

# County of San Bernardino Department of Behavioral Health MHSA Innovation Plan 2014

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*Posting Draft December 2013*

*Artwork contributed by Cindy Messer*



## Message from the Director

In 2012, leaders and community members from across the County of San Bernardino developed and shared the Countywide Vision, "Your County, Your Future." As a partner in this initiative, the Department of Behavior Health (DBH) is continuing to implement the general standards and practices of the Mental Health Services Act (MHSA) to accomplish the Wellness Component of the Countywide Vision. MHSA funded programs provide an integrated service experience within our system of care promoting wellness, recovery, resiliency, cultural competency, community-based collaboration, and the meaningful inclusion of clients and family members in behavioral health services.

The Innovation component of the MHSA provides DBH with the funding to learn about new or different practices or approaches in providing behavioral health services. Although time-limited, it is through this valuable opportunity that learning is achieved and applied to current or emerging behavioral healthcare practices. Innovation projects seek to increase access to services, increase the quality of services, promote interagency collaboration, and increase access to underserved groups.

In the stakeholder process section, you will find a full description of the community program planning conducted by DBH in 2013, across all geographical regions to ensure meaningful stakeholder conversation and participation were included in the development of new programs. It is with careful consideration and extensive stakeholder input that we propose one new project to be funded under the Innovation Component of the MHSA. This Plan will provide in depth information regarding the following proposed project:

- Recovery Based Engagement Support Teams (RBEST)

I invite you to read the proposal included in this document and provide feedback, either via phone at 800-722-9866 or email at [MHSA@dbh.sbcounty.gov](mailto:MHSA@dbh.sbcounty.gov). It is the Department of Behavioral Health's Vision to improve access and achieve optimum wellness for the unserved, underserved, and inappropriately served members of our community. We thank our communities, our partners, and our staff for their efforts in promoting this Vision with us.

Sincerely,

CaSonya Thomas, MPA, CHC  
Director, Department of Behavior Health



## Mensaje de la Directora

En el año 2012, los líderes y miembros de la comunidad de todo el Condado de San Bernardino elaboraron y compartieron la Visión del Condado, "Tu Condado, Tu Futuro." Como participe de esta iniciativa, el Departamento de Salud Mental (DBH, por sus siglas en inglés) continúa implementando las normas y prácticas generales de la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés), con el fin de cumplir con el componente de Bienestar de la Visión del Condado. Los programas financiados por MHSA ofrecen una experiencia de servicios integrales dentro de nuestro sistema de cuidado, mismos que promueven el bienestar, la recuperación, la resiliencia, la competencia cultural, la colaboración con base comunitaria y la inclusión significativa de los clientes y familiares en los servicios de salud mental.

El componente de Innovación de MHSA proporciona a DBH los fondos para aprender sobre prácticas o métodos nuevos o diferentes en el campo del suministro de los servicios de salud mental. Aunque con duración limitada, es mediante esta valiosa oportunidad que se logra el aprendizaje que posteriormente se aplica a las prácticas actuales de cuidados de salud mental o a aquellas prácticas que están surgiendo. Los proyectos de Innovación intentan aumentar el acceso y calidad de los servicios, promover la colaboración entre instituciones, así como incrementar el acceso a los servicios por parte de los grupos subatendidos.

En la sección del proceso de las partes interesadas, usted encontrará una descripción completa de la planeación del programa comunitario que DBH llevó a cabo en el año 2013 a través de todas las regiones geográficas, que tuvo como propósito asegurar la inclusión de las conversaciones y la participación de las partes interesadas en el desarrollo de los nuevos programas. Es con cuidadosa consideración y amplia contribución de las partes interesadas que proponemos un nuevo proyecto para que sea financiado bajo el componente de Innovación de MHSA. Este Plan proporcionará información en detalle en cuanto a el proyecto que se propone a continuación:

- Recovery Based Engagement Support Teams (RBEST) (*Equipos de Apoyo Basados en el Compromiso de Recuperación*)

Le extiendo una invitación para que lea las propuestas anexas al presente documento a efecto de que nos brinde sus opiniones, ya sea por teléfono al: 800-722-9866 ó por correo electrónico a: [MHSA@dbh.sbcounty.gov](mailto:MHSA@dbh.sbcounty.gov). La Visión del Departamento de Salud Mental es mejorar el acceso y lograr el bienestar óptimo para aquellos miembros de nuestra comunidad que carecen de servicios, que reciben servicios de manera insuficiente o que los reciben inadecuadamente. Agradecemos a nuestras comunidades, a nuestros socios, y a nuestro personal por sus esfuerzos al promover esta Visión con nosotros.

Sinceramente,

A handwritten signature in black ink, appearing to read 'CaSonya Thomas'. The signature is fluid and cursive.

CaSonya Thomas, MPA, CHC  
Directora, Departamento de Salud Mental



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## Innovation Plan

The voters of the State of California passed the Mental Health Services Act (MHSA) in November 2004. The purpose and intent of the MHSA is “(i) to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness (ii) to insure that all funds are expended in the most cost effective manner, and (iii) to ensure accountability to taxpayers and to the public.”

To accomplish this purpose, funding is provided to adequately address the mental health needs of unserved, underserved, and inappropriately served populations by expanding and developing services and supports that have proven to produce successful outcomes, are considered to be innovative, cultural and linguistically appropriate, community based, consumer and family oriented, and consistent with evidence-based practices. MHSA represented the first opportunity in many years to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families.

The MHSA identifies six components for funding to transform the mental health services system, which are integrated into the county’s Three-Year Program and Expenditures Plan. These MHSA Components include:

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

Through the MHSA, counties have the responsibility and commitment to ensure the community has input and is actively involved in the development and implementation of MHSA Component programs at every step of the process. The County of San Bernardino has embraced the opportunities for collaborating with community stakeholders since Community Program Planning (CPP) for the Community Services and Supports (CSS) component began in early 2005. The CPP process provides the department the opportunity to reach populations identified as unserved, underserved or inappropriately served on a regular basis. The County’s growing community stakeholders have continuously viewed the various MHSA components as tools for system transformation and each component as another building block toward an integrated healthcare system.



## Innovation Plan, continued

The formal guidelines for Innovation are less prescriptive than the other MHSAs components but do contain guidance that counties must follow. Innovation projects must contribute to learning and be developed within the community through a process that is inclusive and representative, especially of unserved, underserved and inappropriately served populations. The intention of this component is to implement novel, creative, ingenious mental health approaches that are expected to contribute to learning, transformation, and integration of the mental health system.

Welfare and Institutions Code (WIC), section 5830, provides for the use of MHSAs funds for innovative programming and states all projects included in the Innovation Program must address at least one of the following purposes:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

The Innovation component of the MHSAs allows counties the broadest possible scope to pilot new and adapted mental health approaches. WIC section 5830 provides that an Innovation project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges, including, but not limited to, any of the following:

- Administrative, governance, and organizational practices, processes, or procedures
- Advocacy
- Education and training for service providers, including nontraditional mental health practitioners
- Outreach, capacity building, and community development
- System development
- Public education efforts
- Research
- Services and interventions, including prevention, early intervention, and treatment that meet Innovation criteria



## Innovation Plan, continued

Innovation projects are similar to pilot or demonstration projects, subject to time limitations for assessment and evaluation of effectiveness and securing of ongoing, stable funding. In some cases learning may occur that results in other entities outside DBH providing long term funding for sustained Innovation projects, or portions of projects that are demonstrated to have substantial benefit. In other cases, Innovation projects may determine continued activities or projects do not need to occur and therefore could be discontinued. Because Innovation focuses on collaboration, partners and stakeholders may actually be the best resource for project sustainability long term, if learning provides evidence the programs should continue in some iteration of the project.

Throughout the Community Program Planning (CPP) process, our stakeholders commented on the issues of disparity in access, cultural populations, and specialty population issues that have emerged by considering strategies and resources that could be adapted to a variety of stakeholder communities, settings and concerns. Additionally, county staff utilized stakeholder feedback in the analysis of current service needs, demographics, best practices, and health care services data to develop one new Innovation project as described later in this plan. The project reflects many of the issues, ideas, strategies and design suggestions discussed throughout the community planning process identified as relevant to our diverse communities.

The County of San Bernardino is pleased to present the **Mental Health Services Act (MHSA) Innovation (INN) Plan** and encourages feedback on the plan either by phone at 800-722-9866 or by email at [MHSA@dbh.sbcounty.gov](mailto:MHSA@dbh.sbcounty.gov).



## Community Program Planning Overview

**WIC § 5848** states that each Plan shall be developed with local stakeholders, including:

- *Adults and seniors with severe mental illness*
- *Families of children, adults, and seniors with severe mental illness*
- *Providers of services*
- *Law enforcement agencies*
- *Education*
- *Social services agencies*
- *Veterans*
- *Representatives from veterans organizations*
- *Providers of alcohol and drug services*
- *Health care organizations*
- *Other important interests*

**CCR Title 9 Section 3300** further includes:

- *Representatives of unserved and/or underserved populations and family members of unserved/underserved populations*
- *Stakeholders that represent the diversity of the demographics of the county, including but not limited to geographic location, age, gender, and race/ethnicity*
- *Clients with serious mental illness and/or serious emotional disturbance, and their family members*

The County of San Bernardino Department of Behavioral Health (DBH) is highly committed to including consumers and stakeholders from around the county and within all levels of the organization. To meet the requirements of WIC 5847, 5848 and California Code of Regulation (CCR), Title 9, Section 3300, 3320, extensive outreach to promote the Innovation Plan stakeholder process was completed using a variety of methods at many levels to invite stakeholders to have their voice heard and their feedback included. In an effort to reach the populations outlined above, information regarding the stakeholder process was disseminated through the use of press releases to all local media outlets (**please see Attachments**), email and flyer distribution to community partners, community and contracted organizations, other county agencies, cultural subcommittees and coalitions, and regularly scheduled stakeholder meetings, including the County of San Bernardino Behavioral Health Commission.



## Community Program Planning Overview, continued

Social media sites such as Facebook (**please see Attachments**) were also used to promote the process and extended the reach of the department in connecting interested community members with the stakeholder process. DBH's Facebook is accessible at [www.facebook.com/sbdbh](http://www.facebook.com/sbdbh).

DBH engages stakeholders, provides information, and invites feedback about MHSA programs throughout the year using regularly scheduled monthly meetings. Schedules for these meetings are available to the public and distributed widely with interpreter services available to participating community members for the following meetings:

- Behavioral Health Commission (BHC)
- District Advisory Committee meetings (separate monthly meetings, one held in each of the five supervisorial districts within the county and led by the Behavioral Health Commissioners in that district)
- Community Policy Advisory Committee (CPAC)
- Cultural Competency Advisory Committee (CCAC)
- Transitional Age Youth (TAY) Center Advisory Boards
- Consumer Clubhouse Advisory Boards
- Quality Management Action Committee (QMAC)
- MHSA Executive Committee
- Association of Community Based Organizations (ACBO)
- Room and Board Advisory Coalition
- Workforce Development Committee

To ensure inclusion of diverse cultural groups and the faith-based community, input was also collected from the following Cultural Competency Advisory Committee sub-committees\*:

- Asian Pacific Islander Sub-Committee
- Co-Occurring and Substance Abuse Sub-Committee (COSAC)
- Disabilities Sub-Committee
- High Desert African American Sub-Committee
- Latino Health Sub-Committee
- Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Sub-Committee
- Native American Awareness Sub-Committee
- Spirituality Sub-Committee
- Transitional Age Youth (TAY) Sub-Committee
- Veteran's Sub-Committee
- Women's Sub-Committee

\*As of the time of this printing, all CCAC coalitions and committees were uniformly designated as sub-committees.



## Community Program Planning Standards

**CCR Title 9 Section 3320** states that counties shall adopt the following standards in planning, implementing, and evaluating programs:

- Community collaboration
- Cultural Competence
- Client Driven
- Family Driven
- Wellness, recovery, and resilience focused
- Integrated service experiences for clients and their families

The Innovation component offers an opportunity to further transform and integrate the mental health system. The DBH Community Program Planning (CPP) process is consistent with the following general standards:

- **Community Collaboration** – Initiate, support, and expand collaboration with clients, community members, agencies, and organizations to fulfill a shared vision and goals.
- **Cultural Competence** – Demonstrate cultural competency in all aspects of programming as well as increasing the capacity of a diverse workforce to reduce disparities in mental health services and outcomes.
- **Client Driven** – Include ongoing involvement and input of clients in all aspects of programming, from planning, to implementation, to evaluation and outcomes.
- **Family Driven** – Include ongoing involvement and input of families of children/youth with serious emotional disturbance in program planning, delivery, evaluation, and outcomes.
- **Wellness, Recovery & Resilience Focus** – Implement services that focus on the consumer's wellness, increasing resiliency, and promoting recovery.
- **Integrated Service Experience** – Provide comprehensive coordinated access to a full range of services from multiple agencies, programs, and funding sources to clients and family members.

As evidenced by the extensive schedule of community oriented meetings, the department embeds community collaboration, cultural competence, client and family driven, integrated and recovery service approaches with the community into ongoing operations at multiple levels. The Department of Behavior Health (DBH) has a commitment to cultural competence with eleven cultural subcommittees meeting on a monthly basis, in addition to the Cultural Competency Advisory Committee. Cultural competency is woven in to everything we do at DBH, including planning, implementing and evaluating programs.



## Community Program Planning Standards, continued

The Office of Cultural Competence and Ethnic Services (OCCES) reports to the DBH Director and is an essential part of all aspects of the stakeholder process including the use of the regularly scheduled committee and subcommittee meetings to obtain feedback and input on services and programs. The Cultural Competency Officer (CCO) and OCCES work in conjunction with each MHSA program lead to ensure the delivery of culturally competent and appropriate services, including providing feedback and input into all programs.

The CCO or members of OCCES regularly sit on boards or committees where they can provide input or affect change regarding program planning or implementation. OCCES provides support by translating documents for the department and arranging for translation services whenever requests for services, training, outreach, and/or stakeholder meetings are received. Additionally, language regarding cultural competence is included in all department contracts with organizational and individual providers and is included as a category in every DBH employee's Work Performance Evaluation (WPE).

The Department of Behavioral Health is highly committed to including consumers and stakeholders within all levels of our organizational structure. From the highest level of commission oversight, the Behavioral Health Commission, to the administrative structure within DBH, it has been our mission to include consumers and family members as active system stakeholders. Within DBH's organizational structure, the Office of Consumer and Family Affairs (OCFA), staffed by Peer and Family Advocates (PFAs), is elevated and reports at the executive level, with access to the Department Director.

Consumer and family engagement occurs through community events, department activities and committee meetings. Consumer/Family membership in department committees includes meetings in which meaningful issues are discussed and actual decisions are made. Consumer/Family input, along with staff and community input, is always considered when making MHSA related system decisions in the department. This includes decision makers such as the Director, Assistant Director, Medical Director, Deputy Director, Program Manager, Clinic Supervisor, Clinicians, and clerical staff.



## Community Program Planning Standards, continued

DBH has committed to the funding of 134 Peer and Family Advocates (PFAs) through MHSA to assist in system transformation and valued contributions to the stakeholder process. These positions have increasing levels of responsibility and provide peer counseling, and linkages to services and supports. These positions are dispersed throughout the department providing consumer advocacy and assistance, as well as providing input on system issues in program areas.

It is through the integration of consumers at all levels of our department structure that we are able to ensure wide-spread consumer representation in MHSA stakeholder meetings and activities. Also, this inclusion occurs regularly as their participation is embedded in department operations every day, not just during stakeholder meetings. Consumers participate in regularly occurring meetings as well as stakeholder meetings and meaningfully contribute to all levels of MHSA program planning activities.

The Department continuously strives to provide comprehensive coordinated access to a full range of services, including Full Service Partnership, Crisis, inpatient, outpatient, housing, employment, education, outreach and other necessary supportive services, while reducing barriers to service and the stigma associated with seeking help. We partner with people in recovery and their families, along with community partners and agencies, to promote individual, program, and system level approaches to foster recovery, wellness, and resilience within the health care system as we look forward to a future of integrated healthcare.



## Innovation Stakeholder Meeting Schedule

In addition to the ongoing Community Program Planning (CPP) opportunities conducted throughout the year by the Department of Behavior Health (DBH), a series of 16 geographically accessible stakeholder meetings were convened with a specific focus on Innovation planning. These stakeholder meetings were held at various locations throughout the County of San Bernardino, and with numerous groups concerned with specific cultural groups.

The dates, times, and locations are listed below. Where the meetings occurred in conjunction with a standing district advisory committee or other DBH advisory group meeting, the name of that meeting is listed as well.

Meeting Date & Time	Meeting	Location
June 19, 2013 10:00 a.m. - 12:30 p.m.	Disabilities Sub-Committee	DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415
June 20, 2013 9:00 a.m. - 11:00 a.m.	Community Policy Advisory Committee - County of San Bernardino (CPAC)	Community of San Bernardino Health Services, Auditorium 850 E. Foothill Blvd. Rialto, CA 92376
June 24, 2013 5:30 p.m. - 7:30 p.m.	District Advisory Committee (DAC) 5 <sup>th</sup> District	New Hope Family Life Center 1505 W. Highland Ave. San Bernardino, CA 92411
June 27, 2013 10:00 a.m. - 12:00 p.m.	Latino Health Coalition	El Sol Neighborhood Educational Services 972 N. Mount Vernon Ave. San Bernardino, CA 92411
July 8, 2013 1:00 p.m. - 3:00 p.m.	High Desert African American Mental Health Coalition	Victor Valley Clubhouse 12625 Hesperia Rd. Victorville, CA 92395
July 9, 2013 10:00 a.m. - 12:00 p.m.	Asian Pacific Islander (API) Coalition Meeting	DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415
July 9, 2013 1:00 p.m. - 3:00 p.m.	Spirituality Sub-Committee	DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415
July 11, 2013 3:00 p.m. - 5:00 p.m.	District Advisory Committees 2 <sup>nd</sup> & 4 <sup>th</sup> Districts	Rancho Cucamonga Family Resource Center 9791 Arrow Route Rancho Cucamonga, CA 91730



## Innovation Stakeholder Meeting Schedule, continued

Meeting Date & Time	Meeting	Location
July 16, 2013 2:00 p.m. - 4:00 p.m.	Native American Awareness Committee	Native American Resource Center Riverside-San Bernardino County Indian Health, Inc. 2210 E. Highland Ave., Suite 101 & 102 San Bernardino, CA 92404
July 17, 2013 10:00 a.m. - 12:00 p.m.	District Advisory Committee (DAC) 1 <sup>st</sup> District	Victorville Behavioral Health Center, Room A-11 12625 Hesperia Rd. Victorville, CA 92395
July 18, 2013 1:00 p.m. - 3:00 p.m.	Cultural Competency Advisory Committee (CCAC)	County of San Bernardino Health Services Building 850 E. Foothill Blvd. Rialto, CA 92376
July 18, 2013 3:00 p.m. - 5:00 p.m.	Co-Occurring Substance Abuse Committee (COSAC)	County of San Bernardino Health Services Building 850 E. Foothill Blvd. Rialto, CA 92376
July 23, 2013 12:30 p.m. - 2:30 p.m.	Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Subcommittee	W.I.S.E. Holistic Campus 15400 Cholame Road Victorville, CA 92392
July 24, 2013 3:00 p.m. - 5:00 p.m.	Transitional Age Youth (TAY) Committee	One Stop TAY Center 780 E. Gilbert Street San Bernardino, CA 92415
July 25, 2013 1:00 p.m. - 3:00 p.m.	District Advisory Committee (DAC) 3 <sup>rd</sup> District	Santa Fe Social Club 56020 Santa Fe Trail, Suite M Yucca Valley, CA 92284
August 1, 2013 10:00 a.m. - 12:00 p.m.	Crestline / Lake Arrowhead Community Meeting	Crestline Professional Building 340 State Hwy 138 Crestline, CA 92325



## Innovation Stakeholder Meeting Description

*WIC § 5848 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*

*CCR Title 9 Section 3300 states that involvement of clients and their family members be in all aspects of the community planning process and that training shall be offered, as needed, to stakeholders, clients, and client's family who are participating in the process.*

The County of San Bernardino obtained meaningful stakeholder involvement during the program planning phase of our new Innovation project. A total of sixteen (16) meetings were held throughout the months of June and July 2013. Most of the meetings were scheduled to utilize existing regularly scheduled stakeholder committee meetings to attract participation; however the content of the meeting focused exclusively on Innovation planning. The meetings included remote areas of the county such as the Morongo Basin and the Mountain areas. One meeting was conducted in Spanish for monolingual stakeholders. Press releases, in both English and Spanish, with the stakeholder meeting schedule (**please see Attachments**) were sent to local newspapers and media contacts. Interpreter services are provided at all of the stakeholder events to ensure diverse community inclusion and these services were noted on all announcements prior to meetings.

Additionally, announcements were made available at all community and regularly occurring department meetings leading up to the sixteen (16) scheduled stakeholder meetings in the months of June and July 2013. Web blasts with stakeholder meeting information were sent to all DBH staff with instructions to disseminate to related interested parties. Meeting schedules were emailed to regular attendees of all meetings, specifically Community Policy Advisory Committee (CPAC), Behavioral Health Commission, the District Advisory Committee (DAC) meetings, and Cultural Competence coalitions/subcommittees. Schedules were also emailed to all contacts within all of the department's contracted agencies. The stakeholder meetings were discussed at all outreach activities, events, and meetings in which department staff participates. Meeting schedules were distributed through multiple DBH distribution lists and email groups as well as posted on the DBH website and Facebook page. To meet language threshold requirements, and to garner as much participation as possible, all announcements are in English and Spanish.



## Innovation Stakeholder Meeting Description, continued

A Community Program Planning (CPP) process that is inclusive and representative, especially of unserved, underserved and inappropriately served individuals included a series of stakeholder meetings (conducted in June and July 2013), which focused on the Innovation (INN) program component. These meetings were intended to provide a platform for community stakeholders to engage in learning, reflection, and interpretation of current and future INN projects with the goals of promoting:

- Diffusion of knowledge gained through implementation of those projects to date
- Dissemination of innovative practices to stakeholders
- Enhanced sustainability of funded projects beyond conclusion of INN funding
- Generation of new ideas for future INN funded projects

The format used for the INN stakeholder meetings was standardized to ensure each group of participants went through the same process. Each meeting began with an introduction of MHSA and an overview of the INN component conducted by a member of the DBH-INN team. The introduction included a description of MHSA, current funding context, the purpose of the planning process, and an explanation of the Innovation component. Handouts were provided to further explain this same information (**please see Attachments**).

A meeting facilitator provided an overview of the stakeholder meeting process, defined the guidelines and commitments of participation, as well as provided a handout with suggestions for how participants might engage most productively in the meeting discussion (**please see Attachments**). A brief description was given of each of the current six INN projects being discussed and participants were asked to “vote with their feet” by breaking out into small groups around whichever project they wanted to learn more about or contribute feedback on. Each of the projects was represented in its respective breakout group.

To make the process more accessible for the stakeholders, our approach centered on “*storytelling*” as a method for participatory evaluation of program activities. Stories help people understand the patterns behind sequences of events, empathize with people whose life-circumstances may be far removed from their own, and open to new perspectives that may reveal and challenge deeply held assumptions. Stories can also help stakeholders relate very complex, abstract systems-level interventions to their own lived experience.



## Innovation Stakeholder Meeting Description, continued

The breakout groups had approximately 30 minutes for discussion which was broken into three sections. First, the project staff representative provided an overview of the project, detailing the purpose, population(s) served, and key activities. The representative then told a story of a client, including his/her issue/need, solutions attempted, challenges encountered, results (desired and/or undesired), and lessons learned from the program design and implementations, including successes, shortcomings, and take-aways. Throughout the meeting participants were provided data in a non-threatening, simple, straightforward manner such as PowerPoint presentations, handouts, and question and answer periods. The participants had an opportunity to ask clarifying questions directly to the project representative during the small group breakout. Once those questions were answered, the groups moved on to the third section of the breakout group. In this section, the moderator facilitated the group to fill out one Group Breakout Response Form (**please see Attachments**) with responses to the following questions:

- What aspects of the story stood out for you? What feelings and thoughts went through your heart and head as you heard it?
- What aspects of the project do you see as most innovative and impactful?
- When the Innovation funding ends, what other organizations or funding agencies would have an interest in continued services to the people this project supports?
- Based on your own experience, what are potential priorities or ideas for Innovation program funding in the future?

Once the breakout groups were completed, the participants returned to the large group to discuss common themes that came up from the small-group discussion. From the information obtained, it was also discussed how we can apply these lessons to other groups or people with similar sorts of needs, such as other vulnerable populations, people who need services but can't get them, people who existing programs and services just don't respond to, and places people fall through the cracks in existing services. The large groups then brainstormed ideas or priorities for future Innovation projects to address needs, often generating new concepts from the synthesis of the individual and small-group contributions. Throughout the process, the participants were asked to share their perspective on the evaluation of the projects and their effectiveness. They were encouraged to address the learned aspects from the projects and comment on the community needs from their own perspective as a community member. This data is compiled, along with other stakeholder input received throughout the years, and shared with DBH staff to contribute to program decision making within the Department.



## Innovation Stakeholder Meeting Description, continued

An additional opportunity to provide written feedback during the meeting was provided to participants in the form of individual stakeholder comment forms (**please see Attachments**). This was intended to aid in the collection of demographic information and to enable individuals attending the meeting to submit additional input and program ideas they may not have had the opportunity to offer during the small or large group discussions. The form asked a series of questions designed to parallel those asked in the facilitated process in the community meetings. The comment form was provided in both Spanish and English.

A Spanish-language interpreter was present at all community participation meetings, as well as American Sign Language (ASL) or any other language upon request.

A total of 188 community members participated in 16 public meetings held throughout the County of San Bernardino\*. The discussions in the meetings produced 96 sets of breakout-group notes, hundreds of comments and brainstormed ideas from full-group discussion, as well as a total of 150 public comment forms submitted by individual participants, which will be shared in more detail later in this Plan.

This information, in addition to county and department demographics, treatment service data, as well as documented areas of gaps in service or ineffective service approaches were analyzed to complete the project proposed in this plan and serve as the basis for evaluation of current and future program planning activities for Innovation projects.

