment and the public hearing, public input shall be noted in an exhibit to this plan, and barring any significant changes, the plan shall be presented to the Fresno County Board of Supervisors (BOS). Upon approval from the BOS, the plan shall be submitted to the Mental Health Services Oversight & Accountability Commission (MHSOAC) and DHCS.

In the coming fiscal year, Fresno County DBH will continue to implement community-suggested engagement strategies and online surveys to garner community input. The Department will continue to expand community partnerships in order to increase stakeholder engagement.

Annual Updates

Fresno County DBH began this current annual update in January of 2020.

The development of this new annual update began by conducting a full review of all MHSA programs listed and funded in the last MHSA Update. Through this process, Fresno County DBH identified a greater need to provide oversight and implementation of MHSA services, and as such, has taken action to provide these enhancements. While we sought to impose a moratorium on new MHSA program and services pending review and evaluation of all services, several new programs were implemented to address community needs. This Annual Update will serve to summarize activities completed in the final year of the 2017-2020 Three-Year Plan.

Fresno County DBH continues to design and implement processes intended to monitor the actual services being provided across the system of care, and increase the accuracy of reporting on program activities. An integral part of this process is the continued effort to ensure all programs adhere to MHSA Component and strategy guidelines. In the last Annual Update, the Department stated an intention to secure independent evaluators for the evaluation of its PEI programs. The Department began contract negotiations with the RAND Corporation in March of 2020, and a contract was fully executed by July 2020.

Innovation Projects

In Spring 2019, Fresno County received MHSOAC approval to use Innovation funds for its Community Planning Process Innovation project, as well as participation in the Statewide Full-Service Partnership (FSP) Evaluation project and the Statewide Psychiatric Advanced Directive project. These projects were initiated during FY 2019-2020, and an Annual Update was submitted for each plan at the end of the FY 2019-2020. There were six proposed Innovation plans in the 2017-2020 MHSA Three-Year plan, as well as in the previous annual updates. The Innovation update in this plan will focus on status of the six innovation plans that were pending and/or approved during FY 2019-2020.

The following plans are identified in the MHSA Three-Year Plan:

INN PLANS	STATUS
THE LODGE	Approved by MHSOAC on 5/28/2020
THE TRANSPORTATION APPLICATION (NAMED PROJECT RIDE WELL)	Approved by MHSOAC on 5/28/2020
INTENSIVE OUTPATIENT TEAM	Eliminated as an Innovation Project due to not meeting Innovation Project requirements.
TECHNOLOGY SUITE	Participation closed by MHSOAC; eliminated as an Innovation Project.
RESPONSE TO KIDS AND FAMILIES EXPERIENCING STRESS AND TRAUMA (NAMED HANDLE WITH CARE PLUS+)	Approved by MHSOAC on 5/28/2020
JUSTICE MAP/SHELTER MAP	Project was postponed due to funding questions; will be moved to 2020-2023 Three-Year Plan.

Three Innovation Plans were approved by the MHSOAC in FY 2019-2020:

The Lodge

The Lodge is a research study project exploring effective engagement practices for homeless or those at risk of homelessness, who have a serious mental illness, and have not engaged in services beyond crisis and hospitals. The close-to-zero-barrier lodging seeks to address the individual's basic needs first by using paid, trained peers that are available 24/7 to engage residents using evidence-based practices. The specific focus of the research study project makes this project different than other existing homeless programs, and will provide learning and data to understand how to best engage those who may be in the pre-contemplation stage of change as the County seeks to address services for our local homeless populations who have previously opted not to engage in services. RH Community Builders was identified through the County's purchasing process as the service provider, and the Social Research Institute at Fresno State has been identified as the project's third-party evaluator.

Project Ride Well

This project is a collaborative project with the Fresno County Economic Opportunities Commission (EOC), which has been approved through a Suspension of Competition. This pilot will seek to assess how access to wellness activities can improve one's overall wellness and recovery. Project partners will work to develop a closed transportation smartphone application that can provide timely transportation to specific service users in certain rural communities in order to increase their ability to access wellness and recovery programs in their area. Peers will train project's drivers with the goal of increasing the program staff's understanding of behavioral health; destigmatizing mental health problems; and thus, improving rider experience. This peer-centered process may result in peers gaining employment as drivers. The project will explore options in one rural area and with specified metro population of meds only persons served with two or more "no-show" appointments. The project will use the Reaching Recovery tools to evaluate changes in a person's wellness.

Handle with Care Plus+

This project will be implemented through a partnership between Fresno County DBH, the Fresno County Superintendent of Schools, and the Fresno Police Chaplaincy. Brian Wise Solutions will develop the Parent Café curriculum and UC Davis' Center for Reducing Health Disparities will be the project's third-party evaluators. The Fresno Unified School District will oversee the participation of the four schools identified for this project. Sole Source Agreements have been approved for each of these partners due to their specific expertise. This project will identify and support students and families who have experienced traumatic events in order to provide immediate services to the child and family using the Handle with Care model. Children at the four pilot schools will be screened and linked to any needed services, while caregivers will be referred to a Parent Café that focuses on building resilience and addressing family trauma. The project

will navigate COVID-19 conditions and attempt to start providing services during the FY 2020-2021.

Highlights and Themes of the Annual Update

Innovation Action

As described above, the Department of Behavioral Health successfully wrote and received MHSOAC approval for three Innovation Plans in FY 2019-2020. The County is working with partners to develop implementation plans and timelines for these projects, as original projections have been impacted by COVID-19.

In FY 2019-2020, DBH worked to implement three Innovation Plans that were approved by the MHSOAC in June 2019. DBH submitted Annual Updates for the Statewide FSP Evaluation Project, the Statewide Psychiatric Advanced Directive (PAD) Project, and the Community Program Planning Process for Innovation project. DBH did submit a request to extend the current Statewide Psychiatric Advance Directive project from a three-year project to a five-year project for the same amount. The impacts of COVID-19 delayed some of the local and statewide work around the PAD. Additionally, at this time Fresno was the only county working on this statewide project and needed for a Statewide plan to identify final learning and/or outcomes.

Prevention Improvement

In FY 2018-2019, Fresno County expended 74.75% of its PEI funding on programs and services which served children/youth and TAY. This is well above the 50% plus 1% standard. FY 2019-2020 numbers will be available upon completion of the associated Revenues & Expenditures Report.

In this plan update, the Department has identified a number of opportunities for improving PEI programs and services through the improvement of oversight and planning of PEI Services.

In brief, the continual PEI improvement process will include the collection of required PEI demographic data (shown in the table at the right). All PEI program providers were informed via a meeting which was recorded by video for future viewing) on May 31, 2019 of the requirement and need to collect the necessary data and outcomes for all PEI programs. This process will be supported by new outcome reports developed during the RAND Corporation's PEI Evaluation. This RAND evaluation project will also include the development of a database that can collect, store, and report PEI demographic and programmatic data.

PEI Requirements:

- Age
- Primary Language
- Race
- Ethnicity
- Gender (assigned at birth and current gender identity)
- Sexual Orientation
- Disabilities
- Veteran Status

The information gained from this PEI program evaluation will be used during an in-depth review

of all PEI programs. Some programs may require redesigns and contract updates in order to ensure that all programs adhere to MHSA PEI requirements. This process will support the Department’s continued effort to limit the number of PEI programs providing services across multiple PEI strategies. All efforts will be taken to ensure accurate reporting, improved oversight, and adherence to MHSA regulations and requirements. DBH will use the knowledge gained during this process to develop a comprehensive prevention plan which will support system wide goals, increase organization and coordination, and provide a full spectrum of services (including education, prevention, early intervention, intervention, and more intensive services).

DBH has worked to clarify contract language for programs that may have been previously identified as providing both Community Supports and Services (CSS) and PEI services. As CSS and PEI programs have different target populations, intents, and requirements, program differentiation will improve financial/expenditure audits and reporting, as well as programmatic outcome requirements, measures, oversight, and reporting.

The table below shows the classification of existing programs to their appropriate PEI Strategies, and demonstrates that Fresno County provides a program for each of the six PEI strategies as required for a county of its size.

PROGRAM NAME	PEI STRATEGY
BLUE SKY WELLNESS CENTER	Prevention
CHILD WELFARE MENTAL HEALTH/KATIE A TEAM	Prevention Early Intervention
CHILDREN/YOUTH/FAMILY PREVENTION & EARLY INTERVENTION (BROKEN INTO TWO DIFFERENT PEI EFFORTS)*	
PREVENTION SERVICES TO SCHOOLS (ASSUMED DUTIES OF THE SCHOOL BASED CHILDREN’S PREVENTION USING PBIS PROGRAM AND ADDED MORE SERVICES)	Prevention
FAMILY FOCUSED PREVENTION SERVICES	Prevention
COMMUNITY GARDENS	Stigma and Discrimination Reduction Early Intervention
COMMUNITY RESPONSE LAW ENFORCEMENT	Outreach for Increasing Recognition of Early Signs of Serious Mental Illness
CBANS	Access and Linkage Suicide Prevention
DBH COMMUNICATIONS PLAN	Outreach for Increasing Recognition of Early Signs of Serious Mental Illness
FUNCTIONAL FAMILY THERAPY	Early Intervention
HOLISTIC CULTURAL EDUCATION WELLNESS CENTER	Prevention
INTEGRATED MENTAL HEALTH AT PRIMARY CLINICS	Prevention & Early Intervention
INTEGRATED WELLNESS ACTIVITIES	Stigma and Discrimination

MULTI-AGENCY ACCESS POINTS	Access and Linkage
PERINATAL WELLNESS CENTER	Early Intervention
SUICIDE PREVENTION	Suicide Prevention
WELLNESS INTEGRATION AND NAVIGATION SUPPORT FOR EXPECTING FAMILIES	Prevention Outreach for Increasing Recognition of Early Signs
YOUTH EMPOWERMENT CENTERS	Prevention Outreach for Increasing Recognition Of Early Signs Of Serious Mental Illness

No PEI programs were eliminated in FY 2019-2020. Several programs will be eliminated from the MHSA 2020-2023 Three-Year Plan.

Community Services and Support (CSS)

During Fiscal Year 2019-2020, Requests for Proposal (RFPs) were released for an expansion of the Adult FSP program, the Continuum of Care for Youth and Young Adults Affected by Human Trafficking, and the AB1810 Diversion Continuum of Care. Contracts were awarded for the FSP Program and the Diversion Continuum of Care. As of the end of the fiscal year, the results of the Continuum of Care for Youth and Young Adults Affected by Human Trafficking RFP were still pending. This program will remain in the plan, but a new RFP or implementation will be on hold until revenues are available for implementation.

Fresno County shifted \$8,361,522 of CSS funds to Capital Facilities and Technology Needs (CFTN) to address the activities below. The standards do allow for Counties to shift CSS funds to CFTN for facilities and programmatic services.

The Department will use a portion of its CSS funds to develop supportive housing services for five new No Place Like Home funded programs. As the new supportive services are contingent on the approval of the application, no program is being identified at this time, but in the next update new services may be required.

There are 36 CSS programs at this time, with 25 belonging to System’s Development, ten (10) to Full-Service Partnerships (FSP) and seven (7) that are Outreach and Engagement (O&E).

Program Name	CSS Component
<i>AB 109 Outpatient Mental Health Services & Substance use Services</i>	System Development
<i>AB 109 FSP</i>	FSP
<i>Assertive Community Treatment (ACT) Team</i>	FSP
<i>Children and Youth Juvenile Justice Services Assertive Community Treatment (ACT) Team</i>	FSP
<i>Children’s FSP (0-10)</i>	FSP
<i>Children’s Expansion of Outpatient Services</i>	Systems Development
<i>Collaborative Treatment Courts</i>	O&E
<i>Consumer Family Advocate Services</i>	O&E

<i>Continuum of Care for Youth and Young Adults affected by human trafficking*</i>	FSP Systems Development O&B
<i>Co-Occurring Disorders FSP</i>	FSP
<i>Crisis Stabilization Voluntary Services</i>	System Development
<i>Culturally Specific Services</i>	FSP and System Development
<i>Enhanced Rural Services FSP</i>	FSP
<i>Enhanced Rural Services Outpatient/Intensive Case Management</i>	System Development
<i>Family Advocate Position</i>	O&E
<i>Flex Account For Housing</i>	System Development
<i>Fresno Housing Institute</i>	System Development
<i>Hotel-Motel Voucher Program</i>	System Development and O&E
<i>Housing Access and Resource Team</i>	System Development and O&E
<i>Independent Living Association (ILA)</i>	System Development
<i>Integrated Mental Health Services at Primary Clinics II</i>	System Development
<i>Medication Expansion</i>	System Development
<i>New Starts Program (Master Leasing)</i>	System Development
<i>Older Adult Team</i>	System Development
<i>Peer and Recovery Services</i>	System Development
<i>Project for Assistance From Homelessness (PATH)</i>	System Development and O&E
<i>Recovery with Inspiration, Support and Empowerment (RISE)</i>	System Development
<i>School Based Services</i>	System Development
<i>Supported Education & Employment Services (SEES)</i>	System Development
<i>Therapeutic Child Care Services</i>	System Development
<i>Transition Ages Youth</i>	System Development
<i>Transition Aged Youth FSP</i>	FSP
<i>Urgent Care Wellness Center (UCWC)</i>	System Development
<i>Vista FSP</i>	FSP
<i>Youth Wellness Center</i>	System Development

*the only CSS program that has been classified in all three CSS components.

The Department intended to release an RFP for two Assertive Community Treatment (ACT) teams in FY 2019-2020 but the financial effects of COVID-19 resulted in these programs being postponed. DBH will continue to assess the sustainability of adding ACT Teams to the Fresno County system of care.

In FY 2017-2018, the Fresno County DBH Fiscal Team identified that FSP were expending only 31-37% of the County's CSS funds on FSP programs, rather than the mandated 51%. The FY 2018-2019 Revenue & Expenditure Report (RER) did not require the computation of an exact percentage of expenditures; however, DBH is still working to understand the reasons for the numbers. Fresno County is participating in the Multi-County FSP Evaluation Innovation project in order to better understand FSP funding needs and will likely make adjustments to the RER after this project is completed.

No CSS programs were eliminated in FY 2019-2020; however, the fiscal impacts of COVID-19 have reinforced the need to prioritize financial sustainability. The Department will conduct a full review of all programs to assess opportunities for increased Federal Financial Participation (FFP)/Medi-cal billing, and usage of other funding sources.

MHSA Supportive Housing Updates

Executive Order S-07-06 directed then Department of Mental Health (DMH), which was restructured to the Department of Health Care Services (DHCS) in consultation with the County Behavioral Health Directors Association (CBHDA), to allocate up to \$75 million per year to finance the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals 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 Loan 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 MHSA Special Needs Housing Program (SNHP) was created by CalHFA to replace the expiring MHSA Housing Loan 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 ensures County MHSA funds are not redirected locally for other purposes, and allows 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 CalHFA. Fresno County executed a Participation Agreement with CalHFA on January 10, 2017, releasing and transferring \$6,127,547 in MSHA Housing Loan Program funds to the MSHA SNHP.

On January 29, 2019, the Fresno County Board of Supervisors approved of a memorandum of understanding (MOU) for Fresno Housing Authority to serve as the Department of Behavioral

Health's (Department) "development sponsor / co-applicant" related to the No Place Like Home (NPLH) program.

No Place Like Home (NPLH)- The No Place Like Home was legislation approved by the Governor in 2016 to allocated \$2 billion in bonds to invest in the development of permanent supportive housing for persons who are in need of mental health services and who were also homeless or at risk of homelessness. The bonds are funded by a portion of county funds allocated for PEI. This legislation was reaffirmed by the voters when approved in November of 2018 during the election with the passage of Proposition 2. NPLH allows counties to apply independently or with a sponsor for the establishment of low barrier permanent supportive housing in conjunction with behavioral health services.

Under this process, the Department established a MOU with the Fresno County Housing Authority to enable submission of application for NPLH funding. The MOU authorized the Fresno Housing Authority to prepare and submit permanent supportive housing development applications (known as "Universal Applications") to the California Office of Housing and Community Development (HCD). As the Department's NPLH development sponsor, the Fresno Housing Authority submitted Three NPLH separate Universal Applications to HCD on January 30, 2019. The MOU with Fresno Housing Authority also committed all of the remaining SNHP funds to the Fresno Housing Authority in return for the guaranteed development of a minimum of 39 permanent supportive housing units, exclusive of any NPLH award. Savings of SNHP funds committed to Fresno Housing Authority have been realized and are being used as financial leverage towards future permanent supportive housing development opportunities between the Department and the Fresno Housing Authority.

Fresno County received approval for five (5) NPLH projects, for a total of \$27,149,619 in NPLH funding, and a total of 102 NPLH units. In total, the projects will provide 211 units between NPLH and the Fresno Housing Authority . The County plans to submit an application for the third round of NPLH funding in January 2021.

Capital Facilities and Technology Needs (CFTN)

There are two requested changes to the CFTN in this annual update to support both physical and technological needs of the system of care.

Capital Project- Fresno County will be selling the current Metro Campus, which necessitates the identification of new space for adult services. Additionally, the Heritage Campus, currently occupied by our Children's services, is ideally designed to operate needed psychiatric health facilities and crisis stabilization units at a location that was previously zoned for such activities and which possesses the necessary infrastructure. In this current annual plan, the County seeks to move \$0 of CSS funds for the coming FY 2019-2020 to CFTN for use in purchasing and remodeling of space for the relocation of adult and children's outpatient services. This project will be funded with monies previously moved into CFTN. DBH explored over 20 properties in the past year, seeking

space that would align with specifications called for in the Department's Facility Needs Assessment, including square footage, parking, and accessibility. This co-location of Adult and Children's outpatient services will allow service users to access a full spectrum of behavioral health services and improve the continuity of care. The proposed location will also allow for leveraging of staff at one location (such as medical and psychiatric staff), and possibly allow for pharmacy services on-site.

A location that meets the needs identified in the September 2018 Fresno County DBH Needs Assessment & Facility Programming Report was located in mid-2019. This space located at the corner of Olive and Clovis Avenues will allow for an expansion of services based on the aforementioned needs assessment. This "direct" services campus will then free up space at the Heritage campus which will allow for relocation of the current Exodus program and allow proper space for expansion of needed PHFs and CSUs.

Databases- One of the challenges with reporting, especially for PEI projects, has been the limited data, data collection, and/or quality data. The electronic health record utilized by Fresno County (Avatar) is not designed to record many prevention efforts and activities. As such, it has only been used to collect incomplete data for certain PEI programs.

The lack of a common data collection system continues to be a challenge for PEI providers. The First 5 Fresno County report *Preconception to Age 5 Blueprint for Funding and Advocacy* published in March of 2019 stated that there is a limited capacity of many providers to capture and monitor data on their programs and individuals served, which also hinders care coordination. To address these significant data challenges, DBH is taking several steps to resolve the issue.

- One- Work with the RAND Corporation to evaluate existing PEI programs. This evaluation will include an investigation into which data is being collected, which is not, and what barriers PEI providers face when collecting and reporting data.
- Two- Work with the RAND Corporation to design and implement standardized data reporting tools for each PEI Strategy.
- Three- Work with the RAND Corporation to develop a web-based data collection tool. Continue to investigate the usefulness of the electronic health record as a PEI data collection and reporting tool.
- Four- Provide on-going technical assistance, support and training for all providers of PEI services to ensure they are continuously collecting the required PEI Data.

While the RAND Corporation will be providing a web-based data collection tool for PEI data collection, Fresno County DBH will continue to investigate other avenues of data collection. The Department has decided to release a Request for Proposals for a new Electronic Health Record (EHR) and may seek or request a component of this EHR to

collect, store and process PEI data. As such, Fresno County is requesting to keep the onetime allocation of \$300,000 for PEI database as is, until either database issues are resolved, or the funds can be used to develop a system to support the PEI reporting needs.

Workforce Education & Training

Workforce Education and Training (WET) is one of the five components of MHSA. Fresno County WET activities continue to build capacity in the workforce; support educational pathways in a number of domains; and provide training to a spectrum of stakeholders to help meet the County's behavioral health needs. The MHSA WET component's main function is to continuously work towards the development of 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 there remains limited one-time funding for WET activities. The County will therefore redouble its efforts to ensure the remaining balance of WET funds are appropriately expended per regulation.

Fresno County DBH will continue to maintain efforts around WET, through other funding, as continuing to develop our workforce in a mental health shortage area, adhering to good practices to continuously develop our workforce to meet the diverse and changing needs of our various service seekers, and investing in training assist us in continuously improving the quality of care individuals receive.

We will move \$500,000 of funds from CSS to WET for FY 18-19, \$2,000,000 for 19-20, and \$1,000,000 for 20-21.

Undertakings in WET efforts have included additional trainings related to suicide prevention, including specialty training for primary care physicians. DBH is investing in peer training and peer development through efforts with Reliant Inc.

Starting in FY 2017-2018, Fresno County DBH has invested in the Health Equity Multicultural Diversity Training (HEMDT) for its staff and in FY 2019-20 has continued to expand it to all workforce members in the system of care. The implementation of HEMCDT is a significant component of the effort to increase cultural responsiveness of the workforce.

Fresno County DBH has been increasing psychiatric providers through a collaboration with UCSF's Fresno Campus. The Department established a Primary Care Psychiatric Fellowship program to as a way to grow this shortage, in addition to other career pathway efforts.

Fresno County also hosted California's Office of Statewide Health Planning and Development (OSHPD) discussions in an effort support OSHPD's five-year plan for developing California's mental health workforce.

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, and other community professionals, individuals receiving care and their families /loved ones. Additionally, the enhancement to the WET Three-Year plan for training and education focused on a comprehensive initiative for the prevention, early intervention, intervention and treatment, and postvention related to suicide will reside within this Action Item but will also touch on Action Item 2.
- **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.

During FY 2018/19, an effort was made to utilize the ending of WET dollars to maximize training opportunities. These included, as noted, trainings around cultural humility, suicide prevention, medical/psychiatric information, clinical training and peer workforce. However, as with many things, COVID-19 has limited trainings and opportunities provided through WET. Where possible, the Department worked with trainers to adapt trainings into virtual formats. However, overall trainings have been significantly reduced in the past year as a result of COVID-19 limitations.

Work was conducted in the past year to develop a WET Plan that would allow for participation in the OSHPD WET regional grants. Fresno County was the lead for the Central Region working with other counties to develop the region’s application for the grant.

When and where possible, investments have been made in train-the-trainer models for capacity growth and sustainability. During the development of the Annual Update it should be noted that the long-serving WET Coordinator departed from the county, and some of the historical knowledge was lost.

Fresno County DBH will continue to maintain a WET Coordinator as part of the Department’s Staff Development team to assist in coordination of WET activities, funded through MHSA. DBH will continue to fund WET efforts in the coming year with funds from existing AB-114 funds for the remainder of the current fiscal year (2018-2019). Otherwise, there are no significant changes

to the WET Plan from previous year. The County will be working to complete a WET plan so it may be eligible for statewide WET fundings through OSHPD’s five-year plan behavioral health workforce development plan.

Activity	Status	Action Item
Collaboration with Adult Education, community college, ROP, and SEES	Keep	4
Consultation Services for Utilization of Consumers and Volunteer	Keep	4
Expand Existing Students Internship Program	Keep	4
Financial Incentives to Increase Workforce Diversity	Keep	4
Outreach to High Schools / Career Academy	Keep	4
Partnership with CSUF on Training Psychiatric Nurse Practitioner (PNP)	Keep	4
Partnership with the Psychiatry Residencies and Fellowships - UCSF	Keep	4
Primary Care Psychiatry Fellowship Stipends through Agreement with University of California at Irvine.	Eliminate	4
WET Coordination and Implementation	Keep	1
Live and online training in Co-Occurring, Wellness, Evidence-based Practices and Core Competencies	Keep	2
Cultural Awareness Training/Linguistic Access for Staff, Consumers, and Family Members	Keep	2
Provide Training and Support for Peer Support Specialists and Parent Partners	Keep	2
Educate Consumers and Family Members on Mental Health Disorders, Meds & Side Effects	Keep	3
Mental Health Training for PCP, Teachers, Faith-Based and Other Community Partners	Keep	3
Suicide Prevention, Intervention and Treatment, and Postvention Training and Education	Keep	3

AB 114 Plan

AB 114 implemented provisions concerning MHSA funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017, were deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WIC Section 5892.1 (a)). Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal Year (FY) 2005-2006 through FY 2014-15. Pursuant to the requirements of AB 114, on June 28, 2018, the Department posted on its website a document titled, Fresno County Department of Behavioral Health Mental Health Services Act Assembly Bill 114 (Statute of 2017) Plan to Spend. This document was posted for the required public comment period. The Plan to Spend was presented and approved by the Fresno County Board of Supervisors on September 25, 2018.

In its [AB 114 Plan](#), Fresno County DBH established its intention to utilize the funds that were subject to reversion for the Innovation Programs mentioned earlier in this update. The Department developed a plan and implemented efforts to encumber the identified funds by June

30, 2020. Fresno County DBH successfully presented and received approval for three Innovation plans on May 28, 2020.

During FY 2019-2020, the Department also expended the remaining CFTN funds described in its AB 114 plan. These expenditures were used on completion of the remodel for the Health and Wellness Center (HaWC). The cost of the roof, parking lot, some OSHA compliance changes, and the auditorium work were all completed with use of the CFTN funds (\$1.17 million) in the AB 114 plan. As such there are no CFTN funds remaining in the AB 114 plan, and all funds in the AB 114 plan have been expended at this time and no funding in the AB 114 were reverted.

At this time, there are no changes or amendments to the Fresno County DBH AB 114 Plan. The AB 114 plan will expire based on legislation on June 30, 2020.

General System Updates

In FY 2017-2018, the county created an MHSA team to assist in providing better oversight and accountability to the vast breadth of MHSA services, funding and requirements. This team spans across the Department and includes members from the Public Behavioral Health Division, the Business Office, Clinical Services, and Contracts/Programs so as to provide an independent internal system of checks and balances. This team was included in the County’s AB 114 Plan Development, and the FY 2017-2018 and FY 2018-2019 plan updates.

Since its inception, this MHSA fiscal team has reviewed MHSA rules and regulations, participated in MHSA Statewide calls, trainings and other related activities. The team continues to work with the MHSOAC and DHCS to resolve any program funding and reporting concerns while overseeing day-to-day adherence to MHSA regulations.

Business Division Staff Support of MHSA	Public Behavioral Health Staff Support of MHSA
MHSA Financial Analyst Senior Accountant Staff Analyst Staff Analyst	Division Manager MHSA Coordinator (Principal Analyst) Senior Staff Analyst Staff Analyst Staff Analyst Program Technician

In FY 2018-2019, DBH established a new Division, the Public Behavioral Health Division, which provides administrative oversight of MHSA, oversees diversity and inclusion practices for the department, and conducts outreach and marketing efforts. In FY 2019-2020, the Division has overseen the creation of the Department’s Communication Plan and driven work to embed program evaluation activities throughout the system of care. These efforts are integral to the maintenance of a behavioral health system in which the voices of all stakeholders are valued and incorporated.

The MHSA Coordinator (Public Behavioral Health Division) works closely with the MHSA Financial Analyst (Business Office) and WET Coordinator (Staff Development Office) to execute the MHSA Plan in Fresno County. The MHSA Coordinator also consults regularly with the Department's Diversity Services Coordinator (Public Behavioral Health Division) in order to strengthen efforts related to cultural humility and Contract Services who oversee close to 70 MHSA funded programs through service agreements with community-based organizations and other departments. This cross-divisional team ensures the inclusion of multiple perspectives and varied expertise in MHSA efforts.

Work Plan #1 Behavioral Health Integrated Access

As in previous Annual Updates, the intent of the Behavioral Health Integrated Access Work Plan is to focus on those services, functions, and activities that serve as a gateway into the broader system of behavioral health care. Fresno County DBH holds the belief that persons have the greatest opportunity for recovery when they receive the right service at the right time in the right location. Navigating a large, complex behavioral health system can be a daunting task. The Department seeks to streamline access processes to ensure that all persons in need of behavioral health care have a timely, personal, relevant, clear and understandable path to care. The word “integrated” was carefully chosen for this work plan. It reflects our commitment to building a care delivery system that is broad in reach yet seamless and understandable to the persons served and to the community. The Behavioral Health Integrated Access work plan provides a description of all current and planned MHS-funded activities that serve as key points of entry into services. Some programs that may also serve as an entryway may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

Program Name	MHSA Component	Strategy Component	Status
Child Welfare Mental Health Team/Katie A Team	PEI	Prevention and Early Intervention	Keep
Collaborative Treatment Courts	CSS	Outreach & Engagement	Keep
Community Response Law Enforcement (Fresno CIT, Metro CIT and Rural Crisis Triage)	PEI	Early Intervention/ Outreach for Increasing Recognition of Early Signs of Mental Illness	Keep
Integrated Mental Health Services at Primary Health Care Clinics	PEI and CSS	Prevention and Early Intervention; System Development	Keep , Keep
Multi-Agency Access Point (MAP)	PEI	Access and Linkage	Keep
Supervised Overnight Stay	CSS	System Development	Keep
Technology Based Behavioral Health Solutions (Tech Suite)	INN	Innovation	Eliminate
The Lodge	INN	Innovation	Keep
Transportation Access	CSS	Systems Development	Eliminate in favor of Transportation Application INN project
Transportation Application	INN	Innovation	Keep
Urgent Care Wellness Center (UCWC)	CSS	System Development	Keep
Youth Wellness Center	CSS	System Development	Keep
Wellness Integration and Navigation Supports for Expecting Families.	PEI	Prevention/ Outreach for Recognition of Early Signs of Mental Illness	Eliminate

Intensive Transition Team CSS System Development Eliminate

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Child Welfare Mental Health Team/Katie A Team
Project Identifier(s): 002 **Avatar:** N/A **PeopleSoft:** 4318
Provider(s): Fresno County Department of Behavioral Health

Approval Date:

Start Dates: **Anticipated:** **Actual:**

Program Overview: Child Welfare Mental Team/Katie A Team is designed 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."

Program Update:

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FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention	\$210,331	
MHSA-Early Intervention	210,330	
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$420,661	

Performance Outcomes: fresnoMHSa.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention	\$175,000	\$175,000	\$175,000	\$175,000

MHSA-Early Intervention	175,000	175,000	175,000	175,000
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$350,000	\$350,000	\$350,000	\$350,000
Increase/(Decrease)				
Adjusted Budget	\$350,000	\$350,000	\$350,000	\$350,000

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

Proposed Project Changes:

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Collaborative Treatment Courts
Project Identifier(s): 003 **Avatar:** 4313 **PeopleSoft:** 4313
Provider(s): Superior Court of California, County of Fresno (A18-328)
 Fresno County Department of Behavioral Health – Collaborative Treatment Courts Team
 Fresno County Probation Department

Approval Date:

Start Dates:

Anticipated:

Actual: July 1, 2015

Program Overview:

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, Family Dependency Treatment Court and Friday Court. A Department Behavioral Health (DBH) clinician and case manager outreach to and assess minors considered for the program and provide clinical recommendations to the Courts for minors and adults. A Deputy Probation Officer supports the Adult Behavioral Health Court.

Program Update:

A new five-year contract was approved by the Board of Supervisors, effective July 1, 2018, to continue court coordination services for the Adult Behavioral Health Court (ABHC), Family Behavioral Health Court (FBHC), Adult Drug Court (ADC), and Family Dependency Treatment Court (FDTC) at the same funding level. DBH also provided clinical support for ABHC, FBHC, ADC and assessments and referrals for Friday Court. Friday Court began in January 2018 and provides necessary supports and services to youth and young adults identified as at-risk or victims of human trafficking.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	4
Asian/Pacific Islander	3
Caucasian	22
Latino	32
Native American	1
Other	2,046
Unreported	33
Total Number Served	2,141

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	7
<input checked="" type="checkbox"/> 25-64	81
<input type="checkbox"/> 65+	
Unreported	2,053
Total Number Served	2,141

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement	\$283,714	
Federal Financial Participation	1,346	
Other	47	
Total Program Costs	\$285,107	\$133

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$219,475	\$219,475	\$219,475	\$219,475
Medi-CAL FFP				
Other	80,445	80,445	80,445	80,445
Total Budget	\$299,920	\$299,920	\$299,920	\$299,920
Increase/(Decrease)				
Adjusted Budget	\$299,920	\$299,920	\$299,920	\$299,920

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

Obtaining necessary data from the courts to accurately measure program success remains difficult due to confidentiality and release of information issues. Court Coordinators continue to review appropriate data collection and outcome reporting methods.
The Clinical Supervisor’s position was filled in July 2019.

Proposed Project Changes:

The Department’s participation in Veteran’s Treatment Court and a new court for the homeless were being considered. This would require assessment of programmatic needs and resources to provide clinical work associated with such expansions. It is forecasted that over the next three years MHSA revenues will be declining which limits the probability of expansion to increase capacity using MHSA funds. In Summer 2020, the Court received a grant to create a DUI court which will begin in early 2021. Collaborative Court staff will provide evaluation and linkage to appropriate treatment services.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name 2020-2023: Crisis Intervention Team and Rural Triage
Project Name 2017-2020: Community Response/Law Enforcement
Project Identifier(s): 004 **Avatar:** 4762 (DBH CIT), 4763 (Kings View Metro & FPD CIT), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West) **PeopleSoft:** 4762 (DBH CIT), 4763 (Kings View Metro & FPD CIT), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West)

Provider(s): Fresno County Department of Behavioral Health
 City of Fresno Police Department (A18-074)
 Kings View Behavioral Health (A18-688)

Approval Date: Historical

Start Dates: **Anticipated:** N/A **Actual:** June 1, 2010

Program Overview: Prevention & Early Intervention crisis field clinicians serve as active liaisons with law enforcement in the County to provide training, outreach, and direct field response to individuals with mental illness in the community, specifically in the metro, rural East and rural West regions of the County. Mental health crisis calls and evaluations for danger to self, danger to others and grave disability are a primary focus.

Program Update:

Kings View and DBH mental health clinicians continue to provide community outreach and education; training and consultation to law enforcement agencies within Fresno County, including direct field response to mental health crisis calls; assessing for danger to self, danger to others and grave disability; and post-crisis follow up and case management, as needed.

On December 11, 2018, an agreement was executed with Kings View Behavioral Health (Kings View) to provide additional support to the Crisis Intervention System of Care by assuming some of the responsibilities once held by the DBH mental health clinicians. Kings View mental health clinicians are now the primary responders to crisis calls, which allows the DBH mental health clinicians to focus on intensive engagement and follow up with individuals who are frequently intersecting with multiple community agencies. Kings View Metro CIT and Rural Triage mental health professionals respond to crisis calls 7 days a week, 6am-12am. The 2 DBH clinicians provide intensive engagement services 5 days a week from 8am to 5pm with the support of a Clinical Supervisor.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	87
Asian/Pacific Islander	35
Caucasian	243
Latino	595
Native American	10
Other	41
Unreported	138
Total Number Served	1,149

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	302
<input checked="" type="checkbox"/> 16-24	252
<input checked="" type="checkbox"/> 25-64	549
<input checked="" type="checkbox"/> 65+	46
Unreported	
Total Number Served	1,149

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
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MHSA-Prevention		
MHSA-Early Intervention	\$1,181,461	
MHSA-Outreach	1,181,461	
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation	329,415	
Other	555	
Total Program Costs	\$2,692,892	\$2,344

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention	\$3,710,907	\$3,710,907	\$3,710,907	\$3,710,907
MHSA-Outreach	714,165	714,165	714,165	714,165
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP	\$757,215	757,215	757,215	757,215
Other				
Total Budget	\$5,182,287	\$5,182,287	\$5,182,287	\$5,182,287
Increase/(Decrease)				
Adjusted Budget	\$5,182,287	\$5,182,287	\$5,182,287	\$5,182,287

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

DBH contracted with the Kings View Metro CIT program with the intention of having Kings View clinicians co-locate and co-respond with Fresno Police Department CIT officers. Due to unforeseen programmatic evolution and to focus on efforts that directly impacting individual care, this component of the program’s design has been postponed.

Additionally, the law enforcement partners within Fresno County don’t currently collect and report all the demographic information requested in order to fulfill MHSA PEI reporting requirements. In the past, DBH has relied on its mental health clinicians and Kings View to ensure they’re able to report this information; however, this may not include all the calls law enforcement responds to without a mental health clinician. Over the coming fiscal year, DBH will work with our law enforcement partners to develop more robust data collection and reporting mechanisms.

Proposed Project Changes:

In addition to addressing data collection and reporting barriers with Fresno County law enforcement partners, DBH is actively working toward a true co-location and co-response model. While DBH values this component of the CIT program design, ensuring the CIT system of care is addressing the needs of individuals served is the top priority. Current facilities improvements to the Health and Wellness Center will allow for the appropriate space to allow for true co-location to occur.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023: Integrated Mental Health Services at Primary Care Clinics
Project Name 2017-2020: Integrated Behavioral Health Services at Primary Care Clinics
Project Identifier(s): 076 **Avatar:** 4760, 4325, 4532 **PeopleSoft:** 4760, 4325, 4532
Provider(s): Clinica Sierra Vista (A17-579)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2011
Program Overview: Previously, this program integrated Prevention and Early Intervention (PEI) services at primary care sites to individuals of all ages throughout Fresno County. In Fiscal Year 2016-17, initial development began for a more robust version of the original program which expanded to include Specialty Mental Health and Substance Use Disorder (SUD) services for all ages. Services that would be provided included assessments, treatment, case management, and medication management, among others. The goal of the expanded program is to offer holistic wellness services to children, adults, and families at each of the program locations.

Program Update:

Clinica Sierra Vista has been using Avatar as their main EHR for the program services; however, they are in the process of transitioning to EPIC as the EHR for their entire organization, across all programs and locations. Fresno County Department of Behavioral Health (DBH) has been working with Clinica Sierra Vista to ensure all necessary forms are available and meet the needs of DBH.

