Substance Abuse Prevention and Treatment Block Grant (SABG)
Biennial Funding Allocation & Application Instructions
State Fiscal Years 2022-23 and 2023-24

Fresno — County Name

04/11/2022 — Date

RUJLP1K3WWK9

☒ Entity Data Detail.pdf document included

*See Unique Entity Identifier Update below for new SAM requirement.

	SFY 2022-23	SFY 2023-24
Proposed Total Allocation	$ 4,772,405	$ 4,772,405
Discretionary	$ 2,929,096	$ 2,929,096
5% HIV EIS Allowance	$ 238,620	$ 238,620
Prevention Set-Aside	$ 1,189,351	$ 1,189,351
Friday Night Live/Club Live	$ 45,000	$ 45,000
Perinatal	$ 240,889	$ 240,889
Adolescent/Youth	$ 368,069	$ 368,069

The County requests SABG funding pursuant to the terms and conditions of this application and its associated instructions, enclosures, and attachments. These funds will be subject to all applicable administrative requirements, cost principles, and audit requirements that govern federal monies associated with the SABG set forth in the Uniform Guidance 2 Code of Federal Regulations (CFR) Part 200, as codified by the U.S. Department of Health and Human Services in 45 CFR Part 75.

These estimates are the proposed total allocations for State Fiscal Years (SFY) 2022-23 and 2023-24 and are subject to change based on the level of appropriation approved in the State Budget Act of 2022 and State Budget Act of 2023. In addition, this amount is subject to adjustments for a net reimbursable amount to the County. These adjustments include, but are not limited to, Federal Deficit Reduction Act reductions, prior year audit recoveries, 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 2022-23 and SFY 2023-24 budget for the provision of alcohol and drug services.

Susan M Holt

Authorized Signature

05-10-2022

Date

Susan Holt, Director

Printed Name and Title

The SABG County Application must include the following:

1. **Signed Enclosure 1**
2. **Detailed Budget**

   Please complete one per program in the Excel County Workbook template provided. Examples of programs include the base SABG Discretionary allocation, the Primary Prevention Set-Aside, the Adolescent and Youth Treatment Program, the Perinatal Set-Aside, Friday Night Live/Club Live, and any other SABG-funded programs or initiatives administered by the County.

3. **Program Narrative**

   Each Detailed Budget must have a corresponding Program Narrative—please ensure the document and program titles of the Budget and the Narrative correspond (see DHCS Narrative Template).

   The Primary Prevention Set-Aside Budget and Narrative components of the Biennial 2022-2024 SABG County Application involve additional requirements. See Prevention Set-Aside Appendix for further instruction.

   All other Program Narratives shall be *no longer than 10 pages* and must span the entire application period from July 1, 2022 through June 30, 2024. Each Program Narrative must identify and specify the activities to occur within each SFY (2022-23 and 2023-24) of the biennial period, and counties should not submit separate Program Narratives for each SFY.

   Each Program Narrative must include the following sections lettered and in the same order as below in bold:

   a) **Statement of Purpose:** reflects the principles on which the program is being implemented and the purpose or goals of the program.

   b) **Measurable Outcome Objectives:** includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

   c) **Program Description:** specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

   d) **Cultural Competency:** describe how the program is providing culturally appropriate and responsive services in the county; also report on advances made to promote and sustain a culturally competent system.

   e) **Target Population and Service Areas:** specifies the populations or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and

intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

f) **Staffing:** SABG positions must be listed in this section and must match the submitted budgets.

g) **Implementation Plan:** specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

h) **Program Evaluation Plan:** for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Completed SABG County Application packages must be submitted electronically in their entirety. Please submit program budgets in Excel format, and the corresponding narrative(s) in Word to SABG@dhcs.ca.gov no later than close of business on **May 11, 2022.**

Requests to revise approved SABG County Applications must be submitted to SABG@dhcs.ca.gov. Implementation of any changes is contingent upon approval by DHCS.

Unique Entity Identifier (UEI) Update

The System for Award Management (SAM) website (SAM.gov) generated UEI will become the new official identifier on April 4, 2022, at which point the Federal government will stop using the DUNS number to uniquely identify entities.

More information regarding this transition can be found online at:

https://sam.gov/content/duns-uei

SAM UEI Number

Please note that counties applying for SABG funding are required to provide their SAM UEI created on SAM.gov to DHCS. Guidance can be found online at: https://sam.gov/content/duns-uei

Your County's SAM UEI number must also be registered and active in the SAM.gov website, and updated annually. Guidance can be found online at: https://sam.gov/content/duns-uei

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. Please check the box on top of page one to verify "Entity Data Detail.pdf" is included with required application documents.

Please reach out to our team via email at SABG@dhcs.ca.gov if your county requires additional assistance in downloading the "Entity Data Detail.pdf."

Attachment 1
CERTIFICATION REGARDING LOBBYING

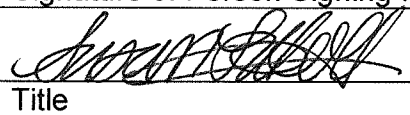
The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, 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 of the United States Government, 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, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" 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 subcontractors, subgrants, and contracts under grants and cooperative agreements) of $100,000 or more, 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 a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., 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.

Name of Contractor	Printed Name of Person Signing for Contractor
County of Fresno	Susan Holt
Contract / Grant Number	Signature of Person Signing for Contractor
SABG	
Date	Title
5/11/2022	Director of Behavioral Health

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Prevention and Treatment Block Grant (SABG)
Discretionary - Non-Drug Medi-Cal Adult Outpatient Treatment
Fiscal Years 2022-23 and 2023-24

A. Statement of Purpose

The Fresno County Department of Behavioral Health (DBH) contracts with community-based substance use disorder (SUD) treatment providers that are Drug Medi-Cal (DMC) certified to provide SUD treatment services in outpatient and intensive outpatient settings, including peer support services, recovery services, medication assisted treatment and care coordination to adults. Approximately 18% of the services provided in Fresno County do not qualify for DMC funding and are provided to persons who have a demonstrated inability to afford the costs of such treatment out-of-pocket. DBH ensures that all community members, regardless of DMC eligibility or income, are afforded access to the services necessary.

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. To this end, contracted SUD outpatient treatment providers are expected to follow the Guiding Principles of Care Delivery by making timely, quality services available to persons in need that treat and support the needs of the whole person.

B. Measurable Outcome Objectives

The goal of SUD outpatient treatment is to improve overall client health and engagement/retention through timely access to treatment in a manner that is culturally competent. Fresno County DBH monitors data collected through access forms, billing input, client admissions, and customer surveys. Providers are required to utilize the access form in DBH's Avatar system to record the disposition of an initial contact with a person. Timeliness measures for first offered appointment mirror those of the DMC-ODS.

FY 2021-22 Outpatient Outcomes:

I. Admissions:
   a. 259 non-DMC outpatient treatment admissions
   b. Increase of 43.89% over the prior period.

II. Average length of treatment:
   a. 67 days compared to 96 days in the prior year

III. Timeliness to first appointment:
   a. Goal – 70% of all clients are admitted within 10 days
   b. Outcome – Not available*
   c. Average days to admission from initial contact – Not available*

* Fresno County is in the process of implementing a new data dashboard so this data is not currently available.

IV. Treatment Perception Survey:

a. Access (availability of services) – 93.98% satisfaction with service availability
b. Quality of care –95.74% satisfied
c. Care Coordination –89.70% satisfied with coordination with physical and mental health services
d. Outcome of care –83.88% satisfied with the results they are getting from the treatment services

FY 2022-23 Outpatient Objectives (Goals):

I. Admissions:

a. 5% increase over the prior year

II. Average length of treatment:

a. 60 days

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

IV. Treatment Perception Survey:

a. Access (availability of services) – 90% satisfaction with service availability
b. Quality of care – 90% satisfied
c. Care Coordination – 75% satisfied with coordination with physical and mental health services
d. Outcome of care – 75% satisfied with the results they are getting from the treatment services.

FY 2023-24 Outpatient Objectives (Goals):

I. Admissions:

a. 5% increase over the prior year

II. Average length of treatment:

a. 60 days

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

IV. Treatment Perception Survey:

a. Access (availability of services) – 90% satisfaction with service availability
b. Quality of care – 90% satisfied
c. Care Coordination – 75% satisfied with coordination with physical and mental health services
d. Outcome of care – 75% satisfied with the results they are getting from the treatment services.

C. Program Description

Fresno County DBH contracts with community-based SUD treatment providers for adult outpatient services which are funded through the Substance Abuse Prevention and Treatment Block Grant (SABG) and are provided to Fresno County male and female residents who meet medical necessity for American Society for Addiction Medicine (ASAM) levels 1.0 outpatient and 2.1 intensive outpatient and/or are determined to need medication assisted treatment (MAT). Persons served through the non-DMC contract cannot be DMC eligible or have other means, such as private insurance, to pay treatment costs. These services are designed to assist substance abusing individuals with:

- Identifying and accepting their substance abuse/dependence;
- Understanding the dynamics of the addictive process and the consequences of the process on themselves, their family, and their ability to function in society;
- Leading a productive, self-sufficient, alcohol and drug-free lifestyle.

Services must be performed within the applicable regulations and standards, including but not limited to CCR Title 22, CCR Title 9, all other Department of Health Care Services (DHCS) notices, and the Fresno County Provider Manual and SUD Bulletins.

Fresno County makes these services available through a "no wrong door" approach. Persons served can access treatment by calling the County's 24/7 Access Line, walking into any county access point such as Urgent Care Wellness Center, a Multi-Agency Access Point (MAAP), Assessment Center, or be referred by Probation or the Drug Court based on a screening. Persons served can also directly contact any of our contracted SUD providers in person or by telephone. Services are provided based on the results of an ASAM-based assessment. Services can include outpatient level 1.0 or intensive outpatient level 2.1. Care coordination, peer support services, medication assisted treatment (MAT) and recovery services are provided as necessary and the amount and length of outpatient treatment services are individualized and prescribed based upon the client's severity.

Services are available in all geographic areas of the county through the use of clinic-based sites, field-based services and through telephone and telehealth. Fresno County DBH periodically reaches out to its tribal communities in an effort to expand access to services to our American Indian population. Additionally, Fresno County DBH has worked to expand access to telehealth services by reaching out to providers not currently contracted with Fresno County and by providing telehealth technical assistance and support to our existing providers.

Providers of SUD outpatient services must maintain a daily census of all participants served, and all statistical information required by Fresno County, including but not limited to date participant entered into treatment, date of discharge, and a monthly wait list if applicable. Providers must submit all information and data required by the State and County, including but not limited to

ASAM level of care, CalOMS Treatment submissions, DATAR, monthly operating expenses, annual cost reports and other program operational reports.

General Requirements for All Programs

- Current DMC certification
- Utilize recognized evidence-based practices and curriculum, and outcome-informed treatment methods.
- Demonstrate an ability to work in cooperation with other agencies to provide linkages to individual and family supportive services.
- Able to be flexible in meeting unique participant needs by including equal access to those with disabilities, gender-specific services, and culturally sensitive services that adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).
- Staff shall meet all requirements for certification for individuals providing counseling services in alcohol and other drug (AOD) recovery and treatment programs per the California Code of Regulations (CCR), Title 9, Division 4, Chapter 8.
- Professional staff must be licensed, registered or certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.
- Provide interim SUD services until an individual is admitted into a treatment program. Interim services must be documented in client chart as part of the clinical record.
- Document at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 for Substance-Related and Addictive Disorders with the exception of Tobacco-Related and Non-Substance-Related Disorders.
- Use ASAM Criteria to screen each person for medical necessity

D. Cultural Competency

County-contracted substance use disorder treatment providers ensure all clients have equal access to quality care by adopting the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards. Each year contracted providers submit an updated CLAS plan describing the actions they've taken to meet the 15 CLAS standards.

DBH has convened a Diversity, Equity and Inclusion (DEI) Committee which meets monthly. Participation from community-based SUD 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. The DBH makes annual trainings available to providers to build upon their culturally responsive skills.

E. Target Population/Service Areas

The target population includes adult residents of Fresno County who are ages 18 – 64 and meet the criteria for medical necessity and have at least one diagnosis from the Diagnostic and Statistical Manual (DSM) 5 for a SUD, with the exception of Tobacco-related disorders or be

assessed to be at risk for developing a SUD (young adults under 21). Services are available throughout the county via office-based, field-based, telephone or telehealth modes. Outpatient SUD treatment programs do not typically encounter waitlists of clients seeking services. However, in the event that a waitlist did occur clients would be prioritized in the following order: pregnant women, women with children, intravenous drug users, and all other populations.

F. Staffing

Providers are required to employ a sufficient level of staff to perform all clinical and administrative functions to meet the service demands and compliance and oversight requirements for their agency.

Professional staff must be licensed, registered or certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.

Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. Non-professional staff shall be supervised by professional and/or administrative staff.

Professional and non-professional staff are expected to have appropriate experience and any necessary training at the time of hiring. Providers are required to comply with the DBH Key Staffing Standards which are available in the SUD Provider Manual.

All staff providing direct services to clients must attend required trainings annually. Trainings must be documented on annual staff training plans and training certificates must be made available upon request by DBH. DBH provides an Annual Provider Training Plan template for providers to track each staff member's annual trainings. The Training Plan is kept in the personnel files and reviewed during the annual site monitoring visit.

G. Implementation Plan

This program is fully implemented. Non-DMC adult Outpatient SUD treatment services have been available in Fresno County since 1989. The current Master Agreement, effective July 1, 2022, replaces Master Agreement #18-691 which has been in place since January 1, 2019 and includes seven (7) treatment providers which are: Central California Recovery, Delta Care, Fresno New Connections, Kings View, Mental Health Systems, Promesa Behavioral Services, and WestCare California.

H. Program Evaluation Plan

The DBH Managed Care Division performs site monitoring visits at least once annually. The designated site monitoring team will select a sampling of client charts from billing reports. Charts are reviewed for proper documentation of services provided, relevance of services to client needs and goals, allowability of services billed, cleanliness and welcoming environment of facility, staffing in terms of levels, experience and training/licensure. Additionally, the DBH Contracts Division conducts a desk review annually to ensure provider is meeting all contractual obligations and standards, including maintaining proper certifications, licenses, insurance, staffing, and meeting timely reporting requirements.

