



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

**Community Services and Supports**  
**Program and Expenditure Plan**  
**Fiscal Year (FY) 2008/09**  
**Plan Update 2**

**April 1, 2009**

**Director's Cover Letter**

DRAFT

# County of San Bernardino MHSA FY 2008/09 Plan Update 2

**Overview** The County of San Bernardino is pleased to submit a second funding request for Fiscal Year 2008/09 for Mental Health Services Act (MHSA) Community Services and Supports (CSS) funding. This Plan Update contains one new program proposal; **A-9, System Transformation for Engaging Partners in Uplifting People (STEP-UP)**, to be effective April 6, 2009.

This Plan Update is offered as directed in the Department of Mental Health Information Notices 08-10, 08-16, and 08-17.

## Contents

Topic	See Page
A-9, System Transformation for Engaging Partners in Uplifting People (STEP-UP)	4
Exhibits	20

## County of San Bernardino FY 2008/09 Plan Update 2: A-9, System Transformation for Engaging Partners in Uplifting People (STEP-UP)

**Overview** The County of San Bernardino Department of Behavioral Health (DBH) has elected to locate Mental Health Services Act (MHSA) funded Full Service Partnership (FSP) teams in selected existing outpatient service locations and with contracted service providers to provide FSP services to Adults by May 6, 2009.

This proposed new program, A-9, is System Transformation for Engaging Partners in Uplifting People (STEP-UP). It is dedicated toward system integration and developing partnerships. The intent is to create partnerships with mental health consumers and community organizations which can enable the seriously mentally ill to recover, become well, and gain resilience.

The decision to create this new program is a first major step to transform mental health service delivery in the County. The restrictions inherent in traditional mental health delivery systems tend to focus on the mentally ill once in crisis and dedicate the majority of resources toward minimal maintenance efforts for a large number of recovering mentally ill. A significant goal of STEP-UP is to reverse resource dedication through MHSA funding by enhancing services to FSP eligible seriously mentally ill consumers and thus prevent crises and promote recovery.

STEP-UP also initiates movement toward a critical departmental goal; begin integrating County of San Bernardino MHSA CSS programs. The County has eight (8) previous programs which offer specialized FSP, System Development and Outreach and Engagement opportunities within each of the four MHSA targeted, age-specific groups; Children and Youth, Transitional Age Youth (TAY), Adults, and Older Adults. This program enhances and builds on current efforts in the Adult programs.

The decision to begin STEP-UP is also based on Stakeholder preferences indicated in the initial 3-Year Community Services and Supports (CSS) Community Program Planning Process (CPPP).

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# County of San Bernardino FY 2008/09 Plan Update 2: A-9, System Transformation for Engaging Partners in Uplifting People (STEP-UP), Continued

**Contents** The table below identifies the contents of A-9, System Transformation for Engaging Partners in Uplifting People (STEP-UP).

<b>Topic</b>	<b>See Page</b>
Community Program Planning Process (CPPP)	6
Capacity to Implement	11
Work Plan Description	14
Funding	19

# Community Program Planning Process (CPPP)

**Identified Disparities**

The original CPPP was conducted in Fiscal Year (FY) 2004/05. It emphasized comprehensive orientation and training, community forums, consumer-driven input mechanisms such as focus groups, survey tools and strategic outreach. These efforts were made throughout the County of San Bernardino and encompassed a variety of regional and cultural attributes. The disparities identified for Adults with this effort were, in order:

<b>Adults</b>
Homelessness
Frequent hospitalizations
Inability to work
Inability to manage independence
Institutionalized and incarcerated
Access to care, including lack of transportation

**Specific Need Programs for Adults**

The disparities listed above have been partially addressed by other approved CSS programs. The table below describes targets already identified for Adult consumers with approved MHPSA programs.

