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

County of San Bernardino	April 15, 2021
County Name	**Date**

073590812

DUNS Number

Proposed Total Allocation	$10,611,383
Discretionary	$7,367,898
5% HIV EIS Allowance	$530,569
Prevention Set-Aside	$2,652,846
Friday Night Live/Club Live	$30,000
Perinatal	$248,296
Adolescent/Youth	$312,343

The County requests SABG funding pursuant to the terms and conditions of this application and its associated instructions, enclosures, and attachments. These funds will be subject to all applicable administrative requirements, cost principles, and audit requirements that govern federal monies associated with the SABG set forth in the Uniform Guidance 2 Code of Federal Regulations (CFR) Part 200, as codified by the U.S. Department of Health and Human Services in 45 CFR Part 75.

This estimate is the proposed total allocation for State Fiscal Year (SFY) 2021-22 and is subject to change based on the level of appropriation approved in the State Budget Act of 2021. In addition, this amount is subject to adjustments for a net reimbursable amount to the County. These adjustments include, but are not limited to, Federal Deficit Reduction Act reductions, prior year audit recoveries, legislative mandates applicable to categorical funding, augmentations, etc. The net amount reimbursable will be reflected in reimbursable payments as the specific dollar amounts of adjustments become known for each county.

The County will use this estimate to build the County's SFY 2021-22 budget for the provision of alcohol and drug services.

	June 8, 2021
Authorized Signature	**Date**

Veronica Kelley, Director, Deprartment of Behavioral Health

Printed Name and Title

The SABG County Application must include the following:

1. **Signed Enclosure 1**
2. **Detailed Budget**

   Please complete one per program in the Excel County workbook template provided. Examples of programs include the base SABG Discretionary allocation, the Primary Prevention Set-Aside, the Adolescent and Youth Treatment Program, the Perinatal Set-Aside, Friday Night Live/Club Live, and any other SABG-funded programs or initiatives administered by the County.

3. **Program Narrative**

   Each Detailed Budget must have a corresponding Program Narrative—please ensure the titles of the Budget and the Narrative correspond.

   Each Program Narrative should be *no longer than 10 pages* and must include the following sections lettered and in the same order as below in bold:

   a) **Statement of Purpose:** reflects the principles on which the program is being implemented and the purpose/goals of the program.

   b) **Measurable Outcome Objectives:** includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

   c) **Program Description:** specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

   d) **Cultural Competency:** describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

   e) **Target Population/Service Areas:** specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

   f) **Staffing:** SABG positions must be listed in this section and must match the submitted budgets.

   g) **Implementation Plan:** specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

   h) **Program Evaluation Plan:** for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for

ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Completed SABG County Application packages must be submitted electronically in their entirety. Please submit program budgets in Excel format, and the corresponding narrative(s) in Word to SABG@dhcs.ca.gov no later than close of business on **May 17, 2021**.

Requests to revise approved SABG County Applications must be submitted to SABG@dhcs.ca.gov. Implementation of any changes is contingent upon approval by DHCS.

Data Universal Number System

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

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

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

Unique Entity Identifier Update

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

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

Entity ID Transition for Existing Entities

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

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name	**Friday Night-Club Live , FNL/CL**

Summary

Category	Amount
Staff Expenses	$ 9,690.55
Consultant/Contract Costs	$ 30,000.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 39,690.55**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
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		$ -	0.000	$ -
		$ -	0.000	$ -
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Staff Expenses	Benefits	$ 3,066.80	1.000	$ 3,066.80

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	San Bernardino County Public Health-Friday Night Live Program	$ 30,000.00	$ 30,000.00
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DHCS Approval By:

Date:

Detailed Program Budget

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COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name | **Perinatal - Perinatal**

Summary

Category	Amount
Staff Expenses	$ 146,995.65
Consultant/Contract Costs	$ 117,840.94
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ 6,086.88
County Administrative Costs	$ -
Total Cost of Program	**$ 270,923.47**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Administrative Cost - Supervising Social Worker	$ 65,023.84	0.052	$ 3,366.93
Staff Expenses	Social Worker II - Administration	$ 70,308.78	0.340	$ 23,904.99
Staff Expenses	Social Worker II - Administration	$ 70,308.78	0.340	$ 23,904.99
Staff Expenses	Staff Analyst II - Administration	$ 87,654.01	0.340	$ 29,802.36
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Mental Health Program Mgr II	$ 103,270.93	0.049	$ 5,060.28
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Secretary I	$ 39,269.34	0.036	$ 1,413.70
Staff Expenses	Supervising Social Worker	$ 65,023.84	0.036	$ 2,340.86
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
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		$ -	0.000	$ -
Staff Expenses	Benefits	$ 50,577.79	1.000	$ 50,577.79

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	High Desert Family	$ 29,460.24	$ 29,460.24
Consultant/Contract Costs	Inland Behavioral & Health	$ 53,028.42	$ 53,028.42
Consultant/Contract Costs	Inland Valley Drug & Alcohol	$ 35,352.28	$ 35,352.28
Other Expenses	Cellular Phones - Outside	$ 2,526.88	$ 2,526.88
Other Expenses	Vehicle Charges (Isf Only)	$ 3,560.00	$ 3,560.00
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Detailed Program Budget

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COUNTY	San Bernardino	**Submission Date:**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name	**Environmental Prevention - Primary Prevention Set Aside**

Summary

Category	Amount
Staff Expenses	$ 183,783.23
Consultant/Contract Costs	$ 2,387,047.36
Equipment	$ -
Supplies	$ 385.00
Travel	$ 10,300.00
Other Expenses	$ 90,682.00
County Administrative Costs	$ -
Total Cost of Program	**$ 2,672,197.59**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 58,953.92	0.750	$ 44,215.44
Staff Expenses	Staff Analyst II	$ 69,753.15	0.750	$ 52,314.86
Staff Expenses	Mental Health Program Mgr I	$ 93,635.28	0.035	$ 3,277.23
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Mental Health Program Mgr II	$ 103,270.93	0.049	$ 5,060.28
Staff Expenses	Mental Health Specialist	$ 60,296.28	0.125	$ 7,537.04
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Secretary I	$ 39,269.34	0.036	$ 1,413.70
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		$ -	0.000	$ -
Staff Expenses	Benefits	$ 63,340.93	1.000	$ 63,340.93

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Institute for Public Strategies-Information Dissemination	$ 80,907.08	$ 80,907.08
Consultant/Contract Costs	Mental Health Systems-Information Dissemination	$ 71,388.60	$ 71,388.60
Consultant/Contract Costs	Rim Family Services-Information Dissemination	$ 42,833.16	$ 42,833.16
Consultant/Contract Costs	Reach Out West End-Information Dissemination	$ 42,833.16	$ 42,833.16
Consultant/Contract Costs	Institute for Public Strategies-Education	$ 2,040.12	$ 2,040.12
Consultant/Contract Costs	Mental Health Systems-Education	$ 12,920.76	$ 12,920.76
Consultant/Contract Costs	Reach Out West End-Education	$ 7,707.12	$ 7,707.12
Consultant/Contract Costs	Institute for Public Strategies-Alternatives	$ 45,069.64	$ 45,069.64
Consultant/Contract Costs	Mental Health Systems-Alternatives	$ 78,871.87	$ 78,871.87
Consultant/Contract Costs	Rim Family Services-Alternatives	$ 37,021.49	$ 37,021.49
Consultant/Contract Costs	Institute for Public Strategies-Community-Based Process	$ 553,050.00	$ 553,050.00
Consultant/Contract Costs	Mental Health Systems-Community-Based Process	$ 414,787.50	$ 414,787.50
Consultant/Contract Costs	Rim Family Services-Community-Based Process	$ 384,062.50	$ 384,062.50
Consultant/Contract Costs	Reach Out West End-Community-Based Process	$ 184,350.00	$ 184,350.00
Consultant/Contract Costs	California Health Collaborative-California Student Tobacco Survey Data and Reports	$ 69,818.00	$ 69,818.00
Consultant/Contract Costs	Institute for Public Strategies-Environmental	$ 18,970.65	$ 18,970.65
Consultant/Contract Costs	Mental Health Systems-Environmental	$ 3,372.56	$ 3,372.56
Consultant/Contract Costs	Rim Family Services-Environmental	$ 421.57	$ 421.57
Consultant/Contract Costs	Reach Out West End-Environmental	$ 19,392.22	$ 19,392.22
Consultant/Contract Costs	San Bernardino County Public Health-Information Dissemination	$ 6,257.98	$ 6,257.98
Consultant/Contract Costs	San Bernardino County Public Health-Education	$ 2,000.00	$ 2,000.00
Consultant/Contract Costs	San Bernardino County Public Health-Alternatives	$ 210,975.23	$ 210,975.23
Consultant/Contract Costs	San Bernardino County Public Health-Community-Based Process	$ 96,494.23	$ 96,494.23
Consultant/Contract Costs	San Bernardino County Public Health-Environmental	$ 1,501.92	$ 1,501.92
Travel	Travel - Conference/Training/Seminar Fees/hotel/meals/car/air/other	$ 10,300.00	$ 10,300.00
Other Expenses	Servs & Supply/fixed assets/other charges Transfers Out	$ 77,686.00	$ 77,686.00
Other Expenses	Service - EMACS (ISF)/Comnet/Utilities/printing/software	$ 12,996.00	$ 12,996.00
Supplies	Supplies - General Office Expense	$ 385.00	$ 385.00
		$ -	$ -
		$ -	$ -
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name	**Recovery Centers - Discretionary**

Summary

Category	Amount
Staff Expenses	$ 69,172.16
Consultant/Contract Costs	$ 940,000.00
Equipment	$ -
Supplies	$ 3,916.62
Travel	$ -
Other Expenses	$ 10,215.29
County Administrative Costs	$ -
Total Cost of Program	**$ 1,023,304.07**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Program Mgr I	$ 98,894.17	0.075	$ 7,417.06
Staff Expenses	Social Worker II	$ 54,542.11	0.250	$ 13,635.53
Staff Expenses	Contract Program Specialist I	$ 59,322.73	0.031	$ 1,839.00
Staff Expenses	Mental Health Program Mgr II	$ 103,270.93	0.049	$ 5,060.28
Staff Expenses	Mental Health Specialist	$ 60,296.28	0.125	$ 7,537.04
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Secretary I	$ 39,269.34	0.036	$ 1,413.70
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		$ -	0.000	$ -
Staff Expenses	Benefits	$ 27,432.34	1.000	$ 27,432.34

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Recovery Support	$ 327,000.00	$ 327,000.00
Consultant/Contract Costs	Mental Health Systems-Recovery Support	$ 404,000.00	$ 404,000.00
Consultant/Contract Costs	Rim Family Services-Recovery Support	$ 126,240.00	$ 126,240.00
Consultant/Contract Costs	St. John of God Health Care-Recovery Support	$ 82,760.00	$ 82,760.00
Supplies	Supplies - Clothing & Personal Supplies/Maintenance	$ 3,916.62	$ 3,916.62
Other Expenses	Other Expenses - PR System EMACS (ISF)/VPN/Comnet/Phone	$ 10,215.29	$ 10,215.29
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Detailed Program Budget

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COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name | **TB - Discretionary Funds**

