

Community Mental Health Block Grant Application (MHBG)

FY 2021-22

Presented to:

State of California
Department of Health Care Services



Dawan Utecht, Director
Department of Behavioral Health

June 18, 2021

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**Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2021-2022 Funding Allocation**

Fresno County

County Name	Date
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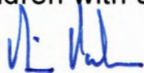
DUNS

Proposed Total Allocation	\$2,381,212
Base Allocation	\$2,381,212
Dual Diagnosis Set-Aside	N/A
First Episode Psychosis Set-Aside	N/A
Children's System of Care Set-aside	N/A
Integrated Services Agency Set-Aside	N/A

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

This estimate is the proposed total expenditure level for State Fiscal Year 2021-2022 and is subject to change based on the level of appropriation approved in the State Budget Act of 2021. In addition, this amount is subject to adjustments for a net reimbursable amount to the county. The adjustments include, but are not limited to, Gramm-Rudmann-Hollings (Federal Deficit Reduction Act) reductions, prior year audit recoveries, federal legislative mandates applicable to categorical funding, augmentations, etc. The net amount reimbursable will be reflected in reimbursable payments as the specific dollar amounts of adjustments become known for each county.

The County will use this estimate to build the County's SFY 2021-2022 budget for the provision of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).



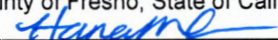
6-21-22

Signature of Official Authorized to sign Application

Date

Brian Pacheco, Chairman of the Board of Supervisors of the County of Fresno

Print Name/Title

ATTEST:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California
By: 

Community Mental Health Services Block Grant Funding Agreements

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

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

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

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

Section 1911

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

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

Section 1912

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

Section 1913

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

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

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

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

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

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

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

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

Section 1916

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

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

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

Section 1946 PROHIBITIONS REGARDING RECEIPT OF FUNDS

(a) Establishment-

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

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

Section 1947 NONDISCRIMINATION

(a) In General-

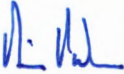
- (1) Rule of construction regarding certain civil rights laws - For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under Section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title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

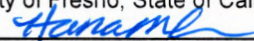
(b) Enforcement-

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

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

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

	<u>6-21-22</u>
Signature of the Official Authorized to sign Application	Date
<u>Brian Pacheco, Chairman of the Board of Supervisors</u>	<u>Fresno</u>
Print Name/Title	County

ATTEST:
 Bernice E. Seidel
 Clerk of the Board of Supervisors
 County of Fresno, State of California
 By: 

Certifications

CERTIFICATION REGARDING LOBBYING

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

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

SALARY CAP

The undersigned certifies that no grant funds will be used to pay an individual salary at a rate in excess of \$199,300 per year, not including benefits.

DRUG FREE WORK ENVIRONMENT

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

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

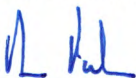
- 1) The prospective lower tier participant certified, by submission of this proposal, that neither it nor its principals or **contracted providers** is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal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

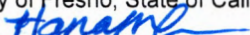
CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

	<u>6-21-22</u>
Signature of Official Authorized to Sign Application	Date
Brian Pacheco, Chairman of the Board of Supervisors	Fresno
Print Name/Title	County

ATTEST:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California
By: 

**SFY 2021-2022
MHBG Program Data Sheet**

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

County: Fresno
Program Title: Transitional Residential Board and Care Services
Program Contact: Rita Mehia
Email: rmehia@fresnocountyca.gov
Phone: 559-600-6688

MHBG Funding Level: \$ 2,381,212.00

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

SMI Adult (18-59)	275
SMI Older Adult (60+)	25
SED Child (0-17)	

Types of Transformational Service(s) Provided

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

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

Workbook Summary Sheet

Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 2,164,738.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ 216,474.00
Total Cost	\$ 2,381,212.00

PROGRAM NARRATIVE
Fresno County Department of Behavioral Health
Transitional Residential Board and Care Services
By Contractors

