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 Annual Update Resubmission II

June 11, 2010

County of San Bernardino

Administration
268 W. Hospitality Lane, Suite 400 • San Bernardino, CA 92415 • (909) 382-3133 • Fax (909) 382-3105

ALLAN RAWLAND, MSW, ACSW
Director

June 11, 2010

MHSA Plan Review Section
California Department of Mental Health
1600 9th Street, Room 150
Sacramento, CA 95814

Re: Mental Health Services Act (MHSA) Annual Update Plan Fiscal Year (FY) 2010/11 with Revised Exhibits

Dear Sir/Madam:

The County of San Bernardino Department of Behavioral Health is submitting the enclosed MHSA Annual Update Plan FY 2010/11 with the revised exhibits as per your request for FY 2010/11 funds. These revised exhibits are based on the guidelines and estimates of DMH Information Notices 10-01 and 09-20. These revisions also represent feedback received from the DMH MHSA Plan reviewing office on June 9, 2010.

The following exhibits that have been revised and included in this submission:

- Exhibit F: Capital Facilities New Program/Project Budget Detail/Narrative
- Exhibit F: Community Services and Supports New Program/Project Budget Detail/Narrative
- Exhibit F: Innovation New Program/Project Budget Detail/Narrative
- Exhibit F1: CSS & WET New Program Description

Your feedback is welcome in response to the enclosed document. Please direct any additional questions or concerns to the County of San Bernardino MHSA Coordinator, Mariann Ruffolo at (909) 252-4041 or at mruffolo@dbh.sbcounty.gov.

Sincerely,

Allan Rawland, MSW, ACSW
Director, Department of Behavioral Health

Enclosure

AR:MR:SER

cc: Members, Board of Supervisors
Gregory C. Devereaux, County Administrative Officer
Linda Haugan, Assistant County Administrator, Human Services
Trudy Raymundo, Administrative Analyst
Members, Mental Health Commission
Executive Management Team, Department of Behavioral Health
Mariann Ruffolo, Administrative Manager, MHSA Coordinator, Department of Behavioral Health
Paula Quijano, President of Association of Community Based Organizations
MHSA Community Policy Advisory Committee

GREGORY C. DEVEREAUX
County Administrative Officer

Board of Supervisors
BRAD MITZELFELT ..... First District
PAUL BIANE ..... Second District
NEIL DERRY ..... Third District
GARY C. OVITT, CHAIR ..... Fourth District
JOSIE GONZALES, VICE CHAIR ..... Fifth District

County of San Bernardino

Department of Behavioral Health

Mental Health Services Act Annual Plan Update FY 2010/11

Executive Summary

The County of San Bernardino Department of Behavioral Health is pleased to submit the Mental Health Services Act (MHSA) Annual Update request for Fiscal Year 2010/11 funding in accordance with Department of Mental Health (DMH) Information Notices 09-20 and 10-01.

The Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET) and Technological Needs components will remain as approved. Exhibits are contained as appropriate.

The Capital Facilities component includes a proposal for the remaining available Capital Facilities funding for a new project, the Integrated Healthcare Facility. For this project the County of San Bernardino (County) Department of Behavioral Health (DBH) will partner with other County departments in the development of an Integrated Healthcare Facility in San Bernardino County. DBH services will include services from the CSS Full Service Partnerships, Prevention and Early Intervention and Innovation programs. A complete description of this program is in Exhibit F2.

The Innovation component includes a proposal for a new program, the Interagency Youth Resiliency Team. This project was developed as part of the Innovation Community Planning Process for the initial Innovation plan, approved by the MHSA Oversight and Accountability Commission (OAC) on February 25, 2010. This project will serve two groups of diverse children and youth, those who are dependents of the Children and Family Services (CFS) Foster Care program and wards of the court who are being supervised by the Probation Department who are not in a locked facility, their resource providers, professional staff and clinicians. A complete program description is in Exhibit F5.

The request for Training and Technical Assistance Funds from statewide Prevention and Early Intervention projects is included. The request include Fiscal Years 2010/11 and 2011/12 in accordance with DMH Information Notice 08-37.

Condado de San Bernardino

Departamento de Salud Mental

Actualización Anual de la Ley de Servicios de Salud Mental AF 2010/11

Resumen Ejecutivo

El Departamento de Salud Mental del Condado de San Bernardino se complace en presentar la solicitud para financiación de la Actualización Anual de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés) para el Año Fiscal 2010/11 de acuerdo con las Notificaciones de Información de fecha 09-20 y 10-01 del Departamento de Salud Mental (DMH por sus siglas en inglés).

Los componentes de Servicios y Apoyos Comunitarios (CSS por sus siglas en inglés), Prevención e Intervención Temprana (PEI por sus siglas en inglés), Educación y Capacitación de la Fuerza Laboral (WET por sus siglas en inglés) y Necesidades Tecnológicas permanecerán según fueron aprobadas. Las presentaciones están incluidas según lo apropiado.

El componente Establecimientos de Capital incluye una propuesta para el fondo disponible de Establecimientos de Capital para un nuevo proyecto, el Establecimiento Integrado de Atención Médica. Para este proyecto el Departamento de Salud Mental (DBH por sus siglas en inglés) del Condado de San Bernardino (Condado) se unirá con otros departamentos del Condado en el desarrollo de un Establecimiento Integrado de Atención Médica en el Condado de San Bernardino. Los servicios de DBH incluirán los servicios de los programas de Sociedades de Servicio Completo del CSS, Prevención e Intervención Temprana e Innovación. Se encuentra una descripción completa de este programa en la Presentación F2.

El componente Innovación incluye una propuesta de un nuevo programa, el Equipo Joven Inter agencia de Resiliencia. Este proyecto fue desarrollado como parte del Proceso de Planificación de Innovación Comunitaria para el plan inicial de Innovación, aprobado por la Comisión de Supervisión y Asignación de Responsabilidades (OAC por sus siglas en inglés) del MHSA el 25 de febrero de 2010. Este proyecto prestará servicios a dos grupos de niños y jóvenes diversos, quienes son dependientes del programa de Cuidado Tutelar de Servicios para los Niños y la Familia (CFS por sus siglas en inglés) y las personas bajo la tutela de la corte que están siendo supervisadas por el Departamento de Libertad Condicional que no están en un establecimiento cerrado, sus proveedores de recursos, personal profesional y clínicos. Se encuentra una descripción completa de este programa en la Presentación F5.

Se incluye la solicitud de Fondos para Capacitación y Asistencia Técnica de los proyectos de Prevención e Intervención Temprana a nivel estatal completo. La solicitud incluye los Años Fiscales 2010/11 y 2011/12 de acuerdo con la Notificación de Información del DMH 08-37.

Mental Health Services Act

Annual Plan Update FY 2010/11
Resubmission II

County of San Bernardino

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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																			
			A	**B**	**C**	**C1**	**D**	**D1***	**E**	**E1**	**E2**	**E3**	**E4**	**E5**	**F****	**F1****	**F2****	**F3****	**F4****	**F5****	**G*****	**H******
For each annual update/update:			☑	☑	☑	☑			☑													
Component	**Previously Approved**	**New**																				
☑ CSS	$10,126,797	$41,393,300				☑	☑	☐		☑					☐	☐					☐	☐
☑ WET	$	$0				☑	☑	☐			☐				☐	☐						
☑ CF	$	$1,819,498						☐				☑			☑		☑					
☑ TN	$	$0						☐				☐			☐			☐				
☑ PEI		$11,366,300				☑	☑	☐					☑		☐				☐			
☑ INN	$5,606,800	$6,311,400					☑	☐						☑	☑					☑		
Total	$15,733,597	$60,890,498																				

Dates of 30-day public review comment period:	March 1, 2010 through March 31, 2010
Date of Public Hearing***:**	April 15, 2010 and April 20, 2010
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:	

*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 Telephone Number: 909-382-3133 E-mail: arawland@dbh.sbcounty.gov	Name: Mariann Ruffolo Telephone Number: 909-252-4041 E-mail: mruffolo@dbh.sbcounty.gov
Mailing Address: County of San Bernardino Department of Behavioral Health 268 W. Hospitality Lane, Suite 400 San Bernardino, CA 92415	

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, Director		6/11/2010
Mental Health Director/Designee	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: June 7, 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

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.

The County of San Bernardino's Department of Behavioral Health (DBH) has continued with a comprehensive, robust community planning process which is open, participatory and inclusive of all major mental health stakeholders. Consumers include populations who are historically isolated, disenfranchised and underserved. DBH utilized regularly scheduled stakeholder committee meetings and targeted community forums to provide opportunities for stakeholder and participant feedback. A total of fifty (50) regional public and targeted forums were held in which overview information regarding Innovation and general MHSA information were provided. Prevention and Early Intervention (PEI), Workforce Education and Training (WET) continued their stakeholder meetings to obtain ongoing feedback regarding implementation and to provide general MHSA information. Stakeholders submitted feedback through participation in the meetings or through the DBH website.

DBH conducts monthly meetings with its stakeholder group, the Community Policy Advisory Committee (CPAC). At the October and November 2009 meetings, Program Managers from each of the Community Services and Supports (CSS) programs gave presentations about the purpose and outcomes of each of the programs. They also made proposals for cost containment strategies that despite anticipated reductions in the allocation, would allow the program to still meet its intention. As an advisory group the CPAC voiced support of the outcomes achieved to date and the fiscal strategies to maintain existing programs, although there were some participants who were concerned about the potential impact to programs.

Additionally this year MHSA information was shared and feedback was obtained at the newly formed District Advisory Committees. These groups meet in each of the 5 supervisorial districts are led by the Mental Health Commissioners in that district. Consumers and community stakeholders attend and provide feedback regarding DBH. This year these meetings were used to gather input regarding the Annual Update.

The Innovation Working Committee, which is comprised of County and community stakeholders, during the initial plan development, identified the Interagency Youth Resiliency Team as the next program that should be developed once additional funding became available. Since the Innovation Community Planning Process occurred in fall 2009, this program is being added to the Annual Update to request funding for this previously identified program.

The Capital Facilities project for the Integrated Healthcare Project was developed out of response in both the CSS and PEI community planning processes in which the county was discovered to be in need of integrated services. After evaluating the success of the Integrated Healthcare pilot project in the city of Ontario, DBH and its partners are forging ahead with an expanded endeavor which will require ongoing stakeholder processes.

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

The stakeholder entities involved in the Community Program Planning Process include San Bernardino City Police Department, Superior Court, Department of Rehabilitation, Southern California Hospital Association, Association of Community Based Organizations, San Bernardino City Unified School District, County Schools, Arrowhead Regional Medical Center, Department of Public Health, clubhouse members and many consumers, family members and community members and advocates.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

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 DBH 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 members, which includes more than 50 members from the community and other agencies. The plan was also posted on the DBH website from March 1 through March 31.

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.

The 30-day posting was held from March 1-March 31. No comments were received during the posting. Two public hearings were held in the County of San Bernardino. Press releases were sent to 43 newspapers, including community newspapers, and other news agencies. Flyers announcing the hearings in both English and Spanish were sent to all of the African American Mental Health Coalition, Latino Coalition, the Community Policy Advisory Committee, the Innovations Working Committee, the Cultural Competency Advisory Committee, the Community Assistance Program, Inland Empire Health Network, Children's Network, 31 county public libraries, the Association of Community Based Organizations (ACBO), and posted in all DBH clinic lobbies and on the DBH internet and intranet. (See pages 93, through 98 of this document.)

During the public hearing on April 15, held at the Community Policy Advisory Committee, the African American Mental Health Coalition submitted a written statement included in the annual update as Attachment A. The letter requested deletion of the 35% reduction from PEI programs included in the annual update. The county responded verbally during the hearing that 1) the Fiscal Year (FY) 2010/11 planning estimates in DMH Info Notice 09-20, for PEI planning estimates were reduced by approximately 35% from the prior fiscal year for San Bernardino County, 2) the reduction in planning estimates for CSS programs and INN were less than the reduction in PEI funding and that CSS and INN allocations could not be used to fund approved PEI programs, and 3) despite the significant decrease in the FY 2010/11 PEI planning estimates, DBH would continue all previously approved PEI programs through the use of unexpended funds. No change was made to the plan as a result of this comment.

During the public hearing on April 20, held at the District Advisory Committee for the Fifth District, several comments were submitted in regards to the plan.

Comment: The Integrated Healthcare Project should not have a predetermined location. The recommendation was made to change the language to remove the reference to the Westside of San Bernardino or Central San Bernardino County and instead continue the stakeholder process to determine a site within one of the eleven catchment areas as part of the implementation plan.
Response: The wording in the Annual Update was changed to reflect this request.
Comment: The budget sheets were unclear.
Response: County staff explained that reductions were based on statewide reductions and strategies discussed during the Community Policy Advisory Committee (CPAC) meetings held in October, November and January. No changes were made to the Annual Update; however county staff pledged to provide ongoing clarification of information to community stakeholders, as needed.
Comment: How many and were there any community forums about the Innovation program held in the Westside?
Response: Fifty-one community forums were held countywide, six of which were in the Westside of San Bernardino, including one with the group that hosted the public hearing.
Comment: Is there anywhere in the Annual Update that lists which programs are community based versus county run?
Response: The Annual Update format is not designed to provide that kind of information but DBH staff will provide a document listing all contracted MHSA services and locations in the last 5 years.

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 MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

1. Briefly report on how the implementation of the MHSA 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 MHSA 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 it 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.

- **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) RFQ'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:

	CSS	PEI	WET	
Age Group	**# 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	• 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 *Incredible Years* 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	• 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: • Gang Involvement • Anger Management • Drug and Alcohol • Truancy • Shoplifting • Curfew • Cognitive Life Skills	and served 327 individuals. • 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: • 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. • 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	

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: C-1: Comprehensive Child/Family Support System (CCFSS)

Date: May 10, 2010

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
4,625,880	4,394,586	5

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

Comprehensive Child and Family Support System (CCFSS) delivers full service partnership services to diverse children and youth with serious mental health needs who are, to varying degrees, at risk for needing more serious services (e.g., hospitalizations, group home placement, or change in educational setting) that disrupt their continued functioning in the home or at school. A bilingual/bicultural multi-disciplinary team provides and facilitates wraparound services through engaging with the families, caregivers, human services agencies and other support persons to address the client's needs and building upon the client's strengths. Children benefit from a multi-disciplinary team approach to improving the child's ability to maintain a lower level of care.

During FY 09/10 there are 763 children being served through CCFSS, with an average age of 12-13. 35% of these children are girls, and 65% percent are boys. The ethnic breakdown of those served is as follows: 13% African-American; 32% Caucasian; 50% Latino; 1% Asian/Pacific Islander; 1% Native-American and 3% Unknown/Undesignated. 44% of the families served include a family member who speaks Spanish.

The goal for FY 10/11 is to provide these services to 725, which represents a smaller number of families served due to reductions in funding. Through these services, it in anticipated that 75% of these children will maintain in their current educational placement and not require a change of classroom. Salient goals currently under consideration would include: (1) Changes in Placements (e.g., home to custody, hospital, etc.); (2) School Suspensions; (3) Involuntary Holds under Welfare & Institutions Code Section 5585; and (4) Additional Services at another Provider during the same period of enrollment.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
a) The names of Previously Approved programs to be consolidated,

PREVIOUSLY APPROVED PROGRAM

	b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

County: San Bernardino

Program Number/Name: C-2: Integrated New Family Opportunities (INFO)

Date: May 10, 2010

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
920,808	782,687	15

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The Integrated New Family Opportunities (INFO) Program works with the juvenile population (ages 13-17) on probation, and their families. INFO is not gender specific, Services are provided in English and Spanish, and other languages as needed. INFO strives to provide and/or obtain services for children/youth and their families that are unserved or underserved.

INFO is a NACo award-winning program that uses intensive Probation supervision, evidence-based tools, MAYSI-2 and COMPAS, and Functional Family Therapy (FFT). Minors in San Bernardino County Central Juvenile Detention and Assessment Centers (JDAC) receive mental health and other services through a joint effort between San Bernardino County Probation and the Department of Behavioral Health (DBH). Services provided help reduce hospitalizations and out-of-home placements to help children/youth remain with their families. The INFO Program services increase stabilization, help families identify community supports, and encourage recovery, wellness, and resiliency.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: TAY-1: One Stop TAY Centers

Date: May 10, 2010

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
5,827,581	5,331,920	9

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The target population for the One Stop TAY Centers program are diverse TAY, ages 16-25, from underserved/unserved ethnic and lower socio-economic populations with alcohol-and-other-drug use/abuse, mental health, homelessness, abuse, non-traditional lifestyles and/or single-family issues, youth aging out of the Foster Care system and youth leaving the Juvenile Justice system.

