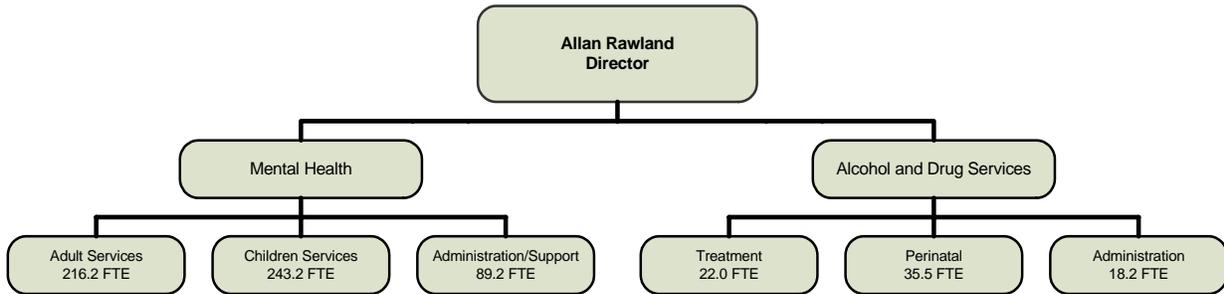


BEHAVIORAL HEALTH Allan Rawland

I. MISSION STATEMENT

The Department of Behavioral Health will help individuals living with the problems of mental illness and substance abuse to find solutions to challenges they face so that they may function well within their families and the community. The Department of Behavioral Health staff will be sensitive to and respectful of all clients, their families, culture and languages. The Department of Behavioral Health will use the taxpayers' money wisely to meet its goals while following all governmental guidelines and requirements. The Department of Behavioral Health will provide a pleasant workplace for its staff members so that they may be creative and effective in their jobs. The Department of Behavioral Health will provide a pleasant environment for clients in which to receive services.

II. ORGANIZATIONAL CHART



III. SUMMARY OF BUDGET UNITS

	2005-06				
	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
Behavioral Health	126,367,241	124,524,488	1,842,753		549.6
Alcohol and Drug Services	19,104,240	18,954,782	149,458		75.8
Special Patient Account	-	-		-	-
Driving Under the Influence Programs	337,672	122,713		214,959	-
State Block Grant Carryover Program	4,228,844	1,539,219		2,689,625	-
Court Alcohol and Drug Program	1,037,578	407,687		629,891	-
TOTAL	151,075,575	145,548,889	1,992,211	3,534,475	625.4

IV. DESCRIPTION OF MAJOR SERVICES

Mental Health

The Department of Behavioral Health (DBH) is responsible for providing mental health services to county residents who are either unable to afford treatment or do not live in proximity to private services. Treatment is provided to all age groups, with primary emphasis placed on treating children, families and chronically mentally ill adults (in that priority). Services are delivered throughout the county via a network of department-operated clinics, community based contract providers (residential and psychiatric skilled nursing facilities and acute hospitals), public schools, and other community-based settings. Services include: information and referrals, community outreach, client self-help and support groups, a variety of children’s programs, mentally ill homeless program, employment services, case management, crisis and transitional residential assistance, augmented board and care placements, conservatorship services, supportive housing services and client transportation assistance. The department also operates as a training setting by administering various internship programs and offering continuing education for licensed department and contractor staff.

Mental health services are principally funded by realignment funds generated from state sales tax and vehicle license fees (approximately 48%) and state & federal revenues (46%). The remaining 6 percent of revenue sources are insurance/patient fees, reimbursements, other miscellaneous revenue, and local cost. The local cost of \$1,842,753 represents the required realignment revenue maintenance of effort (MOE).

