



County of San Bernardino
Department of Behavioral Health
Mental Health Services Act

Community Services and Supports
Program and Expenditure Plan
Fiscal Year (FY) 2011/12
Annual Update

April 11, 2011

County of San Bernardino

Administration

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Director

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Assistant Director

April 11, 2011

MHSA Plan Review Section
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814

ATTN: MHSA Plan Review

Dear Sir/Madam:

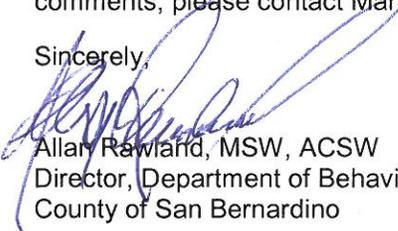
The County of San Bernardino Department of Behavioral Health is pleased to submit its request for Mental Health Services Act (MHSA) Fiscal Year 2011/12 funds. This Annual Update is based on the guidelines and estimates of DMH Information Notices 10-21. It also serves as the Three Year Plan as required by AB 100, signed into law on March 24, 2011.

In accordance with the California Code of Regulations (CCR) Title 9, Division I, Subchapter 14, Sections 3410, 3620(c), 3300, 33 15(a), and 3650(a)(l) and the Welfare and Institutions Code, Section 5892(b), a draft of the enclosed document was prepared and circulated to stakeholders and any interested parties who requested a copy. A draft of the enclosed document was posted for a 30-day public review and comment period on the County of San Bernardino and Department of Behavioral Health (DBH) websites from February 28, 2011 through April 6, 2011. A public hearing was held by the Behavioral Health Commission on April 7, 2011. No comments were received during the posting period or at the public hearings.

With this Annual Update, the County of San Bernardino Department of Behavioral Health continues to move forward in transforming its service delivery system to provide comprehensive mental health services to un-served, underserved and inappropriately served citizens. The previously approved MHSA Work Plan components continue to operate successfully. This Annual Update requests funding for an additional Innovation program, the TAY Behavioral Health Hostel.

We welcome your comments and feedback to the submittal of the enclosed document. Should you have any questions or comments, please contact Mariann Ruffolo, MHSA Coordinator at (909) 252-4041.

Sincerely,



Allan Rawland, MSW, ACSW
Director, Department of Behavioral Health
County of San Bernardino

Enclosure

AR:MR:em

cc: Members, Board of Supervisors
Gregory C. Devereaux, County Executive Officer
Linda Haugan, Assistant County Executive Officer, Human Services
Monique Allen, Administrative Analyst
Members, Behavioral Health Commission
Executive Management Team, Department of Behavioral Health
Beverly Ary, President of Association of Community Based Organizations
MHSA Community Policy Advisory Committee
Stephanie Welch, Associate Director, MHSA, California Mental Health Directors Association

GREGORY C. DEVEREAUX
Chief Executive Officer

Board of Supervisors
BRAD MITZELFELT, VICE-CHAIRMAN...First District NEIL DERRYThird District
JANICE RUTHERFORD.....Second District GARY C. OVITTFourth District
JOSIE GONZALES, CHAIR Fifth District

County of San Bernardino

Department of Behavioral Health

Mental Health Services Act Annual Plan Update FY 2011/12

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 2011/12 funding in accordance with Department of Mental Health (DMH) Information Notice 10-21. A robust community planning process was completed to gather feedback for this plan to ensure community participation prior to the plan posting.

Services provided in the existing Community Services and Supports (CSS), Workforce Education and Training (WET), Prevention and Early Intervention (PEI), and Innovation components will remain as approved. Exhibits are contained as appropriate.

The Innovation component includes a proposal for a new program, the TAY Behavioral Health Hostel. 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. The TAY Behavioral Health Hostel intends to increase access to a diverse group of culturally and linguistically unserved, underserved, and inappropriately served TAY in San Bernardino County. This peer designed innovative TAY Behavioral Health Hostel will operate on the principal of choice, wellness, recovery and resilience as defined by the client. A complete program description is included in Exhibit F4.

Condado de San Bernardino

Departamento de Salud Mental

**Actualización al Plan Anual de la Ley de Servicios de Salud Mental para el
Año Fiscal del 2011/12**

Resumen Ejecutivo

El Departamento de Salud Mental del Condado de San Bernardino se complace en presentar la solicitud de Actualización Anual de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés) para el financiamiento del Año Fiscal de 2011/12 conforme al Aviso Informativo 10-21 del Departamento de Salud Mental (DMH por sus siglas en inglés). Se completó un proceso vigoroso de planificación comunitaria a fin de reunir insumo para este plan con el propósito de asegurar participación comunitaria antes de hacer público el plan.

Los servicios prestados en los Servicios y Apoyos Comunitarios (CSS por sus siglas en inglés), en la Educación Y Capacitación de la Fuerza Laboral (WET por sus siglas en inglés), en la Prevención e Intervención Temprana (PEI por sus siglas en inglés) y en los componentes de Innovación que están en existencia, permanecerán tal cual fueron aprobados. Las muestras están incorporadas como corresponden.

El componente de Innovación incluye una propuesta para un nuevo programa, el Hostal TAY de Salud Mental. Este proyecto fue desarrollado como parte del Proceso de Innovación de la Planificación Comunitaria para el plan inicial de Innovación y aprobado por la Comisión de Supervisión y Responsabilidad de MHSA (OAC por sus siglas en inglés) el 25 de febrero de 2010. El Hostal TAY de Salud Mental pretende aumentar el acceso a los diversos grupos TAY de personas desatendidas, personas menos atendidas y personas servidas inadecuadamente desde el punto de vista cultural y lingüístico en el Condado de San Bernardino. Este Hostal innovador TAY de Salud Mental diseñado por compañeros será operado bajo los principios de opción, buena salud, recuperación y la capacidad de recuperación como lo defina el propio cliente. Se incluye una descripción completa del programa en la Muestra F4.

**Mental Health Services Act
Annual Plan Update FY 2011/12
County of San Bernardino**

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Components Included:

- CSS WET
- CF TN
- PEI INN

County: San Bernardino

County Mental Health Director	Project Lead
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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 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ 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.²

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

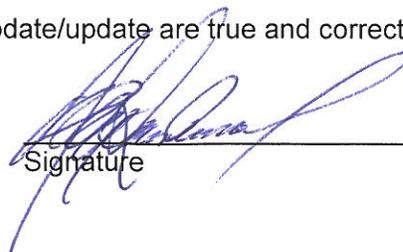
The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

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 2011/12 annual update/update are true and correct.

Allan Rawland
Mental Health Director/Designee (PRINT)



Signature

4/11/11

Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Bernardino **30-day Public Comment period dates:** February 28-March 30, 2011

Date: February 28, 2011 **Date of Public Hearing (Annual update only):** April 7, 2011

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	
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p>	<p>The comprehensive community planning process for the annual update took place during the months of January and February. Ten (10) community meetings were held throughout San Bernardino County, including meetings during evenings and weekends. Press releases advertising the community meetings were sent to more than forty (40) news agencies in both English and Spanish. Flyers in English and Spanish were also distributed to all of the mailing lists for the department as well as to the library system for posting. Flyers were posted in the reception areas of all of the DBH clinics. (Note: Copies of the community meeting schedule, meeting flyer and the press releases are included as an addendum to this document.)</p> <p>During these informal meetings, staff shared the planning process including the budget implications due to lower State allocations. For Fiscal Year (FY) 11/12 there are some unspent PEI funds. The community was given an opportunity to provide input on department recommendations as to how those funds should be spent, allowing for long term sustainability of current and future programming.</p> <p>A business card with all of the upcoming dates, including posting dates and the public hearing date, and the location of the draft plan was given out to all attendees. Comment forms in English and Spanish were distributed to attendees as well. (Note: Copies of the comment forms are included as an addendum to this document.)</p> <p>The new Innovation project was developed following a similar process as the other five (5) Innovation projects. The idea to serve Transition Age Youth (TAY) came up in the initial planning process. The Innovation Working Committee approved this concept as the next project to be funded.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p>	<p>Stakeholders from a variety of backgrounds attended the ten (10) community meetings. Culture specific working committees already exist in the County of San Bernardino. These groups meet regularly. Community forums were held at all of the regularly scheduled meetings for these groups including the Latino Coalition, Native American Coalition, Spirituality Subcommittee, and the Asian/Pacific Islander Coalition. These groups are comprised of community members, consumers and family members representing the diverse cultures in the County.</p> <p>A community forum was also held at the Fifth District Behavioral Health Commission Advisory Committee in San Bernardino. That meeting was attended by representatives from the Inland Empire Concerned African American Churches, African American Mental Health Coalition as well as interested community members.</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Three (3) other groups with specific interests were included due to the funding implications specifically for PEI and INN programs this year including the Innovations Working Committee, TAY Advisory Board and the Prevention Network. These groups are made up of Contract Agency partners, staff from other County departments, consumers, family members, and other interested community members.

All community meetings were open to the general community. Participants at these meetings included Behavioral Health Commissioners, local clergy, Contract Agency partners, a representative from the Disability Coalition, consumers, family members, and other interested community members.

Translation services were available when necessary to ensure that non-English speaking participants were able to participate.

3. If consolidating programs or 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 Department of Behavioral Health is not consolidating or 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 Community Policy Advisory Committee members, which includes more than fifty (50) members from the community and other agencies, to members of the Cultural Competency Advisory Committee and all of the cultural coalitions, to all contract agency staff and to the local libraries. The plan was also posted on the DBH website from February 28 through April 6, 2011.

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.

No comments were received during the 30 day posting period.

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

County: San Bernardino

Date: February 28, 2011

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, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

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.

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

- WET
- PEI
- INN

MHSA implementation in the County of San Bernardino is progressing very well. A brief description of activities for FY 09/10 is listed below for each component for which implementation activities were occurring:

Community Services and Supports

Community Services and Supports programs continued implementation activities during FY 09/10 as described in the County’s approved plan. A few highlights of CSS programs are:

- The National Association of Counties awarded two (2) Achievement Awards to CSS programs. The programs recognized were the A-4: Crisis Walk In Centers and the Crisis Intervention Team, part of the A-2 Forensics program.
- Two (2) RCL14 group homes were opened in San Bernardino County as part of the Residential based Services program. Services approved in the FY 08/09 annual update began to be provided for children in these homes through the C-1, Comprehensive Children and Family Support Services program.

The biggest challenge that the Department of Behavioral Health (DBH) faced during FY 09/10 was a county wide hiring freeze. In some cases, CSS programs that lost staff were not able to replace funded positions. Program staff still met and achieved targets in many programs, despite the staffing shortages.

Workforce Education and Training

Workforce Education and Training programs continued to be implemented during FY 09/10 as described in the approved WET plan. Two (2) examples of successes from FY 09/10 are:

- The License Exam Prep program began with almost sixty (60) staff receiving licensing preparation materials including online test banks, live classes and study guides. WET funding was leveraged with ARRA funding to pay for this program. ARRA funding contributed 50% toward the cost of the program. The program received a National Association of Counties (NACo) Award of Excellence.
- DBH continued to offer internships, including eleven (11) for employees who were allowed to participate part time during work hours. The majority of the interns who completed internships during FY 09/10 were able to find employment through DBH contract agencies in order to continue service in the public mental health system.

The major challenges included hiring issues as related to the countywide hiring freeze, and initial WET plan staffing projections were impacted. This challenged existing staff that was participating in the beginning stages of implementation of several of the programs. Additionally during FY 09/10 the WET Coordinator role was merged with the MHSA Coordinator role, creating additional challenges.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

No key differences exist between implementation and the WET plan other than the staffing patterns outlined above.

Prevention and Early Intervention

Portions of Prevention and Early Intervention (PEI) implementation were delayed but resulted in the improvement of business processes. During implementation, several Requests for Proposals (RFP) and Requests for Qualifications (RFQ) were developed and released, intending to target underserved populations.

Originally DBH was unable to award full amounts of funding for several of the PEI projects due to inadequate vendor response. It became apparent that DBH needed to provide additional resources and training to smaller non-profit agencies and community members concerning the RFP/RFQ process and Prevention and Early Intervention concepts.

To ensure that the PEI Programs were effectively awarded, DBH deferred the re-release of some of the RFP's/RFQ's and offered technical assistance and capacity building focused on prevention and early intervention and the procurement process. Workshops included topics such as: developing IT management systems, grant writing, budgeting, and working with large systems. Additionally, each mandatory bidders conference included an extensive technical assistance workshop that included a detailed explanation of the requirements of the proposal and program.

This change in business process resulted in DBH being able to enter into agreements with smaller community organizations and forge relationships with smaller non-profits. DBH was able to re-release all requests and award contracts for each PEI program to begin services in FY 10-11.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

The following chart lists the major community issues identified by age group in the initial community program planning process for CSS:

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	

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

The major issues identified above are being addressed as follows:

Children and Youth

- The Comprehensive Children and Family Support Services (CCFSS) programs provide wraparound services to children and youth within the home and have the intent of helping them remain in the home and avoid out of home placement. In some instances the child or youth is already involved with a placement agency (e.g., CFS or Probation) and CCFSS is a last attempt to prevent out of home placement.
- Community Crisis Response Teams (CCRT) and Crisis Walk In Center (CWIC) provide 24/7 emergency and Crisis services in all regions of the county. Services are mobile and clinic based. Services are provided in the community, consumers home, hospital emergency departments, schools and with Law Enforcement.
- Medication support services are offered at CWICs.
- School is a primary life domain for children and youth, and the majority of those served by CCFSS are struggling with school demands. The CCFSS wraparound programs include the school in planning and providing services, and frequently provide services at the school site.
- Case Management services and aftercare are provided to consumers that do not require hospitalization. Referrals are made to appropriate level of care in DBH's system or community supports. Often referrals are made to DBH program, Success First.
- Many of the children and youth served within CCFSS are already connected to the child welfare system (i.e., CFS) or the juvenile justice system (i.e., Probation), and in these cases all involved are working toward decreasing this involvement. Additionally, there are many youth who receive services who have been informally involved with the juvenile justice system (e.g., stopped by police, but not on probation) and CCFSS helps the child or youth engage in other activities to prevent further legal involvement. In a similar way, CCFSS works with families that have interactions with child welfare, but do not have formal cases open or services being provided. For them, efforts include a focus on parenting tasks and abilities in an attempt to ensure no further involvement with Child Welfare occurs.
- CCFSS is able to provide structure and support to decrease the likelihood of children or youth needing psychiatric hospitalizations. Additionally, the hospital refers to CCFSS when working with children and youth who are seen to be at risk for going back into crisis.
- CCFSS helps children and youth cope with the alcohol and drug problems these families face. This includes addressing the specific issues that arise from dual diagnosis users, the impact upon family members, and the steps needed to access the ongoing support and help needed to address these problems over the long term.
- CCFSS facilitates access to care for families that have difficulties accessing mental health services by providing appropriate services and by being highly flexible in regards to how services get started. Roughly 75% of those served through CCFSS are children or youth of color.
- Through the use of Functional Family Therapy the INFO Program addresses families of minors' at risk (identified by contact with probation) by providing family therapy in the home to assist with life skills which may be hindering positive family functioning.
- Through weekly family sessions issues such as lack of communication, parenting, school, and curfew are addressed in a systemic manner. Each family member is assisted with implementing positive behaviors to support better overall functioning of the family. The INFO PFA and Therapist are very involved in supporting improvement in school attendance by identifying what the barriers are and facilitating elimination of that identified barrier (i.e. transportation, need of tutoring, clothing issues, basic needs issues).
- Upon identification of other Mental Health needs the FFT model promotes support and education on Axis I disorders for the minor and his family, as well as, resource referral and identification to address mental health medication evaluation and compliance. This reduces the need for the family to utilize hospitalization as an answer to issues which can be controlled through daily care.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

Transitional Age Youth

- CCRT and CWIC provide 24/7 emergency and crisis services in all regions of the county. Services are mobile and clinic based. Services are provided in the community, consumers home, hospital emergency departments, schools and with Law Enforcement.
- Medication support services are offered at CWICs.
- Case Management services and aftercare are provided to consumers that do not require hospitalization.
- Referrals are made to appropriate level of care in DBH's system or community supports.
- Shelter Care Beds are arranged for by CCRT. Referrals are made to DBH's homeless program if appropriate.
- CCRT and CWIC work collaboratively with Law Enforcement and Probation to help the consumer receive the right service.
- The TAY One Stop Center provides supported housing for the TAY partners.
 - Of the fourteen (14) TAYs incarcerated prior to TAY housing services, twelve (12) were not incarcerated again within a year after TAY Housing Services, demonstrating a success rate of 85%
 - Of the nineteen (19) TAYs hospitalized prior to TAY housing services, twelve (12) were not hospitalized again within a year after TAY Housing Services evidencing a success rate of 63%.
- Several weekly groups take place in all four TAY Centers that support appropriate job preparation, job searching and sustainability. All of these groups support the youth in being fiscally responsible including providing budgeting, job relationship skills, on the job problem solving skills and interpersonal social development skills. The TAY Centers also provide comprehensive education support.
- The TAY Centers all have a co-located County CFS Social Worker and Probation Officer to help youth with issues that arise related to forensic or family issues.
- The issue of learning to live independently is addressed in the recovery plan and the treatment (both group and individual) has a concurrent component until we learn more about the youth's potential:
 - Youth in county funded shelter beds are assessed for either a higher or lower level of care. This is done by observing their ability to keep their own living spaces clean, do their own laundry and participation in house chores. In addition, they are assessed for their ability to manage taking their own psychotropic medications if that is an issue.
 - Groups are held that are designed to further assess independent living: Relationship, Young Adult, High on Life, Wellness and Recovery and Medication Management are a few examples.
 - Once a more in depth assessment is completed, youth are assisted in applying for the Master Lease Housing program, planning to live on their own, or assisting them in finding a higher level of care (Board and Care facilities) to help monitor their medications.

