

San Bernardino County Department of Behavioral Health Mental Health Services Act

Community Services and Supports Program and Expenditure Plan Update

Fiscal Year (FY) 2008/09 Request for Funds

November 26, 2008

County of San Bernardino

Administration

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ALLAN RAWLAND, MSW, ACSW Director

November 24, 2008

Mr. Michael Borunda Assistant Deputy Director Community Program Support California Department of Mental Health 1600 9th Street, Room 130 Sacramento, CA 95814

Dear Mr. Borunda:

The County of San Bernardino, Department of Behavioral is pleased to submit its request for Mental Health Services Act (MHSA) Fiscal Year 2008/09 funds for the Community Services and Supports (CSS) Component Three-Year Program and Expenditure Plan. This request is based on the instructions and guidelines of DMH Notice 08-10, Notice 08-16, and Notice 08-17.

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 October 21, 2008 through November 20, 2008. Substantive change recommendations have been incorporated into the enclosed document. The document itself follows a streamlined format to reduce minutiae and enhance access to pertinent subjects.

The eleven (11) previously approved CSS programs continue to operate enthusiastically and successfully, with the continuation of the previously approved implementation steps included in the enclosed budget request. The enclosed document also reflects a change in the C-1 Success First Program, and our first consolidation, combining the C-1 Children's Crisis Response Team with the A-6 Adult Crisis Response Team into a program now titled, Community Crisis Response Team (CCRT). The enclosed request includes descriptions for two (2) new programs, C-2 Integrated New Family Opportunities (INFO), and A-8 Alliance for Behavioral and Emotional Treatment (ABET). With these program proposals, our plan is to continue to move our County forward to provide increasingly comprehensive mental health services to our unserved, underserved and inappropriately served populations.

We welcome your feedback in response to our submittal of the enclosed request document. Please direct any questions or concerns to our MHSA Coordinator, Lisa McGinnis at (909) 421-4612.

Sincerely

Xllan Rawland, Director

Department of Behavioral Health

Enclosure

AR:LKM:rvl

CC:

Members, Board of Supervisors Members, 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 Beverly Ary, President of Association of Community Based Organizations MHSA Community Policy Advisory Committee

Board of Supervisors

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San Bernardino County Department of Behavioral Health (DBH) Mental Health Services Act Community Services and Supports Program and Expenditure Plan FY 2008/09 Update

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Exhibit 1 Community Services and Supports FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for An Paragraphy County and that the following are true and correct:

This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.

This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.

San Bernardino County Department of Behavioral Health Mental Health Services Act Community Services and Supports Program and Expenditure Plan FY 2008/09 Plan Update Enclosure 2: Workplan Listing

 County:
 San Bernardino
 Date:
 9/19/2008

Workplans			Total Funds Requested			Funds Requested by Age Group				
No.	Name	New (N)/ Approved Existing (E)	Full Service Partnerships (FSP)	-	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1. C-1	Comprehensive Child and Family Support System	E	\$4,652,620	\$0		\$4,652,620	\$4,652,620			
2. TAY - 1	One Stop Center	Е	\$6,320,670	\$296,891	\$141,035	\$6,758,596		\$6,758,596		
3. A-1	Consumer-Operated Peer Support Svcs & Clubhouse	Е	\$0	\$1,127,628	\$124,160	\$1,251,788			\$1,251,788	
4. A-2	Forensic integrated MH Services	E	\$4,275,450	\$88,446	\$0	\$4,363,896			\$4,363,896	
5. A-3	High Hospital User Act Team	Е	\$1,127,265	\$0	\$0	\$1,127,265			\$1,127,265	
6. A-4	Crisis Walk-in Center	E	\$0	\$6,694,201	\$747,766	\$7,441,967	\$1,116,295	\$2,604,688	\$2,604,688	\$1,116,295
7. A-5	Psychiatric Triage Diversion Team at ARMC	Е	\$0	\$1,362,857	\$0	\$1,362,857			\$1,362,857	
8. OA-1	Circle of Care: System Development	Е	\$0	\$969,360	\$116,674	\$1,086,034				\$1,086,034
9. OA-2	Case Management	Е	\$860,881	\$253,606	\$0	\$1,114,487				\$1,114,487
10. A-6	Community Crisis Response Team	Е	\$0	\$3,741,895	\$463,073	\$4,204,968			\$4,204,968	
11. A-7	Homeless Intensive Case Management & Outreach	Е	\$797,499	\$336,095	\$123,510	\$1,257,104	\$251,421	\$251,421	\$754,262	
12. A-8	Alliance for Behavioral and Emotional Treatment	N	\$540,000	\$0	\$0	\$540,000	\$124,200	\$48,600	\$216,000	\$151,200
13. C-2	INFO Program	N	\$893,988	\$0	\$0	\$893,988	\$893,988			
14.						\$0				
15.						\$0				
16.						\$0				
17.						\$0				
18.						\$0				
19.						\$0				
20.						\$0				
21.						\$0				
22.						\$0				
23.						\$0				
24.						\$0				
25.						\$0				
26. Subtotal: Workplans ^{a/}			\$19,468,373	\$14,870,979	\$1,716,218	\$36,055,570	\$7,038,524	\$9,663,305	\$15,885,725	\$3,468,016
27. Optional 10% Operating Reserve ^{b/}					\$5,230,895					
28. CSS Administration ^{c/}					\$16,253,382					
29. CSS Capital Facilities F	29. CSS Capital Facilities Projects ^{d/}					\$0				
30. CSS Technological Nec	eds Projects ^{d/}					\$0				
31. CSS Workforce Educat						\$0				
32. CSS Prudent Reserve ^{e/}						\$0				
33. Total Funds Requested						\$57,539,847				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

54.00%

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4.

San Bernardino County Department of Behavioral Health Mental Health Services Act Community Services and Supports Program and Expenditure Plan FY 2008/09 Plan Update Enclosure 2: Workplan Listing, Budget Narrative

BUDGET NARRATIVES

A-2 Forensic Integrated MH Services

San Bernardino County is successfully continuing to serve 128 clients in the A-2 Forensic Integrated Mental Health Services Program, which is an increase of 68 clients from the original CSS Plan. Unexpended funds for this Full Service Partnership (FSP) will be used to accommodate the increase.

A-4 Crisis Walk-In Centers

San Bernardino County is working toward full implementation of our originally approved A-4 Crisis Walk-In Centers and will utilize unexpended funds to complete that process.

San Bernardino County Department of Behavioral Health Mental Health Services Act Community Services and Supports Program and Expenditure Plan FY 2008/09 Plan Update CONSOLIDATED PROGRAM: A-6 COMMUNITY CRISIS RESPONSE TEAM

Consolidated Program Description

San Bernardino County Department of Behavioral Health (DBH) elects to consolidate two (2) previously approved programs. The Children's Crisis Response Team (CCRT) portion of the Workplan C-1–Comprehensive Child/Family Support System (CCFSS) will be administratively combined with the Workplan A-6–Adult Crisis Response Team (ACRT). This will leave the Success First Wraparound Intervention portion as a stand-alone program under the Workplan C-1.

Consolidated Program Name

The consolidated program will be known as Workplan A-6 - Community Crisis Response Team (CCRT). The consolidation will streamline service delivery, program support, and administrative oversight.

One or More Services: The consolidated CCRT will combine the successful strategies of the previously approved Children's Crisis Response Team and Adult Crisis Response Team into a seamless program that melds crisis intervention services with outreach and education.

Meet the Definition of Program

Used in an Organized Manner: The consolidated CCRT's crisis intervention services will address those behavioral and emotional crises requiring an emergency response, defined as an "immediate service necessary to ensure the safety and welfare of the individual and/or community." The consolidated CCRT will continue to assist the individual to cope with a crisis and to maintain his/her status as a functioning community member to the greatest extent possible.

Provide Strategies for Services and Supports: The consolidated CCRT will enable interventions and alternatives for Children, Transitional Age Youth (TAY), and Adults at risk of acute psychiatric hospitalization. This service will be provided in hospital emergency rooms, police stations, personal dwellings, and/or other community locations.

San Bernardino County Department of Behavioral Health Mental Health Services Act Community Services and Supports Program and Expenditure Plan FY 2008/09 Plan Update CONSOLIDATED PROGRAM: A-6 COMMUNITY CRISIS RESPONSE TEAM

Achieve Positive Outcomes: The consolidated CCRT is designed to:

Meet the Definition of Program, continued

- Help Children, TAY, Adults and Older Adults in the least intrusive, restrictive and disruptive manner
- Avoid unnecessary and stigmatizing acute hospitalizations
- Reduce utilization of calls to law enforcement and emergency room services
- Help build support systems in the management of problematic behavior

The consolidated CCRT, the Older Adult Mobile Outreach programs and all collaborating community partners will provide much needed complete "Life-Span" crisis intervention services to the residents of San Bernardino County.

Program Change Description

San Bernardino County Department of Behavioral Health (DBH) elects to augment its existing Workplan C-1–Comprehensive Child/Family Support System (CCFSS) Success First program. Success First is a wraparound intervention model which facilitates, screens, offers primary case management and ongoing planning (Treatment, Emergency/Crisis, Discharge and Aftercare) with Family Finding/Family Partnership. Success First will provide ongoing services to stabilize and expand the child's relationships and facilitate placement at the lowest possible level of care for the individual Child.

Population to be Served

Augmenting the existing CCFSS Program will add Wraparound services to the underserved children originally identified in the Community Planning Process for Workplan C-1, CCFSS. The target population characteristics remain unchanged. The proposed change in service will focus on those children with serious mental health needs placed at RCL Level Fourteen (14) care.

Additional barriers to providing service to the above population have been experienced with current residential placements. The barriers are:

Barriers to Overcome

- The most needy Children being held until graduation to another system of care
- Difficulty in accessing much needed community resources and networking
- Inconsistent managed care approaches with very little long-term planning
- Frequent hospitalizations and placement losses
- Placement far from local support

Success First, other San Bernardino County Departments, Regional Centers and Community Based Organizations (CBO) have long standing resources available to overcome the above listed barriers. Those resources are:

Strengths and Assets

- Residential service providers with more than 20 years of experience in dealing with the Level four (4) needs of the children
- Residential service providers with local and statewide resources and locations who have access to community resources and networks
- The Success First Multi-Disciplinary Team approach to Case Management within FSPs that provides a consistent approach to care
- The already proven Success First incorporation and resources of the Wraparound philosophy doing "whatever it takes" to accomplish comprehensive supportive treatment in the community and family for the benefit of the Children

Increased Number of Consumers

Through Workplan C-1 the current CCFSS Success First program, an additional 12 to 36 underserved SED Children will receive direct service and treatment. These children will be in addition to the previous CCFSS target of 203 children, for a total of 239 Children.

