

Community Mental Health Block Grant Application (MHBG)

FY 2017-18

Presented to:

State of California
Department of Health Care Services



Dawan Utecht, Director
Department of Behavioral Health

August 2017

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**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.

Dawan Utecht

Director, Department of Behavioral Health

8/23/17

Date

Dawan Utecht

Printed Name

Fresno

County

CERTIFICATIONS

CERTIFICATION REGARDING LOBBYING

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, 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 \$187,000 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.



Director, Department of Behavioral Health

8/23/17

Date

Dawan Utecht
Printed Name

Fresno
County

2017-18 MHBG PROGRAM DATA SHEET
--

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

COUNTY: FRESNO

PROGRAM TITLE: Corizon Mental Health Psychiatric Services - Jail Psychiatric Services

PROGRAM CONTACT/TITLE: Caroline Ahlstrom LMFT Mental Health Supervisor

Phone #: (559) 600-9354 FAX: (559) 442-5277 E-Mail: caroline.ahlstrom@corizonhealth.com

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$1,672,097

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 2424 SMI OLDER ADULT (60+) 73 SED CHILD (0-17) 0

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (√)
Americans Understand that Mental Health is Essential to Overall Health	
Mental Health Care is Consumer and Family Driven	
Disparities in Mental Health Services are Eliminated	√
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	√
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	√

ADDITIONAL COMMENTS:

**2017-2018
MHBG PROGRAM DATA SHEET**

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

COUNTY:

Fresno _____

PROGRAM TITLE: CONTRACT- Juvenile Justice SED Dual Diagnosis Outpatient Program

PROGRAM CONTACT/TITLE: Susan Murdock, Program Manager

Phone #: (559) 600-4876 FAX: (559) 600-7645 E-Mail: smurdock@co.fresno.ca.us

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 340,000

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) _____ SMI OLDER ADULT (60+) _____ SED CHILD (0-17) 72

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? If yes, Please check (√)
Americans Understand that Mental Health is Essential to Overall Health	✓
Mental Health Care is Consumer and Family Driven	✓
Disparities in Mental Health Services are Eliminated	✓
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	✓
Excellent Mental Health Care is Delivered and Research is Accelerated	✓
Technology is Used to Access Mental Health Care and Information	✓

ADDITIONAL COMMENTS:

DHCS 1751 (02/15)
 State of California -Health and Human Services Agency

Department of Health Care Services
 Enclosure 7
 Page 1 of 3

FEDERAL GRANT DETAILED PROGRAM BUDGET
 TYPE OF GRANT: MHBG

STATE FISCAL YEAR: 2017 – 2018

COUNTY: FRESNO
 FISCAL CONTACT: Kirk Hill
 TELEPHONE NUMBER: (559) 600-4655
 EMAIL ADDRESS: khill@co.fresno.ca.us
 PROGRAM NAME: SUMMARY ALL PROGRAMS

SUBMISSION DATE: August 20, 2017
 PROGRAM CONTACT: Janell Sidney
 TELEPHONE NUMBER: (559) 600-6831
 E-MAIL ADDRESS: jsidney@co.fresno.ca.us

STAFFING			1	2	3	
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1					\$ -	
2					\$ -	
3					\$ -	
4					\$ -	
5					\$ -	
6					\$ -	
7					\$ -	
8					\$ -	
9					\$ -	
10					\$ -	
11					\$ -	
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ -	0.00	\$ -	\$ -	\$ -
13	Consultant / Contract Costs (Itemize):					
14	Jail Psychiatric Svcs Prog - Contract Corizon Health, Inc.				\$ 1,672,097	\$ 1,672,097
15	JJ SED Dual Diagnosis Prog - Contract Mental Health Systems, Inc.				\$ 340,000	\$ 340,000
16						\$ -
17	Equipment (Where feasible lease or rent) (Itemize):					
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22	Supplies (Itemize):					
23						\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					
29						\$ -
30	Other Expenses (Itemize):					
31						\$ -
32						\$ -
33						\$ -
34						\$ -
35						\$ -
36						\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)					
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ -	\$ 2,012,097	\$ 2,012,097
39	OTHER FUNDING SOURCES: Federal Funds					
40	Non-Federal Funds					
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)					
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ -	\$ 2,012,097	\$ 2,012,097

DHCS APPROVAL BY:
 TELEPHONE:

DHCS 1779 (06/16)
 State of California -Health and Human Services Agency

DATE:

Department of Health Care Services
 Enclosure 7
 Page 2 of 3

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2017 – 2018

TYPE OF GRANT: MHBG

COUNTY: FRESNO

SUBMISSION DATE: 8/20/17

FISCAL CONTACT: Jennifer Pardo

PROGRAM CONTACT: Caroline Ahlstrom LMFT

TELEPHONE NUMBER: (559) 600-6437

TELEPHONE NUMBER: (559) 600-9354

EMAIL ADDRESS: jpardo@co.fresno.ca.us

E-MAIL ADDRESS: caroline.ahlstrom@corizonhealth.com

PROGRAM NAME: Jail Psychiatric Svcs Prog – Contract Corizon Health, Inc.

STAFFING			1	2	3	
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Psychiatrist (DDX)	\$ 187,000	1.00		\$ 187,000	\$ 187,000
2	Mental Health Supervisor (DDX)	\$ 112,000	0.88		\$ 98,271	\$ 98,271
3	Mental Health Counselors (DDX)	\$ 95,668	7.02		\$ 671,530	\$ 671,530
4	Mental Health RNs (DDX)	\$ 69,888	2.19		\$ 153,303	\$ 153,303
5	Mental Health Specialist (DDX)	\$ 53,352	.88		\$ 46,812	\$ 46,812
6	Office Assistants (2)	\$ 39,000	1.75		\$ 68,439	\$ 68,439
7	Medical Assistants (2)	\$ 32,510	1.75		\$ 57,050	\$ 57,050
8	BENEFITS	\$ 256,482			\$ 256,482	\$ 256,482
9						
10						
11						
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 845,900	15.48	\$-	\$ 1,538,887	\$ 1,538,887
13	Consultant / Contract Costs (Itemize):					
14						\$-
15						\$-
16						\$-
17	Equipment (Where feasible lease or rent) (Itemize):					
18						\$-
19						\$-
20						\$-
21						\$-
22	Supplies (Itemize):					
23						\$-
24						\$-
25						\$-
26						\$-
27						\$-
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					
29						\$-
30	Other Expenses (Itemize):					
31						\$-
32						\$-
33						\$-
34						
35						\$-
36						\$-
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)				\$ 133,210	\$ 133,210
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$-	\$ 1,672,097	\$ 1,672,097
39	OTHER FUNDING SOURCES: Federal Funds					
40	Non-Federal Funds					
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$-	\$-	\$-
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$-	\$ 1,672,097	\$ 1,672,097

DHCS APPROVAL BY:
 TELEPHONE:
 DATE:

State of California -Health and Human Services Agency

Department of Health Care Services
Enclosure 7
Page 3 of 3FEDERAL GRANT DETAILED PROGRAM BUDGET
TYPE OF GRANT: MHBG

STATE FISCAL YEAR: 2017 – 2018

COUNTY: FRESNO

SUBMISSION DATE: August 20, 2017

FISCAL CONTACT: Laurentius Harlan Theng

PROGRAM CONTACT: Susan Murdock, Program Director

TELEPHONE NUMBER: (559) 600-4619

TELEPHONE NUMBER: (559) 600-4876

EMAIL ADDRESS: lharlantheng@co.fresno.ca.us

E-MAIL ADDRESS: smurdock@co.fresno.ca.us

PROGRAM NAME: Juvenile Justice SED Dual Diagnosis Outpatient Program – Contract Mental Health Systems, Inc.

