

**Community Mental Health Services Block Grant (MHBG)
Biennial Funding Allocation
State Fiscal Years 2024-25 and 2025-26**

Fresno County

6/28/24

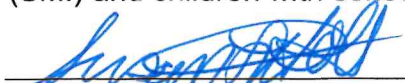
County Name	Date
<div style="border: 1px solid black; padding: 2px;">RUJLP1K3WWK9</div>	Entity Data Detail.pdf document included <input checked="" type="checkbox"/>

	SFY 2024-25	SFY 2025-26
Proposed Total Allocation	\$2,381,212	\$2,381,212
Base Allocation	\$1,962,313	\$1,962,313
Dual Diagnosis Set-Aside	\$418,899	\$418,899
First Episode Psychosis Set-Aside	\$0	\$0
Children's System of Care Set-Aside	\$0	\$0
Integrated Services Agency Set-Aside	\$0	\$0

The County requests continuation of the MHBG. These funds will be used in accordance with Public Law 102-321 (42 U.S.C., Sections 300x through 300x-13), and Public Law (PL) 106-310, and will be used as stated in the enclosed MHBG Funding Agreements with Federal Requirements on Use of Allotments, and the Certification Statements.

These estimates are the proposed total allocations for State Fiscal Year (SFY) 2024-25 and 2025-26 and are subject to change based on the level of appropriation approved in the State Budget Act of 2024 and State Budget Act of 2025. In addition, this amount is subject to adjustments for a net reimbursable amount to the county. The adjustments include, but are not limited to, Gramm-Rudmann-Hollings (Federal Deficit Reduction Act) reductions, prior year audit recoveries, federal legislative mandates applicable to categorical funding, augmentations, etc. The net amount reimbursable will be reflected in reimbursable payments as the specific dollar amounts of adjustments become known for each county.

The County will use this estimate to build the County's SFY 2024-25 and SFY 2025-26 budget for the provision of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

	06-27-24
Behavioral Health Director or Authorized Signer Signature	Date
Susan L. Holt, Director of Behavioral Health & Public Guardian	
Print Name	

Community Mental Health Services Block Grant Funding Agreements

Public Law 106-310 (Children's Health Act of 2000)

Public Law 102-321; Title II-Block Grants to States Regarding
Mental Health & Substance Abuse

Part B of Title XIX of the Public Health Service Act [42 U.S.C. 300x-1 et seq.]

The county, as recipient of grant funds, acknowledges and agrees that the county and its subcontractors shall provide services in accordance with all applicable federal and state statutes and regulations including the following:

Section 1911

Subject to Section 1916, the State/County involved will expend the grant only for the purpose of:

- (1) Carrying out the plan submitted under Section 1912(a) [State Plan for Comprehensive Community Mental Health Services] by the State for the fiscal year involved;
- (2) Evaluating programs and services carried out under the plan; and
- (3) Planning, administration, and educational activities related to providing services under the plan.

Section 1912

(c)(1) & (2) [As a funding agreement for a grant under Section 1911 of this title the Secretary establishes and disseminates definitions for the terms "adult with a serious mental illness" and "children with a serious emotional disturbance" and the State/County will utilize such methods [standardized methods, established by the Secretary] in making estimates [of the incidence and prevalence in the County of serious mental illness among adults and serious emotional disturbance among children].

Section 1913

(a)(1)(C) the County will expend for such system [of integrated services described in Section 1912(b)(3)] not less than an amount equal to the amount expended by the County for fiscal year 1994.

[A system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (which includes services provided under the Individuals with Disabilities Education Act)].

(b)(1) The County will provide services under the plan only through appropriate qualified community programs (which may include community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental health primary consumer-directed programs).

(b)(2) The State agrees that services under the plan will be provided through community mental health centers only if the centers meet the criteria specified in subsection (c).

(c)(1) With respect to mental health services, the centers provide services as follows:

- (A) Services principally to individuals residing in a defined geographic area (hereafter in the subsection referred to as a "service area").
- (B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
- (C) 24-hour-a-day emergency care services.
- (D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
- (E) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission.

(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed within the service area of the center regardless of ability to pay for such services.

(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

Section 1916

(a) The County involved will not expend the grant-

- (1) to provide inpatient services;
- (2) to make cash payments to intended recipients of health services;
- (3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- (4) to satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or
- (5) to provide financial assistance to any entity other than a public or nonprofit private entity.

(b) The County involved will not expend more than ten percent of the grant for administrative expenses with respect to the grant.

Section 1946 PROHIBITIONS REGARDING RECEIPT OF FUNDS

(a) Establishment-

- (1) Certain false statements and representation - A person shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made by a State from a grant made to the State under Section 1911 or 1921.
- (2) Concealing or failing to disclose certain events - A person with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made to a State under Section 1911 or 1921 shall not conceal or fail to disclose any such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such amount is due.

- (b) Criminal Penalty for Violation of Prohibition - Any person who violates any prohibition established in subsection (a) shall for each violation be fined in accordance with Title 18, United States Code, or imprisoned for not more than five years, or both.

Section 1947 NONDISCRIMINATION

(a) In General-

- (1) Rule of construction regarding certain civil rights laws - For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under Section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964, programs and activities funded in whole or in part with funds made available under Section 1911 or 1921 shall be considered to be programs and activities receiving federal financial assistance.
- (2) Prohibition- No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant), or on the grounds of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under Section 1911 or 1921.