The purpose of the TAY program is to avoid frequent and unnecessary hospitalizations and homelessness, maintain family and community ties, provide TAY-specific counseling, services and activities at non-stigmatized "safe" zones, decrease use of inappropriate care for dually-diagnosed and abused TAY, and to provide community-based assessments, treatment. DBH, Department of Children and Family Services (CFS), Probation Department, Schools, the Department of Public Health, and other Community-Based Organizations TAY-specific staff are co-located at centralized locations with increased space, resources and personnel to provide coordinated and comprehensive behavioral health (mental health and alcohol-and-other-drug) and support services to TAY in the surrounding communities through increased Full-Service Partnerships and drop-in service availability.

TAY Centers are programs that allow TAY Clients to selectively utilize those services needed to maximize their individual potentials (Recovery Model) while already in the community, and to use interim services (CFS' Independent Living Program, Short-Term Residential Model) to prepare them for entry into the community. Gender-specific, culturally and linguistically-appropriate services for TAY transitioning out of the Foster Care address transition domains of employment, educational opportunities, housing, community life, medication, mental health, physical well being, drug and alcohol use, trauma, domestic violence, and physical, emotional and sexual abuse, with the goal of independence.

Relapses and temporary set-backs are ameliorated through Emergency Treatment Plans (Mental Health, Trauma, Violence, and/or Co-Occurring Disorders), and collaborating with existing DBH-Crisis Interventions (Community Crisis Response Teams, Crisis Walk-In Centers). Stable relationships and committed community-mainstreaming assistance includes Family Finding, Trauma-After Care, Parenting, Employment and Life-Skills training.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4

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				If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

Select one:
☒ CSS
☐ WET
☐ PEI
☐ INN

County: San Bernardino

Program Number/Name: A-1: Consumer-Operated Peer-Support Services and Clubhouse Expansion

Date: May 10, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
1,483,232	1,260,747	15

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The population served by the Consumer Operated Peer-Support Services and Clubhouse Expansion program includes Severe Mentally Ill Adults, ages 18-62 from underserved and unserved populations. The program enhances and expands services to all DBH clubhouses by utilizing Peer and Family Advocates (PFAs), who are consumers or family members hired by the County to provide peer support services. Six PFAs provide culturally competent and linguistically appropriate outreach to hospitals, board and cares, outpatient clinics and other community facilities with an emphasis on serving the West Valley, East Valley/San Bernardino and Desert/Mountain regions. This achieves the MHSA goals to expand the consumer network of supportive relationships, and provides consumers assistance in a wide variety of areas including employment, recreation, housing and developing an increased number of supportive relationships with family, friends and service providers, as well as providing alternatives to hospitalization. Peer Support Specialists are provided training by Peer Recovery Coordinators, who are consumers/family members and Recovery Model experts who are culturally and/or linguistically competent in the County's identified threshold languages and providing training in both group and individual formats.

Both the clubhouses and peer support outreach activities promote advocacy, empowerment and strategies for increased community integration and link with other self help and advocacy organizations such as NAMI, California Network of Mental Health Clients, Dual Diagnosis Anonymous, Depression and Bipolar Support Alliance and various client councils and governing boards. In an effort to increase services to an underserved adult Hispanic population, the clubhouse is utilizing bilingual BSW interns and consumer volunteers. These culturally and linguistically competent individuals provide groups, case management and interpretation in general clubhouse activities such as work units and socialization events. Participating consumers are tracked by sign-in sheets for events and new membership enrollment forms at Clubhouses with an effort to identify age, ethnicity and geographic location.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly

PREVIOUSLY APPROVED PROGRAM

	approved amounts?			If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: A-2: Forensic Integrated Mental Health Services

Date: May 10, 2010

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
5,521,613	4,693,371	15

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The population served by the Forensic Integrated Mental Health Services are diverse adults, both men and women, ages 18-59 who are severely and persistently mentally ill individuals with criminal justice involvement, and who are incarcerated, or at risk of incarceration, or who are homeless, or at risk of homelessness, or who are recidivistic for consumption of high cost institutional services. The Forensic Integrated Mental Health Services consists of three programs:

1. Forensic Assertive Community Treatment (FACT): A full service partnership bicultural/bilingual multi-disciplinary team consisting of mental health professionals and a Probation Officer that provides 24/7 intensive case management, counseling, psychiatric services and housing and employment services and do “whatever it takes” to help clients recover and maintain their independence in the community. Clients are assisted in developing an individualized treatment plan based on their unique goals. Outcomes are measured by the ability to reduce their number of incarcerations and psychiatric hospitalizations.
2. Supervised Treatment After Release (STAR) Mental Health Court: Provides full service partnership services, in a “whatever it takes” approach in a multi-disciplinary team as part of a voluntary Mental Health Court to assist clients in recovery through day rehabilitation, co-occurring services, psychiatric services, group and individual therapy, and intensive case management with housing supports. STAR clients are under contract with Mental Health Court supervision and can receive sanctions for not abiding with their terms and conditions of probation. Expected outcomes are that clients will spend fewer days in jail, fewer psychiatric hospitalizations and increased quality of life.
3. Crisis Intervention Team (CIT): CIT is a partnership between law enforcement and behavioral health to provide appropriate intervention and support to individuals and families in a mental health crisis through on going training to law enforcement about behavioral health issues. The CIT Program provides police officers intensive training and certification as specialized first-line responders to crises calls when mental health issues are suspected.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly

PREVIOUSLY APPROVED PROGRAM

	approved amounts?			If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

Select one:
☒ CSS
☐ WET
☐ PEI
☐ INN

County: San Bernardino

Program Number/Name: A- 3: Assertive Community Treatment Team (ACT) for High Utilizers of Hospital and Jail Services

Date: May 10, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
2,867,037	2,723,685	5

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The Assertive Community Treatment (ACT) Program is designed to assist diverse clients transitioning from locked facilities into the community by providing community based assertive case management and support, 24 hours a day, 7 days a week. The Target Population is severely and persistently ill adults, 18+, male and female from all ethnicities that have a pronounced history of psychiatric hospitalizations and mental-health related incarcerations. Services are provided in English and Spanish, and ASL as needed. In FY 09/10 the program provided services to 160 seriously and persistently mentally ill clients who are frequent users of acute psychiatric hospitalizations and/or are caught in the cycle of arrest of minor crimes. This number will be reduced to 142 due to budget reductions. This population is characterized by crisis-only contact with the mental health system, homelessness, co-occurring disorders, and minimal skills with which to manage their lives. This program provides crisis response, peer support, clinical interventions, psychiatric services, housing support, employment services and training. The program utilizes the approach of ACT model community services, with the ultimate goals of reducing homelessness of diverse SMI population, reduce the frequency and length of acute psychiatric care, increase the clients' involvement and ability to find and maintain self sufficiency, positive decision making and provide the clients with a durable sense of hope about the future.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and

PREVIOUSLY APPROVED PROGRAM

	c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: A-4: Crisis Walk In Centers (CWICs)

Date: May 10, 2010

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
6,791,820	5,773,047	15

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The target population for the Crisis Walk In Center (CWIC) program is diverse Children, Transitional Age Youth, Adults and Older adults that are in need of a psychiatric assessment and evaluation in three locations throughout the County of San Bernardino. Services are provided to all ethnic populations and genders in the county. The CWICs provide county residents a location available to conduct psychiatric assessment and crisis stabilization for those clients who are in acute psychiatric distress or are a danger to themselves or others or gravely disabled. The CWICs provide a much needed location for county residents to utilize who are in need of emergency psychiatric services 24 hours per day, 7 days a week. The CWICs are staffed by a bilingual/bicultural multi-disciplinary team who focus on stabilizing constituents in appropriate culturally responsive ways and providing linkage to resources within the community. In collaboration with the Community Crisis Response Teams the CWICs work to reduce inappropriate hospitalizations and improve the quality of life for their clients. CWICs are located in Morongo Basin, Victorville and the Central Valley of San Bernardino County.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☒	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

County: San Bernardino

Program Number/Name: A-5: Psychiatric Triage Diversion Team

Date: May 10, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
2,248,714	1,911,407	15

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The priority population for the Psychiatric Triage Diversion Team Program is 3000 diverse uninsured adults annually who are presenting at the psychiatric emergency room in crisis due to homelessness, co-occurring disorders, recent release from incarceration and/or medical conditions seeking psychiatric services which could be better served in a community setting. Services are provided to all ethnicities and to both male and female clients. This program provides preliminary screening of clients as they enter the psychiatric emergency room unit at Arrowhead Regional Medical Center and determines the legitimacy of the reason for the client's coming to the ER. If appropriate, the program diverts the client and links the client with existing culturally and linguistically inclusive community resources which are most appropriate for the client's condition and ongoing mental health needs. By providing these services, the program prevents unnecessary hospitalizations and stigma, and promotes recovery and resiliency, decreases dependency on the psychiatric system for non emergency needs and promotes responsible wellness.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: A-6: Community Crisis Response Teams

Date: May 10, 2010

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
5,564,692	4,729,988	15

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The Community Crisis Response Team (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 four (4) regions 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.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☒	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

County: San Bernardino

Program Number/Name: A-7: Homeless Intensive Case Management and Outreach Services

Date: June 7, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$1,717,987	$5,127,202	200%*

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The persons served in the Homeless Intensive Case Management and Outreach Services are diverse adults who are severely mentally ill and without treatment will frequently find they are homeless, at risk of becoming homeless, or at imminent risk of being incarcerated or hospitalized. Included in these target populations are women, families, and veterans. These mentally ill adults may have not accessed mental health services previously. The Homeless Intensive Case Management and Outreach Services Program provides case management services and includes linkage to culturally and linguistically inclusive community and county resources. Services include Employment Preparation and Support; a Drop-In Center will provide Recovery Resource Center (RRC) services to the homeless, mentally ill adults of San Bernardino County, temporary Housing including shelter, meals, bathing and laundry facilities for homeless, mentally ill consumers in a home like environment, referrals to community self-help and support such as DBH clubhouses to provide clients the opportunity to improve socialization skills.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

* The 200% increase is due to the expansion of the A-7 program. Please see Exhibits E, E1 and F.

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

County: San Bernardino

Program Number/Name: A-8: Alliance for Behavioral and Emotional Treatment

Date: May 10, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
556,200	472,770	15

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The ABET program is an alliance of mental health service providers in the Big Bear Lake area of California which provides a variety of services to diverse mentally ill Children and Youth, TAY, Adults and Older Adults in the Big Bear community. The populations served are diverse unserved/underserved individuals in the child and adult population referred by the school system, interagency and self referrals in need of therapeutic and/or psychiatric interventions. Approximately 20% of the population is Spanish speaking so the program employs a bilingual case manager to provide services. Services are provided to crisis clients in all age groups, co-occurring diagnosis clients and clients with serious transportation needs. It is a full service partnership of professional and community based mental health services that elevates availability and treatment from previous ABET efforts. This includes a Crisis Response Personnel (CRP) group and psychiatric services that include psychotherapy and a Certified Drug and Alcohol Counselor. Peer and Family Advocates (PFS) are trained to provide peer support services. A Resource Directory is used to enhance communication with the community.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

County: San Bernardino

Program Number/Name: OA-1: Circle of Care: Case Management Expansion and Senior Counseling Outreach Program

Date: May 10, 2010

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
1,266,316	1,076,369	15

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The target population for the Circle of Care program is diverse unserved and underserved older adults (60+) who are isolated and may be in declining health, have little to no access to mental health services and are at the risk of hospitalization. This program provides mental health treatment and case management services, along with Senior Peer Counseling to older adults in all regions of the county. All services are geared toward assisting seniors remain in their own homes, remain active in their communities and pursue individualized personal goals for as long as possible. In addition, this program creates partnerships with other community and county agencies with specific expertise with older adults in ensuring county-wide community collaboration, ongoing training and mental health educational classes pertaining to older adults. Program staff serves as a liaison for DBH in all matters relating the delivery of services in the older adult system of care.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

County: San Bernardino

Program Number/Name: OA-2: Circle of Care: Mobile Outreach and Intensive Case Management

Date: May 10, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
1,281,708	1,089,452	15

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The target population for the Circle of Care: Mobile Outreach program is diverse older adults (60+) who are unserved or underserved and are homeless or at risk of homelessness. Priority for services is given to older adults with the most severe conditions and with the highest incidence of psychiatric hospitalizations, or those having the most difficulty in accessing mental health services. This program is compromised of two distinct components: mobile outreach and intensive case management services. Mobile outreach services provide crisis response and prevention, comprehensive mental health services and substance abuse screenings, integrated geriatric assessments, benefits eligibility and case management to isolated seniors in their homes and to the homeless seniors' in vivo settings. The transportation mobile component facilitates team accessibility and is able to reach geographically isolated older adults in the High Desert Region. The intensive case management component provides 24/7 mental health and case management FSP services to older adults in need of this level of care, with the ultimate goals to increase access to mental health services and encourage self-sufficiency, and manage independence while reducing episodic or chronic hospitalizations and or relapse of mental health symptoms.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
a) The names of Previously Approved programs to be consolidated,
b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 1 - Expand Existing Training Program

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The purpose of the Expand Existing Training Program is to implement all programs funded by the Workforce Education and Training Plan approved in July 2008. This program provides administration and staff to coordinate and evaluate all training activities for the Department of Behavioral Health, ensure that activities of the Training Institute meet the fundamental concepts of MHSA, develop training programs to support consumers and family members transitioning from being a client/family member receiving mental health services to a provider of mental health services, increase the competency of the existing workforce and strengthen the mental health workforce through recruitment, promotion and retention of bilingual, multi-cultural employees.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 2 - Training to Support the Fundamental Concepts of MHSA

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The Training to Support the Fundamental Concepts of MHSA program is designed to provide training on Recovery Models to direct service staff, develop Evidence-Based Practices training, provide training to appropriate direct service staff members, increase the provision of NAMI training in the county through the provision of NAMI education in DBH clinics by consumers and family members, provide multicultural education and training opportunities for staff, consumers, family members and community stakeholders, increase the proficiency of bilingual employees from translators to interpreters, increase the use of distance learning models to improve the provision of training while lessening the impact on departmental operations.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 3 - Develop Core Competencies

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The purpose of the Core Competency program is to develop core competencies in partnership with California State University San Bernardino for each job classification level, tie core competencies to the Work Performance Evaluation and goal setting for each employee, obtain approval from the county's Human Resources Department to accept DBH offered classes as meeting educational requirements for job advancement, and to collaborate with the community to ensure the development of the core competencies enables staff to provide relevant services.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

County: San Bernardino

Program Number/Name: WET 4 - Outreach to High School, Adult Education, Community Colleges and Regional Occupational Program (ROP) Students.

Date: May 10, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The purpose of the Outreach Program is to DBH will work with school district and ROP health training academies to ensure that mental health careers are represented in the curriculum, target schools in the underserved areas of the county to attend career fairs in junior high and high schools in districts/schools that do not have health training academies, outreach to community colleges in San Bernardino County to develop certificate programs in mental/behavioral health occupations, and collaborate with the community to help identify underserved and unserved communities.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 5 - Leadership Development Program

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The purpose of the Leadership Development Program is to engage county personnel, stakeholders and community members to identify needs and propose leadership competencies, identify and propose training components (including, but not limited to, competence-based curricula addressing the shared knowledge and behavioral requirements of all levels of leadership; specialized training addressing discipline specific roles and functions; and customized leadership assessment and coaching of identified personnel); and propose training structures (including, but not limited to: "Train the Trainers", recommended training cycles; online courses; university-based didactic courses supporting to degree completion; and customized leadership assessment and coaching of identified personnel). This project is being completed in collaboration with Loma Linda University.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 6 - Peer and Family Advocate Workforce Support Initiatives

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The purpose of the Peer and Family Workforce Support Initiatives program is to collaborate with family members consumers, contract agencies and community members to expand training for volunteers, consumers and family members in order to provide opportunities for Peer and Family Advocates who wish to advance within the PFA series or to occupations beyond the scope of the PFA job description to be able to explore options and receive educational counseling and assistance in reaching their goals.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 7 - Expand Existing Internship Program

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The purpose of the expansion of the Internship Program is to provide competency in clinical supervision for interns and pre-licensed staff, prepare interns for, encourage and increase employment in community behavioral health, provide license preparation support for pre-licensed clinical staff, increase the licensure rate for current pre-licensed employees, assist DBH employees in achieving educational goals, improve retention rates for current employees who complete advanced educational degrees, continue to administer an Employee Internship Program, and address mental health shortages and diversity needs in collaboration with county personnel, stakeholders and community members.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 8 - Psychiatric Residency Program

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The purpose of the Psychiatric Residency Program is to collaborate with the county hospital, Arrowhead Regional Medical Center to implement and administer a Psychiatric Residency program to increase the number of psychiatric residents who choose to work in public mental health.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5. Description of Previously Approved Programs to be consolidated. Include in your description:
   a) The names of Previously Approved programs to be consolidated,
   b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and
   c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 9 - Scholarship Program

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.
The purpose of the Scholarship Program is to assist current DBH and contract agency employees in furthering their education to be able to pursue higher level careers in the public mental health system.	

