

Alliance for Behavioral and Emotional Treatment (ABET)

A demonstration project in collaboration located in Big Bear Lake, San Bernardino County

- I. Alliance members:
 - Big Bear Recovery (substance abuse)
 - Bear Valley Community Healthcare District (medical care)
 - Dove's (domestic violence)
 - Healthy Start Program (Bear Unified School District school related services)
 - LSS Community Care Centers (LSS) (mental health and transportation)
 - Mom's and Dad's Project (prenatal/maternal/child)

- II. LSS served as the prime contractor for a County funded program.

- III. Purpose of ABET Alliance
 - Increase mental health capacity of the Big Bear area, an isolated rural area.
 - Increase mental health early intervention to reduce number of hospitalizations "down the hill".
 - Increase access of children to mental health services
 - Increase access to transportation for ABET client appointments.

- IV. The Need Identified
 - 20,000 permanent residents. Swells to 100,000 during peak tourist season.
 - Economy is tourist based with 70% jobs seasonal.
 - Working Poor dominate the demographic. 70% of students qualify as poor.
 - 253 students in the district identified as homeless ...almost 10%.
 - Access. Big Bear valley sits at 7000 feet. Takes an hour and a half on a good day to get to parts of San Bernardino area. What takes 10 minutes point A to B down the hill can take 20 minutes....on a good day.

- V. Challenges to getting started
 - Finding Psychiatrist willing to service rural/isolated area.
 - Getting van transportation set up with insurance, qualified driver, part time schedule.
 - Getting the word out. Thousands of flyers/brochures printed and distributed, but no directed formal marketing/PR campaign.
 - Getting full time therapist assigned to go into the schools

- Full time ABET Case Manager/Coordinator vs. individual alliance member case management.

VI. Positive Outcomes

- Approximately _____ unduplicated clients served to date. Program goals were_____.
- Approximately _____ suicide crisis interventions accomplished, showing at least _____ hospitalizations prevented.

VII. Lessons Learned

Tracking non Simon related statistics critical. Needs to be accomplished by centralized coordinator serving the entire Alliance.

Coordinator needs to be trained in mental health but ready/able to refer into other programs other than the mental health services portion of ABET.

Need full time transportation with down the hill service.

Psychiatry piece is extremely expensive.

Most clients admitted for long term care were not MediCal qualified....working poor.

Lack of referral out of the psychiatry/psycho therapy portion of the program.

VIII. Recommendations Going Forward

- Develop a robust “prevention/early intervention” piece to the ABET program by providing follow on groups/classes within a PEI funded program after mental health client is stabilized within ABET.
- Broaden the ABET alliance with more faith based or other privately supported community counseling services that clients can be referred into at little or no cost.
- Reduce/streamline the psychiatry cost of the program through exploring avenues such as TeleMed, PMHMP certified mid level practitioners, etc.
- Reduce stigma, “saturate the market” with aggressive PR effort.
- Have one central, well known location for the ABET Alliance Coordinator. The Coordinator must have mental health training and be able to track every client from entry to exit in the program, no matter which Alliance member agency he/she enters and departs from.
- Must have strong/robust referral program to move non MediCal clients up and out of the program immediately after stabilization. This will allow service of more clients in the community to maximize use of funding.
- Find some way to keep non medical clients stabilized through occasional follow up visits with psychiatrist to avoid a “revolving door” syndrome where clients de-stabilize due to lack of meds.