

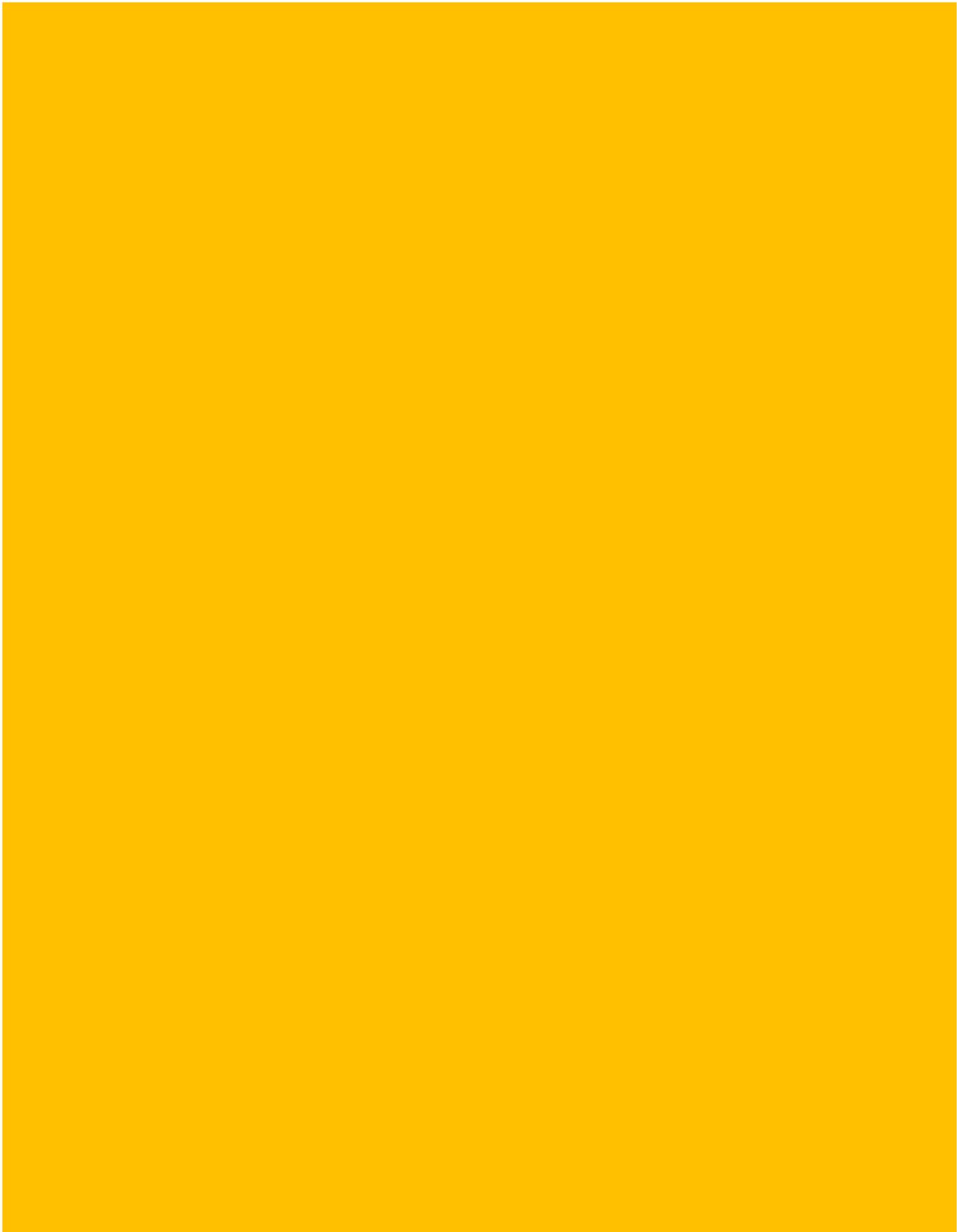


Behavioral Health

# Attachments for the Mental Health Services Act Innovation Plan 2019

*Innovative Project Proposal for  
Public Posting: 11/27/2019-12/27/2019*







# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: San Bernardino

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report
- Innovation Plan

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Veronica Kelly, DSW, LCSW	Name: Ensen Mason
Telephone Number: (909) 388-0801	Telephone Number: (909) 382-7000
E-mail: vkelly@dbh.sbcounty.gov	E-mail: ensen.mason@atc.sbcounty.gov
Local Mental Health Mailing Address: County of San Bernardino Department of Behavioral Health 303 East Vanderbilt Way San Bernardino, CA 92415	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

\_\_\_\_\_  
Local Mental Health Director (PRINT)

\_\_\_\_\_  
Signature Date

I hereby certify that for the fiscal year ended June 30, \_\_\_\_\_, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated \_\_\_\_\_ for the fiscal year ended June 30, \_\_\_\_\_. I further certify that for the fiscal year ended June 30, \_\_\_\_\_, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

\_\_\_\_\_  
County Auditor Controller / City Financial Officer (PRINT)

\_\_\_\_\_  
Signature Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)



## NEWS RELEASE

### Behavioral Health

**CONTACT:**

Aimara Freeman  
Public Relations Manager  
(909) 386-9720

[Aimara.Freeman@dbh.sbcounty.gov](mailto:Aimara.Freeman@dbh.sbcounty.gov)

Nov. 27, 2019

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## Behavioral Health seeks feedback on innovative projects

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The San Bernardino County Department of Behavioral Health (DBH) invites community members to review and provide feedback on the draft 2019 Mental Health Services Act (MHSA) Innovation Plan, which includes creative, time-limited, test projects focused on eating-disorder prevention and treatment, art, and service-delivery improvement. Projects with successful outcomes may become permanent programs.

The Eating Disorder Collaborative project seeks to develop a partnership between behavioral health professionals and primary healthcare providers, including community health centers and college health clinics, in an effort to educate staff on how to recognize and access services for a person living with an eating disorder and where to refer for treatment.

The Cracked Eggs project is a therapeutic art workshop series that uses art, in conjunction with peer facilitators and behavioral health professionals, to express and manage mental health symptoms.

The Full Service Partnership project, developed in collaboration with Fresno, Marin, Ventura, Siskiyou, and Sacramento counties, seeks to create a consistent behavioral health care service experience across the state and implement measurable goals to improve care.

"MHSA funded innovation projects allow our department to discover and test new methods of delivering behavioral health care," said DBH Director Veronica Kelley. "This funding, along with feedback received from our community members, helps DBH provide services responsive to the unique needs of our county."

The plan and comment forms are available for review at [www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh) during the public posting of this plan from Nov. 27 through Dec. 26. For a printed copy of the plan and/or comment forms, alternative formats, or for questions and/or to submit comments by phone, call (800) 722-9866 or dial 7-1-1 for TTY users.

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## NEWS RELEASE

### Behavioral Health

**CONTACT:**

Aimara Freeman  
Public Relations Manager  
(909) 386-9720

[Aimara.Freeman@dbh.sbcounty.gov](mailto:Aimara.Freeman@dbh.sbcounty.gov)

27 de noviembre de 2019

## Salud mental busca comentarios sobre proyectos innovadores

El Departamento de Salud Mental del Condado de San Bernardino (DBH por sus siglas en inglés) invita a los miembros de la comunidad a revisar y proporcionar comentarios sobre la versión preliminar del Plan de Innovación de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés) de 2019, que incluye proyectos de prueba creativos, de tiempo limitado, centrados en la prevención y el tratamiento del trastorno alimentario, arte y la mejoría en la prestación de servicios. Los proyectos con resultados exitosos pueden convertirse en programas permanentes.

El proyecto de colaboración para el trastorno alimentario busca desarrollar una asociación entre los profesionales de la salud mental y los proveedores de atención primaria de salud, incluyendo los centros de salud comunitarios y las clínicas de salud universitarias, en un esfuerzo por educar al personal de cómo reconocer y acceder a los servicios para una persona que vive con un trastorno alimentario y donde referir para tratamiento.

El proyecto Cracked Eggs (por su nombre en inglés) es una serie de talleres de arte terapéutico que utiliza el arte, junto con facilitadores y profesionales de la salud mental, para expresar y manejar los síntomas de salud mental.

El proyecto Full Service Partnership (por su nombre en inglés), desarrollado en colaboración con los condados de Fresno, Marin, Ventura, Siskiyou y Sacramento, busca crear una experiencia de servicio de atención de salud mental consistente en todo el estado e implementar metas medibles para mejorar el cuidado.

"Los proyectos de innovación financiados por MHSA permiten que nuestro departamento descubra y pruebe nuevos métodos para brindar atención de salud conductual", dijo la directora de DBH, Veronica Kelley. "Esta financiación, junto con los comentarios recibidos de los miembros de nuestra comunidad, ayuda a DBH a proporcionar servicios que respondan a las necesidades únicas de nuestro condado".

El plan y los formularios de comentarios están disponibles para su revisión en [www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh) durante la publicación pública de este plan del 27 de noviembre al 26 de diciembre. Para obtener una copia impresa del plan y/o formularios de comentarios, formatos alternativos o para preguntas y/o enviar comentarios por teléfono, llame al (800) 722-9866 o marque 7-1-1 para usuarios de TTY.

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LEARNING GOAL 1: Examine the factors that make collaboration with local colleges effective for the development and utilization of public information campaigns/materials to educate populations most at risk for developing disordered eating.		
EVALUATION PLAN	INTENDED OUTCOMES	MEASUREMENT METHODOLOGY
Measure collaboration with colleges in public information campaign and material development.	Increase collaboration between local college/university partner organizations leading to dynamic, ongoing working relationships.	Measure (1) number of organizations and participants that actively contribute to the project as documented in meeting sign-in sheets/minutes and (2) partners' satisfaction ratings with the collaborative process through a satisfaction survey and interviews.
	Develop a toolkit that includes lessons learned about collaborating with colleges/universities and their health centers.	N/A
Measure effective development of information campaigns/materials.	Creation of a disordered eating public information campaign.	Measure (1) number and type of materials developed and (2) partners' satisfaction ratings with the information campaign and materials through a satisfaction survey and interviews.
Measure effective utilization of information campaigns/materials.	Implementation of public information campaign; dissemination of public information campaign materials.	Measure (1) number of organizations distributing materials, (2) number of events and activities related to the public information campaign, and (3) number and type of materials distributed.
Measure the effectiveness of the public information campaign and materials in enhancing the knowledge of at risk populations.	At risk/underserved community members (and their friends/family) demonstrate an increase in disordered eating knowledge, decrease of stigma, and increase in access to services through the public information campaign.	Measure responses to customized thematic surveys and interviews.

LEARNING GOAL 2: Examine the benefits and challenges of developing and disseminating a screening and referral tool which may be used in a variety of settings (e.g., college student centers, health centers, physician’s offices); examine the effectiveness of the screening and referral tool at increasing the number of individuals assessed for disordered eating.		
EVALUATION PLAN	INTENDED OUTCOMES	MEASUREMENT METHODOLOGY
Document and analyze the benefits and challenges in developing and disseminating a screening and referral tool.	Development of disordered eating screening and referral tool.	N/A
	The disordered eating screening and referral tool is disseminated to and used by community partners (colleges/universities, health centers, physician’s offices).	Measure (1) number and type of community partners using the tool and (2) tracking the number of times the screening and referral tool is used, based on data collected by the Eating Disorder Collaborative project.
	Develop a toolkit that includes lessons learned about developing and disseminating a screening and referral tool to community partners.	N/A
Measure the effectiveness of the screening/referral tool at getting people with disordered eating linked to an assessment.	Increase the number of new clients screened, referred, and assessed for disordered eating.	Measure (1) how many new clients during the project are (a) referred to assessment and (b) complete an assessment as a direct result of the screening/referral tool, based on data collected by the Eating Disorder Collaborative project, and (2) comparing the number of clients during the project with a disordered eating diagnosis from their first DBH assessment to a baseline number of clients with a disordered eating diagnosis from their first DBH assessment during the comparable time period

LEARNING GOAL 2: Examine the benefits and challenges of developing and disseminating a screening and referral tool which may be used in a variety of settings (e.g., college student centers, health centers, physician’s offices); examine the effectiveness of the screening and referral tool at increasing the number of individuals assessed for disordered eating.		
EVALUATION PLAN	INTENDED OUTCOMES	MEASUREMENT METHODOLOGY
		directly preceding the project, based on data from SIMON/Electronic Health Record (EHR).
	Increase the number of existing DBH clients screened, referred, and assessed for disordered eating.	Measure (1) how many existing clients during the project are (a) referred to assessment and (b) received an assessment as a direct result of the screening/referral tool, based on data from the Eating Disorder Collaborative program, and (2) comparing the number of existing DBH clients during the project that receive a disordered eating diagnosis after their first DBH assessment to a baseline of the number of existing DBH clients that received a disordered eating diagnosis after their first DBH assessment during the comparable time period directly preceding the project, based on data from SIMON/EHR.

LEARNING GOAL 3: Examine the effectiveness of engagement assessments in facilitating participation in treatment services.		
EVALUATION PLAN	INTENDED OUTCOMES	MEASUREMENT METHODOLOGY
Assess willingness of providers to adopt the engagement assessment tool.	Provider use of and satisfaction with engagement assessment tool.	Measured (1) number and type of providers that use the engagement assessment tool and (2) partners' satisfaction ratings with the engagement assessment tool through a satisfaction survey and interviews.
Measure effectiveness of engagement assessments for (better) linkage.	Development and implementation of disordered eating engagement assessment.	N/A
	Increase the length of time and/or number of services utilized by clients with a disordered eating diagnosis and episode who receive an engagement assessment.	Measure (1) number of clients who receive an engagement assessment and are referred to treatment, (2) amount of time between referral to treatment and treatment activation, and (3) comparing (a) amount of time clients who receive an engagement assessment are active in treatment, (b) number of services utilized while in treatment, and (c) types of services utilized while in treatment during the project to a baseline (a) amount of time clients with a disordered eating diagnosis were active in treatment, (b) number of services utilized while in treatment, and (c) types of services utilized while in treatment during the comparable time period directly preceding the project, based on data from SIMON/EHR.

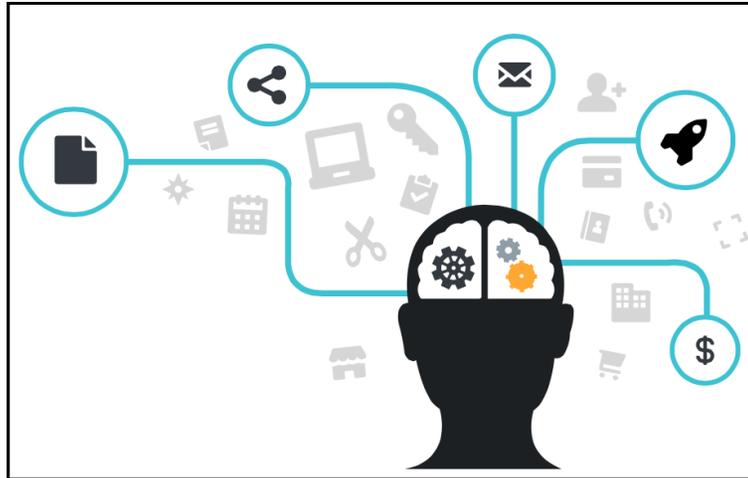
**LEARNING GOAL 4:** Examine the multiple dimensions of the best practices established for a multidisciplinary team, all comprised of MHP staff, effectively liaising with a variety of organizations (e.g. colleges, college health centers, individual physician’s offices, Independent Physicians Associations, Managed Care Plans, and behavioral health providers) to (1) provide additional assessment services, (2) facilitate effective referrals, and (3) provide ongoing care as needed.

EVALUATION PLAN	INTENDED OUTCOMES	MEASUREMENT METHODOLOGY
Document and analyze the role/strength/challenges of the multidisciplinary Eating Disorder Collaborative team.	Develop a toolkit that includes lessons learned about creating, implementing, and maintaining disordered eating multidisciplinary team.	Analyze (1) information collected by Eating Disorder Collaborative team meeting notes and minutes and (2) interviews with staff members.
Measure additional engagement services by the Eating Disorder Collaborative team.	Sixty percent of clients will receive engagement services before and after assessment to ensure effective connection to treatment.	Measure (1) number of clients who participate in engagement services and (2) type of engagement services, based on data from SIMON/EHR.
Measure effectiveness of referrals by the Eating Disorder Collaborative team.	Referrals by the Eating Disorder Collaborative team will lead to client engagement in treatment, both within the DBH system of care and outside of the DBH system of care.	Measure (1) number of clients active in treatment following referral, based on data from SIMON/EHR, (2) referred provider satisfaction surveys, (3) client satisfaction surveys, and (4) interviews.
Provide ongoing disordered eating treatment and care.	Improved client outcomes, such as decreased psychiatric hospitalizations, increased use of outpatient services, and increased functioning.	Measure (1) number of psychiatric hospitalizations and bed days 90/180/360 days after disordered eating treatment with Eating Disorder Collaborative staff compared to the baseline number of psychiatric hospitalizations and bed days 90/180/360 days before treatment with Eating Disorder Collaborative staff, based on data from the Treatment Authorization Request Log (TAR Log), (2) number of outpatient services 90/180/360 days after disordered eating treatment with Eating Disorder Collaborative staff

LEARNING GOAL 4: Examine the multiple dimensions of the best practices established for a multidisciplinary team, all comprised of MHP staff, effectively liaising with a variety of organizations (e.g. colleges, college health centers, individual physician’s offices, Independent Physicians Associations, Managed Care Plans, and behavioral health providers) to (1) provide additional assessment services, (2) facilitate effective referrals, and (3) provide ongoing care as needed.

EVALUATION PLAN	INTENDED OUTCOMES	MEASUREMENT METHODOLOGY
		<p>compared to the baseline number of outpatient services 90/180/360 days before treatment with Eating Disorder Collaborative staff, based on data from SIMON/EHR, and (3) change in scores on the Adult Needs and Strengths Assessment (ANSA) before, during, and at the end of treatment, based on data collected in the Objective Arts (OA) database.</p>

Attend the February  
**Community Policy Advisory Committee (CPAC)**  
meeting for a special stakeholder planning session on the  
Mental Health Services Act (MHSA)  
**Innovation Component.**



February 15, 2018  
9 – 11 a.m.  
County of San Bernardino  
Health Services Building,  
Auditorium  
850 East Foothill Blvd., Rialto

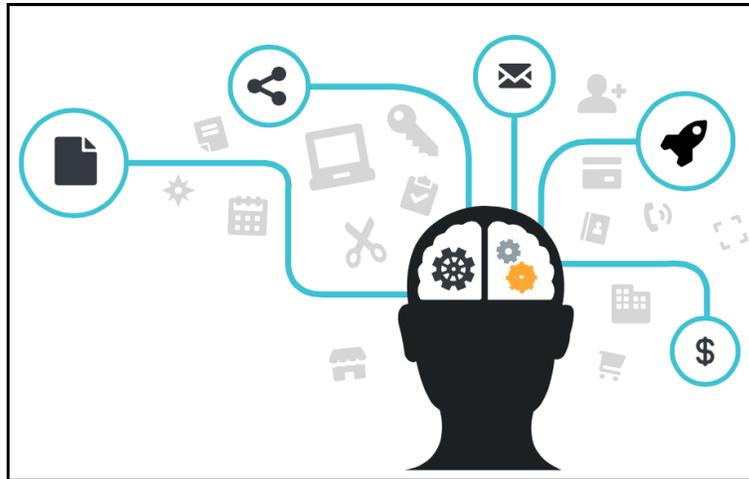
**Please join us to discuss new innovative ideas to help our community!**

For additional information, interpretation services, or to request disability-related accommodations,  
please call (800) 722-9866 (7-1-1 for TTY users) or email [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).



Behavioral Health

Acompáñenos este febrero en el  
**Comité Asesor de Política Comunitaria (CPAC por sus siglas en inglés)**  
para una presentación especial de planificación de todos los interesados sobre el  
**Componente de Innovación**  
de la Ley de Salud Mental (MHSA por sus siglas en inglés).



February 15, 2018  
9 – 11 a.m.  
County of San Bernardino  
Health Services Building,  
Auditorium  
850 East Foothill Blvd., Rialto

**¡Por favor acompáñenos para hablar de nuevas ideas innovadoras  
para ayudar a nuestra comunidad!!**

Para más información, preguntas, dudas, servicios de interpretación o para solicitar acomodados relacionadas con alguna discapacidad, favor de llamar a Cheryl McAdam at (800) 722-9866 (7-1-1 para usuarios de TTY), [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).



Mon 2/12/2018 4:33 PM

DBH - Webmaster

MHSA stakeholders planning session at CPAC!

To

Attention DBH staff,



Behavioral Health

Attend the February  
**Community Policy Advisory Committee (CPAC)**  
meeting for a special stakeholder planning session on the  
Mental Health Services Act (MHSA)  
**Innovation Component.**



February 15, 2018  
9 – 11 a.m.  
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MHSA 1.18

[Click here](#) for a printable version.

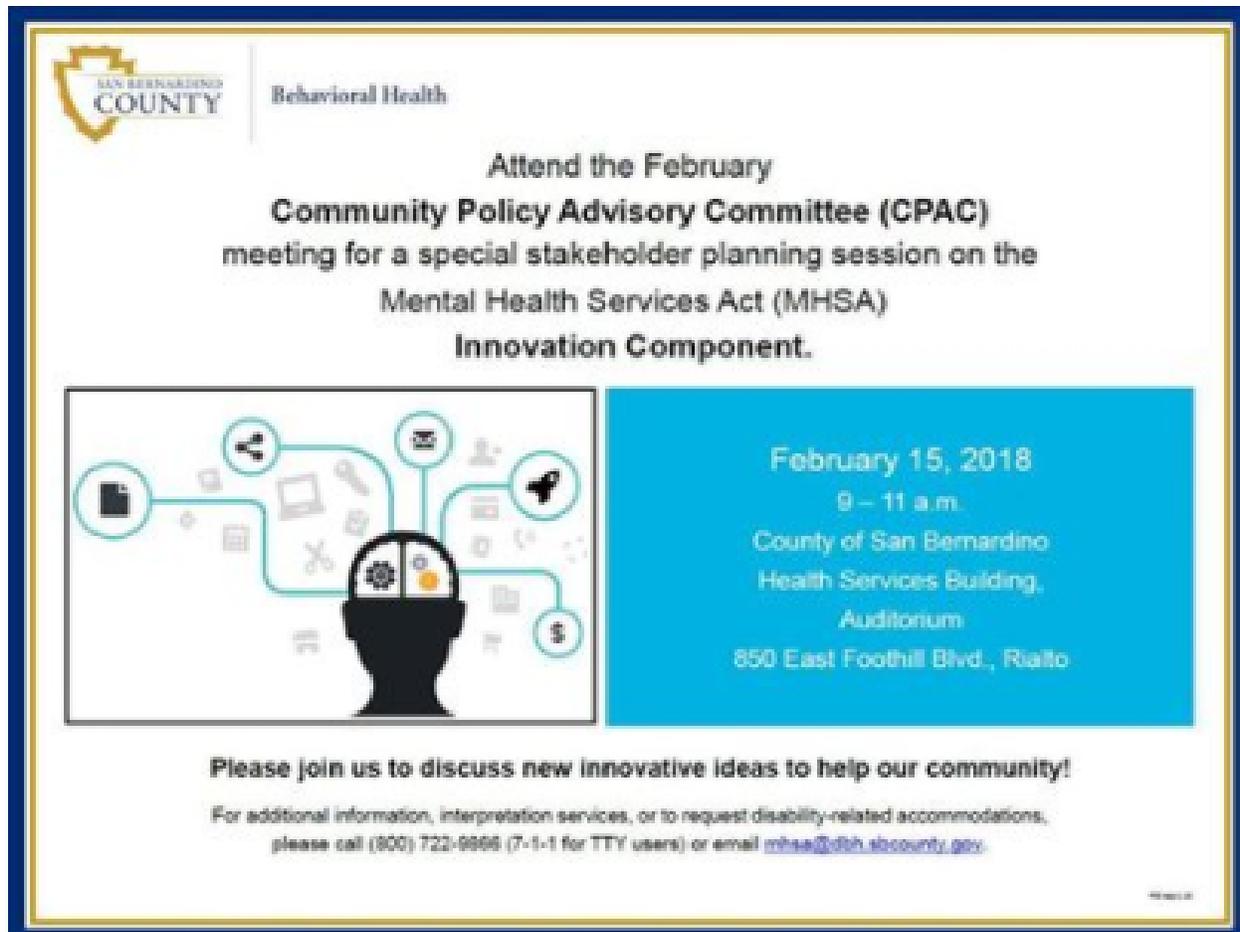
**Webmaster**  
Behavioral Health  
Phone: 909-384-4884



## San Bernardino County Department of Behavioral Health

Yesterday at 1:47pm · 🌐

Reminder! Attend February's Community Policy Advisory Committee (CPAC) meeting this Thursday for a special stakeholder planning session on the Mental Health Services Act Innovation component. For more information please call (800) 722-9866.