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: WET 10 - Increase Eligibility of Federal Workforce Funding

Date: May 10, 2010

Select one:
- ☐ CSS
- ☒ WET
- ☐ PEI
- ☐ INN

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The purpose of the Increase Eligibility for Federal Workforce Funding program is to obtain additional MHPSA designations to assist public mental health employees to qualify for additional loan repayment programs and to work with the county's Human Resources Department to use the MHPSA designation as a recruiting method for interested individuals.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Student Assistance Program

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 21868 Total Families: 5467			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:	16838	4373	657
	Total Families:	4209	1093	165

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Preschool Services Program

Date: May 10, 2010

Select one:

- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 500 Total Families: 240			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:	0	500	0
	Total Families:	0	240	0

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Resilience Promotion in African American Children

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 910 Total Families: 310			

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
Total Individuals:	500	300	110
Total Families:	0	200	110

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Promotores de Salud

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 2496 Total Families: 624			

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
Total Individuals:	2496	N/A	N/A
Total Families:	624	N/A	N/A

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Family Resource Center

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 34% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 8840 Total Families: 2210			

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
Total Individuals:	4244	2298	2298
Total Families:	1062	574	574

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Native American Resource Center

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 1299 Total Families: 324			

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
Total Individuals:	1137	162	N/A
Total Families:	284	40	N/A

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: NCTI Crossroads Education

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 585 Total Families: 146			

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
Total Individuals:	N/A	585	N/A
Total Families:	N/A	146	N/A

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Older Adult Community Services

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 741 Total Families: 0			

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
Total Individuals:	455	221	65
Total Families:	0	0	0

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Child & Youth Connection

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 715 Total Families: 100			

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
Total Individuals:	0	715	0
Total Families:	0	100	0

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Community Wholeness and Enrichment Program

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 598 Total Families: 200			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:	390	163	45
	Total Families:	120	80	0

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: Military Services & Family Support

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The only modification is a 35% reduction to the annual budget to align with the 35% reduction in the planning estimate.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 130 Total Families: 130			

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
Total Individuals:	0	65	65
Total Families:	0	65	65

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: The Lift Program

Date: May 10, 2010

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☒	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

The name of this program has been changed from the Nurse Family Partnership (NFP) to, "The Lift Program". The Lift Program, while maintaining a structure similar to the NFP, will not be affiliated with the national NFP foundation. The national NFP foundation owns the rights and monitors the implementation of the NFP program. The reason for this change is because The Lift Program's frequency of home visits by nurses has been increased to weekly instead of bi-weekly. This change did not fall within the National NFP foundation's program requirements. The name change and frequency of home visits is the only significant change being made to the program.

5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates

Total Individuals: 50 Total Families: 25

5b. If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
Total Individuals:		50	
Total Families:		25	

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: INN-01 Online Diverse Community Experiences

Date: May 10, 2010

Select one:

- ☐ CSS
- ☐ WET
- ☐ PEI
- ☒ INN

Innovation				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes	☒	☐	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	☐	☐	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	☐	☐	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: INN-02 CASE

Date: May 10, 2010

Select one:

- ☐ CSS
- ☐ WET
- ☐ PEI
- ☒ INN

Innovation				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes	☒	☐	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	☐	☐	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	☐	☐	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: INN-03 Community Resiliency Model

Date: May 10, 2010

Select one:

- ☐ CSS
- ☐ WET
- ☐ PEI
- ☒ INN

Innovation				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes	☒	☐	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	☐	☐	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	☐	☐	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

PREVIOUSLY APPROVED PROGRAM

County: San Bernardino

Program Number/Name: INN-04 Holistic Campus

Date: May 10, 2010

Select one:

- ☐ CSS
- ☐ WET
- ☐ PEI
- ☒ INN

Innovation				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes	☒	☐	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	☐	☐	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	☐	☐	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

MHSA SUMMARY FUNDING REQUEST

County: San Bernardino **Date:** 6/7/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	$41,393,300			$11,689,200	$6,311,400	
2. Transfers						
3. Adjusted Planning Estimates	$41,393,300					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	$51,520,097		$1,819,498	$11,689,200	$6,311,400	
2. Requested Funding for CPP	$0					
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds[a/]						
c. Unexpended FY 2008/09 Funds	$8,203,970			$15,324,917	$928,333	
d. Adjustment for FY 2009/2010[c/]				$15,324,917	$928,333	
e. Total Net Available Unexpended Funds	$8,203,970	$0	$0	$0	$0	
4. Total FY 2010/11 Funding Request	**$43,316,127**	**$0**	**$1,819,498**	**$11,689,200**	**$6,311,400**	
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	**$37,726,387**			$11,689,200		
Sub-total	**$37,726,387**	**$0**		**$11,689,200**	**$0**	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates[a/]						
c. Unapproved FY 08/09 Planning Estimates			$1,819,498			
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates	$ 3,666,913				$6,311,400	
Sub-total	$3,666,913	$0	$1,819,498	$0	$6,311,400	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation [b/]	**$41,393,300**	**$0**	**$1,819,498**	**$11,689,200**	**$6,311,400**	

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.

c/$1,922,827 is to be saved in CSS for fiscal 09/10 for services in fiscal year 10/11

d/ Innovation unexpended is for planning expenses incurred in FY09/10, but no cash was received until the first quarter of FY10/11

FY 2010/11 **EXHIBIT E1**

CSS BUDGET SUMMARY

County: San Bernardino **Date:** 6/7/2010

CSS Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
		Previously Approved Programs										
9.	C-1	Comprehensive Child and Family Support System	$4,394,586	$4,394,586				$4,306,694	$87,892			
10.	C-2	Integrated New Family Opportunities (INFO) Program	$782,687	$626,149	$156,538	$0	$0	$241,635	$541,052			
13.	TAY-1	One-Stop Center	$5,331,920	$4,265,536	$639,830	$426,554	$0		$5,331,920			
1.	A-1	Consumer -Operated Peer Support System	$1,260,747	$0	$1,134,672	$126,075				$1,260,747		
2.	A-2	Forensic Integrated Mental Health Services	$4,693,371	$ 4,615,937	$77,434.15					$4,693,371		
3.	A-3	Hospital High User ACT Team	$2,723,685	$2,723,685						$2,723,685		
4.	A-4	Crisis Walk-In Center	$5,773,047	$0	$5,195,742	$577,305	$0	$1,154,609	$2,020,566	$2,020,566	$577,305	
5.	A-5	Psychiatric Diversion Team at ARMC	$1,911,407		$1,911,407					$1,911,407		
6.	A-6	Community Crisis Response Team	$4,729,988	$0	$4,020,490	$709,498	$0	$1,182,497	$1,655,496	$1,655,496	$236,499	
7.	A-7	Homeless Intensive Case Management and Outreach	$1,460,289	$876,173	$584,116					$1,460,289		
8.	A-8	Alliance for Behavioral and Emotional Treatment	$472,770	$472,770				$108,737	$42,549	$189,108	$132,376	
11.	OA-1	Circle of Care: System Development	$1,076,369		$807,277	$269,092	$0				$1,076,369	
12.	OA-2	Case Management	$1,089,452	$653,671	$435,781						$1,089,452	
15.			$0									
16.	Subtotal: Programs [a/]		$35,700,318	$18,628,507	$14,963,287	$2,108,523	$0	$6,994,173	$9,679,475	$15,914,669	$3,112,001	Percentage
17.	Plus up to 15% County Administration		$12,152,866									34%
18.	Plus up to 10% Operating Reserve		$0									0.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$47,853,184									
		New Programs										
1.	A-7	Homeless Intensive Case Management and Outreach	$3,666,913	$3,666,913						$3,666,913		
2.			$0									
3.			$0									
4.			$0									
5.			$0									
6.	Subtotal: Programs[a/]		$3,666,913	$3,666,913	$0	$0	$0	$0	$0	$3,666,913	$0	Percentage
7.	Plus up to 15% County Administration		$0									0.0%
8.	Plus up to 10% Operating Reserve		$0									0.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		$3,666,913									
10.	**Total MHSA Funds Requested for CSS**		$51,520,097									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 56.60%

Additional funding sources for FSP requirement:
County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/ MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
		Other Funding Sources									
Total Mental Health Expenditures:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	57%

COUNTY CERTIFICATION

County: San Bernardino

County Mental Health Director	Project Lead
Name: Allan Rawland Telephone Number: 909-382-3133 E-mail: arawland@dbh.sbcounty.gov	Name: Mariann Ruffolo Telephone Number: 909-252-4041 E-mail: mruffolo@dbh.sbcounty.gov
Mailing Address: County of San Bernardino Department of Behavioral Health 268 W. Hospitality Lane, Suite 400 San Bernardino, CA 92415	

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.

The additional administration costs detailed in Exhibit E1 are based on an acceptable allocation method, consistently applied by the county in similar circumstances, which allocates an increased share of costs to the MHSA funding stream in proportion to the benefit to the program/project; and that these costs do not violate the requirements of Welfare and Institutions Code section 5891, subdivision (a), and California Code of Regulations section 3410.

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, Director
Mental Health Director/Designee

Signature

6/11/2010
Date

EXHIBIT E1 – Addendum: OTO Balance for FY 2010/11

Administration:

The total of $3,642,961 was included in FY 10/11 Administration.
The above amount is to continue previously approved projects.

This entry is in accordance with DMH information Notice 08-10, under I. General Requirements, page 1 last paragraph, which says:

> "Current programs and projects which have been approved, such as one-time technology projects, can continue until the FY 2008/09 plan update is approved. Funding for such programs projects, effective 07/01/08, must be addressed in the plan update and be consistent with this notice."

The County of San Bernardino still has a balance from its original one time only and the County needs to continue to add the balance as funds to be use for those projects in FY 2010/11.

Also, stated under II, FY 2008/09 Process to Update the County's Three Year Program and Expenditure Plan, # F:

> Projects that were previously approved with one-time funding remain approved; however, the budget information needs to be submitted."

The budget detail information is as follows:

Housing	796,074
Cultural Competency Activities	327,043
Capital Purchases	1,674,690
Improving Information Technology Systems	845,154
TOTAL	**3,642,961**

CSS ADMINISTRATIVE STAFF BREAKOUT

Title	Salaries/Benefits	# of each	Total
Accountant III	97,860.70	1	97,860.70
Accountant III Total		1	97,860.70
Accounting Technician	68,152.35	1	68,152.35
Accounting Technician Total		1	68,152.35
Administrative Manager	125,688.15	2	251,376.30
Administrative Manager Total		2	251,376.30
Administrative Supervisor I	103,412.61	3	310,237.83
Administrative Supervisor I Total		3	310,237.83
Ambulatory Clinic Manager	131,380.20	1	131,380.20
Ambulatory Clinic Manager Total		1	131,380.20
Automated Systems Analyst I	84,993.48	3	254,980.44
Automated Systems Analyst I Total		3	254,980.44
Automated Systems Analyst II	74,028.50	2	148,056.99
Automated Systems Analyst II Total		2	148,056.99
Automated Systems Technician	68,905.46	2	137,810.93
Automated Systems Technician Total		2	137,810.93
Business Systems Analyst I	92,335.60	4	369,342.41
Business Systems Analyst I Total		4	369,342.41
Business Systems Analyst II	110,444.60	3	331,333.79
Business Systems Analyst II Total		3	331,333.79
Clinical Therapist Pre-License	87,431.80	1	87,431.80
Clinical Therapist Pre-License Total		1	87,431.80
Cultural Competency Officer	108,005.10	1	108,005.10
Cultural Competency Officer Total		1	108,005.10
Fiscal Specialist	58,103.33	1	58,103.33
Fiscal Specialist Total		1	58,103.33
Mental Health Auditor	88,110.75	2	176,221.50
Mental Health Auditor Total		2	176,221.50
Mental Health Education Consul	78,858.68	1	78,858.68
Mental Health Education Consul Total		1	78,858.68
Mental Health Intern Prgm Supv	116,063.15	1	116,063.15
Mental Health Intern Prgm Supv Total		1	116,063.15
Mental Health Nurse II	103,455.88	2	206,911.76
Mental Health Nurse II Total		2	206,911.76
Mental Health Program Mgr I	114,961.35	1	114,961.35
Mental Health Program Mgr I Total		1	114,961.35
Mental Health Specialist	64,495.45	3	193,486.36
Mental Health Specialist Total		3	193,486.36
Office Assistant III	53,278.85	7	372,951.94
Office Assistant III Total		7	372,951.94
Office Assistant IV	57,898.52	1	57,898.52
Office Assistant IV Total		1	57,898.52
Payroll Specialist	53,013.19	2	106,026.38
Payroll Specialist Total		2	106,026.38

Peer & Family Advocate I	44,868.42	2	89,736.84
Peer & Family Advocate I Total		**2**	**89,736.84**
Program Specialist I	80,211.47	1	80,211.47
Program Specialist I Total		**1**	**80,211.47**
Program Specialist II	98,147.70	1	98,147.70
Program Specialist II Total		**1**	**98,147.70**
Secretary I	57,959.80	1	57,959.80
Secretary I Total		**1**	**57,959.80**
Social Worker II	78,169.94	2	156,339.88
Social Worker II Total		**2**	**156,339.88**
Staff Analyst I (.5 Innovation)	37,494.71	1	37,494.71
Staff Analyst I (.5 Innovation) Total		**1**	**37,494.71**
Staff Analyst II	90,830.91	11	999,140.03
Staff Analyst II Total		**11**	**999,140.03**
Statistical Analyst	98,147.70	1	98,147.70
Statistical Analyst Total		**1**	**98,147.70**
Supervising Accountant II	103,038.60	1	103,038.60
Supervising Accountant II Total		**1**	**103,038.60**
Supervising Fiscal Specialist	73,729.95	1	73,729.95
Supervising Fiscal Specialist Total		**1**	**73,729.95**
Training&DevelopmentSpecialist	98,744.10	1	98,744.10
Training&DevelopmentSpecialist Total		**1**	**98,744.10**
Volunteer Services Coordinator	59,706.15	1	59,706.15
Volunteer Services Coordinator Total		**1**	**59,706.15**
Grand Total		**69**	**5,729,849**

CFTN BUDGET SUMMARY

County: San Bernardino

Date: 5/10/2010

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 10/11 Required MHSA Funding	Type of Project		
	No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs	
1.		Integrated Healthcare Project	New	$1,819,498	$1,819,498		
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							Percentage
26.	Subtotal: Work Plans/Projects			$1,819,498	$1,819,498	$0	
27.	Plus up to 15% County Administration						0.0%
28.	Plus up to 10% Operating Reserve						0.0%
29.	Total MHSA Funds Requested			$1,819,498			

FY 2010/11

EXHIBIT E4

PEI BUDGET SUMMARY

County: San Bernardino

Date: 5/10/2010

PEI Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of			Estimated MHSA Funds by Age Group				
	No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
		Previously Approved Programs									
1.	PEI SI 1	Student Assistance Program	$2,369,271	$1,658,490	$473,855	$236,927	$1,540,027	$829,245			
2.	PEI SI 3	Resilience Promotion in African-American Children	$255,701	$25,570	$204,560	$25,570	$255,700				
3.	PEI SI 2	Preschool Project	$232,057	$23,206	$185,646	$23,206	$232,058				
4.	PEI CI 2	Family Resource Center	$1,626,099	$765,223	$550,004	$310,872	$487,830	$487,830	$487,830	$162,610	
5.	PEI CI 3	Native American Resource Center	$322,227	$161,114	$120,835	$40,279	$80,556	$80,556	$148,225	$12,890	
6.	PEI CI 4	Crossroads Education Classes	$743,315		$743,315			$743,315			
7.	PEI CI 1	Promotores de Salud	$111,497	$111,497					$111,497		
8.	PEI SE 1	Older Adult Community Service Program	$668,983	$410,779	$199,521	$58,683				$668,983	
9.	PEI SE 2	Child and Youth Connection	$954,777		$859,300	$95,478	$716,083	$238,694			
10.	PEI SE 5	Lift Program	$294,353		$294,353		$147,176	$147,176			
11.	PEI SE 4	Military Services and Family Support	$222,994		$111,497	$111,497			$222,994		
12.	PEI SE 3	Community Wholeness and Enrichment Project	$1,183,943	$772,137	$321,723	$90,083			$1,183,943		
13.											
14.											
15.											
16.	Subtotal: Programs		$8,985,218	$3,928,016	$4,064,608	$992,594	$3,459,430	$2,526,816	$2,154,489	$844,483	Percentage
17.	Plus up to 15% County Administration		$1,347,783								15%
18.	Plus up to 10% Operating Reserve		$1,033,300								10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$11,366,300								
		New Programs									53%
1.			$0								
2.			$0								
3.			$0								
4.			$0								
5.			$0								
6.	Subtotal: Programs		$0	$0	$0	$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% County Administration										0.0%
8.	Plus up to 10% Operating Reserve										• 0.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		$0								
10.	**Total MHSA Funds Requested for PEI**		$11,366,300								

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.