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Prevention and Treatment Block Grant (SABG)
Discretionary – Non-DMC Adult Residential Treatment and Room and Board
Fiscal Years 2022-23 and 2023-24

A. Statement of Purpose

The Fresno County Department of Behavioral Health (DBH) contracts with community-based substance use disorder (SUD) treatment providers that are Drug Medi-Cal (DMC) certified to provide SUD treatment services in residential settings which include residential Levels of Care 3.1, 3.3 and 3.5 and withdrawal management 3.2. Because Drug Medi-Cal does not provide funding for the cost of room and board for residential treatment, Fresno County has opted to allocate SABG discretionary funds to cover these costs. Approximately 93% of the residential services provided in Fresno County are to DMC eligible persons and 7% are to uninsured or underinsured persons. Therefore, the County will also use the SABG discretionary funds to cover the cost of treatment for the residential services provided to uninsured and underinsured persons. DBH ensures that all community members, regardless of DMC eligibility or income, are afforded access to the services necessary to promote wellness.

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. To this end, contracted SUD residential treatment providers are expected to follow the Guiding Principles of Care Delivery by making timely, quality services available to persons in need that treat and support the needs of the whole person.

B. Measurable Outcome Objectives

The goal of SUD residential treatment is to improve overall client health and engagement/retention through timely access to treatment in a manner that is culturally competent. By funding treatment and the room and board costs of residential treatment for persons served, Fresno County aims to improve client engagement by removing the costs of treatment as a barrier to needed care. Fresno County DBH monitors data collected through access forms, billing input, client admissions, and customer surveys. Providers are required to utilize the access form in DBH's Avatar system to record the disposition of an initial contact with a person. Timeliness measures for first offered appointment mirror those of the DMC-ODS.

FY 2021-22 Residential Outcomes:

I. Admissions:
   a. 1018 treatment admissions
   b. Increase of 28.70% over the prior period.

II. Average length of treatment:
   a. 32 days compared to 39 days in the prior year

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Outcome – Not available*
c. Average days to admission from initial contact – Not available*

* Fresno County is in the process of implementing a new data dashboard so this data is not currently available.

IV. Treatment Perception Survey:

a. Access (availability of services) – 89.30% satisfaction with service availability
b. Quality of Care – 90.37% satisfied
c. Care Coordination – 88.77% satisfied with coordination with physical and mental health services
d. Outcome of Care – 87.13% satisfied with the results they are getting from the treatment services

FY 2022-23 Objectives (Goals):

I. Admissions:

a. 5% increase over the prior year

II. Average length of treatment:

a. 30 days

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

IV. Treatment Perception Survey:

a. Access (availability of services) – 90% satisfaction with service availability
b. Quality of care – 90% satisfied
c. Care Coordination – 75% satisfied with coordination with physical and mental health services
d. Outcome of care – 75% satisfied with the results they are getting from the treatment services

FY 2023-24 Objectives (Goals):

I. Admissions:

a. 5% increase over the prior year

II. Average length of treatment:

a. 30 days

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

IV. Treatment Perception Survey:

a. Access (availability of services) – 90% satisfaction with service availability
b. Quality of care – 90% satisfied
c. Care Coordination – 75% satisfied with coordination with physical and mental health services

d. Outcome of care – 75% satisfied with the results they are getting from the treatment services

C. Program Description

Fresno County DBH contracts with community-based SUD treatment providers for adult residential treatment and residential room and board services which are funded through Drug Medi-Cal, SABG and BH Realignment. Both the residential treatment and residential room and board costs of these services are funded through the Substance Abuse Prevention and Treatment Block Grant (SABG) discretionary funds. These services are provided to Fresno County male and female adult residents who meet medical necessity for American Society for Addiction Medicine (ASAM) residential levels 3.1, 3.3 and 3.5, and withdrawal management level 3.2. Residential services are more intensive levels of care that are designed to assist substance abusing individuals with:

- Identifying and accepting their substance abuse/dependence;
- Understanding the dynamics of the addictive process and the consequences of the process on themselves, their family, and their ability to function in society;
- Leading a productive, self-sufficient, alcohol and drug-free lifestyle.

Services must be performed within the applicable regulations and standards, including but not limited to CCR Title 22, CCR Title 9, Alcohol and Other Drug (AOD) Certification Standards, all other Department of Health Care Services (DHCS) notices, and the Fresno County Provider Manual and SUD Bulletins.

Fresno County makes these services available through a "no wrong door" approach. Persons served can access treatment by calling the County's 24/7 Access Line, walking into any county access point such as Urgent Care Wellness Center, a Multi-Agency Access Point (MAAP), Assessment Center, or be referred by Probation or the Drug Court based on a screening. Persons served can also directly contact any of our contracted SUD providers in person or by telephone. Individuals are placed in a residential level of care based on the results of an ASAM-based assessment. Residential treatment services can also include peer support services, care coordination and medication assisted treatment (MAT), as necessary. The length of treatment is individualized and prescribed based upon the client's severity.

Persons served are re-assessed at least every 30 days to determine continuing need for residential services or to be stepped down to a lower level of care. The room and board costs are covered for each day the person served is in treatment and continues to meet medical necessity.

Providers of SUD residential services must maintain a daily census of all participants served, and all statistical information required by Fresno County, including but not limited to date participant entered into treatment, date of discharge, and a monthly wait list if applicable. Residential programs that are not able to immediately admit someone are required to refer to another residential program for immediate admission no more than 48 hours from initial contact for non-emergency residential services and no more than 24 hours from initial contact for urgent services. Providers must submit all information and data required by the State and County, including but not limited to ASAM level of care, CalOMS Treatment submissions, DATAR, monthly operating expenses, annual cost reports and other program operational reports.

Non-DMC covered adult residential treatment as well as the room and board portion of residential treatment costs include items such as facility costs allocated based on the square footage and use of space, food, administrative and monitoring staff directly related to the non-DMC residential treatment and room and board services. Any costs that can be identified as not being a treatment-related cost are included in the room and board component of the provider reimbursement.

Because both residential treatment and residential room and board costs are related to a treatment episode, all contracted residential providers must adhere to the general requirements stated below in order to be eligible to bill for non-DMC residential treatment and residential room and board costs.

General Requirements for All Programs

- Current DMC certification
- Utilize recognized evidence-based practices and curriculum, and outcome-informed treatment methods.
- Demonstrate an ability to work in cooperation with other agencies to provide linkages to individual and family supportive services.
- Able to be flexible in meeting unique participant needs by including equal access to those with disabilities, gender-specific services, and culturally sensitive services that adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).
- All agencies providing SUD residential services must have current State of California AOD Program certification and abide by the AOD Certification Standards.
- Staff shall meet all requirements for certification for individuals providing counseling services in alcohol and other drug (AOD) recovery and treatment programs per the California Code of Regulations (CCR), Title 9, Division 4, Chapter 8.
- Professional staff must be licensed, registered or certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.
- Provide interim SUD services until an individual is admitted into a treatment program. Interim services must be documented in client chart as part of the clinical record.

- Document at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 for Substance-Related and Addictive Disorders with the exception of Tobacco-Related and Non-Substance-Related Disorders.
- Use ASAM Criteria to screen each person for medical necessity

D. Cultural Competency

County-contracted substance use disorder treatment providers ensure all clients have equal access to quality care by adopting the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards. Each year contracted providers submit an updated CLAS plan describing the actions they've taken to meet the 15 CLAS standards.

DBH has convened a Diversity, Equity and Inclusion (DEI) Committee which meets monthly. Participation from community-based SUD 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. The DBH makes annual trainings available to providers to build upon their culturally responsive skills.

E. Target Population/Service Areas

The target population includes adult residents of Fresno County who are ages 18 – 64 and meet the criteria for medical necessity and have at least one diagnosis from the Diagnostic and Statistical Manual (DSM) 5 for a SUD, with the exception of Tobacco-related disorders or be assessed to be at risk for developing a SUD (young adults under 21). Fresno County currently contracts with five residential treatment providers. Residential SUD treatment programs do not typically encounter waitlists of clients seeking services. However, in the event that a waitlist did occur clients would be prioritized in the following order: pregnant women, women with children, intravenous drug users, and all other populations.

F. Staffing

Providers are required to employ a sufficient level of staff to perform all clinical and administrative functions to meet the service demands and compliance and oversight requirements for their agency.

Professional staff must be licensed, registered or certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.

Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. Non-professional staff shall be supervised by professional and/or administrative staff.

Residential programs are required to have at least one registered or certified AOD counselor, or licensed or license eligible staff, on duty at all times. Residential programs must maintain a ratio of one staff person for every 25 residents in residential levels of care and one staff person for every 15 residents in withdrawal management programs.

Professional and non-professional staff are expected to have appropriate experience and any necessary training at the time of hiring. Providers are required to comply with the DBH Key Staffing Standards which are available in the SUD Provider Manual.

All staff providing direct services to clients must attend required trainings annually. Trainings must be documented on annual staff training plans and training certificates must be made available upon request by DBH. DBH provides an Annual Provider Training Plan template for providers to track each staff member's annual trainings. The Training Plan is kept in the personnel files and reviewed during the annual site monitoring visit.

G. Implementation Plan

This program is fully implemented. Residential SUD treatment services have been available in Fresno County since 1989. The current non-DMC Residential and Room and Board Master Agreements, effective July 1, 2022, replace Master Agreements #18-692 (Residential Treatment) and Master Agreement #18-693 (Room and Board) which have been in place since January 1, 2019 and include five (5) treatment providers which are: Fresno County Hispanic Commission – Nuestra Casa, Mental Health Systems, Turning Point of Central California, Bakersfield Recovery Services, and WestCare California.

H. Program Evaluation Plan

The DBH Managed Care Division performs site monitoring visits at least once annually. The designated site monitoring team will select a sampling of client charts from billing reports. Charts are reviewed for proper documentation of services provided, relevance of services to client needs and goals, allowability of services billed, cleanliness and welcoming environment of facility, and staffing in terms of levels, experience and training/licensure. Additionally, the DBH Contracts Division conducts a desk review annually to ensure provider is meeting all contractual obligations and standards, including maintaining proper certifications, licenses, insurance, staffing, and meeting timely reporting requirements.

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Prevention and Treatment Block Grant (SABG)
Adolescent/Youth Set-Aside – Youth Treatment Services
Fiscal Year 2022-23 and 2023-24

A. Statement of Purpose

The Fresno County Department of Behavioral Health (DBH) contracts with community-based substance use disorder (SUD) treatment providers that are Drug Medi-Cal (DMC) certified to provide adolescent SUD treatment services in outpatient and residential settings which include outpatient level 1.0, intensive outpatient level 2.1, and residential Levels of Care 3.1, 3.3 and 3.5. Substance Abuse Prevention and Treatment Block Grant (SABG) Adolescent set-aside funds are allocated between three contracts. Mental Health Systems, Inc. (MHS) is contracted to provide outpatient community-based services to youth who have transitioned from an in-custody setting to the community. This contract covers the cost of services in excess of what DMC reimburses and for individuals who are not DMC eligible. Additionally, a master agreement for youth treatment serves DMC ineligibles and the uninsured or underinsured population. Finally, an agreement for youth residential services was executed on February 15, 2021. This agreement with Tarzana Treatment Centers, Inc. will cover costs in excess of DMC reimbursements, including services for DMC ineligibles and room and board for all DMC and non-DMC persons served.

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. To this end, contracted adolescent SUD treatment providers are expected to follow the Guiding Principles of Care Delivery by making timely, quality services available to persons in need that treat and support the needs of the whole person.

B. Measurable Outcome Objectives

The goal of adolescent SUD treatment services is to engage youth through timely access to treatment in a manner that is culturally competent. Fresno County aims to improve client engagement by removing the costs of treatment as a barrier to needed care and admitting youth into treatment in the shortest amount of time possible. Fresno County DBH monitors data collected through access forms, billing input, client admissions, and consumer surveys. Providers are required to utilize the access form in DBH's Avatar system to record the disposition of an initial contact with a person. Timeliness measures for first offered appointment mirror those of the DMC-Organized Delivery System (ODS).

FY 2021-22 Adolescent Outpatient Outcomes:

I. Admissions:
   a. 32 treatment admissions
   b. Increase of 300% over the prior period.

II. Average length of treatment:
   a. 59 days compared to 123 days in the prior year

III. Timeliness to first appointment:
   a. Goal – 70% of all clients are admitted within 10 days
   b. Outcome – Not Available*
   c. Average days to admission from initial contact - Not available*

* Fresno County is in the process of implementing a new data dashboard so this data is not currently available.

IV. Treatment Perception Survey:
   a. Access (availability of services) – 91.80% satisfaction with service availability
   b. Quality of Care – 90.53% satisfied
   c. Care Coordination – 92% satisfied with coordination with physical and mental health services
   d. Therapeutic Alliance – 98.23% satisfied with counselor
   e. Satisfaction – 95.60% overall satisfaction with services received

FY 2021-22 Adolescent Residential Outcomes:

I. Admissions:
   a. 0 treatment admissions
   b. There is no data available for the previous fiscal year.

II. Average length of treatment:
   a. There is no data available for this fiscal year.

III. Timeliness to first appointment:
   a. Goal – 70% of all clients are admitted within 10 days
   b. Outcome –There is no outcome data for this fiscal year.
   c. Average days to admission from initial contact - There is no data for this fiscal year.

