Community Mental Health Services Block Grant (MHBG)
Biennial Funding Allocation
State Fiscal Years 2024-25 and 2025-26

San Bernardino — **County Name**

7/23/24 — **Date**

PNJMSCHTMVF7

Entity Data Detail.pdf document included ☒

	SFY 2024-25	SFY 2025-26
Proposed Total Allocation	$5,233,073	$5,233,073
Base Allocation	$4,183,590	$4,183,590
Dual Diagnosis Set-Aside	$610,357	$610,357
First Episode Psychosis Set-Aside	$439,126	$439,126
Children's System of Care Set-Aside	$0	$0
Integrated Services Agency Set-Aside	$0	$0

The County requests continuation of the MHBG. These funds will be used in accordance with Public Law 102-321 (42 U.S.C., Sections 300x through 300x-13), and Public Law (PL) 106-310, and will be used as stated in the enclosed MHBG Funding Agreements with Federal Requirements on Use of Allotments, and the Certification Statements.

These estimates are the proposed total allocations for State Fiscal Year (SFY) 2024-25 and 2025-26 and are subject to change based on the level of appropriation approved in the State Budget Act of 2024 and State Budget Act of 2025. In addition, this amount is subject to adjustments for a net reimbursable amount to the county. The adjustments include, but are not limited to, Gramm-Rudmann-Hollings (Federal Deficit Reduction Act) reductions, prior year audit recoveries, federal legislative mandates applicable to categorical funding, augmentations, etc. The net amount reimbursable will be reflected in reimbursable payments as the specific dollar amounts of adjustments become known for each county.

The County will use this estimate to build the County's SFY 2024-25 and SFY 2025-26 budget for the provision of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

7/23/24

Behavioral Health Director or Authorized Signer Signature — **Date**

Dr. Georgina Yoshioka

Print Name

(Rev. 05/2024)

SAN BERNARDINO, COUNTY OF

Unique Entity ID	CAGE / NCAGE	Purpose of Registration
PNJMSCHTMVF7	**4BSW4**	**All Awards**
Registration Status	Expiration Date	
Active Registration	**Jul 17, 2024**	
Physical Address	Mailing Address	
385 N Arrowhead AVE FL 2 **San Bernardino, California 92415-0103** **United States**	**385 N Arrowhead AVE** **4TH Floor** **San Bernardino, California 92415-0120** **United States**	

Business Information

Doing Business as	Division Name	Division Number
(blank)	**County Administrative Office**	**(blank)**
Congressional District	State / Country of Incorporation	URL
California 33	**(blank) / (blank)**	**(blank)**

Registration Dates

Activation Date	Submission Date	Initial Registration Date
Jul 18, 2023	**Jul 18, 2023**	**Mar 3, 2006**

Entity Dates

Entity Start Date	Fiscal Year End Close Date
Apr 26, 1853	**Jun 30**

Immediate Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Highest Level Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

Yes

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than $10,000,000?

Yes

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than $5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than $5,000 or reimbursement, restitution, or damages greater than $100,000, or other acknowledgment of fault?

No

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure
U.S. Government Entity

Entity Type
US Local Government

Organization Factors
(blank)

Profit Structure
(blank)

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. Local Government
County

Other Entity Qualifiers

Hospital

Financial Information

Accepts Credit Card Payments
No

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
4BSW4

Electronic Funds Transfer

Account Type
Checking

Routing Number
*********48**

Lock Box Number
(blank)

Financial Institution
WELLS FARGO BANK, NA

Account Number
*********20**

Automated Clearing House

Phone (U.S.)
2132537212

Email
(blank)

Phone (non-U.S.)
(blank)

Fax
(blank)

Remittance Address

COUNTY OF SAN BERNARDINO
ASSESSOR-RECORDER-COUNTY Clerk
222 W. Hospitality Lane
San Bernardino, California 92415
United States

Taxpayer Information

EIN
*******2748**

Type of Tax
Applicable Federal Tax

Taxpayer Name
SAN BERNARDINO COUNTY OF

Tax Year (Most Recent Tax Year)
2020

Name/Title of Individual Executing Consent
Deputy Executive Officer

TIN Consent Date
Jul 18, 2023

Address
385 N Arrowhead AVE
San Bernardino, California 92415

Signature
Robert Saldana

Points of Contact

Accounts Receivable POC

Robert Saldana, Deputy Executive Officer
robert.saldana@cao.sbcounty.gov
9093874342

Electronic Business

Robert Saldana
robert.saldana@cao.sbcounty.gov
9093874342

385 N. Arrowhead AVE
4TH Floor
San Bernardino, California 92415
United States

Government Business

Robert Saldana
robert.saldana@cao.sbcounty.gov
9093874342

385 N. Arrowhead Avenue
4TH Floor
San Bernardino, California 92415
United States

Past Performance

BEATRIZ VALDEZ
BValdez@sbcounty.gov
9093875301

385 N. Arrowhead AVE.
San Bernardino, California 92415
United States

BEATRIZ VALDEZ
BValdez@cao.sbcounty.gov
9093875301

385 N. Arrowhead AVE.
San Bernardino, California 92415
United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	**921110**	**Executive Offices**