FY 2010/11

EXHIBIT E5

INN BUDGET SUMMARY

County: San Bernardino

Date: 5/10/2010

	INN Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Age Group (if applicable)				
	No.	Name		Children and Youth	Transition Age Youth	Adult	Older Adult	
	Previously Approved Programs							
1.	Inn-01	On-Line Diverse Community Experiences	$94,500					
2.	Inn-02	CASE	$1,791,745					
3.	Inn-03	Community Resiliency Model	$830,015					
4.	Inn-04	Holistic Campus	$1,769,180					
5.			$0					
6.			$0					
7.			$0					
8.			$0					
9.			$0					
10.			$0					
11.			$0					
12.			$0					
13.			$0					
14.			$0					
15.			$0					
16.	Subtotal: Programs		$4,485,440	$0	$0	$0	$0	Percentage
17.	Plus up to 15% County Administration		$672,816					15%
18.	Plus up to 10% Operating Reserve		$448,544					8.7%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$5,606,800					
	New Programs							
1.	Inn-05	Interagency Youth Resilency Team	$4,989,249					
2.			$0					
3.			$0					
4.			$0					
5.			$0					
6.	Subtotal: Programs		$4,989,249	$0	$0	$0	$0	Percentage
7.	Plus up to 15% County Administration		$748,387					15%
8.	Plus up to 10% Operating Reserve		$573,764					10.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		$6,311,400					
10.	**Total MHSA Funds Requested for INN**		$11,918,200					

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New.

County: San Bernardino

Date: 6/11/2010

Program/Project Name and #: Capital Facilities: CF 2 Integrated Healthcare Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*	$2,250,000	$5,250,000		$7,500,000
7. Total Proposed Expenditures	**$2,250,000**	**$5,250,000**	**$0**	**$7,500,000**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Bernardino

Date: 6/11/2010

Program/Project Name and #: Capital Facilities: CF 2 Integrated Healthcare Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue	$430,502	$5,250,000		$5,680,502
2. Total Revenues	**$430,502**	**$5,250,000**	**$0**	**$5,680,502**
C. TOTAL FUNDING REQUESTED	**$1,819,498**	**$0**	**$0**	**$1,819,498**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: Amount equals total for all constuction/renovation costs. Specific amounts ultimately depend on which of the proposals submitted by the developers is approved by the County of San Bernardino.

Please include your budget narrative on a separate page.

Prepared by: Michael Knight/Dennis Terrones/Lisa McGinnis

Telephone Number: (909) 252-4047

CAPITAL FACILITIES NEW PROGRAM BUDGET NARRATIVE

County: San Bernardino

Program Number/Name:
Capital Facilities
Integrated Health Care Project

Date: June 11, 2010

A. EXPENDITURES
Capital Facilities
6. Other Expenditures:
County Mental Health Department

An estimate of **$2,250,000** is projected for the mental health services portion of construction and/or renovation by developers for the integrated healthcare project.

Other Governmental Agencies

An estimate of **$5,250,000** is projected for the physical healthcare services portion of construction and/or renovation by developers for the integrated healthcare project.

7. Total Proposed Expenditures	**$7,500,000**

B. REVENUES
1. New Revenues
c. Other Revenue
County Mental Health Department

$430, 502 Medi-Cal Billable Services

Other Governmental Agencies

$5,250,000 Partner Agency Contributions

2. Total Revenues	**$5,680,502**
C. TOTAL FUNDING REQUESTED	**$1,819,498**

County: San Bernardino

Date: 6/11/2010

Program/Project Name and #: Community Services and Supports: A-7 Homeless Intensive Case Management and Outreach

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports	$170,000			$170,000
2. General System Development Housing				$0
3. Personnel Expenditures	$2,646,913		$850,000	$3,496,913
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$2,816,913**	**$0**	**$850,000**	**$3,666,913**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Bernardino

Date: 6/11/2010

Program/Project Name and #: Community Services and Supports: A-7 Homeless Intensive Case Management and Outreach

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$2,816,913**	**$0**	**$850,000**	**$3,666,913**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Lisa McGinnis

Telephone Number: (909) 252-4047

CSS NEW PROGRAM BUDGET NARRATIVE

County: San Bernardino

Program Number/Name:
Community Services and Supports: A-7 Homeless Intensive Case Management and Outreach

Date: June 11, 2010

A. EXPENDITURES
Community Services and Supports
1. Client, Family Member and Caregiver Support Expenditures
b. Other Supports
County Mental Health Department

The other support costs are projected to be **$170,000**, which includes medical doctors, travel costs and shelter beds for clients, family members and caregivers. These other support services are incorporated, since the full service partnership's target population includes individuals with serious mental disorders which include homeless persons who are mentally ill and who rarely have access to medical doctors, transportation costs or beds for clients and their family members.

Client, Family Member and Caregiver Support Expenditures:	
Incorporated MDs	$ 64,000
Travel Costs	$ 5,000
Misc. Costs (other shelter beds)	$ 101,000
Total	**$ 170,000**

3. Personnel Expenditures
County Mental Health Department

Total staffing costs are projected to be **$2,646,913.** The Full Service Partnership (FSP) staff provides intensive case management services including linkage to community and county resources. Additional services provided by the FSP staff include employment preparation and support, a drop in center which provides recovery resource center services to homeless mentally ill adults of San Bernardino County including temporary housing, shelter, meals, bathing and laundry facilities in a home-like environment.

Total staffing costs are projected to be $2,646,913 which includes the following positions with FTE's:		
Clinical Therapist I	14 FTE	$ 1,057,430
Clinical Therapist II	1.5 FTE	$ 133,630
Mental Health Nurse II	.7 FTE	$ 65,811
Mental Health Specialist	13 FTE	$ 652,082
Mental Health Clinic Supervisor	3 FTE	$ 61,187
Psychiatrist	1.5 FTE	$ 355,103
Psychiatric Technician I	.8 FTE	$ 44,854
Social Worker II	4 FTE	$ 276,816
Total		**$ 2,646,913**

Community Mental Health Contract Providers (FSP Contracts)

The contract costs are projected to be **$850,000**. Full service partnership's contractor plans and provides the full spectrum community services, (mental and non-mental health services) so the client can achieve identified goals.

8. Total Proposed Expenditures:	**$3,666,913**
C. TOTAL FUNDING REQUESTED	**$1,819,498**

County: San Bernardino

Date: 6/11/2010

Program/Project Name and #: Innovation -05 Interagency Youth Resiliency Team

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Bernardino

Date: 6/11/2010

Program/Project Name and #: Innovation -05 Interagency Youth Resiliency Team

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel	$2,066,862		$1,350,000	$3,416,862
2. Operating Expenditures			$1,071,500	$1,071,500
3. Non-recurring Expenditures			$399,140	$399,140
4. Training Consultant Contracts			$101,747	$101,747
5. Work Plan Management	$1,322,151			$1,322,151
6. Other				$0
7. Total Proposed Expenditures	**$3,389,013**	**$0**	**$2,922,387**	**$6,311,400**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$3,389,013**	**$0**	**$2,922,387**	**$6,311,400**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Knight

Telephone Number: (909) 252-4047

INNOVATION NEW PROGRAM BUDGET NARRATIVE

County: San Bernardino

Program Number/Name:
INN 05 – Interagency Youth Resiliency Team

Date: June 11, 2010

A. EXPENDITURES
Innovation (INN)

1. Personnel:

One unique feature of this project is that the majority of the staff (approximately 11 FTE's) will be a Peer & Family Advocate equivalent serving as the peer counselors; culturally diverse self-disclosed former dependents/wards will serve as peer counselors to current dependents/wards and experienced service providers will mentor less experienced service providers. These will be stipend and/or contracted positions totaling $450,000 per year for years three through five.

Four culturally and linguistically diverse Clinical Therapists I (CTI) will work directly with dependents/wards and service providers as well as providing supervision for the Peer and Family Advocates. One Mental Health Clinic Supervisor and two Clinical Therapist II (CTII) will provide overall project leadership, planning and collaboration with other departments. One Office Assistant III will provide general clerical support for the project. Total staffing costs are projected to be $688,954 per year for years three through five.

A more detailed description of the positions follows:

- Mental Health Clinic Supervisor - 1 FTE
  The Mental Health Clinic Supervisor will be responsible for program planning activities including identification of objectives and timelines for the project and coordination between departments and divisions to manage resources and personnel within the scope of work and budget parameters. The Clinic Supervisor will assure that project systems and processes meet all regulatory, policy and program evaluation requirements. The Clinic Supervisor will also play a lead role in presentation and dissemination of project information and accomplishments.

- Clinical Therapist II (CTII) – 2 FTE
  The Clinical Therapist II will provide day-to-day supervision, casework and clinical consultation. The CTII will also be responsible for organizing, overseeing and assisting with planning, development and evaluation activities. The CTII will play a leadership role in collaboration with allied agencies and systems.

- Clinical Therapist I – 4 FTE
  Clinical Therapists I will provide assessment, diagnosis, clinical intervention, and case management support for youth and resource providers. CTI's will also provide training, direction and immediate supervision to Peer & Family Advocates.

- Peer & Family Advocate (PFA) – Stipend and/or contract
  The project will utilize the two groups of Peer and Family Advocates:
  - Youth Peer Counselors will be self disclosed former dependents/wards and will be recruited from former foster care children and youth and former wards. The Youth Peer Counselors will work with youth in a mentoring capacity to help them resolve grief and loss issues, build coping skills, learn appropriate behavior and problem solving techniques, build relationships, to prepare for successful adulthood.
  - Resource Provider Peer Counselors will be current or former Resource Providers and will be recruited from current and former foster care providers, foster family agencies and parents who have been through the foster care system. The Resource Provider Peer Counselors will act as mentors to current resource providers. Their duties will include assisting resource providers in navigating systems and services, guiding resource providers in developing successful parenting strategies and behavioral tendencies, introducing resource providers to the strategies they were trained on in resolving grief, loss, trauma issues and exposure to violence.

All PFA's will work collaboratively with youth and resource providers to facilitate resolution of grief and trauma issues and promote development of connectedness, permanency and wellbeing.

- Office Assistant III (OAIII) – 1 FTE
  An Office Assistant III will provide clerical support for the project. Duties may include answering telephones, relaying messages, scheduling appointments, preparing and compiling documentation, filing/maintaining filing systems and other duties as needed.

2. Operating Expenses:

Development of Engagement Activities funds, in the amount of $50,000 per year for years two through five, will be used to develop positive activities designed to allow mentors (PFA's) and Clinical Therapists to connect with the dependents/wards. Expenditures may include purchase of sports equipment, musical instruments, art supplies and other equipment or supplies as needed for the activities developed for the project.

Since this project is envisioned as a home or school based project, PFA's and professional staff are anticipated to incur approximately $25,500 in travel costs per year as they meet with youth and resource providers.

Supplies and other office related expenses are expected to amount to $92,000 for years three through five.

A budget of $173,000 per year for years three through five has been budgeted for the Transitional Component of this project.

3. Non-recurring Expenditures:

An eight percent (8%) cost for evaluation of the project is included in the total proposed expenditures (excluding administrative costs and operating reserves) for the Department of Behavioral Health; however, the function may be performed by a contract agency. This will amount to $79,828 per year for years one through five or a total of $399,140.

4. Training Consultant Contracts:

Training consultants will work in partnership with volunteers to develop training on the effects of grief, loss and environmental trauma in foster care children and youth and wards of the court. They will also develop a model for Peer Counselors to follow in addressing these issues. Initial training will be provided to Professional Staff and Peer Counselors. Training development and delivery costs are estimated at $75,000 and are expected to be completed during the first year of the project.

An additional $20,000 has been included for purchase of copyrighted training materials during the first year.

Volunteers will be a vital part of the training development process; an estimated $6,747 in stipends is considered necessary for this phase of the project only. Volunteers included in the training development process will consist of foster youth (current and aged out), parents experienced in the foster care process, resource providers and other individuals with detailed knowledge of the process and its effects on foster children and youth.

5. Work Plan Management:

Work Plan Management is expected to consist of a 15% Administration Cost at $748,387 for the total project. Additionally, a 10% Operating Reserve is being established at $573,764 for the total project.

6. Other:

N/A/

7. Total Proposed Expenditures	**$6,311,400**
C. TOTAL FUNDING REQUESTED	**$6,311,400**

CSS and WET NEW PROGRAM DESCRIPTION

County: San Bernardino

Program Number/Name: A-7: Homeless Intensive Case Management and Outreach Services Program

Date: June 11, 2010

Check boxes that apply:
- ☒ CSS
- ☐ WET
- ☐ New
- ☐ Consolidation
- ☒ Expansion
- ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				$
TAY				$
Adults	275	300	1,080	$ 16,520
OA				$
Total	275	300	1,080	
Total Number of Clients to be Served (all service categories):			1,655	

NEW /CONSOLIDATED/EXPANDED/REDUCED PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

A-7 Homeless Intensive Case Management and Outreach Services Program (HICMOSP):

The HICMOSP provides case management services and includes linkage to community and county resources. Additional services include employment preparation and support, a drop in center which provides recovery resource center services to homeless mentally ill adults of San Bernardino County, including temporary housing, shelter, meals, bathing and laundry facilities in a home-like environment. In addition, mental health treatment services (rehab activities of daily living, medication support services, individual and group therapy) are provided in the outpatient clinics.

Referrals are available to community self-help and consumer run support agencies such as DBH clubhouses which provide consumers the opportunity to improve socialization skills by becoming volunteers of the program, facilitating groups, collaborating with families, outpatient service agencies and the Department of Rehabilitation.

Intensive case management services are provided to consumers 24/7. These services are managed in a “whatever it takes” framework and therefore encompass the entire continuum of potential client needs as related to the recovery process.

The originally approved program remains the same in program services and functionality with the only difference being that the number of consumers positively impacted by available service delivery has increased significantly.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

Five priority issues were identified through the community planning process. This program is consistent with these priorities as detailed below.

1) Homelessness:
The Recovery Model based program will provide outreach and case management services to adults who are chronically mentally ill and without treatment frequently find themselves homeless, incarcerated, or hospitalized.

2) Inability to work:
Consumers will engage in a partnership with DBH to participate in an array of structured activities to enhance and promote the principles of recovery and move them towards addressing their treatment needs in the community,

employment and permanent housing. Consumers will participate in a series of workshops to assess their individual vocational and educational needs. A plan will be developed to assist each consumer attain their optimum level of functioning in the community. Rehabilitation services will be provided simultaneously while the HICMOSP case managers assist with linkages to behavioral health medication assessments and necessary medical care as appropriate. An important focus of the Transitional Level is client employment. Generally, Transitional Level participants do not meet the definition of chronic homelessness, and the symptoms of their mental illness do not preclude them from becoming self-supporting by means of employment. Intensive Employment Services consist of group and individual job-skills training, job coaching, and job leads. Individuals will be expected to pursue employment income and transition from the program in as brief a period of time as possible, ideally less than 90 days. When criteria appear to exist that would qualify a participant for entitlements, case managers provide the assistance to link consumers to the appropriate agencies and individuals to secure those benefits, while continuing the emphasis on employment.

