



COMMUNITY SERVICES AND SUPPORTS PLAN EXECUTIVE SUMMARY

Background

In November 2004, California voters passed Proposition 63, which imposed a 1% tax on adjusted annual income over \$1,000,000. The proposition was enacted into law as the Mental Health Services Act (MHSA) effective January 1, 2005. According to the language in the MHSA, the overall purpose and intent is **“to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness...to insure that all funds are expended in the most cost effective manner...to ensure accountability to taxpayers and to the public”**. This purpose of the Act is to be accomplished by providing funding that would adequately address the mental health needs of the unserved and underserved populations by expanding and developing the types of services and supports that have proven to produce successful outcomes, considered to be innovative, cultural and linguistically competent, community-based, consumer and family centered, and consistent with evidence-based practices.

The Vision, as established by the State Department of Mental Health who has the responsibility to implement the MHSA through the state, is to **“create a state-of-the-art, cultural competent system that promotes recovery/wellness for adults and older adults with serious mental health illness and resilience for children and youth with serious emotional disorders and their families”**. The State Department continues that the focus of this vision is to go beyond “business as usual” approaches, and to transform from a “fail-first to help-first” system of public mental health services at the county level. The MHSA calls for five essential elements that are necessary in California to transform the public mental health system which are: community collaboration, cultural competence, client/family driven system of care, wellness focus, and integrated seamless service experiences for clients and families.

The MHSA also requires each county to implement programs that achieve the following outcomes from the services provided:

- Decrease racial disparities, hospitalization, and incarceration
- Increase in timely access to care and treatment
- Decrease out-of-home placements
- Decrease homelessness
- Meaningful use of time and capabilities

The MHSA identifies six primary program components for funding that are critical in rooting this transformational process. These components are:

- Local/County Community Planning

- Community Services and Supports
- Capital (buildings and housing) and Informational Technology
- Education and Training (human resources)
- Prevention and Early Intervention
- Innovation

The County's **Three-Year Community Services and Supports Plan (CSS)** is the second component to be implemented by the State Department of Mental Health (SDMH). Through a very comprehensive community planning process, San Bernardino County Department of Behavioral Health (DBH) has completed its CSS Plan that is consistent with the intent and essential elements as required by the Mental Health Services Act of 2005.

As required by the Local/County Planning program component under the MHSA, \$557,746 in planning funds was distributed to San Bernardino County from the SDMH to implement a community planning process to develop a three-year comprehensive plan for improving mental health services and supports for specific target populations (children, transitional age youth, adults, and older adults) identified in the Act. The Board of Supervisors approved submission of the DBH's "Plan to Plan" to the SDMH on February 15, 2005.

The SDMH, in their instructions, proposed a planning model in which counties would: (1) identify issues resulting from untreated mental illness, (2) analyze the mental health needs in the community, (3) identify populations for Full Service Partnerships, (4) identify program strategies to meet the needs, (5) assess capacity to expand current programs and implement new strategies, and (6) develop work plans with timeframes and budgets/staffing. The San Bernardino County CSS Plan employed this approach in conducting its planning process.

San Bernardino County's unprecedented county-wide collaborative planning effort over the last number of months has reached out to approximately 3,000 county residents in order to engage their thoughts, beliefs, concerns, needs, preferences, and creativity ideas on the types of programs and services that would address the mental health needs of our communities. This planning activity was accomplished through the completion of need assessment surveys (English, Spanish, and Vietnamese), participating in community public forums, focus groups, age specific work groups, and a mental health stakeholders advisory group. The County's community planning process was developed and accomplished according to the instructions and requirements provided by the SDMH.

However, there were specific guidelines that SDMH imposed on the content of the plans prepared by all counties. For example, SDMH requires that more than 50% of the funding be used for **Full Service Partnerships (FSPs)**. FSPs are programs where a small caseload of clients are assigned to a single case manager who is responsible for ensuring that the clients have access to "whatever it takes" to foster resiliency and recovery. Clients in an FSP have access to someone to provide assistance 24 hours a day, seven days a week. The County's CSS Plan meets that requirement. SDMH also established two other funding categories under the MHSA, **Systems Development and Outreach and Engagement**. Systems Development Funds may be used to improve programs, services, and supports; Outreach and Engagement funds may be used to conduct activities to reach unserved populations to engage them into services.

