San Benito County Behavioral Health
Substance Abuse Prevention and Treatment Block Grant (SABG)
Application for State Fiscal Year 2020-21

DUE July 31, 2020
DRAFT 7/8/20

1. Signed Enclosure 1

Please refer to the signed Enclosure 1, included as the application face sheet.

2. Detailed Budget

Please refer to the budget workbook for detailed budgets for the following SABG programs funded in San Benito County:

- **SABG Outpatient Services** – includes the following funding:
  - SABG Discretionary $372,876 annual
  - Perinatal $5,136 annual
  - Adolescent/Youth $10,329 annual

- **SABG Prevention Services** – includes the following funding:
  - Primary Prevention Set-Aside $131,447 annual
  - Friday Night Live/Club Live $6,000 annual

3. Program Narrative

A. SABG OUTPATIENT SERVICES

The San Benito County Behavioral Health (SBCBH) SABG Outpatient Services program is supported by three (3) SABG funding streams: Discretionary Funds; Perinatal Services funding; and Adolescent/Youth funding. The following program narrative encompasses the services that are supported by the three (3) funding streams, which are referred to as "SABG Outpatient Services" in this section.

1) **Statement of Purpose**:
The mission of SBCBH is to enable individuals in the community who are affected by mental illness, serious emotional disturbances, or substance abuse to achieve the highest quality of life. To accomplish this goal, services are delivered in the least restrictive, most accessible environment within a coordinated system of care that is respectful of a person's family, language, heritage, and culture.

The following goals provide the basis for the SABG Outpatient Services program:

- Improve client access to SUD treatment services

- Work with clients and other health care providers to arrange for quality care
- Be sensitive to each client's needs
- Deliver cost-effective services to clients to help them manage their SUD issues

2) **Measurable Outcome Objectives**:

1. On average 10 substance abuse intakes will be provided monthly to those seeking outpatient services. Collaboration with county partners through Probation, Child Protective Services, County Office of Education, and other community partners will serve as referral sources for individuals seeking services.
2. Over the course of the year, 80 individuals who completed the ASAM Tool will be identified as appropriate for continued substance use disorder services. Out of those 80 individuals identified; 20% of them will be adolescent/youth and 2% will be perinatal clients
3. On average a voluntary attendance of 2 or more individuals will be present at each Substance Use Disorder Group. (Because the group attendance is voluntary, an individual's attendance is assessed as a statement of commitment/interest by the individual to recognize a need for treatment).
4. Over the course of the treatment a minimum of 20 separate and distinct individuals attending substance use treatment will have completed treatment and continuing with aftercare services or other community-based programs.

3) **Program Description**:
SBCBH provides SUD treatment services in accordance with the federal program requirements for SABG. SBCBH uses SABG Outpatient Services funds to enhance the entire SUD system, and provide educational and informational activities; alternatives and community-based processes; intake and assessment; and case management and treatment services. In addition, SABG Outpatient Services funds cover program-related administrative support, and quality assurance and utilization review activities.

- Education: Two-way communication between an educator/facilitator and participants, aimed at improving critical life and social skills, including decision-making, refusal skills, critical analysis, and judgment. Examples include; peer leader programs; and education for youth.

- Information Dissemination: One-way communication that raises an 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. Provides knowledge and

awareness of available prevention programs and services. Examples include resource directories, brochures, and other written materials; media campaigns and public initiatives; health fairs; and tabling at community events; and partnership with other entities such as the Opioid Task Force.

- Alternatives: Participation of target populations in activities that promote a drug-free lifestyle. Examples include drug-free dances and parties; youth/adult leadership activities; and community service activities.

- Community-Based Process: Enhancement of the community's ability to provide prevention and treatment services for alcohol, tobacco, and drug abuse disorders, including networking and interagency collaboration. Examples include community member training and community team-building activities.

- Intake and Assessment: All clients admitted must meet the general admission criteria, which is determined through an initial interview and a comprehensive assessment and documented in the client's chart. The general admission criteria include:
    - Identification of alcohol and/or illicit drug(s) used;
    - Completion of a personal, medical, and substance use history, that includes social, psychological, physical and/or behavioral problems related to substance use; and
    - A statement of nondiscrimination requiring that admission shall not be denied on the basis of ethnic group identification, religion, age, sex, color, disability, or sexual orientation.

