Allan Rawland
Director

Mission Statement
The County of San Bernardino Behavioral Health Programs strive to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families and communities.

GOALS

INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR UNDERSERVED INDIVIDUALS

DEVELOP INTEGRATED COMMUNITY CLINICAL SERVICES

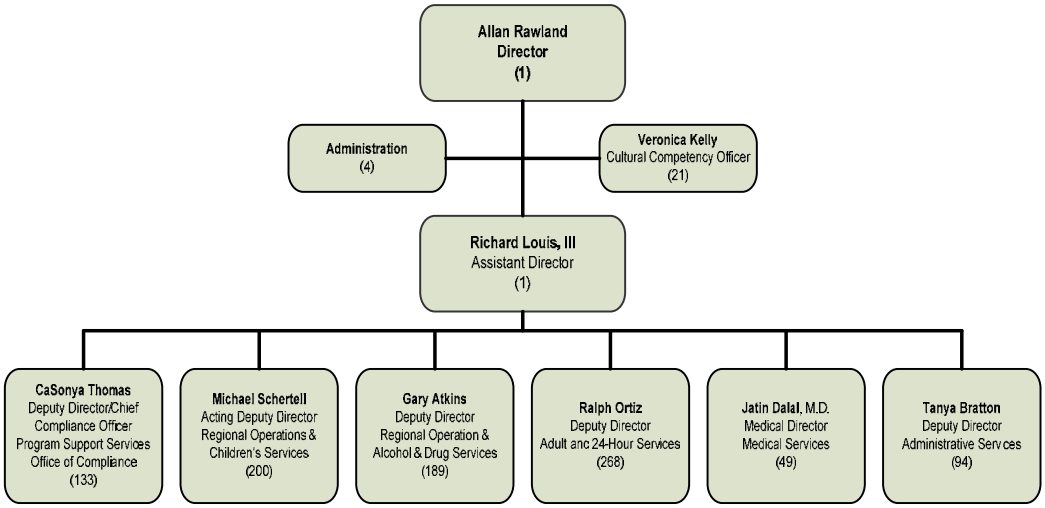
REDUCE BEHAVIORAL HEALTH DISPARITIES

SYSTEM TRANSFORMATION

QUALITY IMPROVEMENT IN BEHAVIORAL HEALTH

BEHAVIORAL HEALTH

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Department of Behavioral Health (DBH) provides mental health and substance abuse treatment to priority target populations in systems of care that are client-centered and culturally competent. Mental health treatment is provided to all age groups, with primary emphasis placed on treating severely emotionally disturbed children and seriously mentally ill adults. Substance abuse treatment is provided to adults through comprehensive substance abuse prevention and treatment programs. Approximately 50,000 unduplicated clients are served annually through 31 county operated facilities and approximately 60 contract providers, public schools, and other community-based settings.

DBH provides a broad array of services, including; prevention and early intervention, intensive case management, crisis intervention, medically necessary psychiatric services and supportive care. Through these services, DBH seeks to promote and support wellness, recovery and resilience for individuals most severely affected by or at risk of serious mental illness or substance abuse.

2009-10 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
General Fund					
Behavioral Health	209,555,393	207,712,640	1,842,753		899
Alcohol and Drug Services	22,888,424	22,738,966	149,458		61
Total General Fund	232,443,817	230,451,606	1,992,211		960
Special Revenue Funds					
Mental Health Services Act	104,896,234	65,891,200		39,005,034	-
Driving Under the Influence Programs	458,444	263,673		194,771	-
Block Grant Carryover Program	14,317,646	11,022,760		3,294,886	-
Court Alcohol and Drug Program	1,248,299	441,243		807,056	-
Proposition 36	4,454,143	4,228,142		226,001	-
Total Special Revenue Funds	125,374,766	81,847,018		43,527,748	-
Total - All Funds	357,818,583	312,298,624	1,992,211	43,527,748	960

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 provide community based behavioral health care and treatment programs that serve as alternatives to more restrictive levels of care.

Objective B: Increase percentage of clients system-wide who are currently receiving Medi-Cal benefits.