FY 2022-23 Outpatient Objectives (Goals):

I. Admissions:
   a. 5% increase over the prior year

II. Average length of treatment:
   a. 60 days

III. Timeliness to first appointment:
   a. Goal – 70% of all clients are admitted within 10 days
   b. Average days to admission: 10

IV. Treatment Perception Survey:

a. Access (availability of services) – 90% satisfaction with service availability
b. Quality of Care – 90% satisfied
c. Care Coordination –75% satisfied with coordination with physical and mental health services
d. Therapeutic Alliance – 75% satisfied with counselor
e. Satisfaction – 75% overall satisfaction with services received

FY 2023-24 Outpatient Objectives (Goals):

I. Admissions:
a. 5% increase over the prior year

II. Average length of treatment:
a. 60 days

III. Timeliness to first appointment:
a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

IV. Treatment Perception Survey:
a. Access (availability of services) – 90% satisfaction with service availability
b. Quality of Care – 90% satisfied
c. Care Coordination –75% satisfied with coordination with physical and mental health services
d. Therapeutic Alliance – 75% satisfied with counselor
e. Satisfaction – 75% overall satisfaction with services received

FY 2022-23 Residential Objectives (Goals):

I. Admissions:
a. Serve up to 12 adolescents

II. Average length of treatment:
a. 30 days or less based on medical necessity

III. Timeliness to first appointment:
a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

FY 2023-24 Residential Objectives (Goals):

I. Admissions:
a. Serve up to 12 adolescents

II. Average length of treatment:
a. 30 days or less based on medical necessity

III. Timeliness to first appointment:
a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

Possible explanations for the low number of youth residential admissions may include barriers faced by providers and persons served as a result of the COVID-19 Public Health Emergency

(PHE). The PHE brought on new challenges and situations not previously encountered, including but not limited to, a decrease in services made available for treatment, new regulations limiting in-person services, and policy changes that limited accessibility for persons served and impacting staffing. All benchmarks set for adolescent outpatient and TPS outcomes were met for the 2021-2022 Fiscal Year.

C. Program Description

Fresno County DBH contracts with community-based adolescent SUD treatment providers for outpatient and residential services which are funded through the Substance Abuse Prevention and Treatment Block Grant (SABG). These services are provided to Fresno County youth who meet medical necessity based on American Society for Addiction Medicine (ASAM) Adolescent criteria. Adolescent treatment services are designed to assist individuals with:

- Identifying and accepting their substance use/dependence;
- Understanding the dynamics of the addictive process and the consequences of the process on themselves, their family, and their ability to function in society; and
- Leading a productive, self-sufficient, alcohol and drug-free lifestyle.

Services must be performed within the applicable regulations and standards, including but not limited to California Code of Regulations (CCR) Title 22, CCR Title 9, Adolescent Substance Use Disorder Best Practices Guide, Alcohol and Other Drug (AOD) Certification Standards, all other Department of Health Care Services (DHCS) notices, Fresno County Provider Manual and SUD Bulletins.

Fresno County makes these services available through a "no wrong door" approach. Persons served can access treatment by calling the County's 24/7 Access Line, walking into any county access point such as Youth Wellness Center, a Multi-Agency Access Point (MAAP), or Probation or Juvenile Drug Court referrals based on a screening. Youth or their families can also contact a program directly or by telephone. Adolescent services are available at clinic sites, field-based which includes school-based services, telephone and telehealth. Individuals are placed in a treatment facility based on the results of an ASAM-based adolescent assessment. Adolescent services include outpatient (ASAM 1.0), Intensive Outpatient (ASAM 2.1), Early Intervention Services (ASAM .5), Residential Services (ASAM 3.1, ASAM 3.3, and ASAM 3.5), care coordination, peer support services, recovery services and medication assisted treatment (MAT), as necessary, and the length of treatment is individualized and prescribed based upon the client's severity.

Agreement #18-622-1 with MHS provides adolescent outpatient services for youth who have transitioned from the Fresno County Juvenile Justice Campus (JJC) into the community. MHS engages incarcerated youth in SUD and mental health services during their period of incarceration. Prior to release to the community, youth are assessed for the appropriateness of

continuing outpatient treatment post-release. Those who are deemed in need of continued SUD services are admitted to MHS' Juvenile Drug Court and Post Release Outpatient Programs. In addition to SUD treatment, these outpatient services include ongoing engagement with the criminal justice system, Child Welfare, schools and other agencies to improve the adolescents' outcomes.

The Youth Treatment Master Agreement #18-694 provides services to DMC-eligible youth who invoke minor consent and to youth who do not qualify for DMC and have no other means of payment. These services are provided at provider's clinical sites, as field-based services on school campuses throughout the County and through telephone or telehealth. This allows counselors the flexibility to meet kids where they are to improve engagement and retention. There are currently five (5) providers serving adolescents through this agreement.

Tarzana Treatment Centers, Inc. provides out-of-county residential treatment for youths who are DMC and non-DMC eligible persons served. Residential services are provided if medical necessity is met in an amount determined to be appropriate. Under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate, longer lengths of stay may be approved if an adolescent is determined to meet medical necessity for ongoing residential services. Adolescent persons served are re-assessed at least every 10 days to determine continuing need for residential services or to be stepped down to a lower level of care.

Providers of SUD services must maintain a daily census of all participants served, and all statistical information required by Fresno County, including but not limited to date participant entered into treatment, date of discharge, and a monthly wait list if applicable. Providers must submit all information and data required by the State and County, including but not limited to ASAM level of care, CalOMS Treatment submissions, Drug and Alcohol Treatment Report (DATAR), monthly operating expenses, annual cost reports and other program operational reports.

The room and board portion of residential treatment costs include items such as facility costs allocated based on the square footage and use of space, food, administrative and monitoring staff directly related to the room and board services and any other costs that can be identified as not being a treatment-related cost.

General Requirements for All Programs

- Current DMC certification.
- Adhere to Adolescent Substance Use Disorder Best Practices Guide.
- Conduct Live Scan criminal background checks for all counselors and staff having contact with children.
- Utilize recognized evidence-based practices and curriculum, and outcome-informed treatment methods.
- Demonstrate an ability to work in cooperation with other agencies to provide linkages to individual and family supportive services.

- Able to be flexible in meeting unique participant needs by including equal access to those with disabilities, gender-specific services, and culturally sensitive services that adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).
- All agencies providing SUD residential services must have current State of California AOD Program certification and abide by the AOD Certification Standards.
- Staff shall meet all requirements for certification for individuals providing counseling services in AOD recovery and treatment programs per CCR Title 9, Division 4, Chapter 8.
- Professional staff must be licensed, registered or certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.
- Provide interim SUD services until an individual is admitted into a treatment program. Interim services must be documented in client chart as part of the clinical record.
- Document at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) V for Substance-Related and Addictive Disorders with the exception of Tobacco-Related and Non-Substance-Related Disorders.
- Use ASAM Adolescent Criteria to screen each person for medical necessity

D. Cultural Competency

County-contracted substance use disorder treatment providers ensure all clients have equal access to quality care by adopting the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards. Each year contracted providers submit an updated CLAS plan describing the actions they've taken to meet the 15 CLAS standards.

DBH has convened a Diversity, Equity and Inclusion (DEI) Committee which meets monthly. Participation from community-based SUD 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. The DBH makes annual trainings available to providers to build upon their culturally responsive skills.

E. Target Population/Service Areas

The target population includes adolescent residents of Fresno County who are at least 12 years of age and up to 21 who meet the ASAM adolescent criteria for medical necessity and have at least one diagnosis from the Diagnostic and Statistical Manual (DSM) 5 for a SUD, with the exception of tobacco-related disorders, or be assessed to be at risk for developing a SUD. Fresno County currently contracts with five youth treatment providers.

F. Staffing

Providers are required to employ a sufficient level of staff to perform all clinical and administrative functions to meet the service demands and compliance and oversight requirements for their agency.

Professional staff must be licensed, registered or certified, or recognized under California State

scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.

Clinical staff providing direct services should have knowledge of adolescent growth and child development and training and skills working with adolescents to provide AOD services

Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. Non-professional staff shall be supervised by professional and/or administrative staff.

Professional and non-professional staff are expected to have appropriate experience and any necessary training at the time of hiring. Providers are required to comply with the DBH Key Staffing Standards which are available in the SUD Provider Manual.

All staff who have direct contact with youth must submit to and pass a Live Scan criminal background check.

All staff providing direct services to clients must attend required trainings annually. Trainings must be documented on annual staff training plans and training certificates must be made available upon request by DBH. DBH provides an Annual Provider Training Plan template for providers to track each staff member's annual trainings. The Training Plan is kept in the personnel files and reviewed during the annual site monitoring visit.

G. Implementation Plan

The adolescent outpatient program is fully implemented. SUD treatment services have been available in Fresno County since 1989. Current Agreement #18-622-1 with MHS was executed in November 2018 for a five-year term. The current Youth Treatment Master Agreement #18-694 includes five (5) treatment providers which includes Fresno New Connections, Inc., Kings View Corporation, Mental Health Systems, Inc., Prodigy HealthCare, Inc. (funded by Realignment), and Promesa Behavioral Health.

Fresno County has contracted with Tarzana Treatment Centers, Inc. for adolescent residential services with an effective date of February 15, 2021. This agreement is capable of serving up to 12 adolescents annually in a residential setting. Persons served who are DMC eligible will be covered by DMC funds for treatment costs up to the maximum county residential reimbursement rates. Treatment costs for DMC ineligible and costs above the maximum county rate for DMC eligible and room and board costs will be funded with the SABG adolescent set-aside.

H. Program Evaluation Plan

The DBH Managed Care Division performs site monitoring visits at least once annually. The designated site monitoring team will select a sampling of client charts from billing reports. Charts are reviewed for proper documentation of services provided, relevance of services to client needs and goals, allowability of services billed, cleanliness and welcoming environment of facility, staffing in terms of levels, experience and training/licensure. Additionally, the DBH Contracts Division conducts a desk review annually to ensure provider is meeting all contractual

obligations and standards, including maintaining proper certifications, licenses, insurance, staffing, and meeting timely reporting requirements.

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Prevention and Treatment Block Grant (SABG)
Perinatal Set-Aside – Residential Treatment and Room and Board Perinatal Services
Fiscal Year 2022-23 and 2023-24

A. Statement of Purpose

The Fresno County Department of Behavioral Health (DBH) contracts with community-based substance use disorder (SUD) treatment providers that are Drug Medi-Cal (DMC) certified to provide SUD treatment services in residential settings which include residential Levels of Care 3.1, 3.3 and 3.5 and withdrawal management 3.2. Fresno County funds perinatal residential services with the SABG perinatal set-aside funds for persons who are not DMC eligible and to cover room and board costs for both DMC and non-DMC eligible persons. Approximately 1.5% of all residential admissions in Fresno County are perinatal persons. The majority of these admissions are DMC eligible persons. DBH ensures that all community members, regardless of DMC eligibility or income, are afforded access to the services necessary to promote wellness.

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. To this end, contracted SUD residential treatment providers are expected to follow the Guiding Principles of Care Delivery by making timely, quality services available to persons in need that treat and support the needs of the whole person.

B. Measurable Outcome Objectives

The goal of SUD perinatal residential treatment is to provide timely access to care that improves the overall health of the client and their children through culturally competent services. Client engagement is critical to long-term retention which leads to improved outcomes. By funding treatment for DMC ineligibles and the room and board costs of perinatal residential treatment, Fresno County aims to remove cost as a barrier to needed care. Fresno County DBH monitors data collected through access forms, billing input, client admissions, and customer surveys. Providers are required to utilize the access form in DBH's Avatar system to record the disposition of an initial contact with a person. Timeliness measures for first offered appointment mirror those of the DMC-ODS.

FY 2021-22 Perinatal Residential Outcomes:

I. Admissions:
   a. 4 treatment admissions
   b. Decrease of 92.16% over the prior period.

II. Average length of treatment:
   a. 32 days compared to 54 days in the prior year

III. Timeliness to first appointment:
   a. Goal – 70% of all clients are admitted within 10 days

b. Outcome – Not available*
c. Average days to admission from initial contact – Not available*

* Fresno County is in the process of implementing a new data dashboard so this data is not currently available.

IV. Treatment Perception Survey:
a. Access (availability of services) – 88.50% satisfaction with service availability
b. Quality of care – 90.10% satisfied
c. Care Coordination – 87.70% satisfied with coordination with physical and mental health services
d. Outcome of care – 85.25% satisfied with the results they are getting from the treatment services

FY 2022-23 Objectives (Goals):

I. Admissions:
a. 5% increase over the prior year

II. Average length of treatment:
a. 60 days

III. Timeliness to first appointment:
a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

IV. Treatment Perception Survey:
a. Access (availability of services) – 90% satisfaction with service availability
b. Quality of care – 90% satisfied
c. Care Coordination – 75% satisfied with coordination with physical and mental health services
d. Outcome of care – 75% satisfied with the results they are getting from the treatment services

FY 2023-24 Objectives (Goals):

I. Admissions:
a. 5% increase over the prior year

II. Average length of treatment:
a. 60 days

III. Timeliness to first appointment:
a. Goal – 70% of all clients are admitted within 10 days
b. Average days to admission: 10

IV. Treatment Perception Survey:
a. Access (availability of services) – 90% satisfaction with service availability
b. Quality of care – 90% satisfied
c. Care Coordination – 75% satisfied with coordination with physical and mental health services

d. Outcome of care – 75% satisfied with the results they are getting from the treatment services

The decrease in perinatal residential admissions is not accurately reflected in the outcomes due to recently discovered coding errors by providers. Perinatal services were not being properly identified during this fiscal year, thus reflecting a lower number of admissions.

Program Description

Fresno County DBH contracts with community-based SUD residential treatment providers that offer perinatal services which are funded through the Substance Abuse Prevention and Treatment Block Grant (SABG). Perinatal persons require urgent treatment services and have unique needs; therefore, the County makes the perinatal set-aside available for individuals who are not DMC eligible as well as covers the room and board costs for any perinatal client in need of treatment. These services are provided to Fresno County adult women who are pregnant or parenting and meet medical necessity for American Society for Addiction Medicine (ASAM) residential levels 3.1, 3.3 and 3.5, and withdrawal management level 3.2-WM. Perinatal residential treatment services treat the whole family. The length of stay in this level of care can be the duration of the pregnancy plus 60 days postpartum. These services are more intensive levels of care that are designed to assist substance abusing individuals with:

- Identifying and accepting their substance abuse/dependence;
- Understanding the dynamics of the addictive process and the consequences of the process on themselves, their family, and their ability to function in society;
- Leading a productive, self-sufficient, alcohol and drug-free lifestyle.

Services must be performed within the applicable regulations and standards, including but not limited to CCR Title 22, CCR Title 9, Alcohol and Other Drug (AOD) Certification Standards, Perinatal Practice Guidelines, all other Department of Health Care Services (DHCS) notices, Fresno County Provider Manual and SUD Bulletins.