STAFFING				1	2	3
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Program Manager	\$ 62,920	0.34		\$ 21,393	\$ 21,393
2	Administrative Assistant- FFSAU	\$ 31,616	0.30		\$ 9,485	\$ 9,485
3	Clinical Supervisor - LCSW	\$ 75,005	0.56		\$ 42,003	\$ 42,003
4	Unlicensed MH Clinician - Girls	\$ 39,520	1.00		\$ 39,520	\$ 39,520
5	Unlicensed MH Clinician - Boys	\$ 29,640	1.00		\$ 29,640	\$ 29,640
6	Unlicensed MH Clinician - Boys	\$ 38,480	1.00		\$ 38,480	\$ 38,480
7	Vice President	\$ 89,898	0.05		\$ 4,495	\$ 4,495
8	Program Analyst	\$ 58,510	0.07		\$ 4,097	\$ 4,097
9	Benefits (State Unempl Ins., OASDI, Life, Health Ins., Worker's Comp)				\$ 32,198	\$ 32,198
10	Payroll Taxes (F.I.C.A.)				\$ 14,467	\$ 14,467
11						\$-
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$425,598	4.32	\$-	\$ 235,777	\$ 235,777
13	Consultant / Contract Costs (Itemize):					
14	Interpreter Services				\$ 5,000	\$ 5,000
15	Equipment (Where feasible lease or rent) (Itemize):					
16	Equipment Purchases < or = to \$1,000				\$ 355	\$ 355
17	Equipment Repair/Maintenance				\$ 650	\$ 650
18	Supplies (Itemize):					
19	Postage & Freight				\$ 1,800	\$ 1,800
20	Office Supplies				\$ 1,150	\$ 1,150
21	Program Supplies – client education & snacks				\$ 5,350	\$ 5,350
22	Travel -Per diem, Mileage, & Vehicle Rental/Lease					
23	Staff Mileage / Vehicle Maintenance				\$ 525	\$ 525
24	Staff Travel (Out of County)				\$ 2,000	\$ 2,000
25	Other Expenses (Itemize):					
26	Communications/Cell phones/Internet				\$ 42	\$ 42
27	Staff Training/Registration				\$ 1,000	\$ 1,000
28	Licenses & Taxes				\$ 6,200	\$ 6,200
29	Prof. Fees / Acctng / Bank Charges / Other Business Svcs (new hire screen, etc.)				\$ 410	\$ 410
30	Software Expenses				\$ 100	\$ 100
31	Indirect Costs / Administrative Overhead				\$ 37,991	\$ 37,991
32	Professional & General Liability Insurance				\$ 1,650	\$ 1,650
33						
34	Utilities, Janitorial, Security, and Janitorial Supplies (incurred in County's Budget)				\$ 10,000	\$ 10,000
35	COUNTY ADMINISTRATIVE COSTS (10% MHBG)				\$ 30,000	\$ 30,000
36	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$-	\$ 340,000	\$ 340,000
37	OTHER FUNDING SOURCES: Federal Funds					
38	Non-Federal Funds					
39	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$-	\$-	\$-
40	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$-	\$ 340,000	\$ 340,000

DHCS APPROVAL BY:
TELEPHONE:
DATE:

DHCS 1779 (06/16)

PROGRAM NARRATIVE
County of Fresno Department of Public Health
Jail Psychiatric Services Program
By Corizon Health, Inc. - Contractor
FY 2017-2018

A. STATEMENT OF PURPOSE

Fresno County has a population of over 979,915 people and encompasses almost 6,000 square miles. It has one of the most culturally and ethnically diverse populations in California with over 105 different languages spoken in its homes (*Fresno County United Way 1998*). Unemployment in the County in the past year averaged 9.4%, which is the lowest it has been in seven years yet still exceeds the State (4.8%) and National (4.3%) average. In 2015, the Fresno-Madera Continuum of Care Point-in-Time (PIT) count found 1,745 homeless individuals in Fresno County. The County of Fresno Adult Detention Facilities has an average daily population of 2,714 inmates. On any given day, an estimated 25% of the jail population suffers from a severe mental illness with around 75% to 85% of these inmates having a co-occurring substance use disorder problem.

“... studies indicate that rates of serious mental illness are at least 3 to 4 times higher than the rates of serious mental illness in the general population [in jails]. Many of the mentally ill inmates are in jail because of their symptoms. When incarcerated, people with untreated mental illness are especially vulnerable to assault or other forms of intimidation by predatory inmates.” (*Criminal Justice/Mental Health Consensus Report 2002*). Also, the County jail environment can itself exacerbate the symptoms of the mentally ill, which increases the likelihood of further impairment of functioning as well as physical risk.

The need for a jail-based mental health program is evident. Jail Psychiatric Services (JPS) provides a 24-hour, 7-day a week mental health service delivery system. The program is designed to identify and stabilize mentally ill inmates, and to identify and stabilize those inmates that have co-occurring mental illness and substance use problems.

B. MEASURABLE OUTCOME OBJECTIVES

The mission of the Jail Psychiatric Services program is to provide a jail-based 24-hour, 7-day a week mental health program in the County of Fresno Adult Detention Facilities.

Objectives for FY 2017-18:

1. Serve 3,258 unique inmates between July 1, 2017 and June 30, 2018.
 - a. Provide psychiatric staff for medication management services as well as other clinical nursing staff to successfully treat this population.
 - b. Provide psychiatric evaluations for an average of 271 inmates per month.
 - c. Enroll 348 unique inmates in group treatment specifically for individuals with co-occurring disorders of mental illness and substance use.
 - d. Provide discharge plans for 405 unique inmates.
2. Serve 792 unique inmates identified as having co-occurring disorders of mental illness and substance use.

- a. JPS will document the number of inmates that will receive dual diagnosis treatment.
3. Work with other county programs to link 30 inmates to intensive case management follow up programs either through the Behavioral Health Court in Fresno County, or to treatment programs for dual diagnosis.

JPS monitors program operations and goals on an ongoing basis. Program objectives are monitored by assigned staff. Client information stated in the Measurable Outcome Objectives section is tracked through computer database and Microsoft Excel software. Staff monitor: 1) inmates treated in all programs, 2) inmates diagnosed as having co-occurring disorders of mental illness and substance abuse, and 3) referrals to Behavioral Health Court and other programs in the community. The information is kept in a de-identified manner for review by the Program Administrator on an ongoing basis. Qualified translators will be used to augment bilingual/bicultural delivery of services when appropriate. Program activities are monitored during quarterly onsite multidisciplinary meetings. In the event there are program problems or barriers to care identified, the committee and assigned staff are responsible for developing a plan of resolution.

