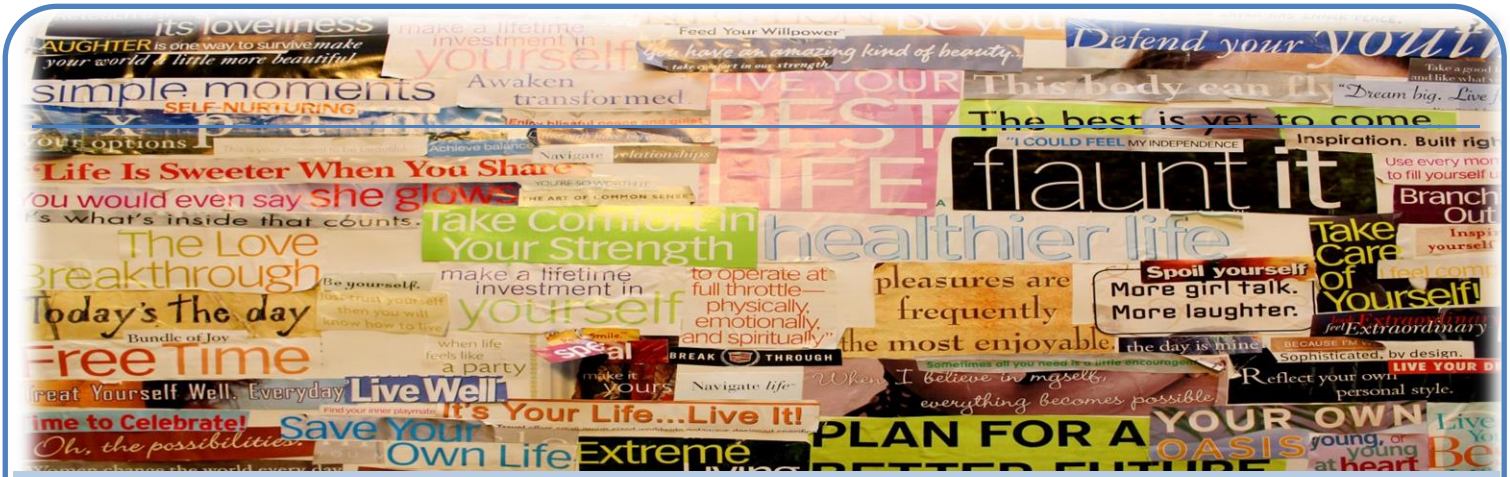

FINAL DRAFT

Fresno County
Department of Behavioral Health

MHSA Annual Update

FY 15/16, FY 16/17

Posted: Monday – September 12, 2016
Revised – September 16, 2016
Public comments Closed – October 12, 2016

Public Hearing - October 19, 2016
Blue Sky Wellness Center
1617 E Saginaw Way #108
Fresno, CA 93704

Supported by Behavioral Health Board: 10/19/2016

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

THE COUNTY OF FRESNO 1856

EachMind MATTERS

MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

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COUNTY OF FRESNO

WELCOME!

Fresno County's Annual Update to the Three-Year Integrated Program and Expenditure Plan celebrates and outlines the programs being funded and implemented in each component of the Mental Health Services Act. This Update will report on programs and initiatives developed by the Department in collaboration with our diverse stakeholders. The program work plans in this Update will provide an update over last year, volume served, cost per client and outline any proposed changes being sought.

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Table of Contents

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A Message from the Executive Team

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

As we update our Three-Year Plan, our mission reminds us of our purpose and overarching objective, to support the wellness of those we serve. This foundation is driving our continued evolution toward a recovery focused organization. As part of this Annual Update, we utilize the stakeholder process to inform our decision making as we develop our plans for the Department. Stakeholder surveys and input have identified several focus areas for our future work. Improving access to care was the top issue identified. Expanding services and awareness and outreach were highly ranked, as well. Additional recommendations included improving cultural competency, workforce development, transportation services, customer service, substance use disorder services and housing. The good news is that we are already working on solutions, or in the planning stages, for many of these recommended improvements. This Annual Update will outline, in detail, the programs and services, funded through Mental Health Services Act dollars, which will help us meet the needs of those we serve. Programs will be identified as 'Keep' if we are maintaining current service level. The title of 'Enhance' communicates that the Department is looking to strategies such as increasing funding specifically to better meet the needs of clients/families or to increase capacity and service level. During this process, gaps will have been identified and the Annual Update will seek local MHSA dollars to fund a 'New' program that will align with stakeholder input. Programs will be communicated as 'Deleted' if there is a change in the funding source or if they no longer fit into our goals and objectives or are no longer meeting our clients' needs. As always, we will be looking at all of our funding sources and the full spectrum of services offered to create a complete continuum of care for our clients, through integration of all available services.

Dawan Utecht, Director
Susan Holt, Deputy Director – Clinical Operations
Maryann Le, Deputy Director – Business Operation

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update

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

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or 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 Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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

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

_____ _____

Local Mental Health Director (PRINT) Signature Date

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: _____

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

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

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

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

_____ _____
Local Mental Health Director (PRINT) Signature Date

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

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

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

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

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Overview and Executive Summary

Mental Health Services Act Overview

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

To accomplish its objectives MHSA applies a specific portion of funding to each of six system-building components:

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

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

MHSA funding is allocated as follows:

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

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

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

Fresno County Mental Health Services Act
Annual Update

Introduction:

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

History:

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

Current Focus Areas:

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

- Level 1 – Outreach, Engagement and Data Collection
- Level 2 – Community Stakeholder Meetings
- Level 3 – Prioritized Input, Annual Update Draft and 30-Day Public Review
- Level 4 – Public Hearing and Approval Process

These efforts have taken place as a result of the work to continue to define priority activities, build infrastructure and create a vision for Department staff, partners and clients/family members that promotes wellness, recovery and resiliency in an accessible and seamless system of care. The Three-Year Program and Expenditure Plan introduced and communicated the 'DBH Work Plan' concept as being at the core of the Department's on going strategic vision, needs assessment and future program planning. The DBH Work Plans include: Behavioral Health Integrated Access, Behavioral Health Clinical Care, Wellness, Recovery and Resiliency Supports, Cultural/Community Defined Practices and Infrastructure Supports.

Each of these Work Plans continues to have a clear focus for the Department and provides an organizing framework. There have been no changes to the Work Plan design; any program change will be noted in the summaries and program sheets.

The Department has taken a lead role in many initiatives that truly support the integration of service delivery and funding. These initiatives support the Annual Update activities and recommendations and include, but are not limited to:

Reaching Recovery Implementation – *The recent launch of this initiative focuses on using data to promote recovery, providing staff with recovery concepts and instruments that will coordinate services so that clients can move between programs in order to maximize their recovery and meet personal goals*.

Sequential Intercept Mapping *– This highly collaborative project provides the Department and community the development of a cross-systems map that identifies how people with mental illness and often co-occurring substance use disorders come in contact with local criminal justice system.*

Capacity Building *– The Department is using data specific to penetration rates, wait lists, service delivery timelines and capacity to make informed decisions on program enhancements. When clinically indicated, enhancements will add funding for staffing that will address capacity and wait time issues. Capacity building activities in last year have also included the leveraging law enforcement funding for rural crisis services.*

Capital Facility Acquisition and Space Planning *– Recovery oriented space planning was initiated in early 2016, positively impacting new construction and renovation projects. This work ensures the securing of resources that provide recovery oriented standards and concepts.*

MAP Expansion *– Multi-Agency Access Program (MAP) provides the right care the first time, using coordination as the key to leveraging existing resources. MAP is an integrated intake process that connects individuals facing housing, substance use, physical health, or mental illness challenges to supportive services. The success of the initial MAP supports expansion into other community service sites that may include urban and rural settings.*

Housing Needs Assessment *– The Department secured consultation services for the completion of a local housing strategic plan and needs assessment. The strategic plan weaves existing work plans and initiatives into a comprehensive, integrated document that will serve as a roadmap for the development and management of an integrated behavioral health system of care that has a defined housing continuum.*

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

AVATAR Expansion – Strategic planning and roadmap being generated to initiate and monitor Avatar access and use for specialty mental health contracted providers. This large scale project will untimely improve access and service delivery with the use of one electronic health record.

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

Update to the Three-Year Plan:

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

- Identification of ages served in the program - this is an identifier, not a qualitative response
- Total number of clients served by age
- Identification of challenges or barriers to the program and mitigation strategies
- Performance Outcomes, where applicable, will have a link to the most recent reported outcomes
- Specific to Prevention and Early Intervention – programs to be noted as:

    - Prevention – i.e. direct service programs that serve individuals who are at risk for mental illness/emotional disturbance
    - Early Intervention – i.e. direct service programs that service individuals showing early onset of mental illness/emotional disturbance
    - Other – could include standalone programs focused on outreach to increase recognition of early signs, access to treatment, stigma/suicide prevention, improving timely services to unserved/underserved

At the time of this Annual Update approximately 80% of identified enhancements or new programming (documented in the Three-Year Plan) activities have been completed.
A listing of all recommended updates to the Three-Year Plan can be found at the end of this document.
Located in the full Annual Update is individualized program information that includes:

- Identification of Keep, Enhance, New or Delete Status
- Brief Program Description – communicates services provided, target populations, etc.
- Program Update – communicates any changes to the services since the Three-Year Plan
- Total Number of Clients Served
- Fiscal Year Reporting of Numbers Served by Ethnicity
- Total Cost Per Client
- Approved Budget Allocations
- Barriers or Challenges
- Proposed Changes

Proposal for MHSA Annual Update Plan

This table summarizes MHSA programs and references status.

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

* = New Program Name

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan
AB 109 - Outpatient Mental Health & Substance Services	Keep	BHCC
AB 109 Full Service Partnership (FSP)	Keep	BHCC
Behavioral Health Court/Coordinator Services	Enhance	BHIA
Blue Sky Wellness Center	Keep	WRRS
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS
Child Welfare Mental Team/Katie A Team	Keep	BHIA
Children & Youth Juvenile Justice Services - ACT	Enhance	BHCC
Children Full Service Partnership (FSP) SP 0-10 Years	Enhance	BHCC
Children's Expansion of Outpatient Services	Keep	BHCC
Children's Outpatient Services Co-Occurring	Keep	BHIA
Community Garden	Keep	CCDP
Community Response/Law Enforcement* Crisis Acute Care - Law Enforcement Field Clinician (LEFC)	Enhance	BHIA
Consumer/Family Advocate Services	Keep	WRRS
Co-Occurring Disorders Full Service Partnership (FSP)	Enhance	BHCC
Crisis Residential Treatment Construction - Building New Crisis Treatment	Enhance	IS
Crisis Stabilization Voluntary Services	Keep	BHCC
Cultural Based Access Navigation Specialists (CBANS)	Keep	CCDP
Department of Rehabilitation (DOR) – Supported Employment & Education Services (SEES) contract match	Keep	WRRS
Enhance Rural Services-Full Services Partnership (FSP)	Enhance	BHCC
Enhance Rural Services-Outpatient/Intense Case Management	Enhance	BHCC
Enhanced Peer Support	Keep	WRRS
Family Advocate Position	Keep	WRRS
First-Onset Team	Keep	BHCC

Program (Listed Alphabetical Order)	Status of Program	DBH Work Plan
Flex Account for Housing	Keep	WRRS
Functional Family Therapy	Enhance	BHCC
Holistic Cultural Education Wellness Center	Keep	CCDP
Housing - Master Leasing	Keep	WRRS
Housing Supportive Services	Keep	WRRS
Information Technology* (Information Technology – Avatar)	Enhance	IS
Integrated Mental Health Services at Primary Care Clinics	Enhance	BHIA
Integrated Wellness Activities	Keep	WRRS
K-12 - School Based	Keep	WRRS
Living Well Program	Keep	CCDP
Medications Expansion	Keep	BHCC
MHSA Staffing Administration	Keep	IS
Multi-Agency Access Point (MAP)	New	BHIA
Older Adult Team	Keep	BHCC
Perinatal	Keep	BHCC
Prevention Services for Children - Sub Abu	Keep	WRRS
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS
RISE	Keep	BHCC
School Base Services	Keep	BHCC
Sierra Community Health - Acquisition of new property	Enhance	IS
Suicide Prevention/Stigma Reduction	Keep	WRRS
Supervised Overnight Stay	Keep	BHIA
Therapeutic Child Care Services	Keep	WRRS
Transitional Age Youth (TAY) - Department of Behavioral Health	Keep	BHCC
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Enhance	BHCC
Transportation Access	New	BHIA
Urgent Care Wellness Center (UCWC)	Keep	BHIA
Vista	Enhance	BHCC
Youth Empowerment Centers	Keep	WRRS
Youth Wellness Center* (Children's Mental Health- New Front Door)	Enhance	BHIA

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

- The County of Fresno MHSA expenditure plan for FY 2016-17 is $47,640,925. This amount includes expenditure plans for each of the five MHSA components listed below.
-

- **MHSA Expenditure Plan for FY 2016-17 by Component – Summary**

Funding	FY 2016-17 Budgeted Expenditures		
Community Services and Support (CSS)	$	28,805,100	60%
Prevention and Early Intervention (PEI)	$	9,718,000	20%
Innovation (INN)	$	3,573,800	8%
Capital Facilities and Technological Needs (CFTN)	$	3,855,625	8%
Workforce Education and Training (WET)	$	1,688,400	4%
TOTAL	**$**	**47,640,925**	**100%**

- This is an overall net decrease of $520,398 from the FY 2015-16 MHSA Three-Year Program and Expenditure Plan as a result of discontinued programs, and one-time expenditures which occurred in FY 2015-16. Additionally, Welfare & Institutions Code (W&IC) Section 5847(b)(7) requires each county establish and maintain prudent reserves to ensure program sustainability in years that MHSA revenues are below recent averages.

Funding	Current Balance	
CSS Prudent Reserve	$	34,082,350
PEI Prudent Reserve	$	14,331,225
TOTAL	**$**	**48,413,575**

- The County of Fresno Prudent Reserve balance is $48,413,575. 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 Annual Update Budget Summary section for a complete listing of all MHSA funded programs such as Supportive Housing Project, CalMHSA Joint Powers of Authority, Central Valley Suicide Prevention Hotline, CalHFA and the County's continued commitment to Statewide Prevention Early Intervention (PEI) projects. Modifications made to program allocations are based on input from the Community Program Planning Process and/or Administrative Team.

MHSA Community Program Planning Process Defined

As a function of the State-mandated MHSA requirements for completing annual updates to the County of Fresno's approved Mental Health Services Act (MHSA) Three-Year Plan, the Community Program Planning Process (CPPP) was developed to coordinate the collection and analysis of stakeholder input; to solicit stakeholder input as possible solutions to stakeholder identified problems, gaps and challenges; to determine support for or against existing efforts; and to generate feedback regarding the plan's annual update, which is written as informed through the stakeholder process. All of these aspects of the CPPP were carefully coordinated through a planning process designed to include four levels of stakeholder participation. The purpose of the four levels of the CPPP is to ensure that stakeholders are sufficiently engaged in and are provided ongoing and comprehensive opportunities for input into the County's MHSA Three-Year Plan Annual Update so that we most appropriately meet the needs of our diverse communities by having the benefit of their perspectives.

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

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

Through the Department's *Planning, Prevention and Supportive Service* (PP&SS) Division, a workgroup was formed in January, 2016 to begin developing the strategy for the MHSA CPPP. A plan with a timeline was developed that included 4 essential levels:

- Level 1- Outreach, Engagement, and Data Collection
- Level 2- Community Stakeholder meetings for Problem Solving
- Level 3- Prioritize input, draft plan and hold 30 day public review and comment
- Level 4- Public hearing, Board of Supervisors, OAC Approval

Level 1 CPPP Outreach, Engagement and Data Collection

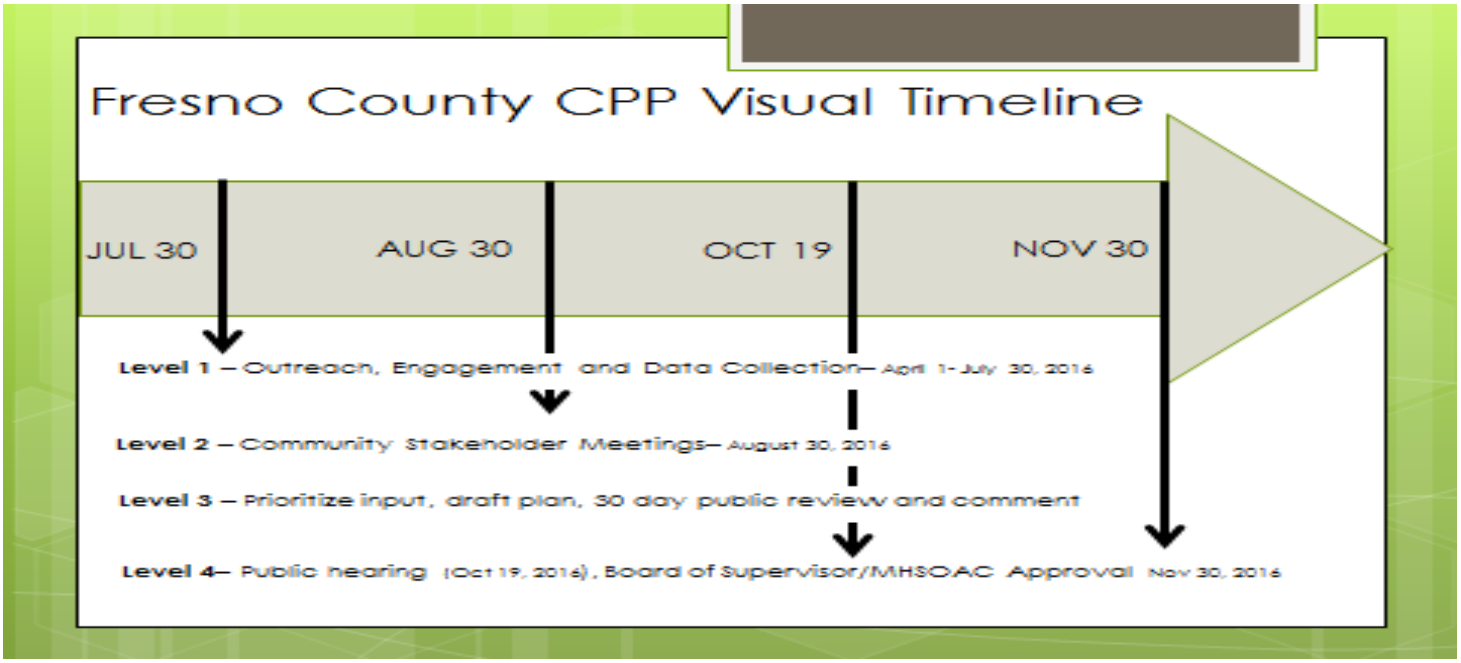

FIGURE 1. CPPP LEVELS AND TIMELINE

Level 1 Outreach, Engagement and Data Collection was accomplished through a process in which the Department leveraged its network of contracted providers, community-based organizations and affiliated agencies throughout the County. The purpose of level 1 was to engage and educate community stakeholders on the MHSA CPPP through presentations made at existing meetings with a nexus to behavioral health and related concerns (community-based meetings, monthly provider/contractor meetings, Behavioral Health Board, and City Council meetings, among others). During these meetings the Department also made requests to various partner agencies and community affiliates to assist the MHSA CPPP through the distribution and collection of two survey tools designed to meet two discreet purposes, 1) to measure the level of stigma and attitudes towards mental illness in our communities, and 2) to identify service gaps and ongoing challenges in our communities. These surveys are the *Community Attitudes Survey* and the *Community Access Survey*, respectively.

Demographic Outreach of the CPPP, Level 1

Additionally, the Department conducted targeted focus groups using the same questions found on the Community Access Survey. Focus Groups were conducted in a geographically diverse spread, including the following sites in Fresno County, as indicated on Figure 2. :

• Prather	• Reedley	• Orange Cove	• Huron
• Riverdale	• Firebaugh	• Mendota	

Additionally, Focus Groups targeted diverse populations throughout the county, including the following target audiences:

• Supportive Education and Employment Services (SEES) program for clients	• 2 TAY Group: 1) Holistic Cultural Education and Wellness Center satellite site, 2) TAY Center through Kingsview
• Quality Improvement Division of the Department	• WestCare "The Living Room"—and HIV/SUD population
• SMART Model of Care Partner Oversight Committee	• Three sites of our Permanent Supportive Housing
• Peer Support Services and their clients	• Fresno Unified School District
• Attendees at the Behavioral Health Board	• NAMI Fresno- Parent and Family Group

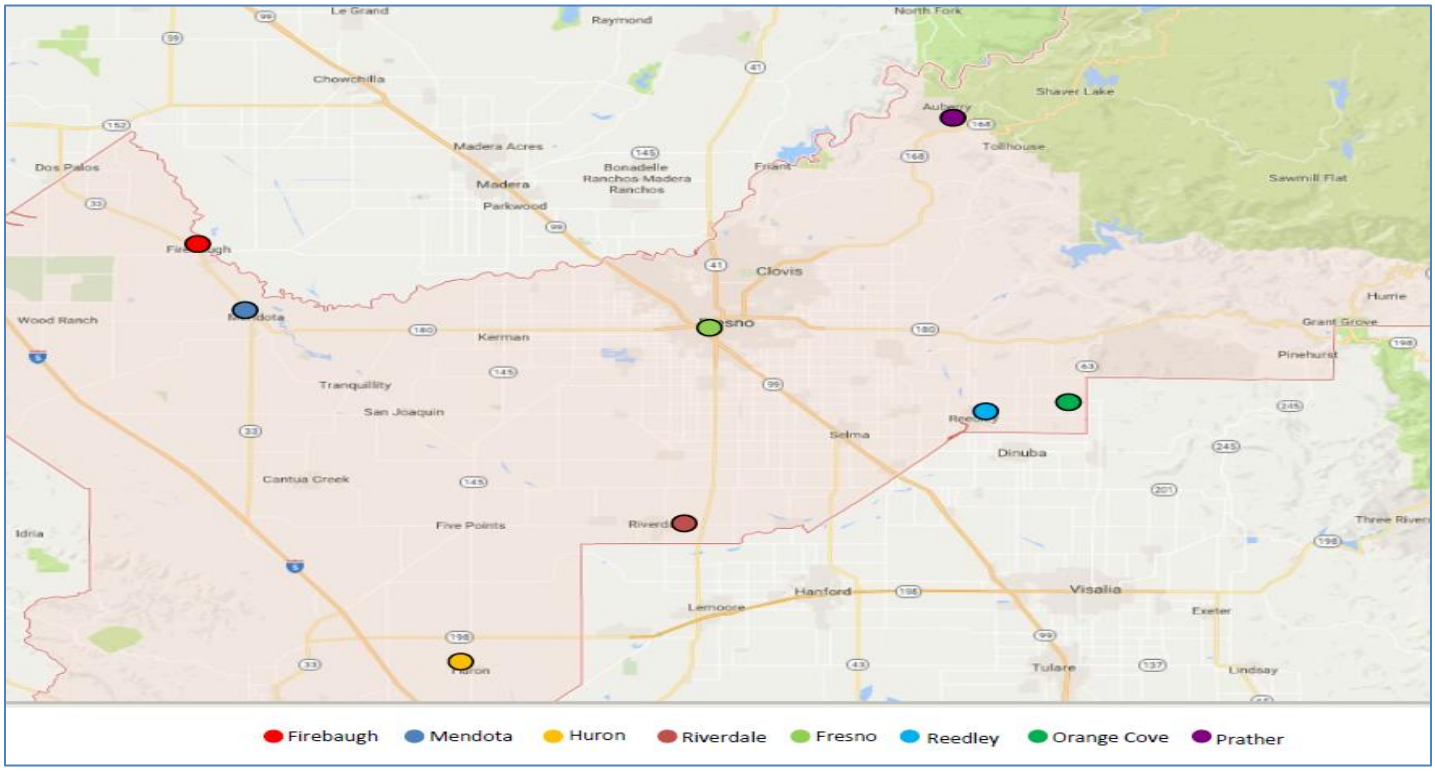

FIGURE 2. LOCATIONS OF TARGETED CPPP FOCUS GROUP

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

White	34.52%
African American/ Black	9.37%
Hispanic/ Latino	42.59%
Punjabi	1.19%
Middle Eastern	0.59%
American Indian/ Alaskan Native	4.15%
Family Member/ Consumer/ Client	5.10%
LGBTQ	3.20%
Asian	15.78%

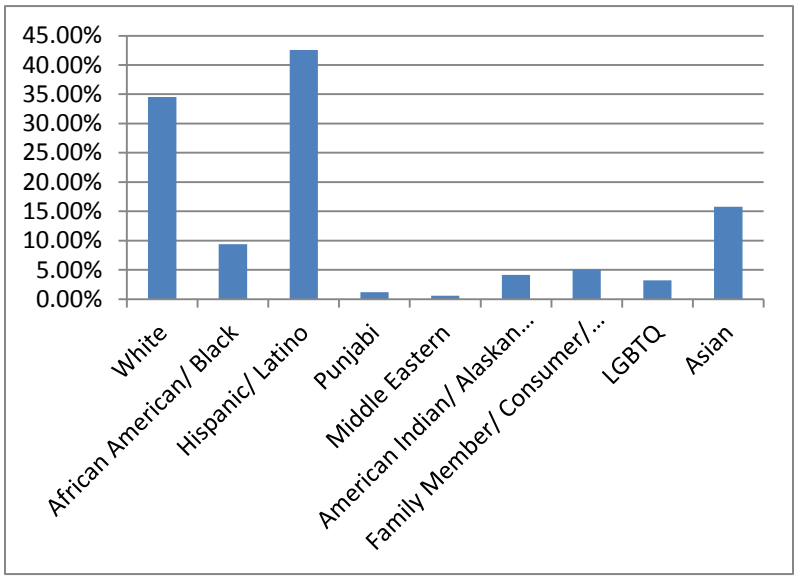

FIGURE 3. CULTURAL COMPOSITION OF CPPP LEVEL 1

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

Included also are the percentages of respondents who identify as rural and urban residents.

Rural	27.26%	169
Urban	72.74%	451
		620

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

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

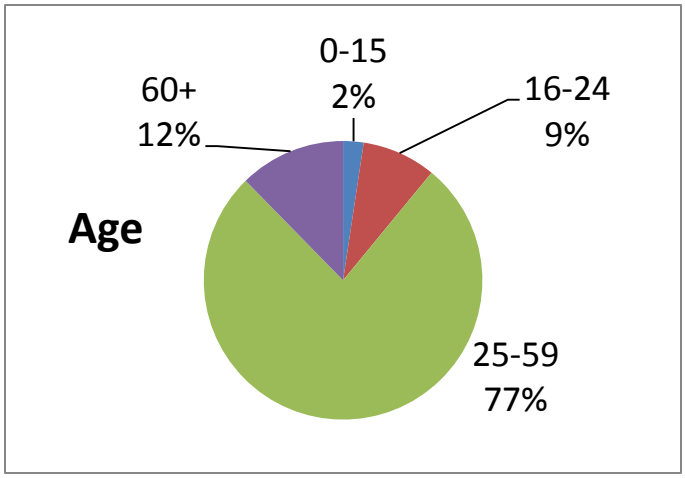

FIGURE 4. CPPP LEVEL 1 AGE OF RESPONDENTS

Community Attitudes Survey

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

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

The following is a breakdown of the results of the Community Attitudes Survey, which provides the Department with a baseline stigma measurement that can be utilized over time to measure changes in attitudes around mental illness. Question 1 concerns attitudes around the concept of "mental health", as in the conceptually related term "physical health". Interestingly, stigma associated with mental illness spills into the concept of mental health, such that, while 82% of the respondents held a positive attitude, 18% however, held negative or neutral views of mental health. This indicates a need to target education in our communities on the concept of mental health and how to make mental health a conscious part of daily living.

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

Community Access Survey

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

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

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

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

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

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

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

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

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

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

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

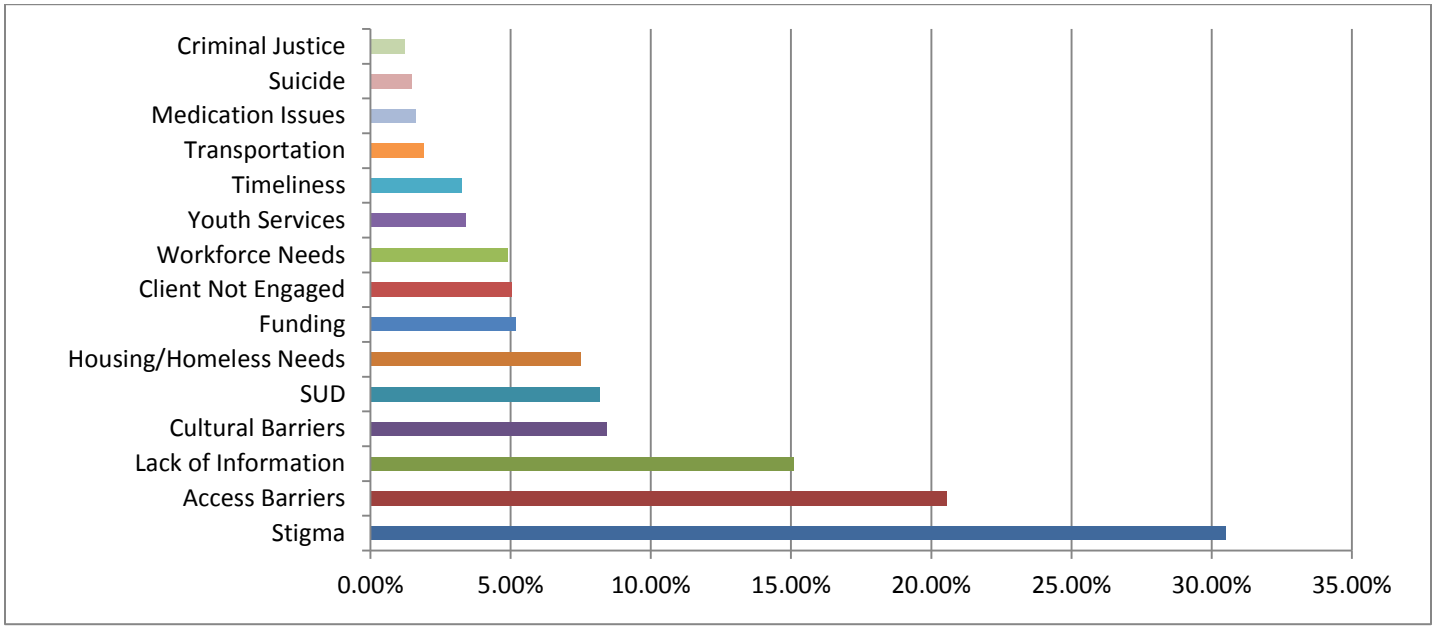

FIGURE 5. COMMUNITY MENTAL HEALTH PROBLEMS

Level 2 CPPP Community Stakeholder Meetings

The purpose and goals of the second level of the CPPP include presenting the results of the CPPP Level 1 stakeholder data collection and analysis to our stakeholders through a series of eight geographically dispersed Community Stakeholder Meetings throughout the month of August, 2016, and soliciting solution-based ideas on how to address the ongoing challenges in our communities

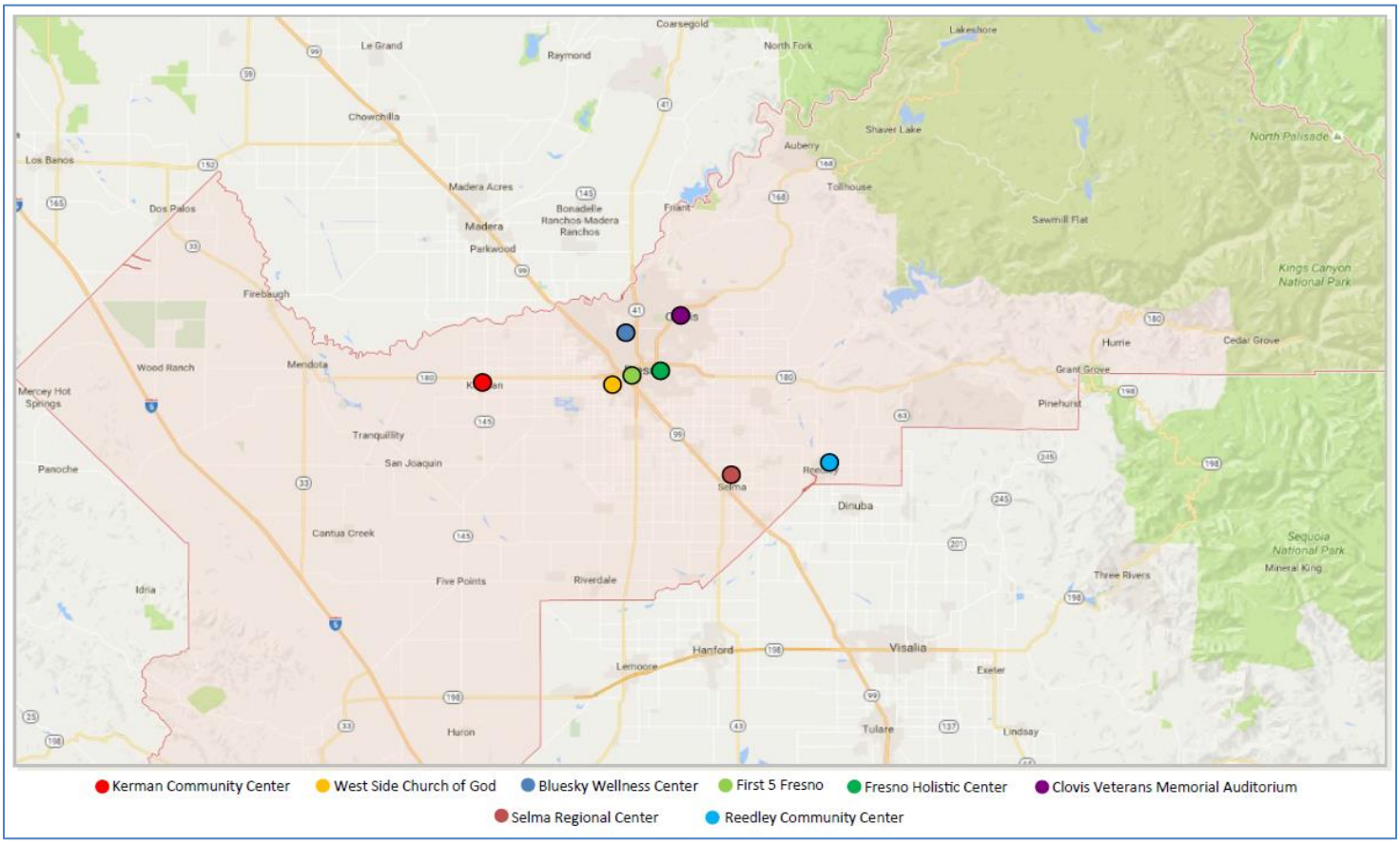

FIGURE 6. CPPP COMMUNITY STAKEHOLDER MEETINGS

Figure 6 provides a map of the locations of the eight Community Stakeholder Meetings held. These meetings were held at specific sites with the intent of anticipating participation at each of these by specific stakeholder populations. It is important to point out that all stakeholders were invited and encouraged to participate at any of these meetings. Each of these meetings was advertised in newspapers around the County, as well as through public postings, local radio announcements, emails, flyers, and outreach to contracted providers to share and encourage attendance from throughout the County.

As noted, the selection of the meeting sites was predicated on the population either served at or frequented by specific populations, professional affiliations, and community connections to behavioral health services. The following is the list of sites and dates/times of the Community Stakeholder Meetings.

- Clovis: Thursday August 11, 2016 5:00pm - 7:00pm **Clovis Veterans Memorial Auditorium**
- Fresno: Friday August 12, 2016 1:30pm - 3:30pm **Fresno Holistic Center**
- Selma: Tuesday, August 16, 2016 2:30pm - 4:30pm **Selma Regional Center**
- Fresno: Thursday, August 18, 2016 2:30pm - 4:30pm **Blue Sky Wellness Center**
- Fresno: Tuesday, August 23, 2016 3:00pm – 5:00pm **First 5 Fresno**
- Fresno: Wednesday, August 24, 2016 3:00pm – 5:00pm **West Side Church of God**
- Kerman: Thursday, August 25, 2016 1:30pm - 3:30pm **Kerman Community Center**
- Reedley: Tuesday, August 30, 2016 3:00pm – 5:00pm **Reedley Community Center**

The meeting in Clovis anticipated a higher percentage of attendees from law enforcement, education and clients/family members. The meeting in Fresno at the Holistic Center anticipated most participants to be from families, clients, advocates and providers from the Southeast Asian, Latino and Punjabi communities. The Selma meeting anticipated social service workers, clients, families, and rural community residents. The meeting at Blue Sky anticipated a larger percentage of clients, family members, advocates and behavioral health providers. The meeting at First 5 Fresno anticipated children's service providers, family members, criminal justice professionals, and other County staff. The meeting at the Westside Church of God anticipated attendees who represented the faith-based community, African Americans, clients and their families. The meetings in Kerman and Reedley anticipated rural community residents, Hispanic/Latino community members, rural behavioral health providers and primary care (FQHC) providers. In reality, there was a diverse population at each of these meetings.

Each of the Community Stakeholder Meetings was scheduled for up to two hours in length. Snacks and water were provided at each meeting. The format of the meetings included an agenda, with welcoming remarks from the Director or Deputy Director of the Department. The core of the meetings was devoted to soliciting stakeholder attendee feedback in the form of brainstorming recommendations and solutions to address each of the biggest mental health problems faced in the County's diverse communities, as determined through CPPP Level 1 data collection.

At each meeting, and as a lead-in to the brainstorming session, stakeholder attendees received an overview of the status of the approved Three-Year Plan implementation, as well as a power point presentation that provided an overview of the CPPP Level 1 data collection methodology and data analysis, as described in the section above. Attendees were then presented with the most frequently stated problems from the CPPP Level 1 data collection. An additional category of "other" was included in the brainstorming session to allow for additional challenges/solution-based ideas any stakeholder wanted to express, but that perhaps did not fit into the most frequently stated problems presented. Moreover, attendees were encouraged to discuss any problems (see Figure 5.) that they felt warranted consideration, regardless of the number of data points from CPPP Level 1. Large, self-stick easel pad sheets were posted on a central and visible wall at each meeting venue, with each of the six most frequently stated community problems, plus "other", written across the top of separate pads. The headings were written as follows:

1. Stigma
2. Access Barriers
3. Lack of Information
4. Cultural Barriers
5. Substance use Disorder
6. Homelessness/Housing
7. Other

The brainstorming session was then facilitated using these self-stick easel pads to record stakeholder discussions of possible solutions, ideas and concerns related to each of the problems. While note takers summarized and recorded the stakeholder input from these sessions on the self-stick easel pads, attendees were also encouraged to use a blank CPPP response form to provide additional input that they wanted to provide. In this way, all attendees were given ample opportunities to provide input, either verbally and/or anonymously and in writing. In addition to both the presentation and overview of CPPP Level 1 data collection and analysis of the results, as well as the solution based idea brainstorming, attendees also received a brief power point presentation on basic features of the Drug MediCal Waiver process. Since the Drug MediCal Waiver stakeholder process coincides with the CPPP, the Department deemed it prudent to leverage CPPP Community Stakeholder Meetings to share relevant information about the waiver, while also minimizing the potential for meeting fatigue among our stakeholders. Approximate 40 attendees, on average, were present at each stakeholder meeting.

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

Data collected through all of the CPPP Level 2 Community Stakeholder Meetings was concatenated into a single excel spreadsheet and prioritized by their frequency of having been stated by the stakeholders. Recommendations recorded under "other" actually corresponded to one of the other six problem headings and were recorded thusly in the data tables. The methodology for prioritization includes analyzing the concatenated data based on categories of solutions or recommendations into which they naturally fit and that could most appropriately address a given problem, e.g. *expansion of services, outreach and engagement, more housing,* etc. The types of solutions and recommendations were trended through sorting for the percentage of the data that fit into a solution category. The rationale for this approach was to identify the recommendations that garnered the highest degree of agreement across stakeholders. Please note that no recommendation was excluded and each and every recommendation fit into a solution category.

The prioritized stakeholder solutions to the community identified problems are presented using the following CPPP Level 3 Data Prioritization tables, which identify each community problem learned through CPPP Level 1, and the solutions derived through stakeholder input in CPPP Level 2, along with the percentage score for the solution category relative to the total of all solutions offered. Beneath that is the *Summary of Stakeholder Recommendations.*

The Summary of Stakeholder Recommendations is designed to guide the Three-Year Plan Annual Update. This format presents the solutions in a manner that is consistent with the stakeholder input gathered from CPPP Level 2 to address the specific problems identified through CPPP Level 1, while in a concise format for development of the Annual Update's work plan. Not all solutions can be implemented, while many solutions overlap with existing efforts. Some solutions to problems are obvious, but are constrained by factors beyond local control, such as workforce shortages, Federal law, and funding limitations, among other obstacles. Nevertheless, the Annual Update will address a significant number of the stakeholder identified problems through implementation of stakeholder solutions provided through the CPPP.

CPP Level 1 Community Problem	CPP Level 2 Stakeholder Solution Categories	Score
STIGMA	Outreach and Engagement	33.85%
	Target Population	32.31%
	Media Messaging	16.92%
	Client-centered Messaging	9.23%
	MHFA Training	7.69%
		100.00%
Summary of stakeholder recommendations: Existing MHSA stigma reduction activities are in alignment with stakeholder recommendations for providing community-wide outreach and engagement on mental health and stigma, as well as on suicide prevention; to targeting underserved and unserved communities with culturally appropriate messaging and navigation tools; providing Mental Health First Aid training widely throughout our communities; leveraging MHSA Statewide PEI program resources to work with school age children and youth (EMM, Walk-In-Our-Shoes, Directing Change, etc.); working with law Enforcement and other first responders on stigma and discrimination; and working with clients and their families on stigma, wellness and recovery, and to develop specific strategies, such as a speakers' bureau to provide opportunities for those in recovery to share their experiences, as a vehicle to address stigma.		
CPP Level 1 Community Problem	**CPP Level 2 Stakeholder Solution Categories**	**Score**
ACCESS BARRIERS	Expansion of Adult/Children's Services/Rural Services	52.33%
	Integration-- Primary Care/SUD/Co-Occurring	16.28%
	Information to Guide Access	13.95%
	Transportation to Services	6.98%
	Criminal Justice Partnership	4.65%
	MAP	3.49%
	HIPAA changes	2.33%
		100.00%

Summary of stakeholder recommendations: The majority of stakeholder responses recommended expansion of current service levels and to expand or develop new services in the rural areas. The recommendations from the stakeholders for expansion of services included specific requests for hiring more staff, providing more funding to contracted providers to grow their programs, and address caseload and timeliness issues. Stakeholder suggestions for developing greater integration of mental health, substance use disorder treatment and primary care services are separated out as a group, but could also be understood within the context of expanding existing services. Many features of the integration of SUD services with mental health services will likely be addressed through the system changes to be developed through the Drug MediCal Waiver. Additional recommended solutions include more funding for transportation to sites where services are provided, partnering more with criminal justice, and developing Multi Agency Action Program solutions. Suggestions to changes HIPAA laws are not feasible, given the fact that it is Federal law that requires legislative action not within the purview of the Department-- though, these issues can be addressed through improving communication and information to clients and their families, as will be evident in the summary of recommendations under "Information Needs".

CPP Level 1 Community Problem	CPP Level 2 Stakeholder Solution Categories	Score
INFORMATION NEEDS	Information specific to Accessing Services	45.21%
	Outreach and Engagement on Accessing Services and other Resources	32.88%
	Information specific to Wellness and Recovery	10.96%
	Information for families specific to navigating HIPAA	4.11%
	Information for the Criminal Justice System	4.11%
	Utilization of a Speaker's Bureau for Disseminating Information	2.74%
		100.00%

Summary of stakeholder recommendations: The majority of recommendations to address information needs were focused on providing accurate, comprehensive information in a manner that is easy to read and obtain, and that lays out how an individual can access services. Stakeholders noted significant confusion about what to do and how to access services and made recommendations such as providing clear resource documentation about eligibility and where to go/what to do to receive services. Other suggestions include utilizing social media for disseminating resource information and information about available programs and how to access them. Related to this are suggestions to conduct outreach and engagement with targeted communities to ensure access information is provided to the community, including information and approaches that are culturally appropriate. Stakeholders also suggested development of materials with specific information about wellness and recovery to be shared with clients and family members-- and to develop a resource specialist who can work directly with families through a crisis event. Additional requests were made for providing more information to families on understanding and navigating the HIPAA laws with solutions for addressing Release of Information authorizations well in advance of a crisis event or hospitalization of an adult loved one living with a mental illness. Recommendations were also made for providing more accurate and pertinent information to the criminal justice system. Related to stigma, a few recommendations were made for developing a speakers' bureau that would promote opportunities for individuals with lived experience to share their experiences and knowledge about the system of care with a variety of audiences.

CPP Level 1 Community Problem	CPP Level 2 Stakeholder Solution Categories	Score
CULTURAL BARRIERS	Outreach and Engagement specific to Diverse Populations	48.94%
	Workforce Development for Building Culturally	31.91%
	Expansion of Culturally Appropriate Services	8.51%
	Improve Interpretation Services	6.38%
	Training for County staff in fundamentals of Cultural Humility	4.26%
		100.00%

Stakeholder recommendations include continuing outreach and engagement activities that are specific to the County's diverse populations; to develop a workforce that reflects the linguistic and cultural characteristics of the communities that are served; to expand services that are culturally appropriate and targeted to specific populations; improving translations and interpretation services, including paying interpreters mileage, and increasing funding for providers to pay for use of interpreters. Stakeholders understand the challenges in building a workforce that is bilingual and/or bicultural, and so recommendations were also made to train current staff in fundamental skills of cultural humility. Suggestions also included working with high schools, colleges and universities to encourage career development in a behavioral health field.

CPP Level 1 Community Problem	CPP Level 2 Stakeholder Solution Categories	Score
HOUSING/HOMELESSNESS	More Housing	50.00%
	Expansion of services, including supportive services	26.19%
	MAP	23.81%
		100.00%

Summary of stakeholder recommendations: Stakeholders coalesced around three fundamental solutions to the housing and homelessness challenges. Half of the stakeholder recommendations included developing more housing options, including implementing a full spectrum of the types of housing to meet the needs of our clients and others living with mental illness and substance use disorder. Recommendations include developing sober living facilities, improving the quality and quantity of room and board facilities, and to develop permanent supportive housing that also includes job development, job placement and job coaching, so that individuals in recovery can thrive in their permanent home. Stakeholders made recommendations to expand services at housing sites, such as room and board facilities, to include case management, socialization, and for addressing co-occurring needs at housing sites. A significant number of stakeholders also recommended implementation of the Multi Agency Access Program and identified specific areas within the program that need to be addressed, including meeting eligibility criteria, and shoring up the challenges that exist in rural areas of the County.

CPP Level 1 Community Problem	CPP Level 2 Stakeholder Solution Categories	Score
SUBSTANCE USE DISORDER	Integration of Substance Use Disorder and Mental Health Treatment	48.15%
	Expansion of Services	25.93%
	Prevention	14.81%
	Housing Specific to the SUD Population	11.11%
		100.00%

Summary of stakeholder recommendations: Stakeholder recommendations similarly coalesced around a limited number of fundamental solutions to Substance Use Disorder challenges, including integration of treatment services for substance use disorders and mental illness, with specific recommendations for expanding co-occurring treatment in urban and rural areas; working with allied groups and programs, such as sobriety individual and family support groups; and stigma reduction campaigns targeting stigma against individuals living with a substance use disorder. Stakeholders also recommend developing prevention and early intervention strategies specific to substance use, including addressing alcohol consumption and prescription medication abuse. As part of the CPPP Community Stakeholder Meetings, attendees were provided a basic overview of the features of the Drug MediCal Waiver which are designed to address many of the needs and features of an integrated system of care.

County Demographics

County Profile

Founded in 1856, Fresno County is located near the center of California's San Joaquin Valley which, together with the Sacramento Valley to the north, from the Great Central Valley, creating one of the distinct physical regions of the state. The Coast Range foothills, which form the county's western boundary, reach a height of over 4,000 feet near Coalinga while some peaks along the crest of the Sierra Nevada, the county's eastern boundary, exceed 14,000 feet. The Valley floor in between is fifty to sixty miles wide and has an elevation near the city of Fresno of about 325 feet. (Environment of Fresno County, Fresno County Planning Dept., 1975)

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

Demographics

As of July 1, 2016, Fresno County is estimated to be populated with 976,043 people. In comparison Fresno County to the other 58 counties, Fresno County is ranked at number 10 in population size with a population growth rate of 0.77% during 2010-2015, an average household income of $67,602, a total households of 299,586, and an average household size of 3.2. [1]

Population Estimate (as of July 1)

Fresno County, California [2]	April 1, 2010 Census	Estimates Base	2010	2011	2012	2013	2014	2015
	930,450	930,452	932,462	940,971	947,713	955,217	964,983	974,861

According to the U.S. Census Bureau, for 2014 of 2010-2014 American Community Survey 5-Year Estimates, male population was estimated at 49.9% and female at 50.1%, population of one race at 95.8%, and two or more races at 4.2%. [3]

2014 of 2010-2014 American Community Survey 5-Year Estimates [3]	
Hispanic or Latino (of any race)	51.20%
White alone	31.60%
Black or African American alone	4.80%
American Indian and Alaska Native alone	0.50%
Asian alone	9.50%
Native Hawaiian and Other Pacific Islander alone	0.10%
Some other race alone	0.20%
Two or more races	2.00%

[1] http://california.hometownlocator.com/ca/fresno/
[2] http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF, Source: U.S. Census Bureau, Population Division
[3] http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF, Source: U.S. Census Bureau, Population Division

Threshold Languages

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

Population Served

In Fiscal Year 2015-2016, Fresno County Department of Behavioral Health served 25,736 clients of the following ethnicity as identified in accordance with State Department of Health Care Services reporting requirements:

Clients Served By Racial/Ethnic Group	**Fiscal Year**					
	2010/2011	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**	**2015/2016**
African American	2,305	2,513	2,956	3,134	3,205	3,207
Asian/Pacific Islander	1,139	1,214	1,282	1,306	1,287	1,320
Caucasian/White	5,365	5,601	6,370	6,820	6,990	6,992
Latino	7,501	8,086	9,853	11,080	11,644	12,096
Native American	179	186	229	228	224	249
Other Ethnicity	877	709	687	647	638	748
Unknown Ethnicity	274	327	374	882	1,071	1,124
Total Clients Served	17,640	18,636	21,751	24,097	25,059	25,736

Disparities

According to California Poverty by County, 2011-2013, the California statewide poverty rate was at 16.23%, and Fresno County was at 27.07%. [4]

Work Plan # 1
Behavioral Health Integrated Access
Table of Programs

*= New Program Name

Status of Program	Program	Type of Funding	Contracted or Internal
Keep	Child Welfare Mental Team/Katie A Team	PEI	Internal
Keep	Children's Outpatient Services Co-Occurring	CSS	Contracted
Keep	Supervised Overnight Stay	INN	Contracted
Keep	Urgent Care Wellness Center (UCWC)	CSS	Internal
Enhance	Behavioral Health Court/Coordinator Services	CSS	Contracted
Enhance	**Community Response/Law Enforcement*** Crisis Acute Care - Law Enforcement Field Clinician (LEFC)	PEI	Contracted
Enhance	Integrated Mental Health Services at Primary Care Clinics	PEI	Internal & Contracted
Enhance	***Youth Wellness Center**** (Children's Mental Health- New Front Door)	CSS	Internal
New	Multi-Agency Access Point (MAP)	PEI	Contracted
New	Transportation Access	CSS	Internal & Contracted

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PEI Work Plans, Progress Updates and Proposed Changes

☒ Early Intervention

Project Identifier: PEI4318

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

Date Started: 4/6/2007

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

Program Update:

The enhancement communicated and approved in the Three-Year Plan has been completed. Prior approval and funding, along with further assessment of capacity identified the need for a Senior Licensed Mental Health Clinician (SLMHC) specializing in Level 14 placements. Due to collaboration with Dept. of Social Services and leveraging of current staff engaged in this level of care, a clinician position was reassigned into the team. This positon is able to complete the following client/ family centered services: Level 14 assessments, presenting placement requests at the Interagency Review Placement Committee, assist with group home placement decisions, conduct site visits of new facilities, perform quarterly onsite visits of clients and group home staff, review documentation of services to monitor quality and approve payment for services billed, and perform Medi-Cal site certification of Level 14 group homes. With the current team of 10 FTE County Employees, staff are designated to process mental health assessment referrals requested by Child Welfare Social Workers (averages 180/month), perform data entry, send referral packets to 1 of 4 contracted providers, assist with scheduling teaming meetings for the clients monitored by the clinicians, scan treatment recommendations, discharge and other duties as assigned.

The Placement clinician currently allocates half-time to this work and the other time is spent providing clinical case management and participation in Intensive Care Coordination meetings for clients identified as Katie A. subclass members.

The Child Welfare Mental Health team program is complex, has multiple agency collaboration and the primary function is to team with DSS social workers and contracted providers to provide a mental health lens. Consequently, there is minimal amount of direct services / specialty mental health services that are provided by the program. Therefore, data collection as outlined in this summary sheet cannot be collected and reported. Referrals are reportable activities and are outlined below for FY 15/16:

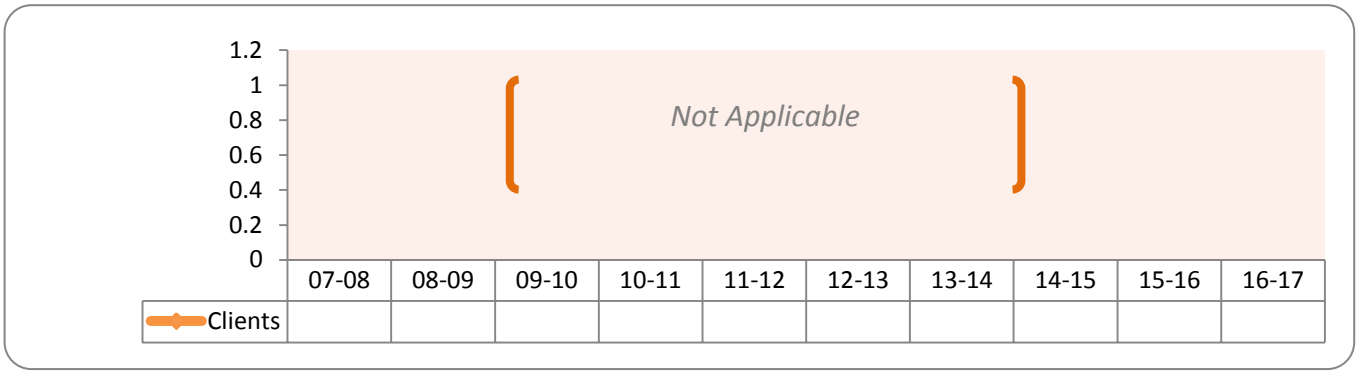
Referrals Received by Age:

0-18	19-64	65+
1373	874	3

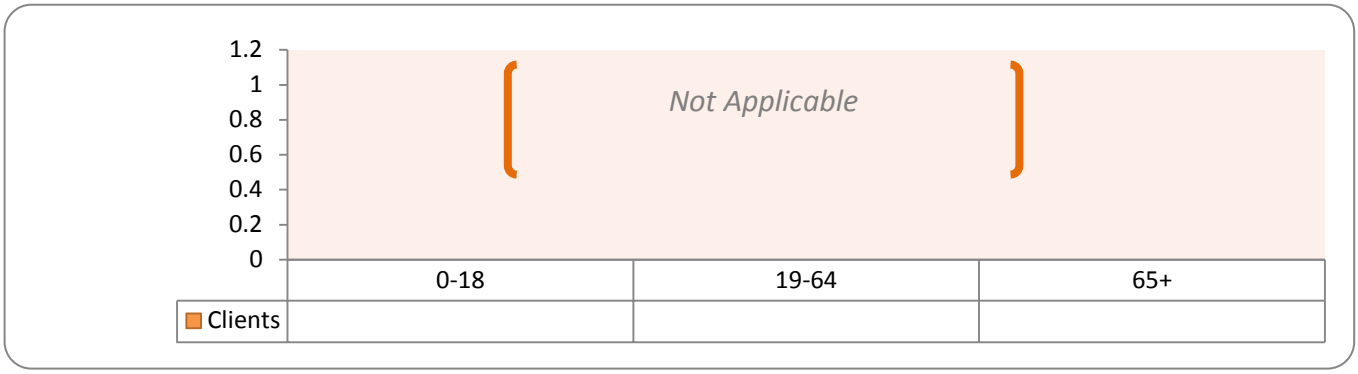
Ages Served in the Program (check all that apply):

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

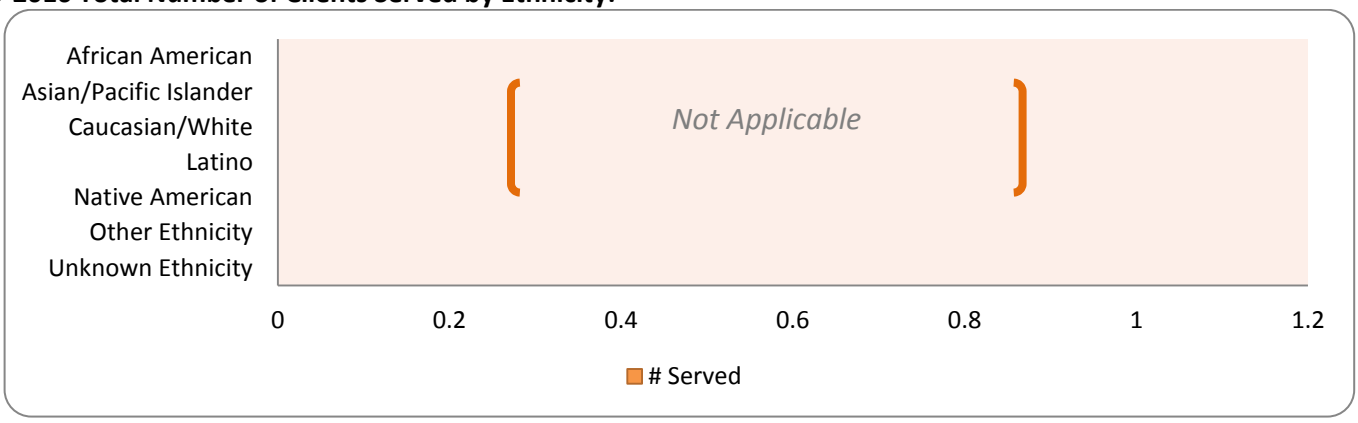
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$683,761.00	**$693,549.00**
Change		

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

Barriers identified by the awarded provided included, but were not limited to:
Co-location in a traditional outpatient setting that operates M –F , 8 to 5 was not conducive for family groups and engagement
Transportation to the services provided during 'traditional' hours
Department and provider were not able to achieve a resolution, provider ended contractual relationship with the Dept. for these services.

Proposed Changes:

Department is committed to an integrated service delivery concept and system of care and will be continuing the review identified barriers and solutions. The work plan continues as stated/approved and will result in pursuit of provider when there have been resolution on the identified barriers.

Performance Outcomes: Not Available at this time.