Adults

- CCRT and CWIC provide 24/7 emergency and crisis services in all regions of the county. Services are mobile and clinic based. Services are provided in the community, consumers home, hospital emergency departments, schools and with Law Enforcement.
- Medication support services are offered at CWICs.
- Case Management services and aftercare are provided to consumers that do not require hospitalization.
- Referrals are made to appropriate level of care in DBH's system or community supports.
- Shelter Care Beds are arranged for by CCRT. Referrals are made to DBH's homeless program if appropriate.
- CCRT and CWIC work collaboratively with Law Enforcement and Probation to help the consumer receive the right service.
- The Supervised Treatment After Release (STAR) program works with clients to find volunteer work and supportive education classes.
- The STAR program assists clients in meeting the terms and conditions required by the court by providing groups, case management and medication management.
- The Diversion Program assertively seeks solutions to homeless by facilitating referrals to a multitude of

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

agencies providing housing assistance, as well as providing placement activities for board and care homes, skilled nursing facilities, and assisted living homes. Collaboration with caretakers, family members and other social support systems is done to preserve living environments and affect resolution of conflict that may lead to homelessness.

- The Diversion Program is located within the County Psychiatric Emergency Room. Many people present to emergency rooms for reasons other than acute psychiatric inpatient treatment. Services are provided to those clients, whose needs can be met outside of the inpatient setting, thus avoiding an unnecessary and/or inappropriate psychiatric hospitalization.
- All clients who are seen by the Diversion staff are given referrals to appropriate care locations. These are individualized to the need of the client and may include resources for outpatient psychiatric care, medical care, housing assistance, legal assistance, pharmacy needs, and substance abuse treatment. When necessary, appointments are made on behalf of the client. Transportation needs are assessed and assistance provided when necessary.

Older Adults

- Both Agewise programs have increased the point of entry for mental health services for older adults by developing and maintaining a strong community outreach and education program. An important venue in which access to care is facilitated is through participation in the regional Multidisciplinary Treatment (MDT) meetings, in which different agencies meet to discuss specific cases in need of direct access to services. Through this strong outreach program, both units have also facilitated access to medical care and worked with the consumers towards accessing government entitlements which once received open up the access to care.
- Under the OA2 FSP program seventeen (17) seniors receive intensive wrap around services focused on preventing homelessness and psychiatric hospitalization. Through the FSP program, all seventeen (17) partners have decreased their rate of psychiatric hospitalization and have been placed in the community in appropriate housing to meet their needs.
- Both OA1 & OA2 strive to assist the senior towards reaching their personal goals. Both programs work very closely with attended family and friends in ensuring the overall wellness and independence of seniors. In OA1, occupational therapy staff works with consumers in managing the day to day needs that can become a little more difficult with the aging process. In addition, staff assists seniors in coordinating and accessing transportation to local senior centers, community outreach and day care programs, faith-based programs and activities. In OA2, the team works with the seniors in finding food and utilities assistance programs in the isolated High Desert regions along with meeting any other day-to-day case management needs as needed.
- Both OA1 and OA2 have made substantial strides in facilitating access to housing and mental health care to the homeless mentally ill older adult population throughout the county. Both programs transition any mentally ill homeless older adults from the streets into an appropriate emergency housing program and provide continued housing and MH services. To date, many seniors have successfully reintegrated back into their community with assistance from OA1 & OA2. Through its dedicated outreach program, staff visits parks, clinics, freeway exits and homeless encampments in order to assist willing mentally ill homeless older adults in moving from the streets to a warm and safe facility where the preparation and planning towards recovery begins.
- The OA2 program, which is tasked with providing services to the High Desert region, carries outreach and mental health services to isolated cities such as Barstow, Phelan, Newberry Springs, Lucerne Valley and Baker. Due to the large distance and travel time required, staff usually keeps these service trips to once or twice a week, depending on client needs. Furthermore, OA2 staff also works closely with DAAS/APS in responding to the needs of seniors in these regions, often time sharing information, resources and community contacts in order to facilitate care for older adults in isolated regions.
- CCRT and CWIC provide 24/7 emergency and Crisis services in all regions of the county. Services are mobile and clinic based. Services are provided in the community, consumers home, hospital emergency departments, schools and with Law Enforcement.
- Medication support services are offered at CWICs.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

- Case Management services and aftercare are provided to consumers that do not require hospitalization. Referrals are made to and coordination with Agewise program.
- Shelter Care Beds are arranged for by CCRT. Referrals are made to DBH's Homeless Intensive Case Management program and Agewise, if appropriate.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	18239	White	11900	English		LGBTQ	
Transition Age Youth (16-25)	1875	African American	4389	Spanish		Veteran	
Adult (18-59)	6958	Asian	693	Vietnamese		Other	
Older Adult (60+)	5017	Pacific Islander	373	Cantonese			
Unknown	152	Native American	156	Mandarin			
		Hispanic	12603	Tagalog			
		Multi	948	Cambodian			
		Unknown	71	Hmong			
		Other	1108	Russian			
						Farsi	
				Arabic			
				Other			

2. Provide the name of the PEI program selected for the local evaluation¹. N/A

Promotores de Salud

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

Activity Name; Brief Description; Estimated Funding Amount ²	Target Audience/Participants ³
Statewide PEI Evaluation Several counties across the state are participating in an evaluation capacity	County Prevention and Early Intervention

¹ Note that very small counties (population less than 100,000) are exempt from this requirement.
² Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(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.
³ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

<p>building learning collaborative. The overall goal is to learn and then teach others the skills for designing and implementing evaluations that achieve PEI outcomes. While counties might be evaluating different projects, a common evaluation framework is utilized. Additionally, the County of San Bernardino continues to participate in a statewide PEI evaluation project via an assignment to the California Mental Health Services Joint Powers Authority (CalMHSA). This project provides training and technical assistance to counties around evaluation of prevention and early intervention services.</p> <p>Activities include three face-to-face meetings and four to six webinars on the following topics:</p> <ul style="list-style-type: none"> • Developing logic models with an emphasis on using them to guide the evaluation throughout the life of a program • Using data for program improvement and creating learning cultures • Engaging diverse stakeholders with an emphasis on engagement strategies as capacity building in community organizations • Measuring culturally relevant variables • Outcomes – explores various levels of analysis from individual to family to organization to community • Evaluation design – the relationship to the question one is attempting to answer <p>Approximate value- \$60,000</p>	<p>Coordinators, interested stakeholders, prevention and early intervention providers, and consumers/family members are all intended to benefit from this activity.</p>
<p>Building Community Assets</p> <p>Community Liaison work to build and strengthen the County of San Bernardino Prevention and Early Intervention Plan. The Community Liaisons work as a link between the diverse County of San Bernardino communities and the Department of Behavioral Health (DBH) and report to the DBH Office of Prevention and Early Intervention (OPEI). Consultants, along with Community Liaison staff, build the prevention capacity of San Bernardino County communities, providing requisite specialized subject matter expertise and advise and educate diverse community stakeholder groups, department staff, and consumer/family members while evaluating the process to develop a tool kit that can contribute to statewide learning. In addition, the Liaisons 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 sustainable community change and PEI projects.</p> <p>Capacity Building Project</p> <p>The County of San Bernardino has worked with numerous agencies in an effort to provide technical assistance to grass-roots or community-based organizations. When MHSA funding was offered to locals to help engage all populations in new mental health prevention services, the need to improve the response was identified. The Office of Prevention and Early Intervention has designed an initiative to build capacity of groups to deliver a range of social services, thus resulting in a more sustainable and effective community-based service system.</p> <p>The initiative is built around Community Liaisons who will work with local grass roots and non-profit community- based organizations via 1) Coaching, 2) Classes in non-profit capacity building and 3) hosting a Network or roundtable to deepen</p>	<p>Statewide technical assistance providers in collaboration with Community Liaison staff, local and statewide non-profit agencies, County PEI coordinator, DBH staff, cultural communities.</p>

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

<p>growth and learning focused on real life, practical concerns. A contracted vendor with a history of working with prevention systems across the state is assisting in the development of a program evaluation of this project, so it can be replicated across the state.</p> <p>Approximate Value - \$180,000</p>	
<p>Grant Writing for Prevention and Early Intervention</p> <p>Worked with County Grants Coordinators office to develop and train non-profit organizations interested in applying for PEI funding, either locally or statewide, about prevention and early intervention concepts, the Request for Proposal process and Grant writing.</p> <p>Approximate value - \$10,000</p>	<p>Interested agencies from the Southern California region and county staff.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

Program Number/Name: C-1: Comprehensive Children and Family Support Services (CCFSS)

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	526	0	0	\$3,757.63
TAY	202	0	0	\$3,757.63
Adults	0	0	0	
Older Adults	0	0	0	
Total	728	0	0	\$3,757.63
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			728	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	190	English	645	LGBTQ	5
African American	79	Spanish	62	Veteran	1
Asian	11	Vietnamese	0	Other	
Pacific Islander	0	Cantonese	0	Adoptions	1
Native American	0	Mandarin	0	Monolingual Spanish Parents	112
Hispanic	371	Tagalog	0	Substance Use	6
Multi	0	Cambodian	0	Trauma	34
Unknown	19	Hmong	0		
Other	58	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	21		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p>CCFSS programs continue to meet the needs of children and youth who are in need of wraparound services to enable them to remain in the home, continue to attend their local school, and develop into functional young adults. A total of 1,164 children and youth were served during FY09-10 with 454 being served through the Wrap-Informed FSP (i.e., Success First) and 695 being served through the SB163 Wraparound FSP. Substantial progress has been made in serving unserved and underserved populations as evidenced by 74.2% of those served being children and youth of color. Approximately 10% of the children and youth have parents who are monolingual Spanish speakers, which brings additional cultural complexities to providing services and facilitating community involvement. Approximately 55% of those served resided in homes led by either a foster parent or a grandparent.</p> <p>One significant gain that occurred during FY09-10 was the opening of two high level group homes which are part of the Residential Based Services program implemented in San Bernardino. The 2008 CSS C-1 Update included the expansion of C-1 to include those children and youth with serious mental health needs placed at high level group homes. The implementation of this was postponed due to a delay in the development of an MOU between state and county agencies; however, it was completed and now 12 youth have been provided these FSP services while requiring a high level of residential care.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>The demand for the C-1 programs exceeds our capacity, which is limited by the current budget. This is especially true for the Wrap-Informed FSP (i.e., Success First) which is the only specialty mental health program, other than crisis services, available for children or youth without Medi-Cal. The time limited nature of this program allows for more youth to be served; however, as other community resources have decreased there are fewer options for follow-up services when the child or youth is unsponsored. Providers are reporting more and more difficulty in helping families access other services to transition out of the program or to augment the program as needed.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$4,394,586</td> <td style="text-align: center;">\$3,868,227</td> <td style="text-align: center;">12%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div> c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.				FY 10/11 funding	FY 11/12 funding	Percent Change	\$4,394,586	\$3,868,227	12%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$4,394,586					\$3,868,227	12%				
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth	850			\$3,292						
TAY	325			\$3,292						
Adults	0									
Older Adults	0									
Total	1175			\$3,292						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				1175						

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	<p>CCFSS programs provide a continuum of wraparound style programs serving children and youth suffering from serious mental illnesses and at risk for out of home placement, school failure, involvement with Child Welfare and Juvenile Justice System, and psychiatric hospitalizations. The three distinct FSPs functioning within CCFSS are a time limited wrap-informed FSP (i.e., Success First), SB163 Wraparound, and Residential Based Services (RBS). Mental health services provided within these programs include case management, individual and family therapy, crisis intervention, collateral support services, and rehabilitation services. Additionally, all programs involve parent and family advocates in the development and delivery of services.</p> <p>In the provision of CCFSS programs it is expected that approximately 75% of the age range of those served will be within the Child and Youth category, while 25% will be TAY; however, since the majority of those served of TAY age have Medi-cal the funding for CCFSS is expected to be 90% for Child and Youth and 10% for TAY. If past patterns continue it is expected that approximately 60% of those served are male and 40% are female, with 75% of all served being of a person of color.</p>
2.	If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	Not applicable
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	91	681		\$10,072.86
TAY				
Adults				
Older Adults				
Total	91	681		\$10,072.86
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			772	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	99	English	639	LGBTQ	
African American	234	Spanish	79	Veteran	
Asian	4	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	1	Mandarin			
Hispanic	418	Tagalog			
Multi		Cambodian	1		
Unknown		Hmong			
Other	16	Russian			
		Farsi			
		Arabic			
		Other	53		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p>In FY 09/10 the INFO program performed well. The rate of minors and families who graduated the program was 64%. 76% of these minors have not had any further juvenile justice contact, thereby costing the County only \$44,304 post-graduation as opposed to the \$523,536 cost to the County prior to graduation.</p> <p>INFO strives for early identification and treatment of minors recently diagnosed with mental health disorders. The INFO program increased services to African American and Hispanic minors and families, two of the County's largest underserved populations. INFO staff enhanced their knowledge of cultural competency and awareness through several trainings during this year.</p> <p>INFO's certified Functional Family Therapy (FFT) component is based on Dr. Alexander's FFT model, one of the nationally recognized Blueprints programs and one of four model programs named by the US Surgeon General as a model program for seriously delinquent youth. In addition, FFT's high rates of effectiveness have been recognized for use on this population by:</p> <ul style="list-style-type: none"> • The Office of Juvenile Justice and Delinquency Prevention • The Center for Disease Control and Prevention • American Youth Policy Forum • US Department of Justice
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>The 15% reduction of MHSA funding this fiscal year necessitated increased revenue enhancement efforts, i.e., Medi-Cal billing and seeking juvenile justice grants.</p> <p>The referral catchment area increased and screening parameters widened to include earlier interventions, a larger geographic area, first-time offenders, and minors on existing Probation caseloads.</p> <p>The County's hiring freeze influenced the ability to increase services to this underserved population. Although the annual goals were met, a full complement of staff would have meant exceeding the goals.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$782,687</td> <td style="text-align: center;">\$819,969</td> <td style="text-align: center;">5%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		FY 10/11 funding	FY 11/12 funding	Percent Change	\$782,687	\$819,969	5%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$782,687		\$819,969	5%				

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	90	650		\$7,288
TAY				
Adults				
Older Adults				
Total	90	650		\$7,288
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	<p>INFO is a NACo award-winning program using intensive Probation supervision and evidence-based FFT. The goal is to provide and/or obtain services for children/youth and their families that are unserved or underserved. The program works with the juvenile justice population, ages 13-17, and their families. The program is not gender or language specific; providing services to males and females in English, Spanish, or other languages as needed.</p> <p>Minors in the San Bernardino County Central Juvenile Detention and Assessment Centers receive mental health and substance abuse services through a collaborative effort of San Bernardino County Probation and the Department of Behavioral Health (DBH). The services provided help children/youth remain with their families, reduce hospitalizations and reduce out-of-home placements by increasing stabilization, helping families identify community supports, and encouraging recovery, wellness, and resiliency.</p>
2.	If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	Not applicable
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	300	163	1538	\$16,645.71
Adults				
Older Adults				
Total				\$16,645.71
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			2001	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	115	English	455	LGBTQ	40
African American	157	Spanish	8	Veteran	
Asian	7	Vietnamese		Other	
Pacific Islander	2	Cantonese			
Native American	13	Mandarin			
Hispanic	129	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	40	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
TAY is now hosting integrated TAY Advisory Board Meetings and activities. TAY advisory board members continue to stay engaged in local community organizations facilitating and promoting DBH TAY programs and special events. TAY Center maintains ongoing collaborations with county agencies. The TAY Program Manager is a subcommittee co-chair to the county wide mentorship taskforce which ensures total collaboration with county partner agencies and local community based organizations. TAY Center has established relationships with Pacific High School and Roger Anton Elementary School. Plans are to include these schools with TAY outreach and engagement by doing collaborative events. The intergrated Latino penetration rate is at 27%.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Based on this year's 15% program cut, the TAY Centers are still operating at 110% capacity. RFP for shelter bed housing in the West End region of the County of San Bernardino was submitted in this fiscal year 09/10 and was approved for use beginning July 1, 2010.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:	b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$5,331,920</td> <td style="padding: 2px;">\$5,157,855</td> <td style="padding: 2px;">3%</td> </tr> </tbody> </table>					FY 10/11 funding	FY 11/12 funding	Percent Change	\$5,331,920	\$5,157,855	3%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$5,331,920					\$5,157,855	3%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,										
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?										
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth										
TAY	300	200	1000	\$13,754.28						
Adults										
Older Adults										
Total				\$13,754.28						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.	
	The Department of Behavioral Health, through the Mental Health Services Act, is addressing the needs of Transitional Age Youth (TAY) ages 16-25 under 200% of the poverty level, with mental and behavioral conditions, by providing coordinated and comprehensive support and direct services at One Stop TAY Centers.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.	
	Not applicable
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.	
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults		624	1972	
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			2596	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1055	English		LGBTQ	
African American	655	Spanish		Veteran	
Asian	101	Vietnamese		Other	
Pacific Islander	0	Cantonese			
Native American	88	Mandarin			
Hispanic	691	Tagalog			
Multi	0	Cambodian			
Unknown	6	Hmong			
Other	0	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>This program met and exceeded its target goals and service delivery for FY 09/10 by over 400%. Services were focused and geared towards assisting seriously mentally ill (SMI) adults in this region access increased opportunities for social and recreational activities, access health and psychiatric services as needed along with accessing programs for those with co-occurring disorders.</p> <p>A key way in which the program worked towards reducing cultural disparities was by providing direct assistance and resources for LGBTQ consumers in need of mental health services and case management needs. Furthermore, during this reporting period participants in this program participated in many regional and county wide arts events and exhibits utilizing the visual arts to create empathy and understanding for the mentally ill.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are no key differences or major implementation challenges with this fully operational program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,260,747</td> <td style="text-align: center;">\$1,563,326</td> <td style="text-align: center;">24%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.				FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,260,747	\$1,563,326	24%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$1,260,747					\$1,563,326	24%				
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth TAY										
Adults		300	300							
Older Adults										
Total										
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 600										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	<p>The Consumer Operated Peer-Support Services and Clubhouse Expansion Program enhances and expands services of all member-operated clubhouses throughout San Bernardino County by providing an internal voice for consumers and family members to participate in DBH planning and policy development activities along with expanded capacity for social and community rehabilitation activities.</p> <p>In addition, this program is an active liasion establishing ongoing communications, consultation and on going suport with SMI consumers in the community and by implementing and maintaining special projects and activities which reinforce the MHSA goals of recovery, resilience and wellness.</p> <p>The priority population for this program is persons between age 18 - 65 with a diagnosis of severe mental illness (SMI) who are interested in support, rehabilitation and recovery services provided by peers, thus increasing their ability to function in the community.</p>
2.	If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	Not applicable
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	216			\$22,616.06
Older Adults				
Total	216			\$22,616.06
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			216	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	76	English	216	LGBTQ	
African American	37	Spanish		Veteran	
Asian	1	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	4	Mandarin			
Hispanic	28	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	70	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>Over FY 09/10 a total of 61 new patients were admitted to Supervised Treatment After Release (STAR) from the four mental health courts it serves. Over this same period a total of 47 patients graduated or completed the treatment program. All ethnicities are represented at STAR and all staff members complete required trainings in cultural competence. 65% of clients served were non-white, including 17% who identified as African-American and 13% who identified as Hispanic. This year also saw the addition of the new Victorville Mental Health Court, further expanding the outreach to under-served populations. A reduction in staffing has created a challenge with maintaining 1-10 client staff ratio for the expansion of mental health court in Victorville.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$4,693,371</td> <td style="text-align: center;">\$4,641,807</td> <td style="text-align: center;">1%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.				FY 10/11 funding	FY 11/12 funding	Percent Change	\$4,693,371	\$4,641,807	1%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$4,693,371					\$4,641,807	1%				
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>									
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth TAY										
Adults	240			\$18,954.05						
Older Adults										
Total										
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 240				\$18,954.05						