Clinica Sierra Vista submitted their Drug Medi-Cal application to the State for reimbursement for SUD services in June 2020; a response is anticipated approximately 90 days after submission. Clinica Sierra Vista has been working closely with DBH SUD contracts staff to assist with various technical and staffing resources. SUD services will begin at the Airport (N. Fine) and W. Shaw service sites once SUD staff are hired and fully trained.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	142
Asian/Pacific Islander	31
Caucasian	301
Latino	751
Native American	11
Other	29
Unreported	163
Total Number Served	1,428

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	410
<input checked="" type="checkbox"/> 16-24	253
<input checked="" type="checkbox"/> 25-64	732
<input checked="" type="checkbox"/> 65+	33
Unreported	
Total Number Served	1,428

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$1,358,489	
MHSA-Outreach and Engagement		

Federal Financial Participation	64,428	
Other		
Total Program Costs	\$1,422,917	\$996

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$2,900,000	\$2,900,000	\$2,900,000	\$2,900,000
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$2,900,000	\$2,900,000	\$2,900,000	\$2,900,000
Increase/(Decrease)				
Adjusted Budget	\$2,900,000	\$2,900,000	\$2,900,000	\$2,900,000

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

There are no significant barriers to service provision at this time.

Proposed Project Changes:

There are no proposed changes at this time.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Intensive Transitions Team
Project Identifier(s): 006 **Avatar:** **PeopleSoft:**
Provider(s): TBD
Approval Date:
Start Dates: **Anticipated:** **Actual:**
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 adult 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 behavioral health 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 and 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.

Program Update:

The Department has held program development meetings internally as well as externally with stakeholders to develop program components. A draft Request for Proposal (RFP) was developed in March 2020. However, due to the COVID-19 pandemic and its fiscal impacts, the Department has put this project on hold. Additionally, the Department will explore how other existing services and programs can address the need and such as possible Justice MAP and Diversion Programing.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

Total Number Served	0
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FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0	\$0

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD		\$500,000	\$500,000	\$500,000
MHSA-O & E				
Medi-CAL FFP		100,000	100,000	100,000
Other				
Total Budget	\$0.00	\$600,000	\$600,000	\$600,000
Increase/(Decrease)				
Adjusted Budget	\$0.00	\$600,000	\$600,000	\$600,000

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

The Department continues to work with the current contracted jail behavioral health provider to connect SMI individuals released from the facility to community providers and resources. The Department has developed a Community Engagement Taskforce (CET), comprised of County-operated staff, to assist the jail and shelters to connect individuals to services during the pandemic. The CET team follows up with individuals post release, completes assessments and provides linkages to services and resources. This team may address the need, and therefore make an Intensive Transition Team project duplicative.

Proposed Project Changes:

Program be eliminated from that Plan at this time due to lack of MHSA funding to establish such a new program in the next three years, and possible alternatives which may support the need for linkage.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Integrated Mental Health Services at Primary Care Clinics
Project Identifier(s): 077 **Avatar:** **PeopleSoft:** 4759, 4760
Provider(s): Clinica Sierra Vista (A17-579)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Anticipated:** N/A
Program Overview: This program integrates Prevention and Early Intervention (PEI) services at primary care sites to individuals of all ages throughout Fresno County. In Fiscal Year 2016-17, initial development began for a more robust version of the original program which expanded to include Specialty Mental Health and Substance Use Disorder (SUD) services for all ages. This program sheet describes the PEI portion of the services.

Program Update:

In the past year, the contracted provider has struggled to fill the positions required to operate the PEI portion of this program. Due to its status as a Federally Qualified Health Center (FQHC), the provider is equipped to provide prevention services within its normal operations.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention	\$86,688.31	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other	14.72	
Total Program Costs	\$86,688.31	\$0.00

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention	\$56,000	\$90,000	\$0.00	\$0.00
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$56,000	\$90,000	\$0.00	\$0.00
Increase/(Decrease)	47,000			
Adjusted Budget	\$90,000	\$90,000	\$0.00	\$0.00

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

The provider has had difficulty filling necessary positions. The program will be eliminated.

Proposed Project Changes:

This program will be eliminated from the MHSA plan.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Multi-Agency Access Program (MAP)
Project Identifier(s): 007 **Avatar:** 4768 **PeopleSoft:** 4768
Provider(s): Kings View Corporation (A17-006)
 Poverello House (A17-006)
 Centro La Familia Advocacy Services (A17-006)
 Fresno County Economic Opportunities Commission (A17-006)

Approval Date: January 10, 2017
Start Dates: **Anticipated:** NA **Actual:** January 10, 2017

Program Overview: MAP provides a single point of entry for residents of Fresno County to access linkages 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 through a collaborative network of partner agencies and local resources.

Program Update:

In November 2019, Fresno County Economic Opportunities Commission (Fresno EOC) was added to the MAP Master Agreement. Fresno EOC offers a vast array of services to all areas of Fresno County and has a massive client base, but will focus on providing MAP services to their Women, Infant and Children (WIC), Head Start, and Health and Dental Services programs and in the city of Fresno first, as a pilot. Fresno EOC will also provide MAP services to individuals and families not yet established in their other programs.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	492
Asian/Pacific Islander	31
Caucasian	1,210
Latino	0
Native American	80
Other	492
Unreported	87
Total Number Served	2,392

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	212
<input checked="" type="checkbox"/> 25-64	2,006
<input checked="" type="checkbox"/> 65+	173
Unreported	1
Total Number Served	2,392

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage	\$1,381,941	
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		

Federal Financial Participation		
Other		
Total Program Costs	\$1,381,941	\$578

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage	\$1,192,781	\$1,284,529	\$1,284,529	\$1,284,529
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$1,192,781	\$1,284,529	\$1,284,529	\$1,284,529
Increase/(Decrease)				
Adjusted Budget	\$1,192,781	\$1,284,529	\$1,284,529	\$1,284,529

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

The greatest challenge with MAP—although not a challenge to service delivery—continues to be data reporting abilities. All information shared by individuals served are input into the MAP database by MAP Navigators; there are canned reports embedded within the database, and capability to extract raw data; however, it is unclear if the data extracted from these measures are complete and capture all desired components. This is a challenge with the database software—not a user issue. Therefore, MAP providers vet the raw data by comparing data points directly with individuals served records from the user interface to ensure that all components that are to be reported are complete and accurate. This is a time-intensive process that cannot be sustained should MAP continue in the long-term. Knowing this data challenge, the Department of Behavioral Health is researching better options for a new database or system to capture MAP information and produce reliable reports. This is an ongoing process that will take into consideration feedback from MAP providers, partners, County departments, and IT.

MAP providers have experienced challenges in finding housing and employment opportunities for individuals who are registered sex offenders. Employment opportunities are scarce as employers are reluctant to hire registered sex offenders, which in turn creates a hardship in finding and maintaining steady housing steady housing. Additionally, there is a high need for low income (section 8) housing with limited availability in rural communities.

Furthermore, the effects of COVID-19 have impacted where and how services are delivered, and the availability of linkage sources. Many of the rural MAP Points (locations) utilize space within the Housing Authority buildings; however, the Housing Authority closed its buildings during COVID-19 quarantine, resulting in temporary closures of 3 rural MAP Points. Currently, 11 out of the 14 MAP Points remain open. Poverello House continued to provide on-site in-person services due to the unique nature of their site, but other providers have made efforts to shift services from in-person to phone-based services in consideration of COVID-19 health restrictions.

Proposed Project Changes:

The County of Fresno Department of Behavioral Health will be exploring a Justice MAP program which serves individuals with justice-related barriers, specifically targeting individuals associated with misdemeanor court. This process will be put on hold pending a review of the MHSA landscape.

As a result of COVID-19, many resources have not been open for walk-ins or appointments; therefore, individuals served volume at the Poverello House MAP point has increased significantly. To ensure that individuals are seen on the day they come to MAP, the County of Fresno will utilize Coronavirus Aid, Relief, and Economic Security (CARES) Act funds to hire additional MAP staff under Poverello House, for the period of September through December 2020. It is anticipated that three additional full-time equivalent Navigators will be available to provide MAP services at rural and metro Poverello House MAP points, for a total of 4 metro Navigators and 2 rural Navigators.

The Department is working actively to address the data and reporting challenges through a larger project, with specific application for the MAP project/database.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Supervised Overnight Stay
Project Identifier(s): 008 **Avatar:** 4782 **PeopleSoft:** 4782
Provider(s): WestCare California, Inc. (A18-686)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** May 22, 2012
Program Overview: 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, case management 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.

Program Update:

A second location was added to the program where individuals can receive assessments and case management after their stay at the overnight stay facility.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	56
Asian/Pacific Islander	10
Caucasian	109
Latino	30
Native American	14
Other	56
Unreported	0
Total Number Served	275

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	36
<input checked="" type="checkbox"/> 25-64	232
<input checked="" type="checkbox"/> 65+	7
Unreported	0
Total Number Served	275

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$687,650	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$687,650	\$2,501

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$839,090	\$839,090	\$839,090	\$839,090
MHSA-O & E				

Medi-CAL FFP	302,350	302,350	302,350	302,350
Other				
Total Budget	\$1,141,440	\$1,141,440	\$1,141,440	\$1,141,440
Increase/(Decrease)				
Adjusted Budget	\$1,141,440	\$1,141,440	\$1,141,440	\$1,141,440

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

Opening the new outpatient center for services took longer than anticipated. The staff experienced difficulties getting the new program up and running as case managers had to be trained efficiently on Avatar and billable services. WestCare experienced difficulties hiring a second clinician, leaving one clinician to assess all individuals served, though a second clinician has since been hired. The program has also seen a decrease in referrals over time, possibly due to other crisis services newly available in the County.

Proposed Project Changes:

No proposed changes. This and all MHSA funded services will be assessed in the coming year for costs, leveraging of other funds, and outcomes.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

INNOVATION

Status of Program:Delete

Project Name: Technology Based Behavioral Health Solutions
Project Identifier(s): 009 **Avatar:** N/A **PeopleSoft:** N/A
Provider(s): N/A
Approval Date: N/A
Start Dates: **Anticipated:** N/A **Actual:** N/A
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 multifactor 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

Program Update:

The MHSOAC closed participation in the Tech Suite Innovation project during FY 18/19. As a result, Fresno County DBH will not participate in this project, and has allocated the Innovation funds to other the other Innovation projects identified in the MHSa Plan (The Lodge, Handle With Care Plus+, and Project Ridewell).

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Innovation	\$0	
Federal Financial Participation		
Other		
Total Program Costs	\$0	\$0

Performance Outcomes: fresnoMHSa.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation	\$288,500	\$0	\$0	\$0
Medi-CAL FFP				

Other				
Total Budget	\$288,500	\$0	\$0	\$0
Increase/(Decrease)				
Adjusted Budget	\$288,500	\$0	\$0	\$0

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

N/A

Proposed Project Changes:

Remove from plan.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

INNOVATION

Status of Program:Keep

Project Name: The Lodge
Project Identifier(s): 010 **Avatar:** **PeopleSoft:** 4793
Provider(s): RH Community Builders (A20-492)
Approval Date: May 28, 2020
Start Dates: **Anticipated: October, 2020** **Actual:**
Program Overview: This program will be a short-term, come-as-you-are place to stay for individuals experiencing or at risk of homelessness, who have a serious mental illness (SMI) or cooccurring SMI and substance use disorders, and are in the pre-contemplative stage of change. Individuals will have access to 24/7 peer support, showers, clothes, food and recovery supports during their stay. These individuals will be referred from local Emergency Departments (ED), the Crisis Stabilization Unit (CSU), psychiatric hospitals, crisis intervention teams (CIT), and other agencies as approved by the Department. The program seeks to measure if focusing on an individual’s basic needs, and allowing them to choose their level of participation in a setting with peers can increase their engagement in services. The program will utilize trained peers to provide evidence-based engagement including motivational interviewing, that will assist participants in moving from the pre-contemplation stage of change to the preparation and action stages, and increase engagement in appropriate level of care services. Program staff will assist participants in receiving immediate access to specialty mental health services as desired. This program will serve adults and older adults who are at various stages of change related to their own recovery.

Program Update:

Fresno County DBH submitted an Innovation Plan for The Lodge program to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in the Spring of 2020. The Lodge will be a research project to determine if focusing on basic individual needs, utilizing trained peers to individuals who are homeless/at-risk of homelessness, who have a serious mental health condition or co-occurring disorder, and are not in care due to being in the pre-contemplation stage of change, would assist these individuals in moving through the stages of change and engaging in mental health or substance-use disorder services. The Lodge Innovation Plan was approved by the MHSOAC on May 28, 2020.

Fresno County DBH released an RFP for The Lodge in January 2020. Through this process, RH Community Builders was selected as the vendor for the project. The vendor originally intended to start the ramp-up period in summer 2020 and begin providing services at The Lodge in Fall 2020, but the COVID-19 epidemic caused this date to be pushed back. The vendor will likely begin the ramp-up period in Fall 2020.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
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MHSA-Innovation	\$0	
Federal Financial Participation		
Other		
Total Program Costs	\$0	\$0

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation	\$0	\$1,399,333	\$1,400,333	\$1,400,334
Medi-CAL FFP				
Other				
Total Budget	\$0	\$1,399,333	\$1,400,333	\$1,400,334
Increase/(Decrease)				
Adjusted Budget	\$0	\$1,399,333	\$1,400,333	\$1,400,334

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

There are no challenges or barriers to project completion at this time.

Proposed Project Changes:

There are no proposed project changes at this time.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

INNOVATION

Status of Program:Delete

Project Name Project Ridewell
Project Name: App for Transportation
Project Identifier(s): 001 **Avatar:** N/A **PeopleSoft:** 4795
Provider(s): TBD

Approval Date:

Start Dates:

Program Overview:

Anticipated:

Actual:

This program will create an ‘Uber-like’ transportation program, supported by a software application, which will be utilized by the Department of Behavioral Health for individual(s)/families throughout Fresno County, for transportation to schedule appointments that support access and individualized treatment plans / 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. 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.

Program Update:

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FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Innovation	\$0	
Federal Financial Participation		
Other		
Total Program Costs	\$0	\$0

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation	\$1,000,000	\$388,068	\$387,219	\$424.713
Federal Financial Participation				
Other				
Total Budget	\$1,000,000	\$388,068	\$387,219	\$424.713
Increase/(Decrease) in Budget				
Adjusted Total Budget	\$1,000,000	\$388,068	\$387,219	\$424.713

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

Proposed Project Changes:

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Delete

Project Name: Transportation Access

Project Identifier(s): 011

Avatar: 4710 **PeopleSoft:**

Provider(s):

Approval Date:

Start Dates:

Anticipated: Actual:

Program Overview:

Program Update:

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FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$0.00	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0.00	\$0.00

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Full-Service Partnership	\$626,500	\$0	\$0	\$0
MHSA-System Development				
MHSA-Outreach and Engagement				
Federal Financial Participation				
Other				
Total Budget	\$626,500	\$0	\$0	\$0
Increase/(Decrease) in Budget	626,500			
Adjusted Total Budget	\$0	\$0	\$0	\$0

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

Proposed Project Changes:

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Urgent Care Wellness Center (UCWC)
Project Identifier(s): 012 **Avatar:** 4622 **PeopleSoft:** 4622, 4623
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** June 29, 2009
Program Overview: Urgent Care serves individuals 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:

The Urgent Care Wellness Center (UCWC) is designed to provide an initial screening and/or assessment and bridge or short-term services for individuals served who may not require ongoing intensive services. Due to increased focus on same day access and care, decreasing wait times for psychiatry, addressing housing related needs, and connecting with individuals served who are discharging from the acute units, there has been a decreased emphasis on brief treatment up to 90 days. In planning for new regulations coming from the state of California that redefine benchmarks for standard and urgent mental health and psychiatry appointments, UCWC has prioritized same day service and decreasing wait times for care. During fiscal year 2017-18, DBH filled 3 Substance Abuse Specialists in accordance with the standards set forth by DMC-ODS waiver. The additional staff has resulted in individuals having access to both SUD and MH services and linkage at the front door. In prior years this program was classified as a non-FSP CSS program. In this update the program is now being classified as a Systems Development program within CSS, allowing for more accurate reporting, tracking and support in the future.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	818
Asian/Pacific Islander	276
Caucasian	1,528
Latino	2,325
Native American	66
Other	113
Unreported	83
Total Number Served	5,209

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	144
<input checked="" type="checkbox"/> 16-24	1,409
<input checked="" type="checkbox"/> 25-64	3,614
<input checked="" type="checkbox"/> 65+	42
Unreported	
Total Number Served	5,209

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$5,049,731	
MHSA-Outreach and Engagement		

Federal Financial Participation	640,187	
Other	2,112	
Total Program Costs	\$5,692,031	\$1,093

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
Increase/(Decrease)				
Adjusted Budget	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000

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

Continued changes in regulations for timeliness of services and the Department's full implementation of the DMC-ODS have provided challenges and opportunities. With increasing standards for access, more resources are being directed to access and intake, reducing staff availability for short-term, up to 90-day treatment. DMC-ODS implementation and the integration of access services is a significant initiative. Additional analyst support and training supports have been deployed to support the program through this process. Additionally, due to the increased housing resources in DBH as well as a county-wide focus on reducing homelessness, significant UCWC staff time has been spent addressing housing related needs for individuals served by the Department; in recognition of this challenge, a separate MHSA program, the Housing Access and Resource Team, was developed to assist individuals in securing safe housing options.

Proposed Project Changes:

Over the next year, it is anticipated that there will be a continued decrease in the provision to short-term treatment as these services will be provided by outpatient teams and the UCWC staff will continue to focus on same-day access, triage, immediate supports, and linkages. The program will continue to allocate resources to same day access, hospital discharge, and timeliness to medical and behavioral health services. The program will continue with furthering integration of SUD access services and SUD wellness groups.

BEHAVIORAL HEALTH INTEGRATED ACCESS FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Youth Wellness Center
Project Identifier(s): 014 **Avatar:** 4315 **PeopleSoft:** 4315 & 4471
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** June 2015
Program Overview: Designed to improve timely access to mental health screening, assessment, referral for ongoing treatment and short-term interventions for youth ages 5-17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, other community-based healthcare providers and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. The program will also support discharge planning and bridge services for clients being discharged from Exodus Fresno Crisis Stabilization Center and inpatient psychiatric hospitals. Services may also include facilitating the transition of youth to/from Children’s Mental Health programs from/to community resources when clinically appropriate.

Program Update:

Youth Wellness (YW) strives to provide timely access behavioral health services to families. This year a cancellation list was developed to offer short-notice appointments to families of individuals served identified with severe mental health needs to ensure expedited process of scheduling assessments (and so that no available appointments will go unused). YW also implemented a hospital follow-up and transitional care program. In the new process, individuals served being discharged from Central Star's Psychiatric Facility will have an appointment for an assessment scheduled for them within one week from discharge. They are also assigned a YW case manager and YW clinician before discharge, who provide services until individuals served can be successfully linked to an Outpatient programs. This is to ensure that individuals served are seen post-hospitalization, within an appropriate time, and experience a smooth transition of care. Other intents are that the transitional care will increase the likelihood of follow through with treatment and to reduce recidivism to hospitalization. The program worked on coordination of psychiatric services before the youth is released from the hospital, so the youth receives an appointment as part of their discharge plan.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	211
Asian/Pacific Islander	47
Caucasian	280
Latino	1,159
Native American	21
Other	84
Unreported	69
Total Number Served	1,871

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	1,868
<input checked="" type="checkbox"/> 16-24	3
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	1,871

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$699,476	
MHSA-Outreach and Engagement		
Federal Financial Participation	636,574	
Other	1,017	
Total Program Costs	\$1,337,157	\$715

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$769,269	\$769,269	\$769,269	\$769,269
MHSA-O & E				
Medi-CAL FFP	700,091	700,091	700,091	700,091
Other	1,119	1,119	1,119	1,119
Total Budget	\$1,470,479	\$1,470,479	\$1,470,479	\$1,470,479
Increase/(Decrease)				
Adjusted Budget	\$1,470,479	\$1,470,479	\$1,470,479	\$1,470,479

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

Challenges faced included an influx of Presumptive Transfer cases. Other challenges include an increased number of requests for services with limited staffing resources, which unfortunately, extended timeliness of initial appointment beyond 30 days at points throughout the year, and parents work schedule. Strategies to mitigate issues of timeliness include the establishment of cancellation list mentioned in the Program Update section of this sheet. Additionally, DBH continues to expand services for children and youth across the Mental Health Plan and establishing triage to expedite urgent referrals. A triage process to expedite services was implemented with two Community Mental Health Specialist aiding parents with paperwork and filling out the symptoms sheet, identifying the possibility of mental health decompensating without immediate services. Staff voluntarily flex their work schedule to accommodate parents work schedule in an effort to provide timely services.

Proposed Project Changes:

The program will work towards support for walk-in services, such as the provision of triage/screening to be available every hour of each business day. DBH will provide additional outreach to local hospital Emergency Departments to establish a referral process for youth being discharged from ED following crisis/5150 episode. The program would like to expand to provide all hospital and crisis stabilization follow ups with case management and transitional care therapy until youth are linked to Outpatient care (so that high risk individuals served aren't waiting for services) and increase hours of operation to accommodate parents work schedule. The Department will be assessing the program to identify ways to fund possible expansion.

BEHAVIORAL HEALTH INTEGRATED ACCESS FY 2020 - 2021

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Delete

Project Name: Wellness Integration & Navigation Support for Expecting Families and Families of Newborns

Project Identifier(s): 013 **Avatar:** **PeopleSoft:**

Provider(s): N/A

Approval Date:

Start Dates: **Anticipated:** N/A **Actual:** N/A

Program Overview:

Program Update:

This program was never implemented as other county departments and community organizations received funding for similar services and implementing such a services would be a duplication of a services. In the wake of the COVID-19 pandemic and the resulting economic effects, it would not be prudent to create a duplication of service and thus this program is being removed from the MHSA Plan to allow for the support of existing programs.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$0	\$0	\$0	\$0
Increase/(Decrease)				
Adjusted Budget	\$0	\$0	\$0	\$0

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

N/A

Proposed Project Changes:

Program will be deleted from plan.

Work Plan #2 Wellness, Recovery, and Resiliency Support

The purpose of the Wellness, Recovery, and Resiliency Supports Work Plan is to target services, functions, and activities that promote wellness, recovery and resiliency. Fresno County DBH knows that people can and do recover. We believe that creating an environment that supports recovery and resiliency is something that must be done; it is our responsibility. The Department also knows that creating this environment starts within our own department which strives to support an organizational culture of wellness. This particular Work Plan includes programs, services, and other supports that promote and sustain wellness, resiliency, and recovery. The Wellness, Recovery, and Resiliency Supports Work Plan will provide a description of all current and planned MHSA-funded programs, services and activities that serve primarily to support wellness, recovery and resiliency of individuals and their families. There may be other programs that also address wellness and promote and support recovery and resilience in other work plans in this update.

Program Name	MHSA Component	Strategy Component	Status
Blue Sky Wellness Center	PEI	Prevention	Keep
School Based Children's Prevention *	PEI	Prevention	Merged with Prevention and Early Intervention Services to Schools
Family Focused Prevention Services	PEI	Prevention	Keep
Consumer Family Advocate *	CSS	O&E	Keep
DBH Communications Plan	PEI	Stigma/Suicide Prevention/ Outreach	Keep
Family Advocate Position *	CSS	O&E	Keep
Flex Account For Housing	CSS	System Development	Keep
Fresno Housing Institute (FHI)	CSS	System Development	Keep
Hotel Motel Voucher Program	CSS	System Development/ O&E	Keep
Housing Access and Resource Team (HART)	CSS	System Development/ O&E	Keep
Housing Supportive Services	CSS	System Development	Keep
Independent Living Association (ILA)	CSS	System Development	Keep
Integrated Wellness Activities	CSS	Stigma and Discrimination Reduction	Keep
New Starts Program (Master Leasing Housing) *	CSS	System Development	Keep

Peer and Recovery Services	CSS	System Development	Keep
Project for Assistance From Homelessness (PATH) Grant Expansion	CSS	System Development/ O&E	Keep
Project Ignite	CSS	System Development	Pending
Suicide Prevention	PEI	Suicide Prevention	Keep
Supported Education and Employment Services (SEES)	CSS	System Development	Keep
Therapeutic Child Care Services *	CSS	System Development	Keep
Youth Empowerment Centers (YEC)	PEI	Prevention/ Outreach For Recognition of Early Signs of Mental Illness	Keep

Handle with Care Plus+ INN N/A Keep

Note: Programs denoted by a * are being renamed. Please see program sheets.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name:	Blue Sky Wellness Center	
Project Identifier(s): 015	Avatar: N/A	PeopleSoft: 4521
Provider(s):	Kings View (A19-372)	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: October 23, 2007
Program Overview:	Prevention and 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 onsite volunteer opportunities.	

Program Update:

Channels were explored whereby Blue-Sky staff could identify who should be contacted regarding the increased severity of condition of those individuals served that may need further intervention. Blue Sky began working with those members who had increased inappropriate and disruptive behaviors. A release of information was obtained from those members who were willing, and their case workers were brought in to work together with the member for further clinical interventions regarding these behaviors that are linked to their mental illness.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	89
Asian/Pacific Islander	15
Caucasian	196
Latino	237
Native American	25
Other	60
Unreported	64
Total Number Served	686

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	23
<input checked="" type="checkbox"/> 25-64	563
<input checked="" type="checkbox"/> 65+	55
Unreported	45
Total Number Served	686

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention	\$896,486	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$896,486	\$1,307

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention	\$1,218,326	\$1,218,326	\$1,218,326	\$1,218,326
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$1,218,326	\$1,218,326	\$1,218,326	\$1,218,326
Increase/(Decrease)				
Adjusted Budget	\$1,218,326	\$1,218,326	\$1,218,326	\$1,218,326

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

For those members who were not interested in signing a release of information, Blue Sky staff continued to work with those members to assist them in developing coping skills to reduce episodes of disruptive behaviors. These members were given tasks to assist staff with various things throughout the facility to keep them busy and get them involved with helping out. This proved successful with those members.

Proposed Project Changes:

Blue Sky will work closer with DBH case manager's regarding member treatment services in order to reduce disruptive behaviors. The program will add groups on coping skills and anger management to better assist with reducing behaviors. The program will work on increasing training with a focus on peer support, which will benefit members, as well as staff's personal development. Blue Sky will continue working with members on the development of coping skills, ongoing developing of rapport, and open communication with outside agencies for ongoing growth.

BEHAVIORAL HEALTH CLINICAL CARE FY 2020 - 2021

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Delete

Project Name: School-Based Children’s Early Intervention Using PBIS
Project Identifier(s): 016 **Avatar:** N/A **PeopleSoft:** 4330
Provider(s): Fresno County Superintendent of Schools (FCSS)—Master Agreement
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** May 3, 2010
Program Overview: Positive Behavior Interventions and Supports (PBIS) is an evidence-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.

Program Update:

Fresno County Superintendent of Schools (FCSS) continues to be the provider for the Positive Behavior Interventions and Supports (PBIS) program, which has now been absorbed into the new specialty mental health treatment and prevention and early intervention services program, collectively known as “All 4 Youth.” On June 5, 2018, Agreement No. 18-308 was approved by the Fresno County Board of Supervisors and superseded the previous PBIS School Based K-12 Program (Agreement No. 15-209). Agreement 18-308 expanded the PBIS framework and trainings to include trauma-informed practices in the current PBIS onboarded schools. It also extends PBIS to lower grade levels, such as preschool and Head Start programs. Therefore, increasing the ages-served range to 0-22 years of age. Being a school-based program, the addition of mental health staff and clinicians onto the school sites will increase overall access to the full continuum of the behavioral health system of care. Effective June 30, 2018 Agreement No. 15-209 has been superseded and PBIS services are continued on Agreement No. 18-308 All 4 Youth program. Fiscal Year 2018-19 data will be reported on the All 4 Youth PEI program report.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention	\$0	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention	\$3,290,230	\$0	\$0	\$0
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$3,290,230	\$0	\$0	\$0
Increase/(Decrease)				
Adjusted Budget	\$3,290,230	\$0	\$0	\$0

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

N/A (as stated above, FY 18-19 data will be reported on All 4 Youth PEI Program)

Proposed Project Changes:

N/A (as stated above, FY 18-19 data will be reported on All 4 Youth PEI Program)

BEHAVIORAL HEALTH CLINICAL CARE FY 2020 - 2021

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Family Focused Prevention Services
Project Identifier(s): 005 **Avatar:** **PeopleSoft:**
Provider(s): Delta Care, Central California Recovery, Comprehensive Addiction Program, Fresno New Connections
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** May 3, 2010
Program Overview: Family Focused Prevention Services (FFPS) (substance abuse services) are provided to Fresno County children ages 17 and under whose parent or guardian is receiving Substance Abuse Disorder Funding.

Program Update:

This program was originally administered through the Fresno County Superintendent of Schools as part of a school-based services initiative. This original initiative was split into two programs with the creation of the All 4 Youth PEI program. Family Focused Prevention Services became a standalone master agreement with four providers. The budget reflected below is from FY 18-19, before this standalone agreement. In coming years, the program budget will be much lower.

At the current time, only one of the original four providers on the agreement are conducting services. Early on in the agreement Comprehensive Addiction Program vacated the agreement, and earlier this year Fresno New Connection vacated the agreement. Delta Care has not conducted services since FY 18-19 but wanted to remain on the agreement in the event they decide to offer services once COVID 19 restrictions are lifted. Central California Recovery is the only provider that is currently conducting services.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	6
Asian/Pacific Islander	21
Caucasian	148
Latino	124
Native American	
Other	
Unreported	
Total Number Served	299

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	21
<input checked="" type="checkbox"/> 16-24	
<input checked="" type="checkbox"/> 25-64	278
<input checked="" type="checkbox"/> 65+	
Unreported	
Total Number Served	299

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention	\$37,010.97	
MHSA-Early Intervention	\$0.00	
MHSA-Outreach	\$0.00	
MHSA-Access and Linkage	\$0.00	
MHSA-Stigma Reduction	\$0.00	
MHSA-Suicide Prevention	\$0.00	

Federal Financial Participation	\$0.00	
Other	\$0.00	
Total Program Costs	\$37,010.97	\$123.78

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention	\$30,000.00			
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget				
Increase/(Decrease)				
Adjusted Budget	\$30,000.00	\$0.00	\$0.00	\$0.00

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

There were two main barriers to program implementation. 1.) All but two providers decided at some point during the agreement decided to vacate the agreement. Currently, only Delta Care and Central California Recovery (CCR) remain on the agreement. 2.) The original RFP allowed for providers to implement their own programs under FFP.

Proposed Project Changes:

This program will be reviewed for elimination after fiscal year 2020-2021.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023: Client and Family Advocacy Services
Project Name 2017-2020: Consumer Family Advocate Services
Project Identifier(s): 017 **Avatar:** N/A **PeopleSoft:** 4710
Provider(s): Centro La Familia Advocacy Services (A11-338, A16-691)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 1, 2011
Program Overview: Mental health consumer and family advocacy services are provided services to unserved and underserved populations, individuals served and families.

Program Update:

During the final quarter of Year four (4) of the contract, the extension for Year five (5) was approved and signed by all parties. Final expiration of the contract is 06/30/2021. Any issues with program scope or deliverables may be address in the upcoming RFP which is anticipated to begin in Fall 2020.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	28
Asian/Pacific Islander	3,675
Caucasian	41
Latino	714
Native American	4
Other	31
Unreported	4,152
Total Number Served	8,645

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	18
<input checked="" type="checkbox"/> 16-24	111
<input checked="" type="checkbox"/> 25-64	281
<input checked="" type="checkbox"/> 65+	53
Unreported	8,182
Total Number Served	8,645

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement	\$104,827	
Federal Financial Participation		
Other		
Total Program Costs	\$104,827	\$12

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$113,568	\$113,568	\$113,568	\$113,568
Medi-CAL FFP				

Other				
Total Budget	\$113,568	\$113,568	\$113,568.00	\$113,568.00
Increase/(Decrease)				
Adjusted Budget	\$113,568.00	\$113,568.00	\$113,568.00	\$113,568.00

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

During this reporting period, the program experienced a period of staff vacancy and staff turnover, which were both addressed and mitigated. Although this was a challenge for existing staff, Centro La Familia Advocacy Services staff continued working closely with other department managers and staff to continue providing individual support and community outreach and educational trainings to ensure program deliverables were being met.

Proposed Project Changes:

None.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: DBH Communications Plan
Project Identifier(s): 018 **Avatar:** N/A **PeopleSoft:** 4564
Provider(s): Fresno County Department of Behavioral Health
 JP Marketing (A19-178)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:**
Program Overview: To address these concerns, the Department will improve communication about the system of care and the Department. The Department will additionally invest in a Communications Plan to build the platform for branding and messaging on all Department activities including communication on current services, how to access services, prevention and stigma reduction efforts, health promotion, and suicide prevention. The selected vendor will be responsible for working with program staff to identify and analyze appropriate target audiences; ensure messages are clear, cohesive, and align with the mission of Behavioral Health and develop and place relevant media campaigns. The Communications Plan will be critical in implementing effective methods to increase public awareness and engagement, stigma reduction, increasing understanding and recognizing early signs of serious mental illness, suicide prevention, and behavioral health and care services. The integrating and cross-promoting messages, and ensuring the Department is recognized for the myriad of services and supports operated across the community with Department funds as well as ensure that the Department is viewed as a leading voice on behavioral health in the community.

Program Update:

The Department’s Communications Plan document is being finalized with the direct assistance of the contracted marketing firm. There are a number of pieces that need to fit together for the Communications Plan to be implemented including a branding guide for the Department, policies and procedures when working with the media as well as procedures for how the department as well as our Contracted Providers disseminate information to the public. It is anticipated that the Communications Plan will be finished in the first half of this fiscal year but understand that it is considered a living document and will need to be updated periodically.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	N/A

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	N/A

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach	\$55,613	
MHSA-Access and Linkage		
MHSA-Stigma Reduction	55,613	
MHSA-Suicide Prevention	57,298	
Federal Financial Participation		
Other		
Total Program Costs	\$168,524	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach	\$313,500	\$240,900	\$231,000	\$231,000
MHSA-Access and Linkage				
MHSA-Stigma Reduction	313,500	240,900	231,000	231,000
MHSA-Suicide Prevention	323,000	248,200	238,000	238,000
Medi-CAL FFP				
Other				
Total Budget	\$950,000	\$730,000	\$700,000	\$700,000
Increase/(Decrease)				
Adjusted Budget	\$950,000	\$730,000	\$700,000	\$700,000

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

There are a number of demographics in Fresno County and attempting to market our messages to them has been difficult at times due to barriers of location, access to media outlets, and message resonance. In order to overcome these barriers, the department focused heavily on targeted Focus Groups on Hard-To - Connect, (HTC) audiences. Due to the recent pandemic the contracted marketing firm chose to hold virtual Feedback Sessions over Zoom. All of this was an attempt to gain understanding for how HTC audiences define mental health, how HTC assess audience preferences for message content and delivery and how HTC audiences gauge knowledge of and trust in our programs and services. Nine homogeneous groups through 10 feedback sessions were held over the time period of May 13, 2020, through June 4, 2020. All of the sessions were recorded with participant consent.

The Department continues to use the communication plan to address behavioral health stigma, promote access to care and suicide prevention awareness.

Proposed Project Changes:

None at this time.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023: Family Advocacy Services
Project Name 2017-2020: Family Advocate Position
Project Identifier(s): 020 **Avatar:** N/A **PeopleSoft:** 4569
Provider(s): Reading and Beyond Inc (A20-119)
Approval Date: March 24, 2020
Start Dates: April 2020 **Anticipated:** April 2020 **Actual:** April 2020
Program Overview: The Family Advocacy Services program will provide Family Advocacy Navigators (FANs) to assist family members/support systems in coping with the signs and symptoms of mental illness of their loved one (adult or child) through the provision of culturally sensitive information, education, support, navigation of DBH services and referral to community resources. Additionally, FANs provide navigation assistance to family members and support systems through interactions with service providers to facilitate working relationships between families and providers and the behavioral health system in general.

Program Update:

This program, previously a Family Advocate position, has been vacant for two years. In 2019, it went out to bid and a new provider, Reading and Beyond, Inc, was chosen through the RFP process. On March 24, 2020 the Agreement with Reading and Beyond Inc was approved by the Board of Supervisors. Ramp-up started in April 2020, including hiring and training of program staff. Services were initiated on August 1st, 2020 and began via telework: services will primarily be provided over phone, email, and video conferencing pending the re-opening of DBH facilities to program staff not accessible due to the ongoing Public Health crisis.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$44,695	\$250,000	\$250,000	\$250,000
Medi-CAL FFP				
Other				
Total Budget	\$44,695	\$250,000	\$250,000	\$250,000
Increase/(Decrease)				
Adjusted Budget	\$44,695	\$250,000	\$250,000	\$250,000

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

The ongoing public health crisis (COVID-19) may delay the ramp-up timeframe. Training for new hires will also face delays due to the breadth and scope of the DBH System of Care, and due to the limited training methods available during the current public health crisis.

Proposed Project Changes:

FANs will not be able to work in the DBH facilities until shelter-in-place orders have been lifted and staff is cleared to work at DBH locations. Duties will temporarily shift to be carried out through telecommuting. This will shift as more information and direction is provided by public health agencies and Department management.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Flex Account for Housing
Project Identifier(s): 019 **Avatar:** **PeopleSoft:**
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** Historical **Actual:** July 1, 2011
Program Overview: Provides funding to bridge gaps/barriers to allow eligible homeless individuals to secure permanent housing and/or temporary lodging. Examples of possible expenditures: security deposit, PG&E deposit, pet deposit, and vouchers for temporary lodging via the Hotel-Motel Voucher Program.