<b>Disparity</b>	<b>Program</b>
Homelessness	<u>A-7 Homeless Intensive Case Management and Outreach Services</u> provides FSP case management and linkage to community and County temporary, interim, and permanent housing solutions. The special population for this program is homeless mentally ill individuals.
Inability to Work	<u>A-1 Consumer-Operated Peer-Support Services and Clubhouse Expansion</u> offers mentor and internship programs to address employability issues, among others. The Homeless program also offers assistance with employment. The special population for this program is consumers who also receive education and advocacy.

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## Community Program Planning Process (CPPP), Continued

### Specific Need Programs for Adults (continued)

Disparity	Program
Inability to Manage Independence	All of the previously listed programs address this issue, primarily through treatment. The Clubhouse expansion also provides expanded social/recreational and community rehabilitation activities, life skills development classes along with supported employment and housing. Again, the population is specific.
Access to care, including lack of transportation	<p>A-4 Crisis Walk-In Centers address the previously fragmented and incomplete urgent care coverage from daytime only to a 24/7 effort to all MHSA targeted age groups. Consumers are transported to the needed linkages appropriate to their identified mental health needs. Consumers in crisis are the specific population for this program.</p> <p><u>A-8 Alliance for Behavioral and Emotional Treatment (ABET)</u> is another entity that provides transport to link several organizations and County facilities within and to the Big Bear community. The target population in this case includes all age groups, but is designed for those who live in the Big Bear community.</p>

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## Community Program Planning Process (CPPP), Continued

### Specific Need Programs for Adults (continued)

<p>Institutionalized and Incarcerated</p>	<p><u>A-2, Forensic Integrated Mental Health Services</u>, addresses this issue from three perspectives. The first is a System Development effort, <u>Crisis Intervention Training</u>, which is a training program enabling law enforcement to efficiently use alternatives to hospitalization. The second effort is the <u>Forensic Community Assertive Treatment (FACT)</u> program, which diverts consumers away from the criminal justice system toward homeless solutions such as sober living homes and co-occurring treatment sources. The third effort is the <u>Supervised Treatment After Release (STAR)/Mental Health Court Expansion</u>. This program provides intensive case management services from a committed “whatever it takes” perspective to provide alternatives to incarceration.</p> <p>The populations specific to these programs are repeat incarcerated Adults who are seriously mentally ill.</p> <p><u>A-3, Assertive Community Treatment Team (ACT)</u> offers crisis response, peer support, clinical interventions, psychiatric services, housing support, and employment services. This program is directed to reach populations that frequently require hospitalization and/or incarceration.</p> <p><u>A-5, Psychiatric Diversion Triage at ARMC</u> provides preliminary screening of clients at the Arrowhead Regional Medical Center. The screening determines the legitimacy of the reason for emergency room treatment with the goal of diversion and linkage to other community services and resources. The specialty effort is to avoid hospitalization for such issues as homelessness or lack of medication.</p>
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## Community Program Planning Process (CPPP), Continued

### **Integrating Disparity Reduction Efforts**

A careful analysis of the entire County of San Bernardino MHSa CSS program continues. The first program consolidation was made between the C-1 Children's Crisis Response Team and the A-6 Adult Crisis Response Team into the A-6 Community Crisis Response Team (CCRT), as approved in the original FY 2008/09 request for funds. It was a sound business decision to consolidate the administration of both programs and to have this mobile service available to all targeted age populations. Its mission is to also help reduce hospitalizations, out-of-home placements and return recovering consumers to their families. This program also contributes to managing independence.

Consolidating the Children's Crisis Response Team out of the C-1, Comprehensive Child/Family Support System (CCFSS) left the Success First Early Wraparound Service Model as the sole C-1 program. It diverts out-of-home placements whenever possible, and had its services and funding expanded recently to include out-of-home placements whenever they become necessary

Another integration of the original MIOCR effort with the County Probation Department and local Juvenile Court system has created the C-2 Integrated New Family Opportunities (INFO) program. This program combines effectively in effort with the TAY One-Stop Centers. Both programs are successful in keeping County young people in school and working toward additional educational objectives.

The Older Adults in our system continue to receive FSP quality attention in the Circle of Care programs.

