

County of San Bernardino Department of Behavioral Health

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FY 2011/12 ANNUAL UPDATE CAPITAL FACILITIES PLAN REVIEW



BEHAVIORAL HEALTH COMMISSION
MARIANN RUFFOLO, MBA
MHSA COORDINATOR
SEPTEMBER 1, 2011

Note: This presentation was developed from materials presented to the MHSA Committee by CMHDA staff.

Goals for Today



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1. Provide context for why changes are necessary
2. Describe new “plan approval” process
3. Recommend FY 2011/12 Annual Update be submitted to the Board of Supervisors for approval
4. Recommend Capital Facilities Plan Update be submitted to the Board of Supervisors for approval

8/29/2011

Summary of Key Statewide Changes

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ADMINISTRATIVE



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AB 100 is Signed and Effective Now



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AB 100 is the Budget Trailer Bill that amends the MHSAs statute to implement the *MHSA redirection* and makes some significant *MHSA administrative changes*

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AB 100



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Goals of Legislative Language to Implement MHSA Redirection and State Administrative Changes:

- Changes to the state role are “surgical” or very “minimal” in order to implement budget conference committee compromise
- Support MHSA cash flow to counties tied to accountability through the contractual relationship counties have with DMH
- Act was an urgency statute and took effect immediately upon signature of the Governor

Note: AB 100 went into effect March 24 2011

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Key Changes – Administrative



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- Eliminates State DMH and the MHSOAC from *reviewing and approving* county plans and expenditures
- Replaces the *Department of Mental Health* with the *State* in the distribution of funds from the MHS fund
- Changes (reduces) the amount available from revenues deposited in the MHS fund for state administration from up to 5% to 3.5%
- Plans will not longer be evaluated by DMH regarding capacity to meet unmet needs with expenditures

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Remaining Provisions

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WHAT HAS NOT CHANGED?



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Planning and Plan Content



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- Plan content for allowable expenditures is completely untouched, *meaning all components remain.* (CSS, PEI, INN, WET, CF, TN)
- All requirements for the local planning process are *unchanged*, including stakeholder processes.
- Direction on content of expenditure plans and updates is *primarily unchanged*, but there are changes that describe approval and payment which are no longer needed due to the fund distribution changes made.

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Planning and Plan Content



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- DMH retains the authority to “establish” the requirements for plans while MHSOAC retains its authority to issue guidelines for PEI and INN expenditures.
- Counties are still to prepare and “submit” a 3-year plan, but in areas this does not have to be annually. The intent on whether or not this must be done annually is unclear.

Note: AB100 was passed prior to the elimination of DMH.

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Contractual Relationships & Existing Oversight Capacities



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- WIC Sec. 5845 remains *completely intact* and describes the composition, role and oversight capacity of the MHSOAC, including authority to refer critical issues of county mental health performance to the State Department of Mental Health.
- WIC Sec. 5848 remains and the CA Mental Health Planning and local Mental Health Boards and Commissions *retain their role in reviewing and commenting on county performance data.*

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Ongoing Local Activities



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Stakeholder meetings will continue to provide input on upcoming planning for FY 12/13 Annual Update:

- Community Policy Advisory Committee monthly meetings
- District Advisory committees monthly meetings
- Community Cultural Coalitions regular meetings
- Regulated stakeholder process including community forums, 30-day positing, Public Hearing hosted by BH Commission and recommendation for submission to BOS for approval will continue when needed, at least annually

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What do we Still Not Know?



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- The bill retains that *plans are “submitted” and “approved,”* but does not specify where and by whom. This would be for expenditures for any year.
- DMH and the MHSOAC *retain guideline authority.* It is CMHDA’s assumption that all guidelines for plans are still in effect.
- Legislative intent language states that the legislature expects the state, in consultation with MHSOAC, to *establish a more effective means of ensuring that county performance complies with the MHSA.*

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The Dilemma



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- 5892 (g) All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847.
- Since DMH and the MHSOAC did not approve the following plans for FY 11/12, plan “approval” is needed for:
 - FY 11/12 Annual Update
 - Capital Facilities Plan Update (High Desert Behavioral Health Resource Center)

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County Implications

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TODAY'S ACTIONS



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FY 11/12 Annual Update Process



