

# Fresno County Department of Behavioral Health



harder  co | community  
research



DEPARTMENT of  
**BEHAVIORAL  
HEALTH**

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# A Letter from the Executive Team

The California Public Behavioral Health System is in a time of great change with many challenges and opportunities looming in the years ahead and an increasing need for our services. It is incumbent upon us to chart a path which leverages our strengths and resources, with key partners in our community, to best meet the needs of those we serve. With current and future behavioral health workforce shortages both statewide and locally, we must promote a culture, and an environment, where the people we serve feel cared for as they experience our services and supports toward their health and recovery. Also critical to our success, we must have an environment where our staff feel valued and where they have the necessary resources and tools to do what's right to meet the needs of those we serve.

The COVID pandemic struck just as we were finalizing this plan. We set the plan aside as we worked to meet the needs of the people we serve in new ways during this unprecedented public health crisis. During the last year, we have also contended with significant racial injustice incidents at the national level, as well as the local Creek Fire. These crises have challenged us to address inequities in care delivery and access to care, as well as to reorient toward different ways of delivering services. They have also heightened our awareness of the need for improved disaster responsiveness within the department. We will incorporate this learning as we move forward with this plan

It is the Department's aim that this strategic plan creates a road map for our future work. With many initiatives and priorities for our work, it is critical for us to focus our efforts to ensure our goals are achieved. This plan serves as a key component of a solid foundation as we align existing work and new strategies with the objectives of the plan. The plan shares our vision and mission and describes our Guiding Principles for Care Delivery. These serve as the framework to guide the plan.

There are four over-arching goals of the plan. For each goal, there are multiple tactics described. Each of these tactics address different aspects of the goal and describes more detailed actions to be taken to reach the goal. Finally, for each strategy, there are specific objectives identified to enable us to measure whether or not we are achieving our goals through successfully implementing the tactics. We anticipate, over time, that we will modify the actions we take, if we find that we are not effectively achieving our objectives and goals or if the goals change.

The plan includes background information on our county, the people we serve and their behavioral health needs. It also details where our funding comes from and how we are currently investing our resources.

We want the people we serve, our staff, our Behavioral Health Board, our valued partners and our community to see themselves in this plan. We hope that everyone can see both how our plan represents them and our community, as well as how each can contribute to the plan. It will take all of us to improve the behavioral health of our community. We will rely on our stakeholders to keep us focused on our goals, to help us celebrate when we achieve our objectives and to help redirect us when we do not.

This plan was developed with input from the people we serve through a variety of stakeholder processes, surveys, meetings and interviews over the past several years. It also includes input from our staff, our leadership team, our Behavioral Health Board and our partners. We thank all of those who were a part of its development. We are excited to share it with you and hope you will help us use it to improve the health of our community.

Dawan Utecht, Director

Susan Holt, Deputy Director – Clinical Operations

Maryann Le, Deputy Director – Business Operations

# Introduction

The Fresno County Department of Behavioral Health (DBH) aims to support the wellness of the people it serves by offering programs and services they need to thrive. With this in mind, DBH has launched multiple initiatives over the past few years aimed at creating an integrated, responsive and person-centered system of care. These included the Guiding Principles of Care Delivery; the Culturally Responsive Plan, Delivered with Humility; and the “Spring Cleaning” activity that solicited ideas for improvements from DBH staff.

In 2018, the DBH Executive and Leadership Teams engaged the support of Harder+Company Community Research to facilitate a focused strategic planning process. This process aimed to weave together the multiple efforts to date into a comprehensive vision of an integrated system of services that would serve as a roadmap to guide DBH’s initiatives and programs.

This Strategic Plan is intended to serve several purposes. First, it synthesizes work from across DBH, providing a unified and concise description of its vision, guiding principles, goals, and strategies. It does not include specific programs or activities; those programmatic details are included in DBH’s workplans. However, all departmental programs do fit, implicitly, within the goals and strategies defined in the strategic plan. Second, the Strategic Plan acts as a high-level roadmap to guide DBH’s work across all divisions and services in response to a changing environment. And, lastly, this Plan is a tool for communicating DBH’s approach and priorities to staff, providers, persons served, and other external partners.

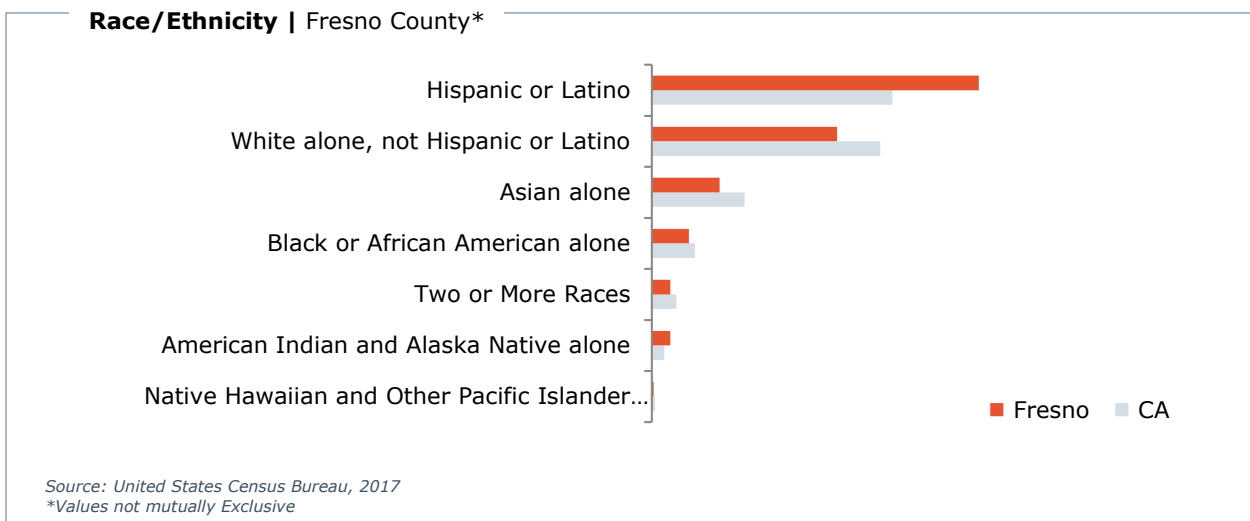
Throughout the Plan, DBH administrative staff as well as our network of contracted partners are collectively referred to as “DBH staff”. The goals and strategies outlined in the Plan integrate work being carried out by staff at all levels. The remainder of this Introduction highlights some contextual information about Fresno County and its residents, provides an overview of DBH, and introduces the Strategic Plan. The following sections of this report provide detailed information about each of the Strategic Plan’s four core goals, followed by a general Conclusion. Finally, the Appendix includes additional documents and materials related to the Strategic Plan.

**Fresno County Profile**

With a population of over a million residents, Fresno County is an economically, geographically, and culturally diverse county. It is home to California’s 5<sup>th</sup> largest city as well as many rural communities deeply tied to the county’s agricultural significance. <sup>1 2</sup>

The County’s cultural and linguistic diversity is one of its greatest assets. Throughout Fresno County, a high number of individuals over the age of 5 speak a language other than English at home (44%). The percent of the population that identifies as Hispanic or Latino (53%) is higher than the population statewide (39%); the White population (30% ) is lower than the population statewide (37%).

Residents of Fresno County experience a higher rate of poverty than the state overall, with 21% of individuals in Fresno living in poverty, compared to 13% in California. The County’s population experiencing homelessness was about 1,800 individuals as of the most recent census.<sup>3</sup>



The Fresno County population faces unique challenges in addressing care provision related to behavioral health. Adults in Fresno County are less likely than adults across the state to have received the behavioral health care they needed in the last year; they are also more likely to have seriously thought about suicide and to experience serious psychological distress, when compared to the state.



