



County of San Bernardino
Department of Behavioral Health
Mental Health Services Act

Community Services and Supports
Program and Expenditure Plan
Fiscal Year (FY) 2009/10
Annual Update

March 31, 2009



ALLAN RAWLAND, MSW, ACSW
Director

March 31, 2009

Ms. Lori Starnes
Chief of CSS and WET Plan Review
Local Program Support Branch
California Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814

ATTN: MHSA Plan Review

Dear Ms. Starnes:

The County of San Bernardino, Department of Behavioral Health is pleased to submit its request for Mental Health Services Act (MHSA) Fiscal Year 2009/10 funds. This Annual Update is based on the guidelines and estimates of DMH Information Notices 08-28 and 08-36, respectively.

In accordance with the California Code of Regulations (CCR) Title 9, Division 1, Subchapter 14, Sections 3410, 3620(c), 3300, 3315(a), and 3650(a)(1) and the Welfare and Institutions Code, Section 5892(b), a draft of the enclosed request document was prepared and circulated to stakeholders and any interested parties who requested a copy. A draft of the enclosed request document was also posted for a 30-day public review and comment period on the County of San Bernardino and Department of Behavioral Health (DBH) websites from February 27, 2009 through March 28, 2009. A Public Hearing was held on March 30, 2009. There were no substantive changes received from the above postings and reviews.

The previously approved MHSA Work Plans in the CSS, PEI and WET components continue to operate successfully. With this Annual Update, the County of San Bernardino continues to move forward in transforming its service delivery system to provide comprehensive mental health services to unserved, underserved and inappropriately served citizens.

Your feedback is welcome in response to the submittal of the enclosed request document. Please direct any questions or concerns to the MHSA Coordinator, Lisa McGinnis at (909) 421-4639.

Sincerely,

Allan Rawland, Director
Department of Behavioral Health

Enclosure

AR:LKM

- CC: Board of Supervisors
- Mental Health Commission
- Mark Uffer, County Administrative Officer
- Dean Arabatzis, Assistant County Administrative Officer
- Trudy Raymundo, Administrative Analyst
- Lisa McGinnis, Program Manager II
- Medical Director and Deputy Directors, Department of Behavioral Health
- Stacy Smith, President, Association of Community Based Organizations
- MHSA Community Policy Advisory Committee

MARK UFFER
County Administrative Officer

	Board of Supervisors	
BRAD MITZELFELT.....	First District	NEIL DERRY..... Third District
PAUL BIANE.....	Second District	GARY C. OVITT, CHAIR..... Fourth District
	JOSIE GONZALES, VICE CHAIR.....	Fifth District

**County of San Bernardino Department of Behavioral Health (DBH)
Mental Health Services Act
Community Services and Supports
Program and Expenditure Plan FY 2009/10 Update**

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NOTE: **The County of San Bernardino elects to submit the Capital Facilities and Technological Needs and the Innovation Components as required in their respective DMH Notices.**

County of San Bernardino MHSA FY 2009/10 Annual Update

Overview

County of San Bernardino Department of Behavioral Health (DBH) is pleased to submit the Annual Update request for fiscal year 2009/10 Mental Health Services Act (MHSA) funding in accordance with DMH Information Notices 08-28 and 08-36.

Community Services and Supports (CSS, Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) components will remain as approved. Exhibits are contained as appropriate.

The Capital Facilities and Technological Needs component will be submitted as required in DMH Information Notices 08-02 and 08-09.

The Innovation component will be submitted as required in the DMH Information Notice 09-02.

EXHIBIT A

COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE

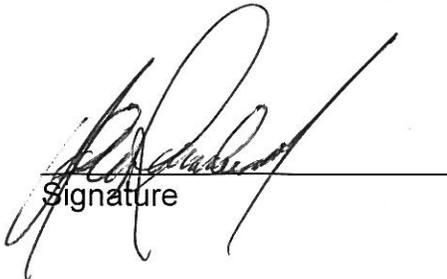
County Name: San Bernardino

County Mental Health Director	Project Lead
Name: <u>Allan Rawland, Director</u>	Name: <u>Lisa McGinnis, Program Mgr II</u>
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Mailing Address: <u>Department of Behavioral Health Administration</u> <u>268 W. Hospitality Lane, Suite 400</u> <u>San Bernardino, CA 92415-0026</u>	

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.


Signature

3/31/09
Date

Director, Dept. of Behavioral Health
Title
Local Mental Health Director/Designee

Exhibit B: Description of Community Program Planning and Local Review Processes

County Name: San Bernardino

Instructions: *Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.*

1. *Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input.*

The County of San Bernardino's Department of Behavioral Health (DBH) has continued with a comprehensive, robust community planning process which is open, participatory and inclusive of all major mental health stakeholders. Consumers include populations who are historically isolated, disenfranchised and underserved. A total of sixteen (16) regional public and targeted forums were held in which overview information regarding Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technology, MHSA Housing Plan and Innovation and general MHSA information were provided.

For each public forum, staff from the Office of Cultural Competence and Ethnic Services arranged for Spanish and American Sign Language interpretation. Over 1792 responses to a community survey were also received.

2. *Identify the stakeholder entities involved in the Community Program Planning Process.*

San Bernardino County's MHSA Community Program Planning (CPP) process included the following stakeholders:

- Community based organizations
- Community coalitions representing African Americans, Native Americans, Latinos, and Asian/Pacific Islanders
- Military Veterans/Family Support Resources
- Consumer and Family Members
- School Districts in local communities
- County Schools
- School Based Health Centers
- Adult Education Centers
- Community Colleges and Universities
- Technical Assistance/Planning and Advocacy Organizations
- First 5 Commission

- DBH Clinics and Programs
- DBH Contract Providers
- Primary Care Health Clinics
- San Bernardino County Departments, including Public Health, Probation, Sheriff, Children's Services, and Aging and Adult Services
- Various City Police Departments
- Specialist/Mental Health Care Service Providers
- Community Health Centers
- Alcohol and Drug Treatment Centers
- Emergency Services
- CalWORKS
- Home and Community Service Partners
- Disability Service Providers
- Probation Service Providers
- Refugee Assistance Centers
- Lesbian, Gay, Bisexual, Transgender and Questioning Centers
- Youth Clubs
- Faith Based Organizations
- Foster Family Agencies and Support Centers
- Homeless Shelter Agencies
- Occupational Rehabilitation Services
- Employment Centers
- Media Organizations

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

- The DBH Director, in conjunction with Community Policy Advisory Committee (CPAC), assumed central responsibility for the overall CPP process. CPAC is a stakeholder group consisting of members of the Mental Health Commission, law enforcement, community based organizations, consumers, and others that has ensured meaningful community involvement in the planning and implementation of all MHSA components.
- The MHSA Executive Planning Committee, in weekly meetings, provided oversight, guidance and support to DBH's CPP process.
- The standing MHSA Age-Specific Work Groups, in meetings during 2008, provided members and stakeholders with plan-to-plan information and opportunities.
- The MHSA Planning, Development, Community Education and Outreach Services unit assumed responsibility for coordination and management of the CPP process. This unit built upon existing stakeholder engagement components, mechanisms and collaborative

networks within the mental health system and evolved out of the CSS-CPP initiated in 2005.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

No substantive comments received.