Objectives Achieved by JPS for FY 2016 – 2017:

1. About 2,773 unique inmates were provided services when 3,000 were projected to be served in the FY 16-17 application period. This did not meet the expected outcome. An average of 231 inmates per month were evaluated by psychiatrists working with the program when 250 were projected. This figure is lower than predicted. As in FY 2015-16, it appears that due to reduced bed capacity and variable turnover (i.e., inmates with more serious charges being held, while inmates with less serious charges tend to be released due to overcrowding), some inmates are staying longer in the jail. This may be a causative factor in the lower number of assessments, since each inmate is only given one assessment per incarceration, and further services by a psychiatrist are considered to be follow-up sessions.
2. During FY 2016-2017, approximately 348 inmates were enrolled in group treatment, which exceeded the objective of 270. All SMI patients in isolation and semi isolation attend two different therapeutic groups each week. This increase in group participation is a continuing result of the purchase and installation of safety equipment in order to conduct effective group therapy.
3. Future year's objectives take into account the increasing population in the jail, despite the continuing pattern of releases due to overcrowding. Additional effort will be made in the coming year to reach all objectives, given the budget resources available.
4. About 729 unique inmates were identified as having co-occurring disorders of mental illness and substance use, an increase over the objective of 662.
5. Programs in the community continued to face downsizing and resource reduction during the year, resulting in some loss of programs altogether. Funding cuts affecting the Department of Behavioral Health necessitated closure of programs, outsourcing of inpatient capacity, and restriction of services to a target population carrying only those diagnoses meeting the criteria of Serious Mental Illness. At the same time, jail overcrowding prompted a move towards cite and release of arrestees with non-violent

crimes, putting many of the dual diagnosed individuals with lesser charges back out into the community at booking. These factors contributed to the reduction of appropriate placements into treatment programs directly from the jail. However, approximately 180 inmates were referred to Turning Point Full Service Partnerships, Department of Behavioral Health Urgent Care Wellness Center, Co-Occurring Disorders Treatment Program, and Veteran's Administration.

Going forward into FY 2017 - 2018, it is clear that the stability and availability of residential dual diagnosis programs continues to be limited. Therefore, it is not likely to yield useful information as an outcome measure. Continued effort will be focused on working with structures such as the Behavioral Health Court to develop alternative placements to incarceration that include dual diagnosis treatment, regardless of whether this is residential or "outpatient" treatment. Continued effort with effective Discharge Planning will be made for those who do meet the criteria for a dual diagnosis program on a case by case basis.

C. PROGRAM DESCRIPTION

The Jail Psychiatric Services program provides a variety of treatment options in the jail setting based on community standards for outpatient services. These include the following:

- Evaluation and assessment, including dual diagnosis
- 24-hour crisis intervention
- Medication management, including management of dual diagnosis issues
- Referral for acute psychiatric hospital care
- Consultation with correctional officers to determine appropriate housing
- Monitoring of the safety and isolation cells for the mentally impaired inmates
- In-house dual diagnosis program and coordination with the Behavioral Health Court to facilitate alternatives to incarceration.
- Group treatment specifically designed to address dual diagnosis issues
- Referrals from Behavioral Health Court. Staff representation in BHC Monthly meetings to assist with continuity of care.
- Development and implementation of behavioral plans to change problematic behaviors

All inmates are initially screened at booking by medical staff to determine their immediate mental health needs. Many of the inmates referred to Jail Psychiatric Services come from this initial screening at booking. However, inmates can refer themselves directly. Other referral sources are family, courts, and correctional officers.

The modified in-house dual diagnosed program provides treatment through the multiple activities involving identification, assessment, medication management, dual diagnosis groups, and linkage to other resources when possible. The treatment is coordinated by JPS staff through a team approach. The team meets daily to provide coordination and consistency in treatment which are highly recommended in dealing with dual diagnosis issues. By maintaining a coordination of care through the team approach, treatment goals can be identified and achieved efficiently.

JPS continues the policy and procedure for providing a contact line to be exclusively used by the community to provide information pertaining to the care and welfare of inmates. In 2006, members of the Mental Health Board of Fresno County identified a need for family

members to be able to relate information to JPS staff regarding incarcerated family members and JPS responded to this need by installing two contact lines (one telephone and one facsimile) for this purpose. The use of this line has expanded over the years, and attorneys now leave messages of concern regarding health of their clients and requests for assistance with possible dual diagnosis issues.

The need for continued identification and linkage to alternatives to incarceration is evident. Once discharged, detainees can be referred directly to the Department of Behavioral Health's outpatient treatment programs or can be placed in other appropriate levels of care for those inmates diagnosed with Serious Mental Illness (Schizophrenia, Bipolar Disorder, Major Depression with Psychotic Features and Schizoaffective Disorder). JPS has advocated for inmates who have participated in the program to attend dual diagnosis programs outside of the jail (such as West Care in the Fresno area) once they are discharged. Many of these programs are struggling with budget issues, and are no longer available as resources. Identification of new program resources is a continuing effort. Additional resources, both residential and outpatient are priorities for development for the Department of Behavioral Health this year, which may provide opportunities for linkage in the future.

JPS staff and management have collaborated with the local Superior Court, the District Attorney's office, the Public Defender's office, the Probation Department and the Department of Behavioral Health in operating a Behavioral Health Court in Fresno County. The Jail Psychiatric Services Community Mental Health Specialist attends the pre-court multidisciplinary meetings twice a month, to promote continuity of care, provide technical assistance, and discuss referrals to the court. This specialized court began operations in the summer of 2008. This court works with multiple resources, including Full Service Partnerships that can provide intensive case management and "whatever it takes" approaches to maintaining individuals in the community rather than in jail. These resources may also be able to provide levels of care that formerly were only available in residential settings. The court has accepted referrals of mentally ill inmates who have non-violent felonies, for consideration of sentencing to probation in the community, with court monitored involvement in treatment, education, and intervention for dual diagnosis issues. In 2011, the court has expanded its acceptance criteria to include some misdemeanor cases. This approach may provide more positive outcomes for dually diagnosed individuals who would otherwise have repeated contacts with law enforcement, may reduce costs, and may increase the likelihood of successful integration into long term, self-sufficiency. The court is currently in its seventh full year of operation.

Clients at the jail receive individualized treatment by a multi-disciplinary team based on the existence of co-occurring disorders and the need for simultaneous treatment of the symptoms presented (Integrated Treatment Model). The management of clients through the program includes the following processes: 1) referral, 2) engagement of client, 3) assessment procedure, 4) psychiatrist evaluation, 5) case manager assignment (clinician or nursing staff), 6) completion of paperwork, and 7) follow-up.

Fresno County began group treatment programs in November of 2008 for the dually diagnosed inmates. The target population is those individuals incarcerated that have a history of/or can be diagnosed with co-occurring disorders. The groups consist of up to 15 individuals who have been screened and meet the admissions criteria to participate in the group sessions. The groups are co-facilitated by JPS staff who have knowledge of co-occurring disorders and who are able to effectively provide the specific intervention. The groups are available on "open-ended" enrollment. This allows for qualified individuals to

receive the services without a lengthy delay. Length of stay in the Fresno County jail is quite variable, depending upon numerous factors such as level of offense, bail amount, releases due to overcrowding, and other factors beyond the control or prediction of JPS. Therefore, it is important to provide prompt access to treatment for this fluid population.

Referral

Referrals within the jail system usually come from custody officers, self-referral at booking, requests for service by inmates in the general jail population, attorneys, judges, or by program staff working with the inmates in regard to known medical and/or psychiatric issues. The clients are then assessed for suitability by the JPS staff, and accepted into treatment if their diagnosis indicates that need.

Engagement

Program staff goes to the inmate, either within the jail pod setting, booking area, or infirmary areas in order to engage the inmate into dual diagnosis services. This process is often in combination with, or as a direct result of, assessment of the inmate.