Fresno County makes these services available through a “no wrong door” approach. Persons served can access treatment by calling the County’s 24/7 Access Line, walking into any county access point such as Urgent Care Wellness Center, a Multi-Agency Access Point (MAAP), Assessment Center, or be referred by Probation or the Drug Court based on a screening. Persons served can also directly contact any of our contracted SUD providers in person or by telephone. Individuals are placed in a treatment facility based on the results of an ASAM-based assessment. Perinatal residential services can also include peer support services, care coordination, recovery services and medication assisted treatment (MAT), as necessary; the length of treatment is individualized and prescribed based upon the client’s severity.

Perinatal residential services are available to pregnant and parenting women for the term of the pregnancy and up to 60-days postpartum or longer if the need is indicated by an assessment. Clients are re-assessed at least every 30 days to determine continuing need for residential services or readiness to step down to a lower level of care. The room and board costs are covered for each day the beneficiary is in treatment and continues to meet medical necessity.

Providers of SUD perinatal residential services must maintain a daily census of all participants served, and all statistical information required by Fresno County, including but not limited to date participant entered into treatment, date of discharge, and a monthly wait list if applicable. Residential programs that are not able to immediately admit someone are required to refer to another residential program for immediate admission no more than 48 hours from initial contact for non-emergency residential services and no more than 24 hours from initial contact for urgent services. If all programs are at capacity the provider must arrange for interim services. Providers must submit all information and data required by the State and County, including but not limited to ASAM level of care, CalOMS Treatment submissions, DATAR, monthly operating expenses, annual cost reports and other program operational reports.

Non-DMC covered residential treatment as well as the room and board costs of residential treatment include facility costs allocated based on the square footage and use of space, food, administrative and monitoring staff directly related to the non-DMC residential and room and board services. Any costs that can be identified as not being a treatment-related cost are included in the room and board component of the provider reimbursement.

Because residential perinatal treatment and room and board costs are related to a treatment episode, all contracted residential providers must adhere to the general requirements stated below in order to be eligible to bill for non-DMC residential perinatal treatment and residential room and board costs.

General Requirements for All Programs

- Current DMC certification
- Follow the Perinatal Practice Guidelines
- Utilize recognized evidence-based practices and curriculum, and outcome-informed treatment methods.
- Demonstrate an ability to work in cooperation with other agencies to provide linkages to individual and family supportive services.
- Able to be flexible in meeting unique participant needs by including equal access to those with disabilities, gender-specific services, and culturally sensitive services that adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).
- All agencies providing SUD residential services must have current State of California AOD Program certification and abide by the AOD Certification Standards.

- Staff shall meet all requirements for certification for individuals providing counseling services in alcohol and other drug (AOD) recovery and treatment programs per the California Code of Regulations (CCR), Title 9, Division 4, Chapter 8.
- Professional staff must be licensed, registered or certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.
- Provide interim SUD services until an individual is admitted into a treatment program. Interim services must be documented in client chart as part of the clinical record.
- Document at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 for Substance-Related and Addictive Disorders with the exception of Tobacco-Related and Non-Substance-Related Disorders.
- Use ASAM Criteria to screen each person for medical necessity

C. Cultural Competency

County-contracted substance use disorder treatment providers ensure all clients have equal access to quality care by adopting the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards. Each year contracted providers submit an updated CLAS plan describing the actions they've taken to meet the 15 CLAS standards.

DBH has convened a Diversity, Equity and Inclusion (DEI) Committee which meets monthly. Participation from community-based SUD 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. The DBH makes annual trainings available to providers to build upon their culturally responsive skills.

D. Target Population/Service Areas

The target population includes adult women who are pregnant or parenting and meet the criteria for medical necessity and have at least one diagnosis from the Diagnostic and Statistical Manual (DSM) 5 for a SUD, with the exception of Tobacco-related disorders or be assessed to be at risk for developing a SUD (young adults under 21). Fresno County currently contracts with two (2) residential treatment providers that offer perinatal services. Perinatal residential treatment programs do not typically encounter waitlists of clients seeking services. However, in the event that a waitlist did occur clients would be prioritized in the following order: pregnant injecting drug users, pregnant substance users, injecting drug users, and all other populations.

E. Staffing

Providers are required to employ a sufficient level of staff to perform all clinical and administrative functions to meet the service demands and compliance and oversight requirements for their agency.

Professional staff must be licensed, registered or certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope

of practice and receive supervision required under their scope of practice laws.

Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. Non-professional staff shall be supervised by professional and/or administrative staff.

Residential programs are required to have at least one registered or certified AOD counselor, or licensed or license eligible staff, on duty at all times. Residential programs must maintain a ratio of one staff person for every 25 residents in residential levels of care and one staff person for every 15 residents in withdrawal management programs.

Professional and non-professional staff are expected to have appropriate experience and any necessary training at the time of hiring. Providers are required to comply with the DBH Key Staffing Standards which are available in the SUD Provider Manual.

All staff providing direct services to clients must attend required trainings annually. Trainings must be documented on annual staff training plans and training certificates must be made available upon request by DBH. DBH provides an Annual Provider Training Plan template for providers to track each staff member's annual trainings. The Training Plan is kept in the personnel files and reviewed during the annual site monitoring visit.

F. Implementation Plan

This program is fully implemented. Non-DMC perinatal residential SUD treatment services have been available in Fresno County since 1989. The current non-DMC Residential and Room & Board Master Agreements, effective July 1, 2022, replace Master Agreements #18-692 (non-DMC Residential) and #18-693 (Room and Board) which have been in place since January 1, 2019. The perinatal programs of Mental Health Systems, Inc. and WestCare of Central California are included in these agreements.

G. Program Evaluation Plan

The DBH Managed Care Division performs site monitoring visits at least once annually. The designated site monitoring team will select a sampling of client charts from billing reports. Charts are reviewed for proper documentation of services provided, relevance of services to client needs and goals, allowability of services billed, cleanliness and welcoming environment of facility, staffing in terms of levels, experience and training/licensure. Additionally, the DBH Contracts Division conducts a desk review annually to ensure provider is meeting all contractual obligations and standards, including maintaining proper certifications, licenses, insurance, staffing, and meeting timely reporting requirements.

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Prevention and Treatment Block Grant (SABG)
Friday Night Live/Club Live/Friday Night Live Kids
Fiscal Year 2022-23 and 2023-24

A. Statement of Purpose:

The Fresno County Department of Behavioral Health (DBH) and its partners work together to prevent and reduce substance use and related problems and increase the public health and well-being of the people in the county. Using the Strategic Planning Framework (SPF) guidelines provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), the County used strategic planning to inform the selection of priority areas. The Strategic Prevention Planning Process and the Strategic Prevention Framework provided direction for the Fresno County Five-Year Alcohol and Other Drug Strategic Prevention Plan (SPP) for the period of 2021 – 2026. Priority areas for Fresno County SUD Prevention include reducing access to alcohol, marijuana, and prescription drugs to youth ages 10-20.
The Guiding Principles for SUD prevention services are to:

- Be evidence-based, data-driven, objective, and outcome-oriented with a focus on current trends and continuously updated data to promote environmental and systematic changes.
- Build partnerships that are sustainable beyond the life of specific programs while leveraging other prevention resources to provide a full-service continuum of care.
- Promote client, family member(s) and community-wide input, planning, outcome evaluation and advocacy.
- Provide compassionate and respectful services that are culturally affirmative, sensitive to the needs, history, beliefs, and gender of at-risk and under-served populations.
- Connect community members with existing prevention resources to provide education and centralized resources for Fresno County's prevention community.

B. Measurable Outcome Objectives:

FY 2021-2026 FNL Objectives:

1. Sustain and expand partnerships for positive and healthy youth development that engage high school age youth as active leaders and resources in their communities.
   This objective would be measured by: 80% of participating youth will report positive changes in leadership skills, confidence in their ability to participate in campaign development, and understanding of environmental approaches to prevention in the Youth Development Survey.
2. Sustain and expand partnerships for positive and healthy youth development that engage elementary and middle school age youth as active leaders and resources in their communities. At least 75% of adult allies who receive training services will report increased skills, knowledge, and confidence in supporting youth leadership in prevention activities in the Adult Ally Survey.

For FY 2021-26 SPP cycle, the following strategies will be employed to assist in achieving the two primary objectives:

Objective 1: Sustain and expand partnerships for positive and healthy youth development that engage high school age youth as active leaders and resources in their communities.

- Receive buy-in (in the form of a written agreement/ Memorandum of Understanding) from 14 high schools or community-based sites to implement the Friday Night Live (FNL) Program.
- Establish or maintain at least 14 community-based or high school-based, FNL Chapters composed of at least 15 youth leaders and one or more adult allies per chapter for the purposes of taking action around prevention and community health issues.
- Provide concrete assistance and guidance to chapter youth and their adult allies to effectively plan and carry out prevention action projects.
- Maintain a Network of Friday Night Live chapters to facilitate connections and relationships between chapter youth and their adult allies across Fresno County.

Objective 2: Sustain and expand partnerships for positive and healthy youth development that engage elementary and middle school age youth as active leaders and resources in their communities.

- Receive buy-in (in the form of a written agreement/ Memorandum of Understanding) from 10 Elementary/middle (K-8) schools or community-based sites to implement the Club Live (CL) Program.
- Establish or maintain at least 10 community-based or school-based, Club Live Chapters composed of at least 15 youth leaders and one or more adult allies per chapter for the purposes of taking action around prevention and community health issues.
- Provide concrete assistance and guidance to chapter youth and their adult allies to effectively plan and carry out prevention action projects.
- Maintain a Network of Club Live Chapters to facilitate connections and relationships between chapter youth and their adult allies across Fresno County.

The Youth Leadership institute (YLI) has made significant strides in achieving the goals and deliverables for the Friday Night Live (FNL) Program. This fiscal year, YLI launched new FNL and Club Live sites, in the communities of Fowler, Riverdale and Firebaugh. In total, there are currently 16 sites and the list continues to expand as YLI secure Memorandums of Understanding with new communities. In the fall, YLI was also able to secure three mini-grants through the California Friday Night Live Partnership to lead small campaigns on: Underage Drinking, focusing on taking back the Holidays and norms of celebrating with alcohol; Tobacco prevention, and the impact of flavors tobacco products on youth consumption; and Grambling Prevention, an education campaign to engage retailers. Through these mini-grants youth were able to further build their capacity around data collection, writing media articles, large scale media development and presenting in front of community members.

Youth from our Kerman Friday Night Live chapter also submitted a proposal to lead a workshop at the Statewide Friday Night Live Youth Summit. Their proposal was selected by the organizers, and

they will be facilitating a workshop with staff in June 2022. Additionally, a youth leader from the Reedley Middle College High School FNL Chapter, applied and was selected to serve on the California Youth Council, a statewide youth council that supports the Friday Night Live Collaborative through peer to peer capacity building and policy education. Lastly, youth have also been able to create a network of connections across FNL and Club Live through their participation in Prosocial Regional Events. These include: the Winter Celebration, held on December 3, 2021; The Kerman Teen Summit, held on April 23, 2022; and Cinco de May Spring Jam, held on May 5, 2022.

Capacity Building opportunities have also been provided to FNL, Club Live and FNL Kids Program Advisors through a YLI facilitated training as well as an invitation to participate in the FNL webinar series, which included capacity building on FNL curriculum and toolkits. Additionally, two advisors will be further building their capacity to support youth, by attending the Friday Night Live Youth Summit alongside staff and Youth in June.

C. Program Description:

Youth Leadership Institute (YLI) has coordinated the Fresno Friday Night Live/ Club Live for 16 years and is the current provider contracted to conduct all SUD prevention services. YLI's program is designed to support and engage young leaders in school settings to undertake projects that prevent alcohol and other drug use and promote community health. In partnership with school site administrators, partner community-based organizations, and other stakeholders, YLI staff build youth knowledge of the issue, and build the capacity of program participants to collect data about youth access points to alcohol and drug use.

Fresno County Friday Night Live draws on the California Friday Night Partnership theory of change that states programs and chapters that integrate five youth development standards of practice (community engagement, leadership and advocacy, relationship building, safety, and skill development) will create settings rich in youth development support and opportunities. This theory is supported by a wealth of youth development research going back more than twenty years. YLI organizes its tools, training, and mini-grants program to support allies and programs in creating these environments and making these opportunities available. A second and equally important theory is that environmental strategies are effective in reducing youth exposure, access to and desire to use alcohol. This strategy is grounded in significant research and supported by at least three Substance Abuse and Mental Health Services Administration (SAMHSA) model programs that demonstrate measurable positive change from environmental prevention approaches. Youth-led interventions that use environmental strategies are more likely to have longer term and systemic impacts than those youth-led projects that focus on raising awareness of the harms of using substances (Deborah A. Fisher, Ph.D, Environmental Prevention Strategies: An Introduction and Overview, 1998).

YLI uses the FNL Roadmap curriculum, which provides facilitators at all levels with a step-by-step guide that leads them through the entire process of supporting a youth-led prevention program and campaign. The Roadmap is based on the evidence-based Youth Development Standards of Practice to help create a standard process across Friday Night Live chapters so that all programs are able to support the common goal of partnering youth with adults to build healthier communities.

All FNL chapters follow a "roadmap" for youth-led community prevention initiatives that includes:

- Capacity Building – Recruiting youth, creating a vision, gathering an understanding of the environment, and learning about youth-led change, including training for both youth and the adults working with them.
- Assessment – Building action research skills, conducting research and using data for action.
- Planning – Using findings from the assessment to choose a solution and make a plan.
- Implementation – Implementing the identified solutions.
- Evaluation and Reflection – Reflecting on process.

Rather than directly supporting young leaders only as a school-site program, FNL/Club Live/FNL Kids help maintain and expand a network of chapters comprised of youth and adult allies focusing on prevention and health promotion using environmental prevention approaches. Chapters of high school or older youth are known as Friday Night Live Chapters. Those of middle school age youth are known as Club Live Chapters. The FNL Kids program is designed for elementary school-aged youth in fourth through sixth grade.

D. Cultural Competency:

DBH has convened a Cultural Humility Committee (CHC) which meets monthly. Participation from community-based SUD and mental health providers is essential to the efforts of this committee. The focus of the CHC is to reduce or eliminate disparity by improving access to culturally and linguistically sensitive behavioral health services and includes stakeholders representing all county demographics. The DBH makes annual trainings available to providers to build upon their culturally responsive skills.