Summary

Category	Amount
Staff Expenses	$ 41,883.75
Consultant/Contract Costs	$ 3,500.00
Equipment	$ -
Supplies	$ 3,610.00
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 48,993.75**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Program Manager I	$ 93,635.28	0.100	$ 9,363.53
Staff Expenses	Office Assistant III	$ 48,179.94	0.250	$ 12,044.99
		$ -	0.000	$ -
		$ -	0.000	$ -
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Staff Expenses	Benefits	$ 13,851.48	1.000	$ 13,851.48

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	San Bernardino County Public Health-Integrated Infectious Disease Services	$ 2,500.00	$ 2,500.00
Consultant/Contract Costs	San Bernardino County Public Health-HIV Testing	$ 1,000.00	$ 1,000.00
Supplies	HIV Testing Supplies	$ 3,610.00	$ 3,610.00
		$ -	$ -
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Detailed Program Budget

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Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name | **Transitional Housing - Discretionary**

Summary

Category	Amount
Staff Expenses	$ 35,059.77
Consultant/Contract Costs	$ 114,903.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 149,962.77**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Administrative Cost - Social Worker II	$ 70,308.98	0.100	$ 7,030.90
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Mental Health Program Mgr II	$ 103,270.93	0.049	$ 5,060.28
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Secretary I	$ 39,269.34	0.036	$ 1,413.70
Staff Expenses	Supervising Social Worker	$ 65,023.84	0.036	$ 2,340.86
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
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		$ -	0.000	$ -
Staff Expenses	Benefits	$ 12,590.28	1.000	$ 12,590.28

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Transitional Housing	$ 41,824.69	$ 41,824.69
Consultant/Contract Costs	New Hope-Transitional Housing	$ 12,179.72	$ 12,179.72
Consultant/Contract Costs	St. John of God Health Care-Transitional Housing	$ 31,368.52	$ 31,368.52
Consultant/Contract Costs	VARP-Harris House Recovery Residence	$ 29,530.07	$ 29,530.07
		$ -	$ -
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name: Juvenile Drug Court - Adolescent & Youth Treatment

Summary

Category	Amount
Staff Expenses	$ 60,635.47
Consultant/Contract Costs	$ 147,398.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 208,033.47**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 70,308.77	0.340	$ 23,904.98
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Mental Health Program Mgr II	$ 103,270.93	0.049	$ 5,060.28
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Secretary I	$ 39,269.34	0.036	$ 1,413.70
Staff Expenses	Supervising Social Worker	$ 65,023.84	0.036	$ 2,340.86
		$ -	0.000	$ -
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		$ -	0.000	$ -
Staff Expenses	Benefits	$ 21,291.90	1.000	$ 21,291.90

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Clare-Matrix - Juvenile Drug Court Services	$ 51,294.00	$ 51,294.00
Consultant/Contract Costs	High Desert Family - Juvenile Drug Court Services	$ 47,315.00	$ 47,315.00
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Juvenile Drug Court Services	$ 48,789.00	$ 48,789.00
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name: Youth Residential Treatment - Adolescent & Youth Treatment

Summary

Category	Amount
Staff Expenses	$ 27,301.47
Consultant/Contract Costs	$ 27,871.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 55,172.47**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 63,210.44	0.025	$ 1,580.26
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Mental Health Program Mgr II	$ 103,270.93	0.049	$ 5,060.28
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Secretary I	$ 39,269.34	0.036	$ 1,413.70
Staff Expenses	Supervising Social Worker	$ 65,023.84	0.036	$ 2,340.86
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		$ -	0.000	$ -
Staff Expenses	Benefits	$ 10,282.62	1.000	$ 10,282.62

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Tarzana Treatment Centers-Youth Residential Treatment	$ 27,871.00	$ 27,871.00
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name | **Adult Treatment (ODF & IOT) - Discretionary**

Summary

Category	Amount
Staff Expenses	$ 336,588.93
Consultant/Contract Costs	$ 889,875.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ 18,686.78
County Administrative Costs	$ -
Total Cost of Program	**$ 1,245,150.71**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor - Rialto County Clinic	$ 97,423.27	0.150	$ 14,613.49
Staff Expenses	Alcohol & Drug Counselor - Rialto County Clinic	$ 50,484.97	0.050	$ 2,524.25
Staff Expenses	Alcohol & Drug Counselor - Rialto County Clinic	$ 58,727.16	0.050	$ 2,936.36
Staff Expenses	Office Assistant III - Rialto County Clinic	$ 48,179.80	0.050	$ 2,408.99
Staff Expenses	Clinic Assistant - Rialto County Clinic	$ 42,819.28	0.050	$ 2,140.96
Staff Expenses	Alcohol & Drug Counselor - Barstow County Clinic	$ 59,011.54	0.050	$ 2,950.58
Staff Expenses	Alcohol & Drug Counselor - Barstow County Clinic	$ 50,908.24	0.050	$ 2,545.41
Staff Expenses	Alcohol & Drug Counselor - Barstow County Clinic	$ 53,782.03	0.050	$ 2,689.10
Staff Expenses	Office Assistant III - Barstow County Clinic	$ 48,179.39	0.150	$ 7,226.91
Staff Expenses	General Services Worker II - Barstow County Clinic	$ 30,843.87	0.150	$ 4,626.58
Staff Expenses	Office Assistant III - Mariposa County Clinic	$ 48,179.94	0.150	$ 7,226.99
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 63,863.00	0.150	$ 9,579.45
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 50,955.91	0.150	$ 7,643.39
Staff Expenses	Alcohol & Drug Counselor - Mariposa County Clinic	$ 49,694.75	0.150	$ 7,454.21
Staff Expenses	Mental Health Clinic Supervisor - STAR County Clinic	$ 113,991.72	0.380	$ 43,316.85
Staff Expenses	Cont Addiction Med Physician 2	$ 197,300.00	0.070	$ 13,811.00
Staff Expenses	Cont Addiction Med Physician 2	$ 197,300.00	0.070	$ 13,811.00
Staff Expenses	Cont Addiction Med Physician 2	$ 197,300.00	0.070	$ 13,811.00
Staff Expenses	Mental Health Program Mgr II	$ 114,339.28	0.070	$ 8,003.75
Staff Expenses	Clinical Therapist I	$ 69,423.28	0.125	$ 8,677.91
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Mental Health Program Manager II	$ 112,217.62	0.085	$ 9,538.50

Detailed Program Budget

Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.80	0.023	$ 1,909.82
Staff Expenses	Secretary II	$ 56,464.47	0.083	$ 4,686.55
Staff Expenses	Supervising Social Worker	$ 65,023.84	0.036	$ 2,340.86
Staff Expenses	Social Worker II	$ 70,308.77	0.070	$ 4,921.61
Staff Expenses	Social Worker II	$ 63,210.44	0.200	$ 12,642.09
Staff Expenses	Benefits	$ 117,837.40	1.000	$ 117,837.40

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Clare-Matrix-Adult Treatment ODF Ind. and Group Counseling & Intensive ODF Treatment	$ 120,933.00	$ 120,933.00
Consultant/Contract Costs	High Desert Family-Adult Treatment ODF Individual and Group Counseling & IOT	$ 48,510.00	$ 48,510.00
Consultant/Contract Costs	Inland Behavioral & Health-Adult Treatment ODF Individual and Group Counseling & IOT	$ 44,345.00	$ 44,345.00
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Adult Treatment ODF Individual and Group Counseling & IOT	$ 281,212.00	$ 281,212.00
Consultant/Contract Costs	Mental Health Systems-Adult Treatment ODF Individual and Group Counseling & IOT	$ 203,734.00	$ 203,734.00
Consultant/Contract Costs	Cedar House Life Change Center (Social Science Services)-Adult Treatment ODF Ind. and Group Counseling & IOT	$ 78,195.00	$ 78,195.00
Consultant/Contract Costs	St. John of God Health Care-Adult Treatment ODF Individual and Group Counseling & IOT	$ 112,946.00	$ 112,946.00
Other Expenses	PR SYSM EMACS (ISF)/Comnet/Facility Charges - Barstow County Clinic	$ 1,500.00	$ 1,500.00
Other Expenses	Comnet Charges (ISF)/EMACS/Data Processing/Misc. - Rialto County Clinic	$ 2,750.00	$ 2,750.00
Other Expenses	Mental Health Medical Staff Overrides - Rialto County Clinic	$ 10,729.43	$ 10,729.43
Other Expenses	PR SYSM EMACS (ISF) - Mariposa County Clinic	$ 3,457.35	$ 3,457.35
Other Expenses	Special Dept Expense - STAR County Clinic	$ 250.00	$ 250.00
		$ -	$ -

DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name | **Adult Residential Treatment - Discretionary**

Summary

Category	Amount
Staff Expenses	$ 218,900.28
Consultant/Contract Costs	$ 3,345,178.79
Equipment	$ 32,111.00
Supplies	$ 1,749.00
Travel	$ 6,936.86
Other Expenses	$ 58,822.00
County Administrative Costs	$ 203,556.57
Total Cost of Program	**$ 3,867,254.50**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 70,308.77	0.070	$ 4,921.61
Staff Expenses	Social Worker II	$ 63,210.44	0.025	$ 1,580.26
Staff Expenses	Mental Health Program Mgr I	$ 93,635.28	0.035	$ 3,277.23
Staff Expenses	Clinical Therapist I - Administration	$ 69,423.28	0.200	$ 13,884.66
Staff Expenses	Cont Addiction Med Physician 2 - Administration	$ 197,300.00	0.170	$ 33,541.00
Staff Expenses	Cont Addiction Med Physician 2 - Administration	$ 197,300.00	0.170	$ 33,541.00
Staff Expenses	Cont Addiction Med Physician 2 - Administration	$ 197,300.00	0.085	$ 16,770.49
Staff Expenses	Staff Analyst II - Administration	$ 75,871.46	0.340	$ 25,796.30
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Mental Health Program Mgr II	$ 103,270.93	0.049	$ 5,060.28
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Secretary I	$ 39,269.34	0.036	$ 1,413.70
Staff Expenses	Supervising Social Worker	$ 65,023.84	0.036	$ 2,340.86
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 70,149.14	1.000	$ 70,149.14

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Inland Valley Drug & Alcohol-Adult Residential Treatment	$ 555,335.55	$ 555,335.55
Consultant/Contract Costs	Cedar House Life Change Center (Social Science Services)-Adult Residential Treatment	$ 1,750,391.14	$ 1,750,391.14
Consultant/Contract Costs	St. John of God Health Care-Adult Residential Treatment	$ 329,244.64	$ 329,244.64
Consultant/Contract Costs	Tarzana Treatment Centers-Adult Residential Treatment	$ 153,871.91	$ 153,871.91
Consultant/Contract Costs	VARP-Adult Residential Treatment	$ 556,335.55	$ 556,335.55
Supplies	Supplies - Household Expenses/Medical	$ 1,749.00	$ 1,749.00
Other Expenses	Other Expenses - Interpreter Fees/Data Processing/Application Support/MH Staff Overides	$ 58,822.00	$ 58,822.00
Travel	Travel - Private Mileage/Air/Car/Meals/Hotel/Conference	$ 6,936.86	$ 6,936.86
County Administrative Cost	County Indirect Cost @ 10%	$ 203,556.57	$ 203,556.57
Equipment	Equipment/Shared Fixed Assets/Rentals and Leases	$ 32,111.00	$ 32,111.00
		$ -	$ -
		$ -	$ -
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DHCS Approval By:

Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	**SFY**	2021-22
COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 501-0812
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name: Youth Treatment (ODF & IOT) Adolescent & Youth Treatment