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

No substantive comments received.

EXHIBIT C: Report on FY 2007/08 Community Services and Supports Activities

County Name: San Bernardino

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

The County of San Bernardino Department of Behavioral Health has shown significant progress in providing service through Mental Health Services Act (MHSA) Community Services and Supports (CSS) to unserved, underserved and inappropriately served populations, with emphasis on reducing racial/ethnic disparities. This has involved the County soliciting stakeholder engagement when developing and expanding mental health programs and services for Children, Transitional Age Youth, Adults and Older Adults with mental health needs. All of the services implemented under MHSA funding have included the Essential Elements of MHSA which include community collaboration, cultural competence, integrated consumer and family driven services focused on the concepts of wellness, recovery and resiliency. The programs that have been developed and/or expanded to treat severely emotionally disturbed children and youth and the seriously and persistently mentally ill adults consist of the following:

CHILDREN'S SERVICES (0-15 YEARS)

C-1 – Comprehensive Child/Family Support System

- Early Wraparound/Success First provides intensive in-home services to children, who do not meet the full SB 163 criteria, with the goal of reducing psychiatric hospitalizations and out of home placements.
- Children's Crisis Response Team operates 24/7 and provides mobile crisis intervention services, respite care for children and families and crisis and transitional treatment alternatives through the County.

The total number of consumers served during the second half of FY 2007/08 is 2352.

TRANSITIONAL AGE YOUTH SERVICES (16-25 YEARS)

TAY-1 – One-Stop TAY Centers are located throughout the County of San Bernardino. The County operates a One Stop TAY Center in San Bernardino – opened April 2007. There are three contract One Stop TAY Centers in the following areas:

Victorville – opened June 2008

Rancho Cucamonga – opened February 2008

Yucca Valley – opened January 2008

The services provided are culturally and linguistically appropriate and are provided to TAY who have been incarcerated, institutionalized, and/or recidivists of emergency mental health services.

The total number of consumers served during the second half of FY 2007/08 is 498.

ADULT SERVICES (26-59 YEARS)

A-1 – Consumer-Operated Peer-Support Services and Clubhouse Expansion is a County-wide peer support recovery program provides expanded capacity for social and community rehabilitation activities, consistent with the recovery model philosophy for seriously mentally ill consumers. This enhancement of services which will provide integrated services includes peer education and advocacy, vocational/employment support services, life skills development classes and social/recreational activities to locate and access community resources. Invited agencies make presentations or assist clubhouse consumers in accessing resources.

The number of consumers served during the second half of FY 2007/08 is 1391.

A-2 – Forensic Integrated Mental Health Services has created a productive collaboration between the San Bernardino County Superior Court, San Bernardino County Department of Behavioral Health, the District Attorney's Office, the Public Defender's Office, the Probation Department and a Residential Treatment provider. It focuses on Supervised Treatment After Release (STAR)/Mental Health Court Expansion, Crisis Intervention Training for law enforcement personnel and Forensic Community Assertive Treatment (FACT).

The number of consumers served during the second half of FY 2007/08 is 26.

A-3 – Assertive Community Treatment Team (ACT) for High Utilizers of Hospital and Jail Services was developed to provide community-based assertive case management and support 24 hours a day, seven (7) days per week to seriously mentally ill consumers, who are frequent users of acute psychiatric hospitalization.

The number of consumers served during the second half of FY 2007/08 is 31.

A-4 – Crisis Walk-In Centers (CWIC) provide urgent mental health and resource services 24 hours a day, 7 days a week to seriously mentally ill consumers of all age groups who need immediate access to crisis mental health services.

The number of consumers served during the second half of FY 2007/08 is 1902.

A-5 – Psychiatric Triage Diversion Team Program was developed to provide culturally competent screening and diversion services for consumers who present at Arrowhead Regional Medical Center's (ARMC) emergency room due to homelessness,

co-occurring disorders, recent release from incarceration, and/or medical conditions, but who may not be in actual need of hospitalization.

The number of consumers served during the second half of FY 2007/08 is 1165.

A-6 – Adult Crisis Response Team (ACRT) will provide crisis services to Adults and Older Adults in crisis. It functions identically to the Children’s Crisis Response Team.

This program was approved March 19, 2008, and was not fully operational at the end of FY 2007/08.

A-7 – Homeless Intensive Case Management and Outreach Services will strive to reduce homelessness by preventing individuals from becoming homeless. This program will allow the County to provide supportive services to individuals who are currently homeless, have a history of chronic homelessness, or are otherwise at risk of homelessness. These services will be provided through outreach, case management, housing, employment preparation and support, job training, job leads and socialization.

This program was approved June 25, 2008, and was not operational at the end of FY 2007/08.

OLDER ADULTS (60+ YEARS)

OA-1 – Circle of Care: Case Management Expansion and Senior Counseling Outreach Program provides mental health and case management services to assist Older Adults to remain independent and active in their communities. This program was developed throughout San Bernardino County through outreach, education and other activities.

The number of consumers served during the second half of FY 2007/08 is 3816.

OA-2 – Circle of Care: Mobile Outreach and Intensive Case Management provides mobile crisis response, mental health and substance abuse screenings, benefits eligibility and linkages to other care providers. This program was developed to educate the community regarding program services through the use of extensive Outreach and Engagement activities.

The number of consumers served during the second half of FY 2007/08 is 159.