- Residential: Clients admitted must meet medical necessity for residential services. Residential services will be for free-standing residential detoxification, residential/recovery long term, residential/recovery short term, or MAT. Residential services will provide room and board for residents and treatment services that include personal recovery/treatment planning, educational sessions, social/recreational activities, individual and group sessions, detoxification services, information and linkage to other services in order to alleviate the symptoms of a substance use disorder

- Treatment and Discharge Planning: As appropriate, an individualized treatment plan is written in collaboration with the client, based on information collected during the assessment process. The treatment plan outlines needed services and includes goals with realistic objectives and timeframes for completions. Progress in treatment is regularly monitored and treatment plans are modified as needed. In addition, a discharge/aftercare plan is written with the client to continue

recovery and avoid relapse. The discharge/aftercare plan includes referrals to community resources, as appropriate.

- Case Management: Case management services are offered to all SUD clients, as appropriate. Case management services are delivered at a frequency consistent with the goals identified in the client's individualized treatment plan. Case management services includes linkages to ancillary services that include, but are not limited to, primary medical care; mental health services; education and/or vocational training; employment; housing support; and life skills building. Continuing/aftercare is also a component of case management services.

- Individual and Group Sessions: Individual and group sessions range in frequency from a minimum of two (2) per 30-day period to multiple weekly contacts and offer a continuum of treatment options from psycho educational and skills building, to process-oriented experiential sessions. Treatment is directed toward concepts of withdrawal, recovery, an alcohol- and drug-free lifestyle, relapse prevention, and familiarization with related community recovery resources to help clients achieve optimal outcomes. Emphasis is placed on the recovery continuum appropriate to the clients' needs. Clients are assigned to individual and group services based upon their stage of recovery and treatment needs, and may complete groups, moving to more advanced formats until they have met discharge criteria based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria.
    - Individual: Face-to-face contacts between a client and a therapist or counselor. Individual treatment includes, but is not limited to intake, evaluation; assessment and diagnosis; treatment and discharge planning; collateral services; and crisis intervention.
    - Group: Face-to-face contacts in which one or more counselors treat two or more clients, at the same time, focusing on the needs of the individuals served. Group size is limited per regulation.

- Perinatal Services: Women eligible for perinatal services have priority admission to SUD services. Perinatal clients have access to services per SABG regulation, including case management services; SUD treatment and recovery services; transportation; childcare services; interim services; and referrals.
    - Referrals are made to prenatal care; primary medical care, primary pediatric care, therapeutic services for children, and other needed services.

- Adolescent/Youth Services: Eligible youth (ages 12-17) may receive a variety of services, including outreach; screening and assessment; case management services; SUD treatment and recovery services; family and support system intervention; and educational and vocational activities.
    - Individual: Face-to-face or via tele-health contacts between a client and a therapist or counselor. Individual treatment includes, but is not limited to intake, evaluation; assessment and diagnosis; treatment and discharge planning; collateral services; and crisis intervention.
    - Group: Face-to-face or via tele-health contacts in which one or more counselors treat two or more clients, at the same time, focusing on the needs of the individuals served. Group size is limited per regulation.

- County/Administrative Support: Includes fiscal and program oversight activities; staff support of program goals for collecting and reporting data and claims; and general administrative functions related to the SUD program.

- Quality Assurance Activities: Include program monitoring and reporting; client-and system-level data collection and reporting; and Quality Improvement Committee (QIC) activities, including tracking data over time, identifying trends and concerns, and mitigating issues through action items and plans of correction.

4) **Cultural Competency:**
SBCBH strives to deliver culturally- and linguistically appropriate services to clients and their families. This approach is reflected in the department's mission statement, world view, informing materials, and client care plans. Cultural discussions are an integrated component of the SUD service delivery systems.

- SBCBH has adopted specific standards and processes for providing and monitoring culturally- and linguistically competent services, including a Cultural Competence Committee (CCC); annual Cultural and Linguistic Competence Plan updates; promotion of the National Standards on Culturally and Linguistically Appropriate Services (CLAS); and staff and interpreter training.

