

BEHAVIORAL HEALTH

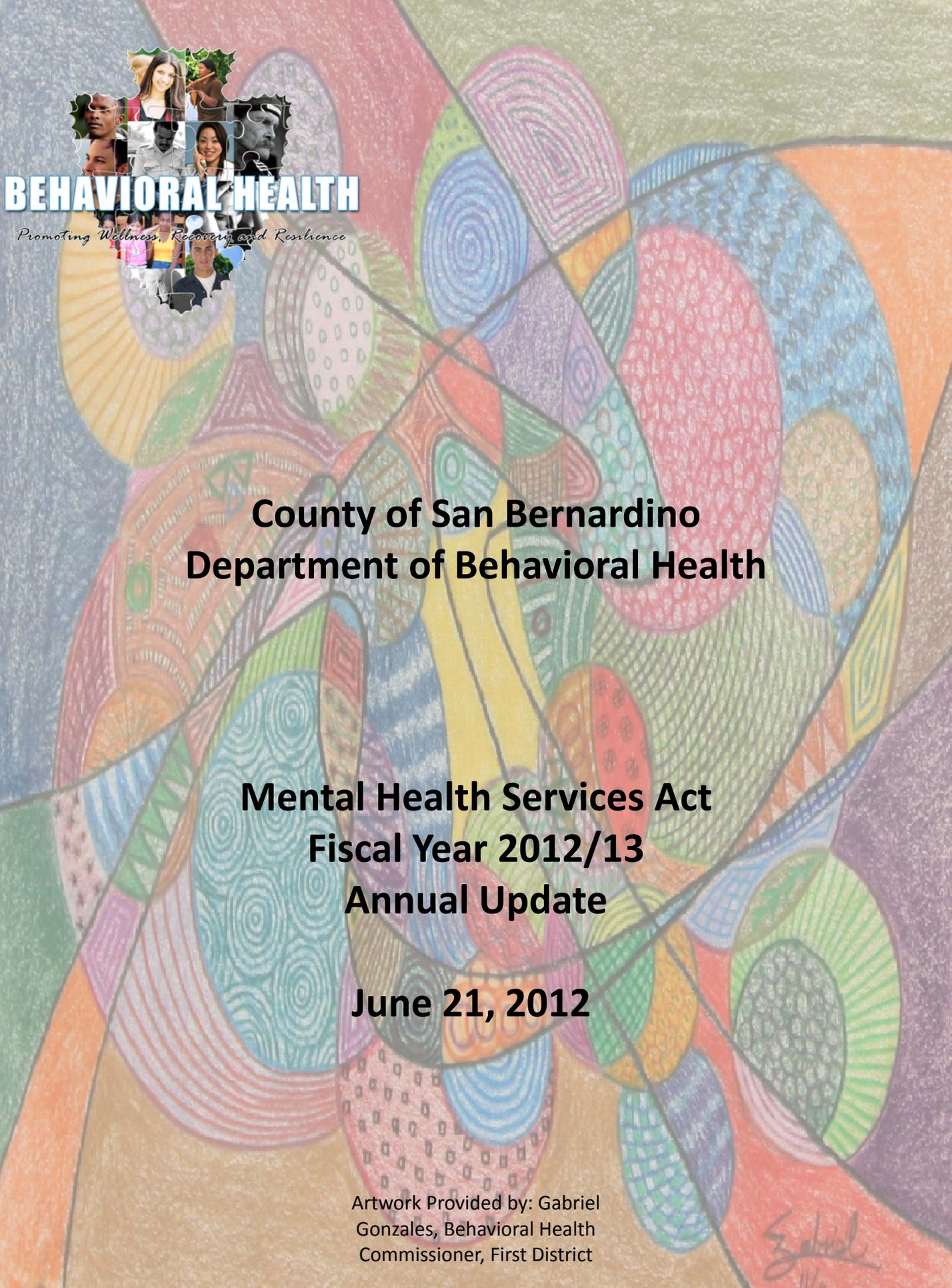
Promoting Wellness, Recovery, and Resilience

County of San Bernardino Department of Behavioral Health

Mental Health Services Act Fiscal Year 2012/13 Annual Update

June 21, 2012

Artwork Provided by: Gabriel
Gonzales, Behavioral Health
Commissioner, First District





Message from the Director

The County of San Bernardino Department of Behavioral Health is pleased to submit the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2012/13. With the passage of AB100, counties have been given the opportunity to present their annual updates in a way that is more meaningful to local stakeholders. This year, the Department of Behavioral Health is pleased to provide a report that includes program outcomes and success stories in an easy-to-read format.

An important piece of the annual update is the amount of funding available for the upcoming year. In the past, the state Department of Mental Health issued a notice with the MHSA funding available for each county. This year, the exact amount of funding hasn't been determined by the state, and once it's been determined, payments to counties will change from receiving the money in two lump sums per year to a *monthly payment system*. This new approach makes it unclear what the total amount of funding will be for this fiscal year. As a result, the department is budgeting for MHSA programs at the same amount as last fiscal year and will share all information related to funding with you as it becomes available from the State.

As in past years, a robust community planning process, including eighteen community meetings, was completed to gather feedback for this annual update and ensure community participation prior to the plan posting.

Should funding become available above what was available last year, five major priorities were highlighted which could be addressed through MHSA programs. These priorities are listed in the community and program planning section of this report and embody the spirit of MHSA principles in improving access for unserved, underserved and inappropriately served members of our community.

I hope you find this report informative and a true reflection of the impact MHSA programs have made throughout the County of San Bernardino. Thank you for taking the time to provide your feedback into our service and programming process, and for partnering with us in serving the beneficiaries of our County.

Sincerely,

A handwritten signature in black ink that reads "CaSonya Thomas". The signature is fluid and cursive, with a large loop at the end.

CaSonya Thomas, MPA, CHC
Director, Department of Behavioral Health
County of San Bernardino



Mensaje de la Directora

El Departamento de Salud Mental del Condado de San Bernardino se complace en presentar la Actualización Anual para el año fiscal 2012/13 de la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés). Con la aprobación de la propuesta de ley AB100, los condados ahora tienen la oportunidad de presentar sus actualizaciones anuales de una forma que tengan más sentido para las partes interesadas al nivel local. Este año, el Departamento de Salud de Mental se complace en brindar un informe que incluye resultados de los programas y casos exitosos en un formato fácil de leer.

Una parte importante de la actualización anual es el monto de fondos que estarán disponibles para el año entrante. En el pasado, el Departamento de Salud Mental del Estado emitía un aviso respecto a los fondos de MHSA que se destinarían a cada condado. Este año, el monto exacto de los fondos no ha sido aún determinado por el Estado, pero una vez que se determinen, la forma en que los condados recibirán dichos fondos cambiará: de recibir fondos en dos sumas globales por año, ahora pasará a un *sistema de pagos mensuales*. Este nuevo enfoque hace que no se tenga una idea clara de cuál será el nuevo monto de los fondos para este año fiscal. Por lo tanto, el Departamento está presupuestando los programas de MHSA basándose en los mismos montos que les destinó el año fiscal pasado y compartirá con ustedes toda la información relacionada, en la medida en que el Estado la haga disponible.

Como en años anteriores, un extenso proceso de planificación comunitaria se llevó a cabo. Este proceso incluyó 18 reuniones comunitarias, las cuales tuvieron como finalidad recopilar opiniones y observaciones para la presente actualización anual; también tuvo como objetivo asegurar la participación comunitaria antes de la publicación del plan.

En el caso de que se reciban fondos superiores a los fondos obtenidos el año pasado, las cinco prioridades que han sido resaltadas como las más importantes, podrían ser atendidas a través de los programas de MHSA. Estas prioridades están enlistadas en la sección de planeación comunitaria de programas de este informe, el cual plasma el espíritu de los principios de MHSA, cuyo propósito es mejorar el acceso a los servicios de aquellos miembros de nuestra comunidad que no están siendo atendidos, que han recibido los servicios de manera insuficiente o que no han sido servidos adecuadamente.

Espero que este informe le sea de utilidad y que sea un fiel reflejo del impacto que los programas de MHSA han logrado en todo el Condado de San Bernardino. Gracias por tomarse el tiempo de aportar su retroalimentación al proceso de servicios y programas, así como por colaborar con nosotros para servir a los beneficiarios de nuestro Condado.

Atentamente:

CaSonya Thomas, MPA, CHC
Directora del Departamento de Salud de Mental
Condado de San Bernardino

Mental Health Services Act Annual Plan Update FY 2012/13

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Community Planning Process

The comprehensive community planning process for the Annual Update took place throughout the month of April, 2012. Eighteen community meetings were held throughout all regions of the county, including Needles and Big Bear. Additionally, one community meeting was conducted in Spanish for monolingual stakeholders. New webinar technology was utilized during the process to allow stakeholders to participate via the internet or from a satellite location. A complete listing of the community meetings, as well as the press release announcing the meetings is included in the Appendix of this document.

Approximately 158 stakeholders participated in the process. Stakeholders included representation from the following groups:

Age	
0-17 yrs	3
18-24 yrs	15
25-59 yrs	118
60+ yrs	19
No Answer	3

Gender	
Female	105
Male	43
Other	0
No Answer	10

Region	
Central Valley	28
Desert/Mountain	35
East Valley	32
West Valley	32
No Answer	31

Primary Language	
English	104
Spanish	36
Vietnamese	3
Other	7
No Answer	18

Stakeholder Group	
Family Member of Consumer	28
Consumer of Mental Health Services	23
Law Enforcement	3
School Personnel	13
Community Agency	42
Faith Community	7
County Staff	30
Human Services	4
Health Provider	6
Community Member	38
Contracted Staff	2
No Answer	8

Ethnicity	
Latino/Hispanic	53
African American	15
Caucasian/White	50
Asian/Pacific Islander	14
American Indian/Native American	7
Multi-ethnic	8
Other	2
No Answer	9

All stakeholders who attended a community meeting were asked to complete a survey that included demographic information. Stakeholders who checked multiple boxes were counted in each category in which they identified. A copy of the survey is included in the appendix for your reference. The survey was available in English and Spanish.

Program Planning

During community meetings, stakeholders completed surveys to provide input into the overall Annual Update and assist in the prioritization of needs should funding become available in Fiscal Year 2012/13 beyond what was received by DBH in Fiscal Year 2011/12. No changes are proposed for Workforce Education and Training, Capital Facilities or Technological Needs. All other proposed component updates are listed below.

Community Services and Supports

If no additional funding is realized, all programs will remain **same level as last year with minimal program changes**.

The changes would include:

- Reduction of Rialto Crisis Walk In Center (CWIC) hours for three major holidays: Christmas, Thanksgiving and New Years Day. Data from the last two years has shown that no services have been accessed on these days. Should a crisis arise, the Community Crisis Response Team is available to respond and provide services.
- The savings from the closure of these three days would be directed towards an expansion of services for the High Desert CWIC. Due to the economic crisis, the High Desert CWIC has experienced a high number of consumers who no longer have health insurance. This has led to an increased number of consumers that need to be referred to DBH clinics or other health care providers. The CWIC experienced an increased demand in the need for case management services and follow up medication support while the connection to mental health services within the Department of Behavioral Health is being made. The expansion of these services are expected to provide greater customer service and better access to urgent mental health services for the County of San Bernardino residents in the high desert region. This expansion will also prevent unnecessary hospitalizations and contribute to increased quality of care.

If additional funding is realized, five priorities which have been identified throughout DBH's community planning over the past five years, including this year, could be addressed with CSS funds. These Issues have been addressed in previously approved program planning efforts that could not be implemented due to budget restrictions, and as a result, remain unimplemented. These same issues were also indentified during DBH's ongoing program evaluation efforts and are as follows:

- Family and Youth Support,
- Basic Needs-Transportation,
- Emergency Preparedness,
- Administrative Support and
- Improved Access /Availability of Treatment and Recovery.

Results of the prioritization survey are as follows:

Priorities	
Family and Youth Support	71
Increased Access/Availability of Treatment/Recovery Services	52
Basic Needs-Transportation	46
Administrative Support	19
Emergency Preparedness	15

Stakeholders were asked to rank the priorities from 1-5, with 1 being the greatest prioritized need. These totals reflect those who prioritized the need as a 1. Those who identified multiple high priority needs were counted for each need for which they identified as a 1.

Program Planning, cont.

Prevention and Early Intervention

Prevention and Early Intervention is undergoing a separate community planning process to assist in the development of a plan to utilize unspent funds. Due to the large amount of participation in that process, community meetings are still occurring to determine which needs can be addressed currently. The meetings being held throughout the month of May are as follows:

<p>May 1, 2012 3:00PM-5:00PM</p> <p>Department of Behavioral Health Training Institute 1950 S. Sunwest Lane, Ste. 200 San Bernardino, CA 92415</p>	<p>May 9, 2012 12:00PM-2:00PM</p> <p>Behavioral Health Resource Center Rm. F119/F1120 850 E. Foothill Blvd. Rialto, CA 92376</p>	<p>May 17, 2012 6:30PM-8:30PM <i>Spanish Language Meeting*</i></p> <p>Consulate of Mexico in San Bernardino 293 North "D" St. San Bernardino, CA 92401</p>
<p>May 7, 2012 2:30PM-4:30PM</p> <p>Bear Valley Unified School District Office 42271 Moonridge Road, Big Bear Lake, CA 92315</p>	<p>May 10, 2012 3:30PM-5:30PM</p> <p>Rim of the World High School Library Room 27400 State Hwy 18 Lake Arrowhead, CA 92352</p>	
<p>May 2, 2012 3:00PM-5:00PM</p> <p>Yucca Valley Community Center 57090 Twentynine Palms Hwy. Yucca Valley, CA 92284</p>	<p>May 11, 2012 10:00AM-12:00PM</p> <p>Desert Mountain SELPA 17800 Highway 18 Apple Valley, CA 92307</p>	

Innovation

Two of the original Innovation plans were slated to end in June 2012 per previous MHSA plans. Due to late start up, the desired learning has not yet been achieved. The stakeholder groups for the Coalition Against Sexual Exploitation (CASE) and the Online Diverse Community Experience (ODCE) have asked that the two projects be extended for one year to continue the learning associated with the projects.

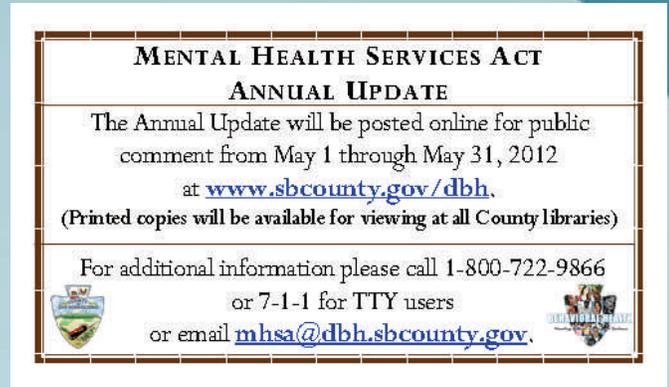
Other projects currently in process include the Holistic Campus, Community Resiliency Model, Interagency Youth Resiliency Team and TAY Behavioral Health Hostel are continuing as planned.

Stakeholder Input Opportunities

The Annual Update is posted on the Department of Behavioral Health website from May 1 through May 31, 2012. The public hearing to confirm the community planning process is scheduled to be held on June 7, 2012, at the Behavioral Health Commission meeting.