Exhibit D: Work Plans

CSS Contents

CSS Exhibit D—Work Plans are:

Topic	See Page
C-1 Early Wraparound-Success First	11
C-2 Integrated New Family Opportunities (INFO)	12
TAY-1 Transition Age Youth Centers	13
A-1 Clubhouse Expansion	14
A-2 Forensic Integrated Mental Health Services	15
A-3 Assertive Treatment Team (MAPS)	16
A-4 Community Walk-In Clinics (CWIC)	17
A-5 Triage Diversion Team at ARMC	18
A-6 Community Crisis Response Team	19
A-7 Homeless Intensive Case Management and Outreach Services	20
A-8 Alliance for Behavioral and Emotional Treatment (ABET)	21
A-9 Clinic-Based FSP Teams	22
OA-1 Circle of Care: System Development	23
OA-2 Circle of Care: FSP Mobile Outreach and Intensive Case Management	24

PEI Contents

PEI Exhibit D—Work Plans are:

Topic	See Page
PEI SI-1 Student Assistance Program	25
PEI SI-2 Preschool Project	26
PEI SI-3 Resilience Promotion in African-American Children	27
PEI CI-1 Promotores de Salud/Community Health Workers	28
PEI CI-2 Family Resource Center Associations	29
PEI CI-3 Native American Resource Center	30
PEI CI-4 NCTI Crossroads Education	31
PEI SE-1 Older Adult Community Services	32
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PEI SE-4 Military Services and Family Support	35
PEI SE-5 Nurse Family Partnership	36

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

San Bernardino

Work Plan Title

C-1 – Success First

Population to Be Served

Children up to age 15 that would benefit from a multi-disciplinary team approach to improving the child's ability to maintain a lower level of care. Focus also includes Children with serious mental health needs placed at RCL level fourteen (14) care.

Work Plan Description

Success First is a program that involves families, caregivers, human services agencies and other support persons involved with the planning and implementation process in responding to the consumer needs and desires. The main objective is to deliver sufficient strength and needs-based services to maintain Children with complex needs in family or family-like settings. This program allows the County to reduce the number of acute hospitalizations in the target populations and with the recent approved expansion, expedite placement to the lowest level of care and reduce the need for out of State and out of County Placements.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

 500 Total

Number of Clients By Funding Category

 500 Full Service Partnerships

 System Development

 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

 Total

Number of Clients By Type of Prevention

 Early Intervention

 Indicated/Selected

 Universal



County Name

San Bernardino

Work Plan Title

C-2 – Integrated New Family Opportunities (INFO)

Population to Be Served

The INFO Program works with the juvenile population (ages 13-17) on probation, and their families. INFO engages in FSPs and provides and/or obtains services for Children/Youth and their families that have been unserved or underserved.

Work Plan Description

This is a National Association of Counties (NACo) award-winning program using intensive Probation supervision, evidence-based tools, MAYSI-2 and COMPAS, and Functional Family Therapy (FFT). Minors in San Bernardino County Central Juvenile Detention and Assessment Center (JDAC) receive mental health and other services through a joint effort between San Bernardino County Probation Department and DBH. These services are provided to help reduce hospitalizations and out-of-home placements and to help Children/Youth remain with their families. The INFO Program services increase stabilization, help families identify community supports, and encourage recovery, wellness, and resiliency.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

120 Total

Number of Clients By Funding Category

120 Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

TAY-1 – Transition Age Youth

Population to Be Served

TAY, ages 16-25, from underserved/unserved ethnic and lower socio-economic populations with alcohol-and-other-drug use/abuse, mental health, homelessness, abuse, non-traditional lifestyles and/or single-family issues. Existing outpatient, community-based services at DBH's Central Gilbert Street One-Stop Center and its three (3) contract TAY sites will stabilize and restore and increase relationships and community networking for the individual youth.

Work Plan Description

The purpose of the TAY program is to avoid frequent and unnecessary hospitalizations and homelessness, maintain family and community ties, provide TAY-specific counseling, services and activities at non-stigmatized “safe” zones, decrease use of inappropriate care for dually-diagnosed and abused TAY, and provide community-based assessments, treatment, and co-location of other community services within centralized locations to encourage access, family participation, and reduce stigma. DBH, Department of Children Services (DCS), Probation, School and Public Health, with other Community-Based Organizations TAY-specific staff will be co-located at centralized locations with increased space, resources and personnel to provide coordinated and comprehensive behavioral health (mental health and alcohol-and-other-drug) and support services to TAY in the surrounding communities through increased Full-Service Partnerships and drop-in service availability. TAY Centers are bifurcated programs that allow TAY Clients to selectively utilize those services needed to maximize their individual potentials (Recovery Model) while already in the community, and to use interim services (e.g., DCS' Independent Living Program, Short-Term Residential Model, etc.) to prepare them for entry into the community. Gender-specific, culturally and linguistically-appropriate services for TAY transitioning out of the Children's Services/foster care will address their transition domains of employment, educational opportunities, living situations, community life, medication, mental health, physical well being, drug and alcohol use, trauma, domestic violence, and physical, emotional and sexual abuse, with the goal towards independence. Relapses and temporary set-backs will be ameliorated through Emergency Treatment Plans (Mental Health, Trauma, Violence, and/or Co-Occurring Disorders, etc., as noted above, and liaison with existing DBH-Crisis Interventions (e.g., Community Crisis Response Teams, Crisis Walk-In Centers, etc.). Stable relationships and committed community-mainstreaming assistance will include Family Finding, Trauma-After Care, Parenting, Employment and Life-Skills training.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

345 Total

Number of Clients By Funding Category

272 Full Service Partnerships

39 System Development

34 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

A-1 – Clubhouse Expansion & Peer Support

Population to Be Served

The population to be served includes Severe Mentally Ill Adults, ages 18-62 from underserved and unserved populations.

Work Plan Description

The program enhances and expands services to all DBH Clubhouses by utilizing Peer and Family Advocates (PFAs), who are consumers or family members hired by the County to provide peer support services. Six Peer Family Advocates provide culturally competent and linguistically appropriate outreach to hospitals, board and cares, outpatient clinics and other community facilities with an emphasis on serving the West Valley, East Valley/San Bernardino and Desert/Mountain regions. This achieves the MHSA goals to expand the consumer network of supportive relationships, and provides consumer assistance in a wide variety of areas including employment, recreation, and housing, and developing an increased number of supportive relationships with family, friends and service providers, as well as alternatives to hospitalization. Peer Support Specialists are provided training by Peer Recovery Coordinators, who are consumers/family members and Recovery Model experts who are culturally and/or linguistically competent in the County's identified threshold languages and provides training in both group and individual formats. Both the Clubhouses and peer support outreach activities promote advocacy, empowerment and strategies for increased community integration and link with other self help and advocacy organizations such as NAMI, California Network of Mental Health Clients, Dual Diagnosis Anonymous, Depression and Bipolar Support Alliance and various client councils and governing boards. Participating consumers are tracked by sign-in sheets for events and new membership enrollment forms at Clubhouses with an effort to identify age, ethnicity and geographic location.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1100 Total

Number of Clients By Funding Category

_____ Full Service Partnerships

400 System Development

700 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

A-2 – Forensic Integrated Mental Health Services

Population to Be Served

The population to be served are Adults, both men and women, ages 18-59 who are severely and persistently mentally ill individuals with criminal justice involvement, and who are incarcerated, or at risk of incarceration, or who are homeless, or at risk of homelessness, or who are recidivistic for consumption of high cost institutional services.