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Supervised Treatment After Release (STAR) is a voluntary court-referred treatment program. The purpose of the program is to divert seriously mentally ill clients from the judicial system to the mental health system. Clients suitable for STAR participate in the program as a condition of their probation through Mental Health Courts in San Bernardino, Rancho Cucamonga, Barstow, and Victorville. Services include day rehabilitation, intensive case management, court liaison services, and specialized housing placements and outpatient mental health and substance abuse services. San Bernardino County has created the STAR program to address the special treatment needs of these individuals. STAR has three main objectives: (a) Improve the overall community functioning of participants. (b) Reduce the incarceration rate of individuals with a history of repeat offenses and incarceration, and (c) Maintain participants in the least restrictive mental health environment as consistent with the previous two objectives. The targeted population is adults (18-49), of any ethnic background and the primary language spoken in English.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	15			\$17,405.70
Adults	143			\$17,405.70
Older Adults	7			\$17,405.70
Total	165			\$17,405.70
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			165	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	74	English	144	LGBTQ	
African American	28	Spanish	2	Veteran	
Asian	3	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	46	Tagalog			
Multi		Cambodian			
Unknown	13	Hmong			
Other	1	Russian			
		Farsi			
		Arabic			
		Other /Unknown	19		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>This 100% FSP program met its goals for FY 09-10 by assisting consumers to live and function in the community with complete “wrap around” services thusly assisting these seriously mentally ill (SMI) consumers reintegrate into the community with much needed support and monitoring.</p> <p>This program contributes towards reducing disparities by working with consumers in securing appropriate housing, find meaningful volunteer or work experiences and by assisting the consumers in maintaining their medication regiment and proper physical health. Thusly, the program is an excellent example to the community at large that with the right help, SMI individuals can and do function well in our communities and can succeed and becoming positive and contributing members of society.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are no key differences or major implementation challenges with this fully operational program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$2,723,685</td> <td style="text-align: center;">\$2,070,001</td> <td style="text-align: center;">24%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.				FY 10/11 funding	FY 11/12 funding	Percent Change	\$2,723,685	\$2,070,001	24%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$2,723,685					\$2,070,001	24%				
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth TAY										
Adults	160			\$12,937.51						
Older Adults										
Total				\$12,937.51						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 160										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.	
	This program is open to county residents 18+ who are severely and persistently mentally ill and aims to reduce the frequency and length of acute psychiatric hospitalizations and incarcerations for 160 SMI high end users of hospital psychiatric services characterized by crisis-only contact with the mental health system, homelessness, co-occurring disorders, and minimal skills with which to manage their lives and function in the community.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.	
	Not applicable
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.	
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		300		
TAY		1320		
Adults		4139		
Older Adults		239		
Total		5998		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			5998	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	3497	English	5820	LGBTQ	
African American	924	Spanish	165	Veteran	
Asian	44	Vietnamese	2	Other	
Pacific Islander		Cantonese			
Native American	98	Mandarin			
Hispanic	1313	Tagalog			
Multi		Cambodian			
Unknown		Hmong	0		
Other	122	Russian			
		Farsi			
		Arabic	1		
		Other	10		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>The objectives of the Crisis Walk In Centers (CWICs) are to reduce the incidents of acute involuntary psychiatric hospitalization, reduce the amount of calls to law enforcement for psychiatric emergencies, reduce the number of psychiatric emergencies in hospital emergency departments, and increase consumer access to services. Simply put, to deliver the right service to the right client at the right location at the right time.</p> <p>5998 consumers were provided services from CWICs. Of that number 49% (2927) were self referrals, 12% (707) were Law enforcement referrals, 11% (649) sought services with the aid of a family member. The Crisis Walk In Centers, as a program, maintain a 95% diversion from psychiatric hospitalization. Common services accessed were; 3099 referrals to outpatient services, 3129 medication evaluations, 800 referrals to health care providers and 212 secured shelter housing. Crisis Walk-In Centers are located in Morongo Basin, Victorville and the Central Valley of San Bernardino County.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
None

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$5,773,047</td> <td style="text-align: center;">\$5,812,974</td> <td style="text-align: center;">1%</td> </tr> </tbody> </table>				FY 10/11 funding	FY 11/12 funding	Percent Change	\$5,773,047	\$5,812,974	1%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$5,773,047	\$5,812,974	1%								
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>									
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.										
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth		300								
TAY		1320								
Adults		4139								
Older Adults		239								
Total		5998								
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 5998										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	<p>The Crisis Walk In Centers (CWIC) provide county residents a location that conducts 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 Crisis Walk In Centers 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 Crisis Walk In Centers are staffed by a multi-disciplinary team who focuses on stabilizing our constituents and providing linkage to resources within the community. In collaboration with the Community Crisis Response Teams it is the goal of the CWICs to reduce inappropriate hospitalizations and improve the quality of life for their clients in the least restrictive environment. The Crisis Walk In Centers, as a program, maintain a 95% diversion from psychiatric hospitalization. Crisis Walk-In Centers are located in Morongo Basin, Victorville and the Central Valley of San Bernardino County.</p> <p>The ability to have an alternative to a locked mental health facility is vital in the remote areas of our county such as the High Desert and Morongo Basin. This is a successful collaborative effort between the county and contractors.</p>
2.	<p>If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	Not applicable
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

Program Number/Name: A-5: PSYCHIATRIC TRIAGE DIVERSION PROGRAM at ARMC

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		5		
TAY				
Adults		3455		
Older Adults		111		
Total		3571		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			3571	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1556	English	3216	LGBTQ	
African American	678	Spanish	350	Veteran	
Asian	66	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	20	Mandarin			
Hispanic	1009	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	242	Russian			
		Farsi			
		Arabic			
		Other	5		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>The objective of the Psychiatric Triage Diversion Program is to reduce the number of inappropriate and/or unnecessary inpatient psychiatric hospitalizations. In addition, the goal is to provide appropriate crisis intervention services and referral services to meet the needs of the client outside of the inpatient setting. To that end of the 3,571 clients seen during the fiscal year, 2,412 (68%) were diverted from inpatient treatment to community based services. Services are provided to all clients regardless of ethnic origin or cultural diversity. Two staff members are bilingual and linguistic services are available for non-English speakers. Of the 3,571 clients served 2,278 (60%) were uninsured. Services were provided regardless of financial status and appropriate referrals were made to meet the client's needs regardless of financial status.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>There were no major challenges with implementation of the program due to MHSA funding, however, decreased mental health funding made it more challenging to arrange appropriate referrals for clients as community resources and departmental capacities were reduced.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,911,407</td> <td style="text-align: center;">\$1,748,134</td> <td style="text-align: center;">9%</td> </tr> </tbody> </table>				FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,911,407	\$1,748,134	9%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$1,911,407	\$1,748,134	9%								
b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>									
c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.										
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth		5								
TAY										
Adults		3455								
Older Adults		111								
Total		3571								
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:3571										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.	
	The Psychiatric Triage Diversion Program at ARMC was designed to reduce the number of inappropriate and/or unnecessary inpatient hospitalizations. It was determined prior to implementation that approximately 40% of those individuals presenting to ARMC Psychiatric Triage were not in need of psychiatric inpatient treatment. The needs of those individuals ranged from housing, transportation, outpatient treatment, crisis stabilization, substance abuse treatment, medical treatment, and advocacy. True to that end, 68% of those clients served by the Diversion Program were able to benefit from community based services and avoid inpatient treatment. Target populations included recently incarcerated individuals (with 380 served), homeless individuals (with 538 served), those individuals with co-occurring disorders (730 served) and those with medical conditions (571 served). The Psychiatric Triage Diversion Program is operational 365 days a year from 7 am until 11 pm.
2. If this is a consolidation of two or more programs, provide the following information: NA	
	<ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	Not applicable
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.	
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

Program Number/Name: A-6:Community Crisis Response Team (CCRT)

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		1363	1508	
TAY		1467	1624	
Adults		2148	2378	
Older Adults		262	290	
Total		5240	5800	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			11040	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	4001	English		LGBTQ	
African American	1441	Spanish		Veteran	
Asian	447	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	124	Mandarin			
Hispanic	4653	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	374	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>The objectives of the Community Crisis Response Teams (CCRT) are to reduce the incidents of acute involuntary psychiatric hospitalization and increase consumer access to services. CCRT utilizes specially trained mobile crisis response teams to provide crisis interventions, assessments, case management, relapse prevention, medication referrals, and linkage to resources. CCRT Collaborates with law enforcement, hospitals, Children and Family Services, Adult Protective Services, schools, and other community organizations.</p> <p>A primary goal for CCRT is to reduce the amount of calls to law enforcement for psychiatric emergencies, reduce the number of consumers seeking emergency psychiatric services from hospital emergency departments and reduce time a patient with a psychiatric emergency spends in hospital emergency departments; simply put, to deliver the right service to the right client at the right location at the right time. County wide, CCRT responded to 7344 calls. Of those calls 5246 were calls requiring crisis intervention. CCRT responded to local Hospital Emergency Departments 2324(31%) times and responded to Law Enforcement calls a total of 1577 (21%) times. CCRT diverted 3177 crisis calls from possible hospitalization, for a diversion rate of 61%. Of those diverted from hospitalization, CCRT made referral and linkage for 2224 consumers to outpatient services and aided 217 with health care needs. CCRT also aided access to services with 161 referrals to ADS, 63 referrals to DBH Homeless Program, and 111 referrals to shelter beds.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
None

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:										
<table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$4,729,988</td> <td style="text-align: center;">\$5,302,413</td> <td style="text-align: center;">12%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$4,729,988	\$5,302,413	12%				
FY 10/11 funding	FY 11/12 funding	Percent Change								
\$4,729,988	\$5,302,413	12%								
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>									
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.										
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth		1363	1508							
TAY		1467	1624							
Adults		2148	2378							
Older Adults		262	290							
Total		5240	5800							
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	CCRT utilizes specially trained mobile crisis response teams to provide crisis interventions, assessments, case management, relapse prevention, medication referrals, and linkage to resources. These services are provided to children, transitional age youth, adults, and older adults in acute psychiatric distress. CCRT has several staff who are Spanish speakers and we ensure that a minimum of one bi-lingual staff on duty each shift, 7 days a week. CCRT also provides follow-up services to Medi-cal eligible children being discharged from psychiatric facilities, including linking those children and their families to on-going outpatient mental health services and other community resources. CCRT's Outreach and engagement efforts includes: Collaboration with law enforcement, hospitals, Children and Family Services, Adult Protective Services, schools, and other community organizations. The CCRT West Valley team works closely with the DBH Integrated Health clinic. CCRT's Peer & Family Advocates have started family support groups in the community to help build family and community resiliency.
2.	If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	Not applicable
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	69			\$6,570.71
Adults	563	1302	1147	\$6,570.71
Older Adults	15			\$6,570.71
Total	647	1302	1147	\$6,570.71
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			3096	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1203	English	581	LGBTQ	
African American	880	Spanish	22	Veteran	
Asian	27	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	8	Mandarin			
Hispanic	913	Tagalog			
Multi		Cambodian			
Unknown	20	Hmong			
Other	45	Russian			
		Farsi			
		Arabic	1		
		Other/Unknown	2493		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p>The Homeless Intensive Case Management and Outreach Services program met all of its target goals during fiscal year 09-10. The program focused on working with the homeless mentally ill in helping them transition towards self-supported housing and partnered with many individuals in accessing entitlements, medical care, and homeless support services as needed. The program also reached out to the homeless mentally ill through a series of regional outreach and engagement efforts meant to provide a definite point of entry for mental health services for this population which has traditionally been underserved.</p> <p>Of particular note, the program worked towards reducing cultural and ethnic disparities by increasing the number of direct services to the Monolingual Spanish homeless mentally ill population and by broadening the scope of case management and linkage services for the homeless mentally ill veteran population.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>There are no key differences or major implementation challenges with this fully operational program.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:										
<table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$5,127,202</td> <td style="text-align: center;">\$6,357,730</td> <td style="text-align: center;">24%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$5,127,202	\$6,357,730	24%				
FY 10/11 funding	FY 11/12 funding	Percent Change								
\$5,127,202	\$6,357,730	24%								
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.										
Not Applicable.										
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth TAY										
Adults	580	1060	300	\$6,576.96						
Older Adults										
Total				\$6,576.96						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.	
	<p>The Homeless Intensive Case Management and Outreach Services program provides mental health counseling, short term housing, intensive case management, Full Service Partnerships (FSP) and other services to seriously mentally ill adults or older adults who are homeless, or at risk of becoming homeless. The program strives to keep adults self sufficient by assisting them with employment, access to entitlements and appropriate housing.</p> <p>The program works towards reducing disparities by providing intensive services and dedicated resources to assist the homeless mentally ill helping them transition away from homelessness into appropriate housing.</p>
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.	
	Not applicable
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.	
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	15			\$4,499.89
TAY	21			\$4,499.89
Adults	74			\$4,499.89
Older Adults	5			\$4,499.89
Total	115			\$4,499.89
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			115	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	97	English	114	LGBTQ	
African American	1	Spanish		Veteran	
Asian	1	Vietnamese		Other	
Pacific Islander	0	Cantonese		Unknown	115
Native American	0	Mandarin			
Hispanic	16	Tagalog			
Multi	0	Cambodian			
Unknown	0	Hmong			
Other	0	Russian			
		Farsi			
		Arabic			
		Other	1		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p>ABET has provided services to 115 unduplicated mental health clients in FY 09/10 who were admitted to LSS Big Bear Clinic. In addition, transportation was provided to 58 clients who belong to the Big Bear Mental Health Alliance.</p> <p>The ethnic diversity in Big Bear is approximately 20-25% Hispanic. It has been difficult to penetrate the Hispanic community due to their deep-seated fear associated with immigration issues as well as and the stigma of mental health diagnosis. ABET is meeting the need of the working poor; those who make too much for government programs, yet, not enough to afford private insurance or private pay. Many of these adults are in need of medication support services and crisis stabilization, who otherwise, would be unable to access services in the mountain community.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>Most clients do not qualify for Medi-Cal/Healthy Families, as previously thought; therefore, these clients that would be ordinarily be served were provided services. The MHSA funding for the ABET program provided funding for psychiatric services for the first time in the underserved mountain communities. This greatly increased the ability of ABET to provide Medi-Cal medication services by the hiring of a full time psychiatrist and to begin to build a Medi-Cal practice in the Mountain communities.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:	<table border="1" style="margin-left: 20px; border-collapse: collapse; width: 30%;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; text-align: center;">\$472,772</td> <td style="padding: 2px; text-align: center;">\$370,000</td> <td style="padding: 2px; text-align: center;">22%</td> </tr> </tbody> </table> <p style="margin-left: 20px;">b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p> <p style="margin-left: 20px;">c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>				FY 10/11 funding	FY 11/12 funding	Percent Change	\$472,772	\$370,000	22%
FY 10/11 funding					FY 11/12 funding	Percent Change				
\$472,772					\$370,000	22%				
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>									
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth	20			\$2,466.67						
TAY	27			\$2,466.67						
Adults	97			\$2,466.67						
Older Adults	6			\$2,466.67						
Total	150			\$2,466.67						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:150										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	<p>The approved ABET Program, which was contracted to Lutheran Social Services of Southern California, includes the following services to mentally ill children, Transitional Age Youth (TAY), adults, and Older Adults in the Big Bear Community. The ABET Program was designed to be a full service partnership of professional and community-based mental health services, to elevate availability and treatment. Services include the following:</p> <ul style="list-style-type: none"> • Children’s Intensive Rehabilitative Outpatient Services, • Assessment: Clinical analysis of the history and current status of individual’s mental, emotional or behavioral disorder. • Evaluation: Appraisal of individual’s community function. • Collateral: Contact with one or more support persons in their life. • Therapy: Individual and/or group; may include family. • Rehabilitation: Maintaining individual’s functional skills • Plan Development: Treatment plans or client recovery plans. • Medication support services • Crisis Intervention • Case Management/Brokerage • After hours crisis response services • Resource Directory • Board Certified Adult/Child Psychiatric Services • Psychotherapy using the Recovery, Wellness and Resilience Model (RWR) • Certified co-occurring substance abuse counselor services • Transportation • Peer and Family Advocate • There is not a targeted age group, the services are for unserved or underserved clients of all age groups. • The Mountain communities are primarily Caucasian with approximately 20-25% Hispanic.
2.	If this is a consolidation of two or more programs, provide the following information: No <ol style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	Not applicable
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program. N/A
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

