

Community Mental Health Block Grant Application (MHBG)

FY 2022-23 and FY 2023-24

Presented to:

State of California
Department of Health Care Services



Susan L Holt, Director
Department of Behavioral Health

June 2, 2022

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**Community Mental Health Services Block Grant (MHBG)
Biennial Funding Allocation
State Fiscal Years 2022-23 and 2023-24**

Fresno

05/02/2022

County Name	Date
RUJLP1K3WWK9	
<input checked="" type="checkbox"/> Entity Data Detail.pdf document included	

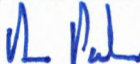
*See Unique Entity Identifier Update below for new SAM requirement.

	SFY 2022-23	SFY 2023-24
Proposed Total Allocation	\$ 2,381,212	\$ 2,381,212
Base Allocation	\$ 1,962,313	\$ 1,962,313
Dual Diagnosis Set-Aside	\$ 418,899	\$ 418,899
First Episode Psychosis Set-Aside	\$ 0	\$ 0
Children's System of Care Set-aside	\$ 0	\$ 0
Integrated Services Agency Set-Aside	\$ 0	\$ 0

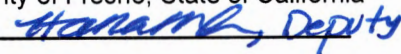
The County requests continuation of the MHBG. These funds will be used in accordance with Public Law 102-321 (42 U.S.C., Sections 300x through 300x-13), and Public Law (PL) 106-310, and will be used as stated in the enclosed MHBG Funding Agreements with Federal Requirements on Use of Allotments, and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

These estimates are the proposed total allocations for State Fiscal Year (SFY) 2022-23 and 2023-24 and are subject to change based on the level of appropriation approved in the State Budget Act of 2022 and State Budget Act of 2023. In addition, this amount is subject to adjustments for a net reimbursable amount to the county. 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 2022-23 and SFY 2023-24 budget for the provision of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

	9-6-2022
Signature of Official Authorized to Sign Application	Date
Brian Pacheco, Chairman of the Board of Supervisors of the County of Fresno	

Print Name
(3/22)

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

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-

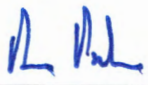
- (1) Rule of construction regarding certain civil rights laws - For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under Section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title 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>9-6-2022</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: Hannah, Deputy

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 part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

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.

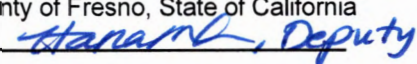
CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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.

	9-6-2022
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:  Deputy

SFY 2022-2023
MHBG Program Data Sheet

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

County:	Fresno
Program Title:	Specialized Supplemental Board and Care Home
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)	225
SMI Older Adult (60+)	65
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:		

SFY 2023-2024
MHBG Program Data Sheet

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

County:	Fresno
Program Title:	Specialized Supplemental Board and Care Home
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)	239
SMI Older Adult (60+)	69
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:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	Mental Health Block Grant	SFY	2023-24
COUNTY	Fresno	Submission Date	6/1/2022

Fiscal Contact	Kim Pho	Phone	559-600-7946
Email Address	kpho@fresnocountyca.gov		

Program Contact	Rita Mehia	Phone	559-600-6688
Email Address	rmehia@fresnocountyca.gov		

Program Name			
Summary			
	Category		Amount
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	2,164,738.20
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Program Maximum Allowable Indirect Costs	\$	216,473.82
	Indirect Costs	\$	-
	Program Maximum Allowable Support Administrative Direct Costs	\$	216,473.82
	County Support Administrative Direct Costs	\$	216,473.80
	Net Program Expenses	\$	2,381,212.00
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	2,618,788.00
	Total Other Funding Sources	\$	2,618,788.00
	Gross Cost of Program	\$	5,000,000.00

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -

Fresno County**Community Mental Health Services Block Grant (MHBG)****SFY 2022-23 and 2023-24 Specialized Supplemental Board and Care Home Services Narrative****Program Name: Specialized Supplemental Board and Care Home Services****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 with Lanterman-Petris-Short (LPS) conservatorship status have been classified as to place. Placement have resulted in many persons served being placed at higher and secured levels of care that can include State Hospitals, Institutions of Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC) or Skilled Nursing Facilities (SNF). Many of these facilities are located out of Fresno County. The transition from locked and/or higher-level of care institutions to less restrictive facilities as determined by DBH clinical staff, through specialized supplemental board and care home 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. Placements at appropriate service levels and collaboration of DBH with facility staff ensures persons served are progressing in treatment toward the goal of independence from LPS conservatorship status, thus restoring capacity for Person's Served to care for their basic needs with increased stabilization of mental health symptoms and increased wellness. Continuity of care is well established while the Person Served receives treatment services during placement in the local community.