On an annual basis YLI Staff leading FNL programs attend the training hosted by DBH and made available to providers. Additionally, Staff annually attend the Friday Night Live Training Institute, which included workshops and training for staff on Cultural Competency and creating inclusive spaces. These training provide resources for navigating conversations about race and identity with youth. In addition, DBH sends all contracted providers CLAS assessments annually and reviews each submission to ensure compliance with CLAS standards. Deficiencies are addressed through a corrective action plan process.

E. Target Population / Service Areas:

Youth ages 10 – 20, parents, caregivers, general population, and stakeholders of Fresno County. The Friday Night Live (FNL) Program meant for high school aged youth, the Club Live (CL) program meant for middle school aged youth, and FNL Kids is meant for elementary aged youth. Current FNL chapter sites include:

School	Location	Program
Coalinga Middle School	Coalinga	Club Live
Conejo Middle School	Laton	Club Live
Edison High School	Fresno	FNL
Fenix Apartments - Lowell	Fresno	FNL Kids
Firebaugh Middle School	Firebaugh	Club Live

Fresno High School	Fresno	FNL
Gaston Middle School	Fresno	Club Live
Hacienda Heights Apartment	Kerman	FNL Kids
Huron Middle School	Huron	Club Live
John Sutter Middle School	Fowler	Club Live
Kerman High School	Kerman	FNL
Kerman Middle School	Kerman	Club Live
McLane High School	Fresno	FNL
Mendota High School	Mendota	FNL
Mendota Junior High School	Mendota	Club Live
Orange Cove High School	Orange Cove	FNL
Reedley Middle College High School	Reedley	FNL
Rio Del Rey High School	Helm	FNL
Riverdale Elementary School	Riverdale	FNL Kids
Roosevelt High School	Fresno	FNL
San Joaquin Elementary (7th-8th grade)	San Joaquin	Club Live
San Joaquin Elementary School (4th-6th grades)	San Joaquin	FNL Kids
Sanger High School	Sanger	FNL
Selma High School	Selma	FNL
Sunnyside High School	Fresno	FNL
Tranquility High School	Tranquility	FNL
Washington Academy Middle School	Sanger	Club Live

While participation and implementation of projects are primarily led by youth and their identified adult allies, the target audience for message delivery can vary from youth peers, parents, and even local decision makers. Each chapter identifies their target audience prior to the launch of a projects by analyzing their local youth alcohol, marijuana and prescription drug access data captured through the Fresno County Student Insights Survey. The data helps each chapter determine who in the community most needs to hear the messages of the prevention. With the 50% increase for FNL funds available for FY 2022-23 & 2023-24, Fresno County, in partnership with YLI, will seek to expand school sites for FNL/CL/FNL Kids.

F. Staffing:

YLI is required to employ a sufficient level of staff to complete all proposed prevention activities and administrative functions to meet the goals and objectives of the program.

The YLI Staff leading the Friday Night Live Work is comprised of the Director of Programs who oversees the contract deliverables and reporting, the Program Manager who manages the implementation of the program objectives, and Program Coordinator(s) who oversee the programs day to day activities. All staff have experience working with youth in some capacity as well as the skills and qualities needed to partner with youth to implement Prevention Action Projects. Staffing

for FY 2022-23 & 2023-24:

Program Manager	0.05
Program Coordinator	0.20

Professional and non-professional staff are expected to have appropriate experience and any necessary training at the time of hiring.

G. Implementation Plan:

FNL/CL has been operating in Fresno County for many years. For the FY 2021-26 SPP cycle there are two primary objectives. The table below outlines tasks to be completed in implementation of FNL/CL:

Objective 1: Sustain and expand partnerships for positive and healthy youth development that engage high school age youth as active leaders and resources in their communities.

Objective 2: Sustain and expand partnerships for positive and healthy youth development that engage elementary and middle school age youth as active leaders and resources in their communities.

Implementation Tasks	Timeline
Outreach to and establish buy-in (written MOU) from schools that agree to host youth education programs.	Jul 2021 - June 2022
Develop marketing materials that appeal to potential student participants and distribute throughout Fresno County schools.	Jul 2021 - June 2022
Partner with local youth organizations and school staff to identify and recruit a diverse group of youth participants.	Ongoing
Implement a minimum of 14 community based or school based FNL/CL chapters comprised of at least 15 youth leaders and an adult ally to take action around prevention issues.	Annually
Train youth and adult advisors utilizing the FNL Roadmap curriculum.	Annually

Implement supplemental training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually
Provide concrete assistance and guidance to chapter youth and their adult allies by offering a set of tools and resources for adult allies and youth.	Ongoing
Facilitate connections and relationships between chapter youth through social media, social events, and trainings.	Ongoing
Administer the FCSIS with youth at target schools (or use CHKS data).	Annually
Administer Youth Development Survey.	Annually (May/June)
Administer Adult Ally Survey.	Annually (May/June)

The outcome of the two objectives are measured every fourth quarter using data from the Youth Development Survey that is implemented annually in the month of May.

H. Program Evaluation Plan:

Fresno County Department of Behavioral Health (DBH) contracts with local agencies that provide SUD primary prevention services. Primary SUD prevention services and additional contract obligations are monitored by the Public Behavioral Health Division of DBH. The annual prevention program outcome evaluations are conducted by an outside evaluator with assistance from the contracted prevention provider and DBH. The purpose of monitoring and evaluation is to ensure compliance with the SABG State-County contract, the County-provider agreements, and that the prevention activities conducted by the providers align with the goals and strategies of the County Strategic Prevention Plan (SPP).

Certain prevention program functions, such as monthly invoice and data entry into PPSDS, are monitored by the DBH assigned analyst throughout each fiscal year, however, all program monitoring culminates in the annual prevention program site reviews which are conducted in June of each fiscal year by DBH staff. The prevention program site review includes a review of personnel files, agency policies and procedures, documentation of activities (sign-in sheets, agendas, etc.), an activity observation, program expenses and insurance certificates as well as the administrative items listed below:

a. County Contract
b. State-County Contract
c. Request for Proposal #21-021 Response to Request for Proposal
d. Timeliness of monthly invoice submissions

e. Conformance with Primary Prevention SUD Data Service (PPSDS) data submission requirements
f. Attendance of quarterly Prevention Meetings
g. Participation in trainings, as requested
h. Prevention Program Review Questionnaire for each FY of the agreement
i. Annual inventory Report

Deficiencies identified during the site review process are detailed in the site review report. Upon completion, the report is sent to the provider and to DHCS. All deficiencies must be addressed in the form of written Corrective Action Plan (CAP) which is then sent to DBH review within two (2) weeks of receiving the initial report. If the CAP is approved by DBH, the provider must implement all of the approved corrective active measures within 60 days of receiving approval of their CAP.

In addition to annual prevention program monitoring and the site review process, prevention program outcome evaluation is also conducted throughout each fiscal year. LPC partners with DBH and its contracted providers to analyze data collected through the Fresno County Student Insite Survey (FCSIS) as well as prevention activity information that into PPSDS. LPC compiles collected data into quarterly reports and submits final annual report to DBH for review. Both quarterly and annual report outcome data inform DBH and its contract providers about progress toward Strategic Prevention Plan (SPP) goals and objectives.

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Prevention and Treatment Block Grant (SABG)
Prevention Set-Aside – Alcohol Marijuana and Prescription Drugs
Fiscal Years 2022-23 and 2023-24

A. Assessment

1.) Statement of Purpose:

The Fresno County Department of Behavioral Health (DBH) and its partners work together to prevent and reduce substance use and related problems and increase the public health and well-being of the people in the county. Using the Strategic Plaining Framework (SPF) guidelines provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), the County used strategic planning to inform the selection of priority areas. The Strategic Prevention Planning Process and the Strategic Prevention Framework provided direction for the Fresno County Five-Year Alcohol and Other Drug Strategic Prevention Plan (SPP) for the period of 2021 – 2026. Alcohol, Marijuana and Prescription Drug Abuse Prevention are the priority areas in the current SPP.

The Guiding Principles for SUD prevention services are to:

- Be evidence-based, data-driven, objective, and outcome-oriented with a focus on current trends and continuously updated data to promote environmental and systematic changes.
- Build partnerships that are sustainable beyond the life of specific programs while leveraging other prevention resources to provide a full-service continuum of care.
- Promote client, family member(s) and community-wide input, planning, outcome evaluation and advocacy.
- Provide compassionate and respectful services that are culturally affirmative, sensitive to the needs, history, beliefs, and gender of at-risk and under-served populations.
- Connect community members with existing prevention resources to provide education and centralized resources for Fresno County's prevention community.

2.) Priority Area's and Goals

Reduce Alcohol, Marijuana and Prescription Drug Abuse among youth and young adults ages 10 to 20.

Alcohol Prevention:

Risk Factors: 1.) Youth provide alcohol to friends. 2.) Adults provide alcohol to youth

Objectives:

- By 2026, the percentage of youth who report alcohol is easy to access will decrease by 2% from baseline data collected in FY 2021/22.
- By 2026, the percentage of youth who disapprove of underage drinking will increase by 3% from baseline data collected in FY 2021/22.

Marijuana Prevention:

Risk Factors: 1) Youth provide marijuana to their friends. 2) Youth have no/low perception of harm. 3) Norms encourage use. 4) Lack of positive activities for youth. 5) Lack of positive mentors for youth.

Objectives:

- By 2026, the percentage of youth who report marijuana is easy to access will decrease by 2% from baseline data collected in FY 2021/22.

- By 2026, the percentage of youth who believe marijuana is harmful will increase by 2% from baseline data collected in FY 2021/22.
- By 2026, the percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will increase by 2% from baseline data collected in FY 2021/22.
- By 2026, 10% more youth will participate in alternative activities compared to baseline data collected in FY 2020/21.
- By 2025, 80% of youth will report that the mentoring they are receiving has helped them to feel good about themselves and increased their social competence.

Prescription Drug Prevention:

Risk Factors: 1) Youth provide prescription drugs to friends. 2) Youth curiosity leads to use.

Objectives:

- By 2026, the percentage of youth who report prescription drugs is easy to access will decrease by 2% from baseline data collected in FY 2021/22.
- By 2026, the percentage of youth misusing prescription drugs in the past 30 days will decrease by 2% from baseline data collected in FY 2021/22.

Justification for priority areas and the objectives chosen was based on stakeholder input collected during SPP development and data form the Fresno County Student Insight Survey Data (FY 16-17 & 17-18) included in the Chapter 1 of the Fresno County SPP for FY 2021-2016. The SPP is on file with DHCS.

B. Capacity

1.) Capacity Building Plan, FY 2021-26 Strategic Prevention Plan

Priority Area: Alcohol	
Community Readiness Stage: Urban = 7, Institutionalization/stabilization | Rural = 4, Preplanning	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources	
1. Fresno County DBH will identify additional stakeholders to support SUD primary prevention (see existing stakeholder list SPP Ch. 2, page 32).	Years 1-5
2. Educate stakeholders and community members about how to advocate with policy makers regarding alcohol related issues in the community.	Years 1-2
3. Increase education to adults and minors about the legal ramifications and other consequences involved in providing alcohol to minors.	Years 1-5
4. Recruit new stakeholders and community members to join existing SUD focused collaboratives to increase collaboration and political leverage.	Years 1-3
Organizational Resources	
1. Fresno County DBH will leverage its relationship with the Fresno County Superintendent of Schools to increase SUD Primary Prevention Providers access to schools for the purpose of conducting prevention activities and administering the Fresno County Student Insight Survey.	Years 1-5
2. Fresno County DBH will allocate funding to implement the DBH marketing plan to support SUD prevention efforts. Efforts will be driven by the amount of funding available.	Years 1-2

Human Resources 1. DBH staff will increase community collaboration by supporting SUD Primary Prevention Providers outreach activities. 2. DBH will recruit community volunteers to increase the capacity of SUD activities. Volunteers may assist with stakeholder and community member recruitment or educating stakeholders and community members about the DBH funded SUD programs and activities to increase the awareness of resources.	Years 1-3 Years 1-2
Fiscal Resources 1. Fresno County DBH will research the possible uses of MHSA funding and other resources to leverage and increase available funding for SUD prevention program expansion. 2. Funding for necessary equipment and technology will be made available through the SUD Primary Prevention Provider contract budgeting process.	Years 1-5 Years 1-3
Priority Area: Marijuana	
Community Readiness Stage: 6, Initiation	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources 1. Fresno County DBH will identify additional stakeholders to support SUD primary prevention (see exiting stakeholder list SPP Ch. 2, page 32). 2. Educate adult and youth community members, stakeholders and policy makers on the effects and associated harms of marijuana use. 3. Educate youth and adult community members, stakeholders and policy makers on available prevention resources for marijuana. 4. Increase the public's knowledge about its ability to advocate with local elected officials and city/county government regarding marijuana policies.	Years 1-5 Years 1-5 Years 1-2 Years 1-2
Organizational Resources 1. Fresno County DBH will leverage its relationship with the Fresno County Superintendent of Schools to increase SUD Primary Prevention Providers access to schools for the purpose of conducting prevention activities and administering the Fresno County Student Insight Survey. 2. Fresno County DBH will allocate funding to implement the DBH marketing plan to support SUD prevention efforts. Efforts will be driven by the amount of funding available.	Years 1-5 Years 1-2
Human Resources n/a (no negatives in Table 2.3 Resource Readiness Assessment)	
Fiscal Resources 1. Fresno County DBH will research the possible uses of MHSA funding and other resources to leverage and increase available funding for SUD prevention program expansion. 2. Funding for necessary equipment and technology will be made available through the SUD Primary Prevention Provider contract budgeting process.	Years 1-5 Years 1-3

Priority Area: Prescription Drugs	
Community Readiness Stage: 5, Preparation	
Course of Action (e.g. training, coalition building, mobilization efforts)	Proposed Timeline
Community Resources 1. Fresno County DBH will identify additional stakeholders to support SUD primary prevention (see existing stakeholder list SPP Ch. 2, page 32). 2. Educate community members about the harmful effects of prescription drug abuse. 3. Educate the community members about the risk factors associated with development of prescription drug abuse. 4. Increase collaborative efforts with other prescription drug abuse/misuse prevention efforts in Fresno and surrounding counties for greater community impact.	Years 1-5 Years 1-5 Years 1-5 Years 1-5
Organizational Resources 1. Fresno County DBH will leverage its relationship with the Fresno County Superintendent of Schools to increase SUD Primary Prevention Providers access to schools for the purpose of conducting prevention activities and administering the Fresno County Student Insight Survey. 2. Fresno County DBH will allocate funding to implement the DBH marketing plan to support SUD prevention efforts. Efforts will be driven by the amount of funding available.	Years 1-5 Years 1-2
Human Resources n/a (no negatives in Table 2.3 Resource Readiness Assessment)	
Fiscal Resources 1. Fresno County DBH will research the possible uses of MHSA funding and other resources to leverage and increase available funding for SUD prevention program expansion. 2. Funding for necessary equipment and technology will be made available through the SUD Primary Prevention Provider contract budgeting process.	Years 1-5 Years 1-3

C. Planning

2.) The Logic Models, FY 2021-26 Strategic Prevention Plan

Priority Area: Alcohol

Problem Statement: Youth acquire alcohol through their friends and adult relatives, which socially and culturally embeds alcohol use in Fresno County thereby normalizing underage drinking.