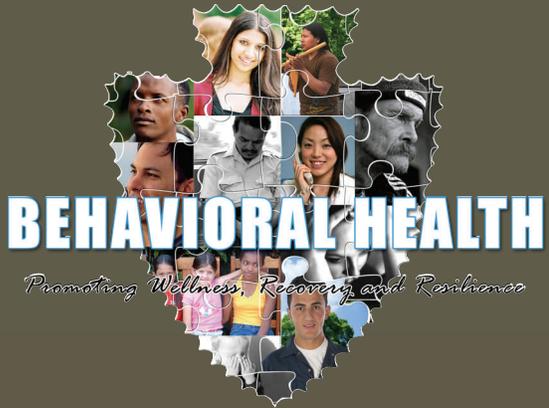
A comprehensive communication plan was implemented during this annual update that includes:

- Press releases sent to **twelve** community newspapers and **one hundred twenty four** media contacts which includes reporters, television news media, and Board of Supervisor contacts.
- Eighteen Stakeholder meeting where held between April 9, 2012 and April 26, 2012
- WebEx Meetings were held on April 23rd 2012 at three separate locations
- A monolingual meeting in Spanish was held on April 19, 2012
- Web blasts/letters were developed and disseminated to all Department of Behavioral Health Staff, over **300** faith based community members, Community Policy Advisory Committee members, Cultural Competency Advisory Committee members, Association of Community Based Organizations, Cultural Coalitions and the Directors of all County of San Bernardino Departments.
- The plan is printed and distributed to all county libraries for those without computer access.
- Materials are also distributed at all outreach activities in which department staff participates.



Stakeholders were asked their general feeling about the MHSa Annual Update in the County of San Bernardino. Feedback was as follows:

Very Satisfied	75
Somewhat Satisfied	19
Satisfied	46
Unsatisfied	1
Very Unsatisfied	3
No Answer	14



C-1: Comprehensive Children and Family Support Services (CCFSS)

Service Goals

- **Provide culturally sensitive/competent**, family-centered, strength-based and needs-driven services to children and families who are underserved with complex mental health, behavioral or co-occurring needs in a family setting
- **Decrease psychiatric hospitalizations** and prevent a higher level of mandated care
- **Assist with community supportive services**
- **Service coordination** consisting of respite options, 24/7 crisis phone and mobile crisis intervention services in cooperation with established community crisis centers as well as immediate issues over the phone
- **Improve stability** in the home
- **Provide outpatient services** as appropriate to the treatment needs and service goals of the child and family
- **Improve school advocacy**, promotion and attendance by reducing expulsions, arrests, substance abuse and emergency interventions

Why was Comprehensive Children and Family Support Services (CCFSS) Created?

SB 163 Wraparound, one of the programs within CCFSS, had proven to be an effective means by which youth who are wards of the court and dependents could be helped by avoiding unnecessary out of home placement or loss of a current placement. Additionally, assistance was provided to help set and accomplish age-appropriate goals and develop constructive relationships within their family and community.

- Children and youth were identified as needing a wraparound style of intervention; however, they did not qualify for the other programs, their needs went unmet, and often the situation worsened.
- Success First/Early Wrap was created to facilitate the success of children and youth without preventing difficulties or issues arising to the level that more acute services were needed.
- The intensive service culture needed to be applied to youth in high levels of placement through the Residential program options.
- A Wraparound program was needed to incorporate the programs listed above, providing a continuum of services for children and youth.

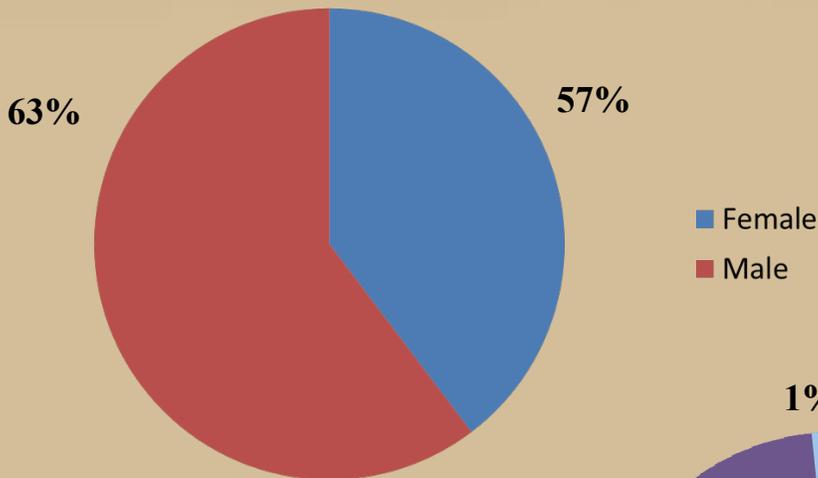


Positive Results

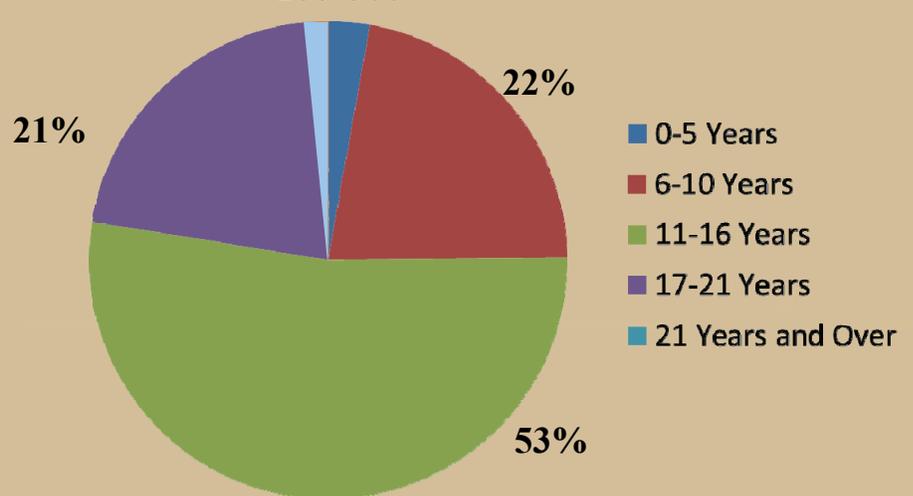
- **Increased family and community support connections**
- **Decreased hospitalizations**
- **Decreased involvement** with law enforcement and the Juvenile Justice system
- **Increased services** to ethnic populations
- **Increased academic success and retention in school**
- **Decreased homelessness**
- **Increased lower level community supportive services**
- **Increased family independence** through increased informal community support
- **Reduced removal from family home**
- Provided **evidence-based treatment** that specifically address trauma symptoms, substance abuse, parent-child relational difficulties and attachment disorders, oppositional defiance, mood disorders, disorders of infancy and early childhood and parenting skills deficits
- **70% of children/youth** in Success First/Early Wrap reach their goals by the end of service

Program Data

Gender Breakdown



Ages



Making A Difference

A 16-year-old girl in a Court-ordered out-of-home placement was enrolled in Residential Based Services (RBS) Program eleven months ago. She had been allowed to move back to the County of San Bernardino from another high level placement. Suffering from a mood disorder, she was frequently suicidal, cut herself and exploded upon others. For these reasons, she was hospitalized multiple times. As a result of her hard work in Residentially Based Services, she is no longer acting out, is not exploding at others, is not cutting herself, is now doing well in school and has moved into a foster home. RBS efforts have resulted in her being connected to six significant family members (e.g., mom, etc.), when she had previously been involved with only one extended family member. RBS staff will continue to work with her as she lives in the foster home so that she can maintain her gains, obtain more family involvement and be ready for a successful launch into adulthood.

Challenges

- Sudden suspension of the AB3632 program created issues to accessing services
- Youth were enrolled in SB 163 programs through the AB 3632 services that were suspended
 - As a result the school districts indicated that this service is not required under the Federal Individuals with Disability Education Act
- Child Psychiatrists are a severely limited resource in the County of San Bernardino
- Children and youth without insurance, and not eligible for Medi-Cal, have very limited options for aftercare
- The limitation of natural resources accessible to single parent families without extended familial support and who are functioning below poverty pose exceptional challenges
- Some family participation appears to be more motivated by avoiding other consequences (e.g., placement), this results in less robust disclosure of family issues (e.g., alcoholism, domestic violence, etc.). These unknown obstacles create multiple difficulties for service providers.
- Accessing appropriate community resources for youth in Residentially Based Services is highly difficult due to complications of supervision requirements when parents or foster parents are not highly involved.



Solutions in Progress

- Use of Success First/Early Wraparound programs to meet the immediate needs of children and youth who were enrolled in SB 163 Wraparound under AB 3632
- Expanded the array of services provided by Wraparound programs to include Therapeutic Behavioral Services (TBS) (i.e., one-to-one behavioral coaching)
- Consistent on-site training and campaigning regarding eligibility criteria, referral processes and hands-on support for making referrals to the Comprehensive Children and Family Support Services program
- Participation with Children & Family Services at Team Decision Making meetings to ensure consistent information about eligibility criteria and referral processes

Collaborative Partners

Thank you to our partners!

**County of San Bernardino
Children & Family Services**

**County of San Bernardino
Probation**

**Department of Behavioral
Health Transition Age Youth
Centers**

**School Attendance Review
Boards**

School Districts

**San Bernardino County
First Five**

Local Communities

**First/Early Wraparound &
SB 163 Programs**



C-2: Integrated New Family Opportunities (INFO)

Service Goals

The objectives of Integrated New Family Opportunities (INFO) are:

- **Reduce recidivism** and criminal behavior
- **Improve family relations** through effective communication
- **Increase school attendance**
- **Reduce and/or eliminate substance abuse**
- **Reduce cost** to the County of San Bernardino

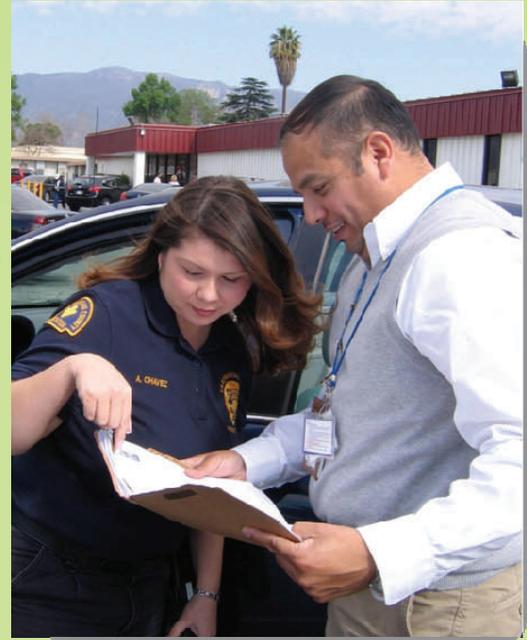
Why was INFO Created?

Juvenile arrests in the County of San Bernardino (County) increased steadily from 2002 to 2005. In 2005, **7,482 juveniles** were booked and detained in the County Juvenile Detention and Assessment Centers (JDACs). **The County had a significantly higher juvenile arrest rate than the rest of the state.**

The lack of early identification (screening, assessment and referral) of **mental health (MH) and alcohol and drug (AOD) problems in the County's juvenile justice population was evident in that only 8% of the County's detained juvenile justice population was identified with MH or AOD problems as opposed to 70% identified in the same population nationwide.**

Many youth are detained and placed in the system for relatively minor, non-violent offenses, but end up engaged in the system because of the lack of community-based mental health and AOD treatment services.

There was a need for a partnership between the Department of Behavioral Health, Probation and the Courts and the program was started.



Positive Results

INFO participant's combined **sustained allegations were reduced to 36 after entering the program as opposed to 328 prior to entering the program.** Sustained allegations include felonies, misdemeanors and status offenses. Recidivism as of June 30, 2010, was **20%.**

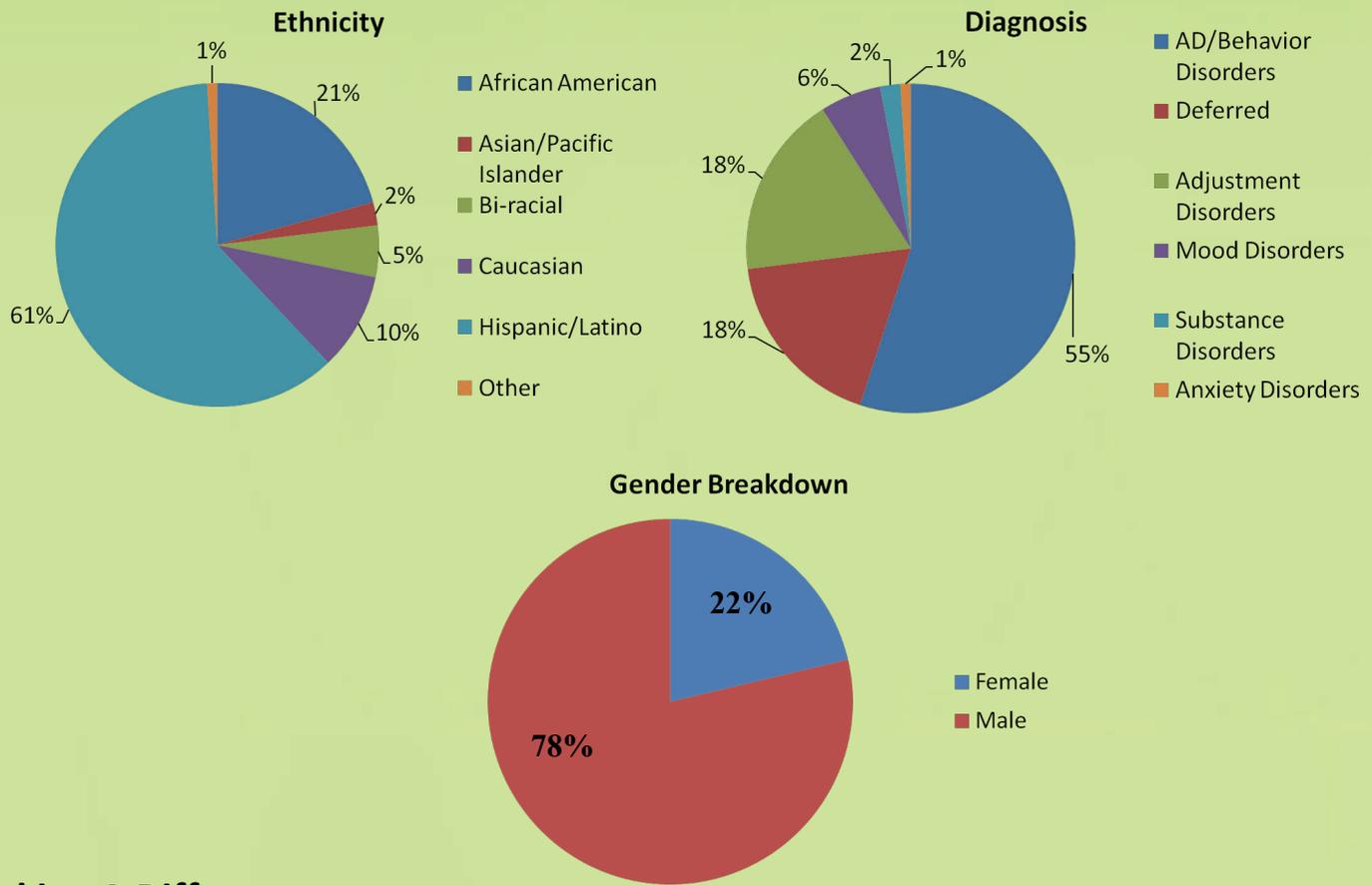
As of June 30, 2010, **107 minors and their families had successfully completed the program.**

All minors who are active in or have completed the program attend school regularly. **This is a 62% improvement to their pre-INFO school attendance rate.**

Prior to entering the program, **89% of the minors** presented with a history of substance abuse. During the course of the program, with drug testing as a regular part of the intervention, **only 12% of the minors continued to use drugs.**

Prior to entering the INFO program, minors spent **4,703 days** in a Juvenile Detention and Assessment Center (JDAC) at an estimated **cost of \$1,222,780.** After entering the INFO program, minors spent **726 days** in a JDAC at an estimated **cost of \$188,760, for a total reduction of 3,977 days in a JDAC facility and a savings of \$1,034,020.** Costs are approximately \$260 per day.