The flyer features the San Bernardino County logo and 'Behavioral Health' text in the top left. The main title reads 'Attend the February Community Policy Advisory Committee (CPAC) meeting for a special stakeholder planning session on the Mental Health Services Act (MHS Act) Innovation Component.' Below this is a graphic of a human head silhouette with various icons (gears, lightbulb, dollar sign, etc.) connected to it by lines. To the right of the graphic is a blue box containing the event details: 'February 15, 2018, 9 - 11 a.m., County of San Bernardino Health Services Building, Auditorium, 850 East Foothill Blvd., Rialto'. At the bottom, it says 'Please join us to discuss new innovative ideas to help our community!' and provides contact information: '(800) 722-9866 (7-1-1 for TTY users) or email [mhsa@sbh.sbcounty.gov](mailto:mhsa@sbh.sbcounty.gov)'.

**Attend the February  
Community Policy Advisory Committee (CPAC)  
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**February 15, 2018  
9 - 11 a.m.  
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**Behavioral Health  
MHSA Administration**

**Veronica Kelley, LCSW**  
Director

**Agenda: Mental Health Services Act (MHSA)  
Community Policy Advisory Committee (CPAC) Meeting  
February 15, 2018**

**Purpose** To meet monthly for MHSA program implementation updates, review MHSA legislation and other state updates as well as review & provide feedback and approval of new MHSA plans and programs.

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**Meeting date, time, and location** Date: Thursday, February 15, 2018  
Time: 9:00 AM – 11:00 AM  
Place: 850 E Foothill Blvd. Rialto, CA 92376  
County of San Bernardino Health Services (CSBHS) – Auditorium

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**Discussion items** The table below identifies specific topics to be addressed at this meeting:

Topic	Presenter	Handout
Welcome and Introductions	Michelle Dusick	No
Announcements	All	No
Innovation Community Program Planning	Karen Cervantes	Yes

**Next Meeting** March 15, 2018 from 9:00 AM – 11:00 AM at CSBHS - Auditorium  
**Topic:** MHSA Annual Update Community Program Planning  
**Contact Information** Should you require further information or wish to update your contact information please call (909) 252-4021 or email Cheryl McAdam at [cheryl.mcadam@dbh.sbcounty.gov](mailto:cheryl.mcadam@dbh.sbcounty.gov). Thank you.

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MD/cm

**SAN BERNARDINO COUNTY** Behavioral Health Office of Innovation

## Community Policy Advisory Committee (CPAC)

Mental Health Services Act (MHSA), Innovation Component

Michelle Dusick, MHSA Coordinator  
Karen Cervantes, MPA, Innovation Program Manager

February 15, 2018



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**Presentation Overview** Page 2

Today's Topic:  
Innovation Project Concepts

- 1 Mental Health Services Act Overview
- 2 Innovation Project Receipt
- 3 New Innovation Project Concepts
- 4 Group Discussion

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**Mental Health Services Act** Page 3

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.

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**Purpose of MHSA** Page 4

**Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)**

*To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.*

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**Components of MHSA** Page 5

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)**
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)

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**Purpose of the Innovation Component** Page 6

Address one of the following **learning purposes** as its primary purpose:

- To increase access to underserved groups.
- To increase the quality of services, including measurable outcomes.
- To promote interagency & community collaboration.
- To increase access to services.

WIC § 5830 (b)(1)(A-D)

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**Goals of Innovation Component** Page 7

Support innovative approaches by doing at least one (1) of the following:

- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

WIC § 5830 (b)(2)(A-C)

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**Innovation Legislative Requirements** Page 8

- An Innovation project is defined as one that **contributes to learning rather than a primary focus on providing a service.**
- County mental health programs shall expend funds for their innovation projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

WIC § 5830(e)

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**Innovation Legislative Requirements** Page 9

**Time-Limited Pilot Project**

- Maximum of five (5) years from the start date of the project.
- Successful parts of the project **may** continue under a different funding source or be incorporated into existing services.
- Projects may be terminated prior to planned end date.



9 CCR § 3910.10

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**Community Program Planning** Page 10

**WIC § 5848 (a)** states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- Evaluation
- Budget Allocations

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**Local Stakeholder Engagement** Page 11

The Department of Behavioral Health (DBH) has been successful in the ongoing engagement of stakeholders during the design, implementation, and evaluation of MHSA programs and Innovation projects since 2005.

Stakeholder feedback has been captured and projects developed around identified themes according to the four (4) Innovation primary purposes.

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**Innovation Project Recap**



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**Innovation Projects to Date** Page 13

There have been seven (7) Innovation projects implemented since 2010.

Lets take a quick look and recap the Innovation projects that were implemented to meet one of the primary learning purposes identified for the Innovation component.



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**Innovation Projects Timeline** Page 14



Note: Innovation projects are limited to a maximum duration of 8 years from the start of the project see § EOC § 901116.



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**Future Innovation Projects** Page 15

The MHSA Innovation component offers an opportunity to work with community stakeholders to develop, implement, and evaluate ideas for addressing the behavioral health needs of the unserved, underserved, and inappropriately served populations in San Bernardino County using "innovative" approaches.

Innovative approaches are considered to be novel, creative, and/or ingenious behavioral health practices that contribute to learning rather than having a primary focus on providing specific behavioral health services.



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**New Innovation Project Concepts**




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**Innovative Concept 1: New Service Delivery Model** Page 17

**Target Population:**

- Individuals with eating disorders

**Basic Concept:**

- Create a comprehensive service delivery model for all patients with eating disorders.
- Provide funding two multi-disciplinary teams to consult with families and individuals affected with eating disorders that have high mortality risks.
- Teams will be responsible for developing a continuum of services that include:
  - Specialty placements
  - Partial hospitalizations
  - Behavioral health interventions
- Provide education and therapeutic support to the family.



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**Innovative Concept 2: Remote On-site Service Delivery** Page 18

**Target Population:**

- Individuals living with mental illness and experiencing homelessness

**Basic Concept:**

- Develop methods of providing behavioral health, medication, and other health related services on-site to homeless encampments, including those in remote and rural areas of the county that are difficult to reach with traditional transportation.
- Use mobile vehicle, equipped to travel over off-road terrain, to provide an on-site setting for evaluation and examination including psychiatric service via telepsychiatry.
- Use learning from other innovation projects to expand the use of family engagement strategies to include non-traditional family constructs (i.e. pets as family members).
- Engagement and treatment teams will include non-traditional partners, such as veterinarians to support engagement activities.



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**Innovative Concept 3: Wellness University** Page 19

**Target Population:**

- Consumers of DBH Services, including the family and loved ones of consumers
- Children (K-12)
- First Responders

**Basic Concept:**

- Creation of curriculum that provides education to consumers and loved ones on mental health and substance abuse.
  - To encourage participation, childcare and supper (for evening classes) will be provided.
- Orientation to assist consumers and family members on how to navigate behavioral health services.
- Design a mental health wellness education campaign targeting K-12 population.
- Certification program for First Responders that better equips them to handle individuals living with mental illness.

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**Innovative Concept 4: Supportive Services for Foster Families** Page 20

**Target Population:**

- Children, foster parents, and families involved with, or recently involved with, the Department of Children and Family Services (i.e. foster care)

**Basic Concept:**

- Create a service team of clinical staff and parent partners to provide support to children and families involved with the Department of Children and Family Services.
- Clinical and support services will be provided for children and foster families to help manage the difficulties associated with the removal of a child from their home.
- Project will provide services to children who would normally not receive these service because they did not meet medical necessity (i.e. the child's emotional distress and/or behavioral issues are not severe enough for clinical support and service to be paid for by Medi-Cal).
- Supports and services will be provided with the goal of increasing placement stability and the overall improvement of the functioning and strengths of the child.
- Services will include a "warm line" designed to allow foster families and children to connect with support staff when needed.

 Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

**Future Innovation Projects: Stakeholder Feedback** Page 21



**YOUR VOICE MATTERS.**

 Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

**Discussion Timer** Page 22



**Click To Start**

 Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

**Group Discussion** Page 23



**Group Discussion**

 Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

**Next Steps: Where do we go from here?** Page 24



- 1** Based on stakeholder feedback prioritize concepts.
- 2** Conduct further research and development of innovation concept(s).
- 3** Identify potential subject-specific stakeholders for collaborative opportunities.
- 4** Finalize concept development, complete the Community Program Planning process.

 Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

**Closing** Page 25

**Thank you for your thoughtful participation!**

**Your feedback is important to us.**

**Please ensure that you have completed your comment forms.**

 Behavioral Health [www.sbcounty.gov](http://www.sbcounty.gov)

**Contact** Page 26

**For additional help in accessing Behavioral Health Services please call the DBH Access Unit at:**

**(909) 386-8256**  
**Toll Free 1 (800) 743-1478**  
**or 7-1-1 for TTY users.**

 Behavioral Health [www.sbcounty.gov](http://www.sbcounty.gov)

**Concerns** Page 27

**To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:**

[http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947\\_Issue-Resolution.pdf](http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947_Issue-Resolution.pdf)

 Behavioral Health [www.sbcounty.gov](http://www.sbcounty.gov)

**Questions** Page 28

**For questions or comments, please contact:**

**Michelle Dusick**  
**MHSA Administrative Manager**  
[MHSA@dbh.sbcounty.gov](mailto:MHSA@dbh.sbcounty.gov)  
**(909) 252-4017**

 Behavioral Health [www.sbcounty.gov](http://www.sbcounty.gov)



*Innovative Concept #1*

# New Service Delivery Model

## Target Population

- Individuals with eating disorders.

## Basic Concept

- Create a comprehensive service delivery model for patients with eating disorders, to include addressing issues of obesity and overeating.
- Provide funding for two (2) multi-disciplinary teams to consult with families and individuals affected with eating disorders that have high mortality risks.
- Multi-disciplinary teams will be made up of Public Health Nurses, Mental Health Clinicians, Peer and Family Advocates and overseen by the Department Medical Director.
  - These teams will work to admit the client into the agreed upon level of care necessary to provide the most appropriate amount of services to successfully address the clients needs.
- Teams will be responsible for developing a continuum of services that include:
  - Specialty placements
  - Partial hospitalizations
  - Behavioral health interventions
- Provide education and therapeutic support to the family.

## How can this concept be innovative?

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**Is this an Innovative project that is needed in San Bernardino County?**

- Yes
- No

If no, what other areas within the DBH system of care do you believe would benefit from an innovation project?

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**How would you change this project concept to make it more innovative?**

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**Who should be invited (from the larger community) to participate in this project as a partner?**

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**If we have questions about your ideas, may we contact you?**  Yes  No

If yes, please provide your best contact information.

\_\_\_\_\_ Name

\_\_\_\_\_ Phone

\_\_\_\_\_ Email





**Is this an Innovative project that is needed in San Bernardino County?**

- Yes
- No

If no, what other areas within the DBH system of care do you believe would benefit from an innovation project?

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**How would you change this project concept to make it more innovative?**

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**Who should be invited (from the larger community) to participate in this project as a partner?**

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**If we have questions about your ideas, may we contact you?**  Yes  No

If yes, please provide your best contact information.

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Name

\_\_\_\_\_

Phone

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Email





**Is this an Innovative project that is needed in San Bernardino County?**

- Yes
- No

If no, what other areas within the DBH system of care do you believe would benefit from an innovation project?

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**How would you change this project concept to make it more innovative?**

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**Who should be invited (from the larger community) to participate in this project as a partner?**

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**If we have questions about your ideas, may we contact you?**  Yes  No

If yes, please provide your best contact information.

\_\_\_\_\_

Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Email



*Innovative Concept #4*

# Supportive Services for Foster Families

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## Target Population

- Children, foster parents, and families involved with, or recently involved with, the Department of Children and Family Services (i.e. foster care).

## Basic Concept

- Create a service team of clinical staff and parent partners to provide support to children, foster parents, and families involved with the Department of Children and Family Services.
- Clinical and support services will be provided for children and foster families to help manage the difficulties associated with the removal of a child from their home.
- Project will provide services to children who would normally not receive these service because they did not meet medical necessity (i.e. the child’s emotional distress and/or behavioral issues are not severe enough for clinical support and service to be paid for by Medi-Cal).
- Supports and services will be provided with the goal of increasing placement stability and the overall improvement of the functioning and strengths of the child.
- Services will include a “warm line” designed to allow foster families and children to connect with support staff when needed.

## How can this concept be innovative?

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**Is this an Innovative project that is needed in San Bernardino County?**

- Yes
- No

If no, what other areas within the DBH system of care do you believe would benefit from an innovation project?

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**How would you change this project concept to make it more innovative?**

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**Who should be invited (from the larger community) to participate in this project as a partner?**

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**If we have questions about your ideas, may we contact you?**  Yes  No

If yes, please provide your best contact information.

_____	_____	_____
Name	Phone	Email



# New Innovative Concept

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## Target Population

Children     Transitional-Aged Youth     Adults     Older Adults (60+ years old)

Other:

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**Based on the Innovation requirements, what innovative idea/concept do you think should be considered for a short term project?**

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**What partners should be included in the design and implementation of this project?**

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**What type of staff should be included in the design and implementation of this project?**

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**What do we hope to change/learn with this project concept?**

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**If we have questions about your ideas, may we contact you?**  Yes  No

If yes, please provide your best contact information.

\_\_\_\_\_

Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Email



**Department of Behavioral Health  
Community Policy Advisory Committee  
Innovation Project Concepts  
Stakeholder Comment Form**

<p><b>What is your age?</b></p> <p><input type="checkbox"/> 0-15 yrs                      <input type="checkbox"/> 26-59 yrs</p> <p><input type="checkbox"/> 16-25 yrs                      <input type="checkbox"/> 60+ yrs</p>	<p><b>What is your gender?</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male      <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Female to Male (FTM) / Transgender Male / Trans Man</p> <p><input type="checkbox"/> Male-to-Female (MTF) / Transgender Female / Trans</p> <p><input type="checkbox"/> Genderqueer, neither exclusively male nor female</p> <p><input type="checkbox"/> Questioning or unsure of gender identity</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p><input type="checkbox"/> I do not wish to answer this question</p>																
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<p><b>What is your primary language?</b></p> <p><input type="checkbox"/> English      <input type="checkbox"/> Spanish      <input type="checkbox"/> Vietnamese      <input type="checkbox"/> Other: _____</p>																	

**Were you satisfied that this meeting met its goals and/or objectives?**

- Very Satisfied     Satisfied     Neutral     Unsatisfied     Very Unsatisfied

**1. Based on the information presented please rank (1-4) the project concepts in order of importance to you, with 1 being the most important and 4 being the least important.**

- \_\_\_\_\_ New Service Delivery Model for Individuals with Eating Disorders
- \_\_\_\_\_ Remote On-site Service Delivery
- \_\_\_\_\_ Supportive Services for Foster Families
- \_\_\_\_\_ Wellness University

**2. Based on the information presented are there any other project ideas or concepts that should be considered?**

**Thank you again for taking the time to review and provide feedback on the Community Policy Advisory Committee in San Bernardino County.**



**Departamento de Salud Mental  
Comité Asesor de Políticas Comunitarias  
Conceptos de Proyectos de Innovación**

# Formulario de Comentarios de las Partes Interesadas

<p><b>¿Cuál es su edad?</b></p> <p><input type="checkbox"/> 0-15 años                      <input type="checkbox"/> 26-59 años</p> <p><input type="checkbox"/> 16-25 años                      <input type="checkbox"/> 60+ años</p>	<p><b>¿Cuál es su género?</b></p> <p><input type="checkbox"/> Femenino    <input type="checkbox"/> Masculino    <input type="checkbox"/> Otro: _____</p> <p><input type="checkbox"/> Femenino a Masculino (FTM)/Hombre Transgénero/Hombre Trans</p> <p><input type="checkbox"/> Masculino a Femenino (MTF)/Mujer Transgénero/Mujer Trans</p> <p><input type="checkbox"/> Indeterminado, ni exclusivamente masculino ni femenino</p> <p><input type="checkbox"/> Con dudas o incertidumbre de la identidad sexual</p> <p><input type="checkbox"/> No deseo contestar esta pregunta.</p>																
<p><b>¿En cuál región vive usted?</b></p> <p><input type="checkbox"/> <b>Región de Valle Central</b> <i>Bloomington, Colton, Fontana, Grand Terrace, Rialto</i></p> <p><input type="checkbox"/> <b>Región de Desierto/Montañas</b> <i>Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley</i></p> <p><input type="checkbox"/> <b>Región al Este del Valle</b> <i>Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa</i></p> <p><input type="checkbox"/> <b>Región al Oeste del Valle</b> <i>Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland</i></p> <p><input type="checkbox"/> <b>Condado de California vecino</b></p>																	
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<p><b>¿Cuál es su idioma principal?</b></p> <p><input type="checkbox"/> Inglés                      <input type="checkbox"/> Español                      <input type="checkbox"/> Vietnamita                      <input type="checkbox"/> Otro: _____</p>																	

**¿Fue usted satisfecho que esta reunión logro en obtener sus metas y/o objetivos?**

Muy Satisfecho     Algo Satisfecho     Neutral     Insatisfecho     Muy Insatisfecho

**1. Basándose en la información presentada, por favor clasifique en orden de importancia para usted, del 1 al 4, con 1 siendo más importante y 4 siendo menos importante los conceptos de proyectos.**

\_\_\_\_\_ Nuevo Modelo de Prestación de Servicios Para Individuos con Trastornos Alimenticios.

\_\_\_\_\_ Entrega de Servicios en Sitios Lejanos

\_\_\_\_\_ Universidad de Bienestar

\_\_\_\_\_ Servicios de Apoyo a Familias Adoptivas

**2. Basado en basándose en la información presentada, ¿Hay otras ideas o conceptos de proyecto que deben ser considerados?**

**Gracias nuevamente por tomarse el tiempo para revisar y proporcionar información sobre el Comité Asesor de Políticas Comunitarias del Condado de San Bernardino.**



**Department of Behavioral Health  
Community Policy Advisory Committee  
Innovation Project Concepts  
Stakeholder Comment Form**

<p><b>What is your age?</b></p> <p><input type="checkbox"/> 0-15 yrs                      <input type="checkbox"/> 26-59 yrs  <input type="checkbox"/> 16-25 yrs                     <input type="checkbox"/> 60+ yrs</p>	<p><b>What is your gender?</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male      <input type="checkbox"/> Other: _____  <input type="checkbox"/> Female to Male (FTM) / Transgender Male / Trans Man  <input type="checkbox"/> Male-to-Female (MTF) / Transgender Female / Trans  <input type="checkbox"/> Genderqueer, neither exclusively male nor female  <input type="checkbox"/> Questioning or unsure of gender identity  <input type="checkbox"/> Other (please specify): _____  <input type="checkbox"/> I do not wish to answer this question</p>																
<p><b>What region do you live in?</b></p> <p><input type="checkbox"/> <b>Central Valley Region</b>  <i>Bloomington, Colton, Fontana, Grand Terrace, Rialto</i></p> <p><input type="checkbox"/> <b>Desert/Mountain Region</b>  <i>Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley</i></p> <p><input type="checkbox"/> <b>East Valley Region</b>  <i>Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa</i></p> <p><input type="checkbox"/> <b>West Valley Region</b>  <i>Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland</i></p> <p><input type="checkbox"/> <b>Neighboring California County</b></p>																	
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<p><b>What is your primary language?</b></p> <p><input type="checkbox"/> English      <input type="checkbox"/> Spanish      <input type="checkbox"/> Vietnamese      <input type="checkbox"/> Other: _____</p>																	

**Were you satisfied that this meeting met its goals and/or objectives?**

- Very Satisfied     Satisfied     Neutral     Unsatisfied     Very Unsatisfied

**1. Based on the information presented please rank (1-4) the project concepts in order of importance to you, with 1 being the most important and 4 being the least important.**

- \_\_\_\_\_ New Service Delivery Model for Individuals with Eating Disorders
- \_\_\_\_\_ Remote On-site Service Delivery
- \_\_\_\_\_ Supportive Services for Foster Families
- \_\_\_\_\_ Wellness University

**2. Based on the information presented are there any other project ideas or concepts that should be considered?**

**Thank you again for taking the time to review and provide feedback on the Community Policy Advisory Committee in San Bernardino County.**



**Departamento de Salud Mental  
Comité Asesor de Políticas Comunitarias  
Conceptos de Proyectos de Innovación**

# **Formulario de Comentarios de las Partes Interesadas**

<p><b>¿Cuál es su edad?</b></p> <p><input type="checkbox"/> 0-15 años                      <input type="checkbox"/> 26-59 años</p> <p><input type="checkbox"/> 16-25 años                      <input type="checkbox"/> 60+ años</p>	<p><b>¿Cuál es su género?</b></p> <p><input type="checkbox"/> Femenino    <input type="checkbox"/> Masculino    <input type="checkbox"/> Otro: _____</p> <p><input type="checkbox"/> Femenino a Masculino (FTM)/Hombre Transgénero/Hombre Trans</p> <p><input type="checkbox"/> Masculino a Femenino (MTF)/Mujer Transgénero/Mujer Trans</p> <p><input type="checkbox"/> Indeterminado, ni exclusivamente masculino ni femenino</p> <p><input type="checkbox"/> Con dudas o incertidumbre de la identidad sexual</p> <p><input type="checkbox"/> No deseo contestar esta pregunta.</p>																
<p><b>¿En cuál región vive usted?</b></p> <p><input type="checkbox"/> <b>Región de Valle Central</b> <i>Bloomington, Colton, Fontana, Grand Terrace, Rialto</i></p> <p><input type="checkbox"/> <b>Región de Desierto/Montañas</b> <i>Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley</i></p> <p><input type="checkbox"/> <b>Región al Este del Valle</b> <i>Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa</i></p> <p><input type="checkbox"/> <b>Región al Oeste del Valle</b> <i>Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland</i></p> <p><input type="checkbox"/> <b>Condado de California vecino</b></p>																	
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<p><b>¿Cuál es su idioma principal?</b></p> <p><input type="checkbox"/> Inglés                      <input type="checkbox"/> Español                      <input type="checkbox"/> Vietnamita                      <input type="checkbox"/> Otro: _____</p>																	

**¿Fue usted satisfecho que esta reunión logro en obtener sus metas y/o objetivos?**

Muy Satisfecho     Algo Satisfecho     Neutral     Insatisfecho     Muy Insatisfecho

**1. Basándose en la información presentada, por favor clasifique en orden de importancia para usted, del 1 al 4, con 1 siendo más importante y 4 siendo menos importante los conceptos de proyectos.**

\_\_\_\_\_ Nuevo Modelo de Prestación de Servicios Para Individuos con Trastornos Alimenticios.

\_\_\_\_\_ Entrega de Servicios en Sitios Lejanos

\_\_\_\_\_ Universidad de Bienestar

\_\_\_\_\_ Servicios de Apoyo a Familias Adoptivas

**2. Basado en basándose en la información presentada, ¿Hay otras ideas o conceptos de proyecto que deben ser considerados?**

**Gracias nuevamente por tomarse el tiempo para revisar y proporcionar información sobre el Comité Asesor de Políticas Comunitarias del Condado de San Bernardino.**



Wed 3/13/2019 1:32 PM

DBH - Webmaster

Join us at CPAC!