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- December 2010 - January 2011: Ten community meetings were held
- February 28 –April 6, 2011: 30-day written comment period
- April 7, 2011: Public Hearing was conducted by BH Commission
- April 11, 2011: Annual Update was submitted to DMH and MHSOAC
- June 28, 2011: Funding was allocated in DBH budget approved by the BOS
- August 1, 2011: Notice received from DMH confirming release of 50% of FY 2011/12 funds
- September 1, 2011: Plan at Behavioral Health Commission for recommendation to submit to BOS for approval
- Upcoming: Upon Behavioral Health Commission recommendation, plan will go to BOS for approval if needed

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Capital Facilities Plan Update



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- March 2011: Community meetings were conducted
- May 9–June 8, 2011: 30-day written comment period
- May 27, 2011: Notice received from DMH confirming release of previously unapproved MHSA funds
- September 1, 2011 : Plan presented to Behavioral Health Commission meeting for recommendation to submit to BOS for approval
- Upcoming: Upon Behavioral Health Commission recommendation, plan will go to BOS for approval in October/November once CIP is approved if needed

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Today's Actions



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- Reaffirm Community Planning Process was conducted per WIC 5848.
- For FY 11/12-Recommendation is needed from the Behavioral Health Commission to submit the following to the Board of Supervisors for approval if needed:
 - FY 11/12 Annual Update
 - Capital Facilities Plan Update (High Desert Behavioral Health Resource Center)

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Questions?

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For additional questions, please contact:

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MHSA Coordinator

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8/29/2011



County of San Bernardino
Department of Behavioral Health
Mental Health Services Act

Community Services and Supports
Program and Expenditure Plan
Fiscal Year (FY) 2010/11
Capital Facilities
Plan Update

May 9, 2011

Mental Health Services Act
Capital Facilities Plan Update FY 2010/11
County of San Bernardino

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DRAFT

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:		San Bernardino																				
		Exhibits																				
For each annual update/update:		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
Component	Previously Approved	New																				
<input type="checkbox"/> CSS																						
<input type="checkbox"/> WET	\$																					
<input checked="" type="checkbox"/> CF	\$																					
<input type="checkbox"/> TN	\$																					
<input type="checkbox"/> PEL																						
<input type="checkbox"/> INN																						
Total																						

Dates of 30-day public review comment period: 5/9/11-6/8/11

Date of Public Hearing****: N/A

Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH: 1/19/2011

*Exhibit D1 is only required for program/project elimination.
 **Exhibit F - F5 is only required for new programs/projects
 ***Exhibit G is only required for assigning funds to the Local Prudent Reserve.
 ****Exhibit H is only required for assigning funds to the MHSA Housing Program.
 *****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: San Bernardino

County Mental Health Director	Project Lead
Name: Allan Rawland	Name: Mariann Ruffolo
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.¹

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

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

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

All documents in the attached FY 2010/11 annual update/update are true and correct.

Allan Rawland
Mental Health Director/Designee (PRINT)

Signature Date

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Bernardino

Date: May 9, 2010

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>DBH has performed an extensive community planning process for the Community Services and Support (CSS), Prevention and Early Intervention (PEI), and Innovations components where the Department brought together consumers, family members and community representatives from various geographical locations. Building on the previous community planning process, the Capital project is consistent with the findings from all of these community planning processes.</p> <p>The Capital Facilities project for the High Desert Behavioral Health Resource Center in the City of Victorville was developed out of response in the CSS, PEI and Innovations community planning processes in which that area was discovered to be in need of services.</p> <p>The County of San Bernardino Department of Behavioral Health (DBH) conducts monthly meetings with its stakeholder group, the Community Policy Advisory Committee (CPAC). At meetings throughout 2010 and 2011, the Capital Facilities Project was presented to solicit stakeholder participation and input. CPAC is comprised of community members, consumers, and family members, and was established in 2005 by the County of San Bernardino to solicit community input and assist DBH in the development of its MHSA programs. CPAC meetings are open to the public and members who attend monthly meetings provide vital community input to DBH staff that assists in the delivery of MHSA funded services to residents of the County of San Bernardino. Members of the CPAC approved of the concept of the High Desert Behavioral Health Resource Center at these meetings.</p> <p>Additional community planning and stakeholder processes continued during the month of March 2011 in which three (3) regional community forums were held with the Department providing overview information regarding the Capital/Facilities project. The community forums were advertised on the County website, through press releases to more than (40) news agencies in both English and Spanish, as well as during the following 2011 events:</p> <ul style="list-style-type: none"> March 8/9: Healthy People Expo (Loma Linda) March 12: ARMC Health and Fitness Expo (Colton) March 17: Citrus Head Start Resource Fair (Fontana) March 19: No Drugs America Day (Victorville) March 22: Desert Sierra Health Network Sharing Forum (San Bernardino) March 26: Abundant Living Family Church Health, Wellness and Safety Fair (Rancho Cucamonga) <p>For each community forum we had staff from the Community Outreach and Education prepare informational materials for distribution that contained background information regarding the MHSA Capital Facilities Plan Update, our implementation efforts, and the importance of stakeholder participation and input. Discussion</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