Program Data



Making A Difference

Joana was referred to the INFO Program in November 2010. Joana was a 15-year-old Latina female who was placed on probation for petty theft charges. Prior to becoming involved in the program she had an extensive history of running away from home, sometimes being gone for months at a time, and was smoking marijuana daily. At the time Joana and her mom began working with INFO, she was staying with a family friend because there was such a high level of conflict between mom and daughter, and mom's work schedule made it difficult to consistently supervise her. Once mom and daughter began working with the family therapist, they were better able to negotiate their differences and Joana moved back into the house with mom and her siblings.

Joana and her mom made great progress in changing their communication patterns, and as a result, mom was able to implement more consistent structure and consequences in the household that Joana has followed. In addition to family therapy, Joana received Intensive Probation supervision during this time, consistently tested clean for all drug use and attended school on a regular basis. She was also connected with the San Bernardino County Museum and finished all of her community service hours. Joana graduated from the INFO program on May 5, 2011, and her Probation case has been closed.

Challenges

There is currently a wait list for the program due to the need for bi-lingual services. In addition, the current economic condition has resulted in fewer community and county resources to assist minors and their families.

Solutions in Progress

- A new voucher process to meet the basic needs of families has been instituted
- The INFO program continues to develop new relationships and community resources including working with DBH clinics to expedite services to INFO minors and families

In Their Own Words

Rafaela, the parent of a 15-year-old Hispanic female client who had a history of running away and not communicating with her family, is quoted as saying, "The INFO team came and became a part of my family and **now I am able to know that my daughter is safe** because she checks in with me and talks with me."

One minor coined the phrase for the INFO program as "**Restoring Families, One by One**" which is now the INFO mantra.

Darla, the parent of a 16-year-old who was having difficulty passing his classes and staying sober offered, "**Thanks to the INFO Team, I got my son back.**"

Maria and Adriana, 15- and 16-year-old sisters presented, "**We did not want counseling and people coming to our house and now we don't want our therapist to leave because life is much better now.**"

Collaborative Partners

The INFO Program would like to acknowledge the support of the following agencies :

Department of Behavioral Health
Administration

County of San Bernardino
Probation Department

Juvenile Court San Bernardino

County of San Bernardino
District Attorney's Office

County of San Bernardino
Public Defender's Office

Mary's Mercy Center

Young Visionaries Leadership
Academy

Children's Fund

North San Bernardino Jr.
All-American Football & Cheer

These agencies helped INFO meet the needs of our families, allowed our minors to perform community service, and assisted with resources for the basic life needs of our families.



TAY-1: Transitional Age Youth (TAY) One Stop Centers

Service Goals

The objectives of Transitional Age Youth (TAY) Centers are:

- **Increase** Counseling and Group Sessions
- **Increase** Housing Assistance
- Provide **Independent** Living Skills Classes
- Provide **Educational** Assistance
- Provide **Employment** Assistance
- Offer Appropriate **Peer Driven Groups**
- Facilitate Successful **Community Integration**

Why was TAY created?

Transitional Age Youth (TAY) Centers were created to provide integrated services to transitional aged youth (16-25 years-old) who are unserved, uninsured and homeless or at risk of becoming homeless. Transitional age youth typically have been over-represented in the Justice System and out-of-home (foster care, group homes, institutions) placements. TAY Centers provide a high level of care with services that are gender specific, culturally and linguistically appropriate. Transitional age youth and their families were integral in creating youth specific services.



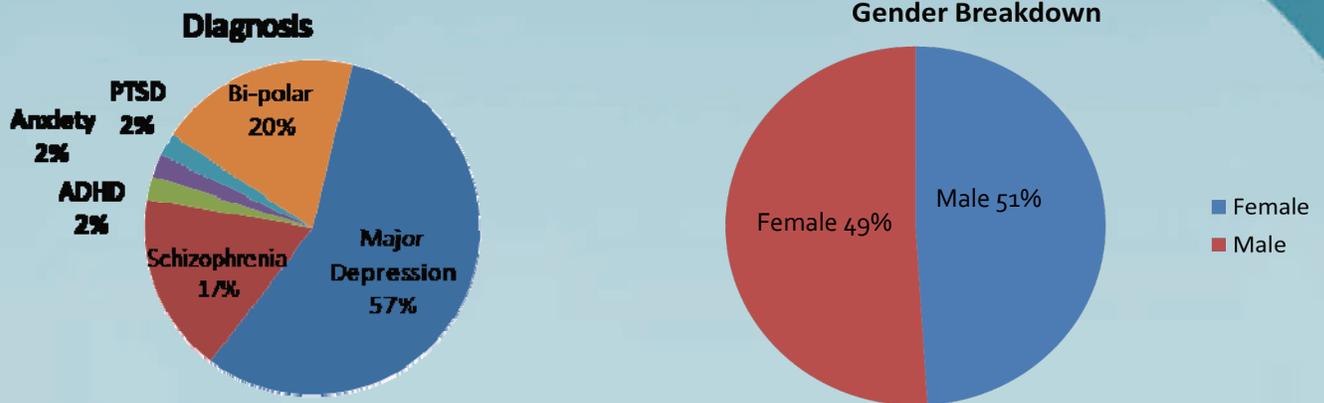
Positive Results

- There are four One-Stop TAY Centers funded by the Mental Health Service Act (MHSA) Proposition 63 along with state and federal funding. The MHSA TAY Center efforts continue to serve as the model program in the State.
- TAY Centers have contributed to savings in community costs by assisting transitional age youth in:
 - Becoming independent
 - Staying out of the juvenile justice system
 - Reducing hospitalizations
 - Reducing homelessness

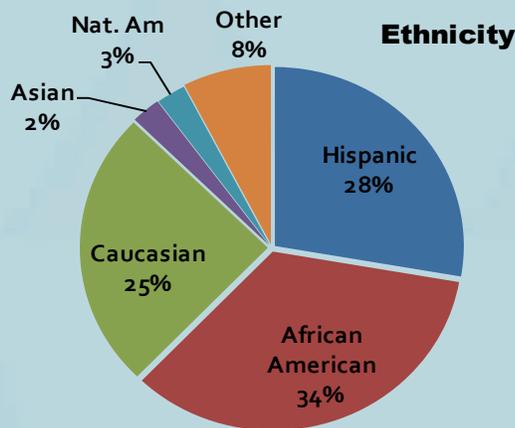
Shelter Bed Program Statistics

- Of the TAY incarcerated prior to receiving housing services, **85% were not incarcerated again** within a year after receiving TAY housing Services
- Of the TAY hospitalized prior to receiving housing services, **63% were not hospitalized again** within a year after receiving TAY Housing Services
- **2,532** clients have been served in all four regions since opening in 2007

Program Data



63% of TAY Partners with psychiatric disorders also have a co-occurring substance abuse diagnosis



Making A Difference

Since coming to TAY in February 2008, my life has changed for the better. When I first came, I was very quiet and kept to myself. Three and a half years later I no longer keep to myself and am very open. I speak in crowds to report what TAY is and has done for me. Without the help and support of TAY, my life wouldn't be like it is now. I would've never finished high school and started attending college. I wouldn't have the life I do now. The skills and friends that I've made at TAY will be with me forever. The skills have saved me in so many ways. I'm grateful for all that TAY staff have done and keep doing for me. I'm grateful and forever changed by what TAY has done and continues to do for me. - Client Testimony

Challenges

- There were limited services for TAY transitioning out of children’s services to assist in areas of employment, educational opportunities, living situations, community life, medication, mental health, physical well-being, drug and alcohol use, trauma, domestic violence, and physical, emotional and sexual abuse.
- Services are still needed to address the specific gender, culture and language of TAY.
- There was a need for emergency shelter bed services to prepare for entry into the community.

**“Since I’ve been coming to the TAY Center, I’ve been able to stay out of the hospital for a whole year.”
- Client Comment**



Collaborative Partners

Thank you to the ongoing partnerships that enable success for our TAY!

**County Foster Care Services
Steering Committee**

**County of San Bernardino
Children and Family Services**

**County Schools
Foster Youth Services**

Drug and Gangs Taskforce

Independent Living Program

**County Mentorship
Taskforce**

DBH Shelter Bed Services

Homeless Youth Taskforce

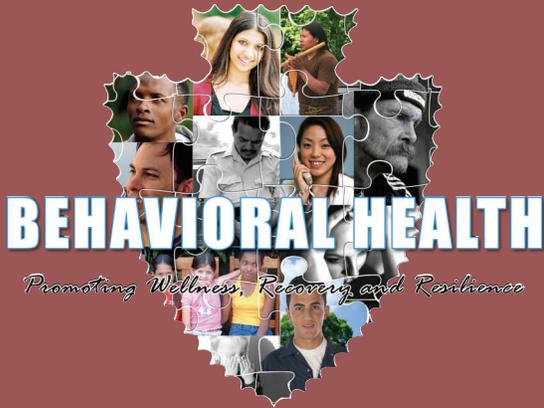
**State Department of
Rehabilitation**

**Interagency Youth
Resiliency Team**

Solutions in Progress

- With staff assistance, all contracted TAY Centers have developed TAY Advisory Boards by and for TAY partners.
- One-Stop TAY Centers continue to have measurable impacts in their respective communities.
- Specific efforts are being made to reach the targeted ethnic groups of Latino and African Americans that do not have access to appropriate services and are inappropriately served or underserved.
- Emergency Shelter Bed Services are being accessed by TAY youth.

“It was so important to have the same bed where I knew I would be sleeping every night. I don’t know if you guys can understand how important that is, but it really helped me successfully complete my GED.” - Client Comment



A-1: Clubhouse Expansion Program

Service Goals

The objectives of the Clubhouse Expansion Program are to:

- Provide **wellness, recovery and resilience** model programs
- **Promote members integration into the community and increase coping skills** by providing and facilitating peer-run groups including basic education, money management and crisis management
- **Increase members interactions and development of social skills** by providing regularly scheduled social and recreational activities both onsite and in the community
- Employ a **Peer and Family Advocate workforce** to assist consumers to link to housing, benefits, education and employment resources

Why was Clubhouse Expansion created?

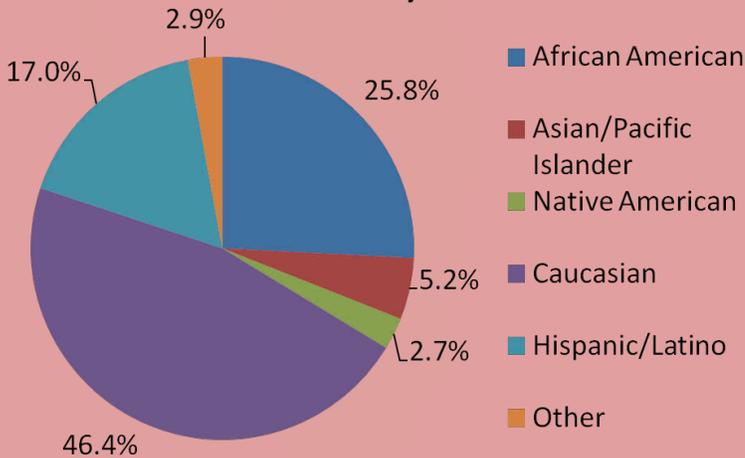
Priority issues identified by stakeholders through the community program planning process included:

- Homelessness
- Frequent hospitalizations and emergency room visits
- Inability to manage independence
- Institutionalization and incarceration
- Isolation
- Access to care; lack of transportation

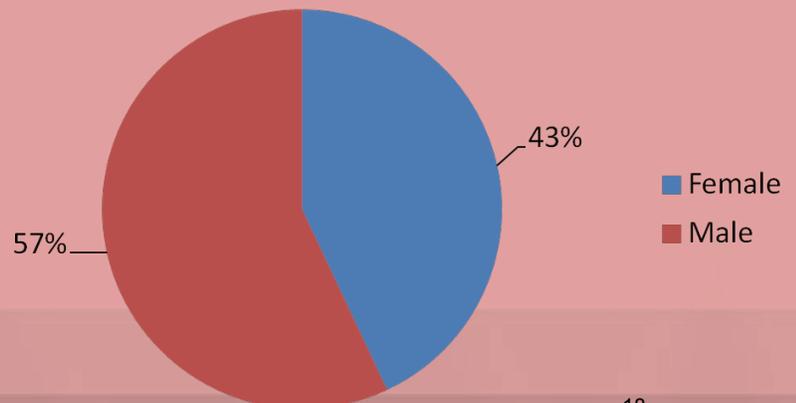


Who we serve:

Ethnicity



Gender Breakdown



Positive Results



- Through clubhouse participation, consumers are provided transportation assistance with the use of program vans and distribution of bus passes to ensure they can attend doctor, legal and program appointments and participation in community events.
- Trainings are offered on topics such as Social Security policies, interacting with police, advocacy, accessing resources, developing social skills, wellness and recovery plans.
- **77** consumers attended specialized training to receive Peer and Family Advocate and Human Services Certificates.
- **45** consumers have succeeded in obtaining employment as Peer and Family Advocates with the Department of Behavioral Health and contract providers.
- The Clubhouse Expansion program utilizes peer education, advocacy, counseling, social and recreational activities and life skills development.
- The Office of Consumer and Family Affairs is operated by a consumer and a family member with the long term goal of supporting, coordinating and advocating for system wide Recovery Model planning and implementation.
- Consumers are in charge of activities including running numerous groups, staffing the reception area, operating a clothes closet, cooking and engaging peers in recreational activities.
- On average, **481** unduplicated consumers are served in a three month period at county and contracted clubhouses.

Making A Difference

I was a member of the clubhouse for many years before being given the opportunity to apply for the position of Peer and Family Advocate. I was very nervous and did not think that I would get the position, but I applied anyway. To my surprise I received a call after my interview that I was being offered the position. I asked to only work part-time because I was scared of losing my Social Security benefits and was still unsure if I would be able to maintain employment with my diagnosis. After working part-time for five years, I was asked if I wanted to go full time and run another clubhouse in a different city. After talking it over with my family, and with encouragement from my peers, co-workers and supervisor, I decided to take the position. I am now more confident than ever in myself and my abilities. I am working full time and have realized that while my diagnosis is still a part of me, it does not limit me from achieving my goals and dreams. Today, I am a proud member of the Peer and Family Advocate workforce for the County of San Bernardino and am a stronger advocate for the consumers in my community.

Challenges

The Clubhouse Expansion program has faced some of the same challenges other peer run programs throughout the state have faced. Challenges include:

- Stigma and discrimination
- Access to transportation
- Standardizing rules and procedures among clubhouses without stifling consumer creativity and independence
- Navigating restrictive policies when hiring consumer employees



Solutions in Progress

- Ongoing staff and community trainings are being conducted surrounding anti-stigma initiatives.
- The Clubhouse Expansion program utilizes bus passes, community transportation agencies and clubhouse vans to address transportation challenges.
- A standardization committee consisting of members from all clubhouses deliberated and agreed upon governing rules for all clubhouses. Each clubhouse can add to this basic set of guiding principles as their members see fit.
- DBH Human Resources has worked extensively to ensure that consumers are able to gain employment through the county and navigate the hiring process.

