Fresno County: A Commitment to Improving Access to Behavioral Health Services Drives CYBHI Implementation

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This case study report focuses on Fresno County's experiences with implementing California's Children and Youth Behavioral Health Initiative (CYBHI). The CYBHI is an ambitious multi-year $4+ billion systems change initiative focused on improving the behavioral health and well-being of children, youth, and families. To actualize the initiative's values and goals, the CYBHI includes 20 distinct workstreams, each designed to help transform the behavioral health ecosystem serving children, youth, and families.

This case study starts with a description of Fresno County's demographic characteristics, behavioral health needs, and resource availability. We then discuss the behavioral health ecosystem in the county, including connections and relationships between child- and youth-serving organizations, findings related to multisector collaboration, and Fresno County's experience implementing select CYBHI workstreams as of late fall 2024.

Background and methods for the CYBHI evaluation and case study

Mathematica is evaluating the CYBHI on behalf of the California Health and Human Services Agency (CalHHS) in partnership with Health Management Associates, James Bell Associates, and the Prevention Center of Excellence at the University of California, Los Angeles. The evaluation began in November 2022 and will continue through June 2026. As part of the evaluation, the research team completed case studies of the CYBHI implementation in nine counties, including Fresno County. The purpose of the case studies is to provide information about the relationships between entities in the children and youth behavioral health ecosystem at the county level and to gain insights into local implementation of the CYBHI workstreams in the planning or active execution phase as of late fall 2024.

The research team conducted analyses of secondary data sources to capture the population and behavioral health system characteristics of Fresno County and California as a whole (see Appendix A for more details on data sources). In addition, between April and July 2024, the research team conducted the Network and Ecosystem Experiences Survey (NEES) and key informant interviews with local leaders in Fresno County. The NEES explored the connections between organizations in Fresno County to better understand how organizations work together to support children and youth behavioral health. Using results from the NEES, we conducted a social network analysis and developed a network map showing the average strength of the connections between organizations in Fresno County's behavioral health ecosystem (see Appendix B for more details on the network analysis methodology and measures).

Between summer and late fall 2024, researchers also conducted 14 interviews with individuals in Fresno County to understand the CYBHI workstream implementation and multisector collaboration. Respondents across the survey and interviews varied and included purposively selected leaders from the behavioral health department, child welfare, county office of education, community-based organizations (CBOs), early childhood organizations, juvenile probation, Medi-Cal managed care plans, and the public health department. Seven individuals participated in both the survey and an interview.

I. Summary of Findings

Behavioral health ecosystem and multisector collaboration in Fresno County

The behavioral health ecosystem in Fresno County comprises an array of agencies and organizations, multisector collaboratives, and interagency teams that support the behavioral health of children, youth, and families. The Fresno County Department of Behavioral Health (DBH), Fresno County Superintendent of Schools (FSCC), and community-based organizations (CBOs) lead the charge in providing behavioral health services to youth in community, school, and home settings. A partnership between DBH and FCSS enables FCSS's All 4 Youth staff to provide "specialty" mental health services to students with Medi-Cal who have moderate-to-severe conditions in 373 schools across the county's 32 school districts. As in other California counties, the county Mental Health Plan (MHP), administered by DBH, covers specialty mental health services when medically necessary for individuals with severe conditions, including targeted case management, outpatient psychiatric services, and inpatient psychiatric hospitalization.[1] Medi-Cal managed care plans cover "non-specialty" services, such as psychotherapy, psychiatric consultation, and medication management, for individuals with mild-to-moderate mental health conditions.

Access to behavioral health services in Fresno County is limited by gaps in the service array, sociocultural barriers, and behavioral health workforce shortages. Respondents identified a lack of school-based services for students with mild mental health needs and students with commercial insurance and insufficient access to community-based intensive services such as acute mental health care and residential treatment programs. In addition, sociocultural barriers—geography, language, distrust, and stigma around mental health help-seeking—hinder access to services in rural communities and among racial and ethnic minority populations, such as Hispanic/Latino, Black/African American, Hmong, and others. Underlying these issues are workforce shortages, particularly among psychiatrists, clinicians, and case managers, as well as the need for a more culturally competent and representative workforce. However, respondents participating in the case study reported using CYBHI workstreams to help address these gaps and improve access to services.

Child- and youth-serving agencies and organizations participating in this case study typically reported coordinating and cooperating with one another to support children and youth behavioral health. Respondents described several multisector collaboratives, interagency teams, and other initiatives that collectively support the behavioral health of children and youth of all ages and levels of need. In addition, efforts are underway to establish a data-sharing system that will improve care coordination for children, youth, and families.

County's experiences, successes, and challenges with CYBHI implementation

CYBHI workstream implementation is progressing in Fresno County, with a focus on expanding capacity to provide services, improving access to services, addressing sociocultural barriers, and retaining and expanding the behavioral health workforce. The county's office of education, FCSS, is increasing capacity and improving access to school-linked services by intentionally interconnecting the implementation of several workstreams—the Student Behavioral Health Incentive Program (SBHIP), the CYBHI Fee Schedule, the School-Linked Partnership and Capacity Grants, Scaling Evidence-Based Practices and Community-Defined Evidence Practices (Scaling EBPs and CDEPs), and Certified Wellness Coaches—to better support the behavioral health and well-being of students across the continuum of care. As part of the Transforming Together demonstration project, FCSS is partnering with the Washington Unified School District, which is piloting the CYBHI Fee Schedule and receiving a new wellness center through the SBHIP.

[1] For children and youth under 21, the MHP requirements for specialty services are less stringent than for adults, enabling children and youth with any level of impairment access to a broader array of services, such as diagnostic services, intensive care coordination, therapeutic foster care services, and short-term residential therapeutic programs. From: National Health Law Program. "An Advocate's Guide to Medi-Cal Services." 2022. https://healthlaw.org/resource/an-advocates-guide-to-medi-cal-services/.

Through the project, FCSS and the Washington Unified staff are collaborating to align resources and reallocate funds for family engagement, enhance services for students with mild mental health needs in the district, and integrate community-based resources into the continuum of services to meet the needs of students and families.

Implementation of the home- and community-based workstreams is also underway, with a focus on improving access to services for historically marginalized communities. Using Scaling EBPs and CDEPs grants, CBOs are increasing capacity to provide evidence-based behavioral health supports and services. In addition, a CBO is promoting the Never a Bother (Youth Suicide Prevention Media and Outreach Campaign) and holding monthly events with free mental health services to help normalize help-seeking, and CBOs are using Broad Behavioral Health Workforce funds to offer scholarships and student loan repayment programs to retain behavioral health providers.

Key progress with the CYBHI implementation

- **SBHIP:** Fresno County is using SBHIP funds to expand capacity for and improve access to behavioral health services, particularly in rural and remote communities. As of summer 2024, new wellness centers in seven school districts were on track to open in late fall 2024. FCSS also used funds to purchase and retrofit four vans to provide mobile mental health services in remote communities. The mobile mental health vans were slated to launch in summer 2024.
- **The CYBHI Fee Schedule:** Fresno County is using a staged approach to implementing the CYBHI Fee Schedule across the county's 58 local education agencies (LEAs), which include school districts and charter schools. FCSS is rolling out the Fee Schedule in three waves, beginning with a pilot in 11 LEAs. The Fee Schedule is anticipated to enable reimbursement of school-based services for students with mild behavioral health needs across insurance providers, helping address a current gap. FCSS is working with LEAs to determine their desired approach to providing services and processing claims, with county-level support tailored to the capacity and needs of each LEA.
- **School-Linked Partnership and Capacity Grants:** After exploring multiple options for an electronic health record (EHR) system to support CYBHI Fee Schedule claims processing, FCSS opted to expand an existing system that is used for Individualized Education Program (IEP) services for this purpose. The system is already in use across all 58 LEAs. The new framework will enable documentation and billing for services reimbursable under the Fee Schedule, expanding the system's current use for special education.
- **Scaling EBPs and CDEPs:** Child- and youth-serving agencies and organizations across Fresno County have applied for grant funding and are working to scale access to EBPs and CDEPs. FCSS has begun training staff on trauma-focused cognitive behavioral therapy (TF-CBT). In addition, several CBOs are implementing evidence-based programs and practices intended to improve resilience and life skills and normalize mental health help-seeking among Hispanic/Latino and Black/African American youth and families.
- **Never a Bother (Youth Suicide Prevention and Media Outreach Campaign):** To supplement the statewide campaign, Never a Bother uses targeted, community-based strategies to reach youth at increased risk of suicide, including Hispanic/Latino, American Indian/Alaska Native, and Black/African American youth. In Fresno County, a CBO is promoting the campaign with Black/African American Youth and hosting monthly Community Healing Day events to normalize help-seeking. During the events, mental health practitioners have a meal with community members and offer free group therapy sessions to those who are interested.

II. County Background

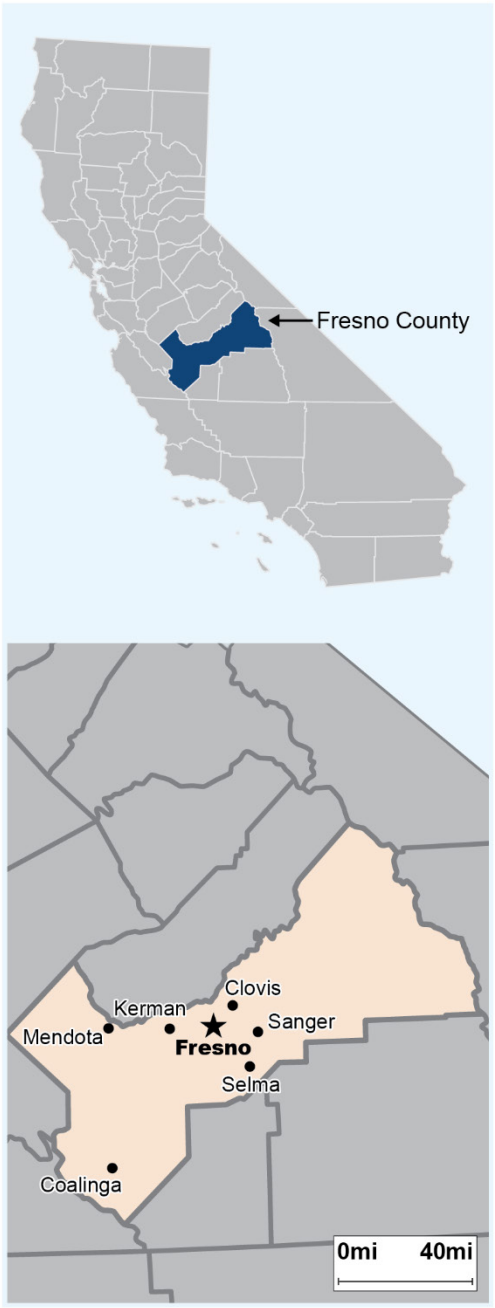
County characteristics

The County of Fresno is located in California's San Joaquin Valley (Exhibit 1). Approximately 6,000 square miles, the county is home to the fifth largest city in the state, Fresno and is the top agricultural county in California.[2,3] Diverse in topography, Fresno County comprises urban, rural, foothill, and mountain communities.[4] With 169 residents per square mile, Fresno County has a lower population density than the state (254 statewide) (Exhibit 2). Relative to the state, the population of children and youth in the county is proportionally larger, with more children ages 0 to 4 years (6.9 percent versus 5.4 percent statewide); more youth ages 5 to 19 years (23.5 percent versus 19 percent statewide); and a comparable number of young adults ages 20 to 24 years (7.2 percent versus 6.8 percent statewide). Over the past five years, Fresno County's population grew by 2.6 percent, whereas California's population as a whole declined by 1.3 percent.

Fresno County encompasses the traditional lands of the Yokuts and Mono people and is currently home to many races and ethnicities.[5] Residents are diverse in culture and speak nearly 100 languages, including Hmong, Spanish, Punjabi, Low, and Arabic.[6] Compared with the state, the Hispanic or Latino population in Fresno County is larger (55 percent versus 40.3 percent), whereas White, non-Hispanic and Asian, non-Hispanic populations are somewhat smaller. Compared to the state, residents are slightly less likely to finish high school (73.5 percent versus 78.8 percent statewide) and less likely to receive a college degree (22.0 percent versus 34.1 percent statewide).