A. STATEMENT OF PURPOSE

Pursuant to Welfare and Institutions Code Section 5801 and the California Code of Regulations Title 22, Fresno County Department of Behavioral Health (DBH) provides placements for adults with serious mental illness (SMI) in secured, certified or licensed facilities with the appropriate level of care and services. Historically, SMI adults have been classified as difficult to place, resulting in many individuals being placed at higher levels of care such as State Hospitals, Institutions of Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC) or Skilled Nursing Facilities (SNF). A majority of the higher level of care facilities are located outside of the County. The transition from locked and/or higher-level of care institutions to less restrictive facilities, as determined by DBH clinical staff, through transitional residential board and care services allows for integrative approaches in collaboration with local medical health, substance use disorder service providers, spiritual organizations, educational institutions, cultural brokers, and other mental health partners to provide an integrated care experience. Placement at appropriate service levels and closer collaboration of DBH with facility staff ensures individuals are progressing in treatment with an ultimate goal of stepping into lower levels of care and restoring their ability to take care of their basic needs on their own, with increased stabilization of mental health symptoms, in order to live with increased independence.

Licensed residential care facilities that provide a transitional residential services program (TRSP) or a specialized transitional residential services program (STRSP) are the lowest level of care within the transitional board and care services. TRSP provides supplemental board and care services, which are above the standard board and care service level, by licensed providers with a less restrictive level of care to SMI adults through structured, therapeutic support in a residential setting. The range of services focus on the individual's wellness and recovery, working to facilitate returning or continuing to live in the community, and including medication management/education and self-care. STRSP additionally possesses care exemptions from Community Care Licensing (CCL), which allows them to provide services to individuals with mental health disorders and a wide variety of specialized medical and behavioral needs.

B. MEASURABLE OUTCOME OBJECTIVES

The program's goal is to increase stability and wellness in the community using natural supports to increase overall and independent wellness, while reducing recidivism back to Lanterman Petris Short (LPS) conservatorship and/or placement in locked treatment facilities.

FY 2021-22 Objectives:

1. Place 50% or at least 300 adults locally at TRSP and STRSP facilities, allowing these individuals to remain closer to families and community, while they receive services.
2. Provide high intensity community/telehealth services, while at placement to support maintenance of placement and management of symptoms in preparation for a lower level of care.
3. Maintain an information system to track the number of special incidents, that include crisis for conserved adults served at the TRSP program level. Data can be tracked through Special Incident Reporting.
4. Continue to monitor co-occurring issue of substance use and track through the diagnosis reports, via Avatar.

FY 2020-21 Outcomes:

The following data was tracked in the County's conservatorship database and the electronic health record system, Avatar.

1. There were 332 adults placed locally at TRSP and STRSP facilities, allowing these individuals to remain closer to families while they receive services.
2. Of the 332 adults placed at TRSP and STRSP facilities, approximately 29% were hospitalized and 19% received inpatient crisis stabilization services at least once after placement.
3. An estimated 81% of all adults placed at TRSP and STRSP facilities show a co-occurring disorder of substance use.

C. PROGRAM DESCRIPTION

Placement to TRSP and STRSP services must be authorized by the DBH Recovery with Inspiration, Support and Empowerment (RISE) Conservatorship Team. Services may range from basic services, which include reasonable access to required medical treatment, up-to-date psychopharmacology and transportation to needed off-site services, and bilingual/bicultural programming as appropriate for individuals who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired, to enhanced services, which are designed to service individuals who have subacute psychiatric impairment and/or whose adaptive functioning is severely impaired. Services may also include intensive support and rehabilitation to individuals as an alternative to State hospitalization or placement in other 24-hour care facilities, and are aimed at helping

individuals to develop skills to become self-sufficient and increase their levels of independent functioning.