<sup>1</sup> Healthy Fresno County Community Dashboard, 2019  
<sup>2</sup> League of California Cities, 2017  
<sup>3</sup> Fresno County Continuum of Care homeless census, 2019

### Our Role in the Community

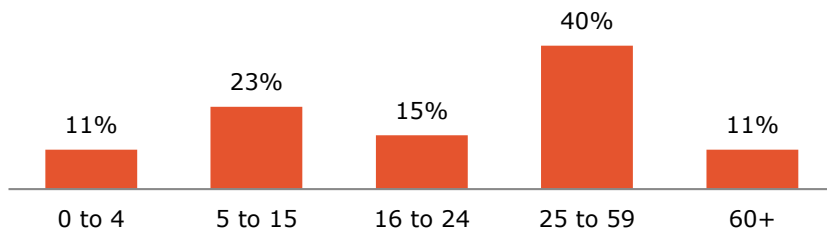
The Department of Behavioral Health provides mental health and substance use disorder services to residents of Fresno County who are Medi-Cal eligible, a population that makes up 50% of the County’s population. We strive to provide services that are culturally and age appropriate to best meet the needs of the population that are eligible to receive our care.

### Who We Serve

**Age |** The majority of the population of Medi-Cal eligible residents in Fresno County are adults between the age of 25 and 59. Specialized services are provided for young children under 5, transitional aged youth (16-24), and older adults (over 65).

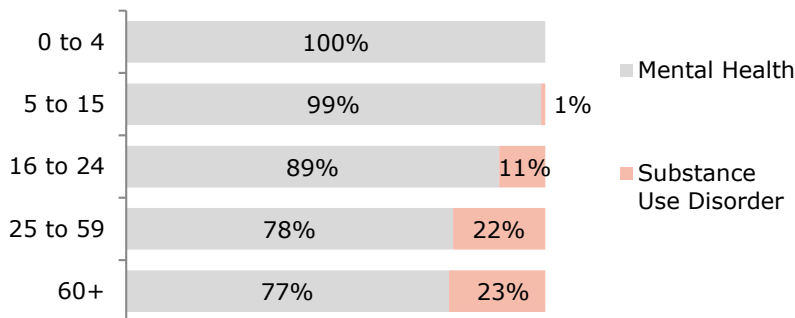
Mental health services make up the bulk of services provided across all age groups. Transitional aged youth and older adults receive a higher proportion of services related to substance use disorders.

**Age |** Medi-Cal Eligible Population of Fresno County



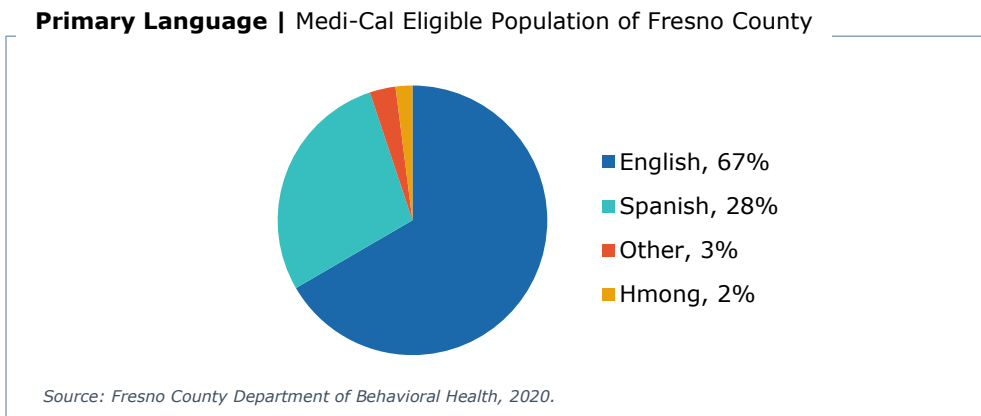
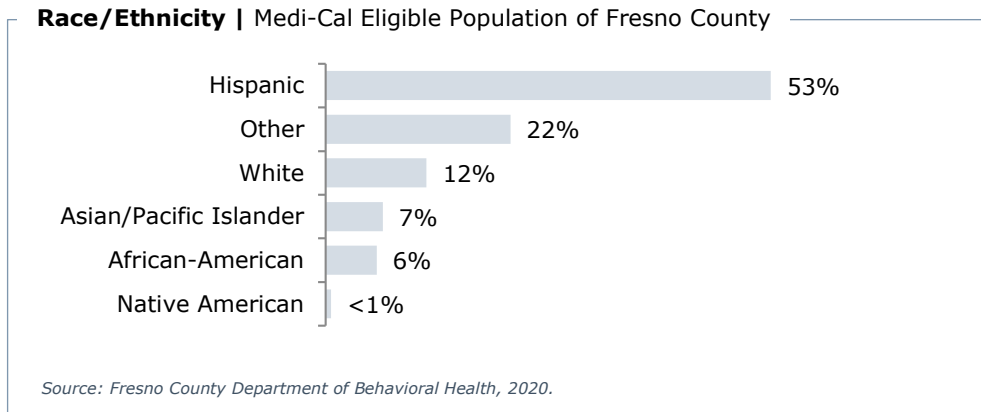
Source: Fresno County Department of Behavioral Health, 2020.

**Type of Service by Age |** Medi-Cal Eligible Population of Fresno County



Source: Fresno County Department of Behavioral Health, 2020.

**Race/Ethnicity and Primary Language |** The Medi-Cal eligible population of Fresno County reflects the linguistic and ethnic diversity within our community. The majority of the eligible population identifies as Hispanic, and a third identify their primary language as a language other than English. The most commonly spoken language after English is Spanish.

