Substance Abuse Prevention and Treatment Block Grant (SABG)
Funding Allocation & Application Instructions
State Fiscal Year 2020-21

Fresno County — 4/8/2020

County Name — **Date**

080055902

DUNS Number

Proposed Total Allocation	$4,757,405
Discretionary	$2,929,096
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) 2020-21 and is subject to change based on the level of appropriation approved in the State Budget Act of 2020. 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 2020-21 budget for the provision of alcohol and drug services.

Dawan Utecht — 7-23-2020

Authorized Signature — **Date**

Dawan Utecht, Behavioral Health 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 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 **July 31, 2020**.

The County's signed Enclosure 1 must also be submitted by mail to the following address, postmarked no later than **July 31, 2020:**

California Department of Health Care Services
Community Services Division
Contracts and Grants Management Section, Unit 2
1500 Capitol Avenue, MS 2624
Sacramento, CA 95814

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.grants.gov/web/grants/applicants/organization-registration/step-2-register-with-sam.html

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.

County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

July 28, 2020

California Department of Health Care Services
Community Services Division
Contracts and Grants Management Section, Unit 2
1500 Capitol Avenue, MS 2624
Sacramento, CA 95814

Re: Fresno County SABG Application Enclosure 1
Fiscal Year 2020-21

To Whom It May Concern:

Fresno County's has completed the Fiscal Year 2020-21 SABG application and submitted the detailed budgets and programs narratives electronically. Enclosed is the original, signed Enclosure 1 as required.

I can be reached at (559) 600-6060 or sherwin@fresnocountyca.gov should you require any additional information for Fresno County's SABG application submission.

Sincerely,

Sharon Erwin
Senior Staff Analyst
Department of Behavioral Health

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Block Grant
Discretionary - Non-Drug Medi-Cal Adult Outpatient Treatment
Fiscal Year 2020-21

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 2019-20 Outpatient Outcomes:

I. Admissions:
   a. 453 non-DMC outpatient treatment admissions
   b. Increase of 4.62% over the prior period.

II. Average length of treatment:
   a. 60 days compared to 56 days in the prior year

III. Timeliness to first appointment:
   a. Goal – 70% of all clients are admitted within 10 days
   b. Outcome – 49% of clients were admitted within 10 days
   c. Average days to admission from initial contact was 23 days

IV. Treatment Perception Survey:
   a. Access (availability of services) – 90.5% satisfaction with service availability

b. Quality of care – 97% satisfied
c. Care Coordination – 79.66% satisfied with coordination with physical and mental health services
d. Outcome of care – 87.75% satisfied with the results they are getting from the treatment services

FY 2020-21 Outpatient Objectives (Goals):

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

II. Average length of treatment:
a. 60 days

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

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

C. Program Description

Fresno County DBH contracts with community-based SUD treatment providers for 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 – Residential Treatment Room and Board
Fiscal Year 2020-21

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 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. The County covers the cost of treatment for the residential services to uninsured and underinsured with Behavioral Health Realignment funds. 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 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 2019-20 Residential Outcomes:

I. Admissions:
   a. 972 treatment admissions
   b. Decrease of 0.31% over the prior period.

II. Average length of treatment:
   a. 40 days compared to 41 days in the prior year

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Outcome – 64% of clients were admitted within 10 days
c. Average days to admission from initial contact was 17 days

IV. Treatment Perception Survey:

a. Access (availability of services) – 88.6% satisfaction with service availability
b. Quality of care – 87.7% satisfied
c. Care Coordination – 79.8% satisfied with coordination with physical and mental health services
d. Outcome of care – 88.6% satisfied with the results they are getting from the treatment services

FY 2020-21 Objectives (Goals):

I. Admissions:

a. 5% increase over the prior year

II. Average length of treatment:

a. 30 days

III. Timeliness to first appointment:

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

IV. Treatment Perception Survey:

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

C. Program Description

Fresno County DBH contracts with community-based SUD treatment providers for residential services which are funded through Drug Medi-Cal and BH Realignment. The 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 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 services can also 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.

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. 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.

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.

Because 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 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 Room and Board Master Agreement #18-693 has been in place since January 1, 2019 and includes four (4) treatment providers which are: Fresno County Hispanic Commission – Nuestra Casa, Mental Health Systems, 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, 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

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 and 3.5. SABG Adolescent set-aside funds are allocated between three contracts. Mental Health Systems 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 is expected to be executed during the FY 2020-21 period. This agreement 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 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 2019-20 Adolescent Outpatient Outcomes:

I. Admissions:
   a. 48 treatment admissions
   b. Decrease of 37.66% over the prior period.

II. Average length of treatment:
   a. 80 days compared to 61 days in the prior year

III. Timeliness to first appointment:

a. Goal – 70% of all clients are admitted within 10 days
b. Outcome –82% of clients were admitted within 10 days
c. Average days to admission from initial contact was 6 days

IV. Treatment Perception Survey:

a. Access (availability of services) – 94.1% satisfaction with service availability
b. Quality of care – 73.9% satisfied
c. Care Coordination – 73.1% satisfied with coordination with physical and mental health services
d. Therapeutic Alliance – 94.1% satisfied with counselor
e. Satisfaction – 89.9% overall satisfaction with services received

FY 2019-20 Adolescent Residential Outcomes:

Not applicable – program not yet implemented

FY 2020-21 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 2020-21 Residential Objectives (Goals):

I. Admissions:

a. Serve up to 24 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

C. Program Description

Fresno County DBH contracts with community-based adolescent SUD treatment providers for outpatient and residential (pending) services which are funded through Drug Medi-Cal 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 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, 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 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.