“Since coming to the clubhouse I have re-discovered my love for art and have not been hospitalized in over ten years!” - Consumer Comment

County of San Bernardino Clubhouses

A Place to Be

805 E. Mt. View
Barstow, CA 92311
(760) 256-5026

Santa Fe Social Club

56020 Santa Fe Trail, Suite M
Yucca Valley, CA 92284
(760) 369-4057

Our Place

721 Nevada Street, Suite 205
Redlands, CA 92373
(909) 557.2145

Central Valley FUN Clubhouse

1501 S. Riverside Ave.
Rialto, CA 92376
(909) 877-4887

Pathways to Recovery

850 E. Foothill Blvd.
Rialto, CA 92376
(909) 421-9248

TEAM House

201 W. Mill St.
San Bernardino, CA 92408
(909) 386-5000

Amazing Place – The Upland Social Club

934 N. Mountain Ave., Suite C
Upland, CA 91786
(909) 579-8157

Victor Valley Clubhouse

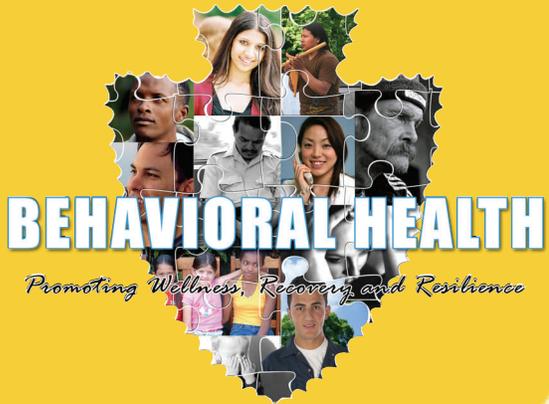
12625 Hesperia Rd., Suite B
Victorville, CA 92392
(760) 955-6224

Harmony Clubhouse

82820 Trona Rd, Suite A
Trona, CA 93562
(760) 372-4843

Someplace To Go

32770 Old Woman Springs Rd, #B
Lucerne Valley, CA 92356
(760) 248-6612



A-2: Forensic Integrated Mental Health Services

Service Goals

- **Expand Mental Health Court** (a specialized program in which defendants with mental illness are diverted into court-supervised, community-based treatment)
- **Maintain seriously mentally ill individuals** in the least restrictive environment possible
- **Implement** Forensic Assertive Community Treatment (FACT) Program
- **Reduce recidivism** (going back to jail or psychiatric hospitalization)
- **Increase public safety** through focusing on information choice and decision making
- **Increase community tenure** through development of independent living skills and providing appropriate array of services and support
- **Support recovery**
- **Expand** the Crisis Intervention Training (CIT) Program
- **Improve** positive police and mental health system collaboration and communication
- **Decrease** repeat calls for service

Why was Forensic Integrated Mental Health Created?

Mental Health Courts were established throughout the United States due to federal legislation and funding in the late 1990's. The County of San Bernardino was one of the first counties to have such a program, beginning in 1999. The County of San Bernardino currently has five Mental Health Courts located in: San Bernardino, Rancho Cucamonga, Barstow, Victorville and Joshua Tree.

In 2007, the county funded a new forensic treatment program based on the well researched Assertive Community Treatment (ACT) Model to complement existing innovative programs. The ACT programs are community-based and include the Forensic Assertive Community Treatment (FACT) and Supervised Treatment After Release (STAR) programs. Both of these programs are full service partnerships that assist clients with the collaboration of multi-disciplinary teams. Clients who need assistance in keeping appointments at mental health clinics are visited weekly or as needed by staff which includes the psychiatrist assigned to the case.

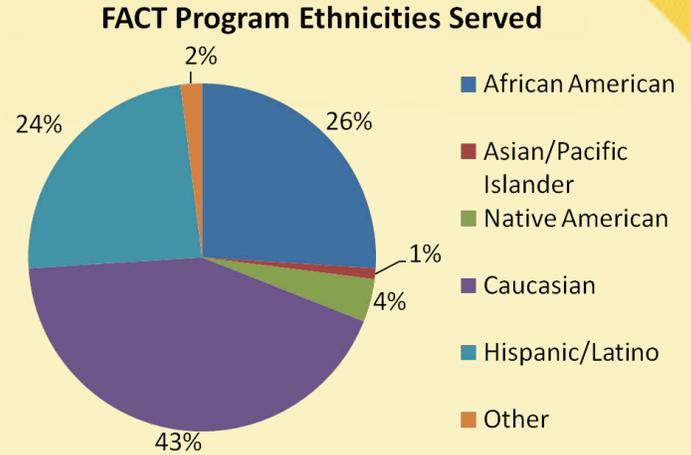
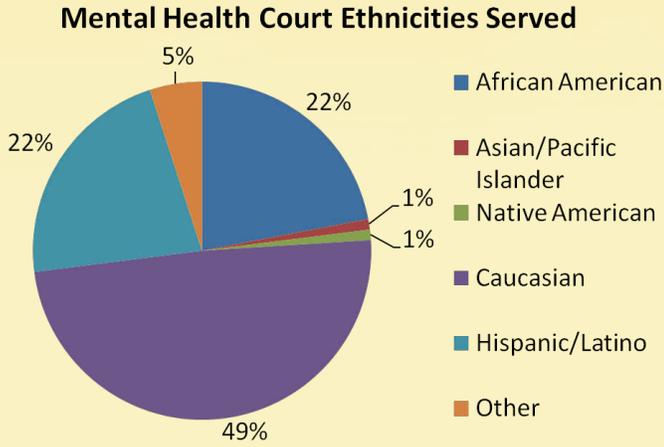
Also, the County of San Bernardino Mental Health and Criminal Justice Consensus Committee identified the need to provide law enforcement with extensive training as first-line responders to crisis calls in which mental health issues are identified or suspected. Crisis Intervention Training (CIT) is a national program, and DBH adopted the core principles and tailored the program to meet the needs of its community.

Positive Results

- STAR clients have a **67%** decrease in per-year-jail-days and a **74%** decrease in per-year-hospital days in comparison to pre-enrollment levels
- FACT clients have **decreased their number of days spent in jail by 78%**
- FACT clients have **decreased their number of hospital admissions by 84%**
- Clients have an **81% drop in homeless days since 2009**
- FACT staff have assisted **80%** of their clients in being awarded or reinstated on benefit programs such as State Supplemental Income (SSI) and Medi-Cal
- An increase in law enforcement officer awareness of and ability to access appropriate community resources
- An increase in law enforcement officer safety and the safety of those in crisis
- **90%** of the individuals who had encounters with the CIT Trained law enforcement officers access mental health services



Program Data



Countywide over **400 law enforcement first responders** have received CIT !

Making A Difference

Fourteen months of success! A female client was released from jail charged with possession of a controlled substance and accepted Mental Health Court (MHC) services as part of her probation. She was placed in a sober living home and supervised by MHC staff. She continued to comply with the terms of her probation and started a 12-step program in the community as well as accessing counseling services. Through the efforts and cooperation of probation, MHC staff and the client, she was able to move out of the sober living home into her own residence and regained custody of her daughter. The client continued to work at meeting all requirements placed upon her and successfully graduated from the program. She currently remains clean and sober while actively working in the community to support herself and her daughter. She remains medication compliant and is attending classes at a local adult community college where she is working toward becoming a registered nurse.

Challenges

Housing:

- Many clients who do not have immediate family or may have restricted contact with family:
 - Are force into homelessness
 - Must live in homeless shelters
 - Run the risk of having to move frequently

Benefits:

- Lack of a documented psychiatric history of mental illness lead to the denial of initial SSI applications, forcing applicants to go through an appeal process
- Clients regularly face the challenge of maintaining sobriety
- Barriers in securing employment due to having a felony record, resulting in a lack of financial support and health benefits

Solutions in Progress

- Assist in locating safe and sober housing arrangements to increase successful transition back into the community
- Locate appropriate, stable local area shelters that are willing to be a part of treatment teams
- Working with clients to apply for SSI (currently 38% of STAR clients have SSI)
- Incorporating wellness goals to treatment plans, such as developing individualized plans for physical exercise and enhancing the resilience of the whole person
- The increase of promoting employment as a recovery tool
- Promoting the value of education, including school attendance and obtaining a GED
- Using volunteerism as a recovery tool to increase skill levels
- Assisting clients in reducing harmful behaviors that lead to recidivism
- Job development to locate employers willing to hire individuals with felony backgrounds
- The County of San Bernardino Sheriff's Department is pursuing integrating CIT into its Basic Academy rather than holding special sessions. Since the Basic Academy is used throughout the region for training new law enforcement officers, new deputies will soon receive CIT training at the start of their careers.

"I believe the whole program is saving my life."-Client Comment

Awards & Recognition

The STAR Program received the 2009 "Best Practices Award" from the California's Council on Mentally Ill Offenders!

Collaborative Partners

Thank you to our partners!

County of San Bernardino
Sheriff's Department

Local Police Departments
Probation Department

University Campus Police

Department of Defense

United States Customs and
Border Protection



A-3: Members Assertive Positive Solutions (MAPS)

Service Goals

The objectives of MAPS are to:

- **Reduce** psychiatric hospitalizations
- **Increase** public safety
- **Develop** independent living skills
- **Support** the Recovery Model and assist clients in achieving their hopes and dreams

Why was MAPS Created?

Some individuals tended to use the psychiatric hospitals as safe havens when they met barriers living in the community independently. This may be due to lack of financial support, terminated benefits or disagreements with family and/or friends.

Community members, their families and the service system felt the effects of increased hospital admissions.

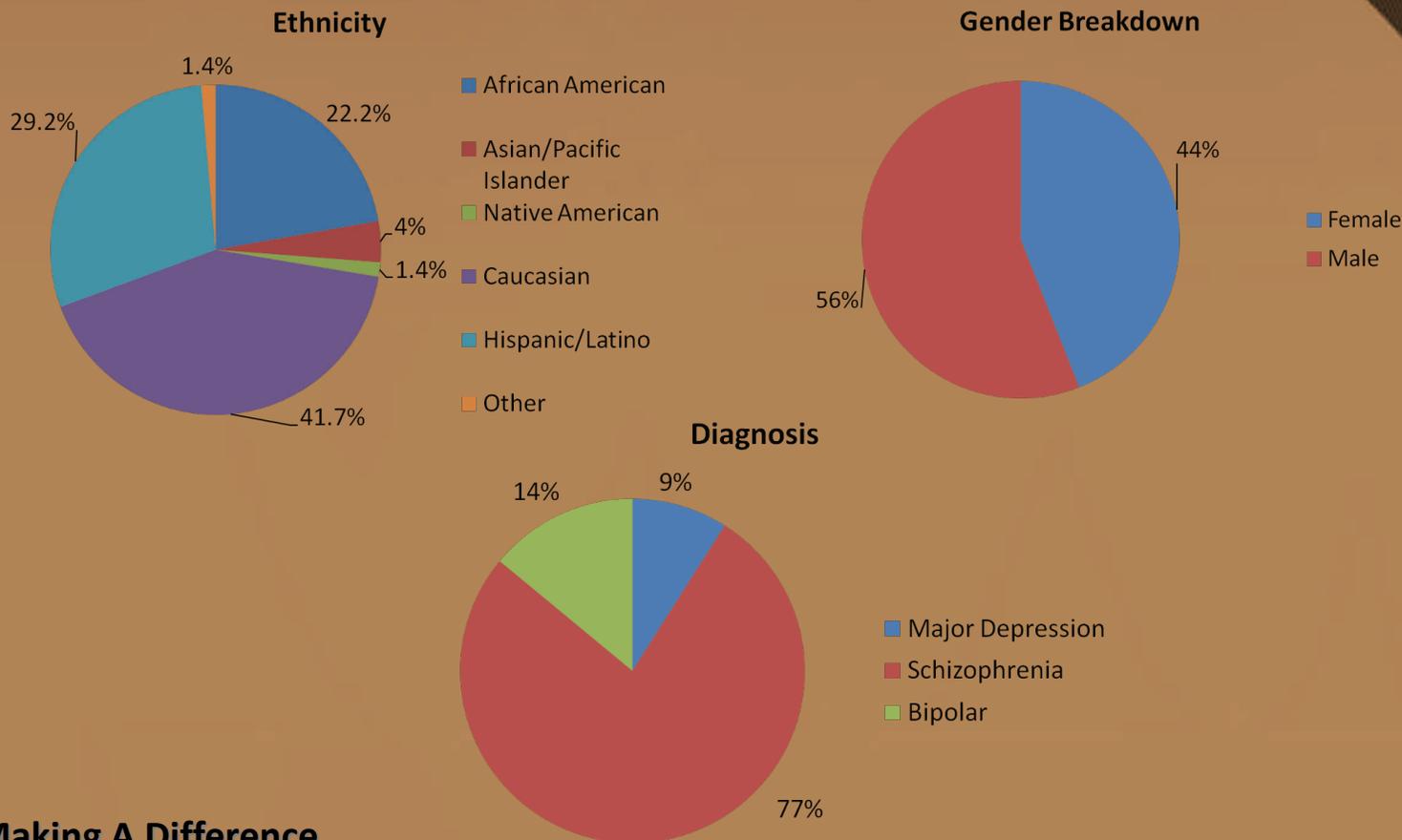
Calls to the police by the community to address mental health concerns, high inpatient costs, high numbers of consumers in locked settings and in the state hospital all led to the need for MAPS.



Positive Results

- A **47 % decrease** of inappropriate psychiatric hospital days over 3 years, which translates to **14,452 days** of community living for MAPS community members along with a **potential savings in hospital costs of \$7,948,600.**

Program Data



Making A Difference

MAPS member, "S," presented from a recent hospitalization. She had frequent arrests and hospitalizations. She had a very aggressive history and had been arrested for holding treatment staff hostage at gunpoint. When she started with the MAPS program she was extremely withdrawn, defensive, challenging and hostile in her demeanor. She was actively harming herself and would talk with no one.

Slow but steady progress has been made. MAPS has helped her access ongoing medical attention for all self inflicted injuries while continuing to work to decrease self harming behavior. "S" has not been arrested since starting with the MAPS program and she has only been hospitalized one time in the last eight months. She engages with staff members and is currently seeking volunteer opportunities. She can talk about her feelings and has begun discussing her family relationships. She has expressed gratitude for this help and sees MAPS as the **support system for her life.**

Challenges

- Limited housing opportunities which include board and cares, room and boards and residential programs
- Training staff to adequately meet the scope of practice is difficult for the program due to the level of skill desired
- The great needs of this specialized client population
- Clients tend to self medicate with drugs

Solutions in Progress

- Scheduled meetings between MAPS staff and the Department of Behavior Health staff to address program concerns.
- Staff meet on a daily basis to address daily challenges and staff needs required to provide services to community members.
- Staff participate on an Interagency Placement Committee that meets once a week and includes members from the county hospital, Diversion Unit, Conservatorship Investigation program, Adult Residential Services and a mental health counselor representative to address the needs of consumers struggling to remain in the community
- MAPS staff are working with community members to receive treatment and education regarding drug and alcohol use

Martha was completely isolated and had zero interactions with the outside world, she now attends birthday parties, outings to the ball park and goes to the store.

"Thank you for my progress, even my family thinks I am making progress."

Collaborative Partners

Thank you to the following partnering organizations:

Department of Behavioral Health

Arrowhead Regional
Medical Center

Consumers/participants
who received services

Public Guardian's Office
and deputies

Mental Health Court
Counselors and Court officers

Conservatorship Investigation
Program

Locked Setting/Augmented
Board and Care
program staff



Community Crisis Services A-4: Crisis Walk-in Centers and A-6: Community Crisis Response Team

Service Goals

The objectives of community crisis services are:

- **Reduce** incidents of acute involuntary psychiatric hospitalization
- **Reduce** the amount of calls to law enforcement for psychiatric emergencies
- **Reduce** the number of psychiatric emergencies in hospital emergency departments
- **Reduce** the number of consumers seeking emergency psychiatric services from hospital emergency departments
- **Reduce** the amount of time a patient with a psychiatric emergency spends in hospital emergency departments
- **Increase consumer access to services**

Why were Community Crisis Response Teams and Crisis Walk-in Centers Created?

- Outlying areas of the largest geographic county in the contiguous United States had no alternatives for mental health crises other than hospital emergency departments or calls to law enforcement to place a person in crisis on a psychiatric hold.
- Law Enforcement personnel would **spend 4 to 8 hours on psychiatric emergencies**, delaying an officer's return to the community due to transporting mental health consumers to a hospital, up to 200 miles away.
- Hospitalization occurred in psychiatric hospitals miles from family and support systems.
- Community members from all walks of life were ending up in an emergency room, because they didn't know where else to go, resulting in hospital emergency department overload.
- A person experiencing a psychiatric emergency was often in an inappropriate service location, such as, emergency rooms, law enforcement agencies, correctional facilities and homeless shelters.