(b) Enforcement-

- (1) Referrals to Attorney General after notice: Whenever the Secretary finds that a state, or an entity that has received a payment pursuant to Section 1911 or 1921, has failed to comply with a provision of law referred to in

subsection (a)(1), with subsection (a)(2), or with and applicable regulation (including one prescribed to carry out subsection (a)(2), the Secretary shall notify the Chief Executive Officer of the state and shall request the Chief Executive Officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the Chief Executive Officer fails or refuses to secure compliance, the Secretary may--

- (1)(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;
 - (1)(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendment of 1972, or Title VI of the Civil Rights Act of 1964, as may be applicable; or
 - (1)(C) take such other actions as may be authorized by law.
- (2) Authority of Attorney General - When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

Behavioral Health Director or Authorized Signer Signature

06-27-24
Date

Susan L. Holt, Director of Behavioral Health & Public Guardian

Fresno

Print Name/Title**County**

Certifications

CERTIFICATION REGARDING LOBBYING

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

SALARY CAP

The undersigned certifies that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

DRUG FREE WORK ENVIRONMENT

The undersigned certifies that reasonable efforts are made to maintain a drug-free work place in all programs supported by the Federal Block Grant funds.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND
VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS

- 1) The prospective lower tier participant certified, by submission of this proposal, that neither it nor its principals or **contracted providers** is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal/application.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offer or contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.



Behavioral Health Director or Authorized Signer Signature

Date

06-27-24

Susan L. Holt, Director of Behavioral Health & Public Guardian

Fresno

Print Name/Title

County

2024-25
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	FRESNO
Program Title:	Specialized Supplemental Board and Care Home Services
Program Contact:	Jon Rogers
Email:	jrogers@fresnocountyca.gov
Phone Number:	559-600-4647

MHBG Funding Level:	\$2,381,212.00
----------------------------	----------------

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	Age 21-24:	5	Age 65-74:	31
Age 6-17	0	Age 25-44:	108	Age 75+:	6
Age 18-20:	0	Age 45-64:	115	Age Not Available:	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Additional Comments:		

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	SFY	2024-25
COUNTY	FRESNO	Submission Date	6/28/2024

DHCS Approval (For DHCS Staff Only)

Analyst	Michelle Aulisio	Date Approval	7/29/2024
---------	------------------	---------------	-----------

Funding Source

Base Allocation	\$	1,962,313.00
Dual Diagnosis	\$	418,899.00

Program Name Specialized Supplemental Board and Care Home Services

Summary		
	Category	Amount
	Staff Expenses	\$ -
	Consultant/Contract Costs	\$ 2,164,738.20
	Equipment	\$ -
	Supplies	\$ -
	Travel	\$ -
	Other Expenses	\$ -
	Program Maximum Allowable Indirect Costs	\$ 216,473.82
	Indirect Costs	\$ -
	Program Maximum Allowable Support Administrative Direct Costs	\$ 216,473.82
	County Support Administrative Direct Costs	\$ 216,473.80
	Net Program Expenses	\$ 2,381,212.00
	Other Funding Sources: Federal	\$ -
	Other Funding Sources: Non-Federal Funds	\$ 2,618,788.00
	Total Other Funding Sources	\$ 2,618,788.00

Detailed Program Budget

	Gross Cost of Program
--	------------------------------

\$	5,000,000.00
----	--------------

I. Staffing Itemized Detail	
-----------------------------	--

[illegible]

Detailed Program Budget									
-------------------------	--	--	--	--	--	--	--	--	--

[illegible]

Detailed Program Budget									
-------------------------	--	--	--	--	--	--	--	--	--

II. Itemized Detail	
---------------------	--

[illegible]

Detailed Program Budget

		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -

--

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	FRESNO
Program Title:	Specialized Supplemental Board and Care Home Services
Program Contact:	Jon Rogers
Email:	jrogers@fresnocountyca.gov
Phone Number:	559-600-4647

MHBG Funding Level:	\$2,381,212.00
----------------------------	----------------

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	Age 21-24:	5	Age 65-74:	31
Age 6-17	0	Age 25-44:	108	Age 75+:	6
Age 18-20:	0	Age 45-64:	115	Age Not Available:	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Additional Comments:		

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	SFY	2025-26
COUNTY	FRESNO	Submission Date	6/28/2024

DHCS Approval (For DHCS Staff Only)			
Analyst	Michelle Aulisio	Date Approval	7/29/2024

Funding Source	
Base Allocation	\$ 1,962,313.00
Dual Diagnosis	\$ 418,899.00

Program Name	Specialized Supplemental Board and Care Home Services	
Summary		
	Category	Amount
	Staff Expenses	\$ -
	Consultant/Contract Costs	\$ 2,164,738.20
	Equipment	\$ -
	Supplies	\$ -
	Travel	\$ -
	Other Expenses	\$ -
	Program Maximum Allowable Indirect Costs	\$ 216,473.82
	Indirect Costs	\$ -
	Program Maximum Allowable Support Administrative Direct Costs	\$ 216,473.82
	County Support Administrative Direct Costs	\$ 216,473.80
	Net Program Expenses	\$ 2,381,212.00
	Other Funding Sources: Federal	\$ -
	Other Funding Sources: Non-Federal Funds	\$ 2,618,788.00
	Total Other Funding Sources	\$ 2,618,788.00

Detailed Program Budget

Gross Cost of Program	\$ 5,000,000.00
------------------------------	------------------------

I. Staffing Itemized Detail									
-----------------------------	--	--	--	--	--	--	--	--	--

[illegible]

Detailed Program Budget

[illegible]

Detailed Program Budget

II. Itemized Detail	
---------------------	--

[illegible]

Detailed Program Budget

		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -

Fresno County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Specialized Supplemental Board and Care Home Services

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input checked="" type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input checked="" type="checkbox"/> Both <input type="checkbox"/>
First Episode Psychosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children's System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

- A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Fresno County Department of Behavioral Health (DBH), in partnership with our diverse community, is dedicated to providing quality, culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community. Fresno County DBH has identified four primary goals, which we call our Quadruple Aim. These goals are: 1) Deliver quality services; 2) Maximize resources while focusing on efficiency; 3) Provide an excellent care experience; and 4) Promote workforce well-being. Additionally, Fresno County DBH has developed Guiding Principles of Care Delivery that define and guide the behavioral health system of care toward excellence in the provision of services where the values of wellness, resiliency and recovery are central to the development of programs, services and workforce.