Program Number/Name: OA-1: CIRCLE OF CARE: SYSTEM DEVELOPMENT

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		194	592	
Total		194	592	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			786	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	375	English	643	LGBTQ	
African American	172	Spanish	143	Veteran	
Asian	38	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	18	Mandarin			
Hispanic	143	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	40	Russian			
		Farsi			
		Arabic			
		Other /Unknown			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>This program met and exceeded all target goals during this past reporting period. This program focuses on working with older adults, which has traditionally been an underserved cultural population. By working with and providing services to over 700 seniors, the program worked towards helping seniors remain in their own homes, assists seniors in accessing entitlements and medical care, works with family and friends in providing needed community resources.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>There are no key differences or major implementation challenges with this fully operational program.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12										
1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3) a) Complete the table below:										
<table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,076,369</td> <td style="text-align: center;">\$975,898</td> <td style="text-align: center;">9%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,076,369	\$975,898	9%				
FY 10/11 funding	FY 11/12 funding	Percent Change								
\$1,076,369	\$975,898	9%								
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.										
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.										
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.										
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only						
Child and Youth										
TAY										
Adults										
Older Adults	0	90	55							
Total										
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 145										

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	<p>Age Wise I is a Home Mental Health Service & Senior Peer Counseling Program. The Age Wise program, funded by the Mental Health Services Act (MHSA), provides in-home support and mental health services to the older adult population in the County of San Bernardino. As part of the Adult System of Care, the program focuses on targeting potential clients through a comprehensive county-wide education and outreach effort, with a focus on the unserved and underserved older adult population. The Age Wise clinic provides culturally competent and linguistic services for the Latino population. Strong contacts have been made with the African-American, Asian / Pacific Islander communities, as well as the faith based communities.</p> <p>The target population for this program is older adults (60+) throughout San Bernardino County and is in need of mental health and case management services. The program is age specific for the senior population and strives to assist all older adults remain in their own home as long as possible.</p>
2.	If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	Not applicable
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	Not applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	1			\$17,781.04
Older Adults	24	530	303	\$17,781.04
Total	25	530	303	\$17,781.04
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			858	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	385	English	24	LGBTQ	
African American	107	Spanish		Veteran	
Asian	7	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	108	Tagalog			
Multi		Cambodian			
Unknown	251	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other /Unknown	834		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>This program met and exceeded all target goals during this past reporting period.</p> <p>The program successfully partnered with may law enforcement agencies and local hospitals in coordinating crisis services for older adults in the High Desert region thusly reducing cultural disparities by facilitating access to mental health services to the older adult population which has traditionally been unrepresented and underserved.</p> <p>The program also worked with local community agencies and non-profit organization in assisting older adults in accessing many community resources such as food procurement, facilitating access for dental and vision services and working with monolingual Spanish older adults access in home support services along with governmental entitlements.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There are no key differences or major implementation challenges with this fully operational program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,089,452</td> <td style="text-align: center;">\$827,984</td> <td style="text-align: center;">24%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,089,452	\$827,984	24%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$1,089,452		\$827,984	24%				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	17	450	300	\$22,581.38
Total				\$22,581.38

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 767

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.	
<p>The focus of the OA 2 Circle of Care Program is to provide crisis intervention and follow up services, brief therapeutic interventions and intensive case management services to the older adult community living in the High Desert. The mobile outreach and crisis response units provide crisis intervention, mental health assessments, case management, and brief medical screenings and follow up services to older adults in crisis or trauma situations living in the High Desert region. This program also maintains a Full Service Partnership (FSP) component for seniors with high risk of frequent hospitalization and who are in need of more intensive, client focused case management and therapeutic services.</p> <p>The target population for this program is older adults (60+) who live in the High Desert region and are in need of mental health and case management services. The program is age specific for the senior population and strives to assist all older adults remain in their own home as long as possible.</p>	
2. If this is a consolidation of two or more programs, provide the following information:	
<ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs. 	
Not applicable	
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.	
Not Applicable	

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The objective of the Expand Existing Training Program is to implement all programs funded by the Workforce Education and Training Plan approved in July 2008. To help achieve these objectives, the Training Institute was completed and opened to serve employees and consumers in November 2009. The Institute provided administration and staff to coordinate and evaluate all training activities for the Department of Behavioral Health and to ensure that activities met the fundamental concepts of MHSA. Training Institute staff and trainers developed and conducted 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, increased the competency of the existing workforce and strengthened the mental health workforce through recruitment, promotion and retention of bilingual, multi-cultural employees.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
None requested	None requested	N/A

b) Is the FY 11/12 funding requested outside the ± 25% of the previously Yes No

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input checked="" type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
Not applicable
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
Not applicable

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Training to Support the Fundamental Concepts of MHSA program provided training on Recovery Models to direct service staff, developed Evidence-Based Practices training, provided training to appropriate direct service staff members such as Clinical Supervision Training, Juvenile Fire Setter Training and Law and Ethics. Additionally WET increased the provision of NAMI training in the county through the provision of NAMI education in DBH clinics by consumers and family members, provided multicultural education and training opportunities for staff, consumers, family members and community stakeholders, increased the proficiency of bilingual employees from translators to interpreters and increased the use of distance learning models to improve the provision of training while lessening the impact on departmental operations.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
None requested	None requested	N/A

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or, Yes No

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<p>For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>Not applicable</p>

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

Program Number/Name: WET 3 - Develop Core Competencies

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Core Competency program is developing core competencies in partnership with California State University San Bernardino for each job classification level and to tie core competencies to the Work Performance Evaluation and goal setting for each employee. Employee focus groups and follow-up surveys were used to determine training needed for each competency and collaboration with the community will be used to ensure the development of the core competencies enables staff to provide relevant services.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3) a) Complete the table below:								
<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>None requested</td> <td>None requested</td> <td>N/A</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	None requested	None requested	N/A		
FY 10/11 funding	FY 11/12 funding	Percent Change						
None requested	None requested	N/A						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
Not applicable
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
Not applicable

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Outreach Program worked with school districts and ROP health training academies to help them develop mental health careers curriculums. Five teachers from ROP were given overviews of DBH program and participated in job shadowing.

DBH WET collaborated with the Workforce Development Department to find placements for 9 at risk youths that had recently graduated from high school. They were given entry level positions that allowed them to learn new skills and gain experience.

Also, WET representatives provided mental health career information at career fairs in target junior high and high schools in the underserved areas of the county that do not have health training academies. Outreach was also provided to community colleges in San Bernardino County to work on developing certificate programs in mental/behavioral health occupations.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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3) a) Complete the table below:	
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**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

FY 10/11 funding	FY 11/12 funding	Percent Change	
None Requested	None Requested	N/A	

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

Yes No

Yes No

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

Not applicable

2. If this is a consolidation of two or more previously approved programs, provide the following information:

a) Name of the programs.

b) The rationale for the decision to consolidate programs.

c) How the objectives identified in the previously approved programs will be achieved.

Not applicable

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

Program Number/Name: WET 5 - Leadership Development Program

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Leadership Development Program involved staff working in collaboration with Loma Linda University 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 proposed training structures including, but not limited to: "Train the Trainers", recommended training cycles; online courses; university-based didactic courses supporting degree completion; and customized leadership assessment and coaching of identified personnel.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
None requested	None requested	N/A

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or, Yes No

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<p>For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>Not applicable</p>

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Peer and Family Workforce Support Initiatives program collaborated with family members and 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.

Training provided included the Phenomenon of Laughter training and Peer Employment Training (PET). Additionally, job skills training was provided by Adult Education staff through the CSS Clubhouse program.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
None requested	None requested	N/A

b) Is the FY 11/12 funding requested outside the ± 25% of the previously Yes No

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<p>approved amount, or,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>Not applicable</p>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The expansion of the Internship Program continued to provide competency in clinical supervision for interns and pre-licensed staff, to prepare and encourage interns in community behavioral health careers and to increase employment in the field. WET funded twenty-four (24) intern positions in FY 09/10 and provided placements for an additional eleven (11) non-employee interns.

An Employee Internship Program continued to be administered and staff addressed mental health shortages and diversity needs in collaboration with county personnel, stakeholders and community members. Eleven (11) employees participated in the Employee Internship program in FY 09/10.

The License Exam Prep Program was developed to provide license preparation support for pre-licensed clinical staff and to increase the licensure rate for current pre-licensed employees. Sixty (60) DBH employees or DBH contract agency staff employees were provided with exam materials.

San Bernardino County WET staff collaborated with Loma Linda University and Riverside County WET staff to administer the statewide Marriage and Family Therapy (MFT) Stipend program.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3) a) Complete the table below:	

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

FY 10/11 funding	FY 11/12 funding	Percent Change	
None requested	None requested	N/A	

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes No

Yes No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input checked="" type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

Not applicable

2. If this is a consolidation of two or more previously approved programs, provide the following information:
 a) Name of the programs.
 b) The rationale for the decision to consolidate programs.
 c) How the objectives identified in the previously approved programs will be achieved.

Not applicable

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

Program Number/Name: WET 8 - Psychiatric Residency Program

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Psychiatric Residency Program continued to collaborate with the county hospital, Arrowhead Regional Medical Center, in administering a Psychiatric Residency program that increased the number of psychiatric residents who choose to work in public mental health. The Psychiatric Residency program enrolled 3 residents in FY 09/10, with 2 completing the year.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3) a) Complete the table below:								
<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>None requested</td> <td>None requested</td> <td>N/A</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	None requested	None requested	N/A		
FY 10/11 funding	FY 11/12 funding	Percent Change						
None requested	None requested	N/A						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input checked="" type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
Not applicable
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
Not applicable

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

Program Number/Name: WET 9 - Scholarship Program

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Scholarship Program funding and approval process was further developed to eventually provide financial educational assistance to current DBH and contract agency employees in their pursuit of higher level careers in the public mental health system.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3) a) Complete the table below:								
<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>None requested</td> <td>None requested</td> <td>N/A</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	None requested	None requested	N/A		
FY 10/11 funding	FY 11/12 funding	Percent Change						
None requested	None requested	N/A						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
For Consolidated Programs , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input checked="" type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
Not applicable
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
Not applicable

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Bernardino

No funding is being requested for this program.

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Increase Eligibility for Federal Workforce Funding program was used to submit applications to renew expiring MHPSA designations and to research obtaining additional MHPSA designations so that public mental health employees may qualify for additional loan repayment programs and to eventually work with the county's Human Resources Department to use the MHPSA designation as a recruiting method for interested individuals.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
None requested	None requested	N/A

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or, Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input checked="" type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
Not applicable
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
Not applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI SE 1: Older Adult Community Services

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	2539	English	(not collected)	LGBTQ	(not collected)
Transition Age Youth (16-25)	0	African American	730	Spanish		Veteran	
Adult (18-59)	5	Asian	104	Vietnamese		Other	
Older Adult (60+)	4854	Pacific Islander	22	Cantonese			
		Native American	18	Mandarin			
		Hispanic	1265	Tagalog			
		Multi	81	Cambodian			
		Unknown	4	Hmong			
		Other	96	Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>The population served includes older adults and their families or caregivers who may experience difficulty accessing mental health services, the psychosocial impact of trauma and bereavement, stigma and discrimination and suicide risk will benefit from the services. It also includes older adults who may be experiencing an onset of a mental illness due to the aging process and trauma and/or bereavement exposed individuals. The majority of services were provided in the home or at senior centers. Our partner agency, The Department of Aging and Adult Services provided transportation services, health screenings as part of a mobile resource unit, exercise & nutrition classes for seniors in remote areas of the county & home safety programs that include mental health screenings and medication management.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>Program outcome data is not available at this time.</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left; padding: 2px;">FY 10/11 funding</th> <th style="text-align: left; padding: 2px;">FY 11/12 funding</th> <th style="text-align: left; padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$668,983</td> <td style="padding: 2px;">\$900,000</td> <td style="padding: 2px;">35%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$668,983	\$900,000	35%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$668,983	\$900,000	35%						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
<ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 								
N/A								

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	7240	502
Total Families:	5453	377

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI SE 2: Child And Youth Connection

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	963	White	401	English	(not collected)	LGBTQ	(not collected)
Transition Age Youth (16-25)	384	African American	429	Spanish		Veteran	
Adult (18-59)	297	Asian	4	Vietnamese		Other	
Older Adult (60+)	25	Pacific Islander	0	Cantonese			
		Native American	14	Mandarin			
		Hispanic	620	Tagalog			
		Multi	55	Cambodian			
		Unknown	20	Hmong			
		Other	126	Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>This program operates as part of an intra departmental collaboration with the Juvenile Public Defender's Office, the Department of Behavioral Health and the Children's network. All are departments within the County of San Bernardino. The program funded a Social Worker Practitioner at the Juvenile Public Defender's Office which provided services to 796 individuals and family members. The Department of Behavioral Health component of the Child and Youth Connection program provided Clinical Therapists to attend 124 Team Decision Meetings. The Children's Network established the Mentoring Task Force and created a mentor resource directory. Services include in-home screenings, psychosocial assessments, drug assessments as well as a mentoring network.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>No program evaluation data to be reported at this time.</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:	<div style="margin-bottom: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$954,777</td> <td style="padding: 2px;">\$1,141,282</td> <td style="padding: 2px;">20%</td> </tr> </tbody> </table> </div> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.		FY 10/11 funding	FY 11/12 funding	Percent Change	\$954,777	\$1,141,282	20%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$954,777			\$1,141,282	20%				
			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)								
N/A								

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	9062	
Total Families:	6796	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI SE 3: Community Wholeness and Enrichment

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	178	White	1679	English		LGBTQ	
Transition Age Youth (16-25)	689	African American	386	Spanish		Veteran	
Adult (18-59)	3438	Asian	41	Vietnamese		Other	
Older Adult (60+)	61	Pacific Islander	16	Cantonese			
Unknown	17	Native American	17	Mandarin			
		Hispanic	2049	Tagalog			
		Multi	106	Cambodian			
		Unknown	12	Hmong			
		Other	77	Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>The CWE program has identified and helped manage mental health symptoms in diverse TAY and adult populations through the use of community services, collaborative approaches and family support. The agencies have also provided linkages to primary care and outpatient mental health services. Existing contracted provider agencies were able to implement Community Wholeness and Enrichment services while DBH developed and released a comprehensive Request for Proposal, conducted a Bidders Conference and Technical Assistance Program, completed contract negotiations and submitted to the Board of Supervisors for approval. The Department continues to provide CWE services to diverse County populations via contracted provider agencies who are required to provide a continuum of prevention and early intervention services and activities to include:</p> <p>Universal prevention services include screenings and community mental health education for a universal population of TAY and adults. Education is aimed at “de-stigmatizing” mental health issues and normalizing the entire mental health process in an effort to increase the likelihood of individuals accessing services. Universal prevention services are intended to be delivered via community partnerships and presentations, and screenings in a natural community setting, with an emphasis on wellness, recovery and resiliency. Presentations are intended for unserved, underserved or inappropriately served groups that may have experienced trauma (e.g. domestic violence survivors); have experienced discrimination [e.g. lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ) individuals]; or those who are at higher risk of experiencing depression (e.g. adult children of alcoholics).</p> <p>Selective services include psycho-education regarding mental health condition(s) and available resources for the families of TAY and adults who are experiencing the early onset of a mental health disorder, and the development of support systems that minimize the negative effectives of mental illness. Family psycho-education includes teaching coping strategies and problem solving skills to families, friends and/or caregivers, to help them effectively deal with the suffering individual.</p> <p>Early intervention services provide short-term mental health services (less than one year), including psycho-educational and rehabilitative services, and participant/family-centered resilience, maintenance and recovery services, including case management.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program evaluation has not been conducted during this time.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,183,943</td> <td style="text-align: center;">\$1,096,898</td> <td style="text-align: center;">7%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,183,943	\$1,096,898	7%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$1,183,943	\$1,096,898	7%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	3428	2333
Total Families:	2571	1750

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI SE 4: Military Services and Family Support Program

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	206	White	272	English	(not collected)	LGBTQ	(not collected)
Transition Age Youth (16-25)	53	African American	40	Spanish		Veteran	
Adult (18-59)	154	Asian	1	Vietnamese		Other	
Older Adult (60+)	0	Pacific Islander	3	Cantonese			
		Native American	1	Mandarin			
		Hispanic	63	Tagalog			
		Multi	6	Cambodian			
		Unknown	1	Hmong			
		Other	26	Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>Services were provided to 347 military service members and their families. Currently our Military Services and Family Support Program provides a myriad of services designed to provide prevention and early intervention to our military families to promote health, resilience and optimal functioning. Among those services are; a weekly kids group targeting troubled children of military families and improve their experience of well-being and school functioning; an on-going support group for military parents to learn skills and gain support to manage the stressors of military life on personal and family life; and individual, family and couples intervention.</p> <p>The County Department of Behavioral Health, contracted providers, military base personnel and the Office of Veterans Affairs continues to collaborate and meet periodically to problems solve any systems level challenges that may arise.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>Program Evaluation has not been conducted for this program.</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$222,994</td> <td style="text-align: center;">\$300,000</td> <td style="text-align: center;">35%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$222,994	\$300,000	35%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$222,994	\$300,000	35%						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)								
N/A								

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	500	729
Total Families:	375	547

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI SE 5: LIFT Program

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	41	White		English	(not collected)	LGBTQ	(not collected)
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown	41	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>During FY 09-10 a memorandum of understanding (MOU) was developed between the Preschool Services Department and the Department of Behavioral Health illustrating the leveraging of PEI funding with Early Head Start funding. As the program develops additional partners will be included in the MOU. The program was started in late 2010 as part of a partnership with the San Bernardino County Preschool Services Department. This partnership has been instrumental in delivering services to transition age youth populations that are at risk of juvenile justice involvement, in stressed families and at risk of school failure and continues to identify adults in need of additional support. The program served 47 low income first time mothers in their first 3 months of the program. They provided individual assessments, child and health development services, maternal development assistance as well as linking the individuals to other public services.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>Formal program evaluation is not available for FY 09-10, however preliminary results include:</p> <ul style="list-style-type: none"> • 10% of pregnant mothers served gave birth • 100% of the babies were born without significant health concerns • 10% of the pregnant mothers were identified as needing social/emotional support. • All were provided with and received professional services • 15% of pregnant mothers served were defined as "high risk" pregnancies (diabetes gestational, substance abuse, preeclampsia, etc.) All of these mothers were provided and received professional follow-up

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:	<div style="margin-bottom: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$294,354</td> <td style="padding: 2px;">\$396,000</td> <td style="padding: 2px;">35%</td> </tr> </tbody> </table> </div> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.		FY 10/11 funding	FY 11/12 funding	Percent Change	\$294,354	\$396,000	35%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$294,354			\$396,000	35%				
			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)								
N/A								

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	72	
Total Families:	54	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI SI 1: Student Assistance Program

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	15545	White	6082	English	(not collected)	LGBTQ	(not collected)
Transition Age Youth (16-25)	392	African American	2509	Spanish		Veteran	
Adult (18-59)	2444	Asian	531	Vietnamese		Other	
Older Adult (60+)		Pacific Islander	308	Cantonese			
Unknown	16	Native American	90	Mandarin			
		Hispanic	7566	Tagalog			
		Multi	617	Cambodian			
		Unknown	1	Hmong			
		Other	693	Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Student Assistance Programs (SAP) were implemented via existing contracted providers while a comprehensive Request for Proposal (RFP) was developed and released during FY 09-10. During this time, important partnerships with schools were developed to assist in developing the appropriate infrastructure for successful partnerships with schools across a geographically large and diverse county. Program performance includes:

- Development of a formal 5 day Student Assistance Program model training conducted by County Superintendent of Schools Office in collaboration with DBH. The training was provided to SAP teams (contracted providers in partnership with school personnel) to assist in developing team dynamics, understand the SAP process, practice necessary skills for facilitating SAP groups, and identify and solve anticipated challenges.
- Ongoing collaborative meetings co-hosted by DBH and County Schools were conducted to assist in problem solving any systems level challenges that can occur during the collaborative process, assist in selection of appropriate science-based curriculum, and strengthen each partners knowledge of each service system.
- Established SAP teams across the county to increase access to services by diverse populations by providing services where diverse children and students are located.