Assessment Procedure

Multidisciplinary staff uses structured interview, clinical interview, and inmate history to establish diagnosis and need for services. Assessment can be ongoing during an inmate's stay at the jail. Engagement into services is often initiated as part of the assessment process. All referrals that appear to be willing and appropriate for services receive an assessment by a psychiatrist.

Psychiatrist Evaluation

Upon referral from custody, mental health, or medical staff, psychiatric evaluation is provided within the jail setting. Psychiatric evaluation may include chart review, face-to-face interview, tele-medicine interview, multidisciplinary consultation, and review of information from custody. Based on the results of evaluation, the inmate with dual diagnosis issues may be started and/or maintained on appropriate medications and follow up support from mental health staff and psychiatric staff. Options range from ongoing supportive contacts to medication support, to placement in safety cell or higher level of care outside the jail, depending upon the needs of the inmate. Inmates who present at the jail with existing medication treatment programs are evaluated as a priority by the psychiatrists, and existing medication programs may be continued, modified, or discontinued as determined by the psychiatrists.

Case Manager Assignment and Follow-up

Consumers who are willing to be engaged into treatment are assigned a case manager who is responsible for providing follow up contacts within the jail setting. Depending upon the treatment needs, inmates may continue to follow-up with a psychiatrist for monitoring/adjustment of medications and with a staff clinician or mental health worker for supportive contacts, including development and implementation of discharge plans.

D. CULTURAL COMPETENCY

Fresno County is a multicultural community. Threshold languages are English, Spanish, Lao, Cambodian, and Hmong. Historically, there has been a consistent request and demonstrated need for dual diagnosis services for Spanish monolingual consumers. The design of JPS includes multicultural concepts. Threshold language services will be available through multicultural staff and interpreters.

Consumers entering JPS will be assessed by licensed mental health staff. Part of that assessment will include focus on natural support systems and cultural strengths that can be interwoven with treatment. Ongoing assessment of individuals will focus on functioning in the program and relating to the ethnic and social support systems appropriate for recovery.

Title VI of the Civil Rights Act of 1964 clearly specifies the efforts required for providing culturally and linguistically appropriate services for consumers accessing health systems such as JPS. Providing language assistance or having program staff with language capability, involving natural support systems, maintaining a cultural focus during the assessment and treatment planning and carefully evaluating each consumer's cultural strengths will go hand in hand with outreach to the culturally diverse target populations. The objectives of Title 15 of the California Code of Regulations also indicate that those in a detention facility should be afforded the same opportunity for treatment as those not incarcerated, to the extent that resources allow.

E. TARGET POPULATION

It is expected that the program will serve approximately 2,004 unduplicated inmates in FY 2017-2018. Of this number, 685-750 will be provided services to address dual diagnosis issues. MHBG funding will be used to provide treatment to this population. The inmates treated in this program must have a primary mental diagnosis that impairs their ability to function and a secondary substance-related disorder. The co-occurring disorders must prevent the individual from benefiting from traditional mental health services and chemical dependency services.

An inmate who is actively psychotic or in a current mood episode to the extent that it would prohibit them from participating in the dual diagnosis program, will be stabilized on medications before participation is permitted.

All services will be inclusive of cultural and language capabilities to engage and maintain treatment populations that have been historically underserved. JPS staffing includes bilingual staff, providing linguistic and culturally competent services in Spanish and Hmong. The program has interpreter resources available to insure that language barriers are addressed in assessment and treatment. Every effort will be made to provide psycho-education and individual treatment programming options with staff that are competent in the culture and language of the treatment population.

F. STAFFING

Outside Provider of Service – Corizon Health, Inc.
 Licensed Psychiatrist, Licensed Mental Health Worker Supervisor, Licensed Mental Health RN, Unlicensed Mental Health Specialist, Office Assistant III, Medical Assistant, Licensed Professional Counselor.

G. DESIGNATED PEER REVIEW REPRESENTATIVE

The designated peer review representative for this project is the Director, Fresno County Department of Behavioral Health.

H. IMPLEMENTATION PLAN

The Jail Psychiatric Services dual diagnosis program was completely staffed and fully implemented in January 2002. As of June 23, 2014 staffing levels were changed to meet Corizon/Fresno County Agreement for services and has been fully staffed for the FY 2016-2017. Ongoing review of needed staffing levels continues based on the needs of the facility and the increasing severity as well as number of those with SMI being incarcerated as well as the request by custody to have mental health staff on site 24 hours a day and 365 days a year.

The current JPS contract with Fresno County expires on June 30th, 2018 and is subject to a Request for Proposal process to select a provider(s) for services to continue effective July 1, 2018.

I. PROGRAM EVALUATION PLAN

JPS monitors program operations and goals on an ongoing basis. Program objectives are monitored by assigned staff. Client information stated in the Measurable Outcome Objectives section is tracked through computer database and Microsoft Excel software. Staff monitor: 1) inmates treated in all programs, 2) inmates diagnosed as having co-occurring disorders of mental illness and substance abuse, and 3) referrals to Behavioral Health Court and other programs in the community. The information is kept in a de-identified manner for review by the Program Administrator on an ongoing basis. Qualified translators will be used to augment bilingual/bicultural delivery of services when appropriate. Program activities are monitored during quarterly onsite multidisciplinary meetings. In the event there are program problems or barriers to care identified, the committee and assigned staff are responsible for developing a plan of resolution.

J. OLMSTEAD MANDATE and the MHBG

Typically the most formal method of aftercare planning for SMI inmates is for those that have been identified through the Behavioral Health Court. These individuals are brought to the attention of Mental Health staff while incarcerated as being eligible to receive services as a function of sentencing or alternative planning. The Mental Health Specialist works closely with case managers, attorneys and probation officers through the court to arrange post incarceration treatment for both residential or outpatient programs. These individuals are typically picked up upon order of the court by probation or program officials and transported to the designated program. This also affords the program officials to pick up the 7 day supply of medications from the pharmacy in the event the patient/inmate is receiving medications.

When an inmate comes into custody the booking nurse does their best attempt to bridge any medications the inmate may have been taking over the past 30 days. If medications are bridged the inmate is scheduled to see the psychiatrist within 7 days.

Inmates will receive psychiatric care while in care if they alert booking staff that they have been taking mental health meds in the last 30 days or if they request to be seen by mental health staff to evaluate if they need to be placed on medications. Staff reviews the medical record to see if the inmate had previously been receiving mental health services/medications the last time they were in custody. If the inmate had previous mental health services the inmate would be referred to see a mental health staff.

SMI inmates that are in isolation or semi isolation are offered three visits per week with a licensed mental health therapist. They are typically offered two mental health groups and one individual therapy appointment. Therapists are working with custody staff in having good communication and working on moving SMI inmates to the least restrictive housing possible. A way to accomplish this goal is by using the "Behavior Management Plans". The "BMP" is a plan created by custody and mental health staff. The Plan is reviewed by the inmate so they are aware of the goals they are working on in order to transition to a less restrictive unit (if possible). The BMP discusses what are some of the inmate's behaviors and issues as to why they are placed in the restrictive housing unit. The inmate's mental health symptoms and ways to deescalate the inmate. These plans are discussed between the therapist and the inmate as well as the therapist and custody staff at least biweekly.

In the case of inmates who are receiving medications while incarcerated whether or not they are SMI; a 7 day supply of medications is available to them for pick up through CVS they are also able to get a 30 day prescription of their medication that can be filled at the patient own expense.