To

Attention DBH staff,

The flyer is titled "Behavioral Health" and is from San Bernardino County. It invites attendees to a March Community Policy Advisory Committee (CPAC) meeting. The meeting is a special stakeholder planning session on the Mental Health Services Act (MHSA) Innovation Component. The word "innovation" is written in large, colorful, overlapping letters. The meeting details are listed in a blue box: Thursday, March 21, 2019, from 10 a.m. to 12 p.m., at the County of San Bernardino Health Services Building Auditorium, 850 East Foothill Blvd., Rialto. A message states that participation is important for program planning, implementation, and enhancement. Contact information for more details is provided at the bottom.

Click the image for a printable version of this flyer.

Webmaster  
Behavioral Health  
Phone: 909-884-4884



Our job is to create a county in which those who reside and invest can prosper and achieve well-being.  
[www.SBCounty.gov](http://www.SBCounty.gov)



County of San Bernardino Confidentiality Notice: This communication contains confidential information sent solely for the use of the intended recipient. If you are not the intended recipient of this communication, you are not authorized to use it in any manner, except to immediately destroy it and notify the sender.



## Behavioral Health

You are invited to attend the March  
**Community Policy Advisory Committee (CPAC)**  
meeting for a special stakeholder planning session on the  
Mental Health Services Act (MHSA) Innovation Component.

innovation

**Thursday, March 21, 2019**

**10 a.m. – 12 p.m.**

**County of San Bernardino  
Health Services Building,  
Auditorium**

**850 East Foothill Blvd., Rialto**

**Your participation is important to us! Your feedback helps to inform program planning,  
implementation, and program enhancement.**

For additional information, interpretation services, or to request disability-related accommodations,  
please call (800) 722-9866 (Dial 7-1-1 for TTY users) or email [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).



Behavioral Health

Acompáñenos este marzo en el  
**Comité Asesor de Política Comunitaria (CPAC por sus siglas en inglés)**  
para una presentación especial de planificación de todos los interesados sobre  
el componente de Innovación de la Ley de Servicios de  
Salud Mental (MHSA por sus siglas en inglés).

innovation

jueves, 21 de marzo del 2019

10 a.m. – 12 p.m.

County of San Bernardino  
Health Services Building,  
Auditorium

850 East Foothill Blvd., Rialto

**¡ Su participación es importante para nosotros! Sus comentarios ayudan a informar la  
planificación del programa, la implementación y la mejora del programa.**

Para información adicional, servicios de interpretación o para solicitar adaptaciones relacionadas con las discapacidad, llame al  
(800)722-9866 (Marque 7-1-1 para usuarios de TTY), o envíe un correo electrónico a [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov)



**Behavioral Health  
MHSa Administration**

**Dr. Veronica Kelley, DSW, LCSW**  
Director

**Michael Knight, MPA**  
Assistant Director

**Agenda: Mental Health Services Act (MHSa)  
Community Policy Advisory Committee (CPAC) Meeting**

**Purpose** To meet monthly for MHSa program implementation updates, review MHSa legislation and other state updates as well as review & provide feedback and approval of new MHSa plans and programs.

**Meeting date, time, and location** Date: Thursday, March 21, 2019  
Time: 10:00 AM to 12:00 PM  
Place: 850 E Foothill Blvd. Rialto, CA 92376  
County of San Bernardino Health Services (CSBHS) – Auditorium

**Discussion items** The table below identifies specific topics to be addressed at this meeting:

Topic	Presenter	Handout
Welcome and Introductions	Michelle Dusick	No
Announcements	All	No
Previous CPAC Outcomes Summary	Michelle Dusick	Yes
Innovation Component	Karen Cervantes Cynthia White C. Todd Holder Christina DeRoulhac	Yes
Next Meeting: April 18, 2019		

**Contact Information** Should you require further information or wish to update your contact information please call (909) 252-4021 or email Cheryl McAdam at [cheryl.mcadam@dbh.sbcounty.gov](mailto:cheryl.mcadam@dbh.sbcounty.gov). Thank you.

MD/cm



## Innovation Updates

Michelle Dusick, MHSA Administrative Manager  
Karen Cervantes, MPA, Innovation Program Manager I  
Cynthia White, LMFT, Program Manager II  
Todd Holder, LCSW, Clinic Supervisor  
Christina DeRouhac, MPA, Health Systems Analyst II  
March 21, 2019



www.SBCounty.gov

## Presentation Overview

### Today's Topics:

1. Recovery Based Engagement Teams (RBEST)
  - Program Updates
  - Preliminary Project Outcomes
2. New Innovation Plans
  - Innovative Remote Onsite Assistance Delivery (InnROADs)
  - Cracked Eggs
  - Bi-County Eating Disorder Collaborative
  - Multi-County Full Service Partnership (FSP) Data Learning Collaborative



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## Mental Health Services Act

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.



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## Purpose of MHSA

### Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)

*To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.*



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## Components of MHSA

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- **Innovation (INN)**
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)



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## Purpose of the Innovation Component

Address one of the following **learning purposes** as its primary purpose:

- To increase access to underserved groups.
- To increase the quality of services, including measurable outcomes.
- To promote interagency & community collaboration.
- To increase access to services.

WIC § 5830 (b)(1)(A-D)



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### Goals of Innovation Component

Support innovative approaches by doing at least one (1) of the following:

- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

WIC § 5830 (b)(2)(A-C)



### Innovation Legislative Requirements

- An Innovation project is defined as one that **contributes to learning rather** than a primary focus on providing a service.
- County mental health programs shall expend funds for their innovation projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

WIC § 5830(e)



### Innovation Legislative Requirements

#### Time-limited Pilot Project

- Maximum of five (5) years from the start date of the project.
- Successful parts of the project **may** continue under a different funding source or be incorporated into existing services.
- Projects may be terminated prior to planned end date.



9 CCR § 3910.10



### Community Program Planning

WIC § 5848 (a) states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- Evaluation
- Budget Allocations



### Recovery-Based Engagement Support Teams



### RBEST Project Description

#### RBEST is:

- A voluntary, interpersonal, client-centered program offering community (field-based) services.
- Not organized around any benefit structure.
- Non-clinical in orientation with the primary goal of identifying and eliminating obstacles to appropriate mental health services.
- Provides an opportunity for shared decision making in an unstructured, field-based environment with the consumer.



### RBEST Target Population

**Adults age 18 and older**  
And, one of the following:

- Unable to engage in traditional treatment and are known to the public mental health system.
- Not active or successful in seeking and receiving necessary psychiatric care.
- The client who is being cared for by family members and not linked or known to the public mental health system.
- Individuals who access treatment at points in the health care system that do not deliver effective care in meeting the psychiatric needs of that individual.
- Resistant to traditional engagement strategies due to a neurological condition (i.e. anosognosia) which disallows insight into their own behavior health condition.
- Unable to navigate the behavioral health system of care to obtain appropriate treatment.
- Known to the community and other safety net programs, but not known to the public mental health system.

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### RBEST Purpose

**The purpose of RBEST is to:**

- Learn and explore alternative options to the Assisted Outpatient Treatment (AOT) Law in order to meet the spirit and intent of the law.
- Activate individuals in the community into needed psychiatric care.
- Empower families and caretakers to continue providing care for their loved ones living with mental illness in their residence utilizing existing community-based resources.
- Reduce the frequency and duration of hospitalizations for individuals who are hospitalized for psychiatric purposes without outpatient follow-up in the community.

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### What is Assisted Outpatient Treatment (AOT)?

- Assisted Outpatient Treatment (AOT) was passed in 2002.
- A legal procedure that occurs in civil court which, if granted, orders an individual to follow a behavioral health treatment plan.
- The goal is to improve access and adherence to appropriate behavioral health services.
- To qualify, an individual must have a serious mental illness with a recent history of psychiatric hospitalization, imprisonments, or violent acts or threats of violence toward themselves or others.
- The individual must have been offered an opportunity to voluntarily participate in a treatment plan, but actively fails to engage in any form of treatment.
- AOT does not allow for court-ordered medication delivery.

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### RBEST Goals

**Learning Goals:**

- Disruption of the existing system will occur through utilizing engagement and outreach strategies targeting individuals who are non-compliant and/or resistant to treatment.
- Identify individuals who are high users of inpatient psychiatric services, reducing the frequency and duration of inpatient admissions through activation strategies.
- Increase the understanding and knowledge regarding mental illness for families of individuals living with mental illness as well as improve and increase the strategies in caring for their loved ones.

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### Preliminary Project Outcomes

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### RBEST: Target Population Breakdown

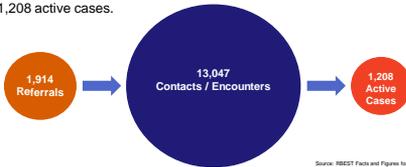
- The RBEST project was created to engage a targeted population of consumers, age 18 years and older.
- The population breakdown is as follows:

Individuals who access treatment at points in the health care system that do not deliver effective care in meeting their psychiatric needs	5%
Unable to engage in traditional treatment and are known to the public mental health system	48%
The client who is being cared for by family members and not linked or known to the public mental health system	38%
Other/Unknown	9%

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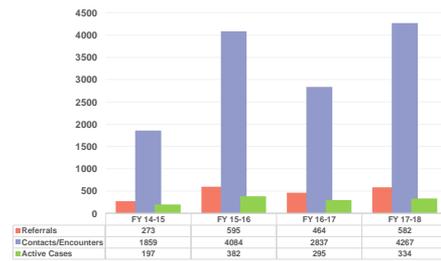
### RBEST: Open Cases

- Once a referral is received, a pre-screening review is conducted to ensure that the services provided by RBEST are the most appropriate for the consumer.
- 1,914 referrals were received from 10/2014 to 6/30/2018.
- From the 1,914 referrals, there were 13,047 contacts/encounters made and 1,208 active cases.



Source: RBEST Form and Figures for CHRC March 2019

### Referrals, Contacts/Encounters & Open Cases



### RBEST: Initial Contact to Successful Linkage



- Average of 17.3 encounters to create successful engagement and linkage.
- RBEST successfully linked 372 cases or 30.8% of cases opened.

### RBEST: Initial Contact to Successful Engagement

- A successful linkage was not possible on each RBEST case.
- Improved outcomes were also found on those cases where 5 or more RBEST contacts/encounters (i.e. successfully engaged) occurred even if not successfully linked.
- RBEST successfully engaged 734 cases or 61% of cases opened.
- Of the 734 cases that were successfully engaged, 320 (43.6%) of those cases, were then successfully linked.

### RBEST Journey Scroll



The Journey Scroll Event was an opportunity for RBEST family members to reflect on the ways that RBEST impacted their lives. This information was communicated through art and focused on a more relational way of interpreting consumer and family member experiences.

### RBEST Journey Scroll Findings

Main themes heard from participants:

- Understanding**
  - "They helped us to understand and make a clear path to PARTNER with him [our son] to get him the help he needs to live a MEANINGFUL life. RBEST provides support and understanding."
- Support**
  - "Such an amazing support system for us... They visited him [my son] in the hospital all the time. Sometimes I would trigger him and I wouldn't visit him because of this, but RBEST would."
- Normalizing**
  - "The RBEST team has had a way of making it alright... allowing me to vent and to get it out regularly. The team has been a blessing."
- Hope**
  - "My son attempted suicide two times. Never got the right help. We were connected to RBEST. They came to our house, to support my son, and give him and I HOPE."
  - "They continue to help and give us options we never knew about. We are not quite there yet... but we have HOPE where we did not before."

**"RBEST: Hope and support... peace and acceptance"**

## RBEST Consumer: Family Satisfaction



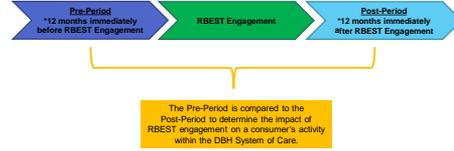
- Family satisfaction measures how satisfied family members are with the services their loved one receives.
- Family satisfaction improved from an average of 1.6 to 4.6 (on a 5-point scale).

Source: Family Experiences Interview Schedule (FEIS) given to RBEST Families

## Methodology Explained

### 3 Tier Utilization Methodology

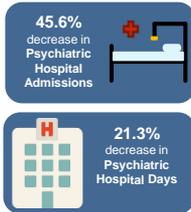
- The 3-tiered utilization methodology analyzes hospitalizations as well as crisis and outpatient services in the pre and post intervention time period.
- Methodology supports the assessment of the learning achieved with this project (i.e. the Learning Goals).



## RBEST: 3 Tier Analysis Outcomes

### Hospital Days & Hospital Admissions: Successfully Linked and/or Engaged RBEST Consumers

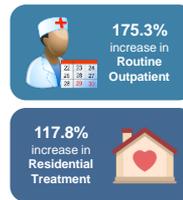
- These outcomes address Learning Goals that center around:
  - If the RBEST approach would reduce the frequency and duration of inpatient admissions for individuals who were previously high uses of inpatient services.



\*Data from October 2014 through December 31, 2017

## RBEST: 3 Tier Analysis Outcomes

### Routine Outpatient Services: Successfully Linked and/or Engaged RBEST Consumers



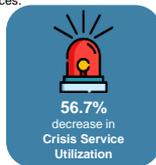
- These outcomes address Learning Goals that center around:
  - If the RBEST approach leads to increased access to services for those individuals who are non-compliant and/or resistant to treatment.
  - Evaluate the benefits of engaging the consumer and/or the family/caregiver to establish specific support around individual needs, and link to system of care.

\*Data from October 2014 through December 31, 2017

## RBEST: 3 Tier Analysis Outcomes

### Crisis Service Utilization: Successfully Linked and/or Engaged RBEST Consumers

- These outcomes address Learning Goals that center around:
  - If the RBEST approach would reduce the frequency and duration of inpatient admissions for individuals who were previously high uses of inpatient services.



\*Data from October 2014 through December 31, 2017

## RBEST: Additional Learning

- Importance of the diverse multidisciplinary team
- The multifaceted nature of consumer's health problems
- Challenging the terms "Resistant" and "Non-Compliant"
- Consumer readiness for treatment
  - Giving consumer the "space" to realize the benefits of treatment and medication
- The importance of LEAP training to the success of outreach and engagement activities
- System barriers identified
  - Staffing and "best fit" selection process
  - Culture of task-oriented care vs. a holistic case management model
  - Keeping current on available resources throughout the entire system of care in order to be an effective linkage program

### RBEST: Preliminary Project Outcomes

## Statistics

### RBEST Demographic Data

San Bernardino County Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

### REST Consumers: Gender

Total Consumers (N)= 1,194

Gender	Percentage
Male	60.55%
Female	38.61%
Transgender	0.25%
Declined to state	0.59%

1,194 unduplicated consumers have received services. Some had more than one case opened.

San Bernardino County Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

### RBEST Consumers: Language

Total Consumers (N)= 1,194

Language	Percentage
Spanish	96.8%
English	0.8%
Other	0.6%
Declined to state	1.8%

Other languages identified:  
 • American Sign Language  
 • Korean  
 • Vietnamese  
 • Unspecified Other

1,194 unduplicated consumers have received services. Some had more than one case opened.

San Bernardino County Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

### RBEST Consumers: Ethnicity

Total Consumers (N)= 1,194

Ethnicity	Percentage
Black/African American	22.36%
Amer. Indian / Alaskan Native	0.75%
Asian/Pacific Islander	2.26%
Latino/Hispanic	28.48%
White/Caucasian	39.87%
Other	4.19%
Declined to state	2.09%

1,194 unduplicated consumers have received services. Some had more than one case opened.

San Bernardino County Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

### Next Steps: Where do we go from here?

- 1 RBEST ends as an Innovation Project in September 2019
- 2 Transition to Community Services and Supports
- 3 Drafting the RBEST Final Report
- 4 Final Report to MHSOAC

San Bernardino County Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

### New Innovation Project InnROADs

San Bernardino County Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

### New Project: InnROADs

#### Innovative Remote Onsite Assistance Delivery (InnROADs)

Create an intensive, field-based **engagement model** that supports **multidisciplinary/multiagency teams** that meet, engage and **provide treatment** to individuals experiencing homelessness where they live and are comfortable within their homeless communities.

- **Participating agencies:**
  - Department of Behavioral Health (DBH)
  - Department of Aging and Adult Services (DAAS)
  - Department of Public Health (DPH)
  - Sheriff's Department (Sheriff's)



Behavioral Health

www.SBCounty.gov

### New Project: InnROADs



Behavioral Health

www.SBCounty.gov

### New Project: InnROADs

#### Engagement and Treatment Teams:

- **Engagement Teams**
  - Clinician (DBH)
  - Peer and Family Advocate (DBH)
  - Alcohol and Drug Counselor (DBH)
  - Nurse (PHD)
  - Social Service Practitioner/Social Worker (DAAS)
  - Law enforcement representative (Sheriff's)
- **Treatment Team (DBH)**
  - Nurse Practitioner
  - Medical Assistant
  - Mental Health Nurse



Behavioral Health

www.SBCounty.gov

### New Project: InnROADs



Behavioral Health

www.SBCounty.gov

### New Project: InnROADs

#### InnROADs will:

- Focus on engagement and relationship building.
- Provide incentives to build rapport.
- Provide help to non traditional family members, such as pets.
- Take basic physical and mental health care to the areas homeless individuals live in rural San Bernardino County.
- Connect individuals to the appropriate system of care.



Behavioral Health

www.SBCounty.gov

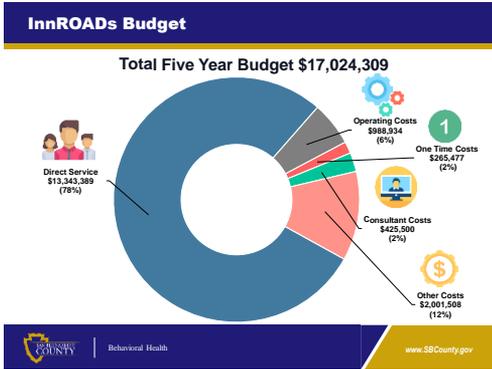
### New Project: InnROADs

- Multiagency multidisciplinary teams to allow for real-time problem solving.
- The use of the Listen, Empathize, Agree and Partner (LEAP) training by all agencies.
- Creation of a field-based engagement and treatment model where services are brought to the individual in need.
- Assisting pets instead of pets being a barrier, by creating an opportunity for pets to be the catalyst of engagement into services for homeless individuals.
- Utilizing Housing Problem Solving techniques as a proactive engagement strategy that focuses on multiple contacts to build trust.



Behavioral Health

www.SBCounty.gov



- ### Projects in Development: Cracked Eggs
- #### CRACKED EGGS
- This project consists of a series of workshops with the focus of allowing participants to discover, learn, and explore their mental states in a structured process of self-discovery through art.
  - Workshop classes will focus on performance, writing, and art using a series of techniques that include the use of the psychological model (now known as the biopsychosocial model of health and illness) as a method of acting.
  - The Cracked Eggs workshop is a consumer designed multi-session process that results in the completion of a consumer designed art exhibition.
- San Bernardino County Behavioral Health | www.SBCounty.gov

- ### Projects in Development: Eating Disorder Collaborative
- #### EATING DISORDER COLLABORATIVE
- The focus of this project is to develop a comprehensive flexible interagency model of interventions and services for those that have been diagnosed with an eating disorder.
  - This model will offer a new integrated care model that offers care coordination that addresses both the medical and psychological needs of the patient.
  - This model will be a collaboration of public and private entities to develop resources within the region to educate, prevent, intervene, and treat individuals diagnosed with or at risk for developing an eating disorder.
- San Bernardino County Behavioral Health | www.SBCounty.gov

- ### Projects in Development: Full Service Partnership
- #### Multi-County Full Service Partnership (FSP) Data Learning Collaborative
- The focus of this project is to develop a multi-county FSP innovation collaborative that uses data to better inform who FSP should serve, how they should be served, and what client outcome goals should be pursued in a consistent manner throughout the state.
  - Vision:
    - Evaluating the current state-mandated FSP data reporting requirements
    - Providing a platform for state-level collective advocacy
    - Focusing on how to make data-informed decisions
    - Catalyzing cross-county continuous improvement
    - Sharing learnings across California
    - Preparing for the next phase of an outreach-oriented FSP and MHSA
- San Bernardino County Behavioral Health | www.SBCounty.gov

- ### Next Steps: Where do we go from here?
- 
- Develop project plans based on stakeholder input
  - Provide for public feedback
  - Present to MHSOAC and BOS
- San Bernardino County Behavioral Health | www.SBCounty.gov

#### Table Discussion



#### Closing

Thank you for your thoughtful participation!

Your feedback is important to us.

Please ensure that you have completed your comment forms.