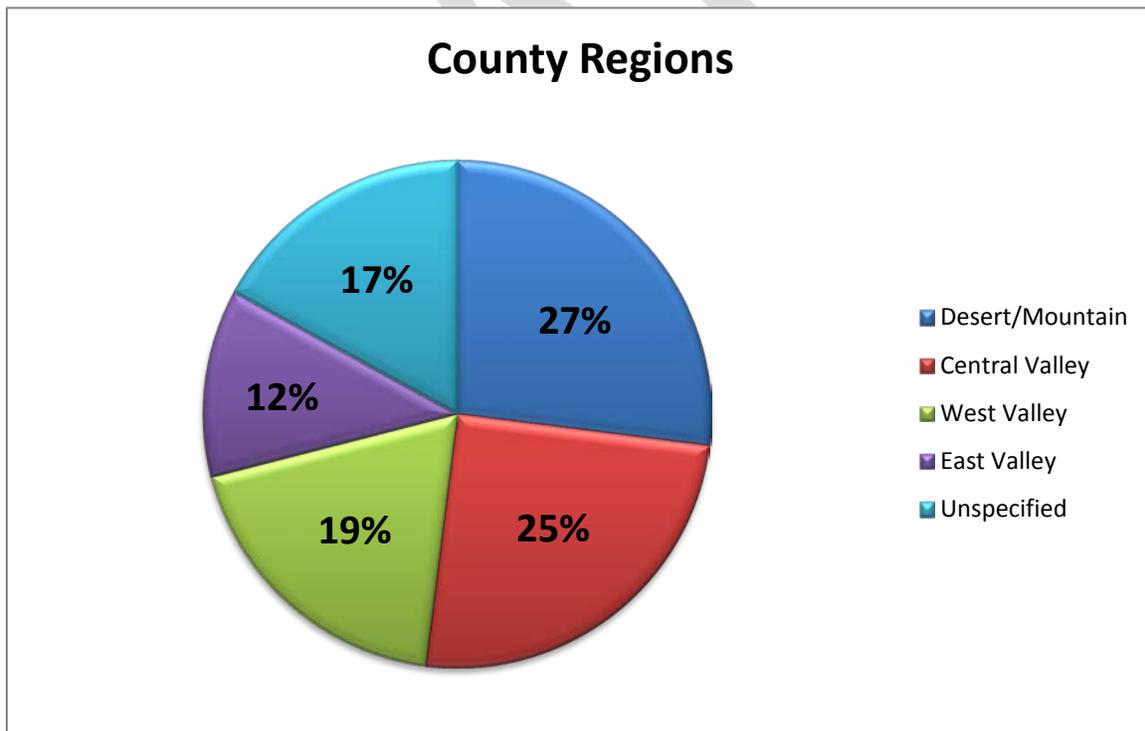
*\*A copy of the final report from the INN Stakeholder meeting series is available upon request by emailing [MHSA@dbh.sbcounty.gov](mailto:MHSA@dbh.sbcounty.gov).*



## Innovation Stakeholder Demographics

The Innovation (INN) Stakeholder Meetings attracted a diverse array of participants from throughout the county. Stakeholder comment forms (**please see Attachments**) were used to collect demographic information on the backgrounds and interests of the participants, their region of origin within the county, stakeholder representation or organizational affiliation, ethnicity, age group, and gender.

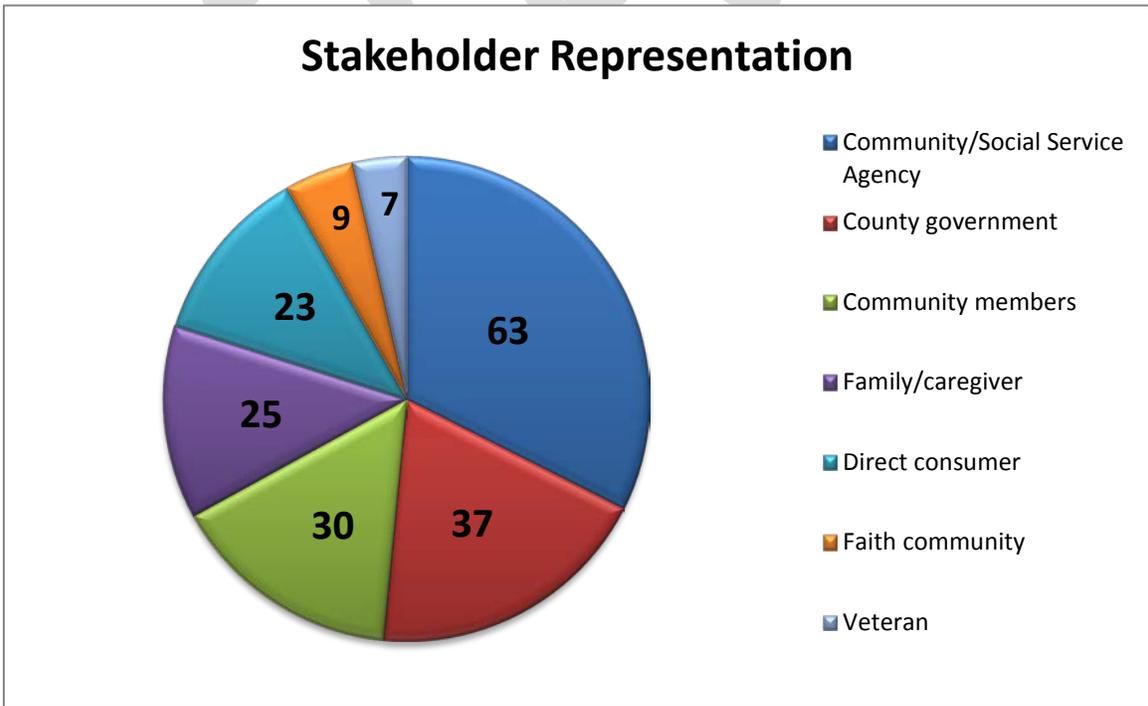
Stakeholder meeting participants came from a variety of regions of the county. The greatest number of participants, 27%, identified as part of the Desert or Mountain regions and a nearly equal proportion of 25% identified as part of the Central Valley, with 19% coming from the West Valley region, and 12% from the East Valley region. Around one in six stakeholder meeting participants did not indicate their region, and a handful came from out of the county.





## Innovation Stakeholder Demographics, continued

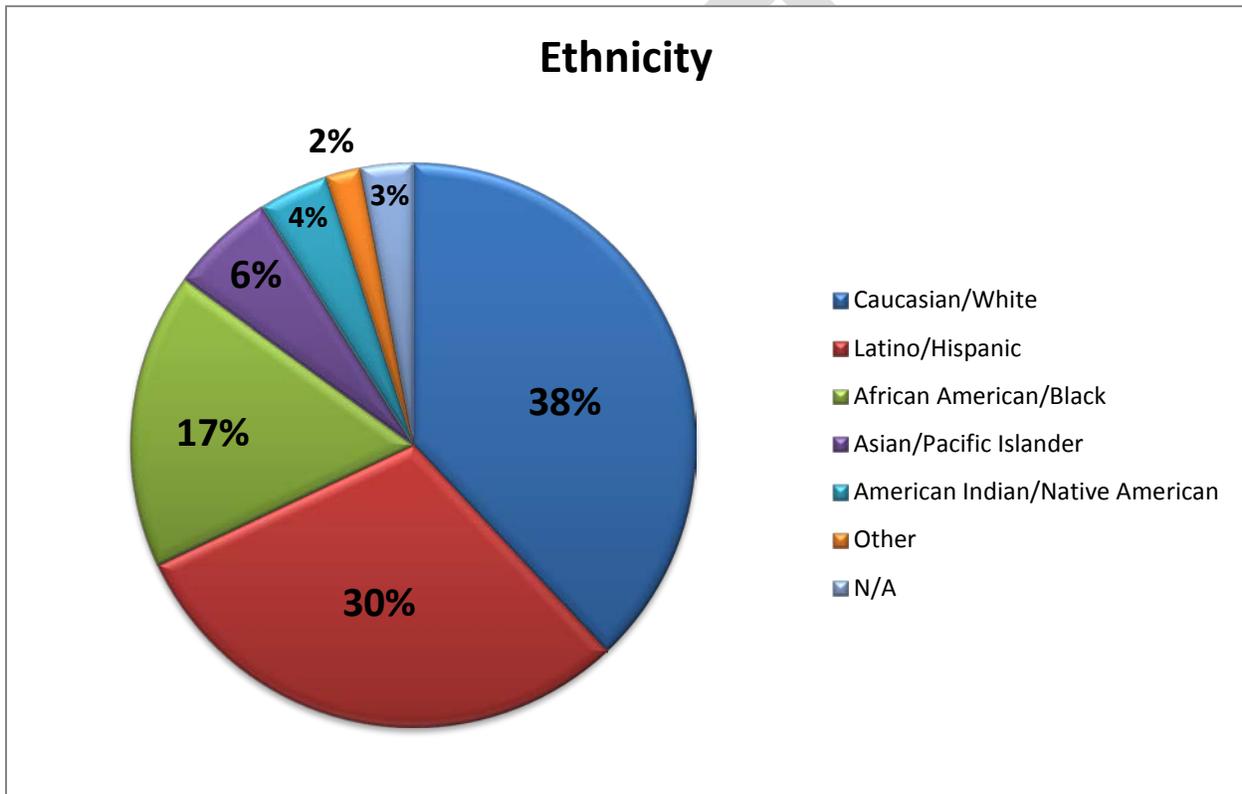
The quality of the discussions which took place in the stakeholder participation meetings were a result of the diverse backgrounds of participants who attended. People with organizational affiliations were the largest group, with roughly one fourth of participants, 63 people, indicating they were affiliated with either community or social service agencies. One in six, 37 people, affiliated with being employees of county government. However, consumers were also well represented, with 30 people identifying as community members, 25 as family or caregiver of a consumer, and 23 as direct consumers of mental health services. In addition, nine people identified as being affiliated with the faith community and seven were either active military or veterans. DBH identified that there were no responses received that reflected representation from law enforcement, education, health care providers, veteran’s organizations, or providers of drug and alcohol services, despite reaching out to each of these populations with an invitation to attend. This is an area in which we will further develop outreach and engagement strategies for both ongoing and ad hoc meeting participation in Community Program Planning (CPP) processes. The total number of responses was 194 (from the 150 comment forms collected) due to participants’ ability to select as many options as they felt they represented.





## Innovation Stakeholder Demographics, continued

The breakdown of participants represents the county's demographic profile. The Census category of Non-Hispanic Whites comprises 32% of the county's population, which is very close to the 38% of our participants. In addition to Hispanics and Whites, African American participants were well represented at the meetings.





## Innovation Stakeholder Demographics, continued

Participants varied a fair amount in age. Although the largest portion fell in the age range of 26-59 (65%), there was good representation of senior citizens over 60 years of age (22%) and transitional-aged youth 16-25 years (12%). Seniors were well represented at the Co-Occurring Substance Abuse Coalition, 5<sup>th</sup> District Advisory Committee, and Spirituality Awareness Committee meetings, it is reasoned because these meetings held topics that were of interest to this demographic. The meeting held at the San Bernardino Transitional Age Youth (TAY) Center was very effective in securing participation by youth and young adults. See Figure 1 below.

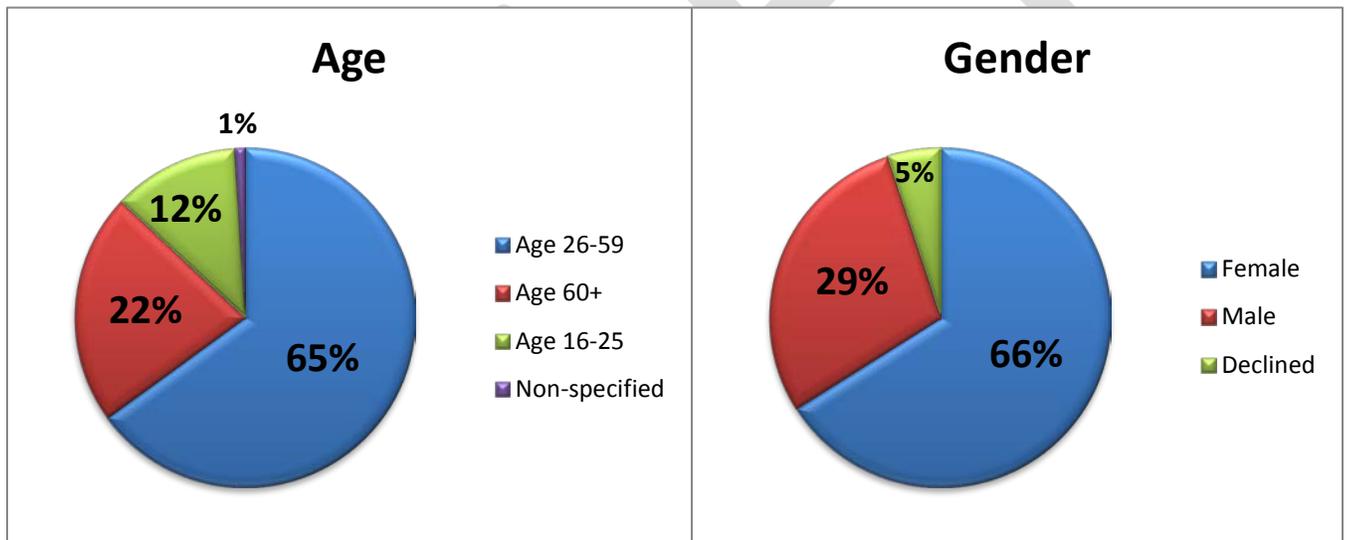


Figure 1

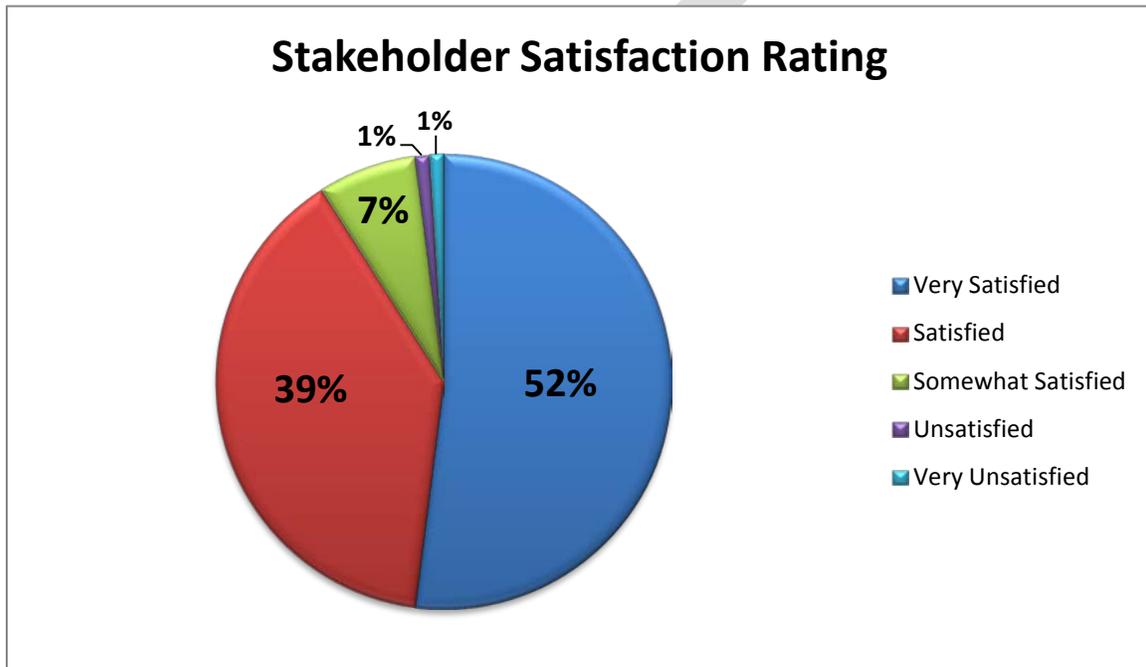
Figure 2

The breakdown of participants from the Innovation stakeholder meetings by gender is as follows (see Figure 2): 66% of the participants are female, 29% of the participants are male, and 5% of the participants declined to respond.



## Innovation Stakeholder Response

The Innovation stakeholder meeting process indicated 91% of meeting participants filling out stakeholder comment forms were either very satisfied or satisfied with the meeting process and community planning.



The Department of Behavioral Health (DBH) has been successful in the ongoing engagement of diverse stakeholders during the design, implementation, and evaluation of MHSAs programs and projects over the last eight years. This is evidenced in part by the number of Peer and Family Advocates (PFAs) currently employed with DBH, the number of ongoing meetings that provide opportunity for stakeholder attendance and input, as well as the amount of stakeholder feedback received throughout our Community Program Planning (CPP) process. Ongoing partnership and collaboration have been paramount in successfully implementing programs, identifying areas in need of improvement, and completing the feedback loop for community stakeholders.



## Innovation Stakeholder Response, continued

Stakeholders generated numerous ideas for potential new Innovation projects. Some of these were extensions or expansions of current Innovation projects, while others were entirely new ideas that emerged from the combination of various group discussions and interactive brainstorming of all the participants present. While the feedback varies somewhat by project, a fairly consistent set of principles emerged:

- The value of **inclusiveness and services for all**, as opposed to restricting a program or service to a specific sub-population meeting a narrow set of criteria.
- The importance of a **holistic and community-based approach**, treating the whole person as well as his or her family and caregivers.
- Finding **creative, non-threatening, stigma-reducing ways to reach out** to individuals who are overlooked by conventional mental health programming or are resistant to accessing services. This extends through the physical design of the facility as well as the type of services and how they are provided.
- The importance of **treating consumers as human beings**, not merely as a set of diagnoses or numbers in a system.
- Recognition **that each consumer is different** and has unique needs, so people require individualized care.
- The need for **programs and services to adapt to community needs** and respond to community members' input.
- The importance of **long-term relationship building**, especially when working with people with a history of trauma or who are distrustful of bureaucratic systems.
- Health and mental health providers should have an **“it takes a village” mentality** by engaging the family, schools, and community through awareness, education, outreach, and training.
- The impact that can be created when collaborative partners across the system of care are engaged in a **change of mindset**, moving from a problem-based perception of people in that system to a more asset-based approach.

While the themes listed above were prevalent during the recent INN focused stakeholder meetings, many of these same principles, or variations, coincide with those heard during our ongoing MHSA stakeholder meetings and going back to the early days of the Community Program Planning (CPP) process when the first series of INN stakeholder meetings were held. Stakeholders have expressed a commitment to addressing disparities in access to services and expansion of community and peer-driven strategies and networks. As some needs from the early days of the MHSA have been met through implementation of MHSA programs and projects, it gives way for stakeholders to identify new areas of concern for DBH to address.



## **Innovation Stakeholder Response, continued**

Ideas/suggestions that came up in meetings, both verbally and collected from comment forms, have been grouped according to the four primary purposes of Innovation projects, and then further sub-grouped by focus, and are listed below:

### **Increase access to underserved groups**

#### **Youth and children**

- Replication or extension of Interagency Youth Resiliency Team (IYRT) to provide support for transitional aged youth not at an acute enough level of mental illness to qualify for STAY. This was described as a prevention/early-intervention program for youth who are “keeping it together”
- Mentoring opportunities like IYRT to younger foster children to prevent more serious problems when older
- A residential substance abuse treatment facility for adolescents
- Crisis intervention teams for youth, complementing first responders (e.g. in case of school or community violence) — could use Community Resiliency Model (CRM) or other techniques
- Drop-in shelter beds for homeless youth and LGBTQ youth
- Suicide prevention in the high schools
- Employment services for youth (in collaboration with Workforce Development Department (WDD))
- Prevention education with youth
- Drop In Center for clients 24 and under
- Provide counseling for young children in foster care (age 7-10), especially art therapy and therapy dogs

#### **Vulnerable and unserved/underserved populations**

- Support for developmentally and physically disabled adults who are dependent on aging parents
- Extend Coalition Against Sexual Exploitation (CASE) model to male victims of sexual exploitation
- Services for elders not qualifying for In-Home Supportive Services (IHSS)
- Domestic violence center/services for LGBTQ males
- Suicide prevention (suicide is increasing at all age ranges, esp. with aging, teens, Native-Americans)
- Services for Military Post Traumatic Stress Disorder (PTSD) who are not eligible for Veteran’s Administration (VA) assistance
- More services for the homeless in East Valley (Yucca Valley, Joshua Tree, 29 Palms)
- Drop in center for nontraditional homeless with resource material/information



## **Innovation Stakeholder Response, continued**

### **Increase access to underserved groups, continued**

#### **Community outreach**

- Need for street outreach
- Local innovative homeless outreach (TAY, aging, families, LGBTQ)
- Promotores as a way to reach community for needs identification and service provision
- Active outreach on the streets: give incentives for people who participate, marketing for community engagement in planning and programs
- Mobile accessible HIV testing — if results are positive, provide assistance with linking individuals to the system of care

#### **Cultural competency, responsiveness, and inclusiveness**

- Training on medicine wheel and 12 steps — include cultural background, trauma awareness in services, especially with Native American populations
- Adopt, post, and implement non-discrimination policies including sexual orientation and gender expression in all facilities
- Multi-ethnic *promotor* groups (e.g. African American, Asian, etc.) to conduct peer-to-peer education and referral because people in community are more likely to respond if educator is from their ethnic group

#### **Reducing stigma**

- Ensure all mental/behavioral health facilities have a welcoming environment like Holistic Campuses — “less hospital-ly” than normal clinical environments
- Greater outreach to underserved (esp. LGBTQ), to counter stigma
- Hotline for people to reach out, to break through stigma

#### **Parole/community reentry**

- Case management and pre-release services with family and community of prisoners prior to re-entry, in collaboration with prisons and reentry organizations

#### **Online & digital media**

- Services for online and home-schooled students, people who are homebound to overcome challenges such as social isolation, anxiety, or agoraphobia
- DBH App: schedule/cancel appointments, interpreter requests, locate me and provide directions to clinics, test results

#### **Family supports**

- More education for families of consumers
- Mental health education in/through schools to reach families



## **Innovation Stakeholder Response, continued**

### **Increase the quality of services, including measurable outcomes**

#### **Integration with other services**

- Health screens at Innovation project and other DBH program sites (in collaboration with Department of Public Health (DPH) or community clinics)
- Integrate Alcohol and Other Drugs (AOD) services with mental health services simultaneously for co-occurring disorders (vs. sequential approaches emphasizing sobriety before treatment of mental illness)
- Contracted therapy providers for clients in AOD programs
- Training for local media and reporters on non-stigmatizing language

#### **Community education**

- Monthly community forums on themes related to health
- Education and training on signs of sexual exploitation for all providers of services
- Train foster parents, agencies to identify sexually exploited youth

#### **Capacity building**

- Assist Community Based Organizations (CBOs) and faith groups to develop new programs for mental health promotion and develop sustainability plans to resource them
- Emphasize training as innovative form of sustainability

#### **Vocational training**

- Vocational training for adults — intensive, tailored consumer services
- Vocational skills and job placement to bridge the gap from youth to adult

#### **Online and digital media**

- Use video games for children as a way to raise awareness about issues, reduce stigma, educate on how to prevent/report sexual abuse

#### **Specific program elements, approaches, and techniques**

- Peer-to-peer connections, support
- Music therapy- music studio
- Outings to go see plays at the theater
- Positive arts programming included in other projects (e.g. music, art, video games, crafts, theater)
- Placements with pets, use pets in therapeutic interventions
- Listen to what people with substance abuse disorder want — start with their world
- Spiritual counseling for youth
- Make programs accessible — focus on wellness, not diagnosis; speak in the language of people's experience



## **Innovation Stakeholder Response, continued**

### **Promote interagency and community collaboration**

#### **Links with the education sector**

- Create links with university on-campus mental health services
- Partner with schools and school districts as a way to reach children and parents
- Internships for youth at Holistic Campus sites
- Identify and pilot best practices in bullying prevention training to promote more uniform policies on bullying among different school districts
- School linkages/access for LGBT
- Relationship building at district level with mental/behavioral health providers
- Involve university students in social work and criminal justice programs in DBH programs

#### **Interagency information sharing and collaboration**

- Train community partners in how to promote and make use of social networks and Online Diverse Community Experience (ODCE) resources
- Incorporate understanding of Innovation projects into other programs (e.g. community mental health education/promotora programs) to produce referrals
- Promote links and collaboration among existing provider/interest networks
- Central directory with comprehensive list of services (can be something to flip through, put on bulletin boards)
- Create events where information is shared for support between agencies
- On ODCE's Facebook page, allow selected providers to post as page administrators

#### **Transportation and accessibility**

- Utilize existing resources (e.g. Molina bus, church busses and vans)
- Utilize church space for programming when it is empty and not being used (e.g. mid-week)
- Partner with public transit agencies (Omnitrans) for free passes for program participants

#### **Collaboration among Innovation projects**

- More intentional collaboration among Innovation projects ("cross-pollination")
- Combine TAY centers with Holistic Campus services
- More unity and links between Innovation programs, more collaboration



## **Innovation Stakeholder Response, continued**

### **Promote interagency and community collaboration, continued**

#### **Community engagement**

- Look for ways people who receive benefits can give back by volunteering and giving services to others
- Outreach to retired people as volunteer leaders and to help support services
- Community collaboration (e.g. fairs) with non-typical services and resources

#### **Collaboration with the health care sector**

- Integrate resources from DPH with DBH to promote integral health promotion — physical, mental
- Partner with hospitals to try to incorporate CRM and holistic techniques- life programs
- Collaborate with Arrowhead Regional Medical Center (ARMC) on mandate for community medicine education/residencies for doctors

#### **Innovation project sustainability**

- Increase and improved collaborative efforts with funders to build in INN project sustainability
- Transmit program knowledge on current Innovation projects to existing organizations in the community so they can continue implementing the programs

#### **Collaboration with the business sector**

- Partner with community and business to get jobs for TAY
- Build relationships, understanding among service providers, County staff, and Faith Based Organizations (FBOs) on respective functions and services (e.g. asset mapping, cross-training with contract agencies) in collaboration with ACBO

#### **Collaboration with other government agencies**

- Crisis intervention training with law enforcement

#### **Multi-sectoral collaboration**

- Measure collective impact (e.g. Healthy Rim Communities)
- Coalitions led by non-governmental orgs — less red tape, more flexibility in use of resources

#### **Specific resource gaps**

- Crisis intervention to assist with 911 calls (need this now, with the closing of important orgs)

#### **Transferring innovations from INN projects**

- Collaboration, infusing elements of existing Innovation projects into other DBH programs



## **Innovation Stakeholder Response, continued**

### **Increase access to services**

#### **Digital and online media**

- Video chat group therapy, Skype, Facetime, on-line resource fair
- Family Resource Centers can serve as hosts/hubs for people to access internet
- Increase access through online Webinars, YouTube videos, and shared online storage for providers to post resources and information
- Proactively develop networks of people to spread information via social media to extend the reach of current social networking efforts
- Text message alerts (opt-in)
- Increase ability to post questions online and get informal counseling
- Video games as a medium for mental health education, e.g. a conflict resolution skill game to teach positive conflict resolution

#### **Proactive community-based services**

- One-stop-shop combining housing with on-site services (mental health, legal, classes on wellness, Sexually Transmitted Diseases (STDs), etc.) — little colonies throughout the county
- Engagement teams, mental health professionals go out into communities
- In-home drug intervention programs with faith based agencies
- Combine tutoring with wellness education on bullying, self-esteem (e.g. beginning tutoring with a 30 minute wellness aspect), along with transportation and childcare
- Mentoring for TAY in Rim Communities
- Train promotores (community Health Workers) to educate the community and refer

#### **Mobile services**

- Mobile services — “promotoras on wheels” and other programs/services delivered in a mobile setting
- To overcome transportation issues, provide house calls by therapists or counselors to isolated and/or homebound consumers
- Mobile clubhouse to outreach and provide opportunities in community
- Street outreach/engagement teams



## **Innovation Stakeholder Response, continued**

### **Increase access to services, continued**

#### **Public awareness of services**

- Conduct a media campaign on sexual exploitation for public awareness
- Education at events (sports, cultural events) - partnerships with teams, performers, etc.