- SBCBH SUD staff are trained at least annually in cultural competency; and cultural awareness is a topic of discussion during regular staff meetings.

- Informational brochures and other written materials are available in English and Spanish, the county's threshold languages.

- For Spanish-speakers, services are provided in the client's preferred language through bilingual direct service staff, whenever possible, or through staff/contract interpreters. SBCBH also uses a language line for languages other than English and Spanish.

- SUD services are delivered in a manner that is sensitive to client cultures, including Latino; veteran; LBGTQ; and others.

5) **Target Population/Service Areas**:
SABG Outpatient Services are available for all SUD clients.

- SBCBH primarily serves adults/older adults (ages 18+) and youth clients (12-17 years old).
- Per federal regulations, SBCBH gives admission preference to high-risk populations, as follows:
    - Pregnant substance users who use drugs intravenously (or females who are intravenous drug users and who have dependent children)
    - Pregnant substance users (or female substance users with dependent children)
    - Substance users who are intravenous drug users (all genders)
    - All other substance users (regardless of gender or route of use)

- In accordance with regulation, SBCBH treats the family as a unit and may admit both women and children into treatment services, as appropriate.

6) **Staffing**:
- SUDs Clinician; 0.5 FTE
- SUDs Counselor; 1.5 FTE
- Admin Staff Support; 1.3 FTE

Title of Position	Annual Salary	SABG FTE	Total SABG Funds
Substance Abuse Counselor	$ 58,971.23	0.300	$ 17,691.37
Substance Abuse Counselor	$ 50,549.81	0.300	$ 15,164.94
Substance Abuse Counselor	$ 53,301.80	0.300	$ 15,990.54
Substance Abuse Counselor	$ 60,678.47	0.300	$ 18,203.54
Substance Abuse Counselor	$ 62,223.36	0.300	$ 18,667.01
Substance Abuse Clinician I/II	$ 97,925.65	0.250	$ 24,481.41

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Quality Improvement Supervisor I/II	$ 72,855.48	0.100	$ 7,285.55
Quality Improvement Supervisor I/II	$ 79,960.37	0.100	$ 7,996.04
Quality Improvement Supervisor I/II	$ 69,742.92	0.100	$ 6,974.29
Quality Improvement Supervisor I/II	$ 72,855.48	0.100	$ 7,285.55
Office Assistant	$ 29,805.93	0.500	$ 14,902.96
Director	$ 147,186.81	0.100	$ 14,718.68
Assistant Director	$ 117,921.57	0.100	$ 11,792.16
Administrative Services Manager	$ 56,488.45	0.100	$ 5,648.84
Accountant III	$ 53,071.04	0.100	$ 5,307.10

7) **Implementation Plan**: Services that use SABG outpatient funds have been fully implemented.

8) **Program Evaluation Plan**:
SBCBH conducts program assessment and monitoring activities to identify areas of deficiency; mitigates issues through appropriate and timely corrective actions; and reports findings to the SBCBH QIC and the California Department of Health Care Services (DHCS).

- Data Collection and Reporting
  - DATAR data is submitted monthly, as required, via the web-based system.
  - CalOMS-Tx data is submitted through the Electronic Health Record (EHR) vendor on a monthly basis. Errors are identified, reviewed, and corrected via a monthly CalOMS-Tx error report.

- Internal Review – To ensure program compliance, SBCBH utilizes an Internal Program Monitoring Tool to document compliance with the required standards of the SUD program and to identify areas of concern.
  - The tool addresses general fiscal and program requirements; funding restrictions; primary prevention services; adolescent/youth treatment services; perinatal and interim services; charitable choice requirements; TVPA; cultural competency; data submission standards; DMC-ODS program,

staffing, and service standards; Minimum Quality Drug Treatment Standards; specialty populations; and required policies and procedures.
    - This monitoring tool is completed annually for all SBCBH-managed programs and subcontractors, as applicable. The program review is conducted by designated QI staff.