Each TRSP and STRSP facility has a written Program Design (Title 22, Plan of Operation) approved by DBH, which contains a statement of purpose, a statement of goals, a description of program methods and a staff training plan. The activities and opportunities provided to each individual are consistent with the written Program Design. The facility administrator, individual and agency referral person/authorized representatives are involved in the development of the individual's "Appraisal/Needs and Services Plan". Staff communicate and participate with other agencies in case conferences and in the development of a plan of care or educational plan to ensure continuity in each individual's planned activities. The supervision and training provided to each individual follows the objectives and plans written in the "Appraisal/Needs and Services Plan". The facility provides supervision and training seven days per week with a staff ratio adequate to implement the "Appraisal/Needs and Services Plan".

A written monthly Activity Schedule is posted for all hours that individuals are awake and under the supervision of the facility, seven days per week. The Activity Schedule reflects the time and place of usual individual activities, with at least one recreational activity each day and at least one activity in the community each week. The facility teaches and enables individuals to practice skills and behaviors that are necessary for attaining greater independence in the home and in the community in accordance with the "Appraisal/Needs and Services Plan". Use of leisure time in a constructive manner is encouraged. Daily activities are age appropriate and natural environments and materials are used in teaching skills to individuals. Training techniques are also individualized in accordance with the "Appraisal/Needs and Services Plan" and are consistent with the principles of least restrictive method. All staff persons responsible for carrying out an individual's "Training/Treatment" are familiar with its objectives and methods of implementation. There is a continuity, through staff changes, in training provided to individuals, as evidenced by either oral or written communications between staff on different shifts.

Every twelve months the "Appraisal/Needs and Services Plan" is reviewed by the case manager/authorized representative, individual and facility staff to measure and document progress of set objectives and/or the need to modify. Every six months the individual is assessed by the case manager with input from facility staff. When the "Appraisal/Needs and Services Plan" needs to be updated, facility staff bring this to the attention of the case manager. The facility staff, case manager and individual participate in the revision, as appropriate.

COMMUNITY INTEGRATION

If the facility is located in a residential neighborhood, it must be physically compatible with residences in that neighborhood. Individuals have access to resources available to other

members of the local community, and are given regular opportunities to use those resources and to practice community and independent living skills in their local community. The facility provides group activities which include activities involving six or fewer individuals. At least one recreational activity a week will be offered in the community appropriate to the interests or development of interests of the individuals.

SOCIAL - PSYCHOLOGICAL ENVIRONMENT

The physical aspects of the facility must be appropriate to the age and physical abilities of the individuals. Individuals eat in the dining room or eating areas typically used by family and/or staff members. Each individual wear/have properly fitting clothing. Each individual shall receive training, or be assisted, in selecting clothing which is appropriate to his or her age, sex and the season. Each individual wears his or her own clothing.

Communication and interaction between staff and individuals reflect respect and caring. Staff makes an effort to establish positive relationships with individuals via communication methods which are appropriate for those individuals. Staff makes an effort to establish positive relationships with individuals' family members. Individuals share in facility decision-making through weekly house meetings designed to encourage participation. There is recognition and acceptance by staff of individuals' cultural and ethnic differences. Individuals are encouraged to pursue individual interests and schedules.

The facility is furnished, decorated, and arranged to provide a home-like, non-institutional atmosphere. Bathroom facilities are designed and equipped to afford privacy. No more than two individuals shall share a bedroom. Bedrooms are not used as passageways to other rooms. Individuals are allowed to use bedrooms as places to be alone. Individuals have access to all common areas of the residence, except controlled storage areas and staff designated areas.

TRSP and STRSP services may consist of, but are not limited to, all of the components listed above. They are to be provided to each individual as specified in the individual's "Appraisal/Needs and Services Plan," or as the need arises. Contractors of TRSP and STRSP services are paid at an all-inclusive daily rate for services. In the event individuals also fall under more than one enhanced STRSP category as set forth below, County shall pay only one all-inclusive rate, which is to be mutually agreed upon by County and Contractor. Possession of care exemptions approved by CCL will be required to provide services to individuals with specialized medical needs. Appendix A provides a full list of existing Contractors and the daily rates for their services and target populations.