#### **Transportation**

- In Mountain regions, use Mountain Area Regional Transit Authority (MARTA) buses to transport consumers to programs — due to infrequency of routes, collaborate between agencies & MARTA to set timing of programs and routes to coincide
- Integrate transportation widely into programs to increase compliance

#### **Service planning**

- High Desert population is growing rapidly — plan for new services to accommodate growth



## In Their Own Words

The following are stakeholder comments as submitted, directly from the Innovation stakeholder meeting comment forms:

<b>What are potential priorities and ideas for future Innovation funding?</b>
Create interest in the community and make access easy and direct to the resources.
Please include the churches more in all of the projects.
Projects that focus on the Veteran's & Active duty and dependent on our community to improve quality of life in the community.
Continue to invite community members so that we can hear their input. Excellent! Doing a wonderful job. Very informative!
Outreach & engagement for difficult to manage community
All have been said
All of them.
Case Management for post hospitalization. Outreach to engage clients into treatment.
Case management for recently hospitalized clients. Possible co-location at hospitals. Engagement teams for non-compliant clients.
Continued availability of CASE Programs in all communities. Educating families to help their teens (boys & girls) that are at risk for exploitation.
Expand research on how to better serve the male victims of sexual exploitation.
Have more meeting like this in Spanish.
I think that everyone benefited from the expansion of the program with promoters to reach the community.
Include promoters to empower agencies so they can implement mental health programs.
Projects & programs working with young kids & families, education, activities, parenting & anger management.
Assisting youth and young adults to gain work experience and putting them to work.
Capacity building efforts - an entire plan
Crossover perhaps between projects.
Employment (subsidized training program)
I like how community members are involved. More Outreach.
I would like to see Clubhouses & CCRT Staff used to provide support to community members trained in CRM- these relationships would provide excellent mutual collaboration and provide community members needing DBH services.
More opportunities to get together w/ others with the same mission to collaborate.
No suggestions right now
Reach under-served women in crisis & have need for case mgmt.
Rejuvenate services learning to promote self awareness & sensitivity to self care emotionally. Partners: Education- service learning for students & faculty, Community centers, Senior centers, service organization
See above.
That we have more economic resources to receive more promoters.
Transportation



## In Their Own Words, continued

<b>What are potential priorities and ideas for future Innovation funding?</b>
We should try to combine some of the programs as one and see if we can have more of a long term helping of services in the future.
Adding the church and BOD more.
Any agency awarded contracts be able to be able to continue provide services once funding discontinues. Sound like few programs are not sure what will happen once funding stops.
Aquatic therapy, therapy for children, activities for young adults
Build on best providers.
Community resource center for people with mental health and other disabilities; physical, sensory, development.
Continue with the work at group and family level.
Continued collaboration with partner agencies. Help with transportation for needy populations. Be inclusive, not exclusive with eligibility criteria
DBH website to resources that are listed. DBH calendar w/ events/ resources for providers & for community. Members that are up to date & easily accessible.
Funding LGBTQ agency
Fundraising w/ community non-profits
Future projects - collaborative, DBH system of care
Have input from consumers. No brain washed consumers, real problem solving individuals
HIV/HEP C Mental health services
I need more fliers & explanations.
More partnering with Family Resource Center
More time.
More up here.
Music therapy, Housing for alcohol and drug abuse
Provide INN funding to help bridge into health care reform (ACA)
Reallocate funds to high desert from San Bernardino City as populations would reflect.
s/t to deal w/ bullying
Taking services to the people via homes, schools etc. if they can't come to our services centers.
That there be more information to the community about the health programs
That they are more constant in order to learn more and know about the new projects and organization available.
The best suggestion I can recommend is keeping the successful programs/ funds to reassure student will have help under any circumstance.
To let the stakeholder give suggestions on how to outreach the underserved! I thought this was the purpose of this meeting.
Transportation to services.
Various programs support each other more
Forums, radio programs, unite with agencies and the promoters take part in the groups.
Job training, mentoring projects
Keep Meeting



## In Their Own Words, continued

What are potential priorities and ideas for future Innovation funding?
Accessible mental health trainings for foster, probation youth, caregivers, CFS, wraparound staff, IYRT/DBH staff- can be short & archived webinars accessible by internet 24/7 on grief/loss, trauma, working with emotions, etc.....
Like to see younger population services (6-13)
None
None at this time
Online resource fairs- that resources are presented
People approach that build trust are consistent and engage people who may not come on their own.
See yellow sheet
Services for post-partum depression/ perinatal mood disorders
These agencies need to be more effective in being made public because many people that have the need do not know where to go.
To provide mobile services to population not getting services in the community.
Discussed.
A Center for our youth & older adult to gain employment that would teach job seeking skills, assist in job placement and or help to get into a vocational program/college.
A program that focuses on a holistic approach to recovery that includes services for alcohol & drugs.
A STAY program for the adult population.
CFS & Probation programs or organization who served so continued: CFS, Probation, Schools, Churches
Drop in/ Shelter bed for homeless youth
Expand to other regions.
I would like there to be more bilingual programs and at the moment I have no idea, next time for sure I will have them written down.
Involve more CBOs - family assistance program is very willing to assist underserved youth, especially LGBTQ youth.
Mentorship
More creative input.
More help in all aspects to undocumented people. More opportunities for them.
More information forums for the community.
More schooling
More therapy groups
Need to focus on ideas for NEW innovative programs. What do we need going forward?
None
Need to have more community input (have more meeting in schools, churches, other non DBH agencies)
We need to support efforts to sustain these projects.
Youth community health workers, youth related advocacy, activities, i.e. Their involvement in committees like this one.



## Response to Substantive Comments/Recommendations of Stakeholder Meetings

During the stakeholder meetings, participants shared ideas and topics they would like to see addressed in future Innovation funded projects. In reviewing this feedback, DBH would like to respond that some of these areas are already being addressed within our current system of care.

### **Sexual Exploitation and Human Trafficking**

The current Innovation funded project, Coalition Against Sexual Exploitation (CASE), does in fact serve males as well as females, however the multidisciplinary team has not yet treated any identified males in their program as of this time. The project would like to expand their training and education to incorporate foster parents and agencies, as well as providing a street team outreach component, but neither has been implemented. These are areas of expansion that may be considered if the project is continued under alternate sources of funding.

### **PTSD Services for non VA Eligible Individuals**

Currently, DBH contracts with three Community Based Organizations to provide the Military Services and Family Support Program. Mental Health services are provided to active duty and recently retired military personnel and their self-defined families and services include screening for PTSD. Folks are not screened out of services based on their discharge status (which can preclude them from VA eligibility).

### **Community Outreach and Education (CORE)**

Outreach and education is a component found in many of our MHPA funded programs. In addition to providing education, resources, and linkages to services, it also assists with reducing stigma. Listed below are examples of some, but not all, of the programs that include a community outreach and engagement component. The Community Outreach and Education (CORE) department within DBH attends and completes outreach to over 100 community events throughout the year. Additional information about CORE activities can be obtained by calling (909) 382-3180.

Innovation Projects:

- Interagency Youth Resiliency Team (IYRT)
- Holistic campus
- Community Resiliency Model (CRM)
- Coalition Against Sexual Exploitation (CASE)

Additional information related to Innovation projects can be obtained by calling 800-722-9866.



## Response to Substantive Comments/Recommendations of Stakeholder Meetings, continued

### Prevention and Early Intervention (PEI) Programs:

- Promotores de Salud/Community Health Worker (mobile services across the following cultures: Latino, African American, LGBTQ)
- Family Resource Centers (mobile and center based)
- Native American Resource Center (mobile and center based in a cultural context)
- Community Wholeness and Enrichment (clinic and mobile –will provide Mental Health First Aid and/or ASIST beginning FY 14-15)
- Student Assistance Programs (Educating k-12 schools)
- Older Adult Community Services and Supports (mobile)
- Military Services and Family Support (mobile)
- Preschool PEI Program (mobile – preschool parents)
- Statewide Student Mental Health Initiative (targeting higher education)

Additional information related to PEI programs can be obtained by calling 800-722-9866.

### Suicide Prevention

Currently, DBH participates in both regional and statewide suicide prevention activities and have specifically included “helper” intervention training into program services.

Strategies utilized include:

- Statewide “Know the Signs” media campaign.
- Regional Suicide Prevention Network.
- Applied Suicide Intervention Skills Training (ASIST) and safe Tell, Ask, Listen, Keep (safeTALK) training for county agency partners (such as Workforce Development, Children and Family Services, Department of Aging and Adult Services, Veteran’s Administration, and Transitional Assistance Department). This is an evidence-based suicide prevention training.
- ASIST and safeTALK training for PEI providers, community based organizations, schools (K-12 and Higher Education), military bases, and faith based organizations.
- Beginning in FY 14-15, providers of the PEI Community Wholeness and Enrichment program will become certified ASIST/safeTALK trainers to deploy training in to communities and will provide survivor bereavement support groups for family members whom have lost a loved one to suicide.
- A new contract requirement has been included in the Promotores de Salud program that requires a minimum number of promotores to be ASIST and/or safeTALK certified.
- The Suicide hotline number is 800-273-TALK (8255).



## Response to Substantive Comments/Recommendations of Stakeholder Meetings, continued

### Homeless Services

Homeless services information and resources can be found at the San Bernardino County Homeless Partnership website: <http://www.sbcounty.gov/dbh/sbchp/>. There is a guide available to homeless service providers on the site and a list of homeless resource centers. Additionally, dialing 2-1-1 will access the most comprehensive database of free and low cost health and human services available in the county. The 2-1-1 service is a free and confidential service, available 24 hours a day, providing information and resources for health and social services in San Bernardino County. Call 2-1-1 or visit the website at [www.211sb.com](http://www.211sb.com)

### Cultural Competency

It is the policy of the Department of Behavioral Health (DBH) that cultural competency is embedded as a critical component in the planning and delivery of mental health and alcohol and drug services. Additionally all contractors are required to adhere to the cultural competency standards established by DBH, including attending trainings and participating in cultural competency committees and coalitions. To ensure compliance with our commitment to cultural competency, DBH has an Office of Cultural Competence and Ethnic Services (OCCES) who is responsible for embedding the tenets of cultural competency throughout all levels of the organization. Services include multicultural education and training, language services such as translation and interpretation, and assistance in the development of linguistically and culturally appropriate, recovery oriented services. The department coordinates community outreach and collaboration with racial, ethnic, cultural and linguistic communities via the OCCES. In 2010, the Department developed a Cultural Competence Plan, describing our culturally competent strategies, efforts, and activities, which was submitted to California Department of Mental Health. The OCCES can be contacted by calling 909-252-4047. The Plan is located on the Department website at: [http://www.sbcounty.gov/dbh/Announcements/2010/Cultural%20Competency%20Plan\\_2010\\_rvsd%202-21-12.pdf](http://www.sbcounty.gov/dbh/Announcements/2010/Cultural%20Competency%20Plan_2010_rvsd%202-21-12.pdf)

The Department's Access Unit hotline for 24 hour crisis and referral information can be reached at (888) 743-1478.

Finally, a comment was received regarding the provision of services to support developmentally and physically disabled adults who are depend on aging parents. A good resource for this population may be the utilization of the 2-1-1 service. The 2-1-1 service is a free and confidential service, available 24 hours a day, providing information and resources for health and social services in San Bernardino County. Call 2-1-1 or visit the website at [www.211sb.com](http://www.211sb.com).

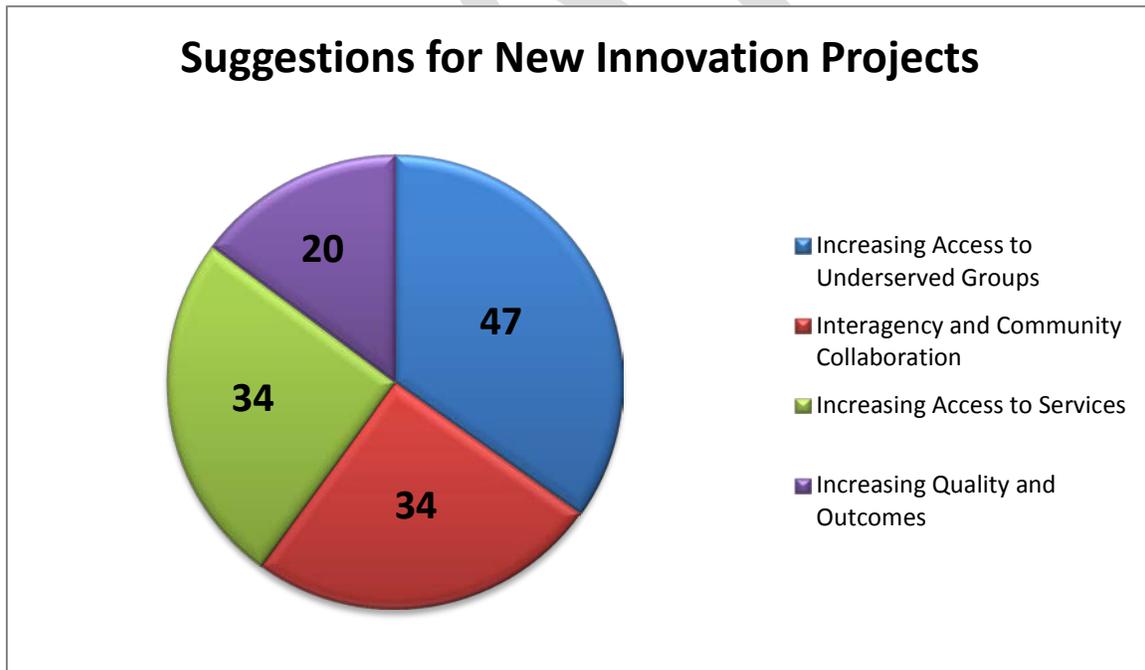


## Suggestions for New Innovation Projects

The various suggestions that came up in meetings were grouped according to the four primary purposes of Innovation projects:

- Increase access to underserved groups
- Increase the quality of services, including measurable outcomes
- Promote interagency and community collaboration
- Increase access to services

The distribution of ideas was fairly even. Of the 135 ideas that came out of discussions at stakeholder meetings regarding future innovative projects, the largest numbers were related to increasing access to underserved groups (47), followed by promoting interagency and community collaboration (34), increasing access to services (34), and increasing quality and outcomes (20).





## Suggestions for New Innovation Projects, continued

When discussing new Innovation projects, the Department of Behavioral Health (DBH) recognizes the need to also address the evaluation of projects. As a result, DBH has been revising the current evaluation and outcome process, developing a new framework and approach to assess our programs system-wide. The goal is to increase standardization and consistency across programs and provide a clear logic model for explaining our intervention decisions and how the program strategies meet the goals of MHSA. The result will be to obviously demonstrate how our programs and projects meet the expectations of MHSA funding. The new approach aims to not only report data to the state, county administration, and stakeholders, but also to consumers and providers directly and more quickly to improve the treatment process.

The logic models below are works in progress and therefore subject to revision. The starting point of the evaluation and outcomes process is with MHSA legislation and regulations. This first model demonstrates the requirements specific to Innovation projects (currently called MHSA Goals and copied directly from the legislation). The Key Outcomes that match the MHSA Goals will be identified. The Key Outcomes will be concrete and measurable ways of determining if the MHSA Goals have been achieved. Measurement Methods will be ways that data can be obtained for the Key Outcomes with the Frequency column describing the specifics of how often the data will be collected. In the model below are initial thoughts as to possible Key Outcomes and associated Measurement Methods for the Innovation MHSA Goals. Of course, additional goals from other MHSA components may be included in a particular project if long-term funding could come from that component (i.e. regulations specific to PEI or CSS).

<u>Mandatory Goals for INN MHSA Programs</u>				
	<i>MHSA Goals</i>	<i>Key Outcomes (measurement method)</i>	<i>Measurement Method</i>	<i>Frequency</i>
<i>INN</i>	MHSA Requirements	Matches Goals	Outcome Tool(s)	Frequency of Administration
	<i>Increase Access to Underserved Groups</i>	<ul style="list-style-type: none"> <li>Increased rates of underserved in treatment groups</li> </ul>	<ul style="list-style-type: none"> <li>Demographic data from SIMON</li> <li>Reports from OCCES</li> </ul>	
	<i>Increase Quality of Services, Including Better Outcomes</i>	<ul style="list-style-type: none"> <li>Inclusion of outcomes in treatment planning</li> <li>Improved year-over-year outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Comparative outcome data</li> </ul>	
	<i>Promote Interagency Collaboration</i>	<ul style="list-style-type: none"> <li>Increased services provided by two or more agencies</li> </ul>		
	<i>Increase Access to Services</i>	<ul style="list-style-type: none"> <li>Increase number of clients served</li> <li>Increased penetration rate</li> </ul>	<ul style="list-style-type: none"> <li>SIMON data</li> <li>County Medi-Cal penetration rate</li> </ul>	



## Suggestions for New Innovation Projects, continued

From this first table, program or project staff will decide which of the MHSA Goals would be applicable to their program or project. They will be able to take the from this initial table and apply it to the next logic model, which provides a more detailed analysis of how the program or project will achieve the larger MHSA Goals. The example below is fictional to simply demonstrate how the model could be completed. The Objectives, Strategies, Interim Outcomes, and Interim Outcomes Measurement will be completed by the program or project staff to reflect the unique attributes of the target population and intervention. By providing some expected standards, there will be consistency and standardization across our programs while allowing for diversity in specific implementation.

Completion of our frameworks and system-wide rollout will occur over the next year. These frameworks and logic models will be integrated into program and project proposals, contracts, and reports, and will apply to the new INN project.

	Work Plan	MHSA Goals	Objectives	Strategies	Interim Outcomes (IO)	IO Measurement	Key Outcomes (KO)	KO Measurement
Definition	Program/ Project-Specific Work Plan	MHSA Legislative and Regulatory Requirements	Specific Objective that Theoretically Supports Goal	EBPs, Treatment Approaches, Interventions	As Relates to Objective(s)	Measurement Method or Tool and Frequency of Administration	As Relates to MHSA Goal(s)	Measurement Method or Tool and Frequency of Administration
Ex. Language included in this example is not specific to any existing County program	<p>CI: Comprehensive Child and Family Support System- Coordinate and access an array of county services for children who are challenged with emotional disturbances. Uses evidence-based practices and includes case management, flexible funding, family focus treatment, service coordination, child care, co-occurring treatment, respite</p>	<p>Reduce School Failure/ Dropout Rates</p>	<p>Increase teacher's skill set to respond to student behavior</p>	<p>Teacher Education Training</p>	<p>Increased teacher use of skills with disruptive students</p>	<p>Teacher observation ratings Pre, Monthly, and Post</p>	<p>Decreased school dropouts</p>	<p>District, school and client level attendance records Pre, 3 Month, Annual, and Post</p>
		<p>Reduce number of minor consumers removed from their</p>	<p>Increase parent's skill set to respond to child's</p>	<p>Parent/Child Interaction Therapy</p>	<p>Increase parent use of skills with disruptive</p>	<p>Parent observation ratings Pre, Monthly,</p>	<p>Decreased rate of DCFS initiated removal Decreased rate of</p>	<p>Reports from DCFS Pre, 3 Month, Annual, and</p>



## Public Review

*WIC § 5848 states that an Update shall be prepared and circulated for review and comment for at least 30 days to representative of stakeholder interests and any interested party who has requested a copy. Additionally the mental health board shall conduct a public hearing on the draft Update at the close of the 30 day comment period.*

The Innovation (INN) Plan will be posted on the department's website from **December 9, 2013 through January 9, 2014**, at [www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh). The public hearing will be conducted following the close of the 30 day public posting and comment period.

Preceding the 30-day public posting period, press releases in both English and Spanish (**please see Attachments**) will be sent to local newspapers and media contacts. Web blasts with information about the INN Plan and a link to the electronic copy will be sent to all Department of Behavioral Health (DBH) staff with directions to disseminate to related interested parties. The email announcement will be sent to regular attendees of all meetings the stakeholder meetings were conducted at, including Community Policy Advisory Committee, Behavioral Health Commission, District Advisory Committee, and cultural competence subcommittees. The email will be dispersed to all contacts within the Department's contracted agencies. The public posting period will be announced at all department meetings leading up to the posting. The information will be posted on the DBH website and Facebook page. To meet language threshold requirements, and to garner as much participation as possible, all announcements are in English and Spanish. Additionally, printed copies of the INN Plan will be placed at all county public libraries and DBH clinics.

Any feedback received during the 30 day public posting period of December 9, 2013 through January 9, 2014 will be included in this report.



## Response to Substantive Comments/Recommendations

<Placeholder: To be completed at the conclusion of the Public Posting period>

DRAFT

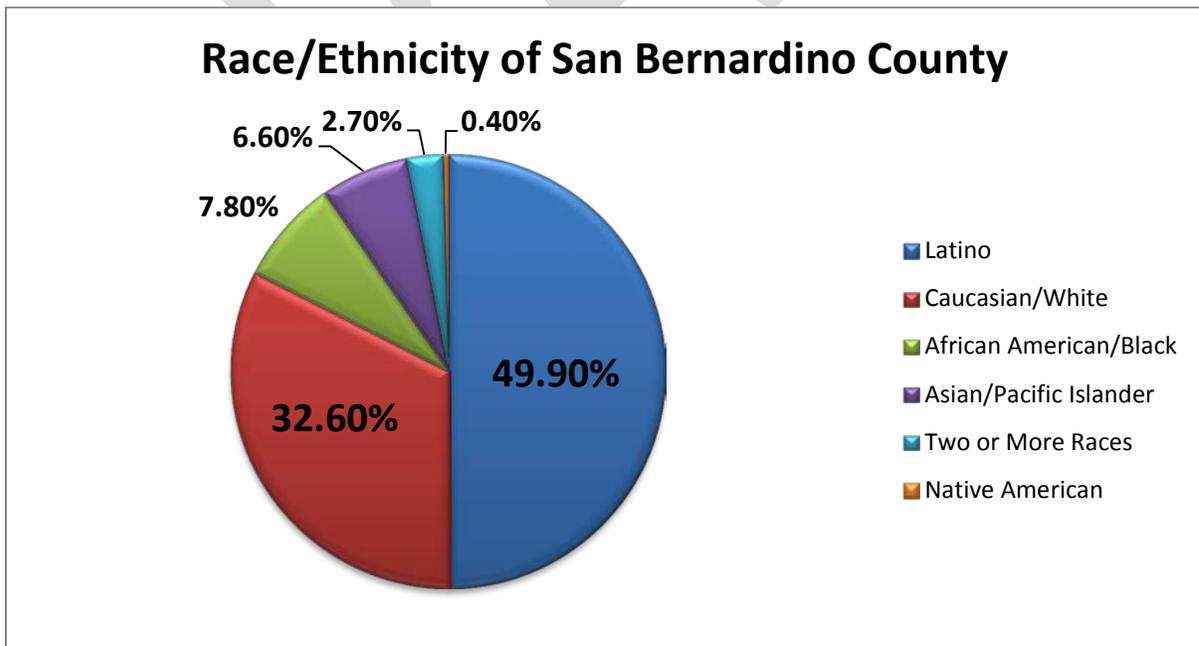


## County Demographic Overview

The County of San Bernardino is located in Southeastern California, approximately 60 miles inland from the Pacific Ocean. The County is the largest county, in terms of land mass, in the continental United States, covering over 20,000 square miles. There are 24 cities in the County and multiple unincorporated and census designated places. Over 80% of the land is owned by federal agencies (Federal Bureau of Land Management and the Department of Defense). The total population as of the 2010 census is 2,035,210. Approximately 75% of the County population resides in the Valley region of the County, which accounts for only 2.5% of the land.

The County has four (4) military bases, utilizing 14% of the land, which include: Fort Irwin, Marine Corps Air Ground Combat Center Twenty-nine Palms, Marine Corps Logistics Base Barstow, and Twenty-nine Palms Strategic Expeditionary Landing Field.

The County of San Bernardino is the fifth largest county in the State of California in terms of population and ethnic diversity. The largest population in the county is Latino, with 50%, followed by Caucasian, then African American, Asian/Pacific Islander, then Native American.\*



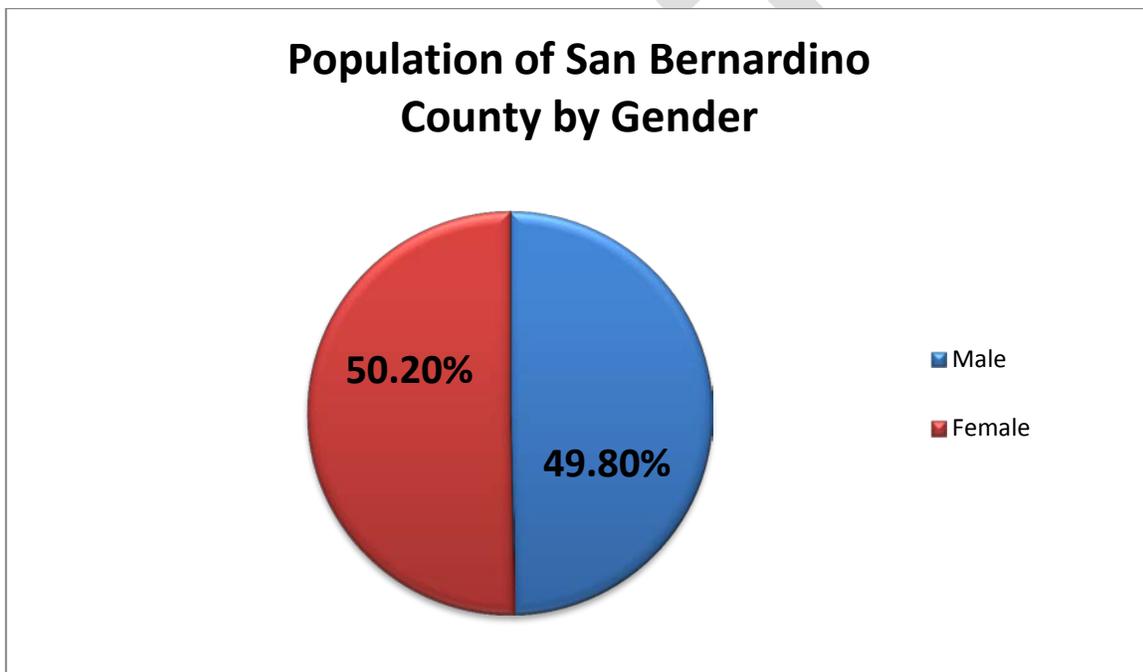
\*2013 County of San Bernardino Community Indicators Report



## County Demographic Overview, continued

The County's general population is young, with 28.2% of residents under the age of 18 years\*. The largest age group is those aged 15 to 19 years, followed by 25 to 29 years old.