- Identification and Mitigation of Issues: Areas of deficiency are reported to the SBCBH Assistant Director and the QIC; and a Corrective Action Plan (CAP) is developed to address the deficiencies.
    - The Monitoring Tool and/or corresponding CAP are updated as action items are completed, and deficiencies are corrected.
    - The completed Monitoring Tool, CAP, and supporting documents are maintained by designated QI staff and available to DHCS upon request.

B. SABG PREVENTION SERVICES

The SBCBH SABG Prevention Services program is supported by two (2) SABG funding streams: Primary Prevention Set-Aside funds and Friday Night Live/Club Live funds. The following program narrative encompasses the services that are supported by the two (2) funding streams, which are referred to as "SABG Prevention Services" in this section.

1) **Statement of Purpose**:
The mission of SBCBH is to enable individuals in the community who are affected by mental illness, serious emotional disturbances, or substance abuse to achieve the highest quality of life. To accomplish this goal, services are delivered in the least restrictive, most accessible environment within a coordinated system of care that is respectful of a person's family, language, heritage, and culture.

The following goals provide the basis for the SABG Prevention Services program:

- To Provide leadership and coordination in developing and maintaining a comprehensive alcohol and other drug prevention system in San Benito County;
- To reduce alcohol and other drug use by youth through family education and empowerment;
- To reduce youth access to alcohol by decreasing the social and retail availability in alcohol;
- To train individuals and families to make healthy choices and identify risky behaviors to help prevent substance abuse and its related consequences;

- To work hand-in-hand with youth so that they can be both substance-free and fully prepared to make healthy choices throughout their lives; and
- To reduce binge drinking among youth by promoting healthy decision-making and increasing awareness regarding harmful consequences.

This will be done by adhering to the following prevention principles:

- Prevention programs enhance protective factors and reverse or reduce risk factors.
- Prevention programs address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana, Methamphetamine, or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.
- Prevention programs address the type of drug abuse problems evidenced in this community, target risk factors which can be modified, and strengthen identified protective factors.
- Prevention programs are tailored to address risks specific to our local population, with special focus on Latino families. This also includes a focus on characteristics such as age and gender, to improve program effectiveness.
- Family-based prevention programs enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; training in drug education and information; and helping children make good choices (e.g., alcohol, drugs, gang involvement).
- Prevention programs are designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties

2) **Measurable Outcome Objectives**:
SBCBH's desired outcomes (by group) include, but are not limited to:

- Youth
  - Reduced rates of substance use
  - Increased awareness and education on health effects of substance use
  - Increased awareness of/involvement in substance use prevention and support programs
- Parents
  - Increased awareness of youth substance use issues
  - Education on health effects of substance use on developing brains/bodies

        - Increased participation in substance use prevention and support programs
    - Educators
        - Increased awareness and education on health effects of substance use
        - Improved communication and collaboration with partner agencies
    - Community
        - Increased awareness and education on health effects of substance use
        - Improved collaboration with community on how to best address substance use problems
        - Collaboration with medical community (PCPs, Nurses, Dentists, etc.)

In the last fiscal year, SBCBH has made efforts and progress in some of our desired outcomes. This includes the following:

- Youth
    - Increased awareness and education on health effects of substance use
        - SBCBH held a Red Ribbon Festival in October of 2019 where we worked in collaboration with 20 community partners, to reach and engage a total of 62 community residents. The breakdown in attendance is as follows:
            - Gender
                - 45% of attendees identified as Female
                - 52% of attendees identified as Male
                - 3% of attendees indicated No Response
            - Age Group
                - 76% of attendees were between the ages of 0-20
                - 16% of attendees were over the age of 21
                - 8% of attendees indicated No Response
        - In addition, during the Red Ribbon Festival, we partnered with the staff at Youth Probation and we were able to enroll 15 youth from probation in our volunteer program. These youth were assigned to a community partner table and 20% of the youth volunteers expressed interest in learning more about the community SUDs programs or alternatives offered by the community partners. Other volunteers for this festival included 3 school aged youth and various SBCBH staff.
        - In anticipation of the Red Ribbon Festival, SBCBH also held an art contest with school aged youth. The contest required that interested students submit a piece of artwork with the interpretation of the Red Ribbon Theme

"Send a Message. Stay Drug Free". A total of 164 students throughout San Benito County participated and entered a piece of artwork for the contest. The school grade group winnings were as follows:

- 1st, 2nd and 3rd place selected for Kinder through 2nd grade
- 1st, 2nd, and 3rd place selected for 3rd through 5th grade
- 1st, 2nd, and 3rd place selected for 6th through 8th grade
- The 9 winners had their artwork displayed at a local coffee shop for two weeks for outreach and awareness.