3) Inability to manage independence:
Homeless individuals who are chronically and persistently mentally ill, in particular, are most likely to recover, in full or in part, when they take an active role in their day-to-day affairs and when they have access to and use available community resources, such as outpatient clinics, Recovery Resource Centers, shelters, counselors and focus groups. The Full Service Partnership (FSP) Team empowers consumers to take an active role in the recovery process. The FSP Team coordinates available services, resources and encourages consumers to be independent, productive and responsible.

4) Frequent hospitalizations and emergency room visits, Institutionalization and Incarceration:
The program seeks to decrease frequent hospitalizations and emergency room visits, institutionalization and incarcerations by providing 24/7 intensive case management support to adult consumers who are severely mentally ill and without the appropriate treatment intervention frequently find themselves homeless, incarcerated, or hospitalized.

5) Access to care; lack of transportation:
The program will also provide an outreach component to provide service to chronically homeless mentally ill. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout the County, including the streets and encampments. Teams will be developed to provide outreach to the underserved areas of the County. Additionally, because homeless clients often present at outpatient clinics, the full continuum of HICMOSP services will be available throughout the county. Once identified, homeless individuals will be assessed by clinical staff in order to strategically identify the most appropriate services needed due to their mental illness. Services may include Homeless Program services referral to other County or contracted agencies or service provision from out patient clinics.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

1) Community Collaboration (CCR 3200.060):
The vision of this plan is to collaborate, and strengthen the current partnerships with other DBH and non-DBH agencies and service providers who interact with the homeless mentally ill adults in their communities. Through the close partnerships and linkages with these numerous community and DBH agencies, the program will be able to develop a plan to offer comprehensive mental health services for the homeless mentally ill.

2) Cultural Competence (CCR 3200.100):
DBH has a Cultural Competency Officer who is responsible for the implementation of the DBH's Cultural Competency Plan. Mandatory Cultural Competence standards and guidelines for all
DBH program and staff development have been created and implemented. This program is staffed with culturally competent and linguistically appropriate employees who will reflect the target population to be served, thus reducing barriers to accessing services by these underserved populations. Since linguistic barriers are often the most daunting to consumers, bilingual staff (Spanish/English) are included in this program. There is currently no other threshold language in San Bernardino County. Other language barriers can be bridged with existing DBH staff or with translation services.

3) Client Driven (CCR 3200.050):
Homeless individuals with mental disorders, in particular, are most likely to recover, in full or in part, when they take an active role in their day-to-day affairs and when they have access to and use available community resources, such as Recovery Resource Centers, shelters, counselors and focus groups. The Full Service Partnership (FSP) Team empowers consumers to take an active role in the recovery process. The FSP Team coordinates available services, resources and encourages consumers to be independent, productive and responsible.

4) Family Driven (CCR 3200.120):
The Homeless Program will make every effort to include the client's support system when addressing the client's homeless situation. Linking the client to their natural support system provides the client with the best opportunity for long-term recovery.

5) Wellness, Recovery and Resilience Focused:
DBH is responding to adult mentally ill residents by developing homeless services promoting the principles of recovery, wellness and resiliency. The philosophy of recovery is to assist consumers to have lives that are more satisfying, hopeful, contributing and fulfilling based on their own values and cultural framework. The homeless program focuses on the client's strengths and possibilities in order to promote hope and movement toward the client's desires. Consumers are encouraged to make decisions about their lives, their care and move toward new levels of functioning. The client assumes ultimate responsibility for their recovery choices.

6) Integrated Services Experiences for consumers and their families (CCR 3200.190):
The development of the Homeless Program will allow the San Bernardino County Department of Behavioral Health to provide outreach services, case management services, a drop-in center, housing, employment preparation and support, job training, job leads, socialization and linkages (Department of Rehabilitation, the consumer-run Team House and other Clubhouse environments, Drop-In Center, Outpatient services, health services, DBH Forensics, the Department of Motor Vehicles, Community Action Partnership, and the Social Security Administration) to consumers, including those on both ends of the homelessness spectrum: the "chronically homeless", who have repeatedly found themselves homeless for long periods, and individuals who are newly homeless or are at risk of homelessness and with immediate assistance, can avoid extended trauma. By identifying mentally ill individuals on the verge of homelessness, and working with them to find the help they need, one of the goals of the Homeless program is to reduce homelessness by preventing vulnerable individuals from becoming homeless in the first place.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

Persons served in the A-7 Homeless Intensive Case Management and Outreach Services Program are adults who are seriously mentally ill and without treatment frequently find that they are homeless, at risk of becoming homeless, or at eminent risk of becoming incarcerated or hospitalized. Included in these target populations are women, families, and veterans. This population may not have accessed or engaged in mental health services previously.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

The latest (2007) County data on the number of homeless individuals in San Bernardino County indicate there are approximately 7,300 homeless persons countywide. Data from San Bernardino County 2007 Censes and Survey Report indicates the profile of mentally ill homeless population is approximately 20% Transitional Age Youth (TAY), 56 % Adult and 24% Older Adults. The ethnic breakdown is 43% Euro-American, 25% African-American, 23% Latinos and 9% other. The need for services to target areas of homeless populations never served and/or underserved is documented. DBH has the knowledge of the problems, an awareness of the need and the skilled staff to locate, assess and serve the homeless mentally ill county residents. Staff has the expertise and the knowledge of effective strategies to serve the homeless population in the community and provide linkages to other needed services.

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

N/A

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

A-7 Homeless Intensive Case Management and Outreach Services Program (HICMOSP):

Persons served in the A-7 Homeless Intensive Case Management and Outreach Services Program are adults who are seriously mentally ill and without treatment will frequently find that they are homeless, at risk of becoming homeless, or at eminent risk of becoming incarcerated or hospitalized. Included in these target populations are women, families, and veterans. This population may not have accessed or engaged in mental health services previously.

The HICMOSP provides case management services and includes linkage to community and county resources. Additional services include employment preparation and support, a drop in center which provides recovery resource center services to homeless mentally ill adults of San Bernardino County, including temporary housing, shelter, meals, bathing and laundry facilities in a home-like environment.

Referrals are available to community self-help and consumer run support agencies such as DBH clubhouses which provide consumers the opportunity to improve socialization skills by becoming volunteers of the program, facilitating groups, collaborating with families, outpatient service agencies and the Department of Rehabilitation.

Intensive case management services are provided to consumers 24/7 with a ratio of consumers to staff of 10:1. These services are managed in a “whatever it takes” framework and therefore encompass the entire continuum of potential client needs as related to the recovery process.

As a result of the service approach described above, the A-7 Homeless Intensive Case Management and Outreach Services Program has been successful since its inception. Of this population, the successes listed below have been achieved:

- 58 of 64 partners have had less than 2 living arrangement changes since entering the program.
- 83 % of partners have maintained a stable living arrangement for more than 990 days.
- 95 % of partners with a history of incarceration in the 12 months prior to partnership have not been incarcerated while in the FSP
- 85 % of partners with a history of hospitalization have not been hospitalized while an active partner

Throughout the program process, DBH identified additional individuals that met A-7 service population criteria and were previously unserved, underserved or inappropriately served. In an effort to assist these individuals in achieving the levels of success listed above and to provide access to necessary intensive Full Service Partnership (FSP) services, additional service capacity was expanded to include these individuals.

The expansion of this program in FY 2009/10 allowed Seriously Mentally Ill (SMI) consumers at risk of homelessness presenting at DBH service locations to have access to critical FSP services and allowed DBH to assist five hundred percent (500%) more consumers in need. Significant program considerations for expansion include:

- Members of this population frequently present at the current Outpatient locations.
- Outpatient locations and contracted providers will provide a broader geographic distribution of services to this unserved/underserved “at risk” population.
- A greater number of SMI at risk of homelessness partners will be treated.
- “At risk” partners will benefit from intense case management services, rather than slipping into chronic homelessness, which is where the greatest Homeless FSP program effort has been provided.

The originally approved program remains the same in program services and functionality with the only difference being that the number of consumers positively impacted by available service delivery has increased significantly.

CSS and WET NEW PROGRAM DESCRIPTION

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

In FY 2009/10, the A-7 program was expanded to provide additional services through existing Department of Behavioral Health (DBH) Outpatient clinics. The decision to expand the program was based on stakeholder input provided through the Community Policy Advisory Committee (CPAC) meetings, Association of Community Based Organizations (ACBO), and the MHSA Executive Committee. Funding for the expansion was paid for using unspent funds. In the FY 2009/10 update counties were not required to send notification to the state according to DMH Info Notice 08-17, page 2, paragraph 3; "*Counties can expand the number of consumers served and the total cost of an approved program without a plan update or any additional approvals from the state. The target population, service description, and strategies need to be consistent with what was proposed and approved.*"

During the stakeholder process for the FY 2010/11 Annual Update as outlined in Exhibit C, stakeholders supported the continuation of the program at the expanded level due to the successful outcomes being achieved for consumers and described in question 1.

CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION

County: San Bernardino

Project Number/Name: Integrated Healthcare Project

Project Address: San Bernardino, CA

Date: 5/10/2010

Select one:
☒ New
☐ Existing

Type of Building (Check all that apply)		
☒New Construction	☐Acquired with Renovation	☐Acquired without Renovation
☒Existing Facility	☐County owned	☐Privately owned
☒Leasing (Rent) to Own Building	☐Restrictive Setting	☐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**

For this project the County of San Bernardino (County) Department of Behavioral Health (DBH) will partner with other County departments in the development of an Integrated Healthcare Facility in the County of San Bernardino. General specifications for the building, as well as specifications for each of the departments involved, have been developed and will be released via Request for Proposal (RFP) for a newly constructed build-to-suit facility or a modified existing facility that meets the required specifications.

Final specifications of the facility shall ultimately depend on which of the proposals submitted by the developers is approved by the County of San Bernardino; however the general specifications in the RFP indicate that the facility be approximately 30,000 square feet, of which approximately 30% (9,000 square feet) will be designated to DBH to provide integrated mental health programs and services supported by MHSA to promote community wellness, recovery, and resiliency. The remaining 70% will be split up into the areas to be utilized by the County of San Bernardino Department of Public Health, Human Services and Arrowhead Regional Medical Center (ARMC) Family Health Centers.

The Integrated Healthcare Clinic building will be a freestanding, concrete or block wall constructed facility that will be firmly secured to a foundation which is permanently affixed to the ground, and will comply with all zoning and building code requirements. The facility will be aesthetically pleasing with curb appeal that will attract clients as well as having a premier marketing presence. The facility will be located in one of eleven county catchment areas of the County of San Bernardino (listed in item 3 of this exhibit). The facility will comply with the Americans with Disabilities Act and have convenient access to public transportation. During the community planning process to determine the exact location, the need to be accessible by public transportation, with multiple bus lines running throughout the area, and multiple stops along each line, will be addressed to ensure that the facility will have accessible public transportation regardless of its exact location.

Although at this time it cannot be determined if the facility will be a newly constructed build-to-suit facility or a modification of an existing facility, either will result in an previously non-existent facility that will increase the community's accessibility to DBH's existing MHSA services. Continued county process will be inclusive of additional stakeholder feedback and community planning efforts.

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 Department of Behavioral Health (DBH) intends to partner with other County of San Bernardino departments

in the construction of an Integrated Healthcare Facility that will provide a coordinated system that combines medical and behavioral health services to address the whole person, not just one aspect of his or her condition. The partnership between DBH, Department of Public Health, Human Services and Arrowhead Regional Medical Center (ARMC) Family Health Centers will provide the opportunity to coordinate the detection, treatment, and follow-up of both mental and physical health conditions. This coordination of care will improve access to services, reduce stigma, and allow consumers to receive services under a "Medical Home" model.

Services at the Integrated Healthcare Project will include the following:

Public Health –

Public Health's Mission is to satisfy customers by providing community and preventive health services that promote and improve the health, safety, well being, and quality of life of San Bernardino County residents and visitors. Their dedicated staff works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services throughout the county. Some of the services offered by Public Health include:

- Alcohol & Drug Abuse Prevention (ADAPP) Program
- California Children Services
- Child and Family Health Services
- Epidemiology
- Food Protection
- HIV/AIDS Program
- Immunizations
- Maternal, Child and Adolescent Health
- Nutrition Program
- Reproductive Health Services
- Safe Drinking Water
- Tobacco Use Reduction Now (TURN) Program
- Traffic SAFE Program
- Tuberculosis
- Women, Infants, and Children (WIC)

Human Services –

The Human Services - Transitional Assistance Department (TAD) is responsible for administering the Department's financial support programs to persons in need of financial, and/or nutritional and/or medical assistance.

Arrowhead Regional Medical Center (ARMC) Family Health Centers –

ARMC's Family Health Centers are staffed by Family Medicine physicians, nurse practitioners and residents from the Family Practice Residency Training Program. They provide personalized attention to the health care needs of individuals and families in all age groups. Each patient or family is assigned to a primary care provider and will offer same-day appointments with most of the Family Medicine physicians.

Behavioral Health –

The San Bernardino County Department of Behavioral Health is responding to the diverse stakeholder feedback by providing access to services promoting the principles of recovery, wellness and resiliency. The philosophy of recovery is to assist diverse clients in having more satisfying, hopeful, contributing and fulfilling lives based on their own values and cultural framework. The Integrated Healthcare Project will provide clients an array of possibilities in order to promote hope and movement toward the client's desires, without the fear of stigmatization. Clients will be encouraged to make decisions about their lives and their overall healthcare. The facility will provide clients in the identified area of need, the ability to assume responsibility for all of their recovery choices.

DBH offers MHSA - Full Service Partnership services throughout its various Behavioral Health programs and intends to bring this concept to the Integrated Healthcare Facility. DBH will provide an array of current MHSA supported services to individuals and families, including: case management, crisis response, and outreach services in addition to linkages to other valuable services including housing, employment preparation and support, job training, job leads and socialization. Through the implementation of the Full Service Partnership model, the Integrated Healthcare Project will be able to offer varying Levels of Care to clients as they progress in their path to recovery. Each Level of Care will employ its own set of strategies and supports with the understanding that

individuals have varying needs, levels of impairment, and levels of motivation. Diverse clients will participate in the Level of Care that is most appropriate based on the clinical assessment of the Integrated Healthcare Project staff. By establishing Full Service Partnerships, DBH will have the ability to serve seriously mentally ill adults who have a history of chronic homelessness, histories of frequent hospitalizations, or are at high risk of homelessness and meet treatment criteria. Clients at this Level of Care are experiencing difficulty providing for themselves in the community without the assistance of intensive case management and support. A Personal Service Coordinator will be assigned to each member to develop a comprehensive Individual Services and Support Plan and assist in recovery goals. These goals shall be related to the achievement of the maximum possible level of residential independence. The ratio of client to case manager will be 1 to 10. Caseloads are low to allow for intense support of mentally ill clients with these needs. Once the service goals are attained and the client is able to maintain functioning in the community without the need for intensive case management, the client will be referred to other clinic staff at Integrated Healthcare Facility for medication support and be assigned to a case manager for ongoing case management services as needed. DBH anticipates serving approximately 100 FSP clients annually between the ages of 18 and 60 years.

DBH will also offer program activities funded or supported by MHSA Prevention and Early Intervention programs at the Integrated Healthcare Facility through existing partnerships. DBH, via its partners, will provide an array of prevention and early intervention activities and provide a warm handoff to community partners. This level of collaboration will create a warm pathway to and from the clinic, as well as offer prevention and early intervention services in natural settings where people are accustomed to receiving non-stigmatizing mental healthcare services. A few examples of the collaborative potential with PEI programs are outlined below.

- Community Wholeness and Enrichment providers could work collaboratively with primary care physicians to screen, identify and provide short term interventions to individuals experiencing the early onset of a behavioral health condition or provide monthly educational presentations about mental health wellness topics.
- NCTI Crossroads Education providers could utilize space to conduct multi-week educational presentations to children and TAY at risk of or involved in the juvenile justice system.
- Public Health Nurses from The Lift Program could collaborate with physicians to identify first time, low income mothers that may be interested in participating in this 2+ year prevention program.
- Health and wellness activities could be offered to Older Adults through the Older Adult Community Support Program.
- Child and Youth Connection providers could potentially screen or assess system involved youth as part of their routine physical health care.