The three fiscal years covered by the County's CSS Plan are 2005-06, 2006-07, and 2007-08. It is expected that San Bernardino County will receive approximately \$17.2 million in each of these years. Because a substantial part of the first year was needed for completing the required planning process, SDMH has allowed counties to prorate the program funding for Year 1, based on the actual number of months that services will be offered. The DBH is estimating only three months of program costs for services provided under this CSS Plan. However, counties may request the remainder of the first year funding as one-time-only funds to be used for additional planning efforts and system improvement activities (contract development, staff, consumer and family training, housing development, and work force development) to prepare for implementation of the programs and services as proposed in the CSS plan. On January 24, 2005, the Board of Supervisors approved DBH's proposal to the SDMH for use of these one-time-only funds.

The MHSA CSS Plan was endorsed by the stakeholder group, the Community Policy Advisory Committee (CPAC), on December 8, 2005. As part of the planning process, through consensus, the CPAC agreed on the percentage allocation of this year's MHSA funds for each of the four age groups. The distribution is 19% for Children and Youth, 24% for Transitional Age Youth, 43% for Adults, and 14% for Older Adults

The MHSA CSS Plan was posted for public comment on December 13, 2005. Copies of the Plan were placed at all the DBH clinics and programs and distributed to all the public libraries throughout the county. After the required thirty-day public comment period, the San Bernardino County's Mental Health Commission held three public hearings: one in Victorville (January 17th), one in Yucca Valley (January 18th), and one in the San Bernardino area (January 19th) on the CSS Plan. The Mental Health Commission will conduct their final review of the CSS Plan on February 2, 2006, and on February 7th, 2006 the San Bernardino County Board of Supervisors will have their final review.

County/Community Public Planning Process (Part I, Section I)

San Bernardino's County Department of Behavioral Health embarked on a very comprehensive community planning process which was an open, participatory and inclusive of all major mental health stakeholders, including identified populations who are historically isolated, disenfranchised and underserved. The DBH will continue in reaching out and attempting to engage these populations. Special attention was directed by DBH to encourage the meaningful participation of consumers and family members, unserved racial/ethnic groups, and marginalized populations in the planning process. This effort was supported through a number of mechanisms, including stipends, transportation, childcare, translation services, and refreshments at meetings. The Co-Chair of the CPAC was a consumer and is a member of the County's Mental Health Commission. In June, July, and August 2005 the DBH conducted six community public forums that were held in four major geographical regions of the county in order to publicize the "kick off" of the MHSA program planning process, orient the general public, distribute written materials, and invite further participation from the community.

Through a contractual agreement with the California Institute for Mental Health, planning process participants were provided broad-based training on topics including, but not limited to, the Mental Health Services Act, the current public mental health system, cultural competence, wellness/recovery/resilience, the local planning process, SDMH implementation guidelines, identification of service gaps, and evidence-based practices. In Addition, a special

one-day workshop on the role and responsibilities of the Mental Health Commission under the MHSA was conducted for the commissioners and staff.

Age Specific Workgroups were established for each of the SDMH required target populations, and a 79 member community stakeholder group was established in October that was composed of consumers, family members, community leaders, agency representatives, service providers and other interested parties (e.g. law enforcement, social services, education, the Office on Aging and the faith-based community) to provide leadership in the decision-making process. Input was provided by 120 focus and stakeholder groups and to date 1863 surveys have been received and analyzed from the community. In addition, MHSA outreach staff went to homeless shelters, clubhouses, and clinics to interview individuals and families. Again, a total of approximately 3,000 community residents participated in San Bernardino County's MHSA planning activities, demonstrating strong public involvement and support for the CSS Plan.

County/Community Public Planning Process (Part II, Section I)

Through the community planning process, San Bernardino County identified priority community issues that formed the foundation for preparation of the CSS Plan and various program proposals for each specified age range. Although a comprehensive list of issues was identified by the community, the following table displays the critical issues to be addressed in the first three years by the County's CSS plan:

Priority Issues by Age Group

CHILDREN/YOUTH	TRANSITIONAL AGE YOUTH	ADULTS	OLDER ADULTS
1. Family and Peer problems; at risk of out-home placement*	1. Homelessness*	1. Homelessness*	1. Access to care*
2. School failure	2. Institutionalization and incarceration*	2. Frequent hospitalizations and emergency room visits*	2. Frequent hospitalizations, episodes of emergency care, and incidents of relapse to previous behavior*
3. Involvement in the child welfare system and juvenile justice systems*	3. Frequent hospitalizations and emergency room visits*	3. Inability to work*	3. Inability to manage independence*
4. Acute psychiatric in-patient hospitalizations*	4. Inability to live independently*	4. Inability to manage independence*	4. Homelessness*

5. Alcohol and drug problems experienced by youth and families dealing with mental illness*	5. Inability to work*	5. Institutionalization and incarceration*	5. Isolation*
6. Access to care	6. Access to care	6. Access to care; lack of transportation	

*Priority Issues to be addressed in the first three years.