Contributing Factors: 1) Youth provide alcohol to their friends. 2) Parents/adults provide alcohol to youth.

Goal (Behavioral Change): Decrease youth access to alcohol.

Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
By 2026, the percentage of youth who report alcohol is easy to access will decrease by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.	Community-based Process Information Dissemination Education	By 2022 form a coalition comprised of youth serving organizations, county/city government, law enforcement, education and youth to support the development and implementation of countywide alcohol prevention services By 2023 Implement a countywide media campaign to educate youth and adults on the consequences of providing alcohol to youth and underage drinking By 2024, provide a minimum of 48 presentations (16 annually) for parents about positive parental involvement, the harms/risks of underage drinking and legal consequences of providing alcohol to minors.	By 2025, the percentage of youth who believe alcohol is easy to access will decrease by 1% as measured by the Fresno County Student Insight survey.	By 2026, the percentage of youth who believe alcohol is easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.	Fresno County Student Insight Survey Interviews with coalition chair(s) Alcohol prevention Activity Log Document review of media campaign materials Coalition Meeting Records

By 2026, the percentage of youth who disapprove of underage drinking will increase by 3% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.	Education Information Dissemination Alternatives	By 2022, receive buy-in (in the form of a written agreement) from schools to host youth education programs. By 2022, recruit 300 youth from schools with high rates of alcohol use per the Fresno County Student Insight Survey or California Healthy Kids Survey, to participate in education programs that include curriculum about positive coping and decision-making skills By 2023 implement a youth-led, countywide social norms education campaign geared toward youth By 2024, recruit a total of 200 youth to participate in leadership/empowerment building/prosocial activities and/or mentoring programs	By 2025, the percentage of youth who disapprove of underage drinking will have increased by 2% as measured by the Fresno County Student Insight Survey By 2025, 70% of youth will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test.	By 2026, the percentage of youth who disapprove of underage drinking will have increased by 3% as measured by the Fresno County Student Insight Survey.	Fresno County Student Insight Survey Interviews with prevention providers Alcohol prevention Activity Log Youth education post-test with a retrospective pre-test Document review of social norms campaign materials

Priority Area: Marijuana

Problem Statement: Among youth in Fresno County, marijuana is the overarching drug of choice and is driven by low perceptions of harm, and accessibility.

Contributing Factors: 1) Youth provide marijuana to their friends. 2) Youth have no/low perception of harm. 3) Norms encourage use. 4) Lack of positive activities for youth. 5) Lack of positive mentors for youth.

Goal (Behavioral Change): Decrease youth access to marijuana.

Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
By 2026, the percentage of youth who report marijuana is easy to access will decrease by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.	Information Dissemination Education Community-Based process	By 2022, form a coalition comprised of youth serving organizations, county/city government, law enforcement, county public health, health care providers, education and youth to support countywide marijuana prevention services. By 2023, Implement a countywide media campaign to educate youth and adults about legal consequences of providing marijuana to minors. By 2024, provide a minimum of 48 presentations (16 annually) for parents/adults about the legal consequences of providing marijuana to minors. By 2024, provide a minimum of 90 presentation (30 annually) for youth about legal consequences of providing marijuana to minors.	By 2025, the percentage of youth who report marijuana is easy to access will have decreased by 1% as measured by the Fresno County Student Insight Survey.	By 2026, the percentage of youth who report marijuana is easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.	Fresno County Student Insight Survey Education Activity Tracking log Coalition Meeting Records Interview(s) with coalition chair(s) Document review of media campaign materials

By 2026, the percentage of youth who believe marijuana is harmful will increase by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.	Education Information Dissemination	By 2022, receive buy-in (in the form of a written agreement) from schools to host youth education programs. By 2023, recruit 600 youth from schools with high rates of marijuana use per the Fresno County Student Insight Survey or California Healthy Kids Survey to participate in education programs. By 2023, implement a youth-led, countywide social norms education campaign about the health impacts of marijuana geared toward adults and youth. By 2024, on an annual basis, provide a minimum of 16 presentations for parents/adults about the health impacts of marijuana use.	By 2025, the percentage of youth who have knowledge of the health impacts of marijuana use will increase by 2% as measured by the Fresno County Student Insight Survey	By 2026, the percentage of youth who believe marijuana is harmful will have increased by 2% as measured by the Fresno County Student Insight Survey.	Fresno County Student Insight Survey Marijuana Prevention Activity Log Interviews with prevention providers Document review of social norm campaign materials
By 2026, the percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will increase by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.	Education Information Dissemination	By 2022, receive buy-in from schools (in the form of a written agreement) to host youth education programs. By 2023, recruit 65 youth from two schools to participate in a marijuana prevention education program that includes curriculum about positive coping, and decision-making skills. By 2023, implement a youth-led, countywide social norms education campaign about the health impacts of marijuana geared toward adults and youth.	By 2025, 70% of youth surveyed will have increased their knowledge about positive coping and decision-making skills as measured by a post-test with a retrospective pre-test. By 2025, 70% parents/guardians will increase their knowledge about	By 2026, the percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will have increased by 2% as measured by the Fresno County Student Insight Survey.	Fresno County Student Insight Survey Parent education pre/post-test Youth education post-test with a retrospective pre-test Document review of social norm campaign materials

		By 2024, 40 parents/guardians will participate in education programs annually.	providing a positive parental environment and the harmful consequences of youth marijuana use as measured by a post-program survey.		
By 2026, 10% more youth will participate in alternative activities compared to baseline data collected in FY 2020/21, as measured by marijuana prevention activity log.	Alternatives	By 2021, calculate the number of youth reached through marijuana prevention alternative activities between 2015 and 2020 to establish a baseline.	By 2024, the number of youth who participated in alternative activities will increase by 5% as measured by marijuana prevention activity log.	By 2026, 10% more youth will have participated in alternative activities as measured by marijuana prevention activity log	Marijuana prevention activity log Attendance/ sign in log for youth alternative activities
By 2025, 80% of youth will report that the mentoring they are receiving has helped them to feel good about themselves and increased their social competence, as measured by a mentoring program survey.	Alternatives Problem Identification and Referral	By 2022, develop a mentoring program framework By 2023, establish a pilot program that can serve 8 to 10 youth. By 2023, recruit 8 to 10 youth for the mentoring program who are deemed at risk for marijuana use or showing early phase marijuana use	By 2024, 50% of youth will report an increased negative attitude toward marijuana use as measured by a mentoring program survey.	By 2025, 80% of youth will have reported that the mentoring they received helped them to feel good about themselves and increased their social competence as measured by a mentoring program survey.	Youth mentor program survey Mentoring activity log

Priority Area: Prescription Drugs (Rx)

Problem Statement: Youth curiosity, coupled with ease of access through friends and adults leads to prescription drug misuse by youth.

Contributing Factors: 1) Youth provide prescription drugs to their friends. 2) Youth curiosity leads to use.

Goal (Behavioral Change): Decrease youth access to prescription drugs

Objective	Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Indicators
By 2026, the percentage of youth who report prescription drugs is easy to access will decrease by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.	Community-Based Process Environmental Information dissemination	By 2022, establish and maintain a countywide coalition comprised of 15 different agencies/partners to work on prescription drug prevention strategies and the procurement of resources to support the prescription drug drop box program. By 2023, implement a countywide education campaign about prescription drug drop boxes in Fresno County and the consequences of prescription drug use and providing prescription drugs to others. By 2024, provide a minimum of 48 presentations (16 annually) for parents/adults about prescription drug use by youth. and the proper disposal and storage of Rx drugs.	By 2025, establish two additional prescription drug drop boxes in Fresno County. By 2025, the pounds of Rx drugs collected through the drop box program will increase as compared to the baseline pounds of Rx drugs collected through the drop box program in 2020. By 2025, the percentage of youth who report that medications are locked up in their home will increase by 10% as compared to baseline percentage in 2020 as measured by the Fresno County Student Insight Survey.	By 2026, the percentage of youth who believe prescription drugs are easy to access will have decreased by 2% as measured by the Fresno County Student Insight Survey.	Fresno County Student Insight Survey Meeting records Rx Prevention Activity Log Interviews

By 2026, the percentage of youth misusing prescription drugs in the past 30 days will decrease by 2% from baseline data collected in FY 2021/22, as measured by the Fresno County Student Insight Survey.	Alternatives Education	By 2022, receive buy-in (in the form of a written agreement) from schools to host youth education programs. By 2024, recruit a minimum of 300 youth from schools with high rates of Rx use per the Fresno County Student Insight Survey or California Healthy Kids Survey, to participate in education programs that include curriculum about positive coping and decision-making skills By 2024, recruit a total of 70 youth to participate in leadership/empowerment building/prosocial activities and/or mentoring programs	By 2025, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 1% as measured by the Fresno County Student Insight Survey. By 2025, 70% of youth will have increased their knowledge about positive coping and decision-marking skills as measured by a post-test with a retrospective pre-test.	By 2026, the percentage of youth misusing prescription drugs in the past 30 days will have decreased by 2% as measured by the Fresno County Student Insight Survey.	Fresno County Student Insight Survey Rx Prevention Activity Log Interviews Post with a retrospective pre-test

D. Implementation

To fully and effectively respond to the needs identified in the community assessment and the outcomes outlined in the SPP logic models, DBH negotiated a comprehensive and adaptable service implementation plan with the selected provider. The comprehensive plan will be guided by an integrated services model, engage community partners and stakeholders, and focus on the individual, family, school, and community. The SUD prevention services provided to youth and young adults in Fresno County will be based on environmental and community factors, developmental factors, and leadership skill and resiliency development.

The overarching goal of SUD prevention in Fresno County is to reduce risk factors in the community that contribute to substance use and strengthen protective factors that delay the early use of the three substances of concern for youth and young adults (alcohol, marijuana, and prescription drugs). To accomplish this, Fresno County and its contracted provider will take a community-wide approach to prevention. By using one experienced SUD prevention provider organization, Fresno County believes that services and activities will be conducted more efficiently and that prevention efforts can be tailored to meets the needs of youth in specific geographical areas within the county relating to the three priority substances. Campaigns will incorporate activities consistent with accepted CSAP strategy definitions and in accordance with the CSAP strategies assigned to objectives in each priority area within the logic models.

DBH sought input from adult and youth community residents, stakeholders, and prevention providers about the strategies they believed would be the best fit for Fresno County substance use prevention programs. The stakeholder, community residents, and prevention providers reflected on the high-ranked risk and protective factors to identify the strategies that would produce positive outcomes. While prevention providers supported environmental strategies that focus on legal and regulatory initiatives, community residents expressed concern about policy approaches to substance use prevention. There was agreement about the need to (1) educate youth about life skills, (2) educate youth and parents about the harmful effects of alcohol and marijuana use, and (3) provide alcohol-free and marijuana-free pro- social events and/or mentoring programs for youth, to curtail the ease of access, and the use of alcohol and marijuana. Based on this input, ‘education’ and ‘alternatives’ are included as strategies for all three priority areas. While ‘environmental’ is included as a strategy for prescription drugs, the intent is not a policy-oriented approach, but an approach aimed at maintaining and expanding the prescription drug drop box program.

The stakeholders, prevention providers and community residents also identified the need to inform adults and youth about the consequences and harmful impacts of providing youth with alcohol and/or marijuana, and to inform county stakeholders about the prevention programs available in Fresno County. As a result, ‘information dissemination’ is included as a strategy for both marijuana and alcohol to reduce the risk factors affiliated with youth accessing alcohol and marijuana from friends, and to increase awareness of prevention programs. Lastly, ‘community-based process’ was included as a strategy in recognition that collaborations are an effective means of sharing information, identifying new and promising practices, monitoring progress toward achieving prevention outcomes and goals, and possibly leveraging resources to strengthen and expand prevention programming. The strategies listed in the SPP have the support of stakeholders and community members involved in the planning process. To reach and serve the largest number of people the county, the bulk of SUD prevention services fall under the “Universal” IOM category. There is one exception. Youth Mentoring Program for selected youth deem to be more at risk of marijuana use falls under the “Selective” IOM category. Within the priority area for reducing youth

access to marijuana, under the Youth Mentoring Program, the CSAP strategy Problem Identification and Referral listed. For the mentoring program, partner schools screen and refer students they deem at risk for marijuana abuse to the contracted provider.