Intentionally Blank

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4317

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

Date Started: 09/17/2013

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

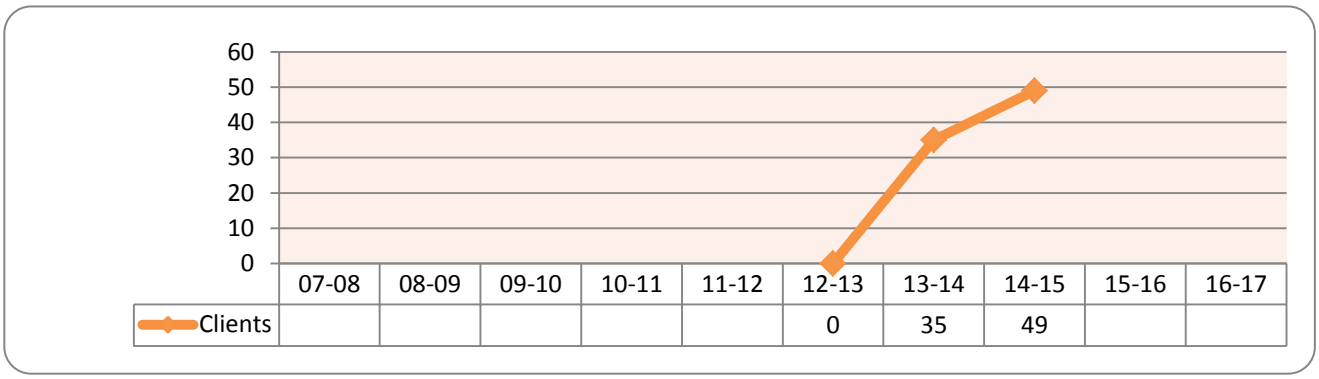
Program Update:

The work plan was initiated with an award to a contract provider in December 2013 and was staffed with one Substance Abuse Specialist (SAS). During the provision of contracted services, plans had included to provide additional training to mental health clinicians to serve dually-diagnosed clients and to provide co-facilitated groups with the SAS. In the course of service provision, awarded provider identified multiple barriers for full integration and use of the services by clients/families serviced by Children's Mental Health. The awarded contract was discontinued in 6/2015.
The model of integrated services In children's outpatient is being re-evaluated to ensure that services in a co-location model can be effectively executed.
Data below is from FY 2014-15.

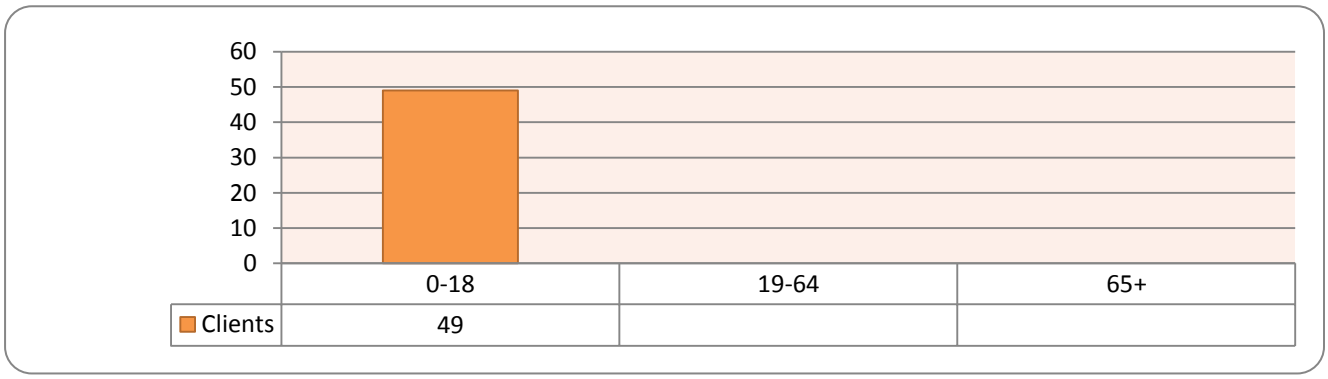
Ages Served in the Program (check all that apply):

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

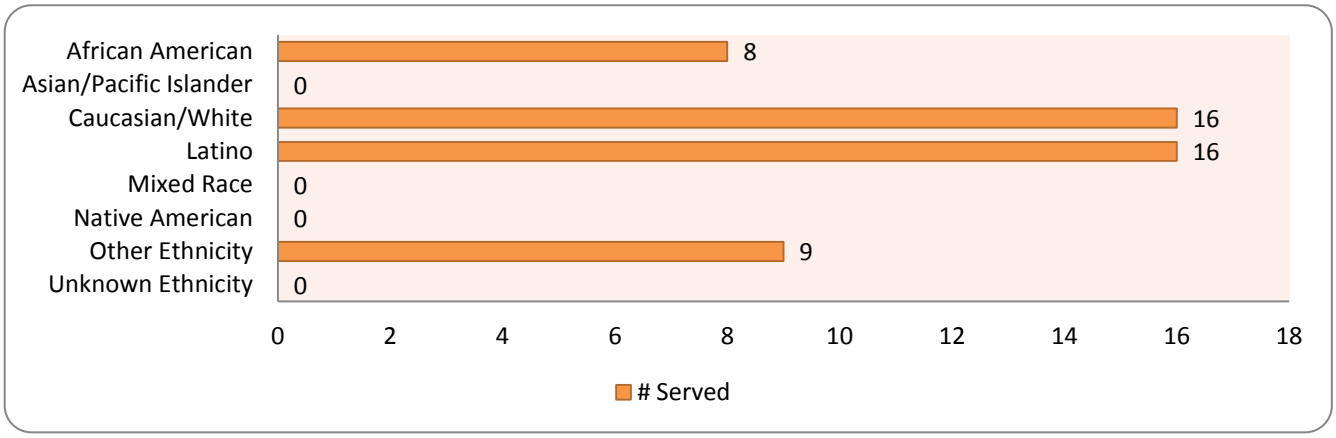
Total Number of Clients Served:



Total Number of Clients Served By Age:



FY 2014-2015 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $504.34

Cost per client is based on actual costs ($24,712.88) and actual number served (49) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$150,000.00	**$150,000.00**
Change		

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

Barriers identified by the awarded provided included, but were not limited to:
Co-location in a traditional outpatient setting that operates M –F , 8 to 5 was not conducive for family groups and engagement
Transportation to the services provided during 'traditional' hours
Department and provider were not able to achieve a resolution, provider ended contractual relationship with the Dept. for these services.

Proposed Changes:

Department is committed to an integrated service delivery concept and system of care and will be continuing the review identified barriers and solutions. The work plan continues as stated/approved and will result in pursuit of provider when there have been resolution on the identified barriers.

Performance Outcomes: January 2014- June 2015
Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Children's/Adolescent Co-Occurring Treatment Program - June 2015

INN Work Plans, Progress Updates and Proposed Changes

Project Identifier: INN4782

Program Name and Provider: Supervised Overnight Stay
WestCare California, Inc. (Contracted Provider)

Date Started: 05/22/12

Program Description: An overnight stay program for adult/older adult mental health clients discharged from local hospital emergency departments and 5150 designated facilities. The program provides overnight stay, clinical response, peer support, and discharge services. Transportation to programs is a key component in successful linkages.

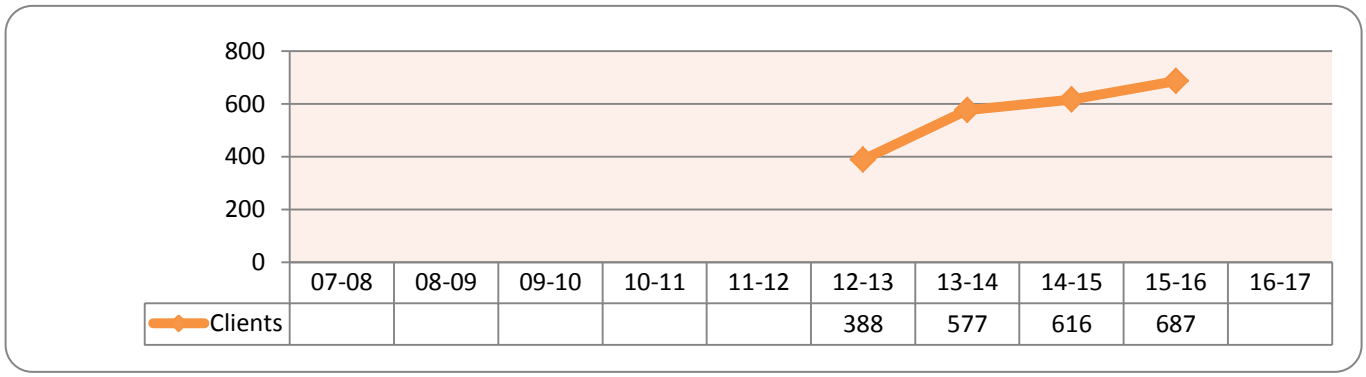
Program Update:

The program began offering services 24-hour/seven-day-a-week in January 2015. Due to the higher number of clients as a result of the expansion, data is now tracked differently to better capture the wider range of services. The program recently began linking people to substance-abuse programs as well as mental-health programs. A new clinician was added in 2015 and continues to provide services for mental health support and crisis stabilization. A mental health ribbon serenity garden was added at the facility in May 2016. In May 2016, additional fields were added to our data collection system to better capture the full range of case management activities. The annual project report which outlined performance measurements was submitted to Oversight and Accountability Commission in December 2015.

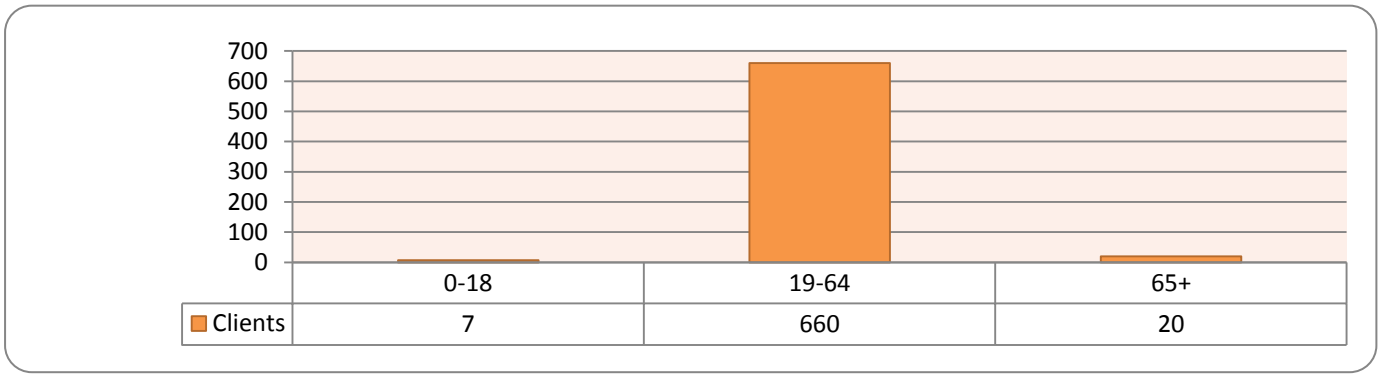
Ages Served in the Program (check all that apply):

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

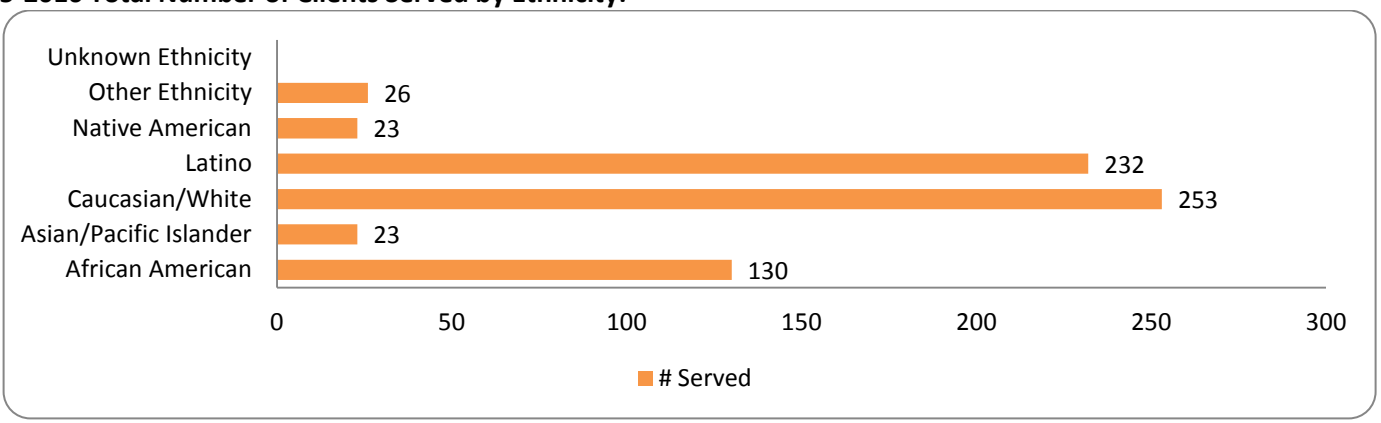
Total Number of Clients Served:



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



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



Total Cost per Client: $1,135.57

Cost per client is based on actual costs ($780,134.14) and actual number served (687) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$819,090.00	**$819,090.00**
Change		

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

- Clients who come in on weekends cannot be linked to services until Monday and are easily lost to follow up when they leave SOS. They are sometimes allowed to layover when it is determined there is a reasonable plan to link on Monday.
- Access to MH services, especially FSPs, is difficult for some clients who are refused access due to prior experiences.
- The program is experiencing a growing number of clients arriving in hospital gowns, and has had to rely largely on clothing donations for these clients.
- Many clients who come to SOS are still considerably impaired at arrival. The SOS MH Clinician intervenes as needed to assess, further stabilize or return client to Exodus when deemed necessary. These accommodations to barriers inherent in the system of care are needed to avoid higher levels of care.
- SOS had all staff trained to complete the VI-SPDAT for housing assistance and program clinician and case managers have developed relationships with Board and Care providers to facilitate housing placements for clients as 80% of clients referred to SOS are homeless.
- Due to the multi-dimensional needs of SOS clients, case management services have broadened to include linkage to services such as detox, SSI, ID cards, housing, payee services, medical services, general relief, HIV testing and peer support.
- Increased outreach to extended family members and attendance at case staffing meetings for clients already linked to FSPs and other MH services has been added to case management expectations.

Proposed Changes:

The program is entering the final year of the contract (expires June 2017). Funding may no longer occur under the Innovation component. As the need for services still exists it is anticipated that the services provided under this program will continue, with possible changes to the design of services; therefore an RFP is anticipated to seek a provider is likely to be released during FY 2016-17.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- SOS – Westcare

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4622

Program Name and Provider: Urgent Care and Wellness Center (UCWC)
Fresno County Department of Behavioral Health

Date Started: June 29, 2009

Program Description: Urgent Care serves clients for up to 90 days; services include but are not limited to, crisis evaluation, crisis intervention, medications, individual/group therapy, and linkage to other appropriate services. Adults ages 18 and older who are at risk of needing crisis service interventions or at risk of homelessness or incarceration and/or frequent users of emergency and crisis services. Referrals are made through local mental health providers, self-referrals, and/or local emergency rooms. Services include triage and access services.

Program Update:

UCWC/Access has continued to develop in the three program areas: 1) access and urgent care, 2) short term treatment/intervention (90 days or less), and 3) wellness center, wellness groups.

The current staffing for the program is:
16 Mental Health Clinicians, 4 Community Mental Health Specialist, and 2 Clinical Supervisors.
This staffing represented the approved enhancements identified in the Three-Year Plan to create an Access component within UCWC.
The short term brief therapy program referenced in the MHSA Three Year Integrated was implemented during the period. Training on a related Evidence Based Practice is outstanding and planned for the next year.
Although clients can call UCWC and walk-in for same day service and the philosophy or "right place, right care, first time" remains, the Mental Health Plan 24/7 Access line has been removed from UCWC/Access and is being operated in conjunction with the Crisis Stabilization Services Program.

UCWC/Access program areas of: 1) Access and urgent care, 2) short term treatment intervention (90 days or less), and 3) wellness center, combine to create a front door system of care that initiates care coordination for clients/families entering the mental health system.

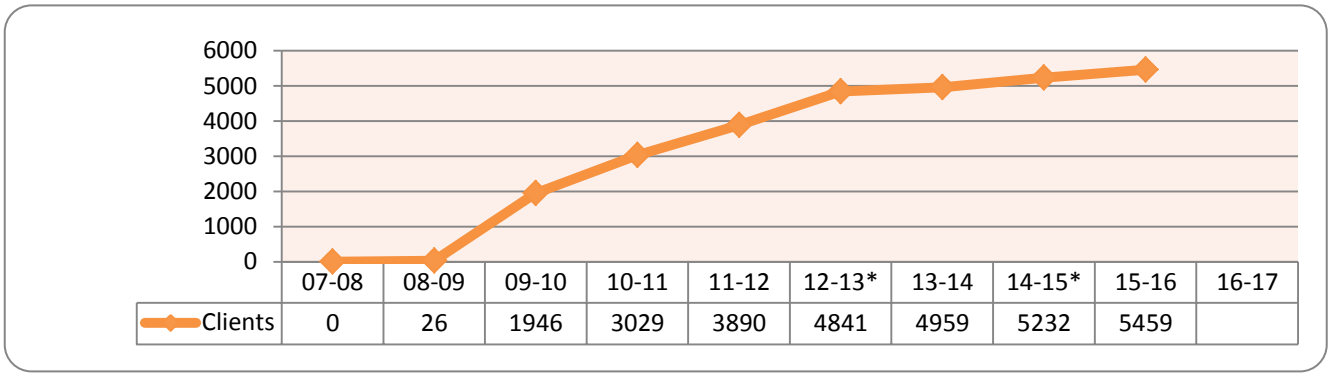
Proposed changes noted in the MHSA Three Year Integrated Plan included the addition of MAP points, tentatively slated for Courts and Main Metro. Actions since that time include: standardization of MAP points, collaborations around developing other community MAP points (like MAP at the Poverello), and an RFP to solicit further development of MAP points in the community. The development of MAP at Behavioral Health is a part of that process. MAP is included in this Annual Update as 'new' program in the Behavioral Health Integrated Access work plan, with services initiating in Winter 2016 in metropolitan and rural Fresno County.

UCWC continues to provide a Probation liaison, Parole liaison, and a Law Enforcement collaboration component in order to outreach to partner agencies to further assist in access for specific populations.

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

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

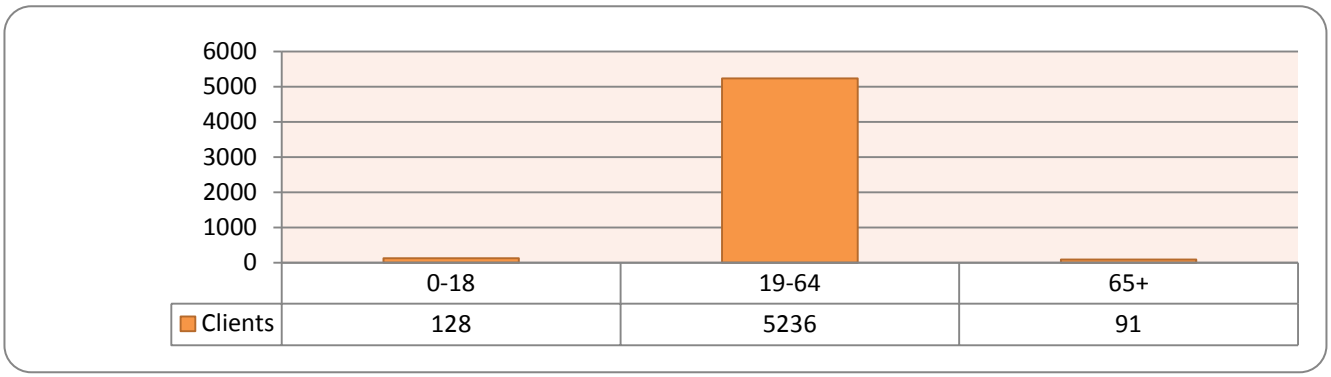
Total Number of Clients Served:



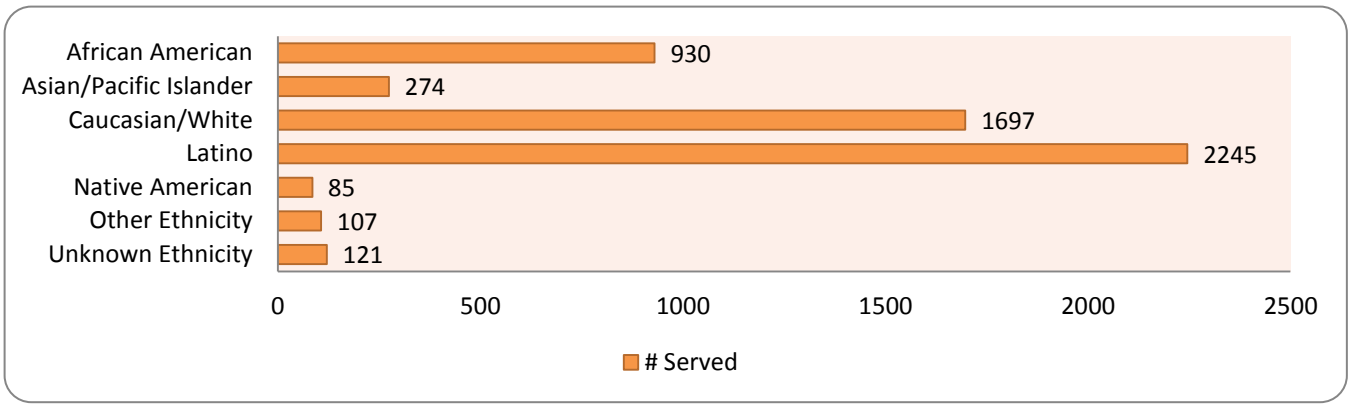
	07-08	08-09	09-10	10-11	11-12	12-13*	13-14	14-15*	15-16	16-17
Clients	0	26	1946	3029	3890	4841	4959	5232	5459	

*Updated number from 3 year plan.

Total Number of Clients Served By Age:



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



Total Cost per Client: $479.78

Cost per client is based on actual costs ($2,619,100.55) and actual number served (5459) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$3,813,412.00	**$3,889,880.00**
Change		

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

None

Proposed Changes:

Over the next period the intention is to continue to develop aggressive outreach components to the program, increase the care coordination functions, increase the discharge planning functions, and increase same day service. This will require Increased staffing for intensive post hospitalization follow up, discharge planning, care coordination, and referral. The program will continue to develop wellness groups, short term treatment EBPs (to include training and the development of client outcomes), and professional consultation to community partners. The program anticipates a full integration of MAP point functions consistent with the larger community roll out of this service.

Performance Outcomes: Not Available at this time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier:	CSS4710 4313
Program Name and Provider:	Behavioral Health Courts/Coordinator Services Superior Court of California, County of Fresno (Contracted Provider)
Date Started:	7/1/2015
Program Description:	The Behavioral Health Court is a collaborative team consisting of the Superior Court, Office of the Public Defender/Cuimmo & Associates, Office of the District Attorney, Probation, Department of Behavioral Health, and treatment providers and has services for adults and children. The target population is in-custody minors and adults with acute mental illness who can be served in an intensive community-based program and meet the criteria for participation. The Behavioral Health and Drug Court Coordinators provide coordination of services, data gathering, and outcome evaluation for the Adult and Juvenile Behavioral Health and Drug Courts. A Department mental health clinician and case manager outreach and assess minors considered for the program and provide clinical recommendations to the Courts for minors and adults.

Program Update:

Adult Behavioral Health Court (ABHC)

- There has been a significant increase in cases with private attorneys, but the program is unable to expand due to capacity limitations as a result of having only one probation officer assigned to the cases.
- Corizon added an electronic medical record which has made it much easier to get timely and accurate information on medications administered to BHC participants while in jail.

Family Behavioral Health Court (FBHC)

- There has been a change in the assigned Department of Behavioral Health (DBH) mental health clinician and a turnover in probation staff.
- Fresno Superior Court established one designated substitute judge, who will be utilized when the usual judge is away.

Adult Drug Court (ADC)

- The passage of Proposition 47 in November 2014 reduced most drug charges from felonies to misdemeanors, giving defendants the option of short-term incarceration or entering an intensive 12 to 18 month drug court program, which ultimately required significant modifications to the drug court program.
- Misdemeanor drug court started in September 2015 through collaboration between DBH, the Public Defender and District Attorney offices, Probation Department, law enforcement agencies, treatment providers and Fresno Superior Court.
- Collaborators work together to shorten the time between citation and arraignment, and subsequently drug court arraignment.
- A new electronic dashboard has been developed with a State grant to enable the drug court judge and probation officer to see the availability of inpatient beds at different treatment facilities.
- More than half of the defendants who are eligible to enter the drug court program are now choosing to engage in treatment.

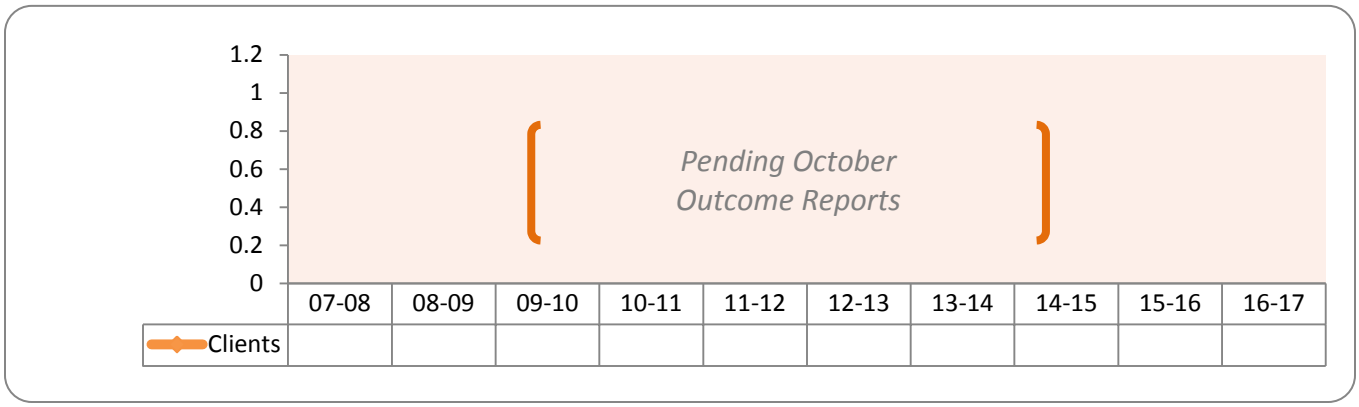
Department of Behavioral Health (DBH)

- There was discussion of adding a .50 FTE clerical support to the clinical team that is staffed by DBH. Currently no clerical support has been added, but DBH is re-evaluating assessment and need to for clerical support

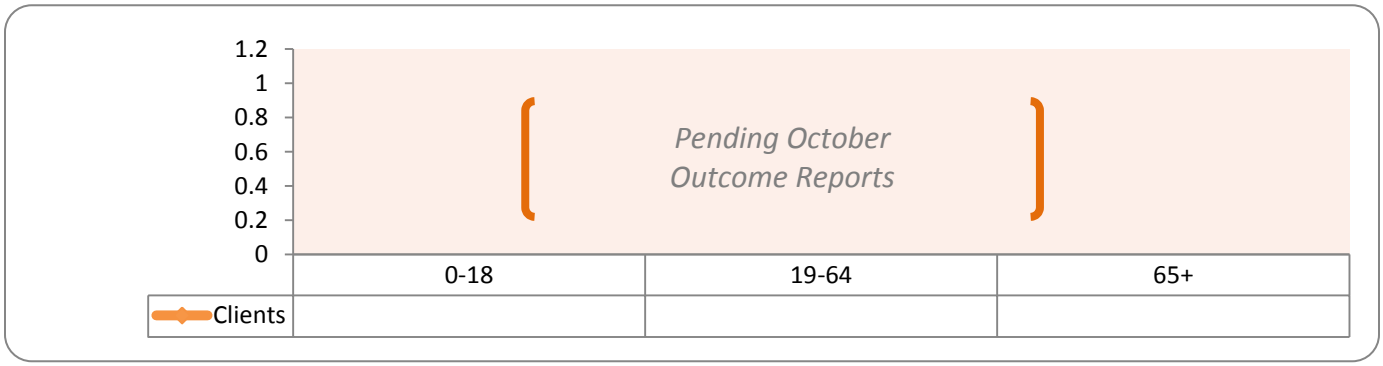
Ages Served in the Program (check all that apply):

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

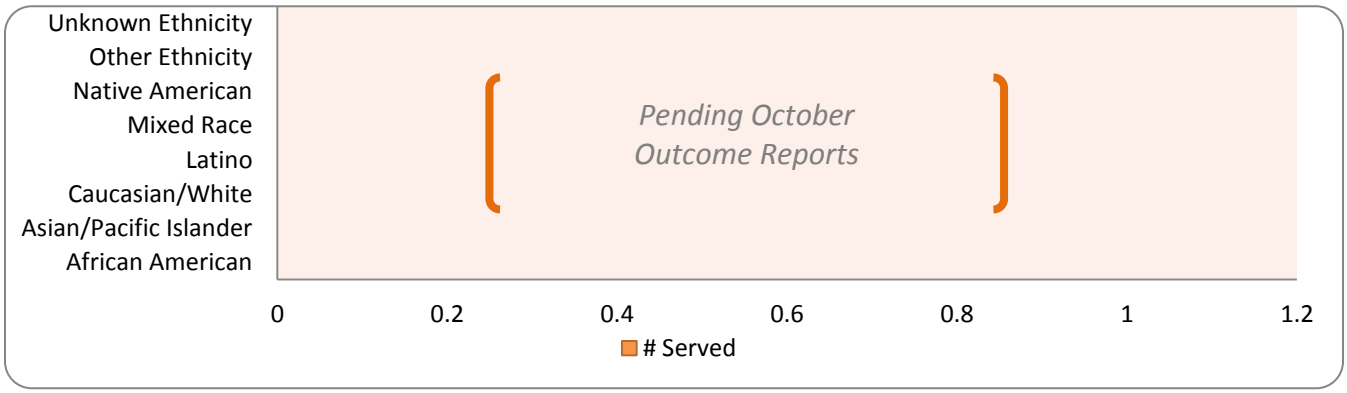
Total Number of Clients Served:



FY 2015-16 Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$334,489.00	**$335,522.00**
Change		

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

ABHC

- Due to having staffing meetings on the same day as court hearings, the judge has had to rush through graduations and limit personalized conversations with participants.
- There has been an increase in the number of participants who have been previously conserved but are not determined to not be gravely disabled, which results in recidivism based on participants being determined not gravely disabled. Public Guardian staff has been invited and have attended several court sessions.
- A lack of timely participant evaluation leads to delays in the court process.

FBHC

- There are concerns with the timeliness of medication evaluation and prescriptions. All partner agencies met and agreed that all partners should attend staff meetings or hearings that could potentially affect a participant incarcerated at the Juvenile Justice Campus.

ADC

- There is a lack of substance abuse treatment services in rural areas. The judge has been working with rural communities in a series of town hall meetings to develop mitigating strategies to the lack of service. These communities will start or expand Alcoholics Anonymous and Narcotics Anonymous (AA/NA) meetings in rural areas to provide stop-gap services until more comprehensive substance abuse treatment services can be implemented.

DBH

- For the DBH clinical team parent involvement for Family Behavioral Health Court is not as strong as it could be due to work schedules and transportation barriers. No public transportation available at the Juvenile Justice Campus. Considering using county drivers and other resources for barriers.

Proposed Changes:

Fresno Superior Court is proposing to combine all treatment courts and combine the Drug Court and Behavioral Health Court (BHC) coordinators into one position to achieve consistency and better service to all treatment court participants. The combined coordinator position will assist the treatment court teams in identifying resources, arranging referrals, coordinating services, and solving problems. The coordinator will liaise between the court teams, treatment providers, law enforcement, community organizations, participants, and families to ensure fidelity to treatment protocols and evidence-based practices. Data tracking, analysis, and outcome reporting would also be centralized under this single contractor for consistency and quality assurance. Additionally, the Adult BHC is exploring the possibility of separating staff meetings and hearing times, and the Adult Drug Court dashboard is expected to be launched Fall 2016 and will be used to track inpatient bed availability and recidivism risk, among other factors. Fresno Superior Court is exploring the possibility of having one single full service partnership provider and a more robust substance abuse treatment protocol, as most participants have dual diagnoses.

DBH

The recommendation is to add 1 clinician and 1 case manager to provide expertise and knowledge in serving children with serious emotional disturbances and adults with serious mental illness being considered for Family Behavioral Health Court and Behavioral Health Court and enhance the facilitation and coordination of mental health services for youth in preparing the continuation of mental health treatment pro-actively before their release from custody and to support the transition and engagement in the appropriate community mental health services. In addition, 1 office assistant is needed to remove the clerical tasks currently being completed by the clinician and case manager.

Performance Outcomes: January 2014- June 2015

Please see http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220

- Adult Criminal Drug Courts - June 2015
- Behavioral Health Court (BHC) - June 2015
- Family Behavioral Health Court (FBHC)

Intentionally Blank

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention ☒ Early Intervention

Project Identifier: PEI4762

Program Name and Provider: **Community Response/Law Enforcement ***
(Crisis Acute Care – Law Enforcement Field Clinician (LEFC))
Fresno County Department of Behavioral Health &
Kings View Rural Triage (Contracted)

Date Started: 6/1/10 - original LEFC - County Operated
July 2015 (East) and October 2015 (West) - Rural Field Response - Kings View

Program Description: Prevention and Early Intervention services provided for rural and metropolitan Fresno County provided through a model of co-location and response with law enforcement in the community. Program also provides prevention, training, outreach and post crisis follow up for the client and/or their family. Response and interventions for 5150 hold and recurrent calls to law enforcement are a primary focus

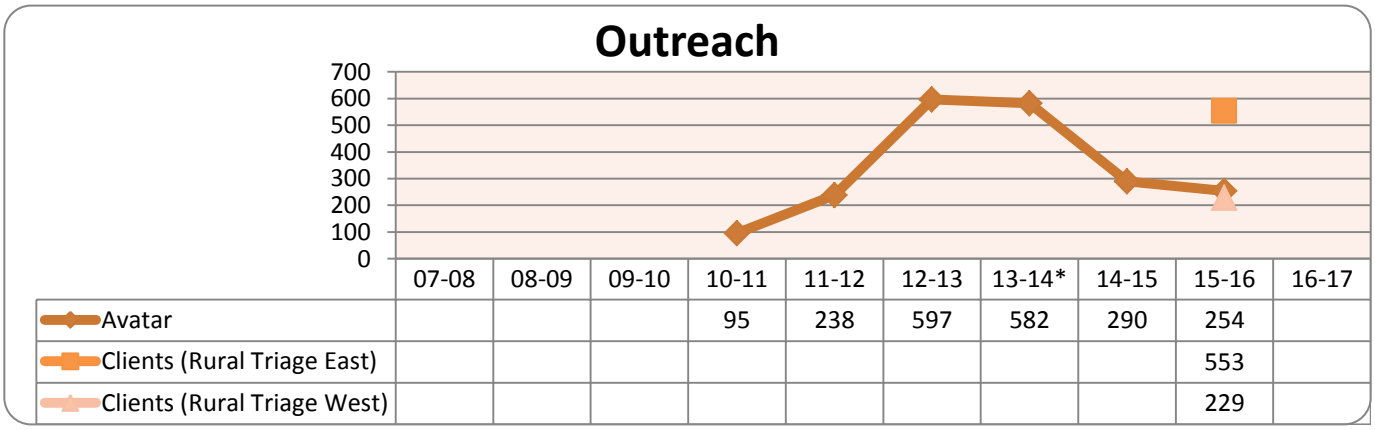
Program Update:

This work plan is being re-titled to Community Response/Law Enforcement in an effort to better identify the work done within this field-based prevention and early intervention work plan. Since the Three Year Integrated Plan, outreach, education and consultation continues to be provided to Law Enforcement agencies, including direct field response to support law enforcement in the response to 5150 -related calls and support in addressing mental health follow-up / post-call needs. Education and training is provided formally, informally, and in vivo. Crisis Intervention Training (CIT) support is offered as a component of this program plan and is supported through Workforce Education and Training (WET) Action Item # 3. Staff in the metropolitan and rural programs are actively engaged and involved in the planning and provisions of training for a CIT model in collaboration with Fresno County Law Enforcement agencies. CIT would ensure training for evidence-based interventions to high risk situations in order to appropriately serve clients/families and to mitigate risks to all involved and to promote a safe and effective field response.
Community Response/Law Enforcement work plan has been effectively enhanced as evidenced by the implementation of services for the East and West collaborative. Contracts funded with SB82 dollars to provide services for the County's east- and west-side incorporated cities have been executed to align with the plan. Currently, the plan includes assessing the ability and need for metro expansion to include field response services with an increase in hours dedicated to law enforcement, as well as community outreach, training education, community linkage and client family support. Expansion will also increase the volume of collaboration and training with community partners to ensure access linkages during crisis, as well as consultation and care coordination for pre-post crisis.
Current services and future expansions will be completed with contracted provider(s).

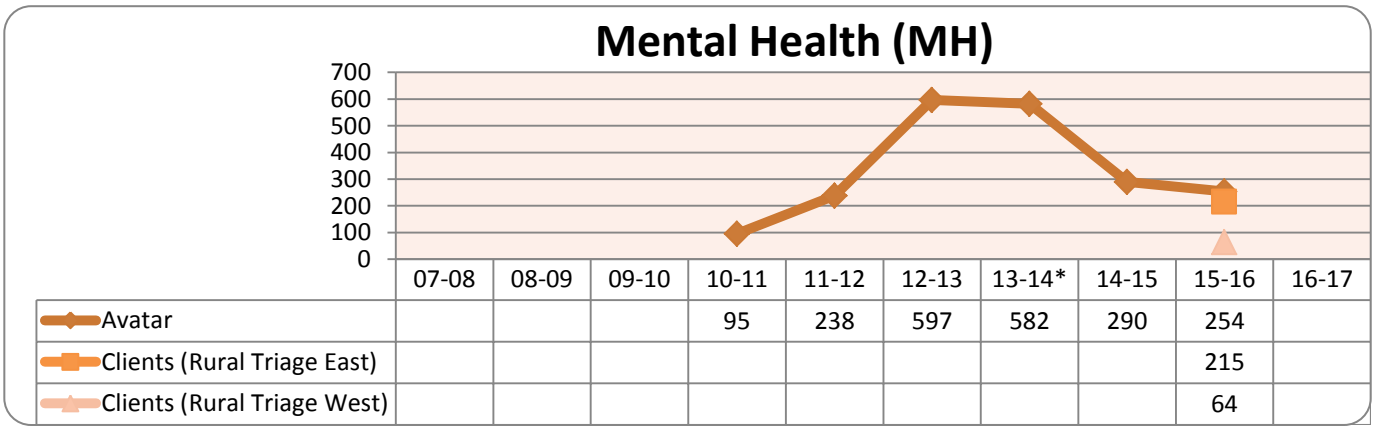
Ages Served in the Program (check all that apply):

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

Total Number of Clients Served:

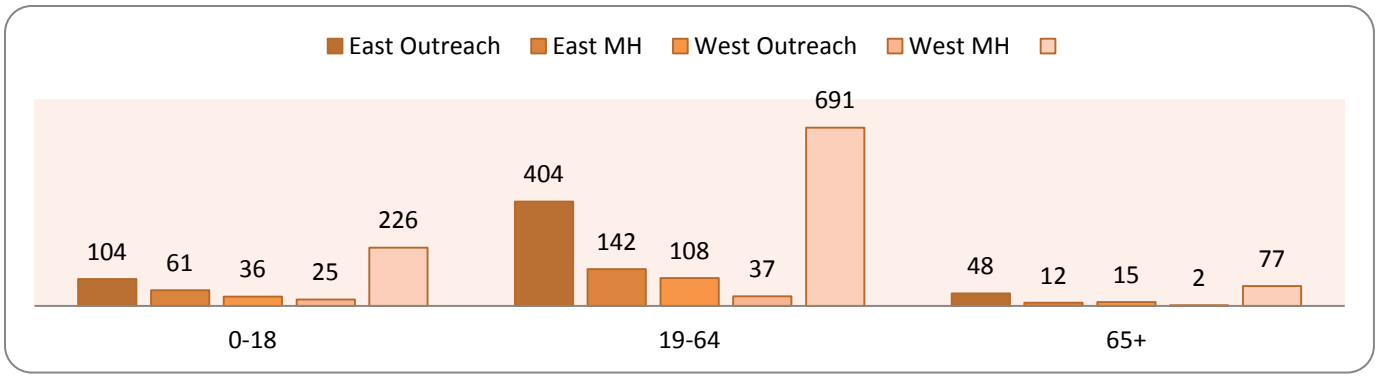


	07-08	08-09	09-10	10-11	11-12	12-13	13-14*	14-15	15-16	16-17
Avatar				95	238	597	582	290	254	
Clients (Rural Triage East)									553	
Clients (Rural Triage West)									229	

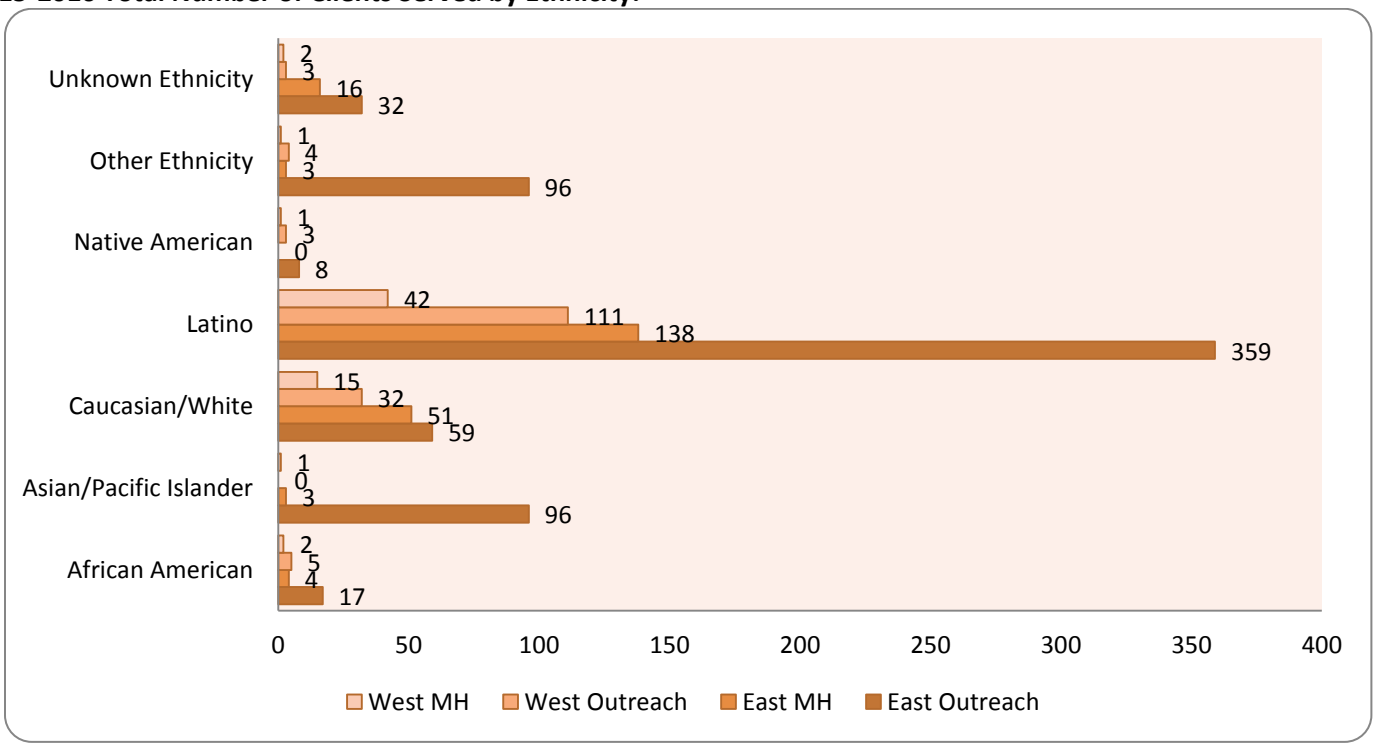


	07-08	08-09	09-10	10-11	11-12	12-13	13-14*	14-15	15-16	16-17
Avatar				95	238	597	582	290	254	
Clients (Rural Triage East)									215	
Clients (Rural Triage West)									64	

Total Number of Clients Served By Age:



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



Total Cost per Client: $174.20

Cost per client is based on actual costs ($346,311.08) and actual number served (1988) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$1,090,928.00	**$1,090,928.00**
Change		**+ $ 950,000.00****

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

Rural Triage:

- Referral linkage suffering from capacity issues resulting in many clients falling out of service.
  - Completing and submitting a full mental health assessment with every referral, thus allowing transfer to begin immediately after linkage is completed.
- Lack of an Electronic Health Record (EHR) established.
- Inadequate case management time for staff to better serve those in crisis.
- Inadequate number of staff for the coverage area.
- Miscommunication or barriers to effective communication between many different agencies with involvement in this program (Exodus, Rural Hospitals, EMS, American Ambulance)
  - Collaborate with all agencies; hold joint meeting to discuss ongoing issues.

Metro Response:

- Staffing barriers throughout the Dept has impacted growth is this service area

Proposed Changes:

Rural Triage:

- Expand program scope of services.
- Establish EHR.
- Increase number of staff for the coverage area.
- Establish transportation services to help ensure clients are transported to the appropriate level of care based on their need.
- Budget increases to enhance services provided will be reviewed by DBH executive leadership
- Allocation of $ 350,000 **MHSA funds for 16/17 is for the sole purpose of fund the executed contract at current level. This is being added due to the Public Safety Realignment (PSR) funds not being available for years 2 and 3 of the contract.

Metro Response (LEFC):

Anticipate the development of increased metro area crisis field response through the securing of provider that will include response with Law Enforcement agencies and crisis outreach. Funding allocation above includes a tentative / initial estimate ($600,000**) for the first phase of metro services that would be procured. This level will be amended as the services are further realized.

Performance Outcomes: Not Available at this time.

Intentionally Blank

PEI Work Plans, Progress Updates and Proposed Changes

☒ Early Intervention

Project Identifier: PEI4760/4759

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

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

Program Description: Mental health prevention and early intervention services in primary care settings as part of an effort to integrate mental health and physical health care services. Services include mental health screening, assessment, and short-term therapeutic treatment (up to one year).

Program Update:

The Department has released an RFP focused on developing a broad continuum of services at different levels of care. The integration of mental health and/or SUD services at community primary care clinics is one element of that continuum; therefore, the RFP seeks future providers who are flexible with partnering and coordinating with other providers and services which are part of that continuum and who shall demonstrate an understanding of the need to leverage additional community resources and/or collaborate with other mental health and SUD programs and services in order to maximize the utility of the contract award.

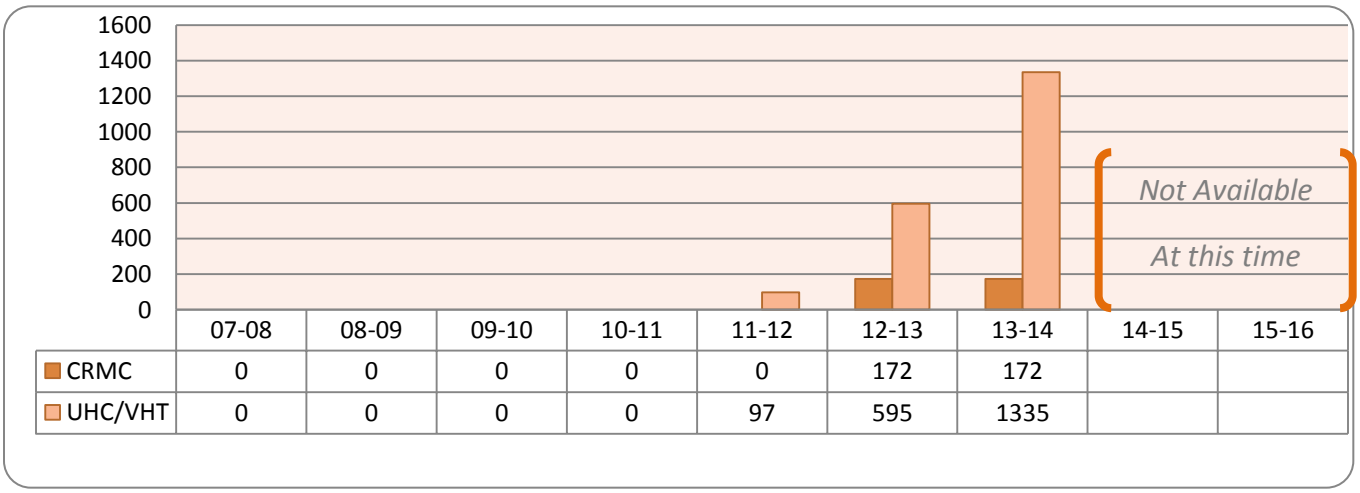
The requested services from qualified primary health care centers/clinics shall include the following three services: 1) Mental Health Prevention and Early Intervention (PEI), 2) Severely Mentally Ill/Seriously Emotional Disturbed (SMI/SED) Mental Health Treatment, and 3) Substance Use Disorder (SUD) Services at the bidder's primary health care clinics located throughout the County.

Services provided by CRMC are similar/parallel to VHT and UHC and include, but are not limited to: doctor consults, psych case management, brief individual therapy, and the goal is work with doctors and integrate mental health services. Number of clients served for FY 15-16 was 454. However, not all services are recorded and client count/cost per client may not be accurate.

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

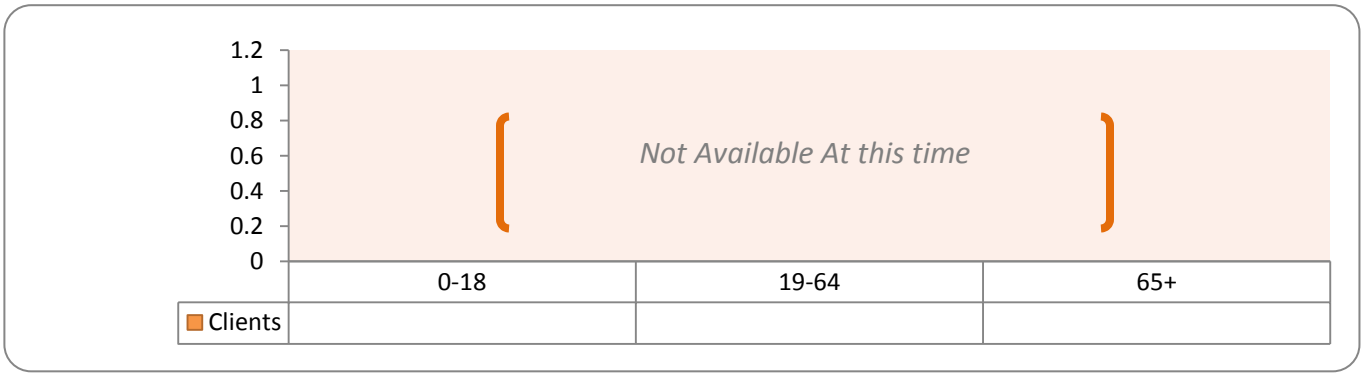
☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

Total Number of Clients Served:

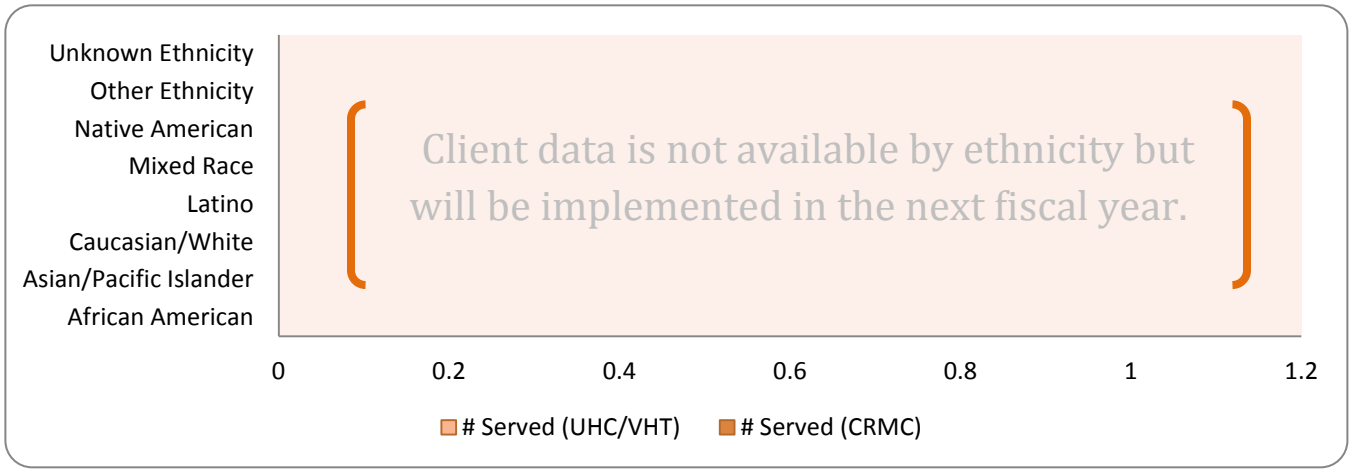


	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16
CRMC	0	0	0	0	0	172	172		
UHC/VHT	0	0	0	0	97	595	1335		

Total Number of Clients Served By Age:



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



Total Cost per Client: $1521.96 (UHC/VHT) and $2,439.96 (CRMC)

Cost per Client is based on actual costs UHC and VHT ($864,816.00) CRMC ($419,674.00) including re-alignment funds.

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
UHC and VHT	**$864,816.00**	**$864,816.00**
CRMC	**$500,000.00**	**$500,000.00**
Change		

Proposed Changes:

With the proposed program update, additional funding will be added from Realignment and SUD allocations to expand the continuum of service delivery model.

Received Updated Cost per Client on 10/13/2016 to reflect: **Total Cost per Client:** $264.00/557.00 (UHC/VHT) and $1,429 (CRMC) The Cost per client is related to volume and the maximum contract amount for each provider. Services by the two FQHC's are parallel, however, their geographic location determines the number of clients who come through the front door. Services include those post psych evaluations and/or assessments with a plan of care developed.

Cost per Client is based on actual costs UHC and VHT ($864,816.00) CRMC ($648, 715) including re-alignment funds.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Integrated Behavioral Health Services at Community Primary Care Clinics - VHT
- Integrated Mental Health – Primary Care - December 2014
- Integrated Mental Health – Primary Care - July 2015
- Integrated Mental Health Services at Community Primary Care Clinics

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4315

Program Name and Provider: ***Youth Wellness Center**** (Children's Mental Health- New Front Door)
Fresno County Department of Behavioral Health - Children's

Date Started: Spring 2015

Program Description: The program is designed to improve timely access to mental health screening, assessment and referral for ongoing treatment and short-term interventions for youth up to age 17 or until high school graduation 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 also supports discharge planning and schedules hospital follow-up services with the Youth Psychiatric Health Facility (Youth PHF) operated by Central Star and other out-of-county adolescent inpatient facilities. In addition, program staffs provide post-crisis follow-up services for youth served at the Exodus Fresno Youth Crisis Stabilization Center (Exodus). This includes engaging parents/guardians to initiate mental health services, schedule appointments and provide case management services and other supports until the linkage to ongoing mental health services are in place. Services may also include facilitating the transition of youth to/from Children's Mental Health programs from/to community resources when clinically appropriate.

Program Update:

The program has opened and is located at Heritage Center co-located with Children's Outpatient program. Current staffing includes 3 clinicians, 2 community mental health specialists and 1 office assistant.

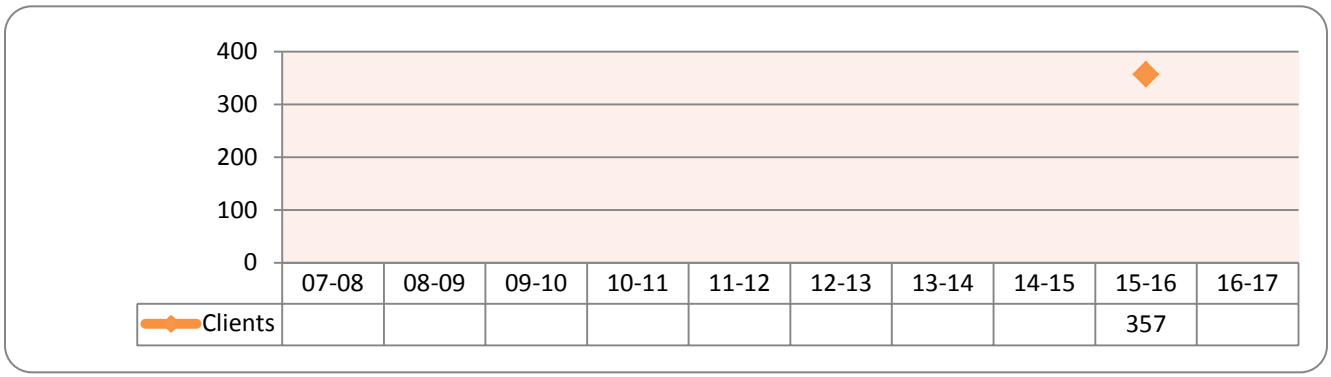
This update seeks additional staffing (outlined in Proposed Changes) to create a truly robust, accessible and effective youth wellness program, early design under estimated the staffing needs. The implementation of a fully staffed Youth Wellness Center will complement the Department's vision and direction of 'right time, right service' and other work being done to create accessible and integrated wellness activities. Integrated Wellness Activities work plan will support stigma reduction, prevention and resiliency work done in this program specific for youth and families.

*In prior documents, this program has been referenced as Children's Mental Health - New Front Door.

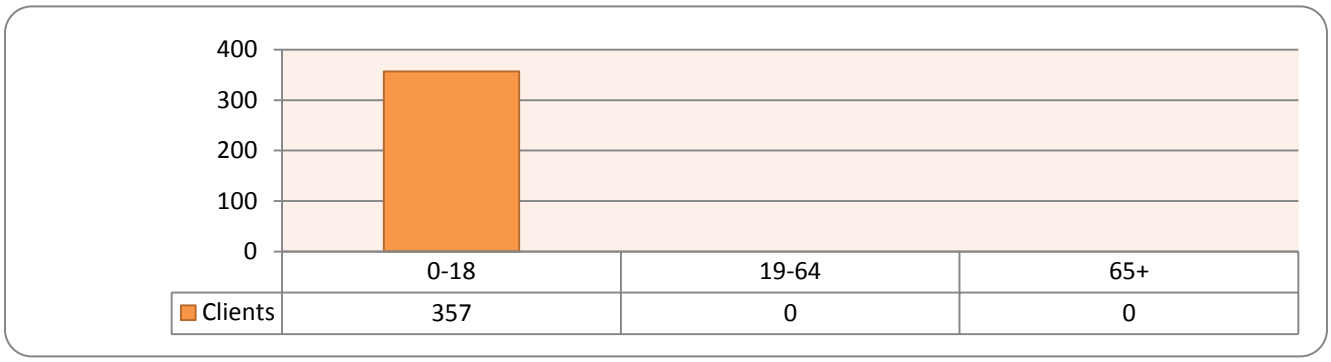
Ages Served in the Program (check all that apply):

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

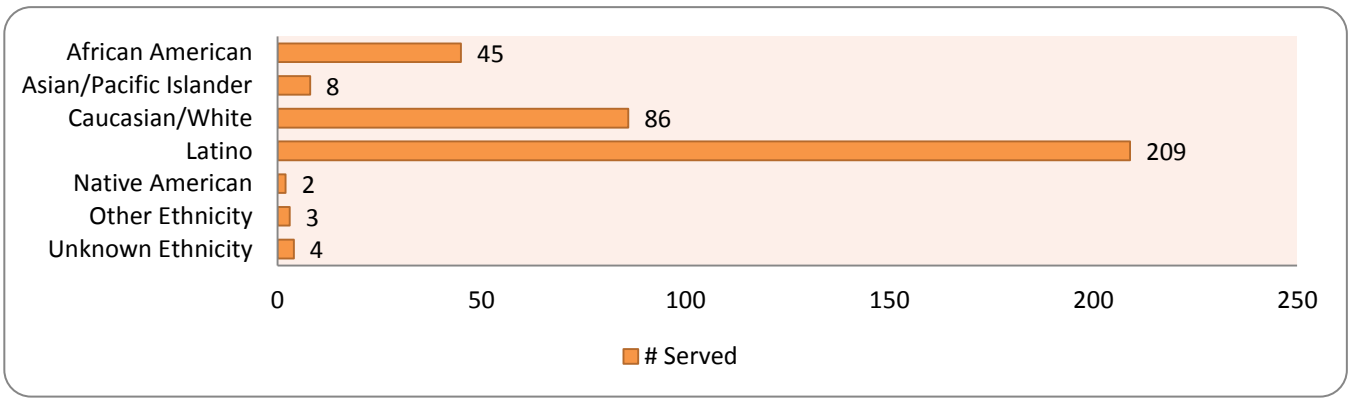
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $514.56

Cost per client is based on actual costs ($253,163.50) and actual number served (492) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$390,000.00	**$393,944.00**
Change		**+$1,076,633.00**

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

The program was launched in September 2015 and has not been fully staffed since that time. Even at the current staffing levels, the team is understaffed to effectively engage youth who are new or not actively in treatment and perform the mental health assessments to the number of clients seeking services (averages 30-40 requests per week) and a fluctuating number of youth who have been served by Exodus, the Youth PHF or out-of-county adolescent psychiatric facilities. The program operates from 8:00 a.m. - 5:00 p.m. Monday to Friday and these hours present barriers due to the concurrent school hours.