Program Update:

This program has been underutilized because of administrative barriers related to accessing the funds. Most often persons served are in need of funds within a quick turnaround time. The documentation required and the review time from one team to the next is often a deterrence as individuals and treatment providers will often seek other means of meeting their needs.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0	\$0

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$100,000	\$100,000	\$100,000	\$100,000

MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$100,000	\$100,000	\$100,000	\$100,000
Increase/(Decrease)				
Adjusted Budget	\$100,000	\$100,000	\$100,000	\$100,000

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

Currently, accessing the Flex Account funding is done through the use of a 'Petty Cash Request' form, which originally had a limit of \$75. This limited the ability of the flex account to meet smaller requests and could not meet security deposits, pet deposits, or vouchers for temporary lodging. It was adjusted in FY 19-20 to \$750. However, the turnaround time for the person served to receive the funds is anywhere between two to four weeks. Case managers will usually seek out other means of getting funds for persons served. Aside from that, the vendors need to be registered into PeopleSoft as a requirement for the funds to be distributed. This is another administrative barrier that deters participation in Flex Account spending.

Proposed Project Changes:

There has been a proposal to use a Cal Card for the Flex Account with access via housing team supervisors and leadership.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Fresno Housing Institute
Project Identifier(s): 021 **Avatar:** N/A **PeopleSoft:** 4820
Provider(s): Corporation for Supportive Housing (A19-541)
Approval Date: Historical
Start Dates: **Anticipated:** Summer 2021 **Actual:**
Program Overview: Based on recommendations from a supportive housing program evaluation report produced for the Department by the Corporation for Supportive Housing (CSH), the Department collaborates with CSH for the implementation of a concept known as a Housing Institute. Once authorized, the Fresno Housing Institute would be a comprehensive project development and capacity building exercise for supportive housing developers and providers in Fresno County (Teams). The Institute (facilitated by CSH) is a project planning forum for project managers, developers, service providers, and property management staff designed to develop a pipeline of potential housing projects. The intended outcome of the Housing Institute is to ensure the development of successful supportive housing funding applications and high-quality supportive housing production and implementation.

Program Update:

Fresno County's agreement with CSH (A-19-541) includes a Scope of Work with "Deliverables" associated with the Fresno Housing Institute (FHI). Originally, CSH was to commence with FHI deliverables during the first quarter of 2020 that would result in FHI Teams learning aspects of developing a well-crafted housing application to be ready for submittal in Round 3 of the No Place Like Home program (NPLH). However, with the arrival of COVID-19 during early March 2020, the FHI Deliverables have been postponed. It is anticipated the FHI Deliverables will commence in the Spring of 2021, with FHI Teams developing/finalizing housing applications ready for submittal during Round 4 of NPLH in the Fall of 2021.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		

Other		
Total Program Costs	\$0	N/A

Performance Outcomes: [fresnoMHSa.com/outcomes](https://www.fresnomhsa.com/outcomes)

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$200,000	\$200,000	\$200,000	\$200,000
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$200,000	\$200,000	\$200,000	\$200,000
Increase/(Decrease)				
Adjusted Budget	\$200,000	\$200,000	\$200,000	\$200,000

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

Due to COVID-19 and its impact to DBH operations and programming in the Spring of 2020, it was necessary to delay the Deliverables of the FHI, which will be postponed. It is anticipated Deliverables of the FHI will commence in the Spring of 2021, but much will depend upon the status of COVID-19 at that time.

Proposed Project Changes:

Postponing implementation of FHI to Spring of 2021, when it was originally intended to commence in Spring 2020.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

INNOVATION

Status of Program:Keep

Project Name: Handle with Care Plus+

Project Identifier(s): 070 **Avatar:** TBD **PeopleSoft:** 4794

Provider(s): TBD

Approval Date: May 28, 2020

Start Dates: **Anticipated:** TBD **Actual:**

Program Overview: The intent of this project is to collaborate with DBH’s community partners the Fresno County Superintendent of Schools (FCSS) and Fresno Police Chaplaincy’s Resiliency Center, to create a program that will respond to children and families immediately after a trauma or stressful life event occurs using the Handle With Care model. This program adapts the Handle With Care model to include a parental/family engagement component through Parent Café—to help the child and family recover from the life impacting or traumatic event. The focus of this project is to provide early support, screen and assess children for early indicators of mental health symptoms, empower the family with the tools they need to cope and recover, and connect children and families to any additional necessary resources through specific adaptations of the Handle With Care model. The UC Davis Center for Reducing Disparities will also be a project partner as the planned project evaluators.

Program Update:

In FY 19-20, DBH hosted several planning meetings for the Handle With Care Plus+ program. An Innovation plan was submitted to the MHSOAC and approved on May 28, 2020. A suspension of competition was completed as part of the plan development for program provider and evaluator contracts. All partners are working on implementation timeline, which has been challenged by COVID and distance learning. Brain Wise Solutions has also been identified to develop the curriculum for the Parent Café.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Innovation		
Federal Financial Participation		
Other		
Total Program Costs	\$0	<u>\$0N/A</u>

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation		\$496,347	\$514,598	\$516,055
Medi-CAL FFP				
Other				
Total Budget	\$0	\$496,347	\$514,598	\$516,055
Increase/(Decrease)				
Adjusted Budget	\$0	\$496,347	\$514,598	\$516,055

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

The COVID-19 pandemic has pushed back the anticipated start date for this program, due to uncertainty of school start dates, distance learning schedules and other related school scheduling logistics. Otherwise, no barriers have been identified.

Proposed Project Changes:

N/A

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Hotel Motel Voucher Program
Project Identifier(s): 022 **Avatar:** N/A **PeopleSoft:** 4821
Provider(s):
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** August 1, 2018
Program Overview: The HMVP provides short-term lodging for individuals in need of shelter who are connected to the DBH system of care. The HMVP provides the individual with a limited-stay voucher to be applied to various hotel/motels pending the implementation of a more permanent individualized housing plan. This program was previously initiated as a pilot project under the Flex Account for Housing program. Based on the early learning from this pilot as well as the unique nature of the service, the Department recommends that the Hotel Motel Voucher Program be described in the MHSa Plan separately as a stand-alone program.

Program Update:

This program has been underutilized due to the administrative barriers regarding the turnaround time for payment to vendors. A Cal-Card has been implemented as a solution, allowing DBH to pay vendors in upfront and/or at the end of a client's stay, incentivizing participation in the program.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$0.00	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0.00	\$0.00

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23

MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$100,000	\$100,000	\$100,000	\$100,000
Medi-CAL FFP				
Other				
Total Budget	\$100,000	\$100,000	\$100,000	\$100,000
Increase/(Decrease)				
Adjusted Budget	\$100,000	\$100,000	\$100,000	\$100,000

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

The primary barrier for vendor participation in this program is the turnaround time for payment. Vendors are weary of providing temporary housing to DBH persons served since receiving payment could take several weeks when other guests pay up front or at the end of their stay. To mitigate this, there will be a Cal-Card in place made available to select DBH supervising staff. This will allow appropriate tracking of costs while removing the administrative barrier for providers to receive payment in a timely fashion.

Proposed Project Changes:

With the implementation of a Cal-Card, DBH will need to reach out to potential vendors to secure greater participation in the program and allow for an increase in client referral and usage.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Housing Access and Resource Team
Project Identifier(s): 023 **Avatar:** N/A **PeopleSoft:** 4822
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** ** approval of AU18-19
Program Overview: The HART provides coordination and consultation related to housing for DBH county-operated programs with an intention to expand across the system of care in upcoming years. Functions of the team include and may not be limited to review of housing inquiries submitted by treatment teams to determine eligibility for various housing resources (including DBH funded and others); serving as a liaison with property managers and landlords, processing approvals for linkages to DBH funded housing options, ensuring that reporting obligations for housing programs are met, and providing supportive services including tenancy support and case management when treatment and support teams are unavailable for an individual in need.

Program Update:

The Housing Access Resource Team has experienced growth during the 2019-2020 fiscal year. We have expanded all housing programs and have integrated the contracts side of housing into HART. This allowed us to define the operational and service side of the team. A new housing application process was developed and team roles were defined. This provided a direction to all housing staff on workflow processes. In addition, we have increased our capacity to house individuals served. We have also increased our supportive service team to expand FTE's and added a Housing Team Clinical Supervisor.

FY 2019-2020 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2019-2020 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement	\$0.00	
Federal Financial Participation		
Other		
Total Program Costs	\$0.00	\$0.00

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$930,488	\$930,488	\$930,488	\$930,488
Medi-CAL FFP				
Other				
Total Budget	\$930,488	\$930,488	\$930,488	\$930,488
Increase/(Decrease)				
Adjusted Budget	\$930,488	\$930,488	\$930,488	\$930,488

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

Yes, many challenges and barriers occurred as a result of increasing demand for housing and supportive services. Those challenges and barriers have been largely addressed with the new defined work processes and defining the roles of our supportive service team. Identification of evidenced based supportive services practices and education of treatment staff to those EBP’s has occurred widely across the HART team and within other County operated teams.

Proposed Project Changes:

HART anticipates the need for additional growth in the coming years to support persons served in accessing and maintaining safe affordable housing. With the increased community focus on the importance of housing to wellness and recovery, additional housing opportunities are being rapidly developed and access to those opportunities is essential to those we serve. HART will assist and support individuals in successful transitions from homelessness to home.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Housing Supportive Services
Project Identifier(s): 024 **Avatar:** N/A **PeopleSoft:** 4811, 4812, 4813
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** January 1, 2011
Program Overview: Provide onsite supportive services for individuals that have been placed into permanent supportive housing. 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 the Multi-Agency Access Program (MAP) and processes housing applications for eligible individuals seeking Department of Behavioral Health Services.

Program Update:

Services provided under this program continue to expand. In June 2020, The Department began providing housing supportive services to tenants living in housing owned by RH Community Builders as a result of the non-renewal of the Master Lease Housing Agreement with Mental Health System. Additionally, the DBH issued an RFP to solicit housing supportive services coupled with Specialty Mental Health Services for Renaissance properties and No Place Like Home (NPLH) housing developments in construction. DBH Housing team works closely with partners from the Fresno Madera Continuum of Care in assisting persons served to complete vulnerability screenings and obtain entry into the HMIS system. The Housing Clinical Supervisor was brought onto the team in July of 2019.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	83
Asian/Pacific Islander	10
Caucasian	128
Latino	124
Native American	4
Other	4
Unreported	1
Total Number Served	354

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	37
<input checked="" type="checkbox"/> 25-64	317
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	354

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$234,805.07	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$234,805.07	\$663.29

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$745,588	\$1,500,000.00	\$1,545,000.00	\$1,591,350.00
Medi-CAL FFP				
Other				
Total Budget	\$745,588	\$1,500,000.00	\$1,545,000.00	\$1,591,350.00
Increase/(Decrease)				
Adjusted Budget	\$745,588	\$0.00	\$0.00	\$0.00

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

DBH housing team assumed responsibility for an additional 68 units of supportive housing in June 2020. This in addition to the increased need for existing housing services placed considerable stress on the teams to meet the needs of persons served. To mitigate this, DBH staff from other ASOC teams were reassigned to the housing team. Transition time and education on supportive housing principles were provided to staff in early 2020 with full transition to DBH services in June of 2020.

Proposed Project Changes:

DBH anticipates bringing on a new contract for No Place Like Home development supportive services in the fall of 2020 while continuing to support persons served residing in alternate housing options.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Independent Living Association
Project Identifier(s): 025 **Avatar:** N/A **PeopleSoft:** 4819
Provider(s): Independent Living Association (ILA) (A18-568)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2018
Program Overview: The ILA is a quality improvement program operated by the Community Health Improvement Partnership (CHIP), designed to expand the number of high quality, independent, affordable living homes, aka room and boards, for individuals in need of housing who are receiving DBH services. Recognition as an ILA member provides individuals, family members and the community with knowledge that the home meets an established standard of quality housing.

Program Update:

During the 19/20 reporting period, an additional Outreach Coordinator was hired. Also, the Fresno Independent Living Association (ILA) Work Team was formed consisting of ILA staff, DBH staff, service providers, law enforcement and community members which met monthly to develop the Quality Standards for the Fresno ILA. The ILA Peer Review Accountability Team (PRAT) was also formed during the reporting period, which works with and conducts scheduled inspections of ILA member homes to ensure compliance with established ILA Quality Standards.

The ILA website was launched on February 1, 2020, which provides the community with ILA home locations and availability. The ILA website is an effective tool to assist individuals, family members and the community with up to date vacancy information related to the ILA. During the 2nd half of the reporting period, the website was visited approximately 3,000 times.

During FY 19-20, three new Operators (homeowners) were added to the ILA, adding 5 homes to the ILA inventory and 43 new beds for individuals in need of housing. The Community Needs Assessment was finalized by the Central Valley Health Policy Institute (CVHPI), which demonstrates gaps in types of housing for Fresno County residents; particularly those living with SMI. Also, a promotional video of the ILA was created in partnership with DBH that is posted on the ILA and DBH websites.

During the reporting period, training and education opportunities were made available to Operators. Most Operators had no knowledge of the ILA and how they might benefit from the ILA. Approximately 150 individuals took part in these opportunities and post-training survey results indicate all attendees significantly increased their awareness and knowledge of the Fresno ILA program.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$79,226	
MHSA-Outreach and Engagement		

Federal Financial Participation		
Other		
Total Program Costs	\$79,226	\$0.00

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$400,000	\$400,000	\$400,000	\$400,000
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$400,000	\$400,000	\$400,000	\$400,000
Increase/(Decrease)				
Adjusted Budget	\$400,000	\$400,000	\$400,000	\$400,000

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

Learning to facilitate virtual training sessions in Zoom and the logistics to coordinate such trainings.
 Attempting to conduct community outreach during uncertainty of Shelter In Place due to COVID-19.
 High no show rates of Operators to training courses provided by ILA staff continues to be a challenge. ILA staff and Work Team members continue to try various methods/techniques to increase attendance.

Proposed Project Changes:

ILA submitted a Budget Modification Request to DBH during April of 2020, intended to reallocate existing budget funds for additional part-time positions as well as increased FTE of specific existing positions within the ILA budget. If approved, reallocated funds will provide for additional support to the ILA staff in terms of creating new outreach strategies to bolster the number of Operators and homes in the ILA and to increase overall awareness of the ILA within the community. The BMR will also allow for increased oversight of MHSA funds utilized within the ILA program including the monthly DBH invoice preparation and submittal process.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name:	Integrated Wellness Activities	
Project Identifier(s): 026	Avatar: N/A	PeopleSoft: 4776
Provider(s):	Fresno County Department of Behavioral Health	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: June 2013
Program Overview:	Provides support for recovery-oriented services and activities throughout our traditional service delivery system.	

Program Update:

This program was originally listed as a Prevention and Early Intervention program, but has been moved to CSS. Integrated wellness activities provide support for recovery-oriented services and activities throughout our service delivery system. Prior to the MHSA, Department of Behavioral Health (DBH) provided fee for service specialty mental health services for persons with mental illness. This model relied heavily on the medical model with limited ability to provide recovery- and wellness-oriented supports and services that were not billable to Medi-Cal. Over the few past 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. Consequently, each of the Adult System of Care (ASOC) county-operated programs has implemented a program plan which outlines the changes and adaptations made to incorporate Recovery oriented values and the principles of the MHSA. Supplemental funding was infused to support culture change Department-wide, integrate nontraditional mental health activities and provide the flexibility needed to address the whole person outside of the traditional fee-for-service medical model. As part of our strategy to continue to build a DBH "Culture of Wellness," DBH has formed a workgroup specifically to accelerate these efforts.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$0.00	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0.00	

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Full-Service Partnership				
MHSA-System Development	\$50,000	\$50,000	\$50,000	\$50,000
MHSA-Outreach and Engagement				
Federal Financial Participation				
Other				
Total Budget	\$50,000	\$50,000	\$50,000	\$50,000
Increase/(Decrease) in Budget				
Adjusted Total Budget	\$50,000	\$50,000	\$50,000	\$50,000

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

Integrated Wellness Actives continues to require development and a fully developed plan with identified tracking and outcomes. Due to competing priorities the scope of the plan for Integrated Wellness Activities was not completed in the last Fiscal Year; following the COIVD-19 precautions halting all non-emergent services and an order for tele-commuting, this project will be reprioritized to be revisited once staff and people served return to in person services, groups, and activities.

Proposed Project Changes:

The Department continues to enhance and support a DBH Culture of Wellness for individuals and families who receive services as well as for the staff who work within the Department and the network of contracted providers. Over the next year county-operated treatment programs will continue to document the integration of MHSA values and principles into Behavioral Health Services and continue the work toward system transformation that is the is purpose of MHSA. Integrated Wellness Activities will provide the support needed for programs to come into alignment with the system transformation efforts. The workgroup will set clear goals and once the goals have been met the program will then be redesigned or phased out over the next three years.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023: Master Lease Housing
Project Name 2017-2020: New Starts Program (Master Lease Housing)
Project Identifier(s): 027 **Avatar:** N/A **PeopleSoft:** 4816
Provider(s): RH Community Builders (A-20-312)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** May 1, 2017
Program Overview: Provides housing opportunities and rental assistance for eligible DBH individuals living with a Serious Mental Illness (SMI) that are working with their treatment provider(s) to address barriers that prevent them from securing a permanent housing plan. The New Starts program is operated by Mental Health Systems, an agency which secures leased units, then sub-leases the unit to individuals served by DBH who have been approved and referred by DBH for housing placement.

Program Update:

The Master Lease Housing Agreement with Mental Health Systems ended June 30, 2020 due to non-renewal for FY 20/21 and FY 21/22. In order to ensure continued services for current tenants, the Department entered into an interim 2-year Agreement with RH Community Builders to provide leases to existing tenants, collect rents and deposits, and provide property management services.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$785,873	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$785,873	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$945,412	\$1,036,708	\$1,036,708	\$1,036,708
MHSA-O & E				
Medi-CAL FFP				
Other	12,000.00			
Total Budget	\$957,412	\$1,036,708	\$1,036,708	\$1,036,708
Increase/(Decrease)	135,093			
Adjusted Budget	\$1,092,505	\$1,036,708	\$1,036,708	\$1,036,708

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

- Increased capacity for leased units from 50 to 68 units to meet program demand;
- MHS' experienced significant budget overruns, and;
- MHS' limited tracking and reconciliation of tenant deposits.

Proposed Project Changes:

Proposed changes for the 19/20 fiscal year included adding, \$135,093 to cover cost overruns. As the program expanded to provide additional housing to individuals served by DBH, it became apparent that the amount of resources allocated to Master Lease housing was not sustainable under the current program structure. Therefore, the Department decided not to renew the Master Lease Housing Agreement with Mental Health Systems for the final two (2)-terms to assess the program structure, make changes and issue another competitive bidding process. The contract ended 6/30/2020.

During this reevaluation period, the Department entered into an interim two-year Agreement with RH Community Builders to provide leases to existing tenants, collect rents and deposits and provide property management services. DBH will make available case management services and housing supportive services to all tenants.

At the end of the two-year Agreement with RH Community Builders the Department will implement a new contract.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Peer and Recovery Services
Project Identifier(s): 028 **Avatar:** 4511, 4781 **PeopleSoft:** 4511, 4781
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** February 12, 2007
Program Overview: 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; costs are associated with approved work plan plans for and funds supportive/wellness activities and supplies.

Program Update:

Through the MHSA program titled Peer and Recovery Services, the Department employs full time benefitted positions known as Peer Support Specialists working in County-operated programs. The Department is continuing in the development of peer-based services throughout the system of care. The Peer Support Specialist positions associated with this MHSA program plan are placed in one cost center for tracking of the staff costs, however positions are allocated to work in various programs throughout the Department. Additional program-specific positions make a total of 18 full time positions. The Department continues to work toward a comprehensive system of care focused on wellness and recovery and inclusive of paid peer professionals. The Department is implementing additional strategies to enhance the inclusion of persons with lived experience in paid peer positions by bringing in training and technical assistance to the Department.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$384,797	
MHSA-Outreach and Engagement		
Federal Financial Participation	(2,387)	
Other		
Total Program Costs	\$382,410	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$457,461	\$457,461	\$457,461	\$457,461
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$457,461	\$457,461	\$457,461	\$457,461
Increase/(Decrease)				
Adjusted Budget	\$457,461	\$457,461	\$457,461	\$457,461

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

The recruitment process for county positions has been slow and the vacancy rate for all positions remains high. There are 19 allocated Peer Support Specialists with 9 currently filled, resulting in a current vacancy rate of just over 50%. There is one allocated Parent Partner position which has been vacant for many years. To mitigate the challenges, the Department has brought in training and technical assistance to support the enhancement of the peer workforce. The kick-off for these efforts was a Peer Workforce Summit held on September 12th, 2018; attendees included representatives from DBH Human Resources as well as the County's main Human Resources Department in hopes of reducing barriers to recruitment of peer professionals. Additionally, DBH studied in early 2020 all peer support and parent partner type positions across its system of care, as well as similar positions in other counties in the region for comparison, and found that these positions were some of the highest paid in the region.

Proposed Project Changes:

Through training and technical assistance related to the peer workforce, the Department hopes to improve strategies to fill existing vacancies and ultimately expand the peer workforce in the coming years. There is no immediate change to the MHSA allocation at this time, but enhancements may occur in subsequent Annual Updates.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Project for Assistance from Homelessness
Project Identifier(s): 029 **Avatar:** 2184 **PeopleSoft:** 2493
Provider(s): Kings View
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Program Overview: Provides services to adults who are suffering from serious mental illness (SMI) and/or co-occurring substance use disorders, who are homeless or at imminent risk of becoming homeless. The goal of the PATH program is to enable adults to live in the community and to avoid homelessness, hospitalization and/or jail detention. The PATH program serves as a front door for individuals into continuum of care services and mainstream mental health, primary health care and the substance use disorder services systems. MHTA is used to fund portions of this program.

Program Update:

In FY 18-19, 304 individuals were outreached; 100% of the enrollment goal (200) was met (205 individuals were enrolled); 63% of individuals served enrolled in services met their individual care plan goals. Of those receiving specialty mental health treatment, 100% of the individuals who were on probation remained free of incarceration; less than 10% of individuals experienced psychiatric hospitalizations; and 86% of individuals achieved and maintained housing successfully. In FY 19-20, the PATH program received additional one-time funding from the Homeless Mentally Ill Outreach and Treatment (HMIOT) grant that was used to create a Rural Mobile Outreach program. On June 26, 2020, DHCS approved extending the deadline of expenditure of the HMIOT grant through August 31, 2020. For FY 20-21, an additional component, the Mobile Outreach Project, is to be added using CDBG-CV funds. This Project is meant to address COVID-19 related needs of individuals experiencing homelessness in rural and unincorporated areas.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	42
Asian/Pacific Islander	12
Caucasian	167
Latino	92
Native American	13
Other	0
Unreported	1
Total Number Served	327

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	5
<input checked="" type="checkbox"/> 25-64	257
<input checked="" type="checkbox"/> 65+	10
Unreported	55
Total Number Served	327

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHTA-Full-Service Partnership		
MHTA-System Development	\$105,427	
MHTA-Outreach and Engagement	193,723	
Federal Financial Participation		
Other		

Total Program Costs	\$299,150
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Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$62,878	\$62,878	\$62,878	\$62,878
MHSA-O & E	62,878	62,878	62,878	62,878
Medi-CAL FFP	85,727	85,727	85,727	85,727
Other	1,047,519	1,047,519	1,047,519	1,047,519
Total Budget	\$1,259,002	\$1,259,002	\$1,259,002	\$1,259,002
Increase/(Decrease)				
Adjusted Budget	\$1,259,002	\$1,259,002	\$1,259,002	\$1,259,002

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

In FY 18-19, the outreach staff was reduced by 50% in the 4th quarter as one staff moved into a job at another program. As a result, the total outreach goal of 350 community member/families was not achieved, instead reaching 312. The recruitment process is now occurring. The program location is excellent, it has a low-key public profile, it mainstreams individuals served and their families as they have services in an office complex with a church, multiple businesses and activities occurring all day. Efforts have been made to improve the bus line schedule from one time per hour to one time per 30 minutes. However, this has not been achieved now. Adapting the program schedule to when the bus is scheduled to do pick-ups has alleviated some of this barrier. In FY 19-20, COVID-19 resulted in shelter-in-place orders that effectively shut down in-person services for several weeks. Individuals served became inconsistent with their scheduled appointments and a small number of people fell out of care. The pandemic also interrupted supply chains and led to a high turnover rate for Kings View. This was mitigated by services being provided via telehealth/telephone. Staff was hired to remove vacancies. When the shelter-in-place order was lifted, Kings View resumed peer support group sessions, but limited the number of individuals at one time. More shelters were made available to house individuals.

Proposed Project Changes:

In FY 19-20, the HMIOT expansion to PATH helped to fund a Rural Mobile Outreach program with an increase to the budget by \$629,000. These funds were used to purchase three vans, a mobile shower trailer and pay for the increase in staffing to provide these services. Due to COVID-19 the current contract for the PATH program was extended for an additional FY year. In FY 20-21 and 21-22 the PATH program will leverage Homeless Housing, Assistance and Prevention (HHAP) funding to continue these services. For FY 20-21, an additional component will be added, the Mobile Outreach Project, that utilizes Community Development Block Grant – Corona Virus (CDBG-CV) funds. This program will supplement rural outreach services and address COVID-19 related needs in those communities. The Request for Proposal for the next contract term closed on June 2, 2020 with Kings View being the only respondent. They are likely to be awarded the contract.

There are no other changes proposed. This program as all MHSA programs will be assessed for costs, other funding options, and outcomes.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name:	Project Ignite	
Project Identifier(s):	030	Avatar: PeopleSoft:
Provider(s):		
Approval Date:	Historical	
Start Dates:	Anticipated: Spring 2019	Actual:
Program Overview:	Project Ignite will be a cooperative effort between the Department of Behavioral Health (DBH) and the Fresno Housing Authority (FHA) in which FHA will provide up to 600 housing vouchers for chronically homeless or homeless individuals living with a severe mental illness. DBH will provide (via contracted provider(s)) supportive services to assist the individuals in maintaining their housing as well as their wellness, resiliency and recovery.	

Program Update:

Vouchers under this program are owned and issued by the Fresno Housing Authority. Currently, none of the 600 housing vouchers have been issued to tenants. Once vouchers are issued, DBH will provide the required housing supportive services to tenants and collect necessary data for outcomes. This can be accomplished by scaling up housing supportive services contracted provider or through a new request for proposal.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0.00	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$650,000	\$650,000	\$650,000	\$650,000
MHSA-O & E				
Medi-CAL FFP				

Other				
Total Budget	\$650,000	\$650,000	\$650,000	\$650,000
Increase/(Decrease)				
Adjusted Budget	\$650,000	\$650,000	\$650,000	\$650,000

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

Although the tentative start date for FHA to begin issuing vouchers was spring 2019, that has not occurred. During the first year of this program FHA planned to issue up to 100 vouchers to be made available to eligible individuals and then ramp up to 600 vouchers in subsequent years. The challenges and barriers to implementing this program is the unavailability of local housing inventory. This inventory was further diminished during the COVID-19 pandemic and shelter in place orders, which used additional housing and shelter space for those who were homeless and at-risk for infection. DBH remains committed to provide matching supportive services for tenants when vouchers under this program are issued.

Proposed Project Changes:

None.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Suicide Prevention/Stigma Reduction
Project Identifier(s): 031 **Avatar:** **PeopleSoft:** 4902
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** 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 campaigns, social media and other outreach, while focusing on the lifespan of Fresno County residents and recognizing cultural and linguistic variations in the perceptions of mental wellness.

Program Update:

The Department uses a multi-faceted outreach approach to the varying communities with awareness and education activities. These activities include, but are not limited to, recognition of Mental Health Awareness Month, Suicide Prevention Month and Recovery Month, stigma reduction and suicide prevention activities, and coordination of leveraged resources for outreach, education, and training in the community.

The established Fresno County Suicide Prevention Collaborative continues to provide ongoing input and support to the suicide prevention and stigma reduction efforts in the community on a monthly basis. Additionally, the Collaborative maintains an informative website (www.Fresnocares.org), social media outlet (Facebook), and utilizes traditional media sources (e.g. television and radio) to increase awareness and outreach to all ages and populations.

In FY 2018-19, DBH began contracting with Hinds Hospice to establish a Local Outreach to Survivors of Suicide (LOSS) Team. After a soft opening, the LOSS Team was fully operationalized in July 2019. As of March 2020, 100% of survivors who made contact with the LOSS Team is accessing services.

The Department also contracted with JP Marketing to assist with media communications and advertising services. Suicide prevention campaigns have been launched which allowed the Department to develop messages and advertisements to be shared with the community. These messages and advertisements were shared via television, radio, digital banners and video, public relations, outreach and various social media platforms.

In September 2019, the Department engaged in an extensive outreach effort for Suicide Prevention Month. Efforts included participation in various community events, outreach on school campuses and football games, and focus on staff wellness and self-care. The highlight to these events was a car wrapped in lime green which individuals were able to sign and take a pledge to spread awareness and/or take care of themselves and loved ones. In addition, the Fresno County Board of Supervisors formally adopted Fresno County Suicide Prevention Strategic Plan and the Columbia Suicide Severity Rating Scale as the recommended suicide screening tool for Fresno County.

The county used a green wrapped truck for the 100th Annual Veteran's Day Parade of which is participated, and individuals were able to sign the car with their own pledge to promote mental health awareness. After the Parade the truck was taken to local schools and colleges to engage ROTC participants in raising awareness about mental health.

Based on recommendations from the strategic plan, the Department and Collaborative continue to develop a suicide prevention training catalog and work on the establishment of a Call Center Follow-up program. The training catalog will contain the recommended trainings from the strategic plan and other recommended suicide prevention and mental health trainings. The catalog will provide a list of available trainings for the public and provide training recommendations based on an individual's profession.

DBH is also working to establish a Call Center Follow-up program. Services are essential as this ensures individuals have a continuity of care, provides individuals support during a time of heightened risk, and facilitates linkages to care. Services will fill a gap and act as a safety net for those individuals at risk of suicide. A contract will be established in FY 2020/21.

Data not available for FY 18/19.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention	\$376,779	
Federal Financial Participation		
Other		
Total Program Costs	\$376,779	

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Medi-CAL FFP				
Other				
Total Budget	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Increase/(Decrease)				
Adjusted Budget	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000

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

Although the Fresno County Suicide Prevention Collaborative Strategic Plan was finalized in 2018 and work was being completed to achieving the goals in our strategic plan, the Collaborative saw a decline in attendance and progress. The Collaborative acknowledges that all members volunteer time to out of their day and perform work in their own time which may have contributed to the decline. To mitigate any concerns and increase interest in the Collaborative, the Strategic Plan and Columbia Suicide Severity Rating Scale was brought before the Fresno County Board of Supervisor in September 2019 for adoption which would provide a uniform approach and framework to addressing and preventing suicide in Fresno County. Additionally, a few other changes have also taken place in the Collaborative. The meeting agenda was updated to include input solicited from the Collaborative via surveys and project teams were form in addition to the existing workgroups to assist with project completion and goal achievement. The Collaborative also continues to seek input and participation from underrepresented communities (faith-based, LGBTQ+, older adult, and transition age youth).

Proposed Project Changes:

Based on input from the Collaborative and recommendations in the strategic plan, the Department will continue to develop a suicide prevention training catalog, work on the establishment of a Follow-Up Call Program and finalize the suicide prevention communications plan.

Outreach, prevention and stigma reduction efforts will continue throughout each fiscal year. JP Marketing will assist with a suicide prevention campaign with increased efforts in the month of September for Suicide Prevention Awareness Month. Additionally market research group insight is used in how to best reach different audiences in Fresno County.

Request for proposal and associated contracts will be developed based on the input of the Collaborative and needs and gaps identified in the strategic plan. Programs and initiatives may include, but are limited to, training for community organizations, prevention programs for organizations and schools, and postvention services.

In the coming year the LOSS Team will be its own suicide prevention program, and this suicide prevention program will continue to support implementation of the Suicide Prevention Plan, work of the collaborative, training, and other stigma reduction efforts.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023: Vocational & Educational Services (SEES)
Project Name 2017-2020: Supported Education and Employment Services
Project Identifier(s): 032 **Avatar:** **PeopleSoft:** 4533, 4526
Provider(s): Dreamcatchers Empowerment Network (A20-102)
 State Department of Rehabilitation—Grant Match
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 1, 2009
Program Overview: 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:

The DBH-operated Supported Education and Employment Services program was ended on June 30, 2020. These services are now contracted with Dreamcatchers Empowerment Network. DBH is continuing to partner with the State Department of Rehabilitation by providing cooperative match funding for ongoing education and employment services, which this program now funds.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$404,210	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$404,210	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$1,211,066	\$986,686	\$986,686	\$986,686
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$1,211,066	\$986,686	\$986,686	\$986,686
Increase/(Decrease)				
Adjusted Budget	\$1,211,066	\$986,686	\$986,686	\$986,686

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

n/a

Proposed Project Changes:

This program shifted from a County-operated program to a contracted service, as of March 2020. County DBH will continue to provide federal grant match funding to State Department of Rehabilitation to assist in funding ongoing vocational and educational services through the new vendor, Dreamcatchers Empowerment Network. DBH also has a service agreement with Dreamcatchers for expanded employment services that adhere to the Individual Placement and Support (IPS) fidelity model.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023: Supervised Child Care Services
Project Name 2017-2020: Therapeutic Child Care Services
Project Identifier(s): 033 **Avatar:** 4311 **PeopleSoft:** 4311
Provider(s): Reading and Beyond, Inc. (A20-239)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2009
Program Overview: Reading and Beyond provides supervised child-care services for children in two locations: 1) the Heritage Center, and 2) the West Fresno Regional Center. Reading and Beyond serves children 12 years of age and younger and services are provided only while clients (parents/guardians/siblings) are in the building conducting business with DBH. Children will be offered nutritional snacks, bottled water, and age/developmentally appropriate activities. The staff-to-child ratio will be no less than one staff person for each of the following; 3 infants (up to 1 year old); 9 children (ages 2 – 12); 2 infants and 5 children; and 1 infant and 7 children.

Program Update:

The therapeutic childcare services program continues to support the individuals being served with the ability to have their child safely supervised while they receive DBH specialty mental health services. Survey responses from July 2018 to June 2019 showed that 93.8% of parents stated they would miss either their appointment or another child's appointment if this program was not available. The program needed a slight increase in funding to account for unanticipated increases to necessary operating costs inflating (including the mandatory minimum wage increase); therefore, an amendment was processed on January 8, 2019.

During the period of July 2018 to June 2019 for children ages 6 to 10, there was an average of 78.9 children per month supervised at both locations combined. During the same time period for children ages 0 to 5, there was an average of 182.2 children per month supervised at both locations combined. Lastly, an average of 17 children per month over the age of 10 years old received childcare at both locations combined.

On February 13, 2020, an RFP was released for therapeutic childcare services program for the next five-year period and subsequent execution of a new contract. Due to the COVID-19 Pandemic, the RFP process was postponed for several months; however, a new contract was executed in June 2020.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	987

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	987
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	987

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other	\$117,782	
Total Program Costs	\$117,782	\$119

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$157,768	\$157,768	\$157,768	\$157,768
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$157,768	\$157,768	\$157,768	\$157,768
Increase/(Decrease)				
Adjusted Budget	\$157,768	\$157,768	\$157,768	\$157,768

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

The only challenge that occurred during FY 19-20 was in March, when the program was shut down due to the COVID-19 pandemic.

Proposed Project Changes:

The current contract expired on June 30, 2020. DBH completed the RFP process and awarded a new contract to the current provider. One future change (timeframe, yet to be determined) is the location of the supervised childcare services at the Heritage Center will eventually be relocating to a new site (also yet to be determined) by the end of December 30, 2022 due to the required move of current clinic locations.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Youth Empowerment Centers
Project Identifier(s): 034 **Avatar:** N/A **PeopleSoft:** 4770
Provider(s): Kings View, Live Again Fresno (A19-371)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2010
Program Overview: Peer and Family Support Program to provide wellness and recovery support services to consumers with mental illness and their family members and support system.

Program Update:

Previously, this program had difficulty reaching the potential numbers of users, partly due to limited promotion and marketing, due to capacity limits, and some challenges in targeting the specific population. Newer promotional materials outreach efforts were developed to target youth. This program had not collected the required PEI data in the past. With new knowledge of the regulations, staff and vendor ensured collection of relevant PEI data for reporting.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	53
Asian/Pacific Islander	65
Caucasian	35
Latino	284
Native American	4
Other	
Unreported	
Total Number Served	441

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	322
<input checked="" type="checkbox"/> 16-24	119
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	441

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention	\$89,715	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$89,715	\$203

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention	\$846,868	\$846,868	\$846,868	\$846,868
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$846,868	\$846,868	\$846,868	\$846,868
Increase/(Decrease)				
Adjusted Budget	\$846,868	\$846,868	\$846,868	\$846,868

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

Data collection. DBH also worked with provider to develop strategies to promote the services to the target population.

Proposed Project Changes:

Kings View will be seeking to conduct outreach with the Fresno Unified School District, Department of Behavioral Health TAY Program, NAMI, Central Star Behavioral Health and have more youth involved in the program. With the assistance of the Department’s Quality and Performance Improvement Compliance Division, the Department will be able to create a work plan that outlines our goals and results in an effective way to demonstrate the effectiveness of these programs.

Live Again Fresno will be added as a vendor to the contract beginning Fiscal Year 2019-2020.

The Youth Empowerment Centers will be evaluated as part of the PEI program evaluation effort to determine the effectiveness of the program.