Jail health care staff provides Discharge Planning for sentenced inmates with serious mental health disorders every time they complete a Mental Health Evaluation. A discharge plan is discussed with these patients focusing on the patient's strengths, particular needs, their main concerns when being released from custody. The discharge plan can include a summary of intended services when they are being released from custody, appointments are identified or arranged for pertaining to medical and psychiatric services prior case arrangement and major concerns upon release, natural resources are also identified as well as inmate desires for setting up appointments in areas such as housing, shelter needs, food resources, anger management, job assistance, education or recovery programs and include important contacts such as probation or parole officers as well as attorneys. The discharge plan could include connecting such inmates to community health care providers, community social services, community-based housing, and/or appropriate services per the individual's need.

When SMI inmates are released during 7 and 7:30 pm mental health clinicians will complete an exit interview with the patient. During this interview they are completing a mental status exam making sure the inmate is appropriate to be released to the street and are not currently a danger to themselves or others. (Therapist would speak to watch commander immediately if they felt the inmate was a danger to self or others and place a 5150 on the inmate.) The inmate is educated on where to go to get their meds that Corizon will pay for them to get a 7 day supply in order to help them have continuity of care with having to transition to an outside provider. Lastly, contact information is provided to the Urgent Care Wellness Center in a pamphlet inmates receive upon discharge.

MULTI-AGENCY ACCESS PROGRAM (MAP) POINTS

The County's Department of Behavioral Health seeks to streamline access processes to ensure that all individuals in need of behavioral health care have a timely, personal, relevant, clear and understandable path to care. By integrating behavioral health into other systems such as physical health settings, justice settings including courts and probation, schools and other service delivery organizations, the County can significantly increase access to care and improve the total health and wellness in the community.

Effective January 10, 2017, Fresno County entered into a Master Agreement with three community service providers to operate Multi-Agency Access Program (MAP) Points. The MAP Point operators provide an integrated screening process connecting individuals and families facing challenges such as mental health, substance use disorder, physical health, housing/homelessness, social service and other related challenges to the right resources at the right time in the right location. This is accomplished through an established and formalized screening process, collaboration of service providers, leveraging existing community resources, eliminating barriers and assisting clients' access to supportive services. Goals of the program include less utilization of more costly crisis services, and minimization or avoidance of more severe outcomes such as substance use disorder, hospitalization or incarceration. MHBG funds are not be used for the Justice MAP Point. In critical access points such as such as the Adult Detention Facility, MAP services may supplement the discharge planning services provided by Corizon's Jail Psychiatric Services program as well as continuity of care after discharge.

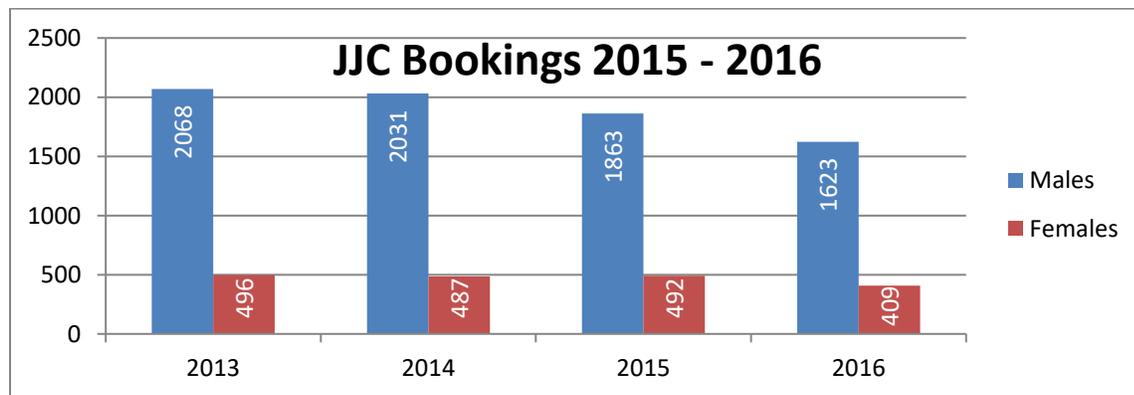
PROGRAM NARRATIVE
Fresno County Department of Behavioral Health (DBH)
Children's Mental Health Division
Juvenile Justice SED Dual Diagnosis Outpatient Program
By Mental Health Systems Inc. (MHS) - CONTRACTOR
FY 2017-2018

A. STATEMENT OF PURPOSE

The Juvenile Justice Campus (JJC) both detention and commitment was opened on July 22, 2006. The JJC is located on the southwest corner of Freeway 99 and American Avenue and consists of a 180 bed detention facility for those minors going through the court process; and a 210 bed commitment facility for those minors formally sentenced by the Juvenile Court to a specific treatment program. The design and philosophy of the JJC has provided the opportunity for new programs and approaches to detention and commitment programs. The JJC receives minors in custody from numerous different agencies in the County of Fresno. This includes minors transferred to Fresno County from other jurisdictions and state agencies. The facility has allowed the flexibility to house its population in specialized groupings according to criminal sophistication, age, gender, and court status. The result has been an ability to more easily target and manage populations within the facility.

It is well documented that a majority of the youth entering juvenile halls have mental health problems and many have co-occurring mental health and substance abuse issues. In fact, facility personnel say it is uncommon to see mentally ill youth in local custody who are not also using some substance or substances. Trauma is also a significant issue for probation youth since most if not all have experienced critical incidents of one sort or another at some point in their lives. (*MENTALLY ILL JUVENILES IN LOCAL CUSTODY ISSUES AND ANALYSIS JUNE, 2011*)

Youth are assessed and referred to the Floyd Farrow Substance Abuse Unit (SAU) through the Fresno County Juvenile Court and/or Fresno County Probation. MHS provides each youth and his/her family with a multi-disciplinary team, including a mental health clinician, substance abuse specialist and a family support partner. This program combines the most effective aspects of therapeutic community with a curriculum proven effective with incarcerated substance abusers. MHS provides life-enhancing recovery options that include integrated services related to alcohol and drug addiction and other behavioral health disorders. The goal is to maintain treatment components that are empathic, ethical, trauma-informed, culturally competent and gender-responsive, while delivering a professional attitude in all phases of care and remaining dedicated to creating an environment of opportunity, choice, and hope. Services include group therapy, individual therapy, multi-family groups, psycho-education, life skills, anger management, art and recreational therapy, case management and family therapy. Adolescent and their family are transitioned as needed to MHS post-release services for an additional 120 to 180 days out of custody. MHS goal is to involve the whole family in the treatment process to enhance the probability of sustained success.



B. MEASURABLE OUTCOME OBJECTIVES

CLIENT OUTCOME OBJECTIVES

During FY 2016-2017, 66 Adolescents were served. It is anticipated 72 adolescents will be served during FY 2017-2018.

Program objectives for adolescent participants of the SAU and Post-Release Out Patient Services (PROPS) program in FY 2017-2018 are:

- Participants will be drug free six months after completion of in-custody program;
- Participants will have no new convictions during first six months after completion of in-custody program; and
- Participants will be attending school, working, or engaged in a vocational program six months after completion of in-custody program.

PROGRAM DATA

Data for each fiscal year includes provision of services by MHS July 1 through June 30.