and feedback was solicited from participants regarding ways in which funding from this component could address the unmet needs of the community in regards to Capital Facilities. Comments and suggestions supported the development of a Behavioral Health Resource Center in the High Desert region of the County of San Bernardino which supported the information received earlier in both the CSS and PEI stakeholder meetings.

A planning group has taken into account community members input to develop a facility for the County of San Bernardino Department of Behavioral Health to address the lack of facilities in the High Desert region in order to strengthen the delivery of MHSAs services throughout this area. Due to the limited services available in the High Desert, discovered through the MHSAs planning processes, this area was identified as the next Department planning region priority.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

Stakeholder entities involved in the Community Program Planning (CPP) Process for the High Desert Behavioral Health Resource Center Capital Facilities Project include Department of Behavioral Health Staff, members of the Community Policy Advisory Council (CPAC), District Advisory Committees (DAC) comprised of community members, consumers, family members and community based organizations.

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

The County of San Bernardino Department of Behavioral Health is not eliminating any programs at this time.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The Annual Update was circulated via email to the CPAC, Cultural Competency Advisory Committee members, Cultural Coalitions, and Association of Community Based Organizations (ACBO). The plan was also posted on the Department of Behavioral Health website. Press releases in both English and Spanish were sent to more than (40) news agencies.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

This section will be completed upon completion of the 30 day posting.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

County: San Bernardino

Date: June 7, 2010

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHPA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

1. Briefly report on how the implementation of the MHPA is progressing; whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Implementation of the MHPA is progressing rapidly. All approved CSS programs have been implemented. No key differences from the approved plan have had to occur due to any implementation challenges.

A few highlights for the CSS programs from FY 2008/09 are outlined below:

- **C-1:** Comprehensive Child/Family Support System (CCFSS) – The referral process was streamlined and localized to regional Community Crisis Response teams to facilitate easy access to this Full Service Partnership (FSP), capacity was reached in FY2008-09 within only one (1) year of operation, and the program was expanded to include SB163 Wraparound Programs.
- **C-2:** Integrated New Family Opportunities – The arrest rate for youth active in this program dropped to 10% upon completion of the program, compared to 83% prior to enrollment.
- **TAY-1:** One Stop Centers – A shelter bed housing program was established for TAY. Housing was provided for 142 TAY. The number of TAY served in the four (4) TAY One Stop Centers was 2,871.
- **A-1:** Consumer Operated Peer Support Services and Clubhouse Expansion – There were 676 new clubhouse members enrolled in clubhouses throughout the County, 2,223 outreach and engagement contacts were made by Peer and Family Advocates or clubhouse peer support specialists pertaining to employment, programs, benefits, housing, education and community social and recreational events, and 78 consumers received certificates for completion of Peer Advocate training programs conducted at clubhouses.
- **A-2:** Forensic Integrated Mental Health Services – The Forensic Assertive Community Treatment (FACT) program exceeded the goal of having 40 members enrolled in the program in its first year with an average number of members at 49, decreased the number of bookings of enrolled members by 65%, and decreased the number of hospitalizations by 83%. The Supervised Treatment After Release (STAR) program implemented After-Hours hotline for stakeholders, increased number of clients in the outpatient program, increased number of clients in day treatment program, and demonstrated a decrease in the number of hospital and jail days as a result of treatment. During the treatment period per-year jail days decreased by 67% and per-year hospital days decreased by 74%. The Crisis Intervention Training (CIT) program has trained 114 Sheriff Deputies and police officers in the 32 hour CIT Academy. A CIT database was created for statistical computation. Results were as follows: Forty percent (40%) of county wide university campus police trained, 100% of all sheriffs' dispatch supervisors trained, and all Sheriffs stations countywide committed to CIT trainings.
- **A-3:** Assertive Community Treatment Team – In FY 2008/09, 40 clients were enrolled, hospital admissions and total hospital days were reduced by 50% compared to year prior to enrollment, and the number of clients living in community based housing increased.
- **A-4:** Crisis Walk In Centers (CWICs) - Two (2) fully functional 24/7 CWICs operated Crisis Stabilization units for the entire fiscal year and a third CWIC, the Rialto CWIC was opened with expanded hours.
- **A-5:** Psych Triage Diversion Team – Program staff served a total of 3,635 clients and successfully diverted 2,168 (60%) of clients seen to community-based programs, avoiding unnecessary inpatient treatment, and provided services from 7 am until 11 pm, 365 days during the year.
- **A-6:** Community Crisis Response Teams - CCRT was recognized in an article published in the NACO County News as a Model Program. CCRT expanded to Adult and Older Adult crisis services in the Morongo Basin and High Desert Regions. In FY 2008/09, 2,754 more calls for service were made than in FY 2007-08 and 4,553 more calls than in FY 2006-07.
- **A-7:** Homeless Intensive Case Management and Outreach Services - Transitioned eight (8) adults to subsidized DBH Supported Housing, enrolled 50 FSP homeless partners, 100% of all homeless FSP partners avoided jail time and psychiatric hospitalizations since program enrollment, fourteen (14) consumers were successfully moved on to other self-supported independent living arrangements, and twenty (20) consumers successfully moved into permanent paid group living quarters.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

