Substance Abuse Prevention and Treatment Block Grant (SABG)
Funding Allocation & Application Instructions
State Fiscal Year 2021-22

County of Fresno — April 15, 2021
County Name — **Date**

080055902
DUNS Number

Proposed Total Allocation	$4,757,405
Discretionary	$2,929,096
5% HIV EIS Allowance	$237,870
Prevention Set-Aside	$1,189,351
Friday Night Live/Club Live	$30,000
Perinatal	$240,889
Adolescent/Youth	$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.

This estimate is the proposed total allocation for State Fiscal Year (SFY) 2021-22 and is subject to change based on the level of appropriation approved in the State Budget Act of 2021. 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 2021-22 budget for the provision of alcohol and drug services.

Dawan Utecht — May 13, 2021
Authorized Signature — **Date**

Dawan Utecht, 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 titles of the Budget and the Narrative correspond.

   Each Program Narrative should be *no longer than 10 pages* and 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/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 for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

   e) **Target Population/Service Areas:** specifies the population(s) and/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 17, 2021**.

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.

Data Universal Number System

Please note that counties applying for SABG funding are required to provide their Data Universal Number System (DUNS) to DHCS. Guidance can be found online at: https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html

Your County's DUNS number must also be registered and active in the System for Award Management (SAM) website, and updated every 12 months. Guidance can be found online at:

https://www.sam.gov/SAM/pages/public/help/samQUserGuides.jsf

Unique Entity Identifier Update

Beginning in December 2020, the DUNS number will be replaced by a new, non-proprietary identifier, called the Unique Entity Identifier (UEI), or the Entity ID. Guidance for this transition can be found online at:

https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-information-kit/unique-entity-identifier-update

Entity ID Transition for Existing Entities

Your registration will automatically be assigned a new UEI which will be displayed in SAM.gov. The purpose of registration, core data, assertions, representations & certifications, points of contacts, etc. in SAM.gov will not change and no one will be required to re-enter this data. The DUNS number assigned to the registration will be retained for search and reference purposes.

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Block Grant
Discretionary - Non-Drug Medi-Cal Adult Outpatient Treatment
Fiscal Year 2021-22

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 recovery services, medication assisted treatment and case management 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 set ups, 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 2020-21 Outpatient Outcomes:

I. Admissions:
- a. 180 non-DMC outpatient treatment admissions
- b. Decrease of 62.26% over the prior period.

II. Average length of treatment:
- a. 96 days compared to 60 days in the prior year

III. Timeliness to first appointment:
- a. Goal – 70% of all clients are admitted within 10 days
- b. Outcome – 56% of clients were admitted within 10 days
- c. Average days to admission from initial contact was 12 days

IV. Treatment Perception Survey:
- a. Access (availability of services) – 90.28% satisfaction with service availability

b. Quality of care – 94.26% satisfied
c. Care Coordination – 89.35% satisfied with coordination with physical and mental health services
d. Outcome of care – 91.66% satisfied with the results they are getting from the treatment services

FY 2021-22 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.

Possible explanations for the decrease in outpatient treatment admission and increase in timeliness to first appointment 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, new regulations limiting in-person services, and policy changes limiting accessibility for persons served. The benchmarks set out for average length of stay and TPS client satisfaction were met for the FY20-21.

C. Program Description

Fresno County DBH contracts with community-based SUD treatment providers for outpatient services which are funded through the Substance Abuse 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 either outpatient level 1.0 or intensive outpatient level 2.1. Case management, 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 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 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 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.

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 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 Outpatient SUD treatment services have been available in Fresno County since 1989. The current Master Agreement #18-691 has been in place since January 1, 2019 and includes eight (8) treatment providers which are: Central California Recovery, Delta Care, Fresno New Connections, Kings View, Mental Health Systems, Promesa Behavioral Services, Turning Point of Central California, 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 Block Grant
Discretionary – Non-DMC Residential Treatment and Room and Board
Fiscal Year 2021-22

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 a portion of the 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, County will also use the SABG discretionary funds to cover the cost of treatment for the residential services 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 set ups, 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 2020-21 Residential Outcomes:

I. Admissions:
   a. 791 treatment admissions
   b. Decrease of 18.62% over the prior period.

II. Average length of treatment:
   a. 39 days compared to 40 days in the prior year

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Outcome – 56% of clients were admitted within 10 days
c. Average days to admission from initial contact was 9 days

IV. Treatment Perception Survey:

a. Access (availability of services) – 82.97% satisfaction with service availability
b. Quality of Care – 83.74% satisfied
c. Care Coordination – 79.12% satisfied with coordination with physical and mental health services
d. Outcome of Care – 86.81% satisfied with the results they are getting from the treatment services

FY 2021-22 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

Possible explanations for the decrease in residential treatment admissions, average length of stay, and an increase in timeliness to first appointment 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 (beds) made available for (residential) treatment, new regulations limiting in-person services, and policy changes limiting accessibility for persons served. The benchmarks set out in the TPS survey for Care Coordination and Outcome of Care were met for the FY20-21.

C. Program Description

Fresno County DBH contracts with community-based SUD treatment providers for 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 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 case management and medication assisted treatment (MAT), as necessary;the length of treatment is individualized and prescribed based upon the client's severity.

Residential services are available for up to 90-days per treatment episode. Clients can receive an extension of up to 30 days, if medical necessity is met, for one of the two annual episodes allowed. Persons served are re-assessed at least every 30 days to determine continuing need for residential services or stepped 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 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 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 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 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.