#### Contact

For additional help in accessing Behavioral Health Services please call the DBH Access Unit at:

**(909) 386-8256**

**Toll Free 1 (800) 743-1478**

**or 7-1-1 for TTY users.**

#### Concerns

To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:

[http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947\\_Issue-Resolution.pdf](http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947_Issue-Resolution.pdf)

#### Questions

For questions or comments, please contact:

**Michelle Dusick**

**MHSA Administrative Manager**

[MHSA@dbh.sbcounty.gov](mailto:MHSA@dbh.sbcounty.gov)

**(909) 252-4017**



**Department of Behavioral Health  
Community Policy Advisory Committee  
Innovation Update – March 2019  
Stakeholder Comment Form**

<p><b>What is your age?</b></p> <p><input type="checkbox"/> 0-15 yrs                      <input type="checkbox"/> 26-59 yrs</p> <p><input type="checkbox"/> 16-25 yrs                      <input type="checkbox"/> 60+ yrs</p>	<p><b>What is your gender?</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male              <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Female to Male (FTM) / Transgender Male / Trans Man</p> <p><input type="checkbox"/> Male-to-Female (MTF) / Transgender Female / Trans</p> <p><input type="checkbox"/> Genderqueer, neither exclusively male nor female</p> <p><input type="checkbox"/> Questioning or unsure of gender identity</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p><input type="checkbox"/> I do not wish to answer this question</p>																
<p><b>What region do you live in?</b></p> <p><input type="checkbox"/> <b>Central Valley Region</b> <i>Bloomington, Colton, Fontana, Grand Terrace, Rialto</i></p> <p><input type="checkbox"/> <b>Desert/Mountain Region</b> <i>Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley</i></p> <p><input type="checkbox"/> <b>East Valley Region</b> <i>Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa</i></p> <p><input type="checkbox"/> <b>West Valley Region</b> <i>Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland</i></p> <p><input type="checkbox"/> <b>Neighboring California County</b></p>																	
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<p><b>What is your primary language?</b></p> <p><input type="checkbox"/> English      <input type="checkbox"/> Spanish      <input type="checkbox"/> Vietnamese      <input type="checkbox"/> Other: _____</p>																	

**Were you satisfied that this meeting met its goals and/or objectives?**

- Very Satisfied     Satisfied     Neutral     Unsatisfied     Very Unsatisfied

**1. Based on the information presented, how supportive are you of the following Innovation projects:**

**a. Cracked Eggs**

- Strongly Support     Support     Neutral     Opposed     Strongly Oppose

**b. Eating Disorder Collaborative**

- Strongly Support     Support     Neutral     Opposed     Strongly Oppose

**c. Multi-County Full Service Partnership Data Learning Collaborative**

- Strongly Support     Support     Neutral     Opposed     Strongly Oppose

**2. Based on the information presented do you have any ideas on how we can improve the current project concepts?**

**3. In the future, how would you like for us to share Innovation ideas and progress updates with you?**

- CPAC meeting     Webinar     Email     Social Media     Other: \_\_\_\_\_

- Special meeting in your community (please provide a contact to schedule)

Name: \_\_\_\_\_ Email/Phone number: \_\_\_\_\_

**4. Are there any areas we could improve on for future Innovation projects?**

- Planning
- Implementation
- Progress updates
- Outreach
- Evaluation and Analysis
- Other \_\_\_\_\_

**For areas of improvement listed, how can we improve?**

**Thank you again for taking the time to review and provide feedback on the Community Policy Advisory Committee in San Bernardino County.**



**Departamento de Salud Mental  
Comité Asesor de Políticas Comunitarias  
Actualización de Innovación – Marzo 2019**

# Formulario de Comentarios de las Partes Interesadas

<p><b>¿Cuál es su edad?</b></p> <p><input type="checkbox"/> 0-15 años                      <input type="checkbox"/> 26-59 años</p> <p><input type="checkbox"/> 16-25 años                      <input type="checkbox"/> 60+ años</p>	<p><b>¿Cuál es su género?</b></p> <p><input type="checkbox"/> Femenino    <input type="checkbox"/> Masculino    <input type="checkbox"/> Otro: _____</p> <p><input type="checkbox"/> Femenino a Masculino (FTM)/Hombre Transgénero/ Hombre Trans</p> <p><input type="checkbox"/> Masculino a Femenino (MTF)/Mujer Transgénero/Mujer Trans</p> <p><input type="checkbox"/> Indeterminado, ni exclusivamente masculino ni femenino</p> <p><input type="checkbox"/> Con dudas o incertidumbre de la identidad sexual</p> <p><input type="checkbox"/> No deseo contestar esta pregunta</p>																
<p><b>¿En cuál región vive usted?</b></p> <p><input type="checkbox"/> <b>Región de Valle Central</b> <i>Bloomington, Colton, Fontana, Grand Terrace, Rialto</i></p> <p><input type="checkbox"/> <b>Región de Desierto/Montañas</b> <i>Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley</i></p> <p><input type="checkbox"/> <b>Región al Este del Valle</b> <i>Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa</i></p> <p><input type="checkbox"/> <b>Región al Oeste del Valle</b> <i>Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland</i></p> <p><input type="checkbox"/> <b>Condado de California vecino</b></p>																	
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<input type="checkbox"/> Amerindio/Nativo Americano	<input type="checkbox"/> Caucásico/Blanco	<input type="checkbox"/> Otro: _____															
<p><b>¿Cuál es su idioma principal?</b></p> <p><input type="checkbox"/> Inglés                      <input type="checkbox"/> Español                      <input type="checkbox"/> Vietnamita                      <input type="checkbox"/> Otro: _____</p>																	

**¿Fue usted satisfecho que esta reunión logro en obtener sus metas y/o objetivos?**

Muy Satisfecho     Algo Satisfecho     Neutral     Insatisfecho     Muy Insatisfecho

**1. Basándose en la información presentada, ¿qué soportante es usted de los proyectos de Innovación siguientes:**

**a. Cracked Eggs (por su nombre en inglés)**

Fuerte Apoyo     Apoyo     Neutral     Opuesto     Fuertemente Opuesto

**b. Eating Disorder Collaborative (por su nombre en inglés)**

Fuerte Apoyo     Apoyo     Neutral     Opuesto     Fuertemente Opuesto

**c. Multi-County Full Service Partnership Data Learning Collaborative (por su nombre en inglés)**

Fuerte Apoyo     Apoyo     Neutral     Opuesto     Fuertemente Opuesto

**2. Basándose en la información presentada, ¿tiene alguna idea de cómo podemos mejorar los conceptos de proyecto actuales?**

**3. En el futuro, ¿cómo le gustaría que compartiéramos ideas de innovación y actualizaciones de progreso con usted?**

Junta de CPAC     Seminario Web     Correo Electrónico     Redes Sociales     Otro: \_\_\_\_\_

Reunión especial en su comunidad (por favor proporcione un contacto para programar)

Nombre: \_\_\_\_\_ Correo/Teléfono: \_\_\_\_\_

**4. ¿Existen áreas a las que podríamos mejorar para futuros proyectos de Innovación?**

Planificación

Implementación

Actualizaciones de progreso

Alcance

Evaluación y Análisis

Otros \_\_\_\_\_

**Para las áreas de mejora que aparecen en la lista, ¿cómo podemos mejorar?**

**Gracias nuevamente por tomarse el tiempo para revisar y proporcionar información sobre el Comité Asesor de Políticas Comunitarias del Condado de San Bernardino.**



**Behavioral Health  
Recovery Based Engagement  
and Support Team (RBEST)**

**Dr. Veronica Kelley, DSW, LCSW**  
Director

**Michael Knight, MPA**  
Assistant Director

## Connecting Families Workshops

- Do you have a loved one who is not accepting help with their mental health issues?
- Would you be interested in attending a workshop that provides both educational and supportive information?
- What are the top 3 educational topics you would like to be discussed?

---



---



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- Please circle the time that works best for you
  - 5:00pm - 6:30pm      6:00pm – 7:30pm      7:00pm – 8:30pm

• Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please return to the above address; call 909-421-9452; or fax 909-421-4686 in your response  
or email to [DBHRBEST@dbh.sbcounty.gov](mailto:DBHRBEST@dbh.sbcounty.gov)



**Behavioral Health  
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**Behavioral Health  
Recovery Based Engagement  
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Director

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Assistant Director

## Taller – Conectando Familias

- ¿Tienes a algún familiar que no acepta ayuda con sus problemas de salud mental?  
Sí No
- ¿Estarías interesado en asistir a un taller que te provea apoyo y educación informativa?  
Sí No
- ¿Cuáles son los 3 temas educativos más importantes que te gustaría escuchar?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- Por favor indica la hora que es más conveniente para ti

5:00pm - 6:30pm       6:00pm – 7:30pm       7:00pm – 8:30pm

Nombre: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_

Por favor envía esta forma a la dirección que está arriba de esta forma; o puedes llamar al teléfono 909-421-9452; o manda por medio de fax al número 909-421-4686 o manda por medio de correo electrónico a [DBHRBEST@dbh.sbcounty.gov](mailto:DBHRBEST@dbh.sbcounty.gov)



**Behavioral Health  
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5:00pm - 6:30pm       6:00pm – 7:30pm       7:00pm – 8:30pm

Nombre: \_\_\_\_\_ Teléfono: \_\_\_\_\_

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# Connecting Families

This group is designed for the loved ones of individuals living with severe and persistent mental illness.

Families can often feel overwhelmed and under-prepared when a loved one is living with a severe mental illness. This can lead to increased stress, anger, guilt, and shame for caregivers.

The curriculum is designed to provide the tools necessary to feel empowered and prepared.

## Topics Include:

- **LEAP Communication Technique**
- **Psycho-Education**
- **Boundary Setting**
- **General Support & Sharing of Ideas**



**Recovery Based  
Engagement Support  
Team  
(RBEST)**

**Time/ Date:  
Every Other Tuesday  
6:00 pm -7:30 pm  
(call for exact dates)**

**Location:  
CSBHS  
Auditorium Entrance  
Room F119/F120  
850 E Foothill Blvd.  
Rialto, CA 92376**

**Contact:  
(909) 421-9452  
TTY users dial 7-1-1**



# Connectando Familias

Este grupo está diseñado para los seres queridos de personas que viven con enfermedad mental severa y persistente.

Familias a menudo suelen sentirse abrumadas y no preparadas cuando un ser querido esta viviendo con una enfermedad mental severa. Esto puede conducir un aumento de estrés, ira, culpa y vergüenza para los cuidadores

El plan de estudios está diseñado para proporcionar las herramientas necesarias para sentirse fortalecidos y preparados.

## Temas incluyen:

- **LEAP Técnicas en Comunicación**
- **Psicho-educación**
- **Ajuste de Límite**
- **Apoyo General y Compartir Ideas**



**Recovery Based Engagement Support Team (RBEST)**  
(por sus siglas en inglés)

**Horario/ Fecha:**  
**Cada otro martes**  
6:00 pm -7:30 pm  
(llamé para fechas exactas)

**Localización:**  
**CSBHS**  
Entrada al Auditorium  
Aula F119/F120  
850 E Foothill Blvd.  
Rialto, CA 92376

**Contactar:**  
(909) 421-9452  
TTY usuarios de 7-1-1

**SAN BERNARDINO COUNTY** Behavioral Health  
Office of Innovation

## Innovation Project Concepts

Karen Cervantes, Project Manager |  
Julieana Fry, Program Specialist I

October 15, 2019



www.SBCounty.gov

### Mental Health Services Act

Page 2

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.

www.SBCounty.gov

### Purpose of MHSA

Page 3

**Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)**

*To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.*



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### Components of MHSA

Page 4

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)



Artwork by Ryana Thompson

www.SBCounty.gov

### Purpose of Innovation Component

Page 5

Address one of the following **learning purposes** as its primary purpose:

- To increase access to underserved groups.
- To increase the quality of services, including measurable outcomes.
- To promote interagency & community collaboration.
- To increase access to services.

WIC § 5830 (b)(1)(A-D)

www.SBCounty.gov

### Goals of Innovation Component

Page 6

Support innovative approaches by doing at least one (1) of the following:

- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

WIC § 5830 (b)(2)(A-C)

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**Innovation Legislative Requirements** Page 7

An Innovation project is defined as one that **contributes to learning rather** than a primary focus on providing a service and requires approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC).

WIC § 5830(e)



[www.SBCounty.gov](http://www.SBCounty.gov)

**Innovation Legislative Requirements** Page 8

**Time-limited Pilot Project**

- Maximum of five (5) years from the start date of the project.
- Successful parts of the project **may** continue under a different funding source or be incorporated into existing services.
- Projects may be terminated prior to planned end date.

9 CCR § 3910.10




[www.SBCounty.gov](http://www.SBCounty.gov)

Innovative  
Projects in  
Development




[www.SBCounty.gov](http://www.SBCounty.gov)

**Projects in Development: Eating Disorder Collaborative** Page 10

**Eating Disorder Collaborative**

The focus of this project is to improve upon DBH's approach to comprehensively meet the physical and mental health needs of people suffering from eating disorders by:

- Creating trainings and informational materials to reach out to Primary Care Physicians, Allied Health Professionals (e.g., nurse practitioners, physician assistants), Mental Health Staff, and local Colleges and Universities
- Creating a more comprehensive and validated initial engagement/needs assessment to assist in level of care determination
- Creating a multidisciplinary team comprised of the Mental Health Plan (such as SBC-DBH) and in consultation, as appropriate, with local managed care plans and community partners to provide more comprehensive care and ensure policies and practices of mental health and physical health are consistent across agencies.



[www.SBCounty.gov](http://www.SBCounty.gov)

**Projects in Development: Cracked Eggs** Page 11

**CRACKED EGGS**

- This project consists of a series of workshops with the focus of allowing participants to discover, learn, and explore their mental states in a structured process of self-discovery through art.
- Workshop classes will focus on performance, writing, and art using a series of techniques that include the use of the psychological model (now known as the biopsychosocial model of health and illness) as a method of acting.
- The Cracked Eggs workshop is a consumer designed multi-session process that results in the completion of a consumer designed art exhibition.



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**Projects in Development: Full Service Partnership** Page 12

**Multi-County Full Service Partnership (FSP)  
Data Learning Collaborative**

- The focus of this project is to develop a multi-county FSP innovation collaborative that uses data to better inform who FSP should serve, how they should be served, and what client outcome goals should be pursued in a consistent manner throughout the state.
- Vision:
  - Evaluating the current state-mandated FSP data reporting requirements
  - Providing a platform for state-level collective advocacy
  - Focusing on how to make data-informed decisions
  - Catalyzing cross-county continuous improvement
  - Sharing learnings across California
  - Preparing for the next phase of an outreach-oriented FSP and MHSA



[www.SBCounty.gov](http://www.SBCounty.gov)

**Projects in Development: Full Service Partnership** Page 13

**Multi-County FSP Collaborative Goals:**

- ❖ Re-prioritize focal population
- ❖ Redesigned, data-informed services
- ❖ Training for providers
- ❖ Appropriate funding and incentives
- ❖ Coordinated internal decision making
- ❖ Clear outcomes with supportive data infrastructure
- ❖ Data-informed continuous service improvement process

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**Projects in Development: Full Service Partnership (cont.)** Page 14

**Multi-County Full Service Partnership (FSP) Data Learning Collaborative**

- Currently in a fluid state as counties are learning about the opportunity and engaging with Third Sector, an MHSOAC contracted consultant.
- Counties participating (tentative list):
 

❖ Butte	❖ Orange	❖ Shasta
❖ Fresno	❖ Plumas	❖ Siskiyou
❖ Kern	❖ Sacramento	❖ Ventura
❖ Los Angeles	❖ San Bernardino	❖ Yolo
❖ Marin	❖ Santa Barbara	

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**Q&A Time** Page 15



**Discussion Questions**

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**Q&A Time** Page 16

Do you support the Innovation Project **“Eating Disorder Collaborative”**?



Do you have any ideas on how to make **“Eating Disorder Collaborative”** more innovative?



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**Q&A Time** Page 17

Do you support the Innovation Project **“Cracked Eggs”**?



Do you have any ideas on how to make **“Cracked Eggs”** more innovative?



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**Q&A Time** Page 18

Do you support the Innovation Project **“Full Service Partnership Collaborative”**?



Do you have any ideas on how to make **“Full Service Partnership Collaborative”** more innovative?



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**Closing** Page 19

**Thank you for your thoughtful participation!**

**Your feedback is important to us.**



**Please ensure that you have completed your comment forms.**

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**Contact** Page 20

For additional help in accessing Behavioral Health Services please call the DBH Access Unit at:

**(909) 386-8256**  
**Toll Free 1 (800) 743-1478**  
**or 7-1-1 for TTY users.**

 Behavioral Health www.SBCounty.gov

**Concerns** Page 21

To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:

[http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947\\_Issue-Resolution.pdf](http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947_Issue-Resolution.pdf)

To report concerns related to receipt of behavioral health services, please contact the DBH Access Unit at:

**(909) 386-8256**  
**Toll Free 1 (800) 743-1478**  
**or 7-1-1 for TTY users.**

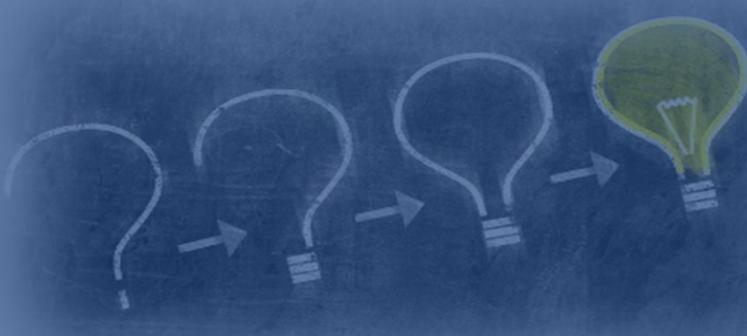
 Behavioral Health www.SBCounty.gov

**Questions** Page 22

For questions or comments, please contact:

<b>Karen Cervantes</b> Innovation Program Manager <a href="mailto:kcervantes@dbh.sbcounty.gov">kcervantes@dbh.sbcounty.gov</a> (909) 252-4068	<b>Michelle Dusick</b> MHSA Administrative Manager <a href="mailto:MHSA@dbh.sbcounty.gov">MHSA@dbh.sbcounty.gov</a> (909) 252-4017
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 Behavioral Health www.SBCounty.gov



# LEARN SHARE AND CONNECT

**JOIN US** for a community presentation on the new Innovation Project concepts funded by the Mental Health Services Act (MHSA).

We will engage in an interactive discussion to obtain your input on how upcoming Innovation Project concepts can meet local mental health needs through the San Bernardino County Department of Behavioral Health's MHSA Innovation Component.

**Objectives include:**

- Present new Innovation Project concepts.
- Receive community input to assist in project concept development.
- Discuss the next steps for these projects.

**Don't miss this opportunity to be heard!**

## Times and locations on reverse side

For additional information, language services or to request disability-related accommodations, call (800) 722-9866 (dial 7-1-1 for TTY users) or email [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).

[www.SBCounty.gov/DBH](http://www.SBCounty.gov/DBH)

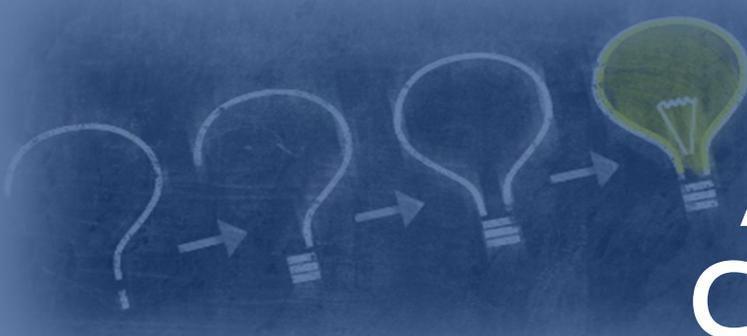


## Behavioral Health



The purpose of these meetings is to promote community conversation and participation regarding current MHSA Innovation Project concepts. Everyone with an interest in providing input to shape the development of the proposed Innovation Project concepts is highly encouraged to attend.

<p><b>San Bernardino One-Stop TAY</b>  <b>Monday, Sept. 9, 2019</b>          780 E. Gilbert St          San Bernardino  <b>9 - 10 a.m.</b></p>	<p><b>Veterans Awareness Subcommittee</b>  <b>Monday, Sept. 9, 2019</b>          303 East Vanderbilt Way, Room 109          San Bernardino  <b>3 - 4:30 p.m.</b></p>	<p><b>Spirituality Awareness Subcommittee</b>  <b>Tuesday, Sept. 10, 2019</b>          303 East Vanderbilt Way, Room 109B          San Bernardino  <b>1 - 2 p.m.</b></p>
<p><b>Our Place Clubhouse</b>  <b>Wednesday, Sept. 11, 2019</b>          24950 Redlands Blvd., Ste. # 1          Loma Linda  <b>10:30 - 11:30 a.m.</b></p>	<p><b>Desert Stars Clubhouse</b>  <b>Thursday, Sept. 12, 2019</b>          1841 E. Main Street          Barstow  <b>noon - 1 p.m.</b></p>	<p><b>Asian Pacific Islander Awareness Subcommittee</b>  <b>Friday, Sept. 13, 2019</b>          1115 S. E St., San Bernardino  <b>10 - 11:30 a.m.</b></p>
<p><b>Santa Fe Social Club</b>  <b>Monday, Sept. 16, 2019</b>          56020 Santa Fe Trail, Ste. M          Yucca Valley  <b>11 a.m. - noon</b></p>	<p><b>African American Awareness Subcommittee</b>  <b>Monday, Sept. 16, 2019</b>          696 S. Tippecanoe Ave., San Bernardino  <b>2 - 3 p.m.</b></p>	<p><b>Yucca Valley One-Stop TAY</b>  <b>Monday, Sept. 16, 2019</b>          58471 29 Palms Hwy., Ste. 102          Yucca Valley  <b>2:30 - 3:30 p.m.</b></p>
<p><b>Native American Awareness Subcommittee</b>  <b>Tuesday, Sept. 17, 2019</b>          11980 Mt. Vernon Ave.,          Grand Terrace  <b>2 - 3:30 p.m.</b></p>	<p><b>Transitional Age Youth (TAY) Subcommittee</b>  <b>Wednesday, Sept. 18, 2019</b>          780 E. Gilbert St., San Bernardino  <b>11 a.m. - noon</b></p>	<p><b>Co-Occurring and Substance Abuse Subcommittee</b>  <b>Thursday, Sept. 19, 2019</b>          572 N. Arrowhead Ave., #200          San Bernardino  <b>3 - 4:30 p.m.</b></p>
<p><b>Central Valley FUN Clubhouse</b>  <b>Friday, Sept. 20, 2019</b>          1501 S. Riverside Ave., Rialto  <b>11 a.m. - noon</b></p>	<p><b>Consumer and Family Member Awareness Subcommittee</b>  <b>Monday, Sept. 23, 2019</b>          850 E. Foothill Blvd., Rialto  <b>10 - 11 a.m.</b></p>	<p><b>Ontario One-Stop TAY</b>  <b>Wednesday, Sept. 25, 2019</b>          316 East E St., Ontario  <b>1 - 2 p.m.</b></p>
<p><b>Latino Awareness Subcommittee</b>  <b>Thursday, Sept. 26, 2019</b>          293 N. D St., San Bernardino  <b>10 - 11:30 a.m.</b></p>	<p><b>Older Adult Awareness Subcommittee</b>  <b>Thursday, Sept. 26, 2019</b>          17738 Francesca Rd., Victorville  <b>10 - 11:30 a.m.</b></p>	<p><b>A Place To Go Clubhouse</b>  <b>Thursday, Sept. 26, 2019</b>          32770 Old Woman Springs Rd., Ste. B          Lucerne Valley  <b>1 - 2 p.m.</b></p>
<p><b>Amazing Place Clubhouse</b>  <b>Friday, Sept. 27, 2019</b>          2940 Inland Empire Blvd., Ontario  <b>10 - 11 a.m.</b></p>	<p><b>Victorville One-Stop TAY</b>  <b>Friday, Sept. 27, 2019</b>          15400 Cholame Rd., Victorville  <b>3 - 4 p.m.</b></p>	<p><b>Serenity Clubhouse</b>  <b>Tuesday, Oct. 1, 2019</b>          12625 Hesperia Rd., Ste. B          Victorville  <b>10 - 11 a.m.</b></p>
<p><b>IEDC/Disabilities Awareness Subcommittee</b>  <b>Tuesday, Oct. 15, 2019</b>          720 E. Carnegie Dr., Ste. 150          San Bernardino  <b>9:30 - 11 a.m.</b></p>	<p><b>LGBTQ Awareness Subcommittee</b>  <b>Tuesday, Oct. 22, 2019</b>          DBH Administration – Rm. 109A          303 E. Vanderbilt Way, San Bernardino  <b>1 - 2 p.m.</b></p>	<p><b>Women Awareness Subcommittee</b>  <b>Wednesday, Oct. 23, 2019</b>          DBH Administration – Rm. 109A          303 E. Vanderbilt Way, San Bernardino  <b>1 - 2 p.m.</b></p>



# APRENDER COMPARTIR Y CONNECTAR

**Acompáñanos** para una presentación comunitaria sobre los nuevos conceptos de proyecto de Innovación financiados por la Ley de Servicios de Salud Mental (MHSa por sus siglas en inglés).

Participaremos en una discusión interactiva para obtener su opinión sobre cómo los próximos conceptos de los proyectos de Innovación pueden satisfacer las necesidades locales de salud mental a través del Componente de Innovación de MHSa del Departamento de Salud Mental del Condado de San Bernardino.

**Los objetivos incluyen:**

- Presentar nuevos conceptos de proyectos de innovación.
- Recibir aportes de la comunidad para ayudar en el desarrollo de conceptos de los proyectos.
- Discutir los siguientes pasos para estos proyectos.

**¡No pierdas la oportunidad de ser escuchado!**

## Horarios y lugares en el reverso

Para mayores informes, servicios lingüísticos o para solicitar adaptaciones relacionadas con la discapacidad, llame al (800) 722-9866 (marque 7-1-1 para usuarios de TTY) o envíe un correo electrónico a [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).

[www.SBCounty.gov/DBH](http://www.SBCounty.gov/DBH)



## Behavioral Health



El propósito de estas reuniones es promover la conversación y participación de la comunidad con respecto a los conceptos actuales de proyecto de Innovación de MHS. Toda persona con un interés en aportar información para dar forma al desarrollo a los conceptos de proyecto propuestos de Innovación es muy animado a asistir.