Mental Health Needs and Disparities (Part II, Section II)

The Department of Behavioral Health prepared a detail analysis of available data to fully understand the scope of mental health needs among the four age specific target populations. The community workgroups reviewed and discussed the analysis, which included estimates of the unserved, underserved, and inappropriately individuals in the county. This analysis included the four regions that are part of the large geographical area of the San Bernardino County Mental Health System which are: Central Valley, Desert/Mountain, East Valley/San Bernardino, and West Valley.

The estimate of prevalence for severe mental illness in the population is 9% of those living under 200% of the federal poverty level, or 64,435 persons. Of these, approximately 29,635 persons from all age groups are considered unserved by the public mental health system in San Bernardino County. However, of the 34,800 who are considered to be served in some capacity (fully served, underserved, or inappropriately served), only 9,542 are in the category of fully served. Thus it can be concluded that approximately 54,893 persons in the county remain in need of some level of mental health intervention and services.

Based on the prevalence for severe mental illness in the population of 9% who are under 200% of the federal poverty level (64,435), there are approximately 29,635 persons from all age groups who are considered unserved by the public mental health system in San Bernardino County. However, of the 34,800 who are considered fully served, underserved, or inappropriately served, only 9,542 are fully served by the system. It can be concluded that approximately 54,893 persons in the county are in need of some level of mental health intervention and services.

As discussed in Part II, Section II of the CSS Plan for each age category, significant racial and ethnic disparities exist among the number of persons unserved, underserved, or inappropriately served by the present public mental health system. To increase equal access to culturally competent mental health programs and service outcomes for racial and ethnic populations in the county is a critical service delivery issue for the DBH.

According to California Department of Finance estimates for 2005, San Bernardino County has a total population of 1,942,091 with a projected population in the next three years of 2,083,637 people in the county. The current breakdown of the population into racial and ethnic categories is: Euro Americans 30%, Latino Americans 50%, African Americans 10%, Asian Americans 7%, Native Americas 1%, and all others 2%.

In reviewing the racial and ethnic data for the 29,635 people presently not receiving any level of services from the mental health system, the percentage of Latino Americans is 44%, Euro Americans 28%, African Americans 17%, Asian Americans 6%, Native Americans 1% and all others 3%. In further analysis of the data for children and youth between 0 and 25 years of age, approximately 60% are Latino Americans who are considered unserved by the system.

Unserved populations in San Bernardino County

Children & Youth, ages 0 - 15

Refinements of these estimates indicate that 60% (5,314) of the children in need but unserved in our county are Latino Americans; 18% (1,567) are African-Americans, 10% (868) are Euro-Americans, and the remaining 12% (1,102) are of other or multiple ethnicities. By region, 9% of the unserved children live in our central valley area, 11% in the deserts and mountains, 24% in the east valley and San Bernardino areas, and 56% in the county's west valley.

Transition Age Youth (TAY), ages 16 - 25

About 63% (3,468) of the unserved TAY in our county are Latino Americans; 18% (1,006) are African-Americans, 7% (412) are Euro-Americans, and 12% (660) are of other or multiple ethnicities. By region, 6% of the unserved TAY are in our central valley area, 20% in the deserts and mountains, 12% in the east valley and San Bernardino city areas, and 62% in the county's west valley.

Adults, ages 26 - 59

Among adults, 36% (3,312) are Euro-Americans, 34% (3,095) of the unserved in our county are Latino Americans; 20% (1,828) are African-Americans, and 10% (1,003) are of other or multiple ethnicities. By region, 8% of the unserved adults are in our central valley area, 13% in the deserts and mountains, 14% in the east valley and San Bernardino city areas, and 65% in the county's west valley.