- Parents
  - Increased awareness of youth substance use issues & education on health effects of substance use on developing brains/bodies.
    - The City of Hollister in San Benito County hosted a Red Ribbon 5k in the city limits and SBCBH assisted with these efforts by purchasing outreach materials for the 5k participants. There was a total of 109 registered 5k participants and the participants ran a 3-mile themed course. SBCBH hosted a mile theme by providing informational statistics on youth and adult Substance Use in the county, the state and the nation.
- Community
  - Increased awareness and education on health effects of substance use, improved collaboration with community on how to best address substance use problems and collaboration with medical community (PCPs, Nurses, Dentists, etc.)
    - SBCBH continues to regularly attend and is an active member of the San Benito County Opioid Task Force. Through these efforts, SBCBH has been able to collaborate with representatives from the following agencies:
      - SBC Public Health (including a licensed pharmacist)
      - SBC Office of Emergency Services/Emergency Management
      - SBC Office of Education
      - SBC Sheriff's Office
      - Valley Health Associates (NTP Provider)
      - Gavilan Community College
      - SBC Chamber of Commerce
      - Sun Street Centers (Residential Provider)
      - San Benito High School District

- San Benito County Office of Education
- AmeriCorps
- Teen Recovery
- City of Hollister Recreation Center

- In the last fiscal year, SBCBH has had representation at 66% of the Opioid Task Force monthly meetings. Through our collaborative participation with all of the above-mentioned community partners, the Opioid Task Force has been able to achieve the following:
  - Collected 238 pounds of medicine at the SBC Drug Take Back Day, along with vaping pens and cartridges.
  - Participated in 2 Parent University presentations hosted by the Opioid Task Force
  - Participated and presented in an Opioid Town Hall meeting hosted by the Opioid Task Force for San Benito County as a response to 3 overdoses (including 1 fatality) due to counterfeit pills laced with Fentanyl. There were about 80 attendees at the Town Hall Meeting.
  - The Opioid Task Force has trained 200+ individuals (including 9 SBCBH Staff) in administering Naloxone and has handed out 470 doses of Naloxone for community members to use, should it be needed.

3) **Program Description**:

SBCBH provides SUD prevention services in accordance with the federal program requirements for SABG. SBCBH uses SABG prevention funds to provide prevention services and activities to individuals who do not require treatment for substance abuse. SBCBH prevention services include activities provided in a variety of settings for both the general population and subgroups that are deemed to be at high risk for substance abuse. SBCBH works to ensure that programs and services for at-risk populations develop and utilize community-based strategies for prevention, including strategies to discourage the use of alcohol and tobacco products by youth.

a. Education: SBCBH will provide prevention services via two-way communication by developing and taking opportunities to interact with participants as an educator/facilitator. SBCBH will accomplish this by hosting presentations that include a questions & answers portion, help to facilitate break out groups at various community partnership committee meetings and facilitate groups for the targeted prevention populations. Examples of past and future planned activities include, but are not limited to:

i. Presentations about our services at town hall meetings hosted by committees such as the Opioid Task Force or other local community groups or politicians.
ii. Presentations organized by community partners at schools such as presentations offered via the Parent University program where parents rotate to different breakout presentations on how to use their community resources in order to provide support to their youth and families.
iii. Hold prevention groups designed to educate participants regarding the use and abuse of drugs/alcohol/tobacco. These prevention groups will be in a setting comfortable and accessible to the targeted populations.