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 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, 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 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) 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. 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 is in the process of contracting with an out-of-county provider for adolescent residential services with an anticipated effective date of Fall 2020. This agreement will be capable of serving up to 24 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 Block Grant
Perinatal Set-Aside – Residential Perinatal Services

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 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 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 2019-20 Perinatal Residential Outcomes:

I. Admissions:
   a. 51 treatment admissions
   b. Decrease of 65.07% over the prior period.

II. Average length of treatment:
   a. 57 days compared to 65 days in the prior year

III. Timeliness to first appointment:
   a. Goal – 70% of all clients are admitted within 10 days
   b. Outcome – 72% of clients were admitted within 10 days
   c. Average days to admission from initial contact was 7 days

IV. Treatment Perception Survey:

a. Access (availability of services) – 88.6% satisfaction with service availability
b. Quality of care – 87.7% satisfied
c. Care Coordination – 79.8% satisfied with coordination with physical and mental health services
d. Outcome of care – 88.6% satisfied with the results they are getting from the treatment services

FY 2020-21 Objectives (Goals):

I. Admissions:

a. 5% increase over the prior year

II. Average length of treatment:

a. 60 days

III. Timeliness to first appointment:

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

IV. Treatment Perception Survey:

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

C. Program Description

Fresno County DBH contracts with community-based SUD 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 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, and 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. 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.

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 room and board services and any other costs that can be identified as not being a treatment-related cost.

Because 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 room and board costs.

General Requirements for All Programs

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

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 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
Prevention Set-Aside – Underage Drinking
Fiscal Year 2020-21

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 un 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 Underage Drinking Prevention Outcome Objectives

FY 2019-20 Under-Age Drinking Outcomes:

1) Establish an Adult Ally Advisory Council of Key Stakeholders, Prevention Partners, Adult Allies and Experts to Support the Development, Implementation and Evaluation of the Project

   Success of this objective will include the project successfully retaining an Advisory Council of at least five adult stakeholders and two youth representatives from youth groups, by maintaining email communications and providing updates on project implementation through the YLI social media, electronic newsletter and website. As well

as, knowledge and skills built on effective Youth and Adult partnerships and AOD Environmental Prevention

2) Establish a Youth Development Coalition of Community Youth Organizations

   Success will be determined through the retention of at least seven representatives of partnering with youth organizations. Some potential partners include: The kNOw Youth Media, Barrios Unidos, Fresno City College, California Youth Connection, Faith in Community, Californians for Justice, Every Neighborhood Partnership, The Children's Movement, The Fresno Housing Authority, Fresno Boys and Men of Color, The California Health Collaborative, Bitwise Industries, Boys and Girls Club, Youth for Christ, Economic Opportunities Commission, City of Fresno Youth Commission, Fresno Police Chief Youth Advisory Council, and ABC 30 Youth Advisory Council.

3) Recruit, Train and Retain at Least Fifteen Student Leaders and at Least One Adult Advisor in up to 15 Sites

   Objective met will include: consistently maintaining 225 youth across six high schools, two middle schools, three faith-based neighborhood teams, three neighborhood teams and one college university to sustain leadership involvement in the project per school year; 80% of participating youth will report positive changes in leadership skills, note confidence in their ability to fully participate in the research, message creation, and media development portions of the project and report a stronger understanding and knowledge of environmental approaches to prevention;, increasing the number of youth receiving educational services by 5% in Fresno County as measured by CALOMS (PPSDS) reporting and the Youth Development Survey; and each participating site generating a concrete set of facts about access to alcohol and youth exposure to alcohol ads in their respective schools, faith-based organizations, neighborhoods, and community.

4) Recruitment, Retention, and Capacity Building of Youth Advocacy Leadership League (YALL)

   This objective will be considered met when at least eight youth participating in YALL are knowledgeable in YLI core trainings, YALL has delivered messages and workshops to parents/caregivers and stakeholders using at least one channel, 80% of YALL participants report increased knowledge and skills, and there is an increase of 5% of youth in Fresno County receiving education services as measured by prevention providers

5) Create and Complete a Comprehensive Community Need Assessment Conducted Through Youth Action Research Model

   The outcomes will reflect: the development of a comprehensive assessment survey to collect data on youth alcohol and substance use and access in collaboration with Fresno County Prevention Providers and the Fresno County contracted Evaluation provider and youth; each participating site (15 identified sites in total) generates a concrete set of facts

about youth alcohol use and access to alcohol by adults; and lastly, utilizing the data, youth generate parent/caregiver messages and deliver these messages using various communication channels.

6) Development of at Least One Community Action Underage Drinking Prevention Project per Year Utilizing the Environmental Prevention Approach

   Success of objective met will include at minimum, complete four Reducing Alcohol Access to Youth (RAAY) projects. Also, 80% of program participants report increased knowledge and skills, and an increase in the number of youth receiving educational services by 5% in Fresno County. Additionally, achieve a 5% reduction in access to alcohol from adults in Fresno County and an increase in the average age of onset of alcohol use by two years by reducing youth exposure to alcohol promotion ads in the community.

7) Youth Led Workshops and Community Outreach for Parents/Caregivers/Stakeholders

   Outcomes will include an increased number of adults who have received educational services in Fresno County by 10% as measured by sign in sheets and CalOMS (PPSDS) reporting. Additionally, a 5% decrease in youth access to alcohol provided by adults in Fresno County as measured by California Healthy Kids Survey or the Comprehensive Youth-led Assessment of youth alcohol substance use and access developed by YLI, prevention partners and youth.