Product and Service Codes

PSC	PSC Name
R405	**Support- Professional: Operations Research/Quantitative Analysis**
R431	**Support- Professional: Human Resources**
R499	**Support- Professional: Other**
R612	**Support- Administrative: Information Retrieval**
R699	**Support- Administrative: Other**
R702	**Support- Management: Data Collection**
R799	**Support- Management: Other**
S111	**Utilities- Gas**
S114	**Utilities- Water**
S216	**Housekeeping- Facilities Operations Support**

Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
(blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121)
$8,831,231,198.00

Number of Employees (in accordance with 13 CFR 121)
26190

Location

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
(blank)	**(blank)**

Industry-Specific

Barrels Capacity	Megawatt Hours	Total Assets
(blank)	**(blank)**	**(blank)**

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

Disaster Response

This entity does not appear in the disaster response registry.

Community Mental Health Services Block Grant Funding Agreements
Public Law 106-310 (Children's Health Act of 2000)
Public Law 102-321; Title II-Block Grants to States Regarding
Mental Health & Substance Abuse
Part B of Title XIX of the Public Health Service Act [42 U.S.C. 300x-1 et seq.]

The county, as recipient of grant funds, acknowledges and agrees that the county and its subcontractors shall provide services in accordance with all applicable federal and state statutes and regulations including the following:

Section 1911

Subject to Section 1916, the State/County involved will expend the grant only for the purpose of:

(1) Carrying out the plan submitted under Section 1912(a) [State Plan for Comprehensive Community Mental Health Services] by the State for the fiscal year involved;
(2) Evaluating programs and services carried out under the plan; and
(3) Planning, administration, and educational activities related to providing services under the plan.

Section 1912

(c)(1) & (2) [As a funding agreement for a grant under Section 1911 of this title the Secretary establishes and disseminates definitions for the terms "adult with a serious mental illness" and "children with a serious emotional disturbance" and the State/County will utilize such methods [standardized methods, established by the Secretary] in making estimates [of the incidence and prevalence in the County of serious mental illness among adults and serious emotional disturbance among children].

Section 1913

(a)(1)(C) the County will expend for such system [of integrated services described in Section 1912(b)(3)] not less than an amount equal to the amount expended by the County for fiscal year 1994.

[A system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (which includes services provided under the Individuals with Disabilities Education Act)].

(b)(1) The County will provide services under the plan only through appropriate qualified community programs (which may include community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental health primary consumer-directed programs).

(b)(2) The State agrees that services under the plan will be provided through community mental health centers only if the centers meet the criteria specified in subsection (c).

(c)(1) With respect to mental health services, the centers provide services as follows:

(A) Services principally to individuals residing in a defined geographic area (hereafter in the subsection referred to as a "service area").
(B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
(C) 24-hour-a-day emergency care services.
(D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
(E) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission.

(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed within the service area of the center regardless of ability to pay for such services.

(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

Section 1916

(a) The County involved will not expend the grant-

(1) to provide inpatient services;
(2) to make cash payments to intended recipients of health services;
(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
(4) to satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or
(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

(b) The County involved will not expend more than ten percent of the grant for administrative expenses with respect to the grant.

Section 1946 PROHIBITIONS REGARDING RECEIPT OF FUNDS

(a) Establishment-

(1) Certain false statements and representation - A person shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made by a State from a grant made to the State under Section 1911 or 1921.

(2) Concealing or failing to disclose certain events - A person with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made to a State under Section 1911 or 1921 shall not conceal or fail to disclose any such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such amount is due.

(b) Criminal Penalty for Violation of Prohibition - Any person who violates any prohibition established in subsection (a) shall for each violation be fined in accordance with Title 18, United States Code, or imprisoned for not more than five years, or both.

Section 1947 NONDISCRIMINATION

(a) In General-

(1) Rule of construction regarding certain civil rights laws - For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under Section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964, programs and activities funded in whole or in part with funds made available under Section 1911 or 1921 shall be considered to be programs and activities receiving federal financial assistance.

(2) Prohibition- No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant), or on the grounds of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under Section 1911 or 1921.

(b) Enforcement-

(1) Referrals to Attorney General after notice: Whenever the Secretary finds that a state, or an entity that has received a payment pursuant to Section 1911 or 1921, has failed to comply with a provision of law referred to in

subsection (a)(1), with subsection (a)(2), or with and applicable regulation (including one prescribed to carry out subsection (a)(2), the Secretary shall notify the Chief Executive Officer of the state and shall request the Chief Executive Officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the Chief Executive Officer fails or refuses to secure compliance, the Secretary may--

(1)(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(1)(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendment of 1972, or Title VI of the Civil Rights Act of 1964, as may be applicable; or

(1)(C) take such other actions as may be authorized by law.