STEP-UP has become the next logical step in CSS development for the County. It provides seamless case management across all disparity issues as compared to the specialty-targeted previously approved CSS Adult programs.

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## Community Program Planning Process (CPPP), Continued

### Integrating, Reducing and Eliminating Disparities

STEP-UP will address a broad range of Adult consumer needs. It is to provide the MHSa level of case management and services not currently experienced by County general Adult outpatient populations. STEP-UP will use the following to reduce or eliminate disparities:

Disparity	Solution
Homelessness	STEP-UP Teams will have priority access to DBH homeless shelters and the homeless program to resolve homelessness issues and access long-term housing.
Frequent hospitalizations	STEP-UP Teams will enhance the diversion efforts at hospital locations by focusing efforts on high users of inpatient services. Individualized recovery-oriented services will include close monitoring, multi-disciplinary integrated services (Mental Health/Substance Abuse treatment), intensive case management, and inclusion of family and community partners in the recovery process.
Inability to work	STEP-UP Teams will partner with vocational and employment services to provide necessary vocational training and on-the-job coaching to best enable consumers for job readiness and continuity.
Inability to manage independence	Low caseloads will allow STEP-UP Teams to focus on wellness and resilience to meet Individual Services and Support Plan (ISSP) goals. They will also allow in-depth follow-through not previously achievable for diversion programs.

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## Community Program Planning Process (CPPP), *Continued*

### **Integrating, Reducing and Eliminating Disparities, (continued)**

Frequent hospitalizations	STEP-UP Teams will enhance the diversion efforts at hospital locations by focusing efforts on high users of inpatient services. Individualized recovery-oriented services will include close monitoring, multi-disciplinary integrated services (Mental Health/Substance Abuse treatment), intensive case management, and inclusion of family and community partners in the recovery process.
Institutionalized and incarcerated	STEP-UP Teams will work with consumers at risk of incarceration and institutionalization as an adjunct to the Adult programs already working with those populations. This will allow initial case managers to follow progress from the beginning recovery through resilience.
Access to care, including lack of transportation	STEP-UP Teams will utilize a variety of transportation solutions including DBH transports, assistance with local mass transit systems and ride shares to gain increasing mobility and independence.

## Capacity to Implement

### Target Population

Adult consumers from 18 to 59 are to be the focus population for the STEP-UP Teams. As previously described, Children and Youth, TAY and Older Adults programs have dedicated FSP Teams to address similar issues.

The total County Adult population with mental health need is approximately 18,900 persons. Of these, 15,100 (80%) are underserved or inappropriately served.

The major ethnic disparities within the underserved population are for Latinos – 40%, Euro-Americans – 34%, and African-Americans – 18%.

The following regional percentages for San Bernardino Mental Health Plan (SBMHP) unique clients are: Central Valley – 21%, Desert/Mountain - 22%, East Valley/San Bernardino - 37%, and West Valley – 20%.

### Challenges

Virtually all service modalities are already in place at current outpatient locations, but due to high caseloads, these services have been thinly applied. Services are spread over a large number of persons. Consequently, persons with greater need are significantly underserved. Integration is clearly needed.

STEP-UP Team low caseloads will help with the challenges listed below.

The challenges for the STEP-UP Teams (Teams) in outpatient locations will be to:

- Identify consumers with the greatest need for the full spectrum of community services from among the current clinic consumers
- Assign to the Teams those new consumers who meet FSP eligibility and enroll them in the program
- Organize community resources for such issues as homelessness, employment, and transportation

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## Capacity to Implement, Continued

### Strengths

STEP-UP Teams based in current outpatient locations and within contracted service provider locations will address the needs of the high-risk, high-user Adult population. They will:

- Decrease the number of underserved consumers through the use of intensive, integrated, individualized treatment services
- Address ethnic and cultural issues through the use of bilingual/bicultural treatment staff who have been educated in the cultural norms of the consumers on their caseloads and through interaction with the DBH Office of Cultural Competency and Ethnic Affairs Services
- Decrease regional percentages of underserved high-user consumers by imbedding STEP-UP Teams and through the services of contract providers in three (3) County regional areas: Desert/Mountain, East Valley, and West Valley
- Provide resources for vetting current caseloads by Team members with low caseloads, and thereby enhance efforts to provide a full spectrum of community services
- Triage new consumers to ascertain FSP eligibility and directly refer them to the STEP-UP Team
- Solidify bridges with all County Homeless, Medical, and Employment Programs and facilitate the use of bus passes, personal transport and DBH transportation

## Work Plan Description

<b>Work Plan Strategy</b>	<p>System Transformation for Engaging Partners in Uplifting People (STEP-UP) will operate in the County regions previously listed. Specifics will be related in the following subject areas:</p> <ul style="list-style-type: none"><li>• Work Plan structure</li><li>• Work Plan Service Provision Structure</li><li>• Consumer Enrollment Screening</li><li>• Training</li></ul>
<b>Work Plan Structure</b>	<p>The Work Plan structure consists of the following:</p> <p><b>Staffing Patterns</b> have been created in accordance with fiscal and service needs.</p> <ul style="list-style-type: none"><li>• <b>Hours of Operation</b> will be Monday through Friday between 8:00 a.m. and 5:00 p.m. The majority of services will be provided in the community and most often at consumers' homes. All services will be supportive consumer recovery with emphasis on gaining independence and self-sufficiency.</li><li>• <b>24/7 Monitoring</b> will be provided by scheduled staff in collaboration with the Community Crisis Response Teams (CCRT).<ul style="list-style-type: none"><li>– During regular business hours, STEP-UP Teams will be readily available by phone and respond in the field when necessary. Consumers may also drop in to outpatient locations and receive services anytime. At a minimum, regular weekly monitoring visits will occur for every enrolled client</li><li>– Scheduled FSP Team members will be available by cell phone during non-program hours (evenings and weekends) and when necessary, will respond to the community for face-to-face services</li></ul></li></ul>

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## Work Plan Description, Continued

**Work Plan  
Structure  
Work Plan  
Structure  
(continued)**

- When a field crisis response is necessary, Team members will collaborate with CCRT to ensure consumer and staff safety

### **STEP-UP Teams and Contract Service Providers**

- Will conduct a face-to-face visit with each enrolled consumer as required to ensure recovery
- Will conduct daily team meetings on the status of enrolled consumers to:
  - Review the events of previous night on-call encounters
  - Review unstable consumers and develop strategies to ensure consumer safety and a rapid return to wellness
  - Regularly review consumer progress toward individualized recovery goals:
    - Assessment of unmet needs
    - Allocate and coordinate resources

**Work Plan  
Service  
Provision  
Structure**

- The types of services offered by the Teams based upon the ISSP are:
- Outpatient Mental Health and Medication Support Services
  - Community Crisis Intervention and Case Management Services
  - Integrated Treatment Services

**Outpatient  
Mental  
Health and  
Medication  
Support  
Services**

- Services will be provided by STEP-UP Teams from current outpatient locations and include:
- In-Hospital coordinated discharge planning
  - Intensive assistance obtaining housing, financial resources, and employment
  - Immediate access to Team services and access to Clubhouse activities
  - Individualized Wellness Recovery Action Plan
  - Integrated services for substance abuse and mental health treatment
    - including activities of daily living; individual, family, and group psychotherapy, and co-occurring groups
  - Links to other community based resources

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## Work Plan Description, Continued