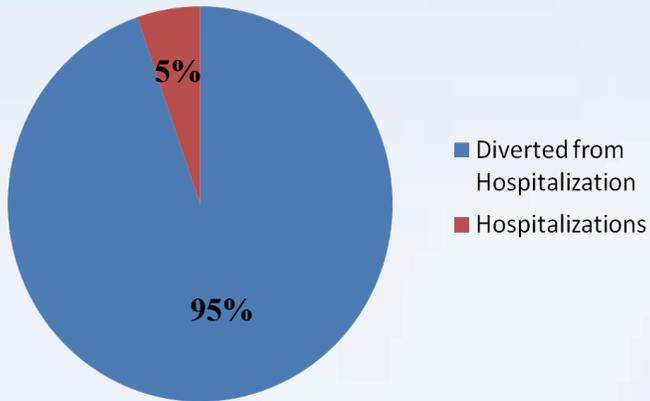


Positive Results

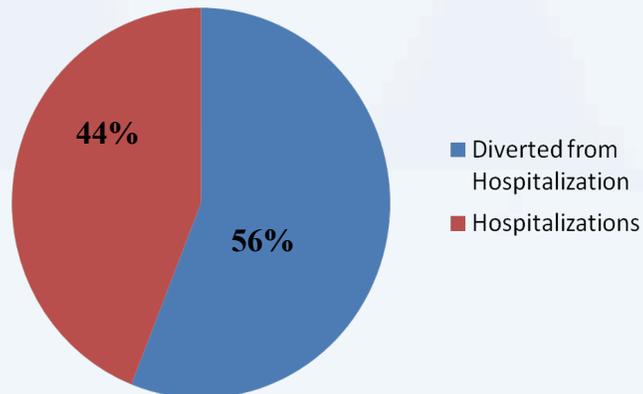
- The Department of Behavioral Health's (DBH) Community Crisis Services (CCS) has **increased resources and access to services for mentally ill community members in crisis**. By providing these services individuals are helped in community settings with an appropriate level of care, thus avoiding unnecessary hospitalization.
- Collaboration among High Desert Law Enforcement, Adult Protective Services, Department of Aging and Adult Services, Children and Family Services and Transitional Age Youth Program helped to establish a crisis system of care for the High Desert region.
- July 2011: The Countywide Hospital Collaborative was started to work on system wide solutions for impacted First Responder Systems that service mentally ill clients in crisis.
- DBH contracted with Telecare to open a Crisis Walk-In Center (CWIC) in the Morongo Basin area.
- Fiscal Year 2010 – 2011:
 - The Community Crisis Response Team (CCRT) received **7,275 calls**. Of those, **4,158 were crisis calls**, which CCRT responded to. CCRT was successful in **diverting 2,336 consumers from inappropriate hospitalization and linking them to a more appropriate level of care**.
 - Multiplying the number diverted from hospitalization (2336), the daily bed rate (\$550) for one day of inpatient care, results in **\$1,284,800 in avoided costs**.
 - CCRT responded to **894 calls** from law enforcement and **2,225 calls** from hospital emergency departments; the response provided the necessary services to avoid unnecessary hospitalization and incarceration.
 - CWICs provided **services to 7,530 clients in crisis**. Of those who received services at the CWICs **7,131 were diverted from inappropriate hospitalizations and incarceration**.
 - Multiplying the number diverted from hospitalization (7131), the daily bed rate (\$550) for one day of inpatient care, results in **\$3,922,050 in avoided costs**.
 - Law enforcement agencies brought **506** individuals to CWICs and local hospitals referred **232** individuals for psychiatric services at the CWICs, greatly reducing the number of unnecessary hospitalizations and incarcerations.

Program Data

Crisis Walk In Center Services FY 10-11



Community Crisis Response Team Calls



Making A Difference

Just prior to the holiday season, CCRT was called to a local High school to provide Crisis services following the suicide of a high school student. CCRT met with a group of students three times and discussed what to do if they or a friend needed help. Four months later, one of those students who had taken a CCRT crisis card, called CCRT and reported that a friend's "My Space" page had suicidal statements on it. CCRT obtained the statements and the student's address from the caller. CCRT determined that an extreme risk was evident and called local law enforcement. CCRT met law enforcement officials at the student's home and assessed the student's risk of danger to self. The student was voluntarily hospitalized with the support of their parents.

Challenges

Community Crisis Services (CCS) currently faces challenges with the County of San Bernardino's large geographical area for acceptable response times. This county also has diverse cultural communities that range from urban to desert to mountains. The desert regions lack of psychiatric hospitals and long distances from supportive services continues to be a challenge for CCS. The increased need for mental health services coupled with decreased health coverage and services has led to an increase in acute psychiatric emergencies.

"The Community Crisis Response Team is a God Send" -Lt. Dale Mondary

Solutions in Progress

CCS first began with 8 staff providing mobile response for children only. The Community Crisis Response Team now has:

- Expanded to all regions of the county
- Includes adult services
- Operates 24/7 for all age groups
- Opened two additional CWICs, one in the High Desert and one in the Morongo Basin
- Opened a CWIC to serve the urban population of the inland valleys

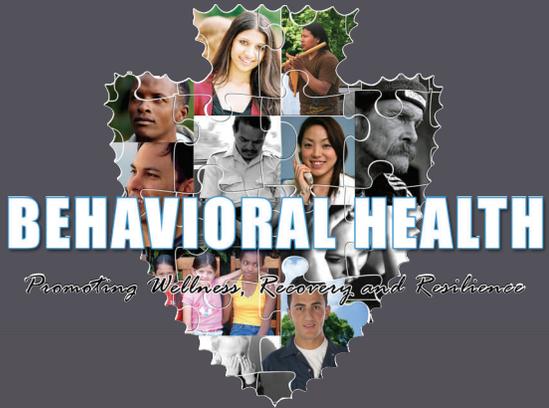
CCS works closely with the Crisis Intervention Training (CIT) in partnership with the Sheriff's Academy. CIT:

- Provides law enforcement with skills to work with mentally ill individuals
- Officially began in June of 2008, 13 classes have been held, resulting in 370 deputies/officers being trained
- Provided a 32-hour Crisis Intervention Training to 93% of law enforcement personnel in the high desert
- Has enabled law enforcement to stay in the community
- Allows the mental health professionals to offer the right service, at the right time, at the right place

Today the Community Crisis Services System of Care consists of the Community Crisis Response Teams and the Crisis Walk in Clinics. Through collaborative efforts with the County of San Bernardino Sheriff's Office, local hospitals, county and community based agencies, a psychiatric emergency system of care has been developed that has reduced the burden on the first responder system and most importantly delivered appropriate services to citizens within their community.

Awards & Recognition

- 2007 National Association of Counties Achievement Award - "Best in Class" for Children's Crisis Response Team
- 2010 National Association of Counties Achievement Award for Crisis Walk-In Centers
- 2010 Harvard Kennedy School of Government "Bright Idea" Award For Community Crisis Service.



A-5: Psychiatric Triage Diversion Program

Service Goals

The objectives of psychiatric triage diversion are:

- **Screen and assess** individuals presenting to Arrowhead Regional Medical Center (ARMC) Psychiatric Triage to determine reason for Emergency Room visit.
- **Redirect clients** who need treatment to community-based services that appropriately meet their needs
- **Help prevent** unnecessary and/or inappropriate inpatient hospitalizations
- **Provide crisis** intervention services
- **Provide case management** services, community-based placements, advocacy services, linkage to treatment options, education and assistance with transportation services for community members

Why was Psychiatric Triage Diversion Created?

Approximately 40% of individuals presenting to Arrowhead Regional Medical Center (ARMC) Psychiatric Triage Unit were in need of other services in addition to inpatient psychiatric treatment.

These needs included, but are not limited to:

- Prescription refills
- Housing assistance
- Substance abuse assistance
- Food assistance
- Domestic violence issues
- Social crisis
- Health care services
- Information regarding the availability of outpatient psychiatric care.

Overcrowding caused delays in admissions for individuals who were in need of acute psychiatric hospital admission. The Diversion Team was created to address and eliminate inappropriate and/or unnecessary admissions to the inpatient unit as well as provide a service option for the needs of individuals who do not need inpatient treatment.



Positive Results

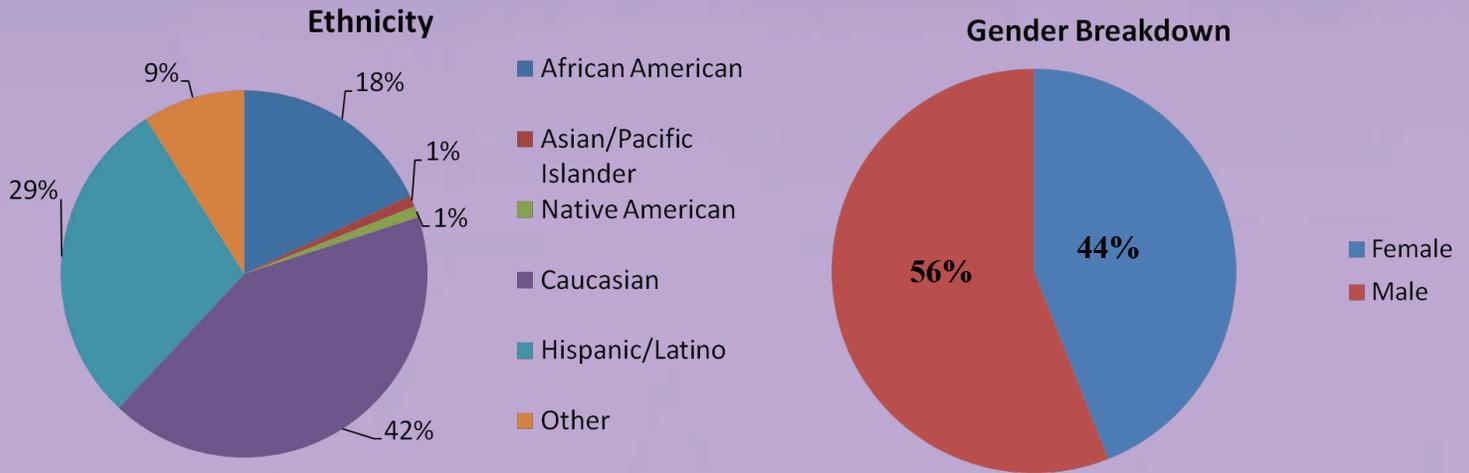
At the time of development of the Psychiatric Triage Diversion Program it was the goal of the program to see approximately **75 individuals** per month. **This number was reached within the first month of operation.**

The program sees as many as **450 individuals a month, nearly 5,000 a year.** An average of **70%** of those individuals are successfully diverted each month to community-based, outpatient programs.

This has reduced crowding at the ARMC Psychiatric Triage Unit providing a safer environment for both the community and staff and better health care for our community members.

Additionally, at the time of development of the program approximately **40%** of all community members who were admitted to the hospital were transferred to alternate hospitals due to overcrowding at ARMC. That number has been **reduced to less than 10%**, enabling our clients to be hospitalized closer to home.

Program Data



Beginning with fiscal year 2007-2008 through June 2011, a total of **11,562 unduplicated clients were served.**

Of those clients :

- **70%** were successfully diverted to community-based, outpatient care
- **66%** were uninsured
- **10%** were recently incarcerated
- **31%** had co-occurring disorders
- **16%** were homeless

Making A Difference

A young couple presented to the Psychiatric Triage Unit with the young woman, 7-months pregnant, complaining of debilitating anxiety and unrelenting panic attacks. She sat curled in a ball, shaking during the interview. She had been using marijuana to cope with the panic attacks. The couple was referred to the Rialto Crisis Walk-In Clinic for immediate medication management. They were also referred to the Rialto Perinatal clinic for help with her marijuana use. Three months later the young man stopped in to let us know that they were doing well. The panic attacks were under control, the young woman had stopped using marijuana and was in therapy and they had delivered a 7-pound, healthy, baby boy.

Challenges

- The first challenge faced by the program was the unexpected demand for program services.
- The second major challenge was the need to develop and maintain a strong and effective partnership with Arrowhead Regional Medical Center (ARMC), the sister agency. The Diversion program was a new and unique concept to the hospital environment; thus, a team approach had to be formulated to ensure success.



"I didn't want to be in the hospital, but I didn't know where else to come for help. I'm glad you guys were here." - Client Comment

Solutions in Progress

- In order to provide services for longer hours each day, flexible scheduling was utilized.
- Recruitment of suitable staff is ongoing. The unusual hours and flexible scheduling has allowed the program to attract and include graduate students, interns and employees, who are willing to work evening and weekend shifts in order to accommodate school schedules. Their increased knowledge continues to be an asset to the program.
- Successful implementation and positive outcomes have further strengthened a commitment by the Department of Behavioral Health and ARMC to work collaboratively for the benefit of our community members. The positive results and ability to consistently provide high quality services have helped staff to better understand the value of the program.

Collaborative Partners

The primary partnering program is Arrowhead Regional Medical Center. The Diversion Unit functions within its Behavioral Health Unit. ARMC's support and willingness to forge a strong team approach have been essential to the success of the program.



A-7: Homeless Intensive Case Management and Outreach Services

Service Goals

- **Reduce homelessness** and the risk of becoming homeless, hospitalized or incarcerated
- Develop Full Service Partnership teams that **provide services** to adult consumers
- **Develop a system of care** that increases the access of behavioral health services for the unserved and underserved homeless
- **Provide a strategic outreach** component for at risk/homeless adults
- **Provide linkages to affordable housing** including shelter beds, temporary and permanent low income housings
- **Provide social resources** such as consumer run Clubhouses
- **Provide** employment support services
- **Provide** substance abuse services

Why was Homeless Intensive Case Management Created?

The latest (2007) County data on the number of homeless individuals indicate there are approximately **7,300 homeless persons** countywide. Data from the 2007 census indicate that the profile of mentally ill homeless population is about **20%** Transitional Age Youth (TAY), **56%** adult, and **24%** older adult. The ethnic breakdown is **43%** Euro-American, **25%** African-American, **23%** Latinos and **9%** other.

The goal of the program is to provide services to unserved and underserved homeless populations within the County of San Bernardino who are mentally ill and without treatment, homeless or at risk of being homeless or at imminent risk of being incarcerated or hospitalized due to their mental illness.

The Homeless Program aims to reduce homelessness by preventing vulnerable individuals and families from becoming homeless in the first place through identifying individuals with mental illness/co-occurring disorders on the verge of homelessness and working with them to find the help they need.