b. Information Dissemination: SBCBH will provide 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 by providing knowledge and awareness of available prevention programs and services. SBCBH will accomplish this by developing and creating information dissemination materials such as brochures, informational pamphlets and campaigns with the assistance of community partners. Examples of past and future planned outreach include, but are not limited to:
    i. Hosting a booth at every available fair, farmer's market and festival held in our community to disseminate information.
    ii. Continue to attend county coalitions and groups with similar goals and objectives. Presence and information dissemination at county coalitions include the Opioid Task Force, Wellness Coalition, Healthy Moms Healthy Babies, Family Impact Center Steering Committee, Quality Leadership Committee, and Behavioral Health Board Meetings. At these meetings there is typically an update on our respective programs and an opportunity to disseminate planned activities, data and/or brochures/informational materials

c. Alternatives: SBCBH will provide prevention services through establishment of activities that exclude alcohol, tobacco, and another drug use. Through these alternative activities, participants will aim to develop constructive and healthy activities that will offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or remove the need to use these substances. SBCBH will accomplish this by planning, meeting with appropriate stakeholders and organizing alternative/educational activities for our targeted

populations. Examples of past and future planned activities include, but are not limited to:

i. Collaborating with the FNL high school group in order to coordinate and host dances for high school aged youth.
ii. Establish and coordinate the Red Ribbon Festival/Race with FNL and community partners, including the City of Hollister Recreation Department and the County Office of Education.
iii. As a part of the Red Ribbon campaign, establish an essay writing contest with the possibility of winning a scholarship for future educational goals.

- Friday Night Live (FNL): A youth-driven program that promotes youth leadership roles and community partnerships. FNL activities support a lifestyle free of alcohol, tobacco, and other drugs.
    - The primary focus of FNL (and sub programs, such as Club Live and FNL Kids) is to form youth-adult partnerships with young people, to provide programs rich in opportunities and support, so young people will be less likely to engage in problem behaviors, more likely to achieve in school, and more likely to attend higher education or secure a full-time job. FNL's vision is to work hand-in-hand with young people so they are both problem free and fully prepared.
    - For FY 20-21, SBCBH plans to use the allocated budget of $6,000 to revamp the FNL group at the high schools in our county. If circumstances permit, SBCBH will host a variety of FNL sponsored alternative activities for the youth in the community to participate and provide education related materials during these activities.
    - In partnership with the Opioid Task Force and any other interested community partner, SBCBH is striving for a group of at least 5 interested students to begin outreach and establishing a community collaborative geared towards education of substance use and abuse, and healthy alternatives for the community to encourage youth to stay drug free.
    - SBCBH's FNL group will also work closely to assist with the implementation and development of SBCBH's annual Red Ribbon Festival and the Retail Alcohol Merchant Awards (RAMA).

d. Problem Identification and Referral: SBCBH will provide prevention services through identification and referral by implementing and utilizing strategy that aim at identifying those individuals who have already indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs. This will help assess whether their behavior can be

reversed through education. SBCBH will accomplish this by re-evaluating our problem identification strategies and referral forms in order to make sure that our targeted population is referred to the appropriate services. Examples of these strategies include, but are not limited to:

i. Working with school sites and other community partners to establish a referral process and workflow in order to streamline our efforts.
ii. Modeling our referral form after the form used for Mental Health Prevention and Early Intervention so that it appropriately collects demographic data and tracking information for the client

e. Community-Based Process: SBCBH will provide prevention services via Community-Based Processes in an effort to enhance the ability of the community to more effectively provide prevention services for alcohol, tobacco, and drug abuse disorders. This will include community based and community wide efforts to organize, plan, enhance the efficiency and effectiveness of services, involve inter-agency collaboration, coalition building and networking. SBCBH will continue to develop this strategy by continuing to be a part of specific community-based coalitions and committees. These coalitions and committees include, but are not limited to:
    i. The Opioid Task Force which has recently moved towards becoming a poly-substance coalition. There has been recent discussions regarding the effect other substances have on opioid use or vice versa. By changing some of the prevention/outreach efforts through this task force, a poly-substance approach will allow the community to tackle other major concerns with our targeted populations like youth alcohol consumption and youth marijuana use.
    ii. In addition to the Opioid Task Force, members of our team will also attend other coalitions geared towards community betterment, such as the San Benito County Wellness Coalition, Healthy Moms Healthy Babies, Family Impact Center Steering Committee, Quality Leadership Committee, and Behavioral Health Board Meetings