Fresno County is ranked 50th (out of 57[7]) in the Healthy Places Index within California, indicating that residents have low access to health care, housing, education, and other characteristics that support a healthy population (Exhibit 2). County residents also face more challenging economic circumstances than residents across California. Relative to the state, a larger proportion of Fresno

Exhibit 1. Fresno County's geography



[2] U.S. Census Bureau. "Fresno County, California." 2022. https://data.census.gov/profile/Fresno_County,_California?g=050XX00US06019

[3] U.S. Department of Agriculture. "2022 Census of Agriculture County Profile: Fresno County, California." 2022. https://www.nass.usda.gov/Publications/AgCensus/2022/Online_Resources/County_Profiles/California/cp06019.pdf

[4] The County of Fresno. "Fresno County General Plan Policy Document." February 2024. https://www.fresnocountyca.gov/files/sharedassets/county/v/1/public-works-and-planning/development-services/planning-and-land-use/general-plan/fcgpr_general-plan_county_final_2024_02.pdf

[5] Fresno County Historical Society. "The people and communities of the 19th Century Central Valley – Native Americans." n.d. Accessed on October 29, 2024. https://www.valleyhistory.org/native-americans

[6] Education Data Partnership. "Fresno County." 2024. https://www.ed-data.org/county/Fresno/

[7] The Healthy Places Index does not include Alpine County and therefore ranks 57 of California's 58 counties.

County's population is below the 200 percent federal poverty line (38.0 percent versus 27.6 percent). The county also has a lower median income ($42,172 versus $52,520); a higher unemployment rate (7.1 percent versus 5.3 percent); and higher food insecurity, both overall and for those ages 0 to 18 years (19.0 percent versus 13.5 percent). Consistent with economic conditions, a larger percentage of Fresno County residents ages 0 to 25 years is covered by Medicaid (54.3 percent versus 39.3 percent statewide).

Exhibit 2. Fresno County's population characteristics

Metric	Fresno	California	Year(s)
Population			
Total population (N)	1,015,190	39,029,342	2022
Population, 0–4 years (N; %)	70,007; 6.9%	2,118,386; 5.4%	
Population, 5–19 years (N; %)	238,786; 23.5%	7,404,396; 19.0%	
Population, 20–24 years (N; %)	73,072; 7.2%	2,639,787; 6.8%	
Five-year population change (%)	2.6%	-1.3%	2017–2022
Five-year population change, 0–24 years (%)	0.3%	-5.4%	
Density (population per square mile)	169	254	2020
Race and ethnicity			
White, non-Hispanic (%)	25.9%	33.7%	2022
Black or African American, non-Hispanic (%)	4.2%	5.2%	
American Indian and Alaska Native, non-Hispanic (%)	0.5%	0.3%	
Asian, non-Hispanic (%)	10.7%	15.3%	
Native Hawaiian and other Pacific Island American, non-Hispanic (%)	0.1%	0.4%	
Some other race, non-Hispanic (%)	0.6%	0.6%	
Two or more races, non-Hispanic (%)	3.1%	4.3%	
Hispanic or Latino (%)	55.0%	40.3%	
Foreign-born, 0–24 years (%)	5.2%	7.2%	2022
English-proficient, 5–17 years (%)	94.2%	91.6%	
Education (18+ years)			
High school or higher (including college) (%)	73.5%	78.8%	2022
College degree or higher (%)	22.0%	34.1%	
Economic indicators, socioeconomic, and neighborhood characteristics			
Population within urban blocks (%)	88.7%	94.2%	2022
Population within rural blocks (%)	11.3%	5.8%	
Population below 200 percent of the federal poverty line (%)	38.0%	27.6%	
Median income (USD)	42,172	52,520	
Unemployment (%)	7.1%	5.3%	
Households with high housing cost burden (%)	40.3%	40.3%	2019
Food insecurity, overall (%)	13.6%	10.5%	2021
Food insecurity, 0–18 years (%)	19.0%	13.5%	
Healthy Places Index (rank)	50	N/A	2015–2019
Diversity Index (rank)	20	N/A	
Health status			
Population with a disability (%)	14.1%	11.7%	2022
Population with a disability, 0–17 years (%)	5.6%	4.0%	

Metric	Fresno	California	Year(s)
Health insurance status (population 0–25 years)			
Medi-Cal or other means-tested public coverage (%)	54.3%	39.3%	2022
Private coverage (%)	50.7%	60.2%	
Uninsured (%)	3.8%	4.9%	
TRICARE/military coverage (%)	1.3%	1.7%	
Medicare coverage (%)	0.8%	1.0%	

Note: Researchers conducted analyses of secondary data sources to capture population and behavioral health system characteristics of Fresno County and California as a whole, providing the most recent year available for each data source as of September 2024 (see Appendix A for more detail).

Behavioral health resource availability and need

Prevalence of behavioral health needs relative to California as a whole

The available data show that children and youth in Fresno County have similar rates of behavioral health challenges to those statewide. For example, the proportions of children and youth insured through Medi-Cal who have a mental health diagnosis or emotional symptoms (18 percent) and a substance disorder diagnosis (2 percent) are comparable to the state. The number of inpatient hospitalizations for behavioral health diagnoses per 1,000 children and youth is comparable to the state, whereas the number of emergency department visits for any behavioral health diagnosis per 1,000 children and youth is lower compared to the state (25 versus 32 statewide). In addition, similar rates of students in grades K–12 were chronically absent in Fresno County compared with statewide (both 25 percent).

The reasons why children and youth in Fresno County have similar behavioral health outcomes compared to the state, despite greater economic challenges and lower access to services, are unclear. Several possible factors may play a role. With more than half of the county's children and youth eligible for Medi-Cal, access to school-based specialty mental health services may contribute to more positive behavioral health outcomes for some students. In addition, protective factors, such as culture, community cohesion, and family support, may help reduce negative outcomes. It is also possible that some indicators do not reflect the true prevalence of behavioral health challenges. For example, sociocultural factors, such as language barriers and stigma around mental health, may limit the extent to which children and youth seek treatment, such as through emergency department visits. This phenomenon—of immigrant and particularly Hispanic populations having equal or even better health outcomes despite economic disadvantages—has been documented across multiple health outcomes in multiple settings throughout the United States, and underlying reasons for this (including those offered above) are not fully understood.[8]

Exhibit 3. Prevalence of behavioral health outcomes

Metric	Fresno	California	Year(s)
Region-level overall mental well-being for children and youth [a]			
Youth ages 12 to 17 years old who felt their family stood by them during difficult times (%)	77%	73%	2022
Youth ages 12 to 17 years old who felt at least two nonparent adults took genuine interest (%)	63%	58%	
Youth ages 12 to 17 years old who felt supported by friends (%)	77%	72%	

[8] Fernandez, José, Mónica García-Pérez, and Sandra Orozco-Aleman. 2023. "Unraveling the Hispanic Health Paradox." Journal of Economic Perspectives 37 (1): 145–68; Ruiz JM, Steffen P, Smith TB. Hispanic mortality paradox: a systematic review and meta-analysis of the longitudinal literature. Am J Public Health. 2013 Mar;103(3):e52-60.

Metric	Fresno	California	Year(s)
Behavioral health challenges			
Children and youth insured through Medi-Cal with a mental health diagnosis or emotional symptoms (%)	18%	18%	2022
Children and youth insured through Medi-Cal with a substance use disorder diagnosis (%)	2%	3%	
Rates of suicide ideation [b]			
Students in grade 9 who reported seriously considering attempting suicide in the past 12 months (%)	Not available	15%	2019–21
Students in grade 11 who reported seriously considering attempting suicide in the past 12 months (%)	Not available	16%	
Emergency department visits and hospitalizations for children and youth with behavioral health-related conditions			
Inpatient hospitalizations per 1,000 children and youth for any behavioral health diagnosis	12	12	2022
School engagement, as measured through absenteeism and suspension [b]			
Students in grades K–12 who were chronically absent (%)	25%	25%	2022–23
Students in grade 9 reporting school absences due to mental health issues (%)	Not available	9%	2019–21
Students in grade 9 reporting school absences due to alcohol or drug use (%)	Not available	1%	

Note: Researchers conducted analyses of secondary data sources to capture population and behavioral health system characteristics of Fresno County and California as a whole, providing the most recent year available for each data source as of September 2024 (see Appendix A for more details).

[a] These well-being metrics are only measured at the regional level. Fresno County is part of the San Joaquin Valley region as defined by the California Health Interview Survey. This region also includes Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare counties.

[b] County-wide averages of suicidal ideation rates and school absences are unavailable for Fresno County due to insufficient participation by schools in the California Healthy Kids Survey.

Resource availability

Fresno County has shortages of primary care and mental health professionals (Exhibit 4). There are substantially fewer child and adolescent psychiatrists per 100,000 children and youth than statewide (7 versus 17). Although the county has more non-psychiatrist behavioral health providers licensed with Medi-Cal Specialty Mental Health Services plans per 100,000 residents (48 versus 37 statewide), respondents described shortages of behavioral health case managers and clinicians, such as associate and licensed professional clinical counselors (APCCs and LPCCs) and licensed marriage and family therapists (LMFTs). Respondents explained that these shortages are typical across the San Joaquin Valley and that a statewide shortage of behavioral health providers has made it difficult to expand the provider network in Fresno County.

Spotlight on All 4 Youth

All 4 Youth is a partnership program between Fresno County DBH and FCSS to provide mental health services to children and youth ages 0 to 22 years who experience difficulties that affect them at school and at home. As contracted behavioral health providers, FCSS's All 4 Youth clinicians and case managers offer specialty mental health services to children and youth with Medi-Cal who have moderate-to-severe needs in 373 schools across the county's 32 school districts, homes, and the community. Sustained through the county's Medi-Cal Specialty Mental Health Services plan, All 4 Youth has approximately 180 staff members who have provided services to as many as 3,700 students in Fresno County at once.

The main providers of behavioral health services in Fresno County are county agencies and CBOs. The county has three school-based health programs with mental health services per 100,000 children and youth under 18, largely due to the All 4 Youth program (Exhibit 4). See "Spotlight on All 4 Youth" for more information about the program.

Exhibit 4. Availability of behavioral health care resources

Metric	Fresno	California	Year(s)
Primary care health professional shortage area designation	Full shortage	N/A	2019
Mental health professional shortage area designation	Full shortage	N/A	
Number of FQHC or FQHC look-alike sites per 100,000 children and youth 0–25 years	21	20	2024
Number of child and adolescent psychiatrists per 100,000 children <18 years	7	17	2022, 2024
Number of non-psychiatrist behavioral health providers licensed with county Medi-Cal Specialty Mental Health Services plans per 100,000 residents	48	37	2021
Number of outpatient treatment programs for young adults per 100,000 children and youth 0–24 years[a]	3	4	2021
School-based health programs with mental health services per 100,000 children and youth <18	3	4	2024

Note: Researchers conducted analyses of secondary data sources to capture population and behavioral health system characteristics of Fresno County and California as a whole, providing the most recent year available for each data source as of September 2024 (see Appendix A for more detail).

[a] The numerator for this measure is based on the number of outpatient treatment programs for *young adults*, while the denominator is inclusive of all children and youth 0–24 years because documentation suggests that many of these programs may pertain to children as well as young adults. (Manatt Health and Anton Nigusse Bland. See: *Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives, and Implications.* Report prepared for California Department of Health Care Services. January 2022. https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf).

In Fresno County, children and youth with Medi-Cal have greater access to school-based behavioral health services than students with commercial insurance. More than half of the county's children and youth are eligible for Medi-Cal (54.3 percent), enabling students with moderate-to-severe needs to access specialty mental health services in schools. Although FCSS has some contracts to provide school-based services to students with commercial insurance, respondents across sectors characterized the lack of access to services—both in schools and in the community—among children and youth with commercial insurance as a gap. When asked what contributes to this gap, respondents explained that some families cannot afford their insurance deductibles and that many clinicians in private practice only accept self-pay clients, leading to high out-of-pocket expenses that preclude families from seeing them. In addition, private practice clinicians often have wait lists, leading to lengthy delays even when families can pay for services.