As previously noted, a comprehensive Request for Proposal (RFP) was also developed and released during this time period. Due to analysis of previous RFP processes, DBH improved its business process to be more inclusive of all CBO's by providing additional technical assistance sessions for all prospective proposers. Contract negotiations were conducted and selected providers were approved by the County Board of Supervisors to continue SAP services for FY 10-11.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Evaluation has not been conducted for this program.

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; text-align: center;">\$2,369,271</td> <td style="padding: 2px; text-align: center;">\$1,850,000</td> <td style="padding: 2px; text-align: center;">22%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$2,369,271	\$1,850,000	22%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$2,369,271	\$1,850,000	22%						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

	Prevention	Early Intervention
Total Individuals:	12118	702
Total Families:	9089	527

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI SI 2: Preschool Services Program

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	288	White	114	English		LGBTQ	
Transition Age Youth (16-25)	67	African American	91	Spanish		Veteran	
Adult (18-59)	260	Asian	1	Vietnamese		Other	
Older Adult (60+)	5	Pacific Islander	4	Cantonese			
		Native American	3	Mandarin			
		Hispanic	391	Tagalog			
		Multi	12	Cambodian			
		Unknown	0	Hmong			
		Other	4	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>The Preschool Services Program allowed the Preschool Services Department to implement the Incredible Years curriculum at their 39 preschool sites. 389 Preschool teachers were trained with the Incredible Years curriculum and are now using the curriculum's evidence based approach to work with their more than 4500 preschool children. The program also funded bereavement and loss groups that have been provided at 5 sites to 82 kids. Neuropsychology interns have worked with 50 high risk children and their corresponding teacher/parents. PSD has trained approx 100 Head Start parent's in the use of the Incredible Years Social Emotional approach.</p> <p>The Preschool Services Project is a collaboration between the Preschool Services Department (PSD) and the Department of Behavioral Health (DBH). Preschool Services coordinates Head Start programs at 39 preschool sites across the county. Head Start agencies encounter "classroom management" challenges related to behavior management of student. To reduce behavioral health risks, the PSD has initiated implementation of specific social-emotional curriculums at every Head Start site.</p> <p>PSD, in collaboration with the Department of Behavioral Health and the MHSA/PEI funding, was able to implement social-emotional curriculum at all 39 preschool sites. The training helps both teachers and parents to better understand how young children communicate their needs and frustrations both verbally and non-verbally. Thus, parents and teachers become measurably more successful at home and in the classroom in pro-actively interacting with children. Also, parents and teachers are able to work together and are more prepared to effectively help children develop and use appropriate social-emotional skills.</p> <p>To target higher risk diverse populations, bereavement and loss groups are being provided at 5 of the sites for 82 children and, if possible, their parents. The group sessions are allowing an appropriate venue for preschool aged children to work through their grief and loss issues in safe and age appropriate ways. Additionally, Neuropsychology interns have worked with 50 high risk children and their corresponding teacher/parents to ensure early identification of potential problems.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ol style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

The Preschool Services Department completed a pre/post survey for the 2009/2010 academic year. The survey was used by the Preschool Services Department to provide an evaluation of the Preschool Services program. Their resulting report indicates that the program has made a positive impact for teaching staff and students in a variety of ways. The evaluation measured the effectiveness of three objectives at 38 Head Start preschools : to enhance mental health services, to assist preschool children to function more successfully in the classroom, and to increase the number of teachers who have the ability to handle social emotional concerns in the classroom.

In regards to the objective to increase access to mental health services they hired 4 psychology graduate level interns which resulted in their assistance to over 50 preschool students. The Bereavement and Loss groups provided services to approximately 100 preschool children and several parents. All 389 teachers and 100 parents were trained with the Incredible Years Curriculum.

In regards to the objective that "More children who function successfully in the classroom" this objective was to be measured by number of referrals and also perception of problems by classroom teachers. This objective is noted to have been met in terms of the number of referrals for SE issues with a reduction in 62% from the previous to current program year. Further, in terms of teacher perception of problems, on average the teacher's perception of number of children in their classrooms with emotional or behavioral concerns declined over the program year; once again reflecting the goal of this objective.

In regards to the objective that "More teachers have ability to handle social emotional concerns in the classroom" this objective was to be measured by the teacher's perception on the survey. It was noted that in general teachers feel capable to handle concerns in their classrooms regardless of time of evaluation. The results showed that for both emotional and behavioral problems over 70% of teachers agreed or strongly agreed that they could handle these problems in their classroom both at the beginning and the end of the year. However, there was a shift of 5-6% that went from agree to strongly agree from the beginning to the end of the program year.

In the program year prior to implementing the socio-emotional curriculum, PSD classroom teaching and field staff identified and submitted 903 in-house referrals for children demonstrating some type of social-emotional related behavioral issue either at home or in the classroom that required assistance. For example, a 3 or 4 year old child that had not yet developed social-emotional related competences that would enable the child to successfully function in a classroom setting.

In the current program year, after the curriculum training was provided to 389 PSD teachers and aids, and approximately 100 parents, referrals for "social and emotional" issues declined by 560 referrals, going from 903 in the last program year, to 343 referrals this year.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. a) Complete the table below:		

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">FY 11/12 funding</th> <th style="width: 33%;">Percent Change</th> </tr> <tr> <td style="text-align: center;">\$232,057</td> <td style="text-align: center;">\$312,192</td> <td style="text-align: center;">35%</td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p style="padding-left: 20px;">For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$232,057	\$312,192	35%	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$232,057	\$312,192	35%					
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.</p>							
<p>A. Answer the following questions about this program.</p>							
<p>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</p>							
<p>N/A</p>							
<p>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</p> <p style="padding-left: 20px;">a. Names of the programs being consolidated</p> <p style="padding-left: 20px;">b. The rationale for consolidation</p> <p style="padding-left: 20px;">c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)</p>							
<p>N/A</p>							
<p>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</p>							
	Prevention	Early Intervention					
Total Individuals:	672	N/A					
Total Families:	504	N/A					

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI SI 3: Resilience Promotion in African American Children

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The RFQ for the Resilience Promotion in African American Childrens Services was released on April 9, 2009 and publicly advertised to over 400 community based organizations, listed in 8 local newspapers, and listed on the County's website. DBH received six applications as a result of this RFQ; however the procurement was terminated as all applications were incomplete. This was not a competitive bid process. DBH proceeded to re-release the Resilience Promotion in African American Children Services RFQ on January 26, 2010 and provide a mandatory technical assistance conference to potential proposers. The technical assistance conference covered an in depth overview of program requirements and expectations including the target population, program design and budgetary/financial guidelines. Eleven agencies attended the mandatory technical assistance conference and received applications from four agencies. Two of the four applicants did not meet the minimum requirements for this program and were not selected to be placed on the vendor list. The two remaining agencies met the minimum qualifications, however DBH recommended contracting with The LaBaron Group, Inc., as their response provided a greater number of services and best met the needs of the program and the department. The Resilience Promotion in African American Children Services Contract term is for the period of July 1, 2010 through June 30, 2013.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:	<div style="margin-bottom: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$255,701</td> <td style="padding: 2px;">\$344,000</td> <td style="padding: 2px;">35%</td> </tr> </tbody> </table> </div> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.		FY 10/11 funding	FY 11/12 funding	Percent Change	\$255,701	\$344,000	35%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$255,701			\$344,000	35%				
			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)								
N/A								

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	1400	240
Total Families:	240	240

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI CI 1: Promotores de Salud

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

On January 27, 2009 (Item No. 57), the County of San Bernardino Board of Supervisors approved standardized Request for Proposal and Request for Qualifications (RFQ) templates to procure PEI Promotores de Salud services. The Department of Behavioral Health (DBH) released a RFQ on April 28, 2009, utilizing the Board approved template, to solicit vendors for the Promotores de Salud (Community Health Workers) program for the period of August 17, 2009 through June 30, 2012. DBH received two applications as a result of this RFQ; however, the procurement was terminated as both applications were incomplete.

On November 17, 2009 (Item No. 27) the Board authorized the Director of DBH to re-release the RFQ to solicit vendors to provide Promotores de Salud (Community Health Workers) program services in the West Valley, Central/East Valley, and Desert/Mountain regions of the County for the period of May 11, 2010 through June 30, 2013. DBH publicly advertised the RFQ through direct mailing to over 400 community based organizations, published in eight local newspapers, and listed on the County's web site. A total of 15 agencies attended the mandatory application conference and technical assistance workshop designed to provide a more in depth overview of program requirements and expectations including the target population, program design, and budgetary/financial guidelines.

EI Sol Neighborhood Educational Center was contracted to provide PEI Promotores de Salud services for the period of May 11, 2010 through June 30, 2013.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	0	English	0	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p> <p>Promotores de Salud Program was awarded to El Sol Neighborhood Educational Center for the period of May 11, 2010 through June 30, 2013. In FY 09/10 the Promotores de Salud program began hiring staff for the program and setting timelines and benchmarks for the upcoming fiscal year to begin implementation of the program. No services to unserved, inappropriately served and underserved populations were provided in FY 09/10. Implementation of the program did not begin until FY 10/11 July 1, 2010.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>No data has been collected at this time.</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div>							
<table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px 5px;">FY 10/11 funding</th> <th style="padding: 2px 5px;">FY 11/12 funding</th> <th style="padding: 2px 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">\$111,497</td> <td style="padding: 2px 5px;">\$575,000</td> <td style="padding: 2px 5px;">416%</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$111,497	\$575,000	416%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$111,497			\$575,000	416%				
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,								
<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p>								
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
The Promotores de Salud Mental program is a prevention only program; therefore the local evaluation of this program will only be focused on prevention.								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
<ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 								
N/A								

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	7,840	
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI CI 2: Family Resource Center

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	233	White	330	English	(not collected)	LGBTQ	(not collected)
Transition Age Youth (16-25)	23	African American	36	Spanish		Veteran	
Adult (18-59)	287	Asian	1	Vietnamese		Other	
Older Adult (60+)	72	Pacific Islander	2	Cantonese			
		Native American	1	Mandarin			
		Hispanic	214	Tagalog			
		Multi		Cambodian			
		Unknown	31	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>Developed and Released a Request for Proposal (RFP) for Family Resource Centers. Approved 2 contractors to expand existing Family Resource Centers on 10/27/09.</p> <p>DBH reviewed their existing RFP business process for clarity and inclusiveness. As a result, the RFP was re-released 11/17/09 and a detailed Technical Assistance session was conducted on 12/06/09 in addition to the 12/09/09 Bidders Conference. This TA session allowed the opportunity for diverse community organizations to gain a clear understanding and to ensure adequate response to the RFP. As a result, DBH was able to offer contracts to additional community-based providers to begin Family Resource Center services effective in FY 10-11.</p> <p>3 new FRC's contracts were awarded to serve the High Desert, West End, and Central Valley. Additionally, we were able to offer expansion to 2 established FRC's in the West End and 4 established FRC's in the East Valley to include Prevention and Early Intervention services to diverse populations.</p> <p>Including the two expanded FRC's awarded in October 2009, DBH will be able to support a total of 11 FRC's, in various capacity, across the county to our diverse populations.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>Evaluation has not been conducted for this program.</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:	<div style="margin-bottom: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px 5px;">FY 10/11 funding</th> <th style="padding: 2px 5px;">FY 11/12 funding</th> <th style="padding: 2px 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">\$1,626,099</td> <td style="padding: 2px 5px;">\$3,338,604</td> <td style="padding: 2px 5px;">105%</td> </tr> </tbody> </table> </div> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.		FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,626,099	\$3,338,604	105%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$1,626,099			\$3,338,604	105%				
			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)								
N/A								

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	8550	1283
Total Families:	6413	962

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI CI 3: Native American Resource Center

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

On January 27, 2009 the County of San Bernardino Board of Supervisors (BOS) authorized the release of a procurement (Request for Qualifications (RFQ) for Native American Resource Center (NARC) Prevention and Early Intervention Services) which unfortunately did not result in a contract award. The NARC potential proposer did not meet the minimum requirements and expectations of the procurement request. A contract was not awarded in FY 09/10. On March 2, 2010 the BOS authorized the re-release of a RFQ to solicit vendors to operate a NARC for Native Americans of all ages throughout San Bernardino County. DBH publically advertised the RFQ through direct mailing to over 400 community based organizations, listed in eight local newspapers, and posted on the County's website. Five agencies attended the mandatory qualification conference and technical assistance workshop. Three applications were received during this second procurement process and two of the three applicants did not meet the minimum requirements. The NARC contract was awarded to Riverside-San Bernardino Indian Health Inc. for the period of July 1, 2010 through June 30, 2010.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

				Other			

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
N/A
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
N/A

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$322,227</td> <td>\$433,500</td> <td>35%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$322,227	\$433,500	35%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$322,227	\$433,500	35%						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Services that will be offered at the center have been changed to meet the needs of the diverse Native American/Alaskan Native communities of San Bernardino County.

Universal: Gathering of Native-Americans (GONA)
Changes: GONA will be replaced with various culturally appropriate conferences, events and gatherings that focus on behavioral health prevention concepts, cultural awareness and healthy life choices for Native American/Alaskan Native individuals and families. Activities will include, but are not limited to, ritual and healing circles, workshop and lectures that incorporate culture, traditional teaching and values to strengthen individuals and families. Conferences, events and gatherings will take place several times throughout the year and target all age groups. Events will be offered in rotating locations thorough the county. Events will provide a safe and natural setting to reduce the stigma about mental illnesses. Activities will also incorporate traditional arts and crafts to address mental health concerns.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

Selective/indicated: Parenting Wisely
 Parenting wisely will be replaced with a broader range of programs and activities to reduce family conflict, improve child behavior, improve parenting skills and improve communication among families. Parenting Wisely will be replaced to include, but not limited to, Baby Think it over (Teenage Pregnancy), Cultural Parenting and Education (Price Parenting & Sacred Path to Indigenous Wellness) and Wellbriety (Sons & Daughters of Tradition).