f. Environmental: SBCBH will provide prevention services via this category by establishing or changing written/unwritten community standards, codes and attitudes to influence incidence and prevalence of the use of alcohol, tobacco, and other drugs used in the general population. SBCBH will reach out and attempt to partner with alcohol and marijuana retailers in the community to actively discourage and limit youth access to alcohol and

marijuana. Examples of planned activities include, but are not limited to:

i. Implementing and developing The Responsible Alcohol Merchant Award (RAMA). RAMA is designed to recognize businesses that have demonstrated a commitment to reducing underage drinking in the community. These retailers are rewarded for proactively implementing employee training programs and advertisement policies to reduce the sale of alcohol to people under age 21. SBCBH will attempt to also include tobacco and marijuana retailers in this initiative.
ii. Partnering with the Opioid Task Force to develop and roll out a mass media messaging campaign with educational information to the community regarding drugs and alcohol. This will include county, statewide and nationwide statistics on substance use and youth.

g. Staff Training: Provides continuing education of staff who deliver primary prevention SUD services.

4) **Cultural Competency:**
San Benito County Behavioral Health (SBCBH) is culturally diverse with approximately 56% of the general population being Hispanic. A large portion of these individuals identify Spanish as their primary language and as a result, since 1990, SBCBH has always ensured that many of the administrative staff are bilingual and/or bicultural. This approach creates a welcoming environment when a Spanish-speaker contacts SBCBH. Staff is comfortable with immediately switching from English to Spanish to communicate with the individual in their primary language. This strategy has helped to reduce stigma and barriers to accessing Substance Use Disorder (SUD) services.

One of SBCBH's Cultural and Linguistic Competency Goals include delivering services in collaboration with other community organizations and co-locating services, whenever possible. Our SUDs department is co-located on the same campus with Health & Human Services, including Public Assistance, Child Welfare Services and Community Workforce Development Services. This co-location makes it easy for individuals to access several different programs in one convenient location. Additionally, SBCBH staff also represents the agency and programs at various community-based committees such as, Opioid Task Force, Wellness Coalition, Healthy Moms Healthy Babies, Family Impact Center Steering Committee, Quality Leadership Committee, and Behavioral Health Board Meetings.

SBCBH strives to deliver culturally- and linguistically appropriate services to clients and their families. This approach is reflected in the department's

mission statement, world view, informing materials, and client care plans. Cultural discussions are an integrated component of the SUD service delivery systems.

- SBCBH has adopted specific standards and processes for providing and monitoring culturally- and linguistically competent services, including a Cultural Competence Committee (CCC); annual Cultural and Linguistic Competence Plan updates; promotion of the National Standards on Culturally and Linguistically Appropriate Services (CLAS); and staff and interpreter training.

- Informational brochures and other written materials that are disseminated through prevention activities are available in English and Spanish, the county's threshold languages.

- SBCBH will continue to provide cultural and linguistic competency trainings for SBCBH staff (minimum of 2 times per fiscal year) and will discuss and provide trainings on topics including, but not limited to, cultural humility, local Hispanic traditions, local consumer culture, recovery culture, access barriers and sustainable partnerships and working with youth. In addition to these topics, SBCBH will continue to invite other related community partners in order to assist in developing and program objectives to provide culturally appropriate and responsive services via our SUDs department.

- SBCBH continues to host meetings for the Cultural Competence Committee on a quarterly basis and will also make efforts to hire clients or family members of clients with lived experience, whenever possible, who are reflective of the San Benito County community.

5) **Target Population/Service Areas**:

For prevention services and activities, SBCBH gives priority to populations that are considered at risk for developing substance use problems. SBCBH works to ensure that programs and services for these at-risk populations develop and utilize community-based strategies for prevention, including strategies to discourage the use of alcohol and tobacco products by youth.

A recent collection and analysis of Federal, State and County data assessed trends over time and found that San Benito County residents experience social and health consequences because of alcohol, marijuana, and other drugs used among youth and adult populations. Two main prevention priorities include youth alcohol use and youth marijuana use.