Gaps in the service array limit access to school-based services for students with mild mental health needs and community-based programs for children and youth with intensive needs. At the time of the interviews, services for mild mental health needs were not available in most schools, leading to a gap in school-based access to these services. However, respondents anticipated that this would change with the implementation of the CYBHI Fee Schedule. In addition, although Fresno County added an inpatient adolescent psychiatric health facility in 2015, respondents reported that some children and youth are still sent out of the community for acute mental health services and intensive services.[9] Furthermore, access to step-down services following discharge from inpatient care is limited, leading some families to relinquish custody so their children can access short-term residential treatment programs (STRTPs) through child welfare.

[9] ABC 30 Action News. "New psychiatric health facility opens in Fresno." April 2015. https://abc30.com/central-star-youth-psychiatric-health-facility-fresno-psych-peter-zucker-kent-dunlap/634915/

Sociocultural barriers, including geography, language, and stigma around mental health help-seeking, affect access to behavioral health services and supports. According to respondents, the size and diverse topography of Fresno County limit access to behavioral health services in rural and mountain communities. Respondents noted that because of distance, outpatient services are often limited—in some areas to 1 or 2 days a week during specific hours—and that despite efforts to expand access through telehealth, some communities continue to face unresolved challenges.

> [Rural communities] are underserved, perhaps inappropriately served, because of the distance or access to health care.
>
> —CBO respondent

In addition, linguistic and cultural barriers affect access to services. An early childhood respondent reported that language barriers contribute to low rates of developmental screenings in young children, delaying access to early intervention services for behavior issues and mental health needs. Furthermore, language barriers and stigma in some cultures prevent children and youth from receiving needed services. Respondents noted that county agencies and CBOs are helping reduce these barriers. For example, All 4 Youth offers services and resources in multiple languages, including Spanish and Hmong.[10] DBH and CBOs also offer services in multiple languages, including Spanish, Hmong, Punjabi, and others.[11] Still, some respondents cited a need for a more culturally competent and representative workforce to reduce sociocultural barriers.

> Maybe the services are available…but maybe they're not delivered in a way where a family feels safe or even knows that they're eligible for a service….community health workers, home visitors and others who can do some of that system navigation support for families in their home language can be a major barrier reducer.
>
> —Early childhood respondent

> There has always been a need for practitioners, always been a need for hiring culturally appropriate individuals…the behavioral health [department] has evolved over the years in really trying to address that with bringing in different types of funding programs that would allow them to recruit a little bit more, expand their workforce a little bit more.
>
> —Public health sector respondent

County entities and CBOs in Fresno County partner with universities to help address behavioral health workforce shortages. According to respondents, county entities and CBOs experience ongoing shortages of case managers and clinicians, such as APCCs, LPCCs, and LMFTs, largely due to an inability to compete with salaries in the private sector. Although respondents expressed a desire to encourage young people to seek careers in the behavioral health field and stay in the county to practice, one noted the lack of a clear, unified pathway for high school and college students interested in entering the field. However, the behavioral health department and CBOs are addressing the shortage by partnering with local universities to train master's-level practicum students, enabling students to gain the experience needed to graduate with a goal of retaining them as employees. In addition, some CBO respondents shared ideas for increasing the workforce, such as training teaching assistants and aides as peer educators and peer counselors to help students in times of mental health crisis.

A focus on identifying and addressing gaps has enabled Fresno County to improve access to services and better meet the behavioral health needs of children, youth, and families. Overall, respondents reported that the county is doing a "good job" meeting the behavioral health needs of children and youth. Across sectors, respondents spoke positively about All 4 Youth,

> In general, I believe that the county is reaching a lot of the underserved marginalized communities, as well as the mainstream community. In the Latino community, I think they're at parity.
>
> —CBO respondent

[10] FCSS. "All 4 Youth: About All 4 Youth." n.d. https://all4youth.fcoe.org/about-us

[11] County of Fresno DBH. "Cultural Humility Survey: Take a minute to get to know more about the Behavioral Health Workforce and the People We Serve." n.d. https://www.fresnocountyca.gov/files/sharedassets/county/v/1/vision-files/files/53156-cultural-humility-survey.pdf

noting that the program has expanded access to case management and mental health services in the schools. In addition, a CBO respondent noted that the county is effectively reaching and serving historically marginalized communities, including Latino families, and a respondent from juvenile probation services reported working with the behavioral health and social services departments on an $8.5 million grant that will help address gaps, including bringing intensive foster care programs to the county.

> We've received some positive feedback for increasing our penetration rate…. We actually did a performance improvement project…. We were able to open up an adolescent inpatient program within our county limits that previously had been absent.
>
> —Behavioral health sector respondent

Respondents from several sectors credited regular needs assessments and performance improvement plans with improving their ability to identify and meet the behavioral health needs of children and youth. For example, a previous needs assessment highlighted a gap in acute mental health services for children and youth, prompting the county to add an adolescent psychiatric health facility in 2015. A behavioral health respondent credited the facility with helping increase Fresno County's mental health penetration rates over time, noting that more children and youth are now receiving services. In addition, respondents reported that the county office of education, one of the managed care plans, and the behavioral health department completed a needs assessment when planning for CYBHI implementation and used the findings to inform the CYBHI workstream implementation.

III. Systems Change, Relationships, and Multisector Collaboration Across the Behavioral Health Ecosystem

CalHHS aims to inspire systems change through the CYBHI by strengthening opportunities for partnership across sectors and building foundational elements for more coordinated efforts across the children and youth behavioral health ecosystem. When planning the CYBHI, CalHHS commissioned the Working Paper: California's Children and Youth Behavioral Health Ecosystem to gain insight into critical issues within the behavioral health ecosystem and identify ways to strengthen collective capacity and capability to transform the ecosystem, with a goal of improving the behavioral health and well-being of all California's children and youth.

To better understand the behavioral health ecosystem and how connected systems are across sectors as context for understanding the CYBHI implementation in Fresno County, Mathematica conducted the Network and Ecosystem Experiences Survey (NEES), which asked respondents from child- and youth-serving organizations about their relationships with each other. Using information from the survey, a network map was created showing connections between 13 organizations in Fresno County, as well as the average strength of those connections (Exhibit 5).

Understanding connections across the behavioral health ecosystem in Fresno County

In Fresno County, Mathematica invited 14 child- and youth-serving organizations to complete the NEES via email and received responses from 13. Invited organizations included government agencies and departments, managed care plans, and CBOs, including several organizations that serve diverse communities. We asked survey respondents, such as directors and executive directors, how their organizations currently work with other organizations in the county to support children and youth behavioral health. Respondents rated their organizations' working relationships with the other organizations invited to complete the survey on a 5-point scale: (1) co-exist, (2) cooperate, (3) coordinate, (4) collaborate, and (5) integrated.[12]

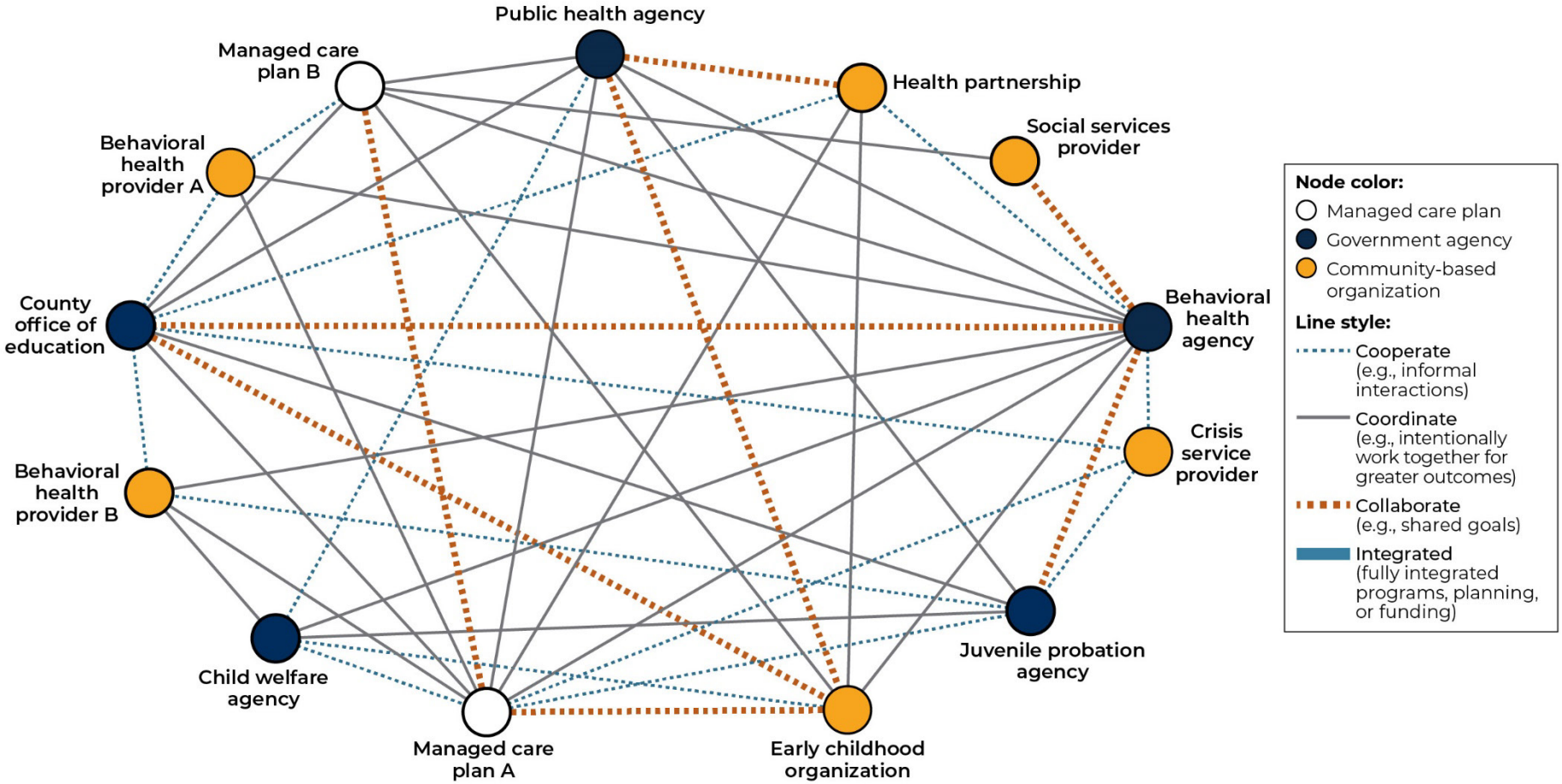
These ratings were used to conduct a network analysis and develop a network map showing the average strength of the connections between organizations that completed the survey (Exhibit 5).[13,14] A line between two organizations shows that a connection exists. No line indicates that the organizations either coexist or no connection was reported (for example, missing data). Thicker, darker lines represent stronger connections in the network. See Appendix B for more information about the network analysis methodology and measures.

[12] We did not ask interview respondents to define terms such as "collaboration" and "integration," so their use might vary from the definitions provided to survey respondents.

[13] In Fresno County, there were instances where only one organization rated a connection between two organizations. Using data where we had responses from both sides of a connection, we conducted an agreement analysis to understand whether survey respondents tended to rate the strength of their relationship in similar ways. Based on this analysis, we determined that the level of agreement did not meet our threshold to include ratings from one side of a connection in the network map. Therefore, the network map does not include connections rated by a single organization or connections with organizations that were invited to participate but did not complete the survey.

[14] The ratings of connections between organizations are subjective and reflect the perspectives of the individuals who completed the survey on behalf of their organizations at a single point in time.

Exhibit 5. Connections across the Fresno County behavioral health ecosystem



Note: Coexist = limited or no relationship between organizations (no connection); Cooperate = informal interactions on specific activities or projects; Coordinate = intentionally plan/ work together for greater outcomes; Collaborate = shared mission, goals, decision makers, or resources; Integrated = fully integrated programs, planning, or funding.