(2) Authority of Attorney General - When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

7/23/24

Behavioral Health Director or Authorized Signer Signature **Date**

Dr. Georgina Yoshioka, Director San Bernardino

Print Name/Title **County**

Certifications

CERTIFICATION REGARDING LOBBYING

1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

SALARY CAP

The undersigned certifies that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

DRUG FREE WORK ENVIRONMENT

The undersigned certifies that reasonable efforts are made to maintain a drug-free work place in all programs supported by the Federal Block Grant funds.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS

1) The prospective lower tier participant certified, by submission of this proposal, that neither it nor its principals or **contracted providers** is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal/application.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offer or contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

7/23/24

Behavioral Health Director or Authorized Signer Signature **Date**

Dr. Georgina Yoshioka, Director San Bernardino

Print Name/Title **County**

State of California - Health and Human Services Agency

Department of Health Care Services

Version 1.7

ICR 25.00%

MHBG Allocation Sheet SFY 2024-26

County SAN BERNARDINO

SFY 2024-25

Set Aside		Amount
Base Allocation	$	4,183,590.00
Dual Diagnosis Set-Aside	$	610,357.00
First Episode Psychosis Set-Aside	$	439,126.00
Children's System of Care Set-Aside	$	-
Integrated Services Agency Set-Aside	$	-
Total Proposed Allocation	**$**	**5,233,073.00**

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**478,103.00**
	$	**-**

Program Name	**Juvenile Justice Community Reintegration (JJCR) (Base - Children's) 920817100**	
Summary		
Category	**Amount**	
Staff Expenses	$	478,103.16
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	119,525.79
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	47,810.32
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**478,103.16**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**478,103.16**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 116,800.32	0.250	$ 29,200.08
Staff Expenses	Clinical Therapist II	$ 95,593.68	0.500	$ 47,796.84
Staff Expenses	Social Worker II	$ 63,161.28	1.000	$ 63,161.28
Staff Expenses	Alcohol & Drug Counselor	$ 57,264.48	1.750	$ 100,212.84
Staff Expenses	Mental Health Specialist	$ 52,306.80	0.250	$ 13,076.70
Staff Expenses	Staff Analyst II	$ 76,571.04	0.500	$ 38,285.52
Staff Expenses	Office Assistant III	$ 45,973.20	0.500	$ 22,986.60
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 163,383.30	1.000	$ 163,383.30

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Juvenile Justice Community Reintegration
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9438

MHBG Funding Level:	$478,103.16

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	10	**Age 65-74:**	0
Age 6-17	158	**Age 25-44:**	0	**Age 75+:**	0
Age 18-20:	87	**Age 45-64:**	0	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	☑ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☑ YES	☐ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**849,857.00**
	$	**-**

Program Name	**Adult Continuing Care Program Long Term Care (Base - Adult) 9209161000**	
Summary		
Category	**Amount**	
Staff Expenses	$	784,451.19
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	65,406.08
Program Maximum Allowable Indirect Costs	$	212,464.32
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	84,985.73
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**849,857.27**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**849,857.27**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 116,800.32	0.500	$ 58,400.16
Staff Expenses	Clinical Therapist II	$ 95,593.68	0.500	$ 47,796.84
Staff Expenses	Clinical Therapist I	$ 78,012.48	2.000	$ 156,024.96
Staff Expenses	Social Worker II	$ 63,161.28	1.000	$ 63,161.28
Staff Expenses	Mental Health Specialist	$ 52,306.80	2.000	$ 104,613.60
Staff Expenses	Staff Analyst II	$ 76,571.04	0.250	$ 19,142.76
Staff Expenses	Office Assistant III	$ 45,973.20	1.000	$ 45,973.20
Staff Expenses	General Service Worker	$ 38,547.60	0.500	$ 19,273.80
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 270,064.59	1.000	$ 270,064.59

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Other Expenses	Long Term Rehabilitation Placements to Stabilize and Reintegrate	$ 35,406.08	$ 35,406.08
Other Expenses	Indigent Transport and Placement	$ 30,000.00	$ 30,000.00
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Adult Continuing Care Program Long Term Care
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$849,857.27

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	10	**Age 65-74:**	5
Age 6-17	0	**Age 25-44:**	53	**Age 75+:**	2
Age 18-20:	2	**Age 45-64:**	53	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**1,356,595.00**
	$	**-**

Program Name	**Enhanced Board and Care (Base - Adults) 9209181000**	
Summary		
Category	**Amount**	
Staff Expenses	$	-
Consultant/Contract Costs	$	1,356,595.37
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	339,148.84
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	135,659.54
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**1,356,595.37**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**1,356,595.37**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses		$ -	0.000	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Orchid Court, Inc.	$ 1,356,595.37	$ 1,356,595.37
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25

MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Enhanced Board and Care
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$1,356,595.37

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	8	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	30	**Age 75+:**	0
Age 18-20:	2	**Age 45-64:**	25	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**582,709.00**
	$	**-**

Program Name	**Adult Forensic Services (Base - Adults) 9209042200**	
Summary		
Category	**Amount**	
Staff Expenses	$	582,708.58
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	145,677.15
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	58,270.86
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**582,708.58**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**582,708.58**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 116,800.32	0.800	$ 93,440.26
Staff Expenses	Clinical Therapist II	$ 95,593.68	0.200	$ 19,118.74
Staff Expenses	Alcohol & Drug Counselor	$ 57,264.48	3.000	$ 171,793.44
Staff Expenses	Office Assistant III	$ 45,973.20	1.000	$ 45,973.20
Staff Expenses	Office Assistant II	$ 41,823.60	1.000	$ 41,823.60
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 210,559.34	1.000	$ 210,559.34