Work Plan Description

The Forensic Integrated Mental Health Services consists of three programs:

1. Forensic Assertive Community Treatment (FACT): A full service partnership, multi-disciplinary team consisting of mental health professionals and a probation officer that provides 24/7 intensive case management, counseling, psychiatric services and housing and employment services and do “whatever it takes” to help clients recover and maintain their independence in the community.
2. Supervised Treatment After Release (STAR) Mental Health Court: Provides Full Service Partnership services, in a “whatever it takes” approach in a multi-disciplinary team as part of a voluntary Mental Health Court. The teams assist clients in recovery through day rehabilitation, co-occurring services, psychiatric services, group and individual therapy, and intensive case management with housing supports.
3. Crisis Intervention Team (CIT): CIT is a partnership between law enforcement and behavioral health to provide appropriate intervention and support to individuals and families in a mental health crisis through ongoing training to law enforcement about behavioral health issues.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

 128 Total

Number of Clients By Funding Category

 128 Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

San Bernardino

Work Plan Title

A-3 – Assertive Community Treatment Team

Population to Be Served

This program is designed to serve 60 FSP Adults annually who are identified as high users of acute hospital services. This population is characterized by crisis-only contact with the mental health system, homelessness, co-occurring disorders, and minimal skills with which to manage their lives.

Work Plan Description

This program is designed to assist consumers transitioning from locked facilities into the community by providing community based assertive case management and support, 24 hours a day, 7 days a week. The program provides services to 60 seriously and persistently mentally ill clients who are frequent users of acute psychiatric hospitalizations and/or are caught in the cycle of arrest for minor crimes. This program provides crisis response, peer support, clinical interventions, psychiatric services, housing support, employment services and training. The program utilizes the approach of ACT model community services, with the ultimate goals of reducing homelessness of SMI population, reducing the frequency and length of acute psychiatric care, increasing consumer involvement and ability to find and maintain self sufficiency and positive decision making, and providing consumers with a durable sense of hope about the future.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

 160 Total

Number of Clients By Funding Category

 160 Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

A-4 – Crisis Walk In Centers (CWIC)

Population to Be Served

The target population for this program is Children, Transitional Age Youth, Adults and Older Adults in need of a psychiatric assessment and evaluation.

Work Plan Description

This work plan provides for the County of San Bernardino to conduct services via a Crisis Walk In Center (CWIC) throughout the County. The CWICs provide county residents a location available that will conduct psychiatric assessment and crisis stabilization for those clients who are in acute psychiatric distress or are a danger to themselves or others or gravely disabled. The CWICs provide a much needed location for County residents to utilize who are in need of emergency psychiatric services 24 hours per day, 7 days a week. The CWICs are staffed by a multi-disciplinary team who focus on stabilizing constituents and provide linkage to resources within the community. In collaboration with the Community Crisis Response Teams, CWICs work to reduce inappropriate hospitalizations and improve the quality of life for their clients

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

5900 Total

Number of Clients By Funding Category

Full Service Partnerships

5900 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

San Bernardino

Work Plan Title

A-5 – Psychiatric Diversion Triage at ARMC

Population to Be Served

The priority population is uninsured Adults who are presenting at the psychiatric ER in crisis due to homelessness, co-occurring disorders, recent release from incarceration and/or medical conditions seeking psychiatric services which could be better served in a community setting.

Work Plan Description

This program provides preliminary screening of consumers as they enter the psychiatric Emergency Room unit at Arrowhead Regional Medical Center and determines the legitimacy of the reason for coming to the ER. If appropriate, the program diverts consumers and links them with existing community resources most appropriate for the consumer’s condition and ongoing mental health needs. By providing these services, the program prevents unnecessary hospitalizations and stigma, promotes recovery and resiliency, decreases dependency on the psychiatric system for non-emergency needs and promotes responsible wellness. The program has now completed its staffing objectives.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

 300 **Total**

Number of Clients By Funding Category

_____ Full Service Partnerships

 300 **System Development**

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

A-6 – Community Crisis Response Team

Population to Be Served

The population to be served includes Children, TAY between the ages of 16-18, and Adults between the ages of 18-59 in acute psychiatric distress.

Work Plan Description

The Community Crisis Response Team (CCRT), recently consolidating the Children’s Crisis Response Team and the Adult Crisis Response Team, is a specially trained mobile and all-hours (24/7) unit providing crisis assessment and intervention for Children, Transitional-Age-Youth (TAY) and Adults brought to the attention of law enforcement and other emergency responders. It provides services to consumers who are experiencing a psychiatric crisis, and enabling interventions and alternatives for TAY and Adults at risk of acute psychiatric hospitalization and/or detention at hospital emergency rooms, police stations, homes or other community locations. The CCRT program in the three (3) regions of San Bernardino County significantly increases access to mental health services after hours and allows consumer families to engage in the referral-for-treatment process. It also allows law enforcement personnel to return to other duties more quickly while simultaneously providing better access and services to the community as a whole.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

4050 Total

Number of Clients By Funding Category

_____ Full Service Partnerships

3000 System Development

1050 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

A-7 – Homeless Intensive Case Management and Outreach Services

Population to Be Served

The persons served are Adults who are severely mentally ill and without treatment will frequently find they are homeless, at risk of becoming homeless, or at imminent risk of being incarcerated or hospitalized. Included in these target populations are women, families, and veterans. These mentally ill Adults may have not accessed mental health services previously.

Work Plan Description

The Homeless Intensive Case Management and Outreach Services Program will provide case management services and include linkage to community and county resources. Services will include Employment Preparation and Support; a Drop-In Center will provide Recovery Resource Center (RRC) services to the homeless, mentally ill Adults of San Bernardino County, temporary Housing including shelter, meals, bathing and laundry facilities for homeless, mentally ill consumers in a home like environment. There are referrals to community self-help and support such as DBH Clubhouses to provide clients the opportunity to improve socialization skills by becoming volunteers of the program and facilitating groups, collaboration with families, Outpatient Services Department of Rehabilitation, and the consumer-run Team House. Intensive case management services (FSP) will be provided to clients 24/7 with a ratio of consumers to staff of 10:1, with the recent addition of Social Worker positions.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1430 Total

Number of Clients By Funding Category

50 Full Service Partnerships

1080 System Development

300 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

San Bernardino

Work Plan Title

A-8 – Alliance for Behavioral and Emotional Treatment (ABET)

Population to Be Served

The ABET program is an alliance of mental health service providers in the Big Bear Lake area of California. It provides a variety of services to mentally ill Children and Youth, TAY, Adults and Older Adults in the Big Bear community.

Work Plan Description

ABET is located in the Big Bear Lake area and became aware of a need to combine resources and services in this 20,000 person community that increases to over 100,000 at peak holiday periods, to provide comprehensive mental health services. ABET is comprised of mental health services agencies, private practitioners and clinicians, public service agencies, organizations and clubs.