Summary

Category	Amount
Staff Expenses	$ 90,165.10
Consultant/Contract Costs	$ 56,695.00
Equipment	$ -
Supplies	$ -
Travel	$ -
Other Expenses	$ -
County Administrative Costs	$ -
Total Cost of Program	**$ 146,860.10**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Contract Addiction Med Physician	$ 197,300.00	0.030	$ 5,919.00
Staff Expenses	Contract Addiction Med Physician	$ 197,300.00	0.030	$ 5,919.00
Staff Expenses	Contract Addiction Med Physician	$ 197,300.00	0.030	$ 5,919.00
Staff Expenses	Mental Health Program Manager II	$ 108,892.70	0.015	$ 1,633.39
Staff Expenses	Social Worker II	$ 63,210.44	0.030	$ 1,896.31
Staff Expenses	Social Worker II	$ 70,308.98	0.090	$ 6,327.81
Staff Expenses	Clinical Terapist I	$ 69,423.28	0.125	$ 8,677.91
Staff Expenses	Contract Program Specialist I	$ 57,630.40	0.031	$ 1,786.54
Staff Expenses	Mental Health Program Manager II	$ 112,217.62	0.085	$ 9,538.50
Staff Expenses	Program Specialist I	$ 67,008.60	0.023	$ 1,541.20
Staff Expenses	Program Specialist I	$ 60,268.90	0.023	$ 1,386.18
Staff Expenses	Program Specialist II	$ 83,035.88	0.023	$ 1,909.83
Staff Expenses	Secretary II	$ 56,464.47	0.083	$ 4,686.55
Staff Expenses	Supervising Social Worker	$ 65,023.84	0.036	$ 2,340.86
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 30,683.02	1.000	$ 30,683.02

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Clare-Matrix-Youth Treatment Outpatient Individual and Group Counseling & Intensive Outpatient Treatment	$ 22,905.00	$ 22,905.00
Consultant/Contract Costs	High Desert Family-Youth Treatment Outpatient Individual and Group Counseling & Intensive Outpatient Treatment	$ 15,704.00	$ 15,704.00
Consultant/Contract Costs	Mental Health Systems-Youth Treatment Outpatient Individual and Group Counseling & Intensive Outpatient Treatment	$ 18,086.00	$ 18,086.00
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DHCS Approval By:
Date:

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Gran	**SFY**	2021-22
COUNTY	San Bernardino	**Submission Date**	

Fiscal Contact	Richard Chudanski	**Phone**	(909) 388-0851
Email Address	richard.chudanski@dbh.sbcounty.gov		

Program Contact	Jennifer Alsina	**Phone**	(909) 386-9761
Email Address	Jennifer.Alsina@dbh.sbcounty.gov		

Program Name | **SARC - Discretionary**

Summary

Category	Amount
Staff Expenses	$ 622,711.00
Consultant/Contract Costs	$ -
Equipment	$ 38,317.00
Supplies	$ 4,736.55
Travel	$ 8,510.00
Other Expenses	$ 122,564.00
County Administrative Costs	$ 87,000.00
Total Cost of Program	**$ 883,838.55**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 93,635.04	0.270	$ 25,281.46
Staff Expenses	Alcohol & Drug Counselor	$ 58,954.21	0.270	$ 15,917.64
Staff Expenses	Alcohol & Drug Counselor	$ 50,956.09	0.270	$ 13,758.14
Staff Expenses	Alcohol & Drug Counselor	$ 46,977.71	0.270	$ 12,683.98
Staff Expenses	Alcohol & Drug Counselor	$ 52,477.42	0.270	$ 14,168.90
Staff Expenses	Alcohol & Drug Counselor	$ 54,348.84	0.270	$ 14,674.19
Staff Expenses	Alcohol & Drug Counselor	$ 52,477.42	0.270	$ 14,168.90
Staff Expenses	Alcohol & Drug Counselor	$ 46,890.72	0.270	$ 12,660.49
Staff Expenses	Alcohol & Drug Counselor	$ 46,934.22	0.270	$ 12,672.24
Staff Expenses	Alcohol & Drug Counselor	$ 52,477.42	0.270	$ 14,168.90
Staff Expenses	Alcohol & Drug Counselor	$ 52,477.42	0.270	$ 14,168.90
Staff Expenses	Alcohol & Drug Counselor	$ 46,754.92	0.270	$ 12,623.83
Staff Expenses	Alcohol & Drug Counselor	$ 52,477.42	0.270	$ 14,168.90
Staff Expenses	Alcohol & Drug Counselor	$ 53,564.84	0.270	$ 14,462.51
Staff Expenses	Alcohol & Drug Counselor	$ 49,324.43	0.270	$ 13,317.60
Staff Expenses	Alcohol & Drug Counselor	$ 53,460.87	0.270	$ 14,434.43
Staff Expenses	Alcohol & Drug Counselor	$ 51,731.61	0.270	$ 13,967.53
Staff Expenses	Alcohol & Drug Counselor	$ 46,890.72	0.270	$ 12,660.49
Staff Expenses	Alcohol & Drug Counselor	$ 48,161.68	0.270	$ 13,003.65
Staff Expenses	Alcohol & Drug Counselor	$ 49,694.68	0.270	$ 13,417.56
Staff Expenses	Clinical Therapist I	$ 69,423.18	0.270	$ 18,744.26
Staff Expenses	Clinical Therapist I	$ 69,423.18	0.270	$ 18,744.26

Detailed Program Budget

Staff Expenses	Clinical Therapist I	$ 77,725.78	0.270	$ 20,985.96
Staff Expenses	Contract Clinical Therapist II	$ 69,246.01	0.170	$ 11,771.82
Staff Expenses	Office Assistant III	$ 48,179.71	0.255	$ 12,285.83
Staff Expenses	Office Assistant III	$ 39,585.63	0.270	$ 10,688.12
Staff Expenses	Social Worker II	$ 57,815.87	0.270	$ 15,610.28
Staff Expenses	Secretary II	$ 56,464.47	0.083	$ 4,686.55
Staff Expenses	Mental Health Program Mgr II	$ 112,217.76	0.140	$ 15,710.49
Staff Expenses	Benefits	$ 207,103.19	1.000	$ 207,103.19

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Supplies	Clothing & Personal Supplies/General Office/Medical/Eqpt Maint.	$ 4,736.55	$ 4,736.55
Other Expenses	Medical Staff Overrides/Auditing/County Services	$ 36,128.00	$ 36,128.00
Other Expenses	Distributed Dp Eqp (Isf Only)/Data Processing/ISD Labor/Data Storage	$ 38,533.00	$ 38,533.00
Other Expenses	Utilities/Phones/EMACS/VPN/Comnet Charges	$ 19,841.00	$ 19,841.00
Other Expenses	Training/Interpreter/Subscriptions/Storage/Temp Help/Printing/Security Services	$ 28,063.00	$ 28,063.00
Travel	Private Mileage/Hotel/Air/Car Rental/Meals/Conference/Training	$ 8,510.00	$ 8,510.00
Equipment	Rents & Leases/Shared Fixed Assets/Computer Hardware	$ 38,317.00	$ 38,317.00
County Administrative Cost	County Indirect Cost @ 10%	$ 87,000.00	$ 87,000.00
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

DHCS Approval By:

Date:

Workbook Summary Sheet

Category	Amount
Staff Expenses	$ 1,842,887.36
Consultant/Contract Costs	$ 8,060,309.09
Equipment	$ 70,428.00
Supplies	$ 14,397.17
Travel	$ 25,746.86
Other Expenses	$ 307,057.95
County Administrative Costs	$ 290,556.57
Total Cost	**$ 10,611,383.00**

Behavioral Health

San Bernardino County

Substance Abuse Prevention and Treatment Block Grant (SABG) Application

Narrative Descriptions

July 2021

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Program 1: Friday Night Live – Club Live

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

Friday Night Live (FNL) and Club Live (CL), and FNL Kids Chapters are youth development and substance abuse prevention programs designed to create positive and healthy communities for and with young people. The program's goal is to prevent alcohol, tobacco, and other drug abuse among youth in San Bernardino County by engaging them as leaders and advocates for healthier lifestyles.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

Objectives for the FNL/CL program include, but are not limited to:

1) *Strong opportunities for youth involved in FNL/CL to develop skills in leadership, health advocacy, and resiliency*
2) *Maintain the number of active FNL/CL chapters at a minimum of 25 and increase the number of youth participants*
3) *Recruit community partners for FNL/CL prevention activities, educational resources, and support of drug-free youth*

Program staff utilize the San Bernardino County Youth Development Survey (YDS) Data Report to track and measure outcomes for the program year. Youth development surveys are administered to FNL/CL youth participants annually.

Summary of YDS findings for FNL/CL youth for FY 19-20 (97 surveys)
FNL Promotes Resilience:

- *89% of youth agreed/strongly agreed/slightly agreed that FNL provides opportunities for leadership and advocacy.*
- *85% of youth agreed/strongly agreed/slightly agreed that FNL promotes school engagement.*
- *84% of youth agreed/strongly agreed/slightly agreed that FNL provides youth opportunities for community involvement and connection.*
- *86% of youth agreed/strongly agreed/slightly agreed that FNL provides youth opportunities to develop caring and meaningful relationships with adults and peers.*

- *94% of youth agreed/strongly agreed/slightly agreed that FNL provides a safe environment (both physically and emotionally).*

Percentage of youth that agreed/strongly agreed/slightly agreed they developed skills in the following areas:

- *80% Planning and organizing time*
- *72% Developing an action plan*
- *82% Examining issues in their community*
- *70% Leading group discussions and meetings*
- *72% Planning events and activities*
- *86% Active listening*
- *86% Working as part of a group*
- *61% Public speaking*

FNL Reduces Alcohol, Tobacco, and Other Drugs Risk:

- *98% of youth agreed/strongly agreed/slightly agreed that in FNL they learn about problems that alcohol, tobacco and other drugs can cause.*
- *93% of youth agreed/strongly agreed/slightly agreed that because of FNL they support youth making healthy choices that do not involve alcohol, tobacco or other drugs.*
- *93% of youth agreed/strongly agreed/slightly agreed that FNL helps them to decide to do other things instead of using alcohol or other drugs.*

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

There is a Memorandum of Understanding (MOU) between the Department of Behavioral Health (DBH) and the Department of Public Health (DPH) for Friday Night Live/Club Live youth development chapters. The FNL/CL programs use the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework for evidence-based strategies for positive youth development and applies core principles to promote positive outcomes and behavior among youth. All efforts are designed to prevent and reduce the harm of alcohol, tobacco, and other drugs. The core values of the FNL/CL programs include, but are not limited to:

- *Creating safe environments for youth*
- *Alcohol, tobacco, and other drug prevention / healthier lifestyles*
- *Skill building and leadership opportunities*
- *Community engagement*
- *Positive youth and adult partnerships*

The service strategies used to classify the prevention efforts to engage youth are information dissemination of prevention services, education, alternative activities that exclude substance use, problem identification and referral, community involvement, and environmental (legal and regulatory).

Information dissemination provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and their effects on

individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: a) Clearing house/information resource center(s); b) Resource directories; c) Media campaigns; d) brochures/pamphlets; e) Public service announcements; f) Conferences/health fairs/promotions and h) information lines.

Education involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: a) Classroom and/or small group sessions (all ages); b) Parenting and family management classes; c) Education programs for youth groups; and d) Children of substance abusers groups.

Alternative strategies provide for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco, and other drugs and would, therefore, minimize or obviate resorting to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: a) Drug free dances and parties; b) Youth/adult leadership activities; c) Community drop-in centers; and d) Community service activities.