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 Master Agreement #18-692 and

Room and Board Master Agreement #18-693 has been in place since January 1, 2019 and includes 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 Block Grant
Adolescent/Youth Set-Aside – Youth Treatment Services
Fiscal Year 2021-22

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 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, including room and board, for all DMC and non-DMC beneficiaries 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 set ups, and consumer surveys. Providers are required to utilize the access form in DBH's electronic health information system (currently Avatar) 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 2020-21 Adolescent Outpatient Outcomes:

I. Admissions:
   a. 8 treatment admissions
   b. Decrease of 83.33% over the prior period.

II. Average length of treatment:

a. 123 days compared to 80 days in the prior year

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Outcome –86% of clients were admitted within 10 days
c. Average days to admission from initial contact was 3 days

IV. Treatment Perception Survey:

a. Access (availability of services) – 91.0% satisfaction with service availability
b. Quality of Care – 81.0% satisfied
c. Care Coordination – 87.2% satisfied with coordination with physical and mental health services
d. Therapeutic Alliance – 87.1% satisfied with counselor
e. Satisfaction – 92.2% overall satisfaction with services received

FY 2020-21 Adolescent Residential Outcomes:

Not applicable – data not yet available.

FY 2021-22 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 2021-22 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 decrease in youth treatment 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 limiting accessibility for persons served. The benchmarks set out for average length of stay, timeliness to first appointment and TPS client satisfaction were met for the FY20-21.

C. Program Description

Fresno County DBH contracts with community-based adolescent SUD treatment providers for outpatient and residential services which are funded through DMC and 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, Youth Treatment Guidelines, 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 and telehealth. Individuals are placed in a treatment facility based on the results of an ASAM-based adolescent assessment. Adolescent services include case management 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. 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 telehealth. This allows counselors the flexibility to meet kids where they are to improve engagement and retention. There are currently six (6) 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 available for up to 30-days per treatment episode. Clients can receive an extension of up to 30 days, if medical necessity is met, for one of the two annual episodes allowed. 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 Youth Treatment Guidelines.
- 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 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 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.

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 six 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 six (6) treatment providers which includes Fresno New Connections, Inc., Kings View Corporation, Mental Health Systems, Inc., Prodigy HealthCare, Inc. (funded by Realignment), Promesa Behavioral Health and Transitions.

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 above the maximum county rate 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 2021-22

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 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 set ups, 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 2020-21 Perinatal Residential Outcomes:

I. Admissions:
   a. 51 treatment admissions
   b. Decrease of 54.90% over the prior period.

II. Average length of treatment:
   a. 54 days compared to 57 days in the prior year

III. Timeliness to first appointment:
   a. Goal – 70% of all clients are admitted within 10 days
   b. Outcome – 75% of clients were admitted within 10 days

c. Average days to admission from initial contact was 10 days

IV. Treatment Perception Survey:

a. Access (availability of services) – 80.86% satisfaction with service availability
b. Quality of care – 84.93% satisfied
c. Care Coordination – 77.16% satisfied with coordination with physical and mental health services
d. Outcome of care – 85.19% satisfied with the results they are getting from the treatment services

FY 2021-22 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

Possible explanations for the decrease in perinatal residential treatment admissions and average length of stay 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 beds made available for residential treatment, new regulations limiting in-person services, and policy changes limiting accessibility for persons served. The benchmarks set out for timeliness to first appointment were met for the FY20-21.

C. Program Description

Fresno County DBH contracts with community-based SUD residential treatment providers that offer perinatal services. 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 is 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 case management 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 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 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.

As a result of the budget revision, Fresno County will be allocating the additional funds for residential room and board contractor 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

D. Cultural Competency

County-contracted substance use disorder 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 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.

E. 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 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.

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. Perinatal residential SUD treatment services have been available in Fresno County since 1989. The current non-DMC Residential Master Agreement #18-692 and the Room and Board Master Agreement #18-693 has been in place since January 1, 2019. The perinatal programs of Mental Health Systems, Inc., Bakersfield Recovery Services and WestCare of Central California are included in these agreements.

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 Block Grant
Friday Night Live/Club Live
Fiscal Year 2021-22

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 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 2015 – 2020. The current SPP was extended for one year to June 30, 2021 due to the impact of COVID-19 and the 2021-2026 SPP, currently under development, is scheduled to be completed and implemented by July 1, 2021. Reducing Underage Drinking is one of the four priority areas in the current SPP and will remain a priority area in the SPP that is under development.

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 FNL Outcome Objectives

FY 2021-2026 FNL Goals Outcomes:

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.

FY 2021-26 Objectives (Goals):

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

   - 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 14 community-based or high school-based, FNL Chapters comprised 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.

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 10 community-based or school-based, Club Live Chapters comprised 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

C. Program Description

Youth Leadership Institute (YLI) has been issued a tentative award notice to conduct prevention activities related to underage drinking, marijuana and prescription drugs, and FNL/CL program. An agreement is expected to be executed in fiscal year 2021/2022 with an anticipated start date of July 1, 2021.

YLI has coordinated the Fresno Friday Night Live/ Club Live for 16 years. Using practices YLI has established in Fresno, 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 will use 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, YLI proposes that Fresno FNL/Club Live/FNL Kids will 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. 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.

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, and the Club Live (CL) program meant for middle school aged youth, at a minimum will work with the following school districts to create FNL chapter sites:

- Edison High School
- Kerman High School
- Orange Cove High School
- Reedley Middle College High School
- Roosevelt High School
- Selma High School
- Sunnyside High School
- Tranquility High School
- McLane High School
- Mendota High School
- Fresno High School
- Rio del Rey High School
- Sanger High School
- Central Unified

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.

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 Program who oversees the contract deliverables and reporting, the Program Manager who managing the implementation of the program objectives, and three Program Coordinators 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.