- **A-8:** Alliance for Behavioral and Emotional Treatment – The program received approval at the end of FY 2008/09. Implementation began with a total of eighteen (18) clients enrolled by the end of the year.
- **OA-1:** Circle of Care: Case Management Expansion and Senior Counseling - The Age Wise program made 1,096 System Development contacts for the year, more than twelve (12 times the target annual requirement). The program also provided over 1,000 seniors with information, assistance and referrals to community resources and services. The Age Wise program strengthened the collaboration and increased referrals to the Elder and Family Care Clinic at the Arrowhead Regional Medical Center outpatient department, resulting in improved access to physical health care for older adults. Seventeen (17) Senior Peer Counselors provided services to older adults county wide and four (4) more were in training to become Senior Peer Counselors.
- **OA-2:** Circle of Care: Mobile Outreach and Intensive Case Management - Provided over 450 crisis intervention and mobile response services preventing hospitalizations and homelessness for older adults in the high desert, developed over 500 outreach and engagement services, referrals and resources for the senior population including food, placements, shelters, clothing and other primary and basic needs, and extended service hours for greater accessibility and response time.
- **WET:** Developed and submitted the 10-Year Workforce Education and Training Plan with plan approval from DMH on October 20, 2008. Trained 42 interns, including employee interns. Developed a License Exam Preparation Program. Offered 128 training classes with a total attendance record of over 800 DBH staff and 250 Contract Staff. Collaborated with ARMC to begin psychiatric residencies. Provided information to and assisted fourteen (14) San Bernardino County staff in receiving loan repayments. Developed paraprofessional intern program, and attended fourteen (14) career fairs and recruited high school volunteers.
- **PEI:** DBH successfully completed the PEI community planning process and was able to submit the DRAFT plan to DMH and the MHSOAC in July 2008, received approval of the PEI Plan from the MHSOAC September 28, 2008 and was able to accept the funding via Board of Supervisors action in December 2008. DBH continued planning efforts with community stakeholders by hosting a series of implementation planning meetings from October through December 2008. Additionally, a training designed to assist community based organizations to understand a DBH RFP was delivered to over twenty (20) interested community organizations. Community wholeness and Enrichment short term contracts were finalized and services began to roll out for diverse county populations. DBH was able to release an RFP for Family Resource implementation and award to community agencies to expand existing FRC's in the remote East Valley and in Ontario. DBH was able to create, release RFP's for the Military Services and Family Support Project and Older Adult Community Services Project with contract start dates of July 1, 2009 for six (6) community based organizations. Three (3) RFP's were developed and released. Additionally, DBH was able to continue community planning to request PEI augmentation funding for FY 2008/09 in concurrence with a request for Training, Technical Assistance, and Capacity Building statewide project funding.

Approval was received for both the PEI and WET components in FY 2008/09 and implementation began for those programs as well. The biggest challenge for both of those components is developing the infrastructure to create and report outcomes for programs not previously available in the Department of Behavioral Health.