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25

MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Adult Forensic Services
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$582,708.58

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	24	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	49	**Age 75+:**	0
Age 18-20:	18	**Age 45-64:**	24	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	☑ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**216,368.00**
	$	**-**

Program Name	**Housing Solutions Program (Base - Adults)**	
Summary		
Category	**Amount**	
Staff Expenses	$	216,368.45
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	54,092.11
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	21,636.85
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**216,368.45**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**216,368.45**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Specialist	$ 52,306.80	1.000	$ 52,306.80
Staff Expenses	Staff Analyst	$ 76,571.04	1.000	$ 76,571.04
Staff Expenses	Fiscal Assistant	$ 46,016.88	0.250	$ 11,504.22
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 75,986.39	1.000	$ 75,986.39

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Housing Solutions Program
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$216,368.45

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	15	**Age 65-74:**	2
Age 6-17	0	**Age 25-44:**	75	**Age 75+:**	0
Age 18-20:	2	**Age 45-64:**	56	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**308,375.00**
	$	**-**

Program Name	**Triage, Engagement, and Support Teams (TEST) (Base - Adults) 9209102200**	
Summary		
Category	**Amount**	
Staff Expenses	$	308,375.19
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	77,093.80
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	30,837.52
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**308,375.19**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**308,375.19**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 63,161.28	2.000	$ 126,322.56
Staff Expenses	General Service Worker	$ 38,547.60	0.250	$ 9,636.90
Staff Expenses	Program Specialist II	$ 85,285.20	1.000	$ 85,285.20
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 87,130.53	1.000	$ 87,130.53

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Triage, Engagement, and Support Teams (TEST)
Program Contact:	Jennifer Pacheco
Email:	jpaceco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$308,375.19

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	40	**Age 65-74:**	25
Age 6-17	20	**Age 25-44:**	95	**Age 75+:**	5
Age 18-20:	25	**Age 45-64:**	90	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☑ YES	☐ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.7

Enclosure 7 | Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**166,137.00**
	$	**-**

Program Name	**Placement After Stabilization (PAS) (Base - Adult)**	
Summary		
Category	**Amount**	
Staff Expenses	$	166,136.53
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	41,534.13
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	16,613.65
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**166,136.53**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**166,136.53**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 116,800.32	0.500	$ 58,400.16
Staff Expenses	Clinical Therapist II	$ 95,593.68	0.500	$ 47,796.84
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 59,939.53	1.000	$ 59,939.53

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Placement After Stabilization (PAS)
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$166,136.53

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	40	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	108	**Age 75+:**	0
Age 18-20:	45	**Age 45-64:**	107	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☑ YES	☐ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
First Episode Psychosis	**$**	**439,126.00**
	$	**-**

Program Name	**Premier Program (FEP Set-Aside)**	
Summary		
Category	**Amount**	
Staff Expenses	$	301,455.72
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	30,000.00
Travel	$	3,000.00
Other Expenses	$	44,500.00
Program Maximum Allowable Indirect Costs	$	94,738.93
Indirect Costs	$	35,228.47
Program Maximum Allowable Support Administrative Direct Costs	$	37,895.57
County Support Administrative Direct Costs	$	24,941.81
Net Program Expenses	**$**	**439,126.00**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**439,126.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 116,800.32	0.200	$ 23,360.06
Staff Expenses	Clinical Therapist II	$ 95,593.68	0.300	$ 28,678.10
Staff Expenses	Clinical Therapist I	$ 78,012.48	1.000	$ 78,012.48
Staff Expenses	Social Worker II	$ 63,161.28	0.300	$ 18,948.38
Staff Expenses	Peer & Family Advocate	$ 46,060.56	1.000	$ 46,060.56
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 106,396.14	1.000	$ 106,396.14

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs		$ 35,228.47	$ 35,228.47
Supplies	Office Supplies	$ 2,000.00	$ 2,000.00
Supplies	Bus Passes	$ 3,000.00	$ 3,000.00
Supplies	Client Services and Supports	$ 25,000.00	$ 25,000.00
Travel	Per diem, mileage, vehicle rental/lease	$ 3,000.00	$ 3,000.00
Other Expenses	Supportive Services	$ 23,000.00	$ 23,000.00
Other Expenses	Indigent Transportation and Placement	$ 14,000.00	$ 14,000.00
Other Expenses	Training / Conferences	$ 7,500.00	$ 7,500.00
County Support Administra		$ 24,941.81	$ 24,941.81
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25

MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Premier Program
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$439,126.00

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	6	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	2	**Age 75+:**	0
Age 18-20:	2	**Age 45-64:**	0	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Dual Diagnosis	**$**	**265,358.00**
	$	**-**

Program Name	**Co-Occurring Residential Care (Dual Diagnosis) 9209181000**	
Summary		
Category	**Amount**	
Staff Expenses	$	-
Consultant/Contract Costs	$	265,357.92
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	66,339.48
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	26,535.79
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**265,357.92**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**265,357.92**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses		$ -	0.000	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Aggregate Contract - Social Services Inc dba Cedar House Life Change Center	$ 265,357.92	$ 265,357.92
	Aggregate Contract - Veteran's Alcohol Rehabilitation Program, Inc.	$ -	$ -
	Aggregate Contract - G and C Swan, Inc.	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Co-Occurring Residential Care
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$265,357.92