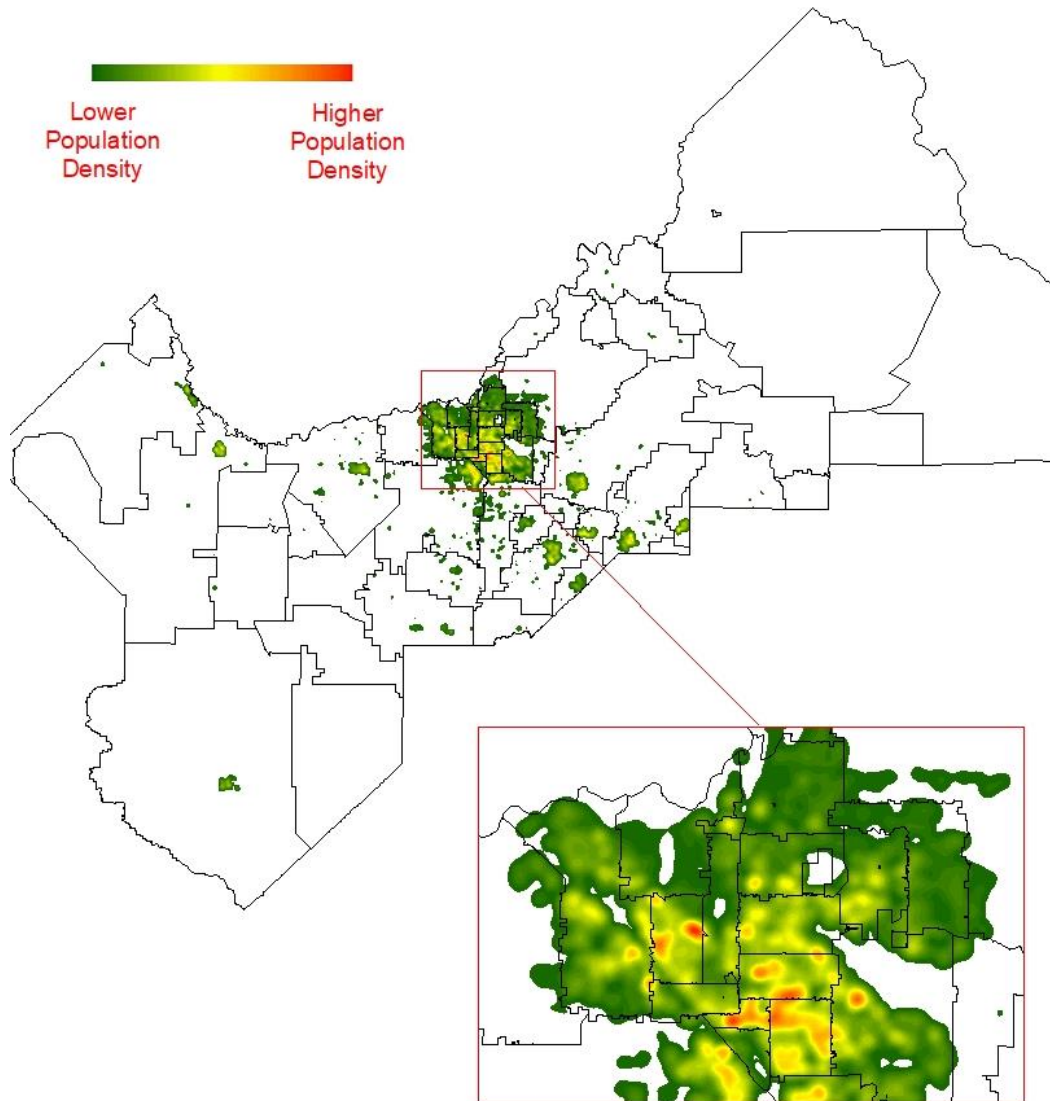


### Where We Serve

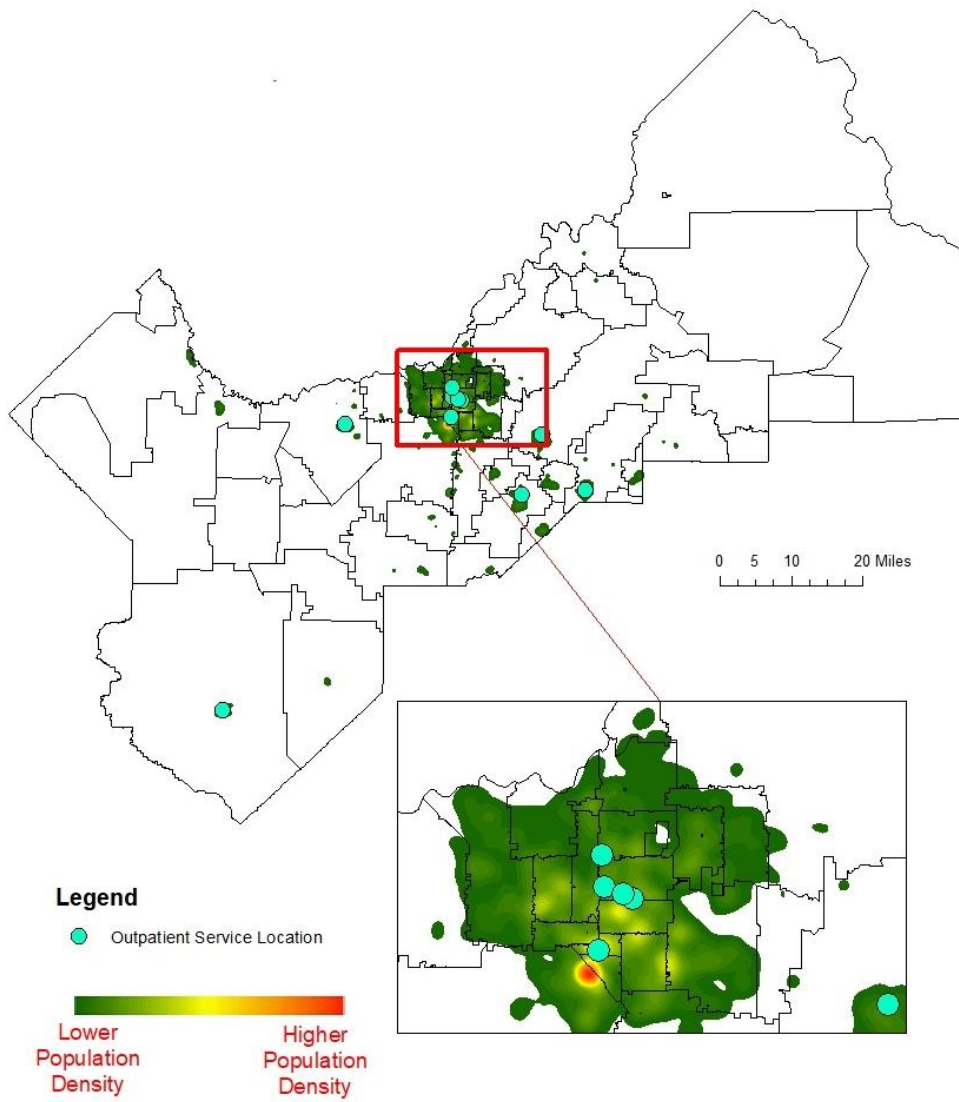
The vast majority of Medi-Cal eligible individuals in Fresno County live within and around the city of Fresno. Exhibit 1 displays the geographic distribution of Medi-Cal eligible individuals throughout the County. The location of DBH outpatient and psychiatry service providers mirrors the distribution of our core clients, as shown in Exhibits 2-4.