The total number of individuals and families, across all age groups, that could participate in PEI services annually through this collaboration could include:

	Prevention	Early Intervention
Total PEI Project Estimated *Unduplicated* Count of Individuals to be Served	Individuals: 468 Families: 252	Individuals: 140 Families: 60
Overall Total	720	200

DBH also plans to utilize the Integrated Healthcare Project Facility for implementation of the Innovation component, as outlined below:

- The Community Resiliency Model program will include classes in the community to teach cultural brokers how to assist people in crisis. The Integrated Healthcare Facility is an ideal location to have the classes since it will be located within in the community.
- A portion of the facility could be used to house the Holistic Campus. The purpose of this program is to treat all parts of a person in a culturally appropriate manner. The primary healthcare collaboration could be a strong collaboration to provide effective services.
- Children could be identified through the primary healthcare component for the Coalition Against Sexual Exploitation (CASE). Part of the learning for this program is to determine ways to find these exploited children so services can be provided early.
- Referrals and information about the Integrated Healthcare Facility and the importance of physical and mental

health will be included as part of the Online Diverse Communities program.

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

Previous community stakeholder involvement for both the CSS and PEI planning revealed a need for services in the County of San Bernardino. DBH will work with community stakeholders to identify in which of the eleven catchment areas the facility should be located. The eleven county catchment areas are:

- San Bernardino City Area
- Rialto/Colton/Bloomington Area
- Fontana Area
- Upland/Rancho Area
- Chino/Ontario Area
- Victor Valley Area
- Highland/Redlands/Loma Linda Area
- Barstow Area
- Needles Area
- Yucca/Morongo Area
- Mountain Area

The project will include the development of a facility to be located in the County of San Bernardino. The area will be zoned for both commercial and residential use. The proposed facility will have convenient access to public transportation. The area of the proposed project location will be accessible by public transportation, multiple bus lines running throughout the area, with multiple stops along each line, to ensure access to public transportation regardless of its exact location. Although the exact location has not been finalized for the project, developers will be required to provide the following information to ensure their proposal complies with the specific requirements DBH and its partners have for the project:

A complete description of the site and building including; location, the proximity in terms of time and distance to major arterial streets, major highways and freeways and public transportation; the building type (design), the site (zoning, lot size, configuration, setbacks, expansion space available if any); parking (number, location, lighting, security) and additional general information regarding the site such as aesthetic considerations, features of the property and any other details of the site that have not been addressed.

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 Integrated Healthcare Project will be a partnership between the Department of Behavioral Health (DBH) and the County of San Bernardino Department of Public Health, Human Services and Arrowhead Regional Medical Center (ARMC) Family Health Centers. The project will allow the County of San Bernardino to provide a co-located coordinated system that combines medical and behavioral health services to address the whole person, not just one aspect of his or her condition. The partnership will allow diverse individuals and families to receive culturally/linguistically inclusive coordinated services for the detection, treatment, and follow-up of both mental and physical health conditions. This coordination of care will improve access to services, reduce stigma, and allow consumers to feel that the Integrated Healthcare Facility is the right place for almost any healthcare problem.

Final specifications of the Integrated Healthcare Facility shall ultimately depend on which of the proposals submitted by the developers is approved by the County of San Bernardino; however the general specifications in the RFP indicate that the facility be approximately 30,000 square feet, of which approximately 30% (9,000 square feet) will be designated to DBH to provide integrated mental health programs and services supported by MHSA that promote wellness, recovery, and resiliency. The remaining 70% will be split up into the areas to be utilized by ARMC, Public Health and Human Services.

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.

The County of San Bernardino will or may release a Request for Proposal (RFP) regarding the development, lease (to own) and maintenance of the facility to be utilized for the Integrated Healthcare Project. A review of potential county owned buildings that could be refurbished will also occur as part of the planning process to determine which will be the most beneficial to the community. Although the final terms of the lease shall ultimately depend on which of the proposed lease agreements submitted by the developers is approved by the County of San Bernardino, the general terms of the RFP indicate that the term the County agrees to shall provide DBH the opportunity to provide MHSA services in the facility for a minimum of twenty (20) years. Proposers shall also include the terms and conditions of the lease-to-own in their proposals.

Included in the RFP and subsequent lease-to-own Agreement is the additional requirement that the landlord at its own cost shall perform such inspections, maintenance and repairs as are necessary to ensure that all portions of the premises, including but not limited to the following, are at all times in good repair and safe condition:

1) The structural parts of the building and other improvements that are a part of the premises, which structural parts include the foundations, bearing and exterior walls (including glass and doors), subflooring, and roof; and,
2) The electrical, plumbing, and sewage systems, including, without limitation, those portions of the systems owned or controlled by landlord lying outside the premises; and,
3) Window frames, gutters, and downspouts on the building and other improvements that are a part of the Premises; and,
4) Heating, ventilation and air conditioning (HVAC) systems servicing the premises; and,
5) The grounds, including all parking areas and outside lighting, grass, trees, shrubbery and other flora; and,
6) The servicing of fire extinguishers or any other fire suppression equipment attached to the facility; and,
7) Maintenance and janitorial services.

The County will also reserve the right to require the landlord to hire a qualified property management company to manage the premises, and that property management services, not limited to maintenance and repair, are performed pursuant to a property management agreement. In addition, the County will have the right to review the selection of the property manager and to review the agreement with the manager.

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.

State DMH Notices 08-02, 08-09, and 08-21 have provided a unique opportunity to strengthen San Bernardino County's Behavioral Health system by providing the funding to increase its infrastructure to promote the implementation and to support the continued delivery of San Bernardino County's Programs funded by MHSA. While the Behavioral Health department was fortunate to receive the funding to increase its infrastructure, its partners in the Integrated Healthcare Project will need to fund the project through their annual budget once a site is identified. The County of San Bernardino is proposing to contract with a developer on the lease-to-own facility that will be utilized for the Integrated Healthcare Project.

The County of San Bernardino will or may release a Request for Proposal (RFP) regarding the development and lease-to-own of the facility to be utilized for the Integrated Healthcare Project. Final terms of the lease shall ultimately depend on which of the proposed lease agreements submitted by the developers is approved by the County of San Bernardino; however the general terms of the RFP indicate that the term the County agrees to shall provide DBH the opportunity to provide MHSA services in the facility for a minimum of twenty (20) years. Proposers shall also include the terms and conditions of the lease-to-own in their proposals.

7. If proposing a purchase of land with no MHSA 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.

Not Applicable

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).)
Not Applicable
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.
Not Applicable
EXISTING PROJECTS ONLY
1. Provide a summary of the originally approved CF project.
Not Applicable
2. Explain why the initial funding was insufficient to complete the project.
Not Applicable
3. Explain how the additional funds will be used.
Not Applicable
4. Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.
Not Applicable

INN NEW PROGRAM DESCRIPTION

County: San Bernardino

Program Number/Name: INN 05 – Interagency Youth Resiliency Team

Date: June 7, 2010

Select one of the following purposes that corresponds to the Innovation's key learning goal. Please note that while the program might embody all four purposes, a learning goal cluster around a single Essential Purpose.

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

1. Describe which of the four essential purposes of Innovation is most relevant to your learning goal and why is this purpose a priority for your county.

This innovation introduces the Interagency Youth Resiliency Team. This project will serve two groups of diverse children and youth, those who are dependents of the County of San Bernardino Children and Family Services Foster Care program and Wards of the Court who are being supervised by the County of San Bernardino Probation Department who are not in a locked facility collectively (referred to in this document as "youth"), their resource providers, professional staff and clinicians. The term resource provider refers to foster parents, parents, kin caregivers, foster family agencies, intensive foster care providers, non-related extended family members, and group home providers. The term resource provider(s) will be used throughout this document to reference these individuals and agencies.

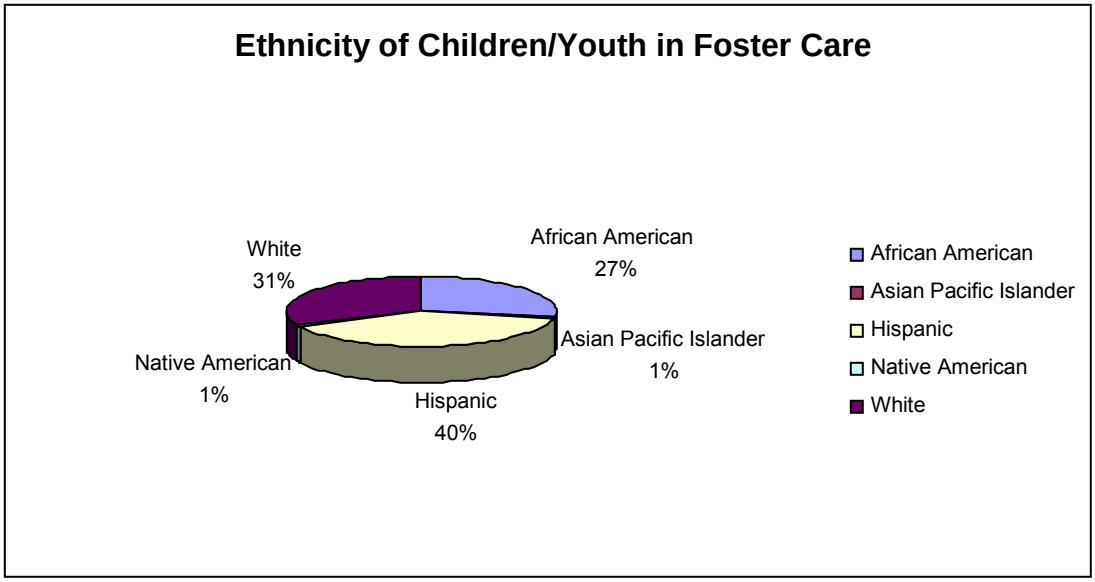
The County of San Bernardino Department of Behavioral Health (DBH) has engaged in a lengthy and inclusive stakeholder process to make informed decisions for all aspects of the Mental Health Services Act and the Innovation component is no exception. Five public community input forums and 46 targeted forums were held over an eleven-month period throughout the County to gather input on the Innovation component. Additionally, Innovation Working Committee members reviewed input received as a result of the Community Services and Supports component in 2005 and the Prevention and Early Intervention component in 2007 for comments germane to the Innovation component. In San Bernardino County, priority populations for Innovation include African-Americans, Asian/Pacific Islanders, Latinos, and Native American/Tribal Communities along with the LGBTQ community, at-risk children and youth, and other underserved communities identified by stakeholder input and other data.

Through this process, the need to **increase access to underserved** groups has been clearly articulated. In fact, 81 comments submitted through the input process called for increased services to these diverse youth and or their resource providers.

Stakeholders identified the need for greater information sharing across child-serving agencies in the County. They also state that is important to begin to identify critical mental health issues more routinely and at a "much earlier" stage in life and earlier in the juvenile court dependency process. An increased focus on "wellness" and resiliency for children of all ages is needed, which is linked to early identification of and intervention with emergent mental health issues. Further, the linkages in these interventions should include the significant others in the youth's life such as the parent, foster parent, and significant relatives in addition to interagency collaborators. Stakeholders believe that it is important to identify "trauma issues" especially for children and youth that enter the foster care and juvenile justice system for services. "Services should always match best practice": in which it is critical to identify early the stressors and trauma that become risk factors to these youth's ability to overcome and thrive as individuals as they move toward adulthood.

Statistics provided by the County of San Bernardino Children and Family Services Department (CFS) on the ethnicity of children and youth in Family Reunification and Permanency Planning Cases show that, currently in the County of San Bernardino, African-Americans are overrepresented in Foster Care at 27.3% of the Foster Care cases and approximately 9.4% of the general population. Complete statistics for children and youth in Foster Care are shown in the following chart:

INN NEW PROGRAM DESCRIPTION



Research shows that 50% of foster care alumni experience subsequent homelessness, incomplete educational achievement, joblessness, incarceration, increased drug use, gang affiliation, and exposure to violence. Many of these youth report that their early adulthood years are marked by isolation, loss of childhood relationships, unhappiness and lack of supportive connections and help in times of stress and crisis.

An extensive stakeholder self study process conducted by CFS, that included foster youth, caregivers, child welfare and mental health professionals, identified unresolved grief, loss, traumatic stress, exposure to violence, and loss of significant supportive relationships as key contributing factors to these problems. The stakeholders also emphasized the importance of foster youth having an active voice and leadership role in all aspects of permanency planning. They felt this was critical to improving youth engagement and enhancing permanency outcomes and the wellbeing of foster youth over the long term.

INN NEW PROGRAM DESCRIPTION

2. Describe the INN Program, the issue and key learning goals it addresses, and the expected learning outcomes, i.e., how the Innovation may create positive change, introduce a new mental health practice, make a specific change to an existing mental health practice, or introduce to the mental health system a community driven approach that has been successful in a non-mental health context.

The Interagency Youth Resiliency Team contributes to learning by **making a change to an existing mental health practice** that is current procedure, but not in a comprehensive, collaborative manner. The current approach lends itself to confusion, duplicated services, inappropriate service delivery, and youth not receiving all of the services they require, or a prolonged delay in receipt of needed services. This innovative approach brings together the knowledge, expertise and experiences of diverse professionals from the mental health system, the child welfare system, the Probation Department, the courts, foster youth agencies, local faith based organizations, resource providers and former dependents and wards. The purpose is to develop, deliver, and evaluate a program to address unresolved grief and loss issues, the effects of environmental trauma, and unresolved issues stemming from exposure to violence and gangs to help these youth achieve a successful, self-sufficient adulthood.

Historically, aged out youth have not been sufficiently involved in the planning, implementation and evaluation of services for youth in the County of San Bernardino. Reaching out to these diverse youth to get their perspective, one not strategically sought before, in the development and realization of a program will enhance an environment of innovation. These youth have the expertise in an area that no professional can learn and their input will be invaluable.

This project consists of five interrelated innovative components that will be developed, implemented and evaluated according to the timeline established in Item 3 of this exhibit.

These components are:

- Development of an innovative train-the-trainer protocol and peer counseling model for peer counselors that provides information, tools and resources that can be used to address the issues of grief, loss, environmental trauma, and exposure to violence and gangs.
- Identification and recruitment of diverse peer counselors to act as mentors for youth and their resource providers who are served by this project.
- Establishment of the Interagency Youth Resiliency Team that will serve collaboratively across department lines.
- Provision of the training to the team and other professional staff working with this diverse population.
- Implementation of the train-the-trainer protocol by culturally and linguistically diverse peer counselors in their interactions and work with youth and their resource providers.

This project will explore and test the implementation of innovative approaches that empower youth and their resource providers in the process of enhancing connections by resolving issues of grief and loss, resolving issues relating to exposure to violence, building coping skills and assisting resource providers in navigating systems and services. Identifying and demonstrating strategies to train and support resource providers, behavioral health professionals, social workers, probation officers and others across the child-serving system in this effort to build connections for these youth is a key component of this project.

- **Development Of an Innovative Train-The-Trainer Protocol and Peer Counselor Model**
  This project will develop an innovative model and a train-the-trainer protocol for culturally and linguistically diverse peer counselors and the professional staff who work with youth served by this project. The County of San Bernardino will solicit input from and consult with experts in the fields of grief, loss, environmental trauma and exposure to violence to begin to develop a training protocol that is culturally and linguistically inclusive. Social workers, clinicians, probation officers, and personnel from the courts will be represented during the development of this training. Ideas and the perspectives of current and former dependents and wards and current and former foster parents will also be included. This represents an innovative part of the development of this training. Individuals from the cultures and ethnicities identified as priority populations for Innovation will be recruited for development and provision of the train-the-trainer protocol. This training will provide peer counselors and professional staff culturally and linguistically appropriate information on grief, loss, trauma and exposure to violence It will give the peer counselors and professional staff tools and techniques they can use to help the youth work through these issues in a culturally inclusive manner. Additionally, the peer counselors will provide resource providers with information, tools, and techniques to better understand the diverse youth they serve and the issues they face to use in their interaction with youth. This training will also teach the peer counselors tools they can teach to the youth and to the resource providers to help them help themselves. The protocol will be culturally and linguistically inclusive, with a focus on cultural resiliency and strength based models that help build cultural pride and esteem.