Gender breakdown is as follows: 50.2% of the population is female, 49.8% is male.\*



As of 2012, there are approximately 111,749 veterans residing in the County of San Bernardino, comprising approximately 5.4% of the county's population. While the overall veteran population is declining, the number of veterans returning home from active duty is increasing.\*\*

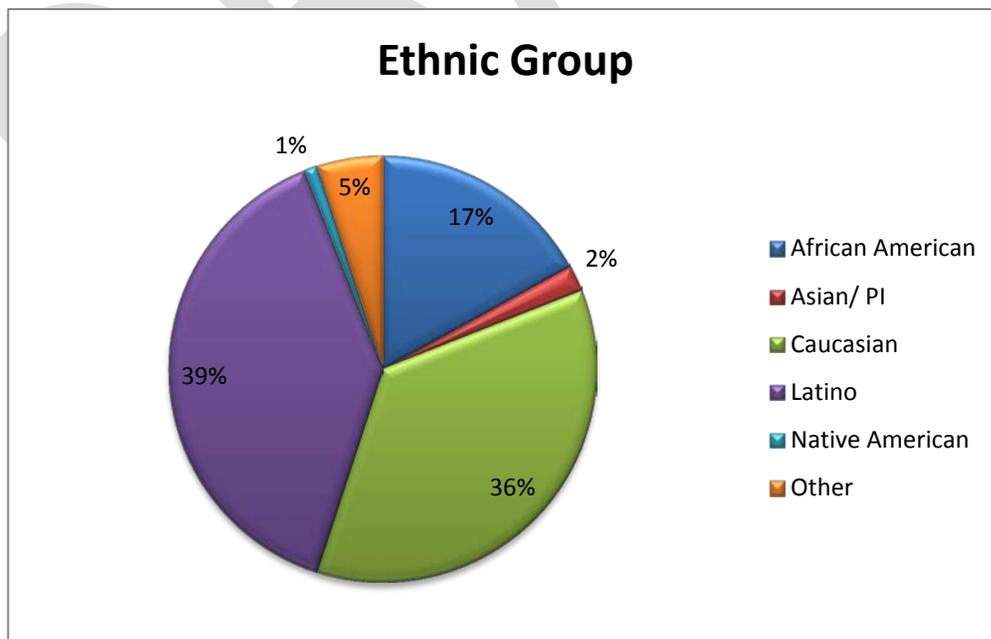
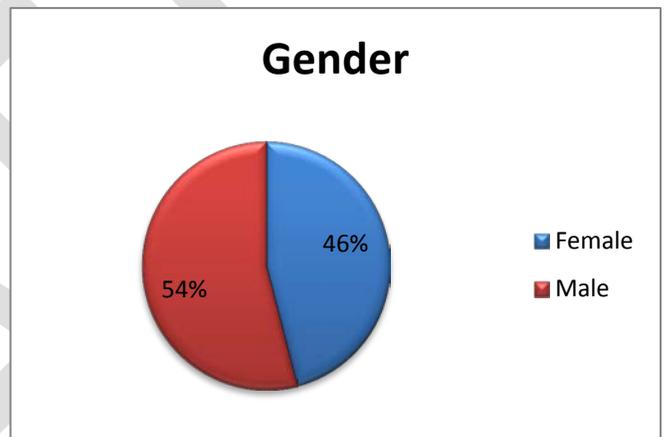
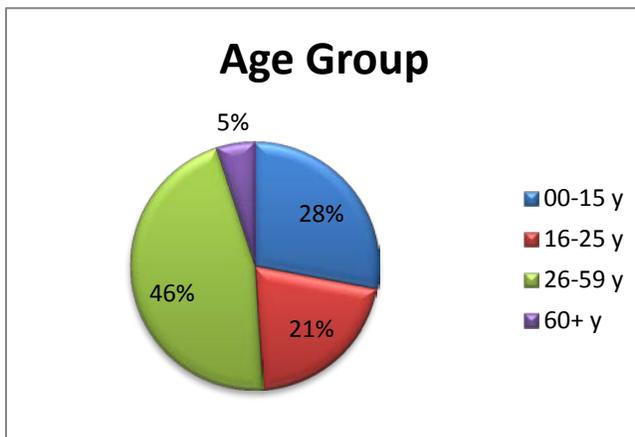
\*Census data, 2012 Estimate, <http://quickfacts.census.gov/qfd/states/06/06071.html>

\*\*2013 County of San Bernardino Community Indicators Report



## Demographic Overview of Community Members Served by the Department of Behavioral Health

Clients who received outpatient services through the Department of Behavioral Health in Fiscal Year 2012/13 numbered 37,756.

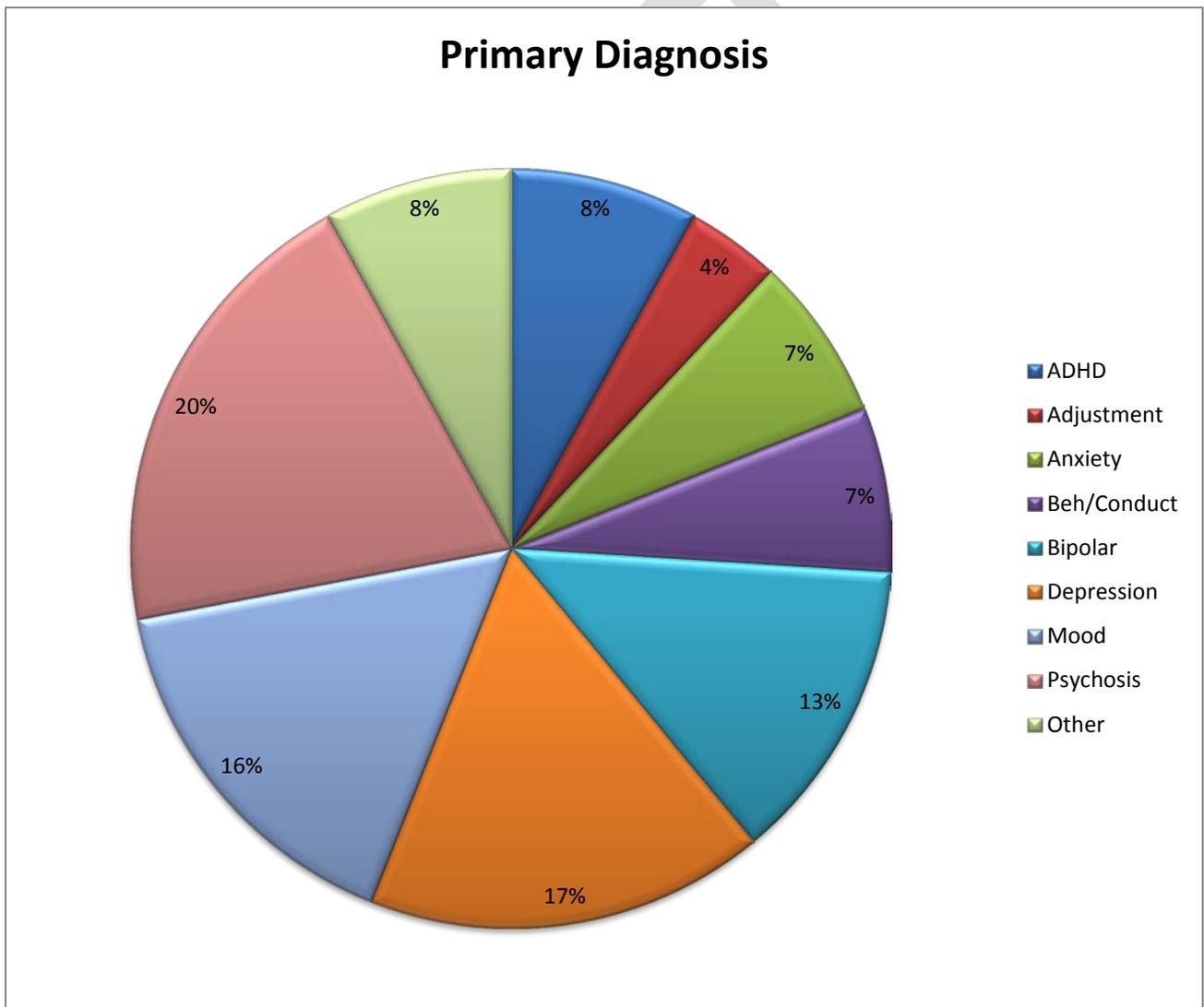


Data obtained from DBH Research and Evaluation Dashboard Report FY 12/13.



## Demographic Overview of Community Members Served by the Department of Behavioral Health, continued

Information on primary diagnosis of clients who received outpatient services through the Department of Behavioral Health in Fiscal Year 2012/13 is presented in the figure below.



Data obtained from DBH Research and Evaluation Dashboard Report FY 12/13.

**NEW PROJECT DESCRIPTION  
Innovation**

County: San Bernardino

- Completely New Program
- Revised Previously Approved Program

Program Number/Name: INN-07 Recovery Based Engagement Support Teams (RBEST)

Date: December 2013

Complete this form for each new INN Program. For existing INN programs with changes to the primary<sup>1</sup> purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

This is a unique opportunity to present and introduce an innovative project designed to upset the status quo, and provide field-based mobile outreach and engagement in the community to foster and develop trust for those individuals within the County of San Bernardino who have been inappropriately served, underserved, or unserved, and suffer from untreated, severe chronic and persistent mental illness. Specifically, these populations have not engaged in effectively accessing mental health services and treatment due to various long standing, societal circumstances which impeded their ability to successfully live in their communities in a state of recovery and wellness. Our primary purpose will be to examine the viability of providing different outreach and engagement services to community members who are considered to be chronically mentally ill, are currently inappropriately served, and in some cases, are not served at all.

This includes individuals who are either not "active" in seeking and receiving necessary psychiatric care, are resistant and are known to the public mental health system as well as those who are not known to the system, but known to the community, or resources with which they intersect on a daily basis. This includes "the invisible client" who is being cared for by family members without the benefit of psychiatric or related services, but utilizing resources in their community that don't meet their needs or the needs of their families. Also included are individuals who are considered high users of behavioral health services, who are repeatedly accessing treatment at points in the public mental health system that do not deliver effective care in meeting the psychiatric needs of the individual. As the populations described in this proposal currently exist within established markets of care, this proposal aims to "disrupt" those current markets of care through disruptive innovation.

Disruptive innovation is defined by an approach creating a "new" market that eventually goes on to disrupt an existing market or value network. The term is used in business and technology literature to describe innovations that create a new market by applying a different set of values, which ultimately, and unexpectedly, overtakes a currently existing market.

Our hypothesis in the development of this program is that through the creation of a different set of values in approaching individuals who need psychiatric care, but are not successfully active in receiving care, that we can create a new "market" in which consumers will be "activated" in the care system, rather than "resistive, or invisible." At current, our hypothesis also includes the assumption that time is being spent in other parts of the "system" whether it is the community at large or the public mental health system, on the complications of the project population not engaging in psychiatric care, and therefore not effectively activating in the public mental health or other appropriate systems for care.

<sup>1</sup> The term "essential purpose" has been replaced with the term "primary purpose" for INN.

## NEW PROJECT DESCRIPTION Innovation

In exploring this hypothesis further, the status of complications due to a lack of “customer activation” in the public mental health or other appropriate systems is what is currently existing, **and is what is being tested**. The disruptive innovation of this project is aimed at eliminating, if possible, the existing environment of complications due to non-activation and creating a new environment of “activation” for this population. This would then create a “new market,” consisting of different behaviors on the part of providers and consumers to activate consumers and their support systems and eliminate complications due to “non-activation.”

To use an analogy to further describe the current environment we are aiming to disrupt, if we have \$100 of effort, and if \$20 of every \$100 hundred dollars is spent on a current intervention strategy that does not activate clients, but creates \$80 in complications for the community or public mental health system, our goal is to disrupt the current environment with this innovation and change the “market” to something new. For example, once tested, if the strategies are successful, the hypothesis would be that \$100 of effort would be spent on the new “market” behaviors that “activate” clients and \$0 would be spent on the complications caused by non-activation.

Overall, the purpose of this proposal is to disrupt current service practices to the population described in this narrative, create new service practices, determine what is most effective in the new service practices through evaluation of the project, determine how new practices can continue as the new “service market,” as well as apply learning to other Department of Behavioral Health (DBH) service markets as sustainable innovation that changes or evolves other existing service markets by adapting portions of the successful practices created by this project.

With the establishment of RBEST, our learning goals are to determine if:

1. An engagement and outreach new market service, providing family education and supportive services, along with field-based case management, is associated with an increase to the likelihood an individual with a mental illness will be activated into treatment, and therefore use crisis and emergency services less often, disrupting the existing system.
2. Identified individuals who are high users of inpatient services will have fewer inpatient admissions and/or fewer psychiatric hospital days following engagement and rapport building intervention activities and if offering an incentive leads to a higher likelihood of activation in psychiatric interventions.
3. Families of individuals with a mental illness will acknowledge having increased understanding and knowledge regarding mental illness as well as improved and increased strategies to care for their mentally ill loved ones as a result of the activation strategies involving effective education, support, and family therapy provided by RBEST.

The purpose of this project is a priority for our County as a means to address the concerns brought forth by our stakeholders about how the Department intends to address AB 1421, Assisted Outpatient Treatment. Extensive stakeholder work group meetings were conducted regarding implementation of this law, often referred to as Laura’s Law, as well as numerous other stakeholder meetings which focused on community mental health and general treatment needs. Access to mental health care and the issues related to individuals who may benefit from care, have come up over the past 7 years of MHSA program development and are consistently discussed on a regular basis in regards to MHSA service planning.

Based on an analysis of the elements of assisted outpatient treatment and different models of care, DBH determined that full implementation of the law was not a viable option, but the spirit and intent of the law could be addressed by creating a voluntary and client centered project that would address the issues associated with individuals who are not “activated” in effective psychiatric care. These concerns include increasing quality of services, addressing the needs of families and support systems of the chronically mentally ill, early identification and intervention with these individuals as well as community collaboration.

## NEW PROJECT DESCRIPTION Innovation

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

How do we address a population that as a result of their own mental illness is unwilling or unable to stay engaged or effectively engage in outpatient services?

The County of San Bernardino Department of Behavioral Health (DBH) proposes the establishment of Recovery Based Engagement Support Teams (RBEST) in each of the four regions within the County, which is a new and innovative strategy as there are no other current programs with this specific aim. These teams will provide community (field-based) services in the form of outreach, engagement, case management services, family education, support and therapy for the most challenging diverse adult clients in the community who suffer from untreated mental illness in an effort to “activate” the individual into the mental health system to receive appropriate services. Included in this effort are the “invisible individuals” (identified during the stakeholder processes) who have been cared for in private residences by families and loved ones without the assistance of effective behavioral health supports.

As the caretakers, usually parents, become older, they often are no longer able to provide sufficient care for their loved ones. These “invisible individuals” are presenting with increasing frequency to hospital emergency rooms with unmet psychiatric needs as reported by the Hospital Emergency Departments in the County. There are other individuals who have historically refused services when offered, are often resistive to treatment efforts, or have been noncompliant with prescribed treatment. The families and caretakers of these individuals have relied on law enforcement and crisis services (emergency rooms, inpatient services) as the only means of psychiatric care for their loved ones. Hospital emergency departments are crowded and often not prepared to provide appropriate mental health care. The California Office of Statewide Health Planning and Development (OSHPD) data reports that in 2010, 2,396 psychiatric transfers to hospitals were reported within San Bernardino County, and in 2012 this number rose to 3,361, reflecting a 40% increase. There is a gap in field focused outreach and intervention that could provide an alternative to hospital emergency room visits and creates effective consumer activation in preventative or follow up services.

Additionally there is a segment of the population who are currently receiving services most often, the highest users, incurring the most costs. It is possible that this group may be the highest users because they are not receiving psychiatric or supportive services whose intervention activates them in effective care. It is in this area that RBEST will disrupt the existing market and establish a “new market” where consumers who have not been activated into psychiatric care may benefit from an outreach and engagement team, identifying what new activities will work in activating consumers into effective care, thereby avoiding access at points of the public mental health system that do not effectively address the consumers health care needs.

At the present time, the current Departmental strategies to address the unmet treatment needs of these groups of individuals have not been successful in “activating” consumers in effective care to their greatest potential of wellness. This project is being proposed as a new and innovative strategy to reach out to these individuals and their families. Specifically to support systems, provide new education, support and field-based therapy to the families in their homes and communities, to identify the stigma associated with mental illness, to provide effective linkage and referrals to treatment options, to assist in identifying through practice, strategies that reduce and/or eliminate barriers to treatment compliance or complications in the community or the public mental health system, and offer incentives to participate in treatment with the goal of increasing quality of services and outpatient treatment engagement. The RBEST project will create a new climate and culture towards the current treatment approach of the inactive population based on the learning associated with the provider’s and the consumer’s behaviors while responding to the program strategies in this project.

At the present time, the County Hospital Psychiatric Emergency Room, which is one of 18 hospital emergency rooms in San Bernardino County, evaluates approximately 800 county residents each month. Approximately 250-300 of these individuals in the existing market are typically diverted to outpatient programs rather than admitted to the inpatient unit.

## NEW PROJECT DESCRIPTION Innovation

However, there is currently a lack of successful strategies that will increase the likelihood they will follow through and engage with recommended outpatient care as evidenced by the low outpatient service engagement rate 30 days after discharge or diversion of approximately 23%, which is half the rate of other large counties. This gap in the available service strategies was also identified by the community members through a robust stakeholder process. In their own words (as reflected in the earlier portion of this Plan under Innovations Stakeholder Response), the needs identified included: “greater outreach to underserved (esp. Lesbian Gay Bisexual Transgendered and Questioning - LGBTQ) people,” “engagement teams, mental health professionals to go out into the community,” “outreach and engagement for difficult to manage clients,” “case management for recently hospitalized clients,” and “engagement teams for noncompliant clients.”

In currently existing DBH service markets, all traditional therapies have required the client to leave their living environment and go to an alternative setting for services. This project is designed to create mobile outreach teams to engage individuals and their families in order to learn from consumers, their families, or current support systems, what provider behaviors (interventions) “work” to successfully activate the consumer in their care.

As described in the publication *Health Affairs*, the Institute for Healthcare Improvement defines this as, “Actions that people take for their health and to benefit from care.” More specifically, patient activation is defined as the “understanding of one’s own role in the care process and having the knowledge, skills and confidence to take that role.”

Per the Health Affairs article, wherever engagement takes place, the emerging evidence is that consumers who are actively involved in their health care achieve better outcomes and have lower health costs than those who aren’t, and are distinguishable factors in the Triple Aim of the Affordable Care Act (ACA).

A number of engagement articles place the onus on the care providers to “meet consumers where they are, and build on their often limited capacity to engage,” noting that many individuals struggle to understand even basic health information, and call for a “health literate care” approach that would combine strategies with the known Chronic Care Model.

In implementing the RBEST project, core to its success is the understanding that every individual is at risk of not understanding their healthcare conditions or how to deal with them, not just those suffering from behavioral health issues, and the complexity of the health care system challenges virtually everyone.

Additionally, shared decision making, in an unstructured field-based environment when presenting treatment options to consumers and families, encourages deliberation, and elicits care preferences will be central to the project approach. Demonstrations of this in physical health care environments have already shown that fully informed consumers often choose less invasive and lower-cost treatment when given the opportunity and provided effective communications about care. However, recent research done by Yale University student Roseanna Sommers in February of 2013, revealed a wide-spread belief among individuals that more expensive care is always better but that conversations about cost in health conversations were uncomfortable and not appropriate in the context of care discussions. Shifting individual and providers belief’s and attitudes about reasonable discussions about health care costs, insurance coverage, low and high cost care, will be an element of learning for this project as we track mainstream research and apply some of those notions to a behavioral health population.

Per the Business Medical Journal, “Expertise in health and illness lies **outside as much as inside medical circles** and that working alongside individuals, their families, their communities, and experts in other sectors is essential to improving health,” and will be a central theme in attempting to disrupt the current service market for those populations defined in this project.

Promotion of this project will be accomplished through public information campaigns, working with the DBH Public Information Office, presentations at relevant meetings and events (including the Cultural Competency Advisory Committee, which includes members of the Cultural Competency Subcommittees), working with collaborative agencies and inter-departmental programs, web blasts, community service organizations, faith-based organizations, as well as media materials, fliers and brochures, in multiple languages. Referrals into the project will come from many sources throughout the community, including but not limited to: social media contacts, anonymous email requests, families and caretakers, members of the National Alliance of the Mentally Ill (NAMI), other care providers such as primary care physicians, jail services, emergency rooms, law enforcement, psychiatric inpatient units, and outpatient clinics. Referrals may be made through direct contact with the project staff members, by phone calls, referral forms, or emails to the project office. RBEST staff can also seek out potential individuals by analyzing service usage data to identify highest users of ineffective behavioral health services. The project Clinic Supervisor will review to learn about the nature of the referral and referral source, ascertain whether the individual meets the project criteria and then assign the case to an engagement team.

## NEW PROJECT DESCRIPTION

### Innovation

DBH is seeking to learn if there is a profile of what an individual who best responds to this kind of engagement effort. We would like to learn how cultural environments affect an individual's readiness to become active in receiving treatment services. This learned information can benefit the way outreach and engagement services are structured and improve the quality of services provided, including individual, family and community outcomes. By learning about the complications experienced by individuals in the existing market whose use of behavioral healthcare is the highest and most ineffective, we can use RBEST strategies to assist them in obtaining effective mental health services, thus creating a "new market."

Questions that will be central to our learning are as follows:

- 1) If we take the time to learn about what strategies work in engaging consumers and helping them to be best informed about their care, can we also lower the costs incurred in treating them as they become active in receiving effective services?
- 2) If individuals cycling in and out of the hospital are doing so because they are receiving ineffective care, can care that reaches the individual in their own environment resolve this? And can this method be more cost effective?

Each of the four (4) outreach teams will be comprised of a Mental Health Specialist and a Peer and Family Advocate (PFA). Two (2) licensed Clinical Therapists, two (2) Alcohol and Drug Counselors, and two (2) Licensed Vocational Nurses (LVN) will be available to respond to the needs of all four (4) teams, and include bilingual team members. A psychiatrist/medical doctor will also be available to consult with the teams and in some circumstances provide direct treatment if needed.

Training will be provided to team members on how to engage and build trust and rapport with individuals in the community in a non-judgmental, culturally competent manner through empathic interactions with the diverse individuals referred to RBEST. Training will be provided on motivational interviewing, trauma informed care, reducing the stigma associated with mental illness, as well as seeking safety. Emphasis will be placed on providing effective education, support and increased coping strategies to these families to assist them in providing care for their loved ones along with building a relationship with the targeted individual and helping the individual in the understanding of their own role in the care process and having the knowledge, skills and confidence to take that role.

The community stakeholder process identified "peer-to-peer connections and support" as a valued strategy for this outreach approach and therefore, the Peer and Family Advocate will bring the lived-experience advantage in relationship, rapport building, and improved communications and understanding with individuals and their family.

The team will continuously assess the individual and their family to determine readiness to actively participate in their own care. The team will help to determine the level of services appropriate based on readiness. The team will learn what it takes to get a person ready for coordinated care that can lead to recovery and wellness. The data collected can help inform service delivery methods throughout the healthcare system and add to the learning to create this new market approach.

As personal understanding is gained by consumers and their families, integrated mental health, substance abuse, primary care, and holistic services to the families will be offered in community and home-based settings rather than in formal clinics. When the team assesses needs in the areas of alcohol/drug services or healthcare, other members of the team specializing in these areas can be consulted and provide in home services as needed. Alcohol and Drug Counselors and Licensed Vocational Nurses will be available to the outreach teams to provide specialized services, including in home care and recommendations for services and linkages. RBEST members will be sensitive to the fact that individuals with co-occurring disorders are at risk for increased negative outcomes such as hospitalization, violence, incarceration, homelessness and infectious diseases. Integrated treatment for co-occurring disorders leads to dual recovery and reduces costs. If the team can engage the individual and the family to a level where they are not yet able to seek medical care outside the home but will allow a physician to come inside, a part time physician will be available for consultation and home visits as needed to address health/medical needs. Providing integrated service to activated consumers in this environment provides a new level of innovation by meeting the needs of the client where they are, in an appropriate manner that is culturally and linguistically competent allowing the individual to actively receive treatment.

Offering family therapy in the field and in family homes is a new and unique mode of service for the **adult mentally ill population**. While it is an effective and common approach in children's services, current adult services markets are not constructed in this way. Licensed Clinicians will be available to the outreach teams to complete comprehensive assessments if necessary and, provide in-home clinical services to families. Families will be empowered to actively participate in the treatment planning for their loved ones and to be actively involved in community-based recovery with their loved one.

## NEW PROJECT DESCRIPTION Innovation

Per the Health Affairs publication, many policy makers are examining the degree to which financial incentives should be utilized to encourage engagement on the part of individual consumers. Central to the discussion is the question, "How much financial reward or penalty should be tied to individual health behaviors and utilization of health care services?" (i.e., how much "skin-in-the game,") should consumers have? Recently, policy makers have expanded the ability to leverage incentive strategies. An example of this kind of policy making includes the ACA codifying the ability of health insurance premiums to vary based on consumer participation in wellness activities; however, the Medicare program still restricts the ability of providers to offer most financial incentives to consumers.

While the private sector has moved more quickly in this regard, DBH has included an incentive based approach in this proposal to test if the use of incentives will help individuals actively seek and activate in effective services. These incentives will be in the form of all-day usage bus passes or cell phone minute payment cards. These incentives will also be used to eliminate barriers to treatment attendance by providing the means for the individuals to travel to treatment locations and to contact their treatment providers and other resources as referred by phone. Each mobile team will engage the individual in the field. The teams will seek to engage and establish rapport with the target individuals. Services that may be provided would include access to community-based psychiatric and support services, assistance with applying for benefits such as SSI and insurance benefits, and transportation assistance if needed. There are numerous programs that may serve the individuals' needs. Many services may continue to be provided by the mobile team until a warm handoff to an existing mental health services program can be established. Services to the family in the form of family therapy and case management will continue until such a time that the family feels sufficiently effective and knowledgeable providing care and support to their mentally ill loved one.

**Learning Goal 1:** An engagement and outreach new market service, providing family education and supportive services, along with field-based case management, is associated with an increase to the likelihood an individual with a mental illness will be activated in to treatment, and therefore use crisis and emergency services less often, disrupting the existing system.

The target population of this proposal, of non-activated individuals, has historically been noncompliant or resistive to outpatient psychiatric care, or has received ineffective services resulting in high usage of behavioral health services, or received no services at all. The team members will approach the individual in their home or other community location and begin the conversation. A relationship will be developed with the individual and/or their family members, over time, however long it takes, as long as the individual is willing. The team may only visit briefly in the beginning, but can return frequently. All participants and family members will receive education about mental illness and accessing services. Efforts will be made to reduce any perceived stigma associated with mental illness by discussing the benefits and potential outcomes of appropriate levels of treatment. Cultural issues will be discussed and addressed, if appropriate. RBEST Peer and Family Advocates will be trained as National Alliance of Mentally Family-to-Family group facilitators. This evidence based model of educating and strengthening the family support system for the mentally ill will be offered to families in their homes, in their communities and in clinic settings.

Current individuals who are noncompliant to outpatient care are often high users of emergency and crisis services, including emergency rooms, law enforcement (including 911 calls), and the DBH Community Crisis Response Team (CCRT). Interactions with these systems are disruptive, expensive, and often traumatic to the individual and the family without the desired results of increased psychiatric stability for the consumer and their family. A goal of this project will be to create a new service practice of linking the individuals to the most appropriate level of outpatient treatment in their community to increase their activation in the effective level within the system.

**Expected Outcomes:** There will be a reduction in the use of crisis services or more expensive services by individuals who receive RBEST services. Data will be collected regarding the use of crisis and emergency services from the individuals and their families at the onset of RBEST activation activities. This same data will be collected for each individual as they terminate project services and compared to the original data to determine if there was, indeed, a decrease in the use of crisis services, including emergency room use as an indicator that this new service practice is achieving its goal.

There will be an increase in the number of services accessed by individuals receiving outreach and engagement services related to these interventions. Any behavioral changes relating to treatment on the part of the individual will be indicators of success toward reaching this goal, including as related to interacting with outpatient clinics, psychiatrists, clubhouses, holistic campus involvement, primary care providers and other culturally appropriate services.

## NEW PROJECT DESCRIPTION

### Innovation

**Learning Goal 2:** Identified individuals who are high users of ineffective inpatient services will have fewer inpatient admissions and/or fewer psychiatric hospital days following engagement and rapport building intervention activities and if offering an incentive leads to a higher likelihood of activation in psychiatric interventions.

In the current service market, strategies and interventions to provide the effective levels of support to individuals who are discharged from inpatient units and are unable to follow through with the recommended outpatient treatment have not fully achieved the results of successfully reducing hospital recidivism rates. The County of San Bernardino experiences a low rate of compliance with recommended outpatient treatment following inpatient discharge as evidenced by the low outpatient service engagement rate 30 days after discharge or diversion of approximately 23%, which is half the rate of other large counties. Referrals will be accepted from inpatient units for individuals who are repeatedly hospitalized without the benefit of outpatient psychiatric care as well as from the DBH clinics for clients who have appointments for follow-up care following hospitalization that are not kept. RBEST aims to eliminate complications experienced in the public mental health system and the community at large due to individuals who are not active in their health care benefiting from treatment interventions. This project creates an avenue to voluntary mental health services for individuals in the community with unmet mental health needs who are considered to be “resistant” to care. Offering incentives is not used in this County as a means of increasing compliance with outpatient care. The individuals receiving outreach and engagement services will be offered bus passes and phone cards as both incentives to participate in treatment and as a means of eliminating possible barriers to attending outpatient treatment.

