

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

**Exhibit 4**

**Program Work Plan Name: Adult – Crisis Walk-In Centers**

**Work Plan Number – A-4**

**Description of Program:**

San Bernardino County Department of Behavioral Health (DBH) is proposing a redesign and expansion of DBH's current walk-in clinics into countywide system of three 24/7 Crisis Walk-In Centers (CWIC). Currently DBH has fragmented and incomplete urgent care coverage that mainly operate during weekday business hours and evenings. DBH's Crisis Response Teams provide limited weekend and geographical coverage, but suspend services at 9:00 or 10:00 pm. Thus clients have had to utilize inpatient units, emergency rooms, and law enforcement for urgent mental health services when DBH clinics are not open. When responding to sub-acute mentally ill persons in the community after DBH business hours, law enforcement personnel are left few resource options beyond involuntary holds or arrest.

The proposed CWIC program will provide urgent mental health services 24/7 for seriously mentally ill (SMI) persons of all age groups – children, TAY, adults, and older adults – needing immediate access to crisis mental health services. It is recognized that there is a high co-occurrence of substance abuse with mental illness, and this program will provide integrated substance abuse treatment services for dually diagnosed clients. These centers will offer urgent mental health services to the acute and sub-acute mentally ill individuals including:

- Crisis intervention
- Crisis risk assessments
- Medications
- Substance abuse counseling
- Case management
- Referrals to DBH and contracted clinics
- Family support and education
- Transportation
- 23-hour crisis stabilization
- 5150 evaluations when required

Direct linkage to the high users' team, the proposed Assertive Community Treatment (ACT) program, residential drug/alcohol programs for dually diagnosed person, DBH and DBH contracted mental health clinics, and housing and employment programs will be made by CWIC staff. All services will be provided in a culturally, linguistically, and developmentally competent manner.

The goals for this program are soundly based in recovery principals by using less restrictive settings, client driven treatment delivery, and client support systems. The goals are to:

- Maintain mentally ill persons in the community with familial and social support.
- Reduce utilization of emergency rooms by mentally ill persons for mental health needs.
- Reduce hospitalizations, incarcerations, and residential placements.
- Provide access to crisis mental health and substance abuse services to previously unserved and underserved persons through the use of outreach presentations to community stakeholders.

**Priority Population:**

Inappropriately served, underserved, and unserved seriously mentally adults and children who frequently use acute care hospitals or jails care services for their mental health, substance abuse treatment, and shelter needs.

The number of clients projected to receive services annually is 1876 under System Development and 1124 under Outreach and Engagement for a total of 3000.

<b>Adults</b>	<b>Unservd, Underserved or Inappropriately Served</b>
African-American	18%
Asian-American	3%
Euro-American	34%
Latino	40%
Native-American	1%
Other	4%

**Strategies:**

#	Name and Description	Fund Type			Budget		
		FSP	SD	OE	Expense	Revenue	Net CSS
	<ul style="list-style-type: none"> <li>• Three (3) Crisis Walk-In Centers (CWIC) will be strategically located throughout the county such that they will be readily accessed by this population. Proposed locations are the Morongo Basin, Rialto, and Victorville.</li> <li>• All services will be community-based, developmentally and culturally competent, and focused on maintaining clients within the community. This will reduce reliance on acute care settings and incarceration.</li> <li>• Linkage to local mental health clinics and/or intensive case management services will be made when clients are stable.</li> <li>• Referrals to physical health care and housing programs.</li> </ul>		X		\$2,806,657	\$420,998	\$2,385,659
	<ul style="list-style-type: none"> <li>• Peer advocates, as paid staff and volunteers, will provide hospitality, support, and guidance to clients receiving services. Peer advocates will be recruited from DBH's current consumer run programs and clubhouses such as the <i>Pathways to Recovery</i> consumer group and the T.E.A.M. House clubhouse.</li> <li>• A "warm line" will be created and manned by trained peer advocates</li> <li>• Families and friends of clients will be included in the crisis interventions and will be educated and supported to assist them in better intervening and supporting the clients in the community.</li> </ul>			X			

	<ul style="list-style-type: none"> <li>• Collaboration and local law enforcement agencies, local school districts, children service agencies, homeless shelters, community health care providers, clubhouses, faith-based organizations will be an essential aspect of this program.</li> </ul>						
	<ul style="list-style-type: none"> <li>• Services will be individually provided and will include crisis intervention, risk assessment, emergency medication, medical screening (nursing assessments), substance abuse counseling, and 23-hour crisis stabilization. There will be separate sections for treating children and adults in the 23 crisis stabilization unit.</li> </ul>		<b>X</b>				
	<ul style="list-style-type: none"> <li>• Presentations and written materials on the CWIC program will be provided to clubhouses, physical health care providers, local hospitals, homeless shelters and programs, NAMI, faith-based organizations and local law enforcement agencies.</li> </ul>			<b>X</b>			