



Allan Rawland
Director

Mission Statement

The Department of Behavioral Health will help individuals living with the problems of mental illness and substance abuse to find solutions to challenges they face so that they may function well within their families and the community.



GOALS

INCREASE ACCESS FOR UNDERSERVED INDIVIDUALS

INCREASE CUSTOMER SERVICE EDUCATION

INCREASE ACCESS TO SERVICES FOR YOUTH IN THE JUVENILE JUSTICE SYSTEM

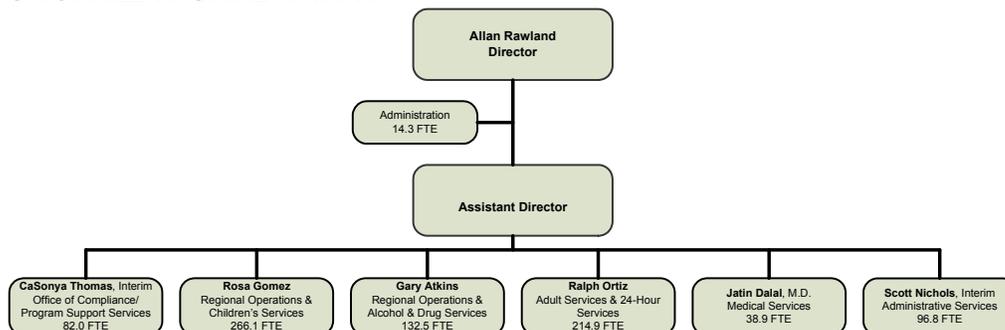
INCREASE CULTURAL COMPETENCY TRAINING

INTEGRATE SERVICES PROVIDED AT CO-LOCATED CLINICS

IMPLEMENT STRATEGIES FOR QUALITY IMPROVEMENT

BEHAVIORAL HEALTH

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

Mental Health

The Department of Behavioral Health (DBH) is responsible for providing mental health services to county residents who are either unable to afford treatment or do not live in proximity to private services. Treatment is provided to all age groups, with primary emphasis placed on treating children, families, and chronically mentally ill adults (in that priority). Approximately 35,000 unduplicated clients are served through 42 county operated facilities and approximately 30 contract providers, public schools, and other community-based settings. Services include: information and referrals, community outreach, client self-help and support groups, a variety of children's programs, mentally ill homeless program, employment services, case management, crisis and transitional residential assistance, augmented board and care placements, conservatorship services, supportive housing services and client transportation assistance. The department also operates as a training setting by administering various internship programs and offering continuing education for licensed department and contractor staff.

Alcohol and Drug Services

The DBH Alcohol and Drug Services program consists of comprehensive substance abuse prevention and treatment programs to county residents. Services are provided by 6 county operated clinics and approximately 30 contractors. The major components include outpatient, residential, prevention, methadone, and case management services. Annually, approximately 12,500 unduplicated clients are served.

2007-08 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
General Fund					
Behavioral Health	178,566,791	176,724,038	1,842,753		766.7
Alcohol and Drug Services	22,108,176	21,958,718	149,458		85.8
Total General Fund	200,674,967	198,682,756	1,992,211		852.5
Special Revenue Funds					
Mental Health Services Act	49,141,817	20,624,815		28,517,002	-
Driving Under the Influence Programs	316,662	122,000		194,662	-
Block Grant Carryover Program	7,186,110	1,384,560		5,801,550	-
Court Alcohol and Drug Program	1,108,779	391,000		717,779	-
Proposition 36	6,257,075	6,207,773		49,302	-
Total Special Revenue Funds	64,010,443	28,730,148		35,280,295	-
Total - All Funds	264,685,410	227,412,904	1,992,211	35,280,295	852.5

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS THAT ARE UNDERSERVED OR WHO ARE RECEIVING A LIMITED LEVEL OF SERVICES

Objective A: Continue to increase the development of community based behavioral health care and treatment programs that serve as options to institutionalization or hospitalization.

Objective B: Increase number of consumers system-wide who are not currently receiving Medi-Cal benefits.