Problem identification and referral aims at identification of those who have indulged in illegal/age-inappropriate use of alcohol or tobacco and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavioral can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: a) Prevention assessment and referral services; b) Student assistance programs; and c) Employee assistance programs.

Community involvement aims to enhance the ability of the community to more effectively provide prevention services for alcohol, tobacco, and drug use. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods for this strategy include (but are not limited to) the following: a) Multi-agency coordination and collaboration; b) Assessing community needs/assets; c) Assessing/ monitoring services and funding; d) Community/volunteer service or training; and e) Systematic planning.

Environmental strategies establish or change written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This

strategy can be divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.

Examples of activities conducted and methods used for this strategy shall include (but not be limited to) the following: a) Creation/passage of local policy, regulation, legislation or ordinances; b) Compliance with existing laws and policies; c) Consultation and technical assistance to support the implementation of local enforcement procedures; d) Activities to improve health and increase social and economic well-being in conjunction with alcohol/ drug prevention initiatives. SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program.
SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Administrative Staff (such as; Program Specialists (Contract, I & II)), QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*

FNL/CL services are provided by DPH and paid for through the MOU between DBH and DPH for FNL/CL services.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language

vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

By June 2020, thirty (30) FNL/CL Chapters (19 FNL chapters, 10 CL chapters, and one (1) FNL Kids chapter) were established throughout the High Desert, East Valley, Central Valley, and West Valley regions of San Bernardino County. Seven hundred (700) active core youth participants were enrolled in FNL and CL chapters.

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Contract Program Specialist I - Administration
Program Specialist I - Administration
Program Specialist I –Administration
Program Specialist II - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

The DPH submits quarterly and annual reports to the DBH with planning efforts, steps taken toward education, policy, media advocacy, and enforcement of policies implemented. The FNL program records performance units of service on a monthly basis in the Primary Prevention Substance Use Disorder Data Service (PPSDS) system. PPSDS is the mandated statewide collection and management system for CA FNL Partnership. Data is monitored, verified, and approved by DBH prevention program coordinators for accuracy. Any deficiencies or areas that need improvement are addressed through technical assistance and training to resolve identified problems.

Formal reviews are completed on a bi-annual basis. Following the reviews, any areas needing improvement or issues of noncompliance items with any of the reporting requirements are identified. In the event, deficiencies are noted during the Formal Bi-annual Review, the information is discussed with the program provider and a report detailing the review is generated. Program providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance is provided as needed. As appropriate, a follow up review is conducted to ensure corrections are in place.

Program 2: Perinatal Treatment

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

DBH offers Perinatal Treatment services to provide comprehensive intensive outpatient treatment services for pregnant, parenting women with dependent children and women attempting to regain custody of their children. Prevention, Identification, and reduction of perinatal opioid and other substance use during pregnancy and the postpartum period are critical to support the health and wellbeing of women and their children.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

For Fiscal Year (FY) 2019/2020, the Perinatal Program served 334 unduplicated clients and provided 366 treatment episodes and 20,389 services which consisted of treatment components such as individual and group counseling, which provided over 68,919 service hours.

DBH's objective is to continue to provide Perinatal Treatment services and strive to increase the number of clients served, while staying focused on supporting recovery from substance use disorders.

Objectives include:

- *Reduced recidivism rate for criminal justice clients*
- *Perinatal women's abstinence from all illicit drugs and alcohol for a measured time period*
- *Perinatal women's obtainment or continuation of secure and adequate housing upon exit from the program*
- *Perinatal women remain engaged in meaningful recovery efforts through their treatment program*
- *Perinatal women's increased understanding of the health benefits of regular attendance at medical/dental appointments as identified by reported attendance at scheduled appointments*
- *Perinatal women's increased understanding and reported/observed use of positive parenting skills.*

Outcomes specific to the children of perinatal women being served in the program:

- *Number of child(ren) screened and assessed and their age*

- *Services provided to the child(ren) (direct services) and services provided by referral (indirect services) per child, and per type of service.*
- *Physical health referrals provided such as:*
    - *Immunization*
    - *Primary Care Physician Appointments*
- *Dental Appointments*
- *Educational services*

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

DBH Perinatal services provides substance use disorder treatment services and other therapeutic interventions to women who are diagnosed with a SUD and are pregnant, parenting, or attempting to regain legal custody of her child(ren). Perinatal Services provide a planned regimen of treatment, consisting of regularly scheduled treatment sessions within a structured program, for a minimum of 9 hours of treatment per week for adults provided at minimum 3 hours per day, 3 days per week.

Priority admission for women in perinatal services is given in the following order:

- *Pregnant injection drug users;*
- *Pregnant substance users;*
- *Parenting injection drug users;*
- *Parenting substance users.*

All Perinatal Services programs comply with the most current Department of Health Care Services (DHCS) Perinatal Practice Guidelines, by providing the following:

- *Outreach and engagement*
- *Screening*
- *Intervention*
- *Assessment and Placement*
- *Treatment Planning*
- *Referrals*
- *Interim Services*
- *Case Management*
- *Transportation*
- *Recovery Support*
- *Residential treatment*
- *Outpatient and Intensive Outpatient*

Supervising Social Worker provides technical assistance and training to subcontracted providers, ensures subcontractors are in compliance with federal, state and county standards and requirements that may be indicated in programs, block grant standards and contract guidelines. Supervising Social Workers are provided county issued equipment, such as; cellphones and vehicles to assist in the performance of their duties.

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Program Coordinator Staff (Supervising Social Worker & Social Worker II): program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations*
- *Administrative Staff (Staff Analyst II) assists with budgeting*
- *Administrative Staff (such as; Mental Health Program Manager II, Program Specialists (Contract, I & II), and Secretary I) QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*

Perinatal Treatment services are provided by subcontracted providers.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

DBH Perinatal Treatment services provides services to clients from all regions of the County and targets pregnant, parenting women with dependent children and women attempting to regain custody of their children.

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Supervising Social Worker - Administration
Social Worker II - Administration
Social Worker II - Administration
Staff Analyst II - Administration
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Program Specialist I - Administration
Program Specialist I –Administration
Program Specialist II - Administration
Secretary I - Administration
Supervising Social Worker - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Program 3: Environmental Prevention

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

DBH Environmental Prevention focuses on interventions that occur prior to the onset of a substance use disorder that are intended to prevent the occurrence of the disorder or reduce risk for the disorder. The program's goal is to optimize health and well-being of San Bernardino County residents by defining risk levels for individuals, groups, or communities to ensure appropriate strategies and programs are selected to best meet service recipient needs.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

Successful Environmental Prevention services in the County produce effective community-level results through the use of five integrated strategies, which include the following:

- *data collection and analysis;*
- *community organizing;*
- *policy development based on environmental or community condition change;*
- *media advocacy; and*
- *enforcement.*

These five strategies are designed to produce changes in the community environment and align with the SUD Prevention Priority Areas of Marijuana, Methamphetamine, Alcohol, and Opiates. Successful outcomes in prevention efforts have been developed through logic models that integrate the five strategies into a clear and focused prevention campaign.

Prevention services for DBH are subcontracted to providers. Program services are implemented through community collaborations consisting of prevention service subcontractors, regional community members, and often, key members from law enforcement, school, and other health and social services systems. The prevention service subcontractors receive and provide support and leadership in planning, developing, and implementing the countywide campaigns for the prevention strategies.

- *Collaboration Meetings – Subcontractors shall support the County's goal of developing collaborative community partnerships.*
    - *Subcontractors conduct a minimum of 12 meetings per year with one or more community collaborations that consist of strategic partners in support of advancing SUD Prevention Priority Areas, and initiate improvement in diverse community conditions.*
    - *Subcontractors meet with the DBH and Research and Evaluation (R&E), Media Advocacy, and Policy Workgroups at minimum once per month, or as directed by DBH to discuss regional and countywide SUD prevention issues, strategies, and prevention campaign activities.*
- *Community Member Recruiting – Subcontractors engage and retain approximately 20 culturally and linguistically diverse community members from each city, including cities with multiple zip codes in the Subcontractor's region(s), which includes youth between 12 to 25 years of age, to participate in one or more community collaborations to implement environmental prevention strategies. Utilization of less than 20 community members from each city due to the remoteness of the city or the sparse population is approved by DBH.*
- *News Stories – Subcontractor and/or their community partners develop and submit a minimum of 12 unduplicated news stories of which at least three are Spanish language that appear in broadcast or print media per year in the County of San Bernardino.*
- *Media Event or News Conference - Subcontractor plans and conducts at minimum one media event or news conference that advances specific policies or practices and initiate improvement of community conditions.*
- *Community Policies – Subcontractor, in support of community partners and residents, e researches and prepares a minimum of two local governing organization (neighborhood-community, City, County, etc.) or business related organization (Chamber of Commerce, etc.) policies to address and initiate improvement in community conditions.*
- *Youth Participation - Subcontractor engages culturally and linguistically diverse youth between 12 to 25 years of age, as regular members in community collaborations in support of advancing specific policy recommendations that address SUD Prevention Priority Areas and initiate improvement in community conditions.*
- *Youth Leadership Skill Development - Subcontractor assists, identifies, and facilitates youth leadership skills development, that is related to advancing environmental prevention strategies, for up to six youth.*

- *Community Perception Surveys: collected throughout the year, or as designated by DHCS. Subcontractor collects consumer perception data for clients served by environmental prevention programs.*

Total Strategy Counts in Environmental Prevention Services *FY: 2019-20*	
EP Services Provided	*Number of Activities/ Disseminated Materials*
Surveys Collected	*5,833*
Health Fairs/Conferences attended to Disseminate or Receive EP Information	*74*
Brochures/Pamphlet Disseminated	*5,404*
Active Coalitions throughout Subcontracted Regions	*35*
Speaking Engagements Conducted to Deliver EP info. to Attendees	*186*
Printed Materials Disseminated (i.e. newsletters, flyers, fact sheets, etc.)	*14,144*
Training Services Attended or Provided on EP Strategies and Issues	*164*
Friday Night Live/Club Live Chapters throughout County	*30*
Incidences of Technical Assistance Provided	*204*
Attempts at using Media Advocacy and Strategies to carry the EP Message	*223*

Subcontractors demonstrate progress and achieve specified deliverables by June 15 of each fiscal year. Quarterly and annual reports are submitted to DBH as documentation of progress for meeting contract requirements.

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community

outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

DBH is responsible for managing a full range of Substance Use Disorder (SUD) prevention, treatment and education services for individuals and communities as part of the continuum of care model for substance use disorders. San Bernardino County is required to have a current and DHCS approved Strategic Prevention Plan (SPP). The SPP is developed every five (5) years, and reviewed on an annual basis by DHCS to monitor for compliance and enable any amendments to be made. These services are provided through county-operated clinics and with community-based subcontracted providers with the goal of promoting prevention, intervention, recovery and resiliency for individuals and families. It is the responsibility of DBH to monitor all county funded SUD providers for compliance with state and federal laws and regulations. Services are available to all county residents regardless of race, religion, gender, sexual orientation, or disability including chronic illness or HIV. A multitude of treatment and service options are designed to provide the necessary assistance and support to move individuals and families through the continuum of care toward the road to health, wellness and recovery.