Pursuant to Welfare and Institutions Code Section 5801 and the California Code of Regulations Title 22, Fresno County DBH provides placements for adults with serious mental illness (SMI) in secured, certified or licensed facilities with the appropriate level of care and services. Historically, SMI adults with Lanterman-Petris-Short (LPS) conservatorship status have been classified as hard to place. Placement have resulted in many persons served being placed at higher and secured levels of care that can include State Hospitals, Institutions of Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC) or Skilled Nursing Facilities (SNF). Many of these higher-level facilities are located outside of Fresno County. The transition from locked and/or higher-level of care institutions to less restrictive facilities as determined by DBH clinical staff, through Specialized Supplemental Board and Care Home services allows for integrative approaches in collaboration with local medical health, substance use disorder service providers, spiritual organizations, educational institutions, cultural brokers, and other mental health partners to provide an integrated care experience. Placements at appropriate service levels and collaboration of DBH with facility staff ensures persons served are progressing in treatment toward the goal of independence from LPS conservatorship status, thus restoring capacity for person's served to care for their basic needs with increased stabilization of mental health symptoms and increased wellness. Continuity of care is well established while the person served receives treatment services during placement in the local community.

Specialized Supplemental Board and Care Homes are licensed by Community Care Licensing and provide structured supportive and therapeutic housing that supports a seamless transition in preparing person's served to return to independence in the community free of institutional restrictions that are aligned with successful transitions. The range of services focus on the person's served wellness and recovery, working to facilitate returning or continuing to live in the community, and including medication management/education and self-care. Some specialized facilities possess care exemptions from Community Care Licensing (CCL), which allows them to provide services to persons served with mental health disorders and a wide variety of specialized medical and behavioral needs.

- B. Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

Placement of Conservatees at facilities licensed to provide Specialized Supplemental Board and Care Home services must be authorized by the DBH Recovery with Inspiration, Support and Empowerment (RISE) Conservatorship Team. The DBH RISE Team places conserved persons in facilities based on the need of the person. Facilities are identified by DBH according to which services they provide. Services at licensed facilities may include:

Provide three (3) meals and three (3) snacks per day (Title 22 87555)

Medication Management (assistance with taking, checking, and documentation of consumption) (Title 22 80075)

Provide enough forks, glasses, and plates for each person (Title 22 80076)

Doctor visits - transport to and return safely from doctor visits (Title 22 80075, 87465)

Clearly defined menu, for thirty (30) days for all three (3) meals, and adherence to menu (Title 22 80076)

Assistance with grooming (e.g. hair cut/trim, etc.)

Logging showers

Documentation for court - Psychiatrist notes, discharge papers, behavior notes must be returned to DBH three (3) weeks prior to court date

Maintain a staff/person served ratio as defined in CCL regs (Title 22 85065.5).

There shall be at least one person capable of and responsible for communicating with emergency personnel in the facility at all times.

Staff in milieu not just on site (staff available for care and supervision of person served)

Maintaining person served records such as progress notes and financial records (Title 22 80070)

Basic safe and healthful (clean) living accommodations and services (Title 22 87307)

Personal assistance and care as needed by the person served and as indicated in the pre-admission appraisal, with those activities of daily living such as dressing, eating, bathing, toileting, and assistance with taking prescribed medications, as specified in Section 87608, Postural Supports.

Regular observation, documentation, and reporting of the person's served physical and mental condition, as specified in Section 87466, Includes observation of the person served and change in person served status

A planned activities program which includes social and recreational activities appropriate to the interests and capabilities of the resident, as specified in Section 87219, Planned Activities

Support for ASL/non-English – provide interpreter

Support for ASL/non-English – direct communication

Enhancement of independent living skills other than care and supervision

Higher frequency medical transporting
 Mobility assistance (Ambulation, etc.) with person served cooperation
 Mitigating arsonist tendencies (redirection and risk management)
 Managing verbal aggression
 Multiple 9-1-1 calls/false reporting behavioral issues
 Advanced medical needs with hospice
 Transportation for other than medical reasons and care and supervision (e.g., visiting family, outings, etc.)
 Group – Biweekly activities/hobbies (Fun)
 Security or controlled access (in and out of facility)
 Medical supports requiring license professional (active dressing changes/wound care) – In-house
 Using AOD/toxicology screening/intervention support
 Destruction of property
 Multiple 9-1-1 calls/false reporting due to mental health symptoms
 Preventative measures of elopement (cognitive or behavioral)
 Efforts to locate an eloped person served
 Certified Service Animal/Pet Therapy
 Mitigating instigative behaviors
 Emotional support/behavioral management for person served – Documented
 Group – AA/12 Step/Rehab/SUD
 Higher staffing ratio - staffing higher than one direct care staff to three persons served
 Mobility assistance without person served cooperation all needs
 Dealing with inappropriate physical/sexual touching
 Acceptances of person served with multiple failed placements/evictions
 Advanced medical needs without hospice
 Cultural needs – Age/LGBTQIA+/Ethnicity/Language Barriers
 Specialized trainings for staff for emotional/behavioral support for SMI/AOD
 Equine Therapy
 Hygiene related to encopresis/enuresis – Grooming: Soiled clothing/bedding

Services may also include intensive support and rehabilitation to persons served as an alternative to State hospitalization or placement in other 24-hour care facilities and are aimed at helping persons served to develop skills to become self-sufficient and increase their levels of independent functioning.