Universal: Stone (Sweat) Lodge
 Sweat Lodges will be replaced to include, but not limited to, a broader range of culturally appropriate healing practices and activities for providing behavioral health prevention and early intervention. Such as Talking Circles, and Drumming Circles (DARTNA) that will focus on various behavioral health concepts. Activities will allow for drug and substance abuse counseling, provide a positive environment for the client to become emotionally stable and educate clients on prevention and early intervention strategies that are specific to Native Americans.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	1464	288
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Bernardino

Program Number/Name: PEI CI 4: NCTI Crossroads Education Program

Please check box if this program was selected for the local evaluation

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	826	White	483	English	(not collected)	LGBTQ	(not collected)
Transition Age Youth (16-25)	281	African American	168	Spanish		Veteran	
Adult (18-59)	73	Asian	10	Vietnamese		Other	
Older Adult (60+)		Pacific Islander	18	Cantonese			
Unknown	17	Native American	12	Mandarin			
		Hispanic	435	Tagalog			
		Multi	71	Cambodian			
		Unknown	0	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>The Department of Behavioral Health (DBH) was able to utilize existing contracted providers to implement NCTI Crossroads Education programs for diverse population across the counties while a Request for Proposal was developed and released. During this pilot phase of implementation, DBH coordinated the training and facilitator certification process with the program developers, ensuring provider staff was appropriately trained in delivery of the curriculum and program. Additionally, DBH received feedback from contracted providers that the cost of purchasing the curricula was higher than anticipated. Upon analysis, DBH discovered that the cost to run the program could be reduced through the centralized purchase of a license agreement and data collection system, allowing DBH to duplicate materials and manage data analysis.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>Evaluation data for the program was being developed during FY 09-10 and pre/post evaluation data will be available next fiscal year..</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$743,315</td> <td style="text-align: center;">\$575,000</td> <td style="text-align: center;">23%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$743,315	\$575,000	23%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$743,315	\$575,000	23%						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)								
N/A								

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	886	
Total Families:	665	

PREVIOUSLY APPROVED PROGRAM
Innovation

County: San Bernardino

Program Number/Name: INN 01: Online Diverse Community Experience

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The approval letter was received on 03/03/2010, and INN has initiated the planning stages of this program.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Not applicable

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:

- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
- b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
- c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
- d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Not applicable

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	
Not applicable	

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.
Page 2 of 2

PREVIOUSLY APPROVED PROGRAM
Innovation

County: San Bernardino

Program Number/Name: INN 02: CASE

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The approval letter was received on 03/03/2010, and INN has initiated the planning stages of this program.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Not applicable

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:

- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
- b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
- c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
- d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Not applicable

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	
Not applicable	

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.
Page 2 of 2

PREVIOUSLY APPROVED PROGRAM
Innovation

County: San Bernardino

Program Number/Name: INN 03: Community Resiliency Model

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The approval letter was received on 03/03/2010, and INN has initiated the planning stages of this program.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Not applicable

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:

- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
- b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
- c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
- d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Not applicable

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	
Not applicable	

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.
Page 2 of 2

PREVIOUSLY APPROVED PROGRAM
Innovation

County: San Bernardino

Program Number/Name: INN 04: Holistic Campus

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The approval letter was received on 03/03/2010, and INN has initiated the planning stages of this program.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Not applicable

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:

- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
- b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
- c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
- d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Not applicable

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	
<p>Throughout the early implementation process, Innovations recognized that the Cultural Competence aspect was not as prevalent within the project as originally designed; therefore, additional funds were added in order to enhance the culturally specific component of the project. Also, an additional year was added, expanding it from a three-year program into a four-year program to expand the learning opportunities.</p>	

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

PREVIOUSLY APPROVED PROGRAM
Innovation

County: San Bernardino

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

Date: February 28, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Funding was approved for fiscal year 2010-2011.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Not applicable

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:

- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
- b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
- c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
- d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Not applicable

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	
Not applicable	

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.
Page 2 of 2

County: San Bernardino

Date: 2/28/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$39,143,000			\$9,736,500	\$2,570,200	
2. Transfer from FY 11/12 ^{a/}						
3. Adjusted Component Allocation	\$39,143,000					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$50,881,866			\$14,248,732	\$2,570,200	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$15,101,838			\$18,534,102	\$7,164,092	
a. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11	\$3,362,972			\$14,021,870	\$7,164,092	
c. Unexpended Funds from FY 10/11	\$0			\$0	\$0	
d. Total Net Available Unexpended Funds	\$11,738,866			\$4,512,232	\$0	
4. Total FY 2011/12 Funding Request	\$39,143,000	\$0	\$0	\$9,736,500	\$2,570,200	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}						
5. Unapproved FY 10/11 Component Allocations ^{b/}						
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$39,143,000			\$9,736,500	\$2,570,200	
Sub-total	\$39,143,000	\$0	\$0	\$9,736,500	\$2,570,200	
7. Access Local Prudent Reserve	\$0					
8. FY 2011/12 Total Allocation^{c/}	\$39,143,000	\$0	\$0	\$9,736,500	\$2,570,200	

NOTE:

- Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
- Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
- Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
- Line 3.d. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
- Line 3.d. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

^{a/}Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

^{b/}For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

^{c/} Must equal line B.4. for each component.

CSS FUNDING REQUEST

County: San Bernardino

Date: 2/28/2011

CSS Programs		FY 11/12 Requested MHPA Funding	Estimated MHPA Funds by Service Category				Estimated MHPA Funds by Age Group					
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHPA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs												
1.	C-1	Comprehensive Child and Family Support System	\$3,868,227	\$3,868,227	\$0	\$0	\$0	\$3,790,862	\$77,365	\$0	\$0	
2.	C-2	Integrated New Family Opportunities (INFO) Program	\$819,969	\$655,975	\$163,994	\$0	\$0	\$254,190	\$565,779	\$0	\$0	
3.	TAY-1	One-Stop Center	\$5,157,855	\$4,126,284	\$618,943	\$412,628	\$0	\$0	\$5,157,855	\$0	\$0	
4.	A-1	Consumer - Operated Peer Support System	\$1,563,326	\$0	\$1,406,993	\$156,333	\$0	\$0	\$0	\$1,563,326	\$0	
5.	A-2	Forensic Integrated Mental Health Services	\$4,641,807	\$4,548,971	\$92,836	\$0	\$0	\$0	\$0	\$4,641,807	\$0	
6.	A-3	Hospital High User ACT Team	\$2,070,001	\$2,070,001	\$0	\$0	\$0	\$0	\$0	\$2,070,001	\$0	
7.	A-4	Crisis Walk-In Center	\$5,812,974	\$0	\$5,231,677	\$581,297	\$0	\$1,162,595	\$2,034,541	\$2,034,541	\$581,297	
8.	A-5	Psychiatric Diversion Team at ARMC	\$1,748,134	\$0	\$1,748,134	\$0	\$0	\$0	\$0	\$1,748,134	\$0	
9.	A-6	Community Crisis Response Team	\$5,302,413	\$0	\$4,507,051	\$795,362	\$0	\$1,325,603	\$1,855,845	\$1,855,845	\$265,121	
10.	A-7	Homeless Intensive Case Management and Outreach	\$6,357,730	\$3,814,638	\$2,543,092	\$0	\$0	\$0	\$0	\$6,357,730	\$0	
11.	A-8	Alliance for Behavioral and Emotional Treatment	\$370,000	\$370,000	\$0	\$0	\$0	\$85,100	\$33,300	\$148,000	\$103,600	
12.	OA-1	Circle of Care: System Development	\$975,898	\$0	\$731,924	\$243,975	\$0	\$0	\$0	\$0	\$975,898	
13.	OA-2	Case Management	\$827,984	\$496,790	\$331,194	\$0	\$0	\$0	\$0	\$0	\$827,984	
14.			\$0									
15.			\$0									
16.	Subtotal: Programs ^{a/}		\$39,516,318	\$19,950,886	\$17,375,837	\$2,189,595	\$0	\$6,618,351	\$9,724,684	\$20,419,383	\$2,753,900	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$11,365,548									29%
18.	Plus up to 10% Operating Reserve											#VALUE!
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$50,881,866									
New Programs/Revised Previously Approved Programs												
1.			\$0									
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs											#DIV/0!
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0									
10.	Total MHPA Funds Requested for CSS		\$50,881,866									

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

50.50%

Additional funding sources for FSP requirement:

County must provide the majority of MHPA 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/MHPA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$19,950,886	\$2,752,581	\$0	\$9,527,984	\$0	\$855,000	\$0	\$0	\$69,000	\$33,155,451	84%

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 2011/12 annual update/update are true and correct.

Allan Rawland, Director Mental Health Director/Designee	 _____ Signature	4/11/11 _____ Date
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County of San Bernardino
Department of Behavioral Health

FY 2011/12 Mental Health Act Annual Plan Update

EXHIBIT E1 – Addendum: OTO Balance for FY 11-12

Administration:

The total of \$1,550,295 was included in FY 11/12 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 08/09 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 11/12.

Also, stated under II, FY 08/09 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	350,036
Cultural Competency Activities	169,728
Capital Purchases	571,158
Improving Information Technology Systems	459,373
TOTAL	1,550,295

PEI FUNDING REQUEST

County: San Bernardino

Date: 2/28/2011

PEI Programs			FY 11/12 Requested MHA Funding	Estimated MHA Funds by Type of Intervention		Estimated MHA Funds by Age Group				
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs										
1.	SE-3	Community Wholeness and Enrichment	\$1,096,898	\$658,139	\$438,759	\$10,969	\$208,411	\$855,580	\$21,938	
2.	SE-2	Child and Youth Connection	\$1,141,282	\$1,141,282	\$0	\$521,680	\$291,483	\$302,668	\$25,451	
3.	CI-4	NCTI Crossroads Education Classes	\$575,000	\$575,000	\$0	\$195,500	\$345,000	\$34,500		
4.	SI-1	Student Assistance Program	\$1,850,000	\$1,757,500	\$92,500	\$1,465,755	\$138,380	\$244,385	\$1,480	
5.										
6.										
7.										
8.										
9.										
10.										
11.			\$0							
12.			\$0							
13.			\$0							
16.	Subtotal: Programs*		\$4,663,180	\$4,131,921	\$531,259	\$2,193,904	\$983,274	\$1,437,133	\$48,869	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$700,439							15%
18.	Plus up to 10% Operating Reserve		\$537,003							10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$5,900,623							
New/Revised Previously Approved Programs										
1.	CI-2	Family Resource Center	\$3,338,604	\$3,338,604	\$0	\$1,101,739	\$300,474	\$1,936,390		
2.	SE-5	Lift	\$396,000	\$396,000	\$0		\$396,000			
3.	SE-4	Military Services and Family Support	\$300,000	\$42,000	\$258,000	\$159,000	\$33,000	\$108,000		
4.	CI-3	Native American Resource Center	\$433,500	\$433,500		\$108,375	\$108,375	\$173,400	\$43,350	
5.	SE-1	Older Adult Community Services Program	\$900,000	\$846,000	\$54,000				\$900,000	
6.	SI-2	Preschool PEI Project	\$312,192	\$312,192	\$0	\$312,192				
7.	SI-3	Resilience Promotion in African-American Children	\$344,000	\$344,000	\$0	\$344,000				
8.	CI-1	Promotores de Salud	\$575,000	\$575,000	\$0		\$143,750	\$431,250		
9.	Subtotal: Programs*		\$6,599,296	\$6,287,296	\$312,000	\$2,025,306	\$981,599	\$2,649,040	\$943,350	Percentage
10.	Plus up to 15% Indirect Administrative Costs		\$989,894							15.0%
11.	Plus up to 10% Operating Reserve		\$758,919							10.0%
12.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$8,348,109							
13.	Total MHA Funds Requested for PEI		\$14,248,732							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 year 55%

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

INN FUNDING REQUEST

County: SAN BERNARDINO

Date: 2/28/2011

INN Programs		FY 11/12 Requested MHSA Funding	
No.	Name		
Previously Approved Programs			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.	Subtotal: Programs	\$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs	\$0	#DIV/0!
18.	Plus up to 10% Operating Reserve	\$0	#DIV/0!
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$0	
New Programs			
1.	INN06 TAY Behavioral Health Hostel	\$2,031,779	
2.			
3.			
4.			
5.			
6.	Subtotal: Programs	\$2,031,779	Percentage
7.	Plus up to 15% Indirect Administrative Costs	\$304,767	15.00%
8.	Plus up to 10% Operating Reserve	\$233,655	10.00%
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$2,570,200	
10.	Total MHSA Funds Requested for INN	\$2,570,200	

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Bernardino

Completely New Program

Program Number/Name: PEI SE 1: Older Adult Community Services

Date: February 28, 2011

Revised Previously Approved Program

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
No Changes				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations. No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

3. PEI Program Description (attach additional pages, if necessary).

No Changes

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
	Prevention	Early Intervention	
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
No Changes

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)		\$200,000	\$700,000	
5.	Other Expenditures				
	Total Proposed Expenditures				\$900,000
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					\$900,000
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.</p>
<p>No Changes- the funding requested aligns with the funding amounts in the contracts with community based organizations and a memorandum of understanding with the County Department of Aging and Adult Services.</p>

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Bernardino

Completely New Program

Program Number/Name: PEI SE 4: Military Services and Family Support Program

Date: February 28, 2011

Revised Previously Approved Program

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
No Changes				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations. No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

3. PEI Program Description (attach additional pages, if necessary).

No Changes

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
	Prevention	Early Intervention	
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
No Changes

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)			\$300,000	
5.	Other Expenditures				
	Total Proposed Expenditures			\$300,000	\$300,000
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					\$300,000
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.</p>
<p>No Changes- the funding requested aligns with the funding amounts in the contracts with community based organizations.</p>

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Bernardino

Completely New Program

Program Number/Name: PEI SE 5: LIFT Program

Date: February 28, 2011

Revised Previously Approved Program

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
No Changes				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations. No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

3. PEI Program Description (attach additional pages, if necessary).

No Changes

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
	Prevention	Early Intervention	
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
No Changes

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)		\$396,000		
5.	Other Expenditures				
	Total Proposed Expenditures				
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					\$396,000
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

No Changes- the funding requested aligns with the funding amounts in the Memorandum of Understanding with another County Department.

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Bernardino

Completely New Program

Program Number/Name: PEI SI 2: Preschool Services Program

Date: February 28, 2011

Revised Previously Approved Program

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
No Changes				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations. No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

3. PEI Program Description (attach additional pages, if necessary).

No Changes

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
	Prevention	Early Intervention	
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
No Changes

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)		\$312,192		\$312,192
5.	Other Expenditures				
	Total Proposed Expenditures		\$312,192		\$312,192
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					\$312,192
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.</p>
<p>No Changes- the funding requested aligns with the funding amounts in the memorandum of understanding with another County Department.</p>

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Bernardino

Completely New Program

Program Number/Name: Resilience Promotion in African American Children's Services

Date: February 28, 2011

Revised Previously Approved Program

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
No Changes				
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations. No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

3. PEI Program Description (attach additional pages, if necessary).

No Changes

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
	Prevention	Early Intervention	
No Changes	Individuals: Families:		
	Individuals: Families:		
	Individuals: Families:		
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
No changes

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)			\$344,000	
5.	Other Expenditures				
	Total Proposed Expenditures			\$344,000	\$344,000
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					\$344,000
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.</p>
<p>No changes</p>

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Bernardino

Completely New Program

Program Number/Name: Promotores de Salud (Community Health Workers)

Date: February 28, 2011

Revised Previously Approved Program

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations. No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

3. PEI Program Description (attach additional pages, if necessary).

No changes to the previously approved Promotores de Salud Mental (Community Health Workers) Project to expand the project to include additional cultural communities. The request to expand the Promotores de Salud Mental (Community Health Workers) Program was approved by the MHSOAC in April of 2009 as a component of the Fiscal Year (FY) 2008-09 Mental Health Services Act Prevention and Early Intervention augmentation funding request to the counties MHSAs Three-Year Program and Expenditure Plan/Technical Assistance and Capacity Building funding request. Unspent funds are now being requested to target additional cultural groups as previously approved for FY 11/12.

Additionally a toolkit will be developed to allow for the expansion of the project to include additional cultural communities. Additional cultural communities may include the following underserved populations: Asian-pacific Islander, African American, Lesbian Gay Bisexual Transgender and Questioning (LGBTQ) and Native American. The Tool Kit will include community presentations, marketing materials and a general curriculum that can be updated and revised to meet the needs of culturally diverse populations that will be targeted for the expansion of the Promotores de Salud (Community Health Workers Project).

4. Activities	Proposed number of individuals or families through	Number of
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NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

Activity Title	PEI expansion to be served through June 2012 by type of prevention:			months in operation through June 2012
		Prevention	Early Intervention	
Promotores de Salud (Community Health Workers)	Individuals: Families:	4000		7
	Individuals: Families:			
	Individuals: Families:			
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	4000		

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
No changes

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)			\$550,000	
5.	Other Expenditures	\$25,000			
	Total Proposed Expenditures	\$25,000		\$550,000	\$575,000
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					\$575,000
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.</p>
<p>No Changes- the funding requested aligns with the funding amounts to be awarded to community based organizations. The "other Expenditures" line item reflects the amount of resources to be utilized to develop and create a sustainable Promotores tool kit that may be utilized by CBO and County staff.</p>

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Bernardino

Completely New Program

Program Number/Name: PEI CI 2: Family Resource Center

Date: February 28, 2011

Revised Previously Approved Program

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
No Changes				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations. No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

3. PEI Program Description (attach additional pages, if necessary).

No Changes

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
	Prevention	Early Intervention	
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
No Changes	Individuals: Families:		
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
Additional funding will be utilized for a one time only project allowing FRC's to perform community asset mapping.

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)			\$3,338,604	\$3,338,604
5.	Other Expenditures				
	Total Proposed Expenditures				\$3,338,604
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					\$3,338,604
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.</p>
<p>No Changes- the funding requested aligns with the funding amounts in the contracts with community based organizations.</p>

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: San Bernardino

Completely New Program

Program Number/Name: Native American Resource Center

Date: February 28, 2011

Revised Previously Approved Program

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
No Changes				
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations. No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

3. PEI Program Description (attach additional pages, if necessary).

No Changes

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
	Prevention	Early Intervention	
No Changes	Individuals: Families:		
	Individuals: Families:		
	Individuals: Families:		
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
No changes

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)			\$433,500	
5.	Other Expenditures				
	Total Proposed Expenditures			\$433,500	\$433,500
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					\$433,500
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.</p>
<p>No changes</p>

NEW/REVISED PROGRAM DESCRIPTION
Innovation

County: San Bernardino

Completely New Program

Program Number/Name: INN-06 TAY Behavioral Health Hostel

Date: February 28, 2011

Revised Previously Approved Program

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

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

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

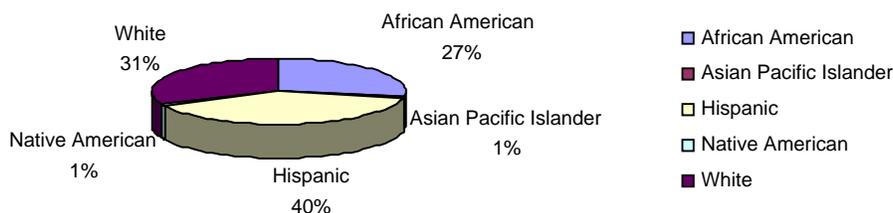
This Innovation introduces the **Transitional Aged Youth (TAY) Behavioral Health Hostel**. This project will serve all diverse TAY, and will emphasize providing culturally and linguistically appropriate services to all diverse TAY. However, two groups have been identified by our stakeholders as needing specialized services, former foster youth, dependants, and wards (collectively referred to in this document as former system involved youth) and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) TAY.