Proposed Changes:

In order to meet the requests for services and support a walk-in/drop-in service, an additional 5 clinicians, 3 case managers, a designated psychiatrist and nurse are needed. With this staffing level, the program will provide walk-in screening, same-day assessments, scheduled assessments and referrals within the county, community agencies, contracted providers and Managed Medi-Cal Health Plans. It will also be able to address medication needs and insure continuation of medications following an inpatient hospitalization or crisis stabilization service. Flexible hours of operation with extended hours to 7:00 p.m. and possible half-day services on Saturday would improve access to services. The Department will also explore developing an integrated front door for children and adults and would add 2 clinicians, 6 case managers and 2 substance abuse specialists to serve the broader range of ages served.

Performance Outcomes: Not Available at this time.

New Program

Funding Source: PEI

☒Prevention

Project Identifier:	PEI XXXX
Program Name:	Multi-Agency Access Program (MAP) Points (Contracted)
Anticipated Date Started:	December 2016
Program Overview:	MAP Points provide a single point of entry for residents of Fresno County to access linkage to multiple behavioral, social and health services to promote their wellness and recovery. An integrated screening process connects individuals and families facing mental health or physical health conditions, substance use disorder, housing/homelessness, social service and other related challenges to supportive services in Fresno County. Clients are matched to the right resources at the right time in the right location. Through an established and formalized screening process, collaboration of service providers and leveraging of existing community resources, MAP Points eliminate barriers and assist clients to access supportive services and achieve their goals towards wellness and recovery. MAP Points will be incorporated within the DBH Behavioral Health Integrated Access work plan.

Target Population:

MAP Points will be at strategic locations that have a high volume of client flow/interaction with underserved and unserved populations having critical access needs. Target areas can be in metropolitan and the geographically isolated locations, law enforcement agencies, critical access points such as hospitals, service agencies, educational settings or any location that meets the intent of the MAP Point project. Services will be provided to all underserved and unserved populations including, but not limited to, cultural groups, homeless, veterans, LGBTQ and rural communities.

Estimated # to be Served:

The estimated number of clients to be served will be contingent on the number of MAP Points established. At time of this update
awarded MAP provider(s) would have 3 sites in urban Fresno
5 rural sites plus mobile unit stops. Contract requirements outline the data collection that is regulated; this will be reported in all subsequent updates/reports.

Program Details:

DBH prepared a Request for Proposal (RFP) for the operation of MAP Points beginning FY 2016-17.

Services to be provided by MAP Points include screening each client in order to understand their individual needs and motivation to be linked with services, developing a service or linkage plan for the client or family and monitoring their success in connecting to assessments or services identified in the screening. A linkage is considered achieved when a client is confirmed to be connected with a service provider, not simply referred. MAP Points will be responsible to make appointments with appropriate service providers as well as provide transportation as necessary in order to ensure a warm hand-off between client and services providers.

In addition, collaborations with referring and supporting service providers will be maintained to monitor client success, areas for growth and challenges with program linkage. MAP Point operators will also be expected to participate in the development of the MapPoint software application supporting the standardized community screening tool and must commit to remain current with future revisions.

This new request establishes a MAP/Access Work Plan funded with MHSA Prevention and Early Intervention dollars, this program request directly addresses the input received during the Community Program Planning Process in which the barriers of access, lack of information or ability to navigate a complex system of care outside of the community there an individual may live, cultural and linguistic barriers and stigma. This program will be community based and be able to response to the specific needs of those seeking information/access. The MAP team will be responsive and have the ability to focus on the needs of the unserved/underserved populations.

The funding request establishes a Master Agreement in which the current tentative awardee would be funded, as well as have funding for future MAP requests and responses. Future requests will specially target additional underserved areas and not presents duplication of efforts.

Performance Measurement(s):

In August 2016, the MAP Point RFP has a tentative award recommendation for a collaborative of community partners. The proposal includes eight MAP Point sites in both metro and rural locations plus a mobile food truck that will serve clients as well. DBH will work with these contractors to develop performance measures and outcomes that meet regulations requirements as well as measure the success of clients and the program. Operational start-up activities will begin upon contract execution with service delivery anticipated in December 2016. Additional specialized MAP Points in locations already not identified may be added to the contract at a later date as appropriate.

Estimated Cost per Client: $0.00

To be determined.

Estimated Budget:

Budget Summary	***FY 15/16***	***FY 16/17***
		$1,500,000.00

NEW Program
Funding Source: CSS

Project Identifier:	CSS4710
Program Name:	Transportation Access
Anticipated Date Started:	Winter 2016
Program Overview:	New MHSA program that will serve as a 'hub' for the procurement, organization and management of transportation related services for clients and families. This work plan will address gaps and needs that are transportation related; specifically to create transportation opportunities to access services and transition through levels of care.

Target Population:

Populations to be served by Transportation Access will include, but not be limited to:

- children and adults from discharge locations such as from inpatient, rehabilitative and crisis care
- conservatees and temporary conservatees that need to attend court or other care related appointments
- children with SED (and families) in need of transportation to appointments with DBH, including those in rural /outlying communities
- adults with SMI (and families) in need of transportation to appointments with DBH, including those in rural /outlying communities
- adults with SMI that have been identified as transportation being a barrier to accessing programs/services for mental wellness and recovery

Estimated to be Served:

Unable to fully determine the estimated number to be served at this this phase of approval and development, volume, trends and needs will be reported in next update. Data utilized to determine transportations need include:
Recent invoices from contracted transportation companies includes 70 individuals per month or 840 individuals transported per year
No show rates
Cost of county drivers, including overtime
Assessment of need based on out of town placements
Increased rural triage services may have impact to the linkage of individuals to services, thus impacting need for transportation planning to assist with linkage
Stakeholder input during the Community Program Planning Process which identified transportation as a barrier to services

Program Details:

During the Community Program Planning Process there was consistent input from stakeholders that specified transportation as a barrier to accessing services. Availability of reliable transportation and costs were identified as barriers for both children and adults and their family members, with specific focus on rural transportation needs for unserved/underserved populations. As a priority focus, transportation resources could serve as a part of the overall solution to geographic barriers to services as the provision of rural-based services continues to be a challenge due to a number of factors, including lack of population density in which to locate additional services, lack of culturally appropriate staff to serve in the rural communities, costs, and other issues.
Review of data and information has provided the following consultations:
The need for transportation from inpatient settings has increased, while the
County is impacted by vacant Driver positions, and lack of qualified drivers, thus decreasing availability of services and increasing overtime costs.
Implementation of additional solutions include creation of a program and its cost center to build a transportation work plan to address stakeholder identified gaps and needs. The purpose is to specifically create new transportation opportunities to access services and transition between care sites
This will create the work plan that will develop transportation resources that will include, but NOT be limited to:

-Master agreement for transport services;
-Add-additional security to transportation, i.e. vehicle with security, as needed;
-Medical transportation;
-Taxi vouchers;
-Bus passes/tokens;
-Other solutions that may include building transportation capacity through training.

Contractors provide transportation services to persons discharged from facilities outside of Fresno County to locations within Fresno County. Services include traveling to Department-affiliated facilities in order to transport identified persons to a residence, facility, or alternative location, as per discharge instructions. The residence, facility, or alternative location for transportation of individuals may be anywhere within Fresno County, including the metropolitan area of Fresno/Clovis, as well as to any rural location within Fresno County.

Solutions include provision of two or more contracted drivers when safety issues are deemed necessary; when transporting two or more people; and when otherwise deemed necessary by the Department. A given transportation service may be for between one and five persons per vehicle, as appropriate. Transportation services may be required multiple times per day per individual. Transportation services will be available Monday through Friday, on weekends and holidays. Contractors provide transportation services for persons who have wheelchairs, walkers, other medical devices/needs, or who may require Hoyer lifts.

This work plan is being submitted for consideration in an effort to designate resources (staff and funding) to further evaluate solutions to transportation barriers. Consolidating interventions and dedicate attention to this barrier will provide a more timely detailed action plan.

Performance Measurement(s):

Implementation of this program will result in the following measurements:

- trending of no show rates
- cost savings
- reported satisfaction of transportation services by clients/families
- reported satisfaction by clients/families to have resources to access services.

Estimated Cost per Client: $0.00

To be determined at each phase of implementation

Estimated Budget:

Budget Summary	***FY 15/16***	***FY 16/17***
		$ 200,000.00

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

*= New Program Name

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

Intentionally Blank

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention ☒ Early Intervention

Project Identifier: PEI4521

Program Name and Provider: Blue Sky Wellness Center (Contracted Provider)
Kings View

Date Started: 10/23/07

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

Progress Update:

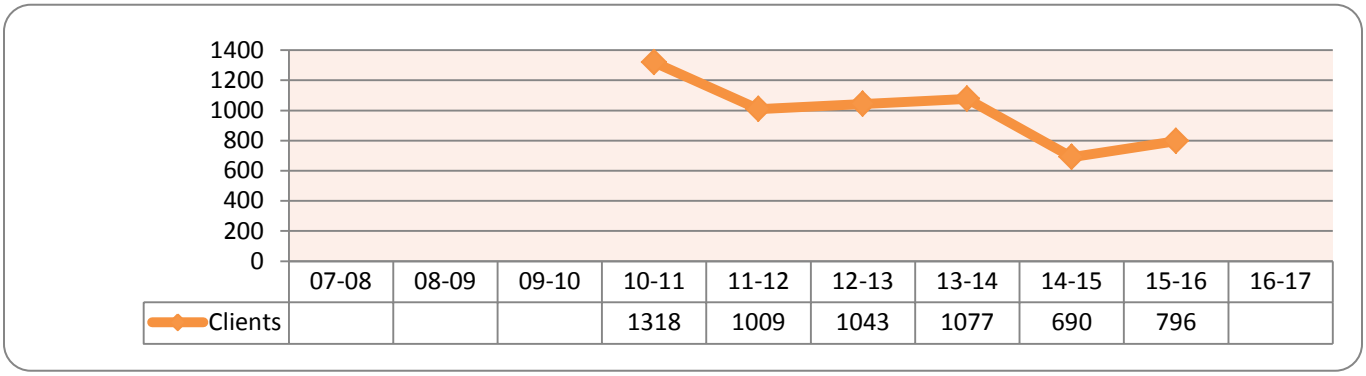
Blue Sky Wellness Center expanded services to the Transition Age Youth (TAY) population for ages 16-25 years. These additional services provided at the "TAY Warehouse" are specifically programmed for the TAY population. The TAY Warehouse is an energetic, youth focused program that provides job skill identification and development, computer skills, positive socialization and future goals that include Youth WRAP. Property was secured in April/May with services starting in July 2016; staffing Is designed to focus on provision of services by those with youth experience.

During this last year, Blue Sky program had a contract amendment that added the TAY component mentioned above, as well as funded expansion of vocation components. During spring/summer 2016 the "Blue Sky Bistro" was implemented, this provides retail and food experience for clients. Target populations being served and safety measures have also been evaluated and implemented. Based on staff and client advisory council input some of the change include, but are not limited too: installation of cameras, creation of a script for the accurate phone response of callers seeking information, creation of a 'screening' tool that focused on engagement into the groups and activities provided.

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

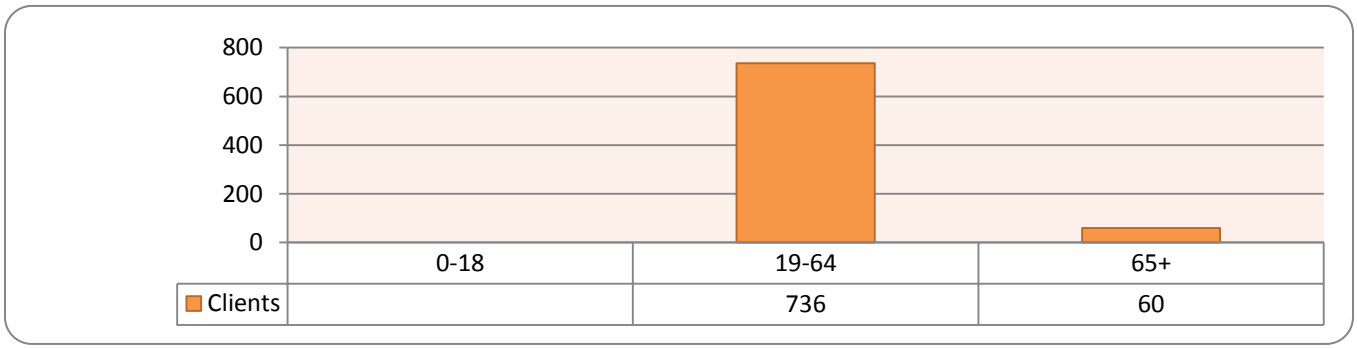
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

Total Number of Clients Served:



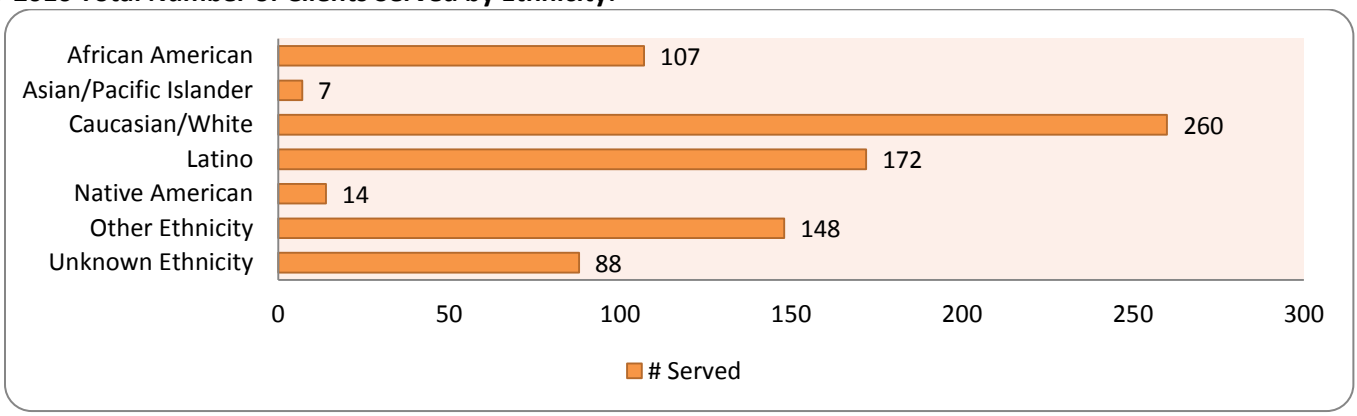
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients				1318	1009	1043	1077	690	796	

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



	0-18	19-64	65+
Clients		736	60

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



Total Cost per Client: $1,720,40

Cost per client is based on actual costs ($1,369,435.66) and actual number served (796) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$1,250,000.00	**$1,250,000.00**
Change		

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

The program has experienced difficulty engaging clients that were/are interested in participating in wellness and recovery groups and activities more than just seeking the amenities (food, showers, and laundry). In response, marketing of Blue Sky Services to community organizations has begun in order to maximize consumer participation for all services being offered at Blue Sky and not just amenity portion of program. In addition, staff and volunteers are receiving additional training on engaging consumers by meeting them where they are. Also, staff is using best practices such as Prochaska and DiClemente's Stages of Change Model. The Blue Sky Program Manager and staff have also visited community areas, such as the library to provide accurate information about the program and services provided.

The program has received client complaints regarding vandalism of the program's facility and surrounding property. Securing the property where Blue Sky is located has been a challenge. Since the addition of security cameras and a monitoring system the program has been able to determine that those responsible for the vandalism are not individuals that participate in program services.

Implementation of program enhancements, such as the "Blue Sky Bistro", has been a challenge. The Fresno Regional team is assisting the Blue Sky staff in setting up the vocational training center that is located within the room that once was utilized to deliver services to the TAY population at Blue Sky. The "Bistro Bucks" approach is based on SAMHSA best practices. Also, a Vocational Coordinator is training volunteers and staff who answer the phone to utilize a newly developed script, which should reduce misinformation and other related issues. The Vocational Coordinator is training these individuals using the "skill set for receptionist employment" which is part of the pre-employment and vocational module.

Proposed Changes:

The program proposes to expand community outreach to increase the number of TAY individuals that attend "The Warehouse" portion of Blue Sky, as well as limited expansion of individuals from community and County programs.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Blue Sky Wellness Center - June 2015

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4710
Program Name and Provider: Consumer/Family Advocate Services
Centro La Familia Advocacy Services
Date Started: 7/1/11
Program Description: Mental health consumer and family advocacy services to unserved and underserved populations, consumers and families.

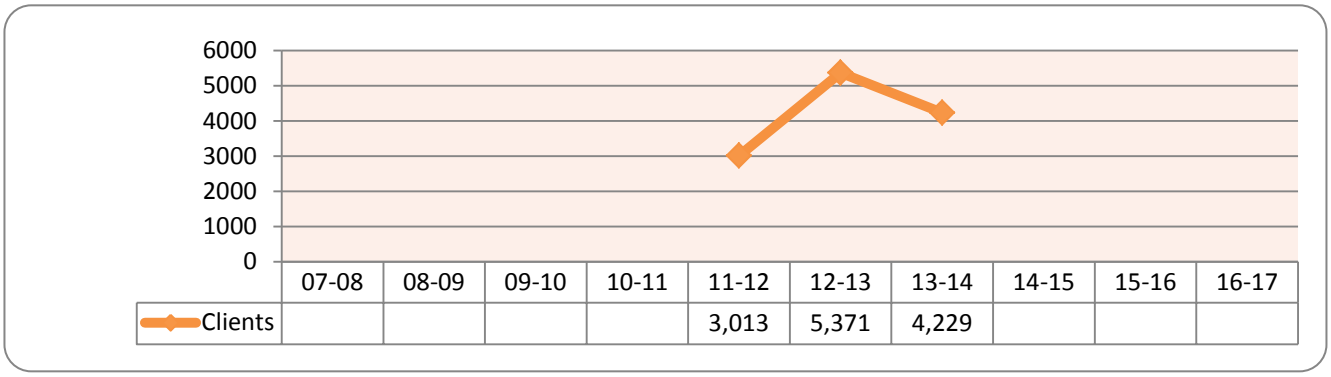
Program Update:

Contractor Centro La Familia Advocacy Services and Subcontractor Fresno Interdenominational Refugee Services provide culturally appropriate consumer/family advocacy services to unserved and underserved populations of rural and suburban Fresno County. Services include support groups, advocacy services, presentations, outreach, referrals to community resources, education and training to increase awareness of the impact of Mental Health. Services are provided to all age groups from children to older adult. Goals are to increase family support and awareness, increase confidence and independence level of consumer/family through culturally competent liaison services, and reduce mental health stigma and barriers to services, etc. Note that statistics below are rough estimates that include those reached via community outreach events, radio broadcasts and television (Channel 21). There is currently a 2nd RFP process underway for services to continue effective January 1, 2017; this contract was extended through December 31, 2016. The original RFP produced no acceptable bids.

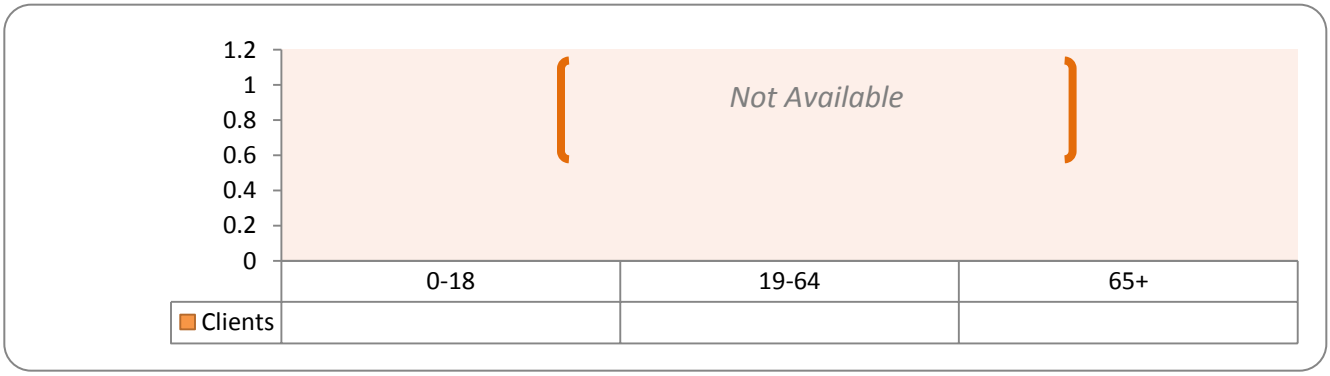
Ages Served in the Program (check all that apply):

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

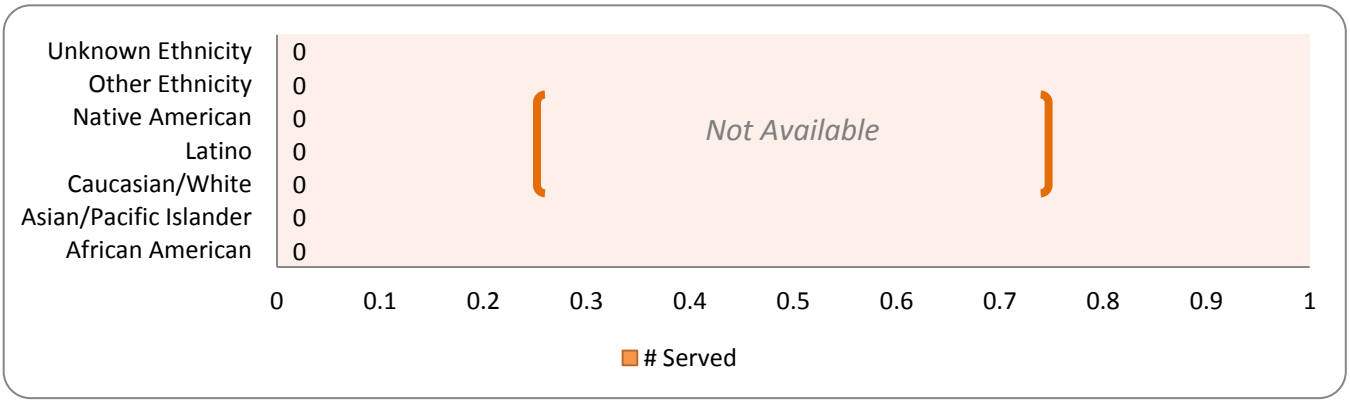
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $53.93

Cost per client is based on actual Costs ($113,568.00) and the actual numbers served (2106) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$113,568.00	**$113,568.00**
Change		

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

The primary challenge is reaching the rural communities. This is being addressed by the provide serving rural cities on a rotating and regular schedule of outreach and education.

Proposed Changes:

N/A

Performance Outcomes: January 2014- June 2015
Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- MHSA Consumer Family Advocacy Services Outcomes

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4526

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

Date Started: 7/1/2009

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

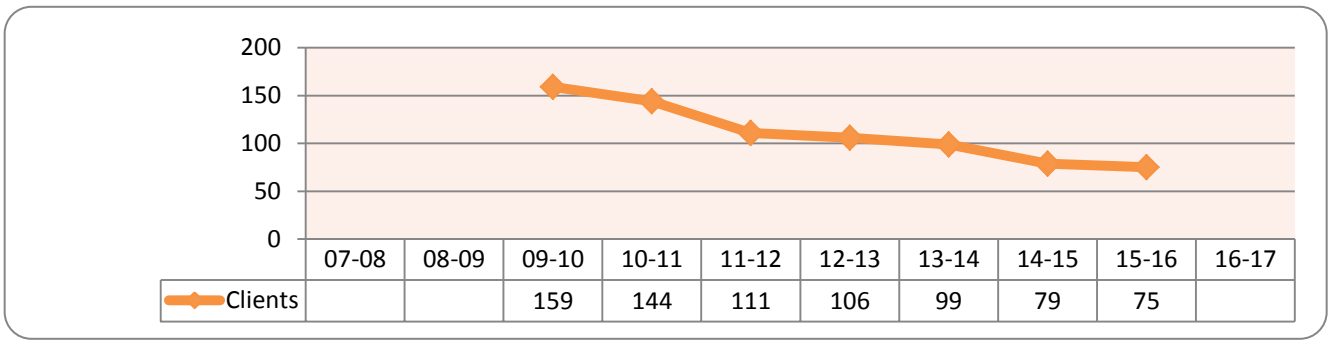
Program Update:

Discussions are in place regarding steps for vocational/educational expansion outside of the DOR contract. At this time no contracts or expansions have been initiated. Exploring other employment models such as the Transitional Age Youth (TAY) employment, Peer Support Specialist (PSS) run non-profit, and others. During this last year, the SEES program maintained their CARF Accreditation.
In the Three Year Integrated Plan, there was a significant enhancement that has not been implemented, the Department is evaluating strategy to use these funds to continue and enhance the supportive education and employment services

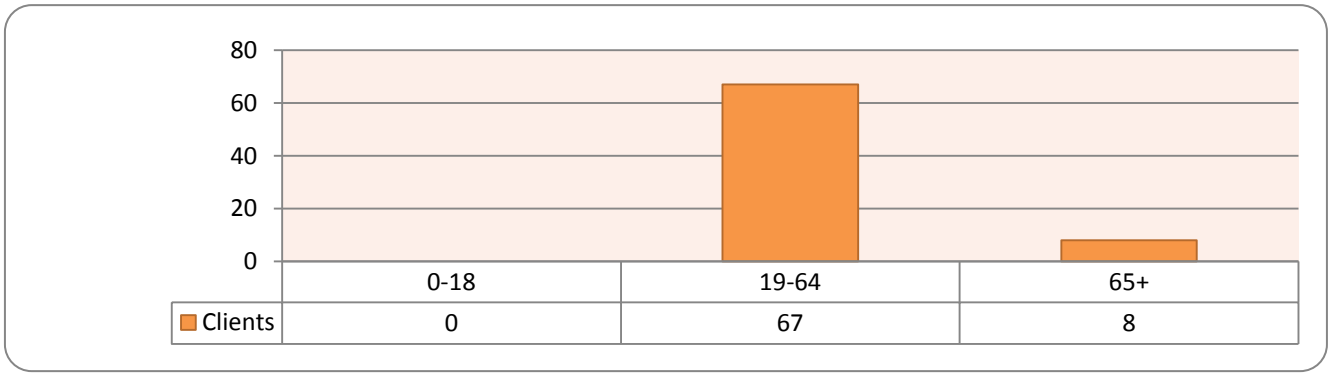
Ages Served in the Program (check all that apply):

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

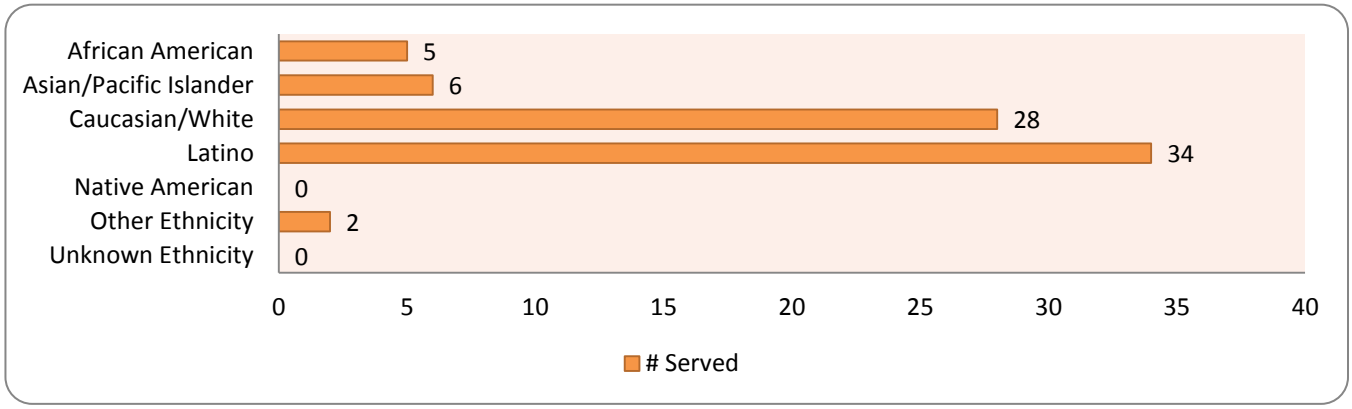
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$1,211,066.00	**$1,211,066.00**
Change		

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

None

Proposed Changes:

Continue to work on the development of a peer run copy center, continue the expansion of Employment models to include Individual Placement and Support, provision of various educational courses, and linkages to educational institutions. Increase outreach to the Transitional Aged Youth population to provide support to the employment component of the Transition to Independence Process (TIP) used in the TAY population. The development of the volunteer program will continue with increased coordination of volunteers with specific emphasis toward the development of TAY volunteers. Implementation of the Literacy Program will continue.

Department is conducting assessment to determine the most effective means to expand the supportive education and employment services. Provision of such rehabilitation services is of value to stakeholders per the Community Program Planning Process, therefore the Department will take a truly thoughtful approach to determine service provider best fit.

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4511

Program Name and Provider: Enhanced Peer Support
Fresno County Department of Behavioral Health

Date Started: 2/12/07

Program Description: Original work plan funded activities for the securing of permanent full time employment Peer Support Specialist and Parent Partners. Cost center associated with approved work plan plans for and funds supportive/wellness activities and supplies.

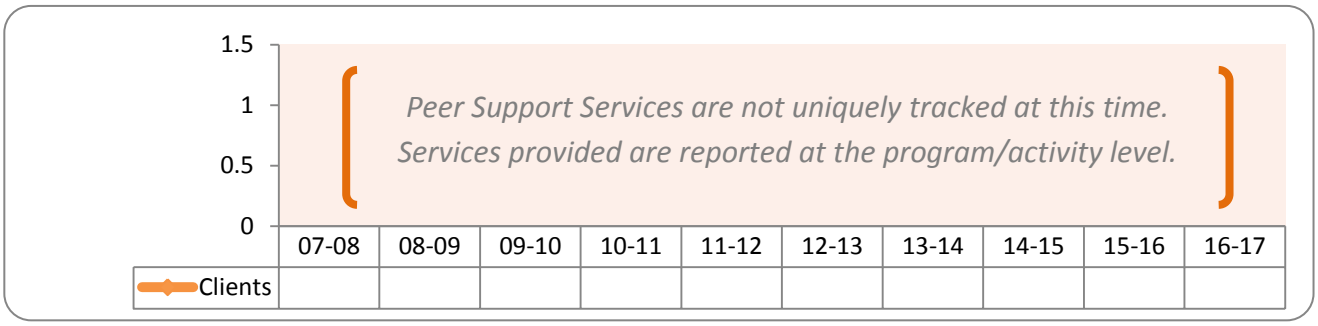
Program Update:

Enhanced Peer Support has been titled "Enhanced" since MHSA Annual Update 09/10, in which it was communicated that this plan enhances the work and inclusion of peer supported work through the offering of full time benefitted positions. For the purpose of this Annual Update, this program will be noted as 'keep' regarding status of MHSA program plan as the Department is continuing with the development of recovery and peer based services throughout the system of care.
In the Enhanced Peer Support program there are 10 FTE positions, throughout the Department there are the total of 18 PSS FTE positions, additional PSS positions have been moved to be aligned in program budgets such as Perinatal and RISE.
The Parent Partner positions are not budgeted or filled at this time. To be re-considered in the development of client/family services in the Department.

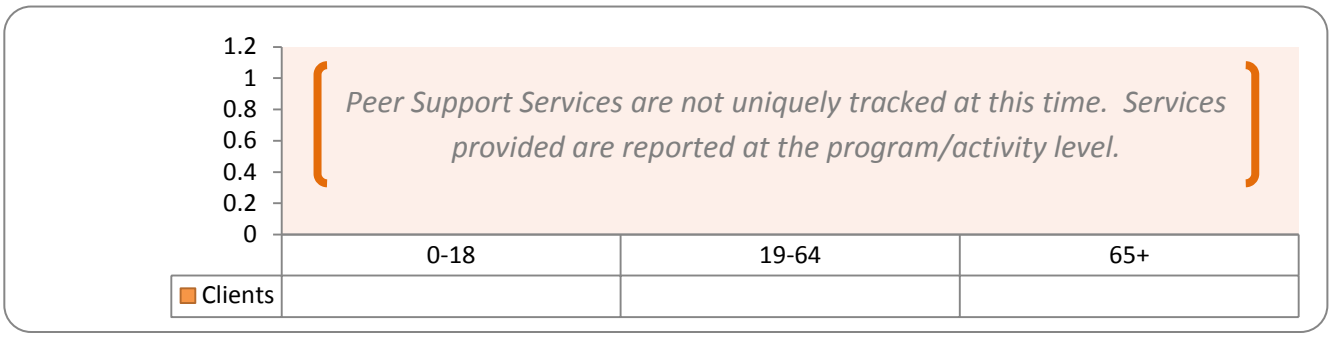
Ages Served in the Program (check all that apply):

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

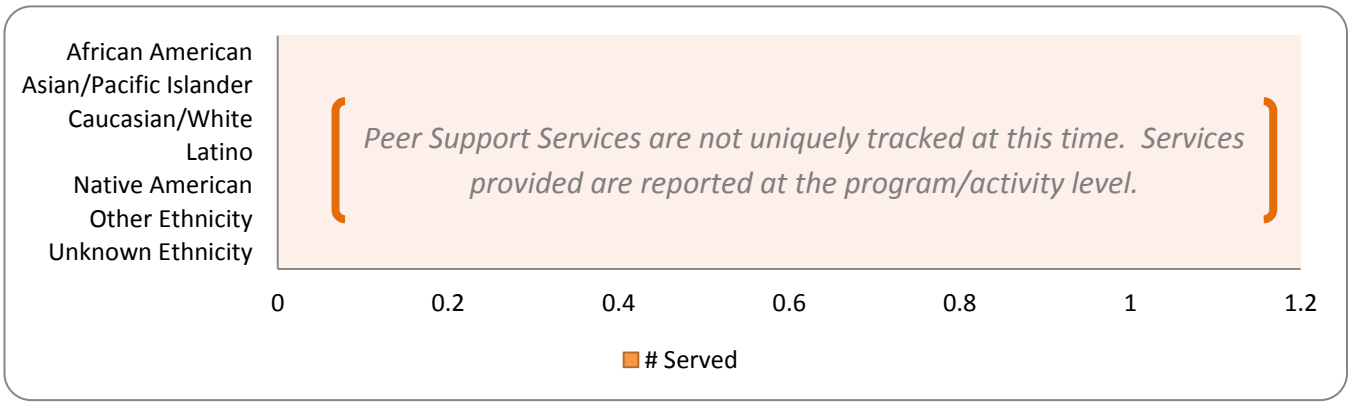
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$457,461.00	**$457,461.00**
Change		

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

Creation and implementation of core competencies is planned with the creation of a Staff Development component of Human Resources. This will create consistency in the training, development and use of the Peer Support Specialist workforce.
Use of a stand-alone cost center is not effective, was originally designed for the purse of tracking funding and costs, there are mechanisms in place to achieve this now.

Proposed Changes:

The Department will be evaluating the use of a stand-alone Enhanced Peer Support work plan for the funding and documentation of Peer Support Specialists in the Dept. It is the vision of the Dept and the goals of Reaching Recovery for any peer supported service to be fully integrated into all levels of service and access points. Any revisions to the work plan would be for the sole purpose of integrated peer services in a more meaningful way. Areas in which peer services may be integrated include, but are not limited to: Integrated Wellness Activities and all service delivery teams

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4710

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

Date Started: 12/3/13

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

Program Update:

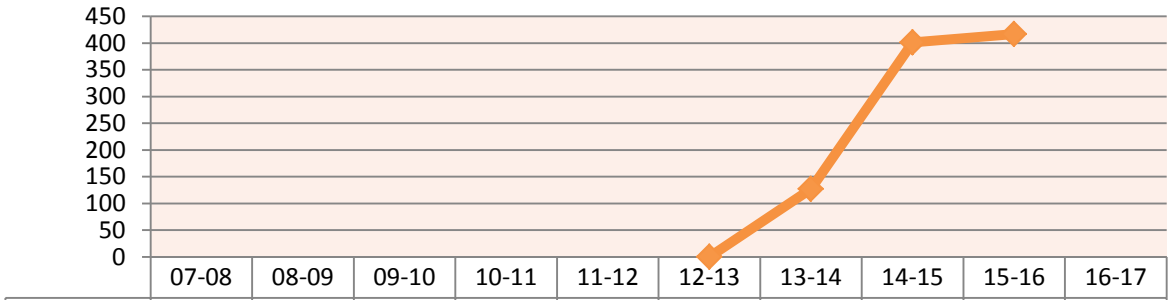
The Family Advocate continues to provide Advocacy and linkage services to families, while enhancing skills and abilities through a variety of opportunities. The Advocate participated in the Mental Health Services Act (MHSA) Oversight and Accountability Commission (OAC) (MHSAOAC) Community Stakeholders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

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

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

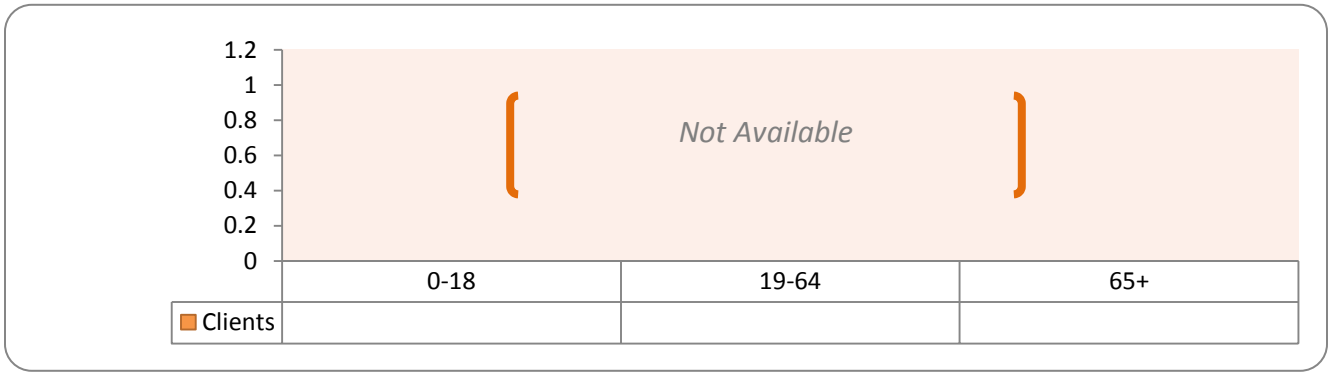
☒ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

Total Number of Clients Served:

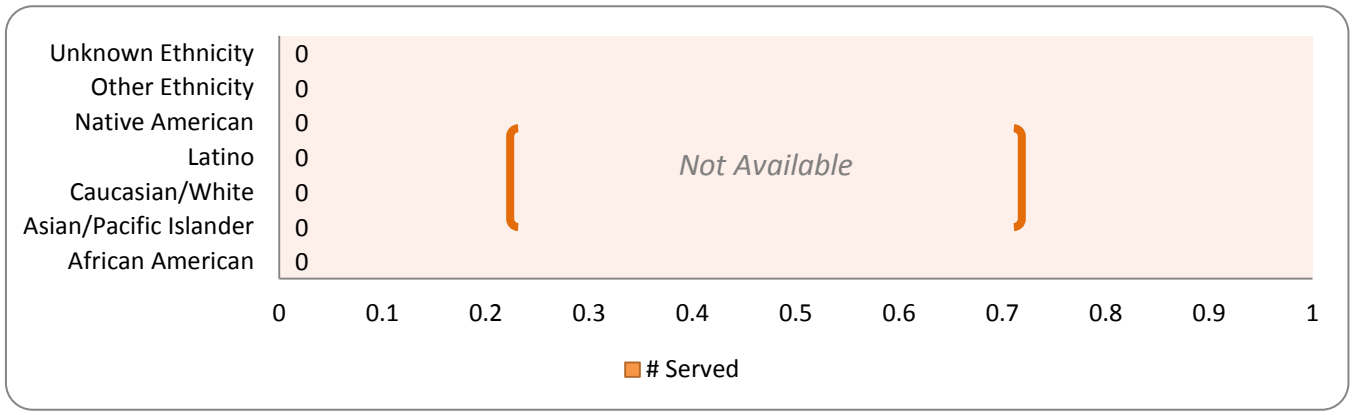


	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients						0	127	401	417	

Total Number of Clients Served By Age:



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



Total Cost per Client: $179.78

Cost per Client is based on actual costs ($74,967.00) and actual number served (417) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$75,000.00	**$75,000.00**
Change		

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

Challenges include data gathering as the work done with families is in the midst of crisis and not an appropriate time to gathering data from clients. This is addressed by attempting to follow up with families at a later date to gather necessary data. Services by age and ethnicity will be attempted, however, noting the caveat above about crisis period not conducive to in-depth data collecting.

Proposed Changes:

Future consideration of creating a client/family advocate designated work plan that would house all services that fall into the category of advocacy for clients and families. Discussion will include Community Program Planning stakeholder input related to access, information and navigating the complex system of care.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Family Advocacy Services Outcomes

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4510

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

Date Started: 7/1/2011

Program Description: The Housing Flex account is designed to provide clinically indicated and approved opportunities to access funding that would bridge gaps in funding to secure permanent housing and emergency lodging. The following are examples of possible expenditures: security deposit, PG& E, Pet Deposit, and Spay/Neutering of companion animals.

Program Update:

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

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

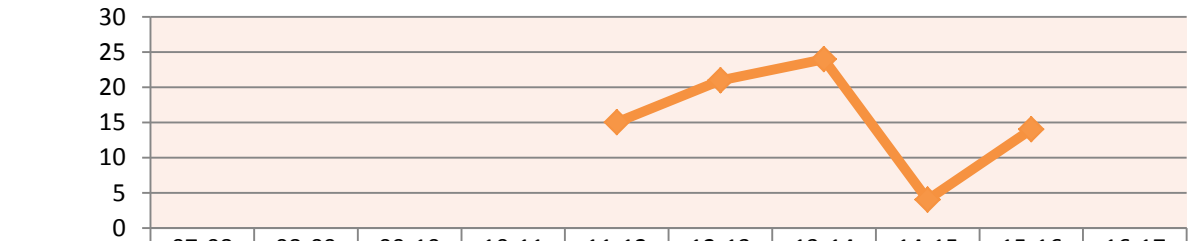
Continuing with companion animal assistance (started in 2013) by providing spay/neutering and vaccines so that the client could have their animals with them. This was initiated during first phase of move in opportunities when homeless SMI clients turned down units as no pet allowances has been made.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

Since the last plan, DBH released a Request for Quotations to solicit responses from local hotels/motels to create a Master Agreement that would be piloted with the adult system of care for the provision of emergency housing (up to 30 days). At the time of this update, two hotels are in process of being placed on agreement, protocol for DBH use being finalized with anticipation of use of hotel/motel vouchers by Sept/Oct 2016.

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

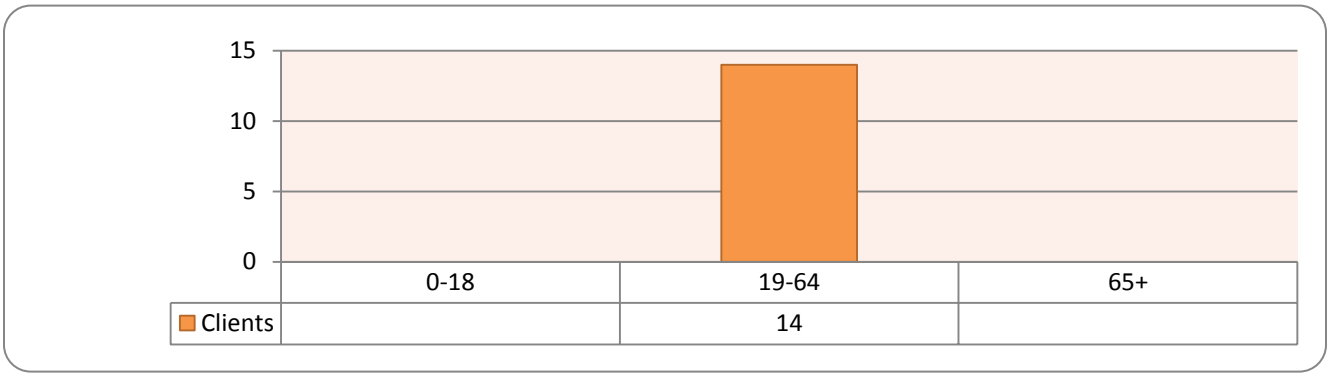
☒ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

Total Number of Clients Served:

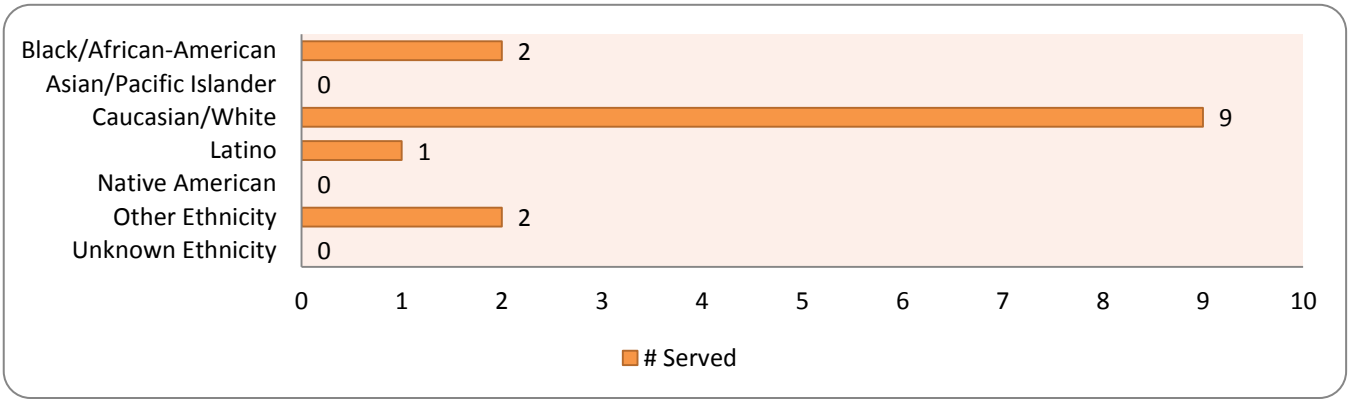


	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients					15	21	24	4	14	

Total Number of Clients Served By Age:



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



Total Cost per Client: $529.63

Cost per client is based on actual costs ($7,414.81) and actual number served (14) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$50,000.00	**$50,000.00**
Change		+$50,000.00

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

Minimal response to the initial Request for Quotations, staff have completed outreach to potential vendors with positive response, currently have 5-7 hotels/motels with interest, follow up being completed. Stigma may have played a role in initial lack of response; however the personal meeting with managers is netting positive results.

Proposed Changes:

The emergency lodging concept was approved in the prior Three-Year Plan; however funding was not clearly designated. This Annual Update and fiscal section above denotes the budgeting of $ 50,000 for emergency lodging.

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4510

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

Date Started: Not started yet

Program Description: Department will provide additional permanent supportive housing opportunities for eligible clients living with a severe mental illness. Mater leasing opportunities will be sought and maintained by a contracted third party and work with clients approved and referred by DBH.

Program Update:

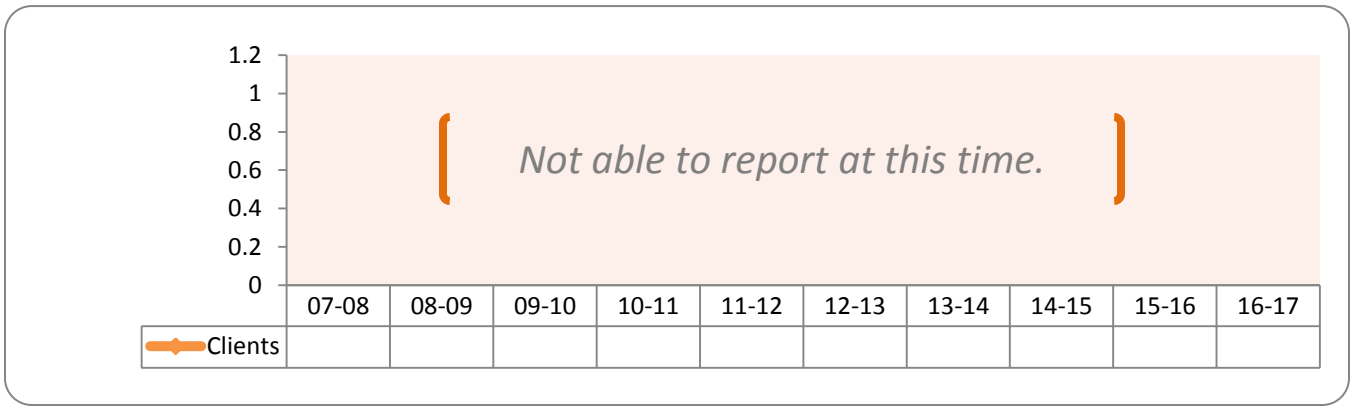
The 2015 Point In Time Count (Homeless Individuals) demonstrates a significant need for additional permanent supportive housing units in Fresno County. This housing gap need was also clearly demonstrated by stakeholders in the 2015 Annual Update as well as being further assessed for specific recommendations through the Departments acquisition of provider for a Housing Needs Assessment. As such, $400,000 was allocated in the 2015 Annual Update for master leasing.

The Department anticipates issuing an RFP in late summer of 2016 to seek responses from property owners / property managers for rental housing for DBH clients through master leasing. Based upon response to the RFP, a contract for master leasing will be executed prior to December 31, 2016.

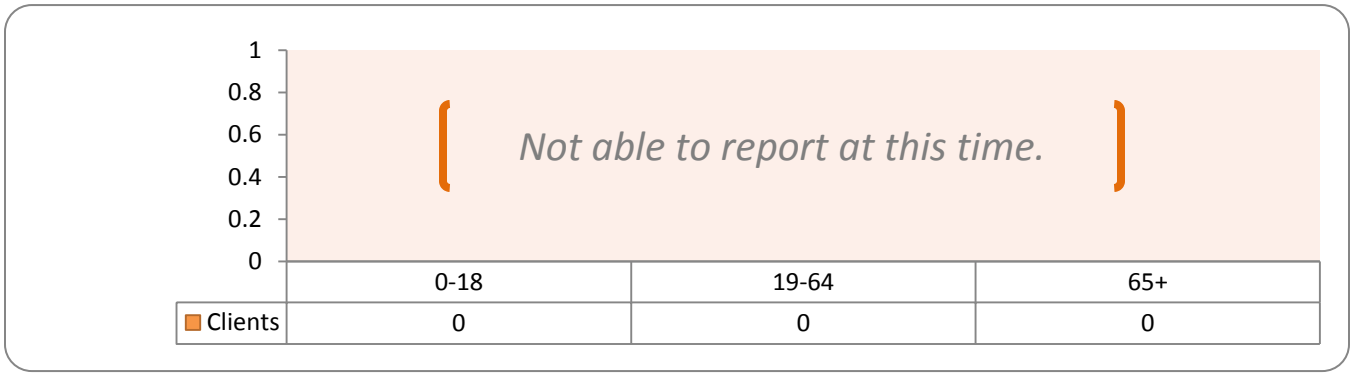
Ages Served in the Program (check all that apply):

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

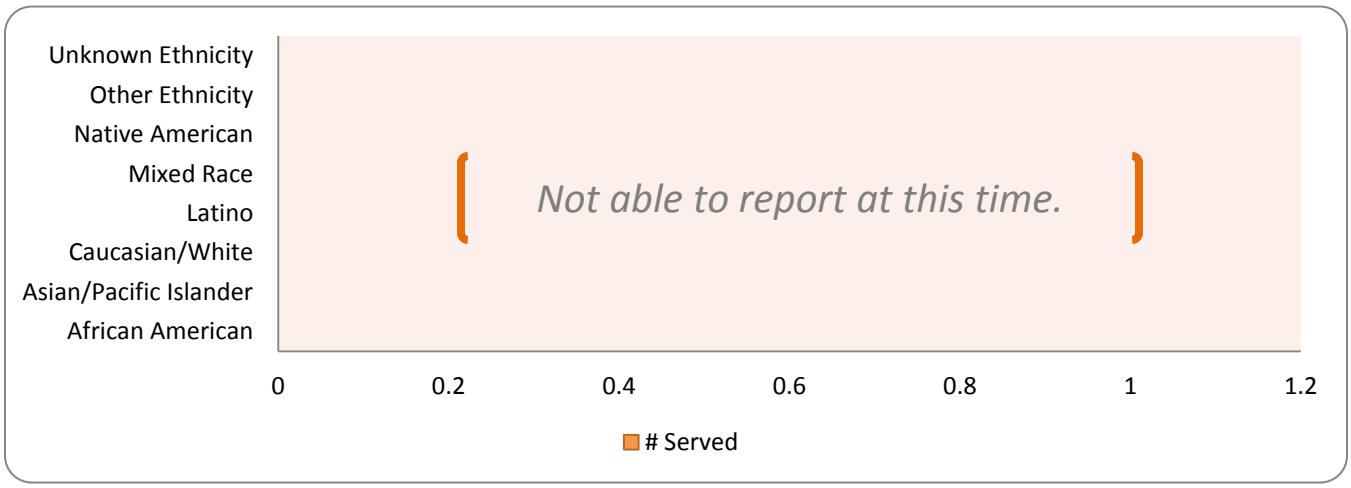
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	FY 15/16	FY 16/17
	$400,000.00	**$400,000.00**
Change		

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

Lack of resources to be dedicated solely to housing activities and implementation activities has been a challenge; mitigation strategies include, but are not limited to: addition of Housing 'Program Manager' position and completion of Housing Needs Assessment with specific priorities and recommendations.

Proposed Changes:

Above referenced Housing 'Program Manager' is documented din the MHSA Administration staffing summary.

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4510/4810

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

Date Started: 1/1/2011

Program Description: Provide onsite supportive service for clients that have been placed into permanent supportive housing. Eligibility currently includes being homeless or at-risk of homelessness and living with a severe mental illness. Team also conducts outreach to homeless, provides hours at MAP and conducts application processing

Program Update:

Trinity, Alta Monte and Santa Clara are the three current permanent supportive housing sites, representing 69 dedicated MHSA units for those meeting eligibility criteria. Updates over this year include, but are not limited to: Clinical Supervisor position was added remains vacant at this time. The addition of CMHS positions has not been finalized as of the time of this Annual Update. Conceptually the CMHS position would directly support Shelter Plus Care work. The adding/filling of the position and further enhancements is still under review related to Housing Needs Assessment recommendations.

Renaissance onsite services provided **2251.48** hours/groups of services during 15/16.

2015-2016 Move Out Stats
• **Alta Monte – 2 - average stay: 1.94 years**
• **Santa Clara – 8 - average stay: 1.99 years**
• **Trinity – 4 - average stay: 3.55 years**

Reasons for Move outs

6 – Used Voucher Program (43%) 1 – Moved with Family (7%) 1 – Deceased (7%)
1 – Forfeited Apartment (7%) 1 – Unknown (7%) 4 – Eviction (29%)

Successful interventions and support have established an eviction rate of 29% (4 out of 14) for 15/16.

Application Outcomes:

34 new applications were received in FY 15/16

- (12 At-Risk, 16 Chronically, 0 Parc Grove (Family), and 6 Shelter Plus Care).

The average wait time is 1.48 years for 2015-2016 placements. This represents time from DBH approved applicable to Renaissance unit being available. This wait time does not apply to Shelter Plus Care.

Currently there are 14 clients that are pending opening (housing list).