Services are provided in a residential setting. Facilities are paid a daily rate dependant on the services from the list above that they provide.

- C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

Evidence Based Practices provided to conserved persons placed in Specialized Supplemental Board and Care Homes are:

Cognitive Behavioral Therapy for Psychosis (CBTp) is a treatment approach that helps persons with psychotic disorders cope with their symptoms and improve their functioning. CBTp involves learning how to understand, normalize, and accept psychotic symptoms, such as hallucinations, delusions, and negative thoughts.

Motivational Interviewing is used most frequently in individual sessions as a way to emphasize change.

Wellness Recovery Action Plan (WRAP) guides participants through the process of identifying and understanding their personal wellness resources (“wellness tools”) and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

Dialectical behavior therapy (DBT) is a modified type of cognitive behavioral therapy (CBT). Its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others

Eye Movement Desensitization and Reprocessing (EMDR) therapy is a form of psychotherapy that uses eye movements or other forms of bilateral stimulation to help persons process and release traumatic memories.

Trauma Informed therapy addresses the symptoms and behaviors resulting from trauma and empowers persons with long-term healing and resilience.

Harm reduction is an approach to treating substance-use problems that respect person's goals and choices and uses practical strategies to reduce harm.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county’s objectives from the previous SFY 2022-24 application cycle.

1. 50% of all conservatees will be in the least restrictive environment in licensed specialized supplemental board and care home levels with intensive treatment services.
2. 90% of conservatees will have monthly psychiatric appointments for progress and response to medication.
3. 75% of conservatees will maintain medication participation and adherence for six consecutive weeks.
4. 90% of local conservatees in a Specialized Supplemental Board and Care Home settings will receive in-person treatment services at least once a week.
- 5.

Progress Statement:

The following outcomes were discussed in the FY 22-23 and FY 23-24 MHBG Application. Since the submission of the FY 22-23 and 23-24 MHBG, DBH is working toward specific, measurable, achievable, relevant, and time bound goals that can be tracked, analyzed and reported which are state above. Below please find the outcomes and progress made since the last bi-annual submission:

1. Place 60% or at least 300 adults locally at Specialized Supplemental Board and Care Home facilities, allowing these persons served to remain closer to families and community that impact recovery success, while they receive services.

Outcome #1: 272 adults were placed locally at Specialized Supplemental Board and Care Home facilities.

2. Provide high intensity community/telehealth services, while at placement to support maintenance of placement and management of symptoms in preparation for a lower level of care.

Outcome #2: Eight staff on the Community Conservatorship Team have the goal of providing in-person high intensity treatment services to support maintenance of placement, symptom management, and progress toward no longer being gravely disabled at minimum 3-4 times per month. Staff consult regularly with treating psychiatrists and forensic psychologists for Grave Disability determinations. Additionally, staff monitor conserved persons regularly for Grave Disability. The Community Conservator Team staff caseload fluctuates and is approximately 25-30 conserved persons at any time and these check ins are administered as often as possible based on staffing fluctuation and individual increased person's needs.

3. Maintain an information system to track the number of special incidents, that include crisis for conserved adults served at the specialized supplemental board and care home program level.

Outcome #3: Of the 272 adults placed at Specialized Supplemental Board and Care Home facilities, approximately 6% were hospitalized and 1% received inpatient crisis stabilization services at least once after placement. This is tracked through incident reports and movement notices.

4. Continue to monitor co-occurring issues of substance use and track through the diagnosis reports, via Avatar.

Outcome #4: An estimated 80% of all adults placed at Specialized Supplemental Board and Care Home facilities show a co-occurring disorder of substance use.

- E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

DBH works to support cultural traditions and social practices for each person served and acknowledges the impact that this may have on each person's ability to socially regulate and express themselves with their mental health. Each person's served treatment is guided by the culture the person identifies with. Staff research, consult and collaborate with various partners, including cultural brokers, to support this value and as a resource in the recovery process. DBH clinicians embrace the idea that culture and mind are inseparable and are trained to provide psychosocial assessments from a developmental, social and cognitive perspective that include cultural differences that may go beyond traditional theoretical approaches.

Specialized Supplemental Board and Care Home program staff recognize and accept persons' served cultural and ethnic differences. Staff encourage observations of culturally appropriate holidays, events, and traditions, in accordance with the cultural identity, history or preferences of persons served. This may include, but not be limited to, offering activities, foods, and decorations appropriate to the person served. Contracted Specialized Supplemental Board and Care Home facilities ensure all persons served have equal access to quality care by adopting the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards.

DBH has convened a Diversity, Equity and Inclusion (DEI) Committee which meets monthly. Participation from community-based substance use and mental health providers is essential to the efforts of this committee. The focus of the DEIC is to reduce or eliminate disparities by improving access to culturally and linguistically sensitive behavioral health services. DBH makes annual trainings available to providers to build upon their culturally responsive skills.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use

MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

<input checked="" type="checkbox"/> Adults and Older Adults With SMI	<input type="checkbox"/> Children With SED
<input type="checkbox"/> Other Description:	

Describe how this program is targeting individuals in marginalized communities.