Older Adults, age 60 and over

For older adults who are unserved, 64% (3,833) in our county are Euro-Americans; 19% (1,129) are Latino Americans, 12% (716) are African-Americans, and 5% (322) are of other or multiple ethnicities. By region, 9% of the unserved older adults are in our central valley area, 32% in the deserts and mountains, 27% in the east valley and San Bernardino city areas, and 32% in the county's west valley.

Identifying Initial Populations for Full Service Partnerships (Part II, Section III)

San Bernardino County's CSS Plan is proposing Full Service Partnerships (FSP) for all age groups by the third year. In the third year (2007-2008), 71% of the County's allocation of MHS funds will be directed to FSPs. Below is a brief description by age group of the situational characteristics of the priority populations to be served by the various mental health programs under the FSP funding category.

Populations for Full Service Partnerships

Children and Youth (0-17)

- Those children and youth who have serious emotional disturbances
- Those children and youth having problems at school or at risk of dropping out
- Those children and youth at risk of, or are involved in the juvenile justice system
- Those children and youth in need of crisis intervention and /or at serious risk of psychiatric hospitalization
- Those children and youth at risk of residential treatment or are stepping down from residential treatment
- Those children and youth who are homeless or at risk of homelessness
- Those children and children who are high users of service; multiple hospitalizations/institutions
- Those children and youth who are uninsured
- Those children and youth who are at risk due to lack of services because of cultural, linguistic, or economic barriers
- Those children and youth at risk due to exposure to domestic violence, physical, emotional, verbal, sexual abuse.
- Those children and youth with co-occurring disorders

Transitional Age Youth (16-25)

- Those transitional age youth who have serious mental illness or serious emotional disturbances
- Those transitional age youth who have repeated use of emergency mental health services
- Those transitional age youth who have co-occurring disorders
- Those transitional age youth who are homeless or at risk of homelessness
- Those transitional age youth who are at risk of involuntary hospitalization or institutionalization
- Those transitional age youth who are involved in the juvenile justice system
- Those transitional age youth who are in out-of-home placement or aging out of the foster care system
- Those transitional age youth who are recidivists of the mental health system who have functional impairment

Adults (18-59)

- Those adults who are seriously mentally ill
- Those adults who are homeless or at risk of homelessness
- Those adults who have co-occurring substance abuse problems
- Those adults who are involved in the criminal justice system or who are in transitioning/discharged from the criminal justice system
- Those adults who are recently discharged from psychiatric hospitals
- Those adults who are frequently hospitalized or are frequent users of emergency room services for psychiatric problems

Older Adults (60 and older)

- Those older adults who have serious mental illness
- Those older adults who are homeless or at risk of homelessness
- Those older adults who are unserved, underserved, or inappropriately served in the mental health system
- Those older adults who are frequent users of emergency room services for psychiatric problems or are frequently hospitalized
- Those older adults who have reduced personal and/or community functioning due to physical and/or health problems
- Those older adults who have co-occurring substance abuse problems
- Those older adults who are isolated and at risk for suicide due to stigma surrounding their mental health problems

Community Services and Supports Program Strategies (Part III, Section IV; Exhibit 4s)

The County's CSS Plan contains nine separate programs that were developed based on the five planning elements required by the MHSA. There is the Comprehensive Child/Family Support System for Children and Youth which has four primary service areas; comprehensive Transitional Age Youth Center for Transitional Age Youth which has six major service components; four programs for Adults, two for Older Adults, and one program for the Crisis Walk-In Centers, that "cuts-across" all of the age groups in the county. It is being planned by the DBH over the next three years that approximately **12,381** individuals will be served by the various programs and services.

The expected outcomes for these funded programs, which are consistent with the goals of the MHSA, are to:

- Reduce the subjective suffering of serious mental illness for adults and serious emotional disorders for children and youth
- Reduce homelessness; increase safe/permanent housing
- Increase consumer self-help and family involvement
- Increase access to treatment and services for co-occurring problems; substance abuse and health
- Reduce service disparities for racial and ethnic populations
- Reduce the number of multiple out-of-home placement for foster care youth
- Reduce criminal and juvenile justice involvement
- Reduce frequent emergency room visits and unnecessary hospitalizations
- Increase a network of community support services

The CSS Plan also includes a description of “start-up funding” being requested from the 1st Year allocation for the activities that support the effective implementation of the programs (Housing, Information System Improvement, Program Start-up Costs, Capital Purchases, and Training and Education) under the CSS Plan.