Due to the geographic size of the county, it is divided into regions to provide services in all areas: Central Valley, East End, West End, Mountains and Desert Regions. These subcontracted prevention providers' work to prevent and/or reduce the availability and accessibility of alcohol, tobacco and other drugs that lead to abuse and misuse in communities throughout the county. Various departments within DBH are involved in the execution of services along with subcontracted providers, Department of Public Health – Friday Night Live, Community Health Collaborative (CHC) Tobacco Initiative, and the Cultural Competency Advisory Committee. All have a clear understanding of community needs and involve community members in all stages of the planning process. It is the priority of DBH to promote prevention services as part of the continuum of care model.

DBH was successful in engaging partners in the planning process and the development of coalitions in each region. We have been able to fill the gaps in data by using qualitative methods by increasing the number of key informant interviews throughout the county. This in turn enables us to identify strengths and weaknesses in our priority areas.

The service strategies used to classify the prevention efforts to engage community members are information dissemination of prevention services, education, alternative activities that exclude substance use, problem identification and referral, community involvement, and environmental (legal and regulatory).

Information dissemination provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: a) Clearing

house/information resource center(s); b) Resource directories; c) Media campaigns; d) brochures/pamphlets; e) Public service announcements; f) Conferences/health fairs/promotions and h) information lines.

Education involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: a) Classroom and/or small group sessions (all ages); b) Parenting and family management classes; c) Education programs for youth groups; and d) Children of substance abusers groups.

Alternative strategies provide for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco, and other drugs and would, therefore, minimize or obviate resorting to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: a) Drug free dances and parties; b) Youth/adult leadership activities; c) Community drop-in centers; and d) Community service activities.

Problem identification and referral aims at identification of those who have indulged in illegal/age-inappropriate use of alcohol or tobacco and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavioral can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: a) Prevention assessment and referral services; b) Student assistance programs; and c) Employee assistance programs.

Community involvement aims to enhance the ability of the community to more effectively provide prevention services for alcohol, tobacco, and drug use. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods for this strategy include (but are not limited to) the following: a) Multi-agency coordination and collaboration; b) Assessing community needs/assets; c) Assessing/ monitoring services and funding; d) Community/volunteer service or training; and e) Systematic planning.

Environmental strategies establish or change written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy can be divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to

the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy include, but are not limited to the following: a) Creation/passage of local policy, regulation, legislation or ordinances; b) Compliance with existing laws and policies; c) Consultation and technical assistance to support the development and implementation of local enforcement procedures; d) Activities to improve health and increase social and economic well-being in conjunction with alcohol/ drug prevention initiatives.

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Program Coordinator Staff (Social Worker II): program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations.*
- *Administrative Staff (Staff Analyst II) assists with program data collection and analysis.*
- *Administrative Staff (such as; Mental Health Program Managers I & II, Program Specialists (Contract, I & II), and Secretary I) QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*
- *Mental Health Specialist; community engagement and education.*

Environmental Prevention Services are provided by subcontracted providers.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to

improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

Environmental Prevention service areas span across San Bernardino County. With the geographic size of the county, service areas for environmental prevention divide into the following areas: Central Valley, East End, West End, Mountains and Desert Regions. Target populations for environmental prevention services align with the Center for Substance Abuse Prevention (CSAP), Institute of Medicine (IOM) categories; universal direct, universal indirect, selective and indicated. Universal strategies approach prevention services for an entire population without regards to risk or protective factors. Selective prevention strategies target subgroups of the population to determine risk for substance abuse, while indicated prevention strategies target individuals showing signs of substance use problems. The target populations includes; individuals, families, peers, schools, communities, and the environment and society of San Bernardino at large.

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Social Worker II
Staff Analyst II
Mental Health Program Manager I - Administration
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Mental Health Specialist - Administration
Program Specialist I - Administration
Program Specialist I –Administration
Program Specialist II - Administration

Secretary I - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

The evaluation of Environmental Prevention services is provided through multiple evaluation methods. Bi-annual program reviews ensure subcontracted providers for Environmental Prevention services remain in compliance with contractual deliverables and ensure effective prevention strategies are implemented in the respective regions of the county. Through required quarterly and annual reports, subcontracted providers report progress made towards strategy implementation. Using the Strategic Prevention Framework, prevention program coordinators ensure assessment, capacity, planning, implementing and evaluating of prevention services for each prevention campaign throughout the county. Prevention program coordinators co-facilitate mandatory monthly prevention workgroups with all subcontracted providers to ensure continuity of services, avoid an overlap of services and support strategic planning efforts. Monthly reporting of prevention data in the Primary Prevention Substance Use Disorder Data Service (PPSDS) system ensures providers accurately report CSAP categories and activities. County prevention program coordinators provide continual technical assistance and training to improve outcomes and resolve identified problems. As appropriate, follow up is conducted to ensure corrections are in place.

Program 4: Recovery Centers

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

The objective of Recovery Centers is to provide comprehensive efficient supportive strategies to assist in the ongoing prevention of substance use disorders and relapse. Recovery Centers provide substance-free alternative activities, information dissemination, vocational and educational opportunities, training classes, and medically necessary Recovery Services, which consists of counseling and other central services toward overall wellness to the client and continuously assess if further or a higher level of care may be required.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

The Recovery Centers provide continuing support services to the community at large throughout San Bernardino County. They provide a variety of services including trainings, educational classes, host Self-Help groups and offer family support activities in the community such as "clean and sober" picnics, dances, and other

recognition events. The end-result of the events is to encourage a positive image in the community for recovery services.

Recovery Centers have written procedures to identify outcomes of program services and outcome measures utilized for the program, such as:

- *Clients have reduced or ceased smoking,*
- *Increased awareness of Substance Use Disorders,*
- *Increased skills in dealing with everyday activities (IE: Budgeting, Self-Care, Substance Use Refusal Skills, Parenting Skills, etc.),*
- *Increased their protective factors, and*
- *Increased abilities in maintaining overall wellness and generate significant reduction of substance use/abstinence.*

The estimated number of clients served in FY 19/20:

- *Smoking Cessation classes – 1,141*
- *Drug Education Training – 1,250*
- *Life Skills Training – 1,330*
- *Family Support Groups – 1,734*
- *After Care Groups – 2,290*
- *Social Activities – 27,556*
- *Parenting Education – 1,616*

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

Recovery Centers' primary purpose is to support the recovery efforts from substance use disorders of persons in the communities of San Bernardino County. Recovery Centers provide a supportive substance free environment where persons in recovery and those seeking support in their recovery process can work with one another to secure resources that will help sustain and strengthen their wellness efforts. Recovery Center services include a wide variety of self-help groups, healthy socialization opportunities, information dissemination, vocational and educational opportunities, training classes and linkage to any other kind of necessary services. Recovery Centers provides access to services for families and significant others of persons in recovery and can serve as a focal point for prevention services.

When medically necessary Recovery Centers have a Recovery Services treatment component available for clients who have completed a course of treatment but who have relapsed, been triggered or have the need to prevent relapse and assess if further care is preferred. Recovery Services are provided in the context of an individualized treatment plan that includes specific goals.

Recovery Services treatment component includes:

- *Outpatient Counseling Service*
- *Recovery Monitoring*
- *Substance Abuse Assistance,*
- *Support for Education and Job Skills*
- *Family Support*
- *Support Groups*

- *Ancillary Services*

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Program Coordinator Staff (Social Worker II) program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations.*
- *Administrative Staff (such as; Mental Health Program Managers I & II, Program Specialists (Contract, I & II), and Secretary I) QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*
- *Mental Health Specialist; community engagement and education.*

Recovery Center and Recovery Services are provided by subcontracted providers.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

DBH anticipates subcontracted providers to provide Recovery Center and Recovery Services to an estimated 50% of alumni from previous treatment programs and SUD clients from all areas of San Bernardino County.

Recovery Services are available for youth and adults who have completed a course of SUD treatment to incluse those engaging in ongoing MAT services. Assistance is available whether an individual is triggered, has relapsed, or as a measure to prevent relapse. Substance Use Disorders (SUD) are chronic relapsing disorders, thereby making the prevention of relapse one of the critical elements of effective sustained recovery.

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Mental Health Program Manager I – Administration
Social Worker II - Administration
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Mental Health Specialist - Administration
Program Specialist I - Administration
Program Specialist I –Administration
Program Specialist II - Administration
Secretary I - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the “program is fully implemented”.

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program’s objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Program 5: Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) Services

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

The purpose of Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) services is to provide DBH clients access to TB and HIV screenings and HIV counseling services if found to be HIV positive. Substance Abuse and Prevention Treatment (SAPT) Block Grant regulations require counties that provide SUD services and receive SAPT funding have a provision for TB testing and services. Adding HIV services will be a new component combined with TB services.

Behavioral health treatment communities have long been aware of the intersection between substance misuse, mental disorders, and diseases such as tuberculosis and HIV. HIV is a top leading cause of death in the U.S. for people aged 25-44, and the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health reports that people living with HIV were two times more likely to have a substance use disorder (SUD) than the general population. Beginning in State Fiscal Year (SFY) 2021-22, DHCS will allow counties to use up to five percent of their total SFY SABG allocation for oral fluid rapid HIV testing as well as HIV pre- and post-test counseling.

The goal of adding HIV services to the already established TB services will be to assist in providing early intervention for high-risk individuals and linking them to additional services if needed.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

In FY 19/20, 48 TB skin tests were administered to SUD clients. DBH's objective is to continue to provide TB services and strive to increase the number of clients served, while staying focused on supporting recovery from substance use disorders.

For the new HIV service component, DBH will pilot this program in County outpatient clinics with the goal of adding to all service levels and providers in following years. All client's will be provided the opportunity for an oral fluid HIV testing if consent is provided at intake into the program.

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

DBH maintains an MOU with the DPH to provide Integrated Infectious Disease Services, specifically TB testing and chest x-ray services, counseling and primary care services to clients who are participating in DBH's continuum of care for substance use disorders.

DBH will be amending the MOU with DPH to HIV program components, to include confirmatory testing if the oral fluid HIV testing indicates a positive test for antibodies of the virus. DBH county clinics will provide oral fluid HIV testing conducted by a nurse or the Medical Doctor (MD) during the physical exam appointment, when the client consents to testing. The nurse or MD will be present with the client during testing to provide support and guidance if positive (pre-counseling). The client will be provided a warm-handoff by the nurse, MD or their primary counselor to DPH where the client will receive confirmatory testing and be provided post-counseling and information/llinkage to available healthcare services to treat the client who is HIV positive.

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Administrative Staff (such as; Program Managers I, and Program Specialists (Contract, I & II))QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*
- *Office Assistant III maintains the supply of TB/HIV vouchers and referrals, completes TB/HIV voucher orders, and maintains TB/HIV tracking.*

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports

the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

DBH clients participating the continuum of care for substance use disorders and are in need of TB, HIV testing and services.

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Contract Program Specialist I - Administration
Program Specialist I - Administration
Program Specialist I –Administration
Program Specialist II - Administration
Program Manager I - Administration
Office Assistant III

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the “program is fully implemented”.

The TB program is fully implemented. The HIV program full implementation target date is January 1, 2022, other phases of program development will be as follows:

- *Collaborative meetings between DBH and DPH to define roles and responsibilities through October 1, 2021*

- *DPH MOU Amendment final by January 1, 2022*
- *Procurement for oral fluid HIV tests by December 1, 2021*
- *Policy and Procedure Development final by December 31,2021*
- *Training in November and December 2021 for implementation by January 1, 2022*

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

DBH is responsible for the monitoring and the tracking of the TB tests with subcontracted treatment providers. DBH has an established process to ensure that subcontracted providers receive TB Vouchers for clients to obtain free testing through the DPH. Technical assistance is provided by DBH and DPH as necessary. DBH will be adding HIV test tracking as well to monitoring activities.