Overview of connections across the behavioral health ecosystem

In Fresno County, the behavioral health department, the county office of education, and one of the county's managed care plans are highly connected to a network of agencies and organizations that primarily coordinate and cooperate to support children and youth behavioral health. The average strength of the network in Fresno County is 2.65, indicating that agencies and organizations primarily cooperate and coordinate to support children and youth behavioral health. Most organizations (n = 8; 61.5 percent)—the five government entities, the early childhood organization, and the county's two managed care plans—have six or more connections across the network. The behavioral health department, managed care plan A, and the county office of education are the most networked organizations, with 10 to 12 connections each. The least connected organizations include five CBOs—the health partnership, social services provider, crisis service provider, and both behavioral health providers—that have two to five connections each. Slightly more than one-third of the connections between organizations (37.3 percent) have an average strength of "coordinate," indicating that the entities intentionally work together to achieve greater outcomes. Nearly one-quarter of the connections (23.7 percent) have an average strength of "cooperate," reflecting informal interactions between organizations, and 13.6 percent of connections have an average strength of "collaborate," representing organizations with shared goals and resources. In addition, one-quarter of the relationships in the network (25.4 percent) have an average strength of "coexist," reflecting a limited or no relationship between entities, which is indicated by the absence of a connection between organizations in Exhibit 5.

Perceptions of relationships and multisector collaboration across the ecosystem

Across the ecosystem, strong relationships typically reflect formal partnerships between entities, though many agencies and organizations intentionally work together to support children and youth behavioral health. In Fresno County, most government entities—the behavioral health department, county office of education, public health department, and juvenile probation services—have strong connections across the network. Among government entities, the behavioral health department has collaborative relationships with the county office of education and juvenile probation services, facilitated by partnerships on initiatives such as All 4 Youth and the county's Interagency Placement Committee. Outside of these relationships, government entities generally coordinate with each other, intentionally working across sectors to support children and youth behavioral health.[15] Some CBOs also have collaborative relationships in the network. For example, the early childhood organization has partnerships with the county office of education, the public health department, and a managed care plan. The public health department and the health partnership collaborate on the Fresno County Health, Outreach, Prevention, and Equity (HOPE) HUB, a community health worker network, and the behavioral health department contracts with the social services provider. The county's two managed care plans collaborate with each other.

CBOs tend to be less connected across the ecosystem, and many seek greater engagement with government entities and each other to address challenges related to children and youth behavioral health. Most CBOs in Fresno County have limited connections across the network, and some lack connections outside of specific partnerships. In interviews, several CBO respondents expressed a desire for greater involvement in solving issues related to children and youth behavioral health. Some respondents called for more organized efforts from government entities to share information and innovations across all CBO providers and to facilitate networking among CBOs. Respondents from both CBOs and government entities also proposed establishing formal structures—joint policies or procedures—to enhance collaboration between entities across government and non-government sectors.

[15] Although no connection was reported between child welfare and the county office of education, interview respondents reported that the two entities have worked together to improve school attendance and academic outcomes for students involved in child welfare programs.

In Fresno County, leaders across sectors come together to support the behavioral health and wellness of children and youth of all ages and levels of need as part of multisector collaboratives, interagency teams, and other initiatives. Interview respondents reported that leaders are committed to supporting children and youth behavioral health through multisector collaboration, with one noting that Fresno County has "very strong, passionate, committed leadership trying to come together to support our teams to solve complex problems." In addition, a managed care respondent described a collaborative spirit in Fresno County where leaders worked across sectors to develop a bidirectional referral form before the CYBHI and later completed a needs assessment and established memorandums of understanding for the SBHIP.

> Even prior to CYBHI implementation, Fresno was one of the counties that I felt like I saw more coordination between agencies…. They tend to be really good about communicating with each other and working together. They did a lot of work to develop and finalize a [bidirectional] referral form…. The county behavioral health department, the health plans, and CBOs worked together…. I do think there is a good spirit of collaboration in Fresno County, and I have had the same experience since working with the county office of education, the local education agencies, and county behavioral health for SBHIP.
>
> —Managed care sector respondent

Respondents also described multisector collaboratives, interagency teams, and other initiatives that collectively support the behavioral health of children and youth from early childhood to young adulthood and from prevention to intensive levels. For example, Cradle to Career works to align efforts across sectors to help children and youth from birth to age 22 meet core indicators that lead to success in school, career, and life. Help Me Grow focuses on early intervention for children from birth to age 5, and the Interagency Placement Committee and the AB 2038 Interagency Leadership Team (ILT) bring together agencies and organizations from across sectors to coordinate care for children and youth with more intensive needs. See "Spotlight on multisector collaboratives in Fresno County" for more information.

Spotlight on multisector collaboratives in Fresno County

Survey and interview respondents shared insights about multisector collaboratives in Fresno County that support children and youth behavioral health and work to create greater alignment and integration across the behavioral health ecosystem.

Cradle to Career

> I do have to compliment our local Cradle to Career Initiative Group. They have a leadership council that brings the key leaders within the school districts, within county government…the Public Health Department, the behavioral health director, the First Five director, the superintendent from Fresno Unified, the local health plans…. It's been a great little brain trust of sharing issues and figuring out solutions.
>
> —Public health sector respondent

Fresno Cradle to Career (C2C) is a key collaborative that "works to build equitable systems and inclusive economic mobility for children and families through cross-sector partnership, collaboration, and measured improvement."[16] C2C brings together government agencies, educational institutions, nonprofit organizations, community leaders, and local businesses, emphasizing relationships, trust, and shared purpose. Interview respondents credited C2C with significantly improving goal-alignment and resource-sharing conversations across sectors. On the NEES, most respondents whose organizations participate in C2C reported that C2C (1) has a shared vision and goals for aligning services and systems with the needs and desires of the people being served, (2) connects with other integrative structures in the county to coordinate efforts, and (3) involves people with lived experience and people from historically marginalized communities to understand their concerns and desires.

Most NEES respondents also reported that C2C has made moderate to extensive progress in several key areas to date: (1) enhancing trust between partner organizations and community members; (2) improving care coordination so that children, youth, and families can access the supports and services they need where they need them; (3) fostering a common understanding of the needs and priorities of children, youth, and families; and (4) fostering creative problem-solving among partner organizations.

[16] FCSS. "Cradle to Career Fresno County: Our approach." n.d. Accessed October 25, 2024 https://fresnoc2c.org/about-us

Spotlight on multisector collaboratives in Fresno County

AB 2083 Interagency Leadership Team

In Fresno County, the AB 2083 ILT is a partnership between the behavioral health department, probation department, public health department, county office of education, social services department, regional center, school districts, and tribes. In accordance with AB 2083, the ILT focuses on creating systems of care for youth in foster care who have intensive needs. Interview respondents credited the ILT with helping forge close relationships between partner organizations and keeping partners informed about services available to youth. Most NEES respondents whose organizations participate in the collaborative reported that the ILT includes diverse voices and perspectives from multiple relevant sectors and that the ILT is using several strategies to align and integrate systems: (1) developing a shared vision and goals for aligning services and systems with the needs and desires of the people being served; (2) defining transparent pathways for youth, families, and people who work with children to access and receive necessary behavioral health supports and services; and (3) developing or expanding referral systems to improve coordination of behavioral health care across partners. Key areas of progress reported by most survey respondents include (1) strengthening the capacity of organizations in the county to work together toward shared goals for children and youth behavioral health and (2) improving care coordination so children, youth, and families can access the supports and services they need where they need them.

Community Conversations, Fresno Cares, and other multisector collaboratives

Community Conversations is a local initiative established in 2011 to address issues of mental health, homelessness, and the impacts of these issues on families. The 50-member collaborative brings together community members and professionals from government agencies, hospitals, businesses, and CBOs to discuss and collectively address issues that affect the community. The collaborative also serves as a springboard for the creation of new collaboratives and workgroups, including the county's suicide prevention collaborative. After a suicide cluster in Fresno County, the Community Conversations group identified gaps in suicide prevention and formed the county's suicide prevention collaborative, Fresno Cares. Fresno Cares brings community members and professionals together to learn how to prevent suicide, identify and assess current and best practices in suicide prevention, and participate in workgroups that focus on reaching the county's diverse population through unique initiatives and outreach efforts. Other multisector collaboratives in Fresno County that support the behavioral health of children and youth include Help Me Grow, Super Wrap, Handle with Care, the Interagency Placement Committee, the Trauma Resilience Network, and Narratives for Community Healing and Equitable Systems.

Strategies needed or underway to improve multisector collaboration and transform the ecosystem

Respondents noted that aligning resources and integrating funding are necessary to streamline care for children, youth, and families; sustain programs; and reduce silos. In Fresno County, agencies and organizations face common barriers to aligning resources and integrating funding, such as restrictive funding requirements, competition for resources, and a desire among some for ownership over outcomes, resulting in the duplication of services, a lack of coordinated care, and silos.

> We, as government agencies, need to look at an issue and not think about, it's one checkbook. It's five checkbooks…. It's all of us coming together with each of us bringing our checkbook to the table with a shared goal and then aligning our investments.
>
> —Public health sector respondent

> I think an open mind, seeing the importance of it, and realizing that you can't do this work by yourself…where you want to work in your silo, and you get busy, and you don't think outside the box. But this work, if you want to do it right, it takes everybody doing it together.
>
> —Behavioral health sector respondent

Across sectors, however, respondents championed the idea of greater alignment and integration across the ecosystem, noting that it requires a change in mindsets and practices. Some respondents provided examples of how agencies and organizations are working toward this, though they called for more efforts. For example, the public health, behavioral health, social services, and juvenile probation departments previously worked together to align their navigation efforts with a goal of moving toward braided funding and reducing duplication of efforts across departments. One of the navigation efforts

they reviewed was the Mental Health Services Act (MHSA)-funded Multi-Agency Access Program (MAP), through which community members receive screenings across multiple life domains and navigation support to identify resources to help address their needs. Recently, with MHSA Prevention and Early Intervention funding for the MAP becoming limited, the four departments worked together again to sustain the screening program, resulting in a new contract that uses blended funding. Furthermore, the public health department is currently working with seven CBOs through the Fresno HOPE HUB to establish a self-sustaining community health worker network using blended and braided funding that will draw on Medi-Cal in the long term.

With funding from partners and the American Rescue Plan Act (ARPA), the public health department is spearheading the development of the Community Information Exchange (CIE), a platform for sharing data across sectors that will improve multisector collaboration and care coordination for children and youth. The public health department has led a seven-year effort to develop the CIE, a platform for sharing data that will be compliant with the Health Insurance Portability and Accountability Act (HIPAA). A key goal of the CIE is to improve care coordination for children and their families. A public health respondent reported that the idea for the CIE came out of the Cradle to Career collaborative and a desire to tell a "holistic story" of children and youth, including the providers they are seeing, the interventions they are receiving, and whether cross-sector interventions are more successful than singular approaches.

A public health respondent noted that community health workers, who collect patient-level data on social determinants of health, will be the first group to use the CIE. The CIE will enable the public health department to elevate the community's health, behavioral health, and social service needs. As of late fall 2024, the public health department has a contract with an IT vendor to build the CIE. See "Spotlight on Fresno County's Community Information Exchange" for more information about the new system.

Spotlight on Fresno County's Community Information Exchange

The CIE will serve as a backbone for data sharing to improve care coordination across county departments, agencies, hospitals, and CBOs. HIPAA allows for the sharing of protected health information with covered entities, such as contracted providers, as well as contracted business associates if they have signed off on the county's HIPAA business associate language. The CIE users will have different levels of access to information based on their status as covered or noncovered entities. Users with the appropriate level of access will be able to see the other providers serving a child or youth, enabling them to coordinate care.

The CIE will include two HIPAA-compliant frameworks: (1) suicide prevention and (2) home visitation. Under HIPAA, certain providers, such as school counselors, public health nurses, and the behavioral health department, can receive data to prevent suicide. Under the suicide prevention framework, if a child or youth present in the emergency room (ER) with suicidal ideation and the hospital uses the CIE, the CIE will send covered entities a notification about the incident with a link to view detailed information, such as discharge notes. This type of notification will enable covered entities to provide follow-up care. Noncovered entities, such as school districts, will receive a generic notification that a public health incident occurred at the ER. The suicide prevention framework is expected to launch in spring 2025. The second framework, home visitation, is still in the planning phase and will involve physical and mental health supports and services. The home visitation framework is expected to launch in 2026.