2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

The provision of services to the unserved/underserved/inappropriately served target population has required a different strategy to help address the goal of disparity reduction. This is evident in the use of a very strong Peer and Family Advocate (PFA) position that allows for the introduction of a consumer/family member work force developed through our WET component. The PFA positions, regular full time and part time employees with full County benefits, utilize their diverse lived experience to provide peer to peer services throughout the system. For example, at the Consumer-Oriented Peer-Supported Services and Clubhouse Expansion project, six PFAs who are culturally and linguistically competent provide outreach to various community partners such as inpatient hospitals, Board and Cares, outpatient clinics and community based organizations throughout all regions of the County. To address the resulting increased need for programming at the Peer Run Clubhouses, and to meet the expanding need that extensive community outreach has generated, bilingual Social Work interns have been added to the work force, along with diverse consumer volunteers. This peer oriented approach to not only programming, but in outreach to our target populations has been successful in increasing access to services.

The focused recruitment of volunteers and the use of bilingual PFAs and interns has allowed for a greater ability to serve a growing Spanish speaking population. For example, in the Comprehensive Child/Family Support System (CCFSS) project, 50% of the families in this new full service partnership program are Latino and 44% identified Spanish as their primary language. The ability for the program to offer services in Spanish by bilingual staff allows for a stronger program that is more effective in retention, and quality of care, thus helping to further reduce disparities in both access and treatment.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

Reducing disparities in the County of San Bernardino also takes into consideration the geographically unserved and underserved target populations. The Mountain/Desert regions have historically had fewer services available to them due to locale. For example, the Alliance for Behavioral and Emotional Treatment (ABET) project addresses disparity reduction by focusing on the cultural needs of the region, which include such often over looked issues as inability to physically travel down a very difficult mountain pass without the aid of public transportation and with the often unpredictable weather variables. ABET addresses the target population by incorporating a strategy of transportation down the mountain to assist with such important issues as medical appointments, educational resources and appointments with partner agencies thus reducing basic disparities in access for this region.

Additionally, outreach methods that are friendly and culturally inclusive have been developed to address disparity reduction. For example, mobile outreach services have been developed for diverse older adult consumers who cannot/will not access services otherwise. Additionally, the Community Crisis Response Team (CCRT) allows for diverse bilingual/bicultural staff to interact with the community directly when a member of the community is in need, This has generated a great deal of trust in the new program and evolved into the CCRT responding to larger community crises, such as suicide pacts, traumatic incidents, etc also increasing access and further reducing disparities.

Finally, disparity reduction strategies have focused throughout much of the MHSA efforts on developing more effective relationships with local diverse communities which has resulted in a greater ability to refer to lower levels of care that are culturally and linguistically appropriate, resulting in less need for inpatient intervention, and an overall increase in quality of life for the diverse consumers and family members served.

3. Provide the following information on the number of individuals served:

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	468	761	Workforce Staff Support	1,800
Transition Age Youth	1,644	446	Training/Technical Assist.	1,800
Adult	33,292	4,258	MH Career Pathway	250
Older Adult	3,117	80	Residency & Internship	48
Race/Ethnicity			Financial Incentive	1,800
White	17,839	519		
African/American	5,459	221	[] WET not implemented in 08/09	
Asian		34		
Pacific Islander		8		
Native	614	2		
Hispanic	10,521	4,640		
Multi		97		
Other	1,509	24		
Asian/Pacific Islander	1,288			
Unknown	1,291			
Other Cultural Groups				
LGBTQ				
Other				
Primary Language				
Spanish		3,604		
Vietnamese				
Cantonese				
Mandarin				
Tagalog				
Cambodian				
Hmong				
Russian				
Farsi				
Arabic				
Other (English)		1,941		

PEI

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

4. Please provide the following information for each PEI Project:
 a) The problems and needs addressed by the Project.
 b) The type of services provided.
 c) Any outcomes data, if available. (Optional)
 d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).