In FY 2020/21 DBH will be implementing a follow-up process for clients leaving SUD treatment through outreach efforts and education materials. DBH will monitor the number of outreach efforts conducted per FY to assist in evaluating efforts to increase client's awareness of continued TB medical evaluations and services.

Program 6: Recovery Residences

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

DBH's Recovery Residences, formerly known as Transitional Housing provides San Bernardino County residents with housing units in a sober living environment for adult clients and adult clients with children.

The program is a structured, clean and sober, 24/7 living environment which provides basic necessities in a home-like atmosphere. Recovery Residences provide access to services and activities that help maintain sobriety and prepare individuals to secure permanent housing.

Recovery Residences are designed to help the client maintain a substance-free lifestyle and transition back into the community. Clients' attendance in recovery and/or treatment services is mandatory while they reside in a Recovery Residence. Clients are free to participate in self-help meetings or other activities that help maintain sobriety and activities are supervised within a substance-free environment. Recovery Residences do not provide treatment.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

The purpose of this program is to provide a supervised shared living environment free from alcohol and illicit drug use and centered upon peer supports and connection to services that promote sustained recovery from substance use disorders. The goal of the program is to provide a secure environment for the individual/family while preparing the client to secure permanent housing.

In Fiscal Year (FY) 2019/2020 Recovery Residences served 127 clients. Out of those, 64 client were female clients and 63 were male clients. During the same FY, 59 clients completed goals and established permanent housing. In addition, 47 clients completed the program and are currently employed or attending school.

DBH's objective is to continue to provide Recovery Residence services and strive to increase the number of clients served, while staying focused on supporting recovery from substance use disorders.

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

Recovery Residences are uniquely qualified to assist individuals in all phases of recovery, especially those in early recovery, by furnishing social capital and recovery supports.

DBH includes San Bernardino County residents who are experiencing substance use disorders and are actively engaged in medically necessary SUD treatment or Recovery Support Services provided off-site. Recovery Residences has been identified as a service integral to the client's overall recovery.

Recover Residences are subcontracted to provide the following services:

- *Admission*
- *Supervised planned activities in a substance-free environment*
- *Random Drug Testing*
- *Monthly Resident Council Meetings, facilitated by a House Manager*
- *Monitoring attendance at recovery services, treatment program, job search, employment or an educational program*
- *Provides referrals for other services to coordinate access to necessary support*
- *Food, if necessary*

Recovery Residence access necessary support services in order to ensure clients successfully transition back to the community and assist in maintaining recovery, and to help prevent relapse.

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Program Coordinator Staff (Supervising Social Worker & Social Worker II) program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations.*
- *Administrative Staff (such as; Mental Health Program Manager II, Program Specialists (Contract, I & II), and Secretary I) QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*

Recovery Residences services are provided by subcontracted providers.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

Recovery Residences serves priority populations as follows: perinatal clients, including women who are pregnant, in the postpartum stage and/or or parenting, along with their children; Post Release Community Supervised clients referred from County Probation, also known as AB109 clients; CalWORKs clients; and Screening Assessment and Referral Center (SARC) referred clients.

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Social Worker II - Administration
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Program Specialist I - Administration
Program Specialist I –Administration
Program Specialist II - Administration
Secretary I - Administration
Supervising Social Worker - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Program 7: Juvenile Drug Court

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

Juvenile Drug Court is a substance use disoder treatment program designed to address juvenile offenders needs, ensuring consistency in judicial decision making, and enhancing coordination of agencies and resources tailored to the needs of the juvenile participants with substance use disorders. Juvenile drug courts aim to reduce relapse, and recidivism by assessing the needs of the juvenile offender, and through judicial interaction, monitoring and supervision, the use of graduated sanctions and incentives for juvenile participants. The program provides juveniles and their families counseling, education and other services to; promote immediate intervention, structure; improve level of functioning; address problems that may contribute to drug use; build skills that increase the juveniles ability to lead a drug and crime-free life; strengthen the family's capacity to offer structure and guidance; and promote accountability for all involved.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

In FY 2019/20 Juvenile Drug Court Program served 34 unduplicated youth clients, 42 episodes, and provided 2,374 services which consisted of over 2,585 service hours.

DBH's objective is to continue to provide Juvenile Drug Court services and strive to increase the number of clients served, while staying focused on supporting recovery from substance use disorders.

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community

outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

Juvenile Drug Court Program Services provide a highly structured and strictly monitored treatment alternative to prosecution for juvenile offenders who are admitted to the program by the Drug Court Judge based on a recommendation from the District Attorney, Legal Counsel, Probation and the Treatment Provider.

Juvenile Drug Court utilizes a team approach and the team consists of a Judge, the District Attorney, Legal Counsel, Probation, Treatment Court Coordinator, the Treatment Provider and the client. The client is focused on attempting to resolve his/her substance use disorder related problems. The Treatment Provider works with the Drug Court Team and the client to develop the client's treatment plan and to ensure the clients compliance with the program. Weekly progress reports are made by the treatment Provider to the Drug Court Team on the client's progress or lack of progress in the program. The client is required to make frequent court appearances at which time the Drug Court Team evaluates the client's progress and makes a determination on the client's status in the program; whether the client continues, is sanctioned or terminated from the program and prosecuted on the original violation.

The treatment program utilizes evidence-based practices and curriculum that is provided in phases and incorporates the Drug Court 10 Key Components into the program, such as:

- *Drug Testing (Key Component #5)*
- *Judicial Supervision (Key Component #7)*
- *Case Management (Key Component #8)*
- *Educational/Vocational Services (Key Component #10)*

Each phase the client enters involves a different aspect of their recovery such as individual and group counseling which includes gender specific and age appropriate groups. They cover topics such as relapse prevention, reasoning and anger management. The phases of treatment require random and observed drug testing and participation in self-help groups. The client must meet all program requirements to advance to each subsequent phase of the program and eventually graduate from the program with a reduced or dismissed charge on the original violation.

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Program Coordinator Staff (Supervising Social Worker & Social Worker II) program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations.*
- *Administrative Staff (such as; Mental Health Program Manager II, Program Specialists (Contract, I & II), and Secretary I) QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*

Juvenile Drug Court services are provided by subcontracted providers.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

The Juvenile Drug Court program is available countywide and is a collaborative program between DBH the Drug Courts and Subcontracted Treatment Providers and the clietns served. The Juvenile Drug Court program is available in each court jurisdiction of the County.

Juvenile Drug Court services are available for juveniles (ages 12 through 17).

Program Providers give preference in admittance to treatment in the following order:

- *Pregnant injecting drug users;*
- *Pregnant substance abusers;*

- *Injecting drug users; and*
- *All others.*

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Social Worker II - Administration
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Program Specialist I - Administration
Program Specialist I –Administration
Program Specialist II - Administration
Secretary I - Administration
Supervising Social Worker - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Program 8: Youth Residential Treatment (with Withdrawal Management)

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

DBH offers a comprehensive continuum of care for residents of San Bernardino County including youth that provides; withdrawal management, residential treatment, Intensive Outpatient and Outpatient, Recovery Services. Services are developed to meet the needs of each individual youth participant, by utilizing screening and referral to appropriate levels of care, a comprehensive assessment process, and evidence based and proven best practices.

The DBH team collaborates with a multitude of stakeholders to assist in serving the needs of youth in San Bernardino County, including youth identified to be at risk of developing or have a SUD. The DBH provides screening and coordination of care to the appropriate level of treatment.

Withdrawal management is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the client who is acutely intoxicated and/or dependent on substances of abuse. Withdrawal management seeks to minimize the physical harm caused by the substance use disorder, but is not sufficient in the treatment and rehabilitation of substance use disorders. Withdrawal management is provided in an organized residential setting delivered by appropriately trained staff that provide safe 24-hour monitoring, observation and support in a supervised environment for a client to achieve initial recovery from the effects of substance use. Withdrawal management alone does not constitute substance use disorder treatment but is one part of a continuum of care for substance use disorders. The withdrawal management process consists of three sequential and essential components: evaluation, stabilization, fostering patient readiness for/and entry into the assessed level of treatment upon completion of withdrawal management services.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

In Fiscal Year 2019/20, 17 youth clients received Residential Treatment services and 46 episodes of treatment were provided which consisted of 486 services and over 11,664 service hours. Of the 17 youth clients served 12 were also receiving Mental Health Services within the DBH system of care. The following diagnoses (primary, secondary and tertiary) were found Alcohol (9), Cannabis (17), Opioid (6), Stimulant (13) and other (1).

DBH's objective is to continue to provide Youth Residential Treatment services and strive to increase the number of clients served, while staying focused on supporting recovery from substance use disorders.

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

Organized treatment services feature a planned and structured regimen of care in a 24-hour residential setting. Treatment services adhere to defined policies, procedures

and clinical protocols. They are housed in permanent facilities where clients can reside safely. (One purpose of the program is to demonstrate aspects of a positive recovery environment.) Staffing is provided 24 hours a day. Level 3 programs serve youth who need safe stable living environments and 24-hour care.

- *ASAM Level 3.5 – Clinically Managed Medium-Intensity Residential Services (Youth): Level 3.5 programs serve youth who need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so that they don't immediately relapse or continue to use in an imminently dangerous manner when transferred to a less intense level of care. Level 3.5 assists youth whose substance use disorder is out of control and they need a supportive treatment environment to initiate or continue a recovery process that has failed to progress. The level 3.5 program relies on the treatment community as a therapeutic agent. The goal of treatment is to promote abstinence from substance use, arrest other addictive and antisocial behaviors and effect change in the youth's lifestyle, attitudes and values.*

  Youth Residential Treatment services provided in level 3.5 are defined as:

  - *Intake*
  - *Individual Counseling*
  - *Group Counseling*
  - *Family Therapy*
  - *Psychoeducation*
  - *Collateral Services*
  - *Crisis Intervention Services*
  - *Treatment Planning*
  - *Discharge*

DBH also offers one Withdrawal Management ASAM level of care, and has the ability to refer to additional levels of care:

- *3.2 WM Clinically Managed Residential Withdrawal Management*

The Components of ASAM level 3.2 Withdrawal Management are:

- *Intake*
- *Observation*
- *Medication Services*
- *Discharge Services*

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Program Coordinator Staff (Supervising Social Worker & Social Worker II) program monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations.*
- *Administrative Staff (such as; Mental Health Program Manager II, Program Specialists (Contract, I & II), and Secretary I) QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*

Youth Residential Treatment services are provided by subcontracted providers.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

Youth [aged thirteen (13) through seventeen (17)] throughout San Bernardino County who meet medical criteria can receive Co-Occurring Capable Residential Treatment,

and/or Withdrawal Management or Co-occurring Enhanced Residential Treatment services.

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Social Worker II - Administration
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Program Specialist I - Administration
Program Specialist I –Administration
Program Specialist II - Administration
Secretary I - Administration
Supervising Social Worker - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in

place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Program 9: Adult Treatment [Outpatient & Intensive Outpatient Treatment (IOT)]

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

Adult Outpatient Treatment and Intensive Outpatient Treatment (IOT) services provide individual recovery/treatment planning, substance use disorder education, crisis intervention, individual and group counseling, social/recreational activities and case management. The population served are San Bernardino County adult residents, age 18 and over who have been identified as having substance use disorders.