Alcohol is the primary substance used by San Benito County (SBC) youth. According to a 2015-16 California Healthy Kids Survey (CHKS), 18% of 9th graders and 31% of 11th graders reported having consumed alcohol in the last

30 days. Of these responses, 47% of the youth were attending non-traditional schools. In a separate study, SBCBH conducted a 2018 Youth Survey and the top 5 ways in which teens obtained alcohol, included: Parents (10% 9th graders, 13% 11th graders), Friends (34% 9th graders, 48% 11th graders), Stealing (23% 9th graders, 17% 11th graders), Other adults (22% 9th graders, 17% 11th graders), Purchasing at the Store (11% 9th graders, 2% 11th graders).

Marijuana is the second most widely used substance among San Benito County (SBC) youth. According to a 2015-16 California Healthy Kids Survey (CHKS), 10% of 9th graders and 23% of 11th graders reported using marijuana in the last 30 days. Of these responses, 53% of the youth were attending non-traditional schools. In a separate study, SBCBH conducted a 2018 Youth Survey and according to this survey, 31% of 9th graders and 44% of 11th graders reported that at least one of their family members use marijuana. Similarly, 28% of 9th graders and 49% of 11th graders reported that a close friend of theirs uses marijuana.

For prevention purposes, SBCBH will also continue to target school aged youth in San Benito County by incorporating these populations in all of our planned activities and outreach. Middle School and High School aged youth will learn to effectively use all prevention methods in their day to day lives and exposures to substances.

6) **Staffing**:
SBCBH will assign 0.9 FTE SUDs Case Manager to the SBCBH Prevention Program paid for by SABG-Primary Prevention funds. Additionally, SBCBH will assign 5 SUDs Counselors to provide support at .10 FTE per counselor for a total of .5 FTE towards prevention and 0.04 FTE of administrative support that will also be funded via SABG-Primary Prevention funds.

Title of Position	Annual Salary	SABG FTE	Total SABG Funds
Substance Abuse Case Manager	$ 58,971.23	0.900	$ 53,074.11
Substance Abuse Counselor	$ 58,971.23	0.100	$ 5,897.12
Substance Abuse Counselor	$ 50,549.81	0.100	$ 5,054.98
Substance Abuse Counselor	$ 53,301.80	0.100	$ 5,330.18
Substance Abuse Counselor	$ 60,678.47	0.100	$ 6,067.85
Substance Abuse Counselor	$ 62,223.36	0.100	$ 6,222.34

Quality Improvement Supervisor I/II	$ 69,742.92	0.020	$ 1,394.86
Assistant Director	$ 117,921.57	0.020	$ 2,358.43

9) **Implementation Plan**: SABG prevention services and activities have been fully implemented. However, due to staff turnover and shortages, SBCBH is planning to revitalize our FNL prevention specific services to continue to meet our multi-year Prevention Plan and make more of an effort to involve community partners, school aged youth and other stakeholders for FY 20-21.

7) **Program Evaluation Plan**:
SBCBH conducts program assessment and monitoring activities to identify areas of deficiency; mitigates issues through appropriate and timely corrective actions; and reports findings to the SBCBH Quality Improvement Committee (QIC) and the California Department of Health Care Services (DHCS).

- Data Collection and Reporting – PPSDS data is submitted as soon as possible throughout each month, but no later than the 10th of the following month.

- Internal Review – To ensure program compliance, SBCBH utilizes an Internal Program Monitoring Tool to document compliance with the required standards of the SUD program and to identify areas of concern.
    - The tool addresses general fiscal and program requirements; funding restrictions; primary prevention services; adolescent/youth treatment services; perinatal and interim services; charitable choice requirements; TVPA; cultural competency; data submission standards; DMC-ODS program, staffing, and service standards; Minimum Quality Drug Treatment Standards; specialty populations; and required policies and procedures.
    - This monitoring tool is completed annually for all SBCBH-managed programs and subcontractors, as applicable. The program review is conducted by designated QI staff.

- Identification and Mitigation of Issues: Areas of deficiency are reported to the SBCBH Assistant Director and the QIC; and a Corrective Action Plan (CAP) is developed to address the deficiencies.
    - The Monitoring Tool and/or corresponding CAP are updated as action items are completed, and deficiencies are corrected.
    - The completed Monitoring Tool, CAP, and supporting documents are maintained by designated QI staff and available to DHCS upon request.