Work Plan #3 Cultural/Community Defined Practices

The Cultural/Community Defined Practices Work Plan outlines those programs, services, and activities which focus attention on behavioral health practices which reflect the unique needs of various cultures and communities who are living within Fresno County. Fresno County is a large geographic region of approximately 6,000 square miles with a remarkably diverse population of close to one million persons. Many unique cultural groups experience ongoing stigma towards mental illness and other behavioral health issues. Programs and services in this Work Plan, include behavioral health practices that are specifically and intentionally geared toward various cultural and community groups which are unserved or underserved.. Additional programs and supports may be directed toward ensuring Cultural and Linguistically Appropriate Service (CLAS) national standards are met. The term “culture” is applied broadly to include groups of persons with shared knowledge, life experiences, beliefs, values, and customs. By understanding the variations of cultural groups and perceptions on mental health, best practices can be designed to address population barriers in seeking and understanding services. The Cultural/Community Defined Practices Work Plan will provide a description of all current and planned MHS-funded programs, services, and activities that are centered around cultural or community defined behavioral health practices. Some programs which may also have elements of cultural or community defined practices may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

There have been no changes to these programs, and none are proposed in this update. Efforts are under way to better classify these programs, clarify outcome goals, and also conduct independent assessment and evaluation of these services and programs to ensure they are meeting the needs of the different communities, and that the efforts are truly culturally specific/culturally defined.

Program Name	MHSA Component	Strategy Component	Status
Community Garden	PEI	Stigma Reduction	Keep (extended for one year through FY 19-20)
Community Planning Process for Innovation	INN	N/A	Keep
Cultural Specific Services	CSS	Systems Development	Keep
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	PEI	Access and Linkage	Keep (extended for one year through FY 19-20)
Holistic Cultural Education Wellness Center	PEI	Prevention	Keep

Note: Many PEI programs upon reclassification will have their Scopes of Work and reporting outcomes changes to meet the requirements of the PEI Regulations. All contracted providers were provided training on necessary PEI data for their programs, and provided with written directions on data and outcomes needed for PEI funded services at the start of FY 2019-2020.

CULTURAL/COMMUNITY DEFINED PRACTICE FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Community Gardens
Project Identifier(s): 035 **Avatar:** N/A **PeopleSoft:** 4765
Provider(s): Fresno American Indian Health Project (FAIHP), The Fresno Center, Fresno Interdenominational Refugee Ministries (FIRM), and West Fresno Family Resource Center (WFFRC)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** March 8, 2011
Program Overview: Community gardens are a platform for peer support, mental health delivery and engagement on matters that relate to mental wellbeing and mental health services, and to deliver mental health prevention and early intervention activities in traditionally and culturally relevant environments to unserved and underserved suburban and rural communities

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) ;
- The Fresno Center – Hmong (1 site);
- Fresno American Indian Health Project (FAIHP) – American Indian (2 sites); and
- West Fresno Family Resource Center (WFFRC) – African American and Hispanic/Latino (1 site).

On June 30, 2019 Sarbat Bhala, Inc. chose not to continue participation in this program.

On March 24, 2020 the Community Gardens Program was Amended to extend through the 2020 – 2021 Fiscal Year while additional data and a second evaluation of the program could be conducted.

Data statistics below are based on individuals served who interacted for the first time with the providers through the reporting period.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	44
Asian/Pacific Islander	802
Caucasian	46
Latino	323
Native American	240
Other	115
Unreported	87

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	298
<input checked="" type="checkbox"/> 16-24	216
<input checked="" type="checkbox"/> 25-64	746
<input checked="" type="checkbox"/> 65+	182
Unreported	215
Total Number Served	1,657

*Due to program requirements, there may be specific age guidelines.

Total Number Served	1,657
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FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction	\$158,264	
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$158,264	\$96

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction	\$425,000	\$325,000	\$0	\$0
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$425,000	\$325,000	\$0	\$0
Increase/(Decrease)				
Adjusted Budget	\$425,000	\$325,000	\$0	\$0

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

Providers report that there is not enough funding to maintain full-time liaisons to coordinate community garden sites and related mental health support activities. Mental health continues to be a barrier. There is a lack of available written materials in all relative languages. Providers have had to use stipends to engage community volunteers and leaders to participate in outreach activities. Safety concerns around some facilities have been noted as another barrier to access.

With limited funding, some providers are unable to lease additional land needed for individuals served who want to join the community garden program. As a result, some providers have to maintain a waitlist. Each site/provider operates the services differently in how a plot is allocated, the duration, and/or information that is shared. Providers have had difficulty demonstrating the education rendered and its impact in the individuals served.

An independent third-party evaluation found that the program and the providers lacked any standardizations, clear objectives, or data collection that would allow for evaluation of the effectiveness of these programs.

Proposed Project Changes:

Providers have had difficulty in collecting required PEI data and outcomes. In the coming year they will work on refining data collection and reporting methods for more accurate and useful output on individuals served participation and performance measures.

This program will be evaluated along with several other PEI programs in the coming year to determine if the program is effective in meeting its intended goal and PEI requirements.

CULTURAL/COMMUNITY DEFINED PRACTICE FYs 2020 - 2023

INNOVATION

Status of Program:Keep

Project Name: Community Planning Process (CPP) for Innovation Projects
Project Identifier(s): 067 **Avatar:** **PeopleSoft:** 4792
Provider(s): Department of Behavioral Health
Approval Date: June 2019
Start Dates: **Anticipated:** July 2019 **Actual:** August 2019
Program Overview: This Innovation project is intended to support the community program planning process for future MHS Innovation projects. This process will be supported with targeted surveys,

Program Update:

This funding supported several community program planning activities in FY 19-20 to assist in informing future Innovation projects and plans

Third Annual Asian American Pacific Island Mental Health Empowerment Conference: DBH conducted a survey of conference attendees, many of whom were members of local API communities, to evaluate the conference and gain general insight on the attendees' understanding of mental health, risk factors, and cultural supportive services to assess need of the API community.

Youth Lead Project Development: DBH worked with San Diego State University and the MHSOAC to lead local youth in the development and formulation of youth services envisioned by youth. Cohorts of youth are responsible for developing ideas for future innovation projects.

Feedback Session Research: DBH worked with its existing partner, JP Marketing, to conduct a series of Market Research Focus Groups (nine in total). These groups were intended to assist the Department in the development of its communication and marketing plans. The groups also provided insight into community challenges related to mental health, access issues, stigma, and how different populations access and consume information.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Innovation		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation	\$150,000	\$150,000	\$150,000
Federal Financial Participation			
Other			
Total Budget	\$150,000	\$150,000	\$150,000
Increase/(Decrease) in Budget			
Adjusted Total Budget	\$150,000	\$150,000	\$150,000

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

The COVID-19 pandemic severely impacted community planning and community engagement. The MHSA Three-Year plan and several other projects were delayed. The Department endeavored to continue community engagement and working with stakeholders from under-served, underserved, inappropriately served communities to help inform and participate in exploration of Innovation and learning collaborative opportunities.

Proposed Project Changes:

The Department will continue to engage the community in planning for future innovation projects. In the upcoming fiscal year, the Department will seek to pilot projects that addresses stigma and mental illness in the African American community, as well as other opportunities for community input on learning opportunities afforded through Innovation plans.

CULTURAL/COMMUNITY DEFINED PRACTICE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Cultural Specific Services - Master Agreement
Project Identifier(s): 036 **Avatar:** 4524A, 4524B, 4540A, **PeopleSoft:** 4524, 4540 4540B
Provider(s): The Fresno Center (TFC) (A18-599)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** August 25, 2009
Program Overview: . The Fresno Center’s Living Well Center Program provides comprehensive specialty mental health services in three levels of care (Outpatient, Intensive Case Management, and Full-Service Partnership) for SED/SMI individuals and their families of Southeast Asian origin. The Living Well Center also has a clinical training component designed to develop culturally and linguistically competent mental health staff for the intended populations.”

Program Update:

In October 23, 2018, the Master Agreement for Cultural Specific Services was approved by the Board of Supervisors enhancing the prior program (known as “The Living Well Program”). Enhancements included: serving a population with serious mental illness (SMI)/serious emotional disturbance (SED), additional un/underserved target populations, increased number of persons served, and additional levels of care (Intensive Case Management - ICM and Full-Service Partnerships - FSP) as specified in the Three-Year Plan.

The Fresno Center (TFC) was awarded a portion of this contract to continue outpatient (OP) specialty mental health treatment services and clinical training to the Southeast Asian (SEA) population. TFC expanded services to include intensive case management (ICM) and full-service partnership (FSP) services to youths, adults, and older adults. To meet the increased capacity of the expanded program, TFC was approved a ramp-up budget to secure additional space and resources. The programs capacity increased to 220 individuals for the OP/ICM program and 30 individuals for the FSP program. As of March 2020, the OP/ICM program is at capacity and serving 220 individuals. The FSP program is quickly developing and is currently providing services to 24 individuals. TFC continues to be a great advocate for the SEA community and continues to diligently strategize and conduct outreach efforts to educate and reduce stigma.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	240
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	240

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	3
<input checked="" type="checkbox"/> 16-24	6
<input checked="" type="checkbox"/> 25-64	158
<input checked="" type="checkbox"/> 65+	61
Unreported	12
Total Number Served	240

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$178,377	
MHSA-System Development	\$1,496,033	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$1,674,410	\$6,977

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$258,960	\$258,960	\$258,960	\$258,960
MHSA-SD	1,085,322	1,085,322	1,085,322	1,085,322
MHSA-O & E				
Medi-CAL FFP	468,197	468,197	468,197	468,197
Other				
Total Budget	\$1,812,479	\$1,812,479	\$1,812,479	\$1,812,479
Increase/(Decrease)				
Adjusted Budget	\$1,812,479	\$1,812,479	\$1,812,479	\$1,812,479

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

Implementing the FSP program was challenging for TFC as this level of care is new for the SEA community. TFC had the opportunity of pioneering culturally appropriate treatments that must also meet Medi-Cal regulations. TFC continues to engage with the State Department of Health Care Services and Managed Care to ensure that all services are within Medi-Cal regulations. TFC has also engaged other local current FSP providers to gain insight on allowable services and best practices.

Individuals continue to report limited supportive services available to assist with their mental health services. Most individuals that missed/declined services report not having childcare and/or transportation. TFC has the capacity to provide transportation; however, childcare remains a need to address. TFC continues to track the barriers for individuals served, as identified by their data, while formulating resolutions.

Contractually, as this is a Master Agreement, the Department's intent has been to add multiple providers for specifically identified target cultural populations. This still remains a challenge. The Department widely distributed an additional formal request for proposals, but organizations have not submitted adequate proposals to serve other cultural target populations. The Department will remain available to provide insight in developing proposals that would meet the contractual scope of work and Medi-Cal requirements.

Proposed Project Changes:

It is forecasted that this program would be expanded to increase capacity to address recommendations received from the stakeholder process if funding is available. The Department hopes to receive proposals to serve other target populations, including but not limited, to: Latino, Native American, African American, LGBTQ, Punjabi, Veterans, and refugees. Currently, The Fresno Center is allocated 85% (\$9,992,338 of \$10,723,130) of the maximum compensation of the Master Agreement. If an additional program or provider is approved, additional funding will be needed to support the additional program's success.

CULTURAL/COMMUNITY DEFINED PRACTICE FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Cultural Based Access Navigation and Peer/Family Support Services
Project Identifier(s): 037 **Avatar:** 4764 **PeopleSoft:** 4764
Provider(s): Centro La Familia Advocacy Services (CLFA), Fresno American Indian Health Project (FAIHP), Fresno Interdenominational Refugee Ministries (FIRM), and West Fresno Family Resource Center (WFFRC) (M16-359)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 11, 2001
Program Overview: Prevention and early intervention program aimed at reducing risk factors and stressors, building protective factors and skills, and increasing social supports across all age groups, through individual and peer support, community awareness, and education provided in culturally sensitive formats and contexts.

Program Update:

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	249
Asian/Pacific Islander	3,157
Caucasian	830
Latino	2,908
Native American	582
Other	84
Unreported	498
Total Number Served	8,308

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	498
<input checked="" type="checkbox"/> 16-24	748
<input checked="" type="checkbox"/> 25-64	3,988
<input checked="" type="checkbox"/> 65+	914
Unreported	2,160
Total Number Served	8,308

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage	\$342,507	
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$342,507	\$41

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage	\$1,001,633	\$551,633	\$550,000	\$550,000
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$1,001,633	\$551,633	\$550,000	\$550,000
Increase/(Decrease)				
Adjusted Budget	\$1,001,633	\$551,633	\$550,000	\$550,000

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

Initial the program was listed as just a prevention and early intervention, and not identified with any specific PEI strategy and thus the work was not aligned with any specific PEI reporting or outcomes criteria. The lack of resources/funding is a barrier to hiring additional staff needed to cover more areas and provide the depth of services/follow-up required for individuals to become stable. Additionally, there is not enough staff time to develop the trust and relationships required to ensure ongoing individuals served success and/or prevent and reduce symptom relapse in these unique target populations. Individuals served are reluctant to provide demographic information due to distrust of local government and/or political climate based on their past cultural experiences.

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 Project Changes:

Providers will work on refining data collection and reporting methods for more accurate and useful output on individuals served participation including demographics such as age as well as performance measures to align with access and linkage requirements.

It is recommended that the program allocation be increased to allow new providers to serve currently unserved populations and existing providers to address funding barriers.

This program will be evaluated as a part of an evaluation of several PEI programs, to assess its cost effectiveness, its outcomes and addressing needs.

CULTURAL/COMMUNITY DEFINED PRACTICE FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Holistic Cultural Education Wellness Center
Project Identifier(s): 038 **Avatar:** PeopleSoft: 4783
Provider(s): The Fresno Center
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** June 19, 2012
Program Overview: 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 nontraditional holistic healers within the diverse cultural communities of Fresno County.

Program Update:

The Holistic Center Education Wellness Center program is operating well under the oversight and guidance of The Fresno Center. The Director has continued to encourage refining program practices and processes, evaluating activities and workshops and introducing new ones as requested. They continue to enhance collaboration with other local community programs while also working to expand activities to several rural County sites that have requested assistance with this process. A new activity/playroom was created and initiated to help accommodate the children who were coming to the Holistic Center with their parents which helped to address the childcare issues of the past few years.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	108
Asian/Pacific Islander	1421
Caucasian	175
Latino	2446
Native American	28
Other	55
Unreported	305
Total Number Served	4,538

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	211
<input checked="" type="checkbox"/> 16-24	135
<input checked="" type="checkbox"/> 25-54	293
<input checked="" type="checkbox"/> 55+	110
Unreported	78
Total Number Served	827

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention	\$740,284	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$740,284	

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention	\$896,719	\$896,719	\$896,719	\$896,719
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
Total Budget	\$896,719	\$896,719	\$896,719	\$896,719
Increase/(Decrease)				
Adjusted Budget	\$896,719	\$896,719	\$896,719	\$896,719

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

The Holistic Center’s Program Director reports that additional staff is needed to assist with the scheduling of the increased number of activities, with data collection and management of surveys, and with supporting the developing relationships with partner groups and growth in the Satellite sites. The challenge is now how to assist with the issue of childcare in the Satellite Centers as many children are also accompanying parents to the activities and need supervision. Transportation continues to be an issue as many of the clients live outside the service area and do not drive; therefore, alternative solutions of ways to reach the Holistic Center are needed. Evidence from the Focus Groups addressed issues regarding requiring the individuals served to complete multiple surveys, sign-in sheets, intake information, etc. Solutions for collecting the data necessary in an easier and more complete manner are necessary. Much of the problem continues to be related to language barriers, but presently, it is also often associated with immigration issues and the current political climate, ensuring clients feel safe at the Holistic Center.

Proposed Project Changes:

(1) The data collection processes continue to be reviewed with staff, clients and evaluators to streamline both the collection and input of data so all activities can be easily evaluated to verify satisfaction and determine need. Collaboration and training with the cultural brokers (CBs) are required with any changes; the collection of the data can be more easily managed with their help. (2) The “decline to state” responses were high in certain areas this year so it is important to continue to streamline data sets further and possibly transitioning from collecting satisfaction surveys from monthly to quarterly. (3) Streamlining data processes to include new interfaces to be able to collect and tabulate data that can be accessed more easily. (4) Additional staff is needed to assist with helping to manage the increased number of activities that are being offered in the facility and satellites as well as those taking place in other community locations. (5) It would be useful to have a Coordinator position to help with scheduling, creating information flyers, managing social media, maintaining monthly calendar, etc. (6) Self-care workshops for the staff is desired as they are providing this type of care to their clients, but seldom have the time to reflect on their own needs or being able to adopt appropriate coping and resilience processes to help in their own work. (7) Additional funding could be used for peer-based services, as well as to help pay for instructors that have been volunteering a majority of their time for many years. This could help minimize instructor turn-around and improve retention.

Work Plan #4 Behavioral Health Clinical Care

The Behavioral Health Clinical Care Work Plan comprises services and activities which are broadly considered direct client care and clinical treatment. Clinical care services are geared toward supporting clients in reducing functional impairments resulting from a behavioral health condition, increasing coping skills and adaptive functioning, and of course services are likewise geared toward increasing wellness, resiliency and recovery. While treatment is always individualized to the unique client, some programs are designed to work with groups of clients who share similar experiences or who are of a similar demographic. The Behavioral Health Clinical Care Work Plan will provide a description of all current and existing ideas for treatment. Some programs which also provide clinical treatment may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

Program Name	MHSA Component	Strategy Component	Status
AB 109 Outpatient Mental Health and Substance Use Services	CSS	System Development	Keep
AB 109 Full-Service Partnership	CSS	FSP	Keep
AB1810 Pre-Trial Diversion FSP	CSS	FSP	Keep
AB1810 Pre-Trial Diversion OE/OP/ICM	CSS	System Development	Keep
Assertive Community Treatment (ACT) Team	CSS	FSP	Pending
Children and Youth Juvenile Justice Services ACT	CSS	FSP	Keep
Children Full-Service Partnership Ages 0-10 years.	CSS	FSP	Keep
Children's Expansion of Outpatient Services	CSS	System Development	Keep
Continuum of Care for Youth and Young Adults Affected by Human Trafficking	CSS	System Development	Pending
Co-Occurring Disorders Full-Service Partnership	CSS	FSP	Keep
Crisis Stabilization Voluntary Services *	CSS	System Development	Keep
Early Intervention Services to Schools	PEI	Early Intervention	Keep
Enhanced Rural Services Full-Service Partnership	CSS	FSP	Keep
Enhanced Rural Services-Outpatient/Intense Case Management	CSS	System Development	Keep
Functional Family Therapy	PEI	Early Intervention	Keep
Medication Expansion	CSS	System Development	Keep
Older Adult Team	CSS	System Development	Keep
Perinatal Wellness Center	PEI	Early Intervention	Keep
Recovery with Inspiration, Support and Empowerment (RISE)	CSS	System Development	Keep
School Based Services	CSS	System Development	Keep

Specialty Mental Health Services to Schools	CSS	Systems Development	Keep
Transitional Age Youth (TAY) Services (Department of Behavioral Health)	CSS	System Development	Keep
Transitional Age Youth (TAY) Full-Service Partnership	CSS	FSP	Keep
Vista *	CSS	FSP	Keep
Wellness Integration and Navigation Supports for Expecting Families	PEI	Prevention & Early Intervention	Remove

Note: Programs denoted by a * are being renamed. Please see program sheets.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: AB109 Full Service Partnership
Project Identifier(s): 039 **Avatar:** 4525 **PeopleSoft:** 4525
Provider(s): Turning Point (A17-266)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 24, 2012
Program Overview: Provides intensive full-service partnership (FSP) outpatient mental health services to 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 individuals. The FSP program currently offers individual 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 use disorder treatment, assistance with applying for Medi-Cal, case management and a 24/7 after hours line.

Program Update:

The AB 109 FSP program can serve up to 105 individuals on any given day annually. In FY 18-19, 75% of individuals served enrolled in FSP services experienced no episodes of psychiatric hospitalizations. Number of individuals arrested was reduced by 56%; the number of arrests was reduced by 60% compared to pre-enrollment; and the total number of days incarcerated was reduced by 86%. The total number of days spent homeless was reduced by 40% when compared to total number of days spent homeless 12 months prior to program enrollment; 66% of individuals enrolled in services experienced no episodes of homelessness. 96% of individuals enrolled in services experienced no medical hospital or emergency department admissions. 12% were enrolled in an educational setting and 22% were engaged in employment or volunteer activities. 56% trended towards positive growth with 34% transitioned to reduced levels of care.

In June of 2020, the AB109 FSP program took referrals from Probation to serve AB-1810 diversion participants under pre-trial status.

On July 12, 2020, the Community Corrections Partnership (CCP) decided to reduce AB109 funding by 2% of all CCP AB109 funded programs. Turning Point made the decision to take the 2% cut to both AB109 funded programs from the Outpatient Mental Health & Substance Services Program. An amendment will be taken to the Board of Supervisors in fall 2020 to reduce the program budget for FY 20-21 and FY 21-22.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	54
Asian/Pacific Islander	9
Caucasian	56
Latino	93
Native American	4
Other	8
Unreported	7

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	2
<input checked="" type="checkbox"/> 16-24	46
<input checked="" type="checkbox"/> 25-64	182
<input checked="" type="checkbox"/> 65+	1
Unreported	0
Total Number Served	231

*Due to program requirements, there may be specific age guidelines.

Total Number Served	231
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FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$614,339	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	736,298	
Other		
Total Program Costs	1,350,637	\$5,847

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$487,008	\$487,008	\$487,008	\$487,008
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	715,395	715,395	715,395	715,395
Other	353,500	353,500	353,500	353,500
Total Budget	1,068,895	1,068,895	1,068,895	1,068,895
Increase/(Decrease)				
Adjusted Budget	2,137,790	2,137,790	2,137,790	2,137,790

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

Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. The limited housing issue presents increased barriers when attempting to serve individuals with prior convictions for arson or sex offenses and for those who identify as transgender. Currently there is a lack of inpatient substance abuse treatment facilities severely limiting access for adults. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. Employment continues to be a barrier for most individuals for a variety of reasons but mainly due to severe mental health symptoms, co-occurring substance use issues, and criminal backgrounds. The length of duration spent in the program is limited as often individuals complete their probation within 6 months to a year of entering the program, making it difficult to achieve individual treatment goals.

The COVID-19 pandemic has presented its own unique challenges. The program transitioned to telehealth services in March 2020. Some individuals in the program reported that telehealth helped them in receiving services, while others reported that they missed the routine of receiving individual and group services in person. In response, the case managers increased the number of interactions they made with individuals in the program.

Proposed Project Changes:

The program will continue to seek out housing resources in the community and continue to develop relationships with housing agencies and independent operators.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023 AB109 Outpatient Mental Health & Substance Use Disorder Services
Project Name 2017-2020: AB109 Outpatient Mental Health & Substance Services
Project Identifier(s): 040 **Avatar:** 4784 (MH) /2070 (SUD) **PeopleSoft:** 4784 (MH)/2070 (SUD)
Provider(s): Turning Point (A17-265)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 24, 2012
Program Overview: 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:

In FY 18-19, individuals who completed treatment completed an average of 87% of treatment goals. 77% of individuals served successfully completed treatment or left before completion with satisfactory progress. 98% of individuals receiving mental health treatment experienced no episodes of psychiatric hospitalizations or incarcerations. 56% of the program population trended towards positive recovery growth; 56% transitioned towards reduced levels of care; 75% of the program population trended towards positive recovery growth; and 68% of individuals perceived having positive recovery growth. The current caseload is 151 out of a possible 350 and there are currently no wait times to access services.

On July 12, 2020, the Community Corrections Partnership (CCP) decided to reduce AB109 funding by 2% of all CCP AB109 funded programs. Turning Point made the decision to take the 2% cut to both AB109 funded programs from the Outpatient Mental Health & Substance Services Program. An amendment will be taken to the Board of Supervisors in fall 2020 to reduce the program budget for FY 20-21 and FY 21-22.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	34
Asian/Pacific Islander	2
Caucasian	70
Latino	116
Native American	1
Other	20
Unreported	26
Total Number Served	269

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	61
<input checked="" type="checkbox"/> 25-64	207
<input checked="" type="checkbox"/> 65+	1
Unreported	0
Total Number Served	269

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$290,990	
MHSA-Outreach and Engagement		
Federal Financial Participation	153,251	
Other		
Total Program Costs	\$444,241	\$1,651

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$300,000	\$300,000	\$300,000	\$300,000
MHSA-O & E				
Medi-CAL FFP	176,563	176,563	176,563	180,095
Other	1,950,642	1,912,877	1,912,877	1,947,766
Total Budget	\$2,427,205	\$2,389,440	\$2,389,440	\$2,427,861
Increase/(Decrease)				
Adjusted Budget	\$2,427,205	\$2,389,440	\$2,389,440	\$2,427,861

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

Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. The limited housing issue presents increased barriers when attempting to service individuals with prior convictions for arson or sex offenses and for those who identify as transgender. Currently there is a lack of inpatient substance use disorder treatment facilities severely limiting access for individuals. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. Employment continues to be a barrier for most individuals for a variety of reasons but mainly due to severe mental health symptoms, co-occurring substance use issues, and criminal backgrounds. The length of duration spent in the program is limited as often individuals complete their probation within six months to a year of entering the program, making it difficult to achieve individual treatment goals.

The COVID-19 pandemic has presented its own unique challenges. The program transitioned to primarily telehealth services in March 2020. In June 2020, services slowly opened back up with staff staggering their shifts and smaller group services to begin in person again. The individuals in the program expressed a preference for in person services.

Proposed Project Changes:

Continue to collaborate with the County and community partners in exploring additional funding to support a move towards developing sober living resources and increasing housing and treatment supports for PC 290 population.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020: AB1810 PreTrial Diversion FSP/ACT
Former Project Name: AB1810 PreTrial Diversion
Project Identifier(s): 074 **Avatar:** 4331 **PeopleSoft:** 4331
Provider(s): Turning Point of Central California (A20-341)
Approval Date: TBD
Start Dates: **Anticipated:** TBD **Actual:** TBD
Program Overview: AB1810 provides the opportunity for courts to authorize pre-trial jail diversion for individuals with serious mental illness who committed certain felony or misdemeanor crimes with the intent to connect them to community-based treatment and supportive services in lieu of incarceration. This continuum of care for AB1810 individuals is an evidenced-based, five-tiered comprehensive program designed to meet their unique mental health, substance use disorder and any additional wraparound service needs. The program will be operated by a contracted provider following the release of a Request for Proposal.

Program Update:

The program development and design process for the Assertive Community Treatment (ACT) project identified that one of the ACT programs intended to serve the AB1810 population needed expansion to better meet their unique needs as well as to supplement the California Department of State Hospitals (DSH) one-time funding for a jail diversion program. DSH funding is limited to individuals charged with certain felonies and diagnoses.

The resulting forensic behavioral health continuum of care model will allow for community-based treatment and supportive services to AB1810 diversion individuals charged with felonies and misdemeanors. The levels of care include ACT, Full-Service Partnership, Intensive Case Management, Outpatient and Outreach and Engagement. The Department released a Request for Proposal in October 2019 with services anticipated to start in FY 2020-21. Turning Point of Central California was selected as the vendor for this project.

In FY 2019-20, the Mental Health Diversion Court was centralized, and a Probation Officer was added. MHSA funding will not fund probation officers or other law enforcement activities in this project

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	N/A

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	N/A

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$0	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: n/a

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$0	\$530,577	\$469,528	\$591,579
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP		459,861	1,074,437	1,074,437
Other		1,049,880	929,236	1,170,432
Total Budget	\$0	\$2,040,318	\$2,473,201	\$2,836,448
Increase/(Decrease)				
Adjusted Budget	\$0	\$2,040,318	\$2,473,201	\$2,836,448

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

The AB1810 diversion process is dependent on court proceedings. The Department will continue to collaborate with criminal justice partners to identify individuals as prospective participants and their treatment and support needs. Public safety remains a concern to justice partners. The program will need to be flexible with regards to the individual’s movement in the continuum of care as clinically indicated and the associated program costs at the different levels of care. Program evaluation will be needed to determine if the continuum of care program design is appropriate and how the individual may be connected to additional services once diversion programming has been completed.

Proposed Project Changes:

The Department is proposing a change in the ACT project by separating out one of the ACT programs intended for AB1810 service population into its own AB1810 PreTrial Diversion project and expanding on the levels of care and funding needs identified through its program development process. The Department is also seeking to have an on-going evaluation of the program to measure its effectiveness during the grant term so to be able to determine if it something that should be sustained beyond the grant funding term.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: AB1810 PreTrial Diversion
Project Identifier(s): 075 **Avatar:** 4332 **PeopleSoft:** 4332
Provider(s): Turning Point of Central California (A20-341)
Approval Date: TBD
Start Dates: **Anticipated:** TBD **Actual:** TBD
Program Overview: AB1810 provides the opportunity for courts to authorize pre-trial jail diversion for individuals with serious mental illness who committed certain felony or misdemeanor crimes with the intent to connect them to community-based treatment and supportive services in lieu of incarceration. This continuum of care for AB1810 individuals is an evidenced-based, five-tiered comprehensive program designed to meet their unique mental health, substance use disorder and any additional wraparound service needs. The program will be operated by a contracted provider following the release of a Request for Proposal.

Program Update:

The program development and design process for the Assertive Community Treatment (ACT) project identified that one of the ACT programs intended to serve the AB1810 population needed expansion to better meet their unique needs as well as to supplement the California Department of State Hospitals (DSH) one-time funding for a jail diversion program. DSH funding is limited to individuals charged with certain felonies and diagnoses.

The resulting forensic behavioral health continuum of care model will allow for community-based treatment and supportive services to AB1810 diversion individuals charged with felonies and misdemeanors. The levels of care include ACT, Full-Service Partnership, Intensive Case Management, Outpatient and Outreach and Engagement. The Department released a Request for Proposal in October 2019 with services anticipated to start in FY 2020-21. Turning Point of Central California was selected as the vendor for this project.

The Mental Health Diversion Court was centralized in FY 2018-20. In the future, a Probation Officer may be added but will not be funded through MHSA.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	N/A

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	N/A

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$0	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: n/a

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD				
MHSA-O & E		\$58,933	\$107,247	\$128,876
Medi-CAL FFP		50,919	119,377	119,377
Other		116,804	212,281	255,023
Total Budget		\$226,656	\$438,905	\$503,276
Increase/(Decrease)				
Adjusted Budget		\$226,656	\$438,905	\$503,276

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

The AB1810 diversion process is dependent on court proceedings. The Department will continue to collaborate with criminal justice partners to identify individuals as prospective participants and their treatment and support needs. Public safety remains a concern to justice partners. The program will need to be flexible with regards to the individual’s movement in the continuum of care as clinically indicated and the associated program costs at the different levels of care. Program evaluation will be needed to determine if the continuum of care program design is appropriate and how the individual may be connected to additional services once diversion programming has been completed.

Proposed Project Changes:

The Department is proposing a change in the ACT project by separating out one of the ACT programs intended for AB1810 service population into its own AB1810 PreTrial Diversion project and expanding on the levels of care and funding needs identified through its program development process. The ACT/FSP components will be tracked separately from the outpatient and the entire Diversion program will be evaluated during the grant term to measure effectiveness of the program before continuing future funding.,

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Adult Assertive Community Treatment
Project Identifier(s): 041 **Avatar:** TBD **PeopleSoft:** TBD
Provider(s): To Be Determined
Approval Date: Historical
Start Dates: **Anticipated:** Spring 2021 **Actual:**
Program Overview: Contingent on availability of funding, The Department will develop a Request for Proposal (RFP) for a high fidelity Assertive Community Treatment (ACT) Program in keeping with the standards for the Evidenced 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, 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; psychiatric rehabilitation, 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. The initial target population will be refined during the program and 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.

Program Update:

Program development began in early 2020 with the goal to develop an RFP in Fall 2020.

Upon analyzing the anticipated fiscal impacts of the COVID-19 pandemic, the implementation of this plan will be put on hold pending a financial review of all MHSA-funded programs.

FY 2019-2020 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2019-2020 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$0	\$0	\$0	\$0
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$0	\$0	\$0	\$0
Increase/(Decrease)				
Adjusted Budget	\$0	\$0	\$0	\$0

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

N/A

Proposed Project Changes:

N/A

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Children & Youth Juvenile Justice Services-ACT
Project Identifier(s): 042 **Avatar:** 4323 **PeopleSoft:** 4323
Provider(s): Uplift Family Services (A18-689)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** August 25, 2009
Program Overview: The Assertive Community Treatment (ACT) program, is a more intensive version of 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; 24/7 support and psychiatric services.

Program Update:

Contract was renewed with the incumbent agency for a two-years and six-months base term plus two optional one-year extensions (January 1, 2019 through June 30, 2023). With the approval of the new contract, Uplift will continue to provide services intensive full array behavioral health individual children and youth, and support services to caregivers, parents and siblings as needed to optimize the youth's ability to reach wellness and recovery.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	15
Asian/Pacific Islander	6
Caucasian	46
Latino	90
Native American	2
Other	5
Unreported	5
Total Number Served	169

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	158
<input checked="" type="checkbox"/> 16-24	1
<input checked="" type="checkbox"/> 25-64	9
<input checked="" type="checkbox"/> 65+	1
Unreported	0
Total Number Served	169

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$1,506,747	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	820,144	
Other		
Total Program Costs	\$2,326,891	\$13,769

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$981,921	\$981,921	\$981,921	\$981,921
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	1,810,650	1,810,650	1,810,650	1,810,650
Other				
Total Budget	\$2,792,571	\$2,792,571	\$2,792,571	\$2,792,571
Increase/(Decrease)				
Adjusted Budget	\$2,792,571	\$2,792,571	\$2,792,571	\$2,792,571

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

No challenges.

Proposed Project Changes:

No Changes proposed at this time.

BEHAVIORAL HEALTH CLINICAL CARE FY 2020 - 2021

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Children’s Full Service Partnership (FSP) SP 0-10 Years
Project Identifier(s): 043 **Avatar:** 4320 **PeopleSoft:** 4320
Provider(s): Comprehensive Youth Services, Exceptional Parents Unlimited, Uplift Family Services (M18-366)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** September 1, 2007
Program Overview: 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:

The contract was renewed with the incumbent agencies for a three-year base term and two optional one-year extensions (July 1, 2018 through June 30, 2023). With the approval of the new contract, Parents/caregivers and other members of the family may be assessed for treatment needs, provided services as needed, or may be linked to other treatment programs or community resources to optimize the youth's ability to reach wellness and recovery.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	55
Asian/Pacific Islander	11
Caucasian	80
Latino	305
Native American	3
Other	13
Unreported	76
Total Number Served	543

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	518
<input checked="" type="checkbox"/> 16-24	4
<input checked="" type="checkbox"/> 25-64	18
<input checked="" type="checkbox"/> 65+	3
Unreported	0
Total Number Served	543

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$3,794,450	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	1,192,791	
Other		
Total Program Costs	\$4,987,241	\$9,185

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$2,097,353	\$2,097,353	\$2,097,353	\$2,097,353
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	3,555,767	3,555,767	3,555,767	3,555,767
Other				
Total Budget	\$5,653,120	\$5,653,120	\$5,653,120	\$5,653,120
Increase/(Decrease)				
Adjusted Budget	\$5,653,120	\$5,653,120	\$5,653,120	\$5,653,120

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

The providers of BBFF have identified barriers in measurement tools used to determine progress of youth and family members receiving services. The CANS 50 is a required measurement tool but is not appropriate for children ages 0-5, which results in a hardship when comparing the child’s functioning as the child moves in the next age group.

Proposed Project Changes:

It is forecasted that, within the next two years, this program may need to be expanded to increase capacity to address increasing need. The Department will analyze these findings and funding availability before deciding whether to expand the program.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Children’s Expansion of Outpatient Services
Project Identifier(s): 044 **Avatar:** **PeopleSoft:** 4316
Provider(s): Fresno County Department of Behavioral Health—Children’s
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 2014
Program Overview: 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 is currently staffed with four clinicians and two Community Mental Health Specialists. One clinician is EMDR trained, one clinician is CBTp trained, and the third clinician is a new employee who plans to become trained in an evidence-based practice. The expansion outpatient services were added to an outpatient team who has clinicians that are trained in TF-CBT, EMDR and DBT informed. All staff are trained in WRAP and all clinicians are trained to use the child and adolescents needs and strengths tool (CANS).

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	69
Asian/Pacific Islander	16
Caucasian	104
Latino	290
Native American	4
Other	8
Unreported	18
Total Number Served	509

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	507
<input checked="" type="checkbox"/> 16-24	1
<input checked="" type="checkbox"/> 25-64	1
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	509

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$456,763	
MHSA-Outreach and Engagement		
Federal Financial Participation	322,165	
Other	1,929	
Total Program Costs	324,094	\$1,534

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$600,258	\$600,258	\$600,258	\$600,258
MHSA-O & E				
Medi-CAL FFP	397,362	397,362	397,362	397,362
Other	2,380	2,380	2,380	2,380
Total Budget	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Increase/(Decrease)				
Adjusted Budget	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000

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

One of the barriers is hiring and retaining staff. There continues to be one open positions. Sometimes the trainings are not available in close proximity to the hiring date, hours of operation, or the parent's work schedule. One of the strategies put in place to mitigate vacancy rates in the department was changes in salary and training that seems to have improved both the hiring and retaining of staff. All efforts will be made to hire staff with evidenced based practice training and/or to have a newer staff trained as soon as possible. To mitigate lack of transportation, the Department collaborated with the health plan to help parents with transportation to and from appointments. To mitigate the limitation on hours of operation, staff accommodates persons served according to their work schedule.

Proposed Project Changes:

Provide services in the community, extend hours of operation according to community needs 7-7, possibly weekends.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Continuum of Care for Youth & Young Adults Affected by Human Trafficking

Project Identifier(s): 045 **Avatar:** **PeopleSoft:**

Provider(s): TBD

Approval Date: Historical

Start Dates: **Anticipated:** Spring 2021 **Actual:** **

Program Overview: This program will be a continuum of services for youth and young adults who have been affected by or at risk of human trafficking. The program will incorporate levels of care determined by individual assessment of need. The program will be operated by a contracted provider following the release of a Request for Proposal (RFP).