The target population are adults and older adults diagnosed with SMI, who are stepping down from out of county locked 24-hour supervised IMD/MHRC facilities or stepped down from inpatient facilities to a less restricted and supervised environment, LPS conserved adults and older adults, or adults and older adults recently released but identified as high-risk for receding to LPS Conservatorship. A LPS conserved adult is identified as unable to provide a plan for self-care including meals, clothing, and shelter due to their behavioral health symptoms. The population includes person served with a dual diagnosis. This funding is not used for inpatient facilities.

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☒ Yes ☐ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
----------------	-------------------------------	------------------------------	---------------------

Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
N/A	N/A	N/A	N/A

Please provide any additional information regarding county staffing below:

County staff are not funded with MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the “program is fully implemented.”

The program is fully implemented. Specialized Supplemental Board and Care Home services have been provided by contracted facilities since 2008. Current Fresno County Agreement No. 22-230 was executed effective July 1, 2022 as a master agreement. Throughout the contract term additional contractors have been and continually are added as determined appropriate to provide this level of care. The current list of contractors include:

- AK's Home of Blessing and Joy, Inc.
- AK's Home of Care, LLC
- Anjaleoni Enterprise dba Leonie House
- ASC Treatment Group dba Anne Sippi Clinic (Bakersfield and Los Angeles)
- Benevolent Residential Care Service dba Dailey's Haven
- BK House of Grace, LLC
- Bonavente Home for the Elderly II
- The Chimes Home
- Garden Manor, Inc.
- Goldridge Home, LLC
- Donald Haskins dba Haskins Residential Care
- Jan-Roy Place of Fresno (2 locations)

Marian Homes, Inc. (2 locations)
Mark A Gisler dba Ruby's Valley Care Home
Modesto Residential Living Center
Providian Residential Care Services, Inc. dba Fillmore Christian Gardens
Royal Board and Care for the Elderly
Sierra Meadows Senior Care, Inc. dba River Bluffs Memory Care
Sunshine Board and Care II
Valley Comfort Home, Inc.

Contractors may modify their daily service rate annually with approval of the DBH Director, as long as the modification does not result in changes to the contract maximum compensation. Additionally, contractors may add new services to serve higher need populations which will be monitored annually.

- I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Annually DBH will complete a site review of all facilities to ensure that identified services from the list above in the Program Description per facility are occurring. The environment and ambience of each home will be conducive to a safe, comfortable and healing place for community integration, per the integration mandate. Any needed documentation to illustrate compliance will be collected, such as meal menus, medication logs, appropriate thermostat settings, comfortable seating in the milieu, a designated eating area, access to personal property and a place for physical activity indoors or outdoors.etc.

All incidents compromising the health and safety of persons served that occur in the facility will be reported to the appropriate reporting agency including DBH, CCL, APS, California State Board of Pharmacy, the Medical Board of California or other reporting agencies within 24 hours of the occurrence. Additionally any issues that arise that are brought to the Community or the RISE Conservatorship Team will be communicated to CCL for review or investigation.

Frequency of data collection and analysis:

Annually

Type of data collection and analysis:

Mental health service review, review of incidents, reporting to CCL, review of frequency of intensive community based services.

Identification of problems or barriers encountered for ongoing programs:

Problems or barriers are identified by the Community and RISE Team Case Managers and Deputy Conservators are brought to the attention of the Medical Director, Supervising Clinical Supervisor, County Counsel or the Contracts Analyst.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

The corrective action process includes each home required to cooperate and respond to the open investigation of the identified agency. A written plan to correct, the execution and/or plan to do so and by what date.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

DBH does not have an established corrective action process timeline as these facilities do not provide Specialty Mental Health Services. Any issue discovered is handled immediately as issues are affecting conserved persons. Any issues identified, DBH will notify the licensing entity to report. CCL has their own timelines they follow for investigations.

Does the corrective action plan timeline meet timely access standards?

This is not for Speciality Mental Health Services. Corrective Action is required immediately for facilities providing services to LPS conserved adults.

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

LPS conservatees that are appropriate for an unlocked setting with a high structure are provided a place to live and receive mental health care, with consistent and collaborative care between Specialized Supplemental Board and Care Home owners/staff, the treating practitioner, the deputy conservator and a psychiatrist.

Home and community-based services and peer support services:

The wellness of each person is supported with intensive community-based treatment services that are appropriate to the needs of the person served and in a setting that benefits the person with consideration to cultural preferences and supports. The milieu is integrated with all residents and a sense of community is encouraged and supported through group activities. A collaborative and strength-based approach to support increasing independence, stability and management of symptoms, and to make use of food, clothing and shelter with wellness is maintained with the Community Conservatorship treatment team. Services may include, but are not limited to:

- Rehabilitation services that include psychoeducation, skills building, symptom management, arts, talk circles and community updates
- Psychotherapy services
- Case management for linkage to services, resources, and benefits
- Medication management and services with psychiatrist
- Psychiatric evaluations to determine ongoing need for LPS status
- Community based intensive services
- Fiduciary services to manage finances, income, and benefits
- Personal property management
- Support to engage, receive, or practice in cultural traditions or faith-based activities
- Peer facilitated storytelling
- Peer facilitated chair and walking exercise activity

Employment services:

DBH is contracted with Dream Catchers program. This program provides persons served with the opportunity to be employed with accommodations for mental and physical capacity, in addition to mental health needs.

Transition from hospitals to community settings:

Adult persons served with SMI are transitioned from locked and/or higher-level of care institutions to less restrictive facilities as determined by Fresno County clinical staff.