IV. CYBHI workstream implementation findings

The CYBHI is implementing 20 distinct workstreams, each designed to contribute to transforming the behavioral health ecosystem, with many intended to improve multisector collaboration. To date, the workstreams are in various stages of implementation across California counties. Below, we provide an overview of workstream activity in Fresno County, followed by descriptions of the implementation of education sector workstreams and the implementation of workstreams in home and community settings. We also discuss any barriers and facilitators mentioned by interview respondents. See Appendix C for exhibits with additional details on workstream implementation.

Overview of workstreams in Fresno County

As of September 2024, Fresno County is locally implementing 10 workstreams that involve the distribution of funding to county or community entities, including 77 grants.[17] This case study discusses the county's implementation experiences with education workstreams, including the SBHIP, School-Linked Partnership and Capacity Grants, and the CYBHI Fee Schedule, as well as plans to expand workforce capacity to support school-linked behavioral health services by employing Certified Wellness Coaches. The case study also discusses the county's experiences with the Transforming Together demonstration and select workstreams occurring in home and community settings. These include Never a Bother (Youth Suicide Prevention and Media Outreach Campaign) and four projects funded through Scaling EBPs and CDEPs, including training for All 4 Youth staff to deliver TF-CBT in school, home, and community settings.

Other active workstreams in the county include programs under the Broad Behavioral Health Workforce Capacity workstream and the Behavioral Health Continuum Infrastructure Program (BHCIP) grants. For example, Fresno County has one BHCIP Round 4 grant intended to fill in gaps in infrastructure by adding an integrated behavioral health center. In addition, there are seven active Broad Behavioral Health Workforce Capacity programs in the county, including the (1) Community-Based Organization Behavioral Health Workforce Grant Program, (2) Health Careers Exploration Program Awards, (3) Health Professional Pathways Program, (4) Peer Personnel Training and Placement Program, (5) Psychiatric Education Capacity Expansion Grants, (6) Social Work Education Capacity Expansion Grants, and (7) Substance Use Disorder Earn and Learn Grant Program.

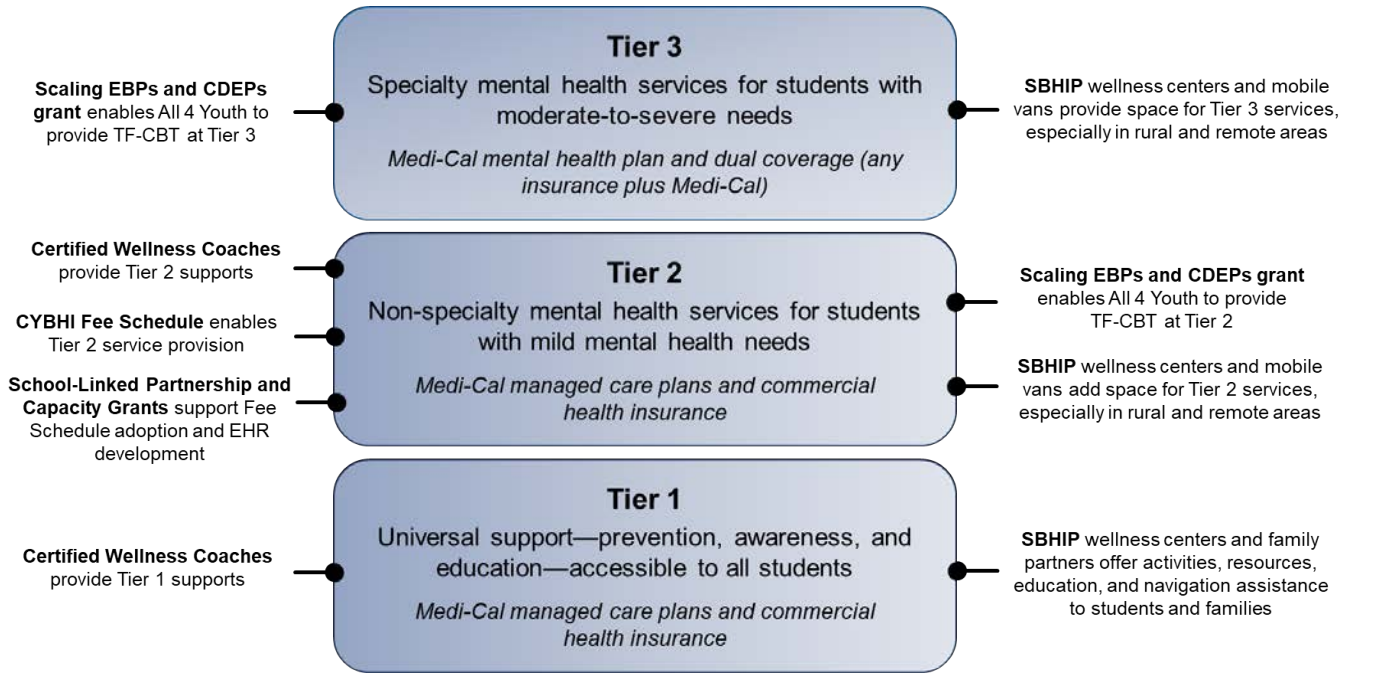
Implementation of workstreams designed to facilitate the provision of clinical care in and near schools

> [FCSS was] very thoughtful in the design of their SBHIP interventions. They built on what they had already started doing. And then when bringing in the Fee Schedule information, everything meshed together so that it all supported each other, and it all worked in conjunction with everything else that was already in place.
>
> —Managed care sector respondent

FCSS is creating interconnections between several CYBHI workstreams to increase capacity and improve access to supports and services across the continuum of behavioral health care for students and their families. Respondents described how FCSS thoughtfully designed its plans for the SBHIP, the School-Linked Partnership and Capacity Grants, the CYBHI Fee Schedule, Scaling EBPs and CDEPs, and Certified Wellness Coaches, weaving together various aspects of the workstreams to improve access to wellness supports and behavioral health services. Collectively, the workstreams will improve the ability of All 4 Youth and school-based providers to offer supports and services across the three tiers of FCSS's mental health continuum of care: (1) universal supports for all students; (2) non-specialty services for students with mild mental health needs who have Medi-Cal and commercial insurance; and (3) specialty mental health services for students with moderate-to-severe needs who have Medi-Cal (Exhibit 6).

[17] The sum of CYBHI workstreams and grants operating in this county totals all awards to entities operating CYBHI workstreams within the county as of September 2024, including awards that aim to reach multiple counties. To calculate the number of awards at the county level, we rely on publicly available award announcements or direct departmental confirmation of counties in which awardees operate or intend to use funding. As a result, select Broad Behavioral Health Workforce programs, for which this information is currently unavailable, are not reflected in these estimates.

Exhibit 6. Interconnection of workstreams across FCSS's mental health continuum of care[18]



Fresno County is using SBHIP funding to provide universal supports to students and their families, as well as to increase physical infrastructure to provide school-linked behavioral health services for students with mild and moderate-to-severe mental health needs. According to respondents, FCSS, the behavioral health department, and one of the managed care plans worked together to complete a needs assessment to plan for the SBHIP. Using findings from that needs assessment, FCSS is constructing seven new behavioral health wellness programs (hereafter, wellness centers) on mostly rural school campuses, complementing five existing wellness centers funded through the Mental Health Student Services Act. Like the current centers, the new wellness centers will include three private treatment rooms and added telehealth capabilities and will be staffed with family partners—people with lived experience—who will engage students in activities, offer resources and education, and provide navigation support to families, including access to behavioral health services.

> Before SBHIP came, we did not have a Tier 1…. We had no family partners, no parent navigators, no wellness centers. We would have to rent space or purchase buildings and pay ongoing dollars to have confidential space to do treatment. So, what happens in the summer, some of our schools close, and then our clinician has nowhere to go to provide therapy. Our wellness centers have three confidential rooms…. It also allowed us to do telehealth as well.
>
> —Education sector respondent

The SBHIP wellness centers will bring universal supports to children, youth, and families in seven school districts for the first time and add space to provide services in person and via telehealth, including when schools are not in session, thus improving continuity of care during summer months. In addition, FCSS purchased four vans that they were retrofitting to provide mobile mental health services to students and families in remote communities. The vans will offer private space for All 4 Youth staff to meet with students and families. As SBHIP funding comes to an end, FCSS will assume responsibility for wellness center repairs and maintenance and repairs for the mobile vans, while schools will support routine maintenance and utility costs for on-campus wellness centers. Interview respondents reported that SBHIP wellness centers were on track to open in late fall 2024 and that the mobile vans were slated to launch in summer 2024.

[18] Adapted from "FCSS All 4 Youth Mental Health Continuum of Care" and "FCSS All 4 Youth Levels of Care: What do I need to know?"

The CYBHI Fee Schedule, SBHIP, and the School-Linked Partnership and Capacity Grants

The **CYBHI Fee Schedule** provides a consistent and predictable funding mechanism for school-linked services by establishing a specific set of behavioral health services and rates at which Medi-Cal and commercial plans must reimburse school-linked providers. The Fee Schedule provides guidance for local education agencies (LEAs) to receive reimbursement for school-linked behavioral health services using a fee-for-service model. Specifically, it (1) defines the scope of services for outpatient mental health and substance use disorder treatment, (2) identifies applicable billing codes and rates for behavioral health services, and (3) specifies which providers may bill for behavioral health services. The Fee Schedule requires commercial and public payers to pay school-linked providers. In addition, behavioral health services provided under the Fee Schedule may not require co-payments, co-insurance, deductibles, or any other form of cost sharing. Unlike the certified public expenditure approach of the LEA Medi-Cal Billing Option Program (LEA BOP), LEAs receive reimbursement for the entire service rate, which frees up local funds for further investment in schools and prevents the administrative burden of cost settlement reconciliation.

The **SBHIP** focuses on developing a behavioral health infrastructure by helping MCPs and LEAs partner to address identified gaps in school-based behavioral health infrastructure through a set of targeted interventions. Counties and LEAs can select one to four targeted interventions from a list of 14 outlined by DHCS; depending on the interventions selected, SBHIP activities may support increasing capacity for promotion and prevention or decreasing administrative barriers to clinical care in or near schools and are intended to enhance partnerships between LEAs and MCPs.

School-Linked Partnership and Capacity Grants are one-time investments intended to enhance school-linked behavioral health services and support operational readiness for the Fee Schedule. The Santa Clara County Office of Education (COE), in partnership with the Sacramento County Office of Education, oversees fund distribution to all 58 COEs and provides training and technical assistance to help COEs successfully implement the Fee Schedule; counties and LEAs are responsible for drafting implementation plans that reflect and address locally defined infrastructure development needs. Seventy percent of the funds allocated should be used to achieve LEA operational readiness to implement the Fee Schedule. This can include work in the following four areas: Medi-Cal enrollment, service delivery infrastructure and capacity building, data collection and documentation, and billing infrastructure.

Certified Wellness Coaches (CWC) are a new behavioral health professional role established under the CYBHI for people holding associate's and bachelor's degrees. This workstream is linked to other investments in the CYBHI overall scaling and innovation of the behavioral health workforce. CWCs will primarily serve children and youth and will operate as part of a care team in a wide variety of settings, including school-linked settings. The creation and integration of this role into school-linked behavioral health provider teams is intended to help address workforce shortages and support the sustainability of the Fee Schedule by adding another reimbursable provider type.

> Our county is very large and spread out with many rural areas. They're not able to get to a lot of the services that may be provided in in the city of Fresno. All of our clinicians and case managers actually go to them. The gaps that we have identified are the mild services and students who have private insurance, which the Fee Schedule will also be fulfilling.
>
> —Education sector respondent

FCSS designed its implementation of the CYBHI Fee Schedule to build on supports offered through the School-Linked Partnership and Capacity Grants and SBHIP. As a participant in Cohort 1 of the CYBHI Fee Schedule, FCSS is using a staged approach to implementing the CYBHI Fee Schedule in three waves, beginning with a pilot in 11 LEAs, which include school districts and charter schools, followed by two additional waves across the remaining 47 LEAs. The pilot will enable FCSS to apply learnings from early implementers to later adopters, make centralized investments in processes and an EHR to support claims processing, and give Tier 2 clinicians time to build their caseloads. FCSS hopes that expanded reimbursement through the CYBHI Fee Schedule will close a gap in access to school-linked services for children and youth with mild needs across both Medi-Cal and commercial insurance, especially in rural communities. FCSS selected the 11 LEAs with wellness centers for the pilot, leveraging enhanced physical capacity and telehealth capability developed through the SBHIP.