The goal of the Outpatient Treatment and IOT is to assist clients in achieving recovery from substance use disorders.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

In FY 2019/20 DBH Adult Outpatient Treatment program served 1951 unduplicated clients. Adult Outpatient Treatment clients received 2,215 SUD treatment episodes which provided 41,899 services, such as; group and individual therapy sessions, intake, assessment and crisis intervention, etc. which consisted of over 53,345 service hours.

In FY 2019-20 Adult IOT program served 368 unduplicated clients, 406 episodes,and provided 11,600 services such as; group and individual therapy sessions, intake, assessment and crisis intervention, etc. which consisted of over 22,602 service hours.

DBH's objective is to continue to provide Adult Outpatient Treatment and IOT services and strive to increase the number of clients served, while staying focused on supporting recovery from substance use disorders.

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

Individuals residing within the county benefit from these services when they have been identified with a substance use disorder. The DBH provides a wide range of substance use disorder treatment services and aftercare services and any necessary ancillary service referals so individuals can obtain treatment, achieve sobriety and begin the recovery process. When individuals can seek and begin to attain recovery they can work toward being productive members of the community, obtaing sustainable employment, reduce crime and live healthier lives.

Outpatient and IOT provides the following services:

- *Intake*
- *Individual Counseling*
- *Group Counseling*
- *Family Therapy*
- *Patient Education*
- *Medication Services*
- *Collateral Services*
- *Crisis Intervention Services*
- *Individual Treatment Planning*
- *Discharge Services*

For all levels of Outpatient Treatment and IOT services:

Two evidence-based practices are utilized for all substance use disorder treatment programs.

Outpatient Treatment and IOT program duration is up to six (6) months (on average, but is based on medical necessity and individual client needs).

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Clinical Staff (such as: Mental Health Clinic Supervisor, Alcohol and Drug Counselor, Office Assistant III, Clinic Assistant, General Service Worker I, and Contract Addiction Medicine Physician 2) perform full range of support and assignments related to the field of behavioral health services and substance use disorders, including basic client care, treatment, individual and group psychotherapy, evaluations and investigations, and professional counseling.*
- *Administrative Staff (such as; Mental Health Program Managers II, Clinical Therapist I, Program Specialists (Contract, I & II), and Secretary II) QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*
- *Program Coordinator Staff (Supervising Social Worker & Social Worker II) program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.*

Adult Outpatient Treatment and IOT services are provided by subcontracted providers and County operated clinics.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of

cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

DBH provides Outpatient Treatment and IOT services in all regions of the county and are available for all:

- *Adults (Age 18 and over)*

The purpose of the Outpatient Treatment and IOT is to provide communities within San Bernardino County quality substance use disorder treatment services through the use of evidence-based practices.

Providers give preference in admittance to treatment in the following order:

- *Pregnant injecting drug users;*
- *Pregnant substance abusers;*
- *Injecting drug users;*
- *All others.*

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Mental Health Clinic Supervisor - Rialto County Clinic
Alcohol & Drug Counselor - Rialto County Clinic
Alcohol & Drug Counselor - Rialto County Clinic
Office Assistant III - Rialto County Clinic
Clinic Assistant – Rialto County Clinic
Alcohol & Drug Counselor - Barstow County Clinic
Alcohol & Drug Counselor - Barstow County Clinic
Alcohol & Drug Counselor - Barstow County Clinic
Office Assistant III - Barstow County Clinic
General Services Worker II - Barstow County Clinic
Office Assistant III - Mariposa County Clinic
Alcohol & Drug Counselor - Mariposa County Clinic
Alcohol & Drug Counselor - Mariposa County Clinic
Alcohol & Drug Counselor - Mariposa County Clinic
Mental Health Clinic Supervisor - STAR County Clinic
Contract Addiction Med Physician 2 – Serves all county operated clinics
Contract Addiction Med Physician 2 – Serves all county operated clinics
Contract Addiction Med Physician 2 – Serves all county operated clinics
Mental Health Program Manager II - Administration
Clinical Therapist I - Administration
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Program Specialist I - Administration
Program Specialist I - Administration

Program Specialist II - Administration

Secretary II - Administration

Supervising Social Worker - Administration

Social Worker II – Administration

Social Worker II – Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Program 10: Adult Residential Treatment (with Withdrawal Management)

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

Adult Residential Treatment is a structured 24-hour level of care that focuses on intensive recovery activities. Residential Treatment services include the following elements: withdrawal management, treatment planning, educational sessions, social/recreational activities, individual and group sessions, family education, parenting and relapse prevention. These services are designed for clients who have been assessed to the Residential Treatment level of care based on ASAM criteria and whose sub-acute physical health, developmental disabilities, or

emotional/behavioral problems are severe enough to require residential services, and whose housing, social, familial and vocational support systems are not sufficiently in place, because of circumstances, in the absence of residential care, must live in an environment that will sabotage their recovery. Residential Treatment is structured and comprehensive to focus on the re-socilization of the client and use the programs entire community - including other residents, staff and other social context as active componets of treatment in helping the client develop personal accountability, responsibility as well as a socially productive life. Length of service is based on clients individual needs.

Withdrawal management is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the client who is acutely intoxicated and/or dependent on substances of abuse. Withdrawal management seeks to minimize the physical harm caused by the substance use disorder, but is not sufficient in the treatment and rehabilitation of substance use disorders. Withdrawal management is provided in an organized residential setting delivered by appropriately trained staff that provide safe 24-hour monitoring, observation and support in a supervised environment for a client to achieve initial recovery from the effects of substance use. Withdrawal management alone does not constitute substance abuse treatment but is one part of a continuum of care for substance use disorders. The withdrawal management process consists of three sequential and essential components: evaluation, stabilization, fostering patient readiness for/and entry into the assessed level of treatment upon completion of withdrawal management services.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

In FY 2019/20 Adult Residential Program served 1,609 unduplicated clients, 1,992 episodes, and provided 115,751 services which consisted of over 2,778,024 service hours.

DBH's objective is to continue to provide Adult Residential Treatment services and strive to increase the number of clients served, while staying focused on supporting recovery from substance use disorders.

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

Organized treatment services that feature a planned and structured regimen of care in a 24-hour residential setting. Treatment services adhere to defined policies, procedures and clinical protocols. They are housed in or affiliated with permanent facilities where clients can reside safely. (One of the purposes of these programs is to demonstrate aspects of a positive recovery environment.) They are staffed 24 hours a day. Level 3 programs serve individuals who because of specific functional limitations, need safe stable living environments and 24-hour care.

DBH provides screening and prior-authorization for individuals in need of Residential Treatment. DBH offers three Residential Treatment ASAM levels of care:

- *ASAM Level 3.1 – Clinically Managed Low-Intensity Residential Services*

- *ASAM Level 3.3 – Clinically Managed Population Specific High-Intensity Residential Services*
- *ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services*

The components of ASAM level 3 Residential Treatment are:

- *Intake*
- *Individual Counseling*
- *Group Counseling*
- *Family Therapy*
- *Psychoeducation*
- *Collateral Services*
- *Crisis Intervention Services*
- *Treatment Planning*
- *Discharge*

DBH also offers one Withdrawal Management ASAM level of care, and has the ability to refer to additional levels of care:

- *3.2 WM Clinically Managed Residential Withdrawal Management*

The Components of ASAM level 3.2 Withdrawal Management are:

- *Intake*
- *Observation*
- *Medication Services*
- *Discharge Services*

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Program Coordinator Staff (Supervising Social Worker & Social Worker II) monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.*
- *Administrative Staff (such as; Mental Health Program Manager I & 2, Clinical Therapist I, Contract Addiction Medicine Physicians 2, Program Specialists (Contract, I & II), and Secretary I); QM/UM Activities, Medical Monitoring, new/enhancements for Program Development, Training, Outcome development and tracking.*
- *Administrative Staff (Staff Analyst II) assists with budgeting.*

Adult Residential Treatment services are provided by subcontracted providers.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

Residential Treatment services are available for Adults (Age 18 and over) who meet the ASAM Criteria for Residential Treatment ASAM Level 3 and/or ASAM level 3.2 Withdrawal Management.

Providers give preference in admittance to treatment in the following order:

- *Pregnant injecting drug users;*
- *Pregnant substance abusers;*
- *Injecting drug users;*
- *All others.*

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Social Worker II - Administration
Social Worker II – Administration
Mental Health Program Manager I – Administration
Clinical Therapist I - Administration
Contract Addiction Med Physician 2 - Administration
Contract Addiction Med Physician 2 - Administration
Contract Addiction Med Physician 2 - Administration
Staff Analyst II – Administration
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Program Specialist I - Administration
Program Specialist I - Administration
Program Specialist II - Administration
Secretary I - Administration
Supervising Social Worker - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days

of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Program 11: Youth Treatment [Outpatient Treatment & Intensive Outpatient Treatment (IOT)]

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

Youth Outpatient Treatment and Intensive Outpatient Treatment (IOT) Services provide individual recovery/treatment planning, substance use disorder education, crisis intervention, individual and group counseling, social/recreational activities and case management. The population served are County youth residents, age 12 through 17 who have been identified as having substance use disorders.

The goal of Outpatient Treatment and Intensive Outpatient Treatment (IOT) is to assist youth in achieving recovery from substance use disorders.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

In FY 2019/20 the DBH Youth Outpatient Treatment program served 148 unduplicated clients and 72 of those clients also received co-occurring mental health services. Youth Outpatient Treatment clients received 160 SUD treatment episodes which provided 3,883 services, such as; group and individual therapy sessions, intake, assessment and crisis intervention, etc. which consisted of over 3,381 service hours.

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The purpose of the Outpatient Treatment and IOT is to provide communities within San Bernardino County quality substance use disorder treatment through the use of evidence-based practices.

DBH's objective is to continue to provide Youth Outpatient Treatment and IOT services and strive to increase the number of clients served, while staying focused on supporting recovery from substance use disorders.

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

DBH provides a wide range of substance use disorder treatment services and aftercare services and any necessary ancillary service referals to allow youth clients to obtain treatment, achieve sobriety and begin the recovery process. As youth seek and begin to attain recovery they work towards being productive members of the

community, maintain attendance in school, reduce criminal activities and live healthier lives.

Outpatient Treatment services are directed at stabilizing and rehabilitating youth by providing less than six hours of services per week and for IOT a minimum of six hours with a maximum of 19 hours per week.

The Components of Outpatient Treatment and IOT services are:

- *Intake*
- *Individual Counseling*
- *Group Counseling*
- *Family Therapy*
- *Patient Education*
- *Medication Services*
- *Collateral Services*
- *Crisis Intervention Services*
- *Individual Treatment Planning*
- *Discharge Services*

For all levels of ODF and IOT services:

- *Two evidence-based practices are utilized for all substance use disorder treatment services.*
- *Outpatient Treatment and IOT program length is determined by the individual youth's needs.*

Youth Outpatient Treatment and IOT services addresses gender-specific issues in determining individual treatment needs and therapeutic approaches; and,

- *Provides regular opportunities for separate gender group activities and group counseling sessions.*

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Clinical Staff (such as: Contract Addiction Med Physician and Clinical Therapist I) perform full range of support and assignments related to the field of behavioral health services and substance use disorders, including basic client care, treatment, individual and group psychotherapy, evaluations and investigations, and professional counseling.*
- *Administrative Staff (such as; Mental Health Program Manager II, Program Specialists (Contract, I & II), and Secretary II) QM/UM Activities, new/enhancements for Program Development, Training, Outcome development and tracking.*

- *Program Coordinator Staff (Supervising Social Worker & Social Worker II) program monitoring to ensure adherence to Federal and State regulations, technical assistance and grievance investigations.*

Youth Outpatient Treatment and IOT services are provided by subcontracted providers and County clinics.