Once hospital staff deem the person "medically" or "psychiatrically cleared," the Deputy Conservator approves of the placement upon confirmation of person's readiness for placement in the community by consulting with mental health/medical treating team at the hospital and the assigned treating community provider. Planning and coordination of the transition is completed prior to a move date. Conservatees may arrive with at least two weeks of medication with a scheduled appointment to meet with their assigned psychiatrist within ten days. The assigned clinical treating provider meets with the conservatee in their new home environment to discuss plans, goals and adjustments to the new living conditions. Weekly in-person contacts are made by clinical treating provider to support the maintenance and stability of placement in the least restrictive environment.

[illegible]

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Community Mental Health Services Block Grant (MHBG)

Biennial Application Instructions

State Fiscal Years (SFY) 2024-25 and 2025-26

Application Deadline: Applications must be received electronically by the California Department of Health Care Services, Federal Grants Branch, at MHBG@dhcs.ca.gov, no later than 5:00 pm on Friday, June 28, 2024.

Table of Contents

INTRODUCTION 3

 History & Background 3

PROGRAM INFORMATION 3

 Target Population..... 3

 Definitions 4

 Marijuana Restriction 6

APPLICATION REQUIREMENTS 7

 General Guidelines 7

 Submission Instructions 7

COUNTY APPLICATION CONTENT 8

 County Information..... 8

 Unique Entity Data Detail..... 8

MHBG INSTRUCTIONS

INTRODUCTION

History & Background

The MHBG was established in 1981 and administered by The Substance Abuse and Mental Health Services Administration (SAMHSA) under the funding of the Center for Mental Health Services (CMHS) as one of the largest, federally noncompetitive formula grants dedicated to mental health services. Under President Reagan's Administration, as part of the "New Federalism" initiative, states and territories were encouraged to establish or expand innovative community-based programs and services of care for providing Title XIX mental health services to children with Serious Emotional Disturbances (SED) and adults with Serious Mental Illness (SMI). Authorized by Part B, Subparts I and III of Title XIX of the Public Health Service (PHS) Act, the California State Department of Health Care Services (DHCS) serves as the liaison in the allocation of funds. At the same time, Mental Health Partners and their contracted providers deliver a broad array of treatment and support services supported by the block grant that must comply with implementation regulations.

PROGRAM INFORMATION

Target Population

The MHBG program targets the following populations and service areas:

Adults with a Serious Mental Illness (SMI):

- o Pursuant to Section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321, "adults with a serious mental illness" are persons: (1) age 18 and over and (2) who currently meet or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g., most recent editions of Diagnostic and Statistical Manual (DSM), International Classification of Diseases (ICD), etc.), and (3) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person's role or functioning in family, school, employment, relationships, or community activities.

Children & Adolescents with Serious Emotional Disturbances (SED):

- o Pursuant to Section 1911(c) of the Public Health Service Act, "children with a serious emotional disturbance" are (1) from birth up to age 18 and (2) who meet or at any time during the past year have met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g., most recent editions of DSM, ICD, etc.), and (3) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person's role or functioning in family, school, employment, relationships, or community activities.

Early Serious Mental Illness (ESMI):

- o An early serious mental illness or ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5 (APA, 2013). For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk of not achieving the expected level of interpersonal, academic, or occupational functioning. This definition is not intended to include conditions that are attributable to the physiologic effects of a substance use disorder, are attributable to an intellectual/developmental disorder, or are attributable to another medical condition. The term ESMI is intended for the initial period of onset.

Definitions

The following are California's definitions as they pertain to the MHBG and data collection. Uniformity of definitions by all MHBG programs is essential in developing and reporting consistent information on services and programs. The MHBG program is subject to U.S. Department of Health and Human Services (HHS) Uniform Administrative Requirements, Cost Principles, and Audit Requirements found in 45 CFR Part 75.

MHBG funds are allocated to counties to provide program funding for specific areas of need under five categories called "Set-Asides." These set-asides include allowable and recommended funding activities, as outlined below:

- o Base Allocation
- o Dual Diagnosis Set-Aside
- o First Episode Psychosis Set-Aside
- o Children's System of Care Set-Aside
- o Integrated Services Agency Set-Aside

Set-Aside

Set-aside specifically refers to the practice of reserving a certain portion of funds for a particular purpose or program. Set-Asides ensure that a portion of funds are earmarked for specific programs/projects and must fall within the specified set-aside requirement. Set-aside can also be portions of base allocation funds that are set-aside to fulfill a specific funding requirement.

Base Allocation

A portion of the overall allocation that is set aside for a specific purpose or expense that is allowable, necessary, and reasonable for the performance of the program. Base allocation funds can be used as other set-aside funds, but additional set-aside funds **cannot** be used as base allocation funds.

Dual Diagnosis Set-Aside

States may use MHBG funds available for treatment under Public Law 102-321 (42 U.S.C., Sections 300x through 300x-13) to treat persons and provide screening and diagnosis for children, transitional age youth, and adults meeting the Federal definition of SMI or SED and who also have a diagnosis of:

- Substance abuse problem
- Treatment planning
- Assertive case management
- Individual or group psychotherapy
- Supported employment and education services
- Family education and support
- Antipsychotic agents and medication management
- Primary care coordination
- Peer support
- Outreach with co-occurring substance abuse and mental disorders

Counties are encouraged to provide services or work toward providing services as long as funds available under such sections are used for the purposes they were authorized by law and can be tracked for accounting purposes.