**Expected Outcome:** Individuals will be hospitalized for psychiatric reasons less often and for fewer hospital days after receiving new service practices proposed by RBEST, such as engagement, outreach, and field-based case management services to activate the individual and their family in effective care. Data will be collected regarding the number of hospital admissions and the number of hospital days utilized by these individuals prior to RBEST activities. This same data will be collected at intervals of 90 and 180 days following the start of engagement and outreach services to compare the number of inpatient psychiatric hospitalizations and number of inpatient hospital days utilized.

The hospital data will be collected at these two intervals as it is expected there will be limited behavioral changes with some individuals who are more reluctant to be activated following activities provided by the RBEST staff and may not immediately engage with the activities. It is expected as the activities increase over time, consumers become more confident, and prepared to engage, the relationship develops, and behavioral change of compliance with outpatient treatment will be indicated in the decreased rate of hospitalizations and the use of hospital days.

Additionally, it is expected the use of these activation strategies may eliminate two of the barriers in accessing outpatient services; lack of transportation and the inability to contact service providers and other resources. The outpatient services accessed by the individual receiving bus passes and phone cards will be tracked prior to receiving the incentives and again within seven days of receiving the bus pass or phone card to indicate if there was an increase in their use of outpatient psychiatric services.

**Learning Goal 3:** Families of individuals with a mental illness will acknowledge having increased understanding and knowledge regarding mental illness as well as improved and increased strategies to care for their mentally ill loved ones as a result of the activation strategies involving education, support, and family therapy provided by RBEST.

As part of the current market system, families who are struggling to cope with the demands of caring for a mentally ill loved one who is either noncompliant and/or resistive to psychiatric treatment often experience significant disruption, stress, and crisis in their lives. A new environment of activation aimed at increasing the episodes of outpatient treatment for this population will reduce their involvement with disruptive and often stressful and traumatic crisis interactions with law enforcement, emergency rooms, and costly inpatient hospitalizations, which greatly impact family members or consumer support systems. These new services practices aimed at the family will attempt to stabilize the living environments of individuals as well as reduce stress and trauma on the family system. This supportive network will help eliminate the feelings of isolation and frustration experienced by families who are dealing with loved ones with untreated mental illness. By increasing the family’s education and understanding of mental illness in a culturally and linguistically appropriate way, we believe the family will be activated to better provide care for their mentally ill loved one.

## NEW PROJECT DESCRIPTION Innovation

**Expected Outcome:** The families receiving RBEST activation strategies will increase their array of coping strategies in providing support to their family member as well as a feeling of increased general well-being. A survey in the primary language of the family will be provided to the families receiving services through project at the initiation of interventions and then again at intervals throughout the treatment process in order to assess their increasing abilities to provide supportive care for their family member. The results of the pre-treatment survey will be compared with the results of surveys completed throughout treatment and at the termination of treatment to indicate if there has indeed, been a reported increase in these areas. Survey items will use a Likert scale so that comparisons can be made between the pre- and post-treatment responses. Additionally, families will receive education and empowerment to actively participate and assist in the care and treatment planning for their loved ones. The families' activation to participate in treatment planning for their loved one will be tracked and reported.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

This project as designed fully adopts and supports and is in line with the applicable general, acceptable standards as specifically set for in CCR Title 9, Section 3320 as evidence as follows:

- **Community Collaboration** - The Department has conducted an ongoing extensive Community Program Planning (CPP) process that involved our stakeholders within the community. The RBEST staff will accept referrals from many areas in the community. These will include law enforcement, health providers, hospitals, family members and members of the general public. The project will work in collaboration with all available psychiatric treatment modalities in the County and will promote access to the most appropriate level of care for the individual. These will include DBH operated programs and outpatient clinics, drug and alcohol programs, fee-for-service providers, faith-based organizations, social service organizations, housing programs and alternatives, other County Departments such as the Department of Aging and Adult Services, Transitional Assistance Department, Public Health, County Medical clinics and community based organizations. Educational organizations and vocational organizations will be utilized to assist consumers in meeting their personal goals as well as a means to more fully integrate the consumers into their surrounding community. Consumers and family members will be linked with regionally based providers to minimize any geographical obstacles to accessing services.
- **Cultural Competence** - The DBH Office of Cultural Competency and Ethnic Services will be involved to ensure compliance with cultural competency standards and ensure that the services provided address cultural and linguistic needs. The Office of Cultural Competency remains available for consultation and to provide support to the teams regarding issues of diversity when necessary. Issues of cultural diversity and the social norms of a specific cultural group may present a barrier to a mentally ill individual participating in psychiatric treatment. These issues will be explored with the Office of Cultural Competency and Ethnic Services as they arise in order to provide services to the community in a culturally and linguistically meaningful and appropriate manner. Every effort will be made to staff the teams so that they are diverse and representative of the demographics of the Department's consumers. Efforts will be made to include bi-lingual staff members, especially in Spanish, which is the threshold language for San Bernardino County. Additionally, materials will be available in threshold languages and interpreter services will be provided as needed.
- **Client Driven** - Stakeholder feedback was received during the Community Program Planning process including clients and caregivers. The innovative concept of RBEST arose from the feedback received through these processes as well as the stakeholder work groups exploring law AB 1421 (Assisted Outpatient Treatment). As a result of this feedback the project teams will include a Peer and Family Advocate as a member. The Peer and Family Advocate will bring the valuable "lived experience" to share with the individuals referred into the project. The model for this project is to meet the individual "where they are," in both their living environment, as well as where they are in their journey towards their recovery. Each individual's personal goals, dreams, and hopes will receive attention and consideration from the engagement teams as the team works to build trust and rapport with the individual. The individual will be activated to participate and have an integral role in their goal development and plan of care.

## NEW PROJECT DESCRIPTION Innovation

- **Family Driven** - Families play a vital role in helping mentally ill individuals remain active and stable in the community. Coping with a family member who is resistant to treatment or noncompliant with treatment creates a burden for their families. This project addresses unmet needs of these families. A licensed clinician will be available to provide family therapy to these diverse families in their communities and in their living environments. The direction and goals of the family therapy will be developed in collaboration with the family, therapist, and engagement teams to ensure that the family's needs and goals are adequately addressed. The project will demonstrate family partnerships in the development and provision of service delivery.
  
- **Wellness, Recovery and Resilience** - Starting where the individual "is at in their recovery" is a central component of the MHSA. This project promotes wellness, recovery, and resiliency by providing an increased level of access and linkage to a variety of services. The project will work to link the individual and their families to the most appropriate service modalities in their community that will meet their unmet mental health and support needs. The team will work with the individual and family to evaluate their needs, goals and desires and the most appropriate referrals to meet their needs and achieve their goals. Outreach and engagement efforts will work towards involving the individual in the types of services and activities that will enable them to remain at the lowest level of care in the community. The family therapy services will work towards strengthening the family system and their ability to provide care for their loved one. By helping the individual and their family access the necessary and appropriate supportive services and therapeutic services in the community the RBEST project will assist the consumers on their journey towards greater wellness, recovery and resiliency.
  
- **Integrated Service Experiences for clients and their families** - This engagement and outreach project will focus on linkage for the family and individual with culturally appropriate services in the local community. These referrals to resources will be coordinated and integrated to most appropriately meet the stated needs and goals of the consumer and their families. It is anticipated that the teams will make referrals to all venues and modalities of therapeutic and social programs. A holistic approach will be utilized by the teams in making referrals for services to the individual and their families in recognition of the need to address the psychiatric treatment needs of the individual but also their many educational, cultural, spiritual, social, and health needs. The project, as designed will provide educational and supportive services to the individual and their families to increase understanding and awareness of mental health disorders, outpatient services, knowledge of how to access services, as well as how to navigate the complicated system of care.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

RBEST will serve a diverse adult population, age 18 and older, who suffer from untreated or inappropriately treated mental illness and/or functional impairment. They must reside within the boundaries of San Bernardino County and not be effectively involved in a psychiatric treatment modality.

Our study population will include a total of 300 individuals contacted per year. A contact will include any interaction with an individual referred for outreach and engagement services. Each family member involved in family services will be considered a contact. Referrals to the project will be accepted from throughout the County. DBH recognizes 4 areas of service in the County: Desert, West Valley, Central Valley and East Valley regions, and there is a major mental health clinic located in each of the respective regions. An engagement and outreach team will be assigned to each of those regions. It is anticipated that a caseload of approximately 100 of these individuals and families will receive on-going services for many months as efforts continue to establish rapport and trust with the individual ultimately resulting in more individuals actively receiving mental health services. Families may also require several months of services in order to process the difficulties faced when living with a mentally ill family member. Any referrals received for children and/or adolescents will be given the DBH children's system of care in order to allow them to appropriately address the individual's needs.

## NEW PROJECT DESCRIPTION Innovation

It is anticipated that individuals referred to the project will reflect the gender, race, ethnicity and languages spoken of the general population of the County. Demographic information will be gathered with respect to all of the referrals received and the individuals served in order to provide further learning as to the demographics of this un-served population. Since many of these individuals are currently considered “invisible individuals” and do not have contact with treatment there will be substantial learning derived from the information gathered about this population as RBEST attempts to “disrupt” the existing market to create a new market. The table below reflects the demographics of the population currently served by the County of San Bernardino Department of Behavioral Health. It is expected that the demographics of the project’s population will closely mirror that of the current DBH population; however, this will be confirmed by the learning process of the project.

San Bernardino County Mental Health Plan Clients Served for FY 2012-13		
Total	Number	%
	43,996	100%
<b>By Gender</b>		
Female	20,673	47%
Male	23,258	53%
Unknown	65	<1%
<b>By Age Group</b>		
00-14 years	10,752	24%
15-24 years	10,001	23%
25-59 years	21,024	48%
60+ years	2,219	5%
<b>By Ethnic Group</b>		
African American	7,641	17%
Asian/Pacific Islander	810	2%
Caucasian	15,941	36%
Latino	16,017	36%
Native American	225	1%
Other/Unknown	3,362	8%

Source: DBH SIMON database as of 10/31/2013

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

The project is expected to last four and a half years and will consist of three phases.

**Phase 1:** First six (6) months of operation: Policies and procedures will be created for the delivery of services; offices, equipment and supplies, and vehicles will be secured. Hiring and training will take place to insure properly trained teams are deployed. Specific training will be provided to the team members utilizing promising practices established by Dr. Xavier Amador, founder of the LEAP Institute specializing in relationship building when treating illness as well as the evaluation of The Teach-Back and other Health Literacy Methods, in establishing the engagement process.

**Phase 2:** The middle phase of the project which is expected to be three (3) years in duration will be devoted to full implementation of the services outline. The teams will be deployed in the four established regions of the Department and will provide field-based services. Modifications will be made to the project as learning occurs.

## NEW PROJECT DESCRIPTION Innovation

**Phase 3:** The last twelve (12) months of the project will involve evaluating all of the data collected and making a determination of project success. If plans are made to sustain the project or integrate it into current clinical operations as a consequence of the learning obtained during this project the staff will work with the consumers receiving services through the project to appropriately and ethically transition them into the new service modalities. Should the determination be made to discontinue the services of the project the staff will spend sufficient time with the consumers receiving services to terminate the current service modality and refer and transition them to alternative services designed to meet their continued needs.

It is anticipated that this timeline and sample population provide adequate opportunity to measure project success. Data will be collected throughout the implementation of the project and analysis of progress towards the learning goals completed. This will allow for modification to the project as necessary as learning occurs.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

The learning goals and anticipated outcomes, as well as the means of measurement are outlined above in Section 2.

The diligent monitoring of this project will enable DBH to assess, evaluate and disseminate information as to the project's efficacy. To disrupt current service practices as described earlier in the project description, create new service practices, determine what is most effective in the new service practices through evaluation of the project, determine how new practices can continue as a new service market, and apply learning to other service markets is the intention of RBEST.

Monitoring will be accomplished through extensive data collection, analysis and reporting throughout the implementation of the project. Data will be collected by all members of the teams. Demographics about the individuals referred to the project will be collected. Data regarding psychiatric services received prior and after activating activities will be collected from DBH databases as well as from the individuals and families receiving services. Each encounter the team members have with individuals and/or family will be documented and the details of the nature of the interaction recorded. Analysis of the data will be performed by a Program Specialist assigned to RBEST with assistance and support from a part-time Business Systems Analyst II assigned to our Research and Evaluation unit. Monthly, quarterly and yearly reports will be generated to track the progress of RBEST throughout implementation. This information will contribute to learning more about whether the disruptive innovation of this project can create a new environment of activation for this population of individuals who are unserved, under-served, and/or inappropriately served in the current market system. This learning will enable the teams to accurately tailor their activation activities to specific populations. Information regarding the outcomes of the various populations served, such as higher users and non-compliant users, will inform which populations can best be served with the new behaviors on the part of providers using the kind of integrated holistic approach used by RBEST and determine if this is an effective step to a new market system.

The reduction of repeat inpatient hospital psychiatric admissions will be measured by evaluating the inpatient admission logs and TAR logs for an individual's pre-engagement team intervention and post- engagement team interventions. Success will be indicated by reducing the number of inpatient admissions and inpatient bed days used. The expected outcome is a reduction or elimination in further psychiatric hospital admissions and inpatient bed day usage within 90 and 180 days following the start of the engagement services. A statistically significant reduction in inpatient hospital usage by the individuals receiving RBEST services would indicate that the activation activities employed by the team played an integral role in reducing inpatient usage.

Records will be kept by the engagement team members regarding the use of incentives (when, who, how often, how many, etc) and correlated to an individual's engagement in any form of psychiatric treatment within 7 days of being given the incentive. A successful outcome will be an individual engaging in behavioral health outpatient services within 7 days of receiving an incentive. This may also measure the effectiveness of using the strategies of providing bus passes and prepaid phone cards as a means of reducing barriers to accessing psychiatric services.

Each individual's attendance or involvement in any form of psychiatric treatment will be monitored throughout the individual's engagement in activation activities. The goal of the project is to increase the likelihood that the individual will be an active member in the care system as indicated by obtaining appropriate psychiatric outpatient care. Any episode of treatment following activation efforts will be an indicator of success toward that goal.

## NEW PROJECT DESCRIPTION Innovation

A satisfaction survey using a Likert scale will be presented to the families who receive therapeutic family services, in the primary language of the family, before treatment begins and then again at regular intervals throughout the treatment process. Additional questions will be asked of the families regarding their level of activation and system involvement with the loved one's care and treatment planning, seen as a change in behavior, at the onset of interventions and at regular intervals during the treatment process. A learning objective of this project is to determine if families' use of coping strategies in dealing with their loved one with mental illness increases following therapeutic services. It is also anticipated that the families will be activated to more consistently participate in the treatment planning and care strategies of their mentally ill loved one. As the specific service needs of the families served are learned, the therapeutic services and activation approaches of the clinicians can evolve to more appropriately and accurately meet those unmet needs, resulting in changed provider behavior, as part of the new service market.

It is anticipated that this innovative project will allow for increased quality of care by strategically activating individuals who are reluctant to seek voluntary mental health treatment or have received ineffective levels of care.

5. If applicable, provide a list of resources to be leveraged.

All existing available modalities for psychiatric treatment will be utilized on behalf of the individuals. DBH has an extensive array of psychiatric services available. These programs include the ability to link the individual to supportive, affordable, permanent housing, vocational support and training, transportation services, outpatient psychiatric and medical care, educational opportunities, and well as supportive, peer-driven social associations in the form of County operated club houses. These engagement teams will provide assistance and education in accessing social resources through County eligibility workers which may include SSI, Medi-Cal, Cal-Fresh nutritional program, or General Relief as is appropriate for the individual. The goal of the project is to leverage these services on behalf of the individual in a community-based setting. This will allow the individual's activation in the new care system to be appropriate to their psychosocial recovery, occurring in their current community and providing a network of social and psychiatric supports to sustain that recovery in a non-institutional environment. These leveraged supports will enable the consumer and their families to become more fully activated into their community in positive and productive ways. As their functional and behavioral health impairments lessen they will be better able to meet their own goals towards education, employment and social functioning. As they are appropriately and successfully linked to community resources the consumers and families are positioned to become productive navigators in their own healthcare services

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

The projected cost for a four year period would total \$6,658,435 and Medi-Cal Revenue projected to be \$632,005. The operating budget for the years is as follows: FY 13/14; \$338,337, FY 14/15; \$1,686,032, FY 15/16; \$1,730,798, FY 16/17; \$1,776,904 and FY17/18; \$1,126,324. This project will serve the adult mentally ill population age 18 and older who suffer from untreated mental illness. Operationally this would cover the staffing, office costs including computers and printers, administration costs, the costs to provide services in the field, including vehicles, cell phones, and incentives offered to the consumers.

These expenditures will allow for the development, training, creation and deployment of the engagement teams throughout the County, as well as the necessary support staffing (clerical and administrative). The vehicles and cell phones will allow the teams to provide mobile services throughout the County regions, providing those services in the living environment of the individuals and families referred into the project. The licensed clinical staff will be able to provide family, case management, and crisis services to the consumers and their families in their living environment. The therapeutic and case management services provided by the clinicians may qualify to be billed under Medi-Cal billing.

**NEW PROJECT DESCRIPTION  
Innovation**

ANNUAL PROJECT BUDGET	
A. EXPENDITURES	
FY 13/14, 14/15, 15/16, 16/17 & 17/18 Budget	

	FTE	Budget FY 13/14	Budget FY 14/15	Budget FY 15/16	Budget FY 16/17	Budget FY 17/18
<b>Salary and Benefits</b>						
Mental Health Specialist	4.00	127,518	262,687	270,568	278,685	143,523
Peer & Family Advocate III	4.00		235,475	242,539	249,815	128,655
Office Assistant II	2.00		99,473	102,457	105,531	54,349
Clinical Therapist I	2.00		189,221	194,898	200,745	103,383
Alcohol and Drug Counselors	2.00		150,551	155,068	159,720	82,256
Licensed Vocational Nurse II	2.00		150,714	155,235	159,892	82,344
Contract Physician	.25		47,332	48,752	50,215	25,860
Mental Health Clinic Supervisor	1.00		135,260	139,318	143,497	147,802
Business Systems Analyst II	1.00		124,976	128,726	132,587	136,565
Program Specialist I	1.00		96,457	99,351	102,331	105,401
<b>Total Salary and Benefits</b>	<b>19.25</b>	<b>\$127,518</b>	<b>\$1,492,146</b>	<b>\$1,536,912</b>	<b>\$1,583,018</b>	<b>\$1,010,138</b>
<b>Services and Supplies</b>						
Fuel & Maintenance <sup>1</sup>		22,464	44,928	44,928	44,928	44,928
Landline Phones <sup>2</sup>		1,779	3,558	3,558	3,558	3,558
Cell Phone Data Plans <sup>3</sup>		3,300	6,600	6,600	6,600	3,300
Office Supplies		500	1,000	1,000	1,000	500
Mid-Size Vehicles <sup>4</sup>		76,000				
Cell Phones <sup>5</sup>		1,650				
Landline Phones <sup>6</sup>		1,635				
Computers <sup>7</sup>		15,741				
Printers <sup>8</sup>		1,370				
Copiers <sup>9</sup>		1,400	2,800	2,800	2,800	1,400
ISD Installation Charges <sup>10</sup>		720				
Office Furniture <sup>11</sup>		80,500				
Contracts (Training Consultants)		3,800	10,000	10,000	10,000	
Bus Passes			2,500	2,500	2,500	1,250
Prepaid Phone Cards			2,500	2,500	2,500	1,250

**NEW PROJECT DESCRIPTION  
Innovation**

Medication <sup>12</sup>			120,000	120,000	120,000	60,000
<b>Total Services and Supplies</b>		<b>\$210,859</b>	<b>\$193,886</b>	<b>\$193,886</b>	<b>\$193,886</b>	<b>\$116,186</b>
<b>Total Expenditures</b>		<b>\$338,377</b>	<b>\$1,686,032</b>	<b>\$1,730,798</b>	<b>\$1,776,904</b>	<b>\$1,126,324</b>

Note: FY 13/14 S&B costs and operating expenses are budgeted for six months.  
 FY 14/15, 15/16, 16/17 and 17/18 S&B costs include a 3% annual COLA increase (estimated).  
 No actual increases for FY 14/15, 15/16, 16/17 and 17/18 have been released.

- <sup>1</sup> Fuel & Maintenance represents 4 mid-sized vehicles at \$0.44 per mile for an estimated 15,000 miles annually (Initial year, FY 13/14 will be 6 months & 7,500 miles.) and \$386/month per vehicle (FY 13/14 will be 6 months.)
- <sup>2</sup> Landline services include 9 phones (4 analog and 5 digital) with long distance service at \$30 per month and 5 digital phones that have voicemail service at \$5.30 per month. (FY 13/14 will be 6 months.)
- <sup>3</sup> Cell Phone Data Plans represent 11 phone lines at \$50 per month for 12 months. (FY 13/14 and FY 17/18 will be 6 months.)
- <sup>4</sup> Four mid-sized vehicles at \$19,000 each.
- <sup>5</sup> Eleven cell phones at \$150 each.
- <sup>6</sup> Nine landline phones (Four analog @ \$70 each and five digital at \$271 each.)
- <sup>7</sup> Nine computers at \$1,009 each for hardware and \$740 each for software/licensing.
- <sup>8</sup> One B&W desktop printer at \$170 and two B&W network printers at \$600 each.
- <sup>9</sup> One small copier at \$1,100 per year and one mid-sized copier at \$1,700 per year. (FY 13/14 and FY17/18 will be 6 months)
- <sup>10</sup> Installation fee of \$80 each for nine landline phones (Four analog and five digital)
- <sup>11</sup> Office Furniture represents eight cubicles at \$8,200 each, one office at \$4,800, three filing cabinets at \$1,200 each, and 13 chairs at \$500 each.
- <sup>12</sup> Medication costs are figured at a rate of \$1,000 per consumer, per month, for up to ten consumers

**NEW PROJECT DESCRIPTION  
Innovation**

<b>B. REVENUES</b>						
1.	New Revenues					
	a. Medi-Cal (FFP only)	\$0	\$168,603	\$173,080	\$177,690	\$112,632
	b. State General Funds	0				
	c. Other Revenues					
	<b>Total Revenues</b>	<b>\$0</b>	<b>\$168,603</b>	<b>\$173,080</b>	<b>\$177,690</b>	<b>\$112,632</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$6,026,430</b>				

7. Provide an estimated annual program budget, utilizing the following line items.

**NEW TOTAL PROGRAM BUDGET - RBEST**

<b>A. EXPENDITURES</b>					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	\$ 5,749,732	\$ 0.00		\$ 5,749,732
2.	Operating Expenditures	\$ 713,587	\$ 0.00		\$713,587
3.	Non-recurring Expenditures	\$ 177,616	\$ 0.00		\$ 177,616
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management				
6.	Other Expenditures	\$ 17,500			\$ 17,500
	<b>Total Proposed Expenditures</b>	<b>\$ 6,658,435</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 6,658,435</b>
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only)	\$632,005			\$632,005
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>				
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$ 6,026,430</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 6,026,430</b>

## NEW PROJECT DESCRIPTION Innovation

### D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

**Item 1: Staffing/Personnel:** Totals for staffing are listed, partial cost as of fiscal year 13/14 and the total cost beginning in fiscal year 14/15 when there is cost of living anticipated increase for county employees of 3% each year. Full staffing levels are not expected to be achieved during the first year of project operation.

**Item 2: Operating Expenditures:** This budget item includes the customary and routine costs of the daily operation of the project, including maintenance on the vehicles, data lines for the staff cell phones, copier and office expenses.

**Item 3: Non-recurring Expenditures:** These expenditures will be incurred predominantly in year one of project operation. These include purchase/lease of a vehicle for each mobile team, cell phones for each team member, office furniture, computers and printers for the offices.

**Item 4: Contracts and Training:** This budget item is specifically for obtaining required training for the staff to become highly skilled in engagement and outreach strategies as well as motivational interviewing. This will include cost of training materials, cost of attending workshops including registration, mileage, meals and lodging if necessary.

**Item 5: Other Expenditures:** This line item includes the cost of bus passes and prepaid phone cards to be used to eliminate barriers in accessing necessary care by the consumers as well as incentives which will be offered to the consumers to help increased their participation in the engagement and treatment processes.

#### Revenues:

**Item 1:** A portion of the case management services, crisis services and family therapy services provided by the licensed clinicians is estimated to billable through Medi-Cal, as up to 20% of beneficiaries may be Medi-Cal eligible. All other program costs are proposed to be funded through Innovation funding.

This project will be operated in such a manner as to obtain optimum cost efficiency. Outcome and evaluation of the performance of the project will guide future budgetary predictions and forecasts as the project moves through development, implementation and data analysis. A full accounting of the project's expenditures and expenditure justifications will be made on an annual basis and analyzed for efficiency and future sustainability. In order to plan for future sustainability of the project plans could be made to integrate the regionally based outreach and engagement teams into the existing regional operated DBH clinic. In order to minimize the fiscal impact on the local regional outpatient clinics MHS funding, Medi-Cal revenue and Medi-Cal Administrative Activities could be utilized to fund these positions and their supportive and administrative functions.



## Attachments

- A. County Compliance Certification
- B. County Fiscal Accountability Certification
- C. Press Releases (English & Spanish): INN Stakeholder Meetings
- D. Media Outlet List for Press Releases
- E. Facebook Promotion of INN Stakeholder Meetings
- F. INN Stakeholder Meeting Schedules (English & Spanish)
- G. INN Stakeholder Meeting Handouts (English & Spanish)
- H. INN Stakeholder Breakout Group Response Forms (English & Spanish)
- I. INN Stakeholder Meeting Comment Forms (English & Spanish)
- J. Press Releases (English & Spanish): 30-Day Public Posting
- K. Public Posting Promotional Business Cards

# MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: \_\_\_\_\_

- Three-Year Program and Expenditure Plan  
 Annual Update

Local Mental Health Director	Program Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
Local Mental Health Mailing Address:	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on \_\_\_\_\_.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

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

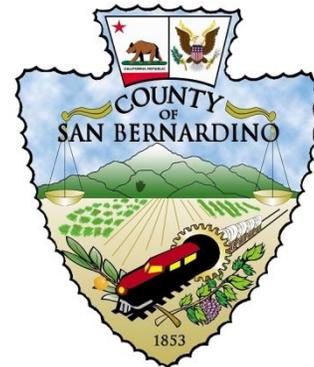
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# NEWS

From the County of San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



FOR IMMEDIATE RELEASE

June 6, 2013

For more information, contact  
Susanne Kulesa, Program Manager I  
Department of Behavioral Health  
909-252-4068  
[skulesa@dbh.sbcounty.gov](mailto:skulesa@dbh.sbcounty.gov)

---

## **You are invited by the Department of Behavioral Health to attend a Mental Health Services Act (MHSA) Innovation Community Planning Meeting.**

**WHO:** Community members, advocates, consumers, family members, caregivers, service providers, community and county partners within in the County of San Bernardino who are interested in the providing input on the public mental health service delivery system, learning about the Innovation Component of the MHSA and participating in an Innovation Community Planning Meeting.

**WHAT:** A series of public meetings planned that will take place throughout the county to promote community conversation and participation regarding current MHSA Innovation funded projects and discuss community needs for potential future MHSA Innovation funded projects.