To expand administrative and digital capacity to support claims processing under the Fee Schedule, FCSS is using School-Linked Partnership and Capacity Grants to expand an existing EHR to support billing for Tier 2 services for mild mental health conditions. After exploring options for a custom EHR, FCSS opted to use San Joaquin County Office of Education's Special Education Information System (SEIS), which is already in place in all 58 LEAs for IEP services. The new buildout will expand the SEIS's current focus on special education to enable documentation and billing for services under the CYBHI Fee Schedule. In LEAs piloting the Fee Schedule, clinicians began providing Tier 2 services in late summer 2024 and are documenting services in another system until the buildout is complete. However, FCSS anticipates being able to process claims for those services within 180 days of service provision as required under the Fee Schedule.

Recognizing varied capacities among LEAs to provide and bill for services, FCSS has offered three options under the Fee Schedule, ranging from LEAs taking full responsibility for service provision and billing to centralizing the burden of implementation by contracting with FCSS to have All 4 Youth provide services and manage billing. As of fall 2024, most of the 11 pilot LEAs opted to have FCSS's All 4 Youth staff provide and bill for services. Because All 4 Youth has limited capacity, two large LEAs plan to provide services and manage billing themselves.

In conjunction with the SBHIP and the CYBHI Fee Schedule, FCSS is using funding from its Scaling EBPs and CDEPs grants and Certified Wellness Coaches Employer Support Grant to expand its capacity to provide services across the mental health continuum of care. FCSS is using Scaling EBPs and CDEPs Round 2 funding to train school-linked providers in TF-CBT to strengthen the capacity of the All 4 Youth staff to provide expanded behavioral health services that are reimbursable under the CYBHI Fee Schedule and enhance its specialty mental health services offered through its partnership with the department of behavioral health (see Appendix C for more details). Furthermore, with the support of the Certified Wellness Coaches Employer Support Grant, FCSS plans to employ Certified Wellness Coaches, which they anticipate will facilitate service provision in 90 schools. The Certified Wellness Coaches will provide universal supports, as well as non-specialty mental health services at Tier 2 under the CYBHI Fee Schedule (Exhibit 6).

> If you've taken advantage of it and you've applied for the CYBHI, the different rounds of funding that's been provided, it allows you to fill those gaps so that you have that continuum of behavioral health care…. [It's] going to give us services in 90 more schools with a wellness coach. So, if you've looked at your plan, continually identify your gaps … and if you've taken advantage of it as a school district or an LEA, it fulfils that continuum of care.
>
> —Education sector respondent

Implementation of workstreams facilitating classroom and campus supports for behavioral health

CalHOPE funding supports students in rural communities by providing teachers with the strategies and resources needed to support wellness in their classrooms. Currently, CalHOPE is funding the integration of literacy and social and emotional learning (SEL) instruction for elementary school students. Through the grant, FCSS has purchased 3,000 books with SEL themes for first and second graders in rural school districts. A content expert will then prepare a lesson for teachers to engage children in these themes. Students can also take the books home to read with their parents or caregivers. In addition, grants to rural school sites enable teachers to create calming corners in classrooms where students can connect with their feelings and learn that it is okay to "hit the pause button in life sometimes and to recoup, refresh, and then reengage." A respondent praised the programs they have initiated as successful.

> It's an opportunity for kids to understand through literature how they're feeling, why they're feeling, and what to do about how they're feeling, and then be able to take that book home, not only increasing the opportunity for literacy in our homes and many of our rural communities, but also, secondly, connecting that to some of the bigger themes that we know we want to talk about with our kids as parents.
>
> —Education sector respondent

CalHOPE Student Support and Schools Initiative

The CalHOPE Student Support and Schools Initiative workstream focuses on providing training and support to educators to help them develop SEL environments, which build students' skills and destigmatize behavioral health concerns. By equipping educators with additional skills to bolster students' resilience, these programs increase mental health competency among some adults whom children and youth interact with most.

Implementation of the Transforming Together (T2) demonstration to integrate CYBHI workstreams and the California Community Schools Partnership Program

> I would say our goals are really looking at what our internal needs are at the county office…and then also supporting our school district on what they truly need. Instead of just being another support provider on campus, looking at their tiered system of support and truly capturing and collaborating on what's needed… and making it very purposeful and very intentional…to fill their gaps, like more parent engagement activities, more youth engagement activities.
>
> —Education sector respondent

Transforming Together is enabling FCSS to identify gaps internally and work with the Washington Unified School District to align its resources, address gaps, and enhance school-linked services. T2 is a demonstration project in Fresno County and three other California counties intended to support coordinated implementation of the CYBHI and the California Community Schools Partnership Program (see "Leveraging the intersection of schools and behavioral health: Transforming Together" box below). As of summer 2024, Transforming Together had been in place for six months in Fresno County. FCSS is partnering with the Washington Unified School District on the demonstration. Located in West Fresno, Washington Unified is a large school district that primarily serves racial and ethnic minority students. FCSS selected the district for several reasons: (1) it is part of the CYBHI Fee Schedule pilot and will be providing and billing for Tier 2 services; (2) it is receiving a new wellness center through the SBHIP; and (3) staff are interested in aligning their resources and reallocating funds to fulfill other areas of need, such as expanding parent and youth engagement activities. Through Transforming Together, FCSS will support Washington Unified staff in aligning their resources, reviewing the district's mental health continuum of care for gaps, and collaborating to identify community-based resources to help address those gaps.

At the time of the interviews, the two entities had completed extensive asset inventories, identifying gaps internal to FCSS and to Washington Unified and resources in the community surrounding Washington Unified to help fill those gaps, such as the public health programs and neighborhood resource centers. Although the project is reportedly progressing slowly due to competing demands and schedules, a respondent emphasized the group's commitment to the work, noting that they find time to meet during lunch and after hours. Eventually, FCSS would like to expand Transforming Together by bringing together an interagency team, including the behavioral health department, public health department, and school districts, for a monthly meeting focusing on the delivery of services across all tiers of the mental health continuum of care (Exhibit 6).

Leveraging the intersection of schools and behavioral health: Transforming Together

The CYBHI is one piece of California's comprehensive statewide approach to addressing the negative effects of the COVID-19 pandemic on student learning and social and emotional well-being. With the passage of the California Community Schools Partnership Program (CCSPP) in 2021, the state allocated $4.1 billion to establish and expand community schools. Community schools are designed to connect students to local services and resources that address the needs of the whole child. The California Community Schools Framework, in alignment with most traditional community school models, incorporates four evidence-informed pillars: (1) integrated support services, (2) family and community engagement, (3) collaborative leadership and practices for educators and administrators, and (4) extended learning time and opportunities. Guided by this framework, the CCSPP awards grants to support schools' efforts to partner with community agencies and local government to address students' academic, cognitive, physical, mental, and social-emotional needs.

To integrate efforts to improve students' behavioral health and well-being across the education and behavioral health sectors and maximize their impact, CalHHS and the California Department of Education have partnered on a demonstration project called Transforming Together (T2). The project, administered by the San Bernardino County Superintendent of Schools, draws upon the principles of the Ecosystem Working Paper and seeks to break down silos and build coordinated systems that center children, youth, and families. T2 is intended to identify effective, scalable tools and approaches for enabling integration across systems.

Implementation of home- and community-based workstreams

CBOs in Fresno County are implementing EBPs and CDEPs to increase protective factors, reduce risk factors, and address sociocultural barriers to accessing behavioral health care among historically marginalized communities. Three CBO respondents reported implementing or planning to implement EBPs or CDEPs to build resilience and skills and normalize mental health help-seeking among Black/African American and Hispanic/Latino youth and families. These grant projects help address the county's reported need for more culturally competent providers and services to build trust, reduce stigma, and mitigate sociocultural barriers for these populations. After initial delays in funding and contracts, two CBOs reported actively implementing programs, whereas one will begin implementation once Round 5 funds are distributed. One CBO is implementing the Nurturing Parenting Program (NPP) in an STRTP with pregnant and parenting teens, who are primarily Latino. The NPP curriculum is aimed at enhancing the teens' parenting skills to reduce the likelihood of future separation from their children. A respondent mentioned that some youth remained engaged in the program even after leaving the STRTP.

Another CBO is using grant funds to expand its Sweet Potato Project, a CDEP that aims to prevent and reduce risk factors by mentoring youth, particularly in the Black community. Through the program, youth take classes, go on twice-monthly trips to plant sweet potatoes at a farm, and travel for other activities. The Scaling EBPs and CDEPs grant has enabled the CBO to open the program to young adults ages 18 to 24. Recently, staff took youth and young adults for a two-night stay in a dormitory at Fresno State University, exposing them to the possibility of attending college. A respondent reported that the project enables staff to discuss mental health with youth and young adults in nontraditional settings, helping normalize the topic and reduce stigma around mental health help-seeking. Although interest in the project is high, the CBO could only provide support to 35 participants through the grant due to the project's high transportation costs.

As of summer 2024, a third CBO had been selected to receive Round 5 Scaling EBPs and CDEPs grant funding but had not yet received the funds. The CBO will implement the Bienestar Wellness Early Intervention Program, a strategy of the Coordinated Specialty Care First Episode of Psychosis Program. The curriculum will educate Latino families about mental health and teach them to recognize the early signs of first-episode psychosis, with a goal of normalizing and reducing stigma around mental health help-seeking and encouraging early intervention. The CBO plans to combine implementation with two other CDEPs it is implementing in the Latino community. Funds will enable the CBO to hire three new practitioners and train all practitioners on culturally competent care for Latino families.

Scaling Evidence-Based Practices and Community-Defined Evidence Practices

The **Scaling EBPs and CDEPs grant program**, administered by DHCS, distributes grants to organizations seeking to scale EBPs or CDEPs. EBPs are defined as having rigorous empirical evidence of effectiveness in improving children's and youth's behavioral health, whereas CDEPs are community-based behavioral health practices that have reached a strong level of support within specific communities. The program is distributing five rounds of grants to organizations seeking to scale EBPs or CDEPs to enhance the accessibility and quality of prevention services and clinical care offered in their communities. Many of these grant awards focus on training additional behavioral health care providers in EBPs. The five grant rounds cover (1) parent and caregiver support programs and practices, (2) trauma-informed programs and practices, (3) early childhood wraparound services, (4) youth-driven programs, and (5) early intervention programs and practices.

Never a Bother Youth Suicide Prevention Media and Campaign Outreach

Never a Bother (Youth Suicide Prevention Media and Outreach Campaign) is a multilingual marketing, education, and outreach suicide prevention campaign that includes a website, social media, content and resource creation opportunities, advertising, and partnership marketing. To complement the campaign, 33 CBOs and tribal partners received grants to help promote and implement the campaign's community-level suicide prevention strategies. CDPH's Office of Suicide Prevention launched Never a Bother in March 2024, following an 8-month planning phase that incorporated input from more than 400 youth. Throughout the year-long campaign, various activation points are being planned, such as Mental Health Awareness Month. The campaign focuses on youth populations disproportionately affected by suicide: American Indian/Alaska Native youth, Hispanic and Latino youth, and African American or Black youth, as well as intersectional groups, such as youth with mental health conditions, substance use issues, or both; youth in the foster care system; and two-spirit/LGBTQ+ youth.

CBO Behavioral Health Workforce Grant

The **Community-Based Organization (CBO) Behavioral Health Workforce Program** provides four-year grant funding to eligible CBOs to support the recruitment and retention of behavioral health personnel. The funding can be used to provide loan repayments, scholarships, and stipends for both paid and volunteer CBO behavioral health staff, in exchange for a 12-month service commitment. In March 2023, approximately $116 million was awarded to 134 CBOs across the state.