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	15	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	60	**Age 75+:**	0
Age 18-20:	5	**Age 45-64:**	50	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2024-25
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Dual Diagnosis	**$**	**344,999.00**
Base Allocation	**$**	**225,446.00**

Program Name	**Therapeutic Alliance Program (TAP) (Dual Diagnosis) 9209171000**	
Summary		
Category	**Amount**	
Staff Expenses	$	567,245.53
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	3,200.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	142,611.38
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	57,044.55
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**570,445.53**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**570,445.53**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 116,800.32	0.200	$ 23,360.06
Staff Expenses	Clinical Therapist II	$ 95,593.68	1.000	$ 95,593.68
Staff Expenses	Alcohol & Drug Counselor	$ 57,264.48	2.000	$ 114,528.96
Staff Expenses	Clinical Therapist I	$ 78,012.48	1.000	$ 78,012.48
Staff Expenses	Social Worker II	$ 63,161.28	0.750	$ 47,370.96
Staff Expenses	Office Assistant III	$ 45,973.20	0.250	$ 11,493.30
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 196,886.09	1.000	$ 196,886.09

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Supplies	Bus Passes	$ 3,200.00	$ 3,200.00
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2024-25

MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Therapeutic Alliance Program (TAP)
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$570,445.53

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	15	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	50	**Age 75+:**	0
Age 18-20:	5	**Age 45-64:**	60	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

2024-25
MHBG FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET

Complete the highlighted yellow portion of the FEP Program Data Sheet with the information requested below.

County:	SAN BERNARDINO
FEP Program Title:	Premier
Program Contact:	Jennifer Pacheco
E-mail:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435
MHBG FEP Set-Aside Amount:	$439,126.00

Report the actual number of adults with serious mental illness and children with serious emotional disturbances that were admitted into and received Coordinated Specialty Care (CSC) evidence-based First Episode Psychosis (FEP) services.

From 7/1/2022 To 6/30/2023	
Please identify the total number of FEP programs your county is administrating (all funding sources)	2
Please identify the total number of FEP programs *by unique site location* your county is administrating (all funding sources)	2
Please identify the total number of FEP programs your county is administrating (MHBG-funded only, even if partial)	1
Please identify the total number of FEP programs *by unique site location* your county is administrating (MHBG-funded only, even if partial)	1
Do You Monitor Fidelity for This Service? (Check One)	☑ Yes ☐ No
Has Staff Been Specifically Trained to Implement the CSC EBP? (Check One)	☐ Yes ☑ No
What Fidelity Measure Do You Use?	
First Episode Psychosis Services Fidelity Scale	
Who Measures Fidelity?	
Premier Clinic Supervisor	
How Often is Fidelity Measured?	
Annually	

Number of Admissions into CSC Services During FY															
Age 0-5:	0	**Age 6-17**	0	**Age 18-20:**	1	**Age 21-24:**	2	**Age 25-44:**	5	**Age 45-64:**	0	**Age 65-74:**	0	**Age 75+:**	0	**Age Not Available:**	0
Number of Clients with FEP Successfully Discharged from CSC Services During the FY															
Age 0-5:	0	**Age 6-17**	0	**Age 18-20:**	0	**Age 21-24:**	0	**Age 25-44:**	4	**Age 45-64:**	0	**Age 65-74:**	0	**Age 75+:**	0	**Age Not Available:**	0
Number of Clients with FEP Who Discontinued Services Prior to Discharge During the FY															
Age 0-5:	0	**Age 6-17**	0	**Age 18-20:**	0	**Age 21-24:**	0	**Age 25-44:**	0	**Age 45-64:**	0	**Age 65-74:**	0	**Age 75+:**	0	**Age Not Available:**	0
Current Number of Clients with FEP Receiving CSC FEP Services															
Age 0-5:	0	**Age 6-17**	0	**Age 18-20:**	1	**Age 21-24:**	3	**Age 25-44:**	1	**Age 45-64:**	0	**Age 65-74:**	0	**Age 75+:**	0	**Age Not Available:**	0

State of California - Health and Human Services Agency

Department of Health Care Services

Version 1.7

ICR 25.00%

MHBG Allocation Sheet SFY 2024-26

County	**SAN BERNARDINO**
SFY	**2025-26**

Set Aside		Amount
Base Allocation	$	4,183,590.00
Dual Diagnosis Set-Aside	$	610,357.00
First Episode Psychosis Set-Aside	$	439,126.00
Children's System of Care Set-Aside	$	-
Integrated Services Agency Set-Aside	$	-
Total Proposed Allocation	**$**	**5,233,073.00**