Program Update:

DBH held a collaborative stakeholders program development meeting with representatives from County of Fresno Probation Department, Sheriff’s Office, Department of Social Services, Public Defenders and District Attorney’s Offices, and representatives from Superior Court in November 2019. The resulting RFP was released in February 2020 and closed June 9, 2020. The RFP requested proposals from qualified vendors with necessary experience to provide the Department with a program for youths and transition-aged youths, ages 11-25, who have or are at risk of being affected by human trafficking, and their caregivers. The Department was asking for a continuum of care program with three levels including Outpatient, Intensive Case Management and Full-Service Partnership, to allow participants to move seamlessly through the levels of care as required on an individual basis. The 5-member RFP evaluation panel met for an initial review in June 2020, but no contract was awarded.

Upon analyzing the anticipated fiscal impacts of the COVID-19 pandemic, the implementation of this plan will be put on hold pending a financial review of all MHSA-funded programs.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		

Other		
Total Program Costs	\$0	N/A

Performance Outcomes: [fresnoMHSa.com/outcomes](https://www.fresnomhsa.com/outcomes)

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$0	\$0	\$0	\$0
MHSA-SD	0	0	0	0
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$0	\$0	\$0	\$0
Increase/(Decrease)				
Adjusted Budget	\$0	\$0	\$0	\$0

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

The original close date of the RFP was set for April 2020, but was extended until June 2020 after California issued its first shelter in place order following the COVID19 crisis response, to allow vendors the opportunity to address their organizational response to the pandemic and ensure sufficient time was granted for vendors to complete or revamp proposals, given the new circumstances.

Proposed Project Changes:

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BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Co-Occurring Disorders Full Service Partnership
Project Identifier(s): 046 **Avatar:** 4562 **PeopleSoft:** 4562, 4563
Provider(s): Mental Health Systems (A20-014)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 21, 2009
Program Overview: Program is a full-service partnership that provides/coordinates mental health services, housing, and substance abuse treatment for seriously and persistently mentally ill adults and older adults; also provides 3 substance abuse residential beds.

Program Update:

The contract renewed as of January 7, 2020 and was again awarded to Mental Health Systems. The provision of Co-Occurring Disorder FSP services includes mental health services, housing, and substance abuse treatment for Fresno County adults and older adults who are seriously and persistently mentally ill with substance use disorders. As a result of several interval meetings between Department of Behavioral Health Staff, the program expanded to included SUD services to make it a true co-occurring disorders program.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	18
Asian/Pacific Islander	7
Caucasian	49
Latino	47
Native American	3
Other	0
Unreported	0
Total Number Served	124

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	16
<input checked="" type="checkbox"/> 25-64	108
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	124

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$973,448	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	784,833	
Other	111	
Total Program Costs	\$1,758,392	\$14,181

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$771,558	\$771,558	\$771,558	\$771,558
MHSA-SD				

MHSA-O & E				
Medi-CAL FFP	546,961	1,075,812	1,073,631	1,108,659
Other	51,614	101,614	101,614	101,614
Total Budget	598,575	1,177,426	1,175,245	1,210,273
Increase/(Decrease)				
Adjusted Budget	1,197,150	2,354,852	2,350,490	2,420,546

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

The program struggles with limited appropriate housing resources (i.e. Room & Boards). To address this, the program has worked collaboratively with the community vendors to establish appropriate housing for individuals receiving services through our program. In their collaborative efforts, the program has begun master leasing and managing appropriate housing locations that ensure safety for the individuals.

There is also difficulty accessing board and care for individuals in need of a higher care. Accommodations have been made for individuals who have a lower level of functioning due to lack of board and care access. The accommodations include collaborating with room and boards with increased supervision and providing individuals with pillboxes disbursed by the Fresno IMPACT registered nurse. Individuals were also linked to day programs to ensure appropriate care during the day with services provided in the field.

MHS struggles with discharge planning for individuals who refuse services or successfully complete services. As a precaution, individuals who are refusing/self-discharging services are scheduled to meeting with the Program Manager and their wellness team to discuss barriers, gaps in treatment and reason for refusal/self-discharge. During the discharge meeting individuals are provided resources within the community and information on how to continue services. After discharge plan meeting, individuals are held for 45 days before discharge or until notification of new services being started (whichever comes first). For discharge, a letter is provided with information on community resources, UCWC and crisis lines within Fresno County. If possible, a referral is submitted to UCWC on behalf of the individual explaining the circumstances to ensure continuation of care. For successful discharge, Fresno IMPACT team members work collaboratively with the individual to identify a lower level of care, schedule appointments with continued care and identify a crisis plan.

Proposed Project Changes:

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BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023: Crisis Stabilization Services – Voluntary Admissions
Project Name 2017-2020: Crisis Stabilization Voluntary Services
Project Identifier(s): 047 **Avatar:** **PeopleSoft:**
Provider(s): Exodus Recovery, Inc. (A16-221, A16-222)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** May 4, 2012
Program Overview: 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 individuals served up to 18 years of age.

Program Update:

This program was designed to designate MHPA funds for services specific to youth and adults receiving voluntary crisis services from the Exodus CSC. Seeking voluntary crisis services is an important component of wellness and recovery as well as supporting individuals served and their families to help identify and respond to triggers prior to a crisis incident. Funding would provide 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 have not been accessed and services were not implemented; therefore, the reporting below provides information for the overall census of the Exodus Adult CSC program and does not speak specifically to the voluntary service component.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	420
Asian/Pacific Islander	145
Caucasian	904
Latino	1,313
Native American	47
Other	76
Unreported	34
Total Number Served	2,939

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	119
<input checked="" type="checkbox"/> 16-24	936
<input checked="" type="checkbox"/> 25-64	1,869
<input checked="" type="checkbox"/> 65+	15
Unreported	0
Total Number Served	2,939

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHPA-Full-Service Partnership	\$0.00	
MHPA-System Development		
MHPA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$0.00	N/A

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	\$1,909,391	\$1,957,389	\$2,011,395	\$2,065,823
Other	212,062	217,500	223,500	229,516
Total Budget	\$2,121,453	\$2,174,889	\$2,234,895	\$2,065,823
Increase/(Decrease)				
Adjusted Budget	\$2,121,453	\$2,174,889	\$2,234,895	\$2,065,823

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

An internal process to access and use these designated MSHA funds was not identified or implemented in FY 2019-20. The unused funds have been identified internally and a process to utilize these MHSA funds going forward will be resolved during the next fiscal year or contract term. Exodus reports that they are able to identify persons admitted on a voluntary basis through their Admissions Log and will assist in determining the needs of that population.

Proposed Project Changes:

Per MHSUDS Information Notice 16-034, these funds may be used for both voluntary and involuntary persons served. This clarification will help to establish a set process for the utilization of the allocated/designated funds and includes support for persons admitted to the CSC on an involuntary basis as well. The next contract (to begin July 1, 2021) will proceed through the procurement process where these services and funds will be integrated for implementation.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name 2020-2023	Prevention and Early Intervention Services to Schools
Project Name 2017-2020:	All 4 Youth - PEI
Project Identifier(s): 066	Avatar: N/A PeopleSoft: 4329
Provider(s):	Fresno County Superintendent of Schools (FCSS) (A18-308)
Approval Date:	Historical
Start Dates:	Anticipated: N/A Actual: May 3, 2010
Program Overview:	The All 4 Youth Prevention and Early Intervention (PEI) component provides positive behavioral interventions and supports in a school, community, and home setting to children and youth. The purpose of the PEI component is to prevent and reduce the long-term adverse impact on youths and their families resulting from untreated mental illness. The school-based program will incorporate positive behavioral PEI services reflecting evidence-based models, which includes the proven three-tiered integrated approach, Positive Behavioral Interventions and Supports (PBIS).

Program Update:

On June 5, 2018, the Department of Behavioral Health (DBH) and Fresno County Superintendent of Schools (FCSS) entered into Agreement No. 18-308 which superseded and expanded PEI services to the previous Positive Behavioral Interventions and Supports (PBIS) School Based K-12 Program (Agreement No. 15-209). The previous PBIS framework and trainings are now incorporated into the new PEI- Early Intervention services program, provided by FCSS collectively known as "All 4 Youth." Agreement 18-308 expand the PBIS trainings to include trauma-informed practices in the onboarded PBIS schools and expand PBIS trainings to new grade levels, which include preschool and Head Start programs. It will also integrate mental health clinicians into the school systems, which will create a natural access point to triage at-risk youths and adolescents 0-22 years of age, to ensure they receive timely access to services and early intervention to any new or previously untreated mental health illness.

To increase overall access to mental health services throughout the County, school-based services were strategically designed to bring the services to the youths and their families in their communities. School districts will be onboarded in five phases. The order of implementation was strategically planned to provide services to geographic regions that historically did not have easily accessible local community mental health services. In FY 18-19, phase one, the County's western school districts were onboarded. The school districts included: Central, Mendota, Golden Plains, Kerman, Sierra, Firebaugh, and other schools. Two service hubs were also developed, located in Downtown Fresno and the City of Firebaugh, as certified specialty mental health service facilities. These service hubs allow youths and families to seek services outside of a school-based setting as desired. In FY 19-20, the County's southern school districts were onboarded, which included: Caruthers, Fowler, Kingsburg, Laton, Riverside, Sanger, Selma, Washington Unified, and other schools. For this phase, one hub location has been identified in the Central Unified School District, at Tilley Elementary and the other is in the City of Selma.

The data below references the FCSS All 4 Youth PEI program in FY 2018-19 (services started January 1, 2019 – June 30, 2019). The unique individuals served (875) below does not provide a true representation of the total PEI individuals served as the reported numbers are the same as those extracted from the electronic health record database, Avatar, that tracks specialty mental health treatments. The PEI

individuals served should be more than those that received SMHS. FCSS utilizes a variety of tracking mechanisms, with Avatar being one of those mechanisms. Although Avatar captures a significant portion of the youths served, it only tracks those that are Medi-Cal eligible. There are a substantial number of youths that are impacted on school campuses but never rise to the need for a formal referral. These youths received service through prevention and early intervention services, which are not reflected in Avatar during the reporting period. For example, FCSS provided a lot of time educating, training, and engaging in outreach campaigns and/or activities that are not tracked in Avatar. In this reporting period, FCSS provided 22 PEI trainings which reached 1,138 school staff members. The ripple effect of these trainings are difficult to track. Other unreported services consist of the many connections with youths and their families to obtain consent for treatment and/or linkage to community resources. Considering these untracked connections, the unique numbers identified are underestimated. Going forward, additional measuring tools are being developed to capture PEI data more accurately.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	19
Asian/Pacific Islander	4
Caucasian	84
Latino	338
Native American	5
Other	51
Unreported	374
Total Number Served	875

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	441
<input checked="" type="checkbox"/> 16-24	64
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	373
Total Number Served	878

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention	\$793,098	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
Total Program Costs	\$793,098	\$903

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention	\$3,290,230	\$3,290,230	\$3,290,230	\$3,290,230
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				

Medi-CAL FFP				
Other				
Total Budget	\$3,290,230	\$3,290,230	\$3,290,230	\$3,290,230
Increase/(Decrease)				
Adjusted Budget	\$3,290,230	\$3,290,230	\$3,290,230	\$3,290,230

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

The challenges to this program continue to involve the stigma of mental health. Cultural stigmas remain a barrier in the regions of the phase one and two implementation. Outreach and education will continue to be a point of focus in order to increase the census of the targeted population in the rural communities.

Currently, the untargeted population, the number of individuals not Medi-Cal eligible are larger than anticipated. (In FY 18-19, 18% of the individuals currently receiving services has other/private health coverage.) FCSS and DBH are reviewing all resources to see if other funds can be leveraged to meet the needs of this population. FCSS is also working with the local Managed Care Plan providers to partner with, so that this population can receive services through All 4 Youth.

Students continue to report not being aware of mental health services available to them. Creative age-appropriate outreach and education workshop strategies will better engage students and generate a more resourceful peer network on school campuses. Continuing education and support of trained mental health school staff will also lead the charge to change the culture around mental health.

Like many youth programs, getting in contact with parents or the responsible party in a timely manner has been a barrier. Not being able to obtain authorization for treatment from the parent or responsible party remains a challenge and is the main reason for prolonging the intake process. FCSS is continuing to develop strategies to approach the families.

Working to provide training around the already impacted school district calendars are challenging. FCSS has been flexible by redesigning their trainings to meet the availabilities of the onboarding school districts. However, data retention may be compromised due to the quick roll out. Evaluations will help measure efficiency of the trainings. Strategies are also being proposed and will be reviewed as appropriate.

Proposed Project Changes:

It is forecasted that this mental health prevention program would be expanded to increase capacity to address recommendations received from the stakeholder process pending availability of funding. During FY 2020/21, FCSS will roll out phase three of the All 4 Youth Program to onboard the metropolitan school districts: Fresno, Clovis, Big Creek, Pine Ridge, and other schools. The prevention component will continue to implement new strategies to the existing PEI framework to address recommendations received from the stakeholder process. PBIS training enhancements and PEI services will increase the current program PEI budget to \$4,352,581 in FY 2020-21. In addition, a Substance Use Disorder (SUD) treatment component is being considered for adaptation into the All 4 Youth program to help with co-occurring disorders.

The Department will continue to address data tracking methods in order to ensure that all individuals receiving services are accurately represented in the demographic data and outcomes. Additionally, the program will be assessed in years to come, to explore opportunities for more revenue through billing, and improve tracking and service coordination.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Enhanced Rural Services Full Service Partnership (FSP)
Project Identifier(s): 048 **Avatar:** **PeopleSoft:** 4529
Provider(s): Turning Point (A18-327)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Program Overview: Provides Full Service Partnership (FSP) Services, a high intensity outpatient model of care in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman, Huron 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 Huron clinic became operational as of July 2019 which expands access to mental health services further within the County’s rural communities. The Kerman rural clinic was recently approved to expand within their existing property to serve additional individuals safely. The Mendota clinic completed construction in early 2020 and will be operational in FY20-21.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	3
Asian/Pacific Islander	4
Caucasian	49
Latino	94
Native American	2
Other	5
Unreported	3
Total Number Served	160

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	34
<input checked="" type="checkbox"/> 16-24	34
<input checked="" type="checkbox"/> 25-64	92
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	160

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$898,704	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	465,120	
Other	2,660	
Total Program Costs	\$1,366,484	\$8,541

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23

MHSA-FSP	\$1,104,108	\$1,188,873	\$1,269,423	\$1,350,529
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	954,111	954,111	954,111	954,111
Other	1,500	1,500	1,500	1,500
Total Budget	\$2,059,719	\$2,144,484	\$2,225,034	\$2,306,140
Increase/(Decrease)				
Adjusted Budget	\$2,059,719	\$2,144,484	\$2,225,034	\$2,306,140

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

Turning Point continues to experience difficulties with maintaining full staffing in rural clinics, thus keeping response times for referrals and appointments low. The FSP program has maintained full capacity and there is a need for more slots in the rural communities but maintaining additional staff would be a challenge. Turning Point is continuing to aggressively market and advertise for open positions to fill them quickly and keep wait times low. TP is committed to hiring whenever possible bilingual and bicultural staff.

Proposed Project Changes:

New Coalinga and Huron clinics recently opened, which provide greater access to services in those communities. The Sanger clinic will be relocating to a bigger site within the next year to alleviate capacity issues at that location. The new Mendota clinic is still under construction and should begin providing services in FY20-21.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Enhanced Rural Services Outpatient Intense Case Management
Project Identifier(s): 049 **Avatar:** **PeopleSoft:** 4527
Provider(s): Turning Point (A18-327)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Program Overview: Provide Intensive Case Management, and Outpatient Programs 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 Huron clinic became operational as of July 2019 which expands access to mental health services further within the County’s rural communities. The Kerman rural clinic was recently approved to expand within their existing property to serve additional individuals safely. The Mendota clinic completed construction in early 2020 and will be operational in FY20-21.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	40
Asian/Pacific Islander	34
Caucasian	518
Latino	1,690
Native American	16
Other	73
Unreported	57
Total Number Served	2,428

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	973
<input checked="" type="checkbox"/> 16-24	313
<input checked="" type="checkbox"/> 25-64	1,093
<input checked="" type="checkbox"/> 65+	49
Unreported	0
Total Number Served	2,428

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$5,220,834	
MHSA-Outreach and Engagement		
Federal Financial Participation	\$2,242,597	
Other	\$27,954	
Total Program Costs	\$7,491,385	\$3,085

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$4,483,113	\$4,483,113	\$4,483,113	\$4,483,113
MHSA-O & E				
Medi-CAL FFP	5,660,116	5,660,116	5,660,116	5,660,116
Other				
Total Budget	\$10,143,229	\$10,143,229	\$10,143,229	\$10,143,229
Increase/(Decrease)				
Adjusted Budget	\$10,143,229	\$10,143,229	\$10,143,229	\$10,143,229

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

Turning Point continues to experience difficulties with maintaining full staffing in rural clinics, thus keeping response times for referrals and appointments low. Turning Point recently began assisting DBH internal programs with accepting school-based referrals in Coalinga, which has led to increased wait times for appointments. However, new clinicians were successfully hired to assist with the expanding case load in the Coalinga community. Turning Point is continuing to aggressively market and advertise for open positions to fill them quickly and keep wait times low.

Proposed Project Changes:

New Coalinga and Huron clinics recently opened, which provide greater access to services in those communities. The Sanger clinic will be relocating to a bigger site within the next year to alleviate capacity issues at that location. The new Mendota clinic is still under construction and should begin providing services in FY20-21.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Functional Family Therapy
Project Identifier(s): 050 **Avatar:** 4321 **PeopleSoft:** 4321
Provider(s): Comprehensive Youth Services (A18-687)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 20, 2007
Program Overview: Functional Family Therapy (FFT) is an evidenced-based family therapy program for youth ages 11-17 years old who are involved in the Juvenile Justice System or at-risk of involvement. The model works with the identified youth, parents/guardians, siblings and other relatives that have a significant impact on the families' functioning. Youth are generally referred for behavioral, emotional, relational and/or mental health concerns. Referrals are received from probation, courts, schools, other service providers, parents/guardians or self-referred.

Program Update:

The new contract for this program was awarded to Comprehensive Youth Services (CYS) and started effective 1/1/2019. For the fiscal year of 2018-2019, FFT served 867 identified individuals, 926 parents/guardians, and 198 siblings/relatives, for a total of 1,991 people served. The average number of individuals served/families on the waitlist was 89.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	35
Asian/Pacific Islander	7
Caucasian	64
Latino	622
Native American	
Other	139
Unreported	
Total Number Served	139

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	603
<input checked="" type="checkbox"/> 16-24	264
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	867

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention	\$1,100,728	
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation	438,533	
Other		
Total Program Costs	\$1,539,261	\$1,775

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention	\$673,005	\$673,005	\$673,005	\$673,005
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP	1,423,195	1,458,368	1,513,214	1,559,163
Other				
Total Budget	\$2,096,200	\$2,131,373	\$2,186,219	\$2,232,168
Increase/(Decrease)				
Adjusted Budget	\$2,096,200	\$2,131,373	\$2,186,219	\$2,232,168

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

The FFT program has historically had a substantial number of referrals. With the new directives from the state, FFT has worked hard to contact families within 24 hours of receiving referrals and offering assessments within 10 days. Due to the large number of referrals CYS has worked with the National FFT Inc. to determine strategies to decrease increase capacity of staff and decrease wait times experienced in the past. In 2017-2018, CYS FFT requested and received an expansion of the FFT program to expand staffing in an effort to decrease the wait list. As staffing increased, referrals also increased, which continues to make it difficult to meet state expectations. In addition, CYS has lost several staff to other organizations due to higher salary scales. This has caused increased cost for training, and supervision and decreased capacity due to loss of staff and length of time for staff to reach a full case load.

Proposed Project Changes:

CYS states that they are currently preparing a proposal to increase the FFT program billing rate to allow CYS to pay a more competitive wage to attract and retain highly trained and experienced therapists to fill vacancies in the program. CYS states that this will allow the agency to enhance staffing, build agency capacity, and increase salaries. If approved, the increased hourly billing rate will access to serve a greater number of individuals served in a timely manner- thereby helping strengthen families, overcome barriers and increase family function and success.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023: Medication Payments for Indigent Individuals
Project Name 2017-2020: Medications Expansion
Project Identifier(s): 051 **Avatar:** **PeopleSoft:** 4512
Provider(s): Fresno County Department of Behavioral Health
 Envolve (A15-318)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** September 9, 2008
Program Overview: This program provides psychotropic medications for uninsured adult and older adult individuals receiving mental health services within the outpatient programs.

Program Update:

The current vendor for Pharmacy Benefit Management (PBM) under the medications expansion program is Envolve Pharmacy Solutions, Inc. (Envolve), which previously known as US Script. The program has seen a significant drop in the number of individuals requiring their services since the implementation of the Affordable Care Act (ACA). The program services and target population have remained the same; however, a large majority of individuals served are now Medi-Cal eligible and are able to obtain their psychotropic medications without utilizing this program. In FY 18-19, Services were expanded to include MHSA funds for medication services provided to clients in the Juvenile Justice System and/or County Jail for the purpose of facilitating discharge; thus, adding to/enhancing the target population for medication services as well as parolees due to the passing of SB 389 allowing the expansion of MHSA covered services to parolees that were previously excluded under MHSA CSS CCR (California Code of Regulations, Article 6 (f,g): Community Services and Supports, Section 3610). Funds also can be used to support POST release offenders. The overall numbers are lower this year compared to the previous year due to DBH no longer needing to provide medications to the County Jail/Juvenile Justice systems due to the newly contracted provider in the Jail now required to provide the long-acting injectable medications.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	35
Total Number Served	35

*Due to program limitations, ethnicity of client served is not currently collected.

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	35
Total Number Served	35

*Due to program limitations, ages of clients served is not currently collected.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$17,260	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other	1,272	
Total Program Costs	\$18,531	\$529

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$290,000	\$290,000	\$290,000	\$290,000
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$290,000	\$290,000	\$290,000	\$290,000
Increase/(Decrease)				
Adjusted Budget	\$290,000	\$290,000	\$290,000	\$290,000

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

The only challenge to the program in the last two years was the ability to obtain approval on urgent requests if the Lead Analyst assigned to this program was out of the office on leave or called in sick. Initially, the strategy to mitigate the issue of participants not receiving the script requests for immediate needs was to have a backup Staff Analyst assigned to handle these immediate requests. In the last fiscal year, it was decided to assign the Mental Health Contracts Program Tech team to provide backup with the idea of transitioning the task of processing these routine tasks to the Program Technicians. This change has allowed the Staff Analyst to spend time focusing on analysis of the utilization of the program. This change has mitigated the challenges and barriers of providing medication expansion to participants in need of Pharmacy Benefit Management (PBM) to fill their psychotropic medications.

Proposed Project Changes:

DBH will be processing a new 5-year contract after completing the RFP process during FY 2020-21. Review of the bids will include reviewing to ensure the new or continuing vendor will provide with the same turn-around needed when requesting PBM services in order to fill scripts for DBH individuals served. In the coming year the allocation for the program will be adjusted to provide needed funding and a cushion, but will also free up unused funding allocation.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Older Adult Team
Project Identifier(s): 052 **Avatar:** **PeopleSoft:** 4610
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Program Overview: Metropolitan and rural services for older adult consumers. Staff collaborate with primary care physicians and Adult Protective Services (APS) for outreach and engagement of services to seniors.

Program Update:

The Older Adult team continues to provide specialty mental health services to seniors ages 60 and older who are experiencing symptoms of mental illness. The program continues to provide a variety of Evidence-Based Practices to the senior population. There have been no significant changes to the mission, goals or funding of this program in the past year.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	43
Asian/Pacific Islander	13
Caucasian	149
Latino	110
Native American	4
Other	6
Unreported	8
Total Number Served	333

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	1
<input type="checkbox"/> 16-24	0
<input checked="" type="checkbox"/> 25-64	230
<input checked="" type="checkbox"/> 65+	102
Unreported	0
Total Number Served	333

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$781,740	
MHSA-Outreach and Engagement		
Federal Financial Participation	388,235	
Other	14,324	
Total Program Costs	402,559	\$3,556

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$900,000	\$900,000	\$900,000	\$900,000
MHSA-O & E				

Medi-CAL FFP	\$446,966	\$446,966	\$446,966	\$446,966
Other	\$16,491	\$16,491	\$16,491	\$16,491
Total Budget	\$463,457.00	\$463,457.00	\$463,457.00	\$463,457.00
Increase/(Decrease)				
Adjusted Budget	\$926,914.00	\$926,914.00	\$926,914.00	\$926,914.00

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

There have been struggles with maintaining staffing levels due to the number of recruitments available per year. Affordable housing is an ongoing issue for seniors. These housing problems are confounded for individuals who may have medical issues and/or mobility issues and also live on Social Security/SSI or have low income. Transportation continues to be difficult and with added benefits to the healthcare plans, this has started to be mitigated.

Proposed Project Changes:

No changes at this time.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Program: Keep

Project Name: Perinatal Wellness Center
Project Identifier(s): 053 **Avatar:** **PeopleSoft:** 4314
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 5, 2020
Program Overview: 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. Services are open to women who experience first onset of mental disorders during the period, pregnancy and up to a year postpartum.

Program Update:

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	5
Asian/Pacific Islander	2
Caucasian	1
Latino	19
Native American	
Other	3
Unreported	
Total Number Served	3

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	8
<input checked="" type="checkbox"/> 25-64	22
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	30

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention	\$1,442,669	
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation	781,382	
Other	1,755	
Total Program Costs	\$2,225,807	\$74,194

Performance Outcomes: fresnoMHSa.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23

MHSA-Prevention				
MHSA-Early Intervention	\$400,000	\$400,000	\$400,000	\$400,000
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP	226,169	226,169	226,169	226,169
Other	508	508	508	508
Total Budget	\$626,678	\$626,678	\$626,678	\$626,678
Increase/(Decrease)				
Adjusted Budget	\$626,678	\$626,678	\$626,678	\$626,678

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

Proposed Project Changes:

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Recovery with Inspiration, Support & Empowerment (RISE)
Project Identifier(s): 054 **Avatar:** **PeopleSoft:** 4519
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** January 2014
Program Overview: Provides support for LPS (Lanterman Petris Short) Conserved beneficiaries and those who were recently released from conservatorship adjusting to a less structured living environment, as a stepdown from IMD (Institution for Mental Disease) / MHRC (Mental Health Rehabilitation Center) level of care. The team provides services that include intensive case management, rehabilitation, and therapeutic services in a way that supports and helps to restore dignity, supports the empowerment of each individual, demonstrates respect, and is individualized to the expressed need of each individual served. The goal of RISE is to increase stability and wellness in the community using natural supports to increase overall wellness and reduce recidivism back to LPS MHP.

Program Update:

RISE continues to provide specialty mental health services for people on conservatorship. The program has focused on the transition from IMD level of care to outpatient care and establishing the individual in the community. In the fall of 2018, RISE integrated the conservatorship function and LPS Conservators into this clinical program. Conservators are being coached in therapeutic case management models and strengths-based, client-centered care. This increases communication, coordination of care, and helps to ensure readiness for step-down from the IMD level of care.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	56
Asian/Pacific Islander	14
Caucasian	110
Latino	104
Native American	4
Other	3
Unreported	2
Total Number Served	293

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	4
<input checked="" type="checkbox"/> 16-24	39
<input checked="" type="checkbox"/> 25-64	233
<input checked="" type="checkbox"/> 65+	17
Unreported	0
Total Number Served	293

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$278,318	
MHSA-Outreach and Engagement		
Federal Financial Participation	496,388	
Other	8,511	
Total Program Costs	504,899	\$2,673

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$675,496	\$675,496	\$675,496	\$675,496
MHSA-O & E				
Medi-CAL FFP	1,204,765	1,204,765	1,204,765	1,204,765
Other	20,656	20,656	20,656	20,656
Total Budget	1,225,421	1,225,421	1,225,421	1,225,421
Increase/(Decrease)				
Adjusted Budget	2,450,842	2,450,842	2,450,842	2,450,842

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

With the wonderful success of increased number of people on conservatorship living locally (compared to a locked environment) has come increased caseload sizes. This makes it difficult to maintain the high number of contact hours required. Due to this challenge the Department has begun to train other Intensive Outpatient teams on LPS processes so that individuals who require fewer hours of service can receive care from additional teams.

Proposed Project Changes:

No future changes anticipated at this time.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: School Based Services
Project Identifier(s): 055 **Avatar:** **PeopleSoft:** 4311 & 4312
Provider(s): Fresno County Department of Behavioral Health
 Fresno County Superintendent of Schools (FCSS) (A18-308)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** September 1, 2008
Program Overview: 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 School-Based Services Team (SBT) is developing a partnership with the Fresno County Superintendent of Schools (FCSS) to service geographic areas the Department is unable to cover. The Department has also developed a partnership with United Health and Turning Point to increase capacity and Clinica Sierra Vista to integrate primary care into the county operated school-based services. FCSS began the integration process January 2, 2019. FCSS in collaboration with DBH staff are transitioning individuals served as appropriate in the West Region and the Foothills school districts. The county operated School Based team clinical supervisors and CMH division manager meet monthly to streamline referrals and coordinate care for onboarding school districts. On July 2019, the School-Based West District Team started to work in partnership with FCSS. By school year 2019-2020 (August of 2019) FCSS fully transitioned into providing mental health services in the all districts according to the 5-year plan. Currently the SBT-West District is providing mental health services in Coalinga-Huron Unified School District, Central Unified School District and Clovis Unified School District. The SBT-West District's staffing is 7 Clinicians and 1 Clinical Supervisor. The East County Region Team is providing services in Kings Canyon School District, 4 clinicians and 1 clinical supervisor. Metro School Based Team provides services in the metro area currently services are being provided in several high schools and Middle Schools. 5 clinicians, 1 Community Mental Health Specialist and clinical Supervisor. Case managers are assigned to cases which need intensive services.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	52
Asian/Pacific Islander	14
Caucasian	128
Latino	583
Native American	2
Other	61
Unreported	31
Total Number Served	871

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	862
<input checked="" type="checkbox"/> 16-24	5
<input checked="" type="checkbox"/> 25-64	3
<input checked="" type="checkbox"/> 65+	1
Unreported	0
Total Number Served	871

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$5,087,867	
MHSA-Outreach and Engagement		
Federal Financial Participation	930,236	
Other	2,283	
Total Program Costs	932,519	\$6,912

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$1,500,000	\$6,000,000	\$6,000,000	\$6,000,000
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$1,500,000	\$6,000,000	\$6,000,000	\$6,000,000
Increase/(Decrease)				
Adjusted Budget	\$1,500,000	\$6,000,000	\$6,000,000	\$6,000,000

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

Clinicians have to contend with student schedules, which fluctuate due to unknown/unforeseen testing and school events. Also, during times when school is not in session, staff have difficulties scheduling and/or compliance with continued services. Staff have attempted to resolve the scheduling issues by offering services at the homes if families are open or scheduling clients at the clinic while school is on break. Fresno county is a vast area and covers many school districts that are in significant distance from the Heritage Children’s Campus. Huron-Coalinga, Kings Canyon, Central Unified School Districts are located at a significant distance from the main Hub- The Heritage Center. The closest school District is Central Unified, which currently it takes at least 25 minutes to get there one way from the main Children’s Mental Health Services office, the Heritage Center. The West District of Fresno County has a large geographical area. Many of the School Districts in the SBT are 30 minutes away or more. The farthest School District is one hour and a half one way from Fresno. The Travel time takes time away from the individuals served’ s face to face direct services. Staffing has been a barrier for the SBT-West District. Each School District has a significant number of schools and the School Based Teams are only able to cover 1-2 schools per clinician in efforts to reduce travel time, be able to provide mental health services to more individuals served. DBH has contracted with FCSS to provide mental health services in all schools of Fresno County within the timeframe of 5 years. Another barrier is staff burnout, the constant driving to and from Fresno to rural areas impacts staff and frequently request transfers to a clinic-based team.

Proposed Project Changes:

Fill vacancies in SBT in order to provide services at more school sites. DBH is working in collaboration with FCSS to provide timely services and increase penetration throughout the county. A full evaluation of the program will be conducted in the coming year to gain clearer understanding of the number of students the project will serve, its medi-cal billing rate, types of challenges and outcomes.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023	Specialty Mental Health Services to Schools
Project Name 2017-2020:	All 4 Youth – CSS
Project Identifier(s): 065	Avatar: 4329A, 4329B, 4329C PeopleSoft: 4330
Provider(s):	Fresno County Superintendent of Schools (FCSS) (A18-308)
Approval Date:	Historical
Start Dates:	Anticipated: N/A Actual: July 1, 2018
Program Overview:	All 4 Youth is an integrated expanded treatment program that provide specialty mental health outpatient treatment services in a school-based setting. The goal of All 4 Youth is to remove barriers and increase timely access for all children and families to the full continuum of behavioral health services that promotes a positive healthy environment in which to live and learn.

Program Update:

The “All 4 Youth” program is a partnership between Fresno County Superintendent of Schools (FCSS) and DBH to provide school and community-based specialty mental health treatment services to children and their families. Services includes: intensive case management, intensive care coordination (ICC), intensive home-based services (IHBS), rehabilitation, collateral, individual and group therapy services, crisis services, medication support services, outreach, and advocacy services. Specialty mental health services (SMHS) are provided to children 0-22 years of age who are Medi-Cal beneficiaries with a serious emotional disturbance (SED). While the target population are Medi-Cal beneficiaries, FCSS and the local school districts are leveraging funding resources to provide services to all youths, with or without other health coverage (OHC), ensuring every youth receives a mental health assessment, at a minimum.

This Agreement allows for periodic expansion of services to various geographical school districts, eventually embedding mental health clinicians on all school campuses throughout the County. The implementation of services will be rolled out in five phases over the term of the Agreement. All implementation phases are strategically planned to provide access to communities that historically were underserved due to their lack of local community resources. In FY 2018-19, phase one, FCSS onboarded the school districts on the westside of the County first, which include school districts such as Central, Mendota, Golden Plains, Kerman, Sierra, Firebaugh, and other schools. In FY 2019-20, phase two, FCSS onboarded the southern school districts, which include Caruthers, Fowler, Kingsburg, Laton, Riverside, Sanger, Selma, Washington Unified, and other schools. Services were also extended to high-needs students at non-onboarded schools as well. All 4 Youth currently serves 161 students from non-onboarded schools. Besides serving youths on school sites, All 4 Youth established certified mental health facilities or hubs to offer alternative treatment locations. There are currently four established hubs. One is located at the FCSS Downtown Fresno office, another at Bailey Elementary in Firebaugh, a third at Tilley Elementary in Central Unified, and the fourth is in the City of Selma.

As of February 2020, FCSS's has triaged a total of 2,358 referrals since the beginning of this school year. Of which 1,259 individuals are receiving ongoing mental health treatment services and 136 individuals are receiving ongoing early intervention services. Since the All 4 Youth Program’s inception on January 1, 2019, the DBH’s Electronic Health Record, Avatar, has recorded a spike in overall mental health services being provided. Although multiple factors contributed to the overall growth in the penetration rate, visual data analysis of the graphical data clearly shows an increase in services within Avatar consistent with

FCSS's inception. The graph also shows a decline in services due to the schools breaking for summer vacation.

The data below references the FCSS All 4 Youth SMHS program in FY 2018-19 (services started January 1, 2019 – June 30, 2019). The unique individuals served was 875. The target goal was 750. FCSS clearly met the objective. However, like its Prevention and Early Intervention (PEI) component, the data below does not provide a true representation of the total individuals served. Currently, Avatar only tracks individuals served that are Medi-Cal eligible. There are a substantial number of youths that received services which are not reflected in Avatar and were served through PEI, other health coverage (OHC), psychoeducation, and linkage and referrals to community supports or resources. Looking ahead, youths served through OHC only and PEI will be tracked in Avatar and will provide a more complete analysis of the program services. Additionally, new tracking and measurement tools are being developed to capture data more accurately so that outcomes can be better quantified.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	19
Asian/Pacific Islander	4
Caucasian	84
Latino	338
Native American	5
Other	51
Unreported	374
Total Number Served	875

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	441
<input checked="" type="checkbox"/> 16-24	61
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	373
Total Number Served	875

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$3,466,402	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
Total Program Costs	\$3,466,402	\$3,961.60

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$4,545,135	\$4,545,135	\$4,545,135	\$4,545,135
MHSA-O & E				
Medi-CAL FFP	\$9,164,804	\$12,332,112	\$15,392,304	\$19,167,946
Other				
Total Budget	\$9,164,804.00	\$12,332,112.00	\$15,392,304.00	\$19,167,946.00
Increase/(Decrease)				
Adjusted Budget	\$9,164,804.00	\$12,332,112.00	\$15,392,304.00	\$19,167,946.00

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

The challenges to this program continue to involve the stigma of mental health. Cultural stigmas remain a barrier in the regions of the phase one and two implementation. Outreach and education will continue to be a point of focus in order to increase the census of the targeted population in the rural communities.

Currently, the untargeted population, the number of individuals not Medi-Cal eligible are larger than anticipated. (In FY 18-19, 18% of the individuals currently receiving services has other/private health coverage.) FCSS and DBH are reviewing all resources to see if other funds can be leveraged to meet the needs of this population. FCSS is also working with the local Managed Care Plan providers to partner with, so that this population can receive services through All 4 Youth.

Students continue to report not being aware of mental health services available to them. Creative age-appropriate outreach and education workshop strategies will better engage students and generate a more resourceful peer network on school campuses. Continuing education and support of trained mental health school staff will also lead the charge to change the culture around mental health.

Like many youth programs, getting in contact with parents or the responsible party in a timely manner has been a barrier. Not being able to obtain authorization for treatment from the parent or responsible party remains a challenge and is the main reason for prolonging the intake process. FCSS is continuing to develop strategies to approach the families.

Working to provide training around the already impacted school district calendars are challenging. FCSS has been flexible by redesigning their trainings to meet the availabilities of the onboarding school districts. However, data retention may be compromised due to the quick roll out. Evaluations will help measure efficiency of the trainings. Strategies are also being proposed and will be reviewed as appropriate.