Applying the idea that youth who enter and become a part of the "system" as dependents/wards is a contributing factor to their issues of grief, loss, and environmental trauma is a new approach. This innovative training protocol and peer counselor model will focus on teaching peer counselors new approaches to connect with the youth and teach them techniques to alleviate these stressors. Teaching peer counselors to work with resource providers and teaching them techniques to connect with youth and build positive relationships with them while assisting them in dealing with grief, loss, and environmental trauma issues that arise during placement is an innovative method of service delivery to this population.

- **Identification and Recruitment Of Peer Counselors and Development of Peer Counselor Relationships**
  Culturally and linguistically diverse Peer Counselors will be recruited from former wards of the court and dependent children who have "aged out" of the system and will be representative of the ethnicities and cultures identified as priority populations for Innovation. Peer counselors will be trained with the train-the-trainer protocol, developed and described above, as part of this project to work with and act as peer counselors for youth and their resource providers to address the issues of grief, loss, trauma and exposure to violence and gangs

  Peer counselors will teach youth and their resource providers the innovative tools and techniques developed as part of this project to help them address issues faced and to promote healthy relationships.

  Youth and resource providers who receive peer counseling from diverse peer counselors will be followed to determine if mentorship, or what form of mentorship, is effective in supporting youth to address unresolved grief and loss, exposure to violence, and trauma issues and enables them to make a successful transition to adulthood in a culturally/linguistically inclusive manner.

  Resource providers will have hands on training on culturally appropriate strategies and interventions that will help reduce the stresses of grief, loss, exposure to violence and the environmental trauma of the dependent/ward system.

  As envisioned, the train-the-trainer protocol will also develop and teach engagement activities that can be used to connect with youth to promote healthy relationships. The activities may include, but are not limited to, music, art, or sports programs.

  Peer counselors will be trained on how to engage diverse youth and their resource providers to help them implement the components of the protocol.

- **Establishment of the Interagency Youth Resiliency Team**
  An Interagency Youth Resiliency Team will be established. The team will include the staff members outlined in number 5 of this exhibit. This team will collaborate to provide support to resource providers, youth, and peer counselors; they will collaborate across county departments and service providers that serve this vulnerable population. Clinical and cultural expertise will be made available to the team for youth who exhibit the behaviors resulting from unresolved issues regarding grief, loss, trauma and/or exposure to violence. Clinicians assigned to the team will develop culturally appropriate interventions to use for both resource providers and the youth themselves. The team will also monitor all interaction between the peer counselors and the youth. The courts, DBH, the CFS social worker, probation, and clinicians will all work collaboratively with the team to adopt a plan for each youth.

- **Provision Of The Training**
  Once the train-the-trainer protocol is developed, it will be provided to peer counselors, social workers, probation officers and other professional staff who work with these youth to help them address their unique issues.

  The efficacy of the training will be tested through follow up with those who received the training to determine if the issues covered are pertinent and are those who receive the training receptive to the topics covered. Additional follow up will be conducted with the youth and resource providers themselves to determine if the tools provided have been implemented to help youth address their specific issues.

- **Implementation Of The Train-the-Trainer Protocol by Peer Counselors and Professional Staff**
  Once the initial training has taken place and peer counselors are in place it is expected that peer counselors and professional staff will use the training, tools and techniques that they have learned in their interaction with youth and resource providers. Professional staff will provide clinical interventions as necessary. They will work with the youth to identify and resolve the issues outlined above. In addition, Peer counselors will work to help youth with life skills in addition to working with them in a mentoring role to teach them the innovative techniques learned in the training they received.

Due to the intense nature of this program there will also be a transitional component built in. As diverse youth age out of dependency or wardship the transitional program will allow for some follow through activities to help the youth's transition into adulthood. As adulthood nears, youth are often faced with the reality of not having housing or any resources. One of the goal's of this program is to help youth learn to establish meaningful relationships and prepare for successful adulthood but the reality is that the program may serve youth who are rapidly approaching adulthood and may need extra assistance during the transitional period.

DBH, CFS and Probation will work together to identify the youth and resource providers most in need of this program.

This project must address the issue of confidentiality to ensure that the confidentiality of each consumer is maintained. Recognizing that each department involved with this project has their own confidentiality regulations and procedures DBH and members of the Interagency Youth Resiliency Team along with representatives from each department will provide administrative oversight and guidance for maintaining confidentiality. All county departments, their personnel, outside agencies and individuals associated with this project will be reminded of the requirement to preserve each child/youth's confidentiality and will be advised of the confidentiality requirements of this project. If needed, new confidentiality procedures and forms will be developed.

The **key learning goals** for this project are:

- To increase the understanding of the impact of grief and loss, exposure to violence and environmental trauma in diverse youth.
- To learn if the innovative application of a model that addresses the issues of grief, loss, trauma and exposure to violence in a culturally inclusive manner allows us to identify and address behaviors that manifest themselves in diverse youth at an earlier point in the youth's exposure to the "system".
- To learn if the reality of being part of the dependency/ward "system" is a contributing factor and/or exacerbates youth's issues of grief, loss, and trauma.
- To learn if a team that includes three major county departments (DBH, CFS and Probation), and countless youth serving programs succeeds in addressing the issues of grief, loss, exposure to violence and environmental trauma experienced by these children.
- To learn if the provision of mentorship, and/or what types of mentorship help these youth address their unresolved issues.
- To learn if the identification of a model for collaboration to address grief and loss issues, exposure to violence, and environmental trauma help build connections for diverse youth served by the project.
- To learn if the application of techniques addressing grief and loss, exposure to violence, and trauma help the youth build positive relationships with resource providers and peer counselors.
- To develop methods and skill sets necessary for resource providers and for identified youth to address unresolved grief and loss as well as environmental trauma in a culturally inclusive manner.
- To learn if Peer Counselors and other professional staff who receive the training can engage youth as well as their resource providers to use the skills and information obtained from the training.
- To learn if the above model for collaboration, methods and skills for intervention and strategies for interaction with youth effectively addresses the impacts of grief, loss, trauma on youth outcomes.

INN NEW PROGRAM DESCRIPTION

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

This innovation incorporates the six standards applicable to all MHSA activities:

- **Community Collaboration** – The development, implementation and evaluation of this project will include input and participation by the courts, DBH, CFS, Probation, Foster Family Agencies, faith based, and various community partners. Community collaboration is a key to the development of this project. Each collaborator brings a unique perspective on the needs of youth, resource providers, and the trauma associated with being a dependent or ward of the court. By examining these viewpoints and working together, a truly comprehensive model will be developed, implemented and tested. This project is advanced with the support of numerous community partners as identified through the extensive Community Program Planning process.

- **Cultural Competence** – Stakeholders from all cultures and communities will be represented as the model is created, implemented and tested. The population of the County's at risk children and youth is particularly culturally diverse and challenges the County to test this Innovation within this context. The model will benefit from the inclusion of the DBH Office of Cultural Competence and Ethnic Services as a consulting body.

- **Client/Family Driven Mental Health System** – Diverse family members and individuals who were formerly dependents or wards or resource providers and parents who have been through the system will be part of the development of the program, will participate in the training, be a part of the evaluation of the project and may eventually be recruited as Peer Counselors. The peer counselors will be former dependents or wards. As the train-the-trainer protocol is developed, these individuals will provide input on the contents of the training, the modules that need to be developed, and suggested tools and strategies that will work with youth as well as their resource providers.

- **Wellness, Recovery and Resilience Focus** – Development of this model will incorporate the idea that wellness and recovery are possible and provide resources that identify and promote resilience. We expect that training peer counselors accompanied by a peer counselor program will identify needed interventions and will promote and build on the natural resilience in youth along with bringing awareness to resource providers.

- **Integrated Service Experience** – The Dependent and Ward Resiliency Team project has an integrated service experience at its core. Development of this team and the provision of collaborative services under the direction of the team is an example of utilization of expertise from a range of providers at a single source, including but not limited to, Children and Family Services professionals, Behavioral Health professionals, Probation professionals, current and/or former resource providers and aged out dependents and wards.

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

The target population for this project is all County of San Bernardino dependents and wards of the court in out-of-home placement that are not likely to return to their biological families as well as youth who are wards of the court being supervised by the Probation Department.

We anticipate annually serving 500 unduplicated dependents or wards under court order, as they are not likely to return home.

Also served by this project are resource providers. We anticipate serving 250 unduplicated resource providers annually.

The population includes all genders, ethnic and cultural groups, languages, disabilities, religious groups, income levels and in all regions and communities throughout San Bernardino County.

INN NEW PROGRAM DESCRIPTION

3. Describe the timeframe of the program. In your description include key actions of the time line and milestones relating to assessing your Innovation and communicating results significance and lessons learned.

Action	Implementation /Completion Date
Anticipated MHOAC approval	7/10
Develop list of participants for steering committee including foster parents, youth community partners, CFS, Probation, and DBH	8/10
Develop global plan/charter	9/10
Develop Interagency Youth Resiliency Team project design and staffing plan	11/10
County procurement process to Identify training consultants to work on the train-the-trainer protocol	10/10 – 3/11
Develop train-the-trainer protocol and peer counseling model	3/11 – 12/11
County procurement process to contract Interagency Resiliency Team and/or hire professional staff	3/11 – 12/11
Recruit and hire peer counselors	3/11 – 12/11
Establish the Interagency Youth Resiliency Team	12/11
Provide training and develop monitoring tool/feedback loop on the effectiveness of the training	12/11 – 7/15
Implementation of train-the-trainer protocol by peer counselors and professional staff	7/12
Review action plan for trainees and monitor	7/12 – 7/15
Fully develop target group of youth and resource providers	1/12 – 7/12
Evaluate the efficacy of training, develop next steps, and possible toolbox for youth and resource providers	7/12 – 7/15
Take assessed training/support to the next level	7/12 – 7/15
Develop and implement peer counseling relationships	7/12 – 7/15
Conduct all aspects of the Interagency Youth Resiliency Project	7/12 – 7/15
Develop and modify evaluation tools	7/11 – 7/15
Gather information for evaluation of project	7/14 – 7/15
Report findings	1/15 – 7/15

Time Frame:

This project will take place over five years. Year one will consist of a ramp up phase and development of essential "in house" components in order to help a project of this size be successful. Year two will consist of the development of the training and the development and recruiting and training of the Youth Resiliency Team. Years three - five will be dedicated to serving the clients in the areas described in section two of this document.

4. Describe how you plan to measure the results, impacts, and lessons learned of your Innovation. Include in your description how the perspectives of stakeholders in the review and assessment were included.

At the close of each training session, training evaluation forms will be completed by participants to obtain immediate feedback on the training. Participants will be asked to provide suggestions for additional subjects that are needed to help in their work with the youth and their resource providers.

At a predetermined time, the peer counselors who received the train-the-trainers protocol will be contacted to ascertain the value of the training in their interactions with youth and resource providers. Did the training make a difference in how they interact with youth and the resource providers they mentor? Has the difference been positive? Are there additional subjects that need to be covered by the training?

Peer counselors and the resource providers will be asked how well the tools and engagement activities worked in order to build rapport with these diverse youth.

On an ongoing basis the Peer Counselors will provide input on the value of the training, if, in their opinion, it has improved their relationships with youth and their resource providers and have the tools taught helped the youth develop better relationships with the peer counselors and the resource providers.

The Interagency Youth Resiliency Team will (in conjunction with our stakeholders: DBH; CFS; Probation; Foster Family Agencies; faith and community based providers; aged out dependents and wards; and resource providers) decide what measures are applicable to determine the success of the project. They will gather the information needed to measure success, evaluate the information gathered and report their findings. Stakeholders will be given the opportunity to review and comment on the evaluation information before a final recommendation is issued.

INN NEW PROGRAM DESCRIPTION

By answering the following four questions the team can evaluate the program:

- What happens with youth and their resource providers that have received mentoring from diverse peer counselors that is different from youth and resource providers who have not received mentoring?
- What team strategies have been found to be effective?
- In what ways is the project making a difference for the community?
- Did the program and its services improve youth's transition to adulthood?

Ultimately, the measurable success of the project will be reflected in enhanced permanency indicators including: reduced incidences of homelessness, increased academic success, employment, and reduced incidences of incarceration for former youth served by the project.

The project will also address youth and family wellbeing indicators included in the CFS System Improvement Plan and the federally mandated Program Improvement Plan for local child welfare agencies. These wellbeing indicators are more difficult to measure; this project will allow for exploration and identification of measurable indicators and appropriate methods for measuring improvement such as longitudinal studies, and perhaps alternative assessment tools such as the Child and Adolescent Needs Survey (CANS). It is anticipated the measurable outcomes for wellbeing will include better interpersonal relationships for youth with their resource providers, parents, family members and others as well as increased happiness and satisfaction with life and improved self-sufficiency.

5. Please include a total budget for your Innovation with a breakdown of expected expenses per year. In addition, provide a budget narrative for costs identified for this work plan as outlined in Exhibit F. Include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. In addition, include a brief description of operating and non-recurring expenditures associated with this work plan. If applicable, provide a brief description of training consultant contracts and work plan management. This description should include the purpose for the contract and work plan management, functions, and length of contract.

Staffing:

One unique feature of this project is that the majority of the staff (approximately 11 FTE's) will be a Peer & Family Advocate equivalent serving as the peer counselors; culturally diverse self-disclosed former dependents/wards will serve as peer counselors to current dependents/wards and experienced service providers will mentor less experienced service providers. These will be stipend and/or contracted positions totaling $450,000 per year for years three through five.

Four culturally and linguistically diverse Clinical Therapists I (CTI) will work directly with dependents/wards and service providers as well as providing supervision for the Peer and Family Advocates. One Mental Health Clinic Supervisor and one Clinical Therapist II (CTII) will provide overall project leadership, planning and collaboration with other departments. One Office Assistant III will provide general clerical support for the project. Total staffing costs are projected to be $688,954 per year for years three through five.

A more detailed description of the positions follows:

- Mental Health Clinic Supervisor - 1 FTE
  The Mental Health Clinic Supervisor will be responsible for program planning activities including identification of objectives and timelines for the project and coordination between departments and divisions to manage resources and personnel within the scope of work and budget parameters. The Clinic Supervisor will assure that project systems and processes meet all regulatory, policy and program evaluation requirements. The Clinic Supervisor will also play a lead role in presentation and dissemination of project information and accomplishments.

- Clinical Therapist II (CTII) – 2 FTE
  The Clinical Therapist II will provide day-to-day supervision, casework and clinical consultation. The CTII will also be responsible for organizing, overseeing and assisting with planning, development and evaluation activities. The CTII will play a leadership role in collaboration with allied agencies and systems.

- Clinical Therapist I – 4 FTE
  Clinical Therapists I will provide assessment, diagnosis, clinical intervention, and case management support for youth and resource providers. CTI's will also provide training, direction and immediate supervision to Peer & Family Advocates.

INN NEW PROGRAM DESCRIPTION

- Peer & Family Advocate (PFA) – Stipend and/or contract
  The project will utilize the two groups of Peer and Family Advocates:
  - Youth Peer Counselors will be self disclosed former dependents/wards and will be recruited from former foster care children and youth and former wards. The Youth Peer Counselors will work with youth in a mentoring capacity to help them resolve grief and loss issues, build coping skills, learn appropriate behavior and problem solving techniques, build relationships, to prepare for successful adulthood.
  - Resource Provider Peer Counselors will be current or former Resource Providers and will be recruited from current and former foster care providers, foster family agencies and parents who have been through the foster care system. The Resource Provider Peer Counselors will act as mentors to current resource providers. Their duties will include assisting resource providers in navigating systems and services, guiding resource providers in developing successful parenting strategies and behavioral tendencies, introducing resource providers to the strategies they were trained on in resolving grief, loss, trauma issues and exposure to violence.

  All PFA's will work collaboratively with youth and resource providers to facilitate resolution of grief and trauma issues and promote development of connectedness, permanency and wellbeing.

- Office Assistant III (OAIII) – 1 FTE
  An Office Assistant III will provide clerical support for the project. Duties may include answering telephones, relaying messages, scheduling appointments, preparing and compiling documentation, filing/maintaining filing systems and other duties as needed.

Operating Expenses:

Development of Engagement Activities funds, in the amount of $50,000 per year for years two through five, will be used to develop positive activities designed to allow mentors (PFA's) and Clinical Therapists to connect with the dependents/wards. Expenditures may include purchase of sports equipment, musical instruments, art supplies and other equipment or supplies as needed for the activities developed for the project.