Never a Bother (Youth Suicide Prevention Media and Outreach Campaign) is helping reduce stigma and normalize seeking help among community members, including Black youth and families. A CBO in Fresno County is using grant funding provided in conjunction with the Never a Bother campaign to reduce stigma and encourage seeking help among Black youth and families through Community Healing Day events and an Art of Anger youth program. During Community Healing Days, three mental health practitioners join community members for a meal, after which each practitioner offers group therapy. Community members can select whether to participate in sessions focused on expressive art, coping skills, or identity exploration; they also have the option to receive five free individual therapy sessions. A respondent noted that through the events, practitioners saw a substantial increase in referrals for individual therapy. With the success of the community events, youth involved with the CBO have also designed their own Healing Day for fall 2024. Grant funds also support a practitioner who offers the Art of Anger program, which offers youth a safe space to express their anger. The CBO has integrated data collection into its events to help inform plans for sustainability.

CBOs in Fresno County are increasing employee morale and creating a more culturally competent behavioral health workforce through the Broad Behavioral Health Workforce Capacity workstream. During the interviews, two CBOs mentioned that grants from this workstream have enabled them to compete with higher-paying organizations and retain behavioral health clinicians. Respondents noted that it is important to retain clinicians so they can build rapport and trust with families over time, which is important for serving the county's diverse population. One CBO is offering scholarships to staff with APPCs and master's-level practicum students if they commit to staying in their positions for six months. One respondent, whose CBO places a focus on cultural competence, explained, "If I can retain my staff, it allows us to serve our community … one full-time staff can see anywhere from 20 and 25 clients a week." The CBO respondent called the program a success, noting that six staff members benefited from the grant in the first year. Another CBO is using grant funds to reduce clinicians' student loans and provide a stipend to encourage staff to stay in their positions. Respondents mentioned that the support they received to implement the grant has been helpful. They also offered ideas for how to increase the impact of the grant, such as expanding the grant to support more clinicians and allowing CBOs to award multiple scholarships to individuals to maximize support for existing staff and avoid hiring new staff simply to award all funds.

> Employee morale has gone up because they feel appreciated and they feel supported. And I think they're grateful for the extra finances…with inflation going up, it's been really hard to adjust to everything going up. And I think just having their employer care about you and invest in you and say, "Yes, you deserve this. Here you go," is a very meaningful strategy, and I appreciate all of their hard work.
>
> —CBO respondent

V. Conclusion

Fresno County is diverse in its geography, population, languages, and culture. Data indicate that children and youth in Fresno County have similar rates of behavioral health needs as children and youth statewide, despite having greater economic challenges and lower access to health and social services. While a partnership between DBH and FCSS provides specialty mental health services in 373 schools to students with Medi-Cal who have moderate-to-severe needs, there is a gap in school-based access to these services for students with commercial insurance. Other gaps exist in access to school-based services for youth with mild mental health needs and in community-based intensive programs and services, such as STRTPs, acute mental health services, and residential substance use disorder programs. Furthermore, sociocultural factors, including geography, language, and stigma around mental health help-seeking, pose barriers to service access in rural communities and among racially and ethnically diverse populations within the county. Like other counties in the San Joaquin Valley and the state, Fresno County has a shortage of behavioral health providers. In addition, respondents described a need for more culturally competent and representative providers who can build trust with and serve the county's diverse populations.

While initial implementation is still underway, our analysis—drawing from available data, early implementation findings, and interviews with leaders—indicates that Fresno County is leveraging CYBHI resources to address gaps in access to school-based behavioral health services and culturally competent and consistent care. FCSS, in particular, is thoughtfully interconnecting workstreams to expand capacity to provide school-linked services across the mental health continuum of care, including in rural communities. For example, FCSS's SBHIP-funded wellness centers and mobile mental health vans are increasing capacity to provide services reimbursable through the CYBHI Fee Schedule in rural communities. The CYBHI Fee Schedule is also expected to address a gap in access to school-based services for children with mild conditions and commercial insurance. Through Scaling EBPs and CDEPs grants, CBOs are increasing protective factors, increasing access to culturally competent services, and reducing sociocultural barriers by normalizing mental health help-seeking among Black/African American and Hispanic/Latino youth. Furthermore, Behavioral Health Workforce Grants have enabled CBOs to retain behavioral health providers, allowing them to build trust with families over time and increase access to services.

Continued efforts to strengthen multisector collaboration in Fresno County and collectively address gaps may further reduce barriers to behavioral health service access and capacity. During interviews, CBOs expressed an interest in having more engagement with government agencies to address issues related to children and youth behavioral health. Establishing a regular forum for this engagement may help strengthen relationships across sectors and enable innovative problem-solving. Respondents also described a need for child- and youth-serving agencies to better align resources; integrate funding; share data to improve care for children, youth, and families; and sustain programs. The ongoing Transforming Together demonstration presents an opportunity to identify and implement strategies to meet this need. To address provider shortages, respondents suggested that the county could benefit from a clear pathway for young people to pursue careers in behavioral health. Supports for developing that pathway and incentivizing high school and college students to pursue behavioral health careers could help grow the behavioral health workforce in Fresno County and increase its representativeness. Moving forward, investments across these areas would position the county to build on the successes achieved through CYBHI funding and other innovative efforts and further support the behavioral health of children, youth, and families.

Appendix A: Data Sources for County Population Characteristics, Prevalence of Behavioral Health Symptoms and Diagnoses, and Behavioral Health Resources

Variable	Source	Years
Population		
Total population (N)	American Community Survey at https://data.census.gov/table	2022
Population, 0–4 years (N; %)		
Population, 5–19 years (N; %)		
Population, 20–24 years (N; %)		
Five-year population growth (%)	American Community Survey at https://data.census.gov/table	2017–2022
Five-year population growth, 0–24 years (%)		
Density (population per square mile)	U.S. Census https://maps.geo.census.gov/ddmv/map.html	2020
Race and ethnicity		
White, non-Hispanic (%)	American Community Survey at https://data.census.gov/table	2022
Black or African American, non-Hispanic (%)		
American Indian and Alaska Native, non-Hispanic (%)		
Asian, non-Hispanic (%)		
Native Hawaiian and other Pacific Island American, non-Hispanic (%)		
Some other race, non-Hispanic (%)		
Two or more races, non-Hispanic (%)		
Hispanic or Latino (%)		
Birthplace and language		
Foreign-born, 0–24 years (%)	American Community Survey at https://data.census.gov/table	2022
English-proficient, 5–17 years (%)		
Education (18+ years)		
High school or higher (including college) (%)	American Community Survey at https://data.census.gov/table	2022
College degree or higher (%)		
Population within urban blocks (%)	U.S. Census at https://www2.census.gov/geo/docs/reference/ua/2020_UA_COUNTY.xlsx	2020
Population within rural blocks (%)		
Population below 200 percent of the federal poverty line (%)	American Community Survey at https://data.census.gov/table	2022
Median income (USD)		
Unemployment (%)		
Households with high housing cost burden (%)	KidsData.org analysis of the American Community Survey	2019
Food insecurity, overall (%)	Feeding America's Map the Meal Gap data at https://map.feedingamerica.org/	2021
Food insecurity, 0–18 years (%)		
Healthy Places Index (rank)	Healthy Places Index at https://map.healthyplacesindex.org/	2015–2019
Diversity Index (rank)		

Variable	Source	Years
Health status		
Population with a disability (%)	American Community Survey at https://data.census.gov/table	2022
Population with a disability, 0–17 years (%)	American Community Survey at https://data.census.gov/table	2022
Health insurance status (population 0–25 years)		
Medi-Cal or other means-tested public coverage (%)	American Community Survey at https://data.census.gov/table	2022
Private coverage (%)		
Uninsured (%)		
TRICARE/military coverage (%)		
Prevalence of behavioral health outcomes		
Children and youth insured through Medi-Cal with a mental health diagnosis or emotional symptoms (%)	Transformed Medicaid Statistical Information System Analytic Files at https://resdac.org/cms-virtual-research-data-center-vrdc and Mathematica's analysis	2022
Children and youth insured through Medi-Cal with a substance use disorder diagnosis (%)		
Youth ages 12 to 17 years old who felt their family stood by them during difficult times (%)	California Health Interview Survey (Center for Health Policy Research at the University of California, Los Angeles) and Mathematica's analyses; applied for data at https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/access-chis-data	2022
Youth ages 12 to 17 years old who felt at least two non-parent adults took genuine interest (%)		
Youth ages 12 to 17 years old who felt supported by friends (%)		
Students in grade 9 who reported seriously considering attempting suicide in the past 12 months (%)	California Healthy Kids Survey County Reports at https://calschls.org/reports-data/search-lea-reports/ and Mathematica's analysis	2019–2021
Students in grade 11 who reported seriously considering attempting suicide in the past 12 months (%)		
Students in grade 9 reporting school absences due to mental health issues (%)		
Students in grade 9 reporting school absences due to alcohol or drug use (%)		
Inpatient hospitalizations per 1,000 children and youth for behavioral health diagnosis	California Department of Health Care Access and Information; applied for data at https://datarequest.hcai.ca.gov/csm	2022
Emergency department visits per 1,000 children and youth for any behavioral health diagnosis		
Students in grades K–12 who were chronically absent (%)	California Department of Education data at https://www.cde.ca.gov/ds/ad/filesabd.asp	2022–2023

Variable	Source	Years
Behavioral health care resources		
Primary care health professional shortage area designation	Agency for Healthcare Research and Quality's Social Determinants of Health Database at https://www.ahrq.gov/sdoh/data-analytics/sdoh-data.html	2019
Mental health professional shortage area designation		
Number of child and adolescent psychiatrists per 100,000 children <18 years	American Academy of Child and Adolescent Psychiatry, U.S. Census, at https://www.aacap.org/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx	American Medical Association Masterfile 2024, U.S. Census 2022
Number of non-psychiatrist behavioral health providers licensed with county Medi-Cal Specialty Mental Health Services Plans per 100,000 residents	DHCS needs assessment at https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf	2021
Number of outpatient treatment programs for young adults per 100,000 children and youth 0–24[a]	DHCS needs assessment at https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf	2021
School-based health programs with mental health services per 100,000 children and youth <18	School-Based Health Alliance information at https://www.schoolhealthcenters.org/school-based-health/sbhcs-by-county/	2024
Number of FQHCs or FQHC look-alike sites per 100,000 children and youth 0–25	Health Resources and Services Administration FQHC and look-alike locator at https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs	2024

[a] Although the numerator for this measure is based on the number of outpatient treatment programs for *young adults*, we use a more inclusive denominator of all children and youth 0–24 years since the original data (https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf, Table E-4) suggest that many of these programs may pertain to children as well.

Appendix B: Network Analysis Methodology and Measures

This appendix describes our network analysis methodology and the measures for Fresno County.

Methodology

We invited 14 organizations in Fresno County to complete the NEES via email and received responses from 13 organizations (for a 92.9 percent response rate). Invited organizations included government agencies and departments, managed care plans, and CBOs, including several organizations that serve diverse communities. Administrators of child- and youth-serving organizations, such as directors and executive directors, rated the strength of their organizations' connections with the other organizations invited to complete the survey on a 5-point scale, ranging from (1) coexist to (5) integrated.[19,20] After using R software to conduct a network analysis based on these ratings, we then produced and developed the network map using Kumu software. We also used ratings across all organizations to represent the average strength of the whole network.

Exhibit B.1 shows the 5-point scale that survey respondents used to rate their organizations' connections with other organizations.

Exhibit B.1. Connection ratings and description

Score	Rating strength	Rating description
1	Coexist	No or limited relationship between organizations
2	Cooperate	Informal interactions on specific activities or projects
3	Coordinate	Intentionally plan/work together for greater outcomes
4	Collaborate	Shared mission, goals, decision makers, and/or resources
5	Integrated	Fully integrated programs, planning, or funding

When two organizations rated their connection with each other, we calculated the average strength of their connection for inclusion in the network map. For example, if Organization A and Organization B rate their connection with each other as "cooperate" (2) and "coordinate" (3), respectively, the average strength of the connection between the two organizations is 2.5, or "cooperate."