Augmented Success First services will include:

New Services Added

- Augmented use of Success First as the Primary Interdepartmental, Inter-Agency Case Management provider
- Amending specific Success First provider contracts to include core residential placement services within the community
- Targeting Level 14 SED Children in the form of Wraparound Services cocooned within residential based services

Specific goals for the new service are to:

Additional Goals of New Services

- Facilitate a consistent and comprehensive planning process for each child
- Locate family and life long support through family finding
- Expedite placement to the lowest possible level of care
- Decrease the number of acute hospitalizations
- Reduce the number of out of state and out of county placements
- Identify community resources available to children in these settings

Effective December 12, 2008 three funding sources will need to be used for the added residential placement service. The three funding sources are:

Funding

- MHSA funding for FSP, System Development (SD), and Outreach and Engagement (O&E) will be used to augment the C-1 program, to actively educate and partner with the above mentioned San Bernardino County Departments and CBOs in such areas as diverse cultural and special treatment/recognition needs, and to continue to actively seek participation in the augmented model for the benefit of the target population, respectively
- Traditional funding from Aid to Families with Dependent Children-Foster Care (AFDC-FC) (Residential Care)
- Early and Periodic Screening Diagnosis and Treatment (EPSDT) (Mental Health services in support of residential care) for underserved critical populations

The augmented program will follow the process that follows:

Step	Action
1	Child referred by DCS, Probation, DBH and/or AB 2726/AB 3632
2	Referral to Comprehensive Child & Family Support Services (CCFSS) Success First Screening Team as Primary Case Manager/Team Facilitator and comprised of: Child's Family Child Parent Family Advocate DCS Social Worker DBH Clinical Therapist I Probation Officer RCL-14 Community-Based Provider
	As Case Manager, Success First will facilitate the process (one (1) Clinician) from start to finish, with the active involvement of two (2) other professionals/clinicians in the day-to-day management of cases.

Continued on next page

Success First Augmented Model, First 2 of 3 Steps

Success First Augmented Model, Last of 3 steps

Step	Action
3	Success First Screening Team to develop:
	 Treatment Plan (Mental Health, Trauma, Violence, Co-Occurring Disorders, and Substance Abuse Screening) Emergency Plan (Crisis Stabilization) Family Finding with Intensive Treatment Foster Care (ITFC) support After Care Plan (Independent Living Program & Social Service and Community Resourcing) Discharge Plan upon "stable relationship and committed childhood-long assisted placement at lowest possible level of care"

New Program Description

San Bernardino County Department of Behavioral Health (DBH) elected collaboration with the Probation Department to begin a new program, Integrated New Family Opportunities (INFO), on July 1, 2008. San Bernardino County is experiencing a population increase that is creating increased demands on the social service infrastructure. This growth has impacted the entire local justice system as both the adult and juvenile detention systems struggle to provide services and facilities, particularly to those who experience mental illness and co-occurring substance abuse. Many Transitional Age Youth (TAY) are detained and placed in the system for relatively minor, non-violent offenses, but become engaged in the system simply due to a lack of community based mental health and Alcohol and Other Drug (AOD) treatment. San Bernardino County is creating the Integrated New Family Opportunities (INFO) Program as part of its CSS component. The INFO Program is designed to strengthen the service continuum through Full-Service Partnerships (FSP). FSPs are designed to provide effective program policy and delivery, particularly between Probation, DBH, and other agencies that share the responsibility for this target population.

Community Program Planning Process

In 2005, 7,482 juveniles were booked and detained in Juvenile Detention Assessment Centers (JDAC's) for an average of 21 bookings per day, a 15% increase over prior years. Since September 2007, over 2,500 juveniles have been assessed for mental health and co-occurring disorders in the Central Valley (San Bernardino) JDAC where the INFO Program will receive its referrals.

Stakeholders

The INFO Program stakeholders have been very involved in the planning and funding process. The initial group included San Bernardino County management and staff from several departments, associated agencies and contract providers. Members included Probation, DBH managers/supervisors/line staff, contract providers, alcohol-drug staff, partner agencies representing social services, employment, education, acute psychiatric hospital providers, residential care providers, Public Health Department, Public Defenders, Judges, local San Bernardino City Police, and San Bernardino County Schools. Mental Health Commission members were also included.

During the original local MHSA planning process, it was shown that 54,893 persons in San Bernardino County are in need of some level of mental health intervention and services. Significant racial and ethnic disparities exist among the number of persons unserved, underserved, or inappropriately served. The following table includes data collected from the California Department of Finance and indicates demographics used for Forum consideration. It is the 2007 projection of Race/Ethnicity for San Bernardino County.

County Population Statistics

Ethnicity Gender Age	Population July 1, 2005 Estimated (*): 1,942,091 (14% increase)*	Poverty Population July 1, 2005 Estimated (*): 365, 275 (11% increase)*	Race/ Ethnicity (2007 Projection)	Children Unserved, Underserved or Inappropriately Served	INFO Program Targeted Forum Survey Data 8/28/08
Latino	978,161 (50%)	138,256 (38%)	44.8%	39%	33%
Euro-American	579,770 (30%)	157,881 (43%)	37.5%	36%	30%
African- American	201,148 (10%)	36,116 (10%)	9.6%	18%	7%
Asian-American	127,412 (7%)	19,718 (5%)	5.2%		3%
Native Indian	13,103 (1%)	2,413 (1%)	0.6%		13%
Pacific Islander			0.3%	1%	
Multi-Race	2,497 (2%)	10,892 (3%)	2.0%	5%	
Male	971,803 50%)	187,695 (51%)			55%
Female	970,288 50%)	177,580 (49%)			45%
0-15	499,522 (26%)	99,266 (27%)			9%
16-25	330,497 (17%)	56,137 (15%)			36%
26-59	9,804 (45%)	167,445 (46%)			55%
60+	232,268 (12%)	42,427 (12%)			

The table below indicates the disparities identified in stakeholder meetings, shown by age group:

Targeted Forum Disparities Identified

Children	Transitional Age Youth (TAY)	Adults	Older Adults
Family and Peer problems; at risk of out of home placement for Children	Homelessness	Homelessness	Access to care
Involvement in the child welfare system and juvenile justice system	Institutionalization and incarceration	Frequent hospitalizations and emergency room visits	Frequent hospitalizations, episodes of emergency care, and incidents of relapse to previous behavior
Acute psychiatric inpatient hospitalizations	Inability to live independently	Inability to work	Inability to manage independence
Alcohol and drug problems experienced by Youth and families dealing with mental illness	Inability to work	Inability to manage independence	Homelessness
		Institutionalization and incarceration	Isolation

Other needs were identified, such as a lack of transportation and basic living necessities. Indications were that some families of Children had household needs, such as appliances, beds, and basic furniture. The Children ethnic/cultural breakdown is shown in the chart below.

Additional Disparities

Children	Unserved, Underserved or Inappropriately Served
African-American	18%
Asian-American	1%
Euro-American	36%
Latino	39%
Native-American	1%

Program strategies to address the above issues will be directed as follows:

Eliminating Disparities

- Involve families and caregivers in treatment modalities and 24/7 Case Management and support, since it has proven to have a positive impact on juveniles involved in the justice system and leads to successful transition and reduced recidivism.
- Families/caregivers need to be an integral part of the development of treatment decisions and plans.
- Maintain family ties while juveniles are detained, to participate in treatment decisions, Case Management and support.
- Prepare for positive family reunification; successful reunification has proven to lead to reduced recidivism.
- Centralize FSP Case Management.

Capacity to Implement

Limitations

San Bernardino County has previously offered services to TAY involved with the justice system, through Mentally III Offender Crime Reduction (MIOCR) grant funding in a previous INFO Program. The INFO Program began August 1, 2007. Its success and limitations have been considered in developing this DBH model for INFO. Those limitations and strengths are identified in the following information.

Financial:

- Reduced/eliminated grant funding available
- Insufficient funding for services in school

System:

- Few programs of support including community partners for prevention of incarceration
- Inadequate continuation school programs
- Not enough programs that provide one-to-one services
- Insufficient support for care givers
- Insufficient transportation supports (bus passes, clinical staff vehicles) for parents and clients
- Limited protocol for screening children of probationer or parolee that have had exposure to violent situations or abuse when the parents enter into the system.
- Limited School Attendance Review Board (SARB)
- Early identification of at-risk children prior to entry into the system

Client:

- Lack of conflict resolution approach as opposed to "tickets" and "fines" approach
- In-Home parenting support services, especially for Spanish-speaking families

Staff Resources:

- Recruit experienced psychologists/psychiatrists
- · On-site therapist for schools and in home
- Pediatricians as partner in referral/assessment process

Staff Development:

- Knowledge of options and resources, i.e., schools, Inland Regional Center (IRC), DCS, Probation, development levels, AB 2726 details, limit setting, effective parent training, behavioral modification, play therapy/technique, diagnostic criteria, etc.
- Attitude training in being patient, open, strength based, and that a child's caregiver/parent is an essential part in effecting change in the child's behavior
- Skills in family plan and focus, family system de-escalation skills, more training in techniques, fewer in theory, needs of foster children, children with trauma, play therapy, family therapy, working with attachment issues, use of appropriate therapeutic tools, how to move at pace allowing child success
- Dispute resolution classes
- Psychiatric conditions and medications
- Basics of assessing TAY for treatment needs and other services
- Medical necessity documentation
- Cross-training among involved agencies (related to mental health and delinquency issues)

Continued on next page

Limitations, continued

DBH has partnered with the Probation Department, the Juvenile Courts, and other San Bernardino County Departments, agencies, and CBO's to deliver INFO services. Changes were made to accommodate the previous INFO program. Some of the successful changes are listed below.