Objective C: Increase number of consumers among specified ethnic/cultural groups that are currently underserved.

Objective D: Establish an assessment and treatment program to be embedded within a Primary Health Care practice.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
1A. Admissions to an institutional setting.	7,788	7,898	7,700	8,000	7,700
1A. Bed days in an institutional setting.	69,845	73,955	72,000	72,000	71,000
1B. Percentage increase in consumers with Medi-Cal benefits	N/A	N/A	N/A	N/A	5%
1C. Percentage increase in the Medi-Cal penetration rates for underserved ethnic groups	N/A	Black/AA +8.4% Asian +0.3% Hispanic +6.5% American Indian +1.4%	Black/AA +10.5% Asian +9.2% Hispanic +4.6% American Indian +23.4%	Black/AA +4.0% +Asian 0.1% Hispanic +6.5% American Indian +1.4%	Black/AA +4.0% Asian +.04% Hispanic +4.0% American Indian +2.0%
1D. Number of mental health staff embedded in a physical health care setting.	N/A	N/A	N/A	N/A	2 FTE, starting by 11/15/07
1D. Number of persons referred from a physical health care provider who are subsequently assessed and/or treated for a mental disorder.	N/A	N/A	N/A	N/A	100 persons

Status

- 1A. Began second year of MHSA Community Services and Supports 3-year plan.
- Developed contracts and implemented programs as follows:
 - Children's Crisis Response Team - 100% operational. Expanded countywide to provide crisis response 24/7
 - Children's Wraparound services - 100% operational
 - Triage Diversion Team at ARMC - 100% operational
 - Crisis Walk-in Centers – 95% operational
 - Forensic Assertive Community Treatment - 90% operational
 - Transitional-aged Youth one-stop centers - 25% operational
 - Submitted plan for state approval of 24/7 Adult Crisis Response Team
 - Completed facility needs assessment and in process of implementing staff moves and developing Capital Improvement Projects (CIPs) requests for additional space

2006-07 ACCOMPLISHMENTS

- ❖ Implemented annual Fiscal "Minimize Errors, Maximize Revenue" training for contract providers
- ❖ Centralized Administration to increase communication with programs
- ❖ Received approval for 5 MHA projects
- ❖ Implemented payroll imaging system
- ❖ Aligned the County's Alcohol and Other Drug prevention services with the State-required strategic prevention framework
- ❖ Served as lead agency for Prop 36 funding and programming
- ❖ Established juvenile mental health assessment and intervention services in the High Desert
- ❖ Juvenile Evaluation Treatment Services (JETS) participated in the creation of Court Individualized Treatment of Adolescents (CITA)
- ❖ Received NACo Award for the Assertive Community Treatment Program
- ❖ City of San Bernardino Operation Phoenix Project



- 1B. Increase numbers of consumers system wide who are not currently receiving Medi-Cal benefits through:
- Collaboration with Transitional Assistance Department eligibility workers
 - Training staff regarding Medi-Cal/SSI requirements and documentation
 - Training staff in customer service to ensure proper assistance with consumers with co-occurring substance abuse disorders in completing Medi-Cal SSI forms
- 1C. Among Medi-Cal beneficiaries for specified ethnicities, penetration rates increased more than anticipated for Hispanics, but less than goals set for Asians, African-Americans, and Native Americans. Efforts will be increased to reach these communities.
- 1D. In collaboration with ARMC and Public Health, services will be directed toward the underserved population of primary care patients with mental health conditions that are co-occurring with physical health care conditions. These mental health conditions may be primary but often will be secondary to a general medical condition. Because the population to be served is highly diverse (some estimates have been made that fifty percent (50%) of the persons served are monolingual in Spanish), special emphasis will be placed on creating culturally sensitive and competent treatment protocols to reach this highly diverse population.

GOAL 2: INCREASE CUSTOMER SERVICE EDUCATION FOR ALL COUNTY AND CONTRACT STAFF THAT PROMOTES THE MISSION OF THE COUNTY AND THE DEPARTMENT

Objective A: Continue to implement ongoing customer service education.