The ABET program was approved as part of the FY 2008/09 MHSA CSS Plan Update and began in January 2009, with full implementation estimated for September 2009. It is a Full Service Partnership (FSP) of professional and community based mental health services that elevates availability and treatment from previous ABET efforts. Funding is under MHSA programs for Full Service Partnerships. This includes a Crisis Response Personnel (CRP) group and psychiatric services that include psychotherapy and a Certified Drug and Alcohol Counselor. Peer and Family Advocates (PFS) will be trained to provide peer support services. A Resource Directory is used to enhance communication with the community.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1200 Total

Number of Clients By Funding Category

1200 Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

A-9 – System Transformation for Engaging Partners in Uplifting People (STEP-UP)

Population to Be Served

The target population is Adult consumers from 18 to 59. Major ethnic disparities within the underserved population are 40% Latinos, 34% Euro-American, and 18% African-Americans. Underserved client populations are designated as 21% in the Central Valley Region, 22% in the Desert/Mountain Region, 37% in the East Valley/San Bernardino Region, and 20% in the West Valley Region.

Work Plan Description

STEP-UP has placed FSP Teams in both County and contract locations throughout the County of San Bernardino. Services include ensuring priority access to local homeless shelters and the homeless program. STEP-UP Teams enhance the diversion efforts at hospital locations by focusing efforts on high users of inpatient services. Individualized recovery-oriented services include close monitoring, multi-disciplinary integrated services (Mental Health/Substance Abuse treatment), intensive case management, and inclusion of family and community partners (for clothing, low- or no-cost health care, etc.) in the recovery process. Teams partner with vocational and employment services to provide necessary vocational training and on-the-job coaching to best enable consumers for job readiness. Low caseloads allow Teams to focus on wellness and resilience to meet Individual Services and Support Plan (ISSP) goals. A variety of transportation solutions are being used, including staff transports, assistance with local mass transit systems and ride shares to increase mobility and independence. Consumers and Families are being reached in their homes to promote recovery. Daily Team meetings on the status of enrolled consumers include a review of previous night on-call events, a review of unstable consumers to develop strategies for consumer safety and a rapid return to wellness, and regular review of progress toward ISSP goals, including assessment of unmet needs and allocation and coordination of resources. Teams are working within Adult Levels of Care. Services for consumers with co-occurring disorders include a daytime drop-in room, treatment and support group sessions, links to self-help off-site groups, transportation, if needed, and home visits.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

500 Total

Number of Clients By Funding Category

500 Full Service Partnerships

400 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

OA-1 – Older Adults System of Care

Population to Be Served

The target population for this program is unserved and underserved Older Adults (60+) who are isolated and may be in declining health, have little to no access to mental health services and are at the risk of hospitalization.

Work Plan Description

This program provides mental health treatment and case management services, along with Senior Peer Counseling to Older Adults in all regions of the county. All services are geared toward assisting seniors to remain in their own homes and remain active in their communities and to pursue individualized personal goals for as long as possible. In addition, this program creates partnerships with other community and county agencies with specific expertise with Older Adults in ensuring county-wide community collaboration, ongoing training and mental health educational classes pertaining to Older Adults and serves as a liaison for DBH in all matters relating the delivery of services in the Older Adult system of care.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

145 Total

Number of Clients By Funding Category

_____ Full Service Partnerships

90 System Development

55 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

OA-2 – Circle of Care: Mobile Outreach & Intensive Case Management

Population to Be Served

The target population for this program is Older Adults (60+) who are unserved or underserved and are homeless or at risk of homelessness. Priority for services is given to Older Adults with the most severe conditions and with the highest incidence of psychiatric hospitalizations, or to those having the most difficulty in accessing mental health services.

Work Plan Description

This plan is comprised of two distinct components: Mobile Outreach and Intensive Case Management services. Mobile Outreach services provide crisis response and prevention, comprehensive mental health services and substance abuse screenings, integrated geriatric assessments, benefits eligibility and case management to isolated seniors in their homes and to the homeless in vivo settings. The transportation mobile component facilitates team accessibility and reaches geographically isolated Older Adults in the High Desert Region. The Intensive Case Management section provides 24/7 mental health and case management FSP services to Older Adults in need of this level of care, with the ultimate goals to increase access to mental health services and encourage self-sufficiency, and manage independence while reducing episodic or chronic hospitalizations and/or relapse of mental health symptoms.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

767 Total

Number of Clients By Funding Category

17 Full Service Partnerships

450 System Development

300 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

PEI SI-1 – Student Assistance Program

Population to Be Served

The population to be served are children, youth, transition age youth and their families who have been exposed to trauma, individuals experiencing the onset of serious psychiatric illness, children and youth in stressed families, children and youth at risk for school failure, and children and youth at risk or experiencing juvenile justice involvement. DBH will target priority schools and schools districts with:

- High number of children and youth at risk of experiencing juvenile justice involvement
- High number of children and youth from underserved ethnic/cultural groups
- High number of children and youth in foster care
- High poverty
- High rates of suspension. Expulsions and drop out
- High rates of violence in the community
- Low academic achievement

Work Plan Description

The Student Assistance Program (SAP) will focus on children at risk of school failure. The goal of this program is to minimize barriers to learning and to support students in developing academic and personal success. SAP teams are developed at targeted school sites throughout the County. The SAP team can consists of administrators, counselors, nurses, community resource workers, psychologists, school resource officers, mental health and substance abuse professionals, and teachers or faculty members. District and community based organization staff will complete an intensive 5 day SAP training to equip them to be able to identify students who need additional interventions, establish referral processes, develop a menu of services, and develop a crisis plan. Schools have the flexibility to build their programs to meet their student’s needs still utilizing the following components that are common to all SAP programs: Policy and Procedures, Communications, Referral Mechanisms, Parent Participation, Team Planning, Intervention and Recommendations, Follow-up and Support, Training and Outcome Indicators and Evaluation. Community Based Organization will provide additional support by providing early intervention and prevention counseling services. Multidisciplinary teams with mental health specialist and alcohol and drug counselors will be able to provide prevention/early intervention activities at school sites. Information related to gender, ethnicity, and languages spoken will be collected at each site.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

33,644 Total

Number of Clients By Type of Prevention

3364 Early Intervention

6729 Indicated/Selected

23,551 Universal



County Name

San Bernardino

Work Plan Title

PEI SI-2 – Preschool PEI Project

Population to Be Served

Young children participating in State or Headstart Preschool programs that may be:

- Trauma Exposed
- Living in Stressed Families
- At Risk for School Failure
- At Risk of Juvenile Justice Involvement

Work Plan Description

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

835 Total

Number of Clients By Type of Prevention

65 Early Intervention

370 Indicated/Selected

400 Universal

The Preschool PEI Project involves several components that include direct service to children and training for parents and early childhood educators on:

- Dealing effectively with challenging behaviors,
- Addressing bereavement and loss,
- Recognizing potential mental health issues, and
- Utilizing school centered interventions with mental health professionals, when appropriate.