STRSP INDIVIDUAL CATEGORIES

CHRONIC INEBRIATES: Dual diagnosis individuals needing controlled community access. Services provided will include:

- 15 minute visuals, 24/7, 365 days.

- In-house psychiatrist with assessments done on site.
- On call 24/7 psychiatrist with standing orders for PRN & injectables.
- Prevocational job training on site with a community re-entry based philosophy.
- On-site Drug & Alcohol counselors.
- Day Treatment, Recovery models, and WRAP & Wellness.
- On-site dietician to provide healthy diets.

SPECIAL NEEDS:

- Diabetic – trained staff (incl. LVN, dietary) available to meet CCL Title 22 Section 80092.8. Services provided will include:
 - i. Insulin shots.
 - ii. Diabetes maintenance including, but not limited to insulin injections and blood sugar monitoring.
 - iii. On-site dietician to provide special diet (sugar free menu).
 - iv. Blood sugar monitoring by licensed, qualified staff.
 - v. 50% of staff shall be certified Medical Assistants.
 - vi. 15 minute visuals, 24/7, 365 days a year.
 - vii. On call 24/7 psychiatrist with standing orders for PRN & injectables.
 - viii. Prevocational job training on site with a community re-entry based philosophy.
 - ix. Day Treatment, Recovery models, and WRAP & Wellness.
- Conditions of Life – facility upgrades & trained staff available to meet CCL Title 22 Section 80077.2-3, 80001d.(2) for individuals who rely on others to assist with most activities of daily living (ADLs), individuals with lack of hazard awareness/impulse control or individuals with medical conditions for which they need assistance/observation. Services provided will include:
 - i. 15 minute visuals 24/7, 365 days a year.
 - ii. On-site dietician to provide special diets, as required.
 - iii. 50% staff are certified Medical Assistants to monitor health conditions.
 - iv. On call 24/7 Psychiatrist with standing orders for PRN & injectables.
 - v. Prevocational job training on-site with a community re-entry based philosophy;
 - vi. Day Treatment, Recovery models, and WRAP & Wellness.
 - vii. CCL waiver for individuals needing oxygen.
- Non-Ambulatory: all the above facility services shall be available to non-ambulatory individuals. In addition to diabetic, dual-diagnosis and other conditions of life services, the facility shall provide:
 - i. Trained staff available to assist non-ambulatory individuals with ADL's. Facility-wide training shall be rendered to ensure the safety of non-ambulatory individuals with regards to egress, mobility and emergency procedures.
 - ii. Transportation to allow non-ambulatory individuals to participate in community outings.

- Ambulatory Issues - trained staff (incl. LVN, dietary) available to meet CCL Title 22 Section 80010.
 - i. Amputee.
 - ii. Wheelchair dependent (for mobility).
 - iii. Walkers/Other Walking Assistance Devices.
 - iv. Visual Impairment/Including Legal Blindness.
- Medical – trained staff to provide care for individuals who have any of the following restricted health conditions, or who require any of the following health services:
 - i. Colostomy bags – as specified in CCL Title 22, Section 87621.
 - ii. Oxygen dependent individuals - as specified in CCL Title 22, Section 87618.
 - iii. Catheter services - as specified in CCL Title 22, Section 87623.

STRSP Contractors have trained staff available to provide care within a facility intended for individuals with mental health disorders, specific characteristics, and a history of additional behaviors/legal status including, but not limited to the following behavioral/legal status:

- LPS Conservatorship - Individuals moving from locked and out of county (possible) IMD or acute inpatient psychiatric facilities.
- Aggressive Behaviors - Recent physical aggressive episode toward a person (general) or history of physical assault on a staff.
- Fire Setting
- Elopement - Elopement is considered not returning by curfew.
- Sexual Assault or Sex Offender Status
- Young Adults - Young adults considered to be between the ages of 18-24 years old.
- Individuals with Mild Developmental Delays - “Mild developmental delay” defined as borderline intellectual functioning with an IQ of just below 80.