Proposed Project Changes:

It is forecasted that this specialty mental health treatment program will be expanded to increase capacity to address recommendations received from the stakeholder process. During FY 2020-21, FCSS will roll out phase three of the All 4 Youth Program to onboard the metropolitan region school districts: Fresno, Clovis, Big Creek, Pine Ridge, and other schools. The mental health treatment component will incorporate MHSA CSS funds of \$5,894,908 in FY 2020-21. In addition, a Substance Use Disorder (SUD) treatment component may be being considered for adaptation into the All 4 Youth program to help with co-occurring disorders. Key for sustainability will be increasing the billable revenues through Medi-Cal, and limiting the CSS funds for support services of funding of last option.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Transition Age Youth Services and Support FSP
Project Identifier(s): 057 **Avatar:** **PeopleSoft:** 4470
Provider(s): Central Star Behavioral Health, Inc. (A-18-576)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** November 27, 2007
Program Overview: The TAY Program is a full-service partnership (FSP) program serving up to 149 young adults ages 16-25 in the community. The TAY Program offers recovery-oriented FSP level outpatient mental health services that provide individuals receiving services with opportunities to utilize their strengths and abilities to gain independence and self-sufficiency in the community.

Program Update:

Effective October 9, 2018, the TAY individuals served were successfully transitioned to the new TAY FSP provider Central Star Behavioral Health, Inc. The TAY program continues to maintain a steady census while accepting new referrals/intakes into the program and discharging TAY individuals out of the program due to:

- Successful graduations
- Transitions to Department of Behavioral Health Metro due to reduced level of care needs
- Transitions to Turning Point Vista due to aging out of the TAY program
- Difficulty with locating clients because of fluctuating contact information
- Incarceration

The program continues to make every effort to educate program staff on topics applicable to TAY individuals in order to best understand and meet the needs of the population served. The program continues to have engaging events that promote and encourage the TAY population to achieve their personal recovery/resiliency and wellness goals.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	75
Asian/Pacific Islander	21
Caucasian	118
Latino	373
Native American	5
Other	8
Unreported	9
Total Number Served	609

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	293
<input checked="" type="checkbox"/> 16-24	310
<input checked="" type="checkbox"/> 25-64	6
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	609

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$1,539,7230	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	653,127	
Other	148	
Total Program Costs	\$2,193,005	\$3,601

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$677,688	\$677,688	\$677,688	\$677,688
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	1,982,861	1,982,861	1,982,861	1,982,861
Other	10,000	10,000	10,000	10,000
Total Budget	1,992,861	1,992,861	1,992,861	1,992,861
Increase/(Decrease)				
Adjusted Budget	\$2,670,549	\$2,670,549	\$2,670,549	\$2,670,549

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

In the first year of program operations, the new TAY FSP provider Central Star Behavioral Health Inc. was having trouble providing in-person Psychiatry visits to individuals served for Medication Support. Initially, the program was utilizing other County program providers like Exodus to bridge the temporary gap in Psychiatry services availability. The program was able to secure Telehealth Psychiatry to meet the needs of TAY FSP individuals and to be able to provide in-house services, thus negating the need for any temporary fixes. Care coordination meetings are also used to provide strategies on a case-by-case basis in order to mitigate barriers and challenges that may arise when dealing with unique situations. Lastly, the program was having issues understanding how the County Mental Health Plan (MHP) expects the billing of individuals served with mixed insurance coverage (i.e., Medi-Cal-Medicare individuals served, Medi-Cal and Other Health Coverage, and individuals with only Other Health Coverage). The program was provided with billing scenarios and given direct contacts in the Business Office and Managed Care in order to effectively bill for services rendered. County staff will continue to provide assistance to the program to ensure that services are billed appropriately.

Proposed Project Changes:

No Proposed changes.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name: Transition Age Youth (TAY)
Project Identifier(s): 056 **Avatar:** **PeopleSoft:** 4421 & 4761
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** **Actual:** August 10, 2009
Program Overview: The Department of Behavioral Health Transition Age Youth (TAY) program serves Medi-Cal beneficiaries ages 16 through 24 who live within Fresno County and who require specialty mental health treatment services. The mission of DBHTAY 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 has been merged with First Onset Team (FOT).

Program Update:

The TAY program continues to assist young adults in transitioning to adulthood. The programs continue to use Evidence-Based Practices and continue with TIP training boosters to maintain program integrity. The TAY program location has moved and is now located near Fresno County Children's Mental Health site.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	36
Asian/Pacific Islander	11
Caucasian	38
Latino	117
Native American	3
Other	3
Unreported	0
Total Number Served	208

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	43
<input checked="" type="checkbox"/> 16-24	164
<input checked="" type="checkbox"/> 25-64	1
<input type="checkbox"/> 65+	0
Unreported	0
Total Number Served	208

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$353,459	
MHSA-Outreach and Engagement		
Federal Financial Participation	101,173	
Other	1,388	
Total Program Costs	102,561	\$2,192

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$2,565,311	\$1,274,486	\$1,274,486	\$1,274,486
MHSA-O & E				
Medi-CAL FFP				
Other				
Total Budget	\$2,565,311	\$1,274.486	\$1,274,486	\$1,274,486
Increase/(Decrease)				
Adjusted Budget	\$2,565,311	\$1,274.486	\$1,274,486	\$1,274,486

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

No barriers were identified in this past year. The program continues to support individuals served as needed.

Proposed Project Changes:

There are no proposed changes at this time.

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Program: Keep

Project Name 2020-2023:	Adult Full Service Partnership
Project Name 2017-2020:	Vista
Project Identifier(s): 058	Avatar: 4531 PeopleSoft: 4531
Provider(s):	Turning Point of Central California, Inc. (A15-215) Mental Health Systems, Inc. (M20-216)
Approval Date:	Historical
Start Dates:	Anticipated: N/A Actual: July 1, 2015
Program Overview:	Provides high intensity full service partnership model of comprehensive mental health services, including housing and community supports, to adult individuals served in Fresno County with a serious mental illness.

Program Update:

Within the current Vista FSP program, operated by Turning Point of Central California, everyone is treated individually with a focus on person-centered goals and strengths. Treatment plans are developed in collaboration with the participant and includes personal goals, in their voice, and are given the option to include support persons (family or others) in the development of the treatment plan. The treatment team offers a variety of options for treatment, rehabilitation, and support. The Vista program provides advocacy and connection with community partners. Vista has developed and maintained collaborative relationships with several community agencies, treatment providers, and local government with the combined goal of continuity of care and optimal client outcomes. Staff assist with linkage and transportation to primary care settings for preventative and follow-up health care. The Vista program continues to be committed to hiring bicultural, bilingual, and culturally competent staff. All staff members are provided sensitivity training in the area of cultural competency.

Beginning in FY 2020-21, DBH will contract with two selected vendors via a Master Agreement to operate a total of four (4) Full-Service Partnership (FSP) programs sites, providing comprehensive mental health, education, and housing and community supports with a continuous service capacity for up to 720 adults with a serious mental illness. The Vista FSP program is currently serving up to 300 individuals at one FSP site. This one site operated by Turning Point will be split into two (2) program sites servicing up to 180 individuals per site and this will allow each FSP site to provide even better quality of services to the individuals at each site. The second site will be called, "Sunrise". The second provider, Mental Health Systems, will be launching a third (3rd) site, called DART West, and will also be servicing up to 180 individuals beginning in the new Fiscal Year 2020-21. The 4th site will remain unassigned until capacity needs dictate opening the 4th site along with necessary sustainable funding.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	72
Asian/Pacific Islander	30
Caucasian	142
Latino	128
Native American	2
Other	5
Unreported	4
Total Number Served	383

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	1
<input checked="" type="checkbox"/> 16-24	54
<input checked="" type="checkbox"/> 25-64	322
<input checked="" type="checkbox"/> 65+	6
Unreported	0
Total Number Served	383

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$1,876,424	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	1,407,677	
Other	1,122	
Total Program Costs	1,408,799	\$8,578

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$2,376,148	\$5,304,713	\$9,880,398	\$9,984,160
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	1,895,223	6,784,848	7,159,361	7,578,712
Other	65,000	95,000	95,000	95,000
Total Budget	\$4,336,371	\$12,184,561	\$17,134,759	\$17,657,872
Increase/(Decrease)				
Adjusted Budget	\$4,336,371	\$12,184,561	\$17,134,759	\$17,657,872

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

With the capacity of only up to 300 individuals served in the Vista Adult FSP program; it was constantly at maximum capacity. The Executive Leadership Team decided to expand the capacity to serve more individuals and at the same time it was decided to lower the maximum capacity at each site in order to improve services and the ability to provide the intensity of services required. The new Master Agreement will mitigate the capacity issues and it is also expected that the lower maximum capacity per site will improve overall services.

In addition to the capacity issues above, due to the passing of Senate Bill 389 (SB 389) last year, MHSA-funded services have been opened to parolees. The expansion of FSP services will also mitigate any issues that this may cause by increasing the number of individuals qualified for each program.

Proposed Project Changes:

Proposed changes to be implemented are addressed above.

Work Plan # 5 Infrastructure Supports

The Infrastructure Supports Work Plan provides the basic systems and services that an entity must have in order to work effectively. For Fresno County DBH, the infrastructure includes and is not limited to, information systems and technology, staffing resources and training, billing systems, quality management, data analysis, oversight and compliance, and facilities management. The Infrastructure Supports Work Plan is intended to outline the Department’s activities which are necessary to support the effective implementation the remaining four work plans. To achieve both our mission and bring the three-year plan to life, DBH must invest to fortify and further build an effective infrastructure. The Department has committed to operate a behavioral health system of care that is of the highest quality; to achieve that, Fresno County DBH has committed to having a robust and resilient infrastructure. The Behavioral Health Infrastructure Supports Work Plan will provide a description of all current and planned MHSAs-funded programs, services and activities that serve as infrastructure for clinical and administrative operations. Some other activities that may also serve in this way may be referenced in another work plan if the other work plan better captures the focus and intent of the activity.

Program Name	MHSA Component	Strategy Component	Status
CalMHSA JPA Expenditures	PEI	N/A	Keep
Capital Facilities Improvement/”UMC” Campus Improvements	CFTN	N/A	Completed, remove.
Crisis Residential Treatment Construction	CFTN	N/A	Completed, remove.
Health & Wellness Center (HaWC)	CFTN	N/A	Keep
Information Technology-Avatar	CFTN	N/A	Keep
MHSA Administrative Support	CFTN	N/A	Keep
MHSA Community Planning Process	Infrastructure Support	N/A	Keep
Multi-county FSP Evaluation Project	INN	N/A	Keep
WET Coordination and Implementation	WET	N/A	Keep
PEI Database*	CFTN	N/A	Keep
Statewide Psychiatric Advanced Directive	INN	N/A	Keep
Adult /Children’s Services Campus	CFTN	N/A	Keep

Notes: When DBH began work on the proposed PEI database, it was determined that a full PEI evaluation was required. DBH is contracting with the RAND Corporation to complete an evaluation and develop a web-based tool for PEI data collection. This item will be removed from the CFTN funding list as it is being funded through other streams.

INFRASTRUCTURE SUPPORT FYs 2020 - 2023

Status of Program:Keep

Project Name:	CalMHSA JPA Expenditures	
Project Identifier(s): 071	Avatar: N/A	PeopleSoft: 4776
Provider(s):	CalMHSA JPA	
Approval Date:		
Start Dates:	Anticipated:	Actual:
Program Overview:	CalMHSA JPA	

Program Update:

This is an annual agreement with the California Mental Health Services Authority (CalMHSA), a Joint Powers Authority which uses member funds to contract for an array of statewide stigma reduction and suicide prevention efforts. These efforts include strategies, outreach materials, and organized campaigns such as KnowTheSigns, and EachMindMatters. Additionally, the funding supports initiatives such as the Directing Change student film festival.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
CalMHSA – PEI Statewide JPA Funding	\$741,129	
CalMHSA – PEI Expenditures by JPA	646,160	
Other		
		N/A

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
CalMHSA – PEI Statewide	\$800,000	\$800,000	\$800,000	\$800,000
Other				
Total Budget	\$800,000	\$800,000	\$800,000	\$800,000
Increase/(Decrease)				
Adjusted Budget	\$800,000	\$800,000	\$800,000	\$800,000

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

There were no barriers in the past year. Because many of the efforts funded in this contract include digital and social media strategies and resources, COVID-19 did not impact this contract as drastically as it did other programs throughout our system of care. Information dissemination was consistent, and possibly increased during the COVID-19 pandemic.

Proposed Project Changes:

No proposed changes at this time.

**INFRASTRUCTURE SUPPORT FYs 2020 - 2023
CAPITAL FACILITIES AND TECHNOLOGY NEEDS**

Capital Facilities: **Technology Needs:**

Status of Program: Delete

Project Name: Capital Facilities Improvement UMC Campus Improvements
Project Identifier(s): 059 **Avatar:** N/A **PeopleSoft:** 4730
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** February 1, 2012
Program Overview: In 2011, a Capital Facilities Plan was approved titled “UMC Campus Improvements” which outlined a plan to improve buildings and client service space that is currently in poor condition and in need of major renovation. The Department has completed an analysis of the buildings on 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:

In the last year, the County of Fresno decided to sell the former UMC Campus, where the Department’s adult services are currently housed. Some of the buildings on the campus are condemned, and costs for bringing the rest of the campus up to standards is cost prohibitive, and thus the County will be selling the locations. As such, there is a need to find alternative location of the Adult Services. In the past year the Department of Behavioral Health set out to identify a new site. This process was driven by information in the Department’s Facility Needs Assessment. Based on the Needs Assessment, the Department identified a potential campus site (former AT&T building) on 5555 E Olive near Clovis Ave which is large enough to house both Adult and Children’s Services. The facility is large enough to provide ample parking and allows for separate entrances for adults and children. The Department intends to purchase this building with CFTN funds. The site will allow for direct services to be provided at one location and thus leverage some of the Department’s medical and psychiatric services.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Capital Facilities & Technology Needs		
Other		
Total Program Costs	\$0	\$0

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-CFTN				
Other				
Total Budget	\$0	\$0	\$0	\$0
Increase/(Decrease)				
Adjusted Budget	\$0	\$0	\$0	\$0

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

As of the last AU, the Department was seeking to purchase a new site to move services which are currently housed at the old UMC Campus.

Proposed Project Changes:

The UMC Improvement will be removed from the plan due to the impending sale of the property. DBH will focus on purchasing the new property that can house DBH direct services.

**INFRASTRUCTURE SUPPORT FYs 2020 - 2023
CAPITAL FACILITIES AND TECHNOLOGY NEEDS**

Capital Facilities: Technology Needs:

Status of Program: Delete

Project Name: Crisis Residential Treatment (CRT) Construction
Project Identifier(s): 060 **Avatar:** N/A **PeopleSoft:** 4730
Provider(s):
Approval Date:
Start Dates: **Anticipated:** **Actual:**
Program Overview:

Program Update:

This program was completed in FY 2018-2019. It is included in this Annual Update to allow for a final presentation of the program costs in FY 2018-2019.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Capital Facilities & Technology Needs	\$919,956	
Other		
Total Program Costs	\$919,956	N/A

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Capital Facilities & Technology Needs	\$0	\$0	\$0	\$0
Other				
Total Budget	\$0	\$0	\$0	\$0
Increase/(Decrease) in Budget				
Adjusted Total Budget	\$0	\$0	\$0	\$0

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

N/A

Proposed Project Changes:

N/A

**INFRASTRUCTURE SUPPORT FYs 2020 - 2023
CAPITAL FACILITIES AND TECHNOLOGY NEEDS**

Capital Facilities: **Technology Needs:**

Status of Program: Keep

Project Name 2020-2023: DBH Capital Facilities
Project Name 2017-2020: Health & Wellness Center (Sierra Resource Center)
Project Identifier(s): 061 **Avatar:** N/A **PeopleSoft:** 4731
Provider(s):
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** N/A
Program Overview: This program sheet will detail Capital Facilities projects related to physical space DBH Administration and services. Previous projects included the renovation of the Health and Wellness Center for DBH administration and community meetings spaces.

Program Update:

In the past year the Department of Behavioral Health set out to identify a new site. This process was driven by information in the Department’s Facility Needs Assessment. Based on the Needs Assessment, the Department identified a potential campus site (former AT&T building) on 5555 E Olive near Clovis Ave which is large enough to house both Adult and Children’s Services. The facility is large enough to provide ample parking and allows for separate entrances for adults and children. The Department intends to purchase this building with CFTN funds. The site will allow for direct services to be provided at one location and thus leverage some of the Department’s medical and psychiatric services.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Capital Facilities & Technology Needs	\$0.00	
Other		
Total Program Costs	\$0.00	\$0.00

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Capital Facilities & Technology Needs	\$2,000,000	\$9,500,000	\$0	\$0
Other				
Total Budget	\$2,000,000	\$9,500,000	\$0	\$0
Increase/(Decrease) in Budget				
Adjusted Total Budget	\$2,000,000	\$9,500,000	\$0	\$0

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

N/A

Proposed Project Changes:

N/A

**INFRASTRUCTURE SUPPORT FYs 2020 - 2023
CAPITAL FACILITIES AND TECHNOLOGY NEEDS**

Capital Facilities: Technology Needs:

Status of Program: Keep

Project Name: Information Technology (Avatar)
Project Identifier(s): 062 **Avatar:** N/A **PeopleSoft:** 9055
Provider(s): Information Technology (A17-039)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** August 12, 2009
Program Overview: Information Technology—Enhancements Fresno County Department of Behavioral Health

Program Update:

In FY 19-20, DBH continued to expand access to the Electronic Health Record (EHR) to allow for the expansion of direct and supportive services. DBH increased the number of total EHR licenses/subscriptions from 1260 to 1360 named users to support the expansion of contracted programs. The EHR Order Connect subscription (used for online prescription orders) for non-subscribers was increased by 107 users to allow prescriber support teams to have access to OrderConnect. The EHR document upload capabilities were upgraded to allow EHR users with an appropriate user-role to upload documents. The Department continued to increase use of the Reaching Recovery clinical tool, and initiated implementation of the TeleHealth module for 15 kiosks. DBH has used the EHR vendor’s Application Managed Services Subscription service (100 hours/month) to help implement and support EHR projects. Finally, the Data Analytics, Business Intelligence tool subscription was increased to allow for unlimited viewers.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Capital Facilities & Technology Needs	\$1,444,897	
Other		
Total Program Costs	\$1,444,897	N/A

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-CFTN	\$2,361,900	\$2,312,391	\$2,612,788	\$2,912,788
Other				
Total Budget	\$2,361,900	\$2,312,391	\$2,612,788	\$2,912,788
Increase/(Decrease)				
Adjusted Budget	\$2,361,900	\$2,312,391	\$2,612,788	\$2,912,788

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

There have been no barriers; however, as the County continues to implement technological tools and modernize technological infrastructure, the IT landscape in behavioral health has continued to change. This requires the County to continue to update and adapt this plan for the changing IT landscape. As a result, the County will continue to allocate MHSA funds to this plan to address the evolving landscape and Departmental needs.

Proposed Project Changes:

The Department will continue to evaluate and improve the EHR to ensure that technological needs are not an impediment to services.

INFRASTRUCTURE SUPPORT FYs 2020 - 2023

MHSA ADMINISTRATION

Status of Program:Keep

Project Name: MHSA Administration
Project Identifier(s): 078, 079, 080 **Avatar:** N/A **PeopleSoft:** 4710, 4776, 4780
Provider(s): Fresno County Department of Behavioral Health
Approval Date:
Start Dates: **Anticipated:** Historical **Actual:** N/A
Program Overview: This work plan addresses and funds the positions that support the administrative/infrastructure needs of the Department to plan, implement, and monitor MHSA programs.

Program Update:

This fiscal year marked the first full year with a designated MHSA Coordinator (Principal Staff Analyst) and an MHSA Fiscal Analyst. With the guidance of Department management, these individuals have worked to support the planning and implementation of required MHSA activities, and to ensure that regulatory requirements are met.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-CSS	\$5,457,095	
MHSA-PEI	296,206	
MHSA-INN		
MHSA-WET		
MHSA-CFTN		
Total Program Costs	\$5,753,301	N/A

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-CSS	\$7,892,312	\$9,291,571	\$9,291,571	\$9,291,571
MHSA-PEI	496,909	496,909	496,909	496,909
MHSA-INN	663,605	663,605	663,605	663,605
MHSA-WET				
MHSA-CFTN				
Total Budget	\$9,052,826	\$10,452,085	\$10,452,085	\$10,452,085
Increase/(Decrease)				
Adjusted Budget	\$9,052,826	\$10,452,085	\$10,452,085	\$10,452,085

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

N/A

Proposed Project Changes:

N/A

**INFRASTRUCTURE SUPPORT FY 2020 - 2021
MHSA COMMUNITY PROGRAM PLANNING PROCESS**

Status of Program:Keep

Project Name: MHSA Community Program Planning Process
Project Identifier(s): 072,073 **Avatar:** N/A **PeopleSoft:** 4718
Provider(s): Fresno County Department of Behavioral Health
Approval Date:
Start Dates: **Anticipated:** Historical **Actual:** N/A
Program Overview: This program sheet describes the annual MHSA Community Program Planning Process. DBH uses this process to seek robust, meaningful input from the community for program planning, annual updates, and MHSA Three-Year Plans.

Program Update:

DBH conducted 20 key informant interviews, 21 in-person community forums, and 4 virtual community forums in order to complete the planning process for the 2020-2023 Three-Year Plan. The forum locations were carefully planned in order to ensure as much community representation as possible. Forums were held in the North, South, East, and West areas of the City of Fresno, as well as in outlying rural communities throughout the county. Population-specific forums were held for individuals receiving services, families and caregivers, first responders, youth, the LGBTQ+ community, the Black and African American community, Hmong speakers, and Spanish speakers.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-CSS	\$58,474.28	
MHSA-PEI	\$14,618.57	
MHSA-INN		
MHSA-WET		
MHSA-CFTN		
Total Program Costs	\$73,092.85	

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-CSS	\$80,000	\$80,000	\$80,000	\$80,000
MHSA-PEI	20,000	20,000	20,000	20,000
MHSA-INN				
MHSA-WET				
MHSA-CFTN				
Total Budget	\$0.00	\$80,000	\$80,000	\$80,000
Increase/(Decrease)	\$100,000	20,000	20,000	20,000
Adjusted Budget	\$100,000	\$100,000	\$100,000	\$100,000

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

DBH intended to hold four report-back community forums in March 2020 to share the results of the community planning process with stakeholders. Unfortunately, the COVID-19 pandemic required that these meetings be cancelled, and the MHSA Three-Year Plan development was put on hold. The Department will schedule virtual forums to share information about the 2020-2023 Three-Year Plan with the community as soon as the plan is complete.

Proposed Project Changes:

N/A

BEHAVIORAL HEALTH CLINICAL CARE FYs 2020 - 2023

INNOVATION

Status of Program:Keep

Project Name: Multi-County Full-Service Partnership Evaluation Plan
Project Identifier(s): 068 **Avatar:** N/A **PeopleSoft:** 4791
Provider(s): Third Sector (through a JPA with CalMHSA)
Approval Date: June 24, 2019
Start Dates: **Anticipated:** September 2019 **Actual:** September 3, 2019
Program Overview: This is a Mental Health Services Oversight and Accountability Commission (MHSOAC) sponsored Innovation Project conducted in partnership with Third Sector Capital and five other California counties to develop a performance metrics that enhance the rendering of Full-Service Partnerships (FSP) Projects over three to four years. This effort to explore best options for FSP performance will lead to improved FSP data collection and utilization, FSP design, and FSP population targeting.

Program Update:

During FY 19/20, DBH convened an interdepartmental work group to drive the FSP Evaluation Project forward. Project staff participated in statewide meetings throughout the fall and spring, and assisted in the preparation of an Innovation Plan for counties coming on to the project. After a kick-off meeting in February 2020, the work group began participating in bi-weekly meetings to complete a landscape assessment of the Fresno County FSP programs. To enhance the landscape assessment process, Third Sector scheduled two provider focus groups (one each for children and adult service providers), and created a provider survey that will be implemented in summer 2020. The landscape assessment will conclude in October 2020, and the project will move into the implementation phase. An Annual Update for this plan was submitted in July 2020 as required by INN regs.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Innovation		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation		\$237,500	\$237,500	\$237,500
Medi-CAL FFP				
Other				
Total Budget	\$0	\$237,500	\$237,500	\$237,500
Increase/(Decrease)				
Adjusted Budget	\$0	\$237,500	\$237,500	\$237,500

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

The COVID-19 epidemic caused a shift to virtual meetings, rather than the planned in-person statewide cohort meetings. The work group has adapted to using zoom and Google Slides to engage in interactive meetings, including involvement of local FSP providers and individuals served by those programs

Proposed Project Changes:

None at this time.

INFRASTRUCTURE SUPPORT FYs 2020 - 2023

WORKFORCE EDUCATION AND TRAINING

Status of Program:Keep

Project Name: WET
Project Identifier(s): 064 **Avatar:** N/A **PeopleSoft:** 4756
Provider(s): Fresno County Department of Behavioral Health
Approval Date: 2008
Start Dates: **Anticipated:** 2007/2008 **Actual:** 2008
Program Overview: Workforce Education and Training

Program Update:

MHSA WET activities will continue work in career pathway promotion; work with local universities and colleges, including placement of clinical students to support fulfillment of educational requirements; and provide culturally and linguistic, responsive, behavioral health workforce development services (core competencies and evidence-based practices trainings) to DBH System of Care, promoting wellness, recovery, and resiliency for individuals and families in our community.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
WET-Workforce Staffing	\$270,694	
WET-Training/Technical Assistance	911,413	
WET-MH Career Pathways		
WET-Residency/Internship		
WET-Financial Interview	136,730	
Other		
Total Program Costs	\$1,318,837	N/A

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
WET- Workforce Staffing	\$205,252	\$410,505	\$205,252	\$205,252
WET-Training/TA	691,073	1,382,147	691,073	691,073
WET-MH Career Pathways				
WET-Residency/Internship				
WET-Financial Interview	103,674	207,349	103,674	103,674
Other				
Total Budget	\$1,000,000	\$2,000,000	\$1,000,000	\$1,000,000
Increase/(Decrease)	\$550,000			
Adjusted Budget	\$1,550,000	\$2,000,000	\$1,000,000	\$1,000,000

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

Challenges include having the MHSA WET Coordinator position vacant since February 1, 2020 and the COVID-19 pandemic onset in March. County pandemic protocols (social distancing and teleworking) caused in-person trainings to be cancelled and planned interviews to be placed on pause; HR was very busy addressing staffs' immediate needs related to COVID-19. Strategies included converting to virtual online trainings and interviewing candidates virtually. The Department hopes to select a candidate in early FY 20-21.

Proposed Project Changes:

Fresno County DBH has committed to its participation to the Regional WET Collaborative overseen by California's Office of Statewide Health Planning and Development (OSHPD). The required match for participation in this collaborative will be provided through MHSW WET funding.

WELLNESS, RECOVERY, RESILIENCY SUPPORT FYs 2020 - 2023

INNOVATION

Status of Program:Keep

Project Name: Psychiatric Advance Directive-Supportive Decision-Making
Project Identifier(s): 069 **Avatar:** N/A **PeopleSoft:** 4790
Provider(s): TBD
Approval Date: June 24, 2019
Start Dates: **Anticipated:** Fall 2020 **Actual:** November 12, 2019
Program Overview: This statewide Innovation project will investigate the application and implementation of Psychiatric Advanced Directives and supportive decision-making in for individuals with serious mental illness.

Program Update:

During FY 19/20, DBH hosted several project planning meetings with internal staff, the Saks Institute, Laurie Hallmark of RioGrande Legal, Blatt Institute and other California Counties. These meetings led to the identification of possible target populations for the Fresno’s project. DBH staff have initiated internal discussions to establish a contract with a project lead, and to onboard other project partners. A state plan is still being developed for the Mental Health Services Oversight and accountability Commission, which would identify the key statewide learning outcomes and allow for additional counties to joining Fresno is the project.

FY 2018-2019 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	0

*Due to program requirements, there may be specific age guidelines.

FY 2018-2019 – Program Costs

Funding	Actual Program Costs	Cost Per Individual
MHSA-Innovation		
Federal Financial Participation		
Other		
Total Program Costs	\$0	N/A

Performance Outcomes: fresnoMHSA.com/outcomes

Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation	\$316,666	\$316,667	\$316,667	
Medi-CAL FFP				
Other				
Total Budget	\$316,666	\$316,667	\$316,667	\$0
Increase/(Decrease)				
Adjusted Budget	\$316,666	\$316,667	\$316,667	\$0

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

N/A

Proposed Project Changes:

Planning for the project was impacted by COVID 19. As such, the County had expended less than \$3,000 and is still working on planning and implementation. It is not likely that the project would be able to complete its work in the remaining two years. Thus, Fresno County has requested that the project term be extended from three years to five years by the MHSOAC, to provide sufficient time meaningful project completion and learning.

MHSA State Approved Allocations

Welfare and Institutions Code (WIC) Section 5892(b) allows counties to use up to 20 percent of the average amount of funds allocated to the county for the previous five years to fund CFTN, WET, and/or Prudent Reserves.

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 at previous levels through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI).

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 MHSA 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 County of Fresno's Prudent Reserve balance at the end of Fiscal Year 2017-18 was \$19,490,383. Per the mandated prudent reserve calculation required every five (5) years, Fresno County calculated its allowed prudent reserve to be \$10,081,463.06. The prudent reserve will be reduced to this level at the start of Fiscal Year 2020-2021. 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 Planning Process and/or the Department's Administrative .

Current Status: Fresno County does not plan on contributing to the Prudent Reserve for Fiscal Year 2018-2019.

Capital Facilities and Technology Needs

Current Status: Fresno County allocated \$8,361,522.00 to CFTN during Fiscal Year 2019-2020.

Workforce and Education and Training

Current Status: Fresno County did not increase funding to WET plans during Fiscal Year 2019-2020. It does plan to increase funds for the follow year to meet WET expenditures.

CALMHSA Joint Powers Authority

On September 14, 2010, the Board of Supervisors 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 and 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 Prevention Hotline (CVSPH). Through an agreement between CalMHSA and Kings View, a partnership with seven Central Valley counties (Fresno, Kings, Tulare 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 Prevention Hotline continues to operate 24 hours a day, 7 days a week (24/7). The suicide prevention hotline is accredited by the American Association of Suicidology, and answers calls through its participation in the National Suicide Prevention Lifeline. CVSPH maintains a hotline website, provides outreach, training and technical assistance to the participating seven counties that fund the program. In FY 2017-2018, calls from Fresno County made up 54% of the total calls. The County of Fresno has assigned \$376,057 to fund the program. Of the funding \$31,050 is allocated to CalMHSA as a fiscal intermediary of the CVSPH program, and \$345,006 is designated for the CVSPH.

Conclusion

This Annual Update and Three-Year Plan have the following changes detailed in the table below.

Name of Program	Component	Change	Description of change
Justice MAP	PEI	Change Components	In 2018-2019 Annual Update, this program was moved from INN to PEI. In this update, the program will be reinstated as an INN Project
New Starts Housing (Master Lease)	CSS	Name/Provider	This program was originally provided by Mental Health Systems. The provider was changed to RH Community Builders, and the program name will change to “Master Leasing Program”

AB1810 Mental Health Diversion Grant	CSS	Awarding of grant	This DSH grant was awarded in Spring 2020. MHSA funding will be used to provide a portion of the match for this grant
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MHSA Three-Year Plan and Annual Update

Summary of Changes to the Plan

After the Public Comment Period (December 18, 2020 through January 22, 2021), the MHSA Three-Year Plan and Annual Update Public Draft was edited to complete the final draft. These changes are detailed below. The abbreviation “3YP” indicates that the change was made to the Three-Year Plan, while the abbreviation “AU” indicates that the change was made to the Annual Update.

	Change	Reasoning
3YP, AU	Throughout the document, there have been small edits to fix grammatical errors, improve clarity, etc.	<i>These changes help the Department of Behavioral Health ensure the publication of an accurate and complete plan.</i>
3YP	Page 12, edited formatting	<i>Better connect photographs with their respective narratives</i>
3YP	Page 19, Added a new reference to “Appendix E—Key Informant Interview Questions” and adjusted appendix labeling as needed.	<i>This appendix was left out of the original draft and requested by stakeholders. The new appendix labeling is described in the Table of Contents.</i>
3YP	Page 47, Edited lines 3-9	<i>Addressed clarity, grammar mistakes, and typos</i>
3YP	Page 49, Clarified number of slots available in FSP programs	<i>Increase clarity of paragraph</i>
3YP	Page 49, Edited transition between general INN information and information about the Suicide Follow-Up Call Program	<i>Increase clarity of section</i>
3YP	Page 50, Edited lines 4-13	<i>Addressed clarity, grammar mistakes, and typos</i>
3YP	Page 51, condensed two paragraphs into one	<i>Addressed repetition</i>
3YP	Page 53, removed “The initial plan for service includes having Justice MAP provide accessibility for justice-related activities and proximity to the jail and court services.”	<i>This is a relic of an earlier draft. The Justice MAP Innovation Plan has been changed to reflect new information from stakeholders.</i>
3YP	Page 53, corrected program name	<i>Program name: Wellness Integration and Navigation Support for Families of Newborns and Expecting Families</i>
3YP	Page 53, added “PEI Component” before “Integrated Mental Health Activities at Primary	<i>Clarify that only one portion of the IMH program is being eliminated.</i>

	Care Clinics	
3YP	Page 61, edited lines 2-4	<i>Increased clarity</i>
3YP	Page 61, Deleted “As previously noted... O&E services.”	<i>Eliminating repetition</i>
3YP	Page 70, edited “ the three programs...other opportunities.”	<i>Increased clarity</i>
3YP	Page 71, edited program information for “Wellness Integration and Navigation Supports for Families of Newborns and Expecting Families”	<i>Corrected program name and increased clarity</i>
3YP	Page 75, edited program information for Justice Multi-Agency Access Point (Justice MAP)	<i>Increased clarity of paragraph</i>
3YP	Page 77, edited lines 7-11	<i>Restructured sentences for clarity and grammar mistakes</i>
3YP	Page 87, added information to explain the relationship of postvention and prevention for suicide LOSS teams	<i>Increased clarity</i>
3YP	Page 95, edited lines 6-7	<i>Increased clarity</i>
3YP	Page 101, edited lines 11-13	<i>Addressed grammar mistake and increased clarity</i>
3YP	Page 103, edited lines 18-19	<i>Addressed grammar mistake and increased clarity</i>
3YP	Page 104, edited paragraph “Fresno County had expended...its OSHPD WET Plan.”	<i>Increased clarity</i>
3YP	Page 105, edited text lines 6-8	<i>Increased clarity about movement of CSS funds to WET component</i>
3YP	Page 113-114, removed “Currently there are two providers...continuation of this program.”	<i>As pointed out in a stakeholder comment, this section is addressing the Youth Wellness Center. The paragraph in question actually included information about the Youth Empowerment Centers.</i>

3YP	Page 119, edited program name to “Master Leasing Program (formerly New Starts Master Leasing)”	<i>Addressing change that happened in this last fiscal year</i>
3YP	Page 123-124, removed “,and will likely include... youth through collaboration.”	<i>This is a relic of an earlier draft.</i>
3YP	Page 128, added note that the CBANS program will be changed to a program meant to Increase Timely Access to Services for Individuals that are Unserved or Underserved	<i>Better reflect PEI regulations and program operations</i>
3YP	Page 142, edited “Vista” to read “Adult Full Service Partnership (formerly Vista Full Service Partnership).”	<i>Reflecting change in program name</i>
3YP	Page 142, edited information about the Adult FSP program	<i>Increase clarity</i>
3YP	Page 151, edited program budget	<i>Address missing information</i>
3YP	Page 155, edited lines 9-10	<i>Increase clarity</i>
3YP	Page 156, edited lines 4-8	<i>Increase clarity</i>
AU	Page 2, added “In the last Annual Update, the Department stated an intention to secure independent evaluators for the evaluation of its PEI programs. The Department began contract negotiations with the RAND Corporation in March of 2020, and a contract was fully executed by July 2020.”	<i>Increase clarity of the purpose of program sheets</i>
AU	Page 20, added AB1810 Pre-trial Diversion FSP to Workplan #4	<i>Reflect changes made in FY 19-20</i>
AU	Page 20, added AB1810 Pre-trial Diversion OE/OP/ICM to Workplan #4	<i>Reflect changes made in FY 19-20</i>
AU		

**MHSA Annual Update
Summary of Comments - Stakeholders**

Public comments will be noted below as received. If the response/action is blank, it implies the Department seeking clarification.

The public comment period was held from noon on December 18, 2020 through 5pm January 22, 2021. All comments received during this time period are noted below. Several comments were received after the close of the public comment period. These comments were recorded, but are not represented below.