**Exhibit 1. Population Density of Medi-Cal Eligible Individuals in Fresno County, September 2019-November 2019**

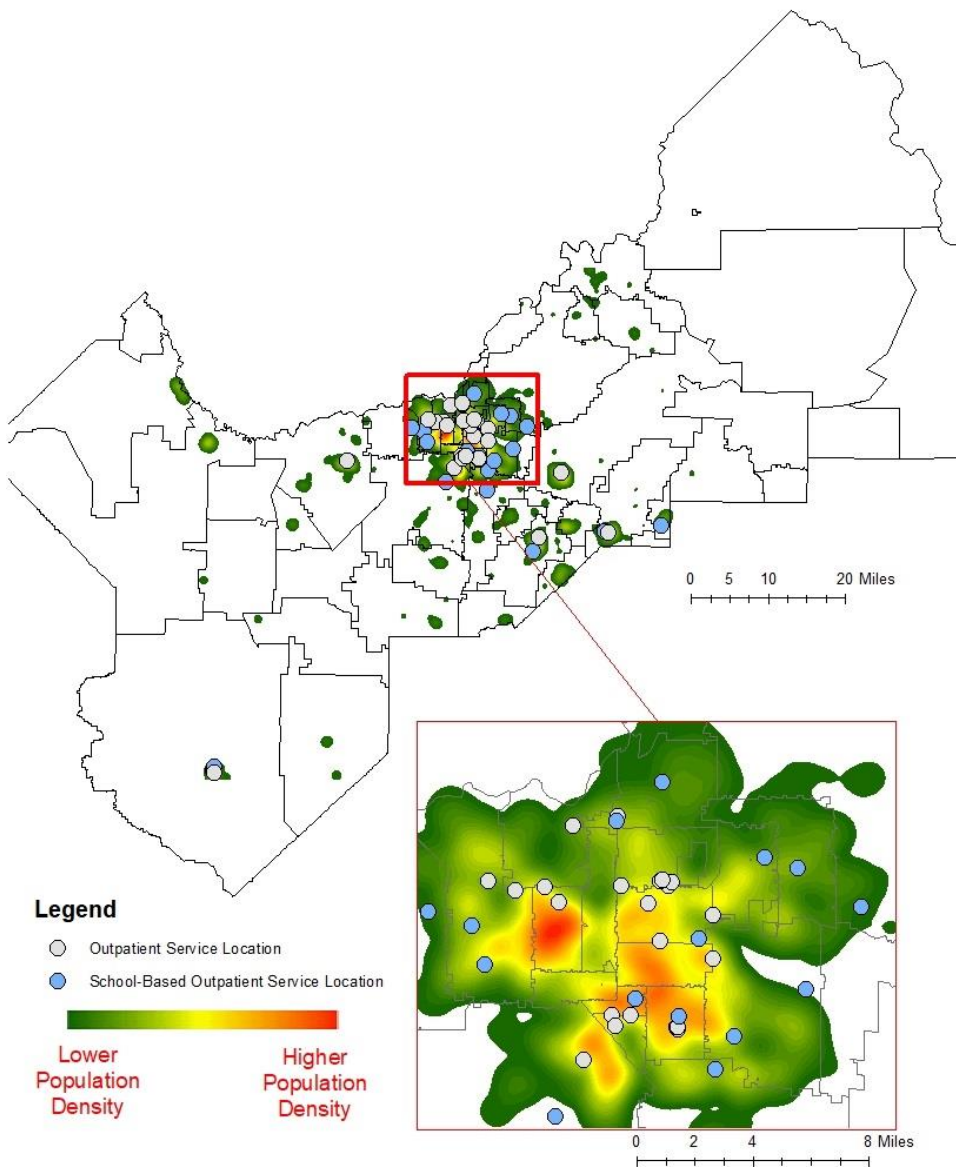


**Exhibit 2. Locations of Fresno County Adult<sup>4</sup> Outpatient Service Providers, September 2019 – November 2019**



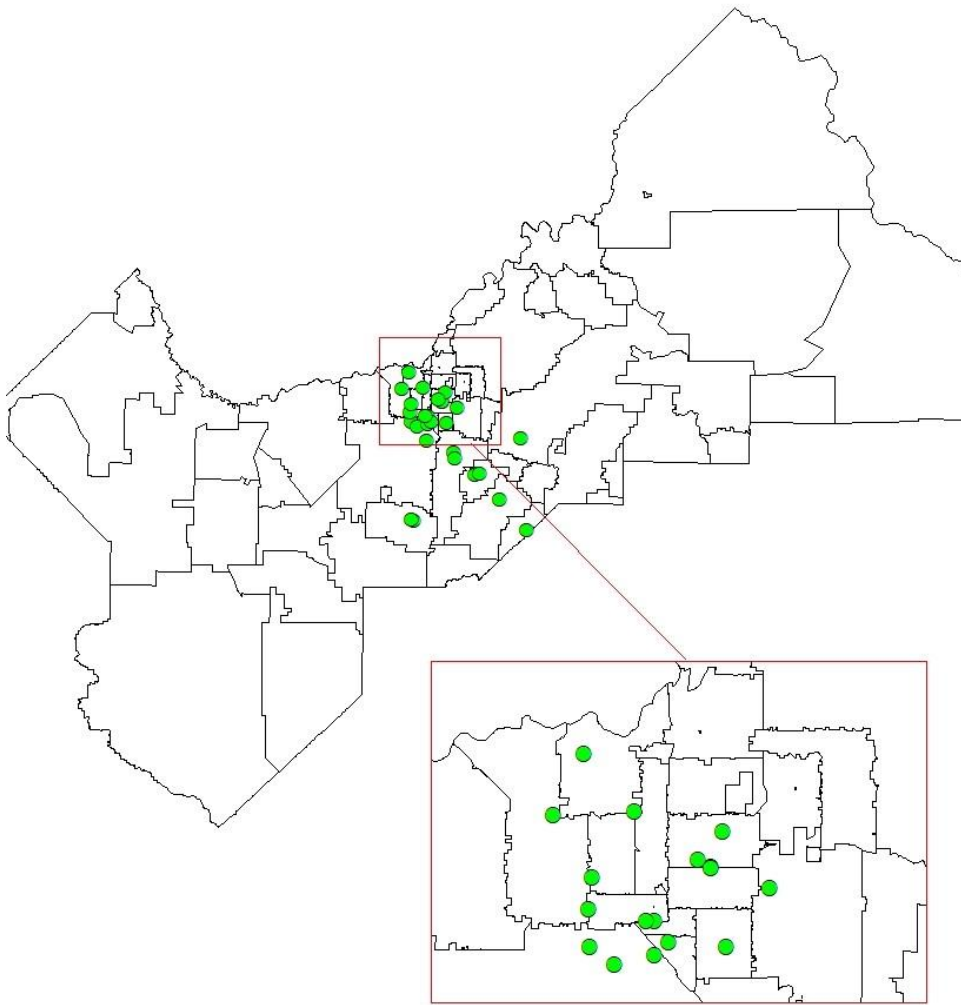
<sup>4</sup> Persons 21 years of age and over

**Exhibit 3. Locations of Fresno County Youth<sup>5</sup> Outpatient Service Providers, September 2019 – November 2019**



<sup>5</sup> Persons under 21 years of age

**Exhibit 4. Locations of Fresno County Substance Use Disorder Outpatient Service Providers, September 2019 – November 2019**



## How We Serve

The Fresno County Department of Behavioral Health receives funding from the State of California to provide mental health and substance abuse services across the County. In order to meet the varied needs of the County, we provide services ranging from broad-reaching screening and prevention activities to intensive care provision for residents needing crisis mental health services (Exhibit 5). Annual costs range from \$1 per person for preventive services up to \$250,000 for more intensive services. Our investment in these critical services addresses an otherwise unmet need for residents experiencing a serious psychiatric episode who might otherwise face involuntary hospitalization or incarceration.

### Exhibit 5. Range of Behavioral Health Services



Below, we further describe our vision, mission, and guiding principles, and offer a high-level overview of our core functional areas.

#### **Vision**

Health and well-being for our community

#### **Mission**

The Department of Behavioral Health, in partnership with our diverse communities, is dedicated to providing quality, culturally responsive, behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

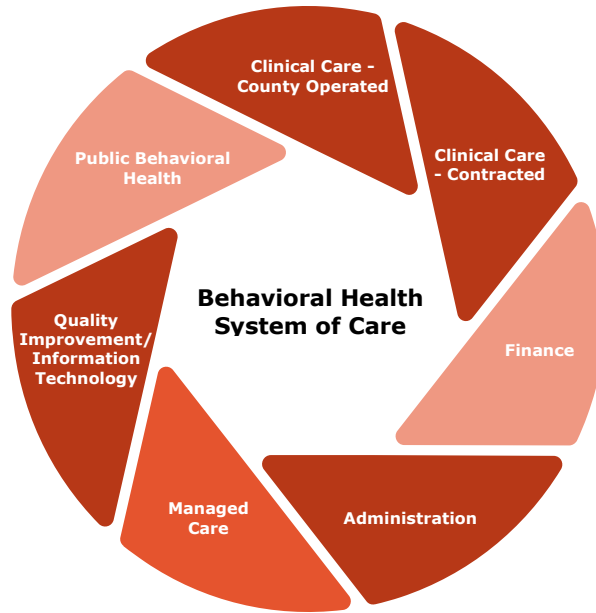
## Guiding Principles

The Fresno County Department of Behavioral Health established the following 11 principles of care delivery, which define and guide a system that strives for excellence in the provision of behavioral health services where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes.