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**498,741.00**
	$	**-**

Program Name	**Juvenile Justice Community Reintegration (JJCR) (Base - Children's) 920817100**	
Summary		
Category	**Amount**	
Staff Expenses	$	498,740.65
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	124,685.16
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	49,874.07
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**498,740.65**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**498,740.65**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 122,640.34	0.250	$ 30,660.08
Staff Expenses	Clinical Therapist II	$ 100,373.36	0.500	$ 50,186.68
Staff Expenses	Social Worker II	$ 66,319.34	1.000	$ 66,319.34
Staff Expenses	Alcohol & Drug Counselor	$ 60,127.70	1.750	$ 105,223.48
Staff Expenses	Mental Health Specialist	$ 54,922.14	0.250	$ 13,730.54
Staff Expenses	Staff Analyst II	$ 80,399.59	0.500	$ 40,199.80
Staff Expenses	Office Assistant III	$ 48,271.86	0.500	$ 24,135.93
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 168,284.80	1.000	$ 168,284.80

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Juvenile Justice Community Reintegration
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9438

MHBG Funding Level:	$498,740.65

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	10	**Age 65-74:**	0
Age 6-17	158	**Age 25-44:**	0	**Age 75+:**	0
Age 18-20:	87	**Age 45-64:**	0	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	☑ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☑ YES	☐ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**841,711.00**
	$	**-**

Program Name	**Adult Continuing Care Program Long Term Care (Base - Adult) 9209161000**	
Summary		
Category	**Amount**	
Staff Expenses	$	788,012.14
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	53,698.92
Program Maximum Allowable Indirect Costs	$	210,427.77
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	84,171.11
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**841,711.06**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**841,711.06**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 122,640.34	0.500	$ 61,320.17
Staff Expenses	Clinical Therapist II	$ 100,373.36	0.500	$ 50,186.68
Staff Expenses	Clinical Therapist I	$ 81,913.10	2.000	$ 163,826.20
Staff Expenses	Social Worker II	$ 66,319.34	1.000	$ 66,319.34
Staff Expenses	Mental Health Specialist	$ 54,922.14	2.000	$ 109,844.28
Staff Expenses	Staff Analyst II	$ 80,399.59	0.250	$ 20,099.90
Staff Expenses	Office Assistant III	$ 48,271.86	1.000	$ 48,271.86
Staff Expenses	General Service Worker	$ 40,474.98	0.500	$ 20,237.49
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 247,906.22	1.000	$ 247,906.22

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Other Expenses	Long Term Rehabilitation Placements to Stabilize and Reintegrate	$ 26,834.76	$ 26,834.76
Other Expenses	Indigent Transport and Placement	$ 26,864.16	$ 26,864.16
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Adult Continuing Care Program Long Term Care
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$841,711.06

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	10	**Age 65-74:**	5
Age 6-17	0	**Age 25-44:**	53	**Age 75+:**	2
Age 18-20:	2	**Age 45-64:**	53	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.7

Enclosure 7 | Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	SFY	2025-26
COUNTY	SAN BERNARDINO	Submission Date	

DHCS Approval (For DHCS Staff Only)			
Analyst		Date Approval	

Funding Source		
Base Allocation	$	1,356,594.00
	$	-

Program Name	Enhanced Board and Care (Base - Adults) 9209181000	
Summary		
Category	**Amount**	
Staff Expenses	$	-
Consultant/Contract Costs	$	1,356,594.37
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	339,148.59
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	135,659.44
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**1,356,594.37**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**1,356,594.37**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses		$ -	0.000	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Orchid Court, Inc.	$ 1,356,594.37	$ 1,356,594.37
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Enhanced Board and Care
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$1,356,594.37

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	8	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	30	**Age 75+:**	0
Age 18-20:	2	**Age 45-64:**	25	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**607,633.00**
	$	**-**

Program Name	**Adult Forensic Services (Base - Adults) 9209042200**	
Summary		
Category	**Amount**	
Staff Expenses	$	607,632.80
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	151,908.20
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	60,763.28
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**607,632.80**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**607,632.80**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 122,640.34	0.800	$ 98,112.27
Staff Expenses	Clinical Therapist II	$ 100,373.36	0.200	$ 20,074.67
Staff Expenses	Alcohol & Drug Counselor	$ 60,127.70	3.000	$ 180,383.10
Staff Expenses	Office Assistant III	$ 48,271.86	1.000	$ 48,271.86
Staff Expenses	Office Assistant II	$ 43,914.78	1.000	$ 43,914.78
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 216,876.12	1.000	$ 216,876.12

Detailed Program Budget

II. Itemized Detail			
Category	**Detail**	**Amount**	**Total**
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Adult Forensic Services
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$607,632.80

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	24	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	49	**Age 75+:**	0
Age 18-20:	18	**Age 45-64:**	24	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	☑ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**133,765.00**
	$	**-**

Program Name	**Housing Solutions Program (Base - Adults)**	
Summary		
Category	**Amount**	
Staff Expenses	$	133,764.81
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	33,441.20
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	13,376.48
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**133,764.81**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**133,764.81**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Specialist	$ 54,922.14	1.000	$ 54,922.14
Staff Expenses	Staff Analyst	$ 80,399.59	0.250	$ 20,099.90
Staff Expenses	Fiscal Assistant	$ 48,317.72	0.250	$ 12,079.43
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 46,663.34	1.000	$ 46,663.34

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Housing Solutions Program
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$133,764.81

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	15	**Age 65-74:**	2
Age 6-17	0	**Age 25-44:**	75	**Age 75+:**	0
Age 18-20:	2	**Age 45-64:**	56	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**322,051.00**
	$	**-**