<b>Community Crisis Intervention and Case Management Services</b>	<p>Contract service providers and System Transformation for Engaging Partners in Uplifting People (STEP-UP) Teams will employ the full spectrum of Community Services. They will include:</p> <ul style="list-style-type: none"><li>• Mental health services<ul style="list-style-type: none"><li>– Mental health treatment, including alternative and culturally specific treatments</li><li>– Field-based intensive case management, mental health and medication support services</li><li>– 24/7 Community based crisis response</li><li>– Supportive services for the consumer/families consisting of:<ul style="list-style-type: none"><li>▪ Case management to access needed medical, educational, social, vocational rehabilitative services</li><li>▪ Needs assessment</li><li>▪ ISSP development</li><li>▪ Crisis intervention/stabilization services</li></ul></li></ul></li><li>• Family support and education services</li><li>• Non-mental health services and supports including:<ul style="list-style-type: none"><li>– Referrals and, when needed, transportation to food programs</li><li>– Referrals and, when needed, transportation to free or low cost clothing resources</li><li>– Referrals to housing programs including rent subsidies, housing vouchers, residential drug/alcohol rehabilitation programs, and transitional and temporary housing</li><li>– Access to low or no cost health care</li><li>– Referral to community based drug and alcohol treatment support programs (AA, NA)<ul style="list-style-type: none"><li>▪ Family referrals for respite care and in-home support services</li></ul></li></ul></li></ul>
<b>Integrated Treatment Services</b>	<p>Services will be provided to consumers with co-occurring disorders commensurate with best practices. They will include:</p> <ul style="list-style-type: none"><li>• Drop-in room provided from 11 a.m. to 3 p.m.</li><li>• Co-occurring treatment and support group sessions</li><li>• Linkage with self-help off site groups, including transporting consumers</li><li>• Consumer engagement</li><li>• Home visits with consumers not attending groups</li><li>• Encouraged drug testing</li></ul>

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## Work Plan Description, Continued, Continued

<b>Individual Services and Supports Plan (ISSP)</b>	An ISSP will be developed for each consumer. It will be developed by the consumer/family/case manager. It will identify the consumer's goals and describe the array of services and supports necessary to advance those goals based on the consumer's/family's needs and preferences.
<b>FSP Screening Tool</b>	<p><b>Contact Consumers:</b> Efforts will be made to identify unserved consumers in the community, as well as to engage consumers referred for services prior to enrollment. FSP enrollment is contingent on potential consumers meeting FSP eligibility criteria, including target population and Adult level of service requirements.</p> <p><b>Engagement/Enrollment of Consumers:</b> Individuals referred to FSP programs will be screened to ensure they meet basic eligibility requirements. STEP-UP Team members will make the final determination as to the appropriateness of the individual for FSP services and authorize services.</p>
<b>STEP-UP Teams</b>	<p>STEP-UP Teams will review the identified candidates for FSP enrollment. Based on this review, candidates will be contacted for potential enrollment. The review process will include, but will not be limited to the following:</p> <ul style="list-style-type: none"><li>• Review of the Mental Health Services 140 list, which identifies high users of psychiatric services, TAR (Treatment Authorization Requests) log, and/or Episode Maintenance Screens</li><li>• If three (3) or more Assessment and Evaluation Services (AES) or Hospital admissions have been listed in the past 12 months, then the consumer is prioritized for FSP</li><li>• Review of Chart Materials with focus on identifying people who are, or are at risk for, the admissions criteria for FSP as outlined in the previous two bullets</li></ul>

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## **Work Plan Description, Continued**, Continued

<b>Review of MHS 140 and Treatment Author- ization Requests (TAR)</b>	<p>The MHS 140 and TAR Log reports will determine the number of inpatient psychiatric hospitalizations and AES contacts at the Arrowhead Regional Medical Center (ARMC) and Fee for Service hospitals.</p> <p>The report will further identify those consumers who receive hospital aftercare case management services. These individuals who are either underserved and/or inappropriately served will be reviewed to ensure FSP criteria are met prior to enrolling the individual into an FSP program.</p>
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## Funding

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**Funding  
Source**

The total cost for the STEP-UP program is \$2,445,064. This budget will come from Unspent CSS funds (cash on hand).