C. Program Description

The Youth Leadership Institute (YLI) was awarded a contract, effective July 1, 2015, to conduct prevention activities related to underage drinking. The contract was extended one additional year through June 30, 2021 to provide the County sufficient time to complete the new five-year SPP and the resulting procurement process. The overall goal of YLI's project, RAAY, is to achieve a measurable reduction in access to alcohol among middle school and high school aged youth by parents, and other adult relatives by 2% and to raise awareness of adults and youth about the consequences of underage alcohol use, through youth-led awareness campaigns and media strategies. Utilizing a youth development framework, YLI is building the leadership capacity and partnering with youth in seven public high schools, two middle schools, and one countywide youth council to lead underage drinking prevention campaigns, also known as RAAY campaigns.

Together the youth are coordinating efforts to support the education of peers, parents and caregivers and identifying specific environmental prevention campaigns that address underage drinking relevant to Fresno County neighborhoods and communities.

In partnership with school site administrators, community-based organizations, and other stakeholders, YLI staff are building youth knowledge of the issue, and building the capacity of program participants to collect data about youth access points to alcohol pertaining to underage drinking. Utilizing the findings, youth are collaborating across the county to identify specific

environmental prevention campaigns to address underage drinking in their respective communities, developing a plan of implementation of their chosen campaigns, leading the implementation of said campaigns, and participating in an evaluation process that measures effectiveness in their schools, neighborhoods and communities.

Evidence-based strategies and example model campaigns from the Friday Night Live ROADMAP are shared with youth to support campaign selection and implementation. YLI Youth leaders are educating our elected officials, alcohol retailers, parents, caregivers and community stakeholders, about youth access to alcohol from adults and the positive effect of enacting reform in alcohol retail marketing practices and social host policies has on youth health and safety.

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, and the general population of Fresno County.

The following schools are the anticipated sites where YLI staff will conduct outreach, to lead a RAAY campaign along with the Youth Advocacy Leadership League (YALL) countywide youth council:

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

While participation and implementation of the Environmental Prevention Action 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 project by analyzing their local youth alcohol 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 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 Associate Director of Program who oversees the contract deliverables and reporting, the Program Manager who manages the implementation of the program objectives, two Program Coordinators who oversee the programs day-to-day activities and one Program Assistant who provides administrative support to the day-to-day program 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

This program is fully implemented. Since 2010 the County has contracted with the Youth Leadership Institute for the provision of services to reduce alcohol use and binge drinking.

Objectives one and two, typically occurs in quarters one and two with the scheduling of the first Adult Advisory Council and Youth Development Coalition meetings. The goal is to get insight and feedback on RAAY projects prior to their implementation in quarters three and four.

Objective number three and four, annually is completed within the first quarter of the contract (July-September). Recruitment is completed in conjunction with both high school and middle school Club Rush Events, or through community and social media outreach. Although specific recruitment events are planned primarily during the first quarter, participation in the program is open year around for interested youth who complete the application process. Capacity-building of the youth and adult allies, includes activities that are ongoing throughout the fiscal year. Trainings and skill building activities are customized for each chapter and led throughout the year to support the implementation of the selected prevention action projects. Likewise, two to three adult ally trainings are hosted annually.

Objective number five was completed in the first fiscal year of the contract (2016-2017).

Objective number six, is typically led in quarters two and three during the fiscal year. While capacity building happens throughout the year, a large portion occurs during the second and third quarter and preparation for the implementation of the prevention action projects, to support this process the regional networking events are held during this time to encourage collaboration amongst the chapters.

Objective number seven is ongoing throughout the fiscal year and will be done in conjunction with partner-hosted events like conferences, health fairs and community outreach events that are planned throughout the year.

The outcome of objectives one through seven is all measured in quarter four at the completion of the program year and completion of the prevention action projects. The Youth Development Survey is implemented annually in the month of May.

H. Program Evaluation Plan

Fresno County Department of Behavioral Health (DBH) contracts with local agencies that provide SUD primary prevention services. Primary SUD prevention services and additional contract obligations are monitored by the Public Behavioral Health Division of DBH. The annual prevention program outcome evaluations are conducted by LPC Consulting Associates, Inc. with assistance from the contracted prevention providers 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 #16-430-3 & #16-431-3
b. State-County Contract
c. Request for Proposal #952-5414/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
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 a written Corrective Action Plan (CAP) which is sent to DBH review within two (2) weeks of receiving the initial report. If the CAP is approved by DBH, the provider must implement all of the approved corrective active measures within 60 days of receiving approval of their CAP.

In addition to annual prevention program monitoring and the site review process, prevention program outcome evaluation is also conducted throughout each fiscal year. LPC partners with DBH and its contracted providers to analyze data collected through the Fresno County Student Insite Survey (FCSIS) as well as prevention activity information that is entered into PPSDS. LPC compiles collected data into quarterly reports and submits a final annual report to DBH for review. Both quarterly and annual report outcomes 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
Friday Night Live/Club Live
Fiscal Year 2020-21

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 2021-2016 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 2019-20 FNL Goals Outcomes:

1) **Establish or maintain ten community, school-based, home-based or faith-based Friday Night Live/Club Live/FNL Kids 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.**

   This objective would be measured by: at least 75% of the community or school-based chapters participating actively throughout the contract year evidenced through sign-in

sheets; 80% of participating youth reporting positive changes in leadership skills, including confidence in their ability to fully participate in the research, message creation, and media development portions of the project; and gaining a stronger understanding and knowledge of environmental approaches to prevention in the FNL Youth Development Survey; increase the number of youth receiving educational services by 5% in Fresno County as measured by PPSDS reporting; and each participating site generating a concrete set of facts about access to alcohol and youth exposure to alcohol ads in their respective schools, faith-based sites, neighborhoods, and communities.

2) **Provide concrete Assistance and Guidance to chapter youth and their adult allies to effectively plan and carry out prevention action projects.**

Successfully meeting this objective would result in: at least nine chapters successfully implementing community action projects with support from FNL/CL/FNL KIDS staff, with at least 75% of these chapters incorporating Environmental Prevention approaches; at least 80% of participants reporting meaningful development in leadership skills, having a better understanding of their communities, and expressing a deepened interested in serving their communities; at least 75% of youth participants in chapters implementing community and prevention action projects will report having a better understanding of community and Environmental Prevention.