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, aged out foster 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, 70 comments submitted through the input process called for increased services for these diverse TAY. Stakeholders identified the need for greater access for this underserved group. Stakeholders identified that the diverse TAY population is vulnerable and at risk of law enforcement involvement, homelessness, hospitalization, sexual exploitation, and violence. Further, stakeholders identified that the "basic needs" of TAY need to be met in order to effectively provide any other collaborative services. An increased focus on providing for TAY with resources is needed to support the transition from foster youth to adulthood when necessary

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:

Ethnicity of Children/Youth in Foster Care



¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

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CFS research shows that 50% of former system involved youth experience subsequent homelessness, incomplete educational achievement, joblessness, incarceration, increased drug use, and higher incidents of mental or emotional crisis. 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. Currently in TAY services provided in the County of San Bernardino 12% of consumers identify as former system involved youth.

An extensive stakeholder self study process conducted by CFS, that included foster youth, caregivers, child welfare and mental health professionals, identified the absence of basic needs (housing, clothing, food) being met as a contributing factor. The stakeholders also emphasized the importance of peers having an active voice and leadership role in all aspects of service planning and delivery. Stakeholders felt this was critical to improving youth engagement and enhancing permanency outcomes and the wellbeing of foster youth long term.

Documentation on LGBT youth demographics is limited but various estimates place the size of the lesbian, gay, and bisexual (LGB) population of the United States somewhere between 3% and 10%. Locally, the California Health Interview Survey (CHIS), a household based random sample survey, estimates the LGB adult population of the Inland Empire at 3.1%. It should be noted that it is likely that these studies underestimate the gay, lesbian and bisexual population due to reluctance of some to come out to an interviewer or on a survey. Currently In TAY services provided in the County of San Bernardino 22% of consumers identify as being LGBTQ.

Assuming that youth exhibit the same range of sexuality as those in older cohorts then the LGB youth (13 – 24 years) population in the Inland Empire today ranges from 27,110 – 90,365 individuals.

Based on the few random sample studies that exist it appears that the LGB community is as racially diverse as the overall population. Therefore, we are able to apply the same 3-10% range to each sub-population (see table).

	2009 Estimated Gay, Lesbian, and Bisexual Youth 13 -24 Years Old, Inland Empire, CA 3% - 10%
White	9,242 – 30,806
Hispanic	13,344 – 44,479
Black	2,564 – 8,547
Asian	1,191 – 3,969
Pacific Islander	58 - 193
American Indian	157 - 524
Multirace	554 – 1,848
Total	27,110 – 90,365

There is limited national and/or local data available on transgender people so these estimates undercount the full LGBT population. Some organizations and researchers are speculating that 0.25 – 1% of the US population is transgender but there are no studies to support this. It is important to note that transgender people exhibit the full range of sexual orientations, from homosexual to bisexual and heterosexual.

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2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The TAY Behavioral Health Hostel contributes to learning by **making a change to an existing mental health practice** that in theory is being practiced in behavioral health systems but is not specific to the TAY population and is not peer run. Previously in San Bernardino County, TAY in crisis could enter the DBH system through interagency referrals, outpatient clinics, TAY centers, and/or Community Crisis teams. TAY could be immediately referred to outpatient treatment or in severe cases inpatient hospitalization in a locked facility. However, for the TAY who require a higher level of care than our standard outpatient services, but do not require inpatient hospitalization we propose the TAY Behavioral Health Hostel. The TAY Behavioral Health Hostel intends to **increase access** to the culturally and linguistically diverse group of unserved, underserved, and inappropriately served TAY in San Bernardino County.

Youth Hostels were established in the early 1900's in Germany, These first Youth Hostels were an exponent of the ideology of the Youth Movement to let poor city children breathe fresh air outdoors. The youth were supposed to manage the hostel themselves as much as possible, doing chores to keep the costs down and build character as well as being physically active outdoors. Many nations utilize the Hostel framework to achieve appropriate skills needed for life interpersonal communication skills building in a milieu of peer support with a focus on developing wellness and resilience.

Currently in the public behavioral health system crisis stabilization programs exist as an alternative for adults who are suffering from a mental or emotional crisis. These programs are standard and do not provide the peer designed/supported, culturally and linguistically appropriate environment that our stakeholders have identified as a successful model for service delivery. Furthermore, the lack of TAY specific crisis stabilization programming reduces the effectiveness these programs. Due to the unique needs of the TAY population it is imperative to have peer designed/supported, culturally and linguistically appropriate, TAY based programming in order to be effective. The TAY population has specific needs that must be addressed and current adult crisis stabilization housing programs treat all adults as just that, adults.

The County of San Bernardino has identified that TAY in crisis often present with and experience anxiety with regards to:

- Lack of purpose in Life: TAY often experience crisis because they are confused about what type of education or vocation to pursue. They may have attempted to finish high school, attend vocational or college classes and/or attempted employment and have been unsuccessful.
- Sexual and gender identity issues: TAY may become confused and experience crisis as they start to question whether they identify with being straight, gay, lesbian, bi-sexual, and/or transgender. Often time incidents of sexual abuse can cause TAY to become even more confused depending on the gender of the abuser(s) in relation to the youth's own identified gender.
- Cultural identity issues: Many former system involved TAY struggle with what culture they identify with. Many former system involved TAY who are African American and/or Latino may be raised in a different cultural background in foster care. In addition, if these TAY have been in multiple placements or in residential placement for much of their lives, they may identify with multiple cultures and struggle with 'where do I belong' type questions when they emancipate from the system.
- Addiction: Addictive behavior can cause a 'feeling of hopelessness'. Drug and alcohol use as well as eating disorder issues are only three of the addictive behaviors that could cause a crisis to occur.

This peer designed innovative TAY Behavioral Health Hostel will operate on the principal of choice, wellness, recovery and resilience as defined by the client. Even when in crisis, TAY are entitled and capable of making their own informed choices about healing and crisis stabilization. With the numerous access points to DBH services, TAY who are experiencing an emotional or mental crisis and are linked with any number of services including but not limited to the Access Unit, Crisis Response Teams, Crisis Walk In Clinics, Emergency rooms, law enforcement Agencies, and/or Children & Family Services will be presented with the TAY Behavioral Health Hostel as an alternative to inpatient hospitalization. This Hostel will be a connection to all of the TAY services provided by the Department of Behavioral Health. This Hostel will incorporate the tenants of recovery, resilience, peer support, and cultural competence early in the crisis stabilization process. The Hostel will strive to provide a peer-based environment that nurtures the informed individual decision making process, provides links to community resources, reinforces the responsibility each person has for themselves, and provides skills for managing crisis. The Hostel will serve all TAY and will provide culturally and linguistically competent service to all including serving the most vulnerable of the TAY population ethnically and linguistically diverse former system involved TAY and LGBTQ TAY.

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

These components are:

- Establishment of an innovative TAY Behavioral Health Hostel model that supports diverse TAY during times of crisis while still allowing for freedom of choice.
- Design of an innovative culturally & linguistically appropriate TAY focused crisis stabilization program that allows for freedom of choice while focusing on wellness, recovery, and resilience.
- Development of innovative culturally and linguistically appropriate services for all TAY with targeted services for diverse former system involved youth, and the LGBTQ population.

This project will explore and test the implementation of innovative approaches that empower and support culturally and linguistically diverse TAY in the process of crisis stabilization and transition to adulthood. Identifying a peer designed/supported culturally & linguistically competent model of crisis stabilization services including but not limited to housing, mentorship activities, life skills coaching, peer support networks, coping techniques, & community resource linkages.

- **Establishment of an innovative TAY Behavioral Health Hostel model that supports diverse TAY during times of crisis while still allowing for freedom of choice.**

This project will develop and implement a TAY Behavioral Health Hostel in which TAY ages 18-25 can utilize as an alternative to inpatient hospitalization during times of crisis. The County of San Bernardino will solicit input from and consult with experts in the field of TAY. Social workers, clinicians, probation officers, and other professionals will be represented during the design of this Hostel. Ideas and perspectives of current & former system involved youth and individuals who suffered through crisis as a TAY and subsequently were mandated or utilized services such as homeless shelters, locked facilities, and/or crisis stabilization programs will be the corner stone of the Hostel design. To ensure that peer and community input drives and supports the direction and the learning process of the Hostel, a Peer Advisory Board will be established to oversee the design and operation.

The Peer Advisory Board represents an innovative part of the development of this Hostel. Individuals from the cultures and ethnicities identified as priority populations for Innovation will be recruited for the design of the Hostel. This Peer Advisory Board will be primarily comprised of and run by peers as well as by vested community groups. During the planning and implementation stages of this project, peers will be recruited for the Peer Advisory Board and requested to provide input into the Hostel's design and implementation strategy.

The TAY Behavioral Health Hostel will be a free and voluntary temporary crisis stabilization program with a general length of stay between fourteen & thirty days. However length of stay will be dependent on the participants needs, but will not exceed three months. The Hostel will be a 24/7 program with a staffing model generally consistent with the staffing plan in item 5 of this exhibit. The Hostel will be a supportive environment that relies on a peer-model of helping and the staffing plan is a reflection of this. The Hostel will be at minimum 80% peer run by individuals representing the County's diverse ethnic communities and cultures. These cultures may include but are not limited to former system involved youth and the LGBTQ population. The Hostel will implement culturally & linguistically competent policies, procedures, rules, regulations, and values designed to serve diverse TAY in times of crisis. TAY will be provided with meals, on-site laundry accommodations, medication storage and dispensing, and linkages to community resources. With the Hostel itself being in close proximity to public transportation and community based resources.

- **Design of an innovative culturally & linguistically appropriate TAY focused crisis stabilization program that allows for freedom of choice while focusing on wellness, recovery, and resilience.**

Through the Peer Advisory Board the TAY Behavioral Health Hostel will identify and implement culturally and linguistically appropriate crisis stabilization services. The emphasis of these services will be on the inclusion of culturally and linguistically specific techniques to address crisis. The Hostel will work with local Community Based Organizations to design and implement services that are relevant to TAY. These services will all have an emphasis on the transition to adulthood and the challenges that many TAY face while making that transition.

These services can include but are not limited to:

- 24/7 on site supervision
- Case Management

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- Family Counseling
- Vocational Counseling
- Advocacy
- PTSD Therapy
- Western Crisis Stabilization and Intervention Services
- Social Rehabilitation
- Budgeting & Finance Training
- Traditional Culturally Specific Crisis Stabilization & Intervention Activities
- Violence Prevention
- Client Treatment & Rehabilitation Plans
- Mental Health Assessments
- Multi Disciplinary Team
- Individual and Group Therapy
- Independent Living Skills Training
- Anger Management
- Job Search Training
- Community Enrichment Activities
- Suicide Prevention
- Anger Management

Services provided through the Hostel will have an intense crisis stabilization focus. Services will be designed to provide an intensive treatment program that will prepare clients for a stepped down version of community based services after discharge. Services provided through the Hostel will be short term, goal oriented, stabilization focused, and will allow clients the opportunity to manage capable aspects of their life while experiencing crisis.

Services at the Hostel will be provided in a structured seven days per week curriculum. Upon initial assessment TAY will be presented with a menu of crisis focused services. The TAY and their case manager will work collaboratively to select the services that are most appropriate for each TAY. These services will be added to the TAY’s treatment & rehabilitation plan. The TAY’s satisfaction and the effectiveness of each service will be monitored on a weekly basis. Due to the menu of services offered at the hostel participants will build a sense of self determination and maintain freedom of choice while planning their own treatment.

In addition to the services offered at the Hostel, community resources/services will also be available as an option for each TAY. As envisioned the Behavioral Health Hostel will be a hub for local community resources/services that will support a TAY during times of crisis. These community resources/services will be developed through a collaborative effort which incorporates resources from the Department of Behavioral Health, Probation, Public Health, Children & Family Services, and Community Based Organizations.

Additional services will offered at the existing TAY centers. These TAY centers will have a strong connection to the TAY Behavioral Health Hostel and will provide additional supports to Hostel clients. A clinical therapist as well as a PFA will be assigned to provide crisis intervention services on site at the TAY center. The TAY crisis team will work in collaboration with the TAY Behavioral Health Hostel to establish additional goals that will facilitate crisis stabilization. The TAY center crisis stabilization team will also work to connect TAY to additional community resources that are specifically needed for that TAY’s circumstance such as Rainbow Pride Youth Alliance (RPYA) Therapeutic Behavioral Services (TBS), Wraparound services, Young Visionaries, Community faith based organizations, Club Houses in the area, and Twelve step meetings

• **Development of innovative culturally and linguistically appropriate services for all TAY with targeted services for diverse former system involved youth, and the LGBTQ population.**

The TAY Behavioral Health Hostel will be an inclusive environment with policies, procedures, rules, regulations, & values that invite diverse TAY to participate and make decisions in the process of their own healing. In order to create this environment an emphasis must be placed on addressing the needs of the specific cultural groups who are most at risk for homelessness and crisis, former system involved youth and the LGBTQ.

Professionals in the field agree that the key to the safe housing of LGBTQ youth is to transform the way the housing systems categorize youth. Often housing programs are based on a binary gender system, however, binary gender systems aren’t the way in which transgender youth describe their gender. In general, shelter/housing programs assign residents by biological sex, not by gender identity. This practice defines gender under the assumption that gender is assigned at birth and remains the same permanently. The TAY Behavioral Health Hostel will emphasize the importance of respecting a person’s self identity by developing policies that show respect to the youth’s personal gender identity.

The Behavioral Health Hostel we have a policy of respect for all people, including transgender people. The policy of the Hostel will be to respect the gender of each person as they self-identify. People who identify as men are to be housed with the men and women are to be housed with the women. People who do not clearly identify as either gender are to be housed in whichever section they feel safest. Transgender residents, and others with increased safety needs, will be offered bed space closest to the Hostel staff so that they may contact staff quickly if any issue arises. Harassment of any kind will be prohibited. Additionally, at intake incoming TAY will be notified that the Behavioral Health Hostel respects transgender and LGBTQ residents.

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The Hostel will also emphasize designing and implementing culturally and linguistically competent services for diverse former system involved youth. Former system involved youth have unique needs that must be addressed in crisis situations. While most young people struggle to begin their adult lives with the support of permanent connections developed through childhood, former system involved youth are, for the most part, on their own.

The majority of system involved youth entered "the system" because of abuse or neglect. While the state has the responsibility to protect these children from abuse and neglect and ensure that system involved youth are provided with the basic essentials, currently they are not providing the support these TAY need to grow into successful independent adults.

The Hostel will also support transitioning former system involved youth through crisis situations while helping them prepare for the realities of adulthood in order to reduce anxiety and reduce future incidents of crisis. This support will include addressing the issues relating to permanency planning, grief & loss, building effective adult relationships, addressing the issues of identity, reinforcing self determination, addressing PTSD, and addressing issues of the dependency system as a cause of environmental trauma. Of course, as with all of the services offered at the Hostel, these services will be designed and implemented in a peer run model.

Due to the intense nature of this Behavioral Health Hostel all staff who work within or manage the TAY Behavioral Health Hostel will have specialized training on the priority populations. This will include specialized training regarding the LGBTQ and former dependent populations. Trainings will also be provided around providing culturally and linguistically appropriate crisis stabilization to diverse TAY.

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

- To learn about and evaluate the effectiveness of having a TAY Behavioral Health Hostel run primarily by diverse peers.
- To learn if the innovative application of culturally specific crisis stabilization services is an effective model.
- To learn what type of support and training is needed for diverse peer staff to effectively provide a culturally & linguistically appropriate peer run Behavioral Health Hostel.
- Evaluate if these new approaches, in addition to the Peer Advisory Board leads to increased access to services and better outcomes with regards to crisis stabilization.
- Determine if the high percentage of culturally diverse peers along with the availability of resources to local providers fosters a more diverse environment in which multiple cultures within the TAY population can be served appropriately and concurrently out of one location with both western and traditional healing methods.
- Determine if our unserved, underserved, and inappropriately served TAY populations are have better outcomes while seeking crisis stabilization services in a Behavioral Health Hostel where the community determines the services offered, the majority of employees are peers, and where the County provides minimal direction.
- Assess the benefits of joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, linkages around their distinct resources and needs.
- To learn if the identification and implementation of models to address issues of grief, loss, identity, and environmental trauma help to facilitate crisis stabilization with former system involved youth.
- To learn if new innovative policies and procedures around the housing of LGBTQ TAY can help facilitate the crisis stabilization process for these TAY.
- To learn the impacts of innovative policies and procedures around the housing of LGBTQ TAY on TAY who do not identify as LGBTQ.

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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** – Community Collaboration is a key to the development of this Hostel. Each peer and community member service provider brings a unique perspective on the needs of their community to the conversation with the Peer Advisory Board as the vehicle. The County's existing Cultural Coalitions and Cultural Competence Advisory Workgroups will be invited to provide input into the development, implementation, and evaluation of the Hostel to ensure that all services provided are appropriate to the TAY populations being served.
- **Cultural Competence** – Stakeholders from San Bernardino's diverse cultural communities including TAY, LGBTQ individuals, current and former system involved youth as well as the County's existing Cultural Coalitions and Cultural Competence Advisory Workgroups will be represented in developing the Behavioral Health Hostel, in running the Hostel, and working together to evaluate the effectiveness of TAY specific Behavioral Health Hostel.
- **Client/Family Driven Mental Health System** – Diverse Consumers, including but not limited to TAY, LGBTQ individual, current and former system involved youth as well as their family members will be represented at every step in the development and operation of the TAY Behavioral Health Hostel. Former system involved youth and individuals who suffered through crisis as a TAY and subsequently were mandated or utilized services such as homeless shelters, locked facilities, and/or crisis stabilization programs will be recruited as employees of the Hostel. These staff positions will be modeled on the San Bernardino County Peer and Family Advocate classifications. As planned, at least 80% of the staffing at the Hostel will be peers.
- **Wellness, Recovery and Resilience** –The focus of the Hostel is on wellness, recovery and resilience as defined by the client. The freedom of choice will drive each clients treatment plan with a menu of services and resources both internally, in the Hostel, and externally within County or CBO operations. By design, the Hostel seeks to tap into the resiliencies of a broad and diverse community of participants. It is expected that this innovative learning partnership will facilitate an integration of these strengths, skills and resources into the transforming Behavioral Health system.
- **Integrated Service Experience** – The Hostel brings together many different community members, peers, service providers, and culturally specific healers. As envisioned the Hostel will also integrate current community resources to allow for clients to have further freedom of choice as a true expression of an integrated service experience.