Objective B: Broaden the definition of customer service and develop a model that will transform the behavioral health system.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
2A. Percentage of employees and contract providers who successfully complete the customer service training.	N/A	100% of county staff 25% of contract staff	100% of county staff 25% of contract staff	100% county staff 25% of contract staff	100% new county staff, 25% contract staff
2B. Percentage of employees and contract providers who successfully complete the customer-service model.	N/A	N/A	N/A	N/A	100% new county staff

Status

- 2A. All Department of Behavioral Health employees have attended the county "Service FIRST" customer service training. A customer service program modeled after Service FIRST was developed for department contract agencies. The department met its contract staff customer service training goal of 25% in 2006-07. Customer service is central to the department's mission and will continue to be measured by both county and contract participation in the department's customer service program.
- 2B. Customer service is the process by which the Department of Behavioral Health delivers its services in a way that embodies quality of care and resilience- and recovery-oriented practices. The department shall cultivate a customer service definition and model upon which to build a strategy for systems transformation.

GOAL 3: INCREASE ACCESS TO COMMUNITY BEHAVIORAL HEALTH SERVICES FOR ADOLESCENTS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUVENILE JUSTICE SYSTEM

Objective A: Continue to implement programs and services funded by the Mental Health Services Act, and continue to develop mental health services to the juvenile hall population mandated by the John Doe lawsuit.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
3A. Percentage of adolescents identified with mental disorders in Juvenile Hall receiving behavioral health services and supports in the community after release (608 juveniles for 2006-07).	N/A	62%	75%	75%	80%

Status

3A. This goal has been refined from previous years to include all juveniles identified with mental health needs while in custody. It was determined that most juveniles will not need a referral for the more comprehensive wrap-around services, but that most would benefit from some type of outpatient care following release from custody. As such, the Department of Behavioral Health has continued in its efforts to increase the percentage of all juveniles with mental health disorders receiving behavioral health and community support services through the following:

- Implementation of a Juvenile Reintegration plan for each minor released from Juvenile Hall Facilities in the High Desert, West Valley, and Central Valley
- Creation and implementation of a needs assessment to identify the "Referral Needs" of the minor.
- Provision of referrals and assistance to minors transitioning to the community which includes connection to community mental health clinic or One Stop Transitional Age Youth (TAY) Center.
- Implementation, in collaboration with Probation Department, the Mentally Ill Offender Crime Reduction (MIOCR) grant to expand services through juvenile mental health court.

GOAL 4: INCREASE CULTURAL COMPETENCY TRAINING FOR ALL COUNTY AND CONTRACT STAFF THAT PROMOTES THE MISSION OF THE COUNTY AND THE DEPARTMENT

Objective A: Continue to implement an educational curriculum that embeds the required competencies to provide effective "customer focused services" to diverse populations.

MEASUREMENT		2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
4A1.	Number of departmental employees certified to train department employees and contract providers in the California Brief Multicultural Competency Scale-Based Training Program (CBMCS).	N/A	N/A	10	5	10
4A2.	Percentage of clinic employees and contract providers who successfully complete the California Brief Multicultural Competency Scale-Based Training Program.	N/A	N/A	20%	20%	20%
4A3.	Percentage of employees taking Introduction to Cultural Competence offered through the DBH Training Institute.	N/A	N/A	N/A	N/A	25%
4A4.	Percentage of bi-lingual paid staff and contractors taking Interpreter Training for Mental Health Professionals.	N/A	N/A	N/A	N/A	70%
4A5.	Percentage of mental health providers staff and contractors who provide direct service who complete Mental Interpreter Training for Mental Health Professionals.	N/A	N/A	N/A	N/A	25%
4A6.	Percentage of bi-lingual paid staff taking ethnic specific cultural training for language they provide interpretive and translation services.	N/A	N/A	N/A	N/A	35%

Status

4A1. The department has hired a Cultural Competency Officer who collaborated in the development of the CBMCS and is one of 3 master trainers in the nation. She is actively recruiting and has identified 5 individuals who will be trained in December 2006 in an effort to meet our goal for 2008-09.