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 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 will be 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:

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b. State-County Contract
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d. Timeliness of monthly invoice submissions
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h. Prevention Program Review Questionnaire for each FY of the agreement
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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 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 Block Grant
Prevention Set-Aside – Marijuana, Alcohol and Prescription Drug Use Prevention
Fiscal Year 2021-2022

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 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 2015 – 2020. The current SPP was extended for one year to June 30, 2021 due to the impact of COVID-19 and the 2021-2026 SPP, currently under development, is scheduled to be completed and implemented by July 1, 2021. Alcohol, Marijuana and Prescription Drug Abuse Prevention are three of the four priority areas in the current SPP and will remain priority area in the SPP that is in development.

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

The goals of the Alcohol, Marijuana and Prescription Drug Abuse Prevention programs developed in Fresno County are to implement prevention-related activities throughout the County with the goal of reducing alcohol use, marijuana use and prescription drug abuse among youth and young adults ages 10 to 20.

FY 2021-26 Alcohol, Marijuana and Prescription Drug Abuse Outcomes:

For FY 2021-2026, alcohol, marijuana and prescription drug abuse prevention efforts in Fresno County will aim to achieve several intermediate outcomes outlined in the scope of work that would lead to fulfilling the long-term project goals of decreasing substance use rates among youth ages 10 to 20.

FY 2021-26 Alcohol, Marijuana and Prescription Drug Abuse Objectives (Goals):

Alcohol Prevention Objectives:

1.) 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.
2.) 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.

Marijuana Prevention Objectives:

1.) 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.
2.) 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.
3.) 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.
4.) 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.
5.) 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.

Prescription Drug Prevention

1.) 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.
2.) 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.

C. Program Description

Youth Leadership Institute (YLI) has been issued a tentative award notice to conduct prevention activities related to underage drinking, marijuana and prescription drug prevention. An agreement is expected to be executed in fiscal year 2021/2022 with an anticipated start date of July 1, 2021.

For FY 2021-26, YLI will be delivering services for all priority areas that is based on common foundation:

1. Holistic programing that address the systemic challenges facing many communities,
2. A strong commitment to a youth-centered approach, meaning that youth learning is authentic, relevant, and experiential,
3. Supporting youth in finding, using, and amplifying their voices, all programs aim to strengthen the most fundamental and underlying forces for community transformation.

Alcohol Prevention Programing

The provider will be integrating the Reducing Alcohol Access to Youth (RAAY) Project into the already established Friday Night Live (FNL), Club Live, and Friday Night Live Kids cohorts (Chapters) across the county, which includes eight high schools, two middle schools and one elementary school. Utilizing a youth development framework, the provider will build the leadership capacity and partner with all eleven Friday Night Live sites, as well as the FNL countywide youth council known as the Youth Advocacy Leadership League (YALL), to lead underage drinking prevention campaign. Staff and youth together, will coordinate efforts to support the education of peers, parents and caregivers and according to the specific CSAP strategy or strategies in the logic model of the SPP to achieve the SPP objectives.

To address the issue of adults as social sources of alcohol for youth, YLI staff and youth will be using the survey findings to develop educational presentations on youth access to alcohol for parents, caregivers, and community stakeholders. Youth participants will also develop outreach materials and identify communication channels to conduct additional parent and caregiver outreach. Youth-Adult Partnership and capacity building training opportunities will also be offered to parent groups and adult allies who indicate interest in partnering in the implementation of the RAAY Project.

Marijuana Prevention Programing

The provider will be integrating the Reducing Marijuana Access to Youth (RMAY) Project into the already established and newly established Friday Night Live (FNL), Club Live, and Friday Night Live Kids cohorts (Chapters) across the county, which includes five high schools and one middle school. Utilizing a youth development framework, the provider will build the leadership capacity and partner with all six Friday Night Live sites, to lead marijuana prevention campaigns utilizing the CSAP strategies included in the logic model of the SPP. Staff and youth together, will coordinate efforts to support the education of peers, parents and caregivers using the specific CSAP strategy or strategies to address marijuana accessibility, perceptions of harm and disapproval that are relevant to their own schools, neighborhoods, and communities.

Provider staff and youth will be using the Fresno County Student Insight Survey findings to develop educational presentations on youth access, knowledge and beliefs around harm of marijuana for parents, caregivers, and community stakeholders. Youth participants will also develop outreach materials and identify communication channels to conduct additional parent and caregiver outreach. Youth-Adult Partnership and capacity building training opportunities will also be offered to parent groups and adult allies who indicate interest in partnering in the implementation of the RMAY Project.

Prescription Drug Programing

The provider will be integrating the Reducing Prescription Drug Access to Youth (RPDAY) Project into the already established after-school Fresno's Recreation Enrichment & Scholastic Health (FRESH) Programs, led by the Fresno County Superintendent of Schools (FCSS) across the county. The program will be led at five middle schools and one elementary school. Utilizing a youth development framework, the provider will build the capacity of FCSS staff and FRESH Program staff at John Sutter Middle School in Fowler, Coalinga Middle School, Huron Middle School, Firebaugh Middle School, Conejo Middle School in Laton, and Riverdale Elementary School to implement the YLI/Friday Night Live Youth Development model. FCSS Staff and youth as these

sites will then utilize skills developed and example campaign toolkits and training provided by provider staff to lead prescription drug abuse prevention campaigns utilizing the CSAP strategies identified in the logic model of the SPP. Provider Staff, FCSS staff and youth together, will coordinate efforts to support the education of peers, parents and caregivers using specific CSAP strategy or strategies to address prescription drug accessibility, perceptions of harm and disapproval that are relevant to their own schools, neighborhoods and communities.

To address the issue of adults as sources of prescription drugs for youth, provider staff, FCSS staff, and youth will be using the survey findings to develop educational presentations on youth access to prescription drugs for parents, caregivers, and community stakeholders. Youth participants will also develop outreach materials and identify communication channels to conduct additional parent and caregiver outreach. Youth-Adult Partnership and capacity building training opportunities will also be offered to parent groups and adult allies who indicate interest in partnering in the implementation of the RPDAY Project.