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

DBH provides Youth Outpatient Treatment and IOT services in all regions of the County and are available for all:

- *Youth (ages 12 to 17)*

The purpose of the Outpatient Treatment and IOT is to provide communities within San Bernardino County quality substance use disorder treatment services through the use of evidence-based practices.

Providers give preference in admittance to treatment in the following order:

- *Pregnant injecting drug users;*
- *Pregnant substance abusers;*
- *Injecting drug users;*
- *All others.*

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Contract Addiction Med Physician
Contract Addiction Med Physician
Contract Addiction Med Physician
Mental Health Program Manager II
Social Worker II – Administration
Social Worker II – Administration
Clinical Therapist I
Contract Program Specialist I - Administration
Mental Health Program Manager II - Administration
Program Specialist I - Administration
Program Specialist I - Administration
Program Specialist II - Administration
Secretary II - Administration
Supervising Social Worker - Administration

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the “program is fully implemented”.

Program is fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program’s objectives, including frequency and type of internal review, data collection and analysis, identification of

problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

Reviews will be in compliance with the Federal, State (DHCS) and DBH regulations. An on-site Formal Annual Review is completed on all providers delivering services (both Medi-Cal and SABG funded). Quality Assurance Reviews are conducted three times a year for providers delivering treatment services.

An entrance and exit interview is conducted on all Formal Annual Reviews, in which program deficiencies are identified and discussed and included in the review report. Following the review, a written report is sent to the provider. In the event deficiencies are identified the provider must submit a Corrective Action Plan (CAP) within 30 days of receipt of the report. The provider must include in the CAP response, an outline of the corrections to be made, provide evidence of corrections, and discuss how to avoid the deficiencies in the future. Upon receipt of the CAP response, DBH replies with either an acceptance letter, denial, or conditional acceptance within 15 days of receipt. Providers are required to propose corrective remedies and implement correction plans within specified timeframes. Technical assistance by DBH is provided as needed. Follow up reviews are conducted to ensure corrections are in place. The review report and related correction documentation is submitted to DHCS within regulated timeframes and becomes part of the provider file.

Program 12: Screening Assessment and Referral Center (SARC)

a) Statement of Purpose: reflects the principles on which the program is being implemented and the purpose/goals of the program.

The DBH Screening Assessment and Referral Center (SARC), is the primary access point to SUD services and offers an American Society of Addiction Medicine (ASAM) screening to determine the need for treatment and appropriate level of care. The SARC is operational 24/7, where screening, authorization and placement into treatment, care coordination services and after hour triage is available. Individuals may receive these services in person or via telephone and in threshold languages.

b) Measurable Outcome Objectives: includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program, along with a statement reflecting the progress made toward achieving last year's objectives.

DBH has taken specific steps toward improving the SARC system. Including:

- ✓ *Hiring staff to fill all vacancies,*
- ✓ *Modifying the screening tool (ASAM Level of Care Screening) to cut screening timeframes*
- ✓ *Implementation of a call center (Cisco software system)*
- ✓ *Providing assistance with Medical/Psychiatric clearances*
- ✓ *Transportation to intake appointments (as needed)*

These enhancements have allowed for faster placement of clients into their determined level of care.

SARC tracks various data points utilized in quality improvement activities.

SARC FY 2019/20	
Number of calls	*5,977*
Number of unique callers	*5,292*
Completed Screenings	*4,179*
Residential Authorization	*3,842*

Research has shown that if a potential client can become engaged in treatment as soon as possible after the initial contact, there is a higher likelihood of that person not only following through but having long term success. SARC utilizes screeners, care coordinators, placement coordinators, and office assistants to provide support and assist in bridging the gap between the clients screening and when they enter residential treatment.

In 2020 DBH launched care coordination services (case management) a comprehensive service provided to clients entering and receiving residential treatment.

SARC Care Coordination January 2020 through December 2020	
Receiving care coordination services	*212 unduplicated clients*
Transition to a lower level of care	*702 unduplicated clients*
Transportation: to Intake appointment or transition to a lower level of care	*68 instances*

c) Program Description: specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.

DBH offers a continuum of SUD services including withdrawal management, residential treatment, IOT, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation and additional medication-assisted treatment, and recovery residences. Services are provided by both County clinic and subcontracted providers.

The DBH SARC offers the entire community (adult and youth) of San Bernardino County a single point of contact to receive information on SUD services, a screening to determine the need for services and determine the appropriate level of care to best suit the client's needs and referrals to other necessary services they may be seeking.

SARC is staffed by a multi-disciplinary team which allows for clients to be triaged based on their individual situation and provided the most qualified screener, (for example; a co-occurring client might be in need of a screening completed by a Clinical Therapist):

- *Clinic Supervisor (LMFT)*
- *Certified AOD Counselors*
- *Clinical Therapists*
- *Social Workers, and*
- *Program Manager II (LCSW, CATC-IV)*
- *Office Assistants – provide support to all SARC staff*

Once the client is screened and the appropriate level of care is determined, the screener discusses treatment options with the client, location, length of treatment, MAT and recovery service options to determine what best suits their needs. Clients who are assessed to be in need of outpatient treatment or IOT will be provided a warm handoff to the most appropriate provider based on treatment need and client preference. SBC-DBH maintains the philosophy that individuals must have an active voice in their treatment as this is an important factor in a successful treatment episode.

Clients screened and determined to be in need of residential treatment will also be directed to the most appropriate provider based on treatment need and appropriate ASAM residential level of care (ASAM level 3.1, 3.3 or 3.5 or 3.2 WM) and client preference. SARC will provide an authorization to the residential treatment provider, assign a care coordinator to the client and a placement coordinator will work with the treatment provider for an appropriate intake appointment. SARC also re-authorizes residential treatment stays when determined medically necessary, the treatment provider will submit appropriate paperwork and medical necessity justification for the re-authorization.

All clients are eligible for and offered care coordination, however, strong emphasis is placed on high utilizers to help avoid hospitalization, higher medical costs and to assist those involved in the criminal justice system to help reduce recidivism. The Care Coordinator collaboratively works with the client to complete a needs determination screening, a client plan, and a discharge summary.

DBH Care Coordinators assist in removing barriers to care by providing an array of supportive services to the client. Care Coordinators assess for needed medical, educational, social, vocational, rehabilitative, or other community services and assist clients to transition to other levels of care. The Care Coordinator assists with planning the client's intake into the next level of care, at least 3 weeks before discharge for a seamless transition. Care Coordinators educate the client on the benefits of utilizing the entire continuum of care from Outpatient to Recovery Services after completion of a Residential Treatment episode. Care Coordination services are provided by LPHA's, registered or certified counselors. Services are provided either in person or on the telephone, or by telehealth with the client anywhere in the community. The Care Coordinator is linked to a DMC certified site.

DBH's care coordination services include:

- *Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of Care coordination services.*
- *Transition to a higher or lower level of SUD care. Development and periodic revision of a client plan that includes appropriate service activities. Communication, coordination, referral, and related activities*
- *Monitoring service delivery to ensure client access to service and the service delivery system*
- *Monitoring the client's progress and/or lack thereof*
- *Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services*

The goal of Care Coordination is to increase retention in treatment by establishing and/or enhancing effective communication efforts between providers, SARC, and the client. This is accomplished by:

- *On-going collaboration with residential program staff to problem solve client issues.*
- *Work with clients to resolve barriers to retention.*
- *Collaborate with residential program counselors to meet the needs of the client.*

SABG funding is utilized to finance DBH Administrative Staff who are assigned to this program. SABG funding is also utilized to support DBH Administrative staff by paying for: supplies, office space and other items needed to conduct day to day business. DBH Administrative staff support the program in the following ways (not an exhaustive or all-inclusive list):

- *Mental Health Clinic Supervisor – provides staff supervision.*
- *AOD Counselors and Clinical Therapists I&II provide screenings.*
- *Clinic Therapist I and Contract Therapist II provide evaluations and counseling.*
- *Office Assistant III and Secretary II provide staff and administrative support.*
- *Program Coordinator Staff (Social Worker II) monitoring to ensure adherence to Federal and State regulations, technical assistance, and grievance investigations.*
- *Administrative Staff (Program Manager II) provides oversite for the program.*

d) Cultural Competency: describe how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.

The department has a dedicated Office of Equity and Inclusion (OEI) which has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the DBH and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan (CCP) which includes the tenets of the National Culturally and Linguistically Appropriate Service (CLAS) standards. The CCP includes DBH outreach and engagement efforts, integration and participation of Client/Family Member/Community committees in to the system, culturally specific community-based programs to address behavioral health disparities, trainings and education, and cultural events for staff and stakeholders. The OEI manages and supports the Cultural Competency Advisory Committee and its fourteen culturally specific subcommittees who advise the department on pertinent information, data regarding the special needs of the communities they represent and provide input and recommendations on DBH delivery and development of programs and services. During the COVID-19 pandemic these committees have continued to meet virtually ensuring ongoing participation of client, family and community members in the system of care. The DBH and their subcontractors serve all racial/ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and

contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually. The department contracts with six language vendors to ensure it has the language capacity beyond its bilingual workforce to provide linguistically appropriate services at all points of contact with clients and potential clients. The DBH public information office has dedicated bilingual Spanish speaking outreach and engagement staff to provide information to monolingual Spanish speaking communities on the programs and services the department provides. Spanish is the threshold language for the County.

e) Target Population/Service Areas: specifies the population(s) and/or service areas that your SABG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the SABG funds. The SABG program targets the following populations and service areas: pregnant women, women with dependent children, and intravenous drug users, Tuberculosis services, early intervention services for HIV/AIDS, and primary prevention.

The DBH SARC offers the entire community (adult and youth) of San Bernardino County a single point of contact to receive information on SUD services.

Preference in admittance to treatment in given in the following order:

- *Pregnant injecting drug users;*
- *Pregnant substance abusers;*
- *Injecting drug users;*
- *All others.*

f) Staffing: SABG positions must be listed in this section and must match the submitted budgets.

Staff Position Title
Mental Health Clinic Supervisor
Alcohol & Drug Counselor
Alcohol & Drug Counselor
Alcohol & Drug Counselor
Alcohol & Drug Counselor
Alcohol & Drug Counselor
Alcohol & Drug Counselor
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Alcohol & Drug Counselor

Alcohol & Drug Counselor

Clinical Therapist I

Clinical Therapist I

Clinical Therapist I

Contract Clinical Therapist II

Office Assistant III

Office Assistant III

Social Worker II

Secretary II

Mental Health Program Manager II

g) Implementation Plan: specifies dates by which each phase of the program will be implemented or state that the "program is fully implemented".

Program fully implemented.

h) Program Evaluation Plan: for monitoring progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

SARC currently utilizes an access database to collect client data on calls. Data is pulled on a monthly basis and reviewed by the Quality Improvement Provider Workgroup to discuss and problem solve barriers to care. Enhancements to the Screening Assessment and Referral Center were completed in August 2020 and Phase II of the Electronic Health Record will be implemented April 2021. The newly established call center and use of an electronic health record will allow DBH to

monitor timely access to services and provide comprehensive data to further define ongoing quality improvement activities.