In Fresno County, sometimes only one organization rated a connection between two organizations. To determine whether to include these ratings in our analysis and network map, we conducted an agreement analysis using cases for which we had ratings from both sides of a connection (that is, both organizations rated the connection). This analysis showed us whether two organizations that reported a connection with each other tended to rate the strength of their relationship in a similar way. Because the 5-point rating scale is subjective, we defined agreement as two organizations providing the same rating or being one point apart. For example, if one organization rated the connection "cooperate" (2) and the other organization rated it "coordinate" (3), we considered them to be in agreement. Using this standard, we then calculated how often organizations agreed with each other about the strength of their relationships.

Across all nine counties included in the case studies, a high rate of agreement (70.0 percent or greater) suggests that respondents typically agree with each other about their connection ratings, and thus a single respondent's rating of the strength of a relationship can be used to represent the actual strength as reported by both ends of the connection. In Fresno County, the rate of agreement was 64.4 percent. Because this did not meet our threshold for a high rate of

[19] Adapted from the Tamarack Institute's Collaboration Spectrum Tool https://www.tamarackcommunity.ca/hubfs/Resources/Tools/Collaboration%20Spectrum%20Tool%20July%202017.pdf?hsLang=en-us

[20] The connections in the network map may not represent the perspectives or experiences of all organization staff.

agreement, we did not include ratings of connections in the network analysis or map when only one organization rated a relationship.[21]

Network measures

Exhibit B.2 shows the social network analysis summary statistics and descriptions for Fresno County.

Exhibit B.2. Fresno County network analysis summary statistics

Network measure	Statistic	Description
Observed network size	13	The number of organizations included in the network map. This count includes organizations that responded to the survey.
Number of observed connections	145	The total number of connections reported by organizations that completed the survey. This reflects the number of connections that were bidirectional (that is, both organizations rated their connection with each other).
Average strength of the network	2.65	The average strength rating for the network, where the denominator is the number of observed bidirectional connections.

Exhibit B.3 shows the average connection strength range, rating, and the number and percentage of connections in the network map that fell under each rating category.

Exhibit B.3. Number and percentage of connections in the network map by average strength rating

Average strength range	Rating strength	Number of connections	Percentage of connections
1.00–1.99	Coexist	15	25.4
2.00–2.99	Cooperate	14	23.7
3.00–3.99	Coordinate	22	37.3
4.00–4.99	Collaborate	8	13.6
5.00	Integrated	0	0
	Total		**100.0**

[21] As a result, the network map does not include connections with organizations that were invited to participate but did not complete the survey.

Appendix C: Details on the Implementation of Selected Workstreams

The following tables summarize key implementation findings related to select workstreams.

Workstream: Student Behavioral Health Incentive Program	
Short overview	• In Fresno County, FCSS is using the SBHIP to expand capacity for school-based mental health services across all three tiers of its mental health continuum of care. • The SBHIP is funding seven new wellness centers on school campuses in mostly rural communities, as well as four mobile mental health vans to increase access to services in remote areas of the county, to address a gap in services for rural and remote communities. – The wellness centers will include three private treatment rooms for Tier 2 and Tier 3 services, have telehealth capability, and be staffed with family partners, specifically people with lived experience who will engage students in activities and provide resources and navigation services to families. – FCSS is retrofitting the mobile vans to include private treatment space for Tier 2 and Tier 3 mental health services.
Key implementation findings	• Implementation is on schedule. The wellness centers were slated to open in late fall 2024, and the mobile mental health vans launched in summer 2024. • The wellness centers and mobile mental health vans will add 21 private treatment rooms and four private van spaces for All 4 Youth staff to provide behavioral health services, including during summer when schools are closed, improving continuity of care. • FCSS originally planned to build eight wellness centers with SBHIP funding, but it scaled back to seven because some sites required more extensive construction, such as new electrical panels and sewer systems, and due to overall rising costs for building materials and construction.
Sustainability/ what's next?	• The wellness centers will be permanent structures on school campuses, requiring only maintenance and reporting costs to sustain. Schools will absorb the costs for utility and janitorial maintenance. • FCSS will be responsible for wellness center maintenance and repairs, along with gas, maintenance, and repairs for the vans, which FCSS expects to sustain long term through reimbursement for services.

Workstream: CYBHI Fee Schedule	
Short overview	• The CYBHI Fee Schedule will address a gap in school-based service provision for students with mild mental health needs (Tier 2) by enabling reimbursement through Medi-Cal and commercial insurance for certain services, such as assessments, screening, and brief interventions. • FCSS is piloting the CYBHI Fee Schedule in mostly rural LEAs, helping close a gap in services for rural communities.
Key implementation findings	• FCSS is piloting the Fee Schedule in 11 of 58 LEAs. FCSS selected the 11 pilot LEAs to align with wellness center locations, seven of which are being funded through the SBHIP. Each wellness center has three private treatment rooms, ensuring clinicians and case managers will have space to provide services. • FCSS offered LEAs three options for service provision and claims processing under the CYBHI Fee Schedule. Under Option 1, FCSS's All 4 Youth staff provide Tier 2 services and claims processing for students with mild needs, as well as credentialing, audits, and oversight. Under Option 2, in addition to the supports included under Option 1, FCSS processes claims for the district's eligible practitioners, such as school nurses, psychologists, and counselors. Under Option 3, the LEA provides Tier 2 services, processes claims, and executes all other responsibilities under the CYBHI Fee Schedule. • Nearly all LEAs participating in the first wave of Fee Schedule implementation have opted to contract with All 4 Youth to provide and bill for services for students with mild behavioral health needs. A respondent explained that two large LEAs are implementing Option 3, noting that All 4 Youth did not have the capacity to provide services in those districts.

Workstream: CYBHI Fee Schedule	
Sustainability/ what's next?	• FCSS is rolling out the CYBHI Fee Schedule in three waves, beginning with a pilot in 11 LEAs. This will enable the LEAs in later waves to apply lessons learned from early adopters. The staged approach also provides time for FCSS to invest in and implement a centralized process and technology to support claims processing. • FCSS is piloting the CYBHI Fee Schedule in the 11 LEAs that will have wellness centers to ensure clinicians have enough space for service provision and can build their caseloads over time. As one respondent said, "You can't bill if you don't have students to serve." • FCSS is hoping to sustain service provision long term through the Fee Schedule.

Workstream: School-Linked Partnership and Capacity Grants	
Short overview	• FCSS is using 10 percent of grant funds from the School-Linked Partnership and Capacity Grants workstream to develop an EHR to support billing under the CYBHI Fee Schedule. The EHR will be implemented initially in the 11 LEAs selected for the CYBHI Fee Schedule pilot, with plans to expand it to the other 47 LEAs over time. • FCSS is distributing the remaining grant funds to LEAs based on their size, their daily attendance, and which option they selected for Fee Schedule implementation (see Workstream: CYBHI Fee Schedule section of this table). LEAs that select Options 1 and 2 will pay a portion of their grant allocation and reimbursement for services to FCSS to provide mental health services and to process claims. Districts that select Option 3 keep their full grant awards and reimbursement for claims under the Fee Schedule.
Key implementation findings	• The new EHR system will streamline billing and documentation for clinicians who provide services to students with mild needs (Tier 2). • FCSS met with several EHR vendors to explore a custom EHR for Fee Schedule claims processing, but the timeframe for the buildout was nine months. As of fall 2024, FCSS was expanding the SEIS—an existing system used across all LEAs—for this purpose. The buildout will expand the system's current special education focus by adding a framework to document and bill for Tier 2 services under the Fee Schedule.
Sustainability/ what's next	• FCSS will use a portion of the grant funds to (1) build out an existing EHR to support documentation and claims processing under the Fee Schedule and (2) support All 4 Youth staff in providing and billing for services under the Fee Schedule in some LEAs. LEAs will also use funds to increase capacity to provide services under the Fee Schedule. • Outside of grant funding, FCSS anticipates that reimbursement for services provided under the Fee Schedule will be sufficient to sustain this infrastructure.

Workstream: Scaling EBPs/CDEPs	
Short overview	• FCSS and several CBOs have received Scaling EBPs and CDEPs grants. CBOs are focusing on creating or expanding programs that will reach historically marginalized populations, specifically Black and Latino youth and families. FCSS is using its grant to train All 4 Youth staff on TF-CBT. • One CBO received a notice that it had been awarded Round 5 funding to implement a strategy of the Coordinated Specialty Care First Episode of Psychosis Program. Awards were announced in March 2023, and funding distribution was pending as of July 2024. • Spotlight on CBO programs funded through Scaling EBPs and CDEPs grants: – The Nurturing Parenting Program curriculum will help pregnant and parenting teens in STRTPs, many of whom are Latino, build parenting skills, with the goals of reducing their involvement with child welfare and preventing future separations from their children. – The Sweet Potato Project is designed to build resilience and life skills and reduce risk factors, such as substance use, gang involvement, and school dropout, among youth through mentorship to youth ages 11 to 18, particularly in Black communities. The CBO is using funds to expand the program to teens and young adults ages 18 to 24. – The Bienestar Wellness Early Intervention Program will educate Latino families on mental health and train them to identify the symptoms of early psychosis to reduce stigma. The CBO will also train practitioners to provide culturally competent services and develop long-term relationships for care with the Latino community in Fresno County.

Workstream: Scaling EBPs/CDEPs	
Key implementation findings	• At the time of the interviews, FCSS had begun the TF-CBT training. In addition, CBOs have had several implementation successes. For example, the Sweet Potato Project staff are having deep conversations with youth about mental health in informal settings, and some youth were so engaged in the Nurturing Parent Program that they returned to finish the program after they left the STRTP. • Some CBOs appreciated the flexibility of the funding, noting that they could use some funds to increase engagement by offering food and raffles. Funds also supported high-cost expenses such as transportation.
Sustainability/ what's next?	• Two respondents noted their organizations are using train-the-trainer models to sustain programming once their Scaling EBPs and CDEPs Grant funds are exhausted. – The CBO providing a parenting curriculum is implementing train-the-trainer models so its staff can continue the program after funding ends. – FCSS is also implementing a train-the-trainer model to help sustain the TF-CBT training, and clinicians plan to bill for these services through the Fee Schedule. • Other organizations reported that they would need to seek alternative sources of funding after the end of the grant period.

Workstream: Never a Bother (Youth Suicide Prevention and Media Outreach Campaign)	
Short overview	• In Fresno County, a CBO serving Black youth and their families received grant funding to promote the Never a Bother campaign and support implementation of complementary community-level programming that is responsive to the needs of the youth it serves. The CBO is using campaign funding to support the work of four practitioners, enabling them to provide free mental health services to community members and youth. • The CBO hosts monthly Community Healing Day events designed to reduce stigma and encourage Black families and youth to seek help for their mental health. At the events, community members and three mental health practitioners "have a big family table that we all eat around," with the intention of cultivating community and connection. Afterward, the practitioners provide an overview of their modalities—expressive art therapy, coping skills, and identity exploration—and offer group therapy. Community members can select which group therapy to attend and may also continue to attend group therapy monthly at the events. The practitioners also offer community members five free individual therapy sessions. • In addition, the grant is helping fund a fourth practitioner who leads the Art of Anger program, which provides a safe space for youth to express anger.
Key implementation findings	• The Community Healing Day events have been well-attended, enabling intergenerational families to participate in group therapy. Through the events, practitioners have also received many referrals for individual therapy and are providing these sessions for free. Word-of-mouth has been more successful than social media in generating awareness of the events. • Youth responded well to the Art of Anger program, which offers a safe space to express their anger. They also designed their own Healing Day in September to reduce stigma and increase help-seeking behaviors.
Sustainability/ what's next?	• The CBO is collecting data at its events to inform a concept paper describing a fundable model to sustain the Community Health Day events and practitioners' offerings.

> With the help of the grant, we've been able to increase and sustain our personnel….. We also have been able to have some support with our space. So that makes a lot of things easier when you're not stressed about how are we going to take care of overhead, or how are we going to take care of the folks who are there working and helping us build our infrastructure.
>
> —CBO respondent

Let's Progress Together.

For any questions regarding this evaluation, please email CYBHIEvaluation@mathematica-mpr.com.

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