Since this project is envisioned as a home or school based project, PFA's and professional staff are anticipated to incur approximately $25,500 in travel costs per year as they meet with youth and resource providers.

An eight percent cost for evaluation of the project is included in the operating expenditures for the Department of Behavioral Health; however, the function may be performed by a contract agency.

Training Consultant Contracts:

Training consultants will work in partnership with volunteers to develop training on the effects of grief, loss and environmental trauma in foster care children and youth and wards of the court. They will also develop a model for Peer Counselors to follow in addressing these issues. Initial training will be provided to Professional Staff and Peer Counselors. Training development and delivery costs are estimated at $75,000 and are expected to be completed during the first year of the project.

An additional $20,000 has been included for purchase of copyrighted training materials during the first year.

Volunteers will be a vital part of the training development process; an estimated $6,747 in stipends is considered necessary for this phase of the project only. Volunteers included in the training development process will consist of foster youth (current and aged out), parents experienced in the foster care process, resource providers and other individuals with detailed knowledge of the process and its effects on foster children and youth.

Transitional Component

A budget of $173,000 per year for years three through five has been budgeted for the Transitional Component of this project.

INN NEW PROGRAM DESCRIPTION

Foster Youth Resiliency Team Concept (INN 05)
Proposed Project Budget per year

	Year One	Year Two	Year Three	Year Four	Year Five
Personnel:					
FTE's			$688,954	$688,954	$688,954
Stipends			$450,000	$450,000	$450,000
Operating Expenditures:					
Development of Engagement Activities		$50,000	$50,000	$50,000	$50,000
Travel Costs			$25,500	$25,500	$25,500
Supplies			$17,000	$17,000	$17,000
Other office related expenses (including rent, utilities, office equipment)			$75,000	$75,000	$75,000
Youth transition assistance (development and implementation)			$173,000	$173,000	$173,000
Training Consultant Contracts:					
Outside Training Consultants (develop and train)		$75,000			
Training Materials		$20,000			
Volunteer Stipends for Training Development		$6,747			
Evaluation	$79,828	$79,828	$79,828	$79,828	$79,828
	$79,828	$ 231,575	$ 1,559,282	$ 1,559,282	$ 1,559,282

Total Proposed Expenditures (Five Years):	$ 4,989,249
Admin Cost (15%) Year One	748,387
Operating Reserve (10%) Year One	573,764
Total Project Funds:	6,311,400

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

The active participation of key interagency partners in collaborative case identification and monitoring as well as project assessment will occur on an in-kind basis.

Training, Technical Assistance and Capacity Building Funds Request Form (Prevention and Early Intervention Statewide Project)

✓ **Previously approved with no changes**
New

Date: June 7, 2010	County Name: San Bernardino
Amount Requested for FY 2010/11: $322,900	

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) or contractor(s).

The County of San Bernardino may allocate funds from Training, Technical Assistance and Capacity Building to facilitate many projects and may include the following:

Building Community Assets

- Community Liaison will be work to build and strengthen the County of San Bernardino Prevention and Early Intervention Plan. The Community Liaisons work as a link between the community and the Department of Behavioral Health (DBH) and will report to the DBH Office of Prevention and Early Intervention (OPEI). The consultants will be primarily responsible for building the capacity of San Bernardino County communities, providing requisite specialized subject matter expertise and will advise and educate community stakeholder groups, department staff, and consumer/family members. In addition, the consultants will have a critical role in assisting the DBH-OPEI in assessing and building the readiness of current and future stakeholders and systems to successfully implement PEI projects.
- **Assessing Community Readiness** – While some communities actively participate in prevention, collaborating with local leaders, public agencies, and citizens to tackle prevention goals, others may be working prevention in some areas but not others. San Bernardino intends to assess the stages of community readiness across the county and take appropriate actions to mobilize and build community assets.

Training and Technical Assistance

- **Grassroots Evaluation**-Conducting a solid and informative program evaluation is essential to providing effective prevention efforts and complying with MHSA requirements. Several one day workshops designed to support contractors in efforts to implement program evaluation will be conducted. These trainings and follow up sessions will be offered to all contracted and county PEI providers
- **Sustainability Planning**-Developing programs that will sustain the adversities that arise with changing economies and cultures can only be achieved by equipping communities with the information necessary to operate successfully. Organizations provide in-depth training session that prepare participants to lead or facilitate the sustainability planning process.

The services described above may be delivered by, but not limited to any of the following: currently contracted vendors, qualified potential vendors, other government agencies, Department of Behavioral Health, community-based, faith-based, non-profit, and grassroots organizations. Potential vendors selected will have "the ability to develop and provide statewide training, technical assistance, and capacity building services and programs, and (the) ability to partner with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities." (Information Notice 08-37) DBH intends to leverage existing prevention resources and may utilize services from in-kind resources.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.
2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in WIC Section 5892.
4) These funds may not be used to pay for any other program.
5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC Section 5892.
6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

Certification

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

Allan Rawland, Director Mental Health Director/Designee	Signature	6/11/2010 Date

Attachment A

African American Mental Health Coalition

Comments of Opposition and request for Deletions

To Sections: Pages _____ _____ of Annual Report 2010/2011

Deletion of request for 35% reduction

Public hearing Request

April 15 2010

Despite the use of Mental Health Services in the county of San Bernardino California, "Third California" disparities, social and economic indicators within the sub-regions of California (kotkin, 2007) report. Shows data that during the fiscal year 2007-2008, there were 36,980 unduplicated clients served within San Bernardino County Behavioral programs. Of these, Asians accounted for only (2) percent, African Americans/ Blacks (17 %), Latino/Hispanic (28%) Native Americans (1%) and Whites' (48%).

In November of 2004, voters of California approved Proposition 63 which became a state law entitled the Mental Health Services Act (MHSA), providing additional funding for unmet mental health services at the county-level and the **EXPANSION OF COMMUNITY MENTAL HEALTH SERVICES PROGRAMS to be provided.**

However, since the passing of Proposition of 63, increased funding for county ran program have emerged along with new program receiving over millions of dollars. Target groups identified many factors and barriers which limits access availability, acceptability, cultural appropriateness of services, location, hours of operation, cost and transportation documented in the San Bernardino County Behavioral Project Access t Latino Health Collaborative (2009) report.

The African American Mental Health coalition request deletions of the 35% reduction on PEI programs' indentified in the 2010/2011 report requesting a 35% reduction for Preschool Services, Resilience Promotion in African American Children, Native American Resource Center, Student Assistance Program, Promotores de Salud and the Family Resource Center we find this request to be unfair and unjust.

The African American Mental Health Coalition and San Bernardino NAACP supports this request to ensure availability, access and use of mental Health Services is are met if equity in mental health services is to be achieved.

Written response requested

Respectfully submitted by:

The African American Mental Health Coalition

Cc: Cpac, San Bernardino Mental Health Commission, San Bernardino Behavioral Health, San Bernardino NAACP, Black Voice News paper

NEWS

From the County of San Bernardino
www.sbcounty.gov

FOR IMMEDIATE RELEASE

For more information, contact
Mariann Ruffolo, Administrative Manager
Department of Behavioral Health
909-252-4041
mruffolo@dbh.sbcounty.gov

You are invited by the County of San Bernardino Department of Behavioral Health to attend a Mental Health Services Act (MHSA) Annual Update Public Hearing

WHO: All residents living in the County of San Bernardino who are interested in the public mental health service delivery system, learning about the MHSA, and participating in the Annual Update for Fiscal Year 2010/11.

WHAT: One of a series of two public hearings planned that will take place throughout the County of San Bernardino to promote community conversation and participation regarding the Annual Update for Fiscal Year 2010/11 of the MHSA.

WHY: To provide information and promote community conversation regarding the Annual Update for Fiscal Year 2010/11 of the MHSA and how it will affect the residents of the County of San Bernardino.

The Mental Health Services Act (MHSA), Proposition 63 was passed by California voters in November 2004 and went into effect in January, 2005. The Act is funded by a 1% surcharge on personal income over $1 million per year.

WHEN: Thursday, April 15, 2010, 9:00 am – 11:00 am

WHERE: Behavioral Health Resource Center
850 E. Foothill Blvd.
Rialto, CA 92376
Auditorium

CONTACT: Interpretation services in the following languages will be provided: Vietnamese, Spanish and American Sign Language. For additional information, please contact Mariann Ruffolo at 909-252-4041.

-END-

NOTICIAS

Del Condado de San Bernardino
www.sbcounty.gov

PARA PUBLICACIÓN IMEDIATA

Para más información, contacte a
Mariann Ruffolo, Directora Administrativa
Departamento de Salud Mental
909-252-4041
mruffolo@dbh.sbcounty.gov

Usted está invitado por el Condado de San Bernardino Departamento de Salud Mental para asistir a una audiencia pública sobre la Actualización de la Ley de Servicios de la Salud Mental (MHSA por sus siglas en inglés)

QUIEN: Todos los residentes que viven en el Condado de San Bernardino que están interesados en el sistema de entrega de servicios de salud mental, aprendiendo acerca de la MHSA, y participando en la Actualización Anual para el Año Fiscal 2010/11.

QUE: Uno de una serie de dos audiencias públicas planeadas que se llevaran a cabo a través del Condado de San Bernardino para promover la conversación y participación de la comunidad con respecto a la Actualización Anual para el Año Fiscal 2010/11 de la MHSA.

POR QUE: Para ofrecer información y promover la conversación comunitaria con respecto a la Actualización Anual para el Año Fiscal 2010/11 de la MHSA y cómo afectará a los residentes del Condado de San Bernardino.

La ley de Servicios de la Salud Mental, Proposición 63, fue aprobada en California por los votantes en noviembre de 2004 y entro en vigor en enero de 2005. La ley es financiada por un recargo de 1% sobre los ingresos personales de más de un millón por año.

CUANDO: El día jueves, 15 de abril de 2010, 9:00 am – 11:00 am

DONDE: Centro de Recursos de Salud Mental
(En inglés: Behavioral Health Resource Center)
850 E. Foothill Blvd. Rialto, CA 92376
Auditorio (En inglés: Auditorium)

CONTACTO: Servicios de interpretación se ofrecerán en los siguientes idiomas: Vietnamita, Español y Lenguaje por Señas (ASL por sus siglas en inglés). Para información adicional, favor de contactar a Mariann Ruffolo al 909-252-4041.

-FIN-

NEWS

From the County of San Bernardino
www.sbcounty.gov

FOR IMMEDIATE RELEASE

For more information, contact
Mariann Ruffolo, Administrative Manager
Department of Behavioral Health
909-252-4041
mruffolo@dbh.sbcounty.gov

You are invited by the County of San Bernardino Department of Behavioral Health to attend a Mental Health Services Act (MHSA) Annual Update Public Hearing.

WHO: All residents living in the County of San Bernardino who are interested in the public mental health service delivery system, learning about the MHSA, and participating in the Annual Update for Fiscal Year 2010/11.

WHAT: One of a series of two public hearings planned that will take place throughout the County of San Bernardino to promote community conversation and participation regarding the Annual Update for Fiscal Year 2010/11 of the MHSA.

WHY: To provide information and promote community conversation regarding the Annual Update for Fiscal Year 2010/11 of the MHSA and how it will affect the residents of the County of San Bernardino.

The Mental Health Services Act (MHSA), Proposition 63, was passed by California voters in November 2004 and went into effect in January, 2005. The Act is funded by a 1% surcharge on personal income over $1 million per year.

WHEN: Tuesday, April 20, 2010, 10:30 am – 11:30 am

WHERE: Temple Community Outreach
1777 Base Line Rd.
San Bernardino, CA 92411

CONTACT: Interpretation services in the following languages will be provided: Vietnamese, Spanish and American Sign Language. For additional information, please contact Mariann Ruffolo at 909-252-4041.

-END-

NOTICIAS

Del Condado de San Bernardino
www.sbcounty.gov

PARA PUBLICACIÓN IMEDIATA

Para más información, contacte a
Mariann Ruffolo, Directora Administrativa
Departamento de Salud Mental
909-252-4041
mruffolo@dbh.sbcounty.gov

Usted está invitado por el Condado de San Bernardino Departamento de Salud Mental para asistir a una audiencia pública sobre la Actualización de la Ley de Servicios de la Salud Mental (MHSA por sus siglas en inglés)

QUIEN: Todos los residentes que viven en el Condado de San Bernardino que están interesados en el sistema de entrega de servicios de salud mental, aprendiendo acerca de la MHSA, y participando en la Actualización Anual para el Año Fiscal 2010/11.

QUE: Uno de una serie de dos audiencias públicas planeadas que se llevaran a cabo a través del Condado de San Bernardino para promover la conversación y participación de la comunidad con respecto a la Actualización Anual para el Año Fiscal 2010/11 de la MHSA.

POR QUE: Para ofrecer información y promover la conversación comunitaria con respecto a la Actualización Anual para el Año Fiscal 2010/11 de la MHSA y cómo afectará a los residentes del Condado de San Bernardino.

La ley de Servicios de la Salud Mental, Proposición 63, fue aprobada en California por los votantes en noviembre de 2004 y entro en vigor en enero de 2005. La ley es financiada por un recargo de 1% sobre los ingresos personales de más de un millón por año.

CUANDO: El día martes, 20 de abril de 2010, 10:30 am – 11:30 am

DONDE: Temple Community Outreach
1777 Base Line Rd.
San Bernardino, CA 92411

CONTACTO: Servicios de interpretación se ofrecerán en los siguientes idiomas: Vietnamita, Español y Lenguaje por Señas (ASL por sus siglas en inglés). Para información adicional, favor de contactar a Mariann Ruffolo al 909-252-4041.

-FIN-

County of San Bernardino
Department of Behavioral Health

You Are Invited:

by the County of San Bernardino Department of Behavioral Health to attend a public hearing regarding the Mental Health Services Act Annual Update for Fiscal Year 2010/11.

Public Hearings

April 15, 2010
9:00 am - 11:00 am
Behavioral Health
Resource Center
Auditorium
850 East Foothill Blvd.
Rialto, CA 92376

April 20, 2010
10:30 am - 11:30 am
Temple Community
Outreach
1777 Base Line Rd.
San Bernardino, CA 92411

These public hearings are being held to provide information and promote community conversation regarding the Annual Update for Fiscal Year 2010/11 of the Mental Health Services Act and how it will affect the residents of the County of San Bernardino.

The Mental Health Services Act, Proposition 63, was passed by California voters in November 2004 and went into effect in January, 2005. The Act is funded by a 1% surcharge on personal income over $1 million per year.

Interpretation services in the following languages will be provided: Vietnamese, Spanish and American Sign Language.

mhsa

BEHAVIORAL HEALTH

County of San Bernardino Department of Behavioral Health
Mental Health Services Act
1950 South Sunwest Lane, Suite 200
San Bernardino, CA 92415

Contact: For additional information please call 800-722-9866

Condado de San Bernardino
Departamento de Salud Mental

Usted esta Invitado:

por el Condado de San Bernardino Departamento de Salud Mental para asistir a una audiencia publica sobre la Actualización Anual del Año Fiscal 2010/11 de la Ley de Servicios de Salud Mental.

Audiencias Publicas

15 de abril de 2010

9:00 am - 11:00 am
Centro de Recursos de Salud Mental (Behavioral Health Resource Center)
850 East Foothill Blvd.
Rialto, CA 92376

20 de abril de 2010

10:30 am - 11:30 am
Temple Community Outreach
1777 Base Line Rd.
San Bernardino, CA 92411

Estas audiencias publicas se están llevando acabo para ofrecer información y promover la conversación comunitaria con respecto al Informe Anual del Año Fiscal 2010/11 de la Ley de Servicios de Salud Mental y como afectara a los residentes del Condado de San Bernardino.

La Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés), Proposición 63, fue aprobada por los votadores de California en noviembre de 2004 y entro en vigor en enero de 2005. La Ley es financiada por un recargo del 1% sobre los ingresos personales de más de un millón por año.

Servicios de interpretación se ofrecerán en los siguientes idiomas: Vietnamita, Español y Lenguaje por Señas (ASL por sus siglas en inglés).

Condado de San Bernardino Departamento de Salud Mental
La Ley de Servicios de Salud Mental
1950 South Sunwest Lane, Suite 200
San Bernardino, CA 92415

Contacto: Para información adicional por favor llame al 800-722-9866