<p><b>San Bernardino One-Stop TAY</b>  <b>lunes, 9 de septiembre de 2019</b>          780 E. Gilbert St          San Bernardino  <b>9 - 10 a.m.</b></p>	<p><b>Subcomité de Concientización de Veteranos</b>  <b>lunes, 9 de septiembre de 2019</b>          303 East Vanderbilt Way, Room 109          San Bernardino  <b>3 - 4:30 p.m.</b></p>	<p><b>Subcomité de Concientización de Espiritualidad</b>  <b>martes, 10 de septiembre de 2019</b>          303 East Vanderbilt Way, Room 109B          San Bernardino  <b>1 - 2 p.m.</b></p>
<p><b>Our Place Clubhouse</b>  <b>miércoles, 11 de septiembre de 2019</b>          24950 Redlands Blvd., Ste. # I          Loma Linda  <b>10:30 - 11:30 a.m.</b></p>	<p><b>Desert Stars Clubhouse</b>  <b>jueves, 12 de septiembre de 2019</b>          1841 E. Main Street          Barstow  <b>12 - 1 p.m.</b></p>	<p><b>Subcomité de Concientización de Asiáticos/Isleños del Pacífico</b>  <b>viernes, 13 de septiembre de 2019</b>          1115 S. E St., San Bernardino  <b>10 - 11:30 a.m.</b></p>
<p><b>Santa Fe Social Club</b>  <b>lunes, 16 de septiembre de 2019</b>          56020 Santa Fe Trail, Ste. M          Yucca Valley  <b>11 a.m. - 12 p.m.</b></p>	<p><b>Subcomité de Concientización de Afroamericanos</b>  <b>lunes, 16 de septiembre de 2019</b>          696 S. Tippecanoe Ave., San Bernardino  <b>2 - 3 p.m.</b></p>	<p><b>Yucca Valley One-Stop TAY</b>  <b>lunes, 16 de septiembre de 2019</b>          58471 29 Palms Hwy., Ste. 102          Yucca Valley  <b>2:30 - 3:30 p.m.</b></p>
<p><b>Subcomité de Concientización de Nativos Americanos</b>  <b>martes, 17 de septiembre de 2019</b>          11980 Mt. Vernon Ave.,          Grand Terrace  <b>2 - 3:30 p.m.</b></p>	<p><b>Subcomité de Concientización de Jóvenes en Edad de Transición (TAY)</b>  <b>miércoles, 18 de septiembre de 2019</b>          780 E. Gilbert St., San Bernardino  <b>11 a.m. - 12 p.m.</b></p>	<p><b>Subcomité de Concientización de Diagnostico Dual y Drogadicción</b>  <b>jueves, 19 de septiembre, de 2019</b>          572 N. Arrowhead Ave., #200          San Bernardino  <b>3 - 4:30 p.m.</b></p>
<p><b>Central Valley FUN Clubhouse</b>  <b>viernes, 20 de septiembre de 2019</b>          1501 S. Riverside Ave., Rialto  <b>11 a.m. - 12 p.m.</b></p>	<p><b>Subcomité de Concientización de Consumidores y Miembros de Familias</b>  <b>lunes, 23 de septiembre de 2019</b>          850 E. Foothill Blvd., Rialto  <b>10 - 11 a.m.</b></p>	<p><b>Ontario One-Stop TAY</b>  <b>miércoles, 25 de septiembre de 2019</b>          316 East E St., Ontario  <b>1 - 2 p.m.</b></p>
<p><b>Subcomité de Concientización de Latino</b>  <b>jueves, 26 de septiembre de 2019</b>          293 N. D St., San Bernardino  <b>10 - 11:30 a.m.</b></p>	<p><b>Subcomité de Concientización de Adultos Mayores</b>  <b>jueves, 26 de septiembre de 2019</b>          17738 Francesca Rd., Victorville  <b>10 - 11:30 a.m.</b></p>	<p><b>A Place To Go Clubhouse</b>  <b>jueves, 26 de septiembre de 2019</b>          32770 Old Woman Springs Rd., Ste. B          Lucerne Valley  <b>1 - 2 p.m.</b></p>
<p><b>Amazing Place Clubhouse</b>  <b>viernes, 27 de septiembre de 2019</b>          2940 Inland Empire Blvd., Ontario  <b>10 - 11 a.m.</b></p>	<p><b>Victorville One-Stop TAY</b>  <b>viernes, 27 de septiembre de 2019</b>          15400 Cholame Rd., Victorville  <b>3 - 4 p.m.</b></p>	<p><b>Serenity Clubhouse</b>  <b>martes, 1 de octubre de 2019</b>          12625 Hesperia Rd., Ste. B          Victorville  <b>10 - 11 a.m.</b></p>
<p><b>IEDC/ Subcomité de Concientización de Discapacidades</b>  <b>martes, 15 de octubre de 2019</b>          720 E. Carnegie Dr., Ste. 150          San Bernardino  <b>9:30 - 11 a.m.</b></p>	<p><b>Subcomité de Concientización de LGBTQ</b>  <b>martes, 22 de octubre de 2019</b>          DBH Administration - Rm. 109A          303 E. Vanderbilt Way, San Bernardino  <b>1 - 2 p.m.</b></p>	<p><b>Subcomité de Concientización de Mujeres</b>  <b>miércoles, 23 de octubre de 2019</b>          DBH Administration - Rm. 109A          303 E. Vanderbilt Way, San Bernardino  <b>1 - 2 p.m.</b></p>



## *Innovation Concept*

# Cracked Eggs

Consumer Designed Art Workshop

### Target Population

Individuals that are:

- Adults, age 18 yrs. and older, who have been diagnosed or identifies as having a behavioral health disorder.

### Basic Concept

San Bernardino County Department of Behavioral Health (SBC-DBH) will provide funding and administrative support, through the Innovation component of the Mental Health Services Act (MHSA), to a consumer-designed art workshop entitled Cracked Eggs. This workshop allows participants to discover, learn, and explore their mental states in a structured process of self-discovery through art.

The Cracked Eggs workshop is a multi-session process that results in the completion of a consumer designed large art exhibition. Workshop classes will focus on performance, writing, and art using a series of techniques that include the use of the psychological model (now known as the biopsychosocial model of health and illness) as a method of acting.

Participants focus on the creative process rather than the final “art” product. Focusing on the creative process allows the workshop facilitator to create an environment that:

- Gives voice to experiences and feelings not easily expressed in words
- Develop self-awareness and self-esteem
- Work on social skills
- Explore experiences and feelings through the lens of spirituality
- Manage behaviors and/or symptoms
- Problem solve by looking with a different perspective

Workshop facilitators will guide the workgroup participants through exercises designed to use the symptoms from mental illness as art-making tools and techniques. Focus is given to understanding and identifying individual thoughts and feelings and helping workshop participants cope with difficulties and stress in an effort to help with the recovery process.

This project aligns with the MHSA Innovation Component purpose by making a change to an existing mental health practice/approach including adaptation for a new setting or community.

### Possible Innovative Components

- Public behavioral health agency integrating a Consumer-developed and run workshop into the larger system of care.
- Identification of additional opportunities to include consumers in the design and implementation of MHS behavioral health programming.

### Possible Learning Goals

1. Examine how participation in Cracked Eggs leads to (is participation in Cracked Eggs associated with) consumers reaching treatment, social, educational/vocational, etc. goals? If they didn't have existing goals, did they establish goals or create new goals (quality of life). What identities did they lead with before and what identities do they lead with now? How? Why?
  - a. Can also look at measures of functioning (CANS/ANSA)
  - b. Can also look at internalized stigma, confidence, motivation, self-esteem
2. Examine how participation in Cracked Eggs leads to (is participation in Cracked Eggs associated with) a reduction in psychiatric hospitalizations and crisis services? An increase in routine outpatient services? How? Why?
3. Examine the ways staff participation in Cracked Eggs impacts their work with consumers?
  - a. Shift in perspectives
    - i. Reduce stigma
    - ii. Challenge conventional understandings of pathology
    - iii. Strengths (better able to identify, lead with, work within)
4. Examine challenges/opportunities in scaling up Cracked Eggs, including developing a train the trainer model/curriculum/toolkit?
  - a. Given that the process is very art-driven, what kind of background or preparation enable leaders to succeed (philosophical question about what is art – is it ultimately expression? What can we learn from this as it relates to behavioral health and treatment?)
5. Examine the role of Cracked Eggs, and not least of all performances, in stigma reduction, both internally and externally?
6. Examine how evaluation can be adaptable in a participatory way to best capture/reflect themes that consumers find important? Is there a way include and centralize art as a leading indicator in the evaluation?
  - a. What meaning do consumers give to their art – and how can that be utilized within program evaluation?

# Collaborating Across California to Improve Full Service Partnerships

## A multi-county data-informed approach to improving client outcomes

### Background

Since the creation of the Mental Health Services Act (MHSA) some 12 years ago, California has made significant strides in improving the lives of those most in need across the State. However, innovation is needed to ensure that MHSA-funded services continue to reflect what clients need to recover and flourish. The Mental Health Services Oversight and Accountability Commission’s (MHSOAC) preliminary review of client outcomes data — paired with concerns raised by county mental health directors — suggests that counties still struggle to achieve the originally intended outcomes of the Full Service Partnership (FSP) program: to help mental health clients avoid hospitalization, incarceration, homelessness, and to ultimately increase their overall wellness and independence.

Reflecting on a need to innovate, the Los Angeles County Department of Mental Health recently embarked on a 24-month journey with Third Sector to create an outcomes-oriented and data-informed FSP that reflects the original spirit of the program: “doing whatever it takes.” By 2020, LA County’s outcomes-oriented FSP program will feature:

-  **1 Re-Prioritized Focal Population** Using population-level and FSP data to reprioritize services for those most in need and at-risk, including conserved and indigent clients.
-  **2 Redesigned, Data-informed Services:** Using FSP data as well as working with clinical experts, providers, and clients to redesign FSP service guidelines and client outcomes targets to better align with client needs.
-  **3 Training:** Regularly training providers to ensure that they are equipped to implement a consistent level of care and maintain fidelity to the FSP service guidelines.
-  **4 Appropriate Funding and Incentives:** Better resourcing providers to serve all FSP clients effectively and are rewarded for helping FSP clients achieve positive life outcomes.
-  **5 Coordinated Internal Decision Making:** Improving the coordination of FSP-related decisions and operations across internal DMH teams and with County partners for housing, employment, healthcare, and other social services.
-  **6 Clear Outcomes with Supportive Data Infrastructure:** Clearly defining, with DMH and providers, FSP client service and outcome metrics and implementing new data infrastructure to collect and track those metrics.
-  **7 Data-informed Continuous Service Improvement Process:** Creating a system where DMH and FSP providers continuously share and use FSP data to inform service design and regular service improvements.

The desire and need to innovate FSP transcends LA County’s transformative outcomes-oriented initiative. To avoid the “single county miracle,” efforts must be taken to leverage the collective resources, wisdoms, and energies of multiple California counties in service of a cooperative and replicable shift towards a data-informed and outcomes-oriented FSP for all of California.

## The Opportunity: Leveraging Data to Inform and Improve Services and Outcomes

Through discussions with numerous county behavioral health directors, MHSOAC and Third Sector have identified an opportunity to support a multi-county FSP innovation collaborative focused on the use of data to better inform who FSP should serve, how they should be served, and what client outcome goals should be pursued. When properly collected, shared, and analyzed, data can be a powerful tool for illuminating these questions.

Third Sector has heard of agency and provider-level struggles to use FSP data to meaningfully evaluate FSP service effectiveness, and use that data to inform new service guidelines that will improve their clients' lives. Some counties have expressed a feeling of being overburdened by the over 20 different MHSA data metrics that they are required to report to the State on a regular basis. In some cases, the required data metrics no longer reflect the service and client realities faced by clinicians, thus limiting their usefulness. Moreover, the flow of information between FSP providers, county behavioral health departments, and DHCS has tended to be one-directional, inhibiting the type of meaningful collaboration that could contribute to a greater understanding of how FSP services should evolve over time to address the multi-faceted needs and life outcome goals of clients. There is a concern that FSP data collection and reporting has become a compliance-oriented "box-checking" exercise.

Now what if county behavioral health departments and their providers re-oriented their FSP data reporting, sharing, and analytical efforts in a manner that better informed who needs to be served by FSP, how they should be served, and whether or not those services are effective in improving their lives? And what if we could implement this data-informed, client-centric, and outcomes-oriented FSP beyond a single county such as LA?

Herein lies an opportunity to bring together medium and large California counties, with similar FSP data reporting requirements, population needs, and client outcome goals. These counties would jointly develop a multi-county data and outcomes-focused FSP Innovation Plan, leveraging their collective innovation dollars to transform how they individually and collectively use FSP data to continuously innovate and improve FSP services. This select group of counties would begin a collective journey towards an outcomes-oriented FSP, avoiding the "single county miracle." The behavioral health departments of Ventura, LA, and Orange Counties are leading the charge on this opportunity, and have received additional interest from San Bernardino, Riverside, Alameda, Kern, and Placer counties.

### The Vision

So what may a multi-county data and outcomes focused FSP Innovation Plan look like? Through discussions with LA, Ventura, and Orange counties, Third Sector understands that the Innovation Plan may focus on the following illustrative priority initiatives:

1. **Evaluating the current state-mandated FSP data reporting requirements:** Understanding how these requirements contribute to a more informed understanding of who should be served by FSP, how they should be served, and what client outcomes to target

2. **Providing a Platform for State-level Collective Advocacy:** Providing the counties with a platform for advocating for state- (and possibly federal-) level changes to data reporting and sharing practices, as well as service guidelines and funding stipulations
3. **Focusing on How to Make Data-Informed Decisions:** Developing new practices for collecting, sharing, and using data to regularly revisit who should be served by FSP, how they should be served, and what client outcomes to target and incentivize<sup>1</sup>
4. **Catalyzing Cross-County Continuous Improvement:** Developing and implementing a multi-county “FSP Data Learning Collaborative” that will analyze and use data to continuously improve services
5. **Sharing Learnings across California:** Sharing out relevant FSP data and outcomes-oriented best practices across other California counties, including those related to sharing, analyzing, and using data to improve FSP services and outcomes<sup>2</sup>
6. **Preparing for the Next Phase of an Outcomes-Oriented FSP and MHSA:** Preparing the counties for the next steps<sup>3</sup> in their respective journeys to a data-informed and outcomes-oriented FSP and MHSA more broadly, including visioning and planning for new outcomes-oriented FSP and MHSA service contracts with clear provider incentives for achieving client life outcomes

The creation and implementation of this multi-county, data-informed, and outcomes-oriented FSP Innovation Plan represents a giant step towards a more client-centric and outcomes-oriented FSP that can be rolled out across California. As referenced under point six above, it is envisioned that this Innovation Plan will lead to the development of outcomes-oriented FSP programs and, more broadly, additional MHSA innovation plans that will broaden and deepen a California-wide shift towards a data-informed social outcomes orientation for mental health services. This second generational shift would be aided by the envisioned “FSP Data Learning Collaborative,” as well as the best practices and learnings developed and shared across California as a result of this initial multi-county Innovation Plan.

This Innovation Plan represents a unique opportunity to leverage the collective resources, wisdoms, energies, and voices of multiple counties to catalyze a data-informed and outcomes-oriented movement across all of California. Now in the second decade of MHSA, this movement should help counties create and sustain a client-centric, outcomes-oriented, and data-informed FSP model, showcasing to those in California, and beyond, the value of making a deliberate and sizable taxpayer investment in behavioral health to serve and improve the lives of our most vulnerable residents.

## Our Proposed Phased Approach

Third Sector envisions a two-phased approach to developing and implementing this initial multi-county FSP Innovation Plan, with the following goals and associated activities:

<sup>1</sup> This work would leverage the on-going MHSOAC sponsored FSP data work

<sup>2</sup> This may include a set of recommendations to DHCS

<sup>3</sup> Next steps may be in the form of another round of FSP Innovation Plans focused specifically on developing new outcomes-oriented FSP contracts. These plans would likely need to be customized to specific realities of each county as some counties serve more FSP clients through contracted providers and others through directly-operated clinics.

**1. Phase 1 (April - June 2019):**

- a. Goal:** Develop a multi-county FSP Innovation Plan around better employing data to inform and improve FSP service design, beneficiary population targeting, outcome targets, and new outcomes incentives
- b. Envisioned Activities:**
  - i. Level-Setting:** Third Sector will develop an initial understanding of the current state of the respective county FSP programs and how data is currently collected and used
  - ii. Education:** Third Sector will educate the counties on how to use data to create an outcomes-oriented mental health program, leveraging our work with communities and behavioral health departments across the United States
  - iii. Visioning:** Third Sector will lead counties in an end-state visioning exercise to develop clear goals for the to-be developed multi-county FSP Innovation Plan
  - iv. Planning:** Third Sector will work with the counties to develop an implementation plan and associated budget for the to-be developed FSP Innovation Plan
  - v. Writing:** Third Sector will work with the respective Innovation leads to write the formal Innovation Plan, to be submitted for MHSOAC approval in June

**2. Phase 2 (June 2019 and beyond)<sup>4</sup>:**

- a. Goal:** Implement the Innovation Plan
- b. Envisioned Activities:**
  - i.** The Innovation Plan will clearly outline the activities, budget, and timeline for implementation across the counties

During Phase 1, Third Sector would convene the select group of counties on a bi-weekly basis over the phone and/or in person in LA or Sacramento (coinciding with the CBHDA meetings). Beyond each county's MHSA manager/director, participants would likely include county innovation, data, and clinical representatives. Throughout Phases 1 and 2, Third Sector will leverage lessons learned from LA County's data-driven FSP transformation, our outcomes-oriented work with communities around the United States, and past state-level FSP data studies (including the (2014) Statewide Full Service Partnership (FSP) Outcomes Report and the (2016) Full Service Partnership (FSP) Data Collection & Reporting (DCR) Statewide Data Quality and Correction Plan.).

## About Third Sector

Third Sector is uniquely positioned to organize and facilitate these envisioned outcomes-oriented and data-focused workshops. Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented policy in America. Third Sector has supported over 20 communities to re-direct over \$365M in public funds to data-informed, outcomes-contracts. Relevant examples include:

- 1. *Los Angeles County Department of Mental Health:* Third Sector is working with the Department of Mental Health to align over \$150M in annual MHSA FSP and PEI funding and services with the

<sup>4</sup> Phase 2 is contingent on the June 2019 approval of the Innovation Plan developed during Phase 1

achievement of meaningful life outcomes for over 11,000 Angelenos. During this 24-month engagement, Third Sector is working with DMH, the CEO's office, DCFS, DPH, providers, clinical experts, and community partners to implement data-driven, and outcomes-oriented FSP and PEI contracts, services, and internal agency operations. This includes the institutionalization of the use of data to inform and continuously improve service design and client life outcomes.

2. *California Department of Social Services (CDSS)*: Third Sector is working with CDSS to explore innovative, outcomes-oriented ways for spending \$135M in recurring Expanded Subsidized Employment (ESE) funds. The goal of this engagement is to drive better outcomes for CalWORKs families across 58 counties in the state. Through a series of multi-stakeholder focus groups and workshops, Third Sector is developing and disseminating best practices around contract streamlining as well as service delivery, data sharing, and funding coordination amongst California counties and agencies to increase economic opportunities.
3. *King County, Washington*: Third Sector worked to transform \$81M in recurring mental health contracts (serving up to 23,500 individuals) into outcomes-oriented contracts. These new contracts included new mental health service provider incentives to reduce the time between acute mental health service requests and treatment delivery across all 30 organizations that currently deliver services.
4. *Washington Department of Children, Youth, and Families*: The Washington State Department of Children, Youth, and Families (DCYF) is partnering with Third Sector to implement a legislative mandate within House Bill 1661 that requires DCYF contracts for services to be performance-based, with a focus on quality or outcomes. Exploring a different approach to performance-based contracting that builds on successes and is informed by data, best practices, and community input, the new agency expects to issue more than 1,000 contracts to purchase approximately \$1 billion in client services biennially.

Third Sector would leverage learnings from these engagements as well as past experiences working with and organizing diverse groups of public and community stakeholders across California and the United States to embed data-informed and outcomes-oriented principles into the social sector.



# Eating Disorder Collaborative

## Target Population

### For interventions and treatment:

- Adults and adolescents (13 yrs old+) residing in San Bernardino County diagnosed with an eating disorder.

### For regional knowledge and resource directory:

- The San Bernardino's behavioral health providers, managed care plans, primary-care physicians, contracted service providers, and college/university health center staff.

## Basic Concept

The focus of this project is to improve upon San Bernardino County Department of Behavioral Health (SBC-DBH) approach to comprehensively meet the physical and mental health needs of people suffering from eating disorders by:

1. Creating trainings and informational materials to reach out to Primary Care Physicians, Allied Health Professionals (e.g., nurse practitioners, physician assistants), Mental Health Staff, and local Colleges and Universities,
2. Creating a more comprehensive and validated initial needs assessment (i.e., an Engagement Assessment) to assist in level of care determination, and
3. Creating a multidisciplinary team to provide more comprehensive treatment and ensure policies and practices of mental health and physical health are consistent across agencies.

### TRAININGS AND INFORMATIONAL MATERIALS

A primary goal of this project is to **increase the regional understanding of eating disorders across the spectrum of care to facilitate earlier identification of eating disorders and access to effective treatments**. This will specifically include targeting local colleges and universities, primary care providers, and behavioral health providers. The trainings and materials will be developed by the multidisciplinary teams in close consultation and collaboration with the training and informational units of DBH and community partners.

Trainings and informational materials targeting colleges and universities will focus on public information campaigns and materials which could be utilized in public settings (e.g., dorm halls) as well as informational trainings for staff. During the course of the project, specifics regarding the information trainings will be developed (e.g., short duration information training for recreational center staff). Additionally, college and university staff involved in health care and counseling centers will be included in the training efforts for primary medical care staff and behavioral health staff.

Trainings and informational materials targeting primary care physicians and allied health staff will focus on the screening process, brief interventions, and referral process, and physical health providers' role in the ongoing care of individuals with eating disorders. Project activities will include trainings on:

- Efficient and effective screenings (e.g., adaption of SCOFF Questionnaire) which could be completed during an interview or provided in the waiting area,
- Simplified referral processes, and
- Standards for monitoring essential aspects of physical health during the course of care.

Trainings and informational material targeting behavioral health care providers will focus on ensuring the inclusion of assessing for eating disorders, understanding the referral process, and the provision of appropriate services at different

levels of care. One element of this project will include an evaluation of which evidenced based practice is the most sustainable within the context of San Bernardino County's existing system of care and trainings on this selected practice will be provided to clinical staff who will be involved in the clinic and home based interventions.

This comprehensive training model, including a knowledge and resource directory, will require coordination between DBH, community partners including managed care plans as appropriate, multiple Independent Physicians' Associations (IPAs), and college/university health centers. The creation of this model will facilitate the development of relationships and networks with, among, and between subject matter experts, to include those with lived experience, and those requiring additional information on eating disorders. It is expected that this training model will include both training provided by contracted experts on eating disorders and training developed internally from the lessons learned from this project. An outside training company may also be contracted to help with the initial development and knowledge capture from the system's existing subject matter experts. All trainings will be ongoing in order to maintain an existing and further grow the knowledge-base within the community and to ensure the development of new subject matter experts. A centralized point of contact, or training coordinator, would be available for DBH, managed care plans, community partners, colleges/universities, and primary-care providers to manage the development and provision of trainings. Additionally, the multidisciplinary teams will be available for case-by-case consultations and generalized system navigation questions. Repeated inquires will be researched and included back into the standardized training to improve the information provided to trainees. This internal feedback is intended to continuously refresh the ongoing training provided with the newest information possible.

### ENGAGEMENT ASSESSMENT

An initial deliverable for this project will be the creation of a more robust initial assessment tool which builds upon the effectiveness of the Eating Disorder Examination – Questionnaire (EDE-Q) (Fairburn and Beglin, 2008). The EDE-Q will continue to be utilized; however, additional information will be included in this process to aid in proper treatment planning. Additional information will include, but not be limited to, the following: individual and family's circumstances, potential protective factors (e.g., family relationships, informal supports, additional resources), and potential barriers to treatment (e.g., work schedule, travel time/distance, transportation, other family obligations, and technological access).