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. The DBH makes annual trainings available to providers to build upon their culturally responsive skills.

On an annual basis Staff leading 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.

E. Target Population/Service Areas

ALCOHOL

The alcohol prevention program will target youth ages 10 – 20 who reside in Fresno County. Additionally, secondary target populations include parents, caregivers, and community members in an effort to engage them in reaching and preventing substance use among the target youth and young adult population in Fresno County.

Marijuana efforts will be communitywide will be focused at the following schools:

Edison HS	Orange Cove HS	San Joaquin Elementary (K-8)
Gaston Middle School	Reedley Middle College High	Selma HS
Kerman Middle School	Roosevelt HS	Sunnyside HS
Kerman HS	Tranquility HS	

MARIJUANA USE

The marijuana prevention program will target youth ages 10 – 20 who reside in Fresno County. Additionally, secondary target populations include parents, caregivers and community members in an effort to engage them in reaching and preventing substance use among the target youth and young adult population in Fresno County.

Marijuana efforts will be communitywide will be focused at the following schools and colleges:

Targeted schools include:

McLane HS	Rio Del Rey HS	Fresno Unified Middle Schools
Fresno HS	Mendota Jr. HS	Fresno City College
Sanger HS	San Joaquin Elementary	Fresno Pacific University
Mendota HS	Mendota Middle School	Fresno State University

PRESCRIPTION DRUG PREVENTION

Prescription Drug Prevention will focus on youth and young adults ages 10-20 in Fresno County. The provider will partner with Fresno County of Superintendent of Schools to conduct youth lead activities that will result in prevention activities such as countywide media messaging campaigns, community training and other forms of outreach.

Targeted schools include:

Conejo Middle School, Laton	Coalinga Middle School	Firebaugh Middle School
John Sutter Middle School, Fowler	Huron Middle School	Riverdale Elementary School

Parent meetings and presentations will be implemented in regional clusters to cover the entire county.

Additionally, the provider will collaborate with local colleges and the local opioid safety coalition to bolster prescription drug prevention messaging of collage age young adults.

F. Staffing

The provider 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.

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

To oversee programs for Alcohol, Marijuana, and Prescription Drug Prevention, the chosen provider may employ the following staff, including but not limited to: CEO (1.15 FTE), Director of Central Valley Programs (0.25 FTE), Communications Manager (0.02 FTE), Trainer 1.05 FTE), Contract Manager (0.08 FTE), Program Managers (2) (1.95 FTE), and Program Coordinators (6) (6.00 FTE).

G. Implementation Plan

Programs focusing on Alcohol, Marijuana and Prescription Drug Prevention have operated in Fresno County since 2010. Services were conducted by two SUD prevention providers. For FY 2021-26, one prevention provider was chosen to conduct serves for Alcohol, Marijuana and Prescription Drug Prevention. To meet the long-term objectives listed in Section B., each program will complete the following tasks:

Underage Drinking Prevention Implementation Plan – 2021-2026

Implementation Tasks	Timeline
Form an advisory board support the development and implementation of countywide alcohol prevention services.	Jul 2021 - June 2022
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly
Provide training to advisory board members on Youth Adult Partnerships.	Jul 2021 - June 2022
Form a coalition to share youth development best practices and engage youth in community, school-based wellness and county prevention efforts.	Quarterly
Convene coalition quarterly to discuss implementation of prevention campaigns.	Annually (May/June)
Administer annual Advisory Board/Coalition Surveys.	Jul 2021 - June 2022
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
Recruit 300 youth from schools with high rates of alcohol use to participate in education programs that include curriculum about positive coping and decision-making skills.	Annually
Implement training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually
Administer the FCSIS with youth at target schools (or use CHKS data).	Annually
Administer Youth Participant Survey.	Annually
Identify and formalize partnerships to provide workshops and educational training at countywide youth events.	Annually
Develop and distribute marketing materials that appeal to potential student participants throughout Fresno County schools.	Annually
Recruit at least 200 youth to participate in countywide youth events for leadership, empowerment building, and prosocial activities.	Annually (3 per year)
Train youth to co-facilitate educational workshops at the events.	Annually
Engage youth to produce and disseminate a product that highlights storytelling and SUD prevention through the lens of impacted youth.	Annually (1 per year)
Develop and update educational materials to inform parents about underage drinking issues and their responsibility as parents/adults.	Annually
Identify and attend parent group meetings to distribute educational materials.	Ongoing
Implement 48 educational presentations and/or town halls for parents about positive parental involvement, the harms/risks of underage drinking and legal consequences of providing alcohol to minors.	Annually (16 per year)

Develop 4 countywide youth-led media campaigns to educate youth and adults on consequences of providing alcohol to youth and underage drinking.	Annually (1 per year)
Implement countywide youth-led media campaigns that will provide education on healthy behaviors, positive parental involvement, and educate decisionmakers on the harm/risks of underage drinking.	Annually (1 per year)
Develop educational materials and media to present to parents, community members, and stakeholders.	Annually
Identify and attend community events and resources fairs to distribute educational materials and messages.	Annually
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing alcohol to youth and underage drinking.	Annually (1 per year)
Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about alcohol use among youth.	Annually (1 per year)
Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually

Marijuana Use Prevention Implementation Plan – 2021-2026

Implementation Tasks	Timeline
Form an advisory board to support the development and implementation of countywide marijuana prevention services.	Jul 2021 - June 2022
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly
Provide training to advisory board members on Youth Adult Partnerships.	Quarterly
Form a coalition to share youth development best practices and engage youth in community, school-based wellness and county prevention efforts.	Jul 2021 - June 2022
Convene coalition quarterly to discuss implementation of prevention campaigns.	Quarterly
Administer annual Advisory Board/Coalition Surveys.	Annually (May/June)
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
Recruit 600 youth from schools with high rates of marijuana use to participate in education programs.	Annually
Develop and implement supplemental training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually

Provide a minimum of 90 one-time youth developed and lead presentations for youth about legal consequences of providing marijuana to minors.	Annually (30 per year)
Administer the FCSIS with youth at target schools (or use CHKS data) to collect evaluation data.	Annually (Apr/May)
Administer Youth Participant Survey.	Annually
Develop a mentoring program framework and curriculum that outlines goals and intended outcomes, as well as the frequency, format, assignment guidelines for meetings between mentors and mentees.	Jul 2021 - June 2022
Train mentors and establish a pilot mentoring program that can serve at least 8 youth.	Jul 2021 - June 2022
Recruit at least 8 youth for the mentoring program who are deemed at risk for marijuana use or showing early phase marijuana use.	Annually (Jul 2022 - June 2025)
Implement the mentoring program framework.	Annually (Jul 2022 - June 2025)
Administer Mentoring Program Survey.	Annually (May/June)
Develop and update educational materials to inform parents about marijuana issues and their responsibility as parents/adults.	Annually
Identify and attend parent group meetings to distribute educational materials.	Ongoing
Provide 48 educational presentations for parents/adults about the health impacts of marijuana use and legal consequences of providing marijuana to minors.	16 per year (Jul 2021 - June 2024)
Administer Parent Survey.	Ongoing (after each presentation)
Develop educational materials and media to present to parents, community members, and stakeholders.	Annually
Identify and attend community events and resources fairs to distribute educational materials and messages.	Annually
Implement 3 countywide youth-led media campaigns to educate youth and adults on consequences of providing marijuana to youth and marijuana use.	Annually (1 per year)
Produce a youth podcast series that highlights storytelling through the lens of youth in Fresno County.	Annually
Distribute podcast online via social media and website.	Annually
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing marijuana to youth and marijuana.	Annually (1 per year)
Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about marijuana use among youth.	Annually (1 per year)
Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually

Prescription Drug Abuse Prevention Implementation Plan – 2021-2026

Implementation Tasks	Timeline
Form an advisory board to support the development and implementation of countywide	

Rx prevention services and procurement of resources to support the Rx drop box program.	Jul 2021 - June 2022
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly
Provide training to advisory board members on Youth Adult Partnerships.	Quarterly
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
Recruit at least 300 youth to participate in education programs that include curriculum about positive coping and decision-making skills.	Jul 2021 – June 2024
Implement supplemental training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually
Administer the FCSIS with youth at target schools (or use CHKS data).	Annually
Administer Youth Participant Survey.	Annually
Identify and formalize partnerships to provide workshops and educational training at events.	Annually
Develop marketing materials that appeal to potential student participants and distribute throughout Fresno County schools.	Annually
Attempt to engage 300 youth to participate in countywide youth events for leadership, empowerment building, and prosocial activities.	Annually (3 per year)
Train youth to co-facilitate educational workshops at the events.	Annually
Administer Youth Participant Survey.	Annually
Develop and regularly update educational materials to inform parents about Rx issues and their responsibility as parents/adults.	Annually
Identify and attend parent group meetings to distribute educational materials.	Ongoing
Implement 48 educational presentations and/or town halls for parents/adults about youth Rx use issues and the proper disposal and storage of Rx drugs.	Annually (16 per year)
Develop educational materials and media on Rx drop boxes in Fresno County and the consequences of Rx drug use and providing Rx drugs to others.	Annually
Identify and attend community events and resources fairs to distribute educational materials and messages.	Annually
Implement youth-led media campaigns to educate youth and adults on Rx drug use by youth and the proper storage and disposal of Rx.	Annually (1per year)
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing Rx to youth and Rx use.	Annually (1 per year)
Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about Rx use among youth.	Annually (1 per year)
Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually
Engage advisory board to procure resources to support Rx drop box program.	Ongoing
Establish 2 additional prescription drug drop boxes in Fresno County.	Jul 2021 - June 2025
Collect data on pounds of Rx drugs collected through the drop box program.	Quarterly

H. Program Evaluation Plan

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Substance Abuse Block Grant
Prevention Set-Aside – Marijuana, Alcohol and Prescription Drug Use Prevention
Fiscal Year 2021-2022

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2.) 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.
3.) 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.
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Prescription Drug Prevention

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Marijuana Prevention Programing

The provider will be integrating the Reducing Marijuana Access to Youth (RMAY) Project into the already established and newly established Friday Night Live (FNL), Club Live, and Friday Night Live Kids cohorts (Chapters) across the county, which includes five high schools and one middle school. Utilizing a youth development framework, the provider will build the leadership capacity and partner with all six Friday Night Live sites, to lead marijuana prevention campaigns utilizing the CSAP strategies included in the logic model of the SPP. Staff and youth together, will coordinate efforts to support the education of peers, parents and caregivers using the specific CSAP strategy or strategies to address marijuana accessibility, perceptions of harm and disapproval that are relevant to their own schools, neighborhoods, and communities.

Provider staff and youth will be using the Fresno County Student Insight Survey findings to develop educational presentations on youth access, knowledge and beliefs around harm of marijuana for parents, caregivers, and community stakeholders. Youth participants will also develop outreach materials and identify communication channels to conduct additional parent and caregiver outreach. Youth-Adult Partnership and capacity building training opportunities will also be offered to parent groups and adult allies who indicate interest in partnering in the implementation of the RMAY Project.