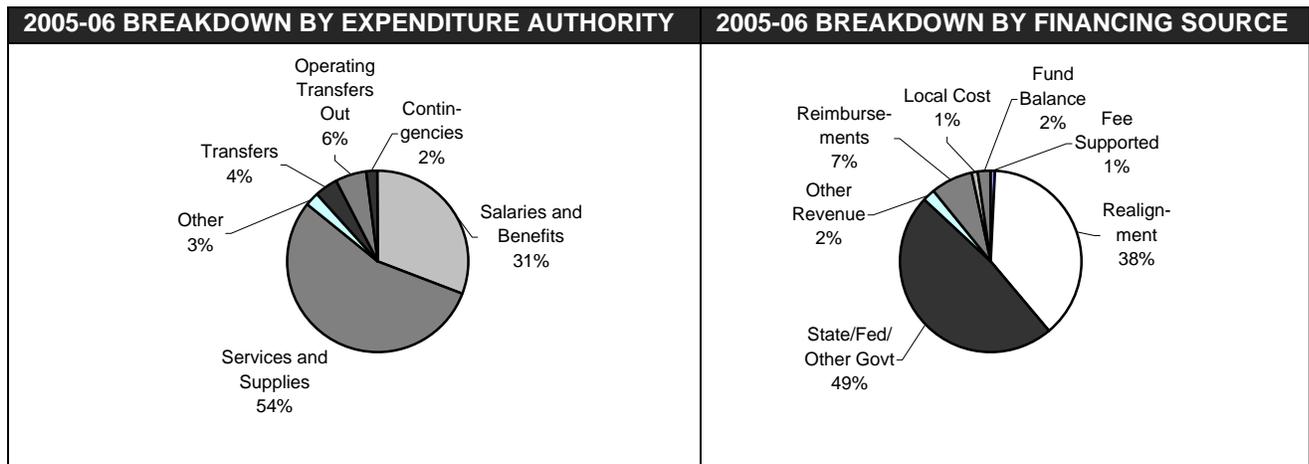


Alcohol and Drug Services

The Department of Behavioral Health’s Alcohol and Drug Services program consists of comprehensive substance abuse prevention and treatment programs to county residents. Services are provided by 6 county operated clinics and approximately 30 contractors. The major components include outpatient, residential, prevention, methadone, and case management services. Annually, approximately 12,500 clients are served and over 80,000 hours of prevention services are performed.

Alcohol and Drug services are primarily funded by federal block grant and state revenues (62%). The remaining sources of revenue are court fines for Driving Under the Influence (DUI) offenses, fees for services, and reimbursements provided by Human Services System (HSS) CalWORKs program and the Proposition 36 (Prop. 36) – Substance Abuse and Crime Prevention Act program. In addition, the county must fund the required maintenance of effort (MOE) for the block grant and state funds. The department’s local cost of \$149,458 finances the required MOE.

V. 2005-06 BUDGET



VI. GOALS & 2006-07 OBJECTIVES AT CURRENT FUNDING LEVELS

GOALS	2006-07 OBJECTIVES
<p>1. Increase access to behavioral health services for individuals that are unserved or who are receiving a limited level of services.</p>	<p>A. Increase the development of community-based behavioral health care and treatment programs that serve as options to institutionalization, such as emergency shelter care beds, crisis stabilization and urgent care programs, dedicated assertive case management teams for high user clients, residential and housing options, transitional and after-care support services, children’s and adolescent crisis response services, and wraparound services for youth and their families.</p>
<p>2. Increase “customer service” education and cultural competency training for all county and contract staff that promotes the mission of the county and the department.</p>	<p>A. Implement an educational curriculum that embeds the required competencies to provide effective “customer focused services” to diverse populations.</p>
<p>3. Increase access to community behavioral health services for adolescents with mental illness who are involved in the juvenile justice system.</p>	<p>A. Implement programs and services funded by the Mental Health Services Act.</p>



The department selected its first goal due to the increasing number of children, youth and adults who are being placed in high-cost institutions. A review of the highest-cost levels of care and their efficacy show that consumers suffering from chronic mental illness need more crisis support services in the community. The second goal was selected because a customer-oriented, well-trained staff is fundamental to providing a system of care that is of maximum benefit to consumers.

The increasing numbers of consumers in institutions reflect failures in a system of care that should support consumers in the community with services that are evidence-based. Approximately 20% of the department's budget is spent on inpatient care. Additionally, many consumers are sent out of county because there are not enough beds in the county to meet the demand. By providing more shelter beds, crisis response in the community, dedicated case management to high user clients, and children's crisis services, the department will build a system of care that will enable the department to provide lower-cost alternatives to hospitalization, reduce unnecessary hospital visits, and provide better services to the community.

Secondly, a well-trained, culturally competent work force that is focused on providing excellent customer service will support the efforts of the department to support consumers in the community rather than in institutions. It is the department's view that every employee has a contribution to make and can make an impact on consumers. Staff trained in the areas of crisis management, community resources, emergency management, recovery and resilience, and diagnostic skills, will enable the department to divert consumers from institutional care to community resources.

Proposition 63, Mental Health Services Act of 2005 (MHSA) passed by the California voters in November 2004 has given San Bernardino County and the Department of Behavioral Health the opportunity to build a "system of care and treatment" that will be efficiently and effectively serve all clients, especially to ensure access to behavioral health services for populations and individuals that are unserved or who are receiving a limited level of services from the present programs due to the lack of adequate funding and/or the various restrictions on the use of those funds. These particular populations who are experiencing serious mental illness and emotional disorders are adults, children, transitional age youth, elders, and families in the community who are homeless and/or incarcerated in jails or juvenile halls, who are in out-home and out-of county placements, insolated in their homes, failing in school, or in other institutional care facilities. These populations also include individuals and families who are from racial and ethnic communities who are not adequately served by the behavioral health system.

VII. PERFORMANCE MEASURES AT CURRENT FUNDING LEVELS

OBJT	MEASUREMENT	2006-07 (Projected)
1A.	Admissions and bed days used in an institutional setting.	10% Decrease
2A.	Percentage of employees whom successfully complete the training program.	25% of the county and contract staff
3A.	Percentage of adolescents with mental illness transitioning from Juvenile Hall receiving "wraparound" behavioral health services and supports in the community.	25% of the juveniles and their families

If there are questions about this business plan, please contact Allan Rawland, Director, at (909) 421-9340.