Innovation funded projects are novel, creative, ingenious behavioral health approaches that are expected to contribute to learning.

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

**WHY:** The focus for these interactive meetings will be to report to the community on the six current Innovation funded projects, including sharing what has been learned to date. Community participation is highly needed to obtain feedback on project elements that are valued for potential continuation. In addition, learning opportunities that remain unaddressed will be discussed and may influence decisions for future Innovation funding.

**WHEN & WHERE:**

**Central Valley Region**

<p>Disabilities Sub-Committee DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415</p> <p><b>June 19, 2013</b> <b>10:00 a.m. - 12:30 p.m.</b></p>	<p>Community Policy Advisory Council County of San Bernardino (CPAC) County of San Bernardino Health Services, Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p> <p><b>June 20, 2013</b> <b>9:00 a.m. - 11:00 a.m.</b></p>	<p>District Advisory Committee (DAC) 5<sup>th</sup> District New Hope Family Life Center 1505 W. Highland Ave. San Bernardino, CA 92411</p> <p><b>June 24, 2013</b> <b>5:30 p.m. - 7:30 p.m.</b></p>
<p>Latino Health Coalition El Sol Neighborhood Educational Center 972 N. Mount Vernon Ave. San Bernardino, CA 92411 <i>Spanish Language Meeting</i></p> <p><b>June 27, 2013</b> <b>10:00 a.m. - 12:00 p.m.</b></p>	<p>Asian Pacific Islander (API) Coalition Meeting DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415</p> <p><b>July 9, 2013</b> <b>10:00 a.m. - 12:00 p.m.</b></p>	<p>Spirituality Sub-Committee DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415</p> <p><b>July 9, 2013</b> <b>1:00 p.m. - 3:00 p.m.</b></p>
<p>Native American Awareness Committee Native American Resource Center Riverside-San Bernardino County Indian Health, Inc. 2210 E. Highland Ave., Suite 101 &amp; 102 San Bernardino, CA 92404</p> <p><b>July 16, 2013</b> <b>2:00 p.m. - 4:00 p.m.</b></p>	<p>Cultural Competency Advisory Committee (CCAC) County of San Bernardino Health Services, Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p> <p><b>July 18, 2013</b> <b>1:00 p.m. - 3:00 p.m.</b></p>	<p>Co-Occurring Substance Abuse Committee (COSAC) County of San Bernardino Health Services, F119-120 850 E. Foothill Blvd. Rialto, CA 92376</p> <p><b>July 18, 2013</b> <b>3:00 p.m. - 5:00 p.m.</b></p>
<p>Transitional Age Youth (TAY) Committee One Stop TAY Center 780 E. Gilbert Street San Bernardino, CA 92415</p> <p><b>July 24, 2013</b> <b>3:00 p.m. - 5:00 p.m.</b></p>		

**Desert / Mountain Regions**

<p>District Advisory Committee (DAC) 3<sup>rd</sup> District Santa Fe Social Club 56020 Santa Fe Trail, Suite M Yucca Valley, CA 92284</p> <p><b>July 25, 2013</b> <b>1:00 p.m. - 3:00 p.m.</b></p>	<p>High Desert African American Mental Health Coalition Victor Valley Clubhouse 12625 Hesperia Rd., Suite B Victorville, CA 92395</p> <p><b>July 8, 2013</b> <b>2:00 p.m. - 4:00 p.m.</b></p>	<p>District Advisory Committee (DAC) 1<sup>st</sup> District Victorville Behavioral Health Center, Room A-11 12625 Hesperia Rd. Victorville, CA 92395</p> <p><b>July 17, 2013</b> <b>10:00 a.m. - 12:00 p.m.</b></p>
<p>Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Subcommittee W.I.S.E. Holistic Campus 15400 Cholame Road Victorville, CA 92392</p> <p><b>July 23, 2013</b> <b>12:30 p.m. - 2:30 p.m.</b></p>	<p><b>Please Note:</b> <b>Meetings in Lake Arrowhead/Crestline and Big Bear communities are being scheduled. Dates to be announced.</b></p>	

**West Valley Region**

District Advisory Committees  
2<sup>nd</sup> & 4<sup>th</sup> Districts  
Rancho Cucamonga Family Resource  
Center  
9791 Arrow Route  
Rancho Cucamonga, CA 91730

**July 11, 2013**  
**3:00 p.m. - 5:00 p.m.**

**NOTE:** If special accommodations or interpretation services are required, or to learn more about the Spanish language forum please call 1-800-722-9866 or 711 for TTY users.

**CONTACT:** For additional information, please contact Susanne Kulesa at (909) 252-4068.

-END-

# NEWS

From the County of San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



FOR IMMEDIATE RELEASE

June 6, 2013

For more information, contact  
Susanne Kulesa, Program Manager I  
Department of Behavioral Health  
909-252-4068  
[skulesa@dbh.sbcounty.gov](mailto:skulesa@dbh.sbcounty.gov)

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**West Valley Region**

District Advisory Committees  
2<sup>nd</sup> & 4<sup>th</sup> Districts  
Rancho Cucamonga Family Resource  
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**CONTACT:** For additional information, please contact Susanne Kulesa at (909) 252-4068.

-END-

# NOTICIAS

Del Condado de San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



PARA SU PUBLICACION INMEDIATA

6 de junio de 2013

Para más información, comuníquese con  
Susanne Kulesa, Administradora de Programa  
Departamento de Salud Mental  
909-252-4068  
[skulesa@dbh.sbcounty.gov](mailto:skulesa@dbh.sbcounty.gov)

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## **El Departamento de Salud Mental le invita a asistir a una reunión de planeación para la Actualización Anual del Componente de Innovaciones de la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés).**

### **¿Quién?**

Miembros de la comunidad, defensores, consumidores, miembros de las familias, proveedores de cuidados, proveedores de servicios, socios comunitarios y del Condado de San Bernardino que estén interesados en el sistema del suministro de servicios de salud mental y que deseen aprender y participar en la planeación del Componente de Innovación Ley de Servicios de Salud Mental (*MHSA, por sus siglas en inglés*).

### **¿Qué?**

Habrará una serie de reuniones públicas de planeación que se llevarán a cabo en todo el Condado para promover las conversaciones y la participación comunitaria respecto proyectos que actualmente están siendo financiados por los Proyectos de Innovación. Se hablará sobre las necesidades de la comunidad para proyectos futuro que pudieran ser financiados por Innovación.

Los proyectos financiados por Innovación se caracterizan por ser nuevos, creativos, ingeniosos y con un enfoque en la salud mental que contribuye al aprendizaje en esta materia.

La Ley De Servicios de Salud Mental (también conocida como Proposición 63, *MHSA por sus siglas en inglés*) fue aprobada por los electores de California en noviembre del 2004 a efecto de ampliar los servicios de salud mental a favor de los niños y adultos. MHSA es financiada por un impuesto adicional de 1% sobre aquellos contribuyentes cuyos ingresos personales ascienden a más de un millón de dólares al año.

### **¿Por qué?**

El objetivo de estas reuniones interactivas será informar a la comunidad sobre los seis proyectos que actualmente están siendo financiados por Innovación; esto incluye el compartir lo aprendido hasta hoy. La participación comunitaria es muy necesaria para obtener información sobre los elementos de los proyectos, a efecto de evaluar la posibilidad de su continuación. También se hablará de las oportunidades de aprendizaje que no se ha abordado aún y que pudieran brindar información para tomar decisiones sobre el financiamiento de futuros proyectos de Innovación.

## Lugares y fechas:

### Región del Valle Central

<p>Subcomité de Discapacidad Instituto de Capacitación 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415</p> <p><b>19 de junio, 2013</b> <b>10:00 a.m. – 12:30 p.m.</b></p>	<p>Comité Consultivo de Políticas Comunitarias (CPAC por sus siglas en inglés) County of San Bernardino Health Services, Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p> <p><b>20 de junio, 2013</b> <b>9:00 a.m. – 11:00 a.m.</b></p>	<p>Comité Consultivo del Quinto Distrito (DAC por sus siglas en inglés) New Hope Family Life Center 1505 W. Highland Ave. San Bernardino, CA 92411</p> <p><b>24 de junio, 2013</b> <b>5:30 p.m. – 7:30 p.m.</b></p>
<p>Coalición de Salud Latina El Sol Neighborhood Educational Center 972 N. Mount Vernon Ave. San Bernardino, CA 92411</p> <p><b>Esta reunión se llevará a cabo en español</b></p> <p><b>27 de junio, 2013</b> <b>10:00 a.m. - 12:00 p.m.</b></p>	<p>Coalición Asiática-Iseños del Pacífico Instituto de Capacitación 1950 Sunwest Lane, Suite 200 San Bernardino, CA 92415</p> <p><b>9 de julio, 2013</b> <b>10:00 a.m. - 12:00 p.m.</b></p>	<p>Subcomité de Espiritualidad Instituto de Capacitación 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415</p> <p><b>9 de julio, 2013</b> <b>1:00 p.m. – 3:00 p.m.</b></p>
<p>Comité de Concientización sobre los Nativos Americanos Native American Resource Center Riverside-San Bernardino County Indian Health, Inc. 2210 E. Highland Ave., Suite 101 &amp; 102 San Bernardino, CA 92404</p> <p><b>16 de julio, 2013</b> <b>2:00 p.m. – 4:00 p.m.</b></p>	<p>Comité Consultivo de Competencia Cultural (CCAC por sus siglas en inglés) County of San Bernardino Health Services, Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p> <p><b>18 de julio, 2013</b> <b>1:00 p.m. – 3:00 p.m.</b></p>	<p>Comité de Abuso de Sustancias y Trastornos Concurrentes (COSAC por sus siglas en inglés ) County of San Bernardino Health Services, F119-120 850 E. Foothill Blvd. Rialto, CA 92376</p> <p><b>18 de julio, 2013</b> <b>3:00 p.m. – 5:00 p.m.</b></p>
<p>Comité de Jóvenes en Edad de Transición (TAY por sus siglas en inglés) One Stop TAY Center 780 E. Gilbert Street San Bernardino, CA 92415</p> <p><b>24 de julio, 2013</b> <b>3:00 p.m. – 5:00 p.m.</b></p>		

### Región del Desierto y Montañas

<p>Comité Consultivo del Tercer Distrito (DAC por sus siglas en inglés) Santa Fe Social Club 56020 Santa Fe Trail, Suite M Yucca Valley, CA 92284</p> <p><b>25 de julio, 2013</b> <b>1:00 p.m. – 3:00 p.m.</b></p>	<p>Coalición de Salud Mental Afro- Americana del Desierto Alto Victor Valley Clubhouse 12625 Hesperia Rd., Suite B Victorville, CA 92395</p> <p><b>8 de julio, 2013</b> <b>2:00 p.m. – 4:00 p.m.</b></p>	<p>Comité Consultivo del Primer Distrito (DAC por sus siglas en inglés) Victorville Behavioral Health Center, Room A-11 12625 Hesperia Rd. Victorville, CA 92395</p> <p><b>17 de julio, 2013</b> <b>11:00 a.m. – 1:00 p.m.</b></p>
<p>Subcomité de la Comunidad Lesbiana, Homosexual, Bisexual, Transgénero y de Personas sin Sexualidad Definida (LGBTQ por sus siglas en inglés) W.I.S.E. Holistic Campus 15400 Cholame Road Victorville, CA 92392</p> <p><b>23 de julio, 2013</b> <b>12:30 p.m. - 2:30 p.m.</b></p>	<p>Tenga en cuenta que las reuniones en Lake Arrowhead/Crestline y las de las comunidades de Big Bear están siendo programadas. Las fechas serán dadas a conocer próximamente.</p>	

## **Región del Valle Occidental**

Comité Consultivo del Segundo y Cuarto Distrito (DAC por sus siglas en inglés)  
Rancho Cucamonga Family Resource Center  
9791 Arrow Route  
Rancho Cucamonga, CA 91730

**11 de julio, 2013**  
**3:00 p.m.-5:00 p.m.**

**NOTA:** Si necesitan acomodados especiales (relacionados con alguna discapacidad), servicios de interpretación, si desea saber más sobre la reunión en español o para registrarse para participar en el Webcast, por favor de llame al: (800) 722- 9866; ó marque 7-1-1 si es usuario de TTY.

**CONTACTO:** Para más información, por favor comuníquese con Susanne Kulesa al (909) 252-4068.

-FIN-

# NOTICIAS

Del Condado de San Bernardino  
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PARA SU PUBLICACION INMEDIATA

6 de junio de 2013

Para más información, comuníquese con  
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**¿Qué?** Habrá una serie de reuniones públicas de planeación que se llevarán a cabo en todo el Condado para promover las conversaciones y la participación comunitaria respecto proyectos que actualmente están siendo financiados por los Proyectos de Innovación. Se hablará sobre las necesidades de la comunidad para proyectos futuro que pudieran ser financiados por Innovación.

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**Región del Valle Central**

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<p>Coalición de Salud Latina El Sol Neighborhood Educational Center 972 N. Mount Vernon Ave. San Bernardino, CA 92411</p> <p><b>Esta reunión se llevará a cabo en español</b></p> <p><b>27 de junio, 2013</b> <b>10:00 a.m. - 12:00 p.m.</b></p>	<p>Coalición Asiática-Isleños del Pacífico Instituto de Capacitación 1950 Sunwest Lane, Suite 200 San Bernardino, CA 92415</p> <p><b>9 de julio, 2013</b> <b>10:00 a.m. - 12:00 p.m.</b></p>	<p>Subcomité de Espiritualidad Instituto de Capacitación 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415</p> <p><b>9 de julio, 2013</b> <b>1:00 p.m. – 3:00 p.m.</b></p>
<p>Comité de Concientización sobre los Nativos Americanos Native American Resource Center Riverside-San Bernardino County Indian Health, Inc. 2210 E. Highland Ave., Suite 101 &amp; 102 San Bernardino, CA 92404</p> <p><b>16 de julio, 2013</b> <b>2:00 p.m. – 4:00 p.m.</b></p>	<p>Comité Consultivo de Competencia Cultural (CCAC por sus siglas en inglés) County of San Bernardino Health Services, Auditorium 850 E. Foothill Blvd. Rialto, CA 92376</p> <p><b>18 de julio, 2013</b> <b>1:00 p.m. – 3:00 p.m.</b></p>	<p>Comité de Abuso de Sustancias y Trastornos Concurrentes (COSAC por sus siglas en inglés ) County of San Bernardino Health Services, F119-120 850 E. Foothill Blvd. Rialto, CA 92376</p> <p><b>18 de julio, 2013</b> <b>3:00 p.m. – 5:00 p.m.</b></p>
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**Región del Desierto y Montañas**

<p>Comité Consultivo del Tercer Distrito (DAC por sus siglas en inglés) Santa Fe Social Club 56020 Santa Fe Trail, Suite M Yucca Valley, CA 92284</p> <p><b>25 de julio, 2013</b> <b>1:00 p.m. – 3:00 p.m.</b></p>	<p>Coalición de Salud Mental Afro- Americana del Desierto Alto Victor Valley Clubhouse 12625 Hesperia Rd., Suite B Victorville, CA 92395</p> <p><b>8 de julio, 2013</b> <b>2:00 p.m. – 4:00 p.m.</b></p>	<p>Comité Consultivo del Primer Distrito (DAC por sus siglas en inglés) Victorville Behavioral Health Center, Room A-11 12625 Hesperia Rd. Victorville, CA 92395</p> <p><b>17 de julio, 2013</b> <b>11:00 a.m. – 1:00 p.m.</b></p>
<p>Subcomité de la Comunidad Lesbiana, Homosexual, Bisexual, Transgénero y de Personas sin Sexualidad Definida (LGBTQ por sus siglas en inglés) W.I.S.E. Holistic Campus 15400 Cholame Road Victorville, CA 92392</p> <p><b>23 de julio, 2013</b> <b>12:30 p.m. - 2:30 p.m.</b></p>	<p><b>NEW MEETING ADDED!</b> <b>Crestline Professional Building</b> <b>(additional parking at VOE Elementary School)</b> <b>340 State Hwy 138</b> <b>Crestline, CA 92325</b></p> <p><b>August 1, 2013</b> <b>10:00 a.m. – 12:00 p.m.</b></p>	

## **Región del Valle Occidental**

Comité Consultivo del Segundo y Cuarto Distrito (DAC por sus siglas en inglés)  
Rancho Cucamonga Family Resource Center  
9791 Arrow Route  
Rancho Cucamonga, CA 91730

**11 de julio, 2013**  
**3:00 p.m.-5:00 p.m.**

**NOTA:** Si necesitan acomodados especiales (relacionados con alguna discapacidad), servicios de interpretación, si desea saber más sobre la reunión en español o para registrarse para participar en el Webcast, por favor de llame al: (800) 722- 9866; ó marque 7-1-1 si es usuario de TTY.

**CONTACTO:** Para más información, por favor comuníquese con Susanne Kulesa al (909) 252-4068.

-FIN-

## **List of Media Outlets to Receive Press Release**

### **Media**

KCAL9  
Associated Press  
CBS2  
Univision  
Inland Newspaper  
VVDaily Press  
Desert Dispatch  
Blooming Town  
ABC-Bobby D  
Press Enterprise  
LA Times  
Desert Trail News  
KFrog  
City News Group  
Highland News  
Mountain News  
Fox 11 News  
IECN  
Info Rim of the World  
Grizzly  
NBC  
Daily Journal  
CBS radio  
Westside Story Newspaper  
City Newsgroup  
High Desert Daily  
KBHR 93.3  
Needles Desert Star  
News Line  
News Radio  
USPS  
Link Freedom  
SoCal News  
The Alpenhorn News  
Travel 980  
Bus Journal  
Z 107.7 fm

### **Community News**

Black Voice  
Black Voice News  
Fontana Herald  
Highland Community News  
Homeless Times  
Inland Empire Community Newspaper  
Inland Empire Hispanic News  
La Prensa  
News Mirror  
Pricinct Reporter  
San Bernardino American  
San Bernardino City News  
VV Daily Press  
Westside Story

## Facebook Promotion of Innovation Stakeholder Meetings



### County of San Bernardino Department of Behavioral Health Innovation Stakeholder Meeting Schedule June/July 2013



A series of community meetings will be held throughout June and July to engage community members, advocates, consumers, family members, caregivers, service providers, community partners, county partners, and anyone with an interest in what has been learned through the implementation of innovation projects in the Department of Behavioral Health.

The focus of meetings will be to report out on current Innovation projects, share what has been learned to date, obtain input on project elements, as well as discuss learning opportunities that are still yet unaddressed and may inform decisions for future Innovation funding.

Please attend and bring a friend!

#### Central Valley Region

Disabilities Sub-Committee DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415  <b>June 19, 2013</b> 10:00 a.m. – 12:30 p.m.	Community Policy Advisory Council County of San Bernardino (CPAC) County of San Bernardino Health Services, Auditorium 850 E. Foothill Blvd. Rialto, CA 92376  <b>June 20, 2013</b> 9:00 a.m. – 11:00 a.m.	District Advisory Committee (DAC) 5 <sup>th</sup> District New Hope Family Life Center 1505 W. Highland Ave. San Bernardino, CA 92411  <b>June 24, 2013</b> 5:30 p.m. – 7:30 p.m.
Latino Health Coalition El Sol Neighborhood Educational Center 972 N. Mount Vernon Ave. San Bernardino, CA 92411 <b>Spanish Language Meeting</b>  <b>June 27, 2013</b> 10:00 a.m. – 12:00 p.m.	Asian Pacific Islander (API) Coalition Meeting DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415  <b>July 9, 2013</b> 10:00 a.m. – 12:00 p.m.	Spirituality Sub-Committee DBH Training Institute 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415  <b>July 9, 2013</b> 1:00 p.m. – 3:00 p.m.
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06/06/2013



### County of San Bernardino Department of Behavioral Health

July 12

A series of community meetings will be held throughout June and July to engage community members, advocates, consumers, family members, caregivers, service providers, community partners, county partners, and anyone with an interest in what has been learned through the implementation of Innovation projects in the Department of Behavioral Health.

The focus of meetings will be to report out on current Innovation projects, share what has been learned to date, obtain input on project elements, as well as discuss learning opportunities that are still yet unaddressed and may inform decisions for future Innovation funding.

Tag Photo Add Location Edit

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Veronica Kelley and United Advocates for Children & Families like this.

2 photos



Write a comment...

## Facebook Promotion of Innovation Stakeholder Meetings

Desert / Mountain Regions		
District Advisory Committee (DAC) 3 <sup>rd</sup> District Santa Fe Social Club 56020 Santa Fe Trail, Suite M Yucca Valley, CA 92284  July 25, 2013 1:00 p.m. – 3:00 p.m.	High Desert African American Mental Health Coalition Victor Valley Clubhouse 12625 Hesperia Rd., Suite B Victorville, CA 92395  July 8, 2013 2:00 p.m. – 4:00 p.m.	District Advisory Committee (DAC) 1 <sup>st</sup> District Victorville Behavioral Health Center, Room A-11 12625 Hesperia Rd. Victorville, CA 92395  July 17, 2013 10:00 a.m. – 12:00 p.m.
Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Subcommittee W.J.S.E. Holistic Campus 15400 Cholame Road Victorville, CA 92392  July 23, 2013 12:30 p.m. - 2:30 p.m.	Please Note: Meetings in Lake Arrowhead/Crestline and in Big Bear communities are being scheduled. Dates To Be Announced.	

West Valley Region
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CONTACT: For additional information, please contact Susanne Kulesa at (909) 252-4068.

NOTE: If special accommodations or interpretation services are required or to learn more about the Spanish language forum please call 1-800-722-9866 or 711 for TTY users.

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### County of San Bernardino Department of Behavioral Health

July 12

Add a description

Tag Photo
Add Location
Edit

Like · Comment · Share · Edit

Veronica Kelley likes this.



**Constance Burgess-Moffett** I have always considered San Bernardino County to be on the cutting edge. Good going.

July 12 at 9:21pm · Like



Write a comment...



**County of San Bernardino Department of Behavioral Health  
Innovation Stakeholder Meeting Schedule  
June/July 2013**



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**Central Valley Region**

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**West Valley Region**

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**County of San Bernardino Department of Behavioral Health  
Innovation Stakeholder Meeting Schedule  
June/July 2013**



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**Condado de San Bernardino Departamento de Salud Mental  
 Calendario de reuniones de las partes interesadas  
 para el Componente de Innovaciones  
 Junio/Julio 2013**



Una serie de reuniones comunitarias se llevarán a cabo durante los meses de junio y julio con el propósito de involucrar a los miembros de la comunidad, defensores, consumidores, miembros de las familias, proveedores de cuidados; proveedores de servicios socios comunitarios y del Condado; así como cualquier otra persona que tenga interés acerca de lo que se ha aprendido a través de la implementación de los Proyectos de Innovación en el Departamento de Salud Mental.

El enfoque de estas reuniones será informar sobre los Proyectos de Innovación, compartir lo que se ha aprendido hasta la fecha, obtener las opiniones de los elementos de los proyectos; así como analizar las oportunidades de aprendizaje que no se han abordado aún y que pudieran brindar información para tomar decisiones sobre el financiamiento de futuros Proyectos de Innovación.

**¡Por favor asista y traiga a un amigo!  
Región del Valle Central**

<p>Subcomité de Discapacidad          Instituto de Capacitación          1950 S. Sunwest Lane, Suite 200          San Bernardino, CA 92415</p> <p align="center"><b>19 de junio, 2013          10:00 a.m. – 12:30 p.m.</b></p>	<p>Comité Consultivo de Políticas Comunitarias          (CPAC por sus siglas en inglés)          County of San Bernardino Health Services,          Auditorium          850 E. Foothill Blvd.          Rialto, CA 92376</p> <p align="center"><b>20 de junio, 2013          9:00 a.m. – 11:00 a.m.</b></p>	<p>Comité Consultivo del Quinto Distrito          (DAC por sus siglas en inglés)          New Hope Family Life Center          1505 W. Highland Ave.          San Bernardino, CA 92411</p> <p align="center"><b>24 de junio, 2013          5:30 p.m. – 7:30 p.m.</b></p>
<p>Coalición de Salud Latina          El Sol Neighborhood Educational Center          972 N. Mount Vernon Ave.          San Bernardino, CA 92411</p> <p><b>Esta reunión se llevará a cabo en español</b></p> <p align="center"><b>27 de junio, 2013          10:00 a.m. - 12:00 p.m.</b></p>	<p>Coalición Asiática-Isleños del Pacífico          Instituto de Capacitación          1950 Sunwest Lane, Suite 200          San Bernardino, CA 92415</p> <p align="center"><b>9 de julio, 2013          10:00 a.m. - 12:00 p.m.</b></p>	<p>Subcomité de Espiritualidad          Instituto de Capacitación          1950 S. Sunwest Lane, Suite 200          San Bernardino, CA 92415</p> <p align="center"><b>9 de julio, 2013          1:00 p.m. – 3:00 p.m.</b></p>
<p>Comité de Concientización sobre los          Nativos Americanos          Native American Resource Center          Riverside-San Bernardino County Indian          Health, Inc.          2210 E. Highland Ave., Suite 101 &amp; 102          San Bernardino, CA 92404</p> <p align="center"><b>16 de julio, 2013          2:00 p.m. – 4:00 p.m.</b></p>	<p>Comité Consultivo de Competencia          Cultural          (CCAC por sus siglas en inglés)          County of San Bernardino Health Services,          Auditorium          850 E. Foothill Blvd.          Rialto, CA 92376</p> <p align="center"><b>18 de julio, 2013          1:00 p.m. – 3:00 p.m.</b></p>	<p>Comité de Abuso de Sustancias y          Trastornos Concurrentes          (COSAC por sus siglas en inglés )          County of San Bernardino Health          Services, F119-120          850 E. Foothill Blvd.          Rialto, CA 92376</p> <p align="center"><b>18 de julio, 2013          3:00 p.m. – 5:00 p.m.</b></p>
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## Región del Desierto y Montañas

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<p>Subcomité de la Comunidad Lesbiana, Homosexual, Bisexual, Transgénero y de Personas sin Sexualidad Definida (LGBTQ por sus siglas en inglés) W.I.S.E. Holistic Campus 15400 Cholame Road Victorville, CA 92392</p> <p><b>23 de julio, 2013</b> <b>12:30 p.m. - 2:30 p.m.</b></p>	<p>Tenga en cuenta que las reuniones en Lake Arrowhead/Crestline y las de las comunidades de Big Bear están siendo programadas. Las fechas serán dadas a conocer próximamente.</p>	

## Región del Valle Occidental

<p>Comité Consultivo del Segundo y Cuarto Distrito (DAC por sus siglas en inglés) Rancho Cucamonga Family Resource Center 9791 Arrow Route Rancho Cucamonga, CA 91730</p> <p><b>11 de julio, 2013</b> <b>3:00 p.m.-5:00 p.m.</b></p>
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**CONTACTO:** Para más información, por favor comuníquese con Susanne Kulesa, al :(909) 252-4068.

**NOTA:** Si necesita acomodos especiales (relacionados con alguna discapacidad), servicios de interpretación o si desea saber más sobre la reunión en español, por favor llame al: (800) 722- 9866; ó marque 7-1-1 si es usuario de TTY.



**Condado de San Bernardino Departamento de Salud Mental  
 Calendario de reuniones de las partes interesadas  
 para el Componente de Innovaciones  
 Junio/Julio 2013**



Una serie de reuniones comunitarias se llevarán a cabo durante los meses de junio y julio con el propósito de involucrar a los miembros de la comunidad, defensores, consumidores, miembros de las familias, proveedores de cuidados; proveedores de servicios socios comunitarios y del Condado; así como cualquier otra persona que tenga interés acerca de lo que se ha aprendido a través de la implementación de los Proyectos de Innovación en el Departamento de Salud Mental.