Prescription Drug Programing

The provider will be integrating the Reducing Prescription Drug Access to Youth (RPDAY) Project into the already established after-school Fresno's Recreation Enrichment & Scholastic Health (FRESH) Programs, led by the Fresno County Superintendent of Schools (FCSS) across the county. The program will be led at five middle schools and one elementary school. Utilizing a youth development framework, the provider will build the capacity of FCSS staff and FRESH Program staff at John Sutter Middle School in Fowler, Coalinga Middle School, Huron Middle School, Firebaugh Middle School, Conejo Middle School in Laton, and Riverdale Elementary School to implement the YLI/Friday Night Live Youth Development model. FCSS Staff and youth as these

sites will then utilize skills developed and example campaign toolkits and training provided by provider staff to lead prescription drug abuse prevention campaigns utilizing the CSAP strategies identified in the logic model of the SPP. Provider Staff, FCSS staff and youth together, will coordinate efforts to support the education of peers, parents and caregivers using specific CSAP strategy or strategies to address prescription drug accessibility, perceptions of harm and disapproval that are relevant to their own schools, neighborhoods and communities.

To address the issue of adults as sources of prescription drugs for youth, provider staff, FCSS staff, and youth will be using the survey findings to develop educational presentations on youth access to prescription drugs for parents, caregivers, and community stakeholders. Youth participants will also develop outreach materials and identify communication channels to conduct additional parent and caregiver outreach. Youth-Adult Partnership and capacity building training opportunities will also be offered to parent groups and adult allies who indicate interest in partnering in the implementation of the RPDAY Project.

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. The DBH makes annual trainings available to providers to build upon their culturally responsive skills.

On an annual basis Staff leading 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.

E. Target Population/Service Areas

ALCOHOL

The alcohol prevention program will target youth ages 10 – 20 who reside in Fresno County. Additionally, secondary target populations include parents, caregivers, and community members in an effort to engage them in reaching and preventing substance use among the target youth and young adult population in Fresno County.

Marijuana efforts will be communitywide will be focused at the following schools:

Edison HS	Orange Cove HS	San Joaquin Elementary (K-8)
Gaston Middle School	Reedley Middle College High	Selma HS
Kerman Middle School	Roosevelt HS	Sunnyside HS
Kerman HS	Tranquility HS	

MARIJUANA USE

The marijuana prevention program will target youth ages 10 – 20 who reside in Fresno County. Additionally, secondary target populations include parents, caregivers and community members in an effort to engage them in reaching and preventing substance use among the target youth and young adult population in Fresno County.

Marijuana efforts will be communitywide will be focused at the following schools and colleges:

Targeted schools include:

McLane HS	Rio Del Rey HS	Fresno Unified Middle Schools
Fresno HS	Mendota Jr. HS	Fresno City College
Sanger HS	San Joaquin Elementary	Fresno Pacific University
Mendota HS	Mendota Middle School	Fresno State University

PRESCRIPTION DRUG PREVENTION

Prescription Drug Prevention will focus on youth and young adults ages 10-20 in Fresno County. The provider will partner with Fresno County of Superintendent of Schools to conduct youth lead activities that will result in prevention activities such as countywide media messaging campaigns, community training and other forms of outreach.

Targeted schools include:

Conejo Middle School, Laton	Coalinga Middle School	Firebaugh Middle School
John Sutter Middle School, Fowler	Huron Middle School	Riverdale Elementary School

Parent meetings and presentations will be implemented in regional clusters to cover the entire county.

Additionally, the provider will collaborate with local colleges and the local opioid safety coalition to bolster prescription drug prevention messaging of collage age young adults.

F. Staffing

The provider 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.

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

To oversee programs for Alcohol, Marijuana, and Prescription Drug Prevention, the chosen provider may employ the following staff, including but not limited to: CEO (1.15 FTE), Director of Central Valley Programs (0.25 FTE), Communications Manager (0.02 FTE), Trainer 1.05 FTE), Contract Manager (0.08 FTE), Program Managers (2) (1.95 FTE), and Program Coordinators (6) (6.00 FTE).

G. Implementation Plan

Programs focusing on Alcohol, Marijuana and Prescription Drug Prevention have operated in Fresno County since 2010. Services were conducted by two SUD prevention providers. For FY 2021-26, one prevention provider was chosen to conduct serves for Alcohol, Marijuana and Prescription Drug Prevention. To meet the long-term objectives listed in Section B., each program will complete the following tasks:

Underage Drinking Prevention Implementation Plan – 2021-2026

Implementation Tasks	Timeline
Form an advisory board support the development and implementation of countywide alcohol prevention services.	Jul 2021 - June 2022
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly
Provide training to advisory board members on Youth Adult Partnerships.	Jul 2021 - June 2022
Form a coalition to share youth development best practices and engage youth in community, school-based wellness and county prevention efforts.	Quarterly
Convene coalition quarterly to discuss implementation of prevention campaigns.	Annually (May/June)
Administer annual Advisory Board/Coalition Surveys.	Jul 2021 - June 2022
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
Recruit 300 youth from schools with high rates of alcohol use to participate in education programs that include curriculum about positive coping and decision-making skills.	Annually
Implement training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually
Administer the FCSIS with youth at target schools (or use CHKS data).	Annually
Administer Youth Participant Survey.	Annually
Identify and formalize partnerships to provide workshops and educational training at countywide youth events.	Annually
Develop and distribute marketing materials that appeal to potential student participants throughout Fresno County schools.	Annually
Recruit at least 200 youth to participate in countywide youth events for leadership, empowerment building, and prosocial activities.	Annually (3 per year)
Train youth to co-facilitate educational workshops at the events.	Annually
Engage youth to produce and disseminate a product that highlights storytelling and SUD prevention through the lens of impacted youth.	Annually (1 per year)
Develop and update educational materials to inform parents about underage drinking issues and their responsibility as parents/adults.	Annually
Identify and attend parent group meetings to distribute educational materials.	Ongoing
Implement 48 educational presentations and/or town halls for parents about positive parental involvement, the harms/risks of underage drinking and legal consequences of providing alcohol to minors.	Annually (16 per year)