Financial Strengths:

- MHSA funds
- Medi-Cal billing system for released TAY to access care
- Specialized funding for specific conditions, such as Aspergers

System Strengths:

- Capitalizing on the successes of the previous INFO program.
- Implementing appropriate Case Management sources/techniques/agencies that are suitable for TAY, gleaned from the existing MHSA CSS A-2 FACT Program for adult probationers and from the previous INFO program
- Working toward partnership with community-based agencies
- Growing DBH services as resources
- Identifying service providers that meet target population needs
- Combining ADS and DBH clinic services
- Increasing field based services

Client:

Clearly defining the target population through the Community Program Planning Process

Staff Resources:

Creating Peer & Family Advocate (PFA) positions

Continued on next page

Strengths

Staff Development:

- Reinstate Staff Intern programs
- Intelligently work with a diverse racial and ethnic population
- Educate staff in the recognition of ethnic/cultural differences
- Increase communication among staff members and between agencies/departments

Other:

• Create measurable outcomes that are systemically defined and evaluated

Description of Workplan

Juveniles in San Bernardino County Central Juvenile Detention and Assessment Centers (JDAC) will receive mental health and other services through a joint effort between San Bernardino County Probation Department and DBH. These services will be provided to help reduce hospitalizations and out-of-home placements and to help Children remain with their families. The INFO Program services will increase stabilization, help families identify community supports, and encourage recovery, wellness, and resiliency.

Target Population

Strengths,

continued

The INFO Program will work with the population, ages 13-17½ years old. The INFO Program will engage in FSPs and provide and/or obtain services for Children/Youth and their families that have been unserved or underserved. According to prevalence data, Latino Children/Youth composes the largest population that is underserved from this group. African-American Children/Youth have a history of using more services but are inappropriately served. The previous INFO Program population is shown in the following chart:

The population is predominantly Latino males, as shown below.

Target Population, continued

Categories	Program Historical Grand Total Population	Most Recent (MR) Program Population	MR Latino Pop.	MR Spanish Mono- Lingual Pop.
Juveniles	160	12 (11 Male) (1 Female)	6	4
% of Grand Total	100%	7.5%	0.04%	0.03%
% of Recent Total		100%	59%	25%
Family Members	320, if 1 Parent for each Juv.	26 @ actual 2.2 members per Juvenile	Approx. 50% =	25% or more

Assessment

Assessment will be made to determine if a FSP can be established. Assessment begins with an incustody mental health screening using an evidenced-based assessment instrument that examines environmental, behavioral, and attitudinal issues, in accordance with CCR Title 9, Section 3650.

JDAC Case Management

The INFO Program ensures a seamless continuum of services using a dedicated team of Case Managers with a caseload of up to 20 TAY per Case Manager. Probation Officers serve as the liaison between the in-custody and post-custody juveniles. Case Managers/Probation Officers monitor drug tests, provide or refer TAY to services to assist in meeting their court terms and conditions. Case Managers/Probation Officers also establish amiable working relationships with TAY and their families. Case Managers/Probation Officers communicate regularly with their counterparts in DBH to promote effective and timely information about cases.

The Probation Officer III (PO III) will be responsible for supervising INFO Probation staff and cosupervising the INFO Program in conjunction with a DBH Clinic Supervisor. Specific duties of the INFO PO III will include, but are not limited to:

Probation Officer III (PO III)

- Responsible for data collection, data reporting, and program modification based on analysis
 of information and data collected
- Pre-qualify referrals based on past juvenile justice history and severity of offense or offenses
- If necessary, provide supervision in the community as backup for vacations, providing backup for PO IIs, or required as caseloads increase

The PO III will share all necessary information with DBH to assure the most effective level of treatment is obtained.

The Probation Officer II (PO II) will assist in providing the juvenile with community based services to decrease recidivism. The PO II will provide intensive community supervision and case management. Specific duties of the INFO PO II will include, but are not limited to:

- Review probationers' criminal history, police reports, and legal records that are available
- Develop, with the assistance of DBH, an Individual Services and Supports Plan (ISSP)
- Provide supervision in the community, to include home visits, home searches, and office visits with the juvenile when necessary
- Conduct drug testing when appropriate
- Attend multi-disciplinary meetings
- Make collateral contacts with family members, friends, schools, employers, or other significant persons in the community that may be able to provide compliance information regarding the juvenile

Contact DBH regularly to obtain information to determine if the juvenile is compliant with treatment and medication, if necessary, requirements of the INFO Program

- Assist family in obtaining community based resources to address potential future crises with the juvenile
- Complete memos for Juvenile Court for review hearings regarding the juveniles' compliance and progress in the INFO Program
- Review possible INFO Program candidates with the Supervising Probation Officer to determine INFO Program suitability and admission
- Maintain juveniles' files and to insure information and data accuracy
- Compile monthly statistics and other data requested as needed

The PO II will share all necessary information with DBH to assure the most effective level of treatment is obtained.

Continued on next page

Probation Officer II (PO II)

Upon a juvenile's entry into San Bernardino County's Juvenile Detention and Assessment Center (JDAC) the Probations Corrections Officer (PCO) will use the evidence based Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) report as a means of determining, through objective assessment if the juvenile has possible mental health needs and suitability for the INFO Program. Specific duties of the INFO PCO will include, but are not limited to:

- Review the juvenile's demographic and legal information to determine if the juvenile is demographically and legally suitable for the INFO Program when booked into the JDAC
- Review booked juveniles case file to determine if the juvenile is likely to be sentenced to the Department of Juvenile Justice (DJJ) or sent to an out of home placement facility. In either event, the juvenile would not be eligible for the INFO Program
- For juveniles suitable for INFO, review COMPAS reports. Use the report to complete the INFO Referral Assessment Form
- Review probationers' criminal history, police reports, and legal records that are available
- Send all completed INFO Referral Assessment Forms, along with copies of the juveniles' COMPAS report to DBH for further assessment
- Attend multi-disciplinary meetings
- Provide juveniles in the INFO Program with transportation to-and-from mental health appointments and school on an as needed basis
- · Assist and complete statistical information (school records, etc) and reports as requested
- Develop, with the assistance of DBH and Peer Family Advocate (PFA), a plan for community-based services needed.
- Contact possible new CBOs and maintain up-to-date information regarding available resources
- Make collateral contacts with family members, friends, schools, employers, or other significant persons in the community that may be able to provide compliance information regarding the juvenile

Probation Corrections Officer (PCO)

Probation Corrections Officer (PCO), continued

- Work in conjunction with the DBH Alcohol & Other Drug Counselor and PFAs to ensure INFO Program families are being offered needed community-based services
- Assist in the development of INFO Program rewards and incentives component
- Serve as a liaison between CBOs and INFO Probation Officers
- Perform tasks as instructed by the Supervising Probation Officer to improve and evolve the INFO Program and services

The PCO will share all necessary information with DBH to assure the most effective level of treatment is obtained.

Treatment Options

The INFO Program will use MHSA CSS approved programs to provide treatment. Case management emphasis will follow the Comprehensive Child/Family Support System's (CCFSS) Success First Wraparound model in a "seamless" system of care to the subject Children. Other CSS program services will include Functional Family Therapy (FFT), Crisis Walk-In Centers (CWIC), Children's Crisis Response Team (CCRT), Family Circle, and Alcohol and Drug (AOD) counseling.

Success First Case Management

TAY and their families will receive Success First Wraparound case management services. The objective is to empower the Children/Youth to do what is needed to address legal, medical, educational, and life issues during program participation. These services are expected to enhance recovery from co-occurring conditions, move to a condition of wellness, then to ongoing resilience.

The INFO Program will employ previously successful family therapy through Functional Family Therapy (FFT), an innovative, evidence based, and proven treatment program that uses three phases to address different but related treatment needs:

- Phase 1: Engagement/Motivation
- Phase 2: Behavior change, and
- Phase 3: Generalization.

Therapy (FFT)

Two (2) Clinicians in the previous program spoke Spanish. The plan is to continue to provide their services. Spanish speaking Clinicians were clearly needed for monolingual Spanish speaking Functional Family families. They will also be needed for English/Spanish speaking families to improve session time and consistency, and to avoid confusion and frustration.

> FFT helps families go beyond their present situation(s) to use their strengths and find honor and hope. It uses an explicit model of intervention in each of the above three phases. The process goes beyond traditional diagnostic individual or other family therapy models. FFT has unified the principle of including parents in treatment whenever possible, more than any other approach for Children in the Juvenile Justice system. Unifying Children with families for treatment has proven to minimize diagnostic issues, transform the stigma of family negativity and resistance into cooperation to enable a child/youth to succeed both occupationally and socially more than any other approach for juveniles in the Juvenile Justice system.

Alcohol and Drug Services (AOD)

The INFO Program will address this co-occurring condition by continuing to use an Alcohol and Other Drug (AOD) Counselor. The Counselor will provide alcohol and drug mental health treatment either individually or in a group setting. The AOD Counselor will receive INFO referrals based on the initial assessment.

Supportive services

The INFO Program has supportive services based on need of the individual juvenile or a member of the family. Transportation is one of the most needed initial supportive services, when juveniles are first accepted into the INFO Program. Bus passes are made available as needed. Probation Officers, Case Managers, the Probation Corrections Officer (PCO), FFT Clinicians and PFAs are available to provide transportation for juvenile consumers to reach assigned resources. The Case Manager and PFA have developed several public and private resources to assist INFO families in obtaining appliances, beds, other furniture, gift cards, or other needed items that are available.

Family Circle

The INFO Program is an intense, short-term program to provide families with skills, resources, hope, and the ability to take what they learn to the community. Family Circle is an expanded service that meets once a month for INFO graduates and their families to gather in a safe environment, and share and learn from other juveniles and their families how to continue the process of changing their lives. Family Circle is a support group for all current INFO families, program graduates, and participating staff to continue learning and practicing what each has learned and will continue to learn.

Additional MHSA CSS Existing Program Resources

Crisis Walk-in Centers (CWIC), A-4 – CWIC's provide urgent mental health services 24/7 for Seriously and Persistently Mentally III (SPMI) Consumers from all age groups; Children, TAY, Adults, and Older Adults.

Children's Crisis Response Team (CCRT), C-1 – CCRT is an MHSA APPROVED community-based program, which provides: Mobile crisis response for psychiatric emergencies, Case Management, Intensive follow-up services, and relapse prevention.

Additional MHSA CSS Existing Program Resources, continued

Wraparound services – Wraparound services are provided by the Comprehensive Child/Family Support System (CCFSS) Success First Wraparound Model. It is a "seamless" system of care to children and families in San Bernardino County to negotiate multiple agencies and funding sources.

New Program Description

San Bernardino County Department of Behavioral Health (DBH) elects to begin a new program, **Alliance for Behavioral and Emotional Treatment** (ABET). The ABET Program will be an alliance of mental health service providers in the Big Bear Lake area of California who will join together in providing a variety of services to mentally ill Children, TAY, Adults and Older Adults in the Big Bear Community.

Community Program Planning Process

The Big Bear Mental Health Alliance (BBMHA), located in the Big Bear Lake area, became aware of a need to combine resources and services in this 20,000 person community, to provide comprehensive mental health services. The Alliance is comprised of mental health service agencies, private practitioners and clinicians, public service agencies, organizations, clubs, and San Bernardino County Departments. Meetings to begin planning a program to address community needs began in February 2007.