Comment(s)	Response/Action if Applicable
<p>A priority of families is the implementation of Assisted Outpatient Treatment. As noted, not many people identified the program as a high priority this year, but it has been requested and needed for many years. Since not many clients are expected to utilize AOT, it should not be difficult to incorporate into an existing program for high need clients. With expected changes in the response of law enforcement to mental health crises, AOT is even more important for families and for those clients who do not respond to other outpatient treatment options.</p>	<p><i>DBH conducted a very robust, open community planning process that allowed stakeholders to identify priorities for this three-year plan. AOT was not one of the main priorities identified in this process. Since the community planning process, legislation has passed that requires counties to develop (or opt out of developing) an AOT program; however, there are specific parameters around establishing AOTs under the new legislation. As we lack MHSA funding availability for new programming, and are facing a reduction in MHSA revenues over the next few years, it would not be viable to try and establish an AOT program with MHSA funding when there are insufficient revenues to operate such a program with MHSA funds. Additionally, legislation prohibits reducing funding to or services provided by existing programs to implement an AOT. The Department has been and continues to examine opportunities for AOT, as well as models and efforts in other counties that have been effective as options. The Department may be able to utilize future ACT teams to support AOT participation, but may not reduce any existing levels of care to support an AOT.</i></p>

<p>During their report to the Behavioral Health Board on Dec. 16, 2020, jail staff identified the lack of a transition program as a serious gap in services to inmates with SMI, so the elimination of the plan to create an Intensive Transition Team for this purpose is concerning (p. 52). Incorporating transitional services into the Justice MAP (as suggested on p. 53) for this population would be a stopgap effort until a more robust program could be developed.</p>	<p><i>Three years ago, legislation placed the responsibility for care coordination and transition for individuals from jails and emergency rooms with those entities. Again, as the county faces a significant short fall with MHSA revenues which will impact current programs and service, it cannot seek to move forward with creating an additional service which it cannot fund or sustain over the next few years, and having to conduct additional reductions other care services.</i></p> <p><i>As mentioned, current services such as the Supervised Overnight Stay (SOS) program may be utilized to assist with transition. Additionally, the future Justice MAP may be a way to better coordinate and assist with the transition of persons from jails. Lastly, the Forensic Diversion program will also provide an option for some additional care coordination for those transitioning from custody who have an SMI. At this time, solutions to this issue should be found within existing resources, rather than through the creation of new services funded through MHSA.</i></p>
<p>Key informant interviews begin on p. 18, with responses on p. 21, but what were the questions?</p>	<p><i>Our apologies for this. The questionnaire will be included in the appendix of the plan for reference/review.</i></p>
<p>Youth Empowerment Center (p. 110) and Youth Empowerment Centers (p. 121) are similar enough to be confusing. Are these 2 separate programs? What are the differences? Is the program contracted to Kings View and Live Again Fresno (p. 241) the same as either of the first two programs.</p>	<p><i>Page 110 describes the Youth Wellness Center, which is a clinical program. There is a typo in the program name which will be corrected. Page 121 describes the Youth Empowerment Centers that are currently provided by Kings View and Live Again Fresno (program sheet on page 241).</i></p>
<p>Integrated Mental Health Activities at Primary Care Clinics is being eliminated (p. 53.) How is this program different from Integrated Mental Health Services at Primary Care Clinics (p. 181), which indicates “no proposed changes?”</p>	<p><i>There has been two Integrated Mental Health Activities at Primary Care Clinics, one which was funded by MHSA’s PEI and the other was funded by MHSA’s CSS component. The PEI funded component was intended for the providers to conduct more prevention and early intervention activities. It is noted in the plan that these services have not been rendered for some time. The current provider is a Federally Qualified Health Clinic (FQHC) is able to provide these prevention and early intervention services through a Medi-Cal exemption, where other non FQHC can’t and so there was other funding to support these services if needed. At this time, it was not needed, and MHSA is to be the funding of last option; in this case with the PEI there were other</i></p>

	<p><i>funding available.</i></p> <p><i>There is an Integrated Mental Health Activities at Primary Care Clinics which is remaining. So, there will be only one program with such a name in the new plan. That program, which is funded through the MHSA's CSS component, is used to support some treatment services which are not covered by Medi-Cal, and some of the support services to those in care who are provided services by the FQHC.</i></p>
When will you fill in the blanks on p. 156?	<p><i>The blank related to WET is \$1,000,000 and appears later in the plan page 170.</i></p> <p><i>The allocation for CFTN for the current fiscal year will be updated prior to the completion of 30-day public comment. There are CFTN projects planned (database and EHR) that have carried over from previous plans, and some additional possible CFTN funds for completion of the identified capital projects. We are working on the Revenues and Expenditures Report (RER) which will inform us of what we need and if there are any other monies that need to be added to CFTN based on prudent reserve calculations.</i></p>
No challenges are discussed regarding the Child Welfare Mental Health Team/Katie A (p. 175.) We have heard from providers that there are difficulties coordinating with Dept. of Social Services. Have those difficulties been resolved? If so, what changes made the process work more smoothly?	<p><i>The Katie A team works as liaisons between the behavioral health system of care and DSS. DSS is a separate agency and the Katie A team cannot dictate how DSS operates. The Katie A team will continue to provide a more timely and effective bridge between the two sectors. The information for the program sheets is provided by program staff, and thus we rely on their input for any challenges they identify. This service is one that is slated to be evaluated to examine design, funding options, and existing challenges.</i></p>
P. 257 and p. 259 appear to be the same.	<p><i>This will be fixed in the final draft. Thank you for your keen eye</i></p>
Children's Expansions of Outpatient Services (p.268) seems to have another program inserted on p. 269, and then resumes on p. 270. Is this correct? If so, where is the second page of AB109 Full Service Partnership (p. 269)?	<p><i>This will be fixed in the final draft. Thank you for your keen eye!</i></p>
What were the challenges to the Perinatal Wellness Center (p. 287)? There must have been some barriers to overcome during COVID.	<p><i>The review covers the whole year, and only part of the year was impacted by COVID-19. All DBH programs have been impacted by COVID-19. In person services were suspended, and virtual and tele-health have been used. The barriers were the same as with most other programs which was the time it took to get the tele-care services up and running. The information for the program sheets is provided by program staff, and thus we rely on their input for any challenges they identify.</i></p>
What happened to the SHINE program that was a step down from RISE (p. 289)? It could help with large caseloads from RISE.	<p><i>The SHINE program is not funded through MHSA, and thus it is not included in this MHSA Three Year plan.</i></p>

How much funding is being saved with the 5 sunset programs?	<i>At this time its projected that next year (as we are already into the first year of the three-year plan) the removal of the programs from the plan will result in an estimated reduction of \$1,745,000. From current active PEI programs, it will be a savings of approximately \$550,000. However, at this time the plan and Fresno are will be \$3,000,000 over the PEI budget based on current revenues.</i>
Is the decision to sunset the community garden final?	<i>Yes, after two review of two different third-party evaluations efforts, we are going to end the program at the end of the current FY.</i>
Please continue mental health programs like CBANS, community gardens, and other cultural based programs because they work for our community at FIRM in Fresno City and county for better mental health	<i>Thank you for your comments. DBH is examining all our services, and working to ensure we provide proper services to our culturally underserved, unserved or inappropriately served communities.</i>
So glad that the HCEWC staff took the suicide training program with living works	<i>Thank you.</i>
we have underserved community like Southeast Asian and others at FIRM that need your support and funding. We hope Fresno city and Fresno County will continue to support FIRM to help our community culture	<i>Thank you for sharing your comments.</i>
It's great to hear that there is work to diversify the workforce to reflect the people that are being served	<i>These efforts would be driven by the WET plans.</i>
the community gardens are worth saving. Maybe you have to think of non-quantitative evaluation	<i>Thank you for your comment.</i>
Lack of Resources, Housing, and advocacy is a concern and issues in our underserve community especially in southeast community. Southeast Asian such is Lao, Hmong, Khmer	<i>In the past few years DBH has worked to expand those resources, including several housing grants that have been matched with MHSA. DBH has also established an FSP services through the Fresno Center to provide services in a culturally responsive manner for our SEA community.</i>
What about Pathways to Recovery? They were a great program.	<i>Thank you for your comments. The plan focuses on MHSA-funded services.</i>
Will community members be able to participate in redesigning programs.	<i>For some programs, and when possible, DBH will seek community input. DBH has sought community input for several new programs/initiatives and are planning ones which will include more input.</i>
I second [the previous commenter], community partners and will participants be able to recommend components to redesigning the programs.	<i>Community input will be sought when possible. The implementation will consider costs, funding and regulatory parameters, as well as other county requirements.</i>
Even with the challenges of COVID 19, Kings View appreciates that Fresno County DBH is not decreasing current contracts, as the community	<i>Thank you for your comment.</i>

<p>needs these services now more than ever. Thank you for your continued partnership.</p>	
<p>Illness in the mind is hard to heal. It takes times and it comes and go over and over again. That's why we need community garden, CBAN and other cultural base programs to support our community</p>	<p><i>Thank you for your comments.</i></p>
<p>The community garçon is very essential as a therapeutic tool for the elderly. I am one of the beneficiary of this program. As you get older and need to have some one to talk to, the community garçon is a place to go meet like people. It has benefited elderly friends to plant and get provide vegetables throughout the year. Please. keep the ptogram. It is part of mental health tool. Thank you</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes. Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens. We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.</i></p>
<p>[via email] I heard some strong words from one of the lead gardeners who is requesting a separate meeting with the County in Hmong after they were unable to watch the video on Facebook yesterday as they planned and couldn't get to the YouTube video before it ended. They would like to request a special meeting to give their perspective and also requested a separate Hmong interpreter for their comments who isn't FIRM or the County because they are worried that they won't be believed if it is a FIRM interpreter and they didn't think that the Hmong interpreter yesterday was familiar with the content. A Zoom or another form of remote meeting would be fine.</p>	<p><i>Thank you for you for your continued engagement with our public comment process, and for your efforts to ensure your program participants are active in the process as well. This process is governed by rules and regulations intended to promote equitable access for all stakeholders. For example, all individuals are given a 30-day period in which to provide comments. Our 30-day public comment period opened on December 18, 2020, and has actually been extended to 1/22/2021 (a total of 35 days). Prior to that, we hosted four virtual follow-up sessions to our community planning and before beginning the 30-day process in an effort to maximize stakeholder involvement. Our team is unable to grant special meetings to select individuals as we do not have the capacity to do this for all stakeholders, and we would need to make such an option available to all stakeholders. We would be more than happy to accept comments from the lead gardener via our email and/or comment card process by tomorrow at 5pm. Individual</i></p>

	<p><i>questions and comments are responded to in the plan and are part of a public document. As noted, we do complete the plan in writing, so to include comments we need to be able to include comments those in writing. Individuals are welcome to work on their own, to convey concerns in any format they are comfortable with, noting our need to be able to document it in writing (transcription of videos, etc.).</i></p> <p><i>Some additional information that I thought you mind find useful relates to our interpreters. Our interpreters are not county employees; rather, they are county contractors who have passed a variety of written and verbal exams in order to become certified. While in the future we can certainly request another interpreter from our list, there is no guarantee that the available individual would have any more familiarity with the material, especially considering that [Interpreter Name] interpreted for 10+ MHSA community planning forums, including one in Hmong, last year. We have an ongoing effort to increase our capacity for Hmong translation and interpretation, and we will definitely note this comment in our efforts to improve our services.</i></p>
<p>My name is [redacted]. I am 63 years old I was born in December of 1957. I am a Hmong daughter from the country of Laos. We were Vietnam War refugees of Laos before arriving in America. When I first arrived, I was depressed, but when this organization's garden program provided me a garden to work on, I began to cheer up more. I come to the garden by Willow and Church which is administered by FIRM. Our farm is near the Mennonite Community Church. I am happy that the organization has helped make this possible for me. The garden is important to me, because I am a Hmong woman from Laos. I can get depressed. I am not educated and I do not know how to work or earn an income. When I was able to get government assistance, it was not enough money to survive on. To come and work on this farm, I now have vegetables to eat and have a way to help my family out. I am also able to cook for myself, I know that there are no pesticides that were used on my food. I am able to exercise and keep my limbs strong and healthy. Overall the garden has benefitted me tremendously. I want to ask the local government to renew the grant which would allow us to keep this garden and continue working on it. The grant would also help the organization itself since they tend to assist those of us who work in the garden. It will not</p>	<p><i>Thank you for your feedback. To note this program is not a grant. It is an MHSA-PEI funded program. The department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p> <p><i>There are other services which may assist you which are provided through the Fresno Center as well as the Holistic Wellness Center.</i></p>

only help me, but also my friends who come here as well. They all get depressed now and then too. Whenever they work in the garden, they become happy like me. Because of gardening, I often feel much happier than before. But I am pleading for your help to continue funding this garden program, which will allow us to keep our garden that we have been working on. Please continue funding the organization because they can continue to help us all. We can keep the garden to work on which will also make us happy. If you close this garden then we will probably only be in our homes. Those of us who are 60 years old and older would just shrivel up and pass away have a stroke and pass away, or become so depressed that we will only think of suicide. We won't have a way to be happy. Please have compassion and help us save our garden. We would be grateful because the government is the kindest in America for loving their citizens and organizations. That is why we are able to survive. Please have compassion and help us keep our garden, so we can continue working on it.

I am [redacted]. I am at the garden by the Mennonite Community Church. It is on Willow and Olive Street.
 I am an elder who stays home, with no work to do. It can be stressful, and since FIRM has provided me a garden to work on, I have grown happier. If you are at home and stressed, you can come here to grow vegetables and see everything here, which will make you very happy.
 Here, you can also socialize with friends at the garden. A lot of people come here. By socializing, it helps us relieve stress too.
 At home, it's often stressful. It is because of this garden that we are able to grow, pick, and take vegetables home to eat. It makes us all very happy. I want to thank you, FIRM, and the local government for making everything here possible. We are able to grow our own food with this garden, and it makes us all very happy. Please continue to allow us to keep garden, so we can grow vegetables and have a way of feeding ourselves.
 All of us here are elders, so we come here to help relieve our immense amount of stress. Please, we plead with you to help us keep this garden since it is an important food source to us all.
 We are poor. We are Hmong. Please continue allowing us to work on this garden for a very long time, so we can feed ourselves and not stress out.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes. Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens. We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

<p>When we are at home, we are so stressed out, that we just want to hang ourselves.</p> <p>However, when we have this garden to come socialize and look at what we've grown, we tend to feel much better.</p> <p>I ask that the government officials will continue to allow us to work on this garden, so we can have a food source. Thank you for your support.</p>	
<p>Hello, I am [redacted]. I am around my 80s. This upcoming March, I will turn 89 years old.</p> <p>I am asking for the government to please help us and FIRM because the garden is important to us elders. It allows us to exercise and socialize, which also helps us relieve stress.</p> <p>We have always done this since we do not have money to buy food. When we have a garden, we do not use pesticides, and we also get to eat our own vegetables. We get to meet and talk to friends, which makes the day go by faster. It helps us feel less stressed.</p> <p>Please, I ask that the government officials will help FIRM since they, in turn, help us keep our garden. With this, we will be able to socialize and maintain our exercise schedules.</p> <p>Staying home too much is not good for our health, and so, we come to the garden to socialize and develop a way for us to grow food to eat when we do not have money to buy groceries for our homes.</p> <p>Please, please help FIRM. Hopefully, the government officials will have compassion for FIRM since they provide us a way to exercise, relieve stress, and socialize with friends to keep ourselves happy. All of this helps make our days go by faster.</p> <p>If we all just stay home and our garden is gone, we will probably die from our immense stress levels.</p> <p>Please, please help us, government officials. Help us elders get out of just staying home and make our days go by faster.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens. We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>
<p>Hello, I am [redacted]. I was born in 1955. I often come work on the Mennonite garden where it provides me a sense of happiness.</p> <p>My husband has long passed away, and since then, I feel alone. When I am at home, I do not know how to live, I cannot sleep, and I feel that I cannot eat too. So, I came to the garden here, which has saved my life.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p>

<p>Otherwise, I probably would have died a long time ago. Even now, I am still grieving to where I sometimes want to hang myself. My children are always afraid that I may die.</p> <p>Still, I am pleading with you to help us all. Please continue in allowing me to work in the garden. If you do not let me and the others to keep working in the garden, then, we would not have a place to socialize at nor would we have have a source of happiness. It will give us suicidal thoughts.</p> <p>Back in Laos, my husband was a Hmong soldier. He died first, leaving me behind. I do not know how to still live without him. The government gives me little money but it is insufficient to cover food and other basic needs.</p> <p>I need this garden since I rely on it to feed myself and to give my life some meaning, which also helps me get through each passing day.</p> <p>I am so poor, so I do not know what else to do. There is only this garden, which has saved my life. I often come here to relieve my stress and anxiety, so when I return home, I can feel much happier.</p> <p>I am always so stressed that I am unsure of what to do. Nowadays, I always think that I will one day die and that my body will be discovered by my son and daughter-in-law when they return home. Thinking about it makes me feel even more depressed. There is nothing sadder than this thought to me.</p> <p>After arriving in this country, I did not know how to earn money nor did I know how to find work. There was no reliable way of getting food and other basic needs. This garden has saved my life, helping me live through the days. I can continue living to the end of my life because I will leave with at least one proud accomplishment.</p> <p>And so, I ask that the local government will help us. I have, for a long time, been working on this Mennonite garden. Many others have already left except for me.</p>	<p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.</i></p>
<p>Dear MHSA Team and Fresno County Department of Behavioral Health, FIRM has been a long time partner, supporter and contractor with the Department of Behavioral Health and we hope to continue to be so as we work with refugees and other New Americans. I am writing today because I am deeply disappointed in the decision to cut the HTCC community garden prevention and early</p>	<p><i>(Response provided after receiving a second email noting an "undeliverable" message in respond to the initial email)</i></p> <p><i>I'm sorry to hear that the MHSA email was bouncing back. I will definitely look into that. Did you use mhsa@fresnocountyca.gov?</i></p> <p><i>We will be livestreaming and monitoring comments on facebook and youtube. I'm sure you understand that the pandemic has changed our process, but since you've given me notice, I will work with our team to see if it's possible to have</i></p>

intervention services without a clear plan to either engage the gardeners themselves or offer any services in replacement. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan that is currently in operation. The department has identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, *in partnership with the gardeners* who are so invested and committed to the program that we have developed together over the past decade. FIRM currently operates 5 community gardens throughout Fresno County, three that serve Hmong and Lao communities, one that serves the Slavic community and one that serves the African immigrant community. Each gardener is entrusted with the key to the garden and the responsibility to care for their rows. Each garden has been developed in partnership with its gardeners, offers leadership development opportunities for lead gardeners, regular peer support groups (remote in COVID times), and a comfortable meeting space to talk about and destigmatize mental health, all for an annual cost of up to \$135,000. The part-time staff who coordinate the gardens all came as refugees from the communities that they serve and are fluent in the languages spoken by the gardeners. The waitlist for the limited spots in the existing gardens are always long. There is a deep desire for a Cambodian garden and for more locations for Hmong and Lao gardens. Any survey or focus group with gardeners overflows with positive feedback.

I had the great pleasure to become the Executive Director of FIRM after six years away from the organization, and to the best of my knowledge, FIRM has always gone above and beyond to cooperate with the Department to measure and evaluate our programs. We are open to site visits, we readily host focus groups, the staff even collaborated closely with an evaluator that also develops community gardens in Fresno, despite the fears that it might be a conflict of interest. Whatever program design flaws there may have been in the HTCC program design or outcome reporting, I am concerned that after 10 years, the Department and RAND were unable to suggest any ways for me, or FIRM, to remedy them. I did not receive any feedback to our annual report submitted in July, and have had multiple conversations with department staff asking how

a call-in option or something similar. You are also welcome to send me any written comments in advance and I will see if we can have those read on the livestream. We will have a Hmong interpreter, so they can be written in Hmong or English.

we could partner to evaluate and improve our reporting to better demonstrate the good that we see.

The community-defined practice that has been taught to us is this: the act of gardening is itself therapeutic, and the gardeners use the community garden spaces to strengthen their relationships with one another, physically exercise, and spend time outdoors. Each of these is a known protective factor for mental health, and none of these are easy to measure without limiting access to the gardens in some way. If there is another way to offer community garden-based therapeutic services in linguistically and culturally-responsive ways to each community that we already serve (or more), we would gladly do so.

WIC 5840.6 section g speaks to the need for culturally competent and linguistically appropriate prevention and early intervention, and section h speaks to the need for outreach to older adults who are isolated. The community gardens run by FIRM do exactly that. They reduce suffering by being accessible at all hours of the day or night, being located at walkable distances to the places where refugee elders live, and by honoring the cultures and places that refugees have carried with them as they fled unthinkable horrors.

Fresno County is an incredibly diverse community. Although Lao, Khmer, Slavic, Syrian and African immigrant/refugee communities are not considered threshold populations in Fresno County, and so haven't gotten their own MHSA community input workshops or focus groups, they are also important members of the Fresno community and they need to be included in our community planning process for improving our system of care. As you plan for the future, please be sure to include these important communities and ensure meaningful access to culturally appropriate and linguistically accessible prevention and early intervention services.

There are two potential opportunities mentioned in the MHSA plan: one, to integrate the cut services into other contracts and two, to develop "an actual Therapeutic Garden program". We ask you to try to do both, despite the many known constraints that COVID has put on us. The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and

with FIRM to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we humbly ask that you also prioritize this.

Thank you for your time. I appreciate the immense effort that it takes to develop these plans in response to our community’s many needs without the added challenge of having to do the process remotely

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I need it to help me with my Anxiety & Depression . The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens. We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The department has not identified or allocated \$350,000 for development of a Therapeutic Garden program in the future. The department is open to exploring that option in the coming years based on availability of funding.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it is a healthy part of our community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that

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Many of the programs will be facing redesign to ensure they align with funding requirements. We are working with limited prevention funding and diminishing funds over the next three years which limits options.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator, My name is [Redacted] and I am a concerned advocate of Fresno, resident of Clovis. I am writing to ask you to preserve the Community

Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. This community garden program is important to me because I truly believe in the science behind mental health and hands on interaction with nature, even in an urban setting.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSa Coordinator,

My name is [REDACTED] and I am a [CHOOSE: resident, gardener, concerned advocate, other] of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSa 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because [ENTER YOUR THOUGHTS HERE]. The Therapeutic Garden program may be the only program identified for elimination in this MHSa Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSa plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

Thank you for your comments on the Fresno County MHSa 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSa PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSa Three Year Plan.

<p>[REDACTED]</p>	
<p>Dear MHSA Coordinator,</p> <p>My name is [REDACTED] and I am a [CHOOSE: resident, gardener, concerned advocate, other] of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because [ENTER YOUR THOUGHTS HERE]. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.</i></p>

Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I think this pandemic has truly shaken so many people's lives that some form of normalcy goes a very long way. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident and gardener of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because plants teach people how to care for the environment that we live in and give people a sense of pride. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident, and concerned advocate, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it can provide to me and the community relief from mental stress and anxiety. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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This community garden program is important to me because it establishes community in Fresno and helps establish healthy habits for citizens. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I believe it is shameful that so little is being done by the city and the region to instill knowledge about food and where it comes from and how to eat healthy. We are the “breadbasket of the world” and health issues related to obesity, diabetes, etc... are HUGE strains on our local government and health systems. the Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

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This community garden program is important to me because [ENTER YOUR THOUGHTS HERE]. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted signature]

[Redacted response area]

Dear MHSA Coordinator,

My name is [Redacted] and I am concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it brings value to the communities it serves purpose for the neighborhoods the gardens are in. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted signature]

The gardens is not the only program being recommended for “elimination”. There are several that will not continue after the current fiscal year. Several others are being removed, and additional programs will face reductions in the coming years.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because these gardens provide many benefits to the community. Not only do they provide much needed community ownership and improved mental health, they also provide hands on learning and growth experience to underserved communities. Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so

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Sincerely,

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My name is [Redacted] and I am resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

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Please consider this email.

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Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because there are already so few outlets and resources available for people with mental health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens

department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because of the impact it has on immigrant communities. As a Punjabi American, coming from a family of immigrants, I’m fully aware of the

are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

To be clear the department is not allocating \$350,000 to development of a Therapeutic Garden at this time.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens

negative affects of the process of immigration on one's mental health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a concerned advocate and citizen of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data

This community garden program is important to me because I have seen how such gardens have provided mental wellness and prosperity to the elders in my Hmong community and beyond. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

██████████

Dear MHSA Coordinator, My name is ██████████ and I am a concerned advocate of Fresno . I am writing to ask you to preserve the Community Gardens

collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. This community garden program is important to me because it promotes enterprise and tackles food insecurity. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop an actual Therapeutic Garden program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade. There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop an actual Therapeutic Garden program. We ask you to commit to do both. The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this. There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide. Sincerely, [REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a [CHOOSE: resident, gardener, concerned advocate, other] of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me

the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

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Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

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because I believe it is a beautiful and necessary part of our community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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This community garden program is important to me because, I have seen first hand, how it has been therapeutic for people of all ages and groups. Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a [CHOOSE: I am a gardener of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

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Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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This community garden program is important to me because as a child I would go to community garden with my grandma and pick vegetables and learn about plants and life cycle of plants, it's a great educational opportunity for kids and one learn ag. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned resident of Fresno. I am writing to ask

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

To note, there are several programs that are being eliminated from the plan (including active) and thus the Garden is not the only active program being eliminated. In the coming year additional programs may be reduced as well.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from

you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because throughout this last year I lost three babies to miscarriages. I couldn't find any joy any longer. Gardening became something that brought light back into my world. I was able to watch something else grow and thrive as my baby would have. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

<p>[REDACTED]</p>	
<p>Dear MHSA Coordinator,</p> <p>My name is [REDACTED] and I am a resident, gardener, concerned advocate, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because it is essential for our planet and community to give back. Plants have proven to help therapeutically in many cultures and throughout history. It is so important to preserve these gardens and support them for years to come. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.</i></p>

the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This garden program is vital to the health of the community. I have seen & experienced the transformative effects gardening provides. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to please preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I have seen how much the community appreciates these gardens, how happy they make folks and we really need light right now. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me as someone with first hand experience with the therapeutic nature of gardening. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a resident, gardener, concerned advocate, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it brings people together and who doesn't love fresh food? The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop "an actual Therapeutic Garden program". We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these

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Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a [CHOOSE: resident, gardener, concerned advocate, other] of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because [ENTER YOUR THOUGHTS HERE]. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a gardener of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I feel everyone should have access to organic and fresh veggies! It's more than eating, it's about mental health and helping our community grow! The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

On behalf of [REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a gardener, concerned advocate, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it’s so helpful for people who want to grow their own food know where it comes from and also saving money. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it proves an alternative outlet for people that may go towards crime. It also creates a sense of accomplishment and community taking care of the organisms involved in the garden. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Kind regards,

[Redacted signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a fan and supporter of Fresno. I am writing to ask you to please preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because the garden is important for mental and physical health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is Brent Humphreys and I am a [concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it helps give people gain sense of responsibility for another life which gives them a sense of purpose. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

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My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides a positive outlet for community members. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a long term resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it offers a space for communal sharing of foods and more often than not, communal healing. Planting and gardening is a source of many folks’ therapy/healing. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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This community garden program is important to me because it matters to our youth. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,

My name is ██████████ and I am a HUGE ADVOCATE of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it helps families and provides a bright spot for our community . The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a [CHOOSE: resident, gardener, concerned advocate, other] of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because [ENTER YOUR THOUGHTS HERE]. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████, and I am a Parks and Recreation employee of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because with how vast Fresno is I feel its very important to have many beautiful garden programs for various community uses. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,

My name is █████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because of the impact and reach it provides to our community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,

My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because, it helps food desert communities access produce on-top of building stronger communities. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the

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Sincerely,

[Redacted]

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator, My name is [Redacted] and I am a resident and gardener, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. This community garden program is important Food prices are getting higher every week. It's help my family to eat healthier The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade. There are two

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Sincerely,

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My name is [REDACTED] and I am a [CHOOSE: resident, gardener, concerned advocate, other] of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because [ENTER YOUR THOUGHTS HERE]. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

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the process. We appreciate your time and input.

Dear Brian Bishop, Karen Markland, and the MHSA team,

My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it helps provide positivity and a sense of normalcy and community in these trying times. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.

Note Ms. Markland is not with the department. Mr. Bishop is the department’s communication team.

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The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and with FIRM to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is R [Redacted] and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because having a community garden can create conversation, new recipes, interest for the children growing up around the community. The garden can be used to make people happy, spread cheer through color, and health benefits.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it promotes positive environment impacts by improving air quality, biodiversity, nutritious foods, and have the possibility of reducing waste by potential composting. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am an advocate, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I believe in the people thus community is helping. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident and public educator of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it cultivates relationships with other gardeners, allows connection to nature, and provides an opportunity to experience the joy of helping something grow. The Therapeutic Garden

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Sincerely,

[Redacted signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a Fresno Resident for the 25 years, a gardener and a fire keeper of the Central Valley Healing Collective of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to

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me because gardens teach us so much, help feed farmers and are a intergenerational approach to healing intergenerational trauma we carry in our blood due to colonization and transform it into wisdom we also carry in our cell memory. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted signature]

demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

We want to note, that the Garden is not the only active program which is set to end at the end of this year, and it is one of several that will be removed from the plan. We have additional programs that may be facing reductions in the coming years.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department

advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because farming and gardening is such an important part of a sustainable world. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,



acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides green space, joy through a shared hobby, food, and an overall sense of community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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<p>[REDACTED]</p>	
<p>Dear MHSA Coordinator,</p> <p>My name is [REDACTED] and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because it provides community residents a space to come together to work collectively for the good of everyone. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it's good for the environment and for the community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me for endless reasons. Not only is gardening extremely beneficial to ones mental health, this activity gives communities a sense a pride, and purpose. Fresno has a negative reputation, often associated with drugs and crime. Why not change that? It's time to give back to the communities and families of fresno. Not only should this program not be cut, i feel funding should be increased with how much community garden benefit local communities. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. By defunding this program, you are directly negatively effecting 9 local communities. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide. Mental health is and always has been an issue, and issue that has only worsened through this pandemic. Many folks are barely hanging out these days, whether it be financially or emotionally, and there has never been a time when Fresno needs these community gardens more than ever.

Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because like parks, beaches and other areas where we can experience the outdoors and nature, gardens are such a necessity to the human experience. Some of us don't have a way to feel instrumental to anything or anyone at times; this garden is a way to share joy and skill, and cultivates a sense of self-respect and self-esteem when we help provide for our community and family. Through the garden, we can connect with people in a common goal. These gardens provide this, and so much more. Especially during these sad, scary times. Not everything can be measured quantitatively. Some things are good for people, and that can be enough to find a way to support it.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the

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The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident and concerned advocate, other of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because they foster community and improve health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation.

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[REDACTED]

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because [ENTER YOUR THOUGHTS HERE]. The Therapeutic Garden program may be the only

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a gardener, friend and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it is an invaluable resource to the

demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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people of Fresno. The garden produces fresh vegetables and other food for the community. It is a place of gathering and community. Skills can be taught and learned at this facility that can benefit for years and generations to come such as cultivation, composting, and biological research. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned advocate. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to us. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it funds valuable opportunities for people to spend time outdoors and to access fresh food. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear Brian Bishop, Karen Markland, and the MHSAs team,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSAs 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me. The Therapeutic Garden program may be the only program identified for elimination in this MHSAs Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSAs plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and with FIRM to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[REDACTED]

Thank you for your comments on the Fresno County MHSAs 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSAs PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSAs Three Year Plan.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a [CHOOSE: mental health clinician And concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to the community because it provides a safe healing space for community members and focused on multiple levels of health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a gardener of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important gardening not only benefits the community but also the environment this creates a sustainable ways for people to thrive.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

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PEI programs are related to behavioral health efforts and are not uses for environmental needs of a community.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because because therapeutic gardens are one of the few options our communities has left to come together, especially during the pandemic. Gardens and gardening have been shown to have positive effects on communities and mental health. These gardens offer one of very few places where individuals can connect and maintain their cultural roots and contribute directly to the health of their families with fresh produce. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Hello MHSA and Fresno County Behavioral Health,

I wish to express concerns and disapproval for the cutting of funding for community gardens included in the MHSA 3 year plan. How can I and others submit comment most effectively? I work in community gardens and also manage an urban garden network. Dozens if not hundreds of people involved in these networks would like to comment and voice their concerns.

Please let me know ASAP.

Thanks,

--
[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a Resident and a gardener at a community garden of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

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This community garden program is important to me because it give me a healthy outlet . It's a happy place for me to see my plants grow and produce which gives me such appreciation for like and would love for other to keep feeling that too . The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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[Redacted Signature]

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Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because community gardens increase access to fresh fruits and vegetables, improve food security, improve dietary habits through education, reduce the risk of obesity and obesity-related diseases, and are an excellent way to improve mental health and promote relaxation. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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<p>[REDACTED]</p>	
<p>Dear MHSA Coordinator,</p> <p>My name is [REDACTED] and I am a resident, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because gardens and nature provide those who are facing mental and emotional health challenges a safe space to reconnect with themselves. Visiting the gardens myself has provided a therapeutic environment that has helped me heal. Please do not take this away from residents who do not want to depend on pharmaceutical drugs. The garden is a space for many residents to connect with their mind, body, and spirit again, do not take this away from us.</p> <p>The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. And thank you for sharing your experience.</i></p> <p><i>While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is █████ and I am a concerned advocate, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides a positive place for so many individuals in their daily lives as well as for the communities as a whole. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

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Dear MHSA Coordinator,

My name is ████████ and I am a concerned advocate, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it is an important part of this city and how the community can engage in productive mental health aid. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because in my community of Lowell it brings neighbors together and is a beautiful use of space which was otherwise not used. Community gardens bring life and beauty. In addition to the benefits to our neighbors that might not have access to a yard of their own to use for gardening. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a gardener, educator and concerned advocate writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important because it educates Fresno citizens, especially young people, about food production, ecology, and building community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because prevention and addressing mental health issues is important. These gardens provide an outlet for those that find refuge in them. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

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The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

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Dear MHSA Coordinator,

My name is ██████ and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because gardening has been so important in my own life and can make a huge impact in Fresno communities. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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My name is ██████████ and I am a resident and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it brings forth unity, health, and abundance! The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted Signature]

comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides a sustainability, education, promotes cleaner air, and provides countless people with a way to make a difference. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted signature]

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

To whom it may concern,

I am writing to you to ask for your generosity to preserve the community gardens for the immigrant families at FIRM. As an immigrant, I feel these gardens are very important to our community, especially elders who fled their home countries. Please keep funding for these community gardens to continue. They can serve as educational gardens for younger generations to learn more about plants and vegetables of different cultures as well.

Best regards,
[Redacted signature]

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.

Thank you also for sharing your experience.

While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████ and I am a resident, concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it beneficial for the local community, both financially and mentally. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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My name is [REDACTED] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because of the space they give others to participate in the community, but the need behind them for our city. With hunger being a chief problem in areas of our city the community garden serves as a means to combat that end. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because gardens provide food, community, and much needed green space in Fresno. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,
My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it is one of the only functioning places that is a) focused on the prevention of mental health issues, including addressing stress, anger, and fear b) helps those who are struggling with food insecurity, life stress, and other issues that are rampant during the Covid-19 pandemic and after, c) provides open space for individuals who otherwise would not have access to it and d) educates our community members on wellbeing, how to grow food. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and I urge you to do so, in partnership with the gardeners who are invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted Name]

Dear MHSA Coordinator,

My name is [Redacted Name] and I am a concerned advocate & resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because gardens not only beautify otherwise forgotten areas of our city but also provide food and help ground and relieve stress for those who work in it. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I personally know just how healing gardening can be. To put my hands in the earth and produce something edible and beautiful not only gives me purpose, but pride as well. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned advocate for Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because gardening feeds the soul as well as the body. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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Sincerely,

[Redacted Name]

Dear MHSA Coordinator,

My name is [Redacted Name] and I am a resident & community advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me for many reasons, the highlight being gardening is a native ceremony with our land, it also helps the environment, we have one of the highest pollution rates in the state, gardening is therapeutic and decreases stress while calling our community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it has brought beauty, hope, food and healthy activity to many struggling communities in the city of Fresno. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic

alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I believe community gardens not only improve the health of our underserved residents in food insecure areas, but also bring people closer together as a community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan

the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it's an opportunity to empower individuals and communities to come together in

limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

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Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine

learning ways to provide sustainable resources and sustenance for themselves through food; provides positive teachings of nutrition for children and brings overall uplifting energy to the neighborhoods of our community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,
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Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from

Plan. Please do not sunset it in June of 2021. This community garden program is important to me because I volunteer at Yoville Garden as a way to support the community with wholesome activity and healthy FOOD. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.


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Sincerely,


Dear MHSA Coordinator,

My name is  and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to our entire community. I have personally experienced the value and mentally therapeutic benefits of working the earth to nourish my own body and the bodies of

the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes. These primarily related to behavioral health needs.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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others. Having something to regularly care for provides healthy activity and promotes a sense of meaningful existence. Seeing the wonder of putting a small seed into the earth and nurturing it until it becomes a majestic plant that provides sustenance is an amazing experience that beckons spiritual connection and awe of the earth.

Let's also remember that these gardens are in underserved areas that are known as food deserts due to inadequate access to fresh fruits and vegetables (as many are relying on public transportation, corner stores, food banks and processed shelf stable foods). Access to the nutrients found in fresh and healthy food is known to have therapeutic effects on the brain and mental health. These harvests are shared beyond those who physically participate in the growing; therefore they have a ripple effect of enhancing the entire community's mental health.

These gardens have already been established on the brow sweat and muddy hands of people who truly care. Allowing the grounds to fallow is a disservice to not only those who have already invested, but to Mother Earth as well. Particularly now as many are isolated, outdoor activities are among the safest in terms of exposure and provide a healthy outlet. We have an opportunity to show our community where our priorities lie. There must be a way to provide healthy fiscal stewardship (even expansion and growth!) of this priceless component of our community. Please let me know if I can help in any way.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop "an actual Therapeutic Garden program". We ask you to commit to do both.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because the garden gives out life and oxygen. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno county. I'm reaching out to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan.

This community garden program is important to me because it provides enjoyment and The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your

<p>you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.</p> <p>Sincerely,</p> <p>██████████</p>	<p><i>comments with us during the public comment phase of the process. We appreciate your time and input.</i></p>
<p>Dear MHSA Coordinator,</p> <p>My name is ██████████ I am a former owner and operator of a community garden and organic farm in your neighboring Kings County. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because I have seen first hand the life changing benefits that gardening and availability of green space to members of the public. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.</i></p> <p><i>We appreciate your interest in Fresno County.</i></p> <p><i>While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>It should be noted that the gardens is not the only active program being “eliminated”. There are several. There</i></p>

community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I believe these gardens can do wonders for the Fresno community. Many peer reviewed academic articles suggest community gardens have shown to improve the mental and physical health of the members participating in the community gardens. A 2007 study done in Toronto states "In addition, the opportunity for physical activity that gardening presented was seen as beneficial to health, especially for the elderly. For many, being part of a community garden was stress-relieving, and was thought to contribute to improved mental

are a number of programs that are being eliminated, and there will be more which will face reductions in the coming year.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens.