The EDE-Q and the newly developed engagement assessment will be used identify the most appropriate services for the individual. Current practice is for the level of care to be determined by the EDE-Q responses without consideration of additional important psychosocial factors. In some instances, there are barriers to treatment for the indicated level of care (e.g., travel time or other family obligations) which prohibit individuals from participating effectively, or at all, in the indicated level of care. In this project the engagement assessment will be created and evaluated in regards to effectiveness of aiding in identifying additional means (e.g., intensive in home services) that could meet the individual's needs when barriers prohibit treatment participation in traditional services.

### MULTIDISCIPLINARY TEAMS

The provision of services from both physical and mental health providers is essential for the effective treatment of eating disorders, but effective collaboration is limited due to a variety of issues when trying to work across agencies and professions. This project will include the creation of regional multidisciplinary eating disorder treatment teams (EDO-Team) comprised of staff from DBH that will include the following:

- Case Manager
- Family coordinator (a peer position)
- Mental Health Clinician
- Program Specialist I
- Dietician/Nutritionist specializing in eating disorders
- Nursing staff

Referrals will be received from primary care providers, local universities and colleges, managed care plans, county-run behavioral health clinic and health centers, and self/family. These referrals will be processed by the appropriate regional team and if needing eating disorder treatment appropriate care will be initiated.

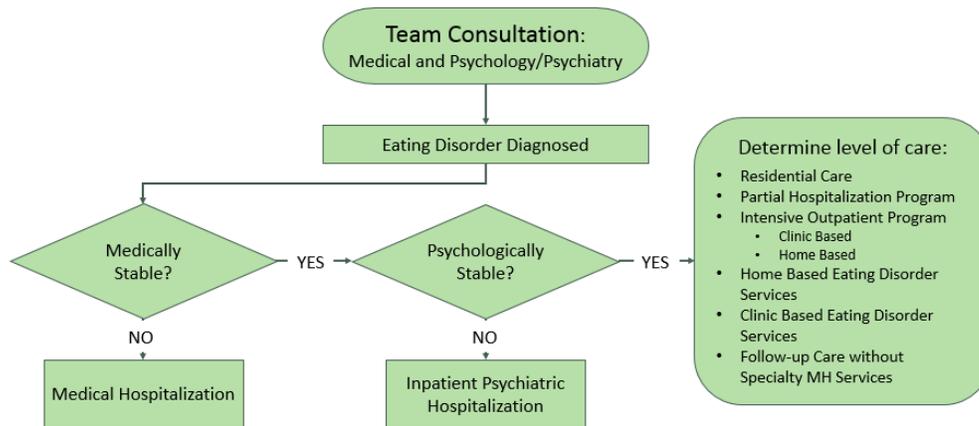
The multidisciplinary eating disorder treatment teams (EDO-Team) will be involved in the care provided to all clients; however, involvement will range from direct provision of services to liaising with more intensive levels of care. In all

circumstances the EDO-Team will be proactive in liaising with the client’s primary care physician. Levels of appropriate care that will be utilized include, but are not limited to, the following:

- Residential Care - Contracted with a Community Based Organization (CBO)
  - Includes liaison activities with EDO-Team
- Partial Hospitalization Program (PHP) - Contracted with a CBO
  - Includes liaison activities with EDO-Team
- Intensive Outpatient Program - Clinic Based (IOP-CB) - Contracted with a CBO
  - Includes liaison activities with EDO-Team
- Intensive Outpatient Services - Home Based (IOP-HB) - Provided by EDO-Team in conjunction with Primary Care Physician
  - May include remote telehealth services as needed
- Home Based Eating Disorder Services (HB-EDO) - Provided by EDO-Team in conjunction with Primary Care Physician
  - May include remote telehealth services as needed
- Clinic Based Eating Disorder Services - Provided by EDO-Team in conjunction with Primary Care Physician
- Follow-up Care without Specialty Mental Health Services - Provided by EDO-Team in conjunction with Primary Care Physician

This model will serve as San Bernardino’s universal approach to Eating Disorder treatment. For this model, innovation funding will be used as a foundational funding stream for the creation of a comprehensive training mode, creation of a robust initial assessment tool which builds on the EDE-Q, and for those individuals who do not have access to another way to fund eating disorder treatment. All other means of funding eating disorder treatment will be investigated prior to innovation funding being used. Over the course of the innovation project, other shared funding approaches will be developed with our managed care partners in order to ensure ongoing sustainability (e.g., development of Health Homes for this target population). By eliminating barriers inherent to inconsistent funding, this model will ensure that all participating individuals have the same access to care.

**TREATMENT MODEL**



As the project develops it is anticipated that this triage model will be modified by the learning achieved; ideally, by project’s end SBC-DBH will have a sharable, system transforming triage model that can be replicated in various public and private healthcare environments.

**PEER PARTNERS AND FAMILY ADVOCATES**

To provide system navigation assistance and support, SBC-DBH will recruit individuals with lived experience in disordered eating recovery. Eating disorders present complex challenges in the care coordination between medical and mental health care professionals, where the assistance of someone with lived experience working with a care coordination and treatment team will be valuable. These individuals will also be able to assist in designing, reviewing, and providing the needed psychoeducation that will be provided to individuals in treatment as well as their loved ones.

#### **PROJECT DELIVERABLES**

The result of this project will be a toolkit that other counties and agencies can use to adopt the highlighted best practices within their system of care.

1. Information Materials, Standardized care guidelines/protocols, Micro-Trainings, and Trainings for
  - o College Health Centers, Student Centers, Residential Life, and Recreational Centers
  - o Primary Care Physicians, Allied Health Professionals, and Nursing staff
  - o Behavioral Health Providers
2. Shared ongoing training and regional asset/knowledge repository
3. Expanded service level guidelines that build upon the Eating Disorder Examination - Questionnaire (EDE-Q) that considers factors that may be protective and/or create barriers to effective treatment.

# MHSA Innovation Component

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The intention of the Innovation component of the Mental Health Services Act (MHSA) is to test methods that adequately address the behavioral health needs of unserved and underserved populations. This is accomplished by:

- Expanding or developing services and supports that are considered to be innovative, novel, creative, and/or ingenious behavioral health practices.
- Projects must contribute to learning rather than a primary focus on providing services, merely addressing an unmet service need is not sufficient for innovation funding.
- Innovation projects are time-limited and may not exceed a maximum of five (5) years from the start date of the project.
- Projects must be developed through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served populations (i.e. a community planning process).

## Innovation Project General Requirements

Innovation projects are designed to support and learn about new approaches to behavioral health care by doing one of the following:

- Introduce a behavioral health practice or approach that is new to the overall behavioral health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of behavioral health, including, but not limited to, application to a different population.
- Apply to the behavioral health system a promising community-driven practice or an approach that has been successful in a non-behavioral health context or setting.

## Innovation Primary Purpose

Every Innovation project must identify one of the following primary purposes as part of the project's design:

- Increase access to mental health services to underserved groups.
- Increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health services or supports or outcomes.
- Increase access to mental health services.

This component is unique because it focuses on research and learning that can be utilized to improve the overall public behavioral health system. All Innovation projects must be reviewed and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

## Previous Innovation Projects

Previous Innovation projects are listed by the **PRIMARY PURPOSE** and are not in chronological order.

### **To increase access to mental health services, including to underserved groups, the following four (4) Innovation projects were implemented:**

Online Diverse Community Experience (ODCE) September 2010 – June 2013  
Established the department's presence on social media sites (Facebook and Twitter).

Holistic Campus October 2011 – June 2015  
Brought together a diverse group of individuals, family members, and community providers to create their own individual-focused resources, networks, and strategies, growing out of cultural strengths.

Interagency Youth Resiliency Teams (IYRT) January 2012 – June 2015  
Provided mentoring services to underserved and inappropriately served system-involved youth.

TAY Behavioral Health Hostel (The STAY) July 2012 – March 2017  
Short-term, 14 bed, crisis residential program for the Transition Age Youth (TAY) population who are experiencing an acute psychiatric episode or crisis, and are in need of a higher level of care than a board and care residential, but lower level than psychiatric hospital.

Innovative Remote Onsite Assistance Delivery (InnROADs) 4/1/2019 – ongoing  
Provides intensive, field-based engagement that supports multidisciplinary/multiagency teams that meet, engage, and provide treatment to consumers and their families where they live within homeless communities.

### **To increase the quality of mental health services, including measurable outcomes, the following two (2) Innovation projects were implemented:**

Community Resiliency Model (CRM) December 2010 – December 2013  
A community-based model of wellness skills to address the needs of the community members by providing mental health education, including coping skills, trauma response skills, and resiliency techniques.

Recovery Based Engagement Support Teams (RBEST) October 2014 – September 2019  
Provides field-based services in the form of outreach, engagement, case management services, family education, support, and therapy for a diverse adult population in an effort to "activate" them into the appropriate treatment.

### **To promote interagency and community collaboration related to mental health services or supports or outcomes, the following Innovation project was implemented:**

Coalition Against Sexual Exploitation (CASE) September 2010 – June 2014  
A collaborative partnership between nine separate child-serving agencies within the County, along with many community partners, to provide a model of interventions and services with the goal of reducing the number of children being affected by sexual exploitation.



# Innovation Project Concepts

<p><b><u>What is it?</u></b></p> <p>Modification of the existing needs assessment, trainings, informational materials, and multidisciplinary EDO treatment team in an effort to provide more comprehensive care and include psychosocial factors.</p>	<p><b><u>Why are we doing it?</u></b></p> <p>EDOs are the mental illness with the highest mortality rate<sup>1</sup> and there is still a lot of work to do in finding the most effective treatment path. As many as 35% of “normal” dieters progress to pathological dieting with 20-25% of those progressing into an EDO<sup>1</sup>.</p>
<p><b>Eating Disorder Collaborative</b></p>	
<p><b><u>How is this innovative?</u></b></p> <ul style="list-style-type: none"> <li>• Collaboration between colleges, the County Mental Health Plan, and Medi-Cal managed Plans to run campaigns and distribute educational materials to at-risk populations.</li> <li>• Development of screening tools which may be effectively used in a variety of settings (college student centers, health centers, physician’s offices) for professional or self-screening and referrals.</li> </ul>	<p><b><u>What did the community say?</u><sup>3</sup></b></p> <ul style="list-style-type: none"> <li>• Given that eating disorders have such a high rate of mortality, it is imperative something be done to get ahead of this.</li> <li>• There is a need for consistent managed care providers who can facilitate collaboration.</li> <li>• Create standard practices in primary medicine, like asking questions about healthy eating at annual visits.</li> </ul>

<p><b><u>What is it?</u></b></p> <p>A series of consumer designed workshops with the focus of allowing participants to discover, learn, and explore their mental states in a structured process of self-discovery through art.</p>	<p><b><u>Why are we doing it?</u></b></p> <p>Cracked Eggs will allow San Bernardino County to explore the ways in which DBH’s larger system of care can be enhanced and modified by making adjustments to create an empowered environment for individuals with lived-experience.</p>
<p><b>Cracked Eggs</b></p>	
<p><b><u>How is this innovative?</u></b></p> <ul style="list-style-type: none"> <li>• A public behavioral health agency integrating a completely consumer-developed and run workshop into the larger system of care.</li> </ul>	<p><b><u>What did the community say?</u><sup>4</sup></b></p> <ul style="list-style-type: none"> <li>• Create positive social activities with friends or peers.</li> <li>• Create more support groups that can be run by consumer/family or special needs groups.</li> </ul>

<p><b><u>What is it?</u></b></p> <p>A multi-county FSP collaborative that uses data to better inform who FSPs should serve, how they should be served, and what client outcome goals should be pursued in a consistent manner throughout the state.</p>	<p><b><u>Why are we doing it?</u></b></p> <p>Many Counties are experiencing challenges in trying to achieve the originally intended outcomes of the FSP program: to help our clients avoid hospitalization, incarceration, homelessness, and to increase overall wellness and independence.</p>
<p><b>Full Service Partnership (FSP) Collaborative</b></p>	
<p><b><u>How is this innovative?</u></b></p> <ul style="list-style-type: none"> <li>• Collaboration with multiple counties across California to create state-wide standards and best practices for FSPs.</li> <li>• Using these newly created state-wide standards and best practices to improve how FSPs are designed, operated, and evaluated in an effort to promote consistency across the state and to improve consumer outcomes.</li> </ul>	<p><b><u>What did the community say?</u><sup>3</sup></b></p> <ul style="list-style-type: none"> <li>• The FSP project should aim to achieve consistency throughout CA.</li> <li>• FSPs need to collaborate better to help those who are homeless.</li> <li>• People who are incarcerated need more help when they are released.</li> </ul>

<sup>1</sup> Arcelus, Mitvhel, Wales & Nelson Mortality rates in patients with Anorexia Nervosa and other eating disorders. Archives of General Psychiatry. 2011  
<sup>2</sup> Hart, S. Nutrition and dietetic practice in eating disorder management. Journal of Human Nutrition and Dietetics. 2011

<sup>3</sup> DBH Community Program Planning (2016-present)  
<sup>4</sup> DBH Community Program Planning (2005-2017)



# Conceptos de Proyectos de Innovación

<p><b>¿Que es?</b></p> <p>Modificación de la evaluación de necesidades existentes, capacitaciones, materiales informativos y equipo multidisciplinario de tratamiento de trastornos alimenticios en un esfuerzo por proporcionar una atención más integral e incluir factores psicosociales.</p>	<p><b>¿Por qué lo estamos haciendo?</b></p> <p>Los trastornos alimenticios son la enfermedad mental con la tasa de mortalidad mas alta<sup>1</sup> y todavía hay mucho trabajo para encontrar el tratamiento más eficaz. Un 35% de personas que hacen dietas “normales” progresan a hacer dieta patológico con un 20-25% de los que progresan a un trastorno alimenticio<sup>1</sup>.</p>
<p><b>Colaborativo de Trastornos Alimenticios</b></p>	
<p><b>¿Cómo es esto innovador?</b></p> <ul style="list-style-type: none"> <li>• Colaboración entre colegios, el Plan de Salud Mental del Condado y Planes manejados por Médi-Cal para llevar a cabo campañas educativas y distribuir materiales educativos a las poblaciones en riesgo.</li> <li>• Desarrollo de instrumentos de detección que pueden utilizarse eficazmente en una variedad de configuraciones (estudiante universitario, centros sanitarios, consultorios) para profesionales o autoselección o referencias.</li> </ul>	<p><b>¿Qué dijo la comunidad?<sup>3</sup></b></p> <ul style="list-style-type: none"> <li>• Dado que los trastornos alimentarios tienen una tasa tan alta de mortalidad, es imperativo hacer algo para adelantar el aprendizaje sobre estos trastornos.</li> <li>• Hay una necesidad de consistencia al nivel de proveedores que puedan facilitar la colaboración.</li> <li>• Crear prácticas estándar en medicina primaria, como hacer preguntas sobre la alimentación saludable en las visitas anuales.</li> </ul>

<p><b>¿Que es?</b></p> <p>Una serie de talleres diseñados por un consumidor con el objetivo de permitir a los participantes descubrir, aprender y explorar sus estados mentales en un proceso estructurado de autodescubrimiento a través del arte.</p>	<p><b>¿Por qué lo estamos haciendo?</b></p> <p>Este proyecto da la oportunidad al Departamento de Salud Mental de explorar las formas en las que puede mejorar y modificar los servicios para crear un ambiente empoderado para las personas con experiencia vivida.</p>
<p><b>Cracked Eggs</b></p>	
<p><b>¿Cómo es esto innovador?</b></p> <ul style="list-style-type: none"> <li>• Una agencia pública de salud conductual que integra un taller completamente desarrollado por el consumidor y dirigido en el sistema de atención.</li> </ul>	<p><b>¿Qué dijo la comunidad?<sup>4</sup></b></p> <ul style="list-style-type: none"> <li>• Crear actividades sociales con amigos o compañeros.</li> <li>• Crear más grupos de apoyo que puedan ser ejecutados por grupos de consumidores, familias o grupos con necesidades especiales</li> </ul>

<p><b>¿Que es?</b></p> <p>Una colaboración de varios condados que utiliza datos para informar mejor en la administración de casos intensivos a quienes deben servir, cómo deben ser servidos y los resultados y objetivos por los cuales deben luchar de manera consistente en todo el estado.</p>	<p><b>¿Por qué lo estamos haciendo?</b></p> <p>Muchos condados están experimentando desafíos al tratar de lograr los resultados originalmente previstos del programa: ayudar a nuestros clientes a evitar la hospitalización, el encarcelamiento, la falta de vivienda, y para aumentar el bienestar general y la independencia.</p>
<p><b>Colaboración de Administración de Casos Intensivos (Full Service Partnership (FSP))</b></p>	
<p><b>¿Cómo es esto innovador??</b></p> <ul style="list-style-type: none"> <li>• Colaboración con varios condados de California para crear estándares estatales y mejores prácticas para los FSPs.</li> <li>• Utilizando estos estándares y mejores prácticas creadas para mejorar la forma en que se diseñan, operan y evalúan los FSP en un esfuerzo por promover la coherencia en todo el estado y mejorar los resultados de los consumidores.</li> </ul>	<p><b>¿Qué dijo la comunidad?<sup>3</sup></b></p> <ul style="list-style-type: none"> <li>• El proyecto de FSP debe tener como objetivo lograr la coherencia en toda el estado.</li> <li>• Los FSPs necesitan colaborar mejor para ayudar a los que no tienen hogar.</li> <li>• Las personas encarceladas necesitan más ayuda cuando son liberadas</li> </ul>

<sup>1</sup> Arcelus, Mitvhel, Wales & Nelson Mortality rates in patients with Anorexia Nervosa and other eating disorders. Archives of General Psychiatry. 2011

<sup>2</sup> Hart, S. Nutrition and dietetic practice in eating disorder management. Journal of Human Nutrition and Dietetics. 2011

<sup>3</sup> DBH Community Program Planning (2016-present)

<sup>4</sup> DBH Community Program Planning (2005-2017)

**1. What is your age?**

- 0-15 yrs
- 16-25 yrs
- 26-59 yrs
- 60+ yrs

**2. What sex were you assigned at birth?**

- Female
- Male

**3. How do you describe yourself?**

- Female
- Trans Female/Woman
- Genderqueer
- Questioning or Unsure of Gender Identity
- Not Listed: \_\_\_\_\_
- Decline to State
- Male
- Trans Male/Man
- Nonbinary

**4. What is the primary language spoken in your home?**

- English
- Not Listed: \_\_\_\_\_
- Spanish

**5. Are you a consumer of mental health services?**

- YES (currently)
- YES (previously)
- NO
- Decline to State

**6. Are you a consumer of alcohol and/or drug services?**

- YES (currently)
- YES (previously)
- NO
- Decline to State

**7. Are you a friend, family member, or loved one of a consumer of mental health services and/or alcohol and drug services?**

- YES
- NO

**8. Have you ever served in the military?**

- YES (currently)
- YES (previously)
- NO
- Decline to State

**9. Which category best describes your race (i.e. physical/ancestral characteristics)?**

- American Indian or Alaskan Native
- Asian
- African American/Black
- Native Hawaiian or other Pacific Islander
- Caucasian/White
- More than One Race
- Decline to State

**10. Which category best describes your ethnic/cultural background? (check all that apply)**

- Hispanic or Latino
  - Caribbean
  - Central American
  - Mexican/Chicano
  - Puerto Rican
  - South American
  - Not Listed: \_\_\_\_\_
- Non-Hispanic or Non-Latino
  - African
  - Asian Indian/South Asian
  - Cambodian
  - Chinese
  - Eastern European
  - European
  - Filipino
  - Japanese
  - Korean
  - Middle Eastern
  - Vietnamese
  - Not Listed: \_\_\_\_\_
- Decline to State

**11. Do you consider yourself:**

- Straight/Heterosexual
- Queer
- Questioning or Unsure about Orientation
- Not Listed: \_\_\_\_\_
- Decline to Answer
- Gay/Lesbian
- Bisexual

**12. Do you work in any of the following areas/fields?** (check all that apply)

- Law Enforcement
- Education
- Social or Human Service Program/Agency
- Healthcare
  - Physical Health
  - Behavioral/Mental Health
- Alcohol and Drug Service Program
- Veterans Organization
- Faith Based Organization
- Not Listed: \_\_\_\_\_

**13. Which best describes your employer:**

- Self
- Private Business
- Community Based Service Provider
- Federal, State, County, or City Government
- Nonprofit
- Student/Intern
- Other: \_\_\_\_\_

**14. Do you live or work in San Bernardino County, if both list the region you live in:**

- YES
  - Central Valley Region  
*e.g. Bloomington, Fontana, Grand Terrace, Rialto*
  - Desert/Mountain Region  
*e.g. Adelanto, Amboy, Apple Valley, Baker, Barstow, Big Bear City, Cima, Earp, Fort Irwin, Hesperia, Hinkley, Joshua Tree, Landers, Ludlow, Morongo Valley, Mountain Pass, Needles, Nipton, Parker Dam, Phelan, Pioneertown, Sky Forest, Sugarloaf, 29 Palms, Wrightwood, Yermo, Yucca Valley*
  - East Valley  
*e.g. Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucaipa*
  - West Valley  
*e.g. China Hills, Chino, Guasti, Mt. Baldy, Montclair, Rancho Cucamonga*
- No, I live and work in a neighboring California County  
Zip Code: \_\_\_\_\_

**15. Do you have a disability or other impairment that is expected to last longer than 6 months and substantially limits a major life activity, which is not the result of a serve mental illness?**

- YES
- NO
- Decline to Answer

**16. Were you satisfied that this meeting met its goals and/or objectives?**

- Very Satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very Unsatisfied

**17. In the future how would you like to receive MHSA updates?** (check all the apply)

- Community Planning Advisory Committee Meetings
- Webinar
- Email (Provide email address below)
- Social Media
- Special meeting in your community
- Other: \_\_\_\_\_

If you wish to provide your name and contact information for future MHSA Updates, please do so below:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Thank you for taking the time to complete this survey. Your feedback will help us improve the community planning process to better meet the needs of our community. **All information provided will be kept confidential.**

**1. Do you support the Innovation Project “Eating Disorder Collaborative”?**

Strongly Support  Support  Neutral  Do NOT support  Strongly do NOT support

**2. Do you have any ideas on how to make “Eating Disorder Collaborative” more innovative?**

**3. Do you support the Innovation Project “Cracked Eggs”?**

Strongly Support  Support  Neutral  Do NOT support  Strongly do NOT support

**4. Do you have any ideas on how to make “Cracked Eggs” more innovative?**

**5. Do you support the Innovation Project “Full Service Partnership Collaborative”?**

Strongly Support  Support  Neutral  Do NOT support  Strongly do NOT support

**6. Do you have any ideas on how to make “Full Service Partnership (FSP) Collaborative” more innovative?**

**7. Do you have any innovative ideas/concepts that you would like to share?**

**Thank you again for taking the time to review and provide feedback.**

**1. ¿Cuál es tu edad?**

- 0-15 años
- 16-25 años
- 26-59 años
- 60+ años

**2. ¿Qué sexo te asignaron al nacer?**

- Femenino
- Masculino

**3. ¿Cómo te describes a ti mismo?**

- Femenino
- Trans Mujer
- Genero queer
- Cuestionándome o Inseguro de identidad de Género
- No aparece: \_\_\_\_\_
- Declinar a declarar
- Masculino
- Trans Hombre
- No Binario

**4. ¿Cuál es el idioma principal que se habla en su hogar?**

- Inglés
- No aparece: \_\_\_\_\_
- Español

**5. ¿Es usted consumidor de servicios de salud mental?**

- SI (actualmente)
- SI (previamente)
- NO
- Declinar a declarar

**6. ¿Es usted un consumidor de servicios de alcohol y/o drogas?**

- SI (actualmente)
- SI (previamente)
- NO
- Declinar a declarar

**7. ¿Es usted amigo, familiar o ser querido de un consumidor de servicios de salud mental y/o de servicios alcohol y drogas?**