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
1A. Percentage increase in clients served by crisis and early response programs (Juvenile Diversion Program, Crisis Walk-In Centers, Forensic Assertive Community Treatment, Assertive Community Treatment for Frequent Users of Hospital Care and Diversion Team at ARMC). (4,870 clients served in 2007-08)	N/A	119%	25%	25%	N/A
1A. Maintain an overall 70% diversion rate among clients served by crisis and early response programs.	N/A	N/A	N/A	N/A	70%

Status

1A. DBH has successfully diverted over 10,000 clients from potential hospitalization, incarceration or more restrictive levels of care through a series of programs designed to improve community services and supports.

In consideration of the budgetary challenges facing DBH in 2010-11, the measurement for Objective A has been adjusted from an evaluation of program growth to a measurement of program effectiveness. The overall diversion rate among clients served by the following crisis and early response programs will be regularly evaluated to ensure that the programs are maintaining a minimum level of effectiveness.

- Community Crisis Response Team – 24/7 county-wide
- Children's Wraparound Services/Success First
- Crisis Walk-in Centers
- Diversion Team at ARMC
- Forensic Assertive Community Treatment
- Homeless Intensive Case Management and Outreach Services
- Older Adult Circle of Care Mobile Outreach
- Assertive Community Treatment for Frequent Users of Hospital Care

1B. In 2009-10, DBH adopted a Benefits Team Policy with the purpose of increasing the percentage of clients system-wide who are currently receiving Medi-Cal. This policy creates Benefits Teams throughout the county within clinics, centers and programs to work individually or collaboratively with clients to educate and support them in identifying community resources and health insurance assistance that may be available.

2008-09 ACCOMPLISHMENTS

- *Received national award for the Office of Consumer and Family Affairs Program*
- *Received national award for Juvenile Court Behavioral Health Services*
- *Opened Mental Health Court in Victorville*
- *Established 22 additional local psychiatric beds, thereby reducing the need to send clients out of county for treatment*
- *Integrated behavioral health and public health services at the Holt Clinic in Ontario*
- *Implemented Military Service and Family Support Projects through Prevention and Early Intervention*
- *Opened new Transitional Aged Youth Center in Rancho Cucamonga*
- *Expanded services to children ages 0-5 through a contract provider*
- *Opened new Crisis Walk-In Center in Rialto*

GOAL 2: DEVELOP INTEGRATED COUNTYWIDE COMMUNITY CLINICAL SERVICES.

Objective A: Develop unique strategic plans for integrating countywide, community clinical services offered by Public Health, Arrowhead Regional Medical Center, and the Department of Behavioral Health into single, full scope area diagnostic and treatment centers.

Objective B: Create an assessment and treatment capability to be embedded within the Arrowhead Regional Medical Center (ARMC), Behavioral Health and Public Health integrated project.

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
2A. Produce individual plans detailing patient demographics, site locations, systems integration, fiscal requirements and program design for two of the proposed integrated service models in the eleven identified catchment areas throughout the county.	N/A	N/A	Complete January 2010	75% complete July 2009	Complete June 2011

Status

2A. The Department of Public Health, Arrowhead Regional Medical Center, and the Department of Behavioral Health are in collaboration to integrate health services by aligning clinical access to customer oriented comprehensive coordinated healthcare services. This integrated model would eliminate duplication of service provision and optimize resource effectiveness in the overall delivery of outpatient care. Recognition of patient needs for varying services would be immediate and result in a "warm hand off" to a qualified healthcare provider.

The initial pilot for integrating services on a defined scale occurred at Holt Clinic in Ontario where Behavioral Health staffs were embedded into Public Health services and eligibility workers were strategically placed in Maternal/Child Health. The success of the pilot at the Holt Clinic contributed to the relocation of mental health and alcohol and drug services from a Chino facility to the Ontario site. This merger further advances integrated care and forms the new Ontario Community Counseling center.