Specialized Supplemental facilities licensed by Community Care Licensing provide structured supportive and therapeutic housing that supports a seamless transition in preparing Person's Served to return to independence in the community free of institutional restrictions that are aligned with successful transitions. The range of services focus on the person's served wellness and recovery, working to facilitate returning or continuing to live in the community, and including medication management/education and self-care. Some more specialized facilities possess care exemptions from Community Care Licensing (CCL), which allows them to provide services to persons served with mental health disorders and a wide variety of specialized medical and behavioral needs.

B. Measurable Outcome Objectives:

Persons Served at the Specialized Supplemental Board and Care Home level of care have experienced improved client-centered outcomes with reduced risk of symptom exacerbation; successfully preventing renewed need for an LPS Conservatorship. This level of care proves increased opportunities for DBH monitoring, as well as unburdened family support and structured community engagement. Due to demonstrated successes, Fresno County DBH has

seen a year/year utilization of Specialized Supplemental Board and Care Homes increase in a range of 8%-16% since 2019. Starting FY 2022-2023, Persons Served will have expanded options for treatment that will now include Telehealth service.

FY 2022-23 and FY 2023-24 Objectives:

1. Place 60% or at least 300 adults locally at Specialized Supplemental Board and Care Home facilities, allowing these persons served to remain closer to families and community that impact recovery success, 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 specialized supplemental board and care home program level. Data can be tracked through Special Incident Reporting.
4. Continue to monitor co-occurring issues of substance use and track through the diagnosis reports, via Avatar.

FY 2022-23 and FY 2023-24 Outcomes:

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

1. Up to this point in fiscal year 2021-22 there were 273 adults placed locally at Specialized Supplemental Board and Care Home facilities, allowing these persons served to remain closer to families while they receive services. This number will exclude persons served placed in June 2022. These numbers continue to go up year after year and DBH has increased funding to support these contractors in providing these services to person served.
2. Up to this point in fiscal year 2021-22, of the 273 adults placed at Specialized Supplemental Board and Care Home facilities, approximately 1.5% were hospitalized and 23% received inpatient crisis stabilization services at least once after placement.
3. An estimated 80% of all adults placed at Specialized Supplemental Board and Care Home facilities show a co-occurring disorder of substance use.

The Fresno County Department of Behavioral Health continually monitors the placement of persons served. This level of care has been a success in preventing persons served at risk of becoming conserved from ultimately becoming conserved with the State of California. Year after year Fresno County DBH has seen an increase in the number of persons served placed in Specialized Supplemental Board and Care Homes allowing them to be near DBH for monitoring as well as their families. Each year the percent increase of persons served placed has increased between 8% to 16% from 2019-present. DBH has included the use of telehealth in the renewed contract beginning FY 2022-23 to serve persons served more efficiently.

C. Program Description:

Placement to Specialized Supplemental Board and Care Home 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 persons served who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired, to enhanced services, which are designed to service persons served who have subacute psychiatric impairment and/or whose adaptive functioning is severely impaired. Services may also include intensive support and rehabilitation to persons served as an alternative to State hospitalization or placement in other 24-hour care facilities and are aimed at helping persons served to develop skills to become self-sufficient and increase their levels of independent functioning.

Each Specialized Supplemental Board and Care Home 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 person served are consistent with the written Program Design. The facility administrator, person served, and agency referral person/authorized representatives are involved in the development of the person's served "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 person's served planned activities. The supervision and training provided to each person served 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 persons served are awake and under the supervision of the facility, seven days per week. The Activity Schedule reflects the time and place of usual person served activities, with at least one recreational activity each day and at least one activity in the community each week. The facility teaches and enables persons served 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 persons served. 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 person's served "Training/Treatment" are familiar with its objectives and methods of implementation. There is a continuity, through staff changes, in training provided to persons served, 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, person served and facility staff to measure and document progress of set objectives and/or the need to modify. Every six months the person served 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 person served participate in the revision, as appropriate.

In lieu of community outreach referrals to these homes come from the RISE Team within DBH. Persons served placed are primarily LPS Conservatees. As a form of outreach, DBH Contracts makes sure as many facilities are added to the existing Master Agreement and that the RISE Team is aware of facilities on contract in order to place persons served in the most appropriate facility based on their needs and culture.

COMMUNITY INTEGRATION

Facilities located in residential neighborhoods must be physically compatible with residences in that neighborhood. Person Served 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 persons served. At least one recreational activity a week will be offered in the community appropriate to the interests or development of interests of the persons served.