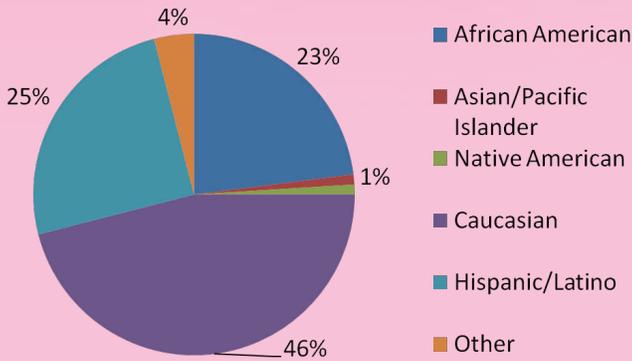


Positive Results

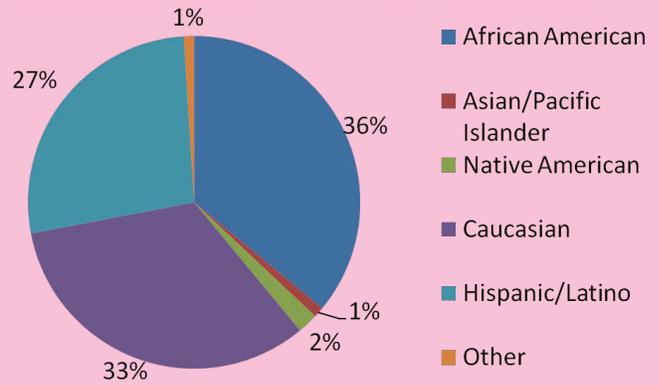
- **25%** of the homeless Full Service Partners obtained and sustained permanent housing
- **40%** of these individuals completed daily enrichment activities such as volunteer work, continuing education or employment
- **95%** did not utilize emergency hospital services
- **80%** were assisted in obtaining entitlements (i.e. SSI, Medi-Cal, specialized DBH housing subsidies, etc.)
- **10%** obtained and maintain regular employment
- **100%** of available services provided to a total of **1,084** unserved and underserved adults

Program Data

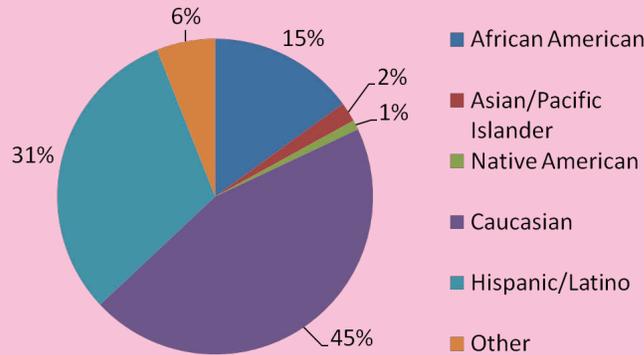
System Development Ethnicities



Outreach and Engagement Ethnicities



Full Service Partnership Ethnicities



Making A Difference

**"IF IT WEREN'T FOR THESE PEOPLE AND THIS PROGRAM,
I KNOW I WOULD BE DEAD."- CLIENT COMMENT**

"THIS PROGRAM CHANGED MY LIFE"- CLIENT COMMENT

**" I DON'T KNOW WHAT I WOULD HAVE DONE....WITHOUT YOU PEOPLE"
- ANONYMOUS**

Challenges

- **Shelter Beds:** Finding appropriate housing and shelters for the homeless mentally ill is very difficult, especially since many of them have alcoholism or substance abuse issues. Often times community members are referred from hospitals or are coming out of jails or other locked facilities. Many of the individuals present difficult behaviors (i.e. poor impulses, following house rules, getting along with other residents). Currently there is a need for education of the shelter placement staff on how to best assist these community members.
- **Medical problems:** Providing appropriate care and developing a treatment plan is a collaborative effort between our psychiatrists, staff, medical doctors and the community member. Many who are referred to our program have serious medical issues such as diabetes, high blood pressure and gastrointestinal problems. Most of those referred lack entitlements (such as Med-Cal), and they are unable to access good medical care. The Homeless program has developed a Full Service Partnership team to assist our partners and ensure they are linked to health services on an urgent basis.
- **Benefits:** Usually no more than 5% of the homeless mentally ill community members have entitlements or income. The Homeless system development component and the FSP component have provided focused services to assist individuals in acquiring needed benefits. Since the inception of these MHSA programs, **80% of invested consumers receive benefits prior to successfully completing our program.**

Collaborative Partners

Shelter Care Homes

Diversion Teams

Crisis Response Teams

Social Security Benefits Team

Consumers/participants who received services

Solutions in Progress

- Improving shelter and housing services
 - Providing training for Shelter Home staff on techniques to use in working with community members
 - Better coordination with DBH housing program through meetings, education, and collaboration
- Increased collaboration with community resources to ensure there is a system of care that may be utilized
- Increased collaboration with Crisis Walk-In programs, Arrowhead Regional Medical Center Emergency Unit, coordination with regular medical physicians, Board and Care facilities, Transitional Age Youth program, and a variety of community resources.



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

Service Goals

The objectives of ABET are to provide the following services in Big Bear Valley:

- **Provide** psychiatry services
- **Provide** therapy services
- **Provide** dual diagnosis services
- **Provide** transportation access
- **Provide** crisis management to prevent hospitalizations
- **Facilitate** client qualification for other benefits programs
- **Compile and publish** a local information brochure and resource guide to help area residents connect with local services

Why was ABET created?

Big Bear Valley is a geographically isolated area in the San Bernardino Mountains with very few mental health services. Those who do not qualify for government assistance and who are unable to afford medical insurance, or pay out of pocket for services, typically go unserved. Access to services is even more severely limited in the winter due to snow and poor driving conditions. The nearest accessible mental health services are **40 miles** away. In addition, with the poor economy, access to services is further limited due to lack of funds for transportation.

The Big Bear Mental Health Alliance (consumers, family and community members, and community and faith based organizations etc.) came together in 2007 to address mental health issues in the community. The Alliance completed a comprehensive community needs survey, and the ABET program was created based on prioritization of the identified needs.

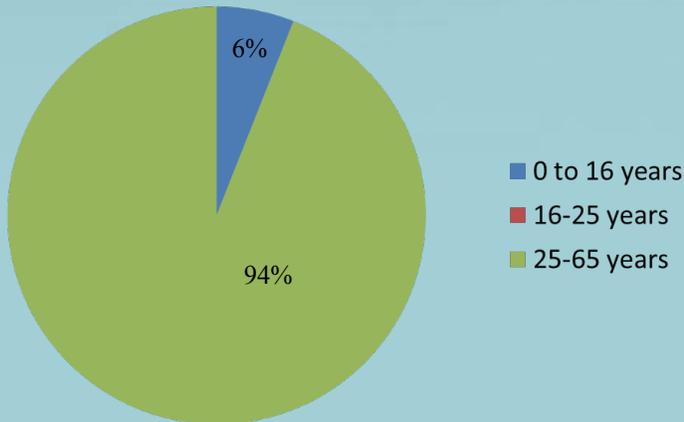


Positive Results

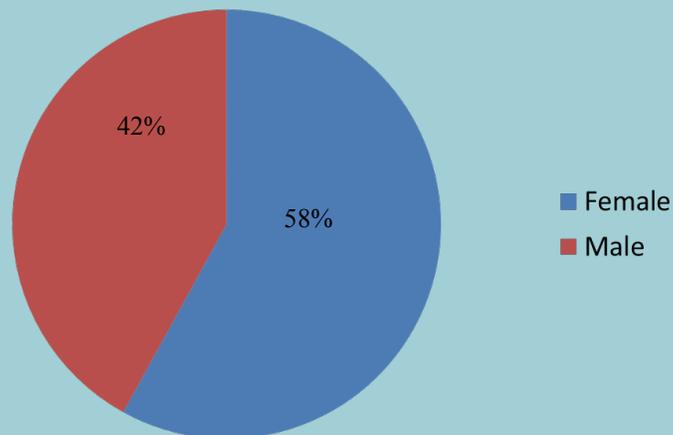
- Services were offered to a total of **124** individuals
- **18** clients received crisis intervention which prevented them from being hospitalized, drastically reducing costs to the county/state
- **20** clients were assisted in obtaining psychiatric medications, which prevented the need for a higher level of care
- **6** clients were assisted in obtaining lab work needed to support their medication plan
- **10** clients benefited from dual diagnosis treatment services
- Transportation usage (van service) increased to over **70** trips per month allowing clients to receive services which they could not otherwise access (**362** trips)
- **308** therapy/stabilization visits were facilitated
- **341** psychiatric visits were conducted
- **73** case management visits were provided

Program Data

Age Breakdown



Gender Breakdown



Making A Difference

Jane Doe, a middle aged female, was admitted to the program in 2010 with a diagnosis of Post Traumatic Stress Disorder. Consistent contact with her psychiatrist and regular attendance at group therapy sessions resulted in her stabilization. With the assistance of a caretaker, she was able to transition from a shelter to a private living arrangement. Without the Alliance for Behavioral and Emotional Treatment (ABET), there would have been no available mental health services for this client and she would have most likely gone untreated and been at risk of becoming homeless.

Challenges

- The geographic location of the community
- Finding the appropriate level of staffing to work in the mountain area
- Lack of transportation services
- Access to benefit services i.e. Transitional Assistance Department, Social Security Administration and Public Health Department
- Clients not fully utilizing services and treatment options

Solutions in Progress

The Alliance for Behavioral and Emotional Treatment is working on the following solutions:

- Successfully applying and securing approval of Mental Health Services Act funding to continue services
- Seeking alternative funding sources and collaborating with community based organizations to increase resources and services
- Purchase of a van to address community transportation needs
- Hiring a driver, with knowledge of the surrounding area for the van
- Re-work program requirements to fully utilize recovery focused treatment options

Collaboration

The Alliance for Behavioral and Emotional Treatment consists of the following core agencies as members:

Lutheran Social Services

DOVES: Domestic Violence Education and Services

Big Bear Recovery

Mom and Dad Project

Bear Valley Unified School District Healthy Start

"ABET treatment has made a major difference in my son's ability to function in school"



OA-1: Agewise-Circle of Care and OA-2: Agewise-Mobile Response

Service Goals

The objectives of Agewise Senior Services are:

- **Facilitate 24/7 access and extend services** to diverse populations of older adults not currently receiving mental health services
- **Provide ongoing** linkage and consultation related to SSI benefits and other entitlements
- **Expand the Senior Peer Counseling** program countywide
- **Provide in-home supportive senior peer counseling** to those suffering from situational difficulties related to aging and mental health issues
- **Facilitate support groups** for consumer families, and caregivers
- **Provide outreach and engagement services** to older adults
- **Provide mobile crisis response** and crisis prevention to older adults in the community and hospitals
- **Increase access** to care, treatment and resources
- Assist in **helping older adults maintain independence** in the community

Why was Agewise created?

Older adults face many challenges, which sometimes makes it hard for them to get the help they need. Many seniors are spread out across the county where community services and transportation are very limited, and many seniors are isolated in their own homes, while some have been abandoned by their families altogether. The Agewise program was created to address these and other important issues and to ensure that older adults have access to treatment, case management and above all, a listening ear.

The Agewise team works in tandem with other county departments and community agencies to assist seniors be happy and healthy in their own homes. The Agewise team accomplishes this through one-on-one services focused on integrity and respect for the aging process.

Some of the specific ways in which we partner with seniors include:

- Assistance with filling out forms and applications
- Finding appropriate housing to meet their needs
- Getting seniors to medical or mental health appointments
- Grocery shopping and assisting in balancing their budgets
- Linking seniors with senior centers or older adult community groups
- Counseling to deal with the loss of loved ones
- Counseling to address alcoholism or drug use
- Providing information and assistance for friends and family members
- Helping seniors find resources to cover household needs
- Accompanying seniors to important appointments
- Helping seniors access vision and dental care

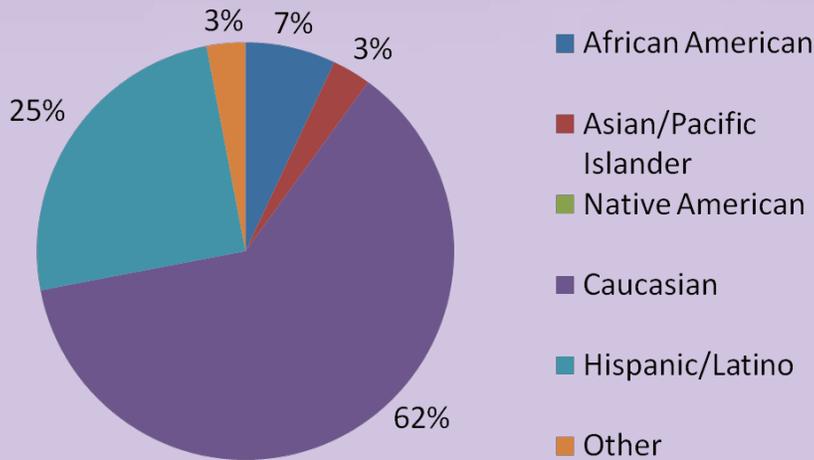


Positive Results

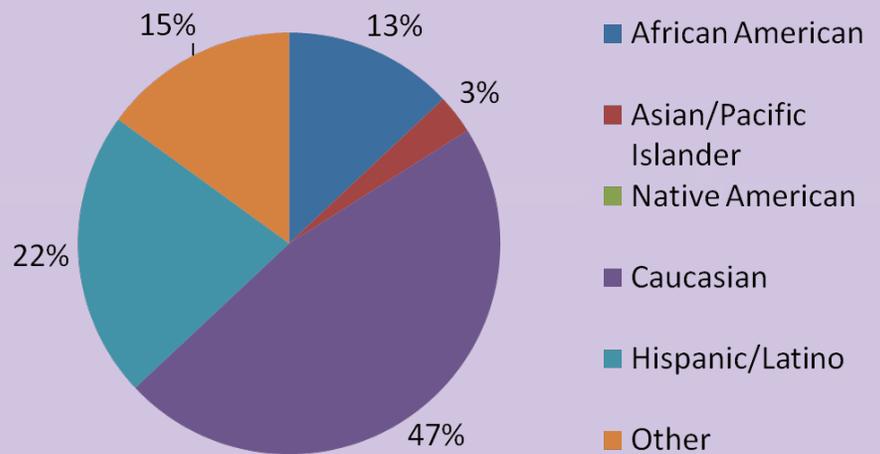
- Enabled older adults to remain out of psychiatric hospitals and jails
- Decreased frequency of emergency room visits for mental health or substance abuse needs
- Helped older adults access Social Security and other federal and state benefits
- Provided counseling for the grief and loss of a loved spouse or partner
- Decreased the number of older adults who are homeless, or run the risk of becoming homeless

Program Data

Ethnicities Served Agewise I



Ethnicities Served Agewise II



Making A Difference

A 60 year old female, who currently resides in Big Bear was chronically depressed and suicidal due to the loss of her husband. She received therapy on a weekly basis as well as having the opportunity to call if she was in a crisis mode. She also received intensive case management in order for her to have her needs met such as food for her and her dog. Agewise staff were able to help her maneuver through the Social Security system in order to receive benefits which helped her keep her home. With the help of DBH she was linked to a low income mental health clinic in Big Bear where she could receive services close to home. She said "your program saved my life, all I could think of was dying, thank you." Her quality of life continues to improve day by day.

Challenges

- Accessing homeless clients can sometimes be difficult in areas such as parks, river washes and under bridges
- The target population of older adults with mental illness/co-occurring disorders are often paranoid regarding receiving services and their relationship to the government
- Addressing the stigma of behavioral health services so that the program, which is new to the area, continues to be recognized by the community
- Due to economic fears and concerns about cutbacks for older adult benefits there has been an increase in resource requests such as intensive case management and mobile services

Solutions in Progress

- Support education and sharing of knowledge to community members and their families about navigating the behavioral health system and understanding older adult issues.
- Increased access to care through quick mobile response teams.
- Reduce anxiety by providing services in the home rather than a clinic.
- Outreach to the Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) older adults in the communities by providing services that are sensitive to their needs.
- Improve housing and employment resources through mobile response teams, full service partnerships and intensive case management services.



- Assist older adults in accessing Department of Behavioral Health (DBH) shelter system and DBH housing services.
- Developed employment services to increase the number of older adults employed.

Collaborative Partners

The Agewise Program thanks all partners in serving older adults!

Department of Aging
and Adult Services

Adult Protective Services

In-home Support Services

Public Guardians

DBH Clinics



Prevention and Early Intervention (PEI)

Service Goals

Community Wellness Services provide prevention and early intervention programs that are focused in three main areas; Schools, Community, and Behavioral Health Systems. Each area of focus has its own overall goal with many programs created to meet the needs of the target population.

Goal for school-based programs:

- To **strengthen** student health and wellness.