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Innovation

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

The target population for the TAY Behavioral Health Hostel is all County of San Bernardino TAY 18-25. The Hostel will place and emphasis on serving former foster youth, former dependents and former wards of the court. The Hostel will also place an emphasis on serving TAY of diverse cultural backgrounds including LGBTQ youth.

The Hostel anticipates annually serving 120 unduplicated TAY.

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.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

Action	Implementation/Completion Date
Anticipated MHOAC approval.	4/11
Develop list of participants for Peer Advisory Board.	5/11
Develop global plan/charter.	6/11-7/11
Define learning objectives	
Develop project measurement/evaluation plan and define approaches for learning	6/11 – 5/12
Develop Behavioral Health Hostel design and staffing plan.	7/11 – 11/11
County procurement process to contract the Behavioral Health Hostel.	11/11 – 5/12
Integrate measurement/evaluation plan and learning approaches into Hostel design	5/12 – 7/12
Establish program of the Behavioral Health Hostel (services offered, daily routine, etc.)	5/12 – 7/12
Establish Behavioral Health Hostel (location, furnishings, etc.)	5/12
Hire and Train Behavioral Health Hostel staff.	5/12 - 7/12
Develop monitoring tool/feedback loop on the effectiveness of the TAY Behavioral Health Hostel and the programs offered there.	5/12 – 7/12
Open TAY Behavioral Health Hostel	7/12
Implement daily programs and services	7/12
Continue to develop community connections	7/12 – 7/16
Work with community to develop measurement/evaluation tools.	7/12 – 7/16
Work with community to modify measurement/evaluation tools	7/12 – 7/16
Gather information for measurement/evaluation of project & information on specific learning goals	12/12 – 7/16
Report findings.	7/15 - 7/16

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. Years two – five will be dedicated to serving the clients in the areas described in section two of this document.

Throughout the project and emphasis will be placed on data collection. A project this large with such a specific population requires a longer learning time line. Because the TAY population is such a transient population a longer learning time line was established in order to track participants overtime to determine and report outcomes.

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4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Measurement design and implementation will begin and end with the community. The TAY Behavioral Health Hostel management team will (in conjunction with our stakeholders: DBH; CFS; Probation; Foster Family Agencies; faith and community based providers; aged out dependents and wards; and vested community partners) decide what measures are applicable to determine the success of the Hostel. 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.

As Hostel staff are trained to provide services to this specific population, training evaluation forms will be completed by participants to obtain immediate feedback on the training. Additionally, on a monthly basis the program manager of the Hostel will meet with staff to discuss training needs.

By answering the following five questions the team can evaluate the TAY Behavioral Health Hostel:

- What happens with TAY that received services from a TAY focused peer designed/supported Behavioral Health Hostel that is different from TAY who received services from a traditional adult crisis residential?
- Which interventions (western &/or traditional) have been found to be most effective and with what cultural groups?
- Did the program and its services improve the TAYs transition to adulthood?
- In what ways is the project making a difference for the community?
- What did the TAY find most beneficial during their stay at the TAY Behavioral Health Hostel?

Ultimately, the measurable success of the project will be reflected in better independent living skills, decreased drug and alcohol abuse, decreased incidences of homelessness, increased academic success, employment, reduced incidences of incarceration, and hospitalization for TAY served by the Hostel.

The project will also address TAY wellbeing indicators. 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) and the Crisis Hostel Healing Scale.

5. 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.

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6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Year one of this project will be mainly for planning and start up. Year one allocation will be \$632,407 to prepare for the start up of this project. This will include the purchase of supplies, furniture, food, administration related expenses, stipends to peers for Hostel development and outreach costs.

Years two through five of this project will be the implementation phase. Total yearly allocation will be \$1,399,372. This will include all site, programming, and staffing costs minus the \$150,000 in expected Medi-cal revenue.

Total project will be five years, one year of planning and four years of implementation with a total cost of \$7,880,817. See Section D of this exhibit for detailed budget break down.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel			\$ 872,372	\$ 872,372
2.	Operating Expenditures			\$850,000	\$850,000
3.	Non-recurring Expenditures	\$387,407		\$0	\$387,407
4.	Contracts (Training Consultant Contracts)			\$0	\$0
5.	Work Plan Management				\$0
6.	Other Expenditures	\$610,421			\$610,422
	Total Proposed Expenditures	\$997,828		\$1,722,372	\$2,720,200

B. REVENUES

1.	New Revenues				
	a. Medi-Cal (FFP only)			\$145,500	\$145,000
	b. State General Funds (EPSDT)			\$4,500	\$4,500
	c. Other Revenues				
	Total Revenues			\$150,000	\$150,000

C. TOTAL FUNDING REQUESTED

\$2,570,200

**NEW/REVISED PROGRAM DESCRIPTION
Innovation**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

Personnel:

One unique feature of this project is that the majority of the staff, approximately 16, will be a Peers serving as the direct service staff; culturally & linguistically diverse self-disclosed former system involved youth and/or individuals who suffered through crisis as a TAY and subsequently were mandated or utilized services such as homeless shelters, locked facilities, and/or crisis stabilization programs will be recruited as direct service staff.

Culturally and linguistically diverse administration staff will administer the Hostel and work directly with the clients of the Hostel. One Mental Health Clinic Supervisor and one Psychiatric Technician I will provide overall project leadership, planning and collaboration for the Hostel. Fourteen Peer & Family Advocates & three Clinical Therapist I's will provide the day to day supervision of the client. Total staffing costs are projected to be \$872,372 per year for years two 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 Hostel planning activities including identification of objectives and timelines for the design and implementation of the Hostel and coordination between departments and divisions to manage resources and personnel within the scope of work and budget parameters. The Mental Health Clinic Supervisor will assure that project systems and processes meet all regulatory, policy and program evaluation requirements. The Mental Health Clinic Supervisor will also play a lead role in presentation and dissemination of project information and accomplishments.
- **Psychiatric Technician I -1 FTE**
The Psychiatric Technician I will provide day-to-day supervision, casework and clinical consultation. The PTI will also be responsible for organizing, overseeing and assisting with planning, development and evaluation activities. The PTI will play a leadership role in collaboration with allied agencies and systems.
- **Clinical Therapist I – 3 FTE**
Clinical Therapists I will provide assessment, diagnosis, clinical intervention, and case management support for TAY at the Hostel. CTI's will also provide training, direction and immediate supervision to Peer & Family Advocates.
- **Peer & Family Advocates – 14 FTE**
Peer & Family Advocates will be self disclosed former system involved youth and/or individuals who suffered through crisis as a TAY and subsequently were mandated or utilized services such as homeless shelters, locked facilities, and/or crisis stabilization programs. These staff will act as the main direct care staff of the program and will provide the day to day supervision of the program as a whole.

Non-recurring Expenditures:

A non-recurring expenditure of \$387,407 will be used to stock and furnish the Hostel

Operating Expenses:

Rent of the facility is estimated to be in the amount of \$180,000 per year for years two through five. This will be used to support a 14 bed facility.

The Hostel will have a considerable amount of programs available to the participants. Year one will have \$150,000 allocated to design of programming. Years two through five, \$300,000 per year has been allocated to design and implement all aspects of the TAY Behavioral Health Hostel including but not limited to the programs described in section 2 of this document.

Years two through five will have \$25,000 allocated to replace furniture and purchase miscellaneous supplies.

Year one through five will have \$50,000 allocated to food and cooking supplies.

Year one through five will have \$10,000 allocated to stipends that will be provided to peers in order to develop this Hostel.

Year one through five will have \$30,000 allocated to administration related expenses such as utilities & office equipment.

**NEW/REVISED PROGRAM DESCRIPTION
Innovation**

Years one will have \$5,000 and years two through five will have \$10,000 allocated to outreach efforts.

Other Expenditures:

Because this is a five year project and this plan requests funding for only the first and second year. 2/5 of the total admin costs for this project are requested at this time totaling \$304,767

Because this is a five year project and this plan requests funding for only the first and second year. 2/5 of the total operating reserve for this project are requested at this time totaling \$233,655

A .46 percent cost for evaluation of the project is included in the other expenditures for the Department of Behavioral Health; however, the function may be performed by a contract agency. Because this is a five year project and only four of these years are actual services this plan requests funding for only the second year totaling \$72,000.

Year by Year Budget Break Down:

	Year One	Year Two	Year Three	Year Four	Year Five
Personnel:					
FTE's		\$872,372	\$872,372	\$872,372	\$872,372
Operating Expenditures:					
Rent		\$180,000	\$180,000	\$180,000	\$180,000
Programming	\$150,000	\$300,000	\$300,000	\$300,000	\$300,000
food & cooking supplies	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Administration related expenses (utilities, office equipment)	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
Stipends for Hostel development	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Supplies and furniture	\$387,407	\$25,000	\$25,000	\$25,000	\$25,000
Outreach	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000
Evaluation		72,000	72,000	72,000	72,000
Total Gross Operating Expenditures	\$632,407	\$1,549,372	\$1,549,372	\$1,549,372	\$1,549,372
Medi-Cal FFP		(\$145,500)	(\$145,500)	(\$145,500)	(\$145,500)
State EPSDT		(\$4,500)	(\$4,500)	(\$4,500)	(\$4,500)
Total Revenues	\$0	(\$150,000)	(\$150,000)	(\$150,000)	(\$150,000)
Net Program Expenditures	\$632,407	\$1,399,372	\$1,399,372	\$1,399,372	\$1,399,372
Admin Cost (15% of total proposed expenditures)	\$94,861	\$209,906	\$209,906	\$209,906	\$209,906
Operating Reserve (10% of total proposed expenditures)	\$72,727	\$160,928	\$160,928	\$160,928	\$160,928
Total Project Funds:	\$799,995	\$1,770,206	\$1,770,206	\$1,770,206	\$1,770,206
Total Proposed Expenditures (Five Years):					<u>\$7,880,817</u>

Note: Total Funds Requested shall be for years 1 & 2: \$2,570,200

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

- Previously approved with no changes**
 New

Date: February 28, 2011	County Name: San Bernardino
Amount Requested for FY 2011/12: \$322,900	
A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).	
<p>The County of San Bernardino may allocate funds from Training, Technical Assistance and Capacity Building to facilitate many projects and may include the following:</p> <p>Building Community Assets</p> <ul style="list-style-type: none"> • Community Liaisons – 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. <p>Possible Training and Technical Assistance</p> <ul style="list-style-type: none"> • 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. This is part of a statewide effort. • 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. • Cultural Competency – assisting in the hosting of a statewide cultural competency summit focused on implementing culturally competent PEI services <p>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.</p>	

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 Welfare and Institutions Code (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.



Director, County Mental Health Program (original signature)

Department of Behavioral Health MHSA Annual Update Community meetings

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
		Asian/Pacific Islander Coalition (10-12, Vista Clinic, Fontana) Spirituality Subcommittee (1-2:30, BHRC, Rialto) Community meeting (6-8, Dorothy A. Quesada Community Center 1010 S. Bon View Avenue, Ontario)	Community meeting (3-4:30, Victorville Clinic)	Prevention Network meeting (10-12, Training Institute)		
16	17 Holiday	18	19	20	21	22
		Native American Coalition (1-2:30, BHRC, Rialto)				
23	24	25	26	27	28	29
		Community meeting (5:30-7:30, New Hope Family Life Center, 1505 W. Highland, San Bernardino)	TAY Advisory Board (12-2, San Bernardino TAY Center)	Latino Coalition (10:30-12, El Sol Neighborhood Center)		Community meeting (10-12, BHRC, Rialto)
30	31					

Note: Web blasts were sent out the prior week for all community meetings. Press releases were also issued at least 2 weeks prior to the meetings where appropriate.



Community Meetings

January 11, 2011 (3 locations)

10:00am - 12:00pm

Vista Community Counseling
17216 Slover Ave., Bldg. L
Fontana, CA 92337

(Hosted by the Asian/Pacific Islander Coalition)

1:00pm - 2:30pm

Behavioral Health Resource Center
F119/120

850 East Foothill Blvd.
Rialto, CA 92376

(Hosted by the Spirituality Subcommittee)

6:00pm - 8:00pm

Dorothy A. Quesada
Community Center
1010 S. Bon View Avenue
Ontario, CA 91761

January 12, 2011

3:00pm - 4:30pm

Victor Valley Behavioral Health
12625 Hesperia Rd.
Victorville, CA 92395

January 18, 2011

1:00pm - 2:30pm

Behavioral Health Resource Center
C-105

850 East Foothill Blvd.
Rialto, CA 92376

(Hosted by the Native American Coalition)

January 27, 2011

10:30pm - 12:00pm

El Sol Neighborhood Center
1717 West 5th St.

San Bernardino, CA 92411
(Hosted by the Latino Coalition)

January 29, 2011

10:00am - 12:00pm

Behavioral Health Resource Center
Auditorium
850 East Foothill Blvd.
Rialto, CA 92376

You Are Invited:

to attend a community meeting regarding
the Mental Health Services Act (MHSA),
Proposition 63, Annual Update for
Fiscal Year 2010/11.

These community meetings are being held to provide
information and invite discussion on the new
and expanded programs and services as a result
of funding received through MHSA.

MHSA 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.

For questions, concerns, interpretation services or
requests for disability-related accommodations please
call (800) 722- 9866 or 7-1-1 for TTY users.

Please request accommodations at least 7 business days
prior to the meeting.





Audiencias Publicas

11 de enero de 2011 (3 localidades)

10:00am - 12:00pm

Vista Community Counseling
17216 Slover Ave., Bldg. L
Fontana, CA 92337

(Organizado por la Coalición Asiáticos/Isleños del Pacifico)

1:00pm - 2:30pm

Behavioral Health Resource Center
F119-120

850 East Foothill Blvd.
Rialto, CA 92376

(Organizado por el Sub Comité de Espiritualidad)

6:00pm - 8:00pm

Centro Comunitario
Dorothy A. Quesada
1010 S. Bon View Avenue
Ontario, CA 91761

12 de enero de 2011

3:00pm - 4:30pm

Victor Valley Behavioral Health
12625 Hesperia Rd.
Victorville, CA 92395

18 de enero de 2011

1:00pm - 2:30pm

Behavioral Health Resource Center
C-105

850 East Foothill Blvd.
Rialto, CA 92376

(Organizado por el Sub Comité de Indígenas Nativos)

27 de enero de 2011

10:30am - 12:00pm

El Sol Neighborhood Center
1717 West 5th St.

San Bernardino, CA 92411

(Organizado por la Coalición Latina de Salud Mental)

29 de enero de 2011

10:00am - 12:00pm

Behavioral Health Resource Center
Auditorio

850 East Foothill Blvd.
Rialto, CA 92376

Usted está Invitado:

A asistir a una reunión comunitaria sobre la Actualización Anual de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés), Proposición 63, correspondiente al Año Fiscal 2010/11.

Estas reuniones de la comunidad se estarán llevando a cabo para proporcionar información e invitar a la discusión sobre la extensión de nuevos programas y servicios financiados a través de MHSA.

La Ley de Servicios de Salud Mental fue aprobada por los votantes de California en Noviembre de 2004 y entró en vigor en Enero de 2005. Esta ley es financiada por un recargo del 1% sobre aquellos cuyos ingresos personales sean más de un millón de dólares por año.

Para preguntas, inquietudes, servicios de interpretación, o petición de acomodamiento relacionados con discapacidad, por favor llame al (800) 722- 9866 o el 7-1-1 para los usuarios de TTY.

Por favor, solicitar acomodamiento por lo menos 7 días hábiles antes de la reunión.



From the County of San Bernardino
www.sbcounty.gov



FOR IMMEDIATE RELEASE
December 29, 2010

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 Community Meeting

- 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 seven community meetings 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.

-MORE-

**Department of Behavioral Health
Community Meetings for the MHSA 2010/11 Annual Update
December 29, 2010
Page 2**

WHEN: January 11, 2011

10:00am – 12:00pm
Vista Community Counseling
17216 Slover Ave., Bldg. L
Fontana, CA 92337

January 11, 2011

1:00pm – 2:30pm
Behavioral Health Resource
Center Auditorium
850 E. Foothill Blvd.
Rialto, CA 92376

January 11, 2011

6:00pm – 8:00pm
Dorothy A. Quesada
Community Center
1010 S. BonView Ave.
Ontario, CA 91761

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Behavioral Health Resource
Center Auditorium
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January 27, 2011

10:30am – 12:00pm
El Sol Neighborhood Center
1717 West 5th St.
San Bernardino, CA 92411

January 29, 2011

10:00am – 12:00pm
Behavioral Health Resource
Center Auditorium
850 E. Foothill Blvd.
Rialto, CA 92376

CONTACT: For additional information, please contact Mariann Ruffolo at (909) 252-4041.

From the County of San Bernardino
www.sbcounty.gov



FOR IMMEDIATE RELEASE

January 13, 2011

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

Community input requested regarding behavioral health services

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

WHAT: One of a series of three community meetings 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:	January 18, 2011 1:00pm – 2:30pm	January 27, 2011 10:30am – 12:00pm	January 29, 2011 10:00am – 12:00pm
WHERE:	Behavioral Health Resource Center 850 E. Foothill Blvd. Rialto, CA 92376	El Sol Neighborhood Center 1717 West 5 th St. San Bernardino, CA 92411	Behavioral Health Resource Center 850 E. Foothill Blvd. Rialto, CA 92376

CONTACT: For additional information, please contact Mariann Ruffolo at (909) 252-4041.