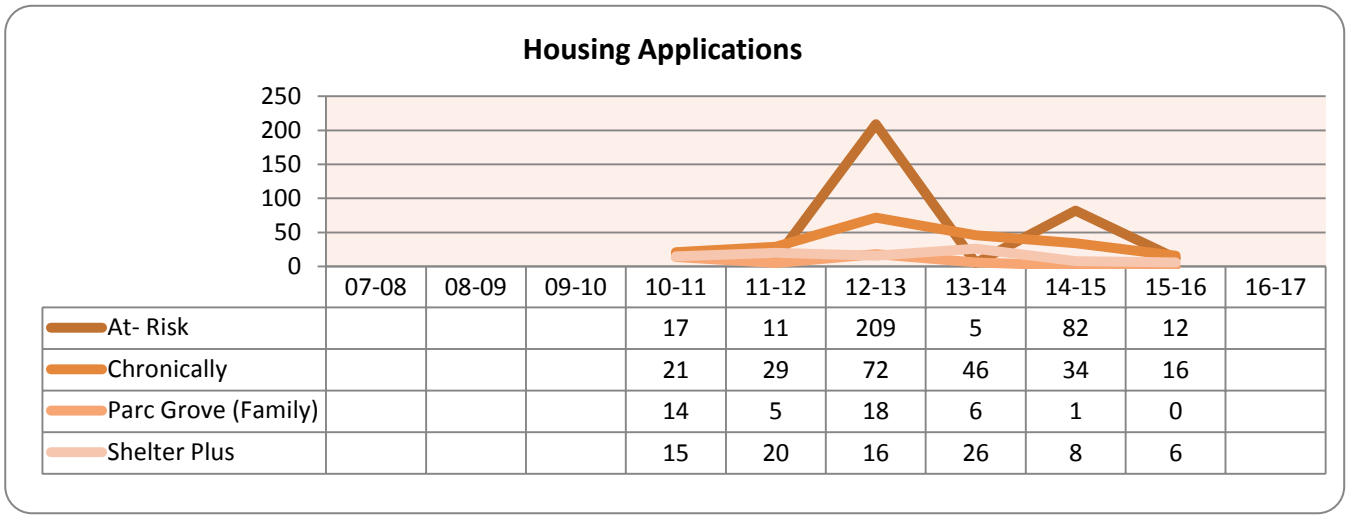
- 6 – Chronically Homeless
- 8 – At-Risk

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

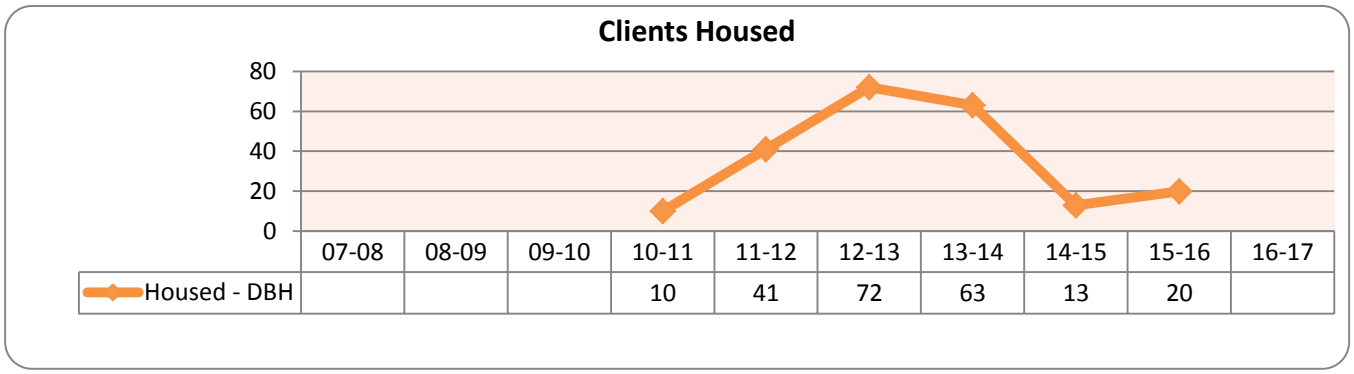
Ages Served in the Program (check all that apply):

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

Total Number of Clients Served:

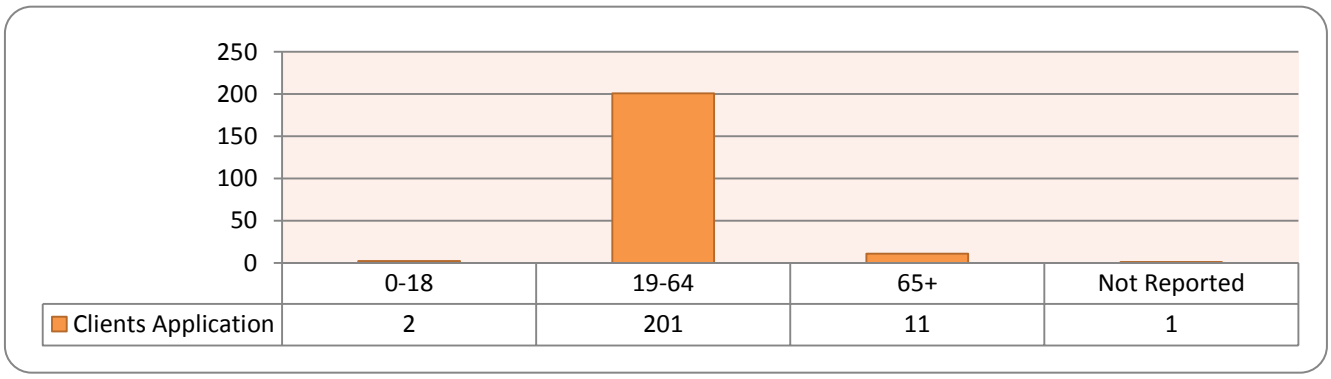


	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
At- Risk				17	11	209	5	82	12	
Chronically				21	29	72	46	34	16	
Parc Grove (Family)				14	5	18	6	1	0	
Shelter Plus				15	20	16	26	8	6	



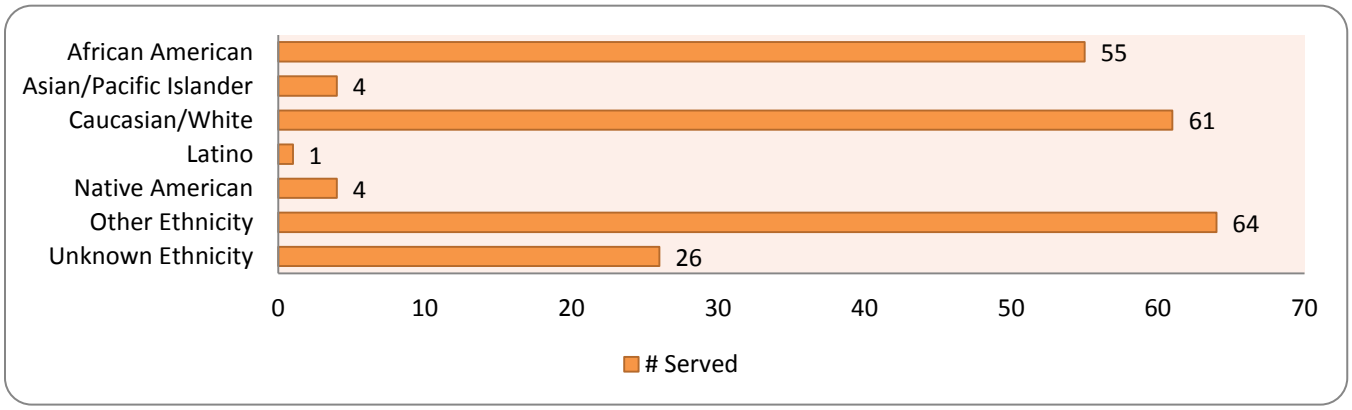
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Housed - DBH				10	41	72	63	13	20	

Total Number of Clients Served By Age:



	0-18	19-64	65+	Not Reported
Clients Application	2	201	11	1

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



Total Cost per Client: $2,004.20

Cost per client is based on actual costs ($430,902.04) and actual number served (215) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$745,568.00	**$745,568.00**
Change		

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

Challenges with individual tenant actions are addressed by on site staff to assist the tenants in maintaining tenancy. Strategy includes being on site, available and serving as a strong liaison with property management.
Housing capacity continues to be a challenge, clear and present need for increased permanent supportive housing units.
Challenge of wait time with a DBH approved application over 1 year, master leading and pursuit of other current and future options being explored.

Proposed Changes:

Continue to interview to fill the Clinical Supervisor position. Upon completion of Housing Needs Assessment and possible re-alignment of housing services in the Department evaluate need for filing CMHS position to case manage Shelter + Care recipients that are no longer receiving 'care.' This service would provide the recipient with a support system to maintain housing without the voucher if they no longer need 'care.' This would create voucher capacity for those involved in services within the Department. As housing capacity I enhanced, work will be done to include/advocate for DBH clients that are in need of safe and affordable housing that may not fit homeless/at risk criteria. Additional proposed changes would be determined after the completion of the Housing Needs Assessment which is currently in progress.

Performance Outcomes: Not available at this time, volumes served noted in update. Outcomes being discussed to include in next update.

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention

Project Identifier: PEI4776

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

Date Started: June 2013

Program Description: In the DBH 12/13 Annual Update, planning and startup funds were aligned with the activities of an Integrated Wellness Center. Conceptually, the work plan was to dedicate funds to the further analysis how to best integrate wellness activities into the adult system of care.

Program Update:

In the previous annual update the Department sought continued funding and approval to maintain and grow Recovery Practices and holistic care for clients with the goal of orienting clients and providers to recovery through activities, education, events, and opportunities that are designed to promote the further development of a Recovery Oriented System . The primary focus of the Integrated Wellness Activities is to advance the recovery oriented environment of the service delivery system. Over the last period there has been a major focus on welcoming and infusing holistic experiences (creating a greater balance of mind, body, and spirit) in an environment that supports the interaction of staff and clients outside the traditional patient/client role decreasing the focus on illness and role as a patient, decreasing stigma, and increasing risk taking, hope, and the individual potential for growth.

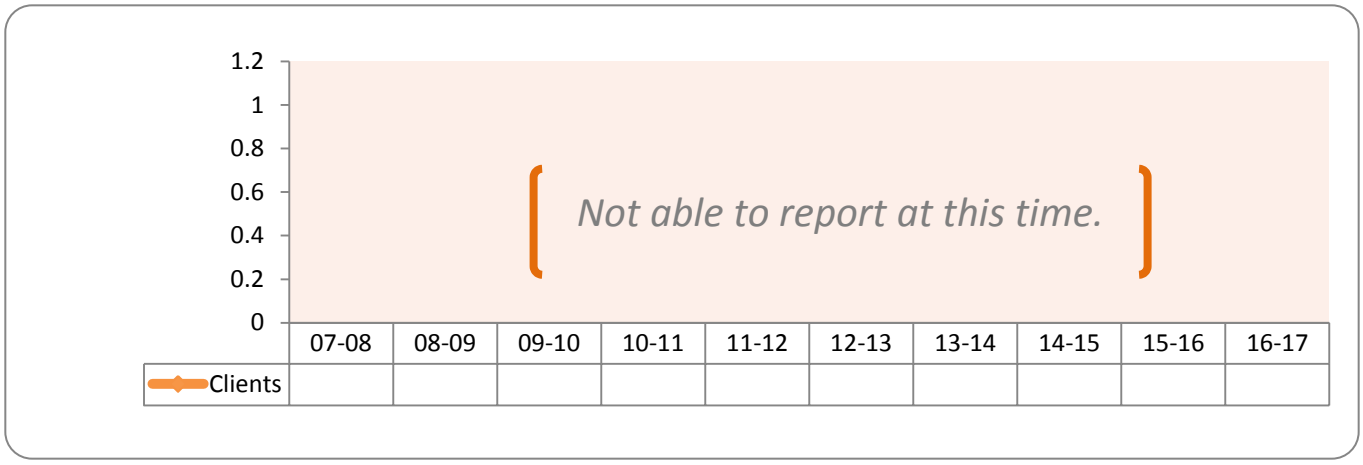
During the last period some examples include supporting the therapeutic horticulture group, supporting and the nutrition group, and supporting the walking group. Another Integrated Wellness Activity included supporting a client art hop event designed to promote risk taking, address stigma, promote the search for meaning , and promote and accurate portrayal of psychiatric disability as this event was open to the public. Additionally, Integrated Wellness Activities have supported a TAY talent show and various client achievement ceremonies.

Previous and ongoing activities include Adult and TAY Resolution and Advisory Council (RAC), the Addition of a rural group titled Community Health and Wellness Committee; met in Coalinga, Orange Cove, Reedley, Tollhouse, and Firebaugh, welcoming enhancements, support of the client volunteer and greeter initiatives, Beautification Committee and subsequent activities , and wellness groups and materials

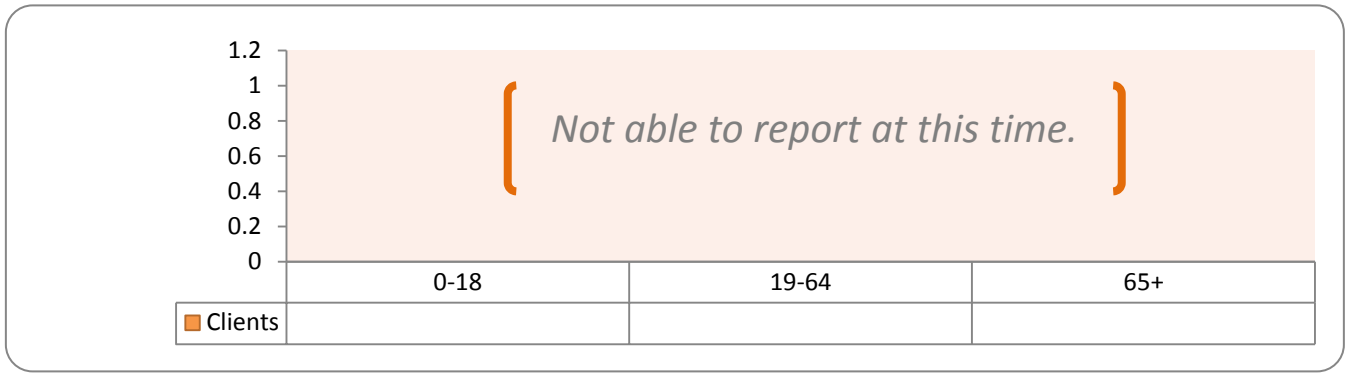
Ages Served in the Program (check all that apply):

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

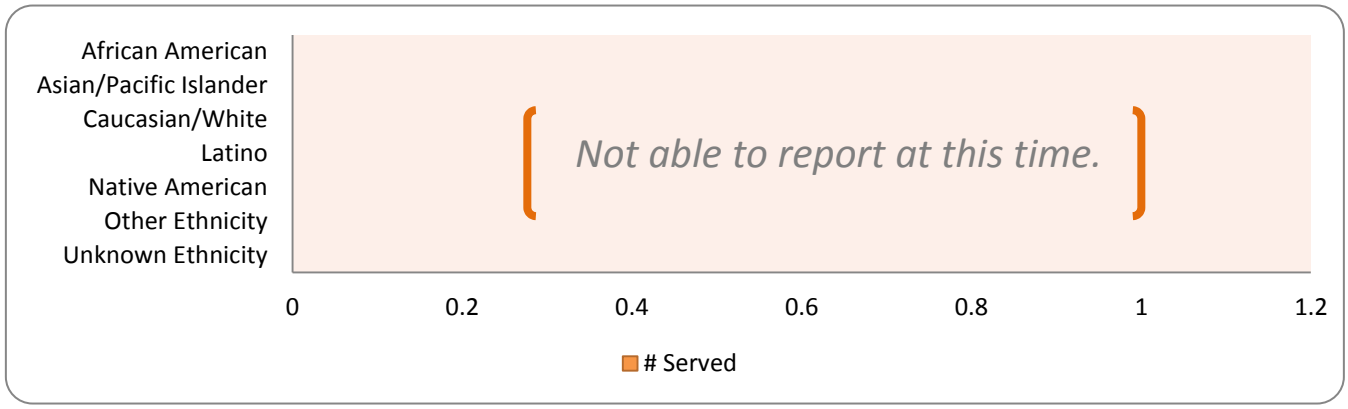
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations

Allocation Summary	***FY 15/16***	***FY 16/17***
	$40,000.00	**$40,000.00**
Change		

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

With many competing initiatives Integrated Wellness Activities have arisen from specific client/program interest in a very organic way. With specific designated leadership and attention the Integrated Wellness Activities can become better coordinated, tied in with larger Departmental initiatives and can be reoccurring to create a sense of tradition and mark lifespan milestones.

Proposed Changes:

Over the next period there will be an increase in cultural events for engagement with underrepresented communities, increased numbers of celebrations and client recognition of achievements outside the role of client, and the development of increased peer activities and engagement in the clinic setting through impromptu WRAP, Art, Music and that promote the search for meaning and encourages individuality.

Performance Outcomes: Not Available at this Time.

PEI Work Plans, Progress Updates and Proposed Changes

☒ Early Intervention

Project Identifier: PEI4324

Program Name and Provider: K-12 School Based
Fresno County Office of Education (FCOE) - Master Agreement (Contracted Provider)

Date Started: 05/03/2010

Program Description: Positive Behavior Interventions and Supports (PBIS) is an evidenced-based approach to early identification and prevention of students' behavioral/emotional problems. This framework allows children and youth early access to evidence-based academic and behavioral practices prior to onset of severe behavior/emotional challenges. PBIS is a decision-making framework established to guide, select, integrate, and implement evidence-based practices to achieve positive outcomes for all students. Schools organize their continuum of practices and interventions in a multi-tiered logic model, which typically include a universal level, a targeted level, and a tertiary level.

Progress Update:

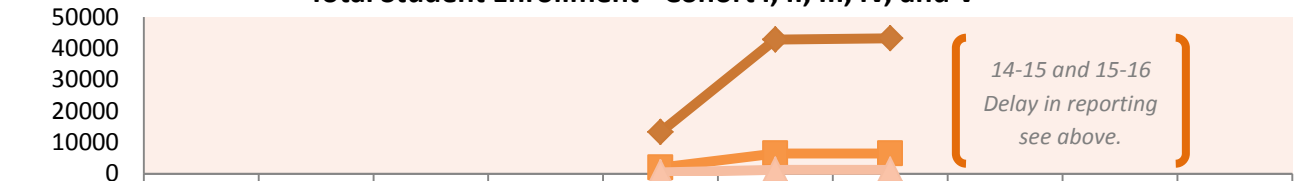
The Master Agreement allows for multiple educational and community organizations to participate; FCOE is currently the only contractor. The PBIS model consists of a 3 year cycle of training with cohorts starting each year as new training begins. Once the 3 year training cycle ends, schools are encouraged to continue program though with no additional funding. FCOE has hired a fourth PBIS trainer to support school sites sustain PBIS implementation by providing information and resources at the training and school sites, as well as through phone and email. The additional trainer and approved budget allow the provision of refresher trainings, particularly to new staff of schools that have participated in past cohorts.
Regarding enrollment numbers and data - due to the complexity of working with multiple school districts and individual sites, the receipt of the data noted below is significantly delayed. This delay is reasonable and information will be received as reporting is part of the agreement expectations.

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

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

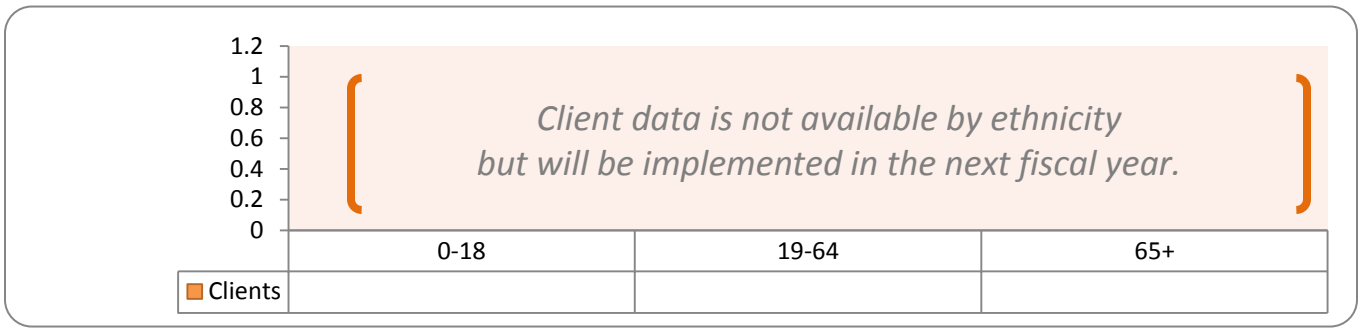
Total Number of Clients Served:

Total Student Enrollment - Cohort I, II, III, IV, and V

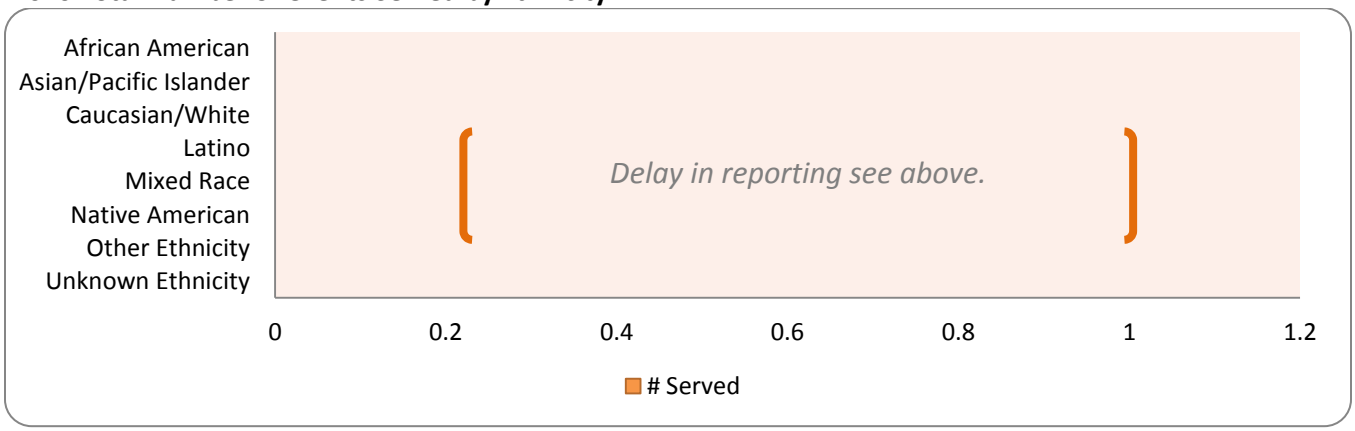


	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Tier I					13,274	42,841	43,169			
Tier II					1,991	6,426	6,475			
Tier III					398	1,285	1,295			

Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$451,633.00	**$451,633.00**
Change		

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

An ongoing challenge is staff turnover, creating a hardship schools to continue and sustain the PBIS model. To counter this challenge, FCOE has initiated refresher trainings for schools to ensure all necessary staff are familiar with PBIS. FCOE has also hired an additional trainer to provide face-to-face support and training to schools. A common barrier to school site program implementation occurs when the principal has delegated PBIS administrative responsibilities to other school staff or administrators. FCOE has found some improvement to school participation following one-on-one meetings between the principal and the PBIS Program Manager or a trainer to explain the importance of the principal's role is in the success of implementing PBIS.

Proposed Changes:

FCOE plans to increase participation of PBIS cohorts to schools that previously opted out and to include more high school sites. Each year, FCOE recognizes all schools that have achieved gold, silver, or bronze level success in their PBIS goals; they are exploring the possibility of adding a platinum level of recognition for schools that have attained a gold level for several years.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Positive Behavior Interventions and Supports (PBIS)
- Positive Behavior Interventions and Supports (PBIS) - Attachment B

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention

Project Identifier: PEI4317

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

Date Started: 12/3/2013

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

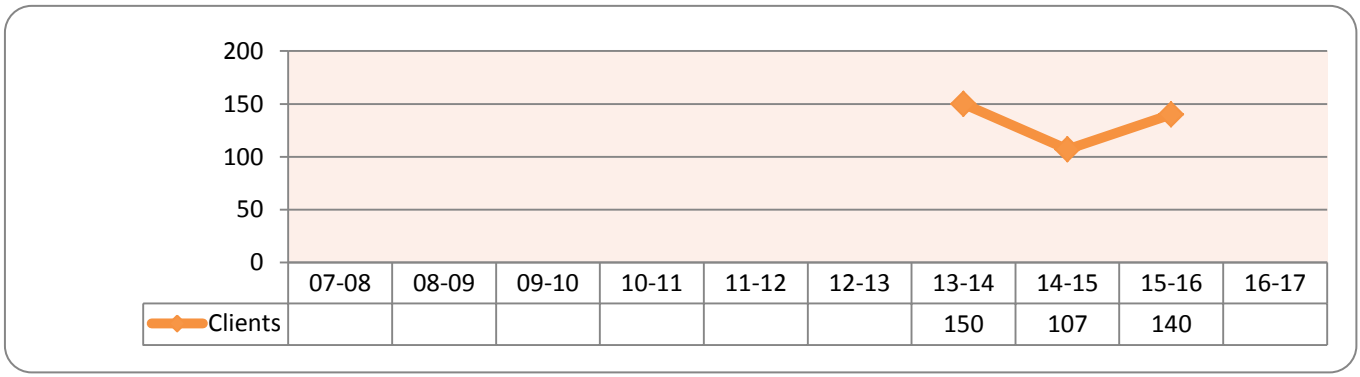
Program Update:

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

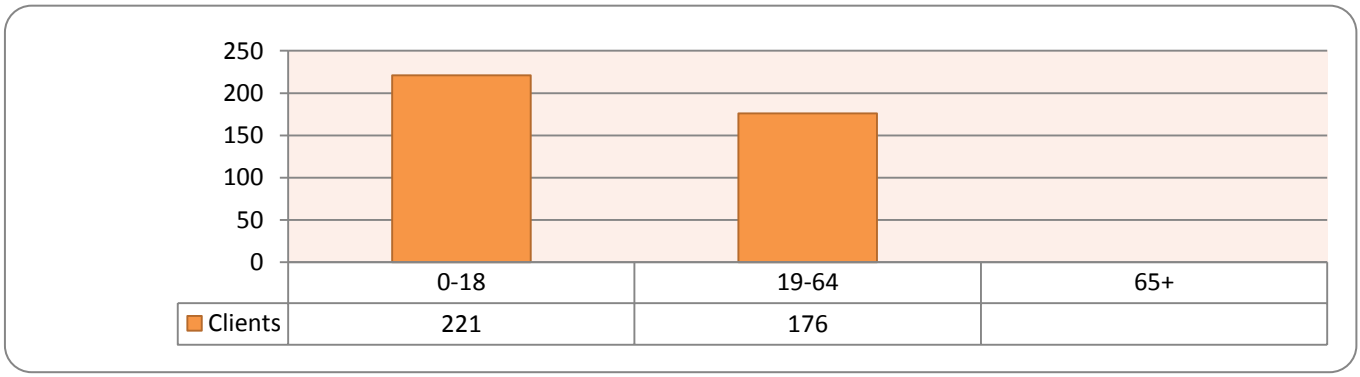
Ages Served in the Program (check all that apply):

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

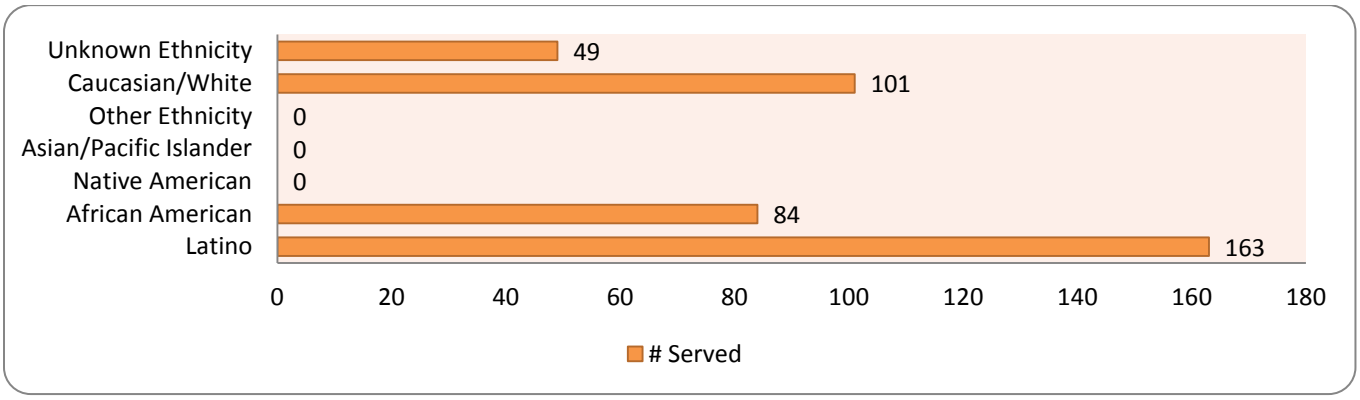
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $146.65

Cost per Client is based on actual costs ($20,531.04) and actual number served (140) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$240,000	**$240,000**
Change		

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

How the program delivery is accomplished varies from provider to provider. As each provider has a different evidence-based program, developing one set of outcomes would make the data more meaningful. However, the issue is that there are several different programs at work.
Outcome reporting is impacted by:
The program follows a curriculum that encompasses topics as: healthy living, nutrition, communication, feelings and defenses, anger management, facts about alcohol and drugs, chemical dependency, effects of addiction on the family, goal setting, making healthy choices, healthy boundaries, healthy friendships and relationships, and individual uniqueness.

Proposed Changes:

Increased funding; for all providers. Accepting new providers onto master agreement.
Funding increase to providers is within the limits of the Master Agreement, there is no change to the dollar amount noted above at this time.

Performance Outcomes: Not Available at this Time

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4526P

Program Name and Provider: Projects for Assistance in Transition from Homelessness (PATH) Grant Expansions
Kings View PATH (Contracted)

Date Started: 10/1/2008

Program Description: The Projects for Assistance in Transition from Homelessness (PATH) program delivers services to clients who are suffering from serious mental illness (SMI) and co-occurring substance use disorders, who are homeless or at imminent risk of becoming homeless. The goal of the PATH program is to enable clients to live in the community and to avoid homelessness, hospitalization and/or jail detention. The PATH program serves as a front door for clients into continuum of care services and mainstream mental health, primary health care and the substance use disorder services system. The contract services fall within the Wellness, Recovery and Resiliency Supports work plan.

Program Update:

From January 2014 to June 2015, 600 clients were outreached and linked to supportive services; 433 of these clients received further case management, peer support, and housing services. Specialty mental health services and housing supports were provided to 36 clients.

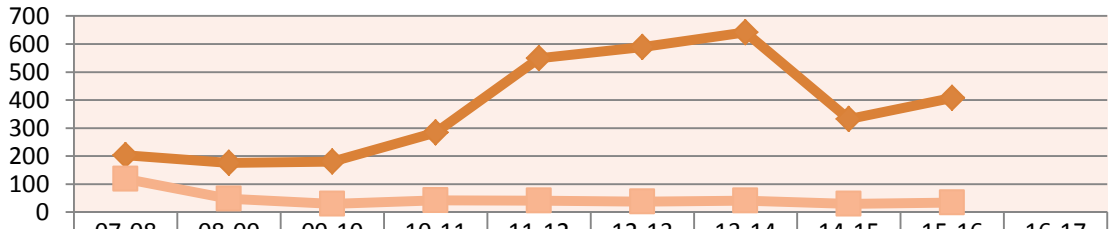
Kings View was again awarded the Request for Proposal (RFP) in FY 2015-16 for a PATH program comprised of two components: 1) PATH – Outreach, Engagement, and Linkage Services (OEL); and 2) PATH – Specialty Mental Health Treatment Services (SMHS). Approximately 500 clients will be provided outreach, engagement,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

Due to the PATH grant requirement that all program data be entered into the Homeless Management Information Systems (HMIS) in FY 2016-17, Kings View completed training and began HMIS implementation in late 2015. PATH project setup in HMIS continues to be an evolving process.

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

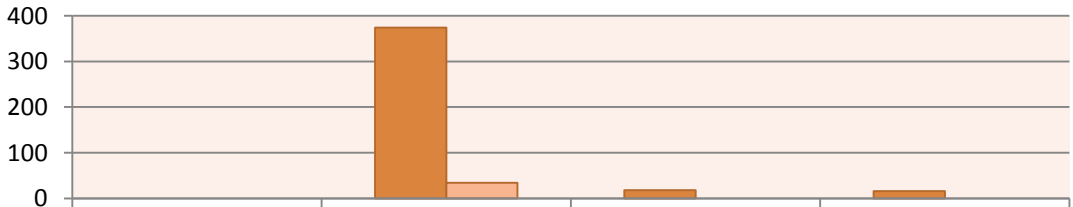
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:



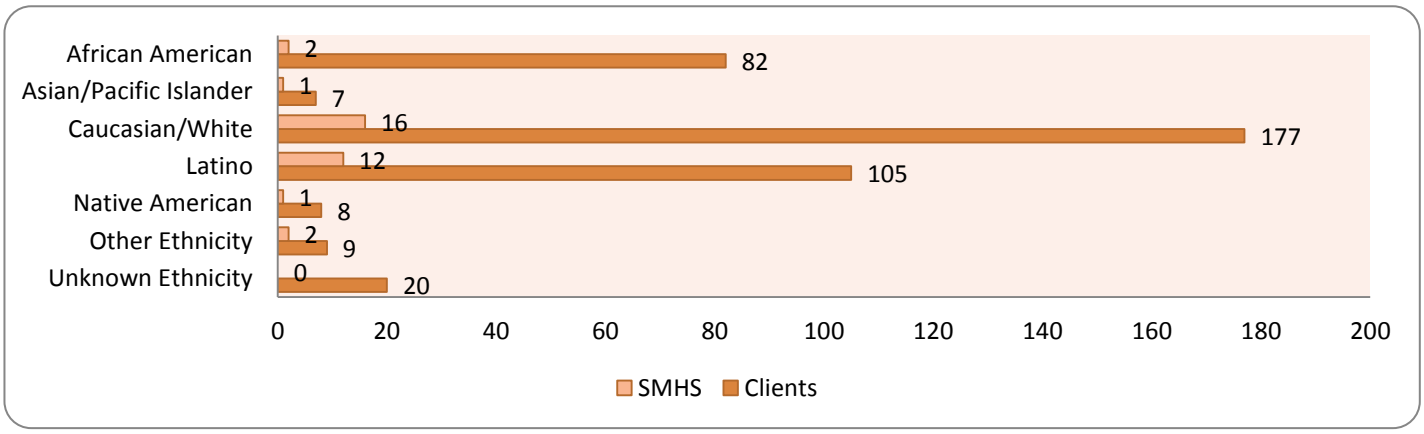
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients	203	176	180	284	549	589	642	332	408	
Clients - SMHS	119	48	30	42	41	37	41	29	34	

Total Number of Clients Served by Age:



	0-18	19-64	65+	Unknown
Clients	0	374	18	16
Clients - SMHS	0	34	0	

FY 2015-16 Total Number of Clients Served by Ethnicity:



Total Cost per Client: $674.17

Cost per client is based on actual costs ($297,981.00) and actual number served (442) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$125,754.00	**$125,754.00**
Change		

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

Although the number of clients outreached and enrolled in the PATH program has decreased, the number and array of services provided have increased as staff focus on targeted case management and linkage follow up. Achieving the expected number of clients to be served may not be realistic due to the time needed to establish a relationship and engage the client in participating in their wellness and recovery.

With development of rural programs such as the Rural Crisis Co-Responder program, Kings View PATH has received more referrals to provide services to rural homeless individuals. Travel costs have also increased. To manage time and resources being used, Kings View scheduled rural meetings and services in blocked times and collaborated with other rural providers.
There is also a lack of permanent and supportive housing for PATH clients due to their specific needs. The many requirements also make it difficult for some to qualify even when there is housing available. Quality of housing services also needs to be maintained. Housing vendors (landlords, apartment managers, owners, etc.) require better education about SMI and PATH's target population. Kings View continues to participate in various community outreach and housing initiatives to find solutions, while also working with available resources to find the best housing fit for each client.

Proposed Changes:

- Revise target number of clients outreached from 500 to 350 and spend more time and resources in order to help engage individuals to attain referrals, linkages and to receive services (200 PATH enrolled instead of 400).
- Kings View will be submitting a request for additional funds for the following:
  - Hire more staff to serve as outreach coordinators, including some dedicated to the rural communities, and thus better able to provide wider outreach at the same time as targeted case management;
  - Operational costs (travel) to meet rural homeless community service needs; and
  - Alternative housing services, such housing arrangements in the rural communities to rent out rooms for clients until they are self-sufficient.
- Budget increases will be reviewed by DBH executive leadership and if approved, will be initiated in FY 2016-17.

Performance Outcomes: January 2014- June 2015
Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- PATH Program

PEI Work Plans, Program Updates and Proposed Changes

☒ Other (standalone programs focused on outreach)

Project Identifier: PEI4776

Program Name: Suicide Prevention / Stigma Reduction

Date Started: 8/2015

Program Overview: Work plan provides the resources, structure and implementation of activities as well as reporting of performance indicators related to Fresno County suicide prevention and stigma reduction. This work plan will contain activities that include, but are not limited to: Strategic Suicide Prevention and Stigma Reduction Plan, social media and other outreach activities, speaker's bureau activities and prevention based education.

Program Update:

The Department has continued with a multi-faceted outreach approach to community and 'in' reach to County Departments with awareness and education activities. These activities include, but are not limited to: creation and implementation of recognition days/weeks (Mental Illness, Suicide Prevention, Recovery, etc) , youth suicide prevention activities, coordination of leveraged resources.

Key positions were filled in last two months, prompting future focused work on strategic planning, performance measurement design and reporting with an enhancement to integration with substance use services and other partners. Data and statistics on those served will be captured in next update due to infrastructure supports now in place (effective Aug 2016).

Examples of work completed and volume served are included below:

Hmong New Year Celebration - Week long presence at International Hmong New Year sharing resources in threshold languages , approx. 5,000 attendees.

Meredith Coleman - Teen singer-songwriter and bulling prevention activist, completed 4 Fresno performances, reaching out to over 300 youth.

Walk In Our Shoes - School performances based on four authentic stories from real youth and their experiences with mental health challenges , 3 local performances , reaching out to over 500 students and school faculty

Each Mind Matters Picnic - Celebration of recovery and focus on stigma reduction with staff and clients, over 500 lunches served.

Suicide Prevention Awareness Week - In process at time of this update, daily communication and awareness/education challenges by email and social media, reaching over 1,500 individuals.

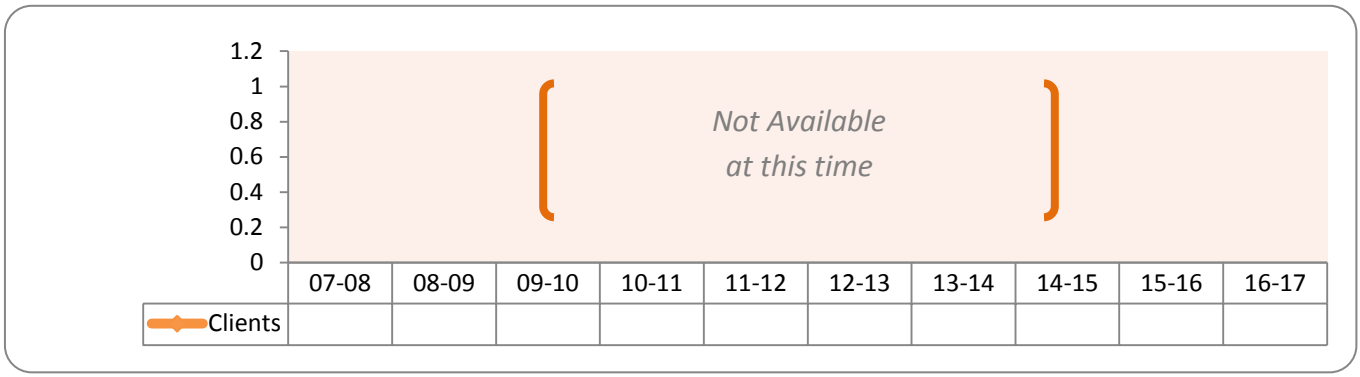
4th Annual RU OK? UMATTER! Oct 2016 - Youth and young adult forum that focuses on suicide prevention and stigma reduction 'of youth, by youth and for youth'.

Growth in this area to be experienced with the filling of the previously approved Coordinator position, this filled position will now initiate work on the approved Stigma Reduction / Suicide Prevention Plan that was included in the Three Year Integrated Plan.

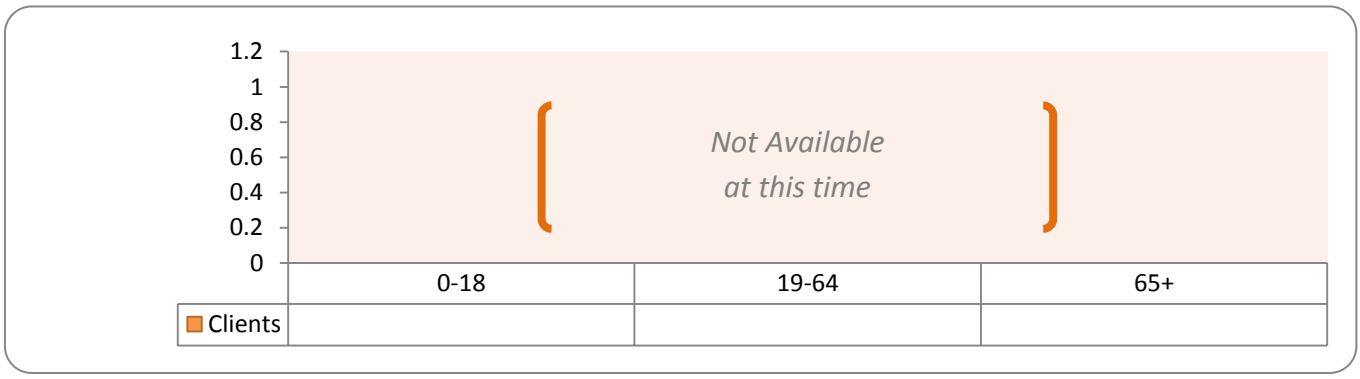
Ages Served in the Program (check all that apply):

☒ 0-15 ☒ 16-25 ☒ 26-64 ☒65 +

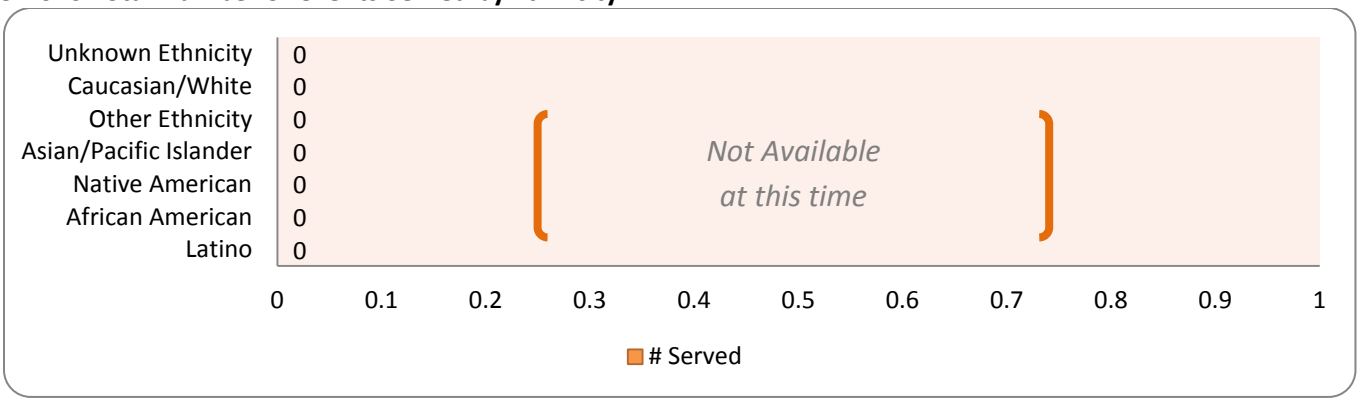
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$150,000.00	**$150,000.00**
Change		

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

Challenges included the lack of dedicated positions to the area of suicide prevention and stigma reduction, as of August 2016, two key positions have been added and filled (media/outreach and coordinator)

Proposed Changes:

With the addition of infrastructure supports, outcomes and counts will be captured and reported. Staff and services will have enhanced integration with areas such as substance use disorders.

Performance Outcomes: Not Available at this Time

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4311

Program Name and Provider: Therapeutic Child Care Services
Reading and Beyond

Date Started: 10/01/09

Program Description: DBH's Supervised Children's Rooms provides temporary, on-site child care in a safe environment for children under the age of 12 while DBH families are accessing on-site mental health services. This program allows parents access to and increased participation with mental health staff, and reduce the number of appointments missed by parents who are unable to find temporary child care. This program falls under DBH's work plan of Wellness, Recovery, and Resiliency Supports (WRRS).

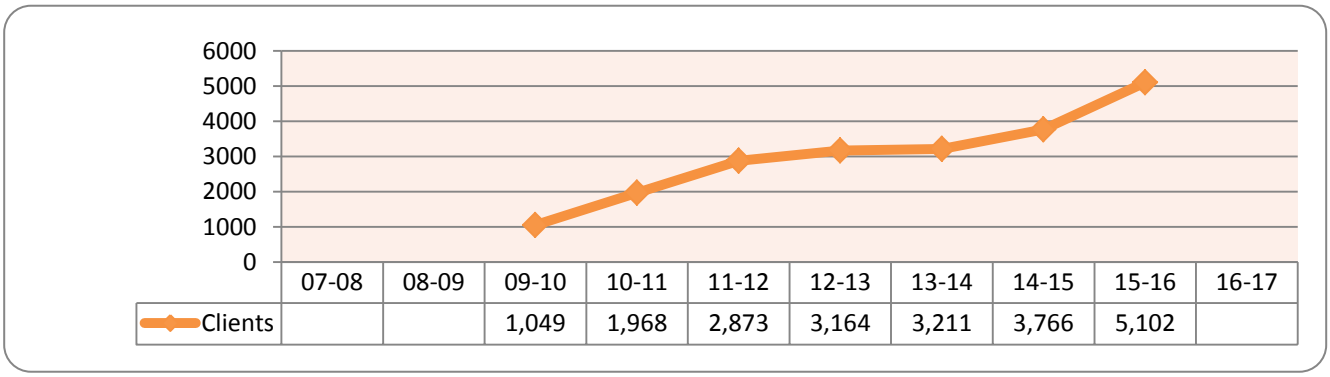
Program Update:

During FY 2014-15, an average of 32 children per week were supervised at the Heritage Center. The children were primarily under the age of five. An average of 27 children per week were supervised at the West Fresno Regional Center (WFRC). The children were primarily under the age of ten.
In a June 2015 survey, 93.4% parents stated they would miss either their appointment or their child's appointment if this program was not available.
Effective FY 2015-16, the hours at WFRC were expanded from 10:00 AM – 2:00 PM to 8:00 AM – 5:00 PM. Use of the smaller Perinatal Waiting Room was eliminated and use of a larger Child Care Room was expanded from Monday, Wednesday, and Friday to Monday-Friday to allow supervision of more children and to increase service accessibility for more DBH families.

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

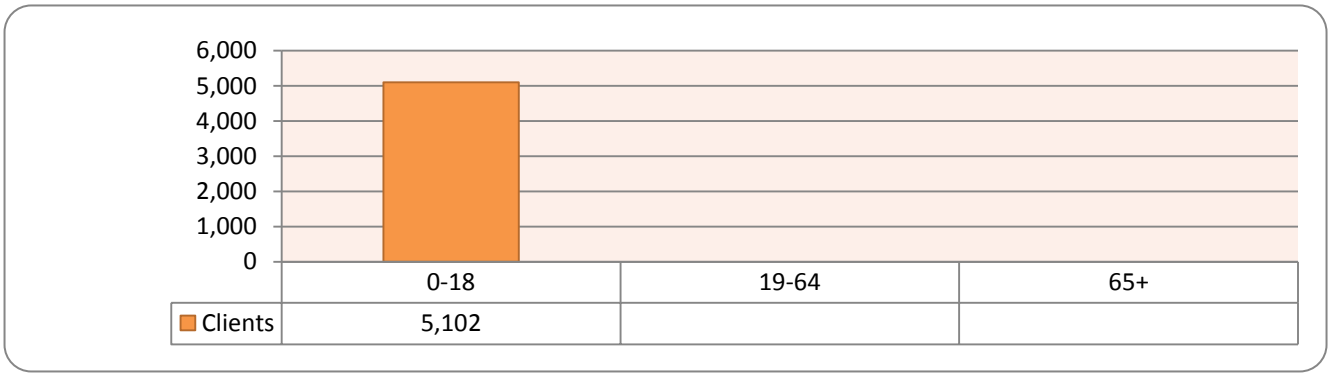
☒ **0-15** ☐ **16-25** ☐ **26-64** ☐**65 +**

Total Number of Clients Served:



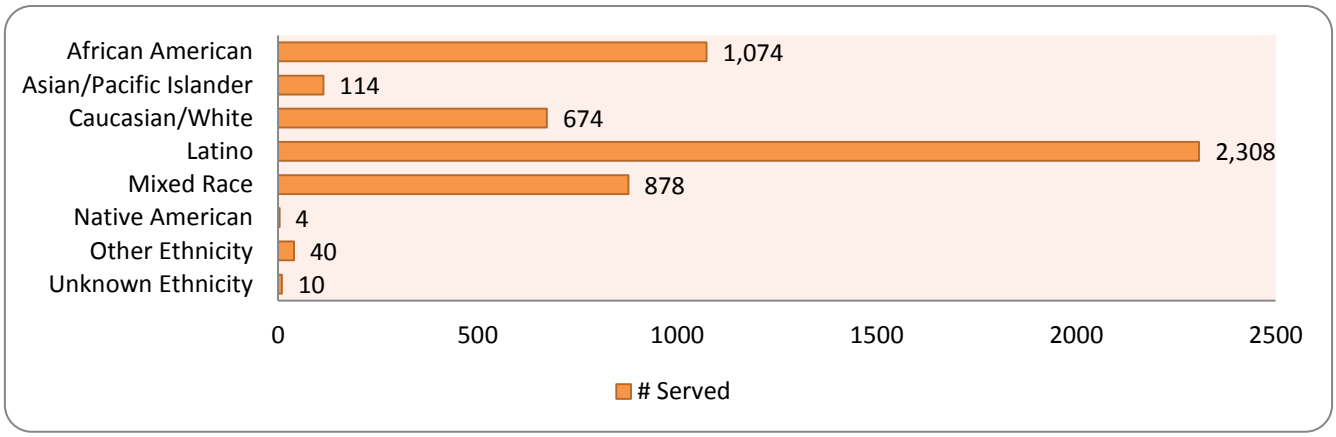
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients			1,049	1,968	2,873	3,164	3,211	3,766	5,102	

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients	5,102		

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



Total Cost per Client: $315.82

Cost per client is based on actual costs ($1,611,305.44) and actual number served (5102) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$125,388.00	**$125.388.00**
Change		

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

An on-going challenge within this program is having a limited budget. Program manager and staff are resourceful and re-use items, when possible, (i.e., small furniture, books, and toys) that are no longer needed from other Reading and Beyond programs in order to reduce cost expenses. Another challenge is due to limited staffing. Currently both locations are staffed with 1 full time site coordinator, 1 part time site aid, and both locations are sharing 1 substitute. The program manager is able to mitigate this challenge by helping with providing additional coverage as needed. The program manager also calls daily, once in the morning and once in the afternoon, to check on both locations to make sure the ratios of staff to children are at appropriate levels per the scope of work. Another challenge is limited coverage in the afternoon at the Heritage location once the part time site aid leaves. A strategy is to have the full time site coordinator go to break/restroom when there are no children in the room however during times when children are constantly present, the site coordinator unfortunately has to contact the parents to watch their own children for a limited time. Although parents are able to resume services afterwards, services are being disrupted. The numbers of children during the morning and afternoon periods at Heritage are also currently being closely monitored. Staff is also open to adjusting part time site aid's schedule to better accommodate higher utilization time periods.

Proposed Changes:

A proposed change for consideration for FY 2016-17 includes expansion of the budget to include an additional staff member to provide additional coverage in the afternoon at the Heritage Center to allow uninterrupted services for DBH families. Expansion would also allow for better quality of care and services to the children as well as promotion of education and prevention activities for clients and families. Enhancements will be further evaluated and sought in the next update with additional detail.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Supervised Children's Rooms

PEI Work Plans, Progress Updates and Proposed Changes

☒ Prevention

Project Identifier: PEI4521

Program Name and Provider: Youth Empowerment Centers
Kings View

Date Started: 10/05/10

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

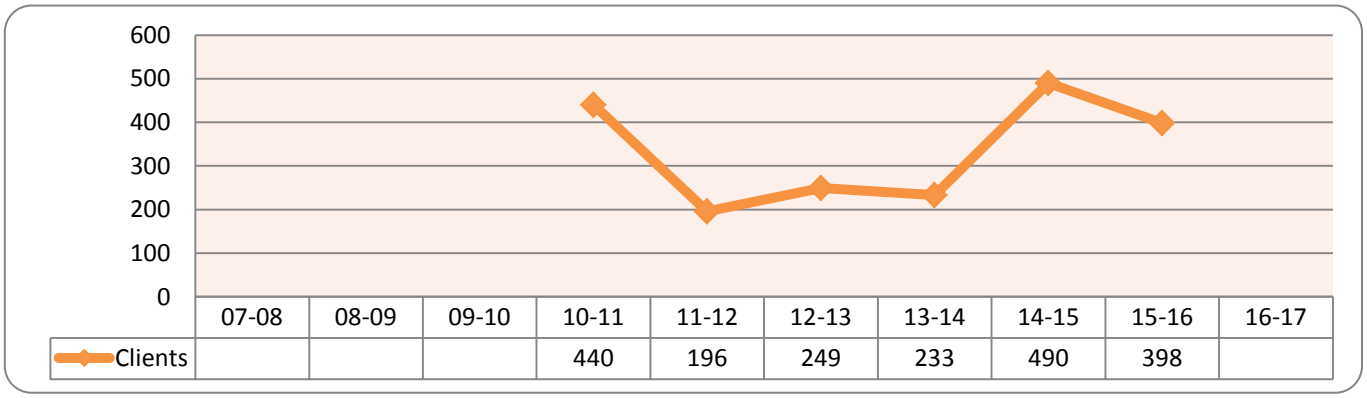
Program Update:

The total amount of clients served by the YEC is 5,328, with 702 support groups implemented, and 398 unique clients.
During this last year, there has been the addition of staffing and the continued offering of youth based services in metropolitan and rural Fresno County. Contract has two distinct Scopes of Work (Blue Sky and YEC) representing each unique service, budget and invoices have a clear separation.
The Youth Empowerment Centers Program offers recovery and resiliency support groups throughout Fresno County. Program expanded peer and family support services to include children and youth peer support groups in the Parent Partners and older peers to create a 'mentor' component.
YEC offers numerous group sessions per month at eighteen different mini-centers, located in Fresno Unified Schools, as well as rural sites including Firebaugh, Orange Cove, Tollhouse and Raisin City.
There has been great success in providing services to youth of rural areas. Youth are engaged in a variety of mental health topics which empowers them to respond better in school and at home.

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

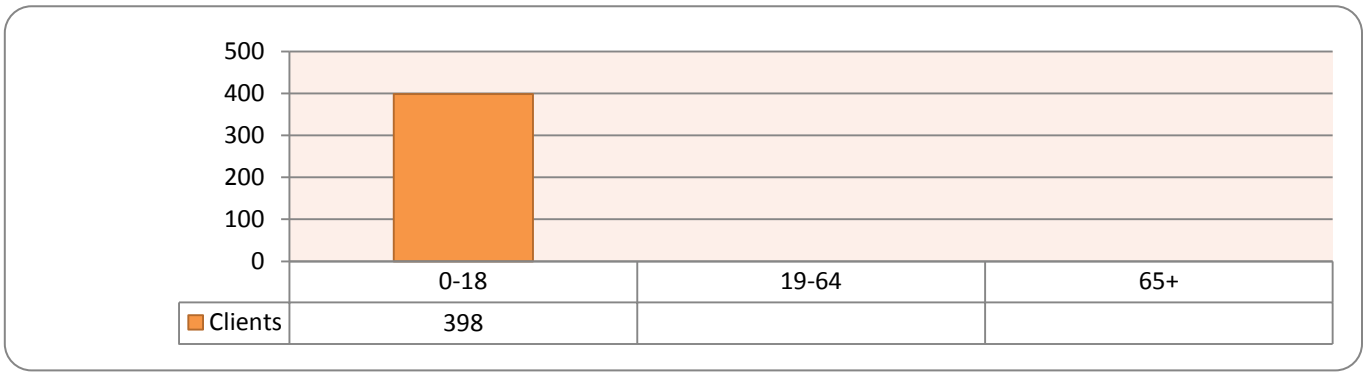
☒ **0-15** ☒ **16-25** ☐ **26-64** ☐ **65 +**

Total Number of Clients Served:



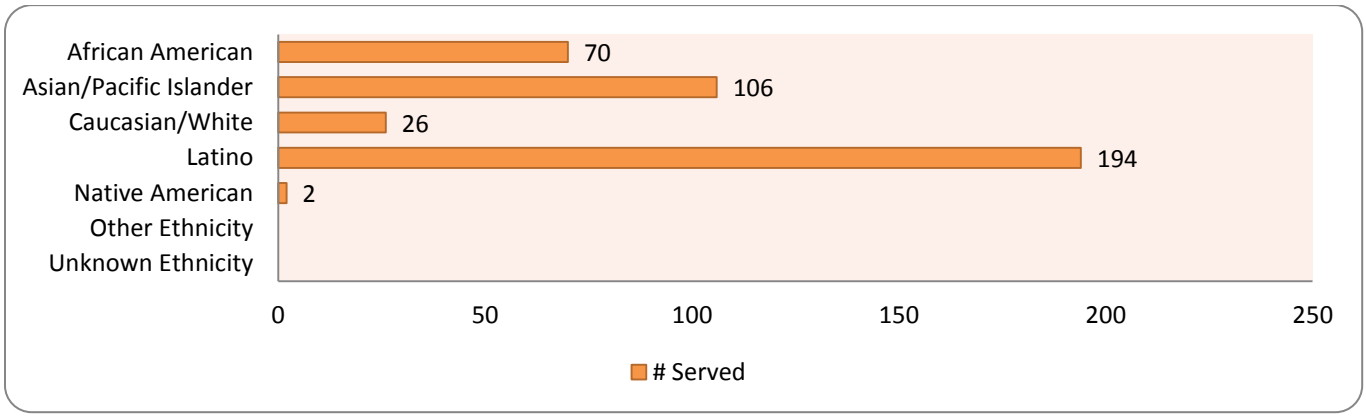
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients				440	196	249	233	490	398	

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients	398		

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



Total Cost per Client: $523.08

Total cost per client is based on actual costs ($208,189.43) and actual number served (398) in FY 2015-16.

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$350,000	**$350,000**
Change		

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

Difficulty in fulfilling all the sites that our services were requested. Now have 3 additional part time Parent Partners to help fill the need in Fresno Unified Middle Schools. Able to start groups at Fort Miller Middle School, Ahwahnee Middle School and Gaston Middle School.

A challenge is also taking place in one of our rural sites, Tollhouse site had a time period without any staff for their programs and it prevented us from having a space to do the groups.

Proposed Changes:

For this next year, a process of beginning our parenting classes working with Fresno Unified School District. During the summer they provided training for 3 of our staff to be Abriendo Puertas Facilitators and have started Spanish and an English Class at Akira Yokomi Elementary.

Also starting youth support groups at Scandinavian Middle School, Elizabeth Terronez Middle School and Sequoia Middle School.

Hoping for more TAY consumers to attend "The Warehouse" portion of Blue Sky. Currently we have not received any consumers from the County programs and only 4 from Turning Point. We have marketed at the Mental Health Board Meetings, Children's Sub-Committee Meetings, Turning Point, Youth for Christ, faith based organizations and to the Family Advocate.

Performance Outcomes: Not Available at this Time.

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

*= New Program Name

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

Intentionally Blank

PEI Work Plans, Progress Updates and Proposed Changes

☒ Other (standalone programs focused on outreach)

Project Identifier: PEI4765

Program Name and Provider: Community Gardens
Master Agreement – Multiple Providers

Date Started: March 8, 2011

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

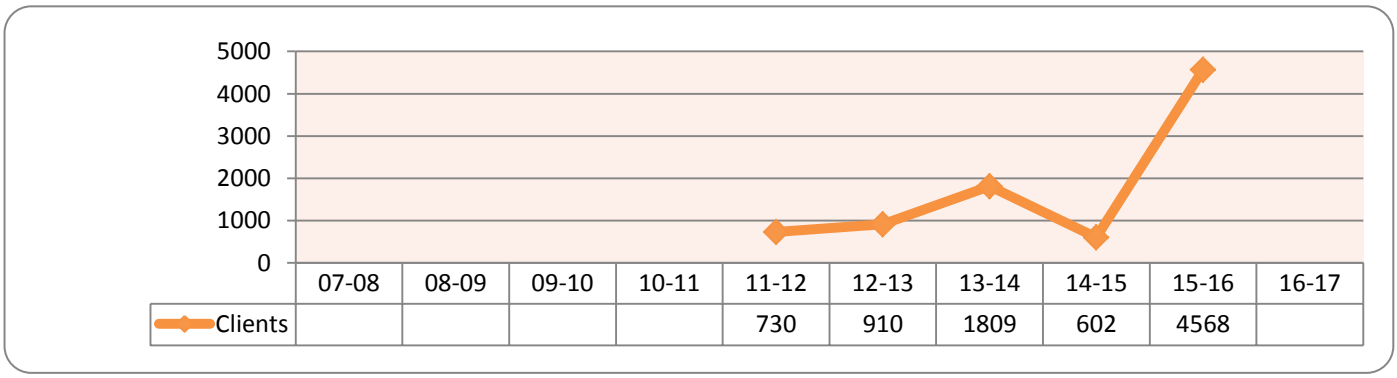
Program Update:

The Community Garden Program currently has expanded to include two additional sites (from 7 to 9) providing outreach and education to Fresno's underserved communities on mental health in culturally appropriate and traditional settings. Our two newest sites serve the American Indian (Fresno American Indian Health Project) and the African Immigrant/Refugee populations (FIRM) in addition to the Hmong/SEA (FIRM and FCNA), Russian (FIRM), African American (WFFRC), Hispanic (WFFRC), and Punjabi (Sarbat Bhala, Inc) communities.