A representative group of youth chapter members from at least nine Chapters will complete the Youth Development Survey and of the participants who complete the survey, at least 75% of the youth will report having a sufficient or strong experience of community engagement, leadership and advocacy, relationship building, safety, and skill development as a result of their participation. Lastly, at least 75% of adult allies who receive coaching and/or training services will report increased skills, knowledge, and confidence in supporting youth leadership in prevention activities via the Adult Ally Survey.

3) **Maintain a network of Friday Night Live Chapters to facilitate connections and relationships between chapter youth and their adult allies across Fresno County.**

To measure this objective's success YLI will host at least two countywide youth convenings, one in the Fall and one in the Spring, establish and maintain the Youth Advocacy Leadership League (YALL) composed of youth from Fresno County who are current leaders in existing FNL chapters, and at least four Chapters and/or their adult allies will reach out to another Chapter in the network for the purposes of collaboration, info sharing, or other networking purposes. As the coordinating agency for Friday Night Live in Fresno County, YLI will also maintain itself as a Member in Good Standing (MIGS), which includes meeting reporting requirements, attendance at yearly events such as the FNL Training Institute, and participation in Regional and Statewide FNL/CL/FNL KIDS system trainings and activities, among other requirements. YLI will meet the requirement of at least one Chapter that will be assigned as the model Chapter for the MIGS application process.

FY 2020-21 Objectives (Goals):

1) Establish or maintain ten community or school-based, Friday Night Live/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.

   This objective will be measured by: formalizing MOU's at 11 sites, recruiting 150 youth across eight high schools, two middle schools, and one elementary to sustain leadership involvement in the FNL Program, and ensuring at least 75% of the community or school-based chapters participate actively throughout the contract year. Each Chapter will also complete training on the FNL Roadmap campaign cycle and supplemental trainings which include:

   - 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 making a plan.
   - Implementation – Implementing the identified solutions.
   - Evaluation and Reflection – Reflecting on process.

   Lastly, 80% of participating youth will report positive changes in leadership skills; note confidence in their ability to fully participate in the research, message creation, and media development portions of the project; and report a stronger understanding and knowledge of environmental approaches to prevention in the Youth Development Survey.

2) Provide concrete assistance and guidance to chapter youth and their adult allies to effectively plan and carry out Prevention Action Projects

   Success will be measured by ensuring at least ten chapters successfully implement community action projects with support from staff, with 75% of these chapters incorporating Environmental Prevention approaches. Utilizing the Youth Development Survey Tool and the Adult Ally Survey, 75% of youth participants and 75% of adult allies who support the FNL chapters, will report they have gained a better understanding of community and Environmental Prevention and increased skills, knowledge, and confidence in supporting youth leadership in prevention activities.

3) Maintain a network Friday Night Live Chapters to facilitate connections and relationships between chapter youth and their adult allies across Fresno County.

   Staff will measure completion of this goal by partnering with youth to plan and implement at least one half-day capacity-building event. Evidence of the event will be

recorded in PPSDS. As a result of the event, at least four Chapters and/or their adult allies will reach out to another Chapter in the network for the purposes of collaboration, info sharing, or other networking purposes. This will be tracked through joint projects initiated and traffic on social media pages capturing shares and likes.

C. Program Description

The Youth Leadership Institute (YLI) was awarded a contract, effective July 1, 2015, to conduct prevention activities related to underage drinking. The contract was extended one additional year through June 30, 2021 to provide the County sufficient time to complete the new five-year SPP and the resulting procurement process.

YLI has coordinated the Fresno Friday Night Live/ Club Live for 16 years. Using practices YLI has established in Fresno, as well as those they have developed by running the FNL/CL program in three other counties, 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 pertaining to underage drinking.

Evidence-based strategies and example model campaigns from the Friday Night Live ROADMAP have been shared with youth to support campaign selection and implementation.

YLI Youth leaders educate elected officials, alcohol retailers, parents, caregivers and community stakeholders, about youth access to alcohol from adults and the positive effect of enacting reform in alcohol retail marketing practices, advertising practices and social host policies has on youth health and safety.

Fresno County Friday Night Live draws on the California Friday Night Live 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 supports 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. YLI is also privy to any new tools and evidence-based curriculum in the field as an elected representative of the statewide Friday Night Live Leadership Council. 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 SAMHSA model programs that demonstrate measurable positive change from Environmental Prevention approaches.

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 – 25, parents, caregivers, and the general population 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 have been implemented at the following school sites:

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

While participation and implementation of the Environmental Prevention Action 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 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 Associate Director of Program who oversees the contract deliverables and reporting, the Program Manager who managing the implementation of the program objectives, two Program Coordinators who oversee the programs day to day activities and one Program Assistant who provided administrative support to the day to day program 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

This program is fully implemented. Since 2010 the County has contracted with the Youth Leadership Institute for the provision of services to reduce alcohol use and binge drinking.

Objective number one, annually is completed within the first quarter of the contract (July-September). Recruitment is completed in conjunction with both high school and middle school Club Rush Events, or through community and social media outreach. Although specific recruitment events are planned primarily during the first quarter, participation in the program is open year around for interested youth who complete the application process.

Objective number two, capacity building of the youth and adult allies, includes activities that are ongoing throughout the fiscal year. Trainings and skill building activities are customized for each chapter and led throughout the year to support the implementation of the selected prevention action projects. Likewise, two to three adult ally trainings are hosted annually.