- SI
- NO

**8. ¿Ha servido en el ejército?**

- SI (actualmente)
- SI (previamente)
- NO
- Declinar a declarar

**9. ¿Qué categoría describe mejor su raza (es decir, características físicas / ancestrales)?**

- Indio Americano o Nativo de Alaska
- Asiático
- Afroamericano/Negro
- Nativo de Hawái u otro isleño del Pacífico
- Caucásico/Blanco
- Más de una raza
- Declinar a declarar

**10. ¿Qué categoría describe mejor su origen étnico/cultural? (marque todas las que apliquen)**

- Hispano o Latino
  - Caribeño
  - Centro Americano
  - Mexicano/Chicano
  - Puertorriqueño
  - Sudamericano
  - No aparece: \_\_\_\_\_
- No-Hispano o No-Latino
  - Africano
  - Indo asiático /Asiático del sur
  - Camboyano
  - Chino
  - Europeo del este
  - Europeo
  - Filipino
  - Japonés
  - Coreano
  - Oriente Medio
  - Vietnamita
  - No aparece: \_\_\_\_\_
- Declinar a declarar

**11. ¿Te consideras a ti mismo?:**

- Heterosexual
- Queer
- Cuestionándome o Inseguro sobre Orientación
- No aparece: \_\_\_\_\_
- Declinar a declarar
- Gay/Lesbiana
- Bisexual

**12. ¿Trabaja en alguna de las siguientes áreas / campos?** (marque todas las que apliquen)

- Aplicación De La Ley
- Educación
- Programa de Servicio Social o Humano/Agencia
- Salud
  - Salud Física
  - Comportamiento/Salud Mental
- Programa de Servicio de Alcohol y Drogas
- Organización De Veteranos
- Organización Basada En La Fe
- No aparece: \_\_\_\_\_

**13. ¿Qué mejor describe a su empleador?:**

- Propio
- Empresa Privada
- Proveedor De Servicios Basados En La Comunidad
- Gobierno Federal, Estatal, Condado o de Ciudad
- No Lucrativa
- Estudiante / Interno
- Otro: \_\_\_\_\_

**14. ¿Vive o trabaja en el Condado de San Bernardino, si ambos enumeran la región en la que vive?:**

- SI
    - Región Del Valle Central  
*e.g. Bloomington, Fontana, Grand Terrace, Rialto*
    - Región Montañosa/Del Deserto  
*e.g. Adelanto, Amboy, Apple Valley, Baker, Big Bear City, Cima, Earp, Fort Irwin, Hesperia, Hinkley, Joshua Tree, Landers, Ludlow, Morongo Valley, Mountain Pass, Needles, Nipton, Parker Dam, Phelan, Pioneertown, Sky Forest, Sugarloaf, 29 Palms, Wrightwood, Yermo, Yucca Valley*
    - Valle Del Este  
*e.g. Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucapia*
    - Valle Del Oeste  
*e.g. Chino Hills, Chino, Guasti, Mt. Baldy, Montclair, Rancho Cucamonga*
  - No, vivo y trabajo en un Condado vecino de California
- Código Postal : \_\_\_\_\_

**15. ¿Tiene usted una discapacidad u otro impedimento que se espera que dure más de 6 meses y sustancialmente limita una actividad importante de la vida, que no es el resultado de una enfermedad mental de servicio?**

- SI
- NO
- Negarse a Responder

**16. ¿Está satisfecho de que esta reunión cumplió con sus metas y/o objetivos?**

- Muy Satisfecho
- Satisfecho
- Neutral
- Insatisfecho
- Muy Insatisfecho

**17. En el futuro, ¿cómo le gustaría recibir las actualizaciones de MHSA?** (marque todas las que apliquen)

- Reuniones del Comité Asesor de Planificación Comunitaria
- Seminario Web
- Correo electrónico (Proporcione la dirección abajo)
- Redes Sociales
- Reunión especial en su comunidad
- Otro: \_\_\_\_\_

Si desea proporcionar su nombre e información de contacto para futuras actualizaciones de MHSA, hágalo a continuación:

Nombre: \_\_\_\_\_  
Correo electrónico: \_\_\_\_\_  
Teléfono: \_\_\_\_\_

Gracias por tomarse el tiempo para completar esta encuesta. Sus comentarios nos ayudarán a mejorar el proceso de planificación de la comunidad para satisfacer mejor las necesidades de nuestra comunidad. **Toda la información proporcionada se mantendrá confidencial.**

1. **¿Apoya el Proyecto de Innovación “Colaborativo de Trastornos Alimenticios?”**  
 Fuerte Apoyo  Apoyo  Neutral  Opuesto  Fuertemente Opuesto

2. **¿Tienes alguna idea sobre cómo hacer que "Colaborativo de Trastornos Alimenticios" sea más innovador?**

3. **¿Apoya el Proyecto de Innovación “Cracked Eggs” (por su nombre en inglés)?**  
 Fuerte Apoyo  Apoyo  Neutral  Opuesto  Fuertemente Opuesto

4. **¿Tienes alguna idea sobre cómo hacer que “Cracked Eggs” (por su nombre en inglés) sea más innovador?**

5. **¿Apoya el Proyecto de Innovación “Colaboración de Administración de Casos Intensivos”?**  
 Fuerte Apoyo  Apoyo  Neutral  Opuesto  Fuertemente Opuesto

6. **¿Tienes alguna idea sobre cómo hacer que “Colaboración de Administración de Casos Intensivos” sea más innovador?**

7. **¿Tiene alguna idea/concepto innovador que le gustaría compartir?**

**Gracias nuevamente por tomarse el tiempo para revisar y proporcionar comentarios.**



**Behavioral Health  
Administration**

**Dr. Veronica Kelley, DSW, LCSW**  
Director

**Michael Knight, MPA**  
Assistant Director

**Agenda: Mental Health Services Act (MHSA)  
Community Policy Advisory Committee (CPAC) and Cultural  
Competency Advisory Committee (CCAC) Meeting**

**Purpose** To meet monthly for MHSA program implementation updates, review MHSA legislation and other state updates as well as review & provide feedback and approval of new MHSA plans and programs.

**Meeting date, time, and location** Date: Thursday, October 17, 2019  
Time: 10:00 AM to 1:00 PM  
Place: 850 E Foothill Blvd. Rialto, CA 92376  
County of San Bernardino Health Services (CSBHS) – Auditorium

**Discussion items** The table below identifies specific topics to be addressed at this meeting:

Topic	Presenter	Handout
Welcome and Introductions	Michelle Dusick	No
Great California ShakeOut 10:17 a.m.	Michelle Dusick	No
Cultural Competency Announcements	Wandalyn Lane	No
Previous CPAC Outcomes Summary	Michelle Dusick	Yes
Community Services and Supports (CSS) Full Service Partnership (FSP) Programs	Michelle Dusick	Yes
Innovation Project Concepts	Karen Cervantes	No
Next Meeting: November 21, 2019 Time: 10:00 a.m. to 12:00 p.m.		

**Contact Information** Should you require further information or wish to update your contact information please call (909) 252-4021 or email Cheryl McAdam at [cheryl.mcadam@dbh.sbcounty.gov](mailto:cheryl.mcadam@dbh.sbcounty.gov). Thank you.



### Community Policy Advisory Committee

### Community Services and Supports (CSS) Full Service Partnership (FSP) Programs

Michelle Dusick, MHSA Administrative Manager  
October 17, 2019



Artwork by Keyana Thompson

www.SBCounty.gov

### Mental Health Services Act

Page 2

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.



### Purpose of MHSA

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Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)

To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness, resiliency for children with serious emotional disorders, and their families.

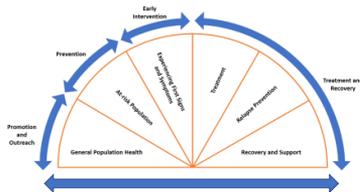
### Components of MHSA

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- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)

### Continuum of Care

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### Focus Area

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#### Community Services and Supports:

- Crisis System of Care (CSOC) Programs
- Crisis Stabilization Continuum of Care (CSCC) Programs
- Full Service Partnership (FSP) Programs
- Housing, Long Term Supports, and Transitional Care Programs

# Full Service Partnerships (FSP)

## Full Service Partnerships

Full Service Partnerships (FSP) are collaborative relationships between the county, the consumer, and when appropriate the consumer's family, through which the County plans for and provides the full spectrum of community services to assist the consumer in achieving their identified goals.



## Target Populations

Uninsured or underserved, high risk, children or youth living with severe emotional disturbance (SED), or adults living with serious mental illness (SMI) who would benefit from wraparound treatment services.

FSP services are provided for consumers of all age groups:

- Children ages 0-15
- Transitional Age Youth (TAY) ages 16-25
- Adults ages 26-59
- Older adults ages 60+



## Target Populations

In addition to living with SED or SMI, participants must be:

- Youth who have, or are at risk of, being removed from the home due to the severity of their emotional disturbance
- Youth or Transitional Age Youth (TAY) aging out of child welfare systems
- Homeless or at risk of homelessness
- High users of crisis and emergency psychiatric hospital services, or at risk of psychiatric hospitalization
- Involved in criminal or juvenile justice systems
- Individuals living with co-occurring disorders
- Older adults at risk of needing out of home care and placement

(9 CCR § 3620.05)

## Projected to be Served

For Fiscal Year 2019/20, the projected number to be served are:



## Services Provided

- Intensive 24/7 case management
- Multi-disciplinary team involvement
- Assessment
- Counseling services
- Recovery planning/development
- Medication support services
- Co-occurring disorder treatment
- Crisis intervention and stabilization services
- Referrals and linkage
- Peer support
- Family education and collateral services



## Support Services

Page 11



Linkages and/or assistance with:

- Housing
- Emergency shelter
- Food, clothing, and transportation
- Entitlement obtainments (e.g., SSI)
- Vocational/educational services
- Recreational activities
- Physical healthcare treatment

## Full Service Partnership Goals

Page 14

The intent of FSP programs are to:

- Reduce the subjective suffering of consumers living with serious mental illness or severe emotional disturbance
- Reduce homelessness and increase safe and permanent housing
- Reduce unnecessary psychiatric hospitalizations and frequency of emergency room visits
- Reduce criminal and juvenile justice involvement for those living with a behavioral health condition
- Reduce utilization of crisis services
- Reduce out of home placement for children and youth
- Reduce disparities in racial and ethnic populations

## Full Service Partnership Goals (cont.)

Page 15

The intent of these programs are to:

- Increase network of community support and services
- Increase access to treatment and services for co-occurring conditions; substance abuse and health
- Increase self-help and consumer/family involvement



## Children and Youth Full Service Partnership (FSP) Programs

Page 16

## Comprehensive Children and Family Support Services (CCFSS)

Page 17

**Comprehensive Children and Family Support Services (CCFSS)** is a Full Service Partnership (FSP) program that serves children and youth, ages 0-15, with intensive mental health needs and consists of three subprograms:

- Children's Residential Intensive Services (ChRIS)
- Wraparound
- Success First/Early Wrap



## Comprehensive Children and Family Support Services (cont.)

Page 18

- **Children's Residential Intensive Services (ChRIS)** serves youth placed in group homes by either Children and Family Services (CFS) or Probation
- **Wraparound** serves wards and dependents who are at risk of needing group home services. All referrals for Wraparound are made by CFS or Probation
- **Success First/Early Wrap** serves youth who are not eligible for Wraparound (due to lack of CFS or Probation involvement) but are having sufficient difficulties that, without intervention, a higher level of services would be required

**Comprehensive Children and Family Support Services (cont.)**

Page 20

For Fiscal Year 2019/20, the projected number to be served are:



**Comprehensive Children and Family Support Services (cont.)**

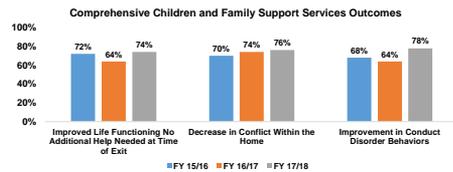
Page 21

The primary goals of the Comprehensive Children and Family Support Services programs are to:

- Reduce the subjective suffering from severe emotional disturbance for children and youth
- Reduce homelessness and increase safe and permanent housing
- Reduce criminal and juvenile justice involvement

**Comprehensive Children and Family Support Services (cont.)**

Page 22



Data source: Data was collected using the Child and Adolescent Needs and Strengths (CANS) evaluation tool. CANS outcomes for CCFSS include all sub-programs (Children's Residential Intensive Services, Wraparound, and Success First/Early Wrap).

**Integrated New Family Opportunities (INFO)**

Page 23

The **Integrated New Family Opportunities (INFO)** program works with the juvenile justice population, ages 13-17, to increase family stabilization, help families identify community supports, and encourage recovery, wellness, and resiliency.

For Fiscal Year 2019/20, the projected number to be served are:



**Integrated New Family Opportunities (cont.)**

Page 24

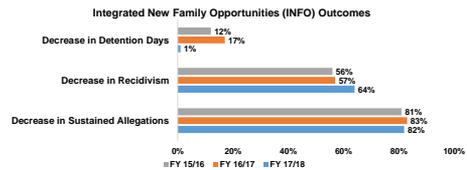
The primary goals of the Integrated New Family Opportunities (INFO) program are to:

- Increase self-help and consumer and family involvement
- Reduce criminal and juvenile justice involvement



**Integrated New Family Opportunities (cont.)**

Page 25



Data Source: San Bernardino County Probation, Research and Evaluation Department.

## One Stop Transitional Age Youth Centers (TAY)

Page 25

One Stop Transitional Age Youth (TAY) Centers provide integrated, drop-in, services to Transitional Age Youth (TAY), ages 16-25. Services address:

- Employment
- Educational opportunities
- Housing
- Behavioral health
- Physical well-being
- Drug and alcohol services
- Legal issues
- Trauma
- Domestic Violence
- Physical/emotional and/or sexual abuse



## One Stop Transitional Age Youth Centers (cont.)

Page 26

For Fiscal Year 2019/20, the projected number to be served are:



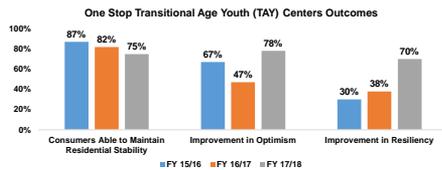
6,170 TAY

The primary goals of the TAY program are to:

- Reduce the subjective suffering from serious mental illness for adults and severe emotional disturbance for children and youth
- Reduce homelessness and increase safe and permanent housing
- Increase network of community support services

## One Stop Transitional Age Youth Centers (cont.)

Page 27



Data source: Data was measured and collected using the Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) evaluation tools, and the Data Collection Reporting (DCR) system.

## Discussion

Page 28

What can be done to improve FSP services for children and Transitional Age Youth (TAY)?



## Adult Full Service Partnership (FSP) Programs

## Adult Criminal Justice Continuum of Care

Page 29

The **Adult Criminal Justice Continuum of Care** program consists of six sub-programs that serve adults, ages 26-59, living with serious mental illness and have a history of recidivism in the criminal justice system. The six sub-programs are:

- Choosing Healthy Options to Instill Change and Empowerment (CHOICE)
- Corrections to a Safer Community (CTASC)
- Supervised Release After Treatment (STAR)
- Community Supervised Release After Treatment (CSTAR)
- Forensic Assertive Community Treatment (FACT)
- Community Forensic Assertive Community Treatment (CFACT)

**Adult Criminal Justice Continuum of Care (cont.)**

Page 21

- **Choosing Healthy Options to Instill Change and Empowerment (CHOICE) and Corrections to a Safer Community (CTASC) programs** serve consumers being released from Type II County Jails
- **Supervised Release After Treatment (STAR) and Forensic Assertive Community Treatment (FACT)** programs provide services to consumers on probation who are under the supervision of the Mental Health Courts
- **Community Supervised Release After Treatment (CSTAR) and Community Forensic Assertive Community Treatment (CFACT)** programs serve consumers in the same capacity as STAR and FACT however the consumers are no longer under formal supervision

Please note: STAR programs differ from FACT in that FACT provides services to consumers who have difficulty engaging in traditional mental health service settings

**Adult Criminal Justice Continuum of Care (cont.)**

Page 22

For Fiscal Year 2019/20, the projected number to be served are:



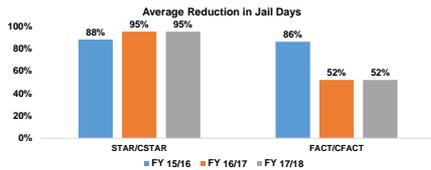
240 Adults

The primary goals of the Adult Criminal Justice Continuum of Care program are to:

- Reduce homelessness and increase safe and permanent housing
- Reduce criminal and juvenile justice involvement
- Reduce the frequency of emergency room visits and unnecessary hospitalizations

**Adult Criminal Justice Continuum of Care (cont.)**

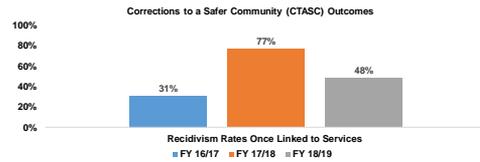
Page 23



Data source: Data was tracked and collected by the San Bernardino County Sheriff's Department and received from the Mental Health Court Liaison.

**Adult Criminal Justice Continuum of Care (cont.)**

Page 24



Please note: The CTASC program was not operational until FY 16/17. The CHOICE program was minimally operational in FY 2017/18 and outcomes were tracked based on Assembly Bill (AB) 109 criteria. In FY 18/19 the CHOICE program has expanded and is now tracking outcomes that align with the MHSA legislative goals.

**Members Assertive Positive Solutions/Assertive Community Treatment (MAPS/ACT)**

Page 25

The **Members Assertive Positive Solutions (MAPS)** and **Assertive Community Treatment (ACT)** programs serve consumers, ages 18-59, living with serious mental illness and assists them to successfully live in the community while achieving personal recovery goals.

- **MAPS** assists consumers who are historically high users of inpatient and crisis services
- **ACT** serves consumers who are transitioning from institutional settings such as state hospitals, Institutes of Mental Disease (IMDs), or locked psychiatric facilities

**Members Assertive Positive Solutions/Assertive Community Treatment (cont.)**

Page 26

For Fiscal Year 2019/20, the projected number to be served are:



135 Adults



**Members Assertive Positive Solutions/Assertive Community Treatment (cont.)**

Page 37

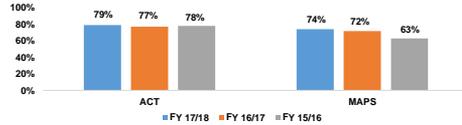
The primary goals of the MAPS/ACT program are to:

- Reduce subjective suffering from serious mental illness
- Reduce homelessness and increase safe and permanent housing
- Increase self-help and consumer/family involvement
- Increase access to treatment and services for co-occurring conditions; substance use and health
- Reduce disparities in racial and ethnic populations
- Reduce criminal justice involvement
- Reduce the frequency of emergency room visits
- Increase network of community support services

**Members Assertive Positive Solutions/Assertive Community Treatment (cont.)**

Page 38

Consumers able to manage their symptoms with medication and avoid hospitalization



Data source: Data is tracked and collected by the MAPS/ACT contracted provider, Telecare.

**Regional Adult Full Service Partnership (RAFSP)**

Page 39

The **Regional Adult Full Service Partnership (RAFSP)** program serves individuals, ages 18-59, and offers full wraparound services with the goal of connecting consumers to available resources such as:

- Housing
- Medication support services
- Therapy
- Intensive case management
- Care coordination

Consumers requiring this level of care may not be able to maintain independence in the community without the assistance of intensive case management and support.

**Regional Adult Full Service Partnership (cont.)**

Page 40

For Fiscal Year 2019/20, the projected number to be served are:



14 TAY



1,011 Adults



15 Older Adults

Please note: In FY 19/20 The Big Bear Full Service Partnership program has become part of the Regional Adult Full Service Partnership program (RAFSP). Projected numbers reflect the merging of both programs.

**Regional Adult Full Service Partnership (cont.)**

Page 41

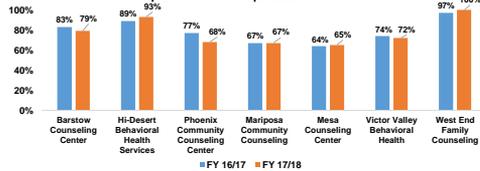
The primary goals of the Regional Adult Full Service Partnership program are to:

- Reduce the subjective suffering from serious mental illness for adults
- Reduce homelessness and increase safe and permanent housing
- Increase access to treatment and services for co-occurring conditions; substance abuse and health
- Reduce the frequency of emergency room visits and unnecessary hospitalizations

**Regional Adult Full Service Partnership (cont.)**

Page 42

Participants Without Hospitalization After 1 Year



Please note: FY 15/16 RAFSP data was unavailable due to restructuring the program as a stand alone. Data was previously reported as part of the Homeless Assistant Resource and Treatment (HART) program and incorporated into the overall FSP outcomes.

Page 61

# Older Adult Full Service Partnership (FSP) Program

Page 62

## Age Wise

The **Age Wise** program serves older adults, ages 60 and older, and living with serious mental illness by providing therapy and case management in order to increase self-care skills, housing stability, and care coordination.

In addition to providing in-home FSP services, the Age Wise program participates in:

- Outreach and engagement
- Stigma reduction
- Agency education

Please note: As of FY 19/20 Age Wise I and Age Wise II programs have been consolidated into one Age Wise program.

Page 63

## Age Wise (cont.)

For Fiscal Year 2019/20, the projected number to be served are:

  
**390 Older Adults**

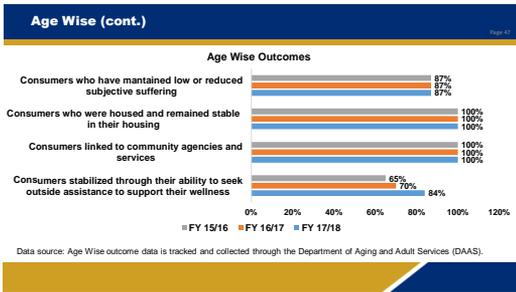


Page 64

## Age Wise (cont.)

The primary goals of the Age Wise program are to:

- Reduce the subjective suffering from serious mental illness
- Reduce homelessness and increase safe and permanent housing
- Increase in self-help and consumer/family involvement
- Reduction in disparities in racial and ethnic populations
- Reduce the frequency of emergency room visits and unnecessary hospitalizations
- Increase a network of community support services
- Increase access to treatment and services for co-occurring conditions; substance abuse and health



Page 66

## Discussion

What can be done to improve FSP services for adults and older adults?



## Innovative Projects in Development



### Projects in Development: Eating Disorder Collaborative

Page 10

#### *Eating Disorder Collaborative*

The focus of this project is to improve upon DBH's approach to comprehensively meet the physical and mental health needs of people suffering from eating disorders by:

- Creating trainings and informational materials to reach out to Primary Care Physicians, Allied Health Professionals (e.g., nurse practitioners, physician assistants), Mental Health Staff, and local Colleges and Universities
- Creating a more comprehensive and validated initial engagement/needs assessment to assist in level of care determination
- Creating a multidisciplinary team comprised of the Mental Health Plan (such as SBC-DBH) and in consultation, as appropriate, with local managed care plans and community partners to provide more comprehensive care and ensure policies and practices of mental health and physical health are consistent across agencies.

### Projects in Development: Cracked Eggs

Page 11

#### *CRACKED EGGS*

- This project consists of a series of workshops with the focus of allowing participants to discover, learn, and explore their mental states in a structured process of self-discovery through art.
- Workshop classes will focus on performance, writing, and art using a series of techniques that include the use of the psychological model (now known as the biopsychosocial model of health and illness) as a method of acting.
- The Cracked Eggs workshop is a consumer designed multi-session process that results in the completion of a consumer designed art exhibition.