First Episode Psychosis (FEP) Set-Aside

SAMHSA is directed by Congress through its FY 2016 Omnibus bill, Public Law 114-113, to require that states set aside 10 percent of their MHBG allocation to support evidence-based programs (EBP) that provide treatment for those with SMI and FEP. The law specifically requires the 10% set-aside to fund only those EBPs that target FEP. FEP refers to a condition that makes it difficult for an individual to differentiate between what is real and what is not. When people experience psychosis, their thoughts and perceptions are disrupted. They may perceive things that others do not or hold strong beliefs about things that are not true. Although psychosis can be experienced at any age, symptoms most commonly begin between the ages of 16 and 30. FEP is generally regarded as the early period (up to five years) after the onset of psychotic symptoms. In many cases, first episode psychosis impacts young people just at the time when they are preparing for and establishing autonomy as adults.

Psychosis is a condition that disrupts a person's thoughts and perceptions and makes it difficult for an individual to differentiate between what is real and what is not.

Symptoms of psychosis may include:

- Delusions (false beliefs);
- Hallucinations (seeing or hearing things that others do not see or hear);
- Incoherent speech;
- Memory problems;
- Trouble thinking clearly or concentrating;
- Disturbed thoughts or perceptions;
- Difficulty understanding what is real;
- Poor executive functioning (the ability to use information to make decisions);
- Behavior that is inappropriate for the situation

Counties are encouraged to provide services or work toward providing services, consistent with the Coordinated Specialty Care (CSC) model, a team-based program providing an array of evidence-based interventions for recent onset/first episode psychosis.

DHCS requires counties to report, within the FEP Budget Narrative and Enclosure 8, the total number of individual FEP programs (by site location) within the county regardless of funding source, as well as the number of individual FEP programs (by site location) funded by the SFY 2024-25 and 2025-26 MHBG Award.

Integrated Services Agency Set-Aside

The integrated services agency (ISA) provides an adult with SMI or a co-occurring disorder access to a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner. These services can include psychosocial, rehabilitation, and recovery-oriented services. ISA ultimately strives to provide mental health services to enhance the quality of life by empowering individuals to take charge of their own lives by promoting self-care and independence.

Children's System of Care Set-Aside

The United States Code, Section 300x-2, requires states to spend at least the amount it spent in 1994 on systems of integrated services to promote the coordination of the often-fragmented systems that serve children and youth diagnosed with a serious emotional disturbance and their families.

The system of care approach offers a pathway to better outcomes for children who have serious mental health conditions, including improved functioning at home, at school, and in the community. These improvements are based on the philosophy that services should be:

- Family-driven;
- Based on service plans that are individualized, strengths-based, and evidence-informed;
- Youth guided; culturally and linguistically competent;
- Provided in the least restrictive environment possible;
- Community-based;
- Accessible; and
- Collaborative and coordinated through an interagency network.

Marijuana Restriction

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the Drug Enforcement Administration (DEA) and under a Food and Drug Administration-approved investigational new drug application where the article being.

APPLICATION REQUIREMENTS

General Guidelines

Prior to the implementation and delivery of services, an application package is required to be submitted and approved by DHCS. To enable DHCS to comply with Federal requirements, it is imperative that information submitted from counties be submitted in accordance with the specified guidelines.

Incomplete applications or those that are resubmissions of applications from prior years will be returned to the county for revision and resubmission. This could delay funding. You may use the information contained in your last application when appropriate, but the new application must conform to the instructions below and contain current information and data.

Applications will be approved when all items in the application have been received and determined to meet the requirements. Should either budget introduce additional constraints upon the MHBG program, it may be necessary to require program changes, budget changes, or both.

Submission Instructions

The MHBG County Application packages must be submitted electronically. Please submit program budgets in Excel format and the corresponding narrative(s) in Word, utilizing the provided template, to MHBG@dhcs.ca.gov no later than the close of business on **June 28, 2024**.

All documents requiring signatures, including the Funding Allocation, Funding Agreements, and Certifications, must be electronically signed and submitted no later than **June 28, 2024**, to MHBG@dhcs.ca.gov.

Note: All documents must remain in their original format and should NOT be combined into one file. Late submissions may delay funding.

The MHBG Application must address all programs funded by the MHBG. The MHBG County Application package (Enclosures and Forms) will be sent by email in a zip file.

Upon submittal, the electronic MHBG County Application must include the following:

- Enclosure 1 – MHBG Funding Allocation worksheet
- Enclosure 4 – Federal Assurances- Non-Construction
- Enclosure 5 – Signed Certification
- Enclosure 6, 7, 8 – MHBG Program Data Sheet
- MHBG Federal Grant Detailed Program Budget
- MHBG First Episode Psychosis (FEP) Program Data Sheet
- Program Narrative – Complete one for each proposed program

COUNTY APPLICATION CONTENT

County Information

- 1) Enclosure 1: Signed Funding Allocation – To be signed by the Behavioral Health Director or Authorized Signer. This document must be scanned and submitted electronically.
- 2) Enclosure 2: Application Instructions – Provides comprehensive information regarding application submission instructions, key definitions, and deadlines.
- 3) Enclosure 3: Accounting and Special Program Guidelines – Details the submission of a quarterly and year-end cost report that will be completed, and records maintained in a manner consistent with the associated regulations, laws, guidelines, and policies.
- 4) Enclosure 4: Funding Agreements – To be signed by the Behavioral Health Director or Authorized Signer. This document must be scanned and submitted electronically.
- 5) Enclosure 5: Signed Certifications – To be signed by the Behavioral Health Director or Authorized Signer. This document must be scanned and submitted electronically.
- 6) Enclosure 6: MHBG Program Data Sheet – Please complete one per program, and it must indicate any transformational services provided.
- 7) Enclosure 7: MHBG Federal Grant Detailed Program Budget – Please complete one per program. If your county has more than one MHBG-funded program, submit the budgets in one Excel workbook.
- 8) Enclosure 8: MHBG First Episode Psychosis (FEP) Program Data Sheet – Report the actual numbers served and the description of the evidence-based practice(s) implemented in the program.
- 9) Program Narrative Template – Complete one Program Narrative for each proposed program. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered.
- 10) Program Narrative Example – Serves as a reference on how to complete the Program Narrative Template.