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# County of San Bernardino FY 2008/09 Plan Update 2

## EXHIBITS

**Contents** Exhibits for the San Bernardino County Plan Update 2 Include:

<b>Topic</b>	<b>See Page</b>
Exhibit 1: Certification	21
Exhibit 5c: Budget for New Work Plans (A-9)	22
Exhibit 5d: Staffing Detail Worksheets	23

Director's Certification Page



**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-  
New Workplans**

County: San Bernardino Fiscal Year: 2008-09  
 Program Workplan # A-9 Date: 2/9/2009  
 Program Workplan Name System Transformation to Engage Partnerships Page      of       
 Type of Funding 1. Full Service Partnership Months of Operation 7  
 Proposed Total Client Capacity of Program/Service: 243 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: R Smith, PhD  
 Client Capacity of Program/Service Expanded through MHSA: 243 Telephone Number: 909.854.3440

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures			\$0	\$0
a. Housing			\$0	\$0
b. Other Supports	\$116,667		\$0	\$116,667
2. Personnel Expenditures	\$2,227,936		\$0	\$2,227,936
3. Operating Expenditures			\$0	\$0
4. Program Management	\$0		\$0	\$0
5. Estimated Total Expenditures when service provider is not known			\$500,000	\$500,000
6. Non-recurring expenditures	\$10,000			\$10,000
<b>7. Total Proposed Program Budget</b>	<b>\$2,354,603</b>	<b>\$0</b>	<b>\$500,000</b>	<b>\$2,854,603</b>
<b>B. Revenues</b>				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)	\$409,539			\$409,539
b. State General Funds				\$0
c. Other Revenue				\$0
d. Total New Revenue	\$409,539			\$409,539
<b>3. Total Revenues</b>	<b>\$409,539</b>	<b>\$0</b>	<b>\$0</b>	<b>\$409,539</b>
<b>C. Total Funding Requirements</b>	<b>\$1,945,064</b>	<b>\$0</b>	<b>\$500,000</b>	<b>\$2,445,064</b>

**Mental Health Services Act Community Services and Supports Staffing Detail Worksheet-  
New Workplans**

County: San Bernardino Fiscal Year: 2008-09  
 Program Workplan # A-9 Date: 2/9/09  
 Program Workplan Name System Transformation to Engage Partnerships Page      of       
 Type of Funding 1. Full Service Partnership Months of Operation 7  
 Proposed Total Client Capacity of Program/Service: 243 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service:            Prepared by: R Smith, PhD  
 Client Capacity of Program/Service Expanded through MHSA: 243 Telephone Number: 909.854.3440

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					
Clinic Supervisor	<i>Supervises staff and operations</i>		2.20	\$73,729	\$162,204
Clinic Supervisor (Standby)	<i>Supervises Standby Staff</i>		3.00	\$13,589	\$40,768
Clinical Therapist I	<i>Provides direct services to consumers</i>		13.99	\$49,958	\$698,913
Clinical Therapist II	<i>Provides supervision and direct services</i>		1.50	\$60,250	\$90,375
General Service Worker II	<i>Provides transportation</i>		1.50	\$18,474	\$27,711
Mental Health RN	<i>Provides direct services to consumers</i>		0.70	\$62,555	\$43,788
Mental Health Specialist	<i>Provides direct services to consumers</i>		8.25	\$36,762	\$303,284
Mental Health Specialist (Standby)	<i>Standby 24/7 availability for consumers</i>		4.78	\$28,000	\$133,840
Office Assistant II	<i>Performs clerical duties</i>		4.15	\$26,270	\$109,020
Office Assistant III	<i>Performs clerical duties</i>		5.00	\$30,312	\$151,562
Psych Tech I	<i>Provides direct services to consumers</i>		0.80	\$36,258	\$29,006
Psychiatrist	<i>Provides direct services to consumers</i>		1.50	\$157,733	\$236,600
Social Worker II	<i>Provides direct services to consumers</i>		4.10	\$44,772	\$183,564
Supervising Office Specialist	<i>Performs Upper-level clerical unit supervision</i>		0.40	\$43,252	\$17,301
<b>Total Current Existing Positions</b>			51.87		\$2,227,936
<b>B. New Additional Positions</b>					
<b>Total New Additional Positions</b>					
<b>C. Total Program Positions</b>			51.87		\$2,227,936

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.