E. Evaluation

1.) Evaluation Plan, FY 2021-26 Strategic Prevention Plan

Evaluation Plan for Short-Term Outcomes (A = Alcohol, M = Marijuana, P = Prescription Drugs)

Short -Term Outcome	Indicator/Performance Measures	Method of Data Collection	Tools/Data Source	Responsible Party	Timeframe
Receive buy-in (in the form of a written agreement) from schools to host youth education programs (AMP)	Completed written agreement	Document review	Copy of written agreement	Provider Staff Evaluator	2021/22
Form a coalition comprised of youth-serving organizations, local government, law enforcement, education, and youth to support the development/implementation of prevention services (AM) Establish and maintain a countywide coalition composed of 15 different agencies/partners to work on Rx prevention strategies and the procurement of resources to support the Rx box program (P)	# of meetings # of participants	Document review Observation	Meeting minutes Meeting notes	Provider Staff Evaluator	Formed by 2021/22 Measured annually (2021-2026)
Recruit a total of 1,200 youth from schools with high substance use rates per the FCSIS or CHKS, to participate in education programs that include curriculum about positive coping and decision-making skills (A: 300, M: 600, P: 300)	# of youth participating in prevention programming by location	Tracking Log	Activity Tracking Log PPSDS	Provider Staff Evaluator County staff	Measured annually (2021-2026)
Implement a youth-led, countywide social norms education campaign geared toward youth (AM)	Description and reach of countywide social norms campaign	Tracking Log Focus groups Document review	Activity Tracking Log Social Media Analytics Campaign photos/materials Provider Staff Focus Group Protocol PPSDS	Provider Staff Evaluator County staff	Implemented by 2022/23 Measured annually (2022-2026)
Implement a countywide media campaign to educate youth and adults on the consequences of providing alcohol/marijuana to youth and underage drinking/marijuana use (AM) Implement a countywide education campaign about Rx drop boxes in Fresno County and the consequences of Rx use and providing Rx to others (P)	Description and reach of countywide media campaign	Tracking Log Focus groups Document review	Activity Tracking Log Social Media Analytics Campaign photos/materials Provider Staff Focus Group Protocol PPSDS	Provider Staff Evaluator County staff	Implemented by 2022/23 Measured annually (2022-2026)

Recruit a total of 335 youth to participate in leadership/empowerment building/prosocial activities or mentoring programs (A: 200, M: 65, P: 70)	# of youth participating in youth development events # of youth participating in the Mentoring Program by location	Tracking Log	Activity Tracking Log PPSDS	Provider Staff Evaluator County staff	Measured annually (2021-2026)
Provide 144 presentations (48 annually) for parents about positive parental involvement, the harms/risks of alcohol/marijuana/Rx and legal consequences of providing to minors (A: 48, M: 48, P: 48)	# of parents participating in presentations by location	Tracking Log	Activity Tracking Log PPSDS	Provider Staff Evaluator County staff	Provided by 2023/24 Measured annually (2021-2026)
Calculate the number of youth reached through marijuana prevention alternative activities between 2015 and 2020 to establish a baseline (M)	# of youth reached through marijuana prevention activities between 2015 and 2020	Document review	2015-2020 Data Dashboards	Evaluator	2021/22
Develop a mentoring program framework (M)	Completed program framework	Document review	Copy of Mentoring Program Framework	Provider staff Evaluator	2021/22
Establish a pilot mentoring program that can serve 8 to 10 youth (M)	# of mentors recruited and trained	Focus groups	Provider Staff Focus Group Protocol	Provider staff Evaluator	2022/23
Recruit 8 to 10 youth for the mentoring program who are deemed at risk for marijuana use or showing early phase marijuana use (M)	# of youth mentees recruited	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Recruited by 2022/23 Measured annually (2022-2026)
Provide a minimum of 90 presentation (30 annually) for youth about legal consequences of providing marijuana to minors (M)	# of youth presentations	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Provided by 2023/24 Measured annually (2021-2026)
On an annual basis, provide a minimum of 16 presentations for parents/adults about the health impacts of marijuana use (M)	# of parent presentations	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Provided by 2023/24 Measured annually (2021-2026)
40 parents/guardians participate in education programs annually (M)	# of parents participating in marijuana education programs	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Provided by 2023/24 Measured annually (2021-2026)

Intermediate Outcomes Evaluation Plan (A = Alcohol, M = Marijuana, P = Prescription Drugs)

Intermediate Outcome	Indicator/ Performance Measures	Method of Data Collection	Tools/Data Source	Responsible Party	Timeframe
The percentage of youth who believe alcohol/ marijuana is easy to access will decrease by 1% as measured by the FCSIS (AM)	% of youth who believe alcohol/marijuana is easy to access	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
The percentage of youth who disapprove of underage drinking will increase by 2% as measured by the FCSIS (A)	% of youth who disapprove of underage drinking	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
70% of youth will increase their knowledge about positive coping and decision-making skills as measured by a posttest with a retrospective pre-test (AMP)	% of youth with increased knowledge and skills	Surveys	Youth Development Survey Mentoring Program Survey	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
50% of youth will report an increased negative attitude toward marijuana use as measured by a mentoring program survey (M)	% of youth with increased negative attitude toward marijuana	Survey	Mentoring Program Survey	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2023/24)
The number of youth who participate in alternative activities will increase by 5% as measured by a prevention activity log (M)	# of youth participating in alternative activities by location	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Measured annually (baseline 2021/22; end goal 2023/24)
The percentage of youth who have knowledge of the health impacts of marijuana use will increase by 2% as measured by the FCSIS (M)	% of youth who have knowledge of health impacts of marijuana	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
70% parents/guardians will increase their knowledge about providing a positive parental environment and the harmful consequences of youth marijuana use as measured by a post-program survey (M)	% of parents who increase their knowledge about parenting and marijuana	Survey	Parent Survey	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
The percentage of youth misusing prescription drugs in the past 30 days will decrease by 1% as measured by the FCSIS (P)	% of youth reporting 30 day use of prescription drugs	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
Establish two additional prescription drug drop boxes in Fresno County (P)	# of drop boxes established by location	Focus groups	Provider Staff Focus Group Protocol	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
The pounds of Rx drugs collected through the drop box program will increase as compared to pounds of Rx drugs collected in 2020 (P)	# of pounds of Rx collected by drop box location	Tracking Log	Drop Box Tracking Log	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)
The percentage of youth who report medications are locked up in their home will increase by 10% compared to 2021/22 as measured by the FCSIS (P)	% of youth reporting prescription drugs are locked up in their home	Survey	FCSIS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2024/25)

Long-Term Outcomes Evaluation Plan (A = Alcohol, M = Marijuana, P = Prescription Drugs)

Long-Term Outcome	Indicator/ Performance Measures	Method of Data Collection	Tools/Data Source	Responsible Party	Timeframe
The percentage of youth who believe alcohol/ marijuana/prescription drugs are easy to access will have decreased by 2% as measured by the FCSIS (AMP)	% of youth who believe alcohol/marijuana/ prescription drugs are easy to access	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)
The percentage of youth who disapprove of underage drinking will increase by 3% as measured by the FCSIS (A)	% of youth who disapprove of underage drinking	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)
The percentage of youth who believe people close to them (e.g., friends, parents) disapprove of using marijuana will increase by 2% as measured by the FCSIS (M)	% of youth who believe friends and parents disapprove of using marijuana	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)
The percentage of youth who believe marijuana is harmful will increase by 2% as measured by the FCSIS (M)	% of youth who believe marijuana is harmful	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)
10% more youth will participate in alternative activities as measured by marijuana prevention activity log (M)	# of youth participating in alternative activities by location	Tracking Log	Activity Tracking Log PPSDS	Provider staff Evaluator County staff	Measured annually (baseline 2020/21; end goal 2025/26)
80% of youth will report the mentoring they received helped them to feel good about themselves and increased their social competence as measured by a mentoring program survey (M)	% of youth who report the mentoring helped them	Survey	Mentoring Program Survey	Provider staff Evaluator	Measured annually (2021-2026)
The percentage of youth misusing prescription drugs in the past 30 days will decrease by 2% as measured by the FCSIS (P)	% of youth misusing prescription drugs in past 30 days	Survey	FCSIS or CHKS	Provider staff Evaluator	Measured annually (baseline 2021/22; end goal 2025/26)

2.) The Youth Leadership Institute (YLI) is in the implementation phase of the Contracted Primary Prevention Services. Staff have led capacity building sessions for adult allies and have scheduled capacity building training for partners who serve on the Adult Advisory Council and the Youth Development Coalition on the topic of partnering with youth to lead prevention efforts. Both Coalitions have over 15 partners participating which exceeds the number of partners required annually. In addition to leading capacity building trainings, YLI staff have also been able to grow and build upon community relationships in both Fresno and rural communities in Fresno County. We have also successfully conducted two prosocial events and have three more planned before the end of fiscal year, which is more than originally identified in the scope of work. In partnership with youth, staff successfully led a countywide teen conference in Kerman on April 23rd.

Staff alongside youth have also engaged in media outreach and engaged in 3 interviews with Univision 21. At the second Univision interview held on April 26th, a young person along with a staff member were interviewed to provide an update on the underage drinking prevention work, Marijuana Prevention and Prescription Drug Abuse Prevention. We shared about the California Healthy Kids Survey data for all three substances, an update regarding the countywide Teen Summit that occurred on April 23rd, our young person shared what her experience has been on the ground as it relates to her peers and shared about our Prescription Drug Abuse Prevention Plan. Staff received a call immediately after to schedule an in-person interview on Univision's Arriba Valle Central on May 3rd to share more information on our prevention efforts.
On April 13th, a Kerman youth attended and spoke at the Kerman City Council to inform them on the liquor store saturation issues they face in their community as a liquor store was seeking approval of a Conditional Use Permit (CUP). After hearing the youth's prevention efforts around alcohol and information, the council voted to deny the CUP to the potential liquor store. After conducting two parent presentations, the Selma Community Resource Center has asked to grow their relationship with YLI through the request of more capacity building and training for community members. YLI has also had the opportunity to build a relationship with the Learn4Life charter center in both Fresno and Mendota, our program coordinators in both areas have been able to distribute peer social norm materials.

3.) The greatest challenge faced by the YLI staff during the implementation of prevention services has been the staffing of qualified staff to take on the Reducing Marijuana Access to Youth (RMAY) contract. All staff vacancies were filled as of April 11th and staff have been diligently working to secure MOU's from all pending sites. The recently hired team has received pushback from some community partners regarding the late start in the school year, all potential partners are asking to start during August of 2022 which would lead us into the following school year. Another challenge faced in implementing primary prevention has undoubtedly been the fluctuating Covid numbers. In this fiscal year, our prevention staff was not able to make it on to a campus until January of 2022. That date was then later pushed back due to the delta outbreak. Covid precautions and safety measures will be in place through the end of the fiscal year, at the very least.

F. SPF Guiding Principle: Cultural Competency

1.) Fresno County DBH sends all contracted providers CLAS assessments annually and reviews each submission to ensure compliance with CLAS standards. Deficiencies are addressed through a corrective action plan process.

2.) DBH integrated cultural competence (referred to as culturally responsive in Fresno or cultural humility) through the SPP planning process to ensure the creation of a plan that stakeholders and community members' support, is actionable, and leads to positive outcomes. Cultural competence informed the methodology for intentionally engaging racially diverse community members, and specifically youth who are the target population of the SPP, in the planning process.

DBH is committed to providing culturally responsive services and welcomed involvement from all cultures within Fresno County during the stakeholder process. As part of the stakeholder process, local CBOs with familiarity of the diversity in Fresno County conducted community focus groups. Two youth focus groups (19 participants) and two adult focus groups (16 participants) were conducted in June 2019, and the participants were African American/Black, Hispanic/Latino, Asian and Caucasian. DBH is committed to providing culturally responsive services and wanted to hear from groups that have been historically underrepresented but reflect Fresno County's diversity and comprise significant portions of its population. Within the focus groups, DBH's intention was to create an atmosphere whereby individuals would feel comfortable sharing and discussing how their culture influences substance use norms

In December 2018, Fresno County DBH completed its Cultural Competency Plan Delivered with Humility. To give all communities members a voice and promote cultural competency, DBH has convened a standing Cultural Humility Committee (CHC) which meets monthly. Participation from community-based SUD and mental health providers is essential to the efforts of this committee. The focus of the CHC is to reduce or eliminate disparity by improving access to culturally and linguistically sensitive behavioral health services. The DBH makes annual trainings available to providers to build upon their culturally responsive skills.

Within the plan, county staff and contracted providers will be required to complete selected Core Cultural Competency Trainings within six (6) months of hire date and/or contract execution and trainings must be repeated every five (5) years. For county staff and contracted provider staff that conduct direct services, a minimum of one training will be required every fiscal year and may involve advanced training. In addition to cultural competency training, providers are required to submit an annual Culturally and Linguistically Appropriate Standards (CLAS) self-assessment. These standards are designed to be threaded throughout agency policies and practices. CLAS standard six (6) requires that individuals are informed verbally and in writing at no cost to the individual of the availability of language assistance services clearly and in their preferred language. Fresno County DBH monitors each plan to ensure that contracted providers are complying with CLAS.

Additionally, provider staff annually attend the Friday Night Live Training Institute, which included workshops and training for staff on Cultural Competency and creating inclusive spaces. These training provide resources for navigating conversations about race and identity with youth. In addition, DBH uses data gathered during prevention evaluation to monitor the effectiveness of prevention services and to ensure, services are reaching underserved and monitory populations.

G. SPF Guiding Principle: Sustainability

1.) DBH utilized the stakeholder process to assess the resources available throughout Fresno County. To ensure sustainability of SUD prevention efforts in Fresno County, DBH continues to focus on building capacity utilizing the specific strategies, listed in the Capacity building tables in the SPP and Section B. of this document over the duration of the SPP. DBH has conducted its own and supported provider led SUD prevention media campaigns to create public awareness and elicit support from the community. DBH has conducted SUD prevention focused panels including Veteran panels and has provided SUD training to the CA Department of Education and local school staff. DBH continues to identify and add additional stakeholders that will act as supports to SUD prevention efforts. DHB is leveraging its relationship with the Fresno County Superintendent of Schools to expand the reach of SUD prevention work and encourage collaboration through the growth of prevention focused coalitions and projects. This includes the development of an SUD focused system of care within Fresno Unified School District. DBH will continue work with its contracted SUD prevention provider to increase volunteer pools that will assist with campaigns and other prevention work. DBH continues research ways to leverage additional funding to support and expand SUD prevention and has pursued addition funding through provided through CRRSAA and ARPA to support and expand existing treatment efforts.