El enfoque de estas reuniones será informar sobre los Proyectos de Innovación, compartir lo que se ha aprendido hasta la fecha, obtener las opiniones de los elementos de los proyectos; así como analizar las oportunidades de aprendizaje que no se han abordado aún y que pudieran brindar información para tomar decisiones sobre el financiamiento de futuros Proyectos de Innovación.

**¡Por favor asista y traiga a un amigo!  
Región del Valle Central**

<p>Subcomité de Discapacidad          Instituto de Capacitación          1950 S. Sunwest Lane, Suite 200          San Bernardino, CA 92415</p> <p align="center"><b>19 de junio, 2013          10:00 a.m. – 12:30 p.m.</b></p>	<p>Comité Consultivo de Políticas Comunitarias          (CPAC por sus siglas en inglés)          County of San Bernardino Health Services,          Auditorium          850 E. Foothill Blvd.          Rialto, CA 92376</p> <p align="center"><b>20 de junio, 2013          9:00 a.m. – 11:00 a.m.</b></p>	<p>Comité Consultivo del Quinto Distrito          (DAC por sus siglas en inglés)          New Hope Family Life Center          1505 W. Highland Ave.          San Bernardino, CA 92411</p> <p align="center"><b>24 de junio, 2013          5:30 p.m. – 7:30 p.m.</b></p>
<p>Coalición de Salud Latina          El Sol Neighborhood Educational Center          972 N. Mount Vernon Ave.          San Bernardino, CA 92411</p> <p><b>Esta reunión se llevará a cabo en español</b></p> <p align="center"><b>27 de junio, 2013          10:00 a.m. - 12:00 p.m.</b></p>	<p>Coalición Asiática-Isleños del Pacífico          Instituto de Capacitación          1950 Sunwest Lane, Suite 200          San Bernardino, CA 92415</p> <p align="center"><b>9 de julio, 2013          10:00 a.m. - 12:00 p.m.</b></p>	<p>Subcomité de Espiritualidad          Instituto de Capacitación          1950 S. Sunwest Lane, Suite 200          San Bernardino, CA 92415</p> <p align="center"><b>9 de julio, 2013          1:00 p.m. – 3:00 p.m.</b></p>
<p>Comité de Concientización sobre los          Nativos Americanos          Native American Resource Center          Riverside-San Bernardino County Indian          Health, Inc.          2210 E. Highland Ave., Suite 101 &amp; 102          San Bernardino, CA 92404</p> <p align="center"><b>16 de julio, 2013          2:00 p.m. – 4:00 p.m.</b></p>	<p>Comité Consultivo de Competencia          Cultural          (CCAC por sus siglas en inglés)          County of San Bernardino Health Services,          Auditorium          850 E. Foothill Blvd.          Rialto, CA 92376</p> <p align="center"><b>18 de julio, 2013          1:00 p.m. – 3:00 p.m.</b></p>	<p>Comité de Abuso de Sustancias y          Trastornos Concurrentes          (COSAC por sus siglas en inglés )          County of San Bernardino Health          Services, F119-120          850 E. Foothill Blvd.          Rialto, CA 92376</p> <p align="center"><b>18 de julio, 2013          3:00 p.m. – 5:00 p.m.</b></p>
<p align="center">Comité de Jóvenes en Edad de Transición (TAY por sus siglas en inglés)          One Stop TAY Center          780 E. Gilbert Street          San Bernardino, CA 92415</p> <p align="center"><b>24 de julio, 2013          3:00 p.m. – 5:00 p.m.</b></p>		

## Región del Desierto y Montañas

<p>Comité Consultivo del Tercer Distrito (DAC por sus siglas en inglés) Santa Fe Social Club 56020 Santa Fe Trail, Suite M Yucca Valley, CA 92284</p> <p><b>25 de julio, 2013</b> <b>1:00 p.m. – 3:00 p.m.</b></p>	<p>Coalición de Salud Mental Afro-Americana del Desierto Alto Victor Valley Clubhouse 12625 Hesperia Rd., Suite B Victorville, CA 92395</p> <p><b>8 de julio, 2013</b> <b>2:00 p.m. – 4:00 p.m.</b></p>	<p>Comité Consultivo del Primer Distrito (DAC por sus siglas en inglés) Victorville Behavioral Health Center, Room A-11 12625 Hesperia Rd. Victorville, CA 92395</p> <p><b>17 de julio, 2013</b> <b>11:00 a.m. – 1:00 p.m.</b></p>
<p>Subcomité de la Comunidad Lesbiana, Homosexual, Bisexual, Transgénero y de Personas sin Sexualidad Definida (LGBTQ por sus siglas en inglés) W.I.S.E. Holistic Campus 15400 Cholame Road Victorville, CA 92392</p> <p><b>23 de julio, 2013</b> <b>12:30 p.m. - 2:30 p.m.</b></p>	<p><b>¡NUEVA REUNION AÑADIDA!</b> Crestline Professional Building (estacionamiento adicional en VOE Elementary School) 340 State Hwy 138 Crestline, CA 92325</p> <p><b>1 de agosto, 2013</b> <b>10:00 a.m. – 12:00 p.m.</b></p>	

## Región del Valle Occidental

<p>Comité Consultivo del Segundo y Cuarto Distrito (DAC por sus siglas en inglés) Rancho Cucamonga Family Resource Center 9791 Arrow Route Rancho Cucamonga, CA 91730</p> <p><b>11 de julio, 2013</b> <b>3:00 p.m.-5:00 p.m.</b></p>
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**CONTACTO:** Para más información, por favor comuníquese con Susanne Kulesa, al :(909) 252-4068.

**NOTA:** Si necesita acomodos especiales (relacionados con alguna discapacidad), servicios de interpretación o si desea saber más sobre la reunión en español, por favor llame al: (800) 722- 9866; ó marque 7-1-1 si es usuario de TTY.



## County of San Bernardino Department of Behavioral Health(DBH) Mental Health Services Act (MHSA) Innovation Program

### How to get the most from today's meeting and make your voice heard

This Community Planning Process is meant to give community members a chance to learn about the Innovation projects that DBH's Innovation Program has funded the past several years. In this meeting, we would also like your feedback on several important questions:

1. Even though the projects are not complete, staff will share things they have learned so far. Which of these are most important to you as a community member?
2. What parts of the projects do you think are most important to continue?
3. How can the new ways of doing things that have been learned in these projects help make it easier for other people to get the mental health services they need?
4. What is most important for the Innovation program to think of funding in the future?

Meetings like this get the best results when we listen to other perspectives and encourage different voices to be heard. Here are some suggestions for how you can best participate in the process:

- ❖ Start from a place of learning — we are all here to learn together and from one another.
- ❖ Keep an open mind and engage fully in the process.
- ❖ Listen with curiosity to understand the projects and how they can better serve people in your community.
- ❖ Share your opinions in a respectful and constructive way.
- ❖ Help us keep an atmosphere of professionalism and considerate discussion. Some ways you can do this:
  - Give thoughtful, kind and constructive feedback.
  - Share information when appropriate.
  - Stay focused on the topic at hand.
  - Respect the moderator and timekeeper.
  - Treat any personal information that others share with respect and confidentiality.

Here are some tips on how your input can best influence the results of this Community Planning Process:

- ❖ The notes taken by your small group's scribe will be the official record of the discussion that go into our report. Help make sure that they are a complete and accurate reflection of the key points in the conversation.
- ❖ During this meeting, you will only be able to sit in a small group focused on one particular project. If you are interested in learning or giving feedback on more than one group, come to another community meeting.
- ❖ If you have thoughts that you did not get to contribute in the small group, be sure to fill out the comment form and turn it in to us. All comments will be read and included.



# INNOVATION INFORMATION

## Mental Health Services Act (MHSA) County of San Bernardino

**Background:** The MHSA is less specific in its directives for this component than for other components, forming an environment for the development of creative and exciting new practices/approaches in the field of mental health. Programs developed within the **INNOVATION** Component include novel, creative, ingenious mental health approaches that are expected to contribute to learning. They are developed within communities through a Community Program Planning process that is inclusive and representative, especially of unserved, underserved and inappropriately served individuals. Innovation programs have the ability to transform creative ideas in to practical solutions and applications.

### Community Program Planning will:

- Build upon previous stakeholder input
- Engage leadership and representatives of the community potentially impacted by proposed Innovation projects.
- Encourage culturally, linguistically competent outreach/accessibility for the inclusion of diverse stakeholders (current/potential clients, families, caregivers; individuals who are unserved/underserved by the mental health system; service providers and representatives of unserved communities).
- Conduct stakeholder input/planning activities using convenient settings and strategies.
- Incorporate community strengths in solutions to identified challenges.
- Conduct a community input and planning process that is inclusive, fair, respectful and effective.

### Essential Purposes

The MHSA specifies that funds for Innovative Programs are to be used to accomplish at least one of the following purposes:

- Increase access to underserved groups.
- Increase the quality of services, including better MHSA-informed outcomes.
- Promote interagency and community collaboration.
- Increase access to services.

### Focus

The focus of Innovation programs is to contribute to learning, rather than providing a service, and can:

- Introduce a new mental health practice.
- Make substantial change of an existing mental health practice.
- Introduce new application to mental health system of a promising community approach.

*Note: An Innovation project may include a Prevention and Early Intervention (PEI) strategy, but the strategy would have to be distinct from the PEI component of the MHSA.*

## **MHSA Transformation, Integration and Six General MHSA Standards**

Innovation offers an opportunity to further transform and integrate the mental health system. Projects should be consistent with support, and where applicable, incorporate the following general standards.

- Community Collaboration – Initiate, support, and expand collaboration and linkages.
- Cultural Competence – Demonstrate cultural competency/capacity to reduce disparities in mental health services and outcomes.
- Client/family-driven mental health system – Include ongoing involvement of clients, participants in PEI and potential clients (in implementation, staffing, evaluation and dissemination).
- Family-driven mental health system – Include ongoing involvement of family members (in implementation, staffing, evaluation and dissemination).
- Wellness, Recovery & Resilience Focus – Increase resilience and/or promote recovery.
- Integrated Service Experience – Encourage and provide for access to a full range of services across agencies, programs and funding sources.

## **Scope**

Innovation may:

- Impact individuals, self-defined families, neighborhoods, tribal and other communities, counties, regions
- Initiate, support, expand collaboration and linkages, especially connections between systems, organizations, healers and other nontraditional practitioners
- Influence individuals across all life stages and all age groups, including multigenerational practices/approaches
- Affect any aspect of mental health practices or assess new applications of promising approaches to seemingly intractable mental health challenges

**Time Limit** – Innovation projects are similar to pilot or demonstration projects: they are subject to time limitations for assessment and evaluation of effectiveness and are in need of securing ongoing, stable funding sources for long term sustainability.

**Impact** – It is important to note that many of these projects impact more than just the Department of Behavioral Health (DBH) community. Since DBH cannot guarantee funding for these projects to continue, it is important to recognize other areas of the system, or organizations within the community, that can benefit from the successful components of Innovation projects.

Some areas that are impacted by Innovation learning include:

- Administrative/governance/organizational practices, processes, procedures
- Advocacy
- Education and training for service providers (including nontraditional mental health practitioners)
- Outreach, capacity building and community development
- Planning
- Policy and system development
- Prevention, early intervention (meeting Innovation criteria)
- Public education efforts
- Research
- Services and/or treatment interventions (meeting Innovation criteria)

# Innovation Projects



INN Community Planning Meetings  
June/July 2013

County of San Bernardino  
Department of Behavioral Health  
Office of Innovation

## What is innovation?

The ability to transform creative ideas into practical solutions and applications.





### What is unique about the MHA Innovation Component?

It is an **opportunity** to develop novel, creative, ingenious mental health approaches that are expected to:

- contribute to learning.
- be developed within communities .
- be time limited.
- **further transform the Mental Health System.**



### What is unique about the MHA Innovation Component?

All Innovation projects must include **one of the following four (4) purposes:**

1. Increase **access to underserved groups.**
2. **Increase the quality** of services, including measurable outcomes.
3. Promote **interagency and community collaboration.**
4. Increase **access to services.**



## What is unique about the MHPA Innovation Component?

All Innovation projects must support innovative approaches by doing one of the following:

1. Introduce **new** mental health practices/approaches.
2. Make a **change to an existing** mental health practice/approach.
3. Introduce a **new application to the mental health system of a promising community-driven practice**, OR an approach that has been successful in non-mental health contexts/settings.



## Stroll Down Memory Lane...

**2005:** CSS, PEI, WET and Capital Facilities and Technologies Community Planning Process

**2008:** 51 Innovation Community Forums

- 17 concepts papers submitted

**11/2009:** Plans for ODCE, CASE, CRM and HC

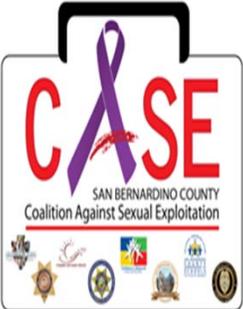
- 2/2010: MHSOAC Approval of INN Plans

**5/2010:** MHPA Annual Update (added IYRT)

- 6/2010: MHSOAC Approval of INN Plan

**3/2011:** MHPA Annual Update (added TBHH)

- AB 100 - Plans did not require State Approval

 <p><i>To increase the quality of services, including better, more measurable outcomes</i></p>	<h2 style="text-align: center;">CASE</h2> <h3 style="text-align: center;">Description</h3> <p>A collaboration between several County and community agencies, to help <b>develop &amp; test a collaborative model of interventions and services to reduce the number of diverse children/youth that are sexually exploited.</b></p> <p>Direct services include:</p> <ul style="list-style-type: none"> <li>❑ Intensive case management</li> <li>❑ Building of rapport</li> <li>❑ Advocating in court proceedings and making treatment recommendations to the court</li> <li>❑ Provision of therapy</li> <li>❑ Placement</li> <li>❑ Working with clients' family members</li> </ul>
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<h2 style="text-align: center;">CASE Today &amp; Learning</h2> <ul style="list-style-type: none"> <li>• Fiscal Year 2012/13 to current:             <ul style="list-style-type: none"> <li>• 36 minors received direct services.</li> <li>• 85 public presentations/trainings provided.</li> <li>• 3,675 professionals and community members trained and educated regarding commercial sexual exploitation of children/youth, assessment and appropriate services.</li> </ul> </li> <li>• Working with victims of commercial sexual exploitation is very <b>challenging work!</b> <ul style="list-style-type: none"> <li>➢ Identification of "victims" can be difficult.</li> <li>➢ Many are arrested for charges other than prostitution.</li> </ul> </li> <li>• <b>Developing interview/assessment skills/mechanisms</b> to encourage disclosure takes time and specialized training.</li> <li>• <b>Community awareness</b> increased through educational workshops and community presentations.</li> <li>• <b>Need for Balance</b> – Between needing to recognize them as <i>victims</i> (not criminals), knowing this could increase vulnerability for reabsorption into "the life."</li> </ul>
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## Community Resiliency Model

### Description



*To promote interagency and community collaboration*

<http://www.communityresiliencymodel.com/>

A project intended to reach out to the County's diverse unserved, underserved and inappropriately served communities, by way of training the Community Resiliency Model (CRM), which is a set of six wellness skills based on biology.

The CRM Intervention projects **train community members** to help themselves and to help their families, friends and wider community by becoming Community Resiliency Model Skills Trainers and Ambassadors.

The CRM Project has trained **157 community members**.

## CRM Learning

- Designed to prepare community members to be a resource within communities during traumatic events.
- Most beneficial in reducing their own personal stress; in turn possibly assisting in reducing stress in the community.
- CRM curriculum is beneficial in educating participants about how to manage their own stress/anxiety.
- **Evaluation Report Results:**
  - Improvements in reducing distress and increasing well-being symptoms.
  - 100% indicated they used CRM skills daily or a few times a week.
  - CRM Questionnaire - Responses to "Ways in which you have used the CRM skills during the 3-6 months":
    - "Getting out of road rage episodes"*
    - "During parenting classes I teach, I discuss anger management skills and tie in CRM skills"*
    - "Males and females in ministry"*
    - "Sierra Alternative School: I want to set up a seminar for teachers & staff about how to use CRM in school"*

## Online Diverse Community Experience *Description*



*To increase access  
to underserved  
groups*

A project designed to use social media to **increase access to services and overall awareness about behavioral health issues**, education and resources.

This social networking project serves to communicate and share local behavioral health news and other related topics of interest with County residents and consumers via DBH Facebook (English & Spanish) and Twitter accounts.

- 26,294 individuals viewed the DBH Facebook Site
- 22,046 individuals browsed articles posted on the DBH Facebook Site

## ODCE Learning

- Twitter found not to be as relevant.
- Regular posting to sites is essential to maintaining community engagement.
- DBH must **coordinate responses** with the Public Information Office (PIO), as well as clinical staff, depending on post/message content.
- Community members can send/post messages at any time of the day and have **24-hour access to the site**.
- Increase awareness around behavioral health information via a Social Networking Site (like Facebook) can lead to situations where **personal information can be over-shared**.



*To increase  
access to  
underserved  
groups*

## Holistic Campus

### Description

A hub for holistic services to be offered, where **services are culturally-informed and peer/community driven**, with the goal of **increasing access to underserved groups** from all cultures, backgrounds and ethnicities.

Services include culturally specific healing strategies and linkages to services that are cross-cultural and cross-generational. **Healing strategies are determined by the particular community** the campus serves, and as a result, vary by location.

## HC Today & Learning

San Bernardino Metro/East Valley Area Holistic Campus is on schedule to begin program implementation July 2013.

### STRIVE Holistic Campus – Serving West Valley in Ontario:

- Has served a total of 2852 unduplicated members up to 3/2013.  
(Goal = 2400/year)

### WISE Holistic Campus – Serving High Desert in Victorville:

- Has served a total of 4249 unduplicated members YTD  
(Goal = 2400/year)
- Increase linkages with traditional mental health providers as a referral source.
- Targeted outreach efforts to other systems of care in promoting benefits of services.
- HCs need a **greater presence within the mental health system** to integrate holistic services into the greater system of care.

**Interagency Youth Resiliency Team**  
*Description*



An intensive mentoring program, designed for system-involved youth (e.g., youth in foster care or on probation, or youth at risk of entering either system and youth receiving mental health services) and their caregivers.

IYRT draws upon the experiences of former foster and probation youth to create a training/ mentoring program that serves the specific needs of that youth population.

**IYRT**



IYRT and Workforce Development Department (WDD) Collaborative (MOU), provided **298** IYRT-eligible youths with **training and employment services, career guidance, skills assessments, case management, supportive services and classroom and on-the-job training opportunities.**

The project resulted in a **78.8% success rate**, with:

- **84** youths being hired by their worksite
- **71** entering the Workforce Investment Act (WIA) youth program
- **80** returning to high school or entering college

## IYRT Today & Learning

### EMQ Families First – Serving Central Valley

- YTD: 63 Youths, 54 Resource Providers

### Reach Out – Serving West Valley

- YTD: 74 Youths, 43 Resource Providers/Caregivers

### Valley Star Children and Family Services - Serving East Valley

- YTD: 70 Youths, 21 Resource Providers/Caregivers

Marketing Challenges: Trauma-Informed Intense Mentoring vs. "Mentoring."

Outcome differences due to variances in curriculum.

Matching Process is complex.

Mentor Status Differences (Volunteer, Stipend, Full-time employee).

## TAY Behavioral Health Hostel

### Description

A peer-driven, short-term, 14-bed, crisis residential treatment facility designed for TAY (ages 18–25) in crisis.

Services are intended for TAY who are **at risk and need a higher level of care** than therapy, **but lower level of care than psychiatric hospitalization.**

Services incorporate the tenets of **recovery, peer support** and **identifying community connections.**



*To increase access to underserved groups*

## TBHH (The STAY) Today & Learning

"The STAY" (Supporting TAY) Crisis Residential Treatment, **opened March 21, 2013.**

The STAY provides **voluntary** behavioral health services, 24 hours a day, 365 days a year that include:

- Individual and Group Counseling
- Crisis Intervention
- Rehabilitation/Recovery
- Assistance in creating client-driven Wellness Recovery Action Plans

The STAY has **served 19 TAY clients.**

- **State licensing** was resource intensive and delayed services (due to State staffing issues).
- Targeted **outreach to inpatient and other psychiatric diversion programs is needed** to ensure providers are aware of the uniqueness and availability of STAY services.

For more information, please  
contact the Office of Innovation.  
(909) 252-4006

# THANK YOU



## Departamento de Salud Mental del Condado de San Bernardino Programa de Innovación de la Ley de Servicios de Salud Mental (MHSA)

### Cómo aprovechar al máximo la reunión del día de hoy y como hacer que su voz sea escuchada

La intención del Proceso Comunitario de Planeación es brindar a los miembros de la comunidad una oportunidad de aprender sobre los proyectos de Innovación que el Programa de Innovación de DBH ha financiado durante los últimos años. También tiene el propósito de obtener sus respuestas respecto a varias preguntas importantes:

1. A pesar de que los proyectos no se hayan completado, el personal de los mismos compartirá las cosas que han aprendido hasta ahora. ¿Cuáles de estas cosas son más importantes para usted como miembro de la comunidad?
2. ¿Qué partes de los proyectos usted piensa que son más importantes para que continúen?
3. ¿Cómo es que la nueva forma de hacer las cosas que se han aprendido en estos proyectos ayudan a otras personas para que tengan acceso los servicios de salud mental que necesitan?
4. ¿Qué es lo más importante para que el Programa Innovación sea financiado en el futuro?

A través de reuniones como éstas obtenemos mejores resultados, escuchamos sobre otras perspectivas y nos damos a la tarea para fomentar que otras voces sean escuchadas. He aquí algunas sugerencias sobre cómo puede participar mejor en este proceso:

- ❖ Comience en un lugar de aprendizaje — todos estamos aquí para aprender juntos y unos de los otros.
- ❖ Mantenga una mente abierta y participe plenamente en el proceso.
- ❖ Escuche con curiosidad para entender los proyectos y cómo éstos pueden servir mejor a las personas en su comunidad.
- ❖ Comparta sus opiniones de forma respetuosa y constructiva.
- ❖ Ayúdenos a mantener una atmósfera de profesionalismo y discusión amable. Algunas maneras de hacerlo son:
  - Ofreciendo comentarios respetuosos, amables y constructivos.
  - Compartiendo información cuando sea apropiado.
  - Manteniendo el enfoque sobre el tema que se está tratando.
  - Respetando al moderador y a la persona asignada para tomar los tiempos.
  - Tratando con respeto y confidencialidad cualquier información personal que otros compartan.

Aquí tiene algunas sugerencias para que sus observaciones y comentarios tengan un mejor impacto en los resultados en este Proceso Comunitario:

- ❖ Las notas tomadas por la persona asignada en su pequeño grupo serán consideradas registros oficiales de la discusión realizada; posteriormente, dichos registros formarán parte de nuestro informe. Ayúdenos a asegurar que estos registros sean un reflejo fiel y completo de los puntos claves de la conversación.
- ❖ Durante esta reunión, usted sólo podrá ser parte de un grupo pequeño que esté enfocado en un proyecto específico. Si está interesado en aprender o brindar comentarios en más de un grupo de discusión, por favor asista a una nueva reunión comunitaria.
- ❖ Si usted tiene ideas que no aportó en el grupo, asegúrese de llenar un formulario y entréguelo a alguno de nosotros. Todos los comentarios serán leídos e incluidos.



# INFORMACIÓN SOBRE EL COMPONENTE DE INNOVACIÓN

## Ley de Servicios de Salud Mental (MHSA) Condado de San Bernardino

**Antecedentes:** *MHSA* es menos específica en cuanto a las directrices para el componente de Innovación en comparación con el resto de sus componentes, creando con ello, un ambiente para propio para el desarrollo de nuevas prácticas/enfoques creativos y estimulantes en el campo de la salud mental. Los programas desarrollados dentro del componente de Innovación incluyen prácticas que se caracterizan por ser novedosas, creativas e ingeniosas en el ámbito de la salud mental y cuyas expectativas son que contribuyan al aprendizaje. Estas prácticas son desarrolladas dentro de las comunidades a través de un Proceso Comunitario de Planeación que es incluyente y representativo especialmente de aquellos individuos que no reciben servicios, que los reciben de manera insuficiente; o bien, que reciben dichos servicios inadecuadamente. Los programas de Innovación tienen la capacidad de transformar ideas creativas en soluciones y aplicaciones prácticas.

### La Planeación Comunitaria del Programa:

- Se desarrollará en base a las aportaciones previas hechas por las partes interesadas.
- Involucrará a los líderes y representantes de las comunidades con posibilidades de ser impactadas por los proyectos de Innovación que se propongan.
- Fomentará la accesibilidad/alcance cultural y lingüístico para la inclusión de diversas partes interesadas (clientes actuales/futuros, familias, proveedores de cuidados; personas que no son atendidas o que son atendidas en forma insuficiente por el sistema de salud mental, proveedores de servicios y representantes de las comunidades no están siendo atendidas).
- Realizará actividades de planeación o actividades para obtener las observaciones de las partes interesadas, utilizando entornos y estrategias adecuadas.
- Incorporará las fortalezas de la comunidad en la solución de los desafíos previamente identificados.
- Dirigirá un proceso comunitario de planeación y de aportes que sea que sea incluyente, justo, respetuoso y eficaz.

### Propósitos esenciales

*MHSA* establece que el financiamiento para los programas de Innovación sea utilizado para cumplir con por lo menos una de las siguientes metas:

- Incrementar el acceso de grupos que son atendidos de manera insuficiente.
- Elevar la calidad de los servicios, incluyendo mejores y bien fundamentados resultados de *MHSA*.
- Promover la colaboración entre las diferentes entidades; así como la colaboración con la comunidad.
- Incrementar el acceso a los servicios.

## **Enfoque**

El enfoque de los programas de Innovación es contribuir al aprendizaje más allá de proporcionar servicios; y puede:

- Introducir una nueva práctica en el ámbito de la salud mental.
- Efectuar cambios sustanciales en una práctica existente de salud mental.
- Introducir una nueva aplicación de un método comunitario promisorio en el sistema de salud.

*Nota: Un proyecto de Innovación puede incluir la prevención o una estrategia de Prevención e Intervención Temprana (PEI, por sus siglas en inglés), pero la estrategia tendría que ser diferente a la del componente PEI de MHSA.*

**Transformación e Integración de MHSA, y las Seis Normas Generales de MHSA** – Innovación ofrece la oportunidad de transformar e integrar aún más el sistema de salud mental. Los proyectos deben ser consistentes, servir de apoyo; y cuando sea aplicable, deben incorporar las siguientes normas generales:

- Colaboración comunitaria – Iniciar, apoyar y ampliar la colaboración y los vínculos.
- Competencia cultural – Demostrar competencia/capacidad cultural para reducir las disparidades en los servicios y resultados de salud mental.
- Un sistema de salud mental dirigido por los clientes/familias – Incluye el involucramiento continuo de los clientes, participantes de PEI y posibles clientes (en la puesta en práctica, dotación de personal, evaluación y difusión).
- Un sistema de salud mental dirigido por las familias – Incluye el involucramiento continuo de los familiares (en la puesta en práctica, dotación de personal, evaluación y difusión).
- Enfoque en el bienestar, recuperación y resiliencia– Incrementar la resiliencia y/o promoción de la recuperación.
- Experiencia de servicios integrados – Fomentar y proporcionar acceso a una gama completa de servicios a través de agencias, programas y fuentes de financiamiento.