BBMHA formed the basis for the stakeholder group. Also included were representatives from the Big Bear Unified School District, such as parents, students, and school staff. Resident consumers and their family members, Community Based Organizations (CBO's), such as mental health service providers, faith-based agencies, San Bernardino County Departments, local business organizations and clubs also specifically contributed to the Stakeholder group and the Planning process.

Stakeholders

Documented sources were also used for assessment. Those sources include:

- DBH Clinic Visit Data from 2004-2006
- California Healthy Kids Survey, 2005
- Healthy Start Community Assessment, 2007
- San Bernardino County Sheriff Crime Statistics, 2003 2006
- Practitioner Availability Assessment, August 2007 (Updated April 2008)
- Community Mental Health Needs Assessment, 2007

Big Bear Community demographics are shown in the chart below. These statistics are representative of the Stakeholder complement.

Big Bear Valley Stakeholder Demographics

Critical Demographic Shifts	2000	2005
Permanent residents	16,000	20,000
Seniors	25.6%	28.6%
Adults	47.9%	48.3%
Critical Demographic Shifts Permanent residents Seniors Adults Children under 18	26.5%	23.1%

Bear Valley Unified School District consists of three elementary schools, one middle school, one high school, and one continuation high school with a total enrollment of 3,168 students. There are two state preschools at elementary school sites serving 96 preschoolers from low to moderate income families.

Outreach and Engagement

This Community Program Planning Process was unprecedented for the Big Bear Valley. Outreach was accomplished via the publication and distribution of flyers in local newspapers and community gatherings as well as in Public Service Announcements (PSAs), describing the process and the vital need for community input.

Surveys were distributed throughout Big Bear Valley by alliance participants to consumers and other interested stakeholders. Spanish materials were offered. Traditional and non-traditional groups were solicited for input.

Outreach and Engagement, continued

Additional means were used to ensure consumer input, including planning meetings, one-on-one interviews, surveys and focus groups. Consumer and family participation reflected the diversity of Big Bear Valley's unserved populations. This unserved population is estimated at 40% of the total Big Bear Valley population, and it is anticipated that this consumer and family group will represent approximately 30% of program participation. Consumer and family focus groups have been regularly conducted on an annual basis and were incorporated into the assessment process. The community willingness to have input into the issues led to no need for further incentives to participate.

Plan Review

The ABET Program proposal was provided to all BBMHA members for review and consumer input. BBMHA substantive needs discussions emphasized the need for psychiatrist services and increased therapeutic services to unserved individuals. Each agency provided information on unmet mental health needs encountered on a daily basis.

Lutheran Social Services (LSS), DOVES (domestic violence agency), Operation Breakthrough (AOD agency), Healthy Start (school program), and M.O.M. (Pre-natal information) all provided disparity information shown in the chart below:

Disparities Identified from Proposal Review

Agency	Unduplicated Unserved Reported	Total for 12 month period	
LSS	5 per week	260	
DOVES	40/month	480	
Operation Breakthrough	24/year	24	
Healthy Start	300/year	300	
M.O.M.	40/year	40	
Total Unserved Disparity		1104	

Based on DBH data, local agency data, and US Census Demographic Data, BBMHA estimates that there is a minimum of 800 to 1,000 additional individuals across all age and ethnic groups in need of mental health services in Big Bear Valley.

Data from 2004 through 2006 show a total of 13,590 visits made at other DBH clinics by residents with Big Bear area zip codes. These are visits which could have been made at the local Lutheran Social Services (LSS) clinic, had services been available. These numbers only cover Medi-Cal/Medicare eligible clients and show the decrease in services available to Big Bear Valley residents.

DBH Clinic Data Disparity

Number of Client Visits DBH Data	2004	2005	2006	3 year Total
LSS/FCC Clinic Big Bear	8,991	4,866	5,920	19,777
Other DBH clinic visits by Big Bear residents	2,400	4,942	6,248	13,590
Total Number of Served Consumers	11,391	9808	12,168	33,367
Disparity: % of total not served locally	21%	50%	51%	41%

Bear Valley Unified School District (BVUSD) administered the California Healthy Kids Survey. The survey is a tool used to understand student resiliency factors and risk factors that contribute to health habits, and uses factors such as student violence and attachment/isolation as possible indicators for the early identification of potential mental health problems. **Disparities** revealed in the survey are shown below:

CA Healthy Kids Survey (CHKS) Disparities

- Alcohol use ranged between 21% and 62% from 5th through 11th grades.
- High-risk alcohol use was isolated to the 11th grade, and ranged between 38% and 43%.
- Tobacco use averaged 17% and was reported only in the 11th grade.
- Bullying/harassment experiences ranged from 29% to 43% and were found in 5th through 9th grades.
- Feeling "safe" in school ranged from 19% to 57% in all grades.
- Positive relationship with teacher was measured only in 5th grade, and ranged between 60% and 74%.
- Connectedness with school was also measured only in 5th grade, and ranged between 60% and 70%.
- High adult expectations were measured from 7th through 11th grades and ranged between 70% and 73%.

Healthy Start Community Assessment

Bear Valley Healthy Start conducted a Community Assessment in 2007 to compare with a previous Community Assessment conducted in 2000. The assessment was composed of a 75-question Parent Survey, a Student Survey aligned with the Parent Questionnaire and a School Staff Questionnaire. Focus groups were also held to gain further information. Parent Surveys were sent home with every student in the district, while Student Surveys were given to a representative group of 6th, 8th, 10th, and 12th Grade Students.

The surveys identified what students and families view as strengths and needs for themselves as well as for the community. The **disparities** are shown below by group:

Parent Results	Elementary	Middle School	High School Student
(N=558)	Student Results	Student Results	Results
	(N=60)	(N=44)	(N= 97)
Teen Pregnancy	After school	After school Activities	Help find a job
	Activities		
Alcohol Education	School: Full time	School: Respect for	After School Activities
	Nurse	Differences	
Teen Reproductive	School; Respect for	Transportation for After	School: Respect for
Health	Differences	School Activities	Differences
Mutual Cultural	School: Peer	School: Full time Nurse	School: Full time Nurse
Respect	Mentors		
Teen Violence	After School	Help find a Job	Career Information
	Transportation	-	
Dating Violence	Career Information	School; Alcohol/Drug	Reproductive &
		Education	Pregnancy Education
Teen Health	Improved School	School: Peer	Transportation for After
Education	Nutrition	Mentors	School Activities
Recreational Facilities	Career Info-Health	Homework Assistance	Career Info-Business
Full time Nurse	Homework	School: Improved	School: Improved Nutrition
	Assistance	Nutrition	
Parent Education	School Counseling	Career Information	Career Info: Childcare
College Classes	School: Mentoring	Reproductive &	School: Alcohol/
		Pregnancy Ed.	Drug Education
Single Parent	School: Health	School:	School:
Assistance/ Ed.	Education	Counseling	Peer Mentors

Healthy Start Community Assessment Disparities

Big Bear Lake Sheriff Crime Statistics

DBH collected statistics on all calls to the Big Bear Sheriff station from January 1, 2003 through December 31, 2006. The statistics identified calls for mental health concerns and/or potential mental health consequences (domestic violence, assault, children at the scene of a crime). This identified percentage increases of specific crimes indicative of dangerous trends for the Big Bear Community.

Monthly Big Bear Station Sheriff Department Call Averages are shown below:

Type of Call	1/03- 6/06	6/06- 12/06	Percentage Increase	Type of Call	1/03- 6/06	6/06- 12/06	Percentage Increase
Assaults	4.05	7.67	+189%	Elder Abuse	.14	.67	+479%
DCS Follow- up	4.74	8.17	+172%	DUI	2.71	6.83	+252%
Disturbance by Juvenile	3.4	8.50	+248%	Poss. Of Dangerous Drugs	.90	1.33	+147%
Domestic Battery	1.36	5.17	+381%	Possession of Marijuana	.60	2.17	+362%
Drug Overdose	0.40	1.00	+247%	Psychiatric Issue	1.71	6.67	+389%
Drunk in Public	3.40	10.6	+313%	Rape	.21	.83	+395%

Crime Disparities Identified

Increases in psychiatric calls, domestic battery, drug overdose, juvenile disturbance, and assaults indicate the need for crisis intervention to bridge the gap until San Bernardino County sponsored services can arrive (often 2-4 hour delay). The statistics show the prevalence of drug use, DUI and drunk in public situations, indicating a rising number of individuals requiring services.

Practitioner **Availability**

The Big Bear Valley has been declared a Mental Health Professional Shortage Area (#146) by the US Department of Health and Human Services, with a score of 16. Big Bear Valley is grossly underserved, as **Assessment** compared to San Bernardino County and California State statistics, as shown in the chart below.

Disparities in services are shown in the chart below:

Practitioners per 100,000 Population

Based on US Census data / updated 8/08

Practitioner Disparities

Practitioner Type	Big Bear Valley	San Bernardino County	California
Psychiatrist	<0.10	8.10	14.47
Clinical Psychologist	6.25	14.45	33.3
LCSW	<0.10	24	40.5
MFT	30	36	68
MD	95	141.5	206.24
Overall Average	14.8	44.81	72.5

Community Mental Health Needs

A mental health needs assessment was conducted to solicit Big Bear Community input. BBMHA members designed a 28-item list of mental health areas/concerns which was distributed from March to May 2008 to mental health consumers, family members, residents and agencies. One hundred 133 responses were collected of which 90 were from consumers. The need for expanded therapeutic services was a very high **Assessment** priority in this assessment. Full results are shown in the following chart.

Full results of the 133 responses are shown below:

Mental Health Survey Results

Community Mental Health Disparities

Idea	Total Number of Votes
Crisis Intervention	92
Mental Health Services un-served individuals	70
Pharmacy Services	66
Psychiatrist	65
Affordable Low Cost Housing	65
Therapists at all school sites	64
Sexual Assault Response Team (SART)	61
Transportation	56
Shelters	51
Parents of Special Needs Children	49

The ABET Program will be designed to address many of the disparities identified in the previous information, as shown below. Treatment effectiveness will increase by offering 24/7 services to all age groups.

Disparity Reduction

- Unserved populations will be served locally with the existence of this program.
- All referrals, made by Consumers themselves, from inter-agencies, and from the school system will have local assets to access that did not exist before.
- All age groups will have crisis conditions addressed.
- Consumers diagnosed with co-occurring conditions will be able to access local, comprehensive treatment.
- Clients with serious transportation needs will now be able to reach treatment facilities.