Below is a brief summary by age group of the programs for which MHSA funding is being requested. Although all of these programs will be provided in the first three years, because of the availability of one-time-only funds in the first year, program implementations may vary slightly in Years 2 and 3.

Children & Youth (CY) – One Program

1. Children’s Wraparound Service Model

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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 coordinate and access services for families with children that suffer with emotional disturbances. San Bernardino County currently works with the Department of Children’s Services, Juvenile Justice, schools, Regional Centers, Law Enforcement, faith-based agencies, community agencies and stakeholders. The CCFSS plans to broaden those relationships to include law enforcement, domestic violence shelters, and preschool programs. The CCFSS will work with the population, ages 0-15. The plan is to serve **270** children and, youth, plus their families over the three-year period. CCFSS will provide full service partnerships and 24/7 services for children, youth and families that have been unserved or underserved through a Wraparound service model.

Transitional Age Youth (TAY) – One Program

1. One Stop TAY Integrated Services Center

The Transitional Age Youth Integrated Services Center will be a community-based, consumer-centered program where individualized, consumer-driven service plans are developed and implemented. It will focus on consumer strengths and meet the needs of transitional age youth and, in many cases, their families across life domains. This program

will promote success in school or work, safety, wellness and recovery through a “whatever-it-takes” approach.

The One Stop Transitional Age Youth (TAY) Centers will assist TAY towards becoming independent, staying out of the hospital or higher level of care, reduce involvement in the criminal justice system, and reduce homelessness. The Department will hire a TAY coordinator that will monitor and provide technical assistance to the centers. Consumers, youth, and their families will be an integral part in the development of age appropriate services that reflect developmental and specialized needs of the TAY population. Adolescents and young adults will be hired to provide services as peer counselors, mentors, and parent partners. The center will be modeled as a drop-in resource center in order to improve participation. The Centers will serve **345** consumers over the three-year period.

Adult (ADL) – 4 Programs

1. Consumer – Operated Peer-Support and Clubhouse Expansion

Consumer Operated Peer Support

A countywide peer support recovery program will utilize peer education, advocacy, counseling, social and recreational activities, and life skills development to serve **300** adults annually. Two Consumers will be hired to serve as Peer Support Coordinators and coordinate the Office of Consumer and Family Affairs with the long term goal of supporting, coordinating and advocating for system wide Recovery Model planning and implementation.

Clubhouse Enhancement and Expansion

The clubhouses in San Bernardino and Victorville will expand the social and community rehabilitation activities for **300** consumers annually. The expansion will be coordinated from the San Bernardino and Victorville clubhouse sites with outreach to all clubhouses.

2. Forensic Integrated Mental Health Services

Forensic services proposes the expansion of the Crisis Intervention Training Program, the expansion of Mental Health Court treatment to serve an additional **70** consumers annually, and the implementation of a Forensic Assertive Community Treatment program to serve **40** consumers annually. These specialized mental health services will be provided to Severely and Persistently Mentally Ill (SPMI) individuals who are involved with the criminal justice system. The Forensic Assertive Community Treatment (FACT) team will partner with the San Bernardino County Sheriff’s Department West Valley Detention Center (WVDC), San Bernardino County Department of Behavioral Health (DBH), Mental Health Court and the Probation Department. The Team will be a 24/7, multi-disciplinary team and provide crisis response, case management, peer support, alternatives to hospitalization and incarceration, and housing and employment support and do what ever it takes to assist the consumer in maintaining their independence in the community. The FACT Team will work closely with the Jail Mental Health Services Clinic in WVDC and Mental Health Court to expedite the voluntary participant’s release from WVDC to community treatment resources.

3. Assertive Community Treatment Team (ACT) for High Users of Hospital and Jail Services

The program is designed to annually serve **sixty (60)** SPMI adults who are identified as high users of acute hospital services. The program will provide crisis response, peer support, clinical interventions by staff and consumers, psychiatric services, housing support, employment services and training, and will utilize the "whatever it takes" approach which typifies the Assertive Community Treatment model of community services. Transitional housing, sober living, safe haven housing, and permanent housing will be provided as appropriate.