## **Alcance**

Innovación podrá:

- Impactar a personas, familias que se definen por si mismas como tales; vecindarios, grupos étnicos y a otras comunidades; así como condados y regiones.
- Iniciar, apoyar y ampliar la colaboración y las conexiones; especialmente aquellos enlaces entre sistemas, organizaciones, *sanadores* u otras personas que realizan prácticas no tradicionales.
- Influir en todas las etapas de la vida de las personas de todas las edades, incluyendo prácticas/enfoques multigeneracionales.
- Tener efecto sobre cualquier aspecto de prácticas de salud mental o evaluar nuevas aplicaciones de métodos promisorios para desafíos de salud mental aparentemente difíciles de tratar.

**Límite de tiempo** – Los proyectos de Innovación son similares a los proyectos piloto o proyectos de demostración. Están sujetos a límites de tiempo para su evaluación y determinación de su efectividad y requieren el aseguramiento de fuentes de financiamiento continuo y estable para su sustentabilidad a largo plazo.

**Impacto** – Es importante hacer notar que muchos de estos proyectos tienen impacto sobre algo más que sólo la comunidad del Departamento de Salud Mental. Debido a que *DBH* no puede garantizar la continuación del financiamiento para estos proyectos, es importante identificar otras áreas del sistema u organizaciones dentro de la comunidad que pudieran beneficiarse de los componentes exitosos provenientes de los proyectos de Innovación. Algunas de las áreas que son impactadas por el aprendizaje de Innovación incluyen:

- Prácticas, procesos y procedimientos administrativos/de autoridad/ organizacionales
- Defensa o abogacía
- Educación y capacitación para proveedores de servicios (inclusive para los proveedores de servicios de salud mental no tradicionales).
- Actividades de alcance, desarrollo de capacidades y desarrollo comunitario.
- Planeación.
- Desarrollo de políticas y desarrollo de sistemas.
- Prevención, intervención temprana (que cumplan los criterios de Innovación).
- Esfuerzos sobre educación al público
- Investigación
- Servicios y/o intervenciones de tratamiento (que cumplan los criterios de Innovación)



## Proyectos de Innovación

Reuniones Comunitarias de Planeación de INN  
Junio/julio 2013

Condado de San Bernardino  
Departamento de Salud Mental  
Oficina de Innovación



### ¿Qué es Innovación?

La capacidad de transformar ideas creativas en soluciones y aplicaciones prácticas.



### ¿Qué hay de singular en el componente de Innovación de MHSa?

Es una **oportunidad** para desarrollar enfoques novedosos, creativos e ingeniosos en el ámbito de la salud mental, cuyas expectativas son:

- Contribuir al aprendizaje.
- Que sean desarrolladas dentro de las comunidades.
- Tener un límite de tiempo.
- **Transformar aún más el Sistema de Salud Mental.**



### ¿Qué hay de singular en el Componente de Innovación de MHSa?

Todos los proyectos de Innovación deben enfocarse en **una de las siguientes cuatro (4) finalidades adoptándola como su propósito principal:**

1. Incrementar el **acceso a los grupos que son atendidos de manera insuficiente.**
2. **Elevar la calidad** de los servicios, incluyendo resultados que puedan ser medidos.
3. Promover **la colaboración entre agencias y entre la comunidad.**
4. Incrementar el **acceso a los servicios.**



## ¿Qué hay de singular en el Componente de Innovación de MHSA?

Todos los proyectos deben **apoyar enfoques innovadores**, realizando una de las siguientes actividades:

1. Introducir nuevas prácticas/enfoques de salud mental.
2. Efectuar cambios en una práctica/metodología existente de salud mental.
3. Introducir una aplicación nueva al sistema de salud mental respecto a una práctica promisoría orientada a la comunidad, o un enfoque que haya sido exitoso en un contexto/escenario ajeno a la salud mental.



## Un Recorrido por la ruta del recuerdo...

**2005:** Proceso Comunitario de Planeación con CSS, PEI, WET, Instalaciones y Tecnologías.

**2008:** 51 Foros Comunitarios de Innovación.

➤ se presentaron 17 trabajos conceptuales

**11/2009:** Planes para ODCE, CASE, CRM y HC

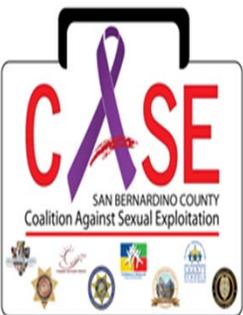
➤ 2/2010: Aprobación de MHSOAC a los Planes de INN

**5/2010:** Actualización Anual de MHSA (se añadió IYRT)

➤ 6/2010: Aprobación de MHSOAC al Plan de INN

**3/2011:** Actualización Anual de MHSA (se añadió TBHH)

➤ AB 100 - Los Planes no requirieron Aprobación del Estado



*Para elevar la calidad de los servicios, incluyendo resultados mejores y más medibles*

## Descripción de CASE

Una colaboración entre varias agencias del Condado y de la comunidad para ayudar a **elaborar y poner a prueba un modelo colaborativo de intervenciones y servicios para reducir el número diverso de niños/jóvenes que son explotados sexualmente.**

- Los servicios directos incluyen:
- Manejo intensivo de casos
  - Creación de una relación positiva
  - Abogacía en los procesos judiciales y recomendaciones a las tribunales acerca de tratamientos
  - Terapia
  - Colocación
  - Trabajo con los familiares de los clientes

## CASE hoy en día y su aprendizaje

- Inicio del Año Fiscal 12/13 al presente:
  - 36 menores recibieron servicios directos.
  - 85 presentaciones públicas/eventos de capacitación realizados.
  - 3675 profesionales y miembros de la comunidad fueron capacitados acerca de la explotación sexual comercial de niños/jóvenes; evaluación y servicios apropiados.
- El trabajo con las víctimas de explotación sexual comercial es **¡sumamente desafiante!**
  - La Identificación de las "víctimas" puede ser difícil.
  - Muchas son arrestadas por cargos diferentes a la prostitución.
- **Desarrollo de habilidades/mecanismos para entrevista/evaluación** para estimular la revelación de información. Esto requiere tiempo y capacitación especializada.
- Se incrementó la **concientización de la comunidad por medio de** talleres educativos y presentaciones comunitaria.
- **Necesidad de equilibrio** – Necesidad de reconocerlos como *víctimas* (no como delincuentes), sabiendo que esto puede aumentar la vulnerabilidad para su reinserción en "la vida".

	<h3>Modelo de Resiliencia Comunitaria</h3>
<p><b>Para promover la colaboración entre agencias y entre la comunidad</b></p>	<p><b>Descripción</b></p>
<p><a href="http://www.communityresiliency.com/">http://www.communityresiliency.com/</a></p>	<p>Un proyecto concebido para llegar a las diversas comunidades del Condado que no reciben servicios; que reciben servicios insuficientemente o de manera inadecuada, a través de la capacitación del Modelo de Resiliencia Comunitaria (CRM), el cual es un conjunto de seis habilidades de bienestar basadas en la ciencia de la Biología.</p>
	<p>Los proyectos de intervención CRM <b>capacita a miembros de la comunidad</b> para ayudarles a ellos, a sus familias, amigos y a la comunidad en general, convirtiéndolos en Instructores y Embajadores capacitados en el Modelo de Resiliencia Comunitaria.</p>
	<p><b>El Proyecto CRM ha capacitado a 157 miembros de la comunidad.</b></p>

<h2>Aprendizaje CRM</h2>
<ul style="list-style-type: none"> <li>• Designado para preparar a miembros de la comunidad para que se conviertan en recursos en sus comunidades, durante eventos traumáticos.</li> <li>• Más beneficioso para reducir el propio estrés personal; como resultado de ello, la posibilidad de ayudar a reducir el estrés en la comunidad.</li> <li>• El currículo de CRM es beneficioso para formar a los participantes sobre cómo manejar su propio estrés/ansiedad.</li> <li>• <b>Resultados del Informe de Evaluación:</b> <ul style="list-style-type: none"> <li>• Mejoras en la reducción del sufrimiento y aumento en las manifestaciones de bienestar.</li> <li>• El 100% mencionó que utilizaron habilidades CRM a diario o unas cuantas veces a la semana.</li> <li>• Las respuestas al Cuestionario CRM "Formas en que ha utilizado las habilidades CRM durante los 3-6 meses pasados": <ul style="list-style-type: none"> <li><i>"Para evitar maniobras violentas al conducir"</i></li> <li><i>"Durante las clases sobre paternidad que yo imparto, analizamos las habilidades para el control de la ira y las conectamos con las de CRM"</i></li> <li><i>"Hombres y mujeres en las órdenes religiosas"</i></li> <li><i>"Escuela Alternativa Sierra: Deseo organizar un seminario para maestros y para el personal sobre cómo utilizar CRM en la escuela".</i></li> </ul> </li> </ul> </li> </ul>

## Experiencia en línea para Comunidades Diversas

### Descripción

Un proyecto diseñado para utilizar las redes sociales y así **incrementar el acceso a los servicios y la concientización en general acerca de temas de salud mental, educación y recursos.**

Este proyecto en las redes sociales sirve para comunicar y compartir con los residentes del Condado y usuarios, aquellas noticias locales sobre salud mental y otros temas relacionados, a través de cuentas de DBH en *Facebook* (inglés y español) y *Twitter*.



**Para incrementar el acceso a grupos atendidos de manera deficiente**

- 26,294 personas vieron el sitio de DBH en *Facebook*
- 22,046 personas echaron un vistazo a los artículos exhibidos en el sitio de DBH en *Facebook*.

## Aprendizaje ODCE

- Se determinó que *Twitter* no es tan relevante.
- La actualización regular de los sitios es esencial para mantener a la comunidad involucrada.
- DBH debe **coordinar respuestas** con la Oficina de Información Pública (PIO), así como con el personal clínico, dependiendo del contenido del aviso/mensaje.
- Los miembros de la comunidad pueden enviar/poner mensajes a cualquier hora del día y tienen **acceso al sitio durante las 24 horas**.
- Incrementar la concientización acerca de la información sobre salud mental por medio de los sitios en las redes sociales (como *Facebook*) puede conducir a situaciones en que **la información personal puede ser compartida en exceso**.



*Para incrementar el acceso a grupos que son atendidos de manera insuficiente*

## Campo Holístico

### Descripción

Un centro para el suministro de servicios holísticos, donde los **servicios son culturalmente adecuados y son dirigidos por los compañeros/la comunidad**, con el objetivo de **incrementar el acceso a grupos que no reciben servicios suficientes**, de todas las culturas, antecedentes y origen étnico.

Los servicios incluyen estrategias de sanación culturalmente específicas y vínculos a servicios multiculturales y multigeneracionales. **Las estrategias de sanación son determinadas por una comunidad específica** que el campo sirve, por lo tanto, su ubicación puede variar.

## HC hoy en día y su aprendizaje

El Campo Holístico de San Bernardino Área Metropolitana/East Valley está programado para comenzar la implementación del programa en julio de 2013.

**El Campo Holístico STRIVE – que atiende a West Valley en Ontario:**

- Ha atendido a un total de 2852 miembros únicos hasta la fecha (Objetivo = 2400/año)

**El Campo Holístico WISE – que atiende a High Desert en Victorville:**

- Ha atendido a un total de 4249 miembros únicos hasta la fecha (Objetivo = 2400/año)
- Aumento de enlaces con proveedores tradicionales de salud mental, como fuente de referencia.
- Los esfuerzos de alcance dirigidos a otros sistemas de atención para promover los beneficios de los servicios.
- Los HCs necesitan una **mayor presencia a nivel de sistema de salud mental** para integrar a los servicios holísticos en un sistema de atención de mayor dimensión.



**Equipo inter agencias para la Resiliencia en los jóvenes**

**Descripción**

Un programa intensivo de mentores diseñado para jóvenes involucrados en el sistema (es decir, jóvenes bajo cuidados de crianza, bajo libertad a prueba o jóvenes en riesgo de involucrarse en situaciones de este tipo; así como jóvenes que reciben servicios de salud mental) y sus proveedores de cuidados.

IYRT recaba las experiencias de los jóvenes que han estado bajo cuidados de crianza y bajo libertad a prueba para crear un programa de capacitación/mentores que atienda las necesidades específicas de esa población de jóvenes.



**IYRT**

IYRT y el Departamento de Desarrollo de la Fuerza Laboral (WDD) y el Colaborativo (MOU), proporcionaron **capacitación y servicios de empleo; orientación laboral, evaluación de habilidades, gestión de caso, servicios de apoyo y oportunidades de capacitación en el aula y en el trabajo a 298 jóvenes elegibles para IYRT.**

El proyecto generó una **tasa de éxito del 78.8%**, con:

- **84 jóvenes contratados** por su lugar de trabajo.
- **71 que ingresaron** al programa de jóvenes de la Ley de Inversión en Fuerza Laboral (WIA)
- **80 que volvieron** a la preparatoria o ingresaron a la universidad.

## IYRT hoy en día y su aprendizaje

### EMQ Families First

- Hasta la fecha: 63 jóvenes, 54 proveedores de recursos

### Reach Out

- Hasta la fecha: 65 jóvenes, 30 proveedores de recursos/proveedores de servicios

### Servicios a las Familias y Niños de Valley Star

- Hasta la fecha: 70 jóvenes, 21 proveedores de recursos/proveedores de servicios

Desafíos de difusión: Mentoría Intensiva de Trauma versus "Mentoría"

Diferentes resultados debido a variaciones en el currículum.

El Proceso de Coincidencia es complejo.

Diferencias en el status de los mentores (voluntario, remunerado, empleado a tiempo completo).

## Albergue Juvenil de Salud Mental (TAY)

### Descripción

Unas instalaciones dirigidas por compañeros, que cuenta con 14 camas, para el tratamiento residencial a corto plazo por crisis, diseñada para la población TAY (edades de 18 a 25 años) que se encuentren e situaciones de crisis.

Los servicios tienen la finalidad de servir a los miembros TAY que estén **en riesgo y que necesiten un nivel de atención más elevado** que una terapia, pero **menor a una hospitalización psiquiátrica**.

Los servicios incorporan los principios de **recuperación, apoyo de compañeros e identificando las conexiones de las comunidades**.



*Para incrementar el acceso a grupos atendidos de manera insuficiente*

## TBHH (The STAY)

### Hoy en día y su aprendizaje

"The STAY" (Apoyo a TAY) Tratamiento Residencial por Crisis, **comenzó el 21 de marzo de 2013.**

The STAY proporciona servicio de **voluntarios** para salud mental, las 24 horas del día, 365 días al año e incluyen:

- Apoyo psicológico individual y de grupos
- Intervención por crisis
- Rehabilitación/recuperación
- Ayuda para crear planes de acción orientados al cliente para la recuperación de su bienestar

The STAY ha **atendido a 19 clientes TAY.**

- **La licencia del Estado** fue intensiva en recursos y retrasó los servicios (debido a asuntos de personal del Estado).
- **Alcance enfocado a pacientes internos y otros programas psiquiátricos alternativos** para asegurar que los proveedores estén conscientes de la exclusividad y disponibilidad de los servicios de STAY.

Para más información, por favor comuníquese con la Oficina de Innovación.

(909) 252-4006

# GRACIAS



## County of San Bernardino Department of Behavioral Health Mental Health Services Act (MHSA) Innovation Program

### Breakout Group Discussion Guide

---

#### Which breakout discussion did you take part in?

- |  |   |
|--|---|
| <input type="checkbox"/> Coalition Against Sexual Exploitation | <input type="checkbox"/> Interagency Youth Resiliency Team                  |
| <input type="checkbox"/> Community Resiliency Model            | <input type="checkbox"/> Online Diverse Community Experience (Social Media) |
| <input type="checkbox"/> Holistic Campus                       | <input type="checkbox"/> TAY Behavioral Health Hostel                       |
- 

Scribe name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Instructions for breakout group scribe:

*Use this form to capture the key points of consensus in your group. These notes will be important inputs for the final report, so it is important that they be a balanced and complete record of the discussion.*

- 2. What aspects of the project do you see as most impactful and important to continue?**
  
  
  
  
  
  
  
  
  
  
- 3. When the Innovation funding ends, what other organizations or funding agencies would have an interest in continued services to the people this project supports?**
  
  
  
  
  
  
  
  
  
  
- 4. Based on your own experience, what are potential priorities or ideas for Innovation program funding in the future?**



## Departamento de Salud Mental del Condado de San Bernardino Programa de Innovación de la Ley de Servicios de Salud Mental (MHSA)

### Guía de Grupos de Trabajo Divididos por Tema de Interés

#### ¿En qué grupo de discusión usted participó?

- |   |  |
|---|--|
| <input type="checkbox"/> Coalición contra la Explotación Sexual | <input type="checkbox"/> Equipo Inter-agencial de Resiliencia Juvenil                |
| <input type="checkbox"/> Modelo de Resiliencia Comunitaria      | <input type="checkbox"/> Experiencia Diversa y Comunitaria en Línea (redes sociales) |
| <input type="checkbox"/> Campus Holístico                       | <input type="checkbox"/> Albergue Juvenil de Salud Mental (TAY)                      |

Nombre de la persona a cargo de tomar las notas: \_\_\_\_\_

Número de teléfono de la persona a cargo de tomar las notas: \_\_\_\_\_

Dirección de correo electrónico la persona a cargo de tomar las notas: \_\_\_\_\_

#### **Instrucciones para la persona a cargo de tomar las notas de la discusión:**

*Use este formulario para capturar los puntos claves de consenso en su grupo. Estas notas serán importantes aportes para el informe final; por lo tanto es importante que realice un registro balanceado y completo de la discusión.*

**2. ¿Qué aspectos del proyecto cree usted que es más impactante e importante para continuar?**

**3. ¿Cuando cese la subvención de la Innovación, lo que otras organizaciones u organismos de financiación tendrían un interés en la continuación de servicios a la gente apoya este proyecto?**

**4. Basado en su propia experiencia, ¿cuáles son las prioridades potenciales o ideas para la financiación del programa de Innovación en el futuro?**



County of San Bernardino Department of Behavioral Health
Mental Health Services Act (MHSA) Innovation Program

Stakeholder Comment Form

What is your age?

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

What is your gender?

- Male
Female
Other: \_\_\_\_\_

What region do you live in?

Zip code: \_\_\_\_\_

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

What group(s) do you represent?

- Family member or caregiver of consumer
Consumer of Mental Health Services
Law Enforcement
Education
Community Agency
Faith Community
County Staff
Social Services Agency
Health Care Provider
Community Member
Active Military or Veteran
Representative from Veterans Organization
Provider of Alcohol and Drug Services

What is your Ethnicity?

- Latino/Hispanic
African American
Caucasian/White
Asian/Pacific Islander
American Indian/Native American
Other: \_\_\_\_\_

What is your primary language?

- English
Spanish/Español
Vietnamese/tiếng Việt
Other: \_\_\_\_\_

What is your general feeling about this MHSA Innovation Community Participation Process?

- Very Satisfied
Satisfied
Somewhat Satisfied
Unsatisfied
Very Unsatisfied

Which breakout discussion did you take part in?

- Coalition Against Sexual Exploitation
Community Resiliency Model
Holistic Campus
Interagency Youth Resiliency Team
Online Diverse Community Experience (Social Media)
TAY Behavioral Health Hostel

Of what you learned about the project you discussed today, what is most important to your community?

Blank lines for handwritten response.

What aspects of the projects do you see as most valuable and important to continue?

Blank lines for handwritten response.

How can the learnings from these projects be used to help other people access services they need?

Blank lines for handwritten response.

What suggestions do you have for future innovation projects?

Blank lines for handwritten response.

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



**Departamento de Salud Mental del Condado de San Bernardino  
Programa de Innovación de la Ley de Servicios de Salud Mental  
(MHSA)  
Formulario de Comentarios de las Partes Interesadas**

**¿Cuál es su edad?**

- 0-15 años de edad
- 16-25 años de edad
- 26-59 años de edad
- 60 años de edad o mayor

**¿Cuál es su género?**

- Masculino
- Femenino
- Otro: \_\_\_\_\_

**¿En qué región vive usted?**

**Código postal:** \_\_\_\_\_

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

**¿A qué grupo(s) usted representa?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Familiar o proveedor de cuidados a consumidores | <input type="checkbox"/> Organización religiosa        | <input type="checkbox"/> Militar activo o <input type="checkbox"/> Veterano |
| <input type="checkbox"/> Consumidor de servicios de salud mental         | <input type="checkbox"/> Personal del Condado          | <input type="checkbox"/> Representante de organizaciones para veteranos     |
| <input type="checkbox"/> Agencia del orden público                       | <input type="checkbox"/> Agencia de servicios sociales | <input type="checkbox"/> Proveedor de servicios de alcohol y drogas         |
| <input type="checkbox"/> Educación                                       | <input type="checkbox"/> Proveedor de atención médica  |   |
| <input type="checkbox"/> Agencia comunitaria                             | <input type="checkbox"/> Miembro de la comunidad       |   |

**¿Cuál es su origen étnico?**

- Latina/hispano
- Asiático/isleño del Pacífico
- Afroamericano
- Indígena americano/nativo americano
- Caucásico/blanco
- Otro: \_\_\_\_\_

**¿Cuál es su idioma principal?**

- Inglés
- Español
- Vietnamita/tiếng Việt
- Otro: \_\_\_\_\_

**¿Cuál es su sentir general sobre este Proceso de Participación Comunitaria sobre el componente de Innovación de MHSA?**

- Muy satisfecho
- Satisfecho
- Algo Satisfecho
- Insatisfecho
- Muy insatisfecho

**¿En que grupo de discusión usted participó?**

- |   |  |
|---|--|
| <input type="checkbox"/> Coalición contra la Explotación Sexual | <input type="checkbox"/> Equipo Inter-agencial de Resiliencia Juvenil                |
| <input type="checkbox"/> Modelo de Resiliencia Comunitaria      | <input type="checkbox"/> Experiencia Diversa y Comunitaria en línea (redes sociales) |
| <input type="checkbox"/> Campo Holístico                        | <input type="checkbox"/> Albergue Juvenil de Salud Mental (TAY)                      |

De todo lo aprendido sobre el proyecto que se discutió el día de hoy, ¿Qué es lo más importante para su comunidad?

\_\_\_\_\_

¿Qué aspectos de los proyectos considera más valiosos e importantes para que continúen?

\_\_\_\_\_

¿Cómo puede usar lo que aprendió de estos proyectos para ayudar a que otras personas tengan acceso a los servicios que necesitan?

\_\_\_\_\_

¿Qué sugerencias usted tiene usted para futuros proyectos de Innovación?

\_\_\_\_\_

\_\_\_\_\_

Gracias nuevamente por tomarse el tiempo para revisar y brindar sus observaciones al Programa de Innovación de MHSA del Condado de San Bernardino.

# NEWS

From the County of San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



FOR IMMEDIATE RELEASE

December 9, 2013

For more information, contact  
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Department of Behavioral Health  
909-252-4068  
[skulesa@dbh.sbcounty.gov](mailto:skulesa@dbh.sbcounty.gov)

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## **A draft of the Mental Health Services Act (MHSA, Prop. 63) Innovation Component Work Plan is now posted for public review.**

**WHO:** All community members, community and faith based organizations, service providers and county department staff interested in the public mental health service delivery system, learning about the Mental Health Services Act (MHSA, Proposition 63) and reviewing the draft Innovation Work Plan.

**WHAT:** MHSA provides behavioral health services that are geared to target the unserved, underserved and inappropriately served members of our community.

The Innovation Component of the MHSA strives to learn from time-limited projects that are new, creative, unique and/or innovative and determine their effectiveness within our system of care. The Department of Behavioral Health seeks to implement two new projects using MHSA Innovation funding.

The public is invited to review the work plan describing these projects and provide feedback on the comment forms, which are posted in English and Spanish.

MHSA was passed by the California voters November, 2004, and went into effect January, 2005. The Act is funded by a 1% tax surcharge on personal income over \$1 million per year.

**WHEN:** A draft of the Innovation Work Plan will be available for review and public comment until January 9, 2014.

**WHERE:** The draft report and comment form is posted on the County of San Bernardino Department of Behavioral Health (DBH) Intranet website. To review please visit: <http://www.sbcounty.gov/dbh/>. Physical copies are also available at all public libraries and DBH clinics throughout the county.

**CONTACT:** For additional information, please contact Susanne Kulesa at (909) 252-4068 or 711 for TTY users.

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# NOTICIA

Del Condado de San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



PARA PUBLICACIÓN INMEDIATA  
9 de diciembre, 2013

Para más información, contacte a  
Susanne Kulesa, Gerente del Programa  
Departamento de Salud Mental  
909-252-4068  
[skulesa@dbh.sbcounty.gov](mailto:skulesa@dbh.sbcounty.gov)

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## **Un borrador del Plan de Trabajo del Componente Innovación de la Ley de Servicios de Salud Mental (MHSA, Prop. 63) ya está publicada para revisión del público.**

**QUIÉNES:** Todos los miembros de la comunidad, las organizaciones comunitarias y religiosas, los proveedores de servicio y el personal del departamento del condado que se interesan en el sistema de suministro de salud mental al público aprendiendo sobre la Ley de Servicios de Salud Mental (MHSA, Proposición 63) y revisando el borrador del Plan de Trabajo sobre Innovación.

**QUÉ:** La ley MHSA brinda servicios de salud mental que están dirigidos a atender a los miembros desatendidos, a los carentes de atención y a los atendidos inadecuadamente en nuestra comunidad.

El Componente Innovación de la ley MHSA se esfuerza en aprender de los proyectos de duración limitada que son nuevos, creativos, inigualables y/o innovadores y determinan su eficacia dentro de nuestro sistema de atención. El Departamento de Salud Mental busca implementar dos nuevos proyectos utilizando financiamiento de Innovación de MHSA.

Se invita al público a revisar el plan de trabajo describiendo estos proyectos y proporcionar opiniones en las hojas de comentarios que están publicadas en inglés y español.

La ley MHSA fue aprobada por los electores de California en noviembre del año 2004, y entró en vigor en enero del 2005. La Ley está financiada por un 1% recargo de impuesto sobre ingresos personales de más de \$1 millón al año.

**CUÁNDO:** Se hará disponible un borrador del Plan de Trabajo de Innovación para revisión y comentario público hasta el 9 de enero de 2014.

**DÓNDE:** El borrador del informe y la hoja de comentarios estarán publicados en las páginas Internet e Intranet del Departamento de Salud Mental (DBH) del Condado de San Bernardino. Para revisarlas, por favor visite: <http://www.sbcounty.gov/dbh/>. También están disponibles copias en papel en todas las bibliotecas públicas y en las clínicas de DBH por todo el condado.

**CONTACTO:** Para información adicional, por favor contacte a Susanne Kulesa al (909) 252-4068 o 711 para los usuarios de TTY.

## MENTAL HEALTH SERVICES ACT INNOVATION PLAN

The Innovation Plan will be posted online for public comment from December 9, 2013 through January 9, 2014 at [www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh).  
(Printed copies will be available for viewing at all County libraries)

For additional information please call 1-800-722-9866

or 7-1-1 for TTY users

or email [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).



## LEY DE SERVICIOS DE SALUD MENTAL PLAN DE INNOVACIÓN

El Plan de Innovación será publicado en el Internet para comentarios públicos desde el 9 de diciembre del 2013 hasta el 9 de enero del 2014 en: [www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh).  
(Habrá copias del documento impresas disponibles en las bibliotecas del Condado para que lo puedan ver )



Para información adicional por favor comuníquese

al 1-800-722-9866 ó al 7-1-1 para usuarios TTY

o mande un correo electrónico a: [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).