Capacity to Implement

The Big Bear Valley economy is tourist-based and during busy holidays, the community swells from 20,000 residents to more than 100,000. Big Bear Valley has a resort culture that presents problems for full time residents to receive mental health services. The ABET Program will provide solutions to many of the community and program limitations.

Community and System Barriers

Traditional Big Bear Valley Community social issues include:

- Unwillingness to engage in treatments services due to stigma
- Consumer fear of treatment participation being revealed to off season community population
- Lack of awareness of need for services
- Lack of mental health insurance coverage

Barrier: Social Stigma

- Difficulty hiring qualified former clients and family members due to high potential for dual relationships and violating professional ethics codes
- Limited access to quality training/education opportunities
- 70% of jobs are related to tourism with families working at resorts and often holding multiple seasonal jobs with no benefits, which leads to a high poverty level, 40% at <200% Federal Poverty Level (FPL)

Meeting the needs of unserved consumers is extremely challenging due to geographic, isolation and weather considerations, which create:

Barrier: Geographic Isolation

- Lack of public agency/service availability; many typically over 50 miles away
- Treacherous winding roads at seven thousand feet (7,000') elevation
- Mountain Area Rapid Transit Authority (MARTA) limited services, running hourly and not reaching outlying areas of Big Bear Valley, such as Fawnskin and Baldwin Lake
- Winter conditions leading to cessation of public transportation and road closures

Barrier: Geographic Isolation, continued

- Agencies have difficulty in recruiting and retaining qualified ethnically diverse staff due to distance from cultural centers
- Inability of any agency to recruit a full time psychiatrist
- Difficulty attracting and hiring qualified staff members
- Clients choose to do without services due to the difficulties in finding and using transportation
- Gasoline costs

Big Bear Valley has a different ethnic makeup from San Bernardino County as a whole and is not conducive to needs breakdown by ethnic categories, as charted below.

Big Bear Valley Ethnic Demographics

(Based on 2000 US Census Date with 2005 updates)

Barrier: Cultural and Linguistic

Ethnic Group	% of total population
Euro-American	68%
Latino	28%
Native American	1%
Asian-American	<1%
African-American	<1%
Other	<1%

There are no certified interpreters/translators in any local CBO or service provider staffs. BBMHA agencies are not as ethnically or linguistically diverse as the Big Bear Community at large:

- The community is 28% Latino, but approximately 18% of staff are Latino
- 10% to 20% of the Latino group is Spanish speaking only, but 18% of staff speak Spanish.

Community and System Strengths

Big Bear Valley's status as a US Department of Health and Human Services Practitioner Shortage area provides incentives such as loan forgiveness for staff recruiting.

Strength: Social Stigma

Hiring former clients and family members who are qualified for positions and show themselves able to maintain confidentiality and boundaries in a rural environment will be facilitated with the ABET Program.

Pursuing quality training and educational opportunities for staff with special emphasis on cultural competency issues will also be an ABET target.

Strength: Geographic

A van will be used to alleviate the transportation issues for the unserved clients most in need.

Big Bear Valley is a small community, which lends itself to the potential for maximizing services that larger communities may not access as easily. Media is an example of such a service:

Strength: Media

- Word of Mouth
- Referrals from Faith-Based Organizations
- Referrals from Health Care Providers
- Public Service Announcements in the Local Newspaper (The Grizzly News), Radio Station (KBHR) and Television Station (TV-6)

Local agencies and CBOs offer a solution to cultural and linguistic barriers. Those solutions are:

Strength: Cultural and Linguistic

- BBMHA is representative of a variety of ethnic and cultural groups
- Ten (10) to 15 employees among participating organizations are either ethnically Latino or speak Spanish, one of San Bernardino threshold languages
- One staff member signs American Sign Language
- Representatives of Native American, Jewish, Lesbian, Older Americans (>55), Mental Health Consumers and disabled individuals are among staff members
- All job descriptions under this plan will be Spanish language preferred
- Concerted efforts will be made to recruit qualified multi-ethnic and bi-lingual Spanish staff using Professional Recruiting Services through MHSA funds

Workplan Description

The ABET Program will begin in December 2008 with full implementation estimated for September 2009. It is intended to be a full alliance of professional, community based mental health service, treatment, and availability, elevated from previous BBMHA efforts. It will be funded under the MHSA program for Full Service Partnerships (FSP). It will include a Crisis Response Personnel (CRP) group and Psychiatric Services that include Psychotherapy and a Certified Drug and Alcohol Counselor. Peer and Family Advocates (PFA) will also be trained, and a Resource Directory will be used to enhance communication with the community.

Unserved consumers requiring Level I care through Level 4 care, Seriously Emotionally Disturbed (SED) and Seriously Mentally III (SMI) are the priority populations, based on community opinion and agency input. The past dominant service population was comprised of Medi-Cal/Healthy Families/Medicare Consumers and will now be expanded to include the additional population. The target population will include the information listed and displayed in the charts below:

- Unserved individuals in the Children, TAY, Adult and Older Adult populations referred by school system, interagency and self referrals for therapeutic and/or psychiatric interventions
- Crisis clients of all age groups
- Co-occurring diagnosis clients
- Clients with serious transportation needs

Target Population

Gender	Year 1	Years 2 and 3
Male	192 (48%)	384
Female	208 (52%)	416
Race / Ethnicity		
Euro-American	272 (68%)	544
Latino	112 (28%)	224
All Others	16 (4%)	32
Language	22 (20% of Latino clients)	44
(Spanish Only)		

Year	Estimated Population
July 2008 – June 2009	400
July 2009 – June 2010	800
July 2010 – June 2011	800

FSP major community interests were identified as global, with each age group affected, as shown in the chart below:

(Results are aggregate, not separated by age)

Target Population, continued

- \(\tag{1.00a.10}\)	,	u 10 y 11.90 y		
Issue (Listed by survey priority)	Child	TAY	Adult	Older Adult
Crisis Intervention*	Х	Х	Х	X
Mental Health Services for unserved individuals*	X	Х	Х	Х
Psychiatrist services*	Х	Х	Х	X
Transportation*	X	Х	Χ	X

^{*} MHSA Funding

Program strategies were developed directly from the Community Program Planning Process. They include:

Major Program Strategies

- Crisis Intervention
- Psychiatry
- Psychotherapy and Co-Occurring Counseling
- Transportation
- Peer and Family Advocates

Crisis Response Personnel (CRP)

Crisis Response Personnel (CRP) will be composed of **professional therapy staff**. The CRP will be responsible for responding to **after hour calls**. Protocols will be developed for response to a variety of calls. Team members will work with local fire, law enforcement and mental health personnel. Therapeutic staff will be paid for on-call hours to staff the CRP. This intervention will decrease the need for 5150 (Welfare & Institutions Code) admissions by providing prompt, early intervention and bridge service to San Bernardino DBH Crisis Response Teams as needed. The LSS answering machine message will provide the number to call for crisis needs after hours. This number will also be posted on the clinic main door.

MHSA System Development funds will be used to hire a professional recruiting service to locate full time **Board Certified Adult/Child Psychiatrist** candidates. A Board Certified Psychiatrist will meet a serious need in the community. The Psychiatrist will be responsible for:

Psychiatric Services

- Psychiatric evaluations and diagnosis
- Medication management
- Emergency evaluations during regular business hours
- Documentation of services according to DBH standards

By providing psychiatric services to the unserved Big Bear Valley residents of all ages and ethnic groups, ABET Program psychiatric services will reduce the number of people left untreated, underserved and inappropriately served.

The need for expanded therapeutic services was a very high priority identified in the Community Program Planning Process. The committee decided on an integrated service approach, which will increase service availability to currently unserved individuals. Psychotherapy will be provided by a licensed Marriage and Family Therapist (MFT) or Licensed Clinical Social Worker (LCSW).

Psychotherapy

The use of medication is an essential aid for well being, and its use in psychotherapy allows for the discovery and healing of deep-rooted traumas that can become mental illness. Psychotherapy will result in consumers living a healthy, satisfying and hopeful life despite limitations and/or the possible continuing affects of his/her mental illness (Recovery, Wellness and Resilience model). This approach will:

- Decrease the need for placement/hospitalization/service provision outside the community by providing quality mental health services for participants.
- Decrease the stigma associated with mental health and substance abuse issues by providing easier access and an accepting environment for the clients.

Certified Drug and Alcohol Counselor

The addition of a **Co-occurring Substance Abuse Counselor** will allow mental health clients to access services for multiple diagnoses. This will help currently unserved consumers deal with co-occurring diagnoses simultaneously, increasing the chance for successful recovery and leading to wellness and resilience. Counselors in conjunction with therapists and clients will formulate a Client Recovery Plan that addresses both mental health and addiction treatment in a holistic fashion, leading to wellness and resiliency.

Peer and Family Advocacy (FPA)

Clients benefit from a fully trained **Peer and Family Advocate** who will provide mentoring and support. PFAs will partner, transport, and accompany clients to meetings and situations where clients might feel unable or insufficiently informed to advocate for themselves. Client observation and participation in self-sufficiency activities will lead to increased confidence for personal self-advocacy.

Resource Directory

A Resource Directory will be developed. It will list accurate and current referral sources available in the Mountain Communities. The Directory will provide information that will allow community residents, FSP's, the San Bernardino Access Unit, and the San Bernardino County 211 system to make rapid and accurate referrals.

Transportation

The ABET Program will purchase and maintain a 6-8 passenger van for use by ABET Program and FSP consumers. It will provide portal-to-portal transport for qualified consumers. The van will be maintained and services will be coordinated by the ABET Program. Clients will apply for van transport by completing a questionnaire. Consumers will provide information on the questionnaire about income, distance from fixed bus routes, availability of private transport, access to services outside bus times, and other criteria. Van service will be provided for medical appointments, educational groups, resource needs, therapy, counseling and government appointments outside Big Bear Valley.

Exhibit 3R

San Bernardino county department of Behavioral Health Mental Health Services Act Community Services and Supports Program and Expenditure Plan FY 2008/09 Plan Update Exhibit 3r: Funding Request for FY 2008/09

Date:	9/19/2008	County:	San Bernardino	

	Use of Funds	Source of Funds	
Total FY 2008/09 Funds Requested from line 33 of Exhibit 2	\$57,539,847		
		\$13,080	FY 06/07 CSS Unapproved Planning Estimates
		\$10,637	FY 07/08 CSS Unapproved Planning Estimates
		\$34,194,700	FY 08/09 CSS Planning Estimates*
		\$23,321,430	Unspent CSS Funds (Cash on Hand)
Total	\$57,539,847	\$57,539,847	

^{*} Funds requested for lines 29, 30 and 31 on Exhibit 2 must be funded from the FY 08/09 CSS Planning Estimate.