- **Timely Access and Integrated Services:** Individuals and families are connected with services in a manner that is streamlined, effective, and seamless. Collaborative care coordination occurs across agencies, plans for care are integrated, and whole person care considers all life domains such as health, education, employment, housing, and spirituality. Barriers to access and treatment are identified and addressed. Excellent customer service ensures individuals and families are transitioned from one point of care to another without disruption of care.
- **Strengths-based:** Positive change occurs within the context of genuine trusting relationships. Individuals, families, and communities are resourceful and resilient in the way they solve problems. Hope and optimism is created through identification of, and focus on, the unique abilities of individuals and families.
- **Person-driven and Family-driven:** Self-determination and self-direction are the foundations for recovery. Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences. Providers contribute clinical expertise, provide options, and support individuals and families in informed decision making, developing goals and objectives, and identifying pathways to recovery. Individuals and families partner with their provider in determining the services and supports that would be most effective and helpful and they exercise choice in the services and supports they receive.
- **Inclusive of Natural Supports:** The person served identifies and defines family and other natural supports to be included in care. Individuals and families speak for themselves. Natural support systems are vital to successful recovery and the maintaining of ongoing wellness; these supports include personal associations and relationships typically developed in the community that enhance a person's quality of life. Providers assist individuals and families in developing and utilizing natural supports.
- **Clinical Significance and Evidence-Based Practices:** Services are effective, resulting in a noticeable change in daily life that is measurable. Clinical practice is informed by best available research evidence, best clinical expertise, and values and preferences of the individual or family served. Other clinically significant interventions such as innovative, promising, and emerging practices are embraced.
- **Culturally Responsive:** Values, traditions, and beliefs specific to an individual's or family's culture(s) are valued and referenced in the path of wellness, resilience, and recovery. Services are culturally grounded, congruent, and personalized to reflect the unique cultural experience of each individual and family. Providers exhibit the highest level of cultural humility and sensitivity to the self-identified culture(s) of the person or family served in striving to achieve the greatest competency in care delivery.

- **Trauma-informed and Trauma-responsive:** The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood. Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses. Physical, psychological and emotional safety for individuals, families, and providers is emphasized.
- **Co-occurring Capable:** Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders. Treatment of substance use disorders and mental health disorders are integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time.
- **Stages of Change, Motivation, and Harm Reduction:** Interventions are motivation-based and adapted to the individual's stage of change. Progression through stages of change are supported through positive working relationships and alliances that are motivating. Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach. Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support.
- **Continuous Quality Improvement and Outcomes-Driven:** Individual and program outcomes are collected and evaluated for quality and efficacy. Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes. Providers participate in ongoing professional development activities needed for proficiency in practice and implementation of treatment models.
- **Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction:** The rights of all people are respected. Behavioral health is recognized as integral to individual and community well-being. Promotion of health and wellness is interwoven throughout all aspects of DBH services. Specific strategies to prevent illness and harm are implemented at the individual, family, program, and community levels. Stigma is actively reduced by promoting awareness, accountability, and positive change in attitudes, beliefs, practices, and policies within all systems. The vision of health and well-being for our community is continually addressed through collaborations between providers, individuals, families, and community members.

**Exhibit 6. Behavioral Health System of Care - Core Functional Areas**

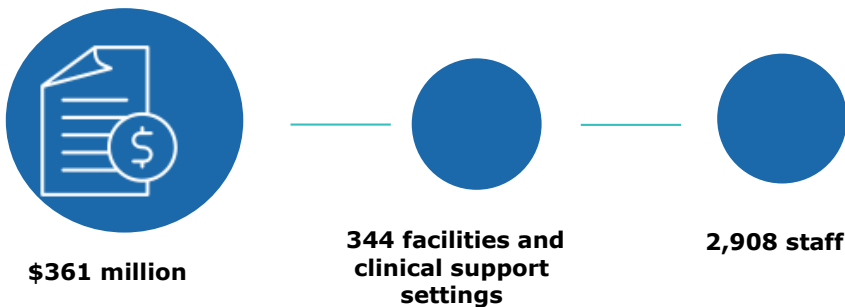


**System of Care**

As the County’s mental health plan and principal provider of substance use disorder services, DBH’s responsibilities to eligible residents require the work of a large and dedicated team of staff, contracted organizations, and individual providers. Its annual budget of approximately \$361 million<sup>6</sup> funds. The DBH system of care includes 344 facilities supported by 2,908 staff between County employees and contractors who work together across seven core functional areas (see Exhibit 7).

DBH strives to uphold a culturally, ethnically, and linguistically appropriate system of care. This includes adequate availability of bilingual, bicultural staff fluent in the County’s threshold languages: English, Spanish and Hmong. Additionally, we recognize the importance of services that are sensitive to other cultures, including individuals in recovery; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) community; veterans; persons living with disabilities (hearing, vision, physical); various age groups (Transition Age Youth – TAY, Older Adults); immigrants and refugees; and persons involved in the correctional system.

**Exhibit 7.**



<sup>6</sup> County of Fresno 2020-21 Recommended Budget.



# 2021-2031 Strategic Plan

## Strategic Planning Process

In early 2017, DBH initiated a comprehensive strategic planning process to help guide its resources and investments over the next decade. These efforts build on the stakeholder input processes that inform DBH's annual investment plans, and create an opportunity to articulate and prioritize DBH's goals through a wider, multi-year lens.

To facilitate the strategic planning process, DBH's Leadership Team first drafted a set of guiding principles for care delivery (described on pages 12 and 13), and engaged all Departmental staff to update and finalize the principles. DBH then commissioned an external consultant, Harder+Company Community Research, to crosswalk these guiding principles with available documentation about the current Departmental priorities and investments and draft a framework for the 2021-2031 strategic plan. In developing this draft framework, Harder+Company reviewed DBH's 2017-18 Mental Health Services Act (MHSA) annual update to the California Mental Health Services Oversight and Accountability Commission, and the accompanying work plans that describe investments in each of the following five funding areas: Behavioral Health Integrated Access; Wellness, Recovery & Resiliency Support; Cultural/Community Defined Practice; Behavioral Health Clinical Care; and Infrastructure Support. They also reviewed the Fresno County Behavioral Health System of Care Culturally Responsive Plan: Delivered with Humility, and the Fresno County Community-Based Suicide Prevention Plan. The strategic plan framework was presented to DBH's Leadership Team in August 2018. Every member of the Leadership Team provided edits and feedback to the framework, which was then used to write this Strategic Plan. The Strategic Plan was then vetted with Department Supervisors and all staff as described below.

At the January 2019 All Supervisors Meeting, DBH Leadership and Harder+Company introduced the Strategic Plan to the Supervisors and shared the draft goals, strategies, and tactics. Meeting participants engaged in a discussion about the four overarching goals, sharing the extent to which they see the goals as consistent with to participants' vision of the future and the extent to which they believe the goals will help DBH achieve its mission. Following that, we solicited participants' reactions to the strategies and tactics via a "gallery walk." During this session, participants rotated through posters displaying all of the strategies, tactics, and sample objectives, and wrote their feedback on sticky notes, focusing on the extent to which the tactics reflect the work they supervise, identifying any missing tactics, and sharing ideas for objectives that support achieving the overall strategy. Harder+Company synthesized Supervisors' feedback from this meeting, shared it back with Department leadership, and incorporated it into the Strategic Plan where appropriate.

In April 2019, DBH Leadership and Harder+Company presented the Strategic Plan to Department staff at two All Staff meetings. During these meetings, we provided background on the Strategic Plan development process, presented the goals and strategies, and shared sample tactics for each strategy. To connect the Strategic Plan to participants' experiences, we asked them to write down examples of what these strategies look like in their day-to-day work and to reflect on that exercise.

Harder+Company gathered and reviewed the activity worksheets. Worksheets and summaries were shared with Department leadership and utilized to inform the plan.

## Organizing Framework

The framework consists of four overarching goals that organize approximately \$361 million dollars<sup>7</sup> of investments into an inter-connected organizational scheme (See Exhibit 7). The **goals** are high-level statements of what DBH aspires to achieve, and every Departmental investment can be described as fitting within one or more of the four overarching goals. Each goal includes two to three **strategies**, which are overall approaches for achieving the goals and inform how DBH spends its time and resources. Finally, each strategy consists of various **tactics**, which are specific activities to operationalize the strategy.

In the following four sections of this Plan, we present additional information about each goal and its associated strategies. For each strategy, we present an overview, rationale, specific tactics, and Sample Objectives.