Unique Entity Data Detail

On April 4, 2022, the unique entity identifier used across the federal government changed from the DUNS Number to the Unique Entity ID (UEI). The UEI is a 12-character alphanumeric ID assigned to an entity that is registered and active by the System for Award Management (SAM.gov). Please note that counties applying for MHBG funding are required to provide their SAM UEI created on SAM.gov to DHCS.

The County **must** ensure the downloadable “Entity Data Detail.pdf” form obtained from the **SAM.gov** website is included with all other required application documents.

Applications will not be reviewed until a valid and current "Entity Data Detail.pdf" has been received from the County. Counties may complete the entity validation process on the SAM.gov website to renew or update entity information.

Please email MHBG@dhcs.ca.gov if your county requires additional assistance in downloading the "Entity Data Detail.pdf."



COUNTY OF FRESNO

Unique Entity ID RUJLP1K3WWK9	CAGE / NCAGE 7JJ15	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Mar 1, 2025	
Physical Address 4417 E Inyo ST Bldg 333 Fresno, California 93702-2977 United States	Mailing Address 1925 E Dakota AVE Fresno, California 93726-4821 United States	

Business Information

Doing Business as DEPARTMENT OF BEHAVIORAL HEALTH	Division Name Behavioral Health	Division Number (blank)
Congressional District California 21	State / Country of Incorporation (blank) / (blank)	URL https://www.co.fresno.ca.us/departments/behavioral-health

Registration Dates

Activation Date Mar 5, 2024	Submission Date Mar 1, 2024	Initial Registration Date Jan 13, 2016
---------------------------------------	---------------------------------------	--

Entity Dates

Entity Start Date Apr 19, 1856	Fiscal Year End Close Date Jun 30
--	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

No

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Not Selected

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Not Selected**Exclusion Summary**

Active Exclusions Records?

No**SAM Search Authorization**

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes**Entity Types****Business Types**

Entity Structure

U.S. Government Entity

Entity Type

US Local Government

Organization Factors

(blank)

Profit Structure

(blank)**Socio-Economic Types**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types**U.S. Local Government****County****Financial Information**

Accepts Credit Card Payments

Yes

Debt Subject To Offset

No

EFT Indicator

0000

CAGE Code

7JJ15**Electronic Funds Transfer**

Account Type

Checking

Routing Number

*******82**

Lock Box Number

(blank)

Financial Institution

BMO BANK NA

Account Number

*******70****Automated Clearing House**

Phone (U.S.)

5596003487

Email

(blank)

Phone (non-U.S.)

(blank)

Fax

(blank)**Remittance Address****Fresno County Behavioral Health****1925 E Dakota AVE****Fresno, California 93726****United States****Taxpayer Information**

EIN

*******0512**

Type of Tax

Applicable Federal Tax

Taxpayer Name

COUNTY OF FRESNO

Tax Year (Most Recent Tax Year)

2020

Name/Title of Individual Executing Consent

Behavioral Health Business Manager

TIN Consent Date

Mar 1, 2024

Address

P.O. Box 1247**Fresno, California 93715**

Signature

SEAN PATTERSON**Points of Contact**

Accounts Receivable POC

👤
Sean Patterson, Behavioral Health Division
Manager
spatterson@fresnocountyca.gov
5596004601

Electronic Business

👤 Sean Patterson spatterson@fresnocountyca.gov 5596004601	1925 E Dakota AVE Fresno, California 93726 United States
---	---

Government Business

👤 Sean Patterson, Behavioral Health Division Manager spatterson@fresnocountyca.gov 5596004601	1925 E Dakota AVE Fresno, California 93726 United States
---	---

Service Classifications**NAICS Codes**

Primary	NAICS Codes	NAICS Title
Yes	621420	Outpatient Mental Health And Substance Abuse Centers
	621330	Offices Of Mental Health Practitioners (Except Physicians)
	623220	Residential Mental Health And Substance Abuse Facilities
	624190	Other Individual And Family Services
	921190	Other General Government Support

Size Metrics**IGT Size Metrics**

Annual Revenue (from all IGTs)
(blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
\$335,295,532.00	756

Location

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
(blank)	(blank)

Industry-Specific

Barrels Capacity (blank)	Megawatt Hours (blank)	Total Assets (blank)
------------------------------------	----------------------------------	--------------------------------

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

Disaster Response

This entity does not appear in the disaster response registry.

Entity Workspace Results

1 Total Results

COUNTY OF FRESNO

Unique Entity ID: RUJLP1K3WWK9

CAGE/NCAGE: 7JJ15

Entity Status: Active Registration

Doing Business As: DEPARTMENT OF
BEHAVIORAL HEALTH

Physical Address:
4417 E INYO ST BLDG 333
FRESNO , CA
93702-2977 USA

Expiration Date:
Mar 01, 2025

Purpose of Registration:
All Awards

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) COUNTY
COMMUNITY MENTAL HEALTH BLOCK GRANT (MHBG) RENEWAL APPLICATION
FY 2024-25 and 2025-26

FOR ACCOUNTING USE ONLY:

Fund/Subclass: 0001/10000
ORG No.: 5630
Account No.: 4380