4. Psychiatric Triage Diversion Team at County Hospital

At San Bernardino County's psychiatric hospital, the Department of Behavioral Health (DBH) will provide culturally competent screening and diversion of **300** clients annually who present at the hospital's emergency room in crisis due to homelessness, co-occurring disorders, recent release from incarceration, and medical conditions and who may not be in actual need of hospitalization. A preliminary screening of clients will be provided as they enter the Behavioral Health Unit's ER and the reason for the client's coming to the ER will be determined. The program will divert the client and link the client with existing community resources, which are most appropriate for the client's condition, and ongoing mental health needs.

Older Adults (OA) – 2 Programs

1. CIRCLE OF CARE: System Development-Expansion of Agewise Senior Peer Counseling Program

Extend mental health treatment and case management services to older adults in all regions of San Bernardino County. Enhance existing Senior Peer Counseling program with a focus on wellness and recovery that will annually assist **145** older adults in remaining independent and active in their communities and pursuing individualized personal goals for as long as possible. Develop a capacity building component that ensures that staff volunteers and community partners provide client centered and culturally competent services, education and assistance to older adults.

2. CIRCLE OF CARE: Mobile Outreach and Intensive Case Management

The **CIRCLE OF CARE**, Mobile Outreach and Intensive case management plan is comprised of two components that will provide services to older adults in the high desert area, which is an area that has a high percentage of unserved and underserved older adults. The Mobile Outreach program will be comprised of two field-capable multidisciplinary teams, both of which will provide crisis response and crisis prevention services. To launch Intensive case management services to seriously mentally ill older adults, a "Full Service Partnership" (FSP) will be developed for the high desert area. The FSP will annually provide services for **13** unserved and underserved SMI older adults who are isolated, have the most severe conditions, have a history of repeated emergency health services or several admissions to inpatient services, are at risk for institutionalization, or have been or are at risk of becoming, homeless.

All Ages - One Program

1. Crisis Walk-In Centers

Annually, Crisis Walk-In Centers will provide urgent mental health services 24/7 for **3,000** seriously and persistently mentally ill (SPMI) 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 and when required 5150 evaluations.

Start-Up Activities and One-Time Only Initiatives

1. Housing Development Initiative

Safe and affordable housing is one of the basic requirements needed in order to promote recovery/wellness for individuals (and their families) with severe mental illness or serious emotional disturbance. Appropriate housing is crucial to maintaining stability in the community for all age specific target populations. For those with very low income and who are homeless, finding safe and affordable housing in San Bernardino County is a real challenge. This housing program will include a flexible pool of money in a housing trust fund to support the members of full service partnerships. A continuum of housing will be developed that will include short-term transitional, supportive, and permanent housing. One-time funds (\$3,975,000 over three years) will be used for short term lodging in shelter beds, motel vouchers, transitional housing, shared group housing, augmented residential care facilities, rental subsidies for permanent supportive housing, security deposits and other potential housing assistance. Funds will be available for housing specialists that can assist in locating housing resources and successfully obtaining housing for individuals and families. Housing will be developed and provided in a culturally sensitive manner, with special attention paid to language, ethnicity, gender, and client culture.

2. Training and Education

San Bernardino County is requesting a total of \$2,213,533 for a comprehensive staff development program. Staff development is essential for any system of care that aspires to provide treatment services that are culturally appropriate, mindful of the interaction between substance abuse and psychological problems and based in true recovery principles.

A comprehensive staff development program is proposed that will enhance the quality of services and activities on behalf of: Existing departmental staff, interns in psychology, social work, marriage and family therapy, occupational therapy, nurses, psychiatric technicians, and psychiatrists in training as well as consumers who are hired by the MHP as consumer

employees or consumers who volunteer to participate in client activities in a leadership roles on various departmental committees.

Research shows that clinician bias and stereotyping leads to misdiagnosis, discriminatory practices and inappropriate or inadequate treatment. Services that are delivered by a well trained, culturally empathic and recovery principled manner will result in greater treatment outcomes for a greater number of clients.

The ability of the MHP to train the new and existing workforce to utilize evidence-based practices will increase the likelihood of:

- Increased employee job satisfaction
- Increased consumer satisfaction with improved treatment outcomes
- Positive employee morale
- Increased public trust
- Increased departmental integrity
- Increased community respect
- Positive employee morale leading to a culturally diverse workforce of competent and highly trained employees

3. Information System Improvement

San Bernardino County is requesting a total of \$2,264,916 for improvements and extensions of our information system are necessary under the MHSA in order to adequately support the development, operation, and accountability of new and expanded programs. The Department plans to improve data collection, access, and storage capabilities by implementing an electronic behavioral health record system and information analysis software, and will set up user-friendly information collection and feedback points at various service locations in the county. The data specifically required by the State will include the reporting of key events such as hospitalizations, significant changes of housing or caretaker relationships, etc. In addition, a major upgrade of the existing services and episodes database is anticipated within the next two years.