Objective number three, is typically led in quarters two and three during the fiscal year. While capacity building happens throughout the year, a large portion occurs during the second and third quarter and preparation for the implementation of the prevention action projects, to support this process the regional networking events are held during this time to encourage collaboration amongst the chapters.

The outcome of the three objectives are all measured in quarter four, at the completion of the program year and completion of the prevention action project. The Youth Development Survey is implemented annually in the month of May.

H. Program Evaluation Plan

Fresno County Department of Behavioral Health (DBH) contracts with local agencies that provide SUD primary prevention services. Primary SUD prevention services and additional contract obligations are monitored by the Public Behavioral Health Division of DBH. The annual prevention program outcome evaluations are conducted by LPC Consulting Associates, Inc with assistance from the contracted prevention providers 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 #16-430-3 & #16-431-3
b. State-County Contract
c. Request for Proposal #952-5414/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
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.

Program Narrative
Fresno County Department of Behavioral Health
Substance Abuse Block Grant
Prevention Set-Aside – Marijuana and Prescription Drug Use Prevention
Fiscal Year 2020-21

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. Marijuana and Prescription Drug Abuse Prevention are two 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 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 marijuana use and prescription drug abuse among youth and young adults ages 10 to 25.

FY 2019-20 Marijuana and Prescription Drug Abuse Outcomes:

During FY 2019-2020, marijuana prevention and prescription drug abuse prevention efforts in Fresno County aimed 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 25. Each of these goals and the progress toward them is detailed below. Note that complete 2019-2020 survey data is not available at this time as data collection was delayed due to COVID-19. The data below compares 2016-2017 data to 2018-2019 data.

- All performance measures for activities were met or exceeded by the project with the program reaching a total of 6,285 youth and 2,958 adults in Fresno County with prevention education in 2019-2020 and every objective meeting their intended performance goals.
- Baseline data from the 2016-17 Fresno County Student Insight Survey shows that the average age of first-time marijuana use among 8th, 9th, and 11th grade students was 12.9 years of age. In 2018-19 that average age rose to 13.3 years of age, representing an increase of 4.8 months.
- Rates of lifetime and current marijuana use increased slightly from 2016-17 to 2018-19. At baseline, 27% of 8th, 9th, and 11th grade students reported using marijuana in their lifetime which increased to 31% in 2018-19. These trends are reflective of new trends related to marijuana use, including the increase in vaping of cannabis oil.

Lock It Up Project

- All performance measures for activities were met or exceeded by the LIUP with the program reaching a total of 2,212 youth and 1,493 adults in Fresno County with prevention education in 2019-2020 and every objective meeting their intended performance goals.
- Baseline data from the 2016-17 Fresno County Student Insight Survey shows that 26% of 8th, 9th and 11th grade youth had misused prescription pain medications, tranquilizers, or sedatives in their lifetime.
- Rates of lifetime and current misuse of prescription or over the counter drugs in their lifetime decreased to 20% in 2018-2019. This decrease reflected the programs track on meeting goals.

FY 2020-21 Marijuana and Prescription Drug Abuse Objectives (Goals):

Through the FY 2020-2021 extension period, the Performing Above the High Project and the Lock It Up Project will continue in their efforts towards the goal of decreasing marijuana use rates among 10-25 year old youth by 5% and the Lock It Up Project will work towards goal of youth reporting a life-time reduction in prescription and over the counter drug abuse by 5% . This will be achieved by implementing the following objectives outlined in each program description.

C. Program Description

The California Health Collaborative (CHC) was awarded a contract, effective July 1, 2015, to conduct marijuana use and prescription drug misuse prevention activities in Fresno County. The contract was extended one additional year through June 30, 2021 to provide the County sufficient time to complete the new five-year SPP and the resulting procurement process. The following are descriptions of the program activities and goals for the additional one-year extension.

MARIJUANA USE

The California Health Collaborative's Performing Above the High (PATH) Project is designed to offer prevention services that address the Fresno County Five Year Alcohol and Other Drug Strategic Prevention Plan's goal to reduce marijuana use rates among youth aged 10 – 25 years in

Fresno County. The PATH Project presents a comprehensive approach to reducing marijuana use through the following:

- Developing strategies that target middle and high school use youth with opportunities to create environmental and systemic changes in their community;
- Engaging all sectors of the community in the planning process and development of prevention strategies, including schools, law enforcement, community- based organizations, faith-based organizations, businesses, media, families, community leaders, and youth advocates;
- Implement targeted campaigns around the following broad prevention strategies: 1) environmental strategies, 2) education strategies, 3) community-based process strategies, and 4) information dissemination strategies;
- Implementing modified/tailored versions of culturally appropriate and evidence-based programs in the classroom and/or in after school settings.
- Elevating youth voice and offering opportunities for youth to lead various opportunities for their peers to become educated on substance use disorders education and develop the skills and knowledge to implement local changes in their communities and schools.

By implementing a comprehensive approach that includes seven (7) targeted campaigns, the PATH Project seeks to change the broad social norms surrounding marijuana use and elevate youth voice in developing community-based and youth-led environmental prevention campaigns. The project aims to achieve this by the ongoing development and strengthening of partnerships that include the various sectors of the community and by developing young people through trainings, mentorship and direct involvement in policy change activities.

The PATH Project's campaigns include:

PATH Prevention Education: The implementation of the evidence-based middle school curriculum *Too Good for Drugs* with a representative sample of school districts/communities of the three regions of the county, including: **Eastern Fresno County** – Parlier Unified School District (USD); **Central Fresno County** –Washington USD; **Western Fresno County** – Mendota USD.

In addition, the PATH Project's campaigns include the implementation of engaging and interactive youth presentations that are based in research and provide youth and young adults ages 10-25 with information on the impacts of marijuana use in adolescence.

