

San Bernardino County CSS WORK PLAN
CSS Plan – 2005-06, 2006-07, 2007-08

Exhibit 4

Program Work Plan Name: Comprehensive Child/Family Support System (CCFSS)

Work Plan Number – C-1

Description of Program:

San Bernardino County has developed an array of services for children that struggle with Severe Mental Illness (SMI). These services include:

- School based
- Home based
- Hospital and crisis responses
- Wraparound

The Comprehensive Child/Family Support System (CCFSS) will establish a “seamless” system of care to children and families in San Bernardino County to negotiate multiple agencies and funding sources. The goal is to help families with children that suffer with SMI get their needs met and move toward recovery and increased resilience.

Services will be provided in collaboration with:

- Department of Children’s Services
- Juvenile Justice
- Schools
- Regional Centers
- Law Enforcement
- Faith-based agencies
- Community agencies and stakeholders

The CCFSS will work with the population, ages 0-17. CCFSS will provide full service partnerships and 24/7 services for youth and families that have been unserved or underserved through a Wraparound service model.

Services will include:

- Case management
- Family driven treatment services
- Flexible funding
- Service coordination
- Respite care
- 24/7 crisis phone and mobile crisis intervention services
- Co-occurring treatment
- Psychiatric services
- Family advocacy, and parent partnerships

In the past fiscal year the Wraparound Program has expanded to each region of San Bernardino County and includes 200 slots for youth that meet the SB163 criteria. The CCFSS program will allow children and youth to be enrolled that do not meet the SB163 criteria, although the child is in need of services to prevent them from out-of-home (Foster Care, group homes, institutionalized) placement. These services will be provided to help reduce hospitalizations and out-of-home placements and to help children and youth return to their families. The program services will increase stabilization, help families identify community supports, and encourage resiliency and wellness.

Priority Population:

According to prevalence data, Latino children make up the most underserved population. African American children, although utilizing more services, are inappropriately served.

The number of clients projected to receive services annually is 203 under Full Service Partnerships, 200 under System Development, and 67 under Outreach and Engagement for a total of 470.

Children	Unserved, Underserved or Inappropriately Served
African-American	18%
Asian-American	1%
Euro-American	36%
Latino	39%
Native-American	1%

Other	5%
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The priority population will include children and youth ages 1-17 who:

- Struggle with serious emotional illness and/or co-occurring disorders
- Are identified as unserved and/or underserved
- Have experienced inappropriate service delivery in culturally diverse communities.

Many of these families struggle with their children at school and in the community. They may have alcohol and or drug problems, family issues, are homeless or are at risk of being homeless.

Strategies:

#	Name and Description	Fund Type			Budget		
		FSP	SD	OE	Expense	Revenue	Net CSS
	<ul style="list-style-type: none"> • Comprehensive child/youth and family support system • Integrated mental health services, which includes co-location and/or collaboration with multiple providers (Department of Children’s Services, Probation Department, schools) to provide individualized, multi-disciplinary, coordinated services. • Wraparound service model to provide strength based, family driven services. • Services and supports provided at school, in the community, and in the child/youth’s home. • Values-driven, evidence-based, and promising clinical services that are culturally and linguistically competent. 	X	X		\$7,976,603	\$5,253,893	\$2,722,710

	<ul style="list-style-type: none"> • Crisis services including 24-hour phone line, mobile crisis intervention, respite care for children and families, and crisis and transitional residential treatment alternatives. • Co-occurring services which, at a minimum, will include screening and assessment for substance abuse and mental illness, history of trauma and family violence. There will be a single individualized service plan. 						
	<ul style="list-style-type: none"> • Family Partnership Programs are operated by family members and include strategies to engage racially and ethnically diverse families. • Staff training in developmental and cultural needs of children and families. 		X				