Develop 4 countywide youth-led media campaigns to educate youth and adults on consequences of providing alcohol to youth and underage drinking.	Annually (1 per year)
Implement countywide youth-led media campaigns that will provide education on healthy behaviors, positive parental involvement, and educate decisionmakers on the harm/risks of underage drinking.	Annually (1 per year)
Develop educational materials and media to present to parents, community members, and stakeholders.	Annually
Identify and attend community events and resources fairs to distribute educational materials and messages.	Annually
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing alcohol to youth and underage drinking.	Annually (1 per year)
Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about alcohol use among youth.	Annually (1 per year)
Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually

Marijuana Use Prevention Implementation Plan – 2021-2026

Implementation Tasks	Timeline
Form an advisory board to support the development and implementation of countywide marijuana prevention services.	Jul 2021 - June 2022
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly
Provide training to advisory board members on Youth Adult Partnerships.	Quarterly
Form a coalition to share youth development best practices and engage youth in community, school-based wellness and county prevention efforts.	Jul 2021 - June 2022
Convene coalition quarterly to discuss implementation of prevention campaigns.	Quarterly
Administer annual Advisory Board/Coalition Surveys.	Annually (May/June)
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
Recruit 600 youth from schools with high rates of marijuana use to participate in education programs.	Annually
Develop and implement supplemental training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually

Provide a minimum of 90 one-time youth developed and lead presentations for youth about legal consequences of providing marijuana to minors.	Annually (30 per year)
Administer the FCSIS with youth at target schools (or use CHKS data) to collect evaluation data.	Annually (Apr/May)
Administer Youth Participant Survey.	Annually
Develop a mentoring program framework and curriculum that outlines goals and intended outcomes, as well as the frequency, format, assignment guidelines for meetings between mentors and mentees.	Jul 2021 - June 2022
Train mentors and establish a pilot mentoring program that can serve at least 8 youth.	Jul 2021 - June 2022
Recruit at least 8 youth for the mentoring program who are deemed at risk for marijuana use or showing early phase marijuana use.	Annually (Jul 2022 - June 2025)
Implement the mentoring program framework.	Annually (Jul 2022 - June 2025)
Administer Mentoring Program Survey.	Annually (May/June)
Develop and update educational materials to inform parents about marijuana issues and their responsibility as parents/adults.	Annually
Identify and attend parent group meetings to distribute educational materials.	Ongoing
Provide 48 educational presentations for parents/adults about the health impacts of marijuana use and legal consequences of providing marijuana to minors.	16 per year (Jul 2021 - June 2024)
Administer Parent Survey.	Ongoing (after each presentation)
Develop educational materials and media to present to parents, community members, and stakeholders.	Annually
Identify and attend community events and resources fairs to distribute educational materials and messages.	Annually
Implement 3 countywide youth-led media campaigns to educate youth and adults on consequences of providing marijuana to youth and marijuana use.	Annually (1 per year)
Produce a youth podcast series that highlights storytelling through the lens of youth in Fresno County.	Annually
Distribute podcast online via social media and website.	Annually
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing marijuana to youth and marijuana.	Annually (1 per year)
Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about marijuana use among youth.	Annually (1 per year)
Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually

Prescription Drug Abuse Prevention Implementation Plan – 2021-2026

Implementation Tasks	Timeline
Form an advisory board to support the development and implementation of countywide	

Rx prevention services and procurement of resources to support the Rx drop box program.	Jul 2021 - June 2022
Convene advisory board quarterly to discuss implementation of prevention campaigns.	Quarterly
Provide training to advisory board members on Youth Adult Partnerships.	Quarterly
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
Recruit at least 300 youth to participate in education programs that include curriculum about positive coping and decision-making skills.	Jul 2021 – June 2024
Implement supplemental training curriculum to prepare youth for authentic participation in prevention campaigns.	Annually
Administer the FCSIS with youth at target schools (or use CHKS data).	Annually
Administer Youth Participant Survey.	Annually
Identify and formalize partnerships to provide workshops and educational training at events.	Annually
Develop marketing materials that appeal to potential student participants and distribute throughout Fresno County schools.	Annually
Attempt to engage 300 youth to participate in countywide youth events for leadership, empowerment building, and prosocial activities.	Annually (3 per year)
Train youth to co-facilitate educational workshops at the events.	Annually
Administer Youth Participant Survey.	Annually
Develop and regularly update educational materials to inform parents about Rx issues and their responsibility as parents/adults.	Annually
Identify and attend parent group meetings to distribute educational materials.	Ongoing
Implement 48 educational presentations and/or town halls for parents/adults about youth Rx use issues and the proper disposal and storage of Rx drugs.	Annually (16 per year)
Develop educational materials and media on Rx drop boxes in Fresno County and the consequences of Rx drug use and providing Rx drugs to others.	Annually
Identify and attend community events and resources fairs to distribute educational materials and messages.	Annually
Implement youth-led media campaigns to educate youth and adults on Rx drug use by youth and the proper storage and disposal of Rx.	Annually (1per year)
Develop youth-led social norms campaigns to educate youth and adults on consequences of providing Rx to youth and Rx use.	Annually (1 per year)
Implement youth-led social norms campaigns to reach peers about the actual vs perceptions about Rx use among youth.	Annually (1 per year)
Train youth on conducting and analyzing data, as well as toolkits to develop a Positive Social Norms Campaign.	Annually
Use data to generate youth messaging and deliver messages using school-based communication channels.	Annually
Engage advisory board to procure resources to support Rx drop box program.	Ongoing
Establish 2 additional prescription drug drop boxes in Fresno County.	Jul 2021 - June 2025
Collect data on pounds of Rx drugs collected through the drop box program.	Quarterly

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 will be 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 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.