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

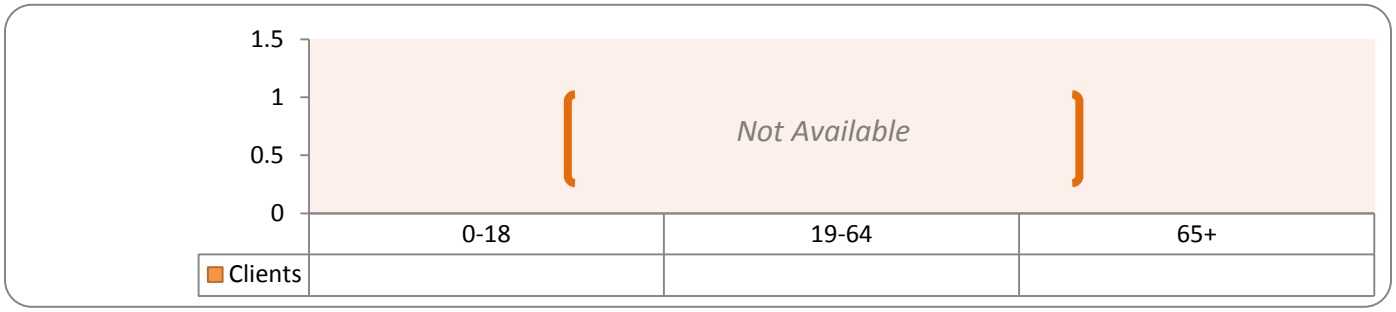
☒ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

Total Number of Clients Served:



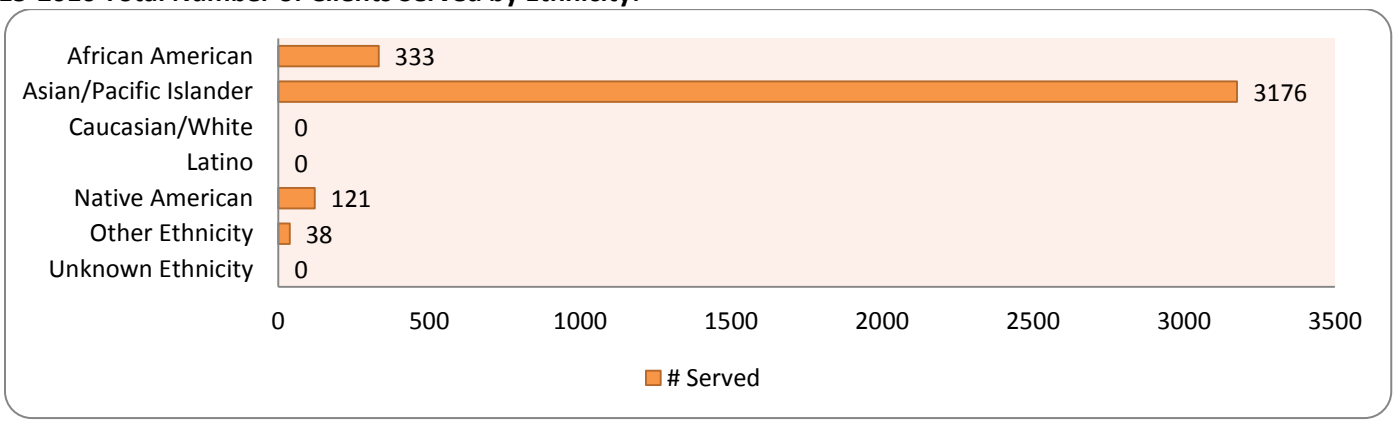
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients					730	910	1809	602	4568	

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients			

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



Total Cost per Client: $48.74

Cost per client is based on actual costs ($222,662.29) and actual number served (4568) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$325,000.00	**$325,000.00**
Change		

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

The primary challenge for this program is water for irrigation due to drought conditions. Providers who are experiencing this challenge are using on site water storage, or planning to do so. Another challenge is reaching rural communities and the LGBTQ population. We continue to reach out to these communities in an attempt to generate interest in establishing HTCC sites.

Proposed Changes:

For FY 2017-18 increase funding by $50,000 to allow for expansion into rural areas and to populations currently unserved (LGBTQ), and to increase acreage where the wait list for gardening is long (FCNA). This will be formally requested in the next update. The contract (maximum $325,000) has $38,364 in funds not currently allocated and available for additional providers/services.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Community Gardens - HTCC

PEI Work Plans, Progress Updates and Proposed Changes

☒ Early Intervention

Project Identifier: PEI4764

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

Date Started: 10/11/2011

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

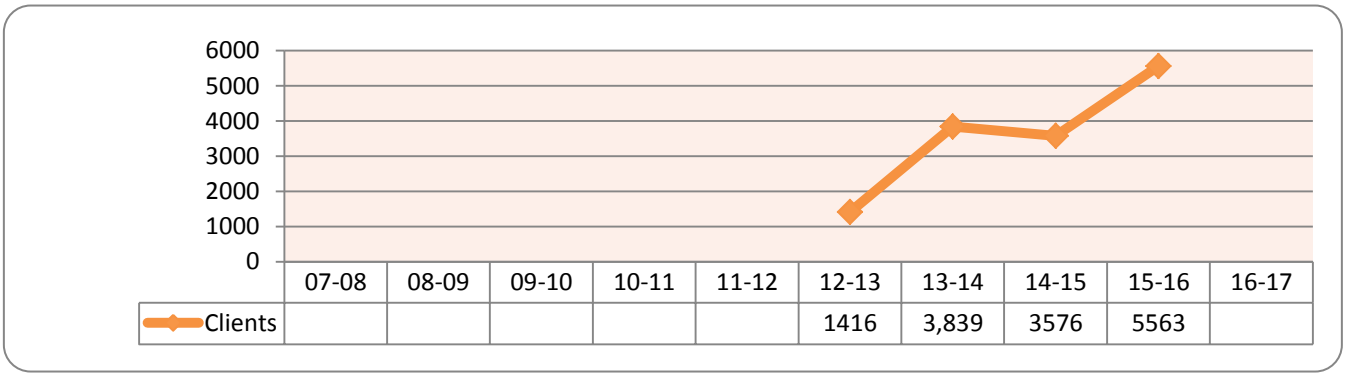
Program Update:

CBANS provides linguistically and culturally appropriate universal mental health education, prevention and early intervention services to underserved and unserved communities under a master agreement with six providers, each serving unique target populations. Providers are: Fresno American Indian Health Project serving primarily American Indians; Centro La Familia serving primarily Hispanics; Fresno Interdenominational Refugee Ministries primarily serving Southeast Asians; West Fresno Family Resource Center serving primarily Hispanics and African Americans; Sarbat Bhala primarily serving Punjabi; and Kings view serving Homeless and Faith Based organizations of all ethnicities.

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

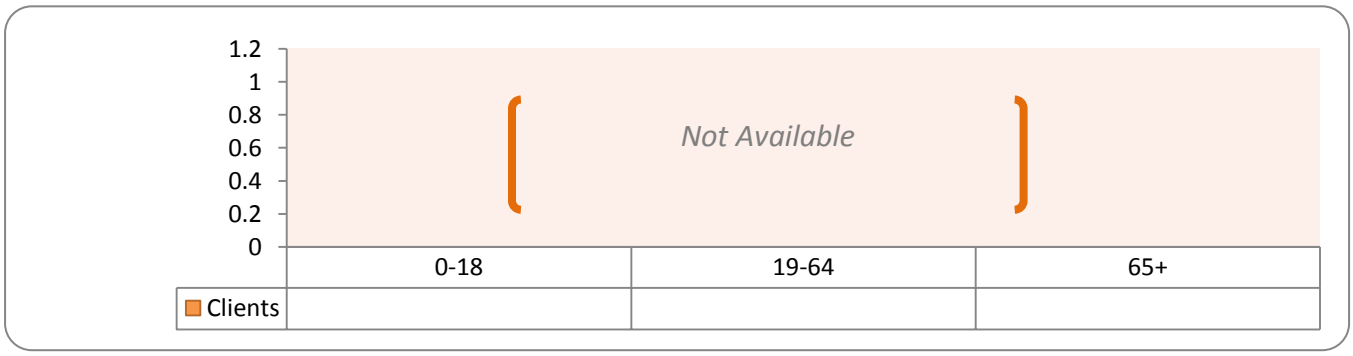
☒ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

Total Number of Clients Served:



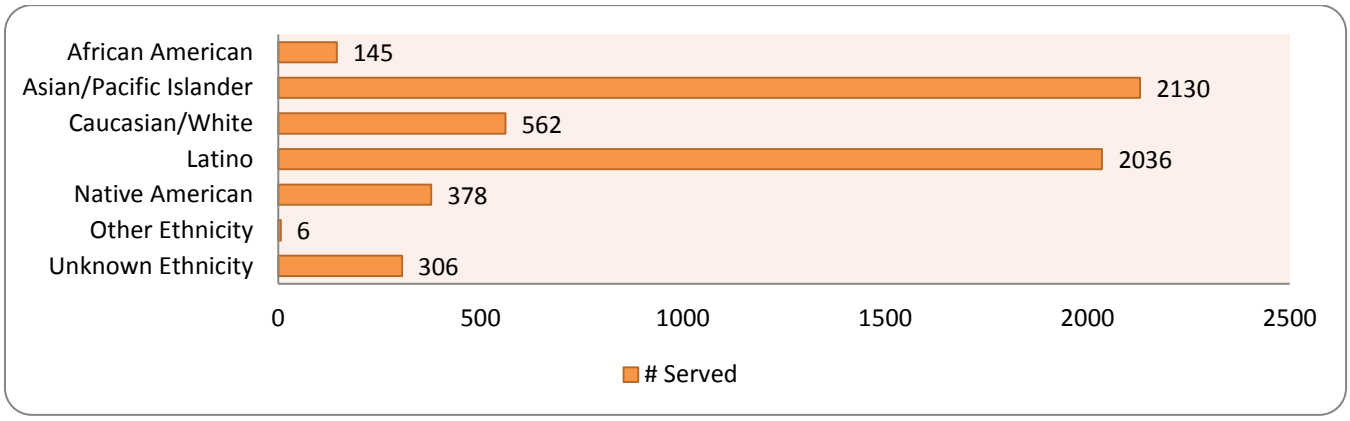
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients						1416	3,839	3576	5563	

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients			

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



Total Cost per Client: $69.70

Cost per client is based on actual costs ($387,730.26) and actual number served (5563) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$551,633.00	**$551,633.00**
Change		

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

Follow-up to determine service outcomes is difficult with Homeless population due to their transient lifestyle. The strategies include more financial resources in order to increase staffing. Access to services is also a barrier due to remote areas of Fresno County where services are not readily available. The strategies include more financial resources to house services in rural areas and/or to increase transportation support services to bring clients to the service sites.

Proposed Changes:

Future recommendation will include consideration of contract increase by 20%/ specifically to allow for expansion of CBANS services further into rural areas of Fresno County Were is great need and little access to services. Additional funds would also allow new providers for serving currently unserved populations - both cultural and remote communities. This will be formally requested in the next update. The contract (maximum $551,633) has $85,627 in funds not currently allocated and available for additional providers/services.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Cultural-Based Access/Navigation System (CBANS) Outcomes

INN Work Plans, Progress Updates and Proposed Changes

Project Identifier: INN4783

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

Date Started: 6/19/2012

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

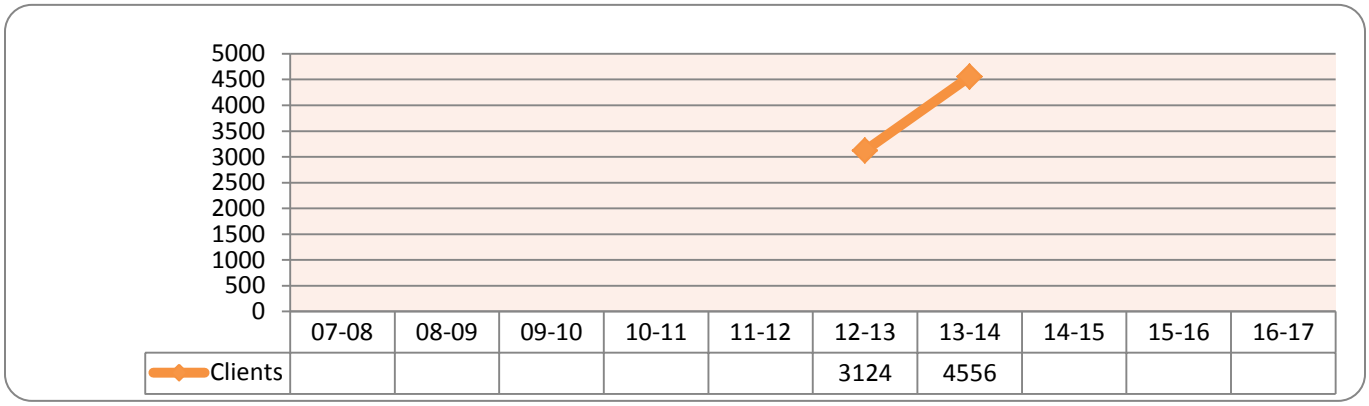
Program Update:

The MHSAOC approved Fresno County's request to extend the Holistic Center for 2 additional years. As such, the Holistic Center 3 year agreement, scheduled to complete its term on June 30, 2015, has been extended for 2 additional years through June 30, 2017. This additional time will allow for more comprehensive data collection and also enable the Holistic Center to fully implement California's first "Complementary *Holistic Healer Policy & Procedure Guide*" designed to link clients to Complementary Healers in non-traditional mental health settings. At this time, on a monthly basis, the Holistic Center provides educational services, learning activities/workshops, community outreach and education classes to approximately 2,000 individuals who may or may not live with mental illness.

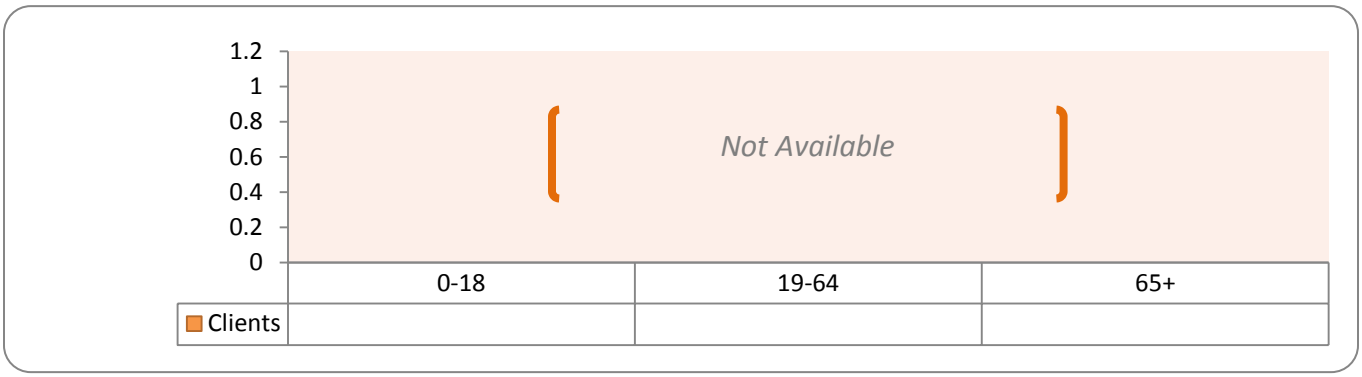
Ages Served in the Program (check all that apply):

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

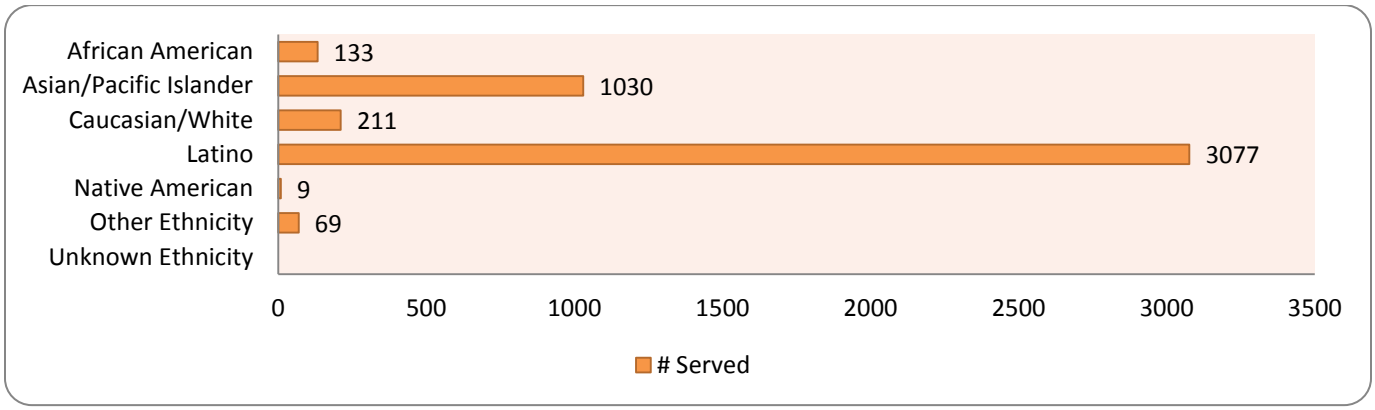
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $17.95

Cost per client is based on actual costs ($666,070.81) and actual number served (38394) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$801,202	**$801,202**
Change		

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

Challenges of collecting outcome data from children (consent issues), older adults and low-literacy individuals. Defining and tracking "unique" clients of Holistic Center services has also been a challenge. Moving forward, the program evaluation team is working to address these challenges. The Holistic Center continues to be challenged with issues of childcare (for parent to engage in services) as well as client transportation to the Holistic Center. Limiting childcare has reduced the number of children attending programming with their parent, but negatively impacts parents from attending. Bus tokens are being provided but some clients live a far distance or do not know how to navigate public transportation.

Proposed Changes:

Re-Evaluate; Restructure; Re-Grow.. Review/evaluate what we know to date: Which activities have the greatest impact are the most attended, as well as define any gaps in service. Which populations are and are not being served appropriately? Identify growth areas and eliminate programs that are not as effective as others. The addition of administrative support is also proposed to provide day to day support to the Program Director. Recruit for a Native American cultural broker. Expand/enhance the Holistic Center Advisory Board to include faith based groups and representatives from underserved communities.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Holistic Cultural and Educational Wellness Center (HCEWC) - Outcomes

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4524

Program Name and Provider: Living Well Program
Fresno Center for New American (Contracted Provider)

Date Started: 08/25/2009

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

Program Update:

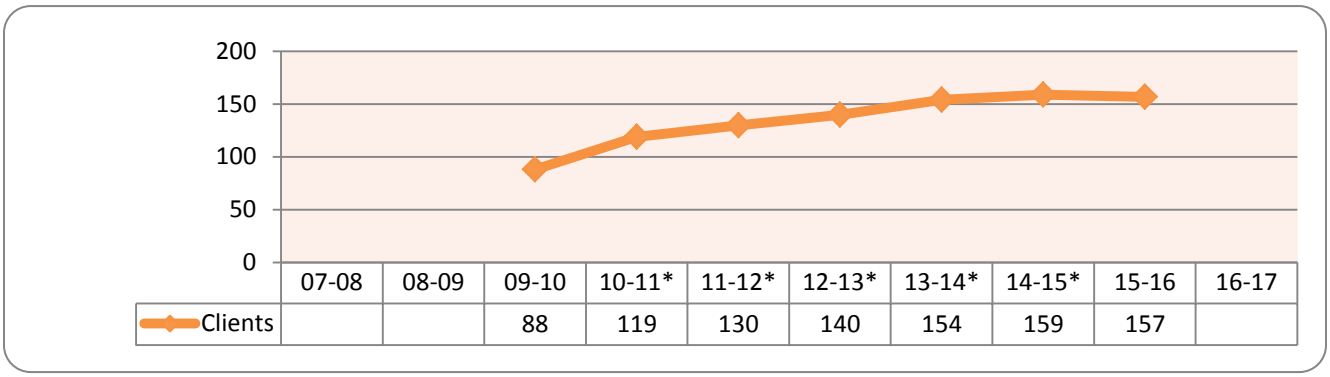
During FY 2015-16 with a Board approved contract amendment that is aligned with Three Year Plan approval funding was increased to this program in order to:
* increase capacity from 95 to 120 unique clients to be served at any given time;
* added 1.5 FTE of a bilingual and bicultural Peer Support Specialist (PSS);
* proivde up to four stipends for bilingual and bicultural students.

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

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

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

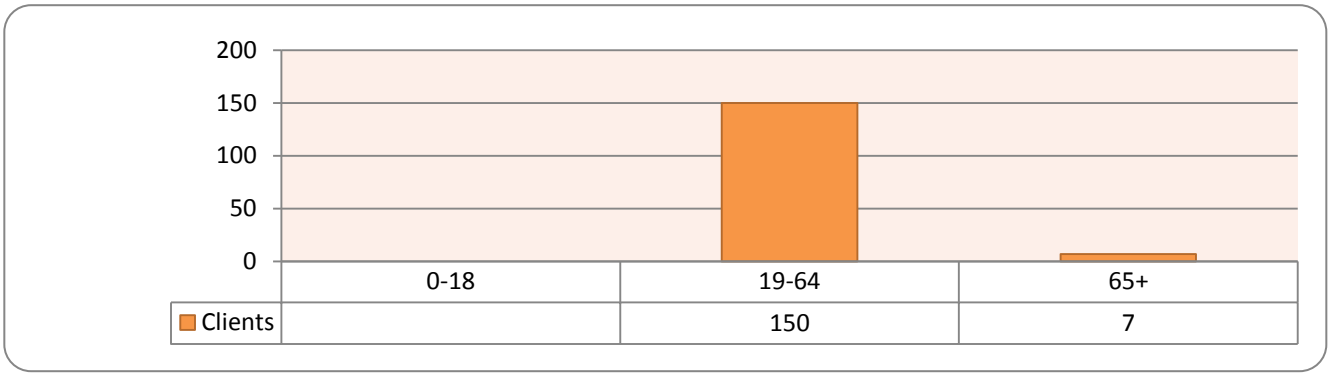
Total Number of Clients Served:



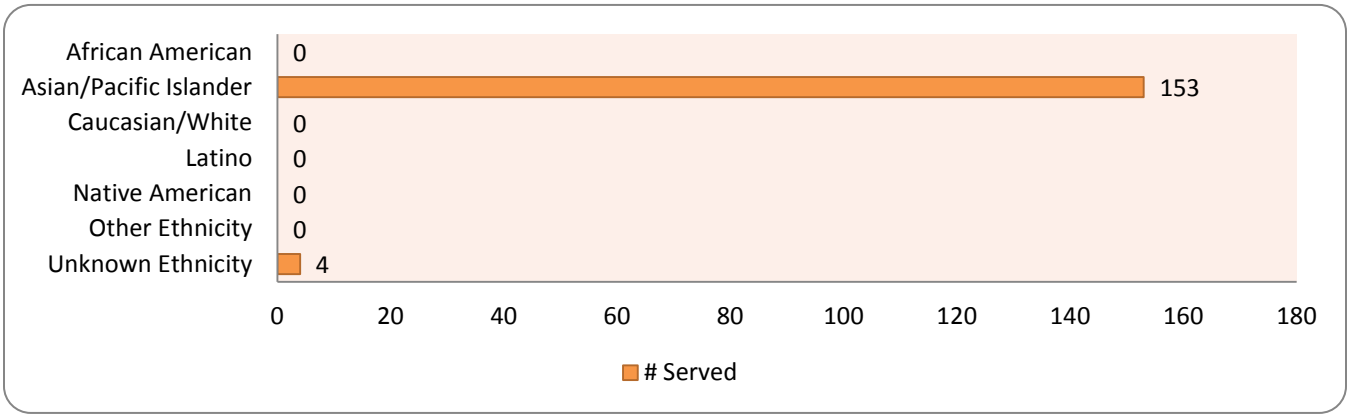
	07-08	08-09	09-10	10-11*	11-12*	12-13*	13-14*	14-15*	15-16	16-17
Clients			88	119	130	140	154	159	157	

*Updated numbers from 3 year plan.

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



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



Total Cost per Client: $3,041.09

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

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16 (INN)***	***FY 16/17 (CSS)***
	$644,626.00	**$844,626.00**
Change		

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

The program has experienced difficulty in filling the position of a full time clinical supervisor. The lack of licensure stipends or financial assistance in order to obtain or maintain licensure and other costs associated with this process. This is vital to the expansion of and attraction of student interns to progress within the program. The program has proposed to split two part time clinical supervisors to equal one full time clinical supervisor. Since the position has been difficult to fill, part time positions of two clinical supervisors will all the program to meet the 1 FTE clinical supervisor required under the County's Mental Health Plan guidelines.

Proposed Changes:

Future consideration to expand budget in order to include funding for licensure renewal and obtainment, which may include materials needed. Assess for capacity needs to consider increase in services to serve more adults and youth including the SMI population for the Southeast Asian community including rural and metropolitan Fresno County.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Living Well Program (LWP) Outcomes

Work Plan # 4
Behavioral Health Clinical Care
Table of Programs

*= New Program Name

Status of Program	Program	Type of Funding	Contracted or Internal
Keep	AB 109 - Outpatient Mental Health & Substance Services	INN(FY 15-16) CSS(FY 16-17)	Contracted
Keep	AB 109 Full Service Partnership (FSP)	CSS	Internal
Keep	Children's Expansion of Outpatient Services	CSS	Contracted
Keep	Crisis Stabilization Voluntary Services	CSS	Contracted
Keep	First-Onset Team	PEI	Internal
Keep	Medications Expansion	CSS	Internal
Keep	Older Adult Team	CSS	Internal
Keep	Perinatal	PEI	Internal
Keep	RISE	CSS	Internal
Keep	School Base Services	CSS	Internal
Keep	Transitional Age Youth (TAY) - Department of Behavioral Health	CSS	Internal
Enhance	Children & Youth Juvenile Justice Services - ACT	CSS	Contracted
Enhance	Children Full Service Partnership (FSP) SP 0-10 Years	CSS	Contracted
Enhance	Co-Occurring Disorders Full Service Partnership (FSP)	CSS	Contracted
Enhance	Enhance Rural Services-Full Services Partnership (FSP)	CSS	Contracted
Enhance	Enhance Rural Services-Outpatient/Intense Case Management	CSS	Internal
Enhance	Functional Family Therapy	PEI	Contracted
Enhance	Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	CSS	Contracted
Enhance	Vista	CSS	Contracted

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CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4784

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

Date Started: 4/24/2012

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

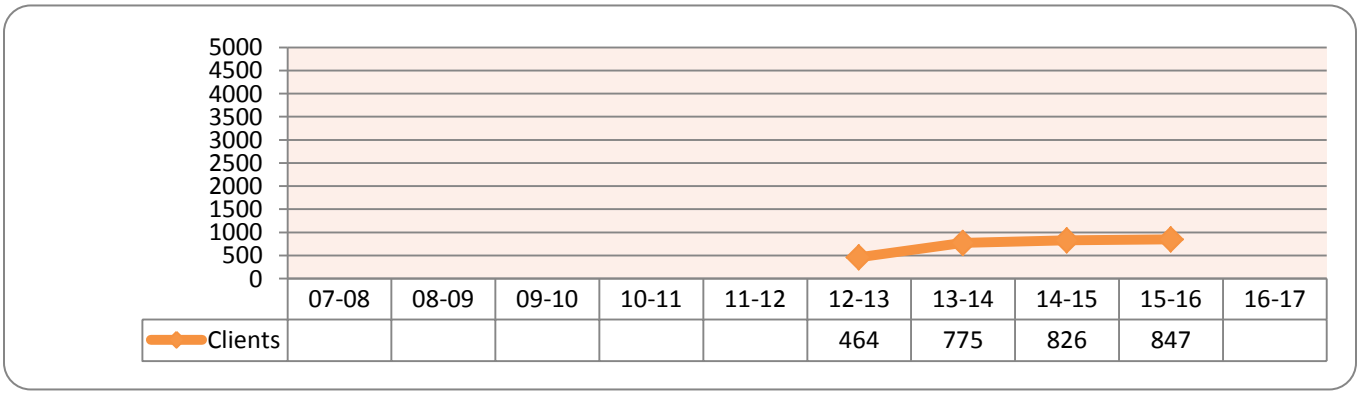
Program Update:

Since inception, the "First Street Center" (FSC)-Outpatient (OP) program has partnered with several community entities to meet the treatment needs of clients. These needs include residential treatment programs, sober living environments, emergency and temporary housing, anger management and batters' intervention courses. Clients have also been linked to outside resources upon program completion as needed, such as external referrals for continuing mental health services, as well as other community resources. In the Three Year Integrated Plan, it was communicated to shift funding from Innovations (INN) to Community Services and Supports (CSS) funding. The required INN Final Report has been drafted and submitted to the OAC for preliminary review and technical assistance, once input received, that final report will be shared with stakeholders. INN Final Report for this program states that the issues surrounding interagency collaboration and increasing access to services have been identified, tested and interventions identified and applied though the use of evidence based practices. As the contribution of learning has been achieved, the Department will initiate funding this program with CSS funds effective September 2016.

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

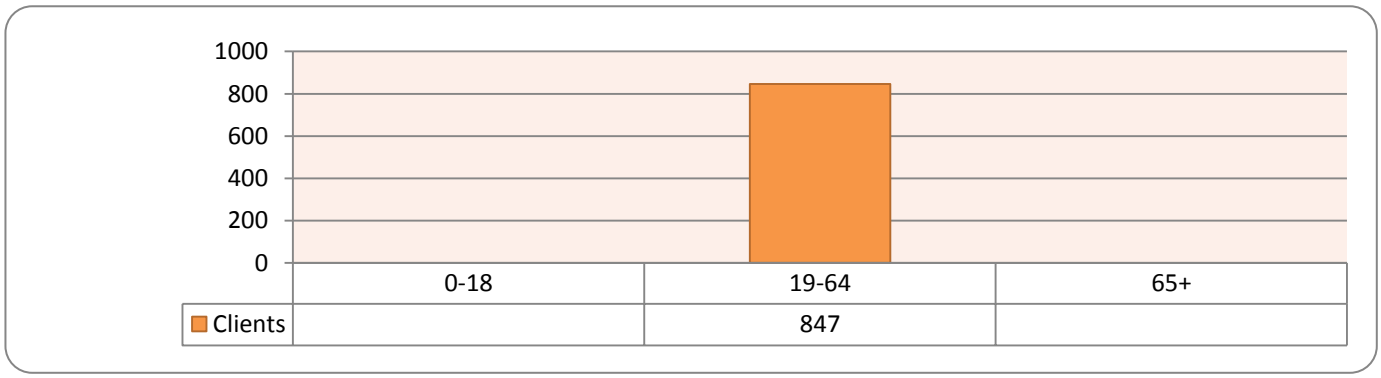
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served



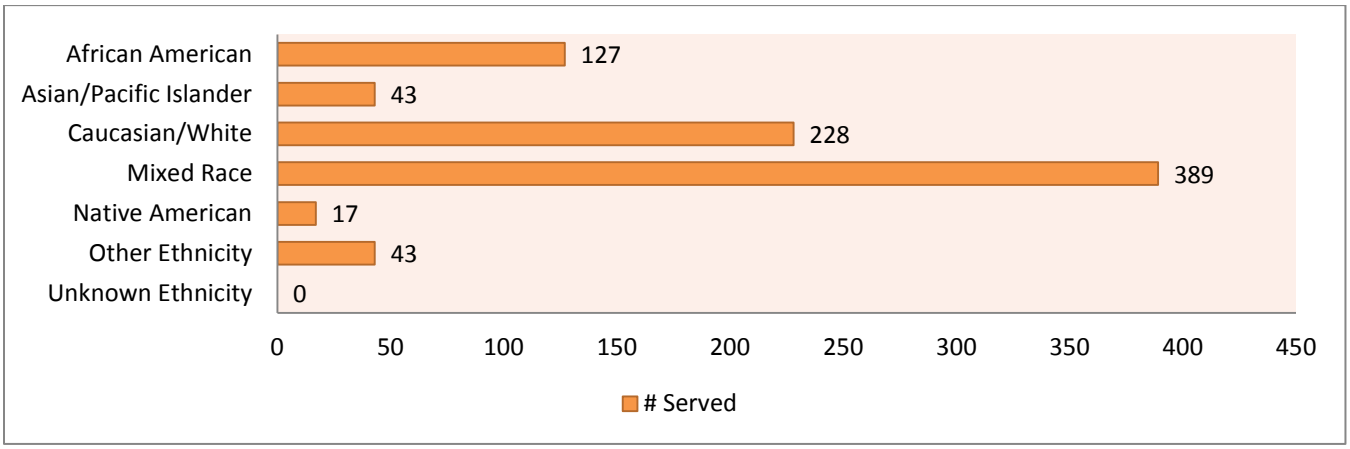
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients						464	775	826	847	

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients		847	

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



Total Cost per Client: $524.16

Cost per Client is based on actual costs ($443,965.15) and actual number served (847) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$449,279.00	**$449,279.00**
Change		

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

During the course of this project a number of challenges were identified that created barriers to achieving treatment goals, maintaining sobriety, and resulted in re-incarceration for some. Challenges identified include: a lack of safe and supportive transitional housing options, high unemployment rates, and a lack of income, complex health needs, and a lack of transportation from rural areas.

Additionally, the negative stigma towards "felons" or "ex-felons" has been a challenge in assisting clients with securing employment. Individuals referred to FSC program that have been convicted of a sex crime and required to register as a sex offender have been some of the most challenging to provide adequate services to.

Transportation to program services for individuals living in rural areas has been a challenge to accessing services consistently. The program has been able to provide transportation using a program vehicle, bus tokens, and bus passes, however consistent participation and engagement has been lower with this population versus clients living in the Metro area.

Proposed Changes:

The program and Probation Department meet regularly to discuss issues and concerns together and have been able to problem solve and find solutions that often result in effective outcomes.

There are also identified areas in need of further focus and improvement including addressing some of the barriers mentioned above. The program would like to work towards continuing to improve the treatment retention and completion rates. The outcome data revealed that a larger percentage of clients left treatment with satisfactory progress before completion.

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4525

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

Date Started: 4/24/2012

Program Description: The Full Service Partnership (FSP) is required by AB109 Public Safety Realignment & the Post-release Community Supervision Act of 201. The Turning Point First Street Center FSP is an outpatient mental health program serving individuals referred by the County of Fresno Probation Department. The FSP program provides comprehensive mental health and co-occurring treatment services to post release adult AB 109 consumers. The Program provides a wide variety of mental health and supportive services to empower consumers to achieve their wellness and recovery goals. The FSP program currently offers consumer services including psychiatric evaluations, psychiatric medication, medication education, medication management, health education, intensive case management, linkage to community resources, rehabilitation services, individual psychotherapy, psychoeducational groups, supportive housing subsidy, housing placement assistance, social/educational/employment skill development, substance abuse treatment, assistance with applying for Medi-Cal, and a 24/7 after hours line.

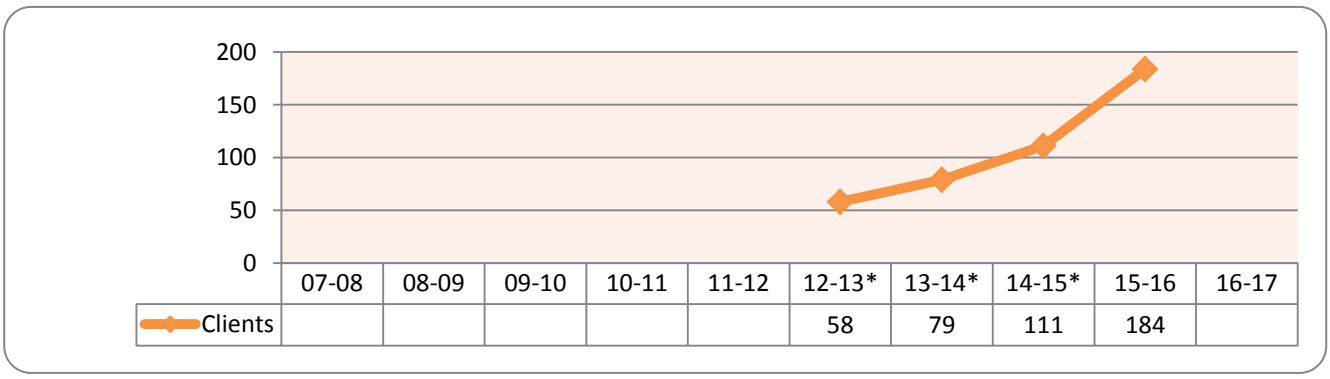
Program Update:

On October 1, 2014, Turning Point First Street Center FSP was awarded an additional $120,000 from the Fresno County Community Corrections Partnership (CCP) to expand current FSP slots by an additional 45 to be implemented in FY 15-16. Utilizing the awarded funds, beginning July 1, 2015, the FSP program expanded by an additional 60 slots to provide a total of 105 slots. Beginning August 1, 2015 the FSP program converted from Tele Psychiatry to face to face psychiatric services, offering 32 hours of psychiatric services in person a month at the First Street Center office location. Additionally, beginning February 1, 2016 the FSP program successfully integrated into the Fresno County Department of Behavioral Health's AVATAR - Electronic Health Record (EHR) system. Beginning June 1, 2016 the FSP program began offering 2 hour Wellness Recovery Action Plan (WRAP) workshops once a week.

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

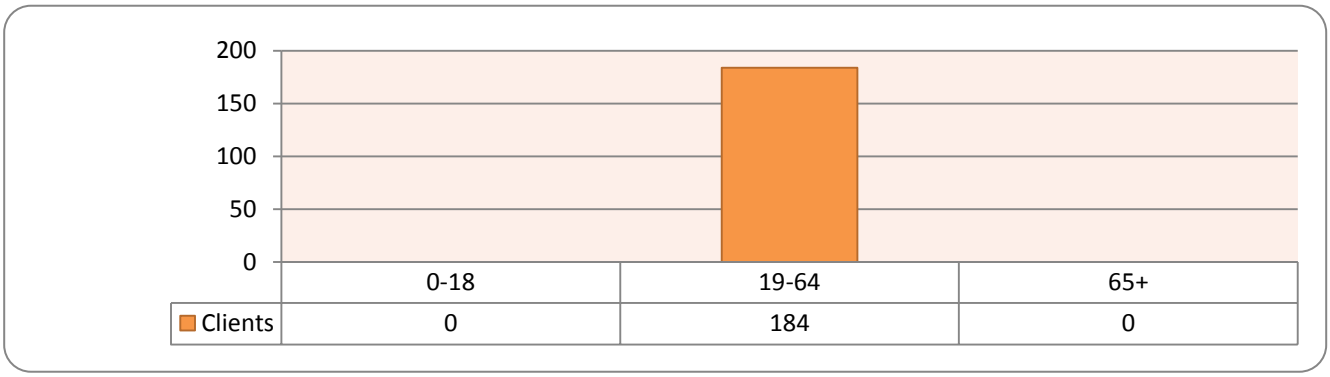
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:

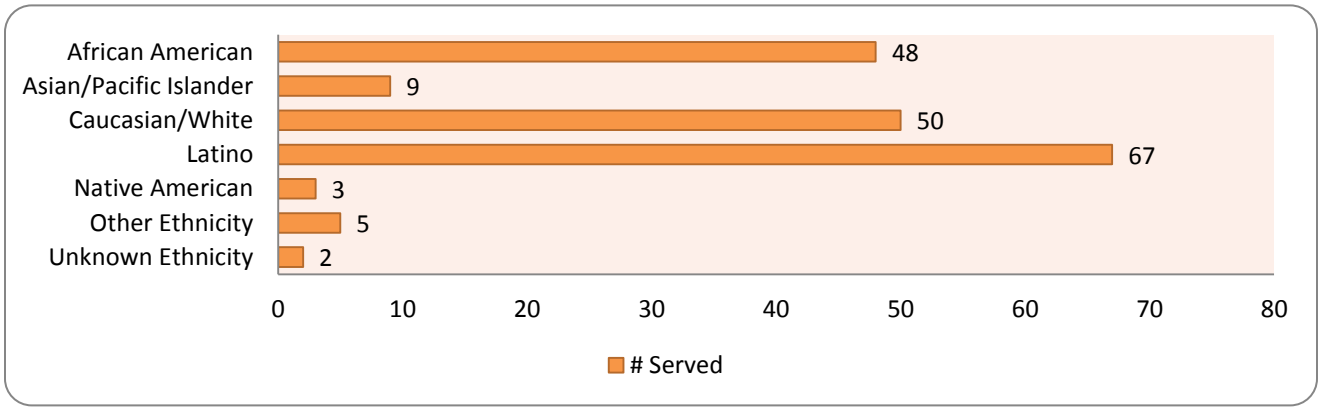


***** Updated numbers from 3 year plan

Total Number of Clients Served By Age:



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



Total Cost per Client: $5,593.47

Cost per client is based on actual costs ($1,029,199.04) and actual number served (184) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$350,000.00	**$350,000.00**
Change		

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

The Lack of suitable housing continues to be a challenge when attempting to provide supportive housing services. The AB109 FSP housing needs fluctuate based on the individual client's current level of wellness and recovery. The many stages of recovery require an array of housing options to meet the client's needs. Housing facilities and services are limited causing a barrier to provide adequate housing options to the population served. The housing barriers include a lack of Room and Board/Board and Care/Sober Living Facilities. Current strategies to mitigate include: fostering community relationships with housing providers and encouraging providers to expand services. Room and Board inspections are conducted as a means of ensuring a basic standard level of care is provided to clients. Education is offered to housing vendors to support the client to reach their wellness and recovery goals. Education includes the special needs of the AB 109 population, Mental Health and Substance Abuse.

A subset of Post-release AB 109 clients face legal challenges imposed by Penal Code Section 290 restricting sex offenders from residing within 2,000 feet of a school or park where children regularly gather. This presents a significant barrier when attempting to provide housing options for individuals who are accountable to the 290 penal code ordinance. Current strategies to mitigate include: One room and board housing option is located outside of the 2,000 foot 290 penal code ordinance and is utilized for 290 clients.

The majority of clients served by the FSP program are challenged with a Co-Occurring diagnosis. Many clients require an inpatient residential Co-Occurring treatment. Lack of residential Co-Occurring treatment facilities presents a barrier to treatment options. Current strategies to mitigate include: fostering relationships with community partners to provide clients with residential Substance Use Disorder (SUD) treatment. While the client receives residential SUD treatment the FSP program staff make frequent onsite visits to provide mental health treatment. Residential SUD treatment providers allow passes for client to leave the facility with an FSP Staff member for psychiatric, therapeutic, and other meaningful mental health service appointments.

AB 109 clients are only eligible for services for the duration of their probation term. The average client serves 7 to 8 months before completing the probation term. This brief period of time presents a challenge to support the client with successfully completing wellness and recovery goals. Current strategies to mitigate include: Once a client has completed the term of probation and is released from community supervision the client is discharged from the FSP Program. A referral is generated and sent to the Fresno County Department of Behavioral Health. In most cases a continuation of FSP level services is recommended to support the client with reaching their wellness and recovery goals.

Proposed Changes:

Increase funding and budget for supportive housing. Additional funds could empower the program to negotiate an increase subsidy rates to incentivize vendors to expand. Increased rates could attract new vendors to the market at all levels of care.

Develop an RFP to provide residential services to the 290 sexual offender population

Develop an RFP to provide residential Co-Occurring services

Increase funding to expand clinical and support staff to further meet the needs of the clients and prevent potential delays in service

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- AB 109 - FSP

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CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4316

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

Date Started: October 2014

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

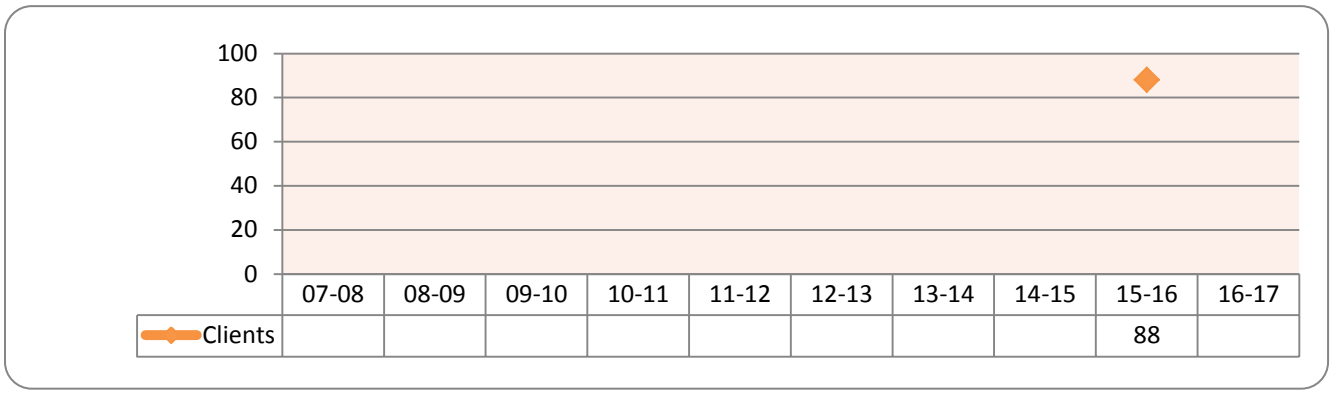
Program Update:

Per the Three e Year Integrated Plan, a second Clinical Supervisor was added to increase the level of clinical supervision of the expansion team that was merged with the Outpatient Program. DBH is assessing capacity, resources and the system of care.

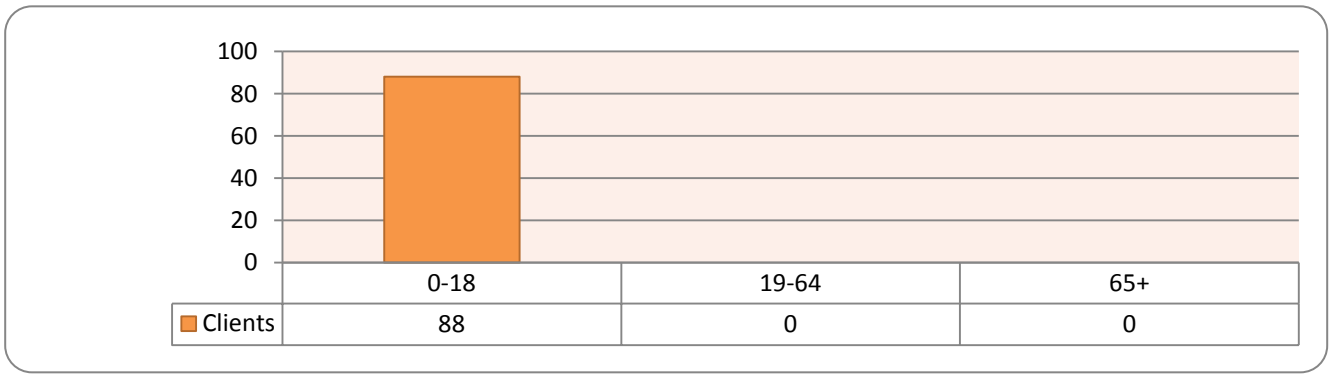
Ages Served in the Program (check all that apply):

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

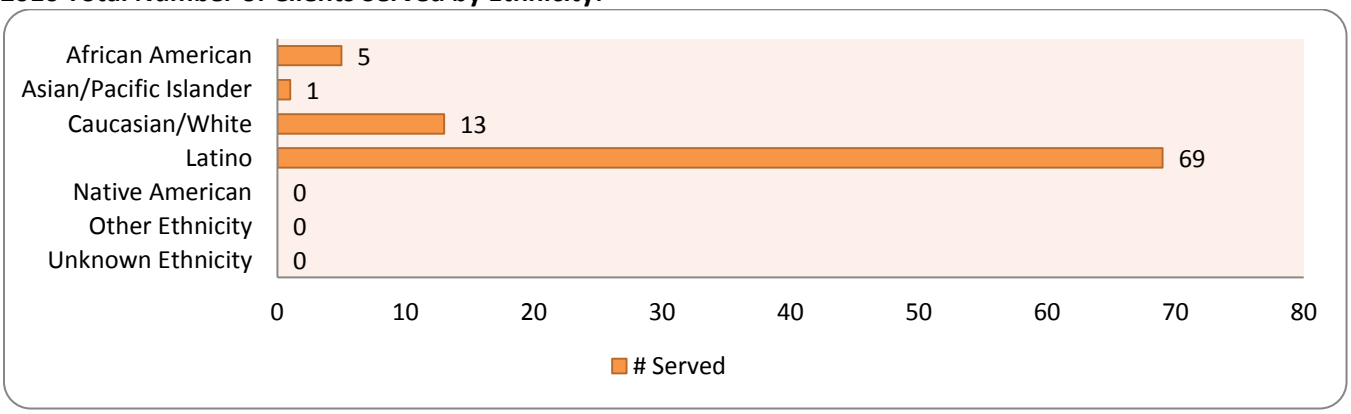
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $6,429.41

Cost per client is based on actual costs ($565,788.09) and actual number served (88) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$994,475.00	**$1,044,199.00**
Change		

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

This program consists of only 4 clinician, none are infant mental health specialists. The training to achieve proficiency in evidence based practices take 18-24 months.

DBH and community providers identified the significant lack of trained infant and early childhood mental health specialists to serve the 0-5 population. In response, an intensive 11-day training program was developed through the collaboration with Fresno State College, First 5 of Fresno, Exceptional Parents Unlimited and DBH. The training was held in June and monthly clinical supervision sessions with reflective practice will be provided to the 42 clinicians in this cohort.

The training on EMDR is planned for FY 2016-17 and the department will seek other opportunities to launch other EBPs during the next fiscal year.

Proposed Changes:

The Department will continue its efforts to fill clinician vacancies and provide appropriate training in EBPs.

Performance Outcomes Not Available at this Time

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS2110

Program Name and Provider: Crisis Stabilization Voluntary Services
Exodus

Date Started: 5/4/2012

Program Description: Exodus Recovery operates an LPS designated Crisis Stabilization Center (CSC) providing psychiatric stabilization services to adult clients 18 years of age and older who would otherwise be taken to or 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. Services were added for youth clients up to 18 years of age. This is a Behavioral Health Clinical Care Work Plan.

Program Update:

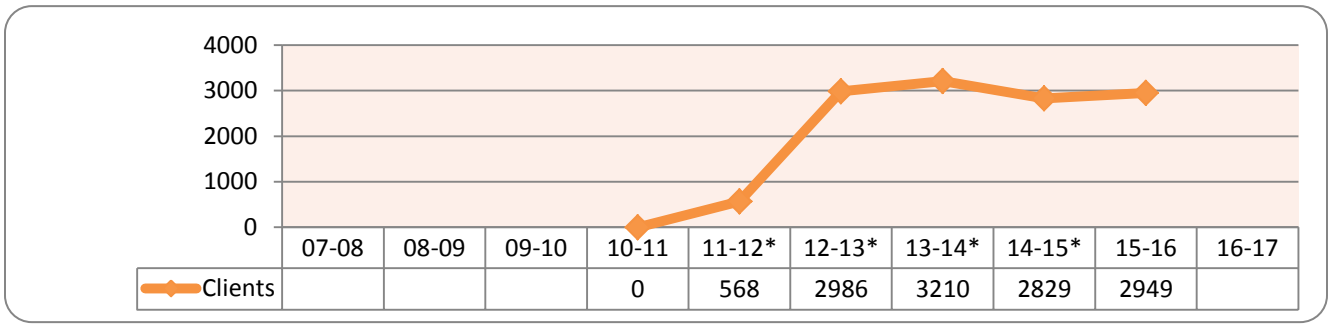
During the last year, expansion of capacity for adults has been implemented as well as the provision of CSC services to youth on one campus.
This work plan was designed to designate funding for services specific to adult clients receiving voluntary crisis services at the program. The seeking of voluntary crisis services is an important component of wellness and recovery and supports the education to clients and families to identify and respond to triggers prior to crisis incident. Funding is to provide supports, staffing, education and materials that integrate recovery into a crisis interventions and post crisis planning. At the time of this annual update, these designated funds have not been accessed, therefore the reporting below provides an overview of census for the year and does not specifically speak to the voluntary service component.

- FY 2015-16 total number of admissions was 8,320, of which 6,036 (73%) were referred to Non-Hospital Outgoing Resources. The total number of admissions is reflective of clients with more than one admission to the CSC rather than the unique number of clients served.
- Current contract ending 6/30/2016. Exodus Recovery, Inc. successfully bid on new contract beginning 7/1/2016.
- FY 15/16 services for youth in a separate program/ reporting cost center was 948.

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

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

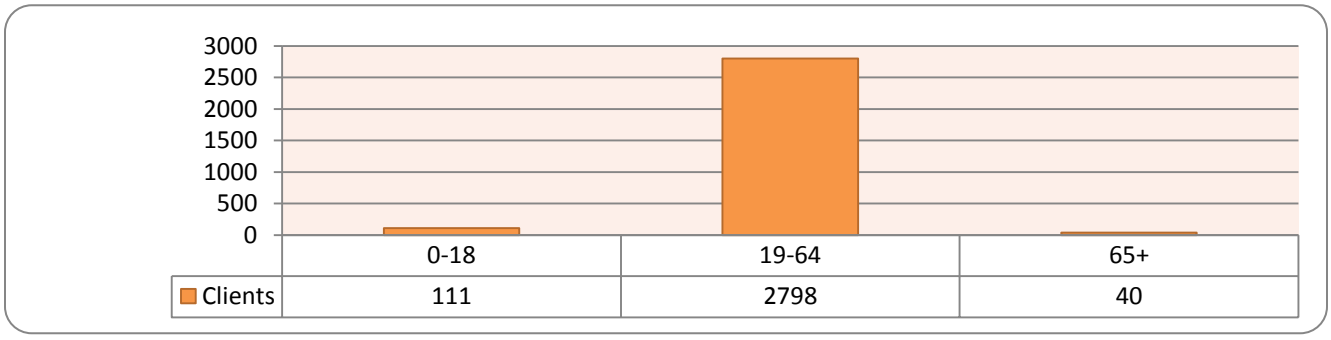
Total Number of Clients Served:



	07-08	08-09	09-10	10-11	11-12*	12-13*	13-14*	14-15*	15-16	16-17
Clients				0	568	2986	3210	2829	2949	

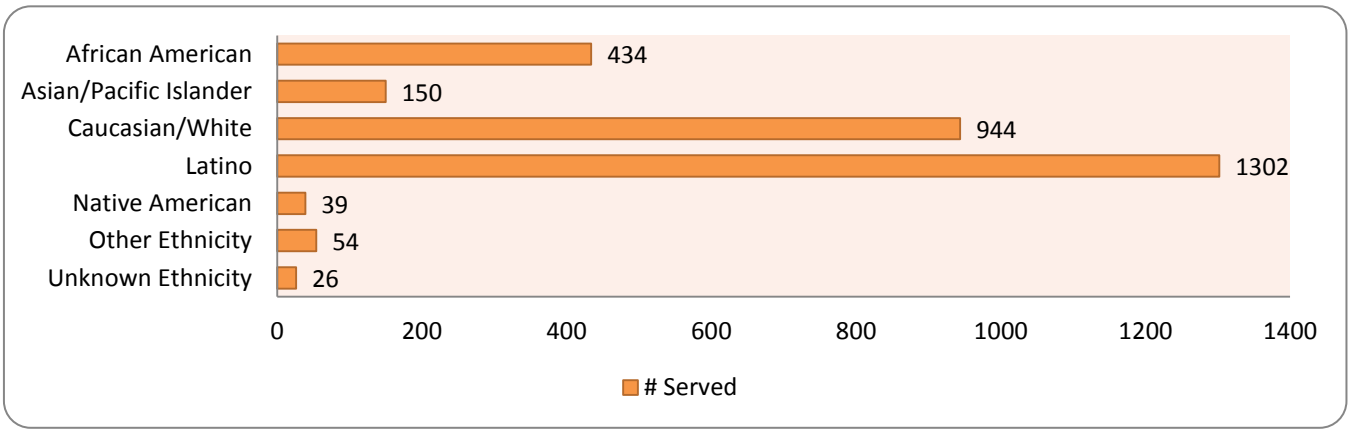
*Updated numbers from 3 year plan.

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients	111	2798	40

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



Total Cost per Client: $2,271.01

Cost per client is based on actual costs ($6,697,200.40) and actual number served (2949) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$450,000.00	**$450,000.00**
Change		

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

Internal access and use of the funds was not implemented. This has been identified and will be resolved during the next year.

During Fiscal Year 2015-16, 30% of Crisis Stabilization Center (CSC) admits who required inpatient psychiatric hospitalization were unable to be transferred to a facility due to limited availability of open beds. The CSC mitigated this issue by allowing the client to remain at the facility until an inpatient bed opened up for admission. The average length of stay for these clients at the CSC was forty hours.

Proposed Changes:

Ensure allocated/designed funds are used to create/implement a voluntary component to crisis services provided by Exodus.

Program to begin providing the State-mandated toll-free answering service (Access Line) 24-hours a day/7 days a week, starting 9/1/2016. Additionally, contract to be amended during Fiscal Year 2016-17 to provide Exodus Recovery, Inc. with full access to the department's electronic health record system known as Avatar.

Additionally, Exodus Recovery, Inc. has submitted a proposed idea for a pilot program to DHCS to provide an enhanced program for clients staying longer than 24 hours in a CSC. The proposal provides that this program would be located within the premises of the current facility, staffed separately with two to three part-time or less staff members providing intensive treatment, linkage, and both group and individual therapy. DBH executive leadership will review this and other proposals for approval to be initiated within FY 2016-17.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Crisis Stabilization Center - June 2015

PEI Work Plans, Progress Updates and Proposed Changes

☒ Early Intervention

Project Identifier: PEI4761x

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

Date Started: 2/1/10

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

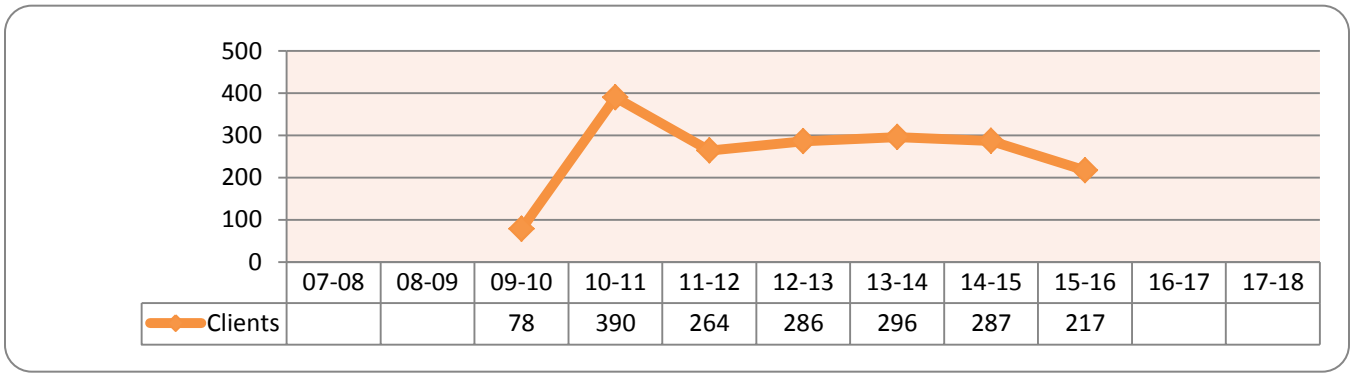
Program Update:

There are two peer support positions shared between the First Onset Team and the Transitional Aged Youth Team. One of those two positions has been filled in the past year. The program hosted one TAY volunteer and the Literacy Program was developed and staffed in conjunction with the Supportive Education and Employment Program. Hours of operation are M-F, 8am-5pm.