SUBSTANCE ABUSE UNIT: IN-CUSTODY

<i>Outcome I:</i> Participants will be drug free six months after the completion of in-custody program	2015-16	2016-17	Projected 2017-18
1. Number of Participants that Reached Six Month Marker	56	66	72
2. Number who are Clean During Last Three Months	50	60	66
3. Percent of Clean Participants at Six Months	90%	91%	92%

<i>Outcome II:</i> Participants will have no new convictions during first six months after completion of in-custody program	2015-16	2016-17	Projected 2017-18
1. Number of Participants that Reached Six Month Marker	56	66	72
2. Number who have No Convictions the First Six Months	54	63	69
3. Percent of Participants with No Convictions	97%	97%	97%

<i>Outcome III:</i> Participants will be attending school, working, or engaged in a vocational program six months after completion of in-custody program	2015-16	2016-17	Projected 2017-18
1. Number of Participants that Reached Six Month Marker	56	66	72
2. Number of Adolescents in Ed. Prog/Voc. Prog./ Working	54	63	69
3. Percent of Participants Working or In Ed/Voc Program	97%	97%	97%

SUBSTANCE ABUSE UNIT: PROPS (POST RELEASE OUTPATIENT SERVICES)

<i>Outcome I:</i> Participants will be drug free at completion of PROPS program	2015-16	2016-17	Projected 2017-18
1. Number of Participants that reached completion of program	7	6	7
2. Number who are Clean During Last Three Months	7	6	6
3. Percent of Clean Participants at Six Months	100%	100%	86%

<i>Outcome II:</i> Participants will have no new convictions during first six months after completion of PROPS program	2015-16	2016-17	Projected 2017-18
1. Number of Participants that Reached Six Month Marker	7	6	7
2. Number who have No Convictions the First Six Months	7	6	6

3. Percent of Participants with No Convictions	100%	100%	86%
<i>Outcome III: Participants will be attending school, working, or engaged in a vocational program six months after completion of PROPS program.</i>	2015-16	2016-17	Projected 2017-18
1. Number of Participants that Reached Six Month Marker	7	6	7
2. Number who are attending school, a vocational program, or working the First Six Months	7	6	6
3. Percent of Participants attending school, a vocational program, or working	100%	100%	86%

MHS made progress towards our goals this year by achieving a 100% success rate with our one year graduates in achievement of their long term outcomes (for 2 years in a row).

C. PROGRAM DESCRIPTION

Intensive services by Mental Health Systems, Inc. (MHS) targets adolescents who are in-custody at the County's Juvenile Justice Campus (JJC). Post-release services are also provided upon completion of the in-custody program as adolescent's transition back into the community. There is capacity at the JJC to serve 40 in-custody adolescents at any given time.

FLOYD FARROW SUBSTANCE ABUSE UNIT (SAU)

In-custody treatment consists of dual diagnosis services for thirty (30) males and ten (10) females, a distribution reflective of the target population, in a full scope gender-responsive therapeutic community treatment model. In-custody program duration is a maximum of six (6) months. Progress and completion of the program is based upon a level and phase system.

While in the SAU a range of services is provided to every adolescent and family incorporating the following elements:

1. Completion of a comprehensive mental health assessment by a clinician upon intake. If needed, referrals for psychotropic medication evaluation are made to Corizon Staff at the Fresno County Juvenile Justice Campus. Corizon is responsible for evaluation, prescription, administration, and oversight of psychotropic medications.
2. Treatment services that are centered on a multidisciplinary treatment team of mental health and substance abuse, school, and probation staff that coordinates the treatment plan to address the multiple needs of adolescents and family.
3. Family involvement is crucial to the adolescent's success, especially because most adolescents return home after incarceration or live at home during outpatient treatment. As such, the multidisciplinary team engages the family upon their adolescent's intake to the program with a welcome phone call from MHS Family Support Partner, who provides the family with information on all the program's many opportunities for family support, including transportation to and from weekly family groups and bi-weekly family therapy sessions. MHS Family Support Partner also provides referrals to all family members for any available resource in the Fresno community that would strengthen and benefit the family.
4. Curriculum is adjusted to the adolescent's developmental needs and to meet educational, cultural, and gender specific requirements. Certain values and structures must be maintained to support the effect of group-based programs, but each treatment plan is individualized.
5. Integration of extracurricular and therapeutic activities is offered to stimulate interest while supporting the message that sobriety can be fun and meaningful. These activities may include

talent shows, holiday celebrations, after-care field trips, family potlucks and barbeques as a means of engaging clients and families. Adolescents in the SAU and their families experience an atmosphere of acceptance and trust, demonstrated by the number of families involved in the program.

6. Commitment to teams of mental health clinicians and MHS substance abuse counselors with a low client-to-staff ratio and a wide range of diversity and expertise to improve client outcomes, including staff gender and ethnic/cultural diversity, is consistently demonstrated in staffing. Further, MHS requires that all staff participate in ongoing cultural competence staff training.
7. MHS provides a PROPS program to address the mental health and substance abuse issues of the adolescents after discharge from the Juvenile Justice Campus.

A challenge for clients participating in an in-custody program is the transition back into the community. Moving from a highly structured, secured setting like the JJC to an environment that supported addiction and delinquent behavior can be stressful and highly problematic. Many times adolescents return to homes in which family members are engaged in behaviors that the adolescent is trying to avoid, or to gang activities that do not foster newly developing healthy, crime-free lifestyles. To help assure post-release stability, in-custody treatment services are designed to help adolescents build and internalize skill sets that will sustain their commitment to sobriety during and after the transition phase. Program structure and proven interventions at the SAU include:

- Therapeutic Community (TC): True recovery is a process that occurs within a healing community. This approach puts participants in a setting that teaches, rewards, and reinforces the pro-social skills and outlooks necessary for successful reintegration into society. It also addresses negative attitudes and behaviors by a series of interventions, learning experiences and possible disciplinary measures including temporary exclusion from the community, depending on the severity of the conduct. The SAU in-custody program combines strong and intensive treatment with the tools of the TC to affect cognitive, emotional, and behavioral restructuring of participating adolescents. Only by such a complete restructuring of beliefs, attitudes, and behaviors is it possible to avoid relapse and recidivism. Through the TC adolescents also learn how to develop positive relationships supportive of a drug-free, crime-free lifestyle; these acquired skills can then be successfully used once released from custody.
- Motivational Interviewing (MI): In addition to Therapeutic Community, MHS also utilizes MI, as a means of engaging and motivating adolescents and families. MI is an evidence-based interactive counseling approach proven effective in assisting individuals and families to mobilize internal resources for change by enhancing intrinsic motivation. Program staff are trained in MI counseling style, including interviewing and brief intervention techniques, and use of the stages of change theory (which include stages of pre-contemplation, contemplation, preparation, action, and maintenance).
- Gender-Responsive Services: MHS recognizes that gender makes a difference and gender responsive treatment is a critical component of success in all aspects of substance abuse and mental health treatment. To this end, females participate in a specialize treatment program designed to deal with the complex familial and relationship issues unique to adolescent females with substance abuse and mental health issues. To help female adolescents admitted to the in-custody program explore their unique traits, strengths, and self-images, MHS incorporates Brene Brown's curriculum, "Shame Resiliency," and Stephanie Covington's curriculum, "Voices." Every effort is made to identify an exclusive sustainable environment especially for female's treatment and supportive activities as a means of enhancing gender responsiveness. At every level of care, specific treatment interventions are utilized to meet both male and female gender-based needs. For instance, during the in-custody treatment phase, Hazelden's curriculum, "Young Men's Work" equips adolescent males with the ability to form positive relationships with both men and women with all creeds and colors.