Program Name	**Triage, Engagement, and Support Teams (TEST) (Base - Adults) 9209102200**	
Summary		
Category	**Amount**	
Staff Expenses	$	322,051.34
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	80,512.84
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	32,205.13
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**322,051.34**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**322,051.34**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Social Worker II	$ 66,319.34	2.000	$ 132,638.68
Staff Expenses	General Service Worker	$ 40,474.98	0.250	$ 10,118.75
Staff Expenses	Program Specialist II	$ 89,549.46	1.000	$ 89,549.46
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 89,744.45	1.000	$ 89,744.45

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Triage, Engagement, and Support Teams (TEST)
Program Contact:	Jennifer Pacheco
Email:	jpaceco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$322,051.34

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	40	**Age 65-74:**	25
Age 6-17	20	**Age 25-44:**	95	**Age 75+:**	5
Age 18-20:	25	**Age 45-64:**	90	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☑ YES	☐ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Base Allocation	**$**	**173,245.00**
	$	**-**

Program Name	**Placement After Stabilization (PAS) (Base - Adult)**	
Summary		
Category	**Amount**	
Staff Expenses	$	173,244.57
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	43,311.14
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	17,324.46
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**173,244.57**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**173,244.57**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 122,640.34	0.500	$ 61,320.17
Staff Expenses	Clinical Therapist II	$ 100,373.36	0.500	$ 50,186.68
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 61,737.72	1.000	$ 61,737.72

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Placement After Stabilization (PAS)
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$173,244.57

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	40	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	108	**Age 75+:**	0
Age 18-20:	45	**Age 45-64:**	107	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☑ YES	☐ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
First Episode Psychosis	**$**	**439,126.00**
	$	**-**

Program Name	**Premier Program (FEP Set-Aside)**	
Summary		
Category	**Amount**	
Staff Expenses	$	314,400.59
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	30,000.00
Travel	$	3,000.00
Other Expenses	$	44,500.00
Program Maximum Allowable Indirect Costs	$	97,975.15
Indirect Costs	$	22,283.60
Program Maximum Allowable Support Administrative Direct Costs	$	39,190.06
County Support Administrative Direct Costs	$	24,941.81
Net Program Expenses	**$**	**439,126.00**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**439,126.00**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 122,640.34	0.200	$ 24,528.07
Staff Expenses	Clinical Therapist II	$ 100,373.36	0.300	$ 30,112.01
Staff Expenses	Clinical Therapist I	$ 81,913.10	1.000	$ 81,913.10
Staff Expenses	Social Worker II	$ 66,319.34	0.300	$ 19,895.80
Staff Expenses	Peer & Family Advocate	$ 48,363.59	1.000	$ 48,363.59
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 109,588.02	1.000	$ 109,588.02

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Indirect Costs		$ 22,283.60	$ 22,283.60
Supplies	Office Supplies	$ 2,000.00	$ 2,000.00
Supplies	Bus Passes	$ 3,000.00	$ 3,000.00
Supplies	Client Services and Supports	$ 25,000.00	$ 25,000.00
Travel	Per diem, mileage, vehicle rental/lease	$ 3,000.00	$ 3,000.00
Other Expenses	Supportive Services	$ 23,000.00	$ 23,000.00
Other Expenses	Indigent Transportation and Placement	$ 14,000.00	$ 14,000.00
Other Expenses	Training / Conferences	$ 7,500.00	$ 7,500.00
County Support Administra		$ 24,941.81	$ 24,941.81
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Premier Program
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$439,126.00

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	6	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	2	**Age 75+:**	0
Age 18-20:	2	**Age 45-64:**	0	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	☑ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | Department of Health Care Services

Version 1.7

Enclosure 7 | Current ICR 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Dual Diagnosis	**$**	**265,358.00**
	$	**-**

Program Name	**Co-Occurring Residential Care (Dual Diagnosis) 9209181000**	
Summary		
Category	**Amount**	
Staff Expenses	$	-
Consultant/Contract Costs	$	265,357.92
Equipment	$	-
Supplies	$	-
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	66,339.48
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	26,535.79
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**265,357.92**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**265,357.92**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses		$ -	0.000	$ -

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Aggregate Contract - Social Services Inc dba Cedar House Life Change Center	$ 265,357.92	$ 265,357.92
	Aggregate Contract - Veteran's Alcohol Rehabilitation Program, Inc.	$ -	$ -
	Aggregate Contract - G and C Swan, Inc.	$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Co-Occurring Residential Care
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$265,357.92

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	15	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	60	**Age 75+:**	0
Age 18-20:	5	**Age 45-64:**	50	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency | **Department of Health Care Services**

Version 1.7

Enclosure 7 | **Current ICR** 25.00%

Detailed Program Budget

TYPE OF GRANT	Community Mental Health Services Block Grant	**SFY**	2025-26
COUNTY	SAN BERNARDINO	**Submission Date**	

DHCS Approval (For DHCS Staff Only)			
Analyst		**Date Approval**	

Funding Source		
Dual Diagnosis	**$**	**344,999.00**
Base Allocation	**$**	**249,850.00**