4. Program Start-Up

San Bernardino County is requesting a total of \$1,267,311 in the following two areas of funding under the start-up funding available as outlined by the California Department of Mental Health (DMH):

1. Extension of Community Planning
2. System Improvement Funding

The Extension of Community Planning and System Improvement funding requests are as follows:

I. Additional Community Program Planning Funding (\$858,410):

On September 2, 2005, DMH informed counties that they could request additional planning funds of up to 5% of the counties initial 2005-06 estimated program allocation. The additional funds would finance continued planning activities during the 3-month State

review and approval process following the county's submission of its 3-year CSS plan. San Bernardino County's 2005-06 program allocation estimate is \$17,168,200; therefore, DBH may apply for an additional \$858,410 in planning funds.

When the State approves DBH's request for additional planning funds, DBH will provide continued coordination of the MHSA planning process, coordinate and implement our housing initiative, develop statistical information for determining outcomes, provide fiscal and administrative support, develop consumer training modules, and provide outreach services.

Planning funds will continue to fund other operating costs associated with outreach, training, focus groups, public forums, surveys, statistical analysis, and to reimburse travel, meals, conference and other costs for consumers and other stakeholders participating in the planning process.

II. System Improvement Funding (\$408,901):

On September 2, 2005 DMH also informed counties that they could request funding for system improvements and other expenditures necessary to support the CSS plan. This funding can be utilized during the State's review and approval process of DBH's 3-year CSS plan. It is anticipated that San Bernardino County's 3-year CSS plan will be submitted to the State in February after Board approval. Types of allowable system improvement activities include, but are not limited to: RFP development, issuance, & review, & all necessary HR activities to recruit personnel for the proposed MHSA programs and services.

DBH is requesting \$408,901 in system improvement funds. These funds will be used to hire staff to begin developing, reviewing, and issuing RFPs for new and expanded contracted services, provide outcome development and planning, develop training modules for resilience and recovery, expand cultural competency training, and create and coordinate an internship program with local universities. In addition to staffing, the system improvement funding will be used to fund HR costs to recruit service personnel needed for the proposed MHSA programs and services. These costs could include advertising, HR staff time, possible hiring incentives, nationwide recruitments, etc.

5. Capital Purchases

San Bernardino County is requesting \$4,013,800 to be utilized for capital purchases for all nine programs to be funded and implemented under the MHSA. Capital Purchases include items such as cars, copiers, computers, furniture, office rents, etc. that are required tools to operate the programs requested in the county's three year CSS.

Conclusion

The development and preparation of the San Bernardino County's Community Services and Supports Plan resulted from a very concentrated planning process and intense effort by a large group of consumers, family members, service providers, county agencies, and representatives of interested organizations throughout the county. The primary objective of this planning effort was to develop community mental health program strategies that would expand and increase services for those individuals and families who are the most underserved

and underserved by the present public mental health system, especially those who have not traditionally had access to the existing programs.

The CSS Plan being proposed to the SDMH for funding under the MHSA cannot meet the increasing demand services and backlog of unmet mental health needs in our communities. However, it can begin to “jump-start” the transformation process in San Bernardino County by enhancing the continuum of services currently available and increasing access to care for racial and ethnic populations that have traditionally been unserved or underserved. The community planning process and the County’s CSS Plan for using the MHSA funding has also brought intangible benefits to the local community and its residents. Renewed hope has been created for individuals and families affected by mental illness because they have been empowered to having a more meaningful voice in the planning and development of the needed programs and services for their loved ones. Another major benefit resulting from this process has been the involvement among the various community stakeholders in the county who came to the table to contribute their knowledge, experience, creativity and support for the collaborative development of the CSS Plan. This involvement will further the goals and intent of the MHSA for our county and provide the necessary impetus to transform the mental health system from a “**fail first to help first**” public system of care that truly addresses the mental health needs of the entire community. The future will look different because it is not “**business as usual**”!

January 17, 2006