PATH Advisory Committee: The campaign is designed to involve professionals from different community sectors as part of the countywide AOD Prevention Advisory Board.

I Perform Above the High (iPATH): The I Perform Above the High (iPATH) Campaign is designed to train Fresno County Youth to serve as community youth advocates on local youth Advisory Boards (YAB), with the purpose of providing youth a voice in marijuana prevention efforts and directly involving them in changing social norms in their communities.

PATH4Life Campaign: This campaign, is a parent campaign which utilizes evidence-based and research-based messages to educate Fresno County parents and legal guardians about marijuana use among youth and young adults in an attempt to prevent, identify, and intervene in marijuana use.

PATH&Law Campaign: The campaign is designed to establish and foster relationships with local law enforcement agencies with the goal of creating equitable policies and ensuring that youth can collaborate with law enforcement in establishing community-based prevention campaigns.

YouthPATH Campaign: The YouthPATH campaign enables PATH Project staff to reach thousands of youth countywide with education and awareness information about the health, developmental, and safety consequences of marijuana use by creating a street team of staff and youth that provide education countywide using a customized mobile unit.

Reality Tour Campaign: The Reality Tour campaign is an evidence-based community-led drug prevention program designed to increase parent-child communication between parent and child and increase negative attitudes surrounding substance use. The Reality Tour Program is especially unique in that it involves the entire community in preventing substance abuse through a series of presentations, dramatic representations, and community question and answer session.

Prescription & Over the Counter Drug Misuse

The California Health Collaborative's Lock It Up Project (LIUP) is designed to offer prevention services that address the Fresno County Five-Year Alcohol and Other Drug Strategic Prevention Plan's goal to reduce misuse of prescription drugs among youth and young adults ages 10 – 25-year-old youth in Fresno County. The Lock It Up Project presents a comprehensive approach to reducing misuse of prescription drugs through the following:

- Developing strategies that target middle and high school use youth with opportunities to create environmental and systemic changes in their community;
- Engaging all sectors of the community in the planning process and development of prevention strategies, including schools, law enforcement, community- based organizations, faith-based organizations, businesses, media, families, community leaders, and youth advocates;
- Implementing targeted campaigns around the following broad prevention strategies: 1) environmental strategies, 2) education strategies, 3) community-based process strategies, and 4) information dissemination strategies;
- Implementing modified/tailored versions of culturally appropriate and evidence-based programs in the classroom and/or in after school settings.
- Elevating youth voice and offering opportunities for youth to lead various opportunities for their peers to become educated on substance use disorders education and develop the skills and knowledge to implement local changes in their communities and schools.

By implementing a comprehensive approach that includes nine (9) targeted campaigns, the Lock It Up Project seeks to prevent prescription drug misuse through elevating youth voices in developing community-based and youth-led environmental prevention campaigns. The project aims to achieve this by the ongoing development and strengthening of partnerships that include the various sectors of the community and by developing young people through trainings and mentorship.

The Lock It Up Project's campaigns include:

Prescription Drug Prevention Education: The implementation of the evidence-based high school curriculum *Too Good for Drugs* with a representative sample of school districts/communities of the four regions of the county, including: **Eastern Fresno County** – Parlier Unified School District (USD); **Central Fresno County** –Central Unified School District **Western Fresno County** – Mendota Unified School District and Kerman Unified School District.

In addition, implement engaging and interactive youth presentations that are based in research and provide youth and young adults ages 10-25 with information on the impacts of prescription and over the counter medication abuse and misuse in adolescence.

Lock It Up Coalition: The campaign serves in an advisory capacity and supports efforts to incorporate prescription drug abuse prevention activities.

Lock It Up Youth Coalitions: Establishment of three separate coalitions composed of youth of three Fresno County communities (Firebaugh, Reedley and Sanger). The campaign enables youth to participate in leadership opportunities, increase knowledge relevant to the topic and promote a drug-free lifestyle.

Peer Education Program: Campaign focused on training college students to serve as an extension of the program and lead educational campaigns in their college campuses about the dangers of prescription drug misuse. Each semester, the campaign cultivates drug prevention advocates among college age populations and links that student population to services and resources available in their community.

Town Hall Meetings: Through collaborations, the campaign leverages resources in the target communities that support the educational event. Partnerships with police departments, school administration, faith-based groups, treatment providers and other community organizations to plan and implement the town hall meetings results in increased awareness by community members about the dangers, trends, services, resources, and opportunities related prescription drug misuse and abuse.

Outreach at Community Events: This campaign is focused on educating community members at large about prescription drugs through community outreach events and the dissemination of educational material. The program participates in outreach events throughout Fresno County.

Parent & Adult Education: Campaign is designed to educate parents and other caring adults through one-time presentations about prescription drug misuse and abuse. As part of the presentations, parents and other participating adults are provided with the information and tools to help identify, prevent and address the abuse/misuse of prescription drugs by their children.

Pharmacy Initiative & Medical Provider Education: Partnership with local pharmacies to engage and educate consumers about the harms of prescription drug abuse. Campaign leverages on the credibility of pharmacies/pharmacists for trusted advice and dissemination of educational material to their patients.

Lock It Up, Clean It Out, Drop It Off Initiative: Campaign focuses on collaboration with nine (9) law-enforcement agencies throughout Fresno County in providing participating communities with safe disposal box for unused/expired medications.

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.

The California Health Collaborative also employs several efforts to promote and sustain cultural competency among staff members. This includes participating in ongoing assessment and training for each of the program's staff members that are funded by Fresno County Department of Behavioral Health.