SOCIAL - PSYCHOLOGICAL ENVIRONMENT

The physical aspects of each facility must be appropriate to the age and physical abilities of the person served. Persons served eat in the dining room or eating areas typically used by family and/or staff members. Each person served have appropriate clothing for their size, culture, and climate. Each person served wears his/her/they personal clothing.

Staff and Persons Served maintain an environment of respecting the inherent dignity and worth of each person. Staff continue to receive support in therapeutic approaches to communication and engage in establishing positive relationships with family and friends of Persons Served. Team decision making and a wraparound approach to serving each person will contribute to the Person's Served recovery. Awareness, respect and sensitivity to cultural differences are practiced, with care for the LGBTQ/BIPOC community needs. Traditions that may include meals, spiritual/religious practices are honored, provided space to practice and honored. Additionally, Person's Served may be provided transportation to culturally appropriate services to celebrate individual traditions and practices to support each individual.

Each facility is furnished, decorated, and arranged to provide a home-like, non-institutional atmosphere and maintain a hygiene aligned with standards from CCL. Bathroom facilities are designed and equipped to afford privacy and physical disabilities, as appropriate. No more than two persons served shall share a bedroom. Bedrooms are not used as passageways to other rooms. Persons served are allowed to use bedrooms as places to be alone. Persons served have access to all common areas of the residence, except controlled storage areas and staff designated areas. Medications shall be dispensed per doctor's orders, tracked for times medications are administered, refused, or "cheeked," when a Person Served attempts to hide medications in mouth.

Specialized Supplemental Board and Care Home services may consist of, but are not limited to, all of the components listed above. They are to be provided to each person served as specified in their "Appraisal/Needs and Services Plan," or as the need arises. Contractors of Specialized Supplemental Board and Care Home services are paid at an all-inclusive daily rate for services. In the event persons served also fall under more than one enhanced 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 persons served with specialized medical needs. Appendix A provides a full list of existing Contractors and the daily rates for their services.

ENHANCED INDIVIDUAL CATEGORIES

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

- 15-minute visuals, 24/7, 365 days
- In-house psychiatrist with assessments done on site may be provided
- 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, DBT groups 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:
 - Insulin shots
 - Diabetes maintenance including, but not limited to insulin injections and blood sugar monitoring
 - On-site dietician to provide special diet (sugar free menu)
 - Blood sugar monitoring by licensed, qualified staff
 - 50% of staff shall be certified Medical Assistants
 - 15-minute visuals, 24/7, 365 days a year
 - On call 24/7 psychiatrist with standing orders for PRN & injectables
 - Prevocational job training on site with a community re-entry-based philosophy
 - 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 persons served who rely on others to assist with most activities of daily living (ADLs), persons served with lack of hazard awareness/impulse control or persons served with medical conditions for which they need assistance/observation. Services provided will include:
 - 15-minute visuals 24/7, 365 days a year
 - On-site dietician to provide special diets, as required
 - 50% staff are certified Medical Assistants to monitor health conditions
 - On call 24/7 Psychiatrist with standing orders for PRN & injectables
 - Prevocational job training on-site with a community re-entry-based philosophy
 - Day Treatment, Recovery models, and WRAP & Wellness
 - CCL waiver for persons served needing oxygen
- **Non-Ambulatory:** all the above facility services shall be available to non-ambulatory persons served. In addition to diabetic, dual-diagnosis and other conditions of life services, the facility shall provide:
 - Trained staff available to assist non-ambulatory persons served with ADL's. Facility-wide training shall be rendered to ensure the safety of non-ambulatory persons served with regards to egress, mobility and emergency procedures.

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

Contractors have trained staff available to provide care within a facility intended for persons served 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 – Person served 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 served 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.

Specialized Supplemental Board and Care Home program staff recognize and accept persons’ served cultural and ethnic differences. Staff encourage observations of culturally appropriate holidays, events, and traditions, in accordance with the cultural identity, history or preferences of persons served. This may include, but not be limited to, offering activities, foods, and decorations appropriate to the person served.

County-contracted Specialized Supplemental Board and Care Home providers ensure all persons served have equal access to quality care by adopting the Federal Office of Minority

Health Culturally and Linguistically Appropriate Services (CLAS) national standards. Each year contracted providers submit an updated CLAS plan describing the actions they've taken to meet the 15 CLAS standards.