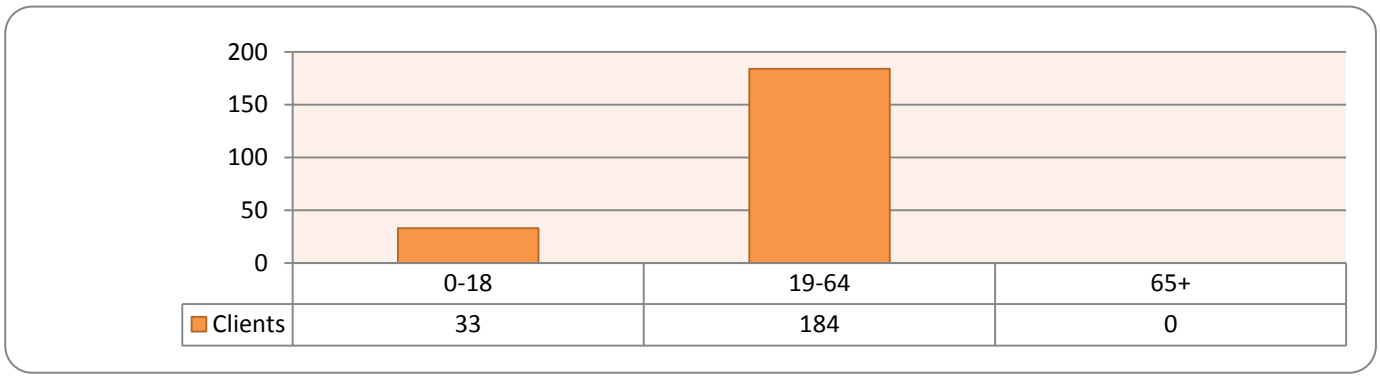
Ages Served in the Program (check all that apply):

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

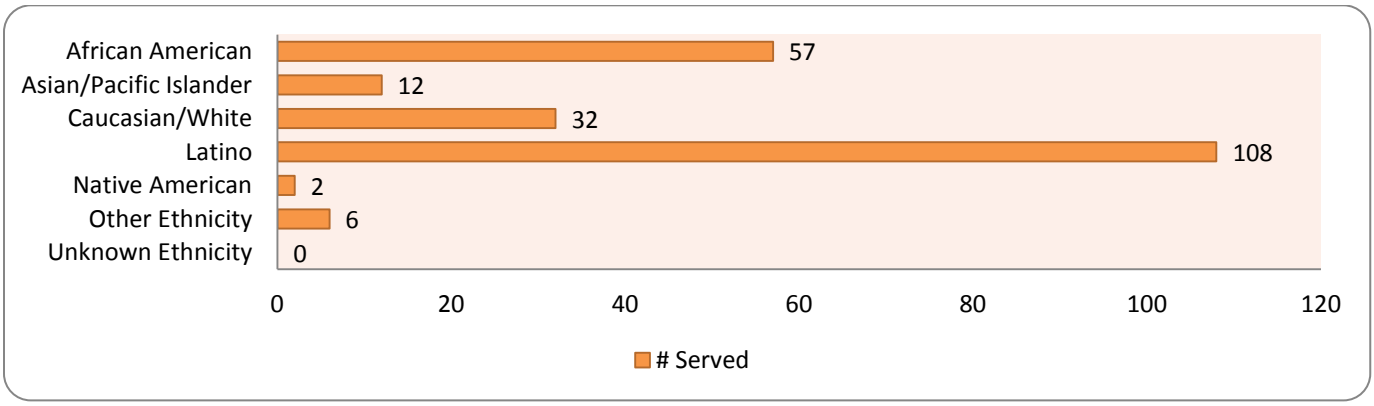
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $1.953.61

Cost per client is based on actual costs ($423,932.59) and actual number served (217) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$1,290,825.00	**$1,290,825.00**
Change		

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

Issues related to hiring, especially related to peer support staff, limit the program's ability to grow Recovery oriented services.

Proposed Changes:

No proposed changes at this time.

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4512
Program Name and Provider: Medications Expansion
US Script (Contracted Provider)
Date Started: 09/09/2008
Program Description: This program provides psychotropic medications for uninsured adult and older adult mental health clients within the outpatient programs.

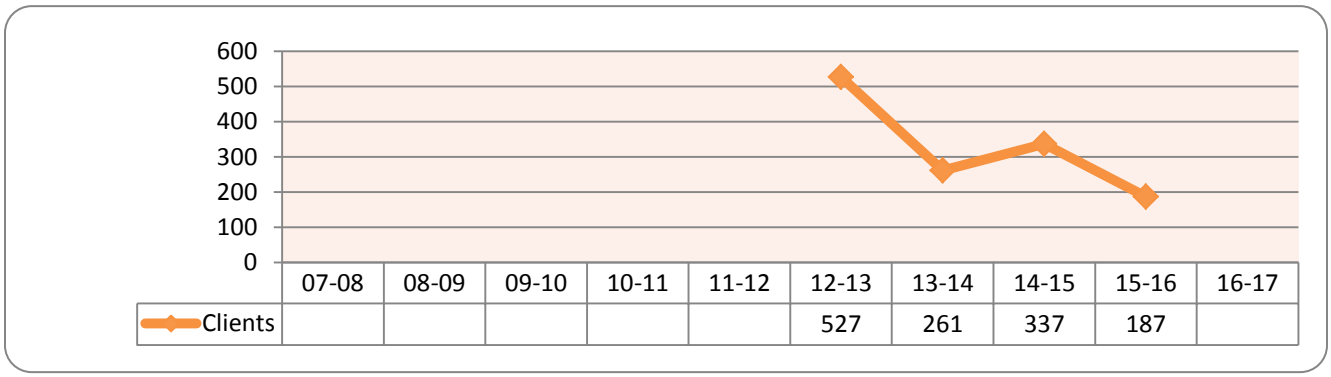
Program Update:

The current vendor for pharmaceuticals under the medications expansion is US Script. The program has seen a significant drop in the number of clients needing their services since the implementation of the Affordable Care Act. The program services and target population has remained the same, however a large majority of clients now have medi-cal and are able to get their psychotropic medications without utilizing US Script.

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

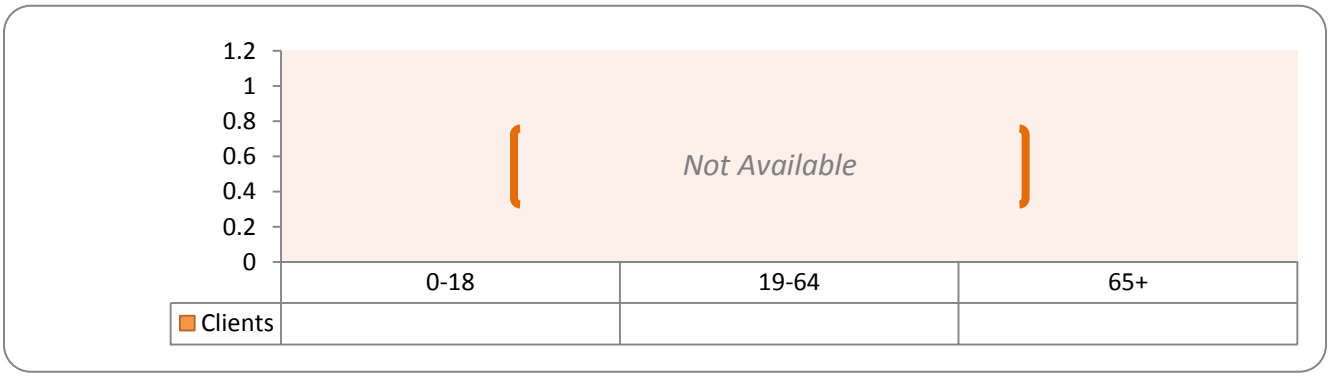
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:

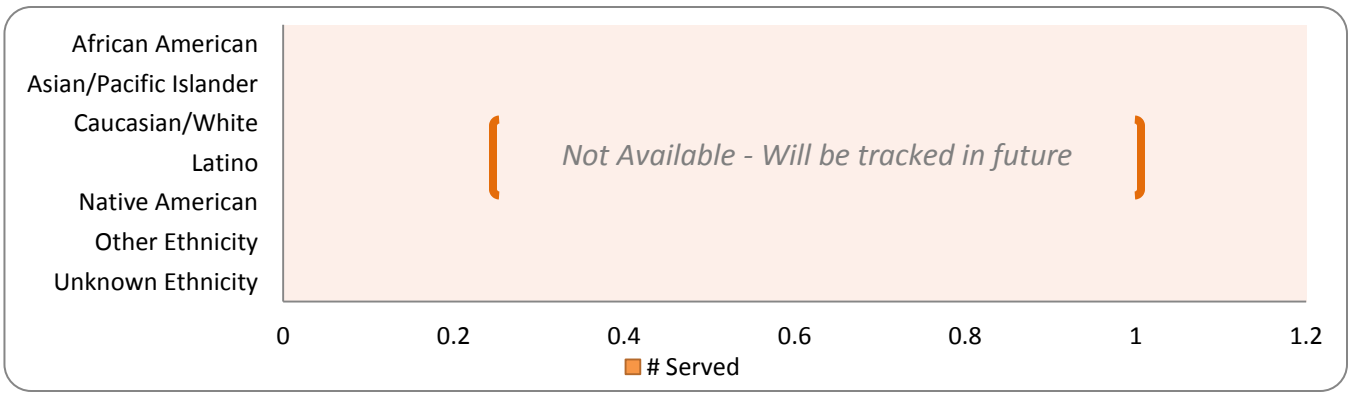


Total number of clients served is an estimate due to US Script providing client count by calendar year not FY

Total Number of Clients Served By Age:



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



Total Cost per Client: $69.79

Cost per client is based on actual costs ($13,050.65) and actual number served (187) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$250,000.00	**$250,000.00**
Change		

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

Proposed Changes:

There are no proposed changes at this time.

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4610
Program Name and Provider: Older Adult Team
Fresno County Department of Behavioral Health
Date Started: 10/1/08
Program Description: Metropolitan and rural services for older adult consumers. Staff partner with primary care physicians and Adult Protective Services (APS) for outreach and engagement of services to seniors.

Program Update:

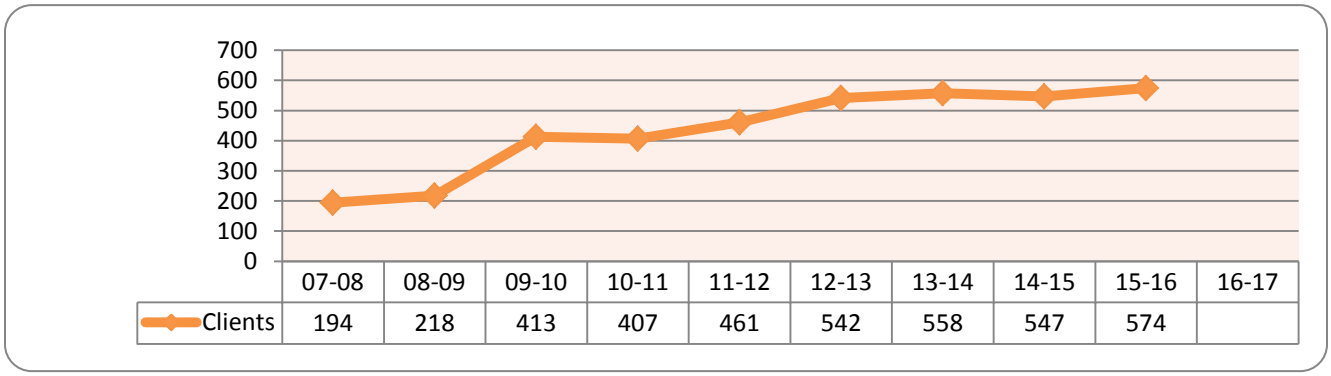
Older Adult Team's mission is to provide, through the utilization of a culturally competent, strength-based, solution focused, wellness oriented and client centered approach to treatment, outpatient mental health services to older adults (seniors) ages 60 years and older with a mental disorder and significantly impaired functioning. Goals include outreach and engagement of services to seniors to reduce incarcerations, homelessness, and hospitalizations and make access to mental health services more convenient to seniors and their families. Outreach to increase access has included consultations with Adult Protective Services and co-response with that agency to seniors with potential mental disorders with significantly impaired functioning. Cognitive Behavioral Therapy for Psychosis (CBTp), Dialectical Behavioral Therapy (DBT), Motivational Interviewing, and Wellness Recovery Action Plan (WRAP) are the Evidence Based Practices for this program.

To ensure adequate clinical support for CMHS and high fidelity for CBTp, staff positions have successfully transitioned to 4 Community Mental Health Specialists (CMHS) and 6 clinicians, 2 of which are DBT trained clinicians. The DBT integration has led to 2 full-time equivalents (FTE) with high fidelity DBT. The Older Adult Team has 2 Peer Support Specialist (PSS), a mental health worker, and a driver employed. The program has recently completed the 8 months training series of Cognitive Behavioral Therapy for Psychosis. Program is open M-F, 8am-5pm.

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

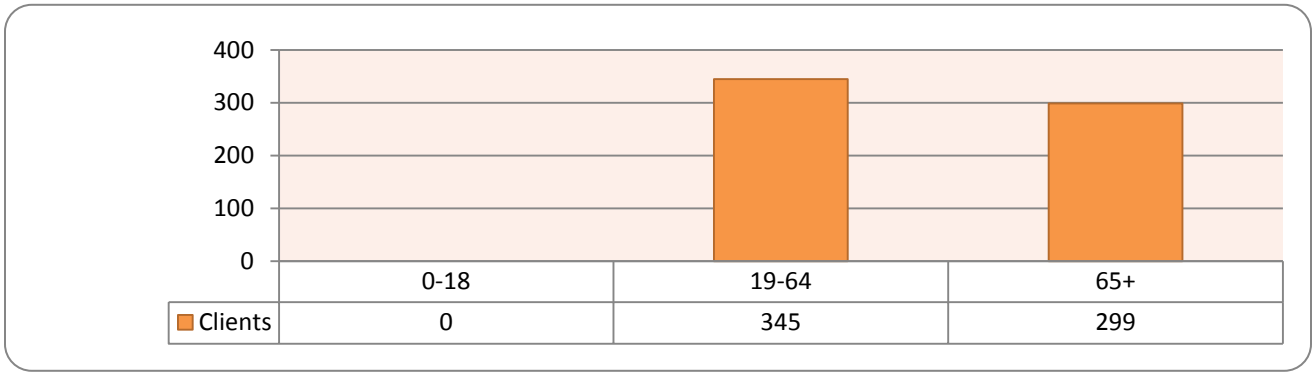
☐ **0-15** ☐ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:

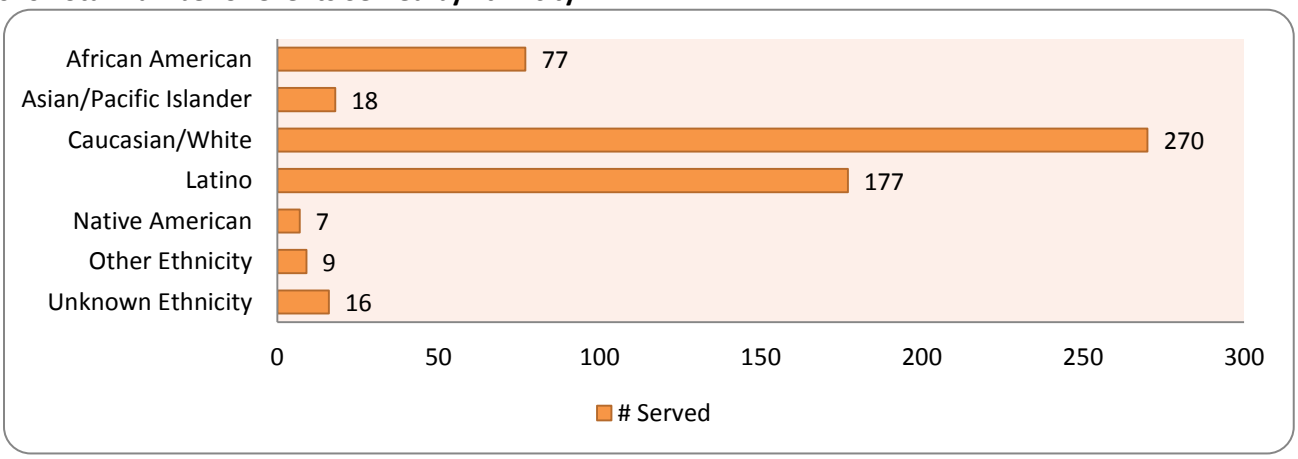


	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients	194	218	413	407	461	542	558	547	574	

Total Number of Clients Served By Age:



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



Total Cost per Client: $2,683.65

Cost per client is based on actual costs ($1,540,414.84) and actual number served (574) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	1,817,668.00	**1,817,668.00**
Change		

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

Due to ongoing co-location with Adult Protective Services and In Home Supportive Services, space to house staff has become an issue. We will continue to work on relocation of this program to the first floor location with sufficient space. This will continue to provide ongoing opportunities to interface with other services related to support of the elderly.

Proposed Changes:

Anticipate ongoing training in clinical models over the next year and program relocation as well as implementation of new Reaching Recovery tools used to identify client progress toward wellness.

Performance Outcomes: Not Available at this Time.

PEI Work Plans, Progress Updates and Proposed Changes

☒ Early Intervention

Project Identifier: PEI4314

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

Date Started: 04/05/10

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

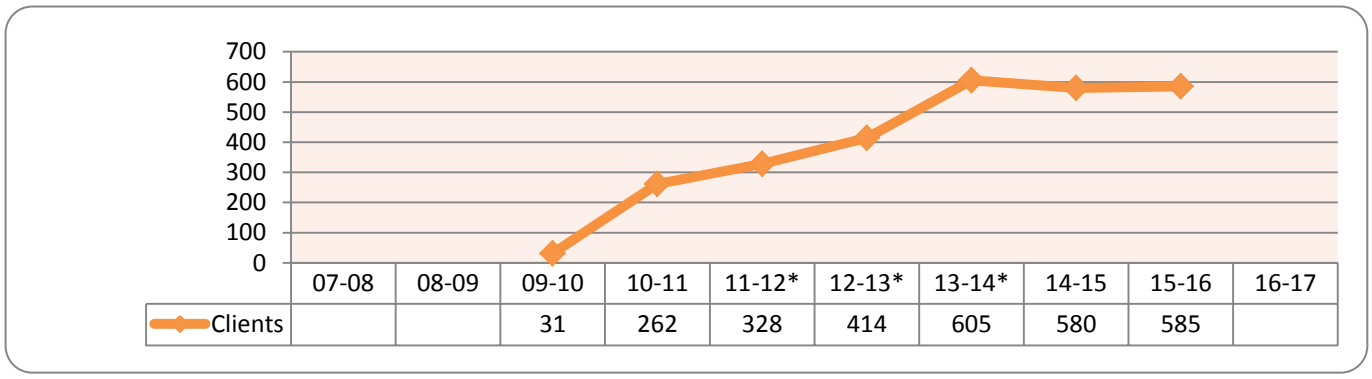
Program Update:

The scope of services for this program will expand to include increased family therapy and children's mental health services. Perinatal has also incorporated treatment and support for fathers. The program has expanded to three Public Health Nurse (PHN) and will not be adding any Community Mental Health Specialist (CMHS) for update. A full-time equivalent (FTE) Peer Support Specialist (PSS) is being added to the program. The program operates M-F, 8am-5pm and is co-located with Public Health and Child Protective Services (CPS) at the West Fresno Regional Center. There is currently no wait list for program admission.

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

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

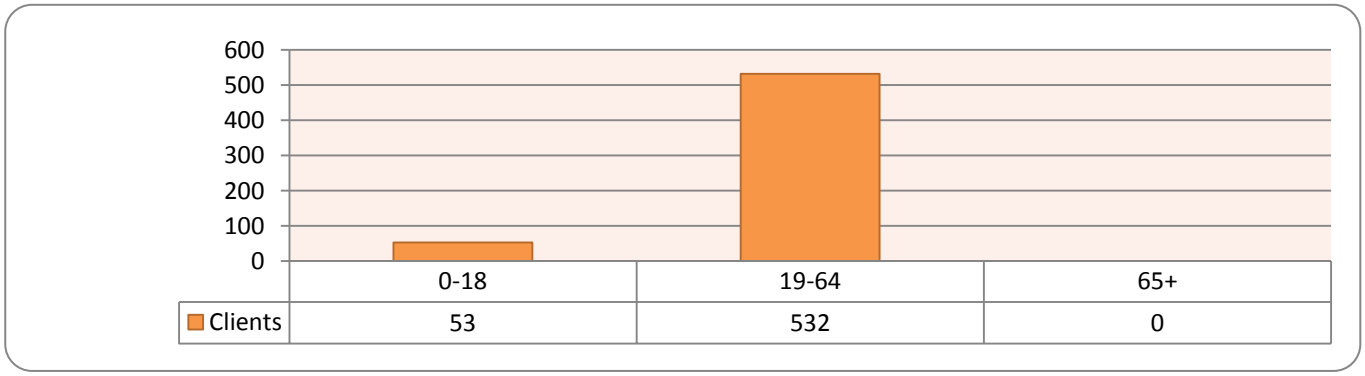
Total Number of Clients Served:



	07-08	08-09	09-10	10-11	11-12*	12-13*	13-14*	14-15	15-16	16-17
Clients			31	262	328	414	605	580	585	

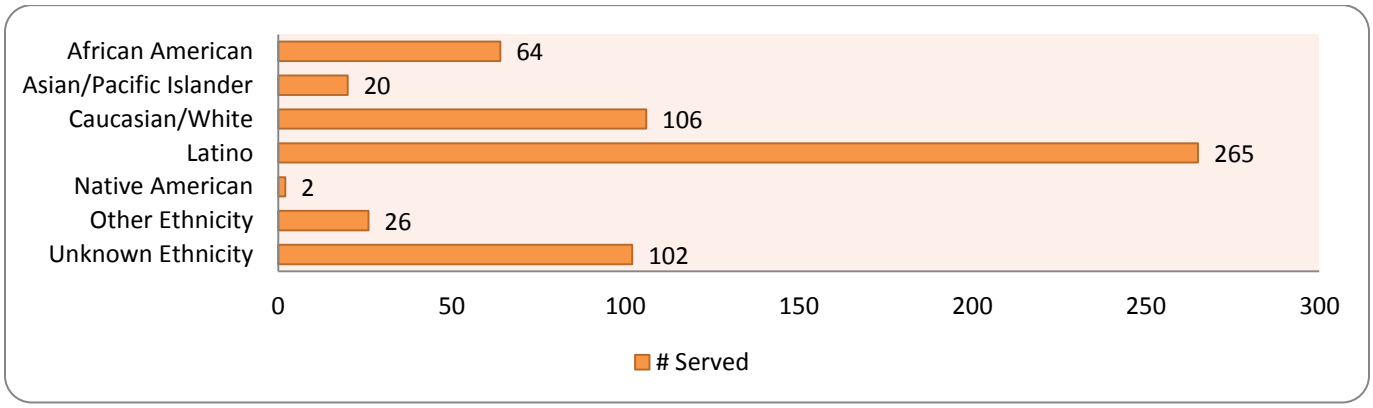
*Updated number from 3 year plan.

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients	53	532	0

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



Total Cost per Client: $3,167.91

Cost per client is based on actual costs ($1,853,229.89) and actual number served (585) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$1,244,914.00	**$1,244,914.00**
Change		

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

Proposed Changes:

None at this time.

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4519

Program Name and Provider: RISE
Department of Behavioral Health

Date Started: 12/30/2013

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

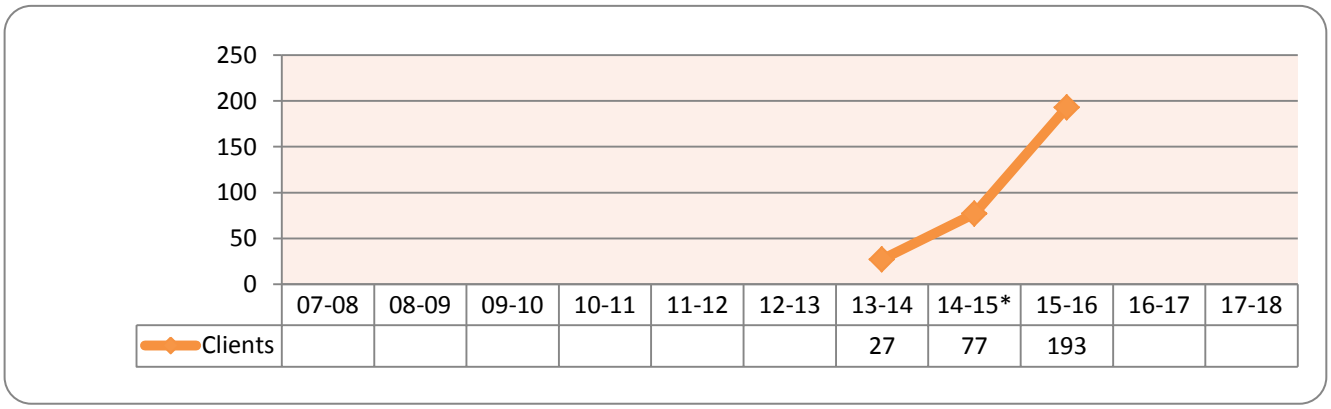
Program Update:

Program serves conservatees, people transitioning off of conservatorship, people recently released from conservatorship, individuals at high risk of return to conservatorship and those who require the highest level of outpatient voluntary care despite legal status. The team works with the conservatorship team to transition clients to outpatient care from Institution for Mental Disease (IMDs) and works with the outpatient team to treat people needing more intensive contact than traditional outpatient or for stepdown to a lower level of care. The goal is to increase independent functioning, stability of residency, follow through with needed services/access, and incorporate wellness and recovery into the client's understanding of their capabilities. Additionally, reduce acute hospitalization, reduce changes in residency and prevent a return to conservatorship, need for hospitalization and promote independence. Additional focus is placed on collaboration with primary care and the development of a natural support system. The Assertive Community Treatment (ACT) model was piloted as a means by which to achieve these objectives. New Models being considered include wellness and recovery concepts, strengths focused client driven practices with additional focus on increased natural supports. Service is largely field based and client contact can range from daily to weekly. The program uses mental health clinicians, case managers and has added one Peer Support Specialist to the team. RISE is a high intensity program and operates M-F, 8am-5pm.

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

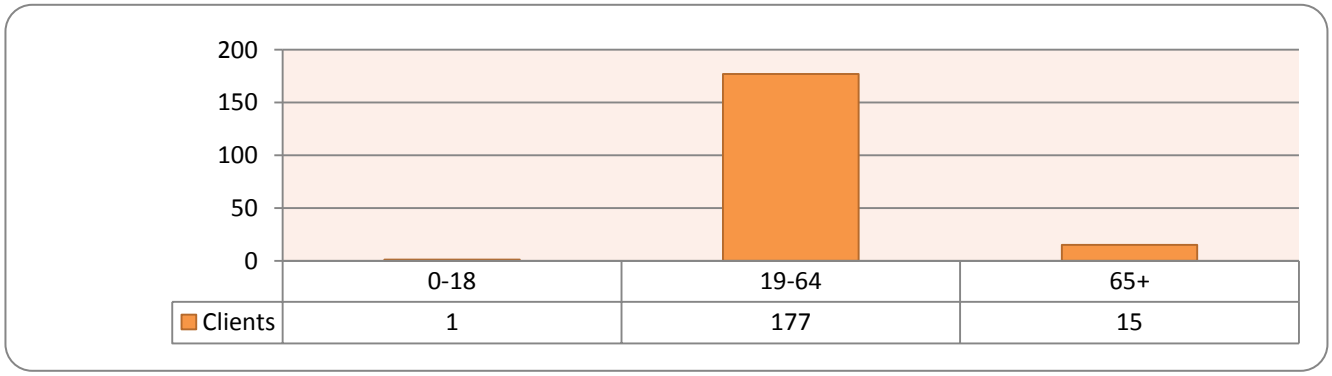
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

Total Number of Clients Served:

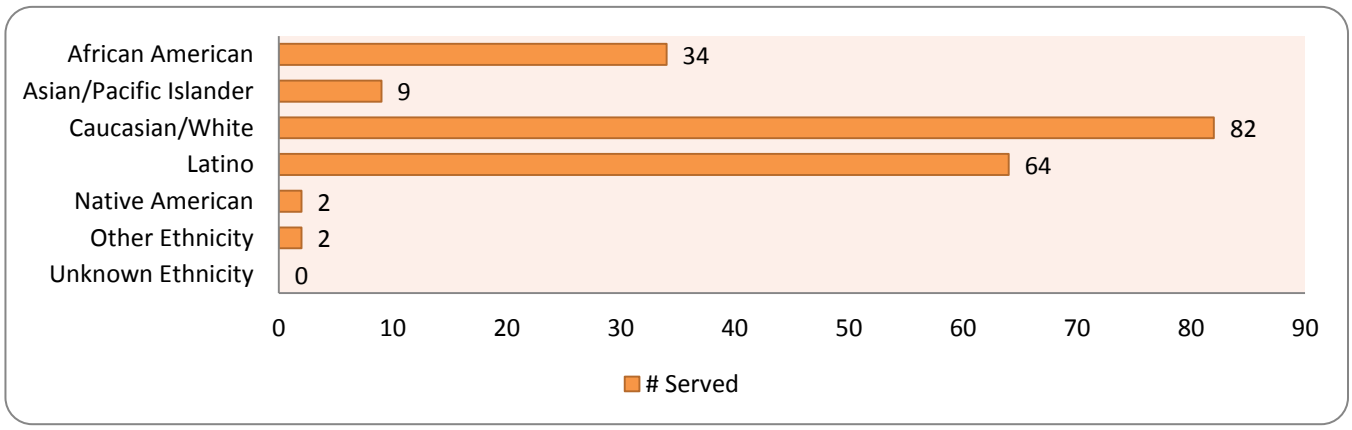


*Updated numbers from 3 year plan.

Total Number of Clients Served By Age:



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



Total Cost per Client: $5,177.04

Cost per client is based on actual costs ($987,588.49) and actual number served (193) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	1,900,917.00	**1,900,917.00**
Change		

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

Due to various complications associated with implementing a 24/7 model in a government environment new models are currently being piloted.

Proposed Changes:

none expected

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4311 & CSS4312

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

Date Started: 09/01/08

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

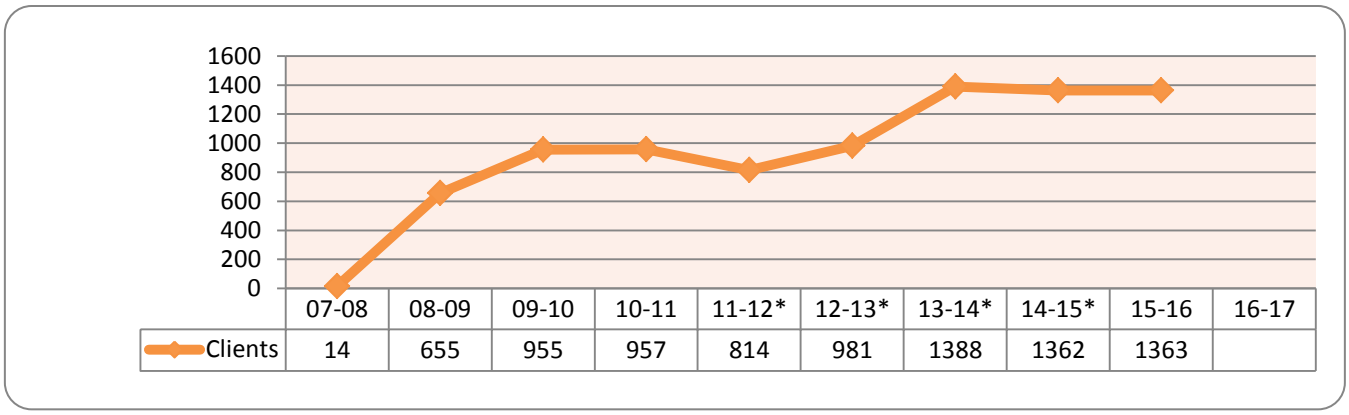
Program Update:

The metropolitan team (Metro Team) serves 23 school sites while the rural team (Rural Team) serves nine school districts that include 99 schools. Clinician vacancies have impacted the capacity of the programs and recruitment is underway to fill these positions. The Clinical Supervisors work closely with designated school district liaisons to identify the schools with the greatest need for onsite mental health services. However, the volume of referrals varies. The Department is continuing to dialogue with school administration on this service delivery model to insure that clinical staffs are fully utilized to reach the greatest number of youth in our community needing mental health services through these programs. The program staffing was expanded from 2 to 3 Clinical Supervisors to provide greater clinical direction and the ability to increase the collaboration with schools and other healthcare providers in the community and to increase clinical direction to a smaller number of subordinate staffs. This resulted in the reconfiguration from 2 to 3 teams serving central, west and east Fresno in January 2016.

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

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

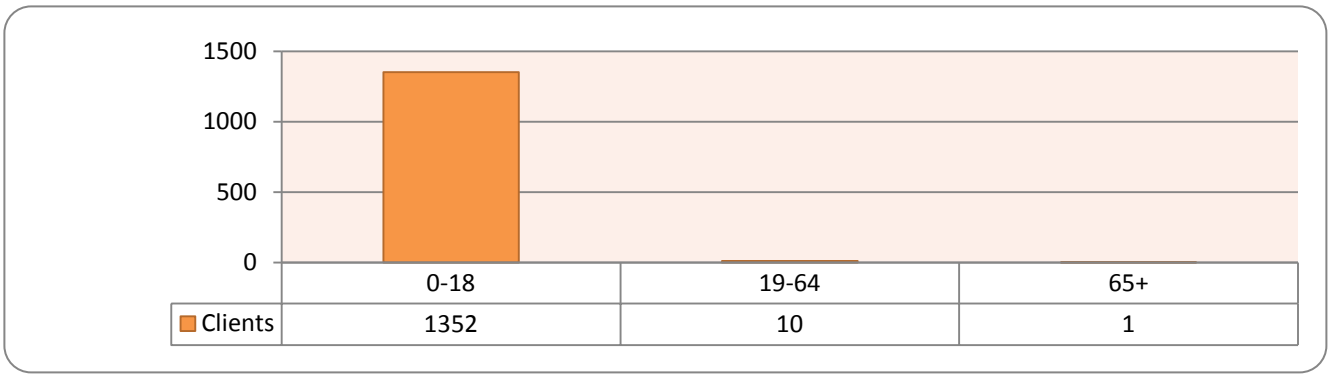
Total Number of Clients Served:



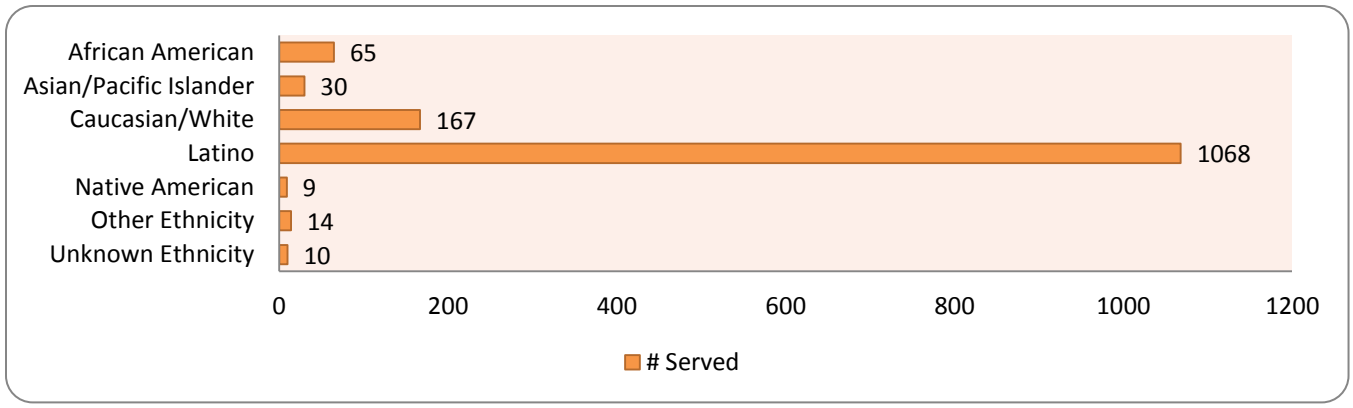
	07-08	08-09	09-10	10-11	11-12*	12-13*	13-14*	14-15*	15-16	16-17
Clients	14	655	955	957	814	981	1388	1362	1363	

*Updated numbers from 3 year plan.

Total Number of Clients Served By Age:



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



Total Cost per Client: $2,536.58

Cost per client is based on actual costs ($3,457,355.14) and actual number served (1363) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$1,818,154.00	**$1,818,154.00**
Change		

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

For the years 2015/2016, Rural School Based team (RSB) was faced with many barriers/challenges include: a vast geographic service area, some densely populated areas, the number of schools needing mental health services, lack of appropriate confidential space at school sites, weather/road conditions and other constraints.

Other challenges included: inability to hire linguistically/culturally appropriate staff, computer connection problems, productivity, access to the children during school hours, stigma and availability of parent/caregiver participation in treatment.

The strategies utilized to mitigate the barriers included, but were not limited to: Community Wellness meetings to educate, inform and solicit feedback on service delivery; meetings with personnel from various school districts, reviewed and worked with staff on adjusting their schedules to accommodate the needs of the families; restructuring of the large geographic area and incorporating Fresno, Clovis and Central Unified School Districts. Once the Districts were incorporated, and in an effort to alleviate some of the barriers, three

areas were established: East, West and Metro/Central. To improve the continuity of care, three Clinical Supervisors were utilized instead of two. The purpose of the restructuring was to insure improved quality of care for children and families with emphasis on having a more comprehensive service delivery system. Additionally, DBH began hiring more staff. At the same time more staffs were being hired, existing clinicians terminated their employment with the County for other opportunities. Currently, 8 of 26 clinician positions (31%) are vacant.

Proposed Changes:

To mitigate the barriers and increase service delivery, DBH is exploring the model of service delivery in the rural areas. The following strategies/changes that will also be evaluated include:

1. DBH will increase penetration rate through outreach and education to the school districts
2. Continue efforts to recruit clinical staff
3. Establish more Outpatient Clinics and embed those clinics in the zip codes where large populations of the clients reside
4. Work with Juvenile Probation to develop a discharge and linkage plan, for minors exiting the judicial system, that will ensure continuity of care
5. Develop partnerships with Medical/Family Care Providers and establish clinics within those settings
6. Develop partnerships with Law enforcement and have clinical staff work directly with that agency
7. Focus on increasing service delivery in targeted school districts
8. Consider issuing Requests for Proposals for mental health service providers for regions of rural county that would provide services in the office, home, and community and include extended hours form 7 a.m. to 8:00 p.m. with some weekend hours available and include crisis intervention services.

Performance Outcomes: Not Available at this Time.

Intentionally Blank

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4421

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

Date Started: 8/10/2009

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

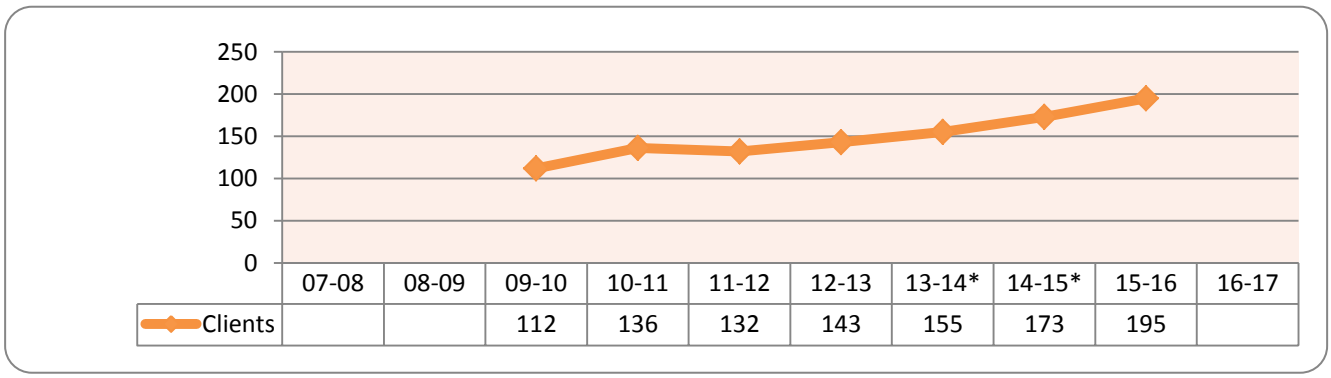
Program Update:

Program provided Cognitive Behavioral Therapy for Psychosis (CBTP) and Transition to Independence Process (TIP) training. Currently exploring other funding sources for drop-in center pilot project. TAY Peer Support Specialist (PSS) and mentoring program is in planning and development phase.

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

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

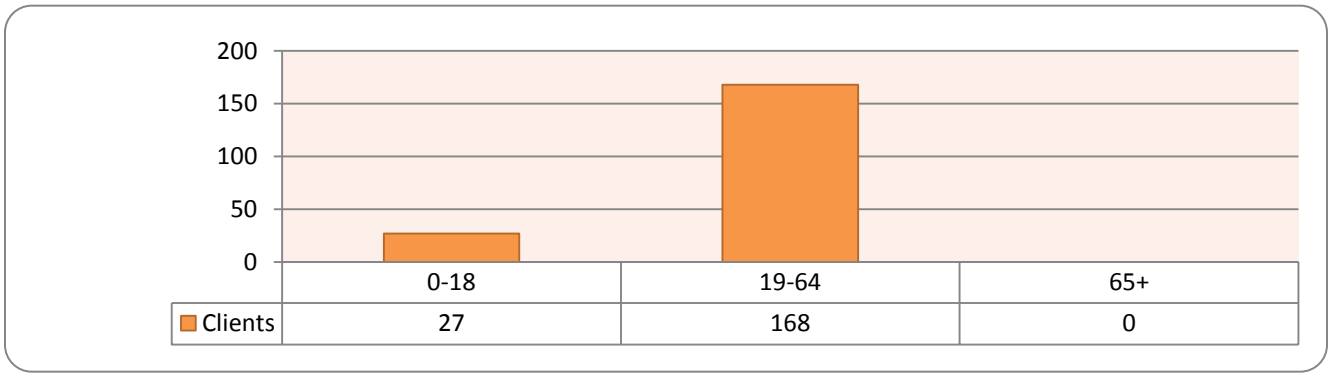
Total Number of Clients Served:



	07-08	08-09	09-10	10-11	11-12	12-13	13-14*	14-15*	15-16	16-17
Clients			112	136	132	143	155	173	195	

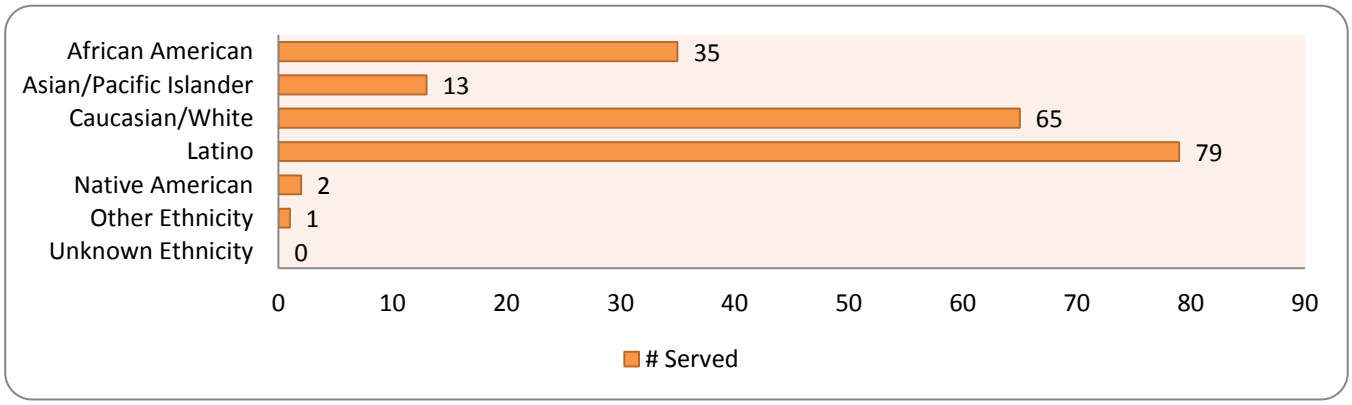
*Updated number from 3 year plan.

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients	27	168	0

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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$1,274,486.00	**$1,274,486.00**
Change		

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

Ongoing issues related to staff turnover given the clinical treatment model runs in a three year cycle. Re-training and onboarding related to training continue to be an issue.

Proposed Changes:

No proposed changes at this time

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4323

Program Name and Provider: Children & Youth Juvenile Justice Services - Assertive Community Treatment (ACT) Uplift Family Services (Contracted Provider)

Date Started: 8/25/2009

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

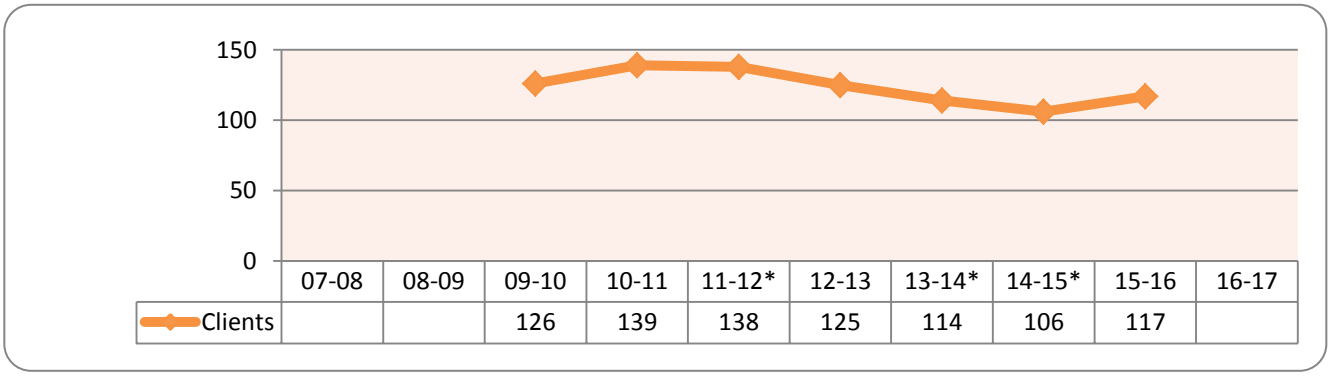
Program Update:

EMQ Families First changed its name to Uplift Family Services as of July 2016. Due to difficulty filling two Addiction Prevention Counselor (APC) positions, Uplift made the decision to convert one APC position to a Family Specialist position to provide additional support in providing rehabilitation, collateral, and case management services.

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

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

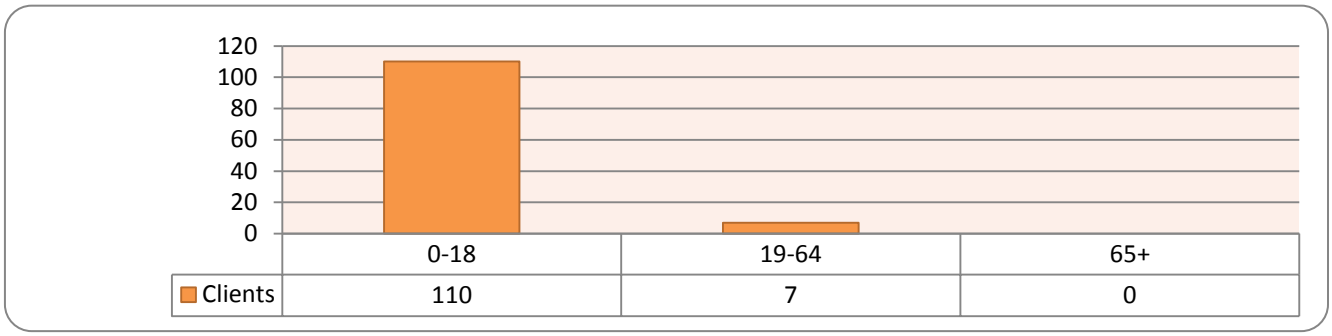
Total Number of Clients Served:



	07-08	08-09	09-10	10-11	11-12*	12-13	13-14*	14-15*	15-16	16-17
Clients			126	139	138	125	114	106	117	

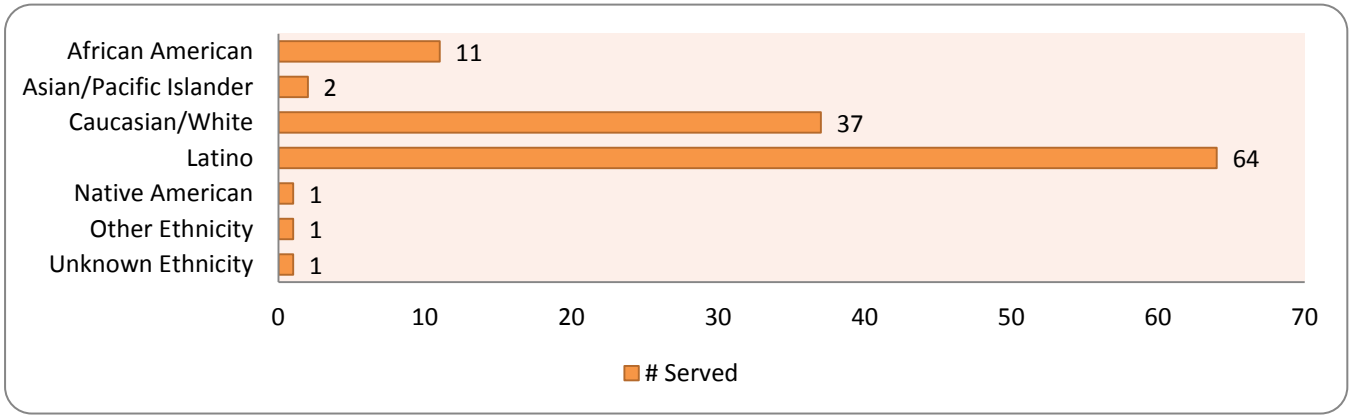
*Updated numbers from 3 year plan.

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



	0-18	19-64	65+
Clients	110	7	0

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



Total Cost per Client: $15,872.72

Cost per client is based on actual costs ($1,857,113.39) and actual number served (117) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$1,064,355.00	**$1,064,355.00**
Change		**+$328,954**

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

Uplift is unable to diminish the waitlist due to high acuity of youth being served, which requires more support services. Longer wait times correlate with youth being less interested in engagement once enrolled in the program. Managing the high number of youth seeing psychiatrists is drawing clinicians and case managers from providing direct service to clients. These challenges can be alleviated with the inclusion of additional staff. Uplift has also identified that often parents/caregivers' need to receive their own mental health services, and have referred parents/caregivers to the County Department of Behavioral Health and other community mental health services.

Proposed Changes:

The Department is reviewing expansion request as the wait list of 6 month to a year impact the acuity of the client/family. Additional funding would directly provide staffing to address wait time and increase volumes to be served in a timely manner, thus increasing access.

Uplift is exploring the possibility of adding additional staff to build more capacity, decrease the waitlist, and provide more administrative support to the program infrastructure; thereby increasing the capacity to serve more children and families.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Assertive Community Treatment (ACT) - June 2015

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4320X

Program Name and Provider: Children Full Service Partnership (FSP) 0-10 years
Bright Beginnings for Families
Uplift Family Services (formerly EMQ Families First); Exceptional Parents Unlimited; Comprehensive Youth Services (Contracted Providers)

Date Started: 9/1/2007

Program Description: This FSP program is a collaboration of 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.

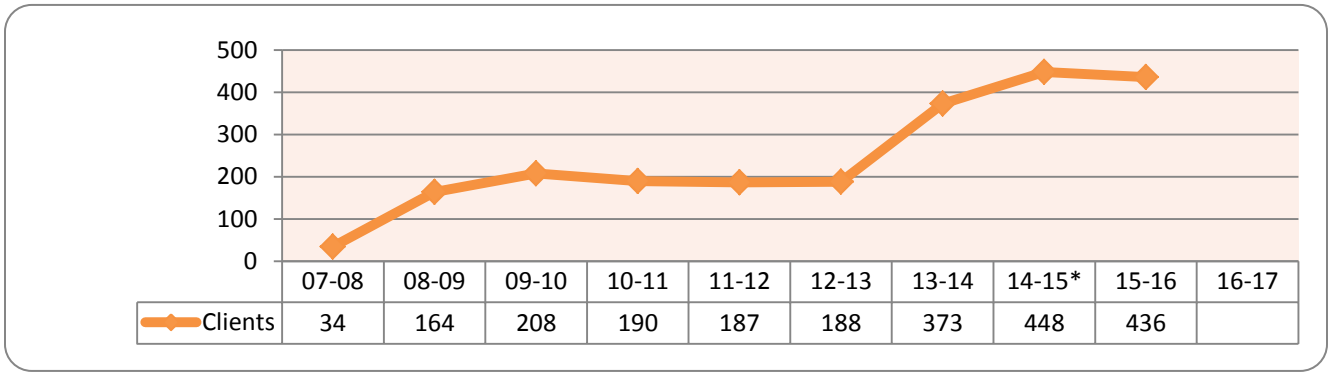
Program Update:

- All CYS staff have completed or are currently attending the following trainings to enhance and augment Parent Child Interaction Therapy (PCIT) services for children ages 0-5; Neurological Framework (NRF) training with Connie Lillas, sponsored by First 5 and Central California's Children's Institute; and Early Childhood Mental Health Training sponsored by County of Fresno and First 5. The trainings were included to further enhance quality of service. CYS moved to a different site in which all PCIT staff and facilities are in the same location, which has received positive feedback from clients.
- EPU continues to provide the same level of assessment and service to families with whom they work.
- EMQ Families First changed its name to Uplift Family Services effective July 2016. They have implemented staffing and process changes to improve timely access to services, and added an increased capacity for individual therapy and evidence-based practices for children by changing one facilitator position to a clinician position, which has resulted in a reduction to the waitlist.

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

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

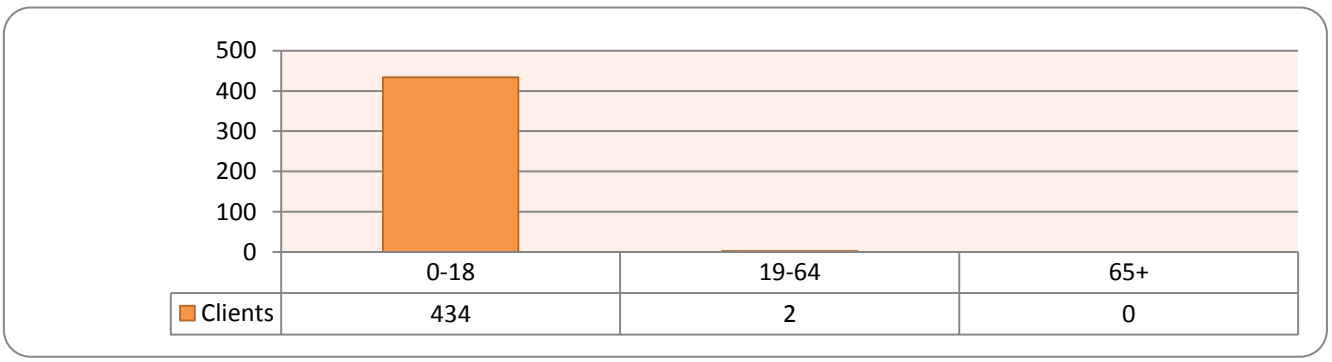
Total Number of Clients Served:



	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15*	15-16	16-17
Clients	34	164	208	190	187	188	373	448	436	

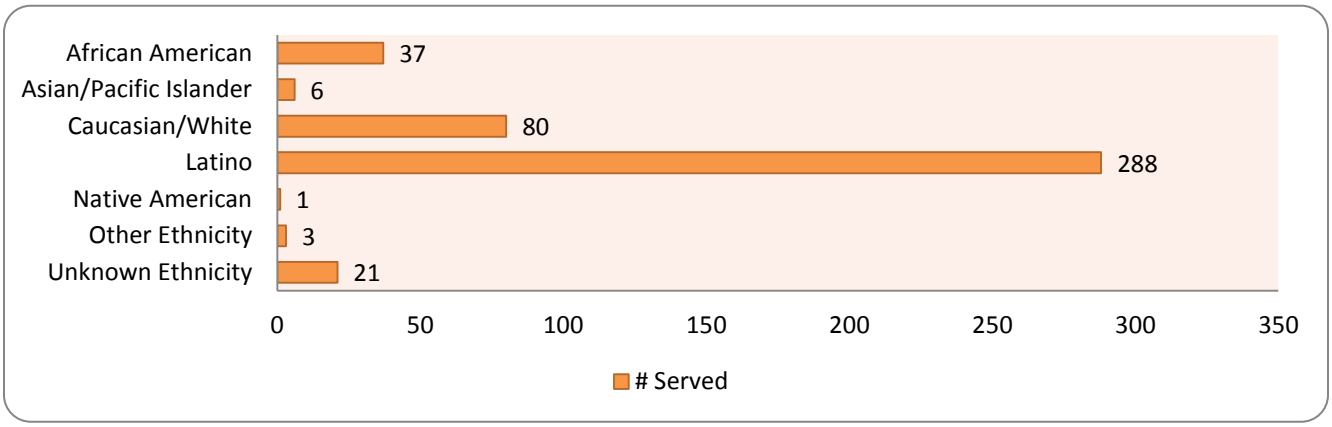
*Updated numbers from 3 year plan.

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



	0-18	19-64	65+
Clients	434	2	0

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



Total Cost per Client: $6,836.82

Cost per Client is based on actual costs ($2,980,853.69) and actual number served (436) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$2,503,605.00	**$2,503,605.00**
Change		**+$453,642**

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

- CYS continues to work with retention concerns for licensed and trained PCIT therapists. Training is long and the loss of trained staff may impact the ability to see clients within 30 days of referral. CYS offers its staff many training opportunities, which has resulted in more enhanced and better quality of service to clients.
- EPU has noticed an increase to NOA-Es issued due to the limited availability of the DBH co-located clinician, who will retire in FY 16-17, to conduct assessments. EPU and DBH have had discussions regarding the replacement of the retiring clinician. The number of parents completing post treatment measures is less than preferred and can be attributed to various factors. To mitigate the lower number of post treatment measures, EPU has instructed staff to not wait until the last appointment to have the parent complete post measures, and by sending the case manager to the home to assist the parent with measure completion.
- Uplift Family Services has identified that parents/caregivers often must meet their own mental health needs, and have been referred to County Mental Health and other adult service providers. There is also an increased need for psychiatric services for older children and rehabilitation services for school-aged children. Clinicians and facilitators have been utilized to provide one-on-one coaching and support to school-aged children in a limited capacity due to their primary focus of parent education and collateral support.

Proposed Changes:

All providers have proposed additional staff and/or resources to expand capacity and minimize wait lists and wait times, which have ranged between 3 – 6 months.