FY 2008/09 Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County:	San Bernardino County	Fiscal Year: _	2008-09
		Date:	9/19/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)	\$130,249	\$132,361
b. MHSA Support Staff	\$1,001,414	\$1,208,852
c. Other Personnel (list below)		
i. Finance	\$480,012	\$609,191
ii. R&E	\$380,588	\$696,279
iii. Compliance/Quality Management	\$298,930	\$484,210
iv. DBH Payroll	\$46,547	\$100,973
v. Contracts Unit	\$153,033	\$203,467
vi. Business Office	\$57,225	\$60,182
vii. Training & Staff Development	\$107,511	\$362,759
viii. Computer Services	\$522,716	\$963,032
ix. DBH Facilities	\$337,361	\$291,162
d. Total Salaries		
e. Employee Benefits		
f. Total Personnel Expenditures	\$3,515,586	\$5,112,468
2. Operating Expenditures	\$171,533	\$278,306
3. County Allocated Administration		
a. Countywide Administration (A-87)	\$452,177	\$498,456
b. Other Administration (provide description in budget narrative)	\$2,142,464	\$10,364,152
c. Total County Allocated Administration	\$2,594,641	\$10,862,608
4. Total Proposed County Administration Budget	\$6,281,760	\$16,253,382
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		\$0
b. Other Revenue	\$0	\$0
2. Total Revenues	\$0	\$0
C. Non-Recurring Expenditures		
D. Total County Administration Funding Requirements	\$6,281,760	\$16,253,382

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all MHSA program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date:

(006)

Signature

Local Mental Health Director or Designee

Executed at

, California

San Bernardino County Department of Behavioral Health Mental Health Services Act Community Services and Supports Program and Expenditure Plan FY 2008/09 Plan Update Exhibit 5a: Administration Budget Narrative

ADMINISTRATION BUDGET NARRATIVE

Line 1
Personnel
Expenditures

The increase in Personnel Budget was due to underestimating salaries and benefits in the FY 2007/08 budgets.

Line 3a Countywide Administration

The Full Time Employee (FTE) proportionate cost allocation was under budgeted.

The \$10 million includes:

Line 3b County Allocated Administration

- \$8 million to continue previously approved projects.
- \$2 million of DBH costs attributable to MHSA programs that are not included in A.3.a. Countywide Administration –COWCAP (A-87). Costs included such expenses as centralized accounting, purchasing, and payroll costs.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	C-1		Date:	9/19/2008
_	Comprehensive Child and Family Support		_	
Program Workplan Name _	System		P	age of
Type of Funding 1	. Full Service Partnership		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service:	203		
	Existing Client Capacity of Program/Service:	196	Prepared by:	Doris Melara
Client Capaci	ty of Program/Service Expanded through MHSA:	7	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$0	\$0
b. Other Supports	\$0	\$60,900
Personnel Expenditures	\$0	\$113,300
Operating Expenditures	\$0	\$15,000
4. Program Management	\$1,052,709	\$5,432,496
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
Non-recurring expenditures	\$0	\$0
7. Total Proposed Program Budget	\$1,052,709	\$5,621,696
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	\$403,275	\$574,581
b. State General Funds	\$3,263	\$394,495
c. Other Revenue		\$0
d. Total New Revenue	\$406,538	\$969,076
3. Total Revenues	\$406,538	\$969,076
C. Total Funding Requirements	\$646,171	\$4,652,620

C-1 Full Service Partnership Budget Narrative

Line A.4 Expenditures Program Management	Contract services began late in Fiscal Year (FY) 2007/08 and will be fully implemented in FY 2008/09.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.
Funding	Unspent funds will be applied to this program.

County:	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	C-1		Date:	9/19/2008
_	Comprehensive Child and Family Support		·	
Program Workplan Name	System		Р	age of
Type of Funding 2	. System Development		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service: _	203	-	
	Existing Client Capacity of Program/Service:	203	Prepared by:	Doris Melara
Client Capacit	ty of Program/Service Expanded through MHSA: _	0	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$0	\$0
b. Other Supports	\$0	\$0
2. Personnel Expenditures	\$1,506,850	\$0
3. Operating Expenditures	\$136,219	\$0
4. Program Management	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$0	
6. Non-recurring expenditures	\$0	
7. Total Proposed Program Budget	\$1,643,069	\$0
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	
b. State General Funds	\$0	
c. Other Revenue		
d. Total New Revenue	\$0	
3. Total Revenues	\$0	
C. Total Funding Requirements	\$1,643,069	\$0

County:	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	C-1		Date:	9/19/2008
_	Comprehensive Child and Family Support		_	
Program Workplan Name	System		P	age of
Type of Funding 3	. Outreach and Engagement		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service: _	203		
	Existing Client Capacity of Program/Service: _	203	Prepared by: _	Doris Melara
Client Capaci	ty of Program/Service Expanded through MHSA:	0	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$0	\$0
b. Other Supports	\$0	
Personnel Expenditures	\$753,425	
Operating Expenditures	\$68,110	
4. Program Management	\$0	
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
Non-recurring expenditures	\$0	\$0
7. Total Proposed Program Budget	\$821,535	\$0
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	
b. State General Funds	\$0	
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$821,535	\$0

C-1 Outreach and Engagement Budget Narrative

Outreach & Engagement	Outreach and Engagement expenses are part of the Full Service Plan (FSP) service contracts.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.
Funding	Unspent funds will be applied to this program.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	TAY-1		Date:	9/19/2008
Program Workplan Name _	One Stop TAY Center		Р	age of
Type of Funding	1. Full Service Partnership		Months of Operation	12
Pro	oposed Total Client Capacity of Program/Service: _	377		
	Existing Client Capacity of Program/Service: _	105	Prepared by: _	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA: _	272	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$292,502	\$97,480
b. Other Supports	\$0	\$0
2. Personnel Expenditures	\$1,179,316	\$1,464,222
3. Operating Expenditures	\$280,322	\$311,988
4. Program Management	\$645,472	\$4,852,416
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
6. Non-recurring expenditures	\$0	
7. Total Proposed Program Budget	\$2,397,612	\$6,726,106
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)		\$331,384
b. State General Funds		\$74,052
c. Other Revenue	\$55	\$0
d. Total New Revenue	\$55	\$405,436
3. Total Revenues	\$55	\$405,436
C. Total Funding Requirements	\$2,397,557	\$6,320,670

TAY-1 Full Service Partnership Budget Narrative

Outreach & Engagement	The remaining 3 of the 4 approved TAY centers were implemented late in fiscal year.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County:	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	TAY-1		Date:	9/19/2008
Program Workplan Name	One Stop TAY		Р	age of
Type of Funding	2. System Development		Months of Operation	12
Pr	oposed Total Client Capacity of Program/Service:	150		
	Existing Client Capacity of Program/Service: _	353	Prepared by:	Doris Melara
Client Capac	city of Program/Service Expanded through MHSA:	-203	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$14,822
b. Other Supports		
2. Personnel Expenditures	\$50,184	\$62,307
3. Operating Expenditures	\$11,929	\$13,276
4. Program Management	\$27,467	\$206,486
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$89,580	\$296,891
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$89,580	\$296,891

TAY-1 System Development Budget Narrative

Outreach & Engagement	The remaining 3 of the 4 approved TAY centers were implemented late in fiscal year.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	TAY-1		Date: _	9/19/2008
Program Workplan Name	One Stop TAY		Р	age of
Type of Funding	3. Outreach and Engagement		Months of Operation	12
Pro	oposed Total Client Capacity of Program/Service:	500		
	Existing Client Capacity of Program/Service:	348	Prepared by: _	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA:	152	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$0
b. Other Supports		
2. Personnel Expenditures	\$25,092	\$31,154
3. Operating Expenditures	\$5,964	\$6,638
4. Program Management	\$13,733	\$103,243
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$44,789	\$141,035
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$44,789	\$141,035

TAY-1 Outreach and Engagement Budget Narrative

Outreach & Engagement	The remaining 3 of the 4 approved TAY centers were implemented late in fiscal year.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	A-1		Date:	9/19/2008
Program Workplan Name _	Consumer-Operated Peer Support SVCS & Club House Expansion		Р	age of
Type of Funding 2	2. System Development		Months of Operation_	12
Pro	oposed Total Client Capacity of Program/Service: _	936		
	Existing Client Capacity of Program/Service: _	510	Prepared by: _	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA:	426	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$4,216	\$10,193
b. Other Supports	\$0	\$0
2. Personnel Expenditures	\$385,625	\$656,196
3. Operating Expenditures	\$113,163	\$148,685
4. Program Management	\$93,162	\$312,554
5. Estimated Total Expenditures when service provider is not known	\$0	
6. Non-recurring expenditures	\$0	
7. Total Proposed Program Budget	\$596,166	\$1,127,628
3. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	\$0
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue		\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$596,166	\$1,127,628

A-1 System Development Budget Narrative

A.2 Personnel Expenditures	Personnel expenditures were due to a delay in filling positions.
A-4 Program Management	Fiscal Year (FY) 2007/08 did not have service contracts selected during implementation.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-1		Date:	9/19/2008
Program Workplan Name _	Consumer-Operated Peer Support SVCS & Club House Expansion		P	age of
Type of Funding 3	3. Outreach and Engagement		Months of Operation_	12
Pro	oposed Total Client Capacity of Program/Service: _	104		
	Existing Client Capacity of Program/Service: _	57	Prepared by: _	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA:	47	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$0	\$0
b. Other Supports	\$0	\$0
2. Personnel Expenditures	\$42,847	\$72,911
3. Operating Expenditures	\$12,574	\$16,521
4. Program Management	\$10,351	\$34,728
5. Estimated Total Expenditures when service provider is not known	\$0	
6. Non-recurring expenditures	\$0	
7. Total Proposed Program Budget	\$65,772	\$124,160
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	\$0
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue		\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$65,772	\$124,160

A-1 Outreach and Engagement Budget Narrative

A.2 Personnel Expenditures	Personnel expenditures were due to a delay in filling positions.
A-4 Program Management	Fiscal Year (FY) 2007/08 did not have service contracts selected during implementation.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-2		Date:	9/19/2008
Program Workplan Name _	Forensic Integrated MH Services		Р	age of
Type of Funding	1. Full Service Partnership		Months of Operation	12
Pro	oposed Total Client Capacity of Program/Service: _	80		
	Existing Client Capacity of Program/Service: _	50	Prepared by:	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA: _	30	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$77,348	\$49,908
b. Other Supports	\$0	\$38,000
2. Personnel Expenditures	\$196,899	\$1,338,327
3. Operating Expenditures	\$247,834	\$586,753
4. Program Management	\$1,094,217	\$2,559,356
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
Non-recurring expenditures	\$0	\$0
7. Total Proposed Program Budget	\$1,616,298	\$4,572,344
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$1,687	\$296,894
b. State General Funds		
c. Other Revenue	\$58	\$0
d. Total New Revenue	\$1,745	\$296,894
3. Total Revenues	\$1,745	\$296,894
C. Total Funding Requirements	\$1,614,553	\$4,275,450

A-2 Full Service Partnership Budget Narrative

A.2 Expenditures	One of the 3 approved programs began providing services at the end of Fiscal Year (FY) 2007/08.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.
Funding	Unspent funds will be applied to this program.