### Exhibit 8. Strategic Plan Goals



<sup>7</sup> In 2020-2021, DBH had a budget of \$372 million.  
<https://www.co.fresno.ca.us/Home/ShowDocument?id=20368>

# Goal 1: Deliver and Coordinate Quality Care

DBH will continue to deliver quality care that is comprehensive, seamless, person-centered, culturally-responsive, and evidence-informed. Given the diverse needs of the people it serves, the effectiveness of DBH's efforts to create a more integrated and responsive system of care is vital. Through a "no wrong door" approach, all persons will encounter staff trained in cross-discipline competencies who will deliver streamlined, effective, culturally-responsive care that connects them to appropriate supports, steps them up and down the continuum of care as appropriate, and seamlessly integrates physical and behavioral health care needs. This goal is organized into the following three strategies:

**Promote  
Wellness**

**Build Pathways**

**Ensure quality**

**Coordinate  
care**



## Promote Wellness

With community-based partnerships and collaboration, DBH will promote wellness and reduce stigma across its communities, and behavioral health will be recognized as integral to both individual and community well-being. Through an orientation and countywide presence rooted in wellness and empowerment, DBH will integrate the promotion of health and wellness throughout all aspects of its services. By promoting awareness, accountability, and positive changes in attitudes, beliefs, and practices, DBH will seek to eliminate the stigma associated with behavioral health services and normalize a countywide culture of wellness.

### Rationale

In DBH's Community Access Survey, stigma was cited as the "biggest problem in [the] community regarding mental health."<sup>8</sup> From a strengths-based prevention lens, DBH views communities and families as vital assets for individual wellness, and strives to ensure that stigma does not jeopardize the wellness of its communities by preventing individuals from discussing wellness and seeking support.

### Sample Tactics

- Center prevention and early intervention as a core focus of the care continuum; move outreach upstream and provide support early.
- Conduct community outreach and engagement—as well as "inreach" to County departments and contractors—to reduce stigma through raising awareness and educational activities.
- Conduct training for staff and community partners in stigma reduction and

<sup>8</sup> Fresno County Mental Health Services Act FY 2016-17 Annual Update and FY 2017-18 through 2019-20 Three-Year Expenditure Plan. Accessed from: <https://www.co.fresno.ca.us/home/showdocument?id=27944>

suicide prevention.

- Disseminate public service announcements and video series' regarding wellness and wellbeing, stigma reduction for mental health, substance use disorders, trauma, and bullying.
- Promote stigma reduction and social-emotional skill development in schools, including skills to reduce the impacts of trauma, bullying, and other adversity.



## **Build Pathways**

While DBH's work to promote wellness is universal, it must also build pathways to care for specific populations that face barriers to care, such as homelessness, lack of access to transportation, child care needs, limited English language ability, and cultural barriers. DBH builds these pathways using various approaches, including outreach, engagement, and partnerships, as well as through collaborative care coordination and customer service. DBH will continue to adapt its tactics to address the evolving barriers and needs in its communities.

### **Rationale**

With an equity orientation, DBH must dedicate specific attention to those who confront the greatest barriers to care. In the context of DBH's work, that means it must build pathways to care that are tailored to the most under resourced and marginalized communities. This will lead to increased and timelier access to services, improve transitions within the broader care delivery system, and help address individual barriers that stand in the way of care.

### **Sample Tactics**

- Develop outreach practices and pathways for specific vulnerable communities, including but not limited to children with special needs, foster children and youth, individuals impacted by the justice system, immigrant and refugee communities, LGBTQ individuals, and people experiencing homelessness.
- Enhance stakeholder engagement with underserved and vulnerable populations and communities, using culturally competent staff and linguistically appropriate practices.
- Ensure there is an ongoing process to identify and respond to the needs of vulnerable populations as they emerge and evolve.
- Explore expansion of telehealth and telephone services to understand benefits and barriers to the person served in order to maximize their use to increase access, where and how preferred
- Identify unserved, underserved, and inappropriately served populations and/or diverse cultures that may experience barriers in accessing behavioral health services.
- Provide excellent customer service to ensure that individuals and families are transitioned from one point of care to another without disruption of care.

- Support expansion of programs that provide supervised activities for children, allowing parents access to and increased participation with behavioral health staff and reducing appointments missed by parents who are unable to find child care.
- Cultivate a continuum of housing options, as well as an efficient system for referrals and connections, to ensure individuals achieve stability in housing and access care in a timely manner.



## **Ensure Quality**

DBH has a profound responsibility to its customers, through the services it provides directly as well as those that it funds. These services must be informed by the best available evidence and tailored to the specific populations that it serves. To support its staff, partners, and programs to uphold their responsibility to the best quality care, DBH follows the “Guiding Principles of Care Delivery,” described on pages 12 and 13 and referenced below.

### **Rationale**

DBH’s communities are diverse and its systems are complex. In this context, it must pursue quality as an individualized concept. There is no one-size-fits-all approach, but with a commitment to time-honored principles of care, DBH can personalize its care and ensure quality across its programs, services, and communities. DBH promotes quality through a range of intentions, partnerships, and strategies that will continue to evolve through its attention to continuous quality improvement.

### **Sample Tactics**

- Align all services with DBH’s “Guiding Principles of Care Delivery,” through internal education and the development of a shared standard of care for both County-operated and contracted services.
- Ensure that all programs meet standards for accreditation.
- Ensure that providers exhibit the highest level of cultural humility, and that culturally-specific programming is relevant and engaging to vulnerable communities.
- Promote innovative activities and leverage technological tools, such as e-tools for self-assessment screening, to streamline the care process.
- Promote services that are culturally grounded, congruent, and personalized to each individual and family; lift up and reference values, traditions, and beliefs on the path to wellness, resilience, and recovery.
- Recognize the widespread impacts of trauma; use stages of change, motivation, and harm reduction frameworks to tailor individualized care plans.
- Support the integration of evidence-based models and competencies within DBH’s programs, and provide training and supports for staff to ensure that evidence-based models are implemented with fidelity and appropriately tailored for cultural and linguistic diversity.



## **Coordinate Care**

An integrated, adaptable, and person-centered approach is necessary to deliver the highest quality care. DBH addresses the social, logistical, and systematic barriers that clients face to receiving treatment through a variety of approaches, including: facilitating coordination between department and contracted partners; implementing well-defined and well-supported client transitions; and promoting data-sharing among related networks of providers. These approaches aim to facilitate smooth and integrated linkages from one part of the service landscape to another.

### **Rationale**

Many persons served by DBH navigate complex paths to well-being and recovery. In order to deliver care that is efficient and effective, DBH must dedicate resources to coordinating complex care at the individual level, as well as promote collaboration and continuous improvement throughout the broader system of care.

### **Sample Tactics**

- Coordinate care across agencies through a multidisciplinary team approach that assists individuals and families through critical care transitions.
- Expand transportation services and coordination to ensure transportation is not a barrier to care, particularly for those who live in rural areas.
- Incentivize staff to partner with individuals, families, other natural supports, and agencies to identify treatment barriers and address them through whole-person care.
- Support expansion of collaborative documentation as a person-centered, fully transparent and inclusive approach to providing care.
- Automate medical records to provide a bridge between multidisciplinary clinical and administrative staff.
- Support expansion of specialized service navigation services and programs.
- Support co-location and cross-departmental trainings to facilitate quality, integrated care.
- Promote electronic data-sharing systems among direct and indirect partners with the network of social, behavioral, and physical care, facilitating a person-centered model.
- Strengthen coordination between Department and Contracted Partner providers through formal and informal meetings to share best practices and resources.

# Goal 2: Leverage Resources

DBH will continue to leverage resources by building partnerships, aligning incentives, and blending funding to establish a robust continuum of care. Internally within DBH, and externally across the County, DBH leverages financial resources whenever they can be aligned with its values and goals. With the financial resources at its disposal, it recruits and supports its most important asset—the people that support its mission. To best support staff in their variety of settings and roles, DBH seeks to develop policies that promote pathways into the profession, as well as ensure there are adequate available staff to provide needed services.