- CYS proposed a plan to create an additional PCIT room to minimize scheduling challenges and delays in service.
- EPU proposed an expansion to hire another clinical position, including resources to support the clinician's work and engagement of families with whom the clinician will work.
- Uplift Family Services proposed an expansion to add staff for the provision of additional one-on-one services to children, therapy to parents and caregivers, as well as expansion of psychiatric services.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- MHSA SMART Model of Care (a.k.a. Bright Beginnings for Families) - June 2015

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4563

Program Name and Provider: Co-Occurring Disorders Full Service Partnership (FSP)
Mental Health Systems, Inc. (Contracted Provider)

Date Started: 7/21/2009

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

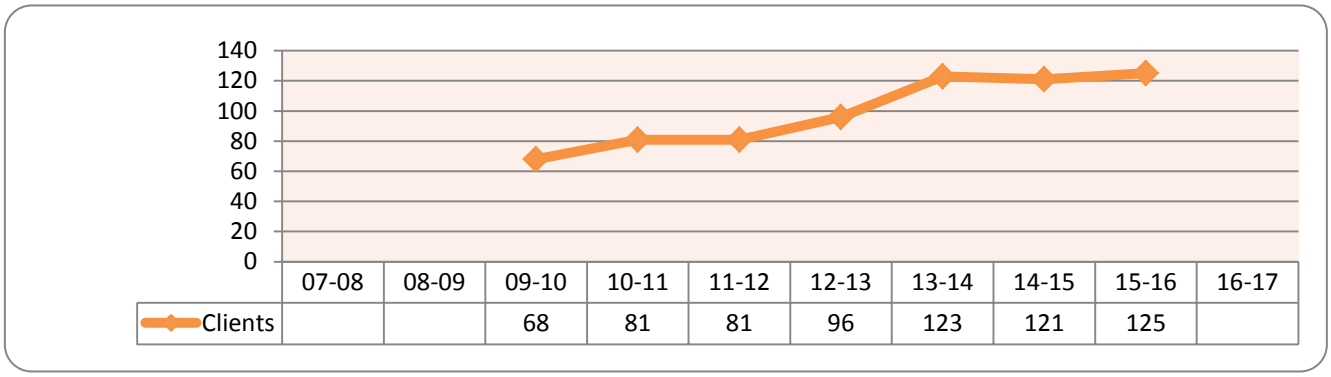
Program Update:

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

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

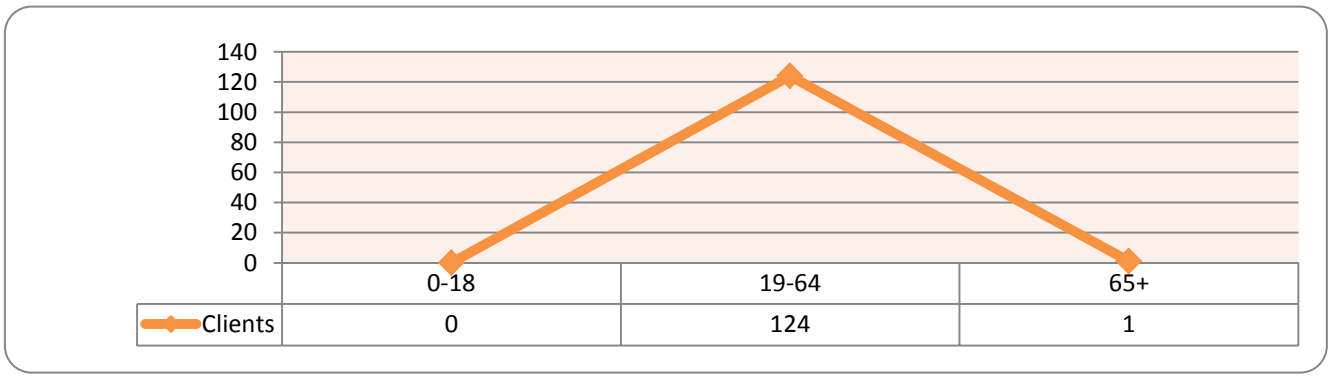
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒ **65 +**

Total Number of Clients Served:



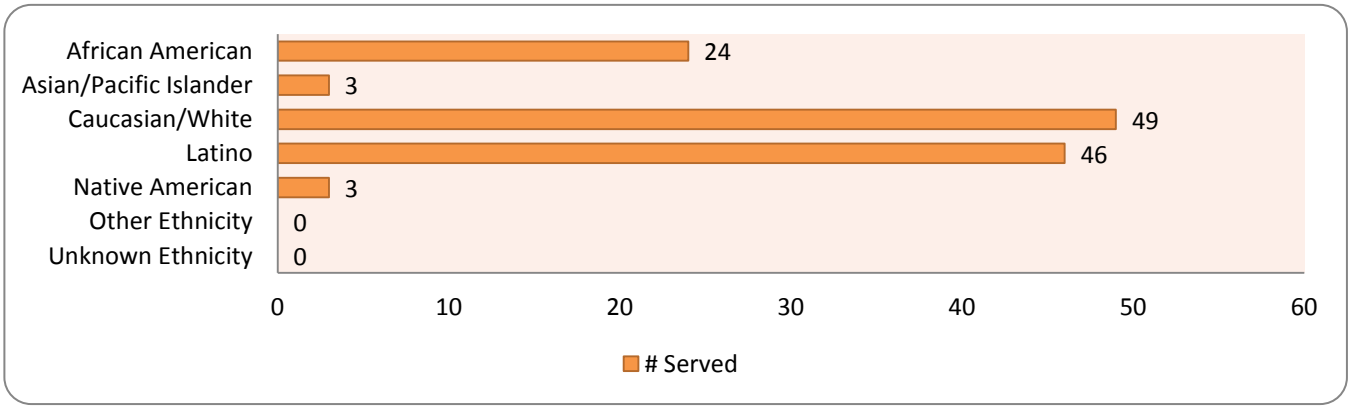
	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Clients			68	81	81	96	123	121	125	

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



	0-18	19-64	65+
Clients	0	124	1

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



Total Cost per Client: $16,013.72

Cost per Client is based on actual costs ($2,001,715.33) and actual number served (125) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$1,661,138.00	**$1,661,138.00**
Change		**+$156,926**

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

The program recently began facing difficulties with their referrals as they have been receiving many referrals for clients who have been turned away from other facilities due to their diagnosis or their violent behavior as well as referrals for clients who are either in a conservatorship or in the process of being conserved. The program is working with these clients and exploring different evidence-based practices to help with their more difficult referrals.

Proposed Changes:

An expansion of services will allow for increased support for clients with high level of service utilization. In addition program expansion would allow for intensive engagement which would lead to an increase in capacity and favorable outcomes. Additional staffing will enable the program to get closer to capacity by aiding case managers who have the cases that require more time and attention. Program would like to add positions that will provide assistance and oversight to case managers.

The program will be proceeding with obtaining a master lease for an 18-unit apartment complex to provide housing for IMPACT clients. This will be billed to the current budget allowance for housing and will not require additional funds. Clients who currently reside in room and boards will have the opportunity to transition into a more supportive and stable environment.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Mental Health System Fresno IMPACT Program

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4529x

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

Date Started: 10/1/2008

Program Description: Contract with Turning Point Central California includes Full Service Partnership, Intensive Case Management, and Outpatient Programs that are provided in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. The contract services fall within the Behavioral Health Clinical Care work plan.

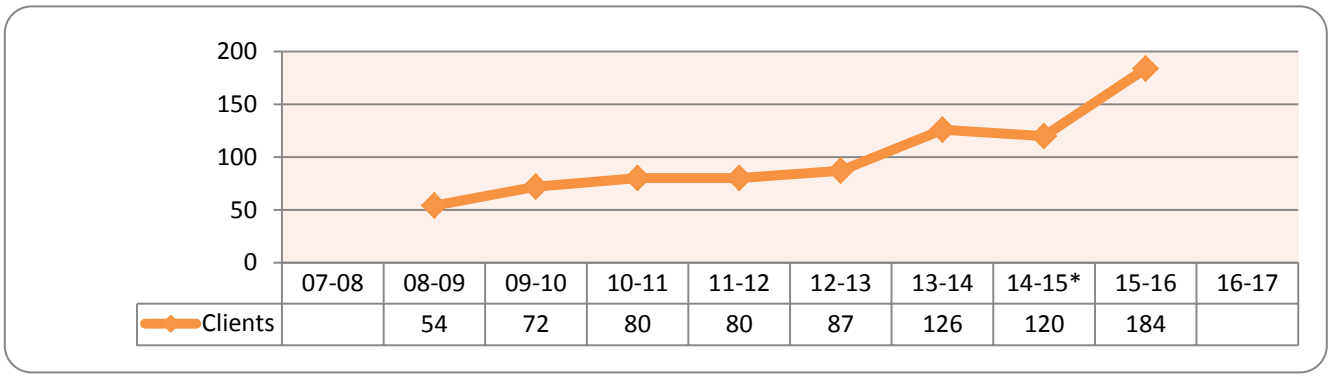
Program Update:

The number of clients served by Turning Point Rural Mental Health Full Service Partnership program services from July 1, 2015 through July 2016 is 184. The contract was amended to modify the budget between the three programs: FSP, ICM, & OP. It was identified that ICM needed a majority of the funds to provide appropriate services. The redistributed funds appropriations became effective June 2015. Turning Point was also granted full access to and usage of the Department of Behavioral Health's electronic health record known as Avatar. Full access allowed Turning Point to utilize Avatar as its electronic health record and aided in greater coordination of care for clients.

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

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

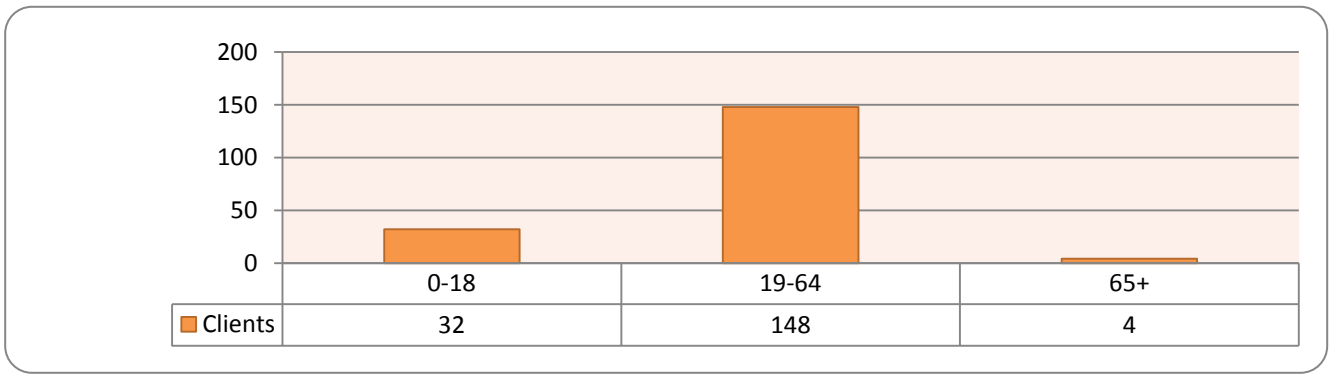
Total Number of Clients Served:



	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15*	15-16	16-17
Clients		54	72	80	80	87	126	120	184	

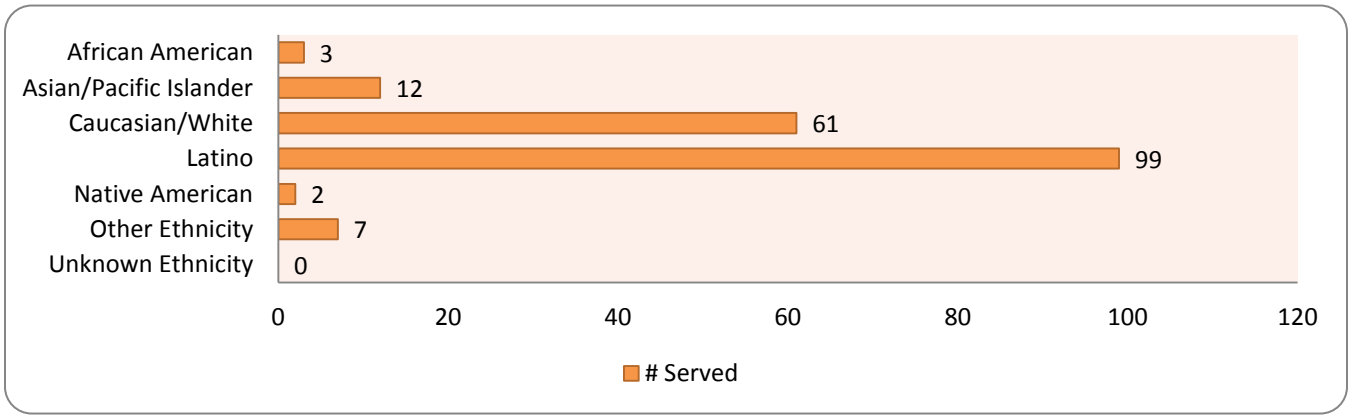
*Updated number from 3 year plan.

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients	32	148	4

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



Total Cost per Client: $6,869.15

Cost per client is based on actual costs ($1,263,923.28) and actual number served (184) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$1,259,268.00	**$1,259,268.00**
Change		**+$9,373.00**

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

Since re-assessments must be done every 12 months, clinicians' schedules become filled which impacts their ability to see new FSP clients waiting for therapy. It is challenging for FSP clients with high acuity levels to receive consistent therapy on a weekly basis or be able see the psychiatrist sooner when clinicians/psychiatrist schedules are so impacted. Currently, the only option is to rely on Exodus Recovery (crisis stabilization or PHF), local emergency departments or primary care physicians to bridge the gap for medications until a client can be seen by the psychiatrist. County can sometimes expedite referrals for services.

The clinicians' ability to do field work is limited given the demand for them to complete assessments, annual re-assessments and therapy for large caseloads. Field work also involves driving long distances which reduces the possibility of serving clients in the clinic.

Case managers have the additional barriers of covering large distances in rural areas to see their FSP clients 3-5 times a week and meet FSP clients' needs when rural areas lack resources. Case managers struggle the most with housing rural FSP clients in their home communities and finding supportive housing like Room and Boards, or Board and Care placements.

Case managers now strategize their weeks to drive out to rural areas and provide a high level of field work.

Limited housing resources in the rural communities continue to present challenges; specifically access to sober living beds/facilities. It is difficult for clients to access all entitlements or benefits for which they are eligible due to limited resources and lack of transportation in rural areas.

Employment and educational goals continue to be a large barrier for most clients living in rural areas due to limited employment/education resources and lack of transportation.

Proposed Changes:

The Department is reviewing expansion request as the wait list of 4 weeks to 7 weeks. Additional funding would directly provide staffing to address wait time and increase volumes to be served in a timely manner, thus increasing access.

Turning Point is exploring the possibility of adding additional staff to build more capacity, decrease the waitlist, and provide more administrative support to the program infrastructure; thereby increasing the capacity to serve more children and families.

Additional staffing (clinicians) would:

- Provide services in other areas that are unserved making services more accessible for harder to reach areas;
- Ease clinician's schedules (heavy with annual re-assessments);
- Reduce wait time for FSP referrals;
- Provide quicker triage for referrals to connect to care efficiently.

Performance Outcomes: Not Available at this Time.

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4527x/4528x

Program Name and Provider: Enhance Rural Services-Outpatient (OP)/Intensive Case Management (ICM)
Turning Point (Contracted)

Date Started: 10/1/2008

Program Description: Contract with Turning Point Central California includes Full Service Partnership, Intensive Case Management, and Outpatient Programs that are provided in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. The contract services fall within the Behavioral Health Clinical Care work plan.

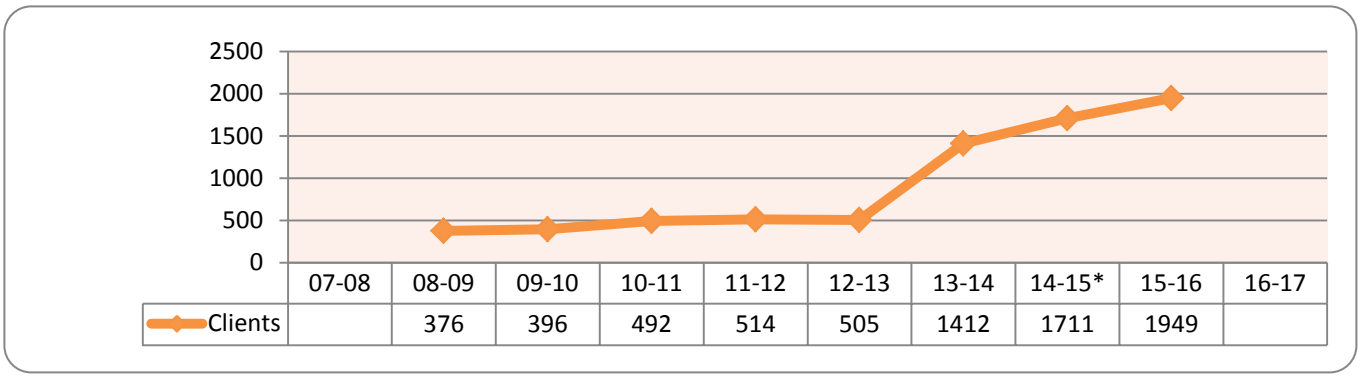
Program Update:

The number of clients served by Turning Point Rural Mental Health Outpatient and Intensive Case Management program services from July 1, 2015 through June 30, 2016 is 1,949. The contract was amended to modify the budget between the three programs: FSP, ICM, & OP. It was identified that ICM needed a majority of the funds to provide appropriate services. The redistributed funds appropriations became effective June 2015. Turning Point was also granted full access to and usage of the Department of Behavioral Health's electronic health record known as Avatar. Full access allowed Turning Point to utilize Avatar as its electronic health record and aided in greater coordination of care for clients.

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

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

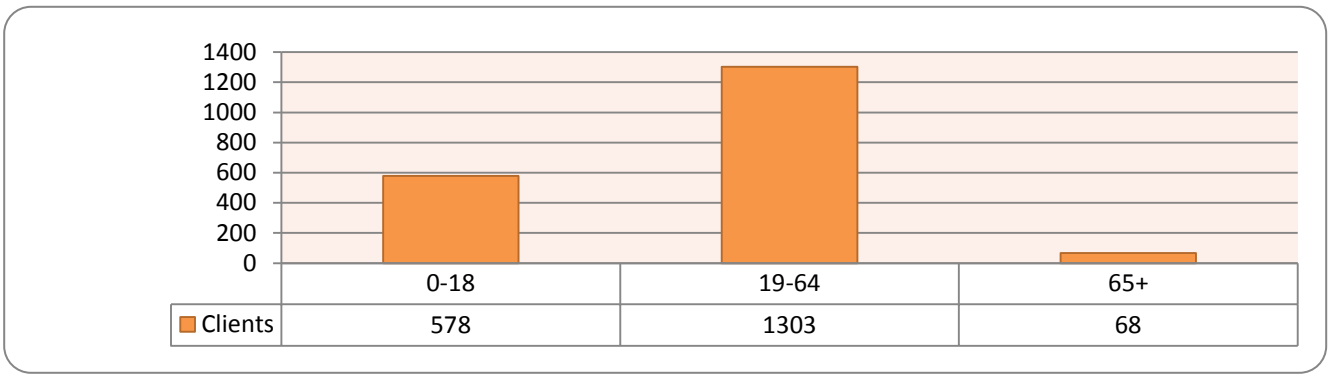
Total Number of Clients Served:



	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15*	15-16	16-17
Clients		376	396	492	514	505	1412	1711	1949	

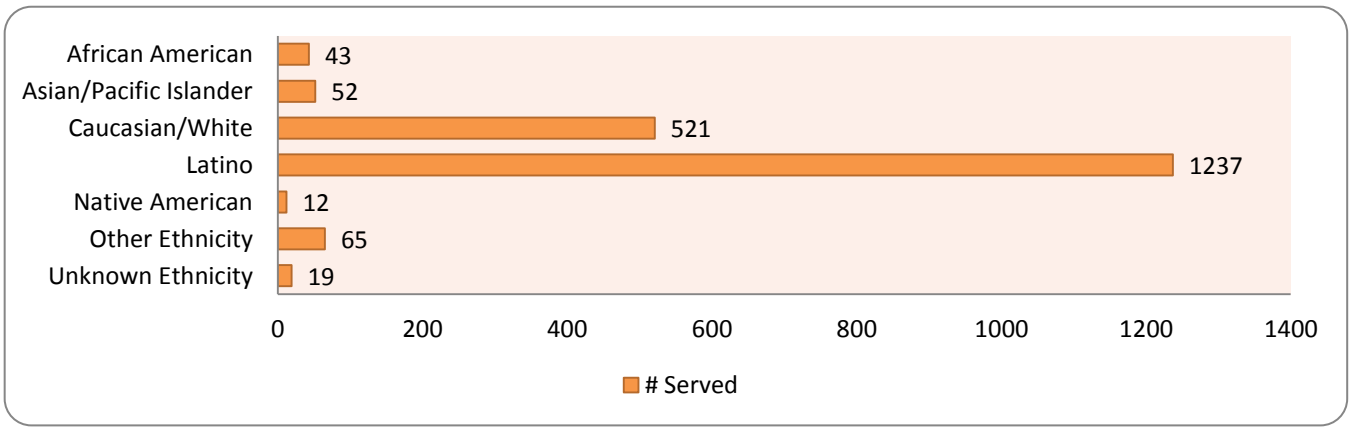
*Updated numbers from 3 year plan.

Total Number of Clients Served By Age:



	0-18	19-64	65+
Clients	578	1303	68

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



Total Cost per Client: $2,891.74

Cost per client is based on actual costs ($5,635,997.44) and actual number served (1949) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$2,931,270.00	**$2,931,270.00**
Change		**+$736,554**

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

Challenges due to lack of staffing include continued high volume of referrals received weekly, inability to triage referrals that need post-psychiatric care or recent crisis intervention, and the inability to keep up with that demand with the current staffing. Referrals are not seen in timely manner and there are delays in access to services.

Wait times are as follows:

- Assessment – 4 to 7 weeks
- Therapy Services to begin – 4 to 6 weeks
- Psychiatric evaluations (for adults) – 5 to 11 weeks
- Psychiatric Evaluations (for children) – 5 to 13 weeks
- Medication services – 6 to 12 weeks

Case managers have high caseloads averaging caseloads of 60-75 ICM clients and 75+ OP clients each. Most of the ICM contact occurs via phone versus face to face.

Proposed Changes:

The Department is reviewing expansion request as the wait list of 4 weeks to 7 weeks. Additional funding would directly provide staffing to address wait time and increase volumes to be served in a timely manner, thus increasing access.

Turning Point is exploring the possibility of adding additional staff to build more capacity, decrease the waitlist, and provide more administrative support to the program infrastructure; thereby increasing the capacity to serve more children and families.

Additional staffing (clinicians and administrative support) would help:

- Ease service demand based upon the continued high volume of referrals received weekly;
- Accessibility to other unserved, harder to reach outlying areas.
- Ease clinician's schedules (heavy with annual re-assessments);
- Reduce wait time for FSP referrals;
- Provide quicker triage for referrals to connect to care efficiently.

Possible co-location with other partners in the community in the rural areas; possibly even school districts.
Review and evaluation of transportation issues.
Expansion will help ensure that referrals have access to mental health care services in a timely manner and reduce wait times for access.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Rural Mental Health (RMH)

PEI Work Plans, Progress Updates and Proposed Changes

☒ Early Intervention

Project Identifier: PEI4321

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

Date Started: 4/20/2007

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

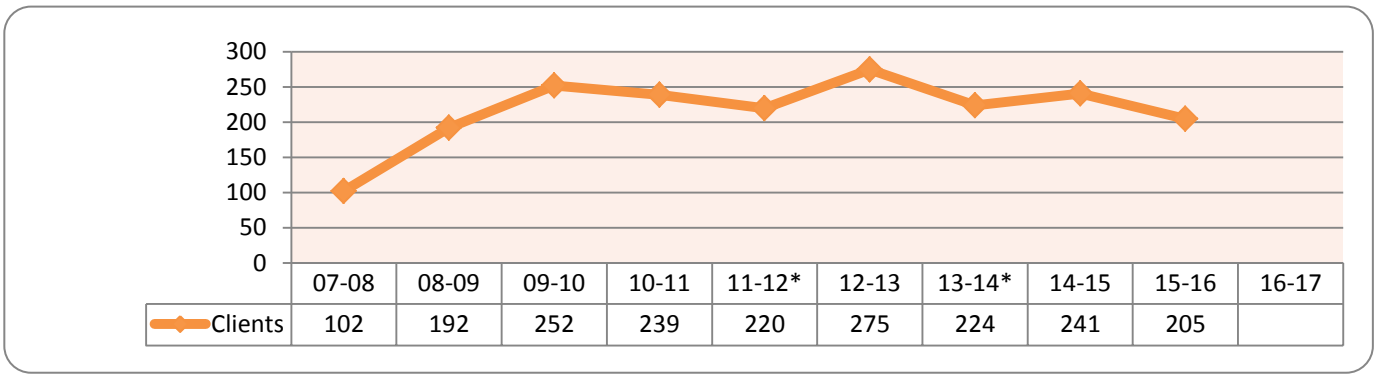
Program Update:

The FFT Site Certified Supervisor promoted to Executive Director of Comprehensive Youth Services (CYS), which resulted in a promotion to fill the vacant Site Supervisor position. All therapist positions are currently filled and other positions are in the hiring process. CYS also moved to a larger facility which allows the program to be operated in one centralized location.

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

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

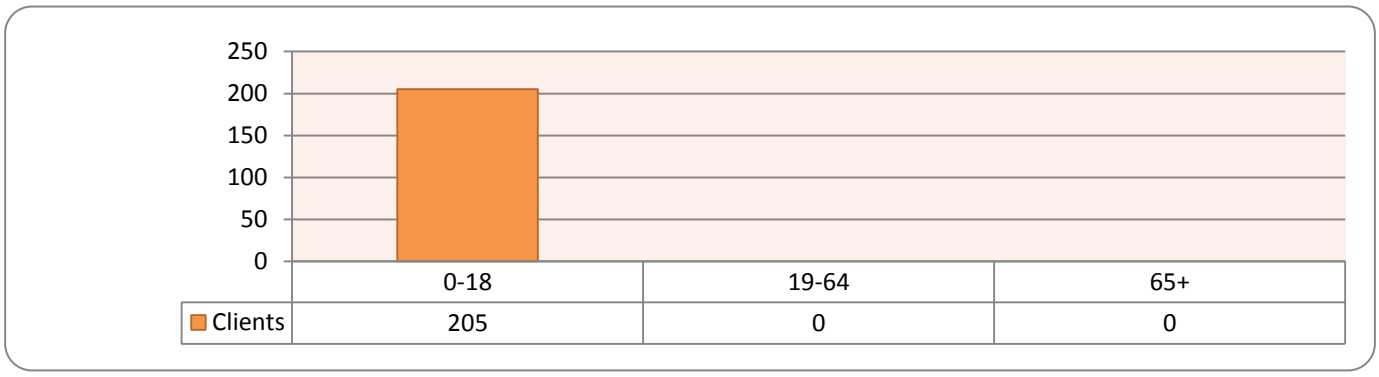
Total Number of Clients Served:



	07-08	08-09	09-10	10-11	11-12*	12-13	13-14*	14-15	15-16	16-17
Clients	102	192	252	239	220	275	224	241	205	

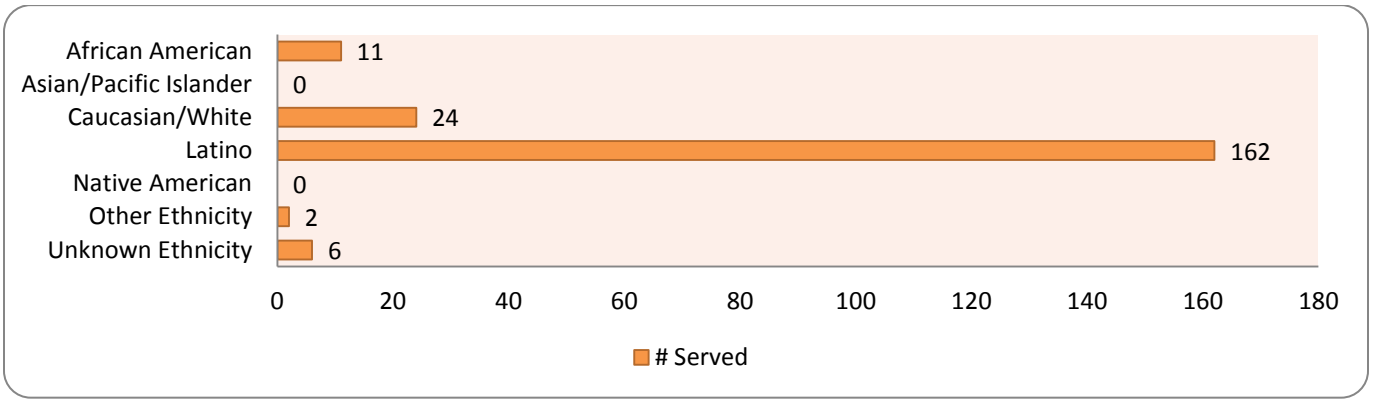
*Updated number from 3 year plan.

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



	0-18	19-64	65+
Clients	205	0	0

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



Total Cost per Client: $5,255.20

Cost per client based on actual costs ($1,077,315.78) and actual number served (205) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$571,810.00	**$571,810.00**
Change		+$103,417.00

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

The program has historically had a long waitlist due in part to staff turnover and intensive staff training, which is only provided twice per year and 6-7 months in duration, as well as accommodating specific client scheduling needs. CYS plans to hire therapists in advance of training cohorts to allow time for new staff to shadow experienced therapists prior to training commencement.

Proposed Changes:

CYS is requesting an expansion to hire additional staff with the goal of decreasing the waitlist and wait times to engage families in services, and to provide training in Cognitive Behavioral Therapy (CBT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to their staff to enhance the services currently provided.

FFT has a long history of having an extensive waiting list. While FFT has been expanded in the past, the referrals continue to grow beyond the capacity of the program.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Functional Family Therapy - June 2015

CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4470

Program Name and Provider: TAY Services & Supports
Turning Point

Date Started: 11/27/07

Program Description: The TAY (Transition Age Youth) Program, operated by Turning Point Central California, is a full service partnership, outpatient mental health program serving clients between the ages of 16-24 with serious emotional disturbance (SED) or serious mental illness (SMI). Through an Assertive Community Treatment (ACT) model, clients receive on-going mental health services, case management, group/individual/family therapy, medication/psychiatrist services and affordable housing as well as the supports needed to achieve their goals. The TAY Program focuses on client strengths and abilities to successfully gain independence and self–sufficiency in the community. Clients are assisted with life transitions and empowered to achieve a variety of goals. The contract services fall within the Behavioral Health Clinical Care work plan.

Program Update:

An expansion in July 2013 increased TAY client service capacity by 51% from the previous minimum of 99 to 149 clients to be served at any given time in order to meet the increasing demand for TAY services.

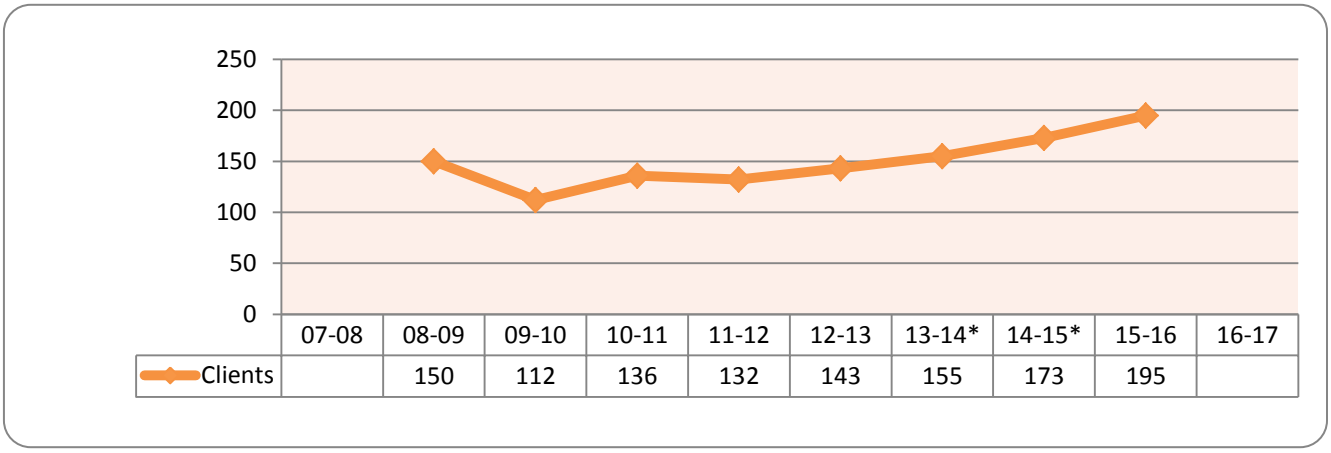
From January 2014 to June 2015, Turning Point TAY served 210 unique clients with SED or SMI, resulting in outcomes reflecting 86% decrease in homelessness, an 89% decrease in hospitalizations, and a 96% decrease in incarcerations.

On February 1, 2016, Turning Point TAY began integrating into DBH's AVATAR electronic health record system. Full access allowed Turning Point to utilize Avatar as its electronic health record and aided in greater coordination of care for clients.

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

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

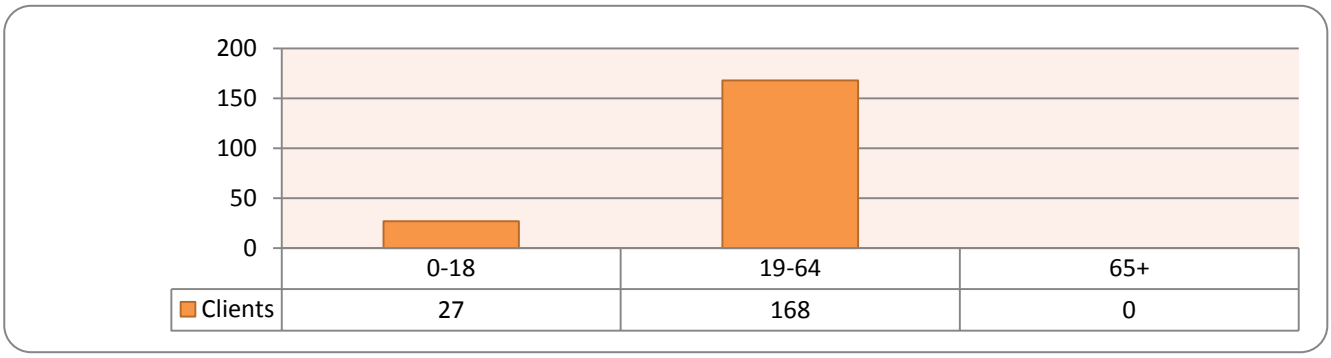
Total Number of Clients Served:



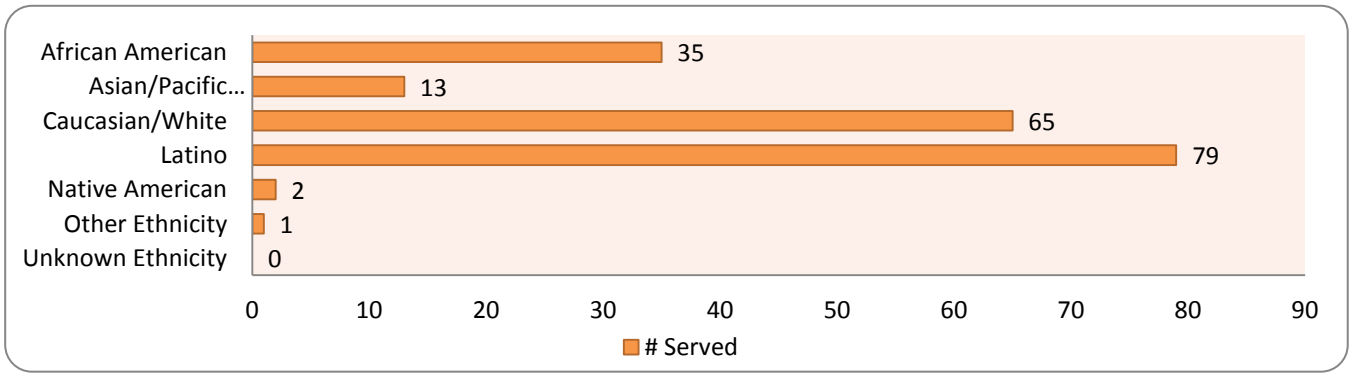
	07-08	08-09	09-10	10-11	11-12	12-13	13-14*	14-15*	15-16	16-17
Clients		150	112	136	132	143	155	173	195	

*Updated numbers from 3 year plan

Total Number of Clients Served By Age:



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



Total Cost per Client: $10,972.59

Cost per client is based on actual costs ($2,139,655.47) and actual number served (195) in fiscal year 2015-2016

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$2,602,882.00	**$2,602,882.00**
Change		

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

The effectiveness of the Turning Point TAY program can be improved by the following:

1. The development of a more effective transition process from children's mental health services into the TAY program to prepare individuals for the process of moving from complete dependency on parents or the system to independency and adulthood. Turning Point has developed relationships with agencies within the community to work together to bridge this gap. More success occurs with warm hand-offs from programs such as Uplift (formerly known as EMQ), former MHS Wrap, Children's Mental Health (AB12, ILP), and CPI. The TAY program invites referrals to be made prior to the individual being old enough for TAY services to be "ahead of the game" so everyone is fully prepared when the time comes.
2. A recovery oriented drop-in center.
   The TAY program is open 8 AM to 5 PM and provides a warm, safe, welcoming environment for clients to come in and attend group and individual therapy sessions, see the doctor, interact with peers, engage in conversation with case managers, lounge and watch movies, get something to eat or drink, fill out job applications, etc. The program facility walls and offices have been re-decorated/re-designed to be a warmer and more welcoming environment. More education and employment services are offered, a new peer support was hired, and TAY events have been increased. However, space should be clearly defined for a drop-in center with an outdoor playground area. The TAY contract will be up for bid in spring 2018 and Turning Point's proposal will include relocating to a new building site with plenty of space for a recovery oriented drop-in center.
3. Levels of care that may fluctuate according to where in the stage of recovery the individual is. This concept of

levels of care according to the individual's recovery level will be addressed in the next RFP proposal.
Lack of adequate housing as well as housing that specializes in specific areas such as sober living, female only housing, TAY population, and housing in more areas of town and in the rural areas. TAY immediately houses clients upon admit into room and board care in order to increase likelihood of contact with client to provide needed intensive mental health services. A large number of clients would benefit from living in the County's MHSA-funded permanent supportive housing, but would need to live on the street first in order to meet the criteria of homelessness. The criteria should be changed to allow for a larger pool of clients who can utilize the opportunity or additional permanent supportive housing with different criteria should be created.

Proposed Changes:

Establishment of recovery-oriented, supervised, supportive housing specifically designed for the TAY population.

Performance Outcomes: January 2014- June 2015

Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Transitional Age Youth (TAY) Program

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CSS Work Plans, Progress Updates and Proposed Changes

Project Identifier: CSS4531

Program Name and Provider: Vista
Turning Point

Date Started: 07/1/2015

Program Description: Full Service Partnership program operated by Turning Point Central California that provides comprehensive mental health services, including housing and community supports, to approximately 300 adult Fresno County clients with a serious mental illness. This program falls under DBH's Work Plan of Behavioral Health Clinical Care (BHCC).

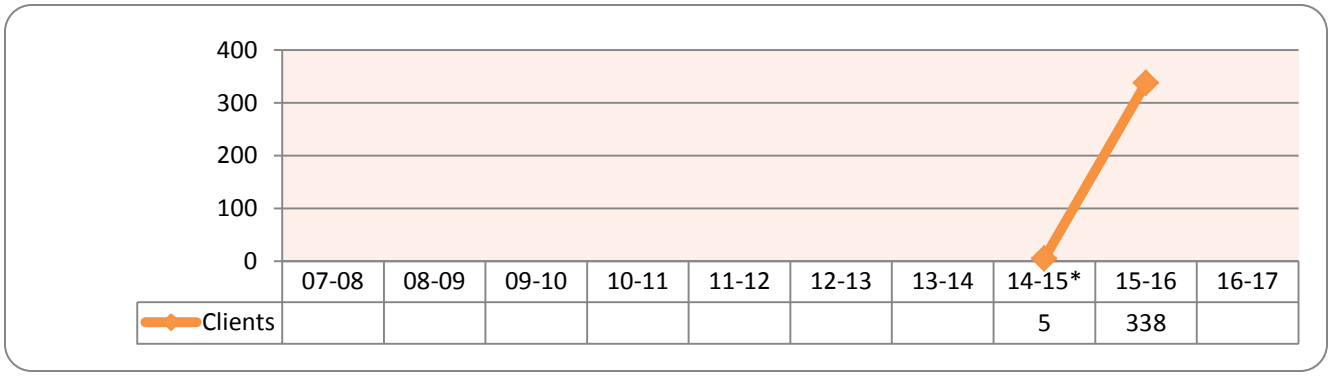
Program Update:

- Clients previously receiving services from the ICSST (Program Cost Center #4522) and IMH (Program Cost Center #4530) programs were transferred to this program on 7/1/2015.
- Contract amended to provide Turning Point with full access to the Department of Behavioral Health's electronic health record known as Avatar. Full access allowed Turning Point to utilize Avatar as its electronic health record and aided in greater coordination of care for clients.
- Building modification completed to add four privacy rooms for treatment and other confidential matters. Site recertification completed May 2016.

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

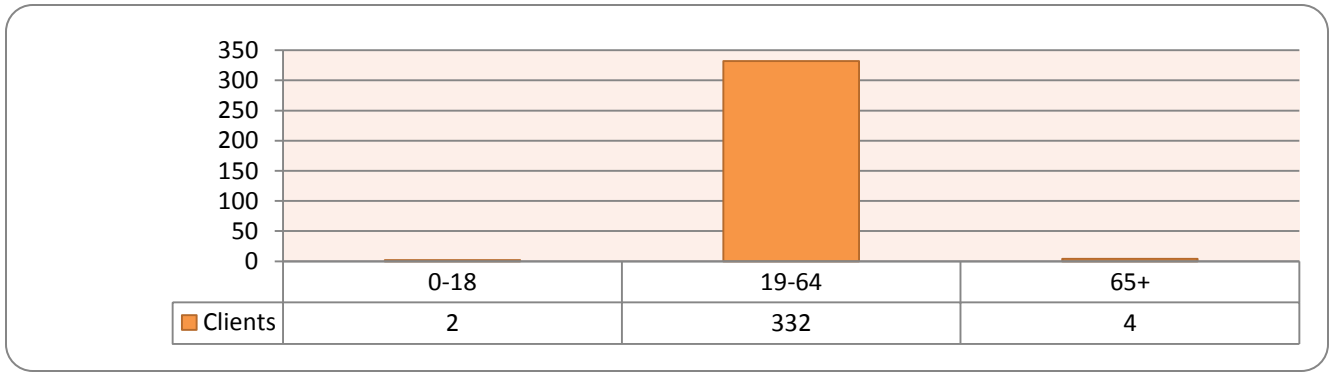
☐ **0-15** ☒ **16-25** ☒ **26-64** ☒**65 +**

Total Number of Clients Served:

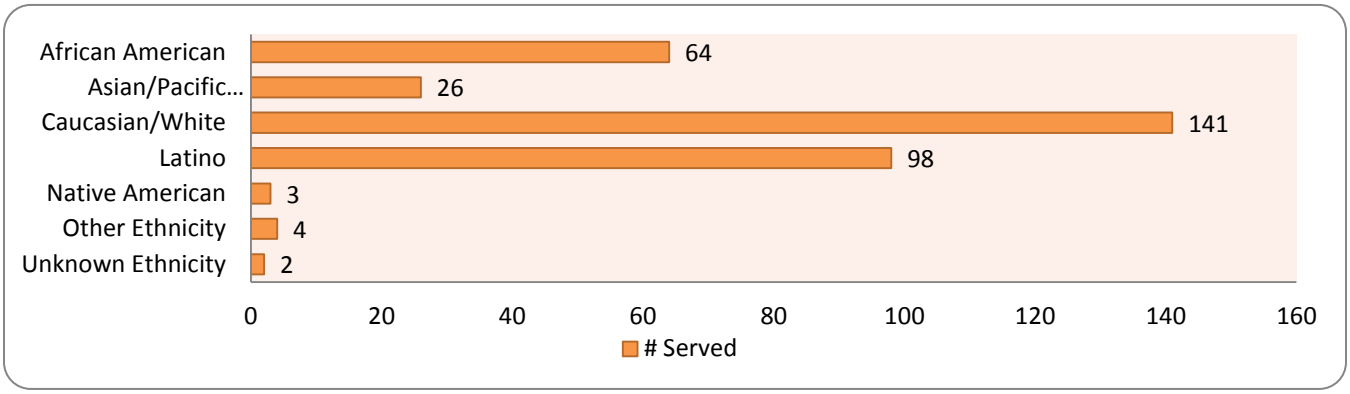


*Updated numbers from 3 year plan.

Total Number of Clients Served By Age:



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



Total Cost per Client: $9,120.52

Cost per Client is based on actual costs ($3,082,736.32) and actual number served (338) in fiscal year 2015-2016.

MHSA State Approved Allocations:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$4,113,122.00	**$4,113,122.00**
Change		

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

- Lack of communication from outside agencies when they make referrals to Vista.
  - Attempts to mitigate have been to keep an open line of communication from Vista to these outside agencies in order to better collaborate with respect to continuity of care.
- When Vista clients become incarcerated there is an ongoing lack of communication regarding the clients' continuity of care within the Jail.
  Attempt to keep open lines of communication with the provider of mental health services in the Jail. Request DBH assistance if there are continued barriers to communication

Proposed Changes:

- Turning Point will submit a request for additional funds for a hospital liaison position. The hospital liaison would immediately touch base with existing Vista clients when they become admitted into a hospital (as appropriate for the specific client) rather than waiting until the latter portion of the hospital stay when preparing for discharge, therefore providing more efficient services.
- DBH Executive Leadership will review all budget expansion requests.

Performance Outcomes: January 2014- June 2015

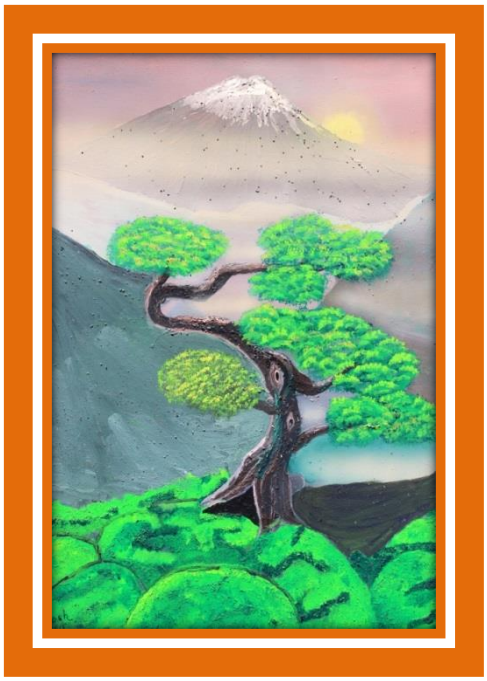
Please see **http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46220**

- Integrated Mental Health Program (IMH)

Work Plan # 5
Infrastructure Supports
Table of Programs

*= New Program Name

Status of Program	Program	Type of Funding	Contracted or Internal
Enhance	Capital Facility Improvement - on going approved Capital Facility plan	CF&TN	Contracted
Enhance	Crisis Residential Treatment Construction - Building New Crisis Treatment	CF&TN	Contracted
Enhance	***Information Technology**** (Information Technology – Avatar)	CF&TN	Contracted
Enhance	MHSA Staffing – Administration	CSS, INN, & PEI	Internal
Enhance	Sierra Community Health - Acquisition of new property	CF&TN	Contracted



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CFTN Work Plans, Progress Updates and Proposed Changes

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

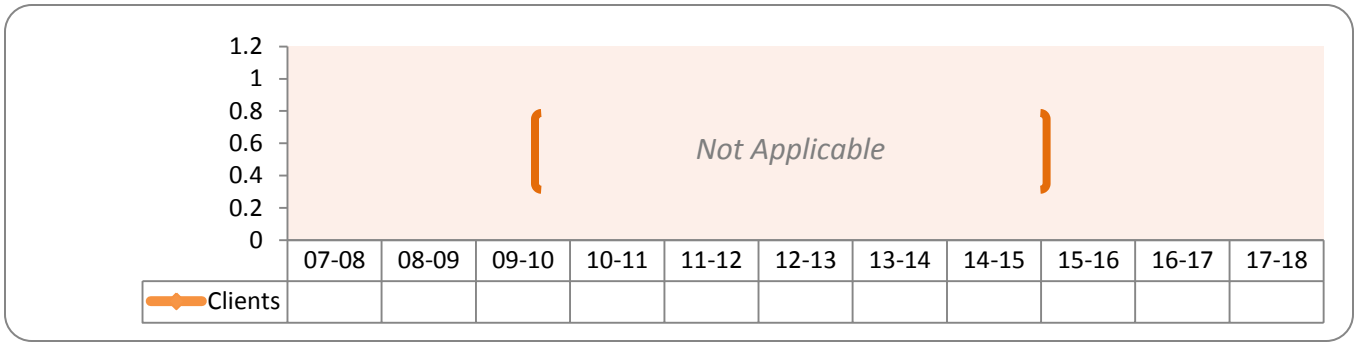
Program Update:

Incremental improvements have been made in the UMC Campus since the beginning of this work plan. The move of administrative functions from UMC Campus created much needed client care space and helped facilitate the move of the Urgent Care Wellness Center (UCWC) to Bldg. 317 (Metro Building). In addition, funds have been utilized at improving signage and implementing initiatives at facilitating a more welcome environment at the Metro Building, the main hub for adult mental health services. However, as the building has not received any major improvements for 20 years, the current layout and functionality limits the ability to produce an environment to fully support a recovery-oriented and client engagement format of services. The enhancement of this work plan represents the estimated cost of remodeling the interior and exterior of the Metro Building. A full remodel will also address reoccurring maintenance issues and fund adjacent parking and street improvements to improve vehicular flow and client access, interior modifications to improve client flow and environment, mechanical system repairs and exterior and interior accessibility.

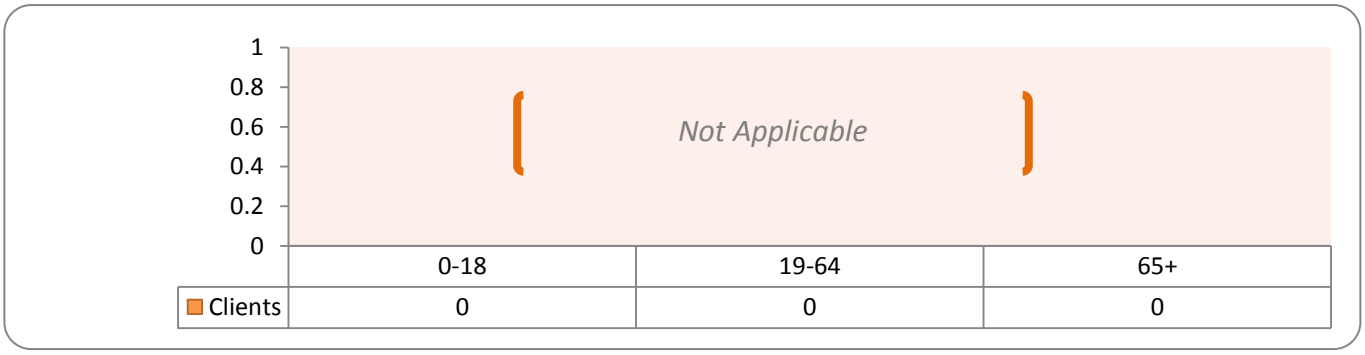
Ages Served in the Program (check all that apply):

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

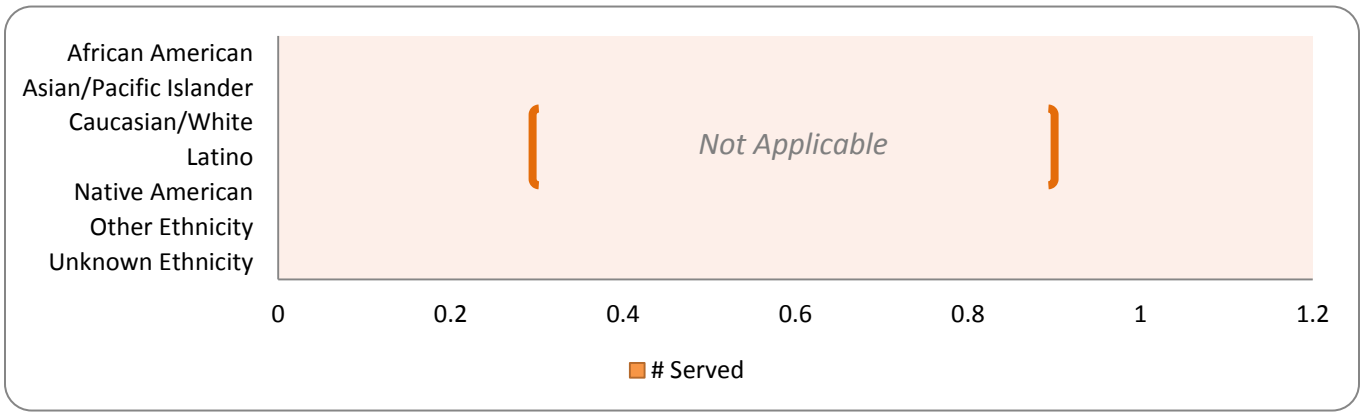
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not applicable

MHSA State Approved Allocation:

Allocation Summary	***FY 15/16***	***FY 16/17***
	$250,000.00	**$250,000.00**
Change		**$2,700,000.00**

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

As the Metro Building currently houses the UCWC and is the main hub for adult outpatient mental health services, a full remodel will impact the operations of these programs during construction. Several strategies will be utilized in order to minimize the impact to client services and operations. The acquisition of the Sierra Building, which is documented in a separate work plan, will allow space to be freed up from UMC Campus that can be utilized to temporarily house programs during a remodel. Where applicable and feasible, a phased construction process will also be implemented to the extent that construction operations will not interfere with client services.

Proposed Changes:

Allocation is proposed to have a onetime increase of $2,700,000 to fund the actual renovation and modifications of the Metro Building. The existing allocations will fund the architectural services and plan work necessary for the remodel project. The Department will be pursuing a means to seek and incorporate client/family input into design options.

Performance Outcomes: N/A at this time

CF&TN **Work Plans, Progress Updates and Proposed Changes**

Project Identifier: CF&TN

Program Name and Provider: Crisis Residential Treatment Construction - Building New Crisis Treatment

Date Started: January 2017

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

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

Program Update:

The Fresno County Department of Behavioral Health was approved for a Senate Bill (SB) 82 Investment in Mental Health Wellness grant totaling $3,100,714.60 by the California Housing Facilities Financing Authority to construct a 16-bed crisis residential treatment (CRT) facility in order to prevent acute inpatient psychiatric placements, reduce lengths of stay in a more intensive inpatient setting, and improve immediate and long-term outcomes for clients in crisis. Due to delays in approving the architectural agreement and in the design process, the grant agreement was extended for 1 year, with an updated expiration date of June 30, 2017. This extension will allow the construction contract to be bid out and awarded and construction to commence within the current fiscal year. The building's final design will be approximately 11,600 sq. ft. and, with associated grounds and parking, will cover approximately 73,000 sq. ft. The updated total construction cost is estimated at $4.9 million; the remainder of the costs will be financed with Mental Health Services Act Capital Facilities, which is reflected in this work plan, and Mental Health Realignment funds. Completion of the facility is estimated on September 2017, with an operating contract anticipated to commence within three months and services provided as soon as all necessary State facility inspections have been completed.

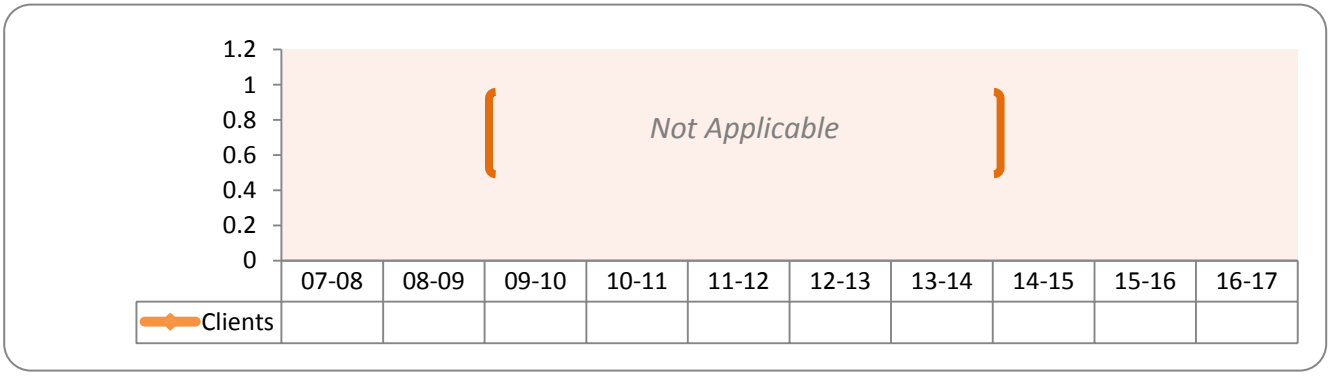
The 16-bed CRT facility will be licensed by Community Care Licensing as a Social Rehabilitation Facility and be Medi-Cal certified. The CRT will be integrated into the continuum of care and provide a crisis residential 30 day service of highly structured recovery oriented services to avoid hospitalizations for clients.

A key feature during the design phase of the project was the establishment a 3-person design team, which served as subject matter experts that informed the architectural contractor on each aspect of the building design process. The design team was composed of one consumer and family advocate, one clinical supervisor and the deputy director for clinical programs. The collective information and experience of this team helped shape the final layout and design elements of the CRT as it aimed to produce a residential-themed facility within the confines of the construction budgets and applicable building codes

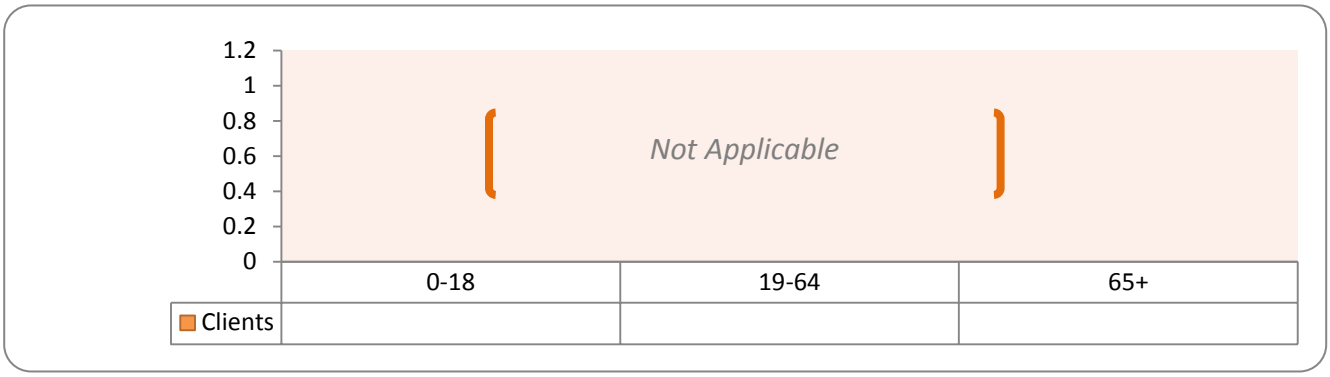
Ages Served in the Program (check all that apply):

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

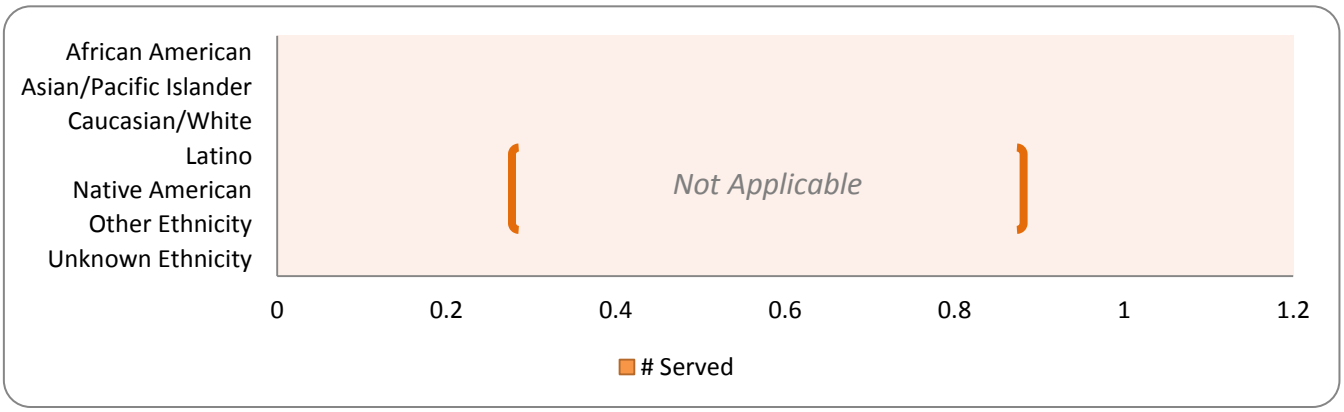
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

To be determined. (TBD)

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$1,000,000.00	**$1,000,000.00**
Change		+$450,000.00

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

The current construction market is unpredictable as the demand for skilled tradesmen and building materials are pushing prices upward in certain parts of the State. These market conditions have necessitated the design team to value-engineer certain aspects of the facility and include several features as optional items in order to balance the construction budget.

Proposed Changes:

A proposed onetime addition of $450,000 will help ensure that any other unforeseen increases in construction prices will not impact the current construction timeline and current design. As the design of the facility focuses on presenting a personal/family environment (residential), the proposed funds will help ensure that these features of the facility will be retained.

Performance Outcomes: N/A at this time

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Project Identifier: CFTN9055
Program Name and Provider: Information Technology* – (Information Technology – Avatar)
Capital Facilities and Technology Needs
Date Started: 08/12/2009
Program Description: Information Technology - Avatar Enhancements, Business Intelligence Tool, and Contracted Information Technology Services
Fresno County Department of Behavioral Health

Progress Update:

Information Technology* - Represents a revision to the prior work plan title which included the identifier of 'Avatar.' Due to the work by the Department related to technology advancements beyond our the electronic health record is appropriate.