The Department has funded two different independent evaluations of these programs in the past two years. Those evaluations also included extensive literature review of community garden programs.

The gardens have been in operation for just shy of a decade (est. in 2011).

health. These findings are consistent with much of the existing literature, which similarly suggests that community gardening can lead to positive health outcomes through improved nutrition, increased physical activity and enhanced mental health (Patel, 1991; Irvine et al., 1999; Armstrong, 2000; Dickinson et al., 2003)." We have not given these gardens enough time to show what they can do for the people of Fresno. Cutting funding to these gardens now would be a great mistake. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop "an actual Therapeutic Garden program". We ask you to commit to do both.

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Sincerely,

Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

<p>[REDACTED]</p>	
<p>Dear MHSA Coordinator,</p> <p>My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because access to food for many marginalized families who are also valuable members of this community. The gardens are also a tool for individuals to manage stress and connect with others in their community, which results in positive impacts for their mental health wellness. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>

there, as well as the positive mental health benefits they provide.

Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it builds community and support around sustainability and food access. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned residents of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because they are vital in so many ways including therapeutic support and also providing food for the community. Fresno is already an incredibly good insecure city, the second in the nation. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████ and I am a former MSHA worker and concerned resident in Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because mental health needs to be approached holistically and participants need to see themselves as able to accomplish something and gain skills. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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There may be additional programs in the coming years which may sunset and or be reduced.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned citizen of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it creates a place for everyone to come together and learn how to be self sufficient. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,
[REDACTED]

Hello,

I hope y'all have been well! My name is [REDACTED], and I'm a recent graduate of Fresno State and got hired at FIRM through my internship. Although my family would say I have a black thumb and I am not a nature person, I plead that y'all continue to support FIRM's Community Gardens. In the year I've worked at FIRM, I have seen countless elders in the community come to the garden. A couple of the community members that I've spoken to say that coming to the garden is the highlight of their week. Continuing to support this program through FIRM will continue to uplift our underserved, marginalized communities of color. I urge you all to continue supporting our communities.

Thank you,
[REDACTED]

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We hope that if they are in need of behavioral health services they can and will engage in other services, throughout the system of care.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident, a Mental health therapist and a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides

Green spaces that are so crucial for our communities well being. A garden it's a space that folks can plant, touch nature, sit, relax, meditate, practice yoga, or share space with others in a healthy manner. Outdoors and green spaces are known and proved to be extremely therapeutical for humans as it allows us to decompress daily stressors, reduce anxiety and depression. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

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Sincerely,

[REDACTED]

Dear MHSA Coordinator, My name is [REDACTED] and I am a of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. This community garden program is important to me because we need to keep our community beautiful The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop an actual Therapeutic Garden program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade. There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop an actual Therapeutic Garden program. We ask you to commit to do both. The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this. There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families

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<p>Dear MHSA Coordinator,</p> <p>My name is [REDACTED] and I am a resident and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because the topography of Fresno, CA lacks green space making the city a relatively unhealthy place. Ensuring community garden availability promotes healthy habits year round and allows for more human and nature interaction proven to improve mental health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I believe that community gardens are a great way for people to learn useful life skills as well as eat healthy. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

Dear Brian Bishop, Karen Markland, and the MHSA team,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides food and a sense of community in a part of the city that needs it. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a [CHOOSE: resident, gardener, concerned advocate, other] of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because [ENTER YOUR THOUGHTS HERE]. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because community gardens provide a space to work and to heal. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am an environmental advocate and resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because equitable access to green spaces and nature is essential to community health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a gardener and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because being able to garden, feel and see our connection to this earth is one of the most grounding, effective ways to improve mental health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,

My name is ██████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it allows the community to see growth in our city. It also educates our community to take forth in gardening, thus promoting self sufficiency and motivation. Agriculture is a major aspect of the Central Valley. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned advocate and garden volunteer of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because gardens provide opportunities for food security, places for residents to connect with the earth and with their own bodies, gateways to lifelong healthy living, and invaluable safe green community spaces in the center of otherwise barren city environments. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the

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<p>Hi Erinn,</p> <p>I hope you and your loved ones are well. I tried emailing this to the MHSA email but it bounced back. Happy to talk more about any and all of these ideas. Also, gardeners are planning to attend the Hmong and English hearings this week. Is there a specific place where we need to register so that they are able to speak? Or is it just listening?</p> <p>Thank you!</p> <p>██████████</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan .</i></p> <p><i>The hearings were livestreamed (on Facebook and YouTube). Those were done in threshold languages, and the live chat was used to get questions and to provide responses.</i></p> <p><i>In addition to the live hearings, there are comment cards on our website www.fresnoMHSA.com that can be used as well as emails to mhsa@fresnocountyca.gov.</i></p>
<p>Dear MHSA Coordinator,</p> <p>My name is ██████████ and I am a [CHOOSE: resident of Fresno. I am writing to ask you to</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from</i></p>

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This community garden program is important to me because [The earth needs gardens and people need gardens we don't need more plant death and hate in the world]. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a local flower

the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens. We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department

farmer serving the Fresno area. Gardening has been a huge part of my own mental health and sense of well being and I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

The beneficial effects of gardening have been so apparent in my own life and the lives of so many people around me. Especially during these times of environmental and social uncertainty, we need to be moving closer to the land and our connection with our food rather than away from it. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will be a huge step back for our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

<p>[REDACTED]</p>	
<p>Dear MHSA Coordinator,</p> <p>My name is [REDACTED] and I am a gardener and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because, to be blunt, gardening saved my life during an emotionally turbulent time in my life. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>

Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a community member and gardener from Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. They are important to our community.

This community garden program is important to me because provide ways for Fresnans to be outside, in Green spaces in a city which has such little park infrastructure. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and a teacher in SW Fresno. I also am the club adviser for the RHS Ecology Club working with dozens of youth of various levels of disadvantaged backgrounds, cultures and immigration status. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because gardening allows individuals to connect to things much bigger than themselves and develops valuable skills such as responsibility, patience, communication, humility and community participation. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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We do hope to have more opportunities for youth in our county.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me, for mental health and local food sourcing and farm to fork access and early childhood education.. and so much more. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am an ally for mental health and wellness as well as resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because our people need these outlets now more than ever. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a Registered Dietitian and concerned advocate of Fresno. I lived and worked in Fresno at Valley Children's Hospital and I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because food insecurity is at an all-time high. When people can grow their own food, it empowers them in self-care. These gardens connect people to nature and the power of nature to foster health. Children learn about where food comes from and the effort put into growing your own food creates a sense of purpose and investment. This translates to greater self-esteem, greater independence and less reliance on public assistance. There are many life lessons to be learned in community gardens. Take this away can have dramatic unseen consequences and the small financial investment in the community will create lasting health and good will.

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Sincerely,

████████████████████

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because we need more community, togetherness, sustainability, healing, and education in our county. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the

*Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes. Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are*⁵⁵¹ *simply unable to continue funding the gardens.*

program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I care about the well-being of our planet and city. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because food security and a safe place for peace and quiet is needed more now than ever before. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the

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alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

Hello, my name is ██████████ and I am of the younger residents of Fresno who is deeply concerned about the removal of our beloved gardens. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it allows for the coexistence of nature and human beings. It allows us to tune out the insane city we live in and tune in to something more peaceful. Fresno is wildly (and sadly) known for its homeless youth, but with these community gardens being implemented more, it allows for another safe

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This community garden program is important to me because historically community gardens are the way

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poor folx feed ourselves and make food accessible and affordable. Everybody can't afford to go to Whole Foods!! The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a gardener and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

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This community garden program is important to me. During the last months, I've started gardening and it has been such a blessing! Luckily I have a decent backyard but not everyone else does. Community gardens are important because they let anyone garden, regardless of whether they can afford having a yard to themselves. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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[Redacted Signature]

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because this is a vital service for the mental and physical health of Fresnoans. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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<p>[REDACTED]</p>	
<p>Dear MHSA Coordinator,</p> <p>My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because we need to keep these kinds of spaces going to provide alternatives for people to stay active and healthy. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>

Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a community gardener in Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it allows people a space to practice health care collectively. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

█

Dear MHSA Coordinator,

My name is █ and I am a resident of Fresno in the Lowell neighborhood. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it allows our community to have their own place to plant fruits, vegetables and flowers for a very low price. This helps neighbors come together and share their produce together and ultimately help relationships in our neighborhood. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of the Lowell Neighborhood. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I have experienced the beauty and benefits our garden has brought to my neighborhood. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it has created an unparalleled community-building space in our neighborhood and has served as a key element of our neighborhood’s revitalization. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it benefits the people of Fresno with a form of therapy that's necessary for mental health. As someone that's struggling with my own mental health, it's very hard to find healthy coping mechanisms. And for many people they are already attached to these gardens, taking them away would just be taking away their access to mental health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop "an actual Therapeutic Garden program". We ask you to commit to do both.

The state of California has recognized that

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

We would like to note that the system of care in Fresno County offers an array of behavioral health services including therapy which may be available to those who seek such treatment.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because plants and people need to be cultivated. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it's an alternative to gun violence and gang activity. The community garden is a place people can practice being productive members of society. It's a place where people can be a part of something bigger than themselves. It's a place of healing and solidarity. It's another source of food to feed the people of Fresno which is critical during times like this. We need more funding for spaces like the community garden. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together

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There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted], and I am an advocate of all Community Gardens here in Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides a healthy mental health opportunity. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,
[Redacted]

Dear MHSA Coordinator,

Please be a our HERO and save Fresno’s gardens!

My name is [Redacted] and I am a gardener and enthusiastic advocate for the community gardens of Fresno. It would would be incredibly short-sighted and a cruel blow to our city if you chose not to preserve the Community Gardens program in the MHSA 3-Year Plan. PLEASE, PLEASE, do not sunset it in June of 2021.

This community garden program is a phenomenal resource for so many people, in so many ways. (See link to short video at end of letter) The Therapeutic Garden program may be the only program identified for elimination in this MHSA

the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.

And thank you for your video submission.

While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue

Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past 10 years.

There are two ways to save the community gardens mentioned in the MHSA plan:

- integrate the cut services into other contracts (such as CBANS) and
- develop “an actual Therapeutic Garden program”.

Honestly, you could/should to commit to do both!

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

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Very sincerely,

██████████

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is ██████████ and I am a immigrant rights advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it supports refugee community members. The Therapeutic Garden program may be the only

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a resident and a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it gives hope to others and allows for the community to come together in a way that is much

the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because they provide places for people to enjoy the

the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a life long resident of Fresno, and gardener utilizing a community space in the Rowell district.

I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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This community garden program is important to me personally because my current living situation does not accommodate gardening space, and having access to this area provides myself and my family the ability to learn and develop skills for sustainable living and self reliance, environmental stewardship and community engagement. Also it's been so beneficial to have access to fresh, healthy food as well.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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<p>Sincerely,</p> <p>██████████</p>	
<p>Dear MHSA Coordinator,</p> <p>My name is ██████████ and I longtime resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. There is so much concrete in our city, and I have taken walks in these gardens and see flourishing butterflies come to have a drink. Inconclusive data? No. Was their anyone staffed to interview people about their time in the gardens? Of course probably not, but I want to appeal to you that it surely must be obvious these gardens help a lot. Fresno is amazing to me because despite being a much smaller city than San Francisco or LA, it really tries and succeeds often so well within its means to have the public space and identity of a fully realized city, even despite economic dips one can obviously see at times.</p> <p>This community garden program is important to me because once you build on a city space, it would take some severe event to ever reopen the space to a natural setting for life and enjoyment. These spaces are not MEANT to make money; they are meant to enrich and they do. They OBVIOUSLY do. This lack of data excuse feels to me just like, so much of an excuse to just do an easier thing. Please don't do anything else with the space. Don't sell the spaces. Our reputation as Fresnans in other places is that it's miserable here. Sometimes it is. Things like murals and gardens change that. And gardens shouldn't be private. Help the lowest paid families among us and preserve this public space.</p> <p>The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan:</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Data requirements for PEI funded services can be found in the PEI regulations https://www.mhsoac.ca.gov/sites/default/files/documents/2018-05/Approved%20PEI%20Regulations_Amendments_Effective%20July%202018.pdf) Two years ago specific data and outcomes measures were requested of all providers so to assist in assessment of services and meet funding requirements.</i></p> <p><i>Two different independent evaluations were conducted for this program, the evaluations have included direct interaction with the local programs, persons served, etc.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a Pastor and gardener here in Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because there is a beautiful community garden behind the church that I attend. It’s sponsored through MHSA and I know it brings a lot of benefit to the Hmong farmers who work there. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the

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Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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Sincerely,

[Redacted Signature]

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because community gardens provide so much, from beautification to food, therapeutic benefits, and educational opportunities. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and with the

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<p>pandemic continuing to take a toll on everyone's mental health, I believe we need it now more than ever.</p> <p>Thank you for your consideration, ██████████</p>	<p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>
<p>Hi There,</p> <p>I'm a Fresno resident, writing to ask you to please preserve the Community Gardens program in the MHSA 3-Year Plan. Whether you integrate cut services into other contracts and/or develop an actual Therapeutic Garden program, there are nine community gardens in our area that need to be defended.</p> <p>Thank you for your consideration, ██████████</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes. Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens. We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.</i></p>
<p>Dear MHSA Coordinator,</p> <p>My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because it allows individuals to grow and access fresh crops from their community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes. Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens. We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p>

community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

██████████

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides valuable resources to our communities. The gardens offer opportunities for social support as well as offering many health benefits. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County

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We are evaluating all programs for data collection,

over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

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alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because as a teacher, I have seen the positive effects community gardens have had on my students. Local youth experience a variety of hardships that impact their mental and emotional wellbeing, and I have seen the ways community gardens offer them opportunities to learn about their own wellness and develop healthy coping mechanisms.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

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Sincerely,

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the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We have other MHSA funded services for youth which can be accessed.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator, My name is ██████████ and I am a resident, gardener, concerned advocate, also a volunteer of Fresno community gardens.

I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. This community garden program is important to me because I was at

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the end of my rope when I found Yo-ville community gardens.
I often tell anyone that would listen to me, that if not for the therapeutic help of talking and having someone listen, I 100% would have been a statistic. Killed by police for misunderstanding my mental health as a threat, suicide after isolation in belief that there is nothing, self destructive behavior in the form of road rage, I have experienced all these and more in my despair. I am a better person most importantly to myself, and that helps spread the love to others. I have a stockpile of thoughts on what might have transpired had I not found this garden, the wonderful humans that keep it going, the larger community that progresses it, but I do not drown in those thoughts any longer. I swim in the waters of life, soil, seeds, growth, transformation, I inhabit the thoughts of the garden and I become growth and transformation through the nutrients of these programs, I beg you humbly, please do not cut me down like the rest of the world does to humans in my situation.

Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well.

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Thank you.

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Dear MHSA Coordinator,

My name is ██████████ and I am a, concerned advocate, other of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Please not that our system of care provides a number of programs and services for residents of Fresno County, which range from peer wellness centers, the Holistic Wellness Center, to clinical services, which can be access through our access line at 1-800-654-3937 or our Urgent Care Wellness Center at 559-600-9171.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is ██████████ and I am a teacher, gardener, & concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please

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do not sunset it in June of 2021.

This community garden program is important to me because I worked w/students & families in the inner city for 40 years, and they DESPERATELY NEED to grow good food for themselves!! THIS IS UNFORGIVABLE! How can you even consider this, especially now, in their economic crises ?! Fresno has some of the highest areas of poverty in the whole COUNTRY!! People don't even live near markets for fruits/vegetables!

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Thank you.

Please respond!

Sincerely,

[REDACTED]

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because there are many people who enjoy the many health benefits from taking part in a community garden. Many people are not fortunate enough to have space, or resources or time to garden on their own, so being a part of a community garden provides that sense of connection to the earth, neighbors, and provides a space for healing that so many people desperately need. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

there, as well as the positive mental health benefits they provide.

Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a gardener of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because gardener is life and food giving to all those who are near and take part in growing. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I care about these communities and the people of Fresno. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident, community member and concerned advocate, of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because community gardening is one of the very few ways to build community during a Pandemic. Community gardens have taught me so much and it has always been a dream of mine to grow my own food. I do not own a house, or any property for that manner. I am not allowed to plant where I rent. Please do not take this therapeutic and very symbolic program from me, from our community.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both. We have suffered such great losses this year and I would be completely devastated to loose this too.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.

Thank you for also sharing your situation and challenges.

While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Wholeheartedly,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a mother and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I want my children to know the importance of nature and investing in it. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted Name]

Dear MHSA Coordinator,

My name is [Redacted Name] and I am a social worker and Asian American in Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I saw and felt the value as a social work intern at Fresno International Refugee Ministries as Prevention and Early Intervention, and what gardening and farming have meant for my family and their history. It is more than I can share in an email and the emotions of it can be overwhelming, but to say it succinctly, thoughtful use of the land has always been a springboard to a better quality of life. My family's story and success would be incomplete without this key component.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.

We also want to thank you for sharing your experience and insights.

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There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

██████████

MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it not only brings the community together, but it promotes self-sustainability and healthy food choices. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict

actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it is inspiring a new generation to work with the land and give back to the community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan

limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

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currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted Signature]

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because Fresno is in dire need of community

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

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programs like this that cultivate strong community bonds and help those in need of necessary resources. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted Signature]

Dear MHSA Coordinator, My name is [Redacted]. I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. This community garden program is important to me because gardens

demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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contribute to the neighborhood, get people outside, and provides an important connection in a community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop an actual Therapeutic Garden program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade. There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop an actual Therapeutic Garden program. We ask you to commit to do both. The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this. There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide. Sincerely, [REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it is beneficial for social and mental wellness. We are in the Central Valley - the home of ag and this city/county should be representative of exactly this. The Therapeutic Garden program may

collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

██████████

Dear MHSA Coordinator,

My name is █████ and I am a gardener, concerned for the decision needed for the future of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because of how important gardens are to the value

have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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of the city. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident and concerned mental health advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides a constructive space for people to view their unique contributions to their local

demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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community and the world in real time. The visualization of small seeds taking patience and time to grow into something beautiful and useful has a ripple effect on one's worldview and perception of their own purpose in the world, to be patient and nurturing with their own positive thoughts, and to contribute positively in other ways, no matter how small, to their community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade. Why rip out the roots of something already planted? What message does that send?

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop "an actual Therapeutic Garden program." We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. In some cases, it is the only source of food or safe, open-air outdoor activity that contributors have. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this. Gardeners are willing to do the work.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

<p>Sincerely,</p> <p>██████████</p>	
<p>Hi,</p> <p>Please keep community gardens within MHSA in Fresno County. Gardening is therapeutic and fosters community! The evidence shows it's a productive use of time for all who participate and should be expanded, not disbanded.</p> <p>Thank you,</p> <p>██████████</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.</i></p>
<p>Dear MHSA Coordinator,</p> <p>My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because as an immigrant, planting food in my home garden is more than an act for survival, it embodies tradition, connection, and healing. My family worked in agriculture as a community, so I understand that community gardens are an especially important way to connect and support each other for immigrants and refugees who come from agrarian traditions.</p> <p>The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p>

develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted Signature]

To the Behavioral Health Board,

Please retain community gardens as prevention and early intervention strategy in the MHSA 3 year plan. Nature and gardening have been proven to be effective tools to increase mental health outcomes. This is not only the case for those active gardening, but also to those enjoying the view of plants and green space. In an area like Fresno that is ranking very low on access to park space, exuberated in the southern and western parts of the city, community gardens play an elevated role in providing access to open space and green views. It increases access for

Note that through MHSA, the Multi-Agency Access Program (MAP) provides a number of important and vital linkages to food, housing, behavioral health and other services. Info on the MAP program can be found at www.fresnomap.org or calling 559-512-6777.

There may also be activities at the Holistic Wellness Center that may be able to support some of your needs.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Comments to the Behavioral Health Board should be made directly to the Board.

Please find our response (not the Board’s) to your submitted comments.

While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

disadvantaged communities to healthy food and healthy food growing opportunities, and empowers active gardeners with tools to be in charge of their own food production, reducing negative health outcomes. Unless there is strong evidence of continued funding for community gardens from other sources that help to retain this importation prevention and early intervention tool, I urge you to retain community gardens as prevention and early intervention strategy in the MHSA 3 year plan.

Kind regards,
[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it helps encourage community and gives environmental education to the public. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I feel they play an important role in mental health. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop "an actual Therapeutic Garden program". We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because the younger generation who live by freeways, liquor stores and trash on the streets need to life, growth, and have an opportunity to stop and enjoy the present- plants from the gardens will help. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this.

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Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because though there is little research on the impact that gardens have on people's mental health, I know first hand the positive impact that it has on mental health. Gardening allows for people to heal and to connect with community. Gardening has done this for myself and my loved ones and has done this for the community members that have been part in the creation of these community gardens. These gardens have history and have impact on the Fresno community. Do not take this from us.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.

While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

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Dear MHSA Coordinator,

My name is █████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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This community garden program is important to me because it connects people, provides good and teaches our youth where alterfate ways food can be obtained. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

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Sincerely,

[Redacted signature]

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident and gardener of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because our community is severely lacking in public, green spaces. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so

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Sincerely,



Dear MHSA Team and Fresno County Department of Behavioral Health,

FIRM has been a long time partner, supporter and contractor with the Department of Behavioral Health and we hope to continue to be so as we work with refugees and other New Americans. I am writing today because I am deeply disappointed in the decision to cut the HTCC community garden prevention and early intervention services without a clear plan to either engage the gardeners themselves or offer any services in replacement. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan that is currently in operation. The

simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.

We thank you for sharing some insights.

While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Data and outcome requirements were provided to all garden providers in July of 2019, and the need for data to meet the funding requirements. Additionally, decision

department has identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, *in partnership with the gardeners* who are so invested and committed to the program that we have developed together over the past decade.

FIRM currently operates 5 community gardens throughout Fresno County, three that serve Hmong and Lao communities, one that serves the Slavic community and one that serves the African immigrant community. Each gardener is entrusted with the key to the garden and the responsibility to care for their rows. Each garden has been developed in partnership with its gardeners, offers leadership development opportunities for lead gardeners, regular peer support groups (remote in COVID times), and a comfortable meeting space to talk about and destigmatize mental health, all for an annual cost of up to \$135,000. The part-time staff who coordinate the gardens all came as refugees from the communities that they serve and are fluent in the languages spoken by the gardeners. The waitlist for the limited spots in the existing gardens are always long. There is a deep desire for a Cambodian garden and for more locations for Hmong and Lao gardens. Any survey or focus group with gardeners overflows with positive feedback.

I had the great pleasure to become the Executive Director of FIRM after six years away from the organization, and to the best of my knowledge, FIRM has always gone above and beyond to cooperate with the Department to measure and evaluate our programs. We are open to site visits, we readily host focus groups, the staff even collaborated closely with an evaluator that also develops community gardens in Fresno, despite the fears that it might be a conflict of interest. Whatever program design flaws there may have been in the HTCC program design or outcome reporting, I am concerned that after 10 years, the Department and RAND were unable to suggest any ways for me, or FIRM, to remedy them. I did not receive any feedback to our annual report submitted in July, and have had multiple conversations with department staff asking how we could partner to evaluate and improve our reporting to better demonstrate the good that we see.

The community-defined practice that has been

to sunset the therapeutic gardens were provided to the programs in November 2020, providing over seven months of notice.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

taught to us is this: the act of gardening is itself therapeutic, and the gardeners use the community garden spaces to strengthen their relationships with one another, physically exercise, and spend time outdoors. Each of these is a known protective factor for mental health, and none of these are easy to measure without limiting access to the gardens in some way. If there is another way to offer community garden-based therapeutic services in linguistically and culturally-responsive ways to each community that we already serve (or more), we would gladly do so.

WIC 5840.6 section g speaks to the need for culturally competent and linguistically appropriate prevention and early intervention, and section h speaks to the need for outreach to older adults who are isolated. The community gardens run by FIRM do exactly that. They reduce suffering by being accessible at all hours of the day or night, being located at walkable distances to the places where refugee elders live, and by honoring the cultures and places that refugees have carried with them as they fled unthinkable horrors.

Fresno County is an incredibly diverse community. Although Lao, Khmer, Slavic, Syrian and African immigrant/refugee communities are not considered threshold populations in Fresno County, and so haven't gotten their own MHSA community input workshops or focus groups, they are also important members of the Fresno community and they need to be included in our community planning process for improving our system of care. As you plan for the future, please be sure to include these important communities and ensure meaningful access to culturally appropriate and linguistically accessible prevention and early intervention services.

There are two potential opportunities mentioned in the MHSA plan: one, to integrate the cut services into other contracts and two, to develop "an actual Therapeutic Garden program". We ask you to try to do both, despite the many known constraints that COVID has put on us. The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and with FIRM to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then

allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we humbly ask that you also prioritize this.

Thank you for your time. I appreciate the immense effort that it takes to develop these plans in response to our community’s many needs without the added challenge of having to do the process remotely.

In Partnership,
[REDACTED]

Dear Brian Bishop, Karen Markland, and the MHSA team,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because plants and gardening have given me a greater connection to my food, my health, the seasons, the land, and myself. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

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My name is ██████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it is a safe and connecting place to spend time in Fresno. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am an artist and community advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because having an accessible green space to learn living skills for growing food and taking care of the earth are vital. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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We would like to also thank you for sharing the excellent video with us.

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<https://m.youtube.com/watch?v=K2MZQd4SVHQ>

The link above is a video I made for the Holistic Cultural Education Wellness Center. Gardens have always been a source of happiness for me. I hope you will be part of the movement that not only thinks of the present but prepares for the next generations.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides opportunity for people to give back to the land they live on, all while learning important life skills. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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This community garden program is important to me because of the aid it provides to low income households. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I believe much is learned by community members about nutrition, caring for our Earth, the beauty of nature and all she provides and working together to improve our communities. Families depend on these gardens for food, bonding time, and opportunities to teach cooperation, lending a helping hand and rewarding work. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to

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There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident and gardener of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it helps provide an outlet for people that otherwise would not get the right resources. The community garden program is also vital to the Southeast Asian population that have

the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens

traditionally relied on subsistence farming as a way of living. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted Signature]

are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data

This community garden program is important to me because Mother Nature is pure. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

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This community garden program is important to me because poorer communities lack opportunities to connect with nature and provide for themselves. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

Dear MHSA Coordinator, My name is [REDACTED] and I am a resident, gardener, concerned advocate of Fresno. I am writing to ask

Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department

you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. This community garden program is important to me because I know how important this can be for the community mental health as well as mine. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade. There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both. The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this. There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide. Sincerely, Veronica RODRIGUEZ

acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is [REDACTED] and I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I believe Fresno needs to become a proactive community, we need to be innovative in searching for community solutions and in addition to serving the needs of our community These types

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there

of programs help to show Fresno is finally creating and implementing a vision for the future. These are the types of programs that give a city a sense of community and a sense of pride! The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a newbie gardener from Fresno. I am writing to ask you to preserve the Community Gardens program in the

have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. While many of the Departments services are located in metro Fresno, we serve Fresno County and continue to make an effort to ensure that access to care and services is available throughout the county and not just in the city.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the

MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because our community needs usable green spaces. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted Signature]

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Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident, gardener and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because I have found it to be my safe place, my refuge in days my mental health is suffering and a necessity to my wellbeing. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Please note our system of care provides an array of behavioral health services that can support individuals with achieving wellness. You may obtain more information on the services by calling the access line at 1-800-654-3937 or our Urgent Care Wellness Center at 559-600-9171.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Sincerely,

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Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because this is a necessity. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it give our community members the ability to connect to the Earth and grow their own food. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

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Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

benefits they provide.

Sincerely,

Dear MHSA Coordinator and respective DBH leadership,

Thank you for providing feedback to the Fresno County MHSA 3 Year Plan, as it relates to the Horticultural Therapeutic Community Centers.

[REDACTED] and I am a professor, clinician, consumer and resident of Fresno County. I am writing to ask you to preserve the Horticultural Therapeutic Community Centers in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes. These requirements began after your evaluation of the gardens occurred.

In 2011 as a graduate student in the Social Work Department at California State University, Fresno I completed research exploring the effectiveness of these gardens in partnership with the Horticultural Therapeutic Community Centers and DBH. For your review I've attached my research in addition to my presentation (this will provide you a brief overview of my research and results), both were presented at research conferences and directly to the Fresno County Behavioral Health Board.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing issues with the way the gardens are operationalized that has made it difficult to continue.

Despite the overwhelming amount of evidence that supports the use of these therapeutic gardens (and additional research since) what struck me as most significant were statements about the garden by consumers:

We have conducted two separate independent evaluation of the therapeutic garden programs in the past two years.

"It's a self-help process for me, in the morning I wake up, I have purpose, what I need to do today if I plant something it looks like they're calling me, the plant is calling me to come today, I have to go"

Lack of standardized approach, strict limitations on participants, inability to collect the data are all issues. Very few individuals in our community are able to access the gardens. At this time we are unable to continue funding the gardens.

"I used to cry and also cry a lot, but when I tend in the garden my distress and everything that I have is release, to see the garden and working at it, it just disappears"

"before gardening at home I was aggravated and made me angry at little things, but here when we socialize it helps to relax, keeps me happy with talking with other people it helps my mind. "

As a psychotherapist who provides services to our Medi-Cal and MediCare population and having

worked in other capacities in the community including in County mental health systems, I understand the importance of services for our consumers. Fresno County has had a unique opportunity to fund these gardens which have helped many people avoid undue mental distress and I believe even suicide. It's my hope that you reconsider ending the program and the impact it would have on our community.

Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to keep around, it helps many local people not only in growing their own food, but also for mental health-gardening provides a sense of community for many residents, and can be a form of meditation. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a gardener of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is not just important to me but important to those who use them. It helps me deal with personal issues and anxiety I have. For others I see that it gives them a place to grow their own food and show their kids how to grow food. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted]

Dear Brian Bishop, Karen Markland, and the MHSA team,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides the opportunity for community as well as improves physical, mental, and environmental health. Many Fresno residents live in food deserts and are therefore food insecure and/or suffer from malnutrition. This project seeks to address those very pressing issues negatively impacting our community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes. Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and with FIRM to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno's system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

Dear Brian Bishop, Karen Markland, and the MHSA team,

My name is [REDACTED] and I am Community Gardens Manager with another garden program in Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important because there are already limited amounts opportunities in Fresno for people that are looking to garden, exercise, and access green space. Cutting these gardens will drastically cut Fresno Community Gardens in half!

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and with FIRM to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a Fresno resident, gardener, concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it helps the community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the

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Sincerely,

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Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Dear MHSA Coordinator,

My name is ██████████ and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because gardens provide a safe space for people to connect with the earth. In a place full of concrete, allowing ourselves to become familiar with the beauty of nature we can heal, grow, and become an important part in our food system. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual

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Sincerely,

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Dear MHSA Coordinator,

My name is ██████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because growing food connects people and helps us to be better stewards of the land for future generations. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation.

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My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it allows for traditional farming to continue and teaches community about sustainability and provides a space for emotional clarity to connect with the land in an urban

are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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Sincerely,

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a [CHOOSE: resident, gardener, concerned advocate, other] of Fresno. I am writing to ask you to preserve the Community Gardens program

collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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[REDACTED]

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because my community, and the well being of it, matter to me. It is common knowledge that gardening provides many benefits to the soul and heart. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me BECAUSE they give the community access to nature. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

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Sincerely,

Dear Brian Bishop, Karen Markland, and the MHSAs team,

My name is [REDACTED] and I am a gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSAs 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because there is so much good that comes from community gardens. The Therapeutic Garden program may be the only program identified for elimination in this MHSAs Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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<p>My name is [REDACTED] and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because there is so much good that comes from community gardens. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and with community partners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>

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Dear MHSA team,

My name is [REDACTED] and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community

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<p>Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p> <p>This community garden program is important to me because there is so much good that comes from community gardens. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and with community partners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.--</p>	<p><i>gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>
<p>Dear Brian Bishop, Karen Markland, and the MHSA team,</p> <p>My name is [REDACTED] and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.</p>	<p><i>Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.</i></p>

This community garden program is important to me because there is so much good that comes from community gardens. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with the gardeners and with FIRM to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

In peace,

Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data

<p>This community garden program is important to me because they not only are therapeutic and have been proven so by many studies, but they also contribute to the beauty of our city. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.</p> <p>There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.</p> <p>The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.</p> <p>There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.</p> <p>Sincerely,</p> <p>██████████</p>	<p><i>collection and outcomes.</i></p> <p><i>Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.</i></p> <p><i>We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.</i></p> <p><i>The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.</i></p>
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Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the

Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because it provides a safe and healthy outlet for those who need it. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

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Sincerely,

██████████

Dear MHSA Coordinator,

My name is ██████████ and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year

gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

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Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the

Plan. Please do not sunset it in June of 2021.


This community garden program is important to me because I have taught in Fresno for 27 years in the areas where these gardens are located and I have seen firsthand the nutritional and community benefits. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,



Dear Coordinator,

This community garden program is important to me because I understand the importance of bringing

gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes. The focus of PEI programs are on closing the gap in our behavioral health services and negative outcomes from non-treatment for mental illness.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

We are evaluating all programs for data collection, alignment to funding requirements, and outcomes.

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers.

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community together. That's the first word, community, now more than ever. Gardening is just good for the ground and important to teach the younger generation of where everything comes from. Everything around us comes from the earth. We need to continue to care for it. And these gardens do that, while giving the participants a healthy habit and watching something grow because of them! It gives so much more just being in nature. The mental health benefits are remarkable for those who choose to participate and reap the rewards of their hard work. People bond with plants in a way that can only be understood by doing. We can plant and watch and care for something that grows into beautiful fruits and veggies, that we can share and put into our bodies and know how healthy it is for us and our families.

Sincerely,



A message from the community;

We are writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

[REDACTED]

Dear MHSA Coordinator,

My name is [REDACTED] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because as a gardener I understand the therapeutic effects that gardening has. When I am stressed, pulling weeds, planting, checking plants for signs of pests and simply standing back and taking in the sight of nature relaxes and re centers me. Few things are as calming as seeing bees pollinating flowers, butterflies coming through, or a hummingbird who chooses to stop and perch near you. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

Despite many efforts, we have been unable to demonstrate the ability to collect the data or determine the effectiveness of the gardens. Furthermore, there have been ongoing challenges with the way the gardens are operationalized that has made it difficult to continue the program. Lack of standardized approaches, strict limitations on participants, and an inability to collect the necessary data are all issues. In short, we are simply unable to continue funding the gardens.

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Sincerely,

[Redacted Signature]

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident, gardener, and concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because they benefit the people in the community, they Betty the community, and offer vocations to people, young and old. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me because encouraging and fostering a good stewardship relationship with the earth, food, and other people is true sustainable community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted signature]

Dear MHSA Coordinator, My name is [Redacted] and I am an Army Veteran and a lifetime resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021. This community garden program is important to me because it is a form of therapy to help combat my PTSD. The community garden also helps beautify our city and with my two little ones i hope to use the community garden program to teach them how to start and grow a garden (which let's face it is a valuable skill to learn). The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop an actual Therapeutic Garden program, and we urge you to do so, in partnership

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

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Dear MHSA Coordinator,

My name is [REDACTED] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to our community. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop "an actual Therapeutic Garden" program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA

alignment to funding requirements, and outcomes.

Please note that we have a number of services in our system of care which provide services and treatment. You can get more info through our Access Line at 1-800-654-3937 or our Urgent Care Wellness Center 559-600-9171.

Thank you for taking the time to participate in the MHSA Three Year Planning process and sharing your comments with us during the public comment phase of the process. We appreciate your time and input.

Thank you for your comments on the Fresno County MHSA 3 Year Plan regarding the Horticultural Therapeutic Community Centers. While the department acknowledges that individual participants benefit from the gardens, unfortunately, the funding source for the gardens, MHSA PEI (Prevention and Early Intervention) has strict requirements related to data collection and outcomes.

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Sincerely,

[Redacted signature]

The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.

Dear MHSA Coordinator,

My name is [Redacted] and I am a resident of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important to me. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the program that they have developed together with the County over the past decade.

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Sincerely,

[Redacted]

Dear MHSA Coordinator,

My name is [Redacted] and I am a concerned advocate of Fresno. I am writing to ask you to preserve the Community Gardens program in the MHSA 3-Year Plan. Please do not sunset it in June of 2021.

This community garden program is important because it allows members of my community to farm for themselves, providing sustenance/income for their families. It is also an outlet for self-reflection and exercise during the COVID-19 pandemic when we can’t rely on social interactions for support. The Therapeutic Garden program may be the only program identified for elimination in this MHSA Three Year Plan currently in operation. The department has previously identified \$350,000 to develop “an actual Therapeutic Garden” program, and we urge you to do so, in partnership with the gardeners who are so invested and committed to the

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program that they have developed together with the County over the past decade.

There are two potential opportunities to save the community gardens mentioned in the MHSA plan: one, to integrate the cut services into other contracts (such as CBANS) and two, to develop “an actual Therapeutic Garden program”. We ask you to commit to do both.

The state of California has recognized that community gardens are essential since the beginning of the pandemic. Please partner with current gardeners to develop clear standards for what a therapeutic community garden program should look like, what outcomes are expected to be measured (and how) and then allocate funding so that it can be done well and inclusively. We ask that this activity be prioritized in the new plan. If these services can be added to an existing contract in the meantime, to avoid gaps in Fresno’s system of care, we ask that you also prioritize this.

There are currently 9 community gardens that will be directly affected by this cut. Defunding these community gardens will devastate our city and the individuals and families who rely on the food grown there, as well as the positive mental health benefits they provide.

Sincerely,



The Department appreciates your comments, and thanks you for reviewing the MHSA Three Year Plan.