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

E. Target Population / Service Areas:

The target population are adults and older adults diagnosed with SMI, who are stepping down from out of county locked 24-hour supervised IMD/MHRC facilities or from inpatient facilities to a less restricted and supervised environment, LPS Conserved adults and older adults, or adults and older 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 person served 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. Specialized Supplemental Board and Care Home services have been provided by Contractors since 2008. Current Fresno County Agreement No. 17-377 was approved in July 2017 as a master agreement and Fresno County will be continuing the funding of these services by renewing this expiring agreement effective July 1, 2022. Throughout the contract term additional contractors have been and continually are added as determined appropriate to provide this level of care. The current list of contractors include AK's Home of Blessing and Joy, AK's Home of Care, Anjaleoni Enterprise (Leonie House), Benevolent Residential Care Service (Dailey's Haven), BK House of Grace, Bonavente Home for the Elderly II, The Chimes Home, Garden Manor, Garem Assisted Living, Haskins Residential Care, Jan-Roy Place of Fresno, Marian Homes (Sierra Villa Rest Home), Mark A Gisler (Ruby's Valley Care Home) Modesto Residential Living Center, Providian Residential Care Services (Fillmore Christian Gardens), Royal Board and Care for the Elderly, Sunshine Board and Care II, and Valley Comfort. Contractors may modify their daily service rate annually 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 Specialized Supplemental Board and Care Home 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 and older 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 persons served living in the facility.

Additionally, facilities shall be certified for participation by Fresno 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 person served. This plan shall be completed and placed in the person's served 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 person's served record on or before the first day of placement.
3. Maintain persons served 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 person served. 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 person served;
 - ii. Address significant occurrences affecting the person served (incidents, illness, exacerbation of symptoms, signs of improved functioning, etc.), as appropriate;
 - iii. Describe behavioral observations and symptoms; and
 - iv. Be written by staff having direct supervision/observation of the person served.
 - 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 person(s) served, 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 persons served, as identified in the persons' served "Appraisal/Needs and Services Plans".
6. Cooperate and consult with County staff to improve/enhance/modify program services to meet the need of persons served as indicated in their "Appraisal/Needs and Services Plans."
7. Inform DBH Case Manager and 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 persons served movements (i.e. admissions to a general hospital, acute psychiatric facility, and/or AWOL).
9. Encourage persons served 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 persons served, as specified in their "Appraisal/Needs and Services Plans". The posted monthly schedules shall reflect the interests of persons served, expose them 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 persons served and their families.

I. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in *Olmstead vs L.C.* promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the ADA community integration mandate required by the *Olmstead* decision of 1999 in the following areas.

- i. Housing Services
- ii. Home and community-based services and peer support services
- iii. Employment services
- iv. Transition from hospitals to community settings

Fresno County DBH looks towards all funding sources, including MHBG, and the full spectrum of services to create a complete continuum of care for persons served, through integration of all available services. In particular, adult persons served with SMI are transitioned from locked and/or higher-level of care institutions to less restrictive facilities as determined by Fresno County clinical staff. These facilities are Specialized Supplemental Board and Care Home services and/or other certified/licensed facilities with a residential setting in the community. The range of services provides for the person's served recovery while working to facilitate returning to live in the community. Services include on-the-job skills training. DBH is dedicated to

providing treatment at appropriate levels of care and while in the least restrictive environment for all persons served and their families, to promote their wellness, recovery and resiliency.

All contracted providers have the ability to house and assist persons served with disabilities. These providers specialize in this population and are equipped to assist persons living in facilities in their daily activities as well as care and supervision of these persons. When persons served are transitioned from hospitals to Specialized Supplemental Board and Care Homes contractors assist person served in the transition and assist them in activities to acclimate the person served during this process. Each contractor is required to allow and assist persons served regardless of disability to attend one recreational activity each day as well as attend one activity in the community each week.

**Community Mental Health Services Block Grant (MHBG)
Biennial Application Instructions
State Fiscal Years 2022-23 and 2023-24**

The MHBG Application must address all programs funded with the MHBG. The MHBG County Application package contents (Enclosures and Forms) will be sent by email in a zip file.

Upon submittal, the MHBG County Application must include the following:

1. Signed Funding Allocation.
2. Signed Agreements.
3. Signed Certifications.
4. Completed MHBG Program Data Sheet. Please complete one per program and it must indicate any transformational services provided.
5. Federal Grant Detailed Program Budget. Please complete one per program. If your county has more than one MHBG funded program, submit the budgets in one excel workbook.
6. Completed MHBG First Episode Psychosis (FEP) Program Data Sheet. Report the actual numbers served and description of the evidence-based practice(s) implemented in the program.
7. A separate Program Narrative is required for each program funded with the base allocation, dual diagnosis (DDX) set-aside, FEP set-aside, Children System of Care (CSOC) set-aside, and Integrated Services Agency (ISA) set-aside. Multiple programs and/or subcontractor expenses including DDX, CSOC, ISA and FEP set-aside programs must be detailed on separate forms. Please ensure that all programs titled in the narrative correspond to the program name on each MHBG Program Data Sheet and each Federal Grant Detailed Program Budget.