- Screening and Assessment: SAU continues to use the Adolescent Assessment of Severity Index (Y-ASI) for adolescents admitted to the program. In collaboration with Fresno's Juvenile Court, SAU performs this screening to expedite availability of the information. SAU counselors also administer the ASAM PPC II for each client. The mental health clinician completes a comprehensive mental health assessment upon placement in the program, and conducts a Child and Adolescent Needs and Strengths (CANS) Assessment at intake, 6 month reassessment, Transition/Discharge, and Plan of care update.
- Dual Services Team: Each group of 15 minors in the SAU has a professional team composed of MHS Mental Health Clinician and MHS Substance Abuse Counselor. The team provides coordinated treatment and case management during the in-custody phase of the program. This team co-facilitates therapy groups that address substance abuse and mental health issues.
- Treatment Team: The team consists of individuals significantly involved in the adolescent's treatment, including the adolescent, family, mental health and substance abuse counselors, probation officer, JJC and education staff, MHS Family Support Partner, and others who may be involved in the adolescent's aftercare plan. The treatment team approves the treatment plan within 30 days of admission and reviews and modifies plan every 90 days, or as needed. The treatment team reviews progress in the program on a bi-weekly basis.
- Treatment Plan: The initial treatment plan is developed by the adolescent, adolescent's family, the clinician, and counselor within the first 30 days of admission, integrating information from the mental health assessment. The plan is reviewed by the full treatment team for approval and is updated as needed or at least every 90 days.
- Treatment Services: Treatment components include individual mental health therapy, family therapy and counseling, process groups, community groups and psycho educational groups, discharge planning, case management, and recreational and social activities.
- Transition Planning: Discharge planning truly begins at intake where all of the treatment team works towards the successful planning to meet the Individual needs of each youth to successfully transition back into the community. 30 days prior to release a transition meeting takes place where each youth and their guardians are given Individualized transition meeting which includes, referrals and a face to face meeting with Probation, the Court Schools, Our treatment team members, collaborative who provide additional support services such as mentoring and tutoring.

Progress in the SAU program is demonstrated through movement through a level and phase system. Movement from one level to the next requires passing milestones, including peer panel interviews. This ensures that the adolescent feels that he/she has earned the promotion, and that his/her achievements have been acknowledged. Successful completion of the program is finalized with a graduation ceremony, which is a positive, re-affirming event that includes family members, the treatment team, and others in the adolescent's community.

POST-RELEASE OUT PATIENT SERVICES (PROPS)

Upon successful completion of the in-custody SAU program adolescents are returned home to their families and those identified as needing post-release out-patient services begin the second phase process of recovery. The six-month post-release program provides intensive out-patient services. The continuity of service allows clinicians to develop a consistent and longer term therapeutic relationship with the adolescents and their family (6 months in-custody, 6 months post-release). This consistent and stable relationship between client and clinician assists in maintaining stability, family participation and treatment compliance as the client reintegrates into their community and peer culture.

The PROPS program provides the following services:

- Intensive substance abuse treatment services
- Individual and family therapy and mental health services as needed;
- Crisis intervention;
- Case management provided by the multidisciplinary team;
- Process and family groups, ancillary referrals, educational/vocational assistance, Life Skills curriculum, coordination of clean and sober activities, educational forums, and family centered activities;
- Information and referral to community-based 12-Step programs;
- Opportunities for community service work; and
- Clean and Sober social and recreational activities.

SAMHSA MHBG FY 2016-17 funds co-occurring mental health and substance use disorder contracted services which are provided by a community provider, MHS, at the Juvenile Justice Campus. The amount of \$300,000.00 will fund salaries and benefits and operating expenses associated with the provision of the co-occurring disorder program provided by MHS. The amount of \$40,000.00 will fund County costs for utilities, janitorial, security and supplies at JJC as well as administration of the program and MHBG.

D. CULTURAL COMPETENCY

MHS realizes that, in order to adhere to our founding values, we must tailor the way we provide services, based on the culture and beliefs of each participant and his/her family. We also understand that diversity includes gender identity, religious and/or cultural beliefs, family values, as well as ethnic, linguistic, and cultural traditions. Due to the fact that minorities are overrepresented in the criminal justice system, we also prepare for the need to have and train representative and experienced staff. Every new participant enters our programs with a world-view, cultural perspective, and personal beliefs that are unique. Their belief systems may be further complicated by the manifestation of substance abuse, trauma and mental illness. In order to treat this diverse population, staff is trained to the fullest extent in order to welcome and accept each new client, viewing them from a “whole person” perspective. MHS provides on-going training opportunities as well as sharing training calendar of interest and relevance for all employees. Staff that attends trainings also bring the information back to share with their respective programs so everyone can benefit from the material. Every MHS employee also maintains an Individual Training Plan that is evaluated at each annual review to ensure professional development and quality skill enhancement as it relates to cultural competency and proficiency.

MHS has encouraged programs to become more self-evaluative about their respective levels of cultural competence and as such, MHS has adopted the following Culturally Competent Clinical Practice Standards:

1. MHS will engage in a culturally competent community needs assessment and use the results to plan and implement services that respond to the cultural and diversity of the population in our service area.
2. MHS will engage in community outreach to diverse communities based on the needs assessment.
3. MHS will collect and maintain accurate and reliable demographic data to evaluate and monitor our CLAS impact on health equity and outcomes to inform our service delivery.
4. MHS will create a culturally and linguistically welcoming environment for the diverse communities served.

5. MHS will ensure that staffing at all levels are representative of the community served, both culturally and linguistically.
6. MHS will ensure linguistic capacity and proficiency to communicate effectively with the population served, and ensure the competence of the Individuals providing language assistance, recognizing that untrained individuals and use of minors as interpreters shall be avoided.
7. MHS will use interpreter services appropriately and staff will be able to demonstrate ability to work with interpreters as needed.
8. MHS staff will demonstrate knowledge of diversity within ethnic and cultural groups in terms of social class, assimilation, and acculturation.
9. MHS staff will demonstrate knowledge about a) specific cultural features that may be present in various disorders; b) culture-bound syndromes; c) cultural explanations of illness; d) help seeking behaviors, including faith-based, in diverse populations; and e) appreciation for traditional ethnic and cultural healing practices.
10. MHS will ensure consideration of cultural factors are integrated into our clinical assessments.
11. MHS staff will take into consideration the potential bias present in clinical assessment instruments and critically interpret findings within the appropriate cultural, linguistic, and life experiences context of the client.
12. MHS staff will afford culture-specific consideration consistent with the cultural values and life experiences of the client throughout the intervention and will be reflected in progress notes, treatment planning and discharge planning.
13. MHS will ensure that Psychiatrists in our programs consider the role of cultural factors (ethnopsychopharmacology) in providing medication services.
14. MHS will promote an environment that encourages staff to conduct self-assessment as a learning tool.
15. MHS will ensure staff actively seeks out educational, consultative and multicultural experiences, including a minimum of four hours of cultural competence training annually.

MHS is committed to the implementation of more culturally and linguistically competent assessments and services that are responsive to culture, race, ethnicity, age, gender, sexual orientation, and religious/spiritual beliefs. As such, MHS participated in the Comprehensive Continuous Integrated System of Care (CCISC) initiative which utilizes eight practice principles that directly impact services for the dually diagnosed (mental health and substance abuse disorders) individuals.