This project is delivered in natural community settings which facilitate access for un-served and underserved communities and that contribute to reducing mental health disparities across socio-economic and racial groups.

The key activities associated with this project are; Teacher Classroom Management, The Incredible Years: Parents, Teachers, and Children Training Series, Parent Training, Preschool Bereavement and Loss Program, and Preschool Mental Health Intern Program.



County Name

San Bernardino

Work Plan Title

PEI SI-3 – Resilience Promotion in African-American Children

Population to Be Served

The priority populations to be addressed are African-American children and youth living in the economically depressed area of the West Side of the City of San Bernardino who may be:

1. Trauma Exposed
2. Experiencing Onset of Serious Psychiatric Illness
3. Children and Youth in Stressed Families
4. Children and Youth at risk for School Failure
5. Children and Youth at risk of or Experiencing Juvenile Justice Involvement

The program is for children ages 5-11 in the African-American community and their families.

Work Plan Description

The Resilience Promotion in African-American Children program consists of a daily intensive School-based program followed by on-going weekly interventions, and tracking off site at youth centers, churches or other community settings until adulthood. Participants will be referred from schools, churches and other settings. The following are program elements of this project; Peacemakers (Universal), Group Presentations (Selective), Cultural Awareness (Selective), Conflict Resolution (Early Intervention), Education Workshops (Selective), Meet A Pro (Selective), parent Involvement (Selective), Follow up phase (Selective).

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

1400 Total

Number of Clients By Type of Prevention

140 Early Intervention

1120 Indicated/Selected

140 Universal



County Name

San Bernardino

Work Plan Title

PEI CI-1 – Promotores de Salud/Community Health Workers

Population to Be Served

Culturally specific groups such as Latinos with the ability to expand to other cultural groups such as LGBTQ, Asian Pacific Islander, or African American that may include:

- Trauma exposed individuals
- Individuals experiencing onset of serious psychiatric illness
- Children and Youth in stressed families
- Children and Youth at risk for school failure
- Children and Youth at risk of or experiencing juvenile justice involvement

Work Plan Description

Promotores de Salud, or Community Health Workers (CHW), will be carefully recruited to participate in the program. Churches of all denominations assist with recruitment and dissemination of information as research shows that immigrant Latinos tend to trust these organizations. Each Promotor/CHW will receive eight (8) weeks of extensive training that teaches knowledge of relevant mental health topics. They are trained to identify and recognize early signs and symptoms of substance abuse and mental health disorders; work with resource center staff in delivery of prevention and early intervention psycho-social educational programs, aid in the development of culturally relevant materials, and assist in ensuring services are delivered in a culturally sensitive manner. They are also trained in ways they can participate in mental health coalition building to strengthen their communities' capacity to increase resilience and wellness. The training is based on the Empowerment Model in which the Promotores are "empowered" to design their own plan of action as a group, based on their perceived mental health needs of the Latino community. The Promotores disseminate information in several ways. This includes:

- Educational presentations to church groups, community groups, and school groups (such as the Parent Teacher Association (PTA));
 - "Knock and talk" sessions where they target relevant neighborhood to provide outreach, education and support;
 - Conduct one on one educational sessions in homes or in smaller groups;
 - Provide information at community cultural events and fairs; and, meet with local agencies to advocate for policy change that can include, but are not limited to, primary care facilities, government agencies, and local businesses.
- Each Promotor carries a resource manual filled with local resources, information regarding health care topics, brochures, etc.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

3840 Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

3840 Universal



County Name

San Bernardino

Work Plan Title

PEI CI-2 – Family Resource Center Associations

Population to Be Served

Persons experiencing difficulty accessing resources and mental health services that may be:

- Trauma exposed individuals
- Individuals experiencing onset of serious psychiatric illness
- Children and Youth in stressed families
- Children and Youth at risk for school failure
- Children and Youth at risk of or experiencing juvenile justice involvement

Work Plan Description

This project expands the Family Resource Center Associations program by adding three new centers. The centers are designed to make community members feel comfortable seeking assistance regarding a variety of mental health services. Each center acts as a hub for resources in the community, builds on already existing resources, and provides an even wider range of resources than are currently available by implementing evidence-based programs. Each center responds to the specific needs within the community and establishes partnerships with already existing facilities/resources. For example, the centers might co-locate with a faith-based community partner, community schools or an existing Transition Age Youth (TAY) center to enhance access and profile. Each center serves as a clearing house for resources in the community, provides a place for all agencies to meet, enhance collaboration and partnerships with Community Based Organizations and service sectors, and provide networking and capacity building activities. Each center provides a location for after school activities, offers science-based Prevention and Early Intervention curriculum, parenting programs identified as a need for the immediate community, and culturally specific services and supports based on community identified needs. Key strategies are to provide education to professionals, local lawmakers, individuals and families regarding mental health as well as positively influence policy. Some services provided in the centers are mobile and able to be deployed to various sites in the community such as consulting with teachers on concerns regarding children in their classes or educating an entire group of church attendees about the signs of mental illness. Each Family Resource Center customizes its offering to fit the community.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

13600 Total

Number of Clients By Type of Prevention

2600 Early Intervention

4600 Indicated/Selected

6400 Universal



County Name

San Bernardino

Work Plan Title

PEI CI-3 – Native American Resource Center Associations

Population to Be Served

Documented and undocumented Native American populations that may include:

- Trauma exposed individuals
- Individuals experiencing onset of serious psychiatric illness
- Children and Youth in stressed families
- Children and Youth at risk for school failure
- Children and Youth at risk of or experiencing juvenile justice involvement

Work Plan Description

The Native-American Indian Resource Center will address the identified mental health needs and stressors of the Native-American population that reside in San Bernardino County. The center will function as a community-based organization that will provide an extensive array of mental health resources including outreach and education, family support, counseling services, work force development and education assistance and traditional Native-American programs. The setting of this pilot project would not be a traditional mental health setting; the setting will focus on assisting Native-Americans in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for Native-American families and individuals. Implementation partners include DBH, local schools and district offices, primary care centers, various health offices, natural gathering sites, social services offices, and local law enforcement offices. The services that will be offered through the center would include: Gathering of Native-Americans (GONA, Parenting Wisely, Stone (Sweat) Lodge, and Cultural Identity Awareness.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

2000 Total

Number of Clients By Type of Prevention

250 Early Intervention

750 Indicated/Selected

1000 Universal



County Name

San Bernardino

Work Plan Title

PEI CI-4 – NCTI Crossroads® Education

Population to Be Served

Children and Youth at risk of or experiencing juvenile justice involvement that include:

- Trauma exposed individuals
- Children and youth in stressed families
- Children and Youth at risk for school failure

Work Plan Description

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

900 Total

Number of Clients By Type of Prevention

_____ Early Intervention

900 Indicated/Selected

_____ Universal

This project uses National Curriculum and Training Institutes, (NCTI), Crossroads curriculum in classes aimed at Transitional Age Youth (TAY) on topics including anger management, truancy, shoplifting, curfew drug and alcohol, gang involvement, cognitive life skills, and parenting. The project will be delivered at school sites, community centers, probation day reporting centers, provider clinics, group homes; anywhere TAY live and congregate, removing some of the barriers to accessing care.