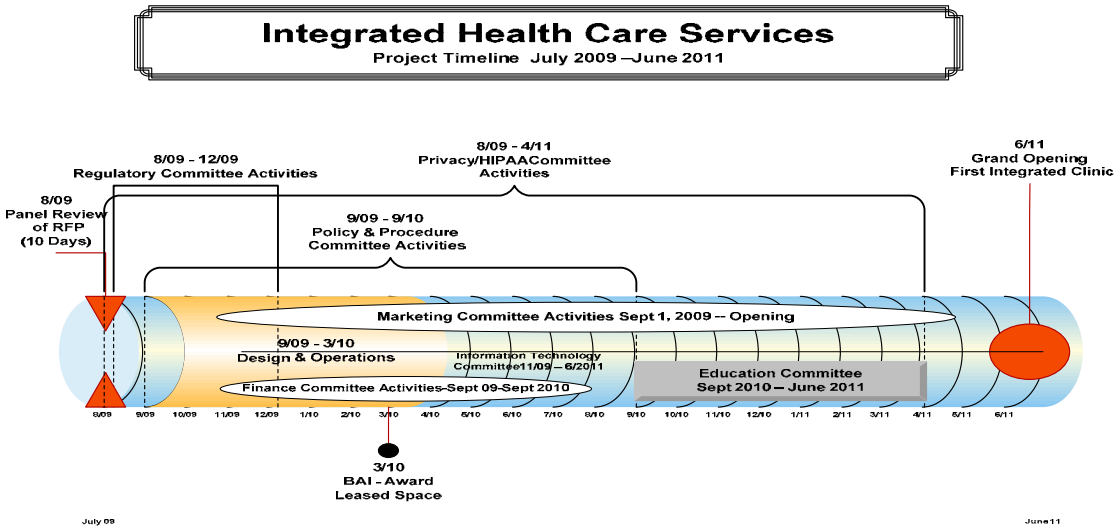
The next prototype of full scope service is designed to integrate primary care from Westside Family Health Center, Maternal Health, Reproductive Health and the Women, Infant and Children (WIC) Programs from Public Health and Individual/Group Counseling from Behavioral Health.

On June 9, 2009, the Board of Supervisors accepted the report on the Integrated Healthcare Project and approved the release of a RFP for approximately 41,000 square feet of office and medical space for the first Integrated Clinic in the Westside of San Bernardino County. The project report highlighted the services that would be offered, a financial proforma which identified challenges to the project, and a justification for the selection of the first catchment area. The RFP has been released and proposals are under evaluation. The site location and vendor selection is anticipated to be completed by March 2010, with the project design phase and production set to begin immediately upon Board of Supervisors approval. The anticipated completion date is June 2011.

Throughout 2009-10, the Integration Team has established six committees to address the operation and functions of the proposed clinic, with specific focus on completion of several goals including a marketing plan, evaluation of regulatory bodies, legal requirements and code compliance needs, development of a policy and procedure manual, education and training needs for involved staff as well as the design and operational flow for this flagship Integrated Healthcare Clinic.

For 2010-11, the Integration Team will continue these efforts, complete and open the doors to the first clinic, and return to the Board of Supervisors with a request to release a RFP for the second Integrated Healthcare Clinic.

Following is a timeline for the current project:



GOAL 3: INCREASE ACCESS AND REDUCE BEHAVIORAL HEALTH DISPARITIES AMONG THE DIVERSE RACIAL, ETHNIC AND CULTURAL COMMUNITIES IN SAN BERNARDINO COUNTY.

Objective A: Complete a study of the population to identify the cultural and linguistic needs and barriers to improving access to services.

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

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
3B. Medi-Cal penetration rates for underserved ethnic groups. (2005-06 Baseline: African American 7.86%; Asian/Pacific Islander (API) 4.03%; Latino 3.26%)	African American 8.09% API 4.3% Latino 3.3%	African American 8.2% API 4.4% Latino 4.4%	African American 8.3% API 4.5% Latino 4%	African American 9.2% API 4.4% Latino 4.4%	African American 8.3% API 4.6% Latino 4.6%

Status

3A. DBH completed the access study through a collaborative effort among the department, an academic institution and a community organization. The study targeted the African-American, Latino and Asian Pacific Islander (specifically Vietnamese due to their high Medi-Cal beneficiary status) communities to determine the barriers that currently exist for each of these populations in the access and use of county mental health services. The study found that access and use of mental health services differed by ethnicity as did knowledge of the topic.

Several key findings and recommendations from the study related to stigma reduction, integrated healthcare, and training on multiculturalism and service delivery will be addressed through program development and guidance from the DBH Office of Cultural Competency and Ethnic Services.