No.	Project Name	Problems/Needs	Strategies/ Activities (Services)	Outputs/ Outcomes	Leveraged Resources
PEI SI 1	Student Assistance Program	The project: 1. Addresses disparities in access to behavioral health services 2. Targets at-risk children and youth and mitigate the impact of trauma, and 3. Works to reduce stigma, discrimination and suicide risks.	Provided small group education activities (selective) Provided individual counseling services Provided peer support groups	<ul style="list-style-type: none"> 85% of project activities occurred in community settings (at school sites) 	\$24,000 in educator salary and benefits to provide trainings to contract providers
PEI SI 2	Preschool Services Project	The project addresses: 1) Disparities in access to mental health services, 2) Targets at risk children, and 3) Works to reduce stigma by providing services in natural locations	Trained 25 Head Start Educators in the <i>Incredible Years</i> teacher and parent components to assist in improving classroom behavior and support positive parenting strategies (Universal) Provided Trauma, Loss and Compassion (TLC) Early Intervention Groups to preschool aged children and their families	<ul style="list-style-type: none"> 100% of activities occurred in natural community settings 	\$30,000 in educator salaries to attend the 48 hours of Incredible Years training
PEI SI 3	Resilience Promotion in African-American Children	No activities to report	No activities to report	N/A	
PEI CI 1	Promotores de Salud	No activities to report	No activities to report	N/A	\$100K of in-kind activities to develop program curricula and provide education services to Latino community
PEI CI 2	Family Resource Center	No activities to report	No activities to report	N/A	
PEI CI 3	Native American Resource Center	No activities to report	No activities to report	N/A	
PEI CI 4	NCTI Crossroads Education	The project addresses: 1) Psycho-social impact of trauma 2) Stigma and	This curriculum-based training is delivered over a period of time and includes information	The program was delivered during the last quarter of the fiscal year	

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

		discrimination 3) Targets children and youth at risk of juvenile justice	about seven subjects including: <ul style="list-style-type: none"> • Gang Involvement • Anger Management • Drug and Alcohol • Truancy • Shoplifting • Curfew • Cognitive Life Skills 	and served 327 individuals. <ul style="list-style-type: none"> • 22% of participants identified as female and 78% identified as male. • 18.65% of participants were children with the remaining 81.35% falling within the TAY age range. • 100% of services were delivered in community settings. 	
PEI SE 1	Older Adult Community Services	No Activities to report	No activities to report	N/A	
PEI SE 2	Child and Youth Connection	Systems involved (foster care, juvenile justice) children, youth and Transition Age Youth (TAY) who may be: <ul style="list-style-type: none"> • Trauma exposed • Experiencing onset of serious psychiatric illness • In stressed families • At risk for school failure • At risk of or experiencing juvenile justice involvement • In the foster care system 	Hired a mentoring resource network coordinator to coordinate mentoring services countywide. Provided a Supervising Social Service Practitioner to Juvenile Public Defender to coordinate PEI interventions with juvenile justice involved children and youth.	None to report at this time	An estimated \$10,000 of in-kind resources is provided via facility space, computer usage, phone usage, etc.
PEI SE 3	Community Wholeness and Enrichment	Meeting the needs of TAY and Adults who are at risk of experiencing the onset of psychiatric illness or have been exposed to trauma i.e. domestic violence survivors, adult children of substance abusers etc.	Conduct small group educational sessions for self defined families Provide short term mental health services to individuals first experiencing the onset of a behavioral health condition Provide universal mental health education presentations	The program was delivered during the last quarter of the fiscal year and served approximately 795 individuals. <ul style="list-style-type: none"> • 77% of participants identified as female and 23% identified as male. • Services were provided in natural community settings. 	

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

PEI SE 4	Military Services and Family Support Project	No activities to report	No activities to report	N/A	
PEI SE 5	Nurse Home Visitation Project (formerly Nurse Family Partnership)	No activities to report	No activities to report	N/A	

DRAFT

County: San Bernardino

Date: 5/9/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate						
2. Transfers						
3. Adjusted Planning Estimates	\$0					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11			\$1,819,498			
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds						
d. Adjustment for FY 2009/2010						
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$0	\$0	\$1,819,498	\$0	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0		\$0	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}			\$1,819,498			
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0	\$1,819,498	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation^{b/}	\$0	\$0	\$1,819,498	\$0	\$0	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

County: San Bernardino

Date: 9-May-11

No.	Capital Facilities and Technological Needs Work Plans/Projects		New (N) Existing (E)	TOTAL FY 10/11 Required MHSA Funding	Type of Project	
	Name				Capital Facilities	Technological Needs
1.	High Desert Behavioral Health Resource Center		N	\$ 1,819,498	\$ 1,819,498	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
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16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans/Projects			\$1,819,498	\$1,819,498	Percentage
27.	Plus up to 15% County Administration					#VALUE!
28.	Plus up to 10% Operating Reserve					#VALUE!
29.	Total MHSA Funds Requested			\$1,819,498		\$0

CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION

County: San Bernardino

Select one:
 New
 Existing

Project Number/Name: High Desert Behavioral Health Resource Center

Project Address: 15403 Park Avenue, Victorville, CA 92394

Date: May 9, 2011

Type of Building (Check all that apply)		
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Acquired with Renovation	<input type="checkbox"/> Acquired without Renovation
<input type="checkbox"/> Existing Facility	<input type="checkbox"/> County owned	<input type="checkbox"/> Privately owned
<input type="checkbox"/> Leasing (Rent) to Own Building	<input type="checkbox"/> Restrictive Setting	<input type="checkbox"/> Land only

NEW PROJECTS ONLY

1. Describe the type of building(s). Include (as applicable):

- Prior use and ownership.
- Scope of renovation.
- When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
- When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
- If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property

DBH will collaborate with the County of San Bernardino Real Estate Services Department to acquire a commercial building to serve as a new behavioral health resource center in the High Desert region of the County of San Bernardino. The facility, which is located in a commercial area in the City of Victorville, was previously a privately owned family oriented restaurant. The building has since been stripped to its exterior walls and is currently in need of major renovation. The renovations will include an interior build out to provide for interior walls, electrical and communication wiring, plumbing, lighting, flooring, and any other improvements necessary to comply with Federal, State and local regulations, including, but not limited to the requirements of zoning, building codes, fire safety, environmental, hazardous materials, Americans with Disabilities Act, California Government Code Section 11135 and any other applicable requirements. The floor plan is designed to transform the bare 10,000 square foot facility into a resource center that includes large and small training/conference rooms, a computer resource center, offices, reception area, and waiting room.

The new facility will allow greater opportunities for High Desert residents to have access to existing MHSA services. The MHSA Circle of Care: Mobile Outreach and Intensive Case Management (Circle of Care) Program, and MHSA Community Crisis Response Team (CCRT), both mobile response programs that serve the entire High Desert region, have outgrown their currently leased facility and will be relocated to the new facility. Perhaps of greater importance, the relocation of the mobile response programs to the new facility, located within 1000 feet of the 15 Freeway, will provide the opportunity to improve response times to crisis calls due to its close proximity to the freeway. The current facility is not in an ideal location for a mobile response team that responds to crisis situations throughout the entire High Desert region, and can on occasion add up to 30 minutes to the response time during periods of heavy traffic. By relocating the two mobile response teams to the new centrally located facility, the multi-disciplinary teams can improve their ability to provide crisis response to those at risk of acute psychiatric hospitalization and/or detention at hospital emergency rooms and police stations, and increases clients ability to access mental health services. In addition to its close proximity to the freeway, it is also accessible via public transportation, with stops located close to the property.

In addition, the large state of the art training/conference room and the computer resource room to be developed will allow for less travel time to train staff providing MHSA funded services and the community. Currently staff from the High Desert region need to travel approximately 40 miles "down the hill" to participate in the training sessions. The new facility's video and teleconference capabilities will enable staff to participate in training sessions without the need to travel outside their community. The availability of conference/training rooms in the High Desert region is limited, thus the development of a new training/conference room and computer resource center will be a valuable asset for the High Desert community as a place to hold community meetings or as a satellite location for existing county-run and contracted MHSA program trainings/activities.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

The newly acquire facility will allow the County of San Bernardino Department of Behavioral Health (DBH) to improve the delivery of its MHSA services by relocating its existing MHSA Circle of Care: Mobile Outreach and Intensive Case Management (Circle of Care) Program, and MHSA Community Crisis Response Team (CCRT) program to provide greater accessibility and availability.

Circle of Care is comprised of two distinct components that provide services to older adults (60 years and older) in the High Desert region: Mobile Outreach and Intensive Case Management Services. The Mobile Outreach consists of field-capable multi-disciplinary teams providing crisis response and crisis prevention, comprehensive mental health and substance abuse screening, integrated geriatric assessment, benefits eligibility, information, linkages and referrals to clients, family, and care providers through outreach to isolated seniors in their homes and to the homeless in vivo settings, including on-site services such as senior centers, nutrition sites, churches, and other community settings. Additionally, the newly renovated High Desert facility will improve the delivery of the Full Service Partnership (FSP) system of care for unserved and underserved seriously mentally ill (SMI) older adults which provides a long-term multidisciplinary team approach and seamless delivery of case management services. The Mobile Outreach Component will serve approximately 858 older adults annually, while approximately 25 will be served annually through the Intensive Case Management Component.