4A2. Forty (40) employees/contractors were trained in CBMCS during 2006-07. We scheduled to train an additional 40 employees in December 2007. Two additional trainings are planned for the remainder of the 2007-08 fiscal year.

4A3. The Cultural Competency Officer is developing the curriculum for the introduction to cultural competence. She, along with other trained staff, will teach the course as a part of the core curriculum of the DBH Training Institute.

4A4. Twenty-four percent (24%) of our bilingual paid employees/contractors received training in July 2007. Two additional trainings are planned for the remainder of 2007-08. Interpreter Training sessions shall continue throughout 2008-09, until the 70% target is met.

4A5. Twenty-five (25%) mental health providers (i.e. employees/contractors) were trained in 2007-2008. Two additional trainings are planned for the remainder of 2007-08. Interpreter Training sessions shall continue throughout 2008-09, until the 25% target is met.

- 4A6 We will contract with an individual with expertise in multicultural community clinical psychology to develop a curriculum on Latino culture that will provide our Spanish speaking bilingual paid staff with the cultural knowledge necessary to provide culturally and linguistically appropriate service delivery.

GOAL 5: INTEGRATE MENTAL HEALTH AND ALCOHOL & DRUG SERVICES INTO CO-LOCATED CLINICS IN ORDER TO INCREASE CLIENT ACCESS TO SERVICES AND PROVIDE BETTER CARE

Objective A: Pilot the integrated services at one selected clinic in the department.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
5A1. Implemented integrated services at pilot clinic with structured curriculum.	N/A	N/A	By December 2007	Obtained Certification	75% Integrated
5A2. Provide two in-depth intensive training sessions on evidence-based practices for treating co-occurring disorders.	N/A	N/A	75% of clinic staff at integrated clinic	60% of clinic staff at integrated clinic	100% of clinic staff at integrated clinic

Status

- 5A1. The department has successfully applied for and received site and program certifications for both the mental health and alcohol and drug treatment programs located in the Mesa Clinic in Rialto. Currently, department staff are developing program protocols to complete the integration of this pilot clinic in 2008-09.
- 5A2. The department held one (1) two-day training on June 5 and June 6, 2007 to assist staff in transitioning to a co-occurring treatment clinic environment. There will be two additional trainings scheduled in 2008-09 to train current staff as well as prepare a select number of new staff in the next DBH clinic to roll out this change in service delivery.

GOAL 6: IMPLEMENT STRATEGIES FOR SUCCESSFUL QUALITY IMPROVEMENT IN BEHAVIORAL HEALTH

Objective A: Develop a plan that utilizes a team educational approach to learn about and apply system and process improvements.

Objective B: Continue progress towards achieving a significant, measurable reduction of service disallowances department-wide.

MEASUREMENT	2005-06 Actual	2006-07 Actual	2007-08 Target	2007-08 Estimate	2008-09 Target
6A. Percentage completion of the quality assurance improvement plan.	N/A	N/A	N/A	N/A	100%
6B. Percentage of overall improvement in Medi-Cal reviews conducted by the Quality Management Division.	N/A	N/A	N/A	N/A	10%

Status

- 6A. Quality is important for all behavioral health systems, from a variety of perspectives. From the perspective of a person with mental illness or substance abuse challenges, quality ensures that they receive the care they require and their symptoms and quality of life improve. From the perspective of a policy maker, quality is the key to improving the behavioral health of the population, ensuring value for monies expended and accountability.
- 6B. The Department of Behavioral Health is dedicated to the development of a plan that integrates quality improvement into the ongoing management and delivery of services.

2008-09 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS), INCLUDING NEW CAPITAL IMPROVEMENT PROGRAM (CIP) PROJECTS OR BUSINESS PROCESS IMPROVEMENT (BPI) RESERVE FUNDS

The department is not requesting any additional general fund financing for 2008-09.

2008-09 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2008-09.

If there are questions about this business plan, please contact Allan Rawland, Director, at (909) 382-3133.