County:	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-2		Date:	9/19/2008
Program Workplan Name _	FORENSIC INTEGRATED MH SERVICES		Р	age of
Type of Funding 2	. System Development		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service: _	60	_	
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Doris Melara
Client Capacit	ty of Program/Service Expanded through MHSA: _	60	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
	Experiences and Revenues	and Nevenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$0
b. Other Supports		\$0
2. Personnel Expenditures	\$69,181	\$79,221
Operating Expenditures	\$87,077	\$0
4. Program Management	\$384,454	\$0
5. Estimated Total Expenditures when service provider is not known	\$0	
6. Non-recurring expenditures	\$0	\$9,225
7. Total Proposed Program Budget	\$540,712	\$88,446
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$540,712	\$88,446

A-2 System Development Budget Narrative

A.4 Program Management	Expenditures were underestimated in the Fiscal Year (FY) 2007/08 budget. There were also increases in Telecare.	
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.	
Funding	Unspent funds will be applied to this program.	

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	A-3		Date:	9/19/2008
Program Workplan Name _	ACT Team		Р	age of
Type of Funding	1. Full Service Partnership		Months of Operation	12
Pro	oposed Total Client Capacity of Program/Service: _	60		
	Existing Client Capacity of Program/Service: _	60	Prepared by:	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA: _	0	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$0
b. Other Supports		\$0
2. Personnel Expenditures		\$0
Operating Expenditures		\$0
Program Management		\$1,645,787
5. Estimated Total Expenditures when service provider is not known		\$0
Non-recurring expenditures		\$0
7. Total Proposed Program Budget	\$0	\$1,645,787
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)		\$518,522
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$518,522
3. Total Revenues	\$0	\$518,522
C. Total Funding Requirements	\$0	\$1,127,265

A-3 Full Service Partnership Budget Narrative

A.4 Program Management	Expanded services were underestimated in the Fiscal Year (FY) 2007/08 budget. The ACT Program started recently.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County:	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-4		Date:	9/19/2008
Program Workplan Name	CWIC		Р	age of
Type of Funding	2. System Development		Months of Operation	12
Pr	oposed Total Client Capacity of Program/Service: _	4,000	_	
	Existing Client Capacity of Program/Service: _	3,931	Prepared by:	Doris Melara
Client Capac	city of Program/Service Expanded through MHSA:	69	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08	Estimated FY 2008/09 Expenditures
	Expenditures and Revenues	and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$0
b. Other Supports		\$0
2. Personnel Expenditures	\$0	\$164,490
Operating Expenditures	\$176,864	\$574,196
4. Program Management	\$2,344,548	\$7,251,692
5. Estimated Total Expenditures when service provider is not known		\$0
6. Non-recurring expenditures		\$0
7. Total Proposed Program Budget	\$2,521,412	\$7,990,378
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$322,042	\$1,296,177
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$322,042	\$1,296,177
3. Total Revenues	\$322,042	\$1,296,177
C. Total Funding Requirements	\$2,199,370	\$6,694,201

A-4 System Development Budget Narrative

A.4 Program Management	Implemented last of the four approved centers
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
_	A-4		Date:	9/19/2008
Program Workplan Name _	CWIC		Р	age of
Type of Funding 3	3. Outreach and Engagement		Months of Operation_	12
Pro	oposed Total Client Capacity of Program/Service: _	2,800		
	Existing Client Capacity of Program/Service: _	2,837	Prepared by: _	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA: $_$	-37	Telephone Number: _	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
	Experiorures and Revenues	and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$0
b. Other Supports		
2. Personnel Expenditures	\$0	\$78,277
Operating Expenditures	\$19,652	\$63,800
4. Program Management	\$260,505	\$605,689
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$280,157	\$747,766
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$280,157	\$747,766

A-4 Outreach and Engagement Budget Narrative

A.4 Program Management	Implemented last of the four approved centers.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-5		Date:	9/19/2008
Program Workplan Name	Psychiatric Triage Diversion Team at ARMC		Р	age of
Type of Funding	2. System Development		Months of Operation_	12
Pr	oposed Total Client Capacity of Program/Service: _	300		
	Existing Client Capacity of Program/Service: _	2,590	Prepared by: _	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA:	-2,290	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$1,800	\$2,130
b. Other Supports	\$0	\$0
Personnel Expenditures	\$401,967	\$660,110
Operating Expenditures	\$316,648	\$300,055
4. Program Management	\$153,107	\$574,352
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
6. Non-recurring expenditures	\$0	\$0
7. Total Proposed Program Budget	\$873,522	\$1,536,647
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$13,627	\$0
b. State General Funds		\$173,790
c. Other Revenue		\$0
d. Total New Revenue	\$13,627	\$173,790
3. Total Revenues	\$13,627	\$173,790
C. Total Funding Requirements	\$859,895	\$1,362,857

A-5 System Development Budget Narrative

COLA

A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-6		Date:	9/19/2008
Program Workplan Name	COMMUNITY CRISIS RESPONSE TEAM		Р	age of
Type of Funding	2. System Development		Months of Operation_	12
Pr	oposed Total Client Capacity of Program/Service: _	1,667		
	Existing Client Capacity of Program/Service: _	1,667	Prepared by:	Doris Melara
Client Capac	city of Program/Service Expanded through MHSA:	0	Telephone Number:	(909) 382-3005

		
	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$110,758
b. Other Supports		\$0
2. Personnel Expenditures		\$3,942,095
Operating Expenditures		\$114,805
4. Program Management		\$0
5. Estimated Total Expenditures when service provider is not known		\$0
Non-recurring expenditures		\$0
7. Total Proposed Program Budget	\$0	\$4,167,658
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		\$0
a. Medi-Cal (FFP only)		\$425,763
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$425,763
3. Total Revenues	\$0	\$425,763
C. Total Funding Requirements	\$0	\$3,741,895

A-6 System Development Budget Narrative

A. Expenditures	The CCRT Program was implemented at the beginning of Fiscal Year (FY) 2008/09.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County:	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-6		Date:	9/19/2008
Program Workplan Name _	COMMUNITY CRISIS RESPONSE TEAM		Р	age of
Type of Funding 3	. Outreach and Engagement		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service: _	2,934		
	Existing Client Capacity of Program/Service: _	2,934	Prepared by: _	Doris Melara
Client Capacit	ty of Program/Service Expanded through MHSA: _	0	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08	Estimated FY 2008/09 Expenditures
	Expenditures and Revenues	and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$12,306
b. Other Supports		
2. Personnel Expenditures		\$438,011
Operating Expenditures		\$12,756
Program Management		\$0
5. Estimated Total Expenditures when service provider is not known		
Non-recurring expenditures		
7. Total Proposed Program Budget	\$0	\$463,073
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$0	\$463,073

A-6 Outreach and Engagement Budget Narrative

A. Expenditures	The CCRT Program was implemented at the beginning of Fiscal year (FY) 2008/09.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-7		Date:	9/19/2008
Program Workplan Name _	Homeless Intensive Case Management and Outreach Services		P	age of
Type of Funding _	. Full Service Partnership		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service: _	50		
	Existing Client Capacity of Program/Service:	0	Prepared by:	Doris Melara
Client Capac	ty of Program/Service Expanded through MHSA: _	50	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$158,069
b. Other Supports		\$12,721
2. Personnel Expenditures		\$528,133
3. Operating Expenditures		\$210,336
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		\$0
6. Non-recurring expenditures		\$0
7. Total Proposed Program Budget	\$0	\$909,258
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)		\$111,759
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$111,759
3. Total Revenues	\$0	\$111,759
C. Total Funding Requirements	\$0	\$797,499

A-7 Full Service Partnership Budget Narrative

A. Expenditures

The Homeless Intensive Case Management and Outreach Services Program was implemented at the beginning of Fiscal Year (FY) 2008/09.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan #	A-7		Date:	9/19/2008
Program Workplan Name _	Homeless Intensive Case Management and Outreach Services		F	Page of
Type of Funding 2	2. System Development		Months of Operation	12
Pro	oposed Total Client Capacity of Program/Service: _	1,080		
	Existing Client Capacity of Program/Service: _	810	Prepared by:	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA:	270	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$63,541
2. Personnel Expenditures	\$489,894	\$735,286
3. Operating Expenditures	\$80,760	\$293,062
4. Program Management	\$194,346	\$222,898
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
6. Non-recurring expenditures	\$0	\$0
7. Total Proposed Program Budget	\$765,000	\$1,314,787
B. Revenues		
1. Existing Revenues		\$922,849
2. New Revenues		
a. Medi-Cal (FFP only)		\$55,842
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$55,842
3. Total Revenues	\$0	\$978,691
C. Total Funding Requirements	\$765,000	\$336,095

A-7 System Development Budget Narrative

A. Expenditures

The Homeless Intensive Case Management and Outreach Services Program was implemented at the beginning of Fiscal Year (FY) 2008/09.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	A-7		Date:	9/19/2008
Program Workplan Name _	Homeless Intensive Case Management and Outreach Services		P	age of
Type of Funding	3. Outreach and Engagement		Months of Operation_	12
Pro	oposed Total Client Capacity of Program/Service: _	300		
	Existing Client Capacity of Program/Service: _	0	Prepared by: _	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA:	300	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
	-	
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$31,518
2. Personnel Expenditures		\$68,941
Operating Expenditures		\$23,051
Program Management		
5. Estimated Total Expenditures when service provider is not known		\$0
Non-recurring expenditures		\$0
7. Total Proposed Program Budget	\$0	\$123,510
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)		\$0
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$0	\$123,510