By seeking to align incentives between its internal resources and those outside of the Department, DBH also works to build and maintain partnerships that allow its collective community to do more than the sum of its parts. This goal is organized into the following two core strategies:

**Maintain partnerships**

**Maximize funding streams**



## Maintain Partnerships

DBH recognizes that its customers are whole people with a range of strengths and needs, including but not limited to behavioral health supports. Therefore, its care must be holistic. As a part of the care it provides, DBH regularly collaborates with other systems, both at the individual and system level. At the individual level, staff participates in multidisciplinary care teams, with professionals across a variety of disciplines, to ensure that each customer receives the whole-person care they need. At the system level, DBH shares information and aligns incentives with partnering agencies to ensure that its customers can achieve wellness in their lives and communities.

### Rationale

Because it cannot serve every need of every customer, DBH must thoughtfully establish partnerships with other public agencies and community organizations. To provide seamless, whole-person care, DBH establishes partnerships with other aligned agencies and organizations.

### Sample Tactics

- Collaborate with criminal justice system partners to promote interagency collaboration and increase access to services for individuals at common criminal justice intercept and discharge points.
- Collaborate with law enforcement agencies to provide behavioral health crisis intervention support with first responders in the community.
- Establish regional partnerships to further leverage resources across DBH's communities.

- Participate in local collective impact efforts such as Fresno Cradle to Career, Children’s Movement, Suicide Prevention Collaborative , and Fresno Community Health Partnership to foster increased integration of services and systems alignment.
- Partner with Fresno County Superintendent of Schools to train school administrators and staff to recognize, respond and intervene to mitigate potential emotional and behavioral challenges that may arise with students.
- Partner with secondary education and higher education institutions in order to build upon both stigma reduction and workforce development programs and initiatives.
- Partner with other key and aligned organizations, such as health care organizations—including hospitals, emergency medical services, primary care providers, managed care organizations, and health care industry and research organizations—as well as faith-based and media organizations.
- Pool resources with housing agencies to develop and manage an integrated behavioral health system of care that has a defined housing continuum.



## **Maximize Funding Streams**

DBH works carefully to claim all of the public funding it qualifies for, and also collaborates with other County departments to respond to emergent funding opportunities. By maximizing its funding, DBH can invest in its staff and enhance its services and supports to better serve its community.

### **Rationale**

DBH’s resources, while significant, cannot meet the behavioral health needs of every Fresno County resident. Therefore, it must thoughtfully maximize the funding streams at its disposal to narrow and ultimately close gaps in unmet needs.

### **Sample Tactics**

- Blend Mental Health Services Act funds with Medi-Cal reimbursement to support holistic whole-person care.
- Develop a coordinated housing referral process to leverage existing community resources for the highest need communities.
- Develop and strengthen in-house grant-writing expertise in order to create rapid response processes—including data coordination and grant-writing—when external funding opportunities arise.
- Develop internal controls to ensure that all services eligible for Medi-Cal reimbursement are claimed timely and appropriately while also mitigating risks for disallowance.
- Evaluate the Drug Medi-Cal Organized Delivery System Waiver to further leverage the resources available through Medi-Cal and improve the treatment and cost-effectiveness of care for people with substance use



disorders.

- Leverage No Place Like Home competitive funding to support the permanent supportive housing needs of the community.
- Maximize rural resources by linking referrals to the appropriate levels of care in the community.
- Partner with other County departments such as Social Services and Public Health to leverage technology, resources, data, and blended funding opportunities.
- Conduct salary analyses to ensure an appropriate spread across salaries, and advocate to ensure salaries are appropriate.

# Goal 3: Promote Organizational Excellence

DBH will promote organizational excellence by building a diverse and competent staff and promoting a culture of wellness and learning throughout all levels of the Department. DBH's mission and vision can only be achieved through the dedication and competencies of its people, while honoring the diverse experiences and perspectives that they bring to their work. DBH places great emphasis on the excellence of its team and seeks to support staff's individual and collective growth. This goal is organized into the following three core strategies:

**Staff Wellness** | **Staff capacity and diversity** | **Culture of learning and integrity**



## Staff Wellness

DBH strives to support its staff through a holistic, wellness-oriented approach that includes specific attention to employee morale, staff development and mentorship, work-life balance, responsiveness, and well-designed workspaces. The Department recognizes its staff as the core of the organization's success, and aims to foster a fulfilling, and supportive work environment for all.

### Rationale

DBH accomplishes its work through the commitment and energy that its staff bring. Without capable staff who are happy and well, its vision cannot be realized. Because vicarious trauma and burnout are common in the behavioral health field, DBH implements a range of specific efforts to support the wellness of its staff.

### Sample Tactics

- Continually review and revise job classifications and specifications to optimize labor skills.
- Continually update and document procedures, processes, and protocols and revise them as needed to support existing and future staff in understanding and executing job duties.
- Define expectations for all individuals in the organization to support a workplace culture of collegiality, respect, engagement, and teamwork.
- Develop supervisory training program for emerging leaders
- Ensure staff workspaces and other infrastructure are safe and well-designed so that everyone can do their jobs comfortably.
- Recognize secondary trauma and provide assistance to staff, providers, and first responders who experience vicarious trauma.
- Systematically implement a comprehensive retention strategy that is

supported by the Employee Morale Committee and that includes a standard, comprehensive onboarding, staff development and mentorship program, and opportunities for reduced, alternative, or modified schedules as well as educational leave.

### Sample Objectives

Improve retention and satisfaction across DBH and partner organizations in our network of care.



### Staff Capacity

DBH strives to ensure that its workforce has the necessary capacities to serve all of Fresno County's residents. It also works to ensure that its staff has the necessary cultural competencies to serve diverse populations and that it is recruiting a workforce that represents its community.

### Rationale

The field of behavioral health is always evolving. Similarly, the issues that confront DBH's community and that affect residents' wellness change with time. To ensure it is equipped to serve the communities' needs, DBH places a strong emphasis on staff capacity, striving for a work culture where all staff have strong mentorship and support throughout their career pathway.

### Sample Tactics

- Build core competencies across staff and providers, including implementation of evidence-based practices, as well as supporting and developing capacity for services that are culturally and linguistically appropriate.
- Conduct outreach to address stigma-based barriers to both accessing care and to pursuing behavioral health careers.
- Develop and provide training opportunities for both licensed and non-licensed staff who work directly with individuals and their families.
- Partner with educational programs to support individuals along the career pathway into a behavioral health field, including those with lived experience.
- Provide a robust array of cultural-specific programming that is relevant to and engages specific, vulnerable communities in Fresno County.



### Staff Diversity

DBH has a responsibility to its staff and its community to strive for diversity, equity, and inclusion within its own workforce. It recognizes that diversity is an asset to the Department's success. On an ongoing basis, DBH recruits its workforce from diverse populations and provides ongoing training opportunities to ensure its

employees are able to serve the entire community, with all its diverse and changing needs.

### **Rationale**

In order to best serve the community, DBH recognizes the need to recruit, retain, and support a workforce that is reflective of the population it serves. A culturally competent behavioral healthcare system is necessary to adequately address the inequities and barriers to care within the County, and to provide the highest quality care to all individuals.

### **Sample Tactics**

- Provide ongoing cultural competency training opportunity to ensure its employees are able to serve the entire community
- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are representative of and responsive to the population we serve.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- Support educational pathways and provide trainings aimed at developing a workforce capable of serving the County's diverse populations, including individuals and their families, all age groups, and communities that are underserved and unserved.



### **Culture of Learning and Integrity**

DBH promotes a culture of integrity and a work ethic standard of “doing the right thing, and doing it right.” As a part of its systemic commitment to doing right by those it serves and the community, DBH engages in an intentional process of continuous quality improvement and an orientation toward ongoing learning.