3B. Penetration rates are determined by the proportion of Medi-Cal beneficiaries receiving at least one mental health contact within each fiscal year. Specific ethnic groups in San Bernardino County are served at rates that are disproportionate compared to their representation in the Medi-Cal beneficiary population. The department's objective is to increase the appropriate penetration rates incrementally each year to match or exceed that of the averages for California's "large counties." The current penetration rate for Latinos in San Bernardino County is higher than that of the state. Strides are also being met in the API penetration rate. With regards to the African American penetration rate the focus is on appropriate services. When looking at types of mental health services received, African Americans receive more crisis services than Caucasians and Latinos, more inpatient/residential

services (crisis residential care) than the other groups, yet less case management and less general mental health services. This is also a national and state phenomenon that DBH will be working to address with our community partners such as the African American Health Institute and the African American Mental Health Coalition who are working on a statewide disparity reduction project.

GOAL 4: DEVELOP AN INTEGRATED PLAN FOR SYSTEM TRANSFORMATION IN ACCORDANCE WITH THE MENTAL HEALTH SERVICES ACT (MHSA) FRAMEWORK.

Objective A: Transform the existing community based system through the use of MHSA funds in both county and contract operations.

Objective B: Implement all six components of the MHSA and MHSA Housing Program.

Objective C: Develop a three-year MHSA program and expenditure plan (Integrated Plan) by 2012-13.

Objective D: Complete Integrated Information Systems Master Plan by 2012-13.

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
4B. Percentage completion of the six MHSA components and MHSA Housing Program.	25%	63%	100%	100%	N/A
4C. Produce a plan detailing levels of care and services which integrated MHSA funding and recovery model treatment principles into the larger mental health system.	N/A	N/A	N/A	N/A	75% complete June 2011

Status

4B. DBH has obtained state approval for five (Community Program Planning, Community Services and Support, Workforce Education and Training, Prevention and Early Intervention, and Capital Facilities and Technology) of its six MHSA work plans and MHSA Permanent Supportive Housing Initiative. The department's Innovation Plan is currently posted for public comment and it is anticipated that approval will be received prior to the end of fiscal year 2009-10. Since 2005, DBH has successfully submitted program and expenditure plans to secure over $250 million of MHSA funds intended to meet the service needs of children, adults and seniors.

4C. In October 2008, the California Department of Mental Health released a framework for county mental health programs to develop a three-year program and expenditure plan (Integrated Plan). The Integrated Plan covers the period of 2010-11 through 2012-13, and was to be submitted to the state by March 1, 2010. DBH has received no further guidance on the Integrated Plan and is uncertain whether this plan will remain a requirement.

4D. During 2009-10, DBH received approval and funding for the MHSA Capital and Technological Needs component. This component will assist the department to finance the replacement of its practice management and billing system by 2011-12, implement an integrated data warehouse in 2011-12, and an electronic health record in 2012-13.

GOAL 5: IMPLEMENT STRATEGIES FOR SUCCESSFUL QUALITY IMPROVEMENT IN BEHAVIORAL HEALTH.

Objective A: Develop a plan that utilizes an educational approach to instill knowledge and apply system and process improvements.

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

MEASUREMENT	2007-08 Actual	2008-09 Actual	2009-10 Target	2009-10 Estimate	2010-11 Target
5B. Percentage of overall decrease in average Medi-Cal reviews conducted by the Quality Management Division. (Baseline: 24% average disallowance rate)		8%	10%	10%	Meet 5% threshold

Status

5A. There are eight areas of performance represented in the DBH Quality Improvement Plan. 100% of the goals as specified in the plan will be implemented during 2009-10. The achievement of these goals will ensure continuous quality improvement efforts are ongoing department-wide. As a result, areas of improvement will be identified for administrative review, solutions formulated and measurable interventions implemented for baseline review. These efforts will translate into more customer focused services, increased quality of care and will provide baseline data for program related decision making to key leadership.

5B. DBH has reduced its average Medi-Cal disallowance rate for the past three consecutive years. Several activities including increased technical assistance, training and chart reviews aimed at reducing Medi-Cal disallowances are ongoing. Targeted efforts for 2010-11 are aimed at reducing the disallowance rate to the threshold of 5%. It should be noted as performance improves, decreases in disallowance percentage points will be more difficult, as the department reaches maximum performance baselines of 0-5%.

2010-11 REQUESTS FOR GENERAL FUND FINANCING

The department is not requesting any general funding financing for 2010-11.

2010-11 PROPOSED FEE/RATE ADJUSTMENTS

The department is not requesting any fee/rate adjustments for 2010-11.

If there are questions about this business plan, please contact Allan Rawland, Director at (909) 388-3133.

Pathways to Recovery Clubhouse

Agewise Resource Table