Avatar Enhancements:

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

Business Intelligence Tool:

The Business Intelligence tool will support the County in making a data driven/informed decision. This initiative started in 2015 with review of several Business Intelligence tools, and narrowed for the most suited tool in April 2016. This tool will support an ability to interactively view metrics, key performance indicators, activity data, and trend and assist County in making a data driven/informed decision which support the goal of modernizing and transforming clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

Contracted Information Technology Services:

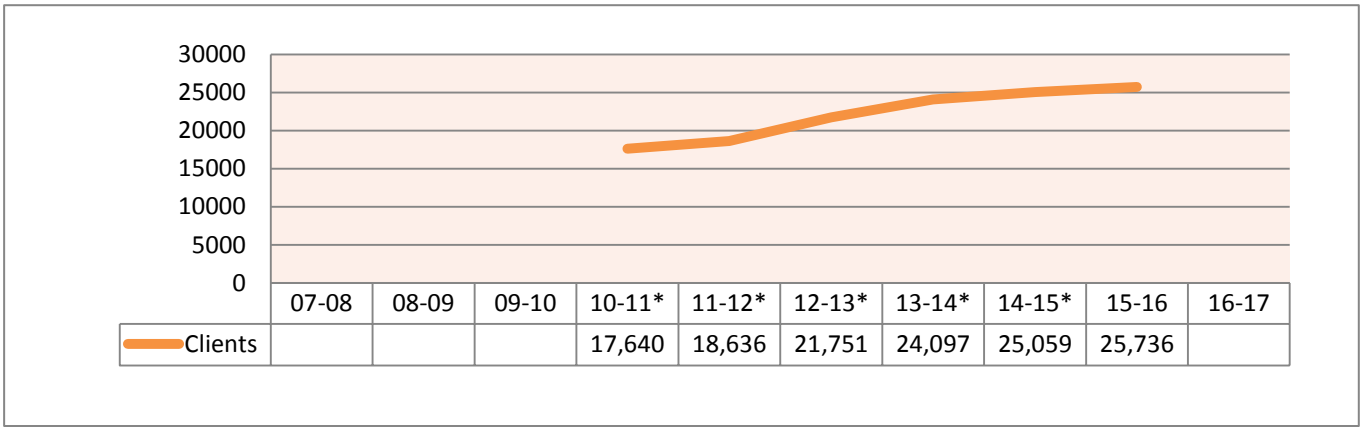
In FY 2016-17, the County will be contracting out the operation of Multi-Agency Access Program (MAP) Points, which provide an integrated screening process connecting individuals and families facing behavioral, physical health, social and other related challenges to supportive services. The universal community screening tool will be designed and built on a dynamic survey platform, MapPoint Application software, in order to manage clients, services and providers for coordinated entry. Contracted MAP Point operators will be able to provide screening and assignment of the right resources to clients at the right time and in the right location through this technology.

Increase in budget allocation of $532,951 includes costs associated with MAP Application technology (one time expense), Reaching Recovery implementation, hosting costs and Managed Services Organization (MSO) which tracks payments and services for contracted providers.

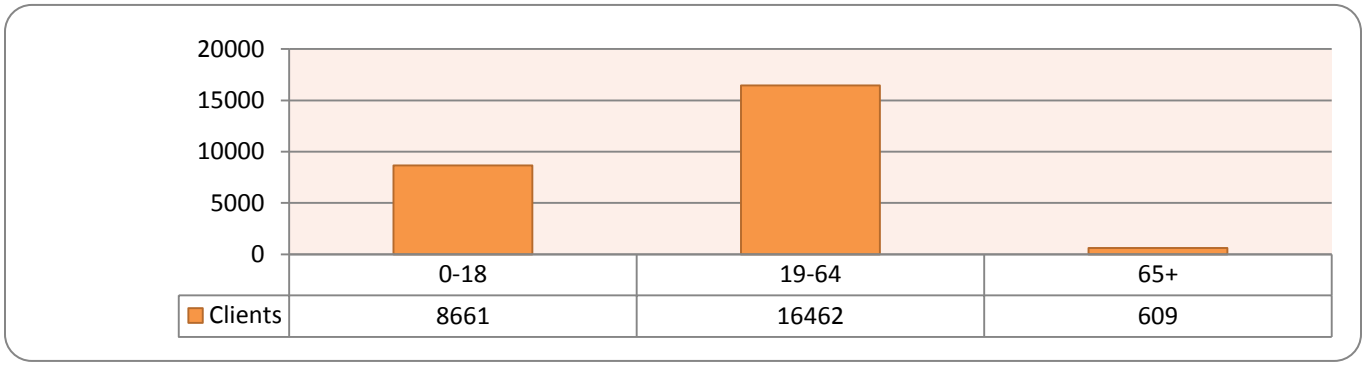
Ages Served in the Program (check all that apply):

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

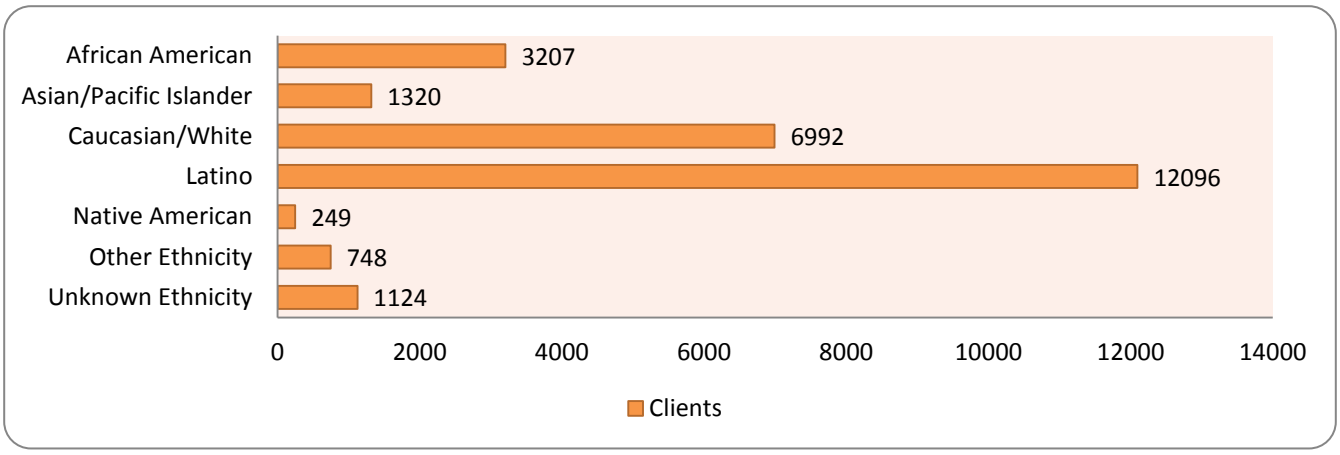
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Not Available

MHSA State Approved Allocations:

Allocation Summary	FY 15/16	FY 16/17
	$872,765.12	**$921,825.12**
Change		$532,951.00

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

AVATAR Expansion – The current contracted users/licenses maximum is nearly reached, it is necessary to increase the users to support the EHR expansion use to contracted providers. Strategic planning and roadmap being generated to initiate and monitor Avatar access and use for specialty mental health contracted providers.

Proposed Changes:

Avatar Enhancements:

This annual update continues to include the following previously included Avatar technological functionalities: MyHealthPointe Kiosks, Reaching Recovery System Subscription, EHR system Maintenance and Hosting Services, OrderConnect, Scriptlink Hosting Services, ICD-10 Third Party Subscription, Consulting Services & Professional Services, and Perceptive Point of Service Scanning.

Avatar enhancements to support an expanded use by contracted providers include:

1. Adding additional 200 active users, increased from 800 users to 1000 users, for the Hosting Services (additional anticipated users to begin July 2018 will be included in the next update),
2. Adding additional users/licenses for electronic prescription module for the Non-Prescriber (increased from 33 to 80 users) and Prescriber (increased from 51 to 100 users),
3. Adding additional users/licenses for AVATAR Perceptive Support, increased from 5 users to 15 users),
4. Adding a new Web Services functionality which anticipated which anticipated starting the implementation a second quarter of 2017, and
5. Adding a new Managed Services Organization (MSO) functionality which anticipated starting the implementation a second quarter of 2017.

Functionality	Description
MyHealthPointe Kiosks	Subscription and iPad kiosks that allow clients to check in and complete assessments and other documentation themselves when visiting clinics. In the effort to person-centered care, client engagement is a critical element. This seamless integrated connection is intended to engage and empower client in their goal of recovery, health, wellness and active participation in their healthcare. This tool allows client to check in for appointments, verify demographic data such as address, telephone, insurance, complete forms, screenings, and assessments. Additionally, the kiosk's software and tools enable clients to become an influential part in ensuring the organization and the EHR has the most up-to-date information.
Reaching Recovery System Subscription	Recovery Instruments include: (1) Recovery Needs Level, (2) Consumer Recovery Measure, (3) Recovery Marker Inventory, and (4) Promoting Recovery in Organizations (PRO) Survey (which will be implemented at a later stage). The recovery instruments measure the improvement of a client's mental health from multiple perspectives and dimensions. Fresno County will use the instruments to link outcomes to service effectiveness and system transformation. This process gives Fresno County a comprehensive picture and standardized method for examining effectiveness of services and outcomes. The recovery instruments are client strengths-based approach which designed to increase client empowerment and engagement.
EHR system Maintenance and Hosting Services	Cloud based hosting service of the EHR. With a cloud-based system, the organization does not need to purchase any software or hardware therefore less up-front costs for licensing and enabled mobile and field access.
OrderConnect	Subscription for e-prescribing and lab order entry system. This is a secure web-based electronic prescribing and medication management system. Benefits associated with using OrderConnect e-Prescribing include: medication errors can be reduced and risk management efforts improved, medication history is available and can be sorted by medication, status or chronological date, client medication compliance is improved with online prescriber reports, including expiring medication orders, refill tracking, and dose range, diagnoses are automatically integrated into the prescribing process

Functionality	Description
Scriptlink Hosting Services	Technical Tool that allows adding programming logic on top of the EHR application to retrieve and update information from any option/form in EHR. This tool will be deployed for quality assurance and streamline and eliminate entry duplication, reduce errors going into the system by validating data before it was submitted and pre-populated some forms in order to remove redundancy in work flow.
ICD-10 Third Party Subscription	Third Party Subscription which provides the functionality and codes needed ensuring appropriate billing for rendered services.
Consulting Services & Professional Services	Professional support from the vendor staff in support of implementation of the needed enhancements.
Perceptive Point of Service Scanning	Subscription and tool that allows scanning and storing documents generated outside the EHR or health information collected outside the EHR.
Web Services	Software system designed to support interoperable machine-to-machine interaction over a network. It has an interface described in a machine processable format (specifically Web Services Description Language WSDL). Other systems interact with the web service in a manner prescribed by its description using SOAP messages, typically conveyed using HTTP with an XML serialization in conjunction with other web-related standards
Managed Services Organization (MSO)	Managed Services Organization (MSO) module is a comprehensive practice management software solution that provides a common gateway to a suite of robust software modules equipped to handle everything from the newest developments in SQL reporting, and analysis to the traditional workhorses of billing, tracking, scheduling, and treatment planning in all types of behavioral care modalities. ProviderConnect is tightly integrated with Avatar MSO to enable seamless data exchange with providers and eliminate the errors often associated with rekeying information. ProviderConnect utilizes Web services technology to ensure the secure transmission of data. By using ProviderConnect with Avatar MSO, payers can begin to immediately realize the benefits of improved communications with providers.

Functionality	FY 2014-15	FY2015-2016	FY2016-2017	FY2017-2018	FY2018-2019
Hosting Services	328,869	311,116	392,200	532,800	666,000
Annual Maintenance	205,960	205,960	205,960	205,960	205,960
AVATAR Perceptive Support	4,749	4,749	9,500	14,250	14,250
MyHealthPointe	51,250	98,700	50,000	50,000	50,000
MyHealthPointe Kiosks			9,000	9,000	9,000
MyHelathPointe Kioske Screening fee			6,000	6,000	6,000
CareConnect 1,000 named users	2,525	53,300	15,300	15,300	15,300
CareConnect Referral Connector			3,000	3,000	3,000
Lab Order Results Inbound			6,000	6,000	6,000
ICD-10 Third Party Subscription	731	20,769	8,769	8,769	8,769
OrderConnect E-Precriber	6,783	80,046	1,500	1,500	1,500
Medication Inventory Management			3,000	3,000	3,000
Non-Prescriber			8,814	12,480	12,480
Full Suite Prescriber			94,848	124,800	124,800
ScriptLink Hosting	1,250	15,000	15,000	15,000	15,000
Reaching Recovery System	-	30,625	25,000	25,000	25,000
Recovery Needs Assessment License			2,500	2,500	2,500
Recovery Needs Assessment Maintenance			525	525	525
Managed Services Organization (MSO)			101,400	225,000	225,000
Consulting Services & Professional Services	22,500	52,500	20,000	20,000	20,000
Web Hosting Services			7,500	15,000	15,000
Total	**624,617**	**872,765**	**985,816**	**1,295,884**	**1,429,084**

Business Intelligence Tool:
The County will use a business intelligence tool to aggregate the collected clinical, service, financial, administrative and other data sources and to analyze the data and reach new insights. This initiative started in 2015 with review of several Business Intelligence tools, and narrowed for the most suited tool in April 2016. This tool will support an ability to interactively view metrics, key performance indicators, activity data, and trend and assist County in making a data driven/informed decision which support the goal of modernizing and transforming clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness. This Information Technology will allow a data visualization to support the County in using the data to drive the decision. Staff members who are Viewers can interact with data on their own and make an informed and data driven decision.

Functionality	FY 2016-2017	FY2017-2018
SiSense Business Intelligence Tool (Subscription 5 Dashboard Designer, 40 Internal Viewer, Elasticube Server high-performance analytics database, Web Server tool)	36,500	46,500

Contracted Information Technology Services:
MapPoint Application provides streamlined, real-time workflow in assessing and assigning service providers to clients as well as delivers a Client Relationship Management (CRM) tool that will chronicle client encounters with providers and allow for future planning and tracking of the client's success. By developing this critical first step towards a County-wide integration of shared resources and data, MapPoint Application will allow the County and its contracted MAP Point operators to move towards data sharing and data-driven decision making in directing clients to the proper entities within the county that have the ability and the available resources to help them. Although design and buildout of the MapPoint Application is expected to be completed within a year, continuing support and maintenance will also be needed in order to address potential system issues and upgrades. MapPoint is a web-based application with County providing the hosting infrastructure to include server setup, connectivity, and domain name acquisition.

Functionality	FY 2016-17	FY 2017-18
Hosting Services	$36,000	$36,000
MapPoint Application	375,000	
Support and Maintenance	48,000	48,000

Performance Outcomes: Not applicable.

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Project Identifier: CIP4710

Program Name and Provider: MHSA Staffing - Administration
Fresno County Department of Behavioral Health

Date Started: 01/01/05

Program Description: This work plan addresses and funds the positions that support the administrative/ infrastructure needs of the Department to plan, implement and monitor MHSA program and activities. Staffing expenditures are estimated based on the County's pay scale.

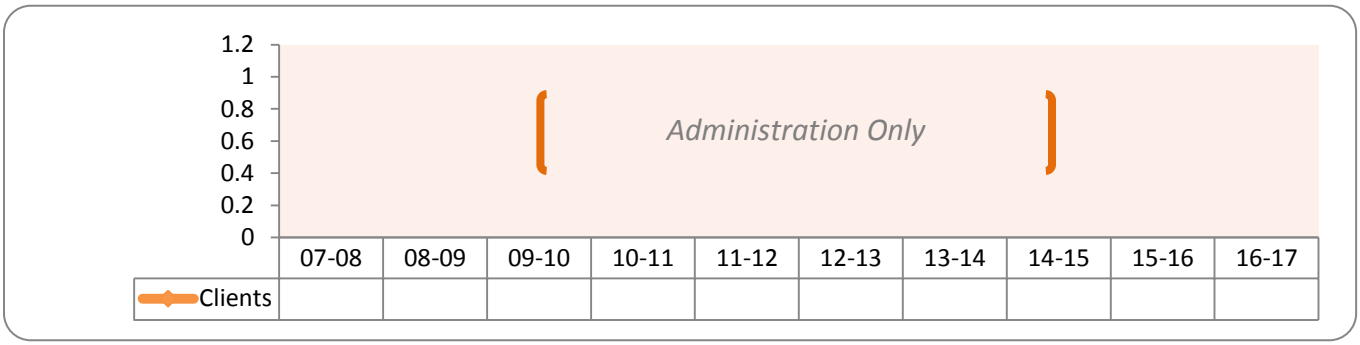
Progress Update:

The Three Year Integrated Plan added/deleted the following:
2 Clinical Supervisor, 2 Substance Abuse Specialist, 1 Principal Accountant, 1 Accountant, 2 Program Managers, 1 Business Intelligence Analyst, 1 Chief OA, 2 Sr. Staff Analyst, 7 Staff Analyst, 4 PT, -1 OA
Status:
Positions noted to be added have been completed with the exception of 3 (x2 Program Manager positions and 1 Clinical Supervisor position to be completed in Phase 2). Specific to the Clinical Supervisor positions: 1 was added to program 'MHSA Housing', 1 was designated for Managed Care and will be added as part of Phase 2 position additions). The Business Intelligence Analyst was converted to an Epidemiologist position.
Phase 2 will be taking place later this year.

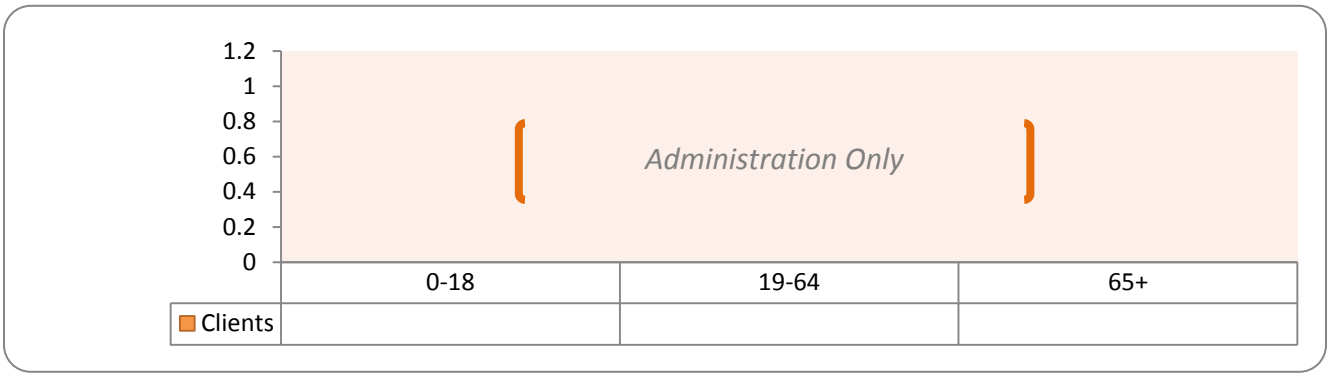
Ages Served in the Program (check all that apply):

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

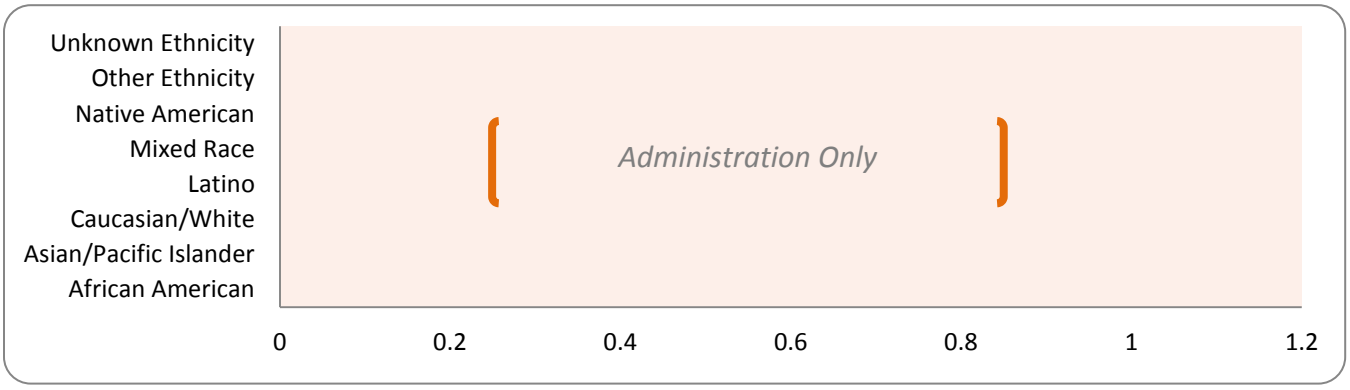
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

Administration Only

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$5,864,861.00	**$5,864,861.00**
Change		

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

Recruitment, hiring and retention continue to be a barrier for the Departments workforce.
Strategies to mitigate include salary assessment , review of recruitment strategies, creation of core competencies and Staff Development in an effort to positively impact retention.

Proposed Changes:

None at this time, pursing the two Program Manager and Clinical Supervisor as stated.

CF&TN **Work Plans, Progress Updates and Proposed Changes**

Project Identifier: CF&TN

Program Name and Provider: Sierra Community Health – Acquisition of New Property

Date Started: January 2017

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

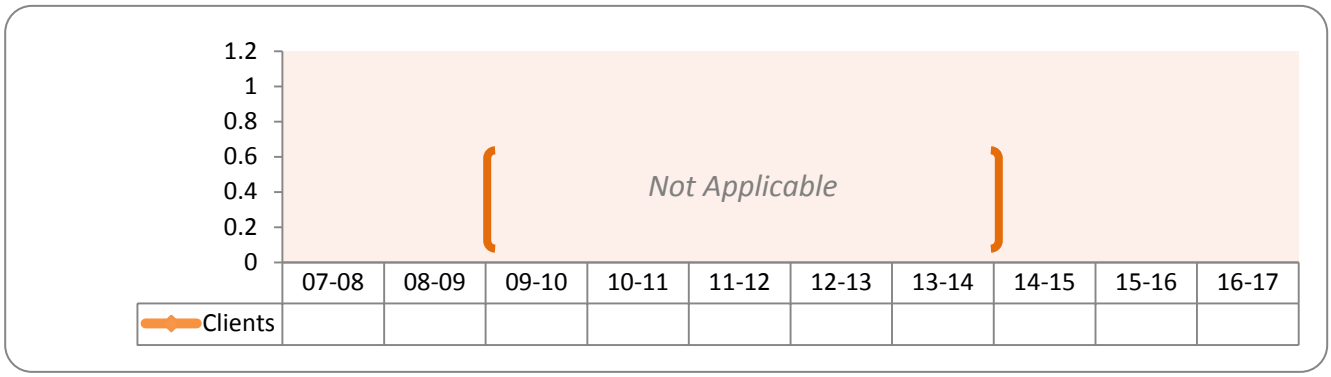
Program Update:

On August 6, 2016, the Department of Behavioral Health (DBH) completed the acquisition of a 2-story property located at 1925 E. Dakota Avenue, Fresno CA (Sierra Community Health Center). The building includes 80,000 sq. ft. of office space and 223 parking stalls located on the west side of the main structure. Remodeling work began September 2016 with an anticipated completion date of February 2017. The final purchase price of the facility was $3.5 Million. A total of $4.2 Million was allocated for the purchase and remodel. After finalizing the scope of the remodel work and analyzing the current market conditions, it has been determined that an additional $450,000 in onetime funds are required in order to ensure that the renovation of the facility will achieve the desired recovery based interior design and integration of services for ease of access.

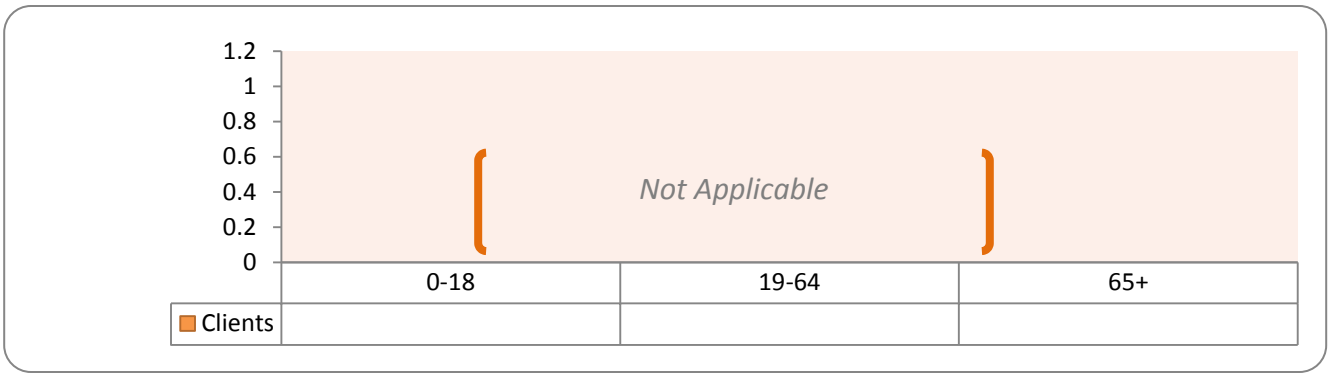
Ages Served in the Program (check all that apply):

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

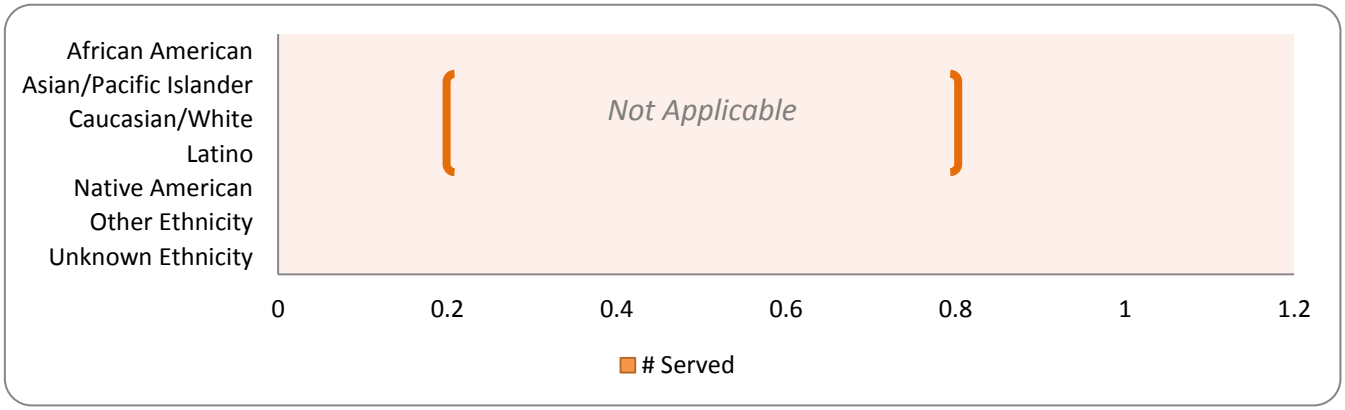
Total Number of Clients Served:



Total Number of Clients Served By Age:



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



Total Cost per Client: $0.00

To be determined. (TBD)

MHSA State Approved Allocations:

Allocation Summary	*FY 15/16*	*FY 16/17*
	$4,200,000.00	**TBD**
Change		+ $450,000.00

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

Proposed Changes:

An additional $450,000 in onetime funds was identified as being needed in order to ensure that all planned facility improvements are completed and meet the goal of providing a recovery based environment for client services. The Department will be pursuing a means to seek and incorporate client/family input into design options.

Performance Outcomes: N/A at this time

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

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

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Workforce Education and Training

The MHSA Workforce, Education and Training (WET) Annual Update is a continuation of the activities outlined in the Three Year Integrated plan and continue their design to build capacity in the workforce; to support educational pathways in a number of domains; and to provide training to a spectrum of audiences to help meet the County's behavioral health needs. The MHSA WET component's main function is to develop a workforce capable of serving the County's diverse populations, including clients and their families, all age groups, and communities that are underserved and unserved. The 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;
- Action Item 2: *Appropriate Services* – focused on providing training supports that help ensure core competencies across staff and providers, as well as developing capacity for services that are culturally and linguistically appropriate;
- Action Item 3: *De-stigmatization* – designed to address stigma-based barriers to seeking services, workforce development, and career pathways, as well as to build knowledge in our communities about mental health and mental illness, specifically through training first responders , law enforcement, other community professionals, and clients and their families/loved ones; and
- Action Item 4: *Career Pathways* -- focused on supporting individuals at various points along the career pathway into a behavioral health field or as staff within the Department of Behavioral Health, including those with lived experience, through a number of specific activities, such as placement within the Department by working with various educational programs.

Activities listed under the approved Three-Year Plan and in the subsequent Annual Update will continue, apart from one of the activities in support of the psychiatric physician assistant program. which is obsolete, since San Joaquin Valley College no longer provides this program. The Annual Update for the WET component will strive to address current needs in a number of areas, including working with a newly developed Staff Development program, supporting management of training in core competencies across practitioners in the public mental health plan through a learning management system, and ensuring that all staff are trained in meeting the needs of clients.

Consistent with the MHSA core values, the WET component Annual Update will include necessary flexibility to meet Departmental needs within the context of the four Action Items, as needed and as challenges are addressed or new ones emerge. The following table lists the status of key activities begun under the WET Three-Year Plan under each of the four Action Items. While there are no significant changes to the approved Three-Year Plan, the Annual Update ensures ongoing work to ensure appropriate services, to promote de-stigmatization and to promote career pathway development through coordination of resources and training opportunities.

Action Item	Activity	Status	Comments
Action Item 1 Administrative and Coordination Activities	WET Coordination and Implementation	Keep	Activities are ongoing with efforts that include placing MFT/MSW students, MHFA training, Skills Development Workshops, various training events, participation at the WET Central Regional Partnership meetings and coordination of activities that arise through that partnership, coordinating and participating on the MHLAP application and evaluation committee, managing HPSA/NHSC site certification requirements, and implementing the various activities of the WET plan update.

Action Item	Activity	Status	Comments
Action Item 2 Appropriate services	Training in Co-Occurring, wellness, e-learning, and Core Competencies	Keep	In the process of scheduling specific trainings and planning to do so for others. Specific movement towards planning include: EMDR, TF-CBT, CBTp, DBT, continuing and including community/contract providers in Early Childhood Mental Health Training, Eating Disorders, Cultural Competency, and Motivational Interviewing. Other training discussed includes SEES Job Placement/Job Coaching. Most of these trainings are designed to address core competency primarily in clinical operations, address the loss of subject matter expertise and build capacity. Executed new CIBHS agreement.
	Cultural Awareness Training/Linguistic Access for Staff, Consumers, and Family Members	Keep	Cultural Competency training will be planned for the coming year. The goal is to develop a train-the-trainer opportunity for longevity. WET Recommends continuing/re-authorizing direct support for unlicensed clinicians towards their licensure by funding the expenses of study materials and the costs of the licensure exam.
	Provide Training and Support for Peer Support Specialists and Parent Partners	Keep	Continue developing and providing core competency training opportunities for non-licensable staff who work directly with clients and their families
Action Item #3 De-Stigmatization	Educate Consumers and Family Members on Mental Health Disorders, Meds & Side Effects	Keep	Continue supporting training and education efforts for clients and families of medication, their side effects, and mental health disorders.
	Mental Health Training for PCP, Teachers, Faith-Based and Other Community Partners	Keep	Continue Mental Health First Aid training in all sectors of our County.
	Training Law Enforcement and first responders, on mental health	Keep	Continue working with Law Enforcement and other first responders on expanding their training in Mental Health/Mental Illness, stigma reduction and discrimination awareness.

Action Item	Activity	Status	Comments
Action Item # 4 Career Pathways	Collaboration with Adult Education, community college, ROP and SEES	Keep	Ongoing activities have included presentations to high school ROP programs and community college events. WET committee has discussed/approved moving forward with job readiness training for SEES. No activities to date with Adult Education directly through WET.
	Consultation Services for Utilization of Consumers and Volunteers	Keep	Consumer/client and volunteer opportunities are currently limited in the Department and are coordinated through the SEES program. Creation of additional volunteer opportunities and college undergraduate level internships could benefit the Department to develop career pathways into a behavioral health career.
	Expand Existing Students Internship Program	Keep	Continue existing student placement activities, but expand the number of schools with whom we have Memoranda of Understanding, with the principle goal of increasing the number of MSW student placements.
	Financial Incentives to Increase Workforce Diversity	Keep	Continue leveraging Federal and State programs that provide financial incentives through loan repayment programs, including MHLAP, NHCS grants and others. Provide oversight support for the MHSA Stipend program through the MFT Consortium that is coordinated through Phillips University.
	Outreach to High Schools / Career Academy	Keep	Leverage opportunities at events and through various allied statewide efforts to provide stigma reduction messaging and career pathway training. Efforts include annual OSHPD mini grant career pathway opportunities; Statewide MHSA PEI projects, including Walk In Our Shoes, Each Mind Matters and Directing Change; among other opportunities, such as Staff Development days for K-12 teachers/staff.
	Partnership with CSUF on Training Psychiatric Nurse Practitioner (PNP)	Keep	Continue working with Programs to place students for internships/preceptorships
	Partnership with the Psychiatry Residencies and Fellowships - UCSF	Keep	Continue working with Programs to place students for internships/preceptorships
	Partnership with San Joaquin Valley college on Training Psychiatric Physician Assistants	Delete	SJVC no longer has a PA program; this activity had no cost to DBH.

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MHSA State Approved Allocations
Budget/Fiscal

MHSA Prudent Reserves

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

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

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

Funding	Current Balance
CSS Prudent Reserve	$ 34,082,350
PEI Prudent Reserve	$ 14,331,225
TOTAL	**$ 48,413,575**

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

CALMHSA Joint Powers Authority

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

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

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

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

MHSA Supportive Housing Project

Executive Order S-07-06 directed the Department of Mental Health "DMH," which was restructured to the Department of Health Care Services "DHCS" in consultation with the California Mental Health Directors' Association (CMHDA), allocated up to $75 million per year to finance the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals living with mental illness and their families. On May 6, 2008 the Fresno County Board of Supervisors approved the assignment of $9,248,900 to the California Housing and Finance Agency (CalHFA) to participate in the Mental Health Services Act (MHSA) Housing Program jointly administered by the DHCS. The CalHFA is the state's affordable housing lender who is uniquely qualified to provide housing development expertise and real estate lending services for the benefit of governmental entities in the State of California for the construction, rehabilitation, and development of housing for persons qualifying for mental health services under the Act.

The Assignment agreement transferred $9,248,900 into a state held interest-bearing account for the County of Fresno for the development of local permanent supportive housing for seriously mentally ill clients and families with no net County cost. In 2011 and 2012, the Renaissance housing development (Trinity, Alta Monte and Santa Clara), leveraged $3,121,353 of the $9,248,900 Fresno County allocation and developed 69 permanent supportive housing units for DBH clients which remain at full rental capacity.

In 2016, the Special Needs Housing Program "SNHP" was created by CalFHA to replace the expiring MHSA Housing Program as an option for local governments to begin or continue to develop permanent supportive housing for MHSA-eligible persons, and to more fully utilize MHSA funds for housing purposes. An advantage of the SNHP allows local governments to roll over unused MHSA Housing funds from the expiring MHSA Housing Loan Program. Participation in the SNHP will ensure County MHSA funds are not redirected locally for other purposes, and allow local governments to use MHSA funds and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness. To participate in the SNHP, local governments must enter into a SNHP Participation Agreement with CalFHA.

Current Status: As of July 1, 2015, the County of Fresno has $6,127,547 remaining of the original $9,248,900 which will remain assigned to CalHFA for use in the newly formed SNHP during October of 2016. At this time the Department of Behavioral Health is working with a research consultant to develop a comprehensive housing needs assessment for clients. The Department will use the findings from the housing needs assessment to create a strategic plan that will identify local housing needs for the community.

Overall Allocations and Requests – Summary

FY 2015/16 Mental Health Services Act Annual Update
Funding Summary

County: Fresno

Date: 9/14/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	36,329,395	12,396,614	4,369,110	2,739,138	7,581,746	
2. Estimated New FY 2015/16 Funding	26,334,100	6,478,600	1,724,800			
3. Transfer in FY 2015/16[a/]	0			0	0	
4. Access Local Prudent Reserve in FY 2015/16	0	0				0
5. Estimated Available Funding for FY 2015/16	62,663,495	18,875,214	6,093,910	2,739,138	7,581,746	
B. Estimated FY 2015/16 MHSA Expenditures	39,492,893	9,605,320	2,069,665	1,297,215	6,322,765	
G. Estimated FY 2015/16 Unspent Fund Balance	23,170,602	9,269,894	4,024,245	1,441,923	1,258,981	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	12,319,595
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	12,319,595

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

FY 2015/16 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Fresno Date: 9/14/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facility Improvement	250,000	250,000				
2. Sierra Resource Center - Acquisition of new property	4,200,000	4,200,000				
3. Crisis Residential Treatment Construction - Building New Crisis Treatment	1,000,000	1,000,000				
CFTN Programs - Technological Needs Projects						
1. Information Technology - Avatar	872,765	872,765				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	6,322,765	6,322,765	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Fresno

Date: 9/14/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facility Improvement	2,950,000	2,950,000				
2. Sierra Resource Center - Acquisition of new property	450,000	450,000				
3. Crisis Residential Treatment Construction - Building New Crisis Treatment	1,450,000	1,450,000				
CFTN Programs - Technological Needs Projects						
1. Information Technology - Avatar	1,454,776	1,454,776				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	6,304,776	6,304,776	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Fresno Date: 9/14/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. AB 109 Full Service Partnership (FSP)	350,000	350,000				
2. Children Full Service Partnership (FSP) SP 0-10 Years	2,503,605	2,503,605				
3. Children's Expansion of Outpatient Services	994,475	994,475				
4. Co-Occurring Disorders Full Service Partnership (FSP)	1,661,138	1,661,138				
5. Enhance Rural Services-Full Services Partnership (FSP)	1,259,628	1,259,628				
6. RISE	1,900,917	1,900,917				
7. Transitional Age Youth (TAY) - Department of Behavioral Health	1,274,486	1,274,486				
8. Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	2,602,882	2,602,882				
9. Vista	4,113,122	4,113,122				
10. Children's Outpatient Services Co-Occurring	150,000	150,000				
11. Children & Youth Juvenile Justice Services - ACT	1,064,355	1,064,355				
12. Behavioral Health Court/Coordinator Services	334,489	334,489				
13. Older Adult Team	1,817,668	1,817,668				
14. School Base Services	1,818,154	1,818,154				
Non-FSP Programs						
1. Crisis Stabilization Voluntary Services	450,000	450,000				
2. Medications Expansion	250,000	250,000				
3. Urgent Care Wellness Center (UCWC)	3,813,412	3,813,412				
4. Youth Wellness Center * (Children's Mental Health - New Front Door)	390,000	390,000				
5. Living Well Program	644,626	644,626				
6. Consumer/Family Advocate Services	113,568	113,568				
7. Department of Rehabilitation (DOR) - Supported Employment & Education Services (SEES) contract match	1,211,066	1,211,066				
8. Enhanced Peer Support	457,461	457,461				
9. Family Advocate Position	75,000	75,000				
10. Flex Account for Housing	50,000	50,000				
11. Housing - Master Leasing	400,000	400,000				
12. Housing Supportive Services	745,568	745,568				
13. Project for Assistance Transition from Homelessness (PATH) Grant Expansions	125,754	125,754				
14. Therapeutic Child Care Services	125,388	125,388				
15. Enhance Rural Services-Outpatient/Intense Case Management	2,931,270	2,931,270				
CSS Administration	5,864,861	5,864,861				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	39,492,893	39,492,893	0	0	0	0
FSP Programs as Percent of Total	55.3%					

FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Fresno

Date: 9/14/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. AB 109 Full Service Partnership (FSP)	350,000	350,000				
2. Behavioral Health Court/Coordinator Services	335,522	335,522				
3. Children & Youth Juvenile Justice Services - ACT	1,393,309	1,393,309				
4. Children Full Service Partnership (FSP) SP 0-10 Years	2,957,247	2,957,247				
5. Children's Expansion of Outpatient Services	1,044,199	1,044,199				
6. Children's Outpatient Services Co-Occurring	150,000	150,000				
7. Co-Occurring Disorders Full Service Partnership (FSP)	1,818,064	1,818,064				
8. Enhance Rural Services-Full Services Partnership (FSP)	1,269,001	1,269,001				
9. Older Adult Team	1,817,668	1,817,668				
10. RISE	1,900,917	1,900,917				
11. School Base Services	1,818,154	1,818,154				
12. Transitional Age Youth (TAY) - Department of Behavioral Health	1,274,486	1,274,486				
13. Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	2,602,882	2,602,882				
14. Vista	4,113,122	4,113,122				
Non-FSP Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	449,279	449,279				
2. Consumer/Family Advocate Services	113,568	113,568				
3.. Crisis Stabilization Voluntary Services	450,000	450,000				
4. Department of Rehabilitation (DOR) - Supported Employment & Education Services (SEES) contract match	1,211,066	1,211,066				
5. Enhance Rural Services-Outpatient/Intense Case Management	3,667,824	3,667,824				
6. Enhanced Peer Support	457,461	457,461				
7. Family Advocate Position	75,000	75,000				
8. Flex Account for Housing	100,000	100,000				
9. Housing - Master Leasing	400,000	400,000				
10. Housing Supportive Services	745,568	745,568				
11. Living Well Program	844,626	844,626				
12. Medications Expansion	250,000	250,000				
13. Project for Assistance Transition from Homelessness (PATH) Grant Expansions	125,754	125,754				
14. Therapeutic Child Care Services	125,388	125,388				
15. Transportation Access	200,000	200,000				
16. Urgent Care Wellness Center (UCWC)	3,889,880	3,889,880				
17. Youth Wellness Center * (Children's Mental Health - New Front Door)	1,470,577	1,470,577				
CSS Administration	5,864,861	5,864,861				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	43,285,423	43,285,423	0	0	0	0
FSP Programs as Percent of Total	52.8%					

FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Fresno

Date: 9/14/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. AB 109 - Outpatient Mental Health & Substance Services	449,279	449,279				
2. Holistic Cultural Education Wellness Center	801,296	801,296				
3. Supervised Overnight Stay	819,090	819,090				
INN Administration	0					
Total INN Program Estimated Expenditures	2,069,665	2,069,665	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Fresno

Date: 9/14/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Holistic Cultural Education Wellness Center	801,296	801,296				
2. Supervised Overnight Stay	819,090	819,090				
INN Administration	0					
Total INN Program Estimated Expenditures	1,620,386	1,620,386	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Fresno

Date: 9/14/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,250,000	1,250,000				
2. Community Garden	325,000	325,000				
3. Cultural Based Access Navigation Specialists (CBANS)	551,633	551,633				
4. Integrated Wellness Activities	40,000	40,000				
5. Prevention Services for Children - Sub Abu	240,000	240,000				
6. Suicide Prevention/Stigma Reduction	150,000	150,000				
7. Youth Empowerment Centers	350,000	350,000				
PEI Programs - Early Intervention						
1. Child Welfare Team/Katie A Team	683,761	683,761				
2. Community Response/Law Enforcement* (Crisis Acute Care - Law Enforcement Field Clinician)	1,090,928	1,090,928				
3. First-Onset Team	1,290,825	1,290,825				
4. Functional Family Therapy	571,810	571,810				
5. Integrated Mental Health Services at Primary Care Clinics (CRMC)	500,000	500,000				
6. Integrated Mental Health Services at Primary Care Clinics (UHC and VHT)	864,816	864,816				
7. K-12 - School Based	451,633	451,633				
8. Perinatal	1,244,914	1,244,914				
PEI Administration	0	0				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	9,605,320	9,605,320	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Fresno

Date: 9/14/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Blue Sky Wellness Center	1,250,000	1,250,000				
2. Community Garden	325,000	325,000				
3. Cultural Based Access Navigation Specialists (CBANS)	551,633	551,633				
4. Integrated Wellness Activities	40,000	40,000				
5. Prevention Services for Children - Sub Abu	240,000	240,000				
6. Suicide Prevention/Stigma Reduction	150,000	150,000				
7. Youth Empowerment Centers	350,000	350,000				
PEI Programs - Early Intervention						
1. Child Welfare Team/Katie A Team	693,549	693,549				
2. Community Response/Law Enforcement* (Crisis Acute Care - Law Enforcement Field Clinician)	2,040,928	2,040,928				
3. First-Onset Team	1,290,825	1,290,825				
4. Functional Family Therapy	571,810	571,810				
5. Integrated Mental Health Services at Primary Care Clinics (CRMC)	500,000	500,000				
6. Integrated Mental Health Services at Primary Care Clinics (UHC and VHT)	864,816	864,816				
7. K-12 - School Based	451,633	451,633				
8. Perinatal	1,244,914	1,244,914				
9. Multi-Agency Access Point (MAP)	1,500,000	1,500,000				
PEI Administration	0	0				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	12,065,108	12,065,108	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Fresno

Date: 9/14/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Administrative & Coordination Activities	300,000	300,000				
2. Appropriate Services	352,633	352,633				
3. Career Pathways	250,000	250,000				
4. De-Stigmatization	200,000	200,000				
5. WET Administration	194,582	194,582				
WET Administration	0					
Total WET Program Estimated Expenditures	1,297,215	1,297,215	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Fresno

Date: 9/14/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Administrative & Coordination Activities	300,000	300,000				
2. Appropriate Services	352,633	352,633				
3. Career Pathways	250,000	250,000				
4. De-Stigmatization	200,000	200,000				
5. WET Administration	194,582	194,582				
WET Administration	0					
Total WET Program Estimated Expenditures	1,297,215	1,297,215	0	0	0	0

Cost per Client - Summary

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client
AB 109 - Outpatient Mental Health & Substance Services	Keep	BHCC	INN	Contracted	NA
AB 109 Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	$ 5,593.47
Administrative & Coordination Activities	Enhance	IS	WET	Internal	NA
Appropriate Services	Enhance	IS	WET	Internal	NA
Behavioral Health Court/Coordinator Services	Enhance	BHIA	CSS	Contracted	NA
Blue Sky Wellness Center	Keep	WRRS	PEI	Contracted	$ 1,720.40
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS	CF&TN	Contracted	NA
Career Pathways	Enhance	IS	WET	Internal	NA
Child Welfare Team/Katie A Team	Keep	BHIA	PEI	Internal	NA
Children & Youth Juvenile Justice Services - ACT	Enhance	BHCC	CSS	Contracted	$ 15,872.76
Children Full Service Partnership (FSP) SP 0-10 Years	Enhance	BHCC	CSS	Contracted	$ 6,572.10
Children's Expansion of Outpatient Services	Keep	BHCC	CSS	Contracted	$ 6,429.41
Children's Outpatient Services Co-Occurring	Keep	BHIA	CSS	Contracted	$ 504.34
Community Garden	Keep	CCDP	PEI	Contracted	$ 48.74
Community Response/Law Enforcement* (Crisis Acute Care - Law Enforcement Field Clinician)	Enhance	BHIA	PEI	Contracted	$ 174.20
Consumer/Family Advocate Services	Keep	WRRS	CSS	Contracted	NA
Co-Occurring Disorders Full Service Partnership (FSP)	Enhance	BHCC	CSS	Contracted	
Crisis Residential Treatment Construction - Building New Crisis Treatment	Enhance	IS	CF&TN	Contracted	NA
Crisis Stabilization Voluntary Services	Keep	BHCC	CSS	Contracted	$ 2,271.01
Cultural Based Access Navigation Specialists (CBANS)	Keep	CCDP	PEI	Contracted	$ 69.70
Department of Rehabilitation (DOR) - Supported Employment & Education Services (SEES) contract match	Keep	WRRS	CSS	Internal	NA
De-Stigmatization	Enhance	IS	WET	Internal	NA
Enhance Rural Services-Full Services Partnership (FSP)	Enhance	BHCC	CSS	Contracted	$ 6,869.15

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client
Enhance Rural Services-Outpatient/Intense Case Management	Enhance	BHCC	CSS	Contracted	$ 2,891.74
Enhanced Peer Support	Keep	WRRS	CSS	Internal	NA
Family Advocate Position	Keep	WRRS	CSS	Contracted	NA
First-Onset Team	Keep	BHCC	PEI	Internal	$ 1,953.61
Flex Account for Housing	Keep	WRRS	CSS	Internal	$ 529.63
Functional Family Therapy	Enhance	BHCC	PEI	Contracted	$ 4,839.11
Holistic Cultural Education Wellness Center	Keep	CCDP	INN	Contracted	$ 17.35
Housing - Master Leasing	Keep	WRRS	CSS	Contracted	NA
Housing Supportive Services	Keep	WRRS	CSS	Internal	$ 2,004.20
Information Technology* (Information Technology - Avatar)	Enhance	IS	CF&TN	Contracted	NA
Integrated Mental Health Services at Primary Care Clinics	Enhance	BHIA	PEI	Internal	$ 1521.96 UHC/VHT $ 2439.96 (CRMC)
Integrated Wellness Activities	Keep	WRRS	PEI	Internal	NA
K-12 - School Based	Keep	WRRS	PEI	Internal	NA
Living Well Program	Keep	CCDP	CSS	Contracted	$ 3,041.09
Medications Expansion	Keep	BHCC	CSS	Internal	$ 69.79
MHSA Staffing - Administration	Enhance	IS	CSS	Internal	NA
Multi-Agency Access Point (MAP)	New	BHIA	PEI	Contracted	NA
Older Adult Team	Keep	BHCC	CSS	Internal	$ 2,683.65
Perinatal	Keep	BHCC	PEI	Internal	$ 3,167.91
Prevention Services for Children - Sub Abu	Keep	WRRS	PEI	Contracted	NA
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS	CSS	Contracted	$ 674.17
RISE	Keep	BHCC	CSS	Internal	$ 5,117.04
School Base Services	Keep	BHCC	CSS	Internal	$ 2,536.58
Sierra Resource Center - Acquisition of new property	Enhance	IS	CF&TN	Contracted	NA
Suicide Prevention/Stigma Reduction	Keep	WRRS	PEI	Internal	NA
Supervised Overnight Stay	Keep	BHIA	INN	Contracted	$ 1,135.57

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	Cost Per Client	
Therapeutic Child Care Services	Keep	WRRS	CSS	Contracted	$	315.82
Transitional Age Youth (TAY) - Department of Behavioral Health	Keep	BHCC	CSS	Internal		
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Enhance	BHCC	CSS	Contracted	$	10,972.59
Transportation Access	New	BHIA	PEI	Internal/Contracted	NA	
Urgent Care Wellness Center (UCWC)	Keep	BHIA	CSS	Internal	$	479.78
Vista	Enhance	BHCC	CSS	Contracted	$	7,284.28
WET Administration	Enhance	IS	WET	Internal	NA	
Youth Empowerment Centers	Keep	WRRS	PEI	Contracted	$	47.39
Youth Wellness Center * (Children's Mental Health - New Front Door)	Enhance	BHIA	CSS	Internal	$	514.56
				Average Cost Per Client:	**$**	**3,041.30**

Table of Request by Category of Funding

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY - 15-16	FY - 16-17
Capital Facility Improvement - on going approved Capital Facility plan	Enhance	IS	CF&TN	Contracted	$ 250,000.00	$ 2,950,000.00
Information Technology - Avatar	Enhance	IS	CF&TN	Contracted	$ 872,765.12	$ 1,454,776.12
Sierra Resource Center - Acquisition of new property	Enhance	IS	CF&TN	Contracted	$ 4,200,000.00	$ 450,000.00
Crisis Residential Treatment Construction - Building New Crisis Treatment	Enhance	IS	CF&TN	Contracted	$ 1,000,000.00	$ 1,450,000.00
Total					**$ 6,322,765.12**	**$ 6,304,776.12**

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY - 15-16	FY - 16-17
AB 109 - Outpatient Mental Health & Substance Services	Keep	BHCC	INN(FY 15-16) CSS (FY 16-17)	Contracted		$ 449,279.00
AB 109 Full Service Partnership (FSP)	Keep	BHCC	CSS	Contracted	$ 350,000.00	$ 350,000.00
Behavioral Health Court/Coordinator Services	Enhance	BHIA	CSS	Contracted	$ 334,489.00	$ 335,522.00
Children & Youth Juvenile Justice Services - ACT	Enhance	BHCC	CSS	Contracted	$ 1,064,355.00	$ 1,393,309.00
Children Full Service Partnership (FSP) SP 0-10 Years	Enhance	BHCC	CSS	Contracted	$ 2,503,605.00	$ 2,957,247.00
Children's Expansion of Outpatient Services	Keep	BHCC	CSS	Contracted	$ 994,475.00	$ 1,044,199.00
Children's Outpatient Services Co-Occurring	Keep	BHIA	CSS	Contracted	$ 150,000.00	$ 150,000.00
Consumer/Family Advocate Services	Keep	WRRS	CSS	Contracted	$ 113,568.00	$ 113,568.00
Co-Occurring Disorders Full Service Partnership (FSP)	Enhance	BHCC	CSS	Contracted	$ 1,661,138.00	$ 1,818,064.00
Crisis Stabilization Voluntary Services	Keep	BHCC	CSS	Contracted	$ 450,000.00	$ 450,000.00
Department of Rehabilitation (DOR) - Supported Employment & Education Services (SEES) contract match	Keep	WRRS	CSS	Internal	$ 1,211,066.00	$ 1,211,066.00
Enhance Rural Services-Full Services Partnership (FSP)	Enhance	BHCC	CSS	Contracted	$ 1,259,628.00	$ 1,269,001.00
Enhance Rural Services-Outpatient/Intense Case Management	Enhance	BHCC	CSS	Contracted	$ 2,931,270.00	$ 3,667,824.00
Enhanced Peer Support	Keep	WRRS	CSS	Internal	$ 457,461.00	$ 457,461.00
Family Advocate Position	Keep	WRRS	CSS	Contracted	$ 75,000.00	$ 75,000.00
Flex Account for Housing	Keep	WRRS	CSS	Internal	$ 50,000.00	$ 100,000.00
Housing - Master Leasing	Keep	WRRS	CSS	Contracted	$ 400,000.00	$ 400,000.00
Housing Supportive Services	Keep	WRRS	CSS	Internal	$ 745,568.00	$ 745,568.00
Living Well Program	Keep	CCDP	CSS	Contracted	$ 644,626.00	$ 844,626.00
Medications Expansion	Keep	BHCC	CSS	Internal	$ 250,000.00	$ 250,000.00
MHSA Staffing - Administration	Keep	IS	CSS	Internal	$ 5,864,861.00	$ 5,864,861.00
Older Adult Team	Keep	BHCC	CSS	Internal	$ 1,817,668.00	$ 1,817,668.00
Project for Assistance Transition from Homelessness (PATH) Grant Expansions	Keep	WRRS	CSS	Contracted	$ 125,754.00	$ 125,754.00

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY - 15-16	FY - 16-17
RISE	Keep	BHCC	CSS	Internal	$ 1,900,917.00	$ 1,900,917.00
School Base Services	Keep	BHCC	CSS	Internal	$ 1,818,154.00	$ 1,818,154.00
Therapeutic Child Care Services	Keep	WRRS	CSS	Contracted	$ 125,388.00	$ 125,388.00
Transitional Age Youth (TAY) - Department of Behavioral Health	Keep	BHCC	CSS	Internal	$ 1,274,486.00	$ 1,274,486.00
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Enhance	BHCC	CSS	Contracted	$ 2,602,882.00	$ 2,602,882.00
Transportation Access	New	BHIA	CSS	Internal & Contracted	$ -	$ 200,000.00
Urgent Care Wellness Center (UCWC)	Keep	BHIA	CSS	Internal	$ 3,813,412.00	$ 3,889,880.00
Vista	Enhance	BHCC	CSS	Contracted	$ 4,113,122.00	$ 4,113,122.00
Youth Wellness Center * (Children's Mental Health - New Front Door)	Enhance	BHIA	CSS	Internal	$ 390,000.00	$ 1,470,577.00
Total					**$ 39,492,893.00**	**$43,285,423.00**

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY - 15-16	FY - 16-17
AB 109 - Outpatient Mental Health & Substance Services	Keep	BHCC	INN(FY 15-16) CSS (FY 16-17)	Contracted	$ 449,279.00	
Holistic Cultural Education Wellness Center	Keep	CCDP	INN	Contracted	$ 801,296.00	$ 801,296.00
Supervised Overnight Stay	Keep	BHIA	INN	Contracted	$ 819,090.00	$ 819,090.00
Total					**$ 2,069,665.00**	**$ 1,620,386.00**

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY - 15-16	FY - 16-17
Blue Sky Wellness Center	Keep	WRRS	PEI	Contracted	$ 1,250,000.00	$ 1,250,000.00
Child Welfare Team/Katie A Team	Keep	BHIA	PEI	Internal	$ 683,761.00	$ 693,549.00
Community Garden	Keep	CCDP	PEI	Contracted	$ 325,000.00	$ 325,000.00
Community Response/Law Enforcement* (Crisis Acute Care - Law Enforcement Field Clinician)	Enhance	BHIA	PEI	Contracted	$ 1,090,928.00	$ 2,040,928.00
Cultural Based Access Navigation Specialists (CBANS)	Keep	CCDP	PEI	Contracted	$ 551,633.00	$ 551,633.00
First-Onset Team	Keep	BHCC	PEI	Internal	$ 1,290,825.00	$ 1,290,825.00
Functional Family Therapy	Enhance	BHCC	PEI	Contracted	$ 571,810.00	$ 571,810.00
Integrated Mental Health Services at Primary Care Clinics (CRMC)	Enhance	BHIA	PEI	Internal	$ 500,000.00	$ 500,000.00
Integrated Mental Health Services at Primary Care Clinics (UHC and VHT)	Enhance	BHIA	PEI	Contracted	$ 864,816.00	$ 864,816.00
Integrated Wellness Activities	Keep	WRRS	PEI	Internal	$ 40,000.00	$ 40,000.00
K-12 - School Based	Keep	WRRS	PEI	Internal	$ 451,633.00	$ 451,633.00
Perinatal	Keep	BHCC	PEI	Internal	$ 1,244,914.00	$ 1,244,914.00
Prevention Services for Children - Sub Abu	Enhance	WRRS	PEI	Contracted	$ 240,000.00	$ 240,000.00
Suicide Prevention/Stigma Reduction	Keep	WRRS	PEI	Internal	$ 150,000.00	$ 150,000.00
Youth Empowerment Centers	Keep	WRRS	PEI	Contracted	$ 350,000.00	$ 350,000.00
Multi-Agency Access Point (MAP)	New	BHIA	PEI	Contracted	$ -	$ 1,500,000.00
Total					**$ 9,605,320.00**	**$ 12,065,108.00**

Program	Status of Program	DBH Work Plan	Type of Funding	Contracted or Internal	FY - 15-16	FY - 16-17
Administrative & Coordination Activities	Enhance	IS	WET	Internal	$ 300,000.00	$ 300,000.00
Appropriate Services	Enhance	IS	WET	Internal	$ 352,633.00	$ 352,633.00
Career Pathways	Enhance	IS	WET	Internal	$ 250,000.00	$ 250,000.00
De-Stigmatization	Enhance	IS	WET	Internal	$ 200,000.00	$ 200,000.00
WET Administration	Enhance	IS	WET	Internal	$ 194,582.00	$ 194,582.00
Total					**$ 1,297,215.00**	**$ 1,297,215.00**

Allocation Summary

Funding Source	FY 15-16	FY 16-17
CF&TN	$ 6,322,765.12	$ 6,304,776.12
CSS	$ 39,492,893.00	$ 43,285,423.00
INN	$ 2,069,665.00	$ 1,620,386.00
PEI	$ 9,605,320.00	$ 12,065,108.00
WET	$ 1,297,215.00	$ 1,297,215.00
GRAND TOTAL	**$ 58,787,858.12**	**$ 64,572,908.12**