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Prevention and Treatment Block Grant (SABG)
Adolescent/Youth Set-Aside – Outreach and Education
Training for Professionals Who Work with Youth
Fiscal Year 2022-23

A. Statement of Purpose:

Fresno County Department of Behavioral Health provides substance use disorder prevention and treatment services to residents of Fresno County, primarily through contracted community-based programs. Raising public awareness through outreach, dissemination of information and training is an important component toward efforts to reduce substance use. Fresno County contracted substance use disorder providers who serve youth have reported a marked increase in referrals for services by schools and the community. Fresno County has contracted with Brain Wise Solutions Group, Inc. (Brain Wise) to develop a training targeting professionals who work with youth in settings such as schools, probation, social service agencies, and others who work in related fields. The goal of the training is to provide and build skills and knowledge that will help them with identifying youth who may have a substance use disorder and link them to existing services. Outreach and training activities will include the education of professionals in these systems, so that they learn to recognize the signs and symptoms of substance use, develop communication strategies and skills that will enable them to engage with youth, and provide them with an understanding of our existing substance use disorder system of care allowing them to link youth to services using an emphasis on positive youth development.

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. The Guiding Principles of Care encourage the use of a strengths-based approach as well as being inclusive of natural supports to aid in a persons recovery. To this end, Fresno County Department of Behavioral Health is supporting AOD outreach, training, and education activities through the development and implementation of a training targeting professionals that work with youth.

B. Measurable Outcome Objectives:

1. Raise awareness of existing substance use disorder services available for youth
2. Help professionals develop the skills and knowledge they need to link youth to substance use disorder services
3. Increase calls to the SUD line for youth seeking services
4. Increase the number of referrals to our contracted youth providers

This project was initiated in February 2022 and has not had the opportunity to collect data to determine progress towards achieving its objectives. As the project continues its implementation, Fresno County will work with Brain Wise and internal staff to determine whether objectives are being met. The results from surveys conducted during the training, number of attendees, number

of calls from our access line, and the number of referrals to our contracted providers will be collected and compared to determine progress made towards our stated objectives.

C. Program Description:

Brain Wise was awarded a contract, effective in February 2022, to develop a training for professionals who work with at-risk youth that will help them: (1) identify youth at risk of substance use or abuse; (2) support the professionals with skills intended to engage the youth and link them to substance use disorder services. This includes the development of a training curriculum, informational materials, a series of trainings, and a training recording to be made available for professionals who work with youth. The trainings will be made available to professionals across several systems of care that work with and support youth to help them build their skillset so that they are more comfortable and knowledgeable in approaching youth to speak about substance use disorders and linking them to services.

Two trainings will be developed and implemented. One will be a one-hour training and the second will be a longer four-hour "train the trainer" training that will allow professionals to conduct the training on their own. Subject matter may include, but would not be limited to, the following:

- Motivational interview techniques and skills that help professionals support and encourage youth through the process of linking to SUD services
- Exploration of the impact of trauma for youth with substance use disorders
- Incorporation of resiliency and how strengths-based responses to substance use disorders can have a positive impact on youth
- Best practices for incorporating the youth's parents/caregivers in the process with consideration to confidentiality restrictions
- Best practices on how to approach parent's/caregivers in the discussion in a way that supports the youth
- Indicators to look for when identifying youth who may need SUD services
- An overview of what SUD services consists of including the services which are available to youth
- A basic understanding of confidentiality as it applies to SUD treatment
- Explanation that not all referrals to treatment will result in admission to treatment programs
- Outreach materials that provide information about how to access services and tips on how to engage youth or find more information
- Consistency with DHCS Youth Treatment Guidelines
- Culturally and linguistically appropriate subject matter for participants with respect to the unique demographics of Fresno County
- Delivered with a focus on diversity, equity, and inclusion and how those concepts can be tied to the efficacy of the linkage and referral process.

The primary objectives of this campaign are to raise awareness of existing substance use disorder services for youth and increase access to services by building the competencies of professionals

who work with youth through trainings. The trainings will be offered to school staff, probation, and social service agencies as well as other stakeholders to increase the number of people in our community who can link youth to necessary services.

D. Cultural Competency:

DBH has convened a Diversity, Equity and Inclusion Committee (DEIC) which meets monthly. Participation from community-based SUD 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 contractors to build upon their culturally responsive skills. These training provide resources for navigating conversations about race and identity with youth.

Per contract terms, Brain Wise must include culturally and linguistically appropriate subject matter for training participants with respect to the unique demographics of Fresno County. The trainings must also be delivered with a focus on diversity, equity, and inclusion and how those concepts can be tied to the efficacy of the linkage and referral process.

E. Target Population / Service Areas:

The target population for this program includes professionals who work in the educational, justice, and social service fields and have regular contact with youth ages 12-20 in at risk environments. The professionals will have different educational backgrounds and experience and will encounter youth in different settings and circumstances. The youth they work with may be in junior high school, high school, or college. Participants are expected to have different perspectives regarding substance use and may not be familiar with the services available.

F. Staffing:

Brain Wise is required to have a professional background in the public health, behavioral health, educational, youth development, or closely related field. For this project, Brain Wise staff includes individuals who have extensive experience in the subject matter covered in the training. The lead trainers who will be implementing the activities and developing the curriculum have participated in various positions related to the professionals we are targeting including, but not limited to: working with youth in foster care, developing curriculums for volunteers who worked with youth, working with not for profits who worked with incarcerated youth, experience as a social worker, experience providing youth mental health first aid, experience facilitating trauma-informed care, community development, recreational programming, and working in group homes. Professional and non-professional staff are expected to have appropriate experience and any necessary training at the time of hiring.

G. Implementation Plan:

Fresno County contracted with Brain Wise Solutions Group on February 23, 2022. The training and its associated materials are set to be developed from March 2022 through April 2023. Fresno County is anticipating trainings to be scheduled beginning in May through June 2022 and through the beginning of Fiscal Year 2022-23. Implementation will be a collaborative effort between Fresno County, Brain Wise, Fresno County schools, social service agencies, and other community-based organizations. Brain Wise will work to coordinate training dates with each organization based on their availability throughout the duration of the agreement.

Brain Wise is scheduled to offer two versions of the trainings, a one-hour training and a more intensive four-hour train the trainer version. The train the trainer version is meant to offer sustainability by ensuring that our community can continue the trainings after the expiration of our agreement with Brain Wise. Brain Wise has also proposed developing a video version of the training that can be used for individuals that cannot attend the in person/virtual trainings due to scheduling or time conflicts.

H. Program Evaluation Plan:

Brain Wise is obligated to comply with all contract monitoring and compliance protocols, procedures, data collection methods, and reporting requirements conducted by Fresno County. Brain Wise will track the number of participants in each training to help determine the total number of people that benefitted from this project. Brain Wise will also issue a pre and post survey to all participants to determine the effectiveness of the training and materials. Areas that will be included in the pre and post surveys include format of the training, effectiveness of the trainer, content of the curriculum, satisfaction of the participants, and cultural and linguistic appropriateness. Brain Wise has the capability and tools to be able to track and capture these data points. Brain Wise and Fresno County will review the data captured to determine any next steps as well as potential improvements that could be implemented throughout the duration of the contract. Fresno County staff will meet with Brain Wise regularly to check in, assess projects, receive feedback, and strategize next steps.

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2022-23
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name | **Discretionary - Non-Drug Medi-Cal Adult Outpatient Treatment**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 500,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 50,000.00
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 500,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ -	0.000	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement No. A-22-177 - Non-DMC Adult Outpatient Treatment	$ 500,000.00	$ 500,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2022-23
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name	**Discretionary - Non-DMC Adult Residential Treatment and Room & Board**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 2,429,096.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 242,909.60
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 2,429,096.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses		$ -	1.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	0.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	N/A	$ -	$ -
Consultant/Contract Costs	Master Agreement No. A-22-179 - Residential Room and Board	$ 2,100,000.00	$ 2,100,000.00
Consultant/Contract Costs	Master Agreement No. A-22-178 Residential Treatment Services	$ 329,096.00	$ 329,096.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2022-23
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name	**Adolescent/Youth Set-Aside - Youth Treatment Services**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 296,665.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 29,666.50
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 296,665.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement No. 18-694 - Adolescent Outpatient Services	$ 136,665.00	$ 136,665.00
Consultant/Contract Costs	Agreement No. P-21-043 - Tarzana Treatment Centers, Inc.	$ 50,000.00	$ 50,000.00
Consultant/Contract Costs	Agreement No. 18-622-1 - Mental Health Systems	$ 110,000.00	$ 110,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency

Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2022-23
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name: **Perinatal Set-Aside - Perinatal Residential Treatment and Room/Board**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 240,889.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 24,088.90
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 240,889.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement No. A-22-179 - Residential Room and Board	$ 190,889.00	$ 190,889.00
Consultant/Contract Costs	Master Agreement No. A-22-178 - Residential Treatment Services	$ 50,000.00	$ 50,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan

Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2022-23
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Ahmad Bahrami	**Phone**	559-600-6865
Email Address	abahrami@fresnocountyca.gov		

Program Name	**Friday Night Live - Club Live - Friday Night Live Kids**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 45,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 4,500.00
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 45,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. A-21-270 - Youth Leadership Institute - FNL/CL	$ 45,000.00	$ 45,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2022-23
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Ahmad Bahrami	**Phone**	559-600-6865
Email Address	abahrami@fresnocountyca.gov		

Program Name | **Prevention Set-Aside - Alcohol Marijuana and Prescription Drugs**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 1,189,351.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 118,935.10
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 1,189,351.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. A-21-270 - Youth Leadership Institute - MJ, Rx and Underage Drinking	$ 1,189,351.00	$ 1,189,351.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2022-23
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name	**Adolescent Set-Aside - Outreach and Education**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 71,404.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 7,140.40
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 71,404.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. P-22-073 - Brain Wise Activity	$ 71,404.00	$ 71,404.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2023-24
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name	**Discretionary - Non-Drug Medi-Cal Adult Outpatient Treatment**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 500,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 50,000.00
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 500,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ -	0.000	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement No. A-22-177 - Non-DMC Adult Outpatient Treatment	$ 500,000.00	$ 500,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan

Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2023-24
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name	**Non-DMC Adult Residential Treatment and Room/Board**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 2,429,096.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 242,909.60
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 2,429,096.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses		$ -	1.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	0.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs	N/A	$ -	$ -
Consultant/Contract Costs	Master Agreement No. A-22-179 - Residential Room and Board	$ 2,100,000.00	$ 2,100,000.00
Consultant/Contract Costs	Master Agreement No. A-22-178 - Residential Treatment Services	$ 329,096.00	$ 329,096.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2023-24
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name	**Adolescent/Youth Set-Aside - Youth Treatment Services**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 368,069.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 36,806.90
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 368,069.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement No. 18-694 - Adolescent Outpatient Services	$ 208,069.00	$ 208,069.00
Consultant/Contract Costs	Agreement No. P-21-043 - Tarzana Treatment Centers, Inc.	$ 50,000.00	$ 50,000.00
Consultant/Contract Costs	Agreement No. TBD - Mental Health Systems	$ 110,000.00	$ 110,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2023-24
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Katherine Anderson	**Phone**	559-600-6060
Email Address	kathyanderson@fresnocountyca.gov		

Program Name	**Perinatal Set-Aside - Perinatal Residential Treatment and Room/Board**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 240,889.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 24,088.90
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 240,889.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement No. TBD - Residential Room and Board	$ 190,889.00	$ 190,889.00
Consultant/Contract Costs	Master Agreement No. TBD - Residential Treatment Services	$ 50,000.00	$ 50,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2023-24
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Ahmad Bahrami	**Phone**	559-600-6865
Email Address	abahrami@fresnocountyca.gov		

Program Name Friday Night Live - Club Live - Friday Night Live Kids

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 45,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 4,500.00
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 45,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. A-21-270 - Youth Leadership Institute - FNL/CL	$ 45,000.00	$ 45,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.5

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2023-24
COUNTY	Fresno	**Submission Date**	5/11/2022

Fiscal Contact	Iris Badillo	**Phone**	559-600-4606
Email Address	ibadillo@fresnocountyca.gov		

Program Contact	Ahmad Bahrami	**Phone**	559-600-6865
Email Address	abahrami@fresnocountyca.gov		

Program Name	**Prevention Set-Aside - Alcohol Marijuana and Prescription Drugs**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 1,189,351.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Program Maximum Allowable Indirect Costs	$ 118,935.10
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 1,189,351.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. A-21-270 - Youth Leadership Institute - MJ, Rx and Underage Drinking	$ 1,189,351.00	$ 1,189,351.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
Indirect Costs	N/A	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By: Seongsook Duncan
Date: 5/26/2022

SAM.GOV

Entity Workspace Results 1 Total Results

Fresno, County of

DUNS **Unique Entity ID:** 080055902

SAM **Unique Entity ID:** RUJLP1K3WWK9

CAGE/NCAGE: 7JJ15

Entity Status: Active

Physical Address:
4417 E Inyo Ave Bldg 333
Fresno , CA
93702-2977 USA

Expiration Date:
Mar 28, 2023

Purpose of Registration:
All Awards

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

GAVIN NEWSOM
GOVERNOR

May 27, 2022

Susan Holt, Director, Public Guardian
Fresno County Behavioral Health
4441 E. Kings Canyon
Fresno, CA 93702

Dear Ms. Holt:

DHCS has reviewed your County's Biennial 2022-24 SABG County Application submission, and all of the required documents have been received and are in compliance with the applicable Federal and State requirements. Your Program Narratives and the enclosed Detailed Program Budget Workbooks have been reviewed and approved.

Funding Categories	Total Annual Allocation	Total Amount Approved SFY 2022-23	Total Amount Approved SFY 2023-24
Total Allocation	**$ 4,772,405.00**	**$ 4,772,405.00**	**$ 4,772,405.00**
Discretionary	$ 2,929,096.00	$ 2,929,096.00	$ 2,929,096.00
5% HIV EIS Allowance	$ 238,620.00	$ 0.00	$ 0.00
Prevention Set-Aside	$ 1,189,351.00	$ 1,189,351.00	$ 1,189,351.00
Friday Night Live/Club Live	$ 45,000.00	$ 45,000.00	$ 45,000.00
Perinatal	$ 240,889.00	$ 240,889.00	$ 240,889.00
Adolescent/Youth	$ 368,069.00	$ 368,069.00	$ 368,069.00

Should you have any questions, please contact the Federal Grants Branch at SABG@dhcs.ca.gov.

Sincerely,

Waheeda Sabah, Section Chief
Contracts and Fiscal Section
Federal Grants Branch
Community Services Division
Department of Health Care Services