### Projects in Development: Full Service Partnership

Page 12

#### *Multi-County Full Service Partnership (FSP) Data Learning Collaborative*

- The focus of this project is to develop a multi-county FSP innovation collaborative that uses data to better inform who FSP should serve, how they should be served, and what client outcome goals should be pursued in a consistent manner throughout the state.
- Vision:
  - ❖ Evaluating the current state-mandated FSP data reporting requirements
  - ❖ Providing a platform for state-level collective advocacy
  - ❖ Focusing on how to make data-informed decisions
  - ❖ Catalyzing cross-county continuous improvement
  - ❖ Sharing learnings across California
  - ❖ Preparing for the next phase of an outreach-oriented FSP and MHSA

### Time for Discussion

Page 13



### Closing

Page 14

**Thank you for your thoughtful participation!**

**Your feedback is important to us.**

**Please ensure that you have completed your  
comment forms.**

**Contact**

Page 11

For additional help in accessing Behavioral Health Services please call the DBH Access Unit at:

**(909) 386-8256**  
**Toll Free 1 (888) 743-1478**  
**or 7-1-1 for TTY users.**

**Concerns**

Page 12

To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:

[http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947\\_Issue-Resolution.pdf](http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947_Issue-Resolution.pdf)

To report concerns related to receipt of behavioral health services, please contact the DBH Access Unit at:

**(909) 386-8256**  
**Toll Free 1 (888) 743-1478**  
**or 7-1-1 for TTY users.**

**Questions**

Page 13

For questions or comments, please contact:

**Michelle Dusick**  
**MHSA Administrative Manager**  
[MHSA@dbh.sbcounty.gov](mailto:MHSA@dbh.sbcounty.gov)  
**(909) 252-4017**



Artwork by Keyana Thompson

# Community Policy Advisory Committee (CPAC)

## Full Service Partnerships (FSP) Programs

You are invited to attend the October CPAC meeting for a special stakeholder planning session on the Mental Health Services Act (MHSA) Full Service Partnerships (FSP) Programs.

Your participation is important to us! Your feedback helps inform program planning, implementation and program enhancement.

For additional information, interpretation services, or to request disability-related accommodations, please call (800) 722-9866 (dial 7-1-1 for TTY users) or email [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).



**October 17, 2019**

County of San Bernardino Health  
Services Building, Auditorium  
850 E. Foothill Blvd., Rialto

**10 a.m. – 1 p.m.**

Contact MHSA Administration at (909) 252-4017

[www.SBCounty.gov/dbh](http://www.SBCounty.gov/dbh)



Ilustraciones por Keyana

# Comité Comunitario Consultivo de Políticas (CPAC)

## Programas de asociación de servicio completo

Lo invitamos a asistir a la reunión de octubre del CPAC para una sesión especial de planificación de partes interesadas sobre programas de asociación de servicio completo de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés).

¡Su participación es importante para nosotros! Sus comentarios ayudan a informar la planificación, implementación y mejora del programa.

Para obtener información adicional, servicios de interpretación o para solicitar adaptaciones relacionadas con la discapacidad, llame al (800) 722-9866 (marque 7-1-1 para usuarios de TTY) o envíe un correo electrónico a [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).



**17 de Octubre de 2019**

County of San Bernardino Health  
Services Building, Auditorium  
850 E. Foothill Blvd., Rialto

**10 a.m. – 1p.m.**

Comuníquese con la Administración de MHSA al (909) 252-4017

[www.SBCounty.gov/dbh](http://www.SBCounty.gov/dbh)

**1. What is your age?**

- 0-15 yrs
- 16-25 yrs
- 26-59 yrs
- 60+ yrs

**2. What sex were you assigned at birth?**

- Female
- Male

**3. How do you describe yourself?**

- Female
- Trans Female/Woman
- Genderqueer
- Questioning or Unsure of Gender Identity
- Not Listed: \_\_\_\_\_
- Decline to State
- Male
- Trans Male/Man
- Nonbinary

**4. What is the primary language spoken in your home?**

- English
- Not Listed: \_\_\_\_\_
- Spanish

**5. Are you a consumer of mental health services?**

- YES (currently)
- YES (previously)
- NO
- Decline to State

**6. Are you a consumer of alcohol and/or drug services?**

- YES (currently)
- YES (previously)
- NO
- Decline to State

**7. Are you a friend, family member, or loved one of a consumer of mental health services and/or alcohol and drug services?**

- YES
- NO

**8. Have you ever served in the military?**

- YES (currently)
- YES (previously)
- NO
- Decline to State

**9. Which category best describes your race (i.e. physical/ancestral characteristics)?**

- American Indian or Alaskan Native
- Asian
- African American/Black
- Native Hawaiian or other Pacific Islander
- Caucasian/White
- More than One Race
- Decline to State

**10. Which category best describes your ethnic/cultural background? (check all that apply)**

- Hispanic or Latino
  - Caribbean
  - Central American
  - Mexican/Chicano
  - Puerto Rican
  - South American
  - Not Listed: \_\_\_\_\_
- Non-Hispanic or Non-Latino
  - African
  - Asian Indian/South Asian
  - Cambodian
  - Chinese
  - Eastern European
  - European
  - Filipino
  - Japanese
  - Korean
  - Middle Eastern
  - Vietnamese
  - Not Listed: \_\_\_\_\_
- Decline to State

**11. Do you consider yourself:**

- Straight/Heterosexual
- Queer
- Questioning or Unsure about Orientation
- Not Listed: \_\_\_\_\_
- Decline to Answer
- Gay/Lesbian
- Bisexual

**12. Do you work in any of the following areas/fields?** (check all that apply)

- Law Enforcement
- Education
- Social or Human Service Program/Agency
- Healthcare
  - Physical Health
  - Behavioral/Mental Health
- Alcohol and Drug Service Program
- Veterans Organization
- Faith Based Organization
- Not Listed: \_\_\_\_\_

**13. Which best describes your employer:**

- Self
- Private Business
- Community Based Service Provider
- Federal, State, County, or City Government
- Nonprofit
- Student/Intern
- Other: \_\_\_\_\_

**14. Do you live or work in San Bernardino County, if both list the region you live in:**

- YES
  - Central Valley Region  
*e.g. Bloomington, Fontana, Grand Terrace, Rialto*
  - Desert/Mountain Region  
*e.g. Adelanto, Amboy, Apple Valley, Baker, Barstow, Big Bear City, Cima, Earp, Fort Irwin, Hesperia, Hinkley, Joshua Tree, Landers, Ludlow, Morongo Valley, Mountain Pass, Needles, Nipton, Parker Dam, Phelan, Pioneertown, Sky Forest, Sugarloaf, 29 Palms, Wrightwood, Yermo, Yucca Valley*
  - East Valley  
*e.g. Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucaipa*
  - West Valley  
*e.g. Chino Hills, Chino, Guasti, Mt. Baldy, Montclair, Rancho Cucamonga*
- No, I live and work in a neighboring California County  
Zip Code: \_\_\_\_\_

**15. Do you have a disability or other impairment that is expected to last longer than 6 months and substantially limits a major life activity, which is not the result of a serve mental illness?**

- YES
- NO
- Decline to Answer

**16. Were you satisfied that this meeting met its goals and/or objectives?**

- Very Satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very Unsatisfied

**17. In the future how would you like to receive MHSA updates?** (check all the apply)

- Community Planning Advisory Committee Meetings
- Webinar
- Email (Provide email address below)
- Social Media
- Special meeting in your community
- Other: \_\_\_\_\_

If you wish to provide your name and contact information for future MHSA Updates, please do so below:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Thank you for taking the time to complete this survey. Your feedback will help us improve the community planning process to better meet the needs of our community. **All information provided will be kept confidential.**

**1. What can be done to improve FSP services for children and Transitional Age Youth (TAY)?**

**2. What can be done to improve FSP services for adults and older adults?**

**3. What is the level of support for the Innovation Project “Eating Disorder Collaborative”?**

Strongly Support    Support    Neutral    Do NOT support    Strongly do NOT support

**4. What ideas do you have for making the “Eating Disorder Collaborative” more innovative?**

**5. What is your level of support for the Innovation Project “Cracked Eggs”?**

Strongly Support    Support    Neutral    Do NOT support    Strongly do NOT support

**6. What ideas do you have for making “Cracked Eggs” more innovative?**

**7. What is your level of support for the Innovation Project “Full Service Partnership Collaborative”?**

Strongly Support    Support    Neutral    Do NOT support    Strongly do NOT support

**8. What ideas do you have for making the “Full Service Partnership (FSP) Collaborative” more innovative?**

**9. Do you have any innovative ideas/concepts that you would like to share?**

**Thank you again for taking the time to review and provide feedback.**

**1. ¿Cuál es tu edad?**

- 0-15 años
- 16-25 años
- 26-59 años
- 60+ años

**2. ¿Qué sexo te asignaron al nacer?**

- Femenino
- Masculino

**3. ¿Cómo te describes a ti mismo?**

- Femenino
- Trans Mujer
- Genero queer
- Cuestionándome o Inseguro de identidad de Género
- No aparece: \_\_\_\_\_
- Declinar a declarar
- Masculino
- Trans Hombre
- No Binario

**4. ¿Cuál es el idioma principal que se habla en su hogar?**

- Inglés
- No aparece: \_\_\_\_\_
- Español

**5. ¿Es usted consumidor de servicios de salud mental?**

- SI (actualmente)
- SI (previamente)
- NO
- Declinar a declarar

**6. ¿Es usted un consumidor de servicios de alcohol y/o drogas?**

- SI (actualmente)
- SI (previamente)
- NO
- Declinar a declarar

**7. ¿Es usted amigo, familiar o ser querido de un consumidor de servicios de salud mental y/o de servicios alcohol y drogas?**

- SI
- NO

**8. ¿Ha servido en el ejército?**

- SI (actualmente)
- SI (previamente)
- NO
- Declinar a declarar

**9. ¿Qué categoría describe mejor su raza (es decir, características físicas / ancestrales)?**

- Indio Americano o Nativo de Alaska
- Asiático
- Afroamericano/Negro
- Nativo de Hawái u otro isleño del Pacífico
- Caucásico/Blanco
- Más de una raza
- Declinar a declarar

**10. ¿Qué categoría describe mejor su origen étnico/cultural? (marque todas las que apliquen)**

- Hispano o Latino
  - Caribeño
  - Centro Americano
  - Mexicano/Chicano
  - Puertorriqueño
  - Sudamericano
  - No aparece: \_\_\_\_\_
- No-Hispano o No-Latino
  - Africano
  - Indo asiático /Asiático del sur
  - Camboyano
  - Chino
  - Europeo del este
  - Europeo
  - Filipino
  - Japonés
  - Coreano
  - Oriente Medio
  - Vietnamita
  - No aparece: \_\_\_\_\_
- Declinar a declarar

**11. ¿Te consideras a ti mismo?:**

- Heterosexual
- Queer
- Cuestionándome o Inseguro sobre Orientación
- No aparece: \_\_\_\_\_
- Declinar a declarar
- Gay/Lesbiana
- Bisexual

**12. ¿Trabaja en alguna de las siguientes áreas / campos?** (marque todas las que apliquen)

- Aplicación De La Ley
- Educación
- Programa de Servicio Social o Humano/Agencia
- Salud
  - Salud Física
  - Comportamiento/Salud Mental
- Programa de Servicio de Alcohol y Drogas
- Organización De Veteranos
- Organización Basada En La Fe
- No aparece: \_\_\_\_\_

**13. ¿Qué mejor describe a su empleador?:**

- Propio
- Empresa Privada
- Proveedor De Servicios Basados En La Comunidad
- Gobierno Federal, Estatal, Condado o de Ciudad
- No Lucrativa
- Estudiante / Interno
- Otro: \_\_\_\_\_

**14. ¿Vive o trabaja en el Condado de San Bernardino, si ambos enumeran la región en la que vive?:**

- SI
    - Región Del Valle Central  
*e.g. Bloomington, Fontana, Grand Terrace, Rialto*
    - Región Montañosa/Del Deserto  
*e.g. Adelanto, Amboy, Apple Valley, Baker, Big Bear City, Cima, Earp, Fort Irwin, Hesperia, Hinkley, Joshua Tree, Landers, Ludlow, Morongo Valley, Mountain Pass, Needles, Nipton, Parker Dam, Phelan, Pioneertown, Sky Forest, Sugarloaf, 29 Palms, Wrightwood, Yermo, Yucca Valley*
    - Valle Del Este  
*e.g. Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucapia*
    - Valle Del Oeste  
*e.g. Chino Hills, Chino, Guasti, Mt. Baldy, Montclair, Rancho Cucamonga*
  - No, vivo y trabajo en un Condado vecino de California
- Código Postal : \_\_\_\_\_

**15. ¿Tiene usted una discapacidad u otro impedimento que se espera que dure más de 6 meses y sustancialmente limita una actividad importante de la vida, que no es el resultado de una enfermedad mental de servicio?**

- SI
- NO
- Negarse a Responder

**16. ¿Está satisfecho de que esta reunión cumplió con sus metas y/o objetivos?**

- Muy Satisfecho
- Satisfecho
- Neutral
- Insatisfecho
- Muy Insatisfecho

**17. En el futuro, ¿cómo le gustaría recibir las actualizaciones de MHSA?** (marque todas las que apliquen)

- Reuniones del Comité Asesor de Planificación Comunitaria
- Seminario Web
- Correo electrónico (Proporcione la dirección abajo)
- Redes Sociales
- Reunión especial en su comunidad
- Otro: \_\_\_\_\_

Si desea proporcionar su nombre e información de contacto para futuras actualizaciones de MHSA, hágalo a continuación:

**Nombre:** \_\_\_\_\_  
**Correo electrónico:** \_\_\_\_\_  
**Teléfono:** \_\_\_\_\_

Gracias por tomarse el tiempo para completar esta encuesta. Sus comentarios nos ayudarán a mejorar el proceso de planificación de la comunidad para satisfacer mejor las necesidades de nuestra comunidad. **Toda la información proporcionada se mantendrá confidencial.**

1. **¿Qué se puede hacer para mejorar los servicios para jóvenes en el programa de Transitional Age Youth (TAY)?**

2. **¿Qué se puede hacer para mejorar los programas de asociación de servicio completo (servicios FSP en inglés) para adultos y adultos mayores?**

3. **¿Apoya el Proyecto de Innovación “Colaborativo de Trastornos Alimenticios?”**

Fuerte Apoyo    Apoyo    Neutral    Opuesto    Fuertemente Opuesto

4. **¿Tienes alguna idea sobre cómo hacer que "Colaborativo de Trastornos Alimenticios" sea más innovador?**

5. **¿Apoya el Proyecto de Innovación “Cracked Eggs” (por su nombre en inglés)?**

Fuerte Apoyo    Apoyo    Neutral    Opuesto    Fuertemente Opuesto

6. ¿Tienes alguna idea sobre cómo hacer que “Cracked Eggs” (por su nombre en inglés) sea más innovador?

7. ¿Apoya el Proyecto de Innovación “Colaboración de Administración de Casos Intensivos”?

- Fuerte Apoyo    Apoyo    Neutral    Opuesto    Fuertemente Opuesto

8. ¿Tienes alguna idea sobre cómo hacer que “Colaboración de Administración de Casos Intensivos” sea más innovador?

9. ¿Tiene alguna idea/concepto innovador que le gustaría compartir?

**Gracias nuevamente por tomarse el tiempo para revisar y proporcionar comentarios.**

# Jury: Man murdered 21-year-old Marine

By Stacy Moore  
Hi-Desert Star

RANCHO CUCAMONGA — William Olivo, a 27-year-old former Marine, was found guilty of second-degree murder Friday for the stabbing of current Marine Dominique Clement, 21.

Clement was killed Feb. 5, 2018, in military housing on Joe Davis Drive in Twentynine Palms. Deputies found Olivo holding a knife outside the complex.

After three days of deliberations, a jury found Olivo guilty of murder, making crim-

inal threats and preventing or dissuading a witness. The jury also found it to be true that Olivo used a deadly weapon in the crime, which exposes him to a longer sentence.

The trial was moved to Rancho Cucamonga because attorneys on both sides filed challenges to remove judges in Joshua Tree from the case. Jason Gueltzow, a deputy district attorney from Joshua Tree, prosecuted Olivo.

"I'm very proud to be a part of an enormous team that worked on this prosecution

and brought justice for Dominique Clement," Gueltzow said Friday afternoon.

Olivo and Clement "barely knew each other," the prosecutor said.

Clement came from Baton Rouge, Louisiana, and was a lance corporal in the Marine Corps. His goals were to serve his country, get an education and be an artist, his mother, Casey Guidry, told KESQ news.

"He was amazing. He was always happy and kind and he always met friends," Guidry said through her tears.

"He was polite and he was so smart and

he could draw and he was patient."

She had talked to him days before the murder. "He was so happy. He was proud of himself," she said.

"I was so lucky to have him." Gueltzow said Clement's family have been keeping in touch with the district attorney's office.

"They were unable to make it to the trial but we've been updating them every day," he said.

They plan to give statements before the judge when Olivo is sentenced next month.

## Cracked Eggs uses art to empower

JOSHUA TREE — Artist Linda Carmella Sibio is hoping to bring back the Cracked Eggs, a program she founded to teach art and performance to people with mental illnesses.

Sibio's proposal for the Cracked Eggs is one of three projects in San Bernardino County's Innovation Project Plan. The projects are designed to enhance people's lives through learning and would be funded through the Mental Health Services Act.

The Cracked Eggs is a workshop series teaching participants to use the symptoms from their mental illness as techniques to create art.

"This workshop empowers peers to not see symptoms as negative but as aspects of themselves that can be used as a creative tool," Sibio said in her proposal.

Also proposed for funding are the Eating Disorder Collaborative and the Multi-County Full Service Partnership Initiative.

The Eating Disorder Collaborative would create

training materials for medical professionals and colleges and form teams from multiple disciplines to provide more comprehensive treatment.

The Full Service Partnership Initiative is designed to improve mental health services by promoting collaboration between agencies and members of the community.

### Bridging the gap through art

After her father died, Sibio grew up watching her mother struggle with both bipolar disorder and schizophrenia, resulting in her mother's eventual suicide. She spent much of her youth in an orphanage, where she began to express herself and her reality through art.

She went on to graduate from Ohio University with a degree in painting.

After she graduated from college, she was diagnosed with bipolar disorder and paranoid schizophrenia, the same illnesses her mother suffered from.



STACY MOORE/Hi-Desert Star  
Linda Carmella Sibio guides a student through an acting exercise in a workshop last year.

Sibio used her art as her way to speak to the rest of the world about mental illness and express to the world what life is like living on the fringe of society.

She has put on art exhibitions from Los Angeles to New York and has been the recipient of numerous honors, awards and grants for her art and performance work.

"Art creates a bridge that helps people understand in

### Input wanted

The proposal to hold Cracked Eggs workshops is one of three projects in the Innovation Project Plan by San Bernardino County's Department of Behavioral Health. Members of the public are invited to read the full proposal and comment at <https://tinyurl.com/innoplan>.

They can make comments there or call (800) 722-9866 or dial 711 for TTY users. The deadline for comments is Dec. 27.

an intelligent manner what the artist is feeling and seeing," Sibio said.

"It is what bridges the gap and allows intelligent discussions between the mentally ill and those who are not."

## Church steps in to feed seniors during holidays

TWENTYNINE PALMS — With the senior center not serving lunches from Dec. 24 through Jan. 1, a local ministry is stepping in to fill the need and bellies of local seniors.

The Buena Vista branch of the Church of Jesus Christ of Latter-day Saints in Twentynine Palms will pass out free sack lunches to senior and homeless in-

dividuals at the Twentynine Palms Senior Center, 6339 Adobe Road.

Lunches will be distributed from 11 a.m. to noon Dec. 26, 27, 30 and 31 on a first-come, first-served basis.

President Nofo Tavai will lead the church volunteers.

For information, call Reach Out Morongo Basin at (760) 361-1410.

## Parents invited to bullying forum

TWENTYNINE PALMS — Parents are invited to an anti-bullying school forum at 5 p.m. Jan. 8 in the Twentynine Palms High School multipurpose room.

Hosted by the school district, the forum will have a round-table format. Participants will rotate every 15-minutes to a new table with new topics.

At each table, parents will find a group of principals, mental health experts, Board of Education members, students and classroom teachers.

Each table will have a topic related to bullying that is meant to initiate conversation.

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- 2019 36th Annual -

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There are many of us who spend the holidays with four walls and a box of tissues for one reason or another, and others who just cannot afford to celebrate... Everyone is invited to join us on

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**12:30 - 4 p.m.**

The Yucca Valley Community Center  
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Wed 12/18/2019 11:10 AM

DBH - Webmaster

Behavioral Health Commission Meeting Thursday, November January 2

To

[Bing Maps](#)

[Suggested Meetings](#)

Greetings DBH Staff,



Behavioral Health

*Public Notice*

## BEHAVIORAL HEALTH COMMISSION MEETING

Thursday, January 2, 2020

12:00 - 2:00 pm

County of San Bernardino Health Services

850 E. Foothill Blvd - Auditorium

Rialto, CA 92376

Click [here](#) for the Agenda

**PUBLIC HEARING:**

**Mental Health Services Act Innovation Plan 2019**

[Executive Session](#) will be held from 10:00 – 11:45 am

Meetings are open to the public

Department of Behavioral Health - WEBMASTER  
Phone: 909-884-4884



*Our job is to create a county in which those who reside and invest can prosper and achieve well-being.*  
[www.SBCounty.gov](http://www.SBCounty.gov)



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## Behavioral Health Commission

**Dr. Veronica Kelley, DSW, LCSW**  
Director

**Michael Knight, MPA**  
Assistant Director

### GENERAL SESSION

THURSDAY, January 2, 2020

County of San Bernardino Health Services

850 E. Foothill Blvd., AUDITORIUM, Rialto, CA 92376

\*If you require ADA accommodations (ASL Interpreter, other communication devices, or other interpreter services), please contact Jessica Cuevas at (909) 386-8223 prior to the meeting.

#### ALL MEETINGS OPEN TO THE PUBLIC

12:00 p.m. – 2:00 p.m.

#### PLEASE POST IN CLINIC

##### District 1

Lorrie Denson  
Michael Grabhorn  
Vickie Mack

12:00 – 12:05 p.m.

CALL TO ORDER / PLEDGE OF ALLEGIANCE / INTRODUCTIONS

Monica Caffey, Chair

12:05 - 12:10 p.m.

Review this Agenda

Members of the Commission

Tab 5: Review Minutes of November 7, 2019

12:10- 12:20 p.m.

PUBLIC COMMENTS (3-minute time limit)

##### District 2

May Farr  
Carol Kinzel, *Secretary*

##### District 3

Catherine Inscore  
Christopher Massa  
Troy Mondragon

12:20 – 12:30 p.m.

CHAIRPERSON'S REPORT

Monica Wilson-Caffey, Chair

12:30 – 12:50 p.m.

COMMISSIONERS' REPORTS

Members of the Commission

##### District 4

Monica Caffey, *Chair*  
Akin Merino  
Jennifer Spence-Carpenter

12:50 – 1:10 p.m.

PUBLIC HEARING

Tab 6: MHSA Innovation Plan 2019

Michelle Dusick, Administrative Manager, Behavioral Health

1:10 – 1:25 p.m.

NEW BUSINESS – ACTION ITEM(S)

- Affirm the Process of the MHSA Innovation Plan 2019
- Tab 7: Election of 2020 Officers
- Tab 8: Approval to Pay CA Association of Local Mental Health Boards Annual Dues

Members of the Commission

##### District 5

Veatrice Jews, *Treasurer*  
Susan McGee-Stehsel, *Vice Chair*

##### Board of Supervisors

Robert A. Lovingood

1:25 – 1:35 p.m.

DIRECTOR'S REPORT

Veronica Kelley, Director, Behavioral Health

1:35 - 2:00 p.m.

OUTSIDE AGENCY AND OTHER REPORTS

##### Clerk of the Commission

Raquel Ramos  
303 E. Vanderbilt Way  
San Bernardino, CA 92415  
909-388-0820

2:00 p.m.

ADJOURNMENT

Monica Wilson-Caffey, Chair

Written material for this meeting is available by request or at <http://wp.sbcounty.gov/dbh/admin/behavioral-health-commission/>