Classes are designed to be delivered over a three-week period, twice a week for two (2) hours each session for a total of six (6) sessions. This format has demonstrated the best results for retention of students. Classes are designed to be delivered to groups of between four to fifteen (4-15) students per facilitator. It is anticipated that this project will offer approximately 180 three-week/6 session classes with approximately ten (10) students in each group. Each class has its own workbook to cover six weeks of curriculum related to each individual group topic.

There is also a parenting component that provides a class for Parents of TAY attending any of the above listed classes that covers Developing Values, Getting to Know Your Children/Communication/What Motivates A Child, Family Rules / How Do You Discipline, Keys to Success/Stress Test, and Coping with Stress/Positive Self Image/Goals.

Outreach to find new locations in which to deliver the classes will be done through School Attendance Review Boards, Transitional Age Youth Centers, Community Centers, Faith Based Centers, and existing provider sites. New facilitators will be recruited. Once a need for new classes and/or facilitators is identified, the NCTI coordinator will be contacted and a training location and date agreed upon. Recruitment of TAY will occur through probation, school attendance review boards, existing provider clinics, parents, and school staff.



County Name

San Bernardino

Work Plan Title

PEI SE-1 – Older Adult Community Services Project

Population to Be Served

Older Adults and their families or caregivers experiencing disparities in accessing mental health services due to cultural/language barriers or isolation, stigma and discrimination, suicide risk, and the onset of a serious psychiatric illness due to the aging process, trauma and/or bereavement.

Work Plan Description

The Older Adult Community Services project delivers Prevention and Early Intervention (PEI) services to the Older Adult population of the County, focusing on assisting seniors before mental health issues require a greater level of treatment. The goal of this program is to facilitate the process of healthy aging for Older Adults. The project includes four components that reflect all parts of the prevention continuum. The first is the Older Adult Mobile Resource Unit. This Universal Prevention program will provide bilingual and senior appropriate mental health and substance abuse screenings. An Older Adult Mobile Resource Unit will increase access to Prevention and Early Intervention services to Older Adults while decreasing older adult hospitalizations. The second program is the Older Adult Wellness Services Program. This Selected Prevention program provides comprehensive activities that benefit the mental and physical health of Older Adults. The activities include social events, educational activities such as arts and crafts classes, and exercise. The Older Adult Wellness Program also provides transportation services to senior activities, senior centers, medical appointments and other necessities such as grocery shopping and paying utility bills. Next is the Older Adult Home Safety Program. It is a Selected Prevention program that will assist Older Adults with maintaining a level of appropriate personal and home safety. The program’s educational topics include fall prevention and assistance with medication management. The final program is the Older Adult Suicide Prevention Program which will provide selective comprehensive bilingual and culturally competent suicide prevention and early intervention services.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

1140 Total

Number of Clients By Type of Prevention

100 Early Intervention

340 Indicated/Selected

700 Universal



County Name

San Bernardino

Work Plan Title

PEI SE-2 – Child and Youth Connection

Population to Be Served

Systems involved (foster care, juvenile justice) children, youth and Transition Age Youth (TAY) who:

- Trauma exposed
- Experiencing onset of serious psychiatric illness
- In stressed families
- At risk for school failure
- At risk of or experiencing juvenile justice involvement
- In the foster care system

Work Plan Description

The Child and Youth Connection is a Prevention and Early Intervention (PEI) project that targets foster and juvenile justice involved children, youth and Transition Age Youth (TAY) throughout San Bernardino County. The project includes three (3) components that will address all parts of the prevention continuum. The first component provides screening for foster children, youth and TAY to assess their mental health needs. The screenings can prevent severe mental health issues by addressing them early before they intensify. This component also provides new DBH staff members to attend Team Decision Making (TDM) meetings for foster children, youth and TAY. By attending Team Decision Making Meetings DBH can provide foster children, youth and TAY with mental health consultation, referrals, and linkages to services ensuring that a network of support exists. The second component of this project will fund Social Service Practitioners at the Public Defenders’ Office to conduct in-home screenings and connect juveniles, who are not in placement, and their families to Prevention and Early Intervention services in the community to improve the outcomes for this high risk population. The third and final component will fund a new position at the San Bernardino County Children’s Network called a Mentoring Resource Specialist. The Mentoring Resource Specialist will work with existing mentoring agencies to improve the process of connecting foster children and youth to mentors.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

1100 Total

Number of Clients By Type of Prevention

110 Early Intervention

990 Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

PEI SE-3 – Community Wholeness and Enrichment Project

Population to Be Served

The target population for this program is Transition Age Youth (TAY), adults and their families, particularly focusing on:

- TAY and Adults who are at risk of experiencing the onset of psychiatric illness or have been exposed to trauma i.e. domestic violence survivors, adult children of substance abusers etc.
- TAY and Adult residents who are experiencing the onset of or who have had one hospitalization or service visit due to mental health issues but are not in need of long term treatment if brief therapy is offered on a timely basis.

Work Plan Description

The Community Wholeness and Enrichment project is comprised of components designed to increase stability, resilience, and wellness by offering Prevention and Early Intervention (PEI) services to Transition Age Youth (TAY), adults and their families. Services are aimed at avoiding crisis, educating families about their role in the participant’s recovery and reducing the stigma of mental health issues and services. The Universal Prevention component consists of outreach and education services, including depression screenings throughout San Bernardino County. The Selective Prevention component consists of psycho-social education groups for TAY and adults who are at risk of developing or who are experiencing early onset symptoms of mental illness and have had little or no contact with traditional mental health services. These preventive measures will serve to reduce hospitalizations and emergency visits, suicide attempts, and subsequently address other related issues. The Early Intervention component consists of short-term therapy and client/family-centered recovery services to TAY and adult populations exhibiting first break mental health symptoms.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

 920 Total

Number of Clients By Type of Prevention

 70 Early Intervention

 250 Indicated/Selected

 600 Universal



County Name

San Bernardino

Work Plan Title

PEI SE-4 – Military Services and Family Support Project

Population to Be Served

The target population for this project is Children, TAY and Adults involved in Military Services or part of a military family who are experiencing stress within their families, are trauma exposed, who are at risk of developing a mental health issue, at risk of suicide, or who may experience stigma or discrimination if mental health services are sought.