Additionally, program staff ensure that all educational and informational materials developed for program are developed in Fresno County's threshold languages (English, Hmong, and Spanish) and are in compliance with Culturally and Linguistically Appropriate Services (CLAS) standards. In order to determine the appropriateness of materials, program staff implement focus group testing with community members that represent the ethnic diversity of Fresno County and communities targeted for education. Materials are consistently revised and updated, and program services are consistently evaluated to ensure services and materials reflect cultural competence.

E. Target Population/Service Areas

MARIJUANA USE

The marijuana prevention program Performing Above the High targets youth and young adults ages 10 – 25 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.

Interventions are conducted in various communities of Fresno County, but primarily are targeted in three regions; West Fresno County, East Fresno County, and Central Fresno County.

Targeted schools include:

- Mendota Junior High School (West Fresno County)
- Parlier Junior High School (East Fresno County)
- West Fresno Middle School (Central Fresno County)
- Glacier Point Middle School (Central Fresno County)

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

Additionally, the project implements youth advisory boards in the following school districts:

- Parlier Unified School District
- Mendota Unified School District
- Fresno Unified School District

- Fresno County (Countywide Advisory Board)

PRESCRIPTION DRUG MISUSE

The Lock It Up program's target audience includes: 1) the Institute of Medicine's (IOM) Universal Prevention Population of Fresno County including outlying rural areas; and 2) the IOM's Selective Prevention Population of communities and high schools where rates of teen prescription abuse are the highest.

Interventions are conducted in various communities of Fresno County, but are primarily targeted in three regions; West Fresno County, East Fresno County, and Central Fresno County.

Targeted schools include:

- Mendota High School (Western Fresno County)
- Kerman High School (Western Fresno County)
- Parlier High School (Eastern Fresno County)
- Central West High School (Central Fresno County)

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

Additionally, the project implements youth advisory boards in the following school districts:

- Kings Canyon Unified School District
- Firebaugh Las Deltas Unified School District
- Sanger Unified School District

F. Staffing

CHC 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.

Since its inception in 1982, the California Health Collaborative (CHC) has had a long history of working with underserved communities throughout Fresno County. As an established organization, CHC has vast experience with the topic of addiction and teen substance use/abuse through its prescription drug prevention, marijuana prevention, and tobacco prevention/cessation work. This experience is greatly enhanced through many of the activities held in collaboration with the various partnerships and networks in CHC's youth development programming.

The California Health Collaborative employs the following positions in each project funded by Fresno County Department of Behavioral Health.

- Program Director (10-30% FTE) – Responsible for overall program direction and fiscal oversight of the project. Dedicates a portion of their time to working with the project

evaluator.

- Program Manager (100% FTE) – Responsible for training and leading of program staff and the direct implementation and documentation of activities in the approved Scope of Work. Supports with documenting program expenses and ensuring invoices are accurate each month.
- Program Coordinator (100% FTE) – Responsible for supporting the coordination of Scope of Work activities and ensuring quality control among efforts in the community. Supports the development of community partnerships.
- Outreach Specialist (100% FTE) – Implements activities of the Scope of Work including efforts to engage youth in youth advisory boards and the provision of community education on substance use prevention.
- Outreach Specialist (100% FTE) – Implements activities of the Scope of Work including efforts to engage youth in youth advisory boards and the provision of community education on substance use prevention.

G. Implementation Plan

This program is fully implemented. Since 2010 the County has contracted with the California Health Collaborative for the provision of prevention services to reduce marijuana use and prescription drug misuse.

Marijuana Use Prevention Implementation Plan – 2020-2021

- Implement the Too Good for Drugs curriculum, or tailored lessons using the curriculum as a foundation, to middle school students in each region of Fresno County (Eastern, Central and Western) either in school, in a community-based setting or an online setting.
- Conduct 10-15 presentations targeting middle, high school, and college age youth. A minimum of 5 presentations will target youth ages 18 - 25 annually and will be conducted in-person or online.
- Maintain an Advisory Board (AB) consisting of a minimum of 15 adult professionals representing varied disciplines and community sectors.
- Recruit at least 6 youth from Fresno County and establish a countywide AOD prevention Youth Advisory Board (YAB) representing the three regions of Fresno County.
- Coordinate with AB and YAB members to develop and implement educational/advocacy/systems and environmental change activities to deter drug and alcohol use in their communities. The activities or projects may take place in their school, community or be countywide
- Provide opportunities for education and youth engagement in 25 community, school-based or online events primarily targeting youth and young adults, in Fresno County. Involve the participation of youth advisory board members in a minimum of 5 events.
- Provide a minimum of 5 parent trainings (in-person or online) in each region of Fresno County (Eastern, Western, and Central) for a total of 15 trainings. Target a minimum of 100 parents countywide annually.

- Involve parents in a minimum of one (1) media campaign (print, radio or TV) targeting parents with marijuana prevention information.
- Implementation of 3 web-based or in-person parent-child communication workshops organized in collaboration with a parent agency, school district, or community-based organization with access to parents in Fresno County and/or in collaboration with other substance use prevention events such as Townhall Meetings or Substance Use Prevention conferences for parents.
- PATH will collaborate with law enforcement in a minimum of 3 activities annually that increase collaboration between prevention and enforcement efforts in Fresno County and engage youth in discussing the need for environmental and systemic changes in the community.