Goal for community-based programs:

- To **build, strengthen and empower** communities.

Goal for Behavioral Health Systems programs:

- To **build and strengthen collaboration** and promote wellness across all systems.

Why was Prevention and Early Intervention created?

Engagement of the community is important to successfully implement sustainable mental health Prevention and Early Intervention strategies and activities. To ensure that this occurred in accordance with the Mental Health Services Act (MHSA), the Department of Behavioral Health (DBH) conducted an open process for the development of the Prevention and Early Intervention (PEI) system.

Building on lessons learned from previous community conversations, meetings to target unserved, underserved and inappropriately served communities were conducted. DBH and its partners conducted targeted forums throughout the county, developed cultural coalitions and received nearly 1,800 responses to a community survey that asked interested individuals to answer and prioritize key service questions. Community members identified priorities and strategies by indicating that:

- **46%** wanted help before a mental health crisis occurred
- **50%** wanted assistance for drug related trauma affecting their communities
- **49%** requested consultation and training for teachers
- **45%** indicated a need to train school teachers to identify early signs of mental illness
- **44%** suggested offering services where cultural groups meet
- **43%** prioritized offering education about the family's role in a persons recovery



Positive Results

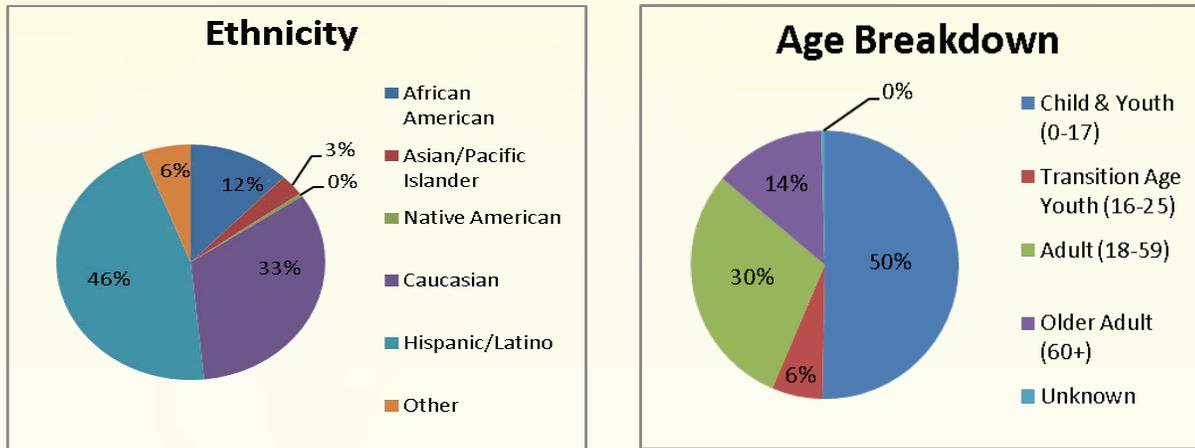
As of April 2011, **100%** of County of San Bernardino PEI programs are in full implementation allowing the county and its partners to provide services to an estimated **50,000** residents annually.

State approval of the County of San Bernardino Prevention and Early Intervention plan in September of 2008 allowed DBH to set in motion a gradual and meticulous implementation of all 12 PEI programs. Over the past three years the PEI system has served over **98,349** residents throughout the county.

Training has been provided to over **275** Preschool Services Department classroom teachers and over 200 parents. Teachers reported that there was a direct relationship between participation in the "Incredible Years" training and their ability to successfully redirect children beginning to display aggressive behavior patterns.

An eight-week "play therapy" program was provided to over **100** children who were or had recently experienced significant trauma or loss in their environment. When possible, the child's parents were included. Children were identified as being at risk of being unable to successfully function in the preschool classroom prior to participation. After participation more than **85%** were able to maintain participation in the preschool classroom setting and displayed significantly less aggressive behavior and demonstrated increased positive social-emotional skills.

Program Data



Making A Difference

Ignacio G., a participant in the National Curriculum and Training Institute Crossroads Education® program stated, "Inland Valley Recovery Services (a PEI Program Provider) just keeps on helping no matter what. It has taken a lot of time and a lot of hard work but today my life has changed drastically. I was using crystal meth and smoking a lot of weed. I overdosed on PCP and was admitted to a mental hospital. I suffered severe drug-induced psychosis and needed help. My mom made several calls and nobody could get me in for at least a month. I needed medication right away so my mom kept trying. She finally got a supervisor at the county mental health to see me at least to get my medication going. They also gave us the number to Inland Valley Recovery Services Youth Program. My mom was at the end of her rope and in tears when we made the call. She spoke with program staff, who told us they could help. She got me enrolled into the Drug/Alcohol class, referred us into family therapy with the MFT & started counseling, and what a blessing that was. Any time a situation came up we were able to call or see the staff. They even have a youth hotline. Mom says, I have a sparkle in my eye and a smile on my face. I have a full-time job, I am in school, and I'm staying clean."

Award Recognition

In 2010, one component of the Child and Youth Connection program received a **California Public Defender Award**, recognizing it as the Program of the Year for the office's Alternative Approaches to Rehabilitation within a community program.

In 2011, the PEI Preschool Program received a **National Association of Counties Award** for their excellent work in the area of early childhood mental health.

The Military Services and Family Support Program has received **statewide recognition** from the California Mental Health Services Oversight and Accountability Commission for their efforts with Military personnel of all ranks, including retired officers, veterans and National Guard soldiers and their families.

Challenges

The greatest challenge to implementation of the PEI programs is the current structure of the mental health system. Basic administrative tracking, billing and data collection functions had to be developed as the current systems do not provide support for tracking prevention services and activities.

Additionally, lack of networking partners and knowledge of prevention and early intervention programs were identified as concerns. The field of prevention is well developed in other arenas but the concepts, framework theories and community connections that create sustainable long-term change need to be developed for mental health.

"I really appreciate the time you take out of the day to come out and teach this class. Because to be honest with you, I really need these tools to become a better parent." - Client comment

Solutions in Progress

- Developing a data collection and tracking system that will gather service and demographic data for all PEI programs
- Employed community liaisons to work with local community and faith-based organizations to assist agencies in securing funding opportunities to grow and expand their programs
- Ensuring that services are distributed as equally as possible to those areas with the greatest need
- The Promotores de Salud program is expanding to include the Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) and African-American communities which will accommodate a greater underserved population
- The Student Assistance Program will expand to provide services in more schools throughout the county, especially in the High Desert where the need is more visible
- The Family Resource Centers will embark on a Community Resource Mapping Project that will establish a county-wide network of resources for county residents.



Collaborative Partners

The following agencies and/or departments have been valuable partners:

Department of Behavioral Health

County of San Bernardino
Public Defender's Office

County of San Bernardino
Children's Network

Preschool Services Department

County of San Bernardino
Superintendent of Schools

County of San Bernardino
Department of Aging and
Adult Services

Department of Behavioral Health

Cultural Competency
Advisory Committee

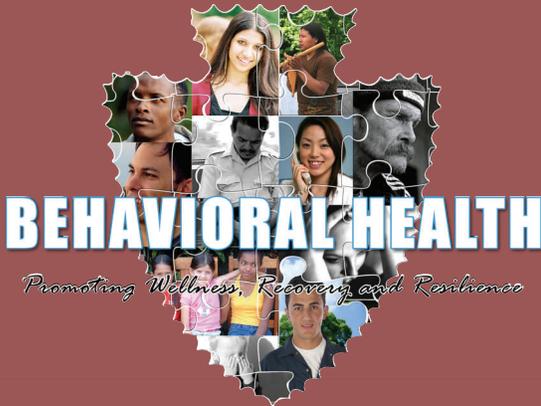
California Mental Health
Services Authority, JPA

Center for Community
Action and Training

Inland Empire Minority Led
Resource Development Coalition

The Sundance Company

Association of Community-Based
Organizations



Workforce Education and Training (WET)

Service Goals

The objectives of Workforce Education and Training are:

- **Expand** existing Department of Behavioral Health (DBH) training program
- **Provide Training** to support the fundamental concepts of the Mental Health Services Act
- **Develop** core competencies for clerical staff positions
- **Outreach** to high school, community college, adult education and Regional Occupational Program (ROP) students
- **Create and implement** a Leadership Development Program
- Continue to **develop Peer and Family Advocate (PFA) workforce** support initiatives
- **Expand** existing DBH Internship Program
- **Develop** a Psychiatric Residency Program
- **Create** an Employee Scholarship Program
- **Increase** eligibility for federal workforce funding



Why was Workforce Education and Training created?

A workforce needs assessment was conducted as required by the Department's Workforce Education and Training (WET) plan, through which the Department of Behavioral Health (DBH) discovered the following:

- Higher amounts of pre-licensed clinical staff than licensed clinical staff
- Lack of bilingual staff in positions which provide clinical services
- Loss of staff to state prison systems, due to competitive benefits packages
- Large numbers of hard to fill positions, especially in rural areas of the county
- Low number of staff close to retirement

A stakeholder group, the Workforce Development Committee, was created to address these issues and oversee implementation of the WET plan. The Workforce Development Committee prioritized activities based on the findings in the workforce needs assessment. Priorities were to increase the number of licensed staff, transition bilingual staff from paraprofessional positions to direct service positions, develop a pipeline of future mental health workers, continue to develop the consumer workforce and invest in training for staff who are generally far from retirement age to increase competency and improve retention rates.



Positive Results

- The internship program coordinated **90 placements** to help Marriage and Family Therapy (MFT), Master's Degree of Social Work (MSW), Bachelor's Degree in Social Work (BSW) or Psychology Intern program students obtain hours and experience necessary to pursue licenses as Clinical Therapists and at the same time provide programs with additional staff.
- The License Exam Prep Program (LEPP) has provided licensing exam materials to **98** DBH or DBH contract agency employees. **Twenty-eight** have already become licensed using the materials and another **10** have passed the first of their two licensing exams. The program received a National Association of Counties Achievement Award in 09/10.
- The WET Training Institute provided **350** live trainings (some via live webinars), created **15** online trainings and provided over **1,700** DBH and contract agency staff access to **575** courses (many that provide Continuing Education Credits) via our online learning system, Essential Learning.
- The volunteer services program has placed **120** volunteers throughout DBH. This program helped provide needed coverage in many programs and helped community members learn the value of careers in public behavioral health.
- As part of the Mental Health Career Pathways component, WET staff provided an opportunity for **9** Regional Occupational Program teachers to job shadow various behavioral health positions.
- WET staff helped administer the State funded Mental Health Loan Repayment program which provided **52** DBH or DBH contract agency employees with funds of up to **\$10,000** each to help pay off their student loans.
- With the help of Loma Linda University, WET staff developed the Leadership Development Program in which **11** DBH employees participated. The program provided training in competencies to help participants become future effective DBH leaders.

Making A Difference

Being an intern for the San Bernardino Department of Behavioral Health from January 2010 to June 2011 was a priceless opportunity. Participating in the internship program has opened so many doors which include being hired within a month after graduation, an incalculable learning experience which built up my confidence in this field, and it enhanced my familiarity with community mental health which has lead to being my preferred population to work with. Aside from the opportunities that interning for the County of San Bernardino Department of Behavioral Health has provided, what I value most is the high caliber supervision that was provided by Susan Davis, LMFT who developed my clinical skills and provided a secure environment to work in. - Intern

Challenges

- The WET program has faced some of the same challenges other programs throughout the state have encountered, such as providing the best possible customer service during times of economic uncertainty
- Not being able to offer interns regular clinical position opportunities once they completed a successful internship at DBH due to lack of available positions
- Difficulty in developing innovative Workforce Development programs within restrictive policies
- Trying to bridge volunteer opportunities for ROP and other under age students interested in behavioral health careers
- The License Exam Prep Program (LEPP) participants have experienced long delays in getting test dates or test results from the Board of Behavioral Sciences (BBS) due to BBS staffing shortages

Solutions in Progress

- The pilot Employee Scholarship Program - pending Human Resources approval, WET would like to award scholarships to DBH employees selected by a competitive application process. These scholarships would help employees advance careers in public behavioral health, including administrative careers.



- Continued development and evaluation of the Leadership Development Program with the assistance of Loma Linda University.
- Review of the minimum qualifications for clinical positions to make sure there is a path for direct service staff to advance to supervisory positions.

Collaborative Partners

The WET program would like to acknowledge and thank:

**Workforce Development
Department**

**California State University
San Bernardino**

Loma Linda University

**San Bernardino Regional
Occupational Program**

County Human Resources

“Thank you for the excellent training and for your patience with us. This was the best training I've had since being hired by the county. ”

- Staff comment



Innovation

Service Goals

The objectives of Innovation are:

- **Increase the access and quality** of services, including better outcomes to underserved, unserved and inappropriately served
- **Contribute to learning and develop** projects through a process that is community driven, inclusive and representative of unserved, underserved, inappropriately served populations
- **Promote interagency collaboration**

Why was Innovation Created?

The County of San Bernardino is comprised of a culturally diverse population. Latinos comprise 51% of the population and African Americans represent 10%. Asian Pacific Islanders at 6%, are a diverse and growing population. Native Americans /Tribal communities represent 1%. With this population data in mind, community forums and focus groups were conducted giving residents in our diverse communities the opportunity to participate in the decision making process for developing projects to meet community needs.

Priority issues expressed by County residents for Innovations:

- Addressing disparities in access to services for the county's ethnic and cultural communities
- Developing effective mental health education strategies throughout the county's diverse communities
- Tapping into the strengths of the county's diverse communities
- Collaboratively addressing hidden and vulnerable populations of children and youth.
- Testing and learning from strategies that are adaptable to the county's specialty populations



Commissioner, Gabriel Gonzalez
Behavioral Health Commission, First District

Positive Results

The Innovation component is in the early stages of implementation.

Use of Social Media to increase access to services

Data from our social networking project which utilizes Facebook to communicate and share local behavioral health news and topics with county residents and consumers are showing promising acceptance. The data tracked since January 2011 indicates **14,000** individuals have viewed our page and **24,300** individuals have taken the time to browse our articles.

Coalition Against Sexual Exploitation (CASE)

CASE will strive to develop and test a collaborative model of interventions and services to reduce the number of diverse children drawn into prostitution and exploited. To date:

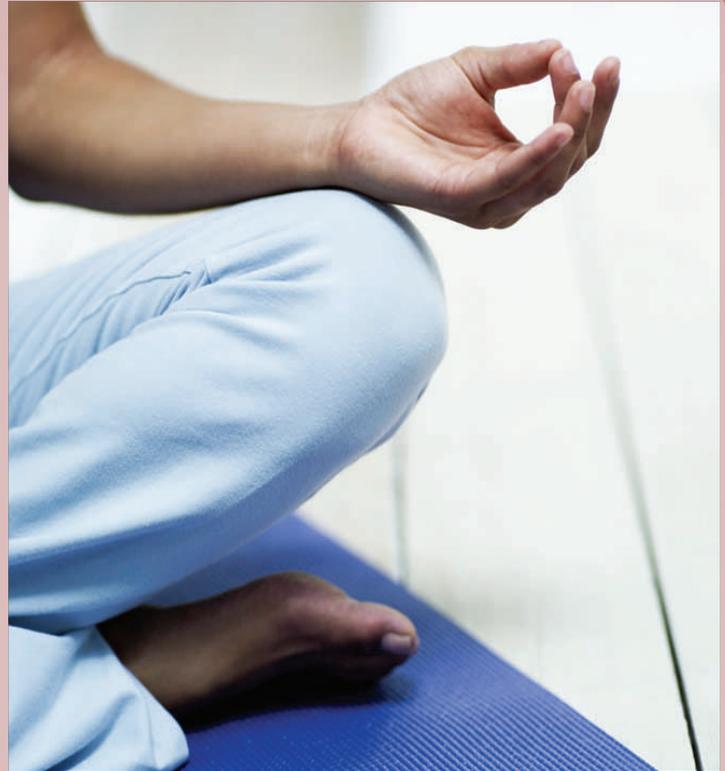
- **25** Minors Served
- **28** Public Presentations
- **1,654** Community Contacts

Services included intensive case management, building of rapport, advocating in court proceedings and making treatment recommendations to the court, therapy, placement, and working with family members of the clients.