Work Plan Description

Military Services and Family Support is a new Prevention and Early Intervention (PEI) project for military families in San Bernardino County. Children in these families face adjustment difficulties and vulnerabilities as they live with the anxiety of having a parent serving in a time of war. In addition, the men and women returning from active duty carry the emotional scars of prolonged battle fatigue and possibly Posttraumatic Stress Disorder (PTSD). This project provides in-home psychosocial assessments, family interventions, and rehabilitative support for military families who are identified as needing services. A field-based program will use evidence-based practices, such as brief strategic family therapy, Trauma-Focused Cognitive-Behavioral Therapy (TFCBT), allostatic models (stability through change), and a PTSD Checklist.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

 200 Total

Number of Clients By Type of Prevention

 100 Early Intervention

 100 Indicated/Selected

_____ Universal



County Name

San Bernardino

Work Plan Title

PEI SE-5 – Nurse Family Partnership

Population to Be Served

The target population for this program is at risk, low income, first time pregnant Transition Age Youth (TAY) and Adults and their infants living in stressed families, and/or at risk for school failure and/or at risk of or experiencing juvenile justice involvement. Analysis of first time low income mothers indicate this target population consists of Latina mothers.

Work Plan Description

The Nurse Family Partnership project will provide first-time low-income mothers with home visitation services from public health registered nurses to improve health, well being and self sufficiency. Starting with pregnancy, the program will target health behaviors including tobacco and other substance use that can affect preterm delivery, low birth weight and infant neurodevelopment impairment. The nurses will link families with health, mental health and human services programs and attempts to involve other family members and friends in the pregnancy, birth and early care of the infant. After childbirth, the program targets substance use and behaviors and risk factors that are related to substance abuse such as school dropout, failure to find work, welfare dependence and unintended subsequent pregnancies. The nurse will provide a comprehensive educational program designed to promote parents' and other family members' effective physical and emotional care of their children. The nurse will remain with the mother through the first 2 years of the targeted child's life.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

Number of Clients By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION
PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

_____ 50 Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ 50 Indicated/Selected

_____ Universal

Fiscal Exhibits

Fiscal Contents

The fiscal exhibits included in the document are:

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**FY 2009/10 Mental Health Services Act
Summary Funding Request**

County: San Bernardino

Date: 3/31/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$47,542,100			\$17,349,100	
2. Transfers ^{b/}	-\$142,000	\$0	\$142,000		
3. Adjusted Planning Estimates	\$47,400,100	\$0	\$142,000	\$17,349,100	
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$59,568,347	\$0		\$17,349,100	\$0
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$16,898,181			\$676,619	
b. Adjustment for FY 2008/09 ^{e/}	\$4,871,934			\$676,619	
c. Total Net Available Unspent Funds	\$12,026,247	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$47,542,100	\$0	\$0	\$17,349,100	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates			\$0		
2. Unapproved FY 07/08 Planning Estimates			\$0	\$0	
3. Unapproved FY 08/09 Planning Estimates			\$0		
4. Unapproved FY 09/10 Planning Estimates	\$47,542,100			\$17,349,100	
5. Total Funding^{f/}	\$47,542,100	\$0	\$0	\$17,349,100	\$0

**FY 2009/10 Mental Health Services Act
Prevention and Early Intervention Funding Request**

County: San Bernardino

Date: 1/13/2009

PEI Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
1.	PEI SI 1	Student Assistance Program	\$1,375,000	\$962,500	\$275,000	\$137,500	\$893,750	\$481,250		
2.	PEI SI 3	Resilience Promotion in African-American Children	\$516,000	\$51,600	\$412,800	\$51,600	\$516,000			
3.	PEI SI 2	Preschool Project	\$468,289	\$46,829	\$374,631	\$46,829	\$468,289			
4.	PEI CI 2	Family Resource Center Associations	\$3,227,000	\$1,518,588	\$1,091,485	\$616,927	\$968,100	\$968,100	\$968,100	\$322,700
5.	PEI CI 3	Native-American Resource Center	\$650,250	\$325,125	\$243,844	\$81,281	\$162,563	\$162,563	\$299,115	\$26,010
6.	PEI CI 4	National Curriculum and Training Institutes Crossroads Education classes	\$2,000,000		\$2,000,000			\$2,000,000		
7.	PEI CI 1	Promotores de Salud	\$225,000	\$225,000					\$225,000	
8.	PEI SE 1	Older Adult Community Services Program	\$1,350,000	\$828,947	\$402,632	\$118,421				\$1,350,000
9.	PEI SE 2	Child and Youth Connection	\$726,014		\$653,413	\$72,601	\$544,511	\$181,504		
10.	PEI SE 5	Nurse Family Partnership	\$396,000		\$396,000		\$198,000	\$198,000		
11.	PEI SE 4	Military Services and Family Support	\$450,000		\$225,000	\$225,000			\$450,000	
12.	PEI SE 3	Community Wholeness and Enrichment Project	\$1,147,674	\$748,483	\$311,868	\$87,323			\$1,147,674	
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.	Subtotal: Work Plans^{a/}		\$12,531,227	\$4,707,072	\$6,386,673	\$1,437,482	\$3,751,212	\$3,991,416	\$3,089,889	\$1,698,710
27.	Plus County Administration		\$3,082,963							
28.	Plus Optional 10% Operating Reserve		\$1,734,910							
31.	Total MHSA Funds Required for PEI		\$17,349,100							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years=

61.79%

EXHIBIT G

**Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

County San Bernardino

Date 3-31-09

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding **\$44,285,535**

Enter the total funds requested from Exhibit E1 – CSS line 26.

2. Less: Non-Recurring Expenditures _____

Subtract any identified CSS non-recurring expenditures included in #1 above.

3. Plus: CSS Administration **\$15,282,812**

Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.

4. Sub-total **\$59,568,347**

5. Maximum Prudent Reserve (50%) **\$17,097,350**

Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change. (Calculation was adjusted per DMH Info. Notice that says Prudent Reserve is based on the most current approved plan. San Bernardino County most current approved plan is 08-09 \$34,194,700)

6. Prudent Reserve Balance from Prior Approvals **\$11,989,911**

Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update **+ 0.00**

Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.

8. Prudent Reserve Balance **\$11,989,911**

Add lines 6 and 7.

9. Prudent Reserve Shortfall to Achieving 50% **\$ 5,107,439**

Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion

San Bernardino County will dedicate future increases in CSS to fund the prudent reserve

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.