The CCRT is a specially trained mobile 24/7 unit providing crisis assessment and intervention for diverse children, Transitional-Age-Youth (TAY) and adults who are experiencing a psychiatric crisis brought to the attention of law enforcement or other emergency responders. CCRT assists clients regardless of gender or ethnicity. CCRT enables interventions and alternatives for TAY and Adults at risk of acute psychiatric hospitalization and/or detention at hospital emergency rooms, police stations, homes or other community locations. The CCRT program in the High Desert region of San Bernardino County significantly increases access to mental health services after hours and allows diverse consumer families to engage in the referral-for-treatment process. It also allows law enforcement personnel to return to other duties more quickly while simultaneously providing better access and services to the community as a whole. The CCRT will serve approximately 2063 individuals which includes children, TAY, and adults annually.

Additionally, the renovation will allow greater opportunities for the other DBH MHSA programs to access the facility's large and small conference rooms, and computer resource room to assist in the delivery of services. The newly acquired building provides opportunities for the following MHSA Programs:

- The Innovations Holistic Campus project will use this location as a satellite location, expanding services to the High Desert Region;
- The Innovations Community Resiliency Model program can offer classes for the cultural brokers and community on the Community Resiliency Model, expanding services to the High Desert Region;
- The Interagency Youth Resiliency Team will use the facility to provide mentor training sessions, improving accessibility to services and reducing the likelihood that mentors will need to travel approximately 40 miles "down the hill" to participate in the training sessions;
- Various DBH contract providers of MHSA services and District Advisory Committees (DACs) will utilize the large conference room for group meetings increasing the accessibility and delivery of

services;

- The video equipped large conference room and the computer resource room will provide the opportunity for Distance Learning through video and teleconferencing, thus providing a satellite location in the High Desert Region to assist in the delivery of the WET Plan; and
- The Prevention and Early Intervention funded Family Resource Center will be able to hold larger group and family activities, not possible in their existing space.

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The proposed project will transform and modernize a newly acquired vacant facility in the High Desert Region of the County of San Bernardino located at 15403 Park Avenue, Victorville, CA 92394, with the goal of increasing client and family empowerment and improving access and appropriateness of care. The 10,000 square foot property is located within approximately 1000 feet of the 15 Freeway, not only making this facility accessible, but also making it an ideal placement for the mobile response teams that respond to crisis situations throughout the High Desert Region. The project is centrally located in the High Desert Region and will allow the facility to be accessible via public transportation with stops located approximately 500 feet from the property. The property is zoned as CO (Commercial) and the surrounding area includes: medical facilities, commercial and retail buildings, and other County programs.

4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

The building will be completely dedicated to providing MHSA mental health programs, services, and support to promote wellness, recovery, and resiliency for the consumers and family members of the County of San Bernardino.

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.

DBH will ensure that the renovated facility is maintained and updated to provide MHSA services through the County's Facilities Management Department. There are three divisions within the Facilities Management Department that have the ability to maintain and update the facility and enable DBH to effectively meet the expectations of its staff and clients. The Grounds Division is responsible for grounds maintenance services, including indoor plant maintenance, tree trimming, irrigation, landscape installation and maintenance, indoor/outdoor water fountain cleaning, as well as power sweeping of parking lots. The primary function of the Maintenance Division is to provide building maintenance and repair to promote safe and healthy building environments for use by the public and the County of San Bernardino employees. This division performs routine maintenance, and responds to emergency building issues 24 hours per day, 7 days per week. Additionally, the Maintenance Division is responsible for minor Capital Improvement Projects and minor remodel projects to support the County employees' work sites. Finally, the Custodial Services Division provides custodial services to County owned buildings. It is responsible for servicing over 2.1 million square feet and provides pest control services, window washing, carpet cleaning, air duct cleaning, and mold remediation as well as routine and emergency general custodial services.

6. If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.

Not Applicable

<p>7. If proposing a purchase of land with no MSHA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.</p>
<p>Not Applicable</p>
<p>8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)</p>
<p>Not Applicable</p>
<p>9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.</p>
<p>Not Applicable</p>
<p>EXISTING PROJECTS ONLY</p>
<p>1. Provide a summary of the originally approved CF project.</p>
<p></p>
<p>2. Explain why the initial funding was insufficient to complete the project.</p>
<p></p>
<p>3. Explain how the additional funds will be used.</p>
<p></p>
<p>4. Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.</p>
<p></p>

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