### **Rationale**

As an agency supported by public tax dollars, DBH has a commitment to residents to use its funds in the most efficient and impactful manners possible. Taxpayers will not tolerate fraud, waste, or satisfaction with the status quo, and neither will DBH. Therefore, DBH trains its staff and contractors in their responsibilities to report wrong-doing, creates relevant outcome measures, and builds evaluation into its programs to ensure ongoing service improvement.

### **Sample Tactics**

- Build evaluation into programmatic design decisions, so that programs can be adjusted, strengthened, and expanded as evaluation data are collected and analyzed.
- Create relevant, actionable outcome measures and provide clinical and administrative data in order to make quality- and outcome-based decisions and to promote continuous quality improvement for all service providers and administrative staff.
- Develop data sharing MOUs with appropriate community partners that will

support continuous improvement and measuring outcomes.

- Train all staff, contractors, subcontractors, interns and volunteers on DBH's compliance program, rules, and each person's responsibility and obligation to report wrong-doing.

# Goal 4: Provide an Excellent Care Environment

DBH will provide an excellent care experience for all of its community members, including staff, providers, and persons served. Staff and provider satisfaction promotes better employee retention and therefore fewer disruptions in staff relationships with those receiving services, ultimately enhancing the outcome of care. Satisfaction of service participants also increases the likelihood of service continuity and resilience.<sup>9</sup> DBH believes that the satisfaction of staff and customers are interrelated, and makes great efforts to promote excellent care on both sides of the experience. This goal is organized into the following two strategies:

**Staff Satisfaction**

**Customer Satisfaction**



## Staff Engagement and Retention

In general, burnout is high in the behavioral health field.<sup>10</sup> DBH strives to be an exception to this rule, and works hard to ensure that its staff, providers, and subcontractors experience satisfaction with their day-to-day work, and feel satisfied and safe within their work environment. DBH wants them to be satisfied with their work, location, hours, operations, and compensation, and to have regular opportunities to provide input and affect change in their day-to-day work.

### Rationale

DBH's work is accomplished only through the commitment and energy that its staff bring. Without capable staff who are happy and well, its vision cannot be realized. Because the labor market is competitive for highly-qualified behavioral health staff, DBH makes special efforts to ensure that it is a great place to work.

### Sample Tactics

- Staff and providers are satisfied in regards to their work, including location, hours, operations, and compensation.
- Staff and providers have regular opportunities to provide input and affect change with regards to their day-to-day work. They feel engaged in their role and within DBH.

<sup>9</sup> Understanding How Clinician-Patient Relationships and Relational Continuity of Care Affect Recovery from Serious Mental Illness: STARS Study Results, *Psychiatric Rehabil J.* 2008 ; 32(1): 9–22. doi:10.2975/32.1.2008.9.22. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2573468/>

<sup>10</sup> Burnout in Mental Health Services: A Review of the Problem and Its Remediation, *Adm Policy Ment Health.* 2012 September ; 39(5): 341–352. doi:10.1007/s10488-011-0352-1. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3156844/>



## Client Satisfaction

DBH strives to ensure that care is person-centered and tailored to the unique needs and strengths of every individual that seeks its services. It seeks to offer this care at the right time and the right locations, ensuring that all of its residents can seamlessly access care, in spite of their geography, mobility, demanding schedules, and stress loads. DBH staff offers this care in manners that are empathetic and customer-oriented. The leadership of the Department endeavors to incorporate feedback from persons served at all levels of care.

### Rationale

Studies suggest that satisfaction of the persons served is a key indicator of behavioral health program effectiveness,<sup>11</sup> and so must be at the very core of DBH's work. Additionally, when people have meaningful opportunities to provide feedback about their care, they can develop an increased sense of agency and self-efficacy, both of which are critical for long-term wellness.<sup>12</sup>

### Sample Tactics

- Individuals and families are offered a meaningful chance to provide feedback, after each interaction with DBH staff and/or providers.
- Individuals and families are surveyed to ensure they are satisfied with their care experiences, including how they are treated at all points of interaction with DBH staff and providers, and DBH uses survey data to improve the care experience for persons served and their families.
- Staff and providers receive training in empathy and customer-service, so that they can appreciate the experiences of those receiving services from the individuals' perspective and offer empathetic, customer-oriented care.

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<sup>11</sup> Patient Satisfaction and Sustained Outcomes of Drug Abuse Treatment, *J Health Psychol.* 2008 April ; 13(3): 388-400. doi:10.1177/1359105307088142. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2796692/>

<sup>12</sup> Self-Efficacy and Health: Behavioral and Stress-Physiological Mediation, *Cognitive Therapy and Research*, April 1992, Volume 16, Issue 2, pp 229-245. Accessed from: <https://link.springer.com/article/10.1007/BF01173490>

# Strategic Indicators and Objectives

To evaluate the Department's progress across the four goals of the Strategic Plan, the following indicators and objectives will be utilized, in addition to others that arise throughout planning and implementation of the Strategic Plan. The following indicators are outlined by goal area:

## Deliver and Coordinate Quality Care

- Offer prevention and stigma reduction trainings to BHSOC workforce, community organizations, and public agencies.
- Participate in at least four community events each fiscal year that target diverse community outreach activities in a coordinated manner; this may include supporting health literacy and disseminating information related to accessing behavioral health services.
- Increase the number of persons served by the Behavioral Health teams.
- Offer training to support local development of American Society of Addiction Medicine Level 3.3 staff for residential substance use disorder treatment centers to ensure quality for co-occurring disorder clients.
- Provide training and implementation strategies on identified culturally responsive, evidence-based, promising and community-defined practices for mental health and substance use disorder services. This may include, but not be limited to, trauma-informed Cognitive Behavioral Therapy; Motivational Interviewing; Stages of Change; Harm Reduction; Wellness and Recovery Action Plans (WRAP), Reaching Recovery; and other identified treatment models and tools.

## Promote organizational excellence

- Document inter agency initiatives including resources leveraged, service coordination,
- Document membership in regional collaboratives
- Document decreased utilization of emergency services as a result of effective cross sector collaboration
- Increase in the number of new community partners
- Offer training to community partners on identified culturally responsive, evidence based, promising and community defined practices
- Increase Medi-Cal funding that supports the system of care
- Decrease Medi-Cal disallowances
- Document and increase opportunities to blend funding streams to support and sustain core services



### **Provide an excellent, community-driven care environment**

- Identify and provide trainings on a regular basis for BHSOC. Topics to include, but not limited to: equity, inclusion, diversity, social determinants of behavioral health, cultural and community practices, consumer culture, recovery culture, Wellness and Recovery Plans (WRAP), access barriers, implicit bias, historical trauma, veteran and family services, and sustainable partnerships.
- Utilize recruitment practices to hire individuals and family members to help increase the workforce and expand the number of persons who are reflective of the local community, especially bilingual / bicultural individuals, and help address barriers to accessing services for culturally and linguistically diverse populations
- Data will be collected and analyzed on an ongoing basis and periodically reviewed by the BHSOC Leadership Team, management teams, Cultural Humility Committee, Quality Improvement Committee, BHSOC staff, individuals, and family members to identify opportunities to continually improve access, quality, cost-effectiveness, and service outcomes.
- Provide guidance and training on collecting consistent and reliable demographic data on individuals, services delivered, and outcomes.

### **Leverage resources**

- Conduct staff engagement surveys on an ongoing basis.
- Decrease employee turnover and absenteeism across all divisions and network of care.
- Support the delivery of person-centered, culturally responsive services which includes family and other natural supports.
- Conduct ongoing satisfaction surveys of the individuals served at the point-of-service.
- Deliver services in the least restrictive environments (e.g., homes, schools, organizational providers, senior centers, churches, and other community locations, as appropriate).



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