A-7 Outreach and Engagement Budget Narrative

A. Expenditures

The Homeless Intensive Case Management and Outreach Services Program was implemented at the beginning of Fiscal Year (FY) 2008/09.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	OA-1		Date:	9/19/2008
Program Workplan Name _	Circle of Care - Peer Counseling Expansion		Р	age of
Type of Funding 2	. System Development		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service: _	90		
	Existing Client Capacity of Program/Service: _	242	Prepared by:	Doris Melara
Client Capaci	ty of Program/Service Expanded through MHSA: _	-152	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$10,961	\$15,551
b. Other Supports	\$0	\$0
2. Personnel Expenditures	\$700,950	\$845,482
3. Operating Expenditures	\$183,521	\$189,027
4. Program Management	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
6. Non-recurring expenditures	\$0	
7. Total Proposed Program Budget	\$895,432	\$1,050,060
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$71,824	\$73,979
b. State General Funds		\$0
c. Other Revenue	\$6,525	\$6,721
d. Total New Revenue	\$78,349	\$80,699
3. Total Revenues	\$78,349	\$80,699
C. Total Funding Requirements	\$817,083	\$969,360

OA-1 System Development Budget Narrative

COLA A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	OA-1		Date: _	9/19/2008
Program Workplan Name _	Circle of Care - Peer Counseling Expansion		Р	age of
Type of Funding 3	B. Outreach and Engagement		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service: _	55		
	Existing Client Capacity of Program/Service: _	4,381	Prepared by:	Doris Melara
Client Capaci	ty of Program/Service Expanded through MHSA: _	-4,326	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$0	\$1,728
b. Other Supports	\$0	\$0
2. Personnel Expenditures	\$77,883	\$93,943
Operating Expenditures	\$20,391	\$21,003
4. Program Management	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
6. Non-recurring expenditures	\$0	
7. Total Proposed Program Budget	\$98,274	\$116,674
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	\$0
b. State General Funds		\$0
c. Other Revenue	\$0	\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$98,274	\$116,674

OA-1 Outreach and Engagement Budget Narrative

COLA A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	OA-2		Date:	9/19/2008
Program Workplan Name _	Circle of Care - Mobile Outreach		Р	age of
Type of Funding _	1. Full Service Partnership		Months of Operation	12
Pro	oposed Total Client Capacity of Program/Service:	17		
	Existing Client Capacity of Program/Service:	17	Prepared by:	Doris Melara
Client Capac	ity of Program/Service Expanded through MHSA:	0	Telephone Number:	(909) 382-3005

. ,		
	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$6,452	\$1,551
b. Other Supports		\$0
2. Personnel Expenditures	\$108,548	\$689,136
Operating Expenditures	\$27,256	\$54,165
Program Management	\$0	\$125,559
5. Estimated Total Expenditures when service provider is not known	\$0	\$0
Non-recurring expenditures	\$0	\$0
7. Total Proposed Program Budget	\$142,256	\$870,411
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$9,209	\$9,485
b. State General Funds		\$0
c. Other Revenue	\$43	\$44
d. Total New Revenue	\$9,252	\$9,530
3. Total Revenues	\$9,252	\$9,530
C. Total Funding Requirements	\$133,004	\$860,881

OA-2 Full Service Partnership Budget Narrative

Funding	The Circle of Care - Mobile Outreach Program had a late start in Fiscal Year (FY) 2007/08.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	OA-2		Date: _	9/19/2008
Program Workplan Name _	Circle of Care - Mobile Outreach		Р	age of
Type of Funding 2	2. System Development		Months of Operation _	12
Pro	oposed Total Client Capacity of Program/Service: _	450		
	Existing Client Capacity of Program/Service: _	444	Prepared by: _	Doris Melara
Client Capaci	ity of Program/Service Expanded through MHSA: _	6	Telephone Number:	(909) 382-3005

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$0	\$99
b. Other Supports		\$0
2. Personnel Expenditures	\$196,726	\$202,628
3. Operating Expenditures	\$49,397	\$50,879
4. Program Management	\$0	
Estimated Total Expenditures when service provider is not known	\$0	\$0
Non-recurring expenditures	\$0	\$0
7. Total Proposed Program Budget	\$246,123	\$253,606
B. Revenues		
1. Existing Revenues		\$0
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	\$0
b. State General Funds		\$0
c. Other Revenue	\$0	\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$246,123	\$253,606

OA-2 System Development Budget Narrative

Funding	The Circle of Care - Mobile Outreach Program had a late start in FY 2007/08.
COLA	A Cost of Living Adjustment (COLA) of 4.52% was applied per County directive.

County:	COUNTY OF SAN BERNARDINO		Fiscal Year:	2008-09
Program Workplan #	Alliance for Behavioral and Emotional Treatment		Date:	9/19/2008
Program Workplan Name	A-8		F	Page of
Type of Funding	1. Full Service Partnership		Months of Operation	12
Pr	roposed Total Client Capacity of Program/Service:	400	New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Doris Melara
Client Capac	city of Program/Service Expanded through MHSA: _	400	Telephone Number:	(909) 382-3005

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				\$0
a. Housing				\$0
b. Other Supports				\$0
2. Personnel Expenditures			\$196,487	\$196,487
3. Operating Expenditures			\$110,913	\$110,913
4. Program Management			\$189,000	\$189,000
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures			\$103,600	\$103,600
7. Total Proposed Program Budget	\$0	\$0	\$600,000	\$600,000
B. Revenues				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)				\$60,000
b. State General Funds				\$0
c. Other Revenue				\$0
d. Total New Revenue	\$0	\$0	\$0	\$60,000
3. Total Revenues	\$0	\$0	\$0	\$60,000
C. Total Funding Requirements	\$0	\$0	\$600,000	\$540,000

A-8 New Full Service Partnership Budget Narrative

Funding

Unspent funds will be applied to the Alliance for Behavioral and Emotional Treatment Program.

Exhibit 5c

County: _	San Bernardino		Fiscal Year:	2008-09
Program Workplan # _	C2		Date:	9/19/2008
Program Workplan Name _	INFO Program		Pag	je1 of2
Type of Funding _	1. Full Service Partnership		Months of Operation	12
Pro	oposed Total Client Capacity of Program/Service: _	160	New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Doris Melara
Client Capaci	ity of Program/Service Expanded through MHSA: _	160	Telephone Number:	(909) 382-3005

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				\$0
a. Housing				\$0
b. Other Supports	\$6,415			\$6,415
2. Personnel Expenditures	\$928,327			\$928,327
3. Operating Expenditures	\$27,374			\$27,374
4. Program Management				\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Total Proposed Program Budget	\$962,116	\$0	\$0	\$962,116
3. Revenues				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)	\$68,128			\$68,128
b. State General Funds				\$0
c. Other Revenue				\$0
d. Total New Revenue	\$68,128	\$0	\$0	\$68,128
3. Total Revenues	\$68,128	\$0	\$0	\$68,128
C. Total Funding Requirements	\$893,988	\$0	\$0	\$893,988

C-2 New Full Service Partnership Budget Narrative

Funding

Unspent funds will be applied to the Integrated New Family Opportunities (INFO) Program.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet-New Workplans

County:	COUNTY OF SAN BERNARDINO		Fiscal Year:	2008-09
Program Workplan # Alliar	nce for Behavioral and Emotional Treatment		Date:	9/19/08
Program Workplan Name	A-8			Page of
Type of Funding 1. Fu	ull Service Partnership		Months of Operation_	12
Propose	d Total Client Capacity of Program/Service:	400	New Program/Service or Expansion	New
E	xisting Client Capacity of Program/Service:	0	Prepared by:	Doris Melara
Client Capacity of F	Program/Service Expanded through MHSA:	400	Telephone Number:	(909) 382-3005

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0 \$0
	Total Garrent Existing Fositions	0.00	0.00		ΨΟ
B. New Additional Positions					
Liscensed Clinical		4.00	1.00	\$75,400	\$75,400
Van Driver/Family Advocate Co-Occurring Counselor		1.00	1.00 1.00	\$48,100 \$48,672	\$48,100 \$48,672
After Hour Pay Supplements			0.80	\$30,394	\$24,315
Tation Flour Fay Supplements			0.00	φου,ου τ	\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
	Total New Additional Positions	1.00	3.80		\$196,487
C. Total Program Positions		1.00	3.80		\$196,487

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

A-8 New Full Service Partnership Staffing Detail Narrative

Funding

Unspent funds will be applied to the Alliance for Behavioral and Emotional Treatment Program.

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet-**New Workplans**

County:	San Bernardino		2008-09	
Program Workplan #	C2		Date:	9/19/08
Program Workplan Name	INFO Program			Page1 of2_
Type of Funding	Full Service Partnership		Months of Operation_	12
Prop	oosed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Doris Melara
Client Capacity	of Program/Service Expanded through MHSA:	0	Telephone Number:	(909) 382-3005

опен оправ				<u> </u>	(505) 502 5005
Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
A. Ourient Existing I ositions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Probation Officer (PO III)	Staff supervision and case management	0.80	0.95	\$105,315	\$100,049
Probation Officer (PO II)	Juvenile supervison and case management	0.80	0.95	\$90,819	\$86,278
Probation Officer (PO II)	Juvenile supervison and case management	0.80	0.95	\$88,678	\$84,244
Probation Corrections Officer	Case management and Supportive services	0.80	0.95	\$73,500	\$69,825
Office Assistant III (OAIII)	Office Support	1.00	1.00	\$53,791	\$53,791
Clinic Supervisor (CS)	Family Therapy and Office Supervision	0.25	0.50	\$104,274	\$52,137
Clinical Therapist I (CTI)	Family Therapy	2.00	2.00	\$77,736	\$155,472
Social Worker II (SWII)	Family Therapy	1.00	1.00	\$74,036	\$74,036
Social Worker II (SWII)	Family Therapy	1.00	1.00	\$67,213	\$67,213
Staff Analyst II (SAII)	Data collection and administrative/office Support	0.00	0.50	\$90,051	\$45,026
Alcohol and Drug Counselor	AOD Services	1.00	1.00	\$54,041	\$54,041
Peer and Family Advocate (PFA III)	Case management	1.00	1.00	\$39,614	\$39,614
Office Assistant III	Office Support	0.00	1.00	\$46,601	\$46,601
	Total New Additional Positions	10.45	12.80		\$928,327
C. Total Program Positions		10.45	12.80		\$928,327

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

C-2 New Full Service Partnership Staffing Detail Narrative

Funding

Unspent funds will be applied to the Integrated New Family Opportunities (INFO) Program.