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

SFY 21-22 v1.3

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	Fresno	**Submission Date**	5/24/2022

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	$ 470,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 470,000.00**

I. Staffing Itemized Detail

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

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement 18-691 - non-DMC Adult Outpatient Treatment	$ 470,000.00	$ 470,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Date:

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	Fresno	**Submission Date**	5/24/2022

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 - Residential Treatment and Room & Board**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 2,459,096.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 2,459,096.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement 18-693 - Residental Room and Board	$ 2,100,000.00	$ 2,100,000.00
Consultant/Contract Costs	Master Agreement 18-692 - Residential Treatment Services	$ 359,096.00	$ 359,096.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
		$ -	$ -
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DHCS Approval By:

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	Fresno	**Submission Date**	5/24/2022

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	$ 289,473.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 289,473.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. 18-622-1 - Mental Health Systems	$ 110,000.00	$ 110,000.00
Consultant/Contract Costs	Master Agreement No. 18-694 - Adolescent Outpatient Services	$ 129,473.00	$ 129,473.00
Consultant/Contract Costs	Agreement No. P-21-043 - Tarzana Treatment Centers, Inc.	$ 50,000.00	$ 50,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	Fresno	**Submission Date**	5/24/2022

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 - Residential Treatment and Room/Board Perinatal Services**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 240,889.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
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
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Detailed Program Budget

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Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement No. 18-692 - Residential Treatment Services	$ 50,000.00	$ 50,000.00
Consultant/Contract Costs	Master Agreement No. 18-693 - Residental Room and Board	$ 190,889.00	$ 190,889.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

State of California - Health and Human Services Agency

Department of Health Care Services

SFY 21-22 v1.3

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	Fresno	**Submission Date**	5/24/2022

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

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 30,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 30,000.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Detailed Program Budget

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Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. TBD - Youth Leadership Institute - FNL/CL	$ 30,000.00	$ 30,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	Fresno	**Submission Date**	5/24/2022

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 – Marijuana, Alcohol and Prescription Drug Use Prevention**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 1,189,351.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
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
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Detailed Program Budget

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Detailed Program Budget

Staff Expenses	Benefits	$ -	1.000	$ -

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. TBD - 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	$ -	$ -
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DHCS Approval By:

Current ICR 10.00%

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	Fresno	**Submission Date**	5/24/2022

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 - Outreach and Education**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 78,596.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost of Program	**$ 78,596.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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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	$ 78,596.00	$ 78,596.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

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

SFY 21-22 v1.3

Current ICR **10.00%**

Workbook Summary Sheet

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 4,757,405.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
Indirect Costs	$ -
County Support Administrative Direct Costs	$ -
Total Cost	**$ 4,757,405.00**

County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
Fresno	1	Central California Recovery Services	Central California Recovery Services, Inc.	1204 W. Shaw Ave, #102, Fresno, CA 93711	(559) 681-1947
	2	Delta Care	Delta Care, Inc.	4705 N. Sonora Ave., #113, Fresno, CA 93722	(559) 276-7558
	3	Fresno New Connections	Fresno New Connections, Inc.	4411 N. Cedar Ave., #108, Fresno, CA 93726	(559) 248-1548
	4	KingsView Corporation	KingsView Corporation, Inc.	7170 N. Financial Drive, #110, Fresno, CA 93720	(559) 256-0100
	5	Mental Health Systems	Mental Health Systems, Inc.	9465 Farnham Street, San Diego, CA 92123	(858)573-2600
	6	Bakersfield Recovery Services	Bakersfield Recovery Services, Inc.	2000 Baker St., Bakersfield, CA 93305	(661) 325-1817
	7	WestCare California Outpatient	WestCare California, Inc.	1900 N. Gateway Blvd #100, Fresno, CA 93727	(559) 237-3420
	8	Nuestra Casa	Fresno County Hispanic Commission	1414 W. Kearney Blvd, Fresno, CA 93706	(559) 485-0501
	9	Turning Point Quest House	Turning Point of Central California, Inc.	PO Box 7447, Visalia, CA 93290	(559) 233-5096
	10	WestCare California Residential	WestCare California, Inc.	1900 N. Gateway Blvd #100, Fresno, CA 93727	(559) 265-4800
	11	Youth Leadership Institute	Youth Leadership Insititute	700 Van Ness Ave, Fresno, CA 93721	(559) 387-4231
	12	Brain Wise	Brain Wise Solutions Group, Inc.	1300 East Shaw Suite #121, Fresno, CA 93710	(559) 375-2632
	13	Tarzana Treatment Centers	Tarzana Treatment Centers, Inc.	18646 Oxnard St., Tarzana, CA, 91356	(888) 777-8565
	14	WestCare - Bakersfield	WestCare California, Inc.	1900 N. Gateway Blvd #100, Fresno, CA 93727	(559) 732-5550
	15	Promesa Behavioral Health	Promesa Behavioral Health, Inc.	7120 N. Marks Ave #110, Fresno, CA 93711	(559) 439-5437
	16	Turning Point - Visalia	Turning Point of Central California, Inc.	PO Box 7447, Visalia, CA 93290	(559) 233-5096

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

WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

June 17, 2021

Dawan Utecht
Behavioral Health Director
Fresno County
4441 E. Kings Canyon
Fresno Ca, 93702

Dear Ms. Utecht:

We have reviewed your county's application package for renewal of your Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment's (CSAT) Substance Abuse Block Grant (SABG) program for State Fiscal Year 2021-2022.

All of the required documents have been received and are in compliance with the applicable federal and state requirements. Your program description and your enclosed budget(s) have been reviewed and approved.

Should you have any questions or need to revise any element of your application package, please contact the Federal Grant Section @ SABG@dhcs.ca.gov

Sincerely,

DocuSigned by:
7536D69D8B5945D...

DeAnn Harrison, Chief
Program Contracts Unit, Federal Grants Section