Please use the attached DHCS narrative template to complete each Program Narrative. Each Program Narrative should be no longer than 10 pages and must span the entire application period from July 1, 2022 through June 30, 2024. Each Program Narrative must identify and specify the activities to occur within each SFY (2022-23 and 2023-24) of the biennial period, and counties should not submit separate Program Narratives for each SFY. Each narrative must include the following sections lettered and in the same order as below in bold:

- a. **Statement of Purpose:** reflects the principles on which the program is being implemented. MHBG programs are required to implement the principles of integrated systems of care. Specify how the program works with other departments and agencies that serve the same population.
- b. **Measurable Outcome Objectives:** includes any measurable outcome objectives that demonstrate progress toward stated purpose(s) or goal(s) of the program, along with a statement reflecting the progress made toward achieving last year's objectives. List a minimum of three objectives.

- c. **Program Description:** specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, and planned community outreach, as applicable. The budget line items within the Federal Grant Detailed Program Budget, must be explained in the program description.
- d. **Cultural Competency:** describes how the program is providing culturally appropriate and responsive services in the county; also report on advances made to promote and sustain a culturally competent system.
- e. **Target Population:** specifies the population that your MHBG funded programs are serving. Each narrative in the MHBG County Application must include a brief description of the target population including any sub-population served with the MHBG funds. Federal statutes require that the target population must include adults and older adults with a serious mental illness (SMI) and/or children with a serious emotional disturbance (SED). The Center for Mental Health Services Definitions of Adults with a Serious Mental Illness and Children with a Serious Emotional Disturbance (Enclosure 8) as published in the Federal Register in 1992, is enclosed. There may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis, homeless, forensic, minorities, consumer operated, and transitional age youth. The DDX set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in your description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the age of the individual at onset and must be addressed in your description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with a SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.
- f. **Staffing:** specifies MHBG-funded positions, which must match the submitted budgets.

Restrictions on Salaries

County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at:
https://grants.nih.gov/grants/policy/salcap_summary.htm

- g. **Implementation Plan:** specifies dates by which each phase of the program will be implemented or state that the “program is fully implemented”.
- h. **Program Evaluation Plan:** describes monitoring progress toward meeting the program’s objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.
- i. **Olmstead Mandate and the MHBG:** In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the

county's efforts on how the MHBG addresses the ADA community integration mandate required by the Olmstead decision of 1999 in the following areas.

- i. Housing Services
- ii. Home and community-based services and peer support services
- iii. Employment services
- iv. Transition from hospitals to community settings

The MHBG County Application packages must be submitted electronically. Please submit program budgets in Excel format, and the corresponding narrative(s) in Word, utilizing the provided template, to MHBG@dhcs.ca.gov no later than close of business on **June 2, 2022**.

All documents requiring signatures, including the Funding Allocation, Funding Agreements, and Certifications, must be electronically signed and submitted no later than **June 2, 2022** to MHBG@dhcs.ca.gov.

Unique Entity Identifier (UEI) Update

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

Please note that counties applying for MHBG funding are required to provide their SAM UEI. Your county's SAM UEI number must also be registered and active on the sam.gov website, and updated annually. More information and guidance regarding this transition can be found online at: <https://sam.gov/content/duns-uei>

The County must ensure the downloadable "Entity Data Detail.pdf" form obtained from the SAM.gov website is included with all other required application documents. Applications will not be reviewed until a valid and current "Entity Data Detail.pdf" has been received from the County. Please check the box on top of page one to verify "Entity Data Detail.pdf" is included with required application documents.

Please email MHBG@dhcs.ca.gov if your county requires additional assistance in downloading the "Entity Data Detail.pdf."

Entity Workspace Results 1 Total Results

Fresno, County of

DUNS Unique Entity ID: 080055902

SAM Unique Entity ID: RUJLP1K3WWK9

CAGE/NCAGE: 7JJ15

Entity Status: Active

Physical Address:

4417 E Inyo Ave Bldg 333

Fresno , CA

93702-2977 USA

Expiration Date:

Mar 28, 2023

Purpose of Registration:

All Awards

1 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) COUNTY
2 COMMUNITY MENTAL HEALTH BLOCK GRANT (MHBG) RENEWAL APPLICATION
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21 FOR ACCOUNTING USE ONLY:

22 Fund/Subclass: 0001/10000
23 ORG No.: 5630
24 Account No.: 4380
25
26
27
28