Prescription Drug Abuse Prevention Implementation Plan – 2020-2021

- Implement the Too Good for Drugs curriculum, or tailored lessons using the curriculum as a foundation, to high school students in each region of Fresno County (Eastern, Central and Western) either in school, in a community-based setting or an online setting.
- Conduct 8-10 presentations targeting middle, high school, and college age youth.
- Maintain at least 15 adult professionals representing varied disciplines and community sectors to form part of the Coalition.
- Increase community outreach efforts to provide prevention messages and educational materials on the dangers of prescription and over the counter drug abuse.
- Recruit a minimum of eight (8) youth from each targeted school site to participate in Youth Coalition and prepare them to create one (1) educational project per school or community.
- Youth Coalition members will work with other AOD workgroups to develop and implement a Youth Substance Abuse Prevention event.
- Recruit at least five college students from Fresno County colleges and universities to participate in the Peer Education Program. Participating college students will plan and organize one (1) end of year project for campus.
- Conduct 2 community in-person or virtual town hall meetings in partnership with other AOD prevention providers.
- Provide 6-8 in person or virtual trainings to parents/adults reaching approximately 45 participants in various communities in Fresno County.
- Reach out to the 28 participating pharmacies to disseminate educational materials for distribution to their patients.
- Provide one (1) in-person/virtual educational presentation for future medical providers
- Expand community outreach to generate awareness, support and use of participating safe disposal sites.

H. Program Evaluation Plan

Fresno County Department of Behavioral Health (DBH) contracts with local agencies that provide SUD primary prevention services. Primary SUD prevention services and additional contract obligations are monitored by the Public Behavioral Health Division of DBH. The annual prevention program outcome evaluations are conducted by LPC Consulting Associates, Inc with assistance from the contracted prevention providers 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 #16-430-3 & #16-431-3
b. State-County Contract
c. Request for Proposal #952-5414/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
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.

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2020-21
COUNTY	Fresno	**Submission Date**	5/26/2021

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	$ 30,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative 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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Staff Expenses	Benefits	$ -	1	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. 19-178-1 - JP Marketing	$ 30,000.00	$ 30,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2020-21
COUNTY	Fresno	**Submission Date**	5/26/2021

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 Residential Room & Board**

Summary

Category	**Amount**
Staff Expenses	$ -
Consultant/Contract Costs	$ 2,459,096.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative 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

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Staff Expenses	Benefits	$ -	1	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Master Agreement 18-693 - Residental Room and Board	$ 2,054,096.00	$ 2,054,096.00
Consultant/Contract Costs	Master Agreement 18-692 - Residential Treatment Services	$ 405,000.00	$ 405,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2020-21
COUNTY	Fresno	**$ -**	

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	$ 338,069.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 338,069.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Staff Expenses	Benefits	$ -	1	$ -

Detailed Program Budget

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	$ 223,569.00	$ 223,569.00
Consultant/Contract Costs	Agreement No. P-21-043 - Tarzana Treatment Centers, Inc.	$ 4,500.00	$ 4,500.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2020-21
COUNTY	Fresno	**Submission Date**	5/26/2021

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 and Treatment Perinatal Services**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 240,889.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative 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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Staff Expenses	Benefits	$ -	1	$ -

Detailed Program Budget

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:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2020-21
COUNTY	Fresno	**Submission Date**	5/26/2021

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 - Underage Drinking**

Summary

Category	**Amount**
Staff Expenses	$ -
Consultant/Contract Costs	$ 396,451.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 396,451.00**

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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Staff Expenses	Benefits	$ -	1	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. 16-431-3 Youth Leadership Institute-Underage Drinking	$ 396,451.00	$ 396,451.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2020-21
COUNTY	Fresno	**Submission Date**	5/26/2021

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	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 30,000.00**

I. Staffing Itemized Detail

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

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Staff Expenses	Benefits	$ -	1	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. 16-*431-3 - 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:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2020-21
COUNTY	Fresno	**Submission Date**	5/26/2021

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 and Prescription Drug Use Prevention**

Summary

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 792,900.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 792,900.00**

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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Staff Expenses	Benefits	$ -	1	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. 16-430-3 - California Health Collaboarative MJ and Rx Prevention	$ 792,900.00	$ 792,900.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2020-21
COUNTY	Fresno	**Submission Date**	5/26/2021

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	$ 30,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative 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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Staff Expenses	Benefits	$ -	1	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Agreement No. 19-178-1 - JP Marketing	$ 30,000.00	$ 30,000.00
Other Expenses	County Administrative costs are covered by other County funds	$ -	$ -
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DHCS Approval By:

Date:

Workbook Summary Sheet

Category	Amount
Staff Expenses	$ -
Consultant/Contract Costs	$ 4,757,405.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative 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 Crive, #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	Promesa Behavioral Health	Promesa Behavioral Health, Inc.	7120 N. Marks Ave #110, Fresno, CA 93711	(559) 439-5437
	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	Transitions Children's Services	Transitions Children's Services	1945 N. Helm Ave, #101, Fresno, CA 93727	(559) 222-5437
	12	California Health Collaborative	California Health Collaborative	1680 West Shaw Ave., Fresno, CA 93711	(559) 221-6315
	13	Youth Leadership Institute	Youth Leadership Institute	209 9th Street, Suite 200, San Francisco, CA 94103	(628)400-9252
	14	Tarzana Treatment Centers	Tarzana Treatment Centers, Inc.	18646 Oxnard St., Tarzana, CA, 91356	(888) 777-8565
	15	JP Marketing	Two Q, Inc.	7589 N. Wilson Ave. Suite 103, Fresno, CA 93711	(559) 438-2180
	16	Turning Point - Visalia	Turning Point of Central California, Inc.	PO Box 7447, Visalia, CA 93290	(559) 233-5096
	17	WestCare - Bakersfield	WestCare California, Inc.	1900 N. Gateway Blvd #100, Fresno, CA 93727	(559) 732-5550

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

Will Lightbourne
DIRECTOR

GAVIN NEWSOM
GOVERNOR

September 3, 2020

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 Fiscal Year 2020-2021.

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 Grants Section at SABG@dhcs.ca.gov.

Sincerely,

DocuSigned by:
7536D69D8B5945D...
DeAnn Harrison, Chief
Program Contracts Unit, Federal Grants Section

Enclosure(s)