D. CULTURAL COMPETENCY

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

TRSP and STRSP program staff recognize and accept individuals’ cultural and ethnic differences. Staff encourage observations of culturally appropriate holidays, events, and traditions, in accordance with the ethnic backgrounds of individuals and individuals’ wishes. This may include, but not be limited to, offering activities, foods, and decorations appropriate to the individual.

E. TARGET POPULATION

The target population are adults diagnosed with SMI, who are returning from out of county locked 24-hour supervised IMD/MHRC facilities to less restricted and supervised environment, LPS Conserved adults, or adults recently released but identified as high-risk for receding to LPS Conservatorship. A LPS Conserved adult is identified as unable to provide a plan for self-care including meals, clothing, and shelter due to their behavioral health symptoms. The population includes individuals with a dual diagnosis.

F. STAFFING

MHBG will not directly fund program staffing. Contractors are paid at their all-inclusive daily rate and are expected to staff accordingly to their Program Design. Fresno County is not requesting new positions to be funded through the MHBG at this time due to the uncertainty of MHBG funding on a continuing basis for this program and the sustainability of hiring new staff by DBH.

G. IMPLEMENTATION PLAN

The program is fully implemented. TRSP and STRSP services have been provided by Contractors since 2008. Current Fresno County Agreement No. 17-377 was approved in July 2017 as a master agreement. Additional providers have since been added. The current list of contractors include Ak's Home of Care, Amor Amores Alegre (The Chimes Home), BK House of Grace, Dailey's Haven, Garem Assisted Living, Jan-Roy Place of Fresno, Modesto Residential Living Center, Lakewood Haven, Lakewood Haven 2, Leonie House, Ratanakone Home, Royal Board and Care for the Elderly, Sunshine Board and Care II, Valley Comfort, Bonavente, Providian Residential Care Services (Fillmore Christian Gardens), Garden Manor, Haskins Residential Care, Mark A. Gisler (Ruby's Valley Care Home), and Marian Homes Inc. dba Sierra Villa. Contractors may modify their daily service rate with approval of the DBH Director, as long as the modification does not result in changes to the contract maximum compensation.

H. PROGRAM EVALUATION PLAN

Each facility must meet quality assurance standards for licensed residential care facilities. Facilities eligible to be certified for payment for TRSP services and STRSP services from Fresno County DBH shall be a licensed Adult Residential Care Facility or licensed Residential Care Facility for the Elderly, authorized by the California Department of Social Services (CDSS), Community Care Licensing (CCL) Division, to provide care and supervision to SMI adults. The facility administrator shall complete 20 hours per year of the continuing education or in-service training in mental health issues or related topics, in accordance with the education or training specifications of the CDSS CCL Division. Direct care staff, employed by the facility, participates in the training activities specified in the "Fresno County Department of Behavioral Health, Quality Assurance Standards for

Licensed Adult Residential Care Facilities, and Residential Care Facilities: Section 9". Contractors provide information for monthly billing and other data, as required by the County's management information system, and a monthly statement of all individuals living in the facility.

Furthermore, facilities shall be certified for participation by the County and services shall be provided through written agreement, including but not limited to:

1. Cooperate with County staff, subsequent to referral and with authorization by the County, in completing the "Appraisal/Needs and Services Plan," as indicated by the CDSS, Adult Residential Facilities, Division 6, Chapter 1, Section 80068.2, to meet the goals, objectives, and activities appropriate to the individual. This plan shall be completed and placed in the individual's record on or before the first day of placement and kept current.
2. Complete a "Facility Service Plan" indicating the specific services to be provided to address the needs identified in the "Appraisal/Needs and Services Plan". This plan shall be completed and placed in the individual's record on or before the first day of placement.
3. Maintain individual records, on the premises, in accordance with "Fresno County Department of Behavioral Health, Quality Assurance Standards for Licensed Adult Residential Care Facilities and Residential Care Facilities, Section 8 - Individual Records" to promote the services to each individual. These records shall include:
 - a. The "Appraisal/Needs and Services Plan" specifying the needs to be addressed.
 - b. Weekly notes shall:
 - i. Address all needs, objectives, and services provided by facility staff to implement the "Facility Service Plan" for each individual.
 - ii. Address significant occurrences affecting the individual (incidents, illness, exacerbation of symptoms, signs of improved functioning, etc.), as appropriate.
 - iii. Describe behavioral observations and symptoms.
 - iv. Be written by staff having direct supervision/observation of the individual.
 - c. Monthly summary notes shall reflect all needs and services addressed in the "Appraisal/Needs and Services Plan." (Refer to "Fresno County Department of Behavioral Health, Quality Assurance Standards for Licensed Adult Residential Care Facilities and Residential Care Facilities: Section 8 - Individual Records".)
 - d. All other documents/information as required by CDSS CCL Division.
4. Allow access to the facility, to the extent authorized by law, by County and State staff for assessment of individual(s), monitoring of the contract, record review, consultation with staff, and evaluation of the facility and services.
5. Maintain the capability to provide the services required to meet the specialized needs of individuals, as identified in individuals' "Appraisal/Needs and Services Plans".

6. Cooperate and consult with County staff to improve/enhance/modify program services to meet the need of individuals as indicated in their "Appraisal/Needs and Services Plans."
7. Inform DBH Case Manager and TRSP/STRSP Services Coordinator immediately and provide a written report within 24 hours of all incidents necessitating an incident report to CDSS CCL Division. Incidents to be reported include, but are not limited to, death, accident/injury, abuse, and absence without leave (AWOL).
8. Inform the Coordinator within 24 hours of all individual movements (i.e. admissions to a general hospital, acute psychiatric facility, and/or AWOL).
9. Encourage individuals to take increased responsibility for own treatment by setting self-established goals.
10. Provide scheduled and posted activities to encourage the development of activities satisfying to individuals, as specified in their "Appraisal/Needs and Services Plans". The posted monthly schedules shall reflect the interests of individuals, expose individuals to and develop a variety of leisure interests, and develop interpersonal skills and relationships.

Contractors are encouraged to engage in all quality improvement activities to provide a welcoming environment, and to continue developing co-occurring substance use and mental health treatment capability for individuals served and their families.

I. OLMSTEAD MANDATE AND THE MHBG

Fresno County DBH looks towards all funding sources, including MHBG, and the full spectrum of services to create a complete continuum of care for individuals served, through integration of all available services. In particular, adults with SMI are transitioned from locked and/or higher-level of care institutions to less restrictive facilities as determined by County clinical staff. These facilities are transitional board and care, specialized level of care services, and/or other certified/licensed facilities with a residential setting in the community. The range of services provides for the individual's recovery while working to facilitate returning to live in the community. Services include on-the-job skills training. DBH is dedicated to provide treatment at appropriate levels of care and the least restrictive environment for all individuals served and their families, to promote their wellness, recovery and resiliency.

1 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) COUNTY
2 COMMUNITY MENTAL HEALTH BLOCK GRANT (MHBG) RENEWAL APPLICATION
3 FY 2021-22

4 COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT CORONAVIRUS RESPONSE AND
5 RELIEF SUPPLEMENTAL APPROPRIATIONS ACT (CRRSAA) SUPPLEMENTAL FUNDING
6 ALLOCATION
7 JULY 1, 2021 THROUGH DECEMBER 31, 2022

8 AMERICAN RESCUE PLAN ACT (ARPA) SUPPLEMENTAL FUNDING ALLOCATION
9 SEPTEMBER 1, 2021 THROUGH JUNE 30, 2025

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