The Holistic Campus

The Holistic Campus will:

- Increase access to underserved groups by creating campuses that are community driven and culturally informed
- Offer individuals from all cultures, backgrounds and ethnicities services which will include culturally specific healing strategies that are cross-cultural and cross-generational
- Use strategies such as acupressure, acupuncture, sweat lodges, pet therapy, yoga and healing circles
- Establish collaborative relationships with physical health providers and community based organizations that deal with housing, employment, education and benefits issues



Residents of the County of San Bernardino will be served by three Holistic Campuses serving the various regions:

- West-end
- East Valley and Central areas
- High Desert

Making A Difference

New Innovation Projects for 2012 include:

The Interagency Youth Resiliency Team — January 2012

A mentoring program designed for foster youth, wards of the court and their caregivers.

Transitional Age Youth Behavioral Health Hostel — Summer 2012

A peer-driven short term crisis residential treatment facility designed for youth ages 18 to 25.

Challenges

The very nature of the Innovation Component of the Mental Health Services Act is to implement original ideas which challenge previously set standards. Other challenges include:

- Development of client tracking databases
- Balancing available staff hours with required hours for project execution and monitoring
- Coordination of fiscal year time management with calendar year schedules
- Maintaining high levels of community interest



Collaborative Partners

Thank you to the following partnering agencies:

Department of Behavioral Health

San Bernardino County District Attorney's Office

County of San Bernardino Probation Department

San Bernardino County Sheriff's Department

County of San Bernardino Children and Family Services

County of San Bernardino Children's Network

County of San Bernardino Public Defender

Solutions in Progress

- Encouraging contractors and their staff to participate in department sponsored technical assistance workshops
- Working with Information Technology on the development of secured database tracking systems for client level reporting
- Development of a marketing program to promote community awareness around Innovation projects

"I feel more aware of DBH events since the computers were installed at our clubhouse" -Client comment

COUNTY CERTIFICATION

Exhibit A

County: San Bernardino

County Mental Health Director	Project Lead
Name: CaSonya Thomas	Name: Mariann Ruffolo
Telephone Number: (909) 382-3133	Telephone Number: (909) 252-4041
E-mail: cthomas@dbh.sbcounty.gov	E-mail: mruffolo@dbh.sbcounty.gov
Mailing Address:	
268 W. Hospitality Lane, Suite 400 San Bernardino, CA 92415	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

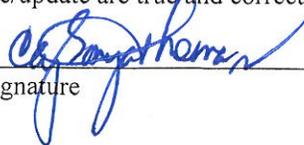
A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/13 annual update/update are true and correct.

CaSonya Thomas
Mental Health Director/Designee (PRINT)


Signature

4/18/12
Date

County: San Bernardino

Date: May 1, 2012

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$16,433,936	\$5,667,151	\$12,758,594	\$18,768,292	\$10,653,287	
2. Estimated New FY 2012/13 Funding	\$39,143,000			\$9,736,500	\$2,570,200	
3. Transfer in FY 2012/13 ^{a/}						
4. Access Local Prudent Reserve in FY 2012/13						
5. Estimated Available Funding for FY 2012/13	\$55,576,936	\$5,667,151	\$12,758,594	\$28,504,792	\$13,223,487	
B. Estimated FY 2012/13 Expenditures	\$50,007,183	\$2,462,669	\$13,427,340	\$12,109,759	\$6,547,801	
C. Estimated FY 2012/13 Contingency Funding	\$5,569,753	\$3,204,482	(\$668,746)	\$16,395,033	\$6,675,686	

^{a/}Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	\$22,152,363
2. Contributions to the Local Prudent Reserve in FY12/13	\$0
3. Distributions from Local Prudent Reserve in FY12/13	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	\$22,152,363

NEWS

From the County of San Bernardino
www.sbcounty.gov



FOR IMMEDIATE RELEASE

March 22, 2012

For more information, contact
Mariann Ruffolo, Administrative Manager
Department of Behavioral Health
909-252-4041
mruffolo@dbh.sbcounty.gov

You are invited by the Department of Behavioral Health to attend a Mental Health Services Act (MHSA) Annual Update Public Planning Meeting

WHO: All residents living in the County of San Bernardino who are interested in the public mental health service delivery system, learning about the Mental Health Services Act (MHSA) and participating in the Annual Update for Fiscal Year 2012/13.

WHAT: There is a series of public meetings planned that will take place throughout the county to promote community conversation and participation regarding the Annual Update for Fiscal Year 2012/13 of the MHSA.

The MHSA (Prop 63) was passed by California voters in November 2004. The MHSA (Prop 63) was passed by California voters in November 2004 to expand mental health services for children and adults. The Act is funded by a 1% tax surcharge on personal income over \$1 million per year.

WHY: To provide information and promote community conversation regarding the Annual Update for Fiscal Year 2012/13 of the MHSA and how it will affect the residents of the County of San Bernardino.

WHEN & WHERE:

Central Valley Region

<p>April 10, 2012 1:00PM-2:30 PM</p> <p>Spirituality Sub-Committee Behavioral Health Resource Center Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p>	<p>April 10, 2012 10:00AM-12:00 PM</p> <p>Asian Pacific Islander (API) Coalition meeting Asian American Resource Center 1115 South "E" Street San Bernardino, CA 92408</p>	<p>April 17, 2012 11:00AM-12:00PM</p> <p>District Advisory Committee 3rd District Our Place Clubhouse 1323 W. Colton Ave., Suite 120 Redlands, CA</p>
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Central Valley Region cont.

<p align="center">April 17, 2012 2:00PM-3:30 PM</p> <p>Native American Awareness Committee Native American Resource Center Riverside-San Bernardino County Indian Health, Inc 2210 E. Highland Ave. Suite 101 & 102 San Bernardino, CA 92404</p>	<p align="center">April 19, 2012 9:00AM-11:00AM</p> <p>Community Policy Advisory Council Behavioral Health Resource Center Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p>	<p align="center">April 19, 2012 1:00PM-2:30PM</p> <p>Cultural Competency Advisory Committee Behavioral Health Resource Center Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p>
<p align="center">April 19, 2012 2:30PM-3:30 PM</p> <p>Co-Occurring Substance Abuse Committee Cedar House Life Change Center 18612 Santa Ana Ave. Bloomington, CA 92316</p>	<p align="center">April 19, 2012 6:30PM-8:00PM</p> <p><i>Spanish Language Meeting*</i> Consulate of Mexico in San Bernardino 293 North "D" St. San Bernardino, CA 92401</p>	<p align="center">April 23, 2012 5:30PM-7:30PM</p> <p>District Advisory Committee 5th District New Hope Family Life Center 1505 W. Highland Ave. San Bernardino, CA 92411</p>
<p align="center">April 23, 2012 3:00PM-4:00PM</p> <p align="center">Department of Behavioral Health (DBH) Training Institute* 1950 S. Sunwest Lane, Ste. 200 San Bernardino, CA 92415</p> <p><i>*This event will be live at the DBH Training Institute with a webcast in the desert and west-end regions.</i></p> <p><i>*To participate from your own computer, please call 800-722-9866 to register.</i></p>		

West Valley Region

<p align="center">April 12, 2012 3:00PM -4:00PM</p> <p>Transitional Age Youth (TAY) Committee Rancho Cucamonga TAY Center 9047 Arrow Route, Suite 170 Rancho Cucamonga, CA 91730</p>	<p align="center">April 23, 2012 3:00PM-4:00PM</p> <p align="center"><i>Via Webcast*</i> South Coast Community Services 2930 Inland Empire Blvd., Suite 120 Ontario, CA 91764</p>	<p align="center">April 26, 2012 1:30PM-2:30PM</p> <p>District Advisory Committees 2nd & 4th Districts Upland Community Counseling 934 N. Mountain Ave., Suite C Upland, CA 91786</p>
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Desert Region

<p>April 9, 2012 2:00PM-3:00PM</p> <p>High Desert African American Mental Health Coalition Victor Valley Clubhouse 12625 Hesperia Rd. Victorville, CA 92395</p>	<p>April 18, 2012 11:00AM-12:00PM</p> <p>District Advisory Committee 1st District Victorville Behavioral Health Center Room C-6 12625 Hesperia Rd. Victorville, CA 92395</p>	<p>April 23, 2012 3:00PM-4:00PM</p> <p><i>Via Webcast*</i> Morongo Basin Mental Health 55475 Santa Fe Trail Yucca Valley, CA 92284</p>
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NOTE: If special accommodations or interpretation services are required, or to learn more about the Spanish language forum please call 1-800-722-9866 or 711 for TTY users.

CONTACT: For additional information, please contact Mariann Ruffolo at (909) 252-4041

-END-



**County of San Bernardino Department of Behavioral Health
Mental Health Services Act
Annual Update Community Planning Meetings**

Central Valley Region

<p align="center">April 10, 2012 1:00PM-2:30 PM</p> <p>Spirituality Sub-Committee Behavioral Health Resource Center Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p>	<p align="center">April 10, 2012 10:00AM-12:00 PM</p> <p>Asian Pacific Islander (API) Coalition meeting Asian American Resource Center 1115 South "E" Street San Bernardino, CA 92408</p>	<p align="center">April 17, 2012 11:00AM-12:00PM</p> <p>District Advisory Committee 3rd District Our Place Clubhouse 1323 W. Colton Ave., Suite 120 Redlands, CA</p>
<p align="center">April 17, 2012 2:00PM-3:30 PM</p> <p>Native American Awareness Committee Native American Resource Center Riverside-San Bernardino County Indian Health, Inc 2210 E. Highland Ave., Suite 101 & 102 San Bernardino, CA 92404</p>	<p align="center">April 19, 2012 9:00AM-11:00AM</p> <p>Community Policy Advisory Council Behavioral Health Resource Center Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p>	<p align="center">April 19, 2012 1:00PM-2:30PM</p> <p>Cultural Competency Advisory Committee Behavioral Health Resource Center Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p>
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<p align="center">April 23, 2012 3:00PM-4:00PM</p> <p align="center">Department of Behavioral Health (DBH) Training Institute* 1950 S. Sunwest Lane, Ste. 200 San Bernardino, CA 92415</p> <p><i>*This event will be live at the DBH Training Institute with a webcast in the desert and west-end regions. *To participate from your own computer, please call 800-722-9866 to register.</i></p>		

West Valley Region

<p>April 12, 2012 3:00PM -4:00PM</p> <p>Transitional Age Youth (TAY) Committee Rancho Cucamonga TAY Center 9047 Arrow Route, Suite 170 Rancho Cucamonga, CA 91730</p>	<p>April 23, 2012 3:00PM-4:00PM</p> <p><i>Via Webcast*</i> South Coast Community Services 2930 Inland Empire Blvd., Suite 120 Ontario, CA 91764</p>	<p>April 26, 2012 1:30PM-2:30PM</p> <p>District Advisory Committees 2nd & 4th Districts Upland Community Counseling 934 N. Mountain Ave., Suite C Upland, CA 91786</p>
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Desert/Mountain Region

<p>April 9, 2012 2:00PM-3:00PM</p> <p>High Desert African American Mental Health Coalition Victor Valley Clubhouse 12625 Hesperia Rd. Victorville, CA 92395</p>	<p>April 16, 2012 1:30PM-2:30PM</p> <p>Lutheran Social Services (<i>Summit Plaza Building</i>) 41945 Big Bear Blvd., Ste.200 Big Bear Lake, CA 92315 <i>*Space is limited at this location. Please call to RSVP by 4/13/12.</i></p>	<p>April 18, 2012 11:00AM-12:00PM</p> <p>District Advisory Committee 1st District Victorville Behavioral Health Center Room C-6 12625 Hesperia Rd. Victorville, CA 92395</p>
<p>April 23, 2012 3:00PM-4:00PM</p> <p><i>Via Webcast*</i> Morongo Basin Mental Health 55475 Santa Fe Trail Yucca Valley, CA 92284</p>	<p>April 26, 2012 6:00-7:00PM</p> <p>City of Needles Recreation Center 1705 J Street Needles, CA 92363</p>	

CONTACT: For additional information, please contact Mariann Ruffolo at (909) 252-4041.

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County of San Bernardino Department of Behavioral Health

Mental Health Services Act (MHSA) Fiscal Year 2012/13 Annual Update

Stakeholder Comment Form

What is your age?

- 0-17 yrs 18-24 yrs 25-59 yrs 60 + yrs

What is your gender?

- Male Female Other

What region do you live in?

- Central Valley Region Desert/Mountain Region East Valley Region West Valley Region

What group do you represent?

- Family member of consumer
Consumer of Mental Health Services
Law Enforcement
School Personnel
Community Agency
Faith Community
County Staff
Human Services
Health Provider
Community Member

What is your ethnicity?

- Latino/Hispanic
African American
Caucasian/White
Asian/Pacific Islander
American Indian/Native American
Other (specify)

What is your primary language?

- English
Spanish
Vietnamese
Other

What is your general feeling about the MHSA Annual Update in the County of San Bernardino?

- Very Satisfied Somewhat Satisfied Satisfied Unsatisfied Very Unsatisfied

What is your highest priority regarding the MHSA Annual Update?

Please rank the items below from 1 to 5, with 1 being the most important and 5 being the least important.

- Basic Needs-Transportation Family and Youth Support Emergency Preparedness
Increased Access/Availability of Treatment/Recovery Administrative Support

Do you have other concerns not addressed in this discussion?

What did you learn about the MHSA Annual Update?

What else would you like to learn about the MHSA process?

Thank you again for taking the time to review and provide input on the MHSA Annual Update in the County of San Bernardino.



Departamento de Salud Mental del Condado de San Bernardino

Actualización Anual del Año Fiscal 2012/13 de la Ley de Servicios de Salud Mental (MHSA por sus siglas en ingles) *Formulario de Comentarios para Personas Interesadas*

¿Cuál es su edad?

0-17 años 18-24 años 25-59 años 60 años o más

¿Cual es su género?

Masculino Femenino Otro _____

¿En qué región vive?

Región Valle Central Región Desierto/Montañas Región Valle Este Región Valle Oeste

¿Cuál grupo representa?

- Miembro de familia de consumidor
- Consumidor de Servicios de Salud Mental
- Departamento de Policía
- Personal Escolar
- Agencia Comunitaria
- Comunidad de Fe
- Personal Del Condado
- Servicios Humanos
- Proveedor de Salud
- Miembro Comunitario

¿Cual es su origen étnico?

- Latino/Hispano
- Afroamericano
- Caucásico
- Asiático/Islas de Pacifico
- Indígenas Estadounidenses
- Otro (especifique) _____

¿Cual es su idioma principal?

- Ingles
- Español
- Vietnamita
- Otro _____

¿Cuál es su opinión general sobre la Actualización Anual del MHSA en el Condado de San Bernardino?

Muy Satisfecho Algo Satisfecho Satisfecho Insatisfecho Muy insatisfecho

¿Cuál es su mayor prioridad con respecto a la Actualización Anual de la MHSA?

_____ Necesidades básicas-transportación _____ Apoyo familiar y para juventud _____ Apoyo administrativo
_____ Preparación de emergencias _____ Aumento en el acceso/disponibilidad de tratamiento/recuperación

¿Tiene alguna otra duda que no haya sido hablada en esta junta?

¿Qué aprendió sobre la Actualización Anual de la MHSA?

¿Qué más le gustaría aprender sobre el proceso de la MHSA?

Gracias de nuevo por tomar el tiempo de revisar y proveer su opinión en el proceso de la Actualización Anual de la MHSA en el Condado de San Bernardino.