E. TARGET POPULATION

The target populations are adolescents diagnosed as severely emotionally disturbed (SED) who have a co-occurring substance use disorder diagnosis, and are either in-custody at the Juvenile Justice Campus or are in the Post-Release Outpatient services component. Mental health staff works very closely with the substance abuse counselors. Each juvenile is assigned to a team consisting of both clinician and a substance abuse counselor. This team is responsible for providing services to the juvenile and his/her family throughout treatment. The assigned team follows the family through all phases of treatment, including PROPS, and is available as needed during periods of crisis, instability and challenges. Part of the Clinical Supervisor's time, not funded by SAMHSA

Community Mental Health Services Block Grant (MHBG), involves oversight of substance abuse staff, ensuring effective, coordinated and integrated delivery of treatment services.

F. STAFFING

Outside Provider of Service: Mental Health Systems (MHS)

Total grant FTE: 4.32

Vice President is responsible for overall oversight.

Program Manager reports to the Vice President and is responsible for program oversight.

Program Analyst is responsible for financial, support services, project coordination, and program's budget maintenance.

Administrative Assistant is responsible for administrative and clerical support to the clinical team.

Clinical Supervisor reports to the Program Manager and is responsible for the clinical supervision of the three unlicensed clinicians and four mental health interns (this program has become a teaching program, providing the opportunity for several Master's interns MSW and MFT from Fresno State University, University of Phoenix, National University, and University of Southern California to complete their internship). In addition, the Clinical Supervisor manages a case load of five adolescents, assists in monitoring SAMHSA MHBG funded positions, data collection and evaluation, treatment planning, assessments, crisis, collaboration, and provides hands-on supervision.

Unlicensed clinicians report to the Clinical Supervisor and each carries a case load of 10-15 adolescents (in-custody) and up to 10 adolescents in PROPS (post-release). Each provides case management, aftercare, home visits and linkages necessary for community transition.

G. DESIGNATED PEER REVIEW REPRESENTATIVE

The designated peer review representative for this project is the Director, Fresno County Department of Behavioral Health.

H. IMPLEMENTATION PLAN

The co-occurring disorder treatment program is fully implemented. MHS contract with Fresno County expires on June 30th of 2018, MHS plans to respond to the RFP for another contract period, they have been the contracted provider for the Substance Abuse portion of the Floyd Farrow SAU since 1999.

I. PROGRAM EVALUATION PLAN

Monthly service reports include the number of minors served and services provided. Monthly outcome reports delineate number of minors' outcome while completing the program. Program staff continues to identify and resolve problems as encountered by the program through communication and collaboration internally, as well as with community partners.

J. OLMSTEAD MANDATE and the MHBG

The goal of MHS is to assist youth with co-occurring disorders (COD) who spend the initial phase of their treatment in-custody to be transitioned successfully back to their families and care-givers with services that meet their individualized needs. Additionally, the goal is to prevent them from being

institutionalized and to assist them with on-going services and referrals to services that will provide them and their families with the resources to be successful in all areas of their life.

IMPLEMENTATIONS

- Housing services: The majority of youth participating in the program live with parents or caregivers. MHS' team of clinicians works very closely with the youth and their family from entry into custody to transition back to their home. MHS clinicians continue to provide services to the youth and their families 6 months post-release. For youth who are placed in group homes or foster care, when possible, MHS will continue to offer therapy to the youth, and make appropriate referrals as needed. Youth who have turned 18 and are facing homelessness are connected to transitional housing services.
- Home and community-based services and peer support services: MHS provides an out-patient program, Family and Youth Alternatives which is conveniently located in a central location across from social services and on the direct bus route. MHS provides bus tokens to the youth to eliminate transportation problems. Each youth has the opportunity for post-release substance abuse counseling and the primary clinician for each youth continues in the therapeutic milieu that has been established with the youth and their family while in custody. MHS has a family support partner who is available to the youth and their families to link them to any resources in the community that would benefit the youth and their family. A peer support group, Adolescents in Motion (AIM) is available at MHS's out-patient location.
- Employment services: The focus with youth is on education, and successfully completing a High School Diploma or GED and going on to Vocational School or College. However, youth are encouraged to get summer jobs, and MHS provides them with opportunities and resources in the community. This would include summer youth work programs, local job postings and youth programs. Boys and Girls Club and Job Corps are invited to give presentations at MHS programs to allow the youth to hear what opportunities are available to them. MHS also provides, as part of the program, life-skills training opportunities consisting of filling out applications, developing a resume and mock interviews to practice communication skills and help develop their opportunities to secure employment.
- Transition from hospitals to community settings: The need for youth in the program to be hospitalized for a Mental Health Crisis has been very rare. MHS staff works very hard with youth and families to keep them stable. In the event hospitalization becomes necessary, MHS will offer support to the youth and their families to ensure appropriate care and referrals.

COUNTY MHBG FUNDING PLANS

Although many incarcerated individuals may be financially eligible for Medi-Cal, their incarceration prevents Federal Medicaid payments for their health care because federal law prohibits Federal Financial Participation (FFP) for services provided to inmates of public institutions. The prohibition excludes individuals, including incarcerated individuals, who are patients in medical institutions, which, under regulations, includes individuals who are patients for at least 24 hours in a medical institution not run by the correctional system (42 USC § 1396d(a)((29)(A) & 45 CFR § 435.1009). Excluding for when the use of FFP fund is available for eligible inmates to receive inpatient hospital or nursing home care off-site, the County plans to continue using the MHBG funds to provide mental health services to inmates and juveniles during their incarceration. Inmates and juveniles will be eligible for health care coverage or apply for coverage upon their release.

1 SUBSTANCE ABUSE AND MENTAL HEALTH
2 SERVICES ADMINISTRATION (SAMSHA)
3 COUNTY COMMUNITY MENTAL HEALTH
4 BLOCK GRANT (MHBG) RENEWAL
5 APPLICATION FY 2017-18

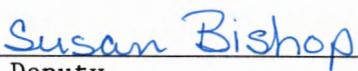
6 ATTEST:

7 COUNTY OF FRESNO

8
9 By 
10 Chairman, Board of Supervisors

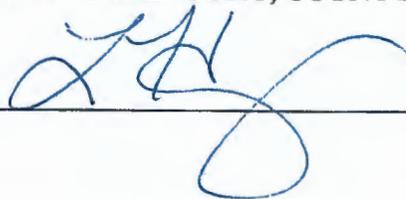
11
12 Date: 10-17-17

13
14
15 BERNICE E. SEIDEL, Clerk
16 Board of Supervisors

17
18 By 
19 Deputy

20
21
22
23
24
25
26
27 PLEASE SEE ADDITIONAL
28 SIGNATURE PAGE ATTACHED

1 APPROVED AS TO LEGAL FORM:
2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3 By 

Date: 9/15/17

6 APPROVED AS TO ACCOUNTING FORM:
7 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

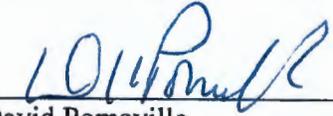
9 By 

Date: 9/15/17

11 REVIEWED AND RECOMMENDED FOR
12 APPROVAL:

13 By 
14 Dawan Utecht
15 Director, Department of Behavioral Health

Date: _____

16 By 
17 David Pomaville
18 Director, Department of Public Health

Date: 9/15/17

20 Fund/Subclass: 0001/10000
21 Organization: 5630 (\$340,000); 5620 (\$1,672,097)
22 Account/Program: 4380