Program Name	**Therapeutic Alliance Program (TAP) (Dual Diagnosis) 9209171000**	
Summary		
Category	**Amount**	
Staff Expenses	$	591,649.48
Consultant/Contract Costs	$	-
Equipment	$	-
Supplies	$	3,200.00
Travel	$	-
Other Expenses	$	-
Program Maximum Allowable Indirect Costs	$	148,712.37
Indirect Costs	$	-
Program Maximum Allowable Support Administrative Direct Costs	$	59,484.95
County Support Administrative Direct Costs	$	-
Net Program Expenses	**$**	**594,849.48**
Other Funding Sources: Federal	$	-
Other Funding Sources: Non-Federal Funds	$	-
Total Other Funding Sources	**$**	**-**
Gross Cost of Program	**$**	**594,849.48**

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	$ 122,640.34	0.200	$ 24,528.07
Staff Expenses	Clinical Therapist II	$ 100,373.36	1.000	$ 100,373.36
Staff Expenses	Alcohol & Drug Counselor	$ 60,127.70	2.000	$ 120,255.40
Staff Expenses	Clinical Therapist I	$ 81,913.10	1.000	$ 81,913.10
Staff Expenses	Social Worker II	$ 66,319.34	0.750	$ 49,739.51
Staff Expenses	Office Assistant III	$ 48,271.86	0.250	$ 12,067.97
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -

Detailed Program Budget

		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
		$ -	0.000	$ -
Staff Expenses	Benefits	$ 202,772.07	1.000	$ 202,772.07

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Supplies	Bus Passes	$ 3,200.00	$ 3,200.00
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -
		$ -	$ -

2025-26
MHBG Program Data Sheet

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	SAN BERNARDINO
Program Title:	Therapeutic Alliance Program (TAP)
Program Contact:	Jennifer Pacheco
Email:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435

MHBG Funding Level:	$594,849.48

Target Population(s): (Estimated **number** of consumers to be served in the year with MHBG funds)

Ages 0-5	0	**Age 21-24:**	15	**Age 65-74:**	0
Age 6-17	0	**Age 25-44:**	50	**Age 75+:**	0
Age 18-20:	5	**Age 45-64:**	60	**Age Not Available:**	0

Types of Transformational Service(s) Provided

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☑ YES	☐ NO
Mental Health Care is Consumer and Family Driven	☑ YES	☐ NO
Disparities in Mental Health Services are Eliminated	☑ YES	☐ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	☑ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	☑ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	☑ NO
Additional Comments:		

State of California - Health and Human Services Agency **Department of Health Care Services**
Enclosure 8 Version 1.7

2025-26
MHBG FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET

Complete the highlighted yellow portion of the FEP Program Data Sheet with the information requested below.

County:	SAN BERNARDINO
FEP Program Title:	Premier
Program Contact:	Jennifer Pacheco
E-mail:	jpacheco@dbh.sbcounty.gov
Phone Number:	909-421-9435
MHBG FEP Set-Aside Amount:	$439,126.00

Report the actual number of adults with serious mental illness and children with serious emotional disturbances that were admitted into and received Coordinated Specialty Care (CSC) evidence-based First Episode Psychosis (FEP) services.

From 7/1/2022 To 6/30/2023	
Please identify the total number of FEP programs your county is administrating (all funding sources)	2
Please identify the total number of FEP programs *by unique site location* your county is administrating (all funding sources)	2
Please identify the total number of FEP programs your county is administrating (MHBG-funded only, even if partial)	1
Please identify the total number of FEP programs *by unique site location* your county is administrating (MHBG-funded only, even if partial)	1
Do You Monitor Fidelity for This Service? (Check One)	☑ Yes ☐ No
Has Staff Been Specifically Trained to Implement the CSC EBP? (Check One)	☐ Yes ☑ No
What Fidelity Measure Do You Use?	
First Episode Psychosis Services Fidelity Scale	
Who Measures Fidelity?	
Premier Clinic Supervisor	
How Often is Fidelity Measured?	
Annually	

Number of Admissions into CSC Services During FY																	
Age 0-5:	0	**Age 6-17**	0	**Age 18-20:**	1	**Age 21-24:**	2	**Age 25-44:**	5	**Age 45-64:**	0	**Age 65-74:**	0	**Age 75+:**	0	**Age Not Available:**	0
Number of Clients with FEP Successfully Discharged from CSC Services During the FY																	
Age 0-5:	0	**Age 6-17**	0	**Age 18-20:**	0	**Age 21-24:**	0	**Age 25-44:**	4	**Age 45-64:**	0	**Age 65-74:**	0	**Age 75+:**	0	**Age Not Available:**	0
Number of Clients with FEP Who Discontinued Services Prior to Discharge During the FY																	
Age 0-5:	0	**Age 6-17**	0	**Age 18-20:**	0	**Age 21-24:**	0	**Age 25-44:**	0	**Age 45-64:**	0	**Age 65-74:**	0	**Age 75+:**	0	**Age Not Available:**	0
Current Number of Clients with FEP Receiving CSC FEP Services																	
Age 0-5:	0	**Age 6-17**	0	**Age 18-20:**	1	**Age 21-24:**	3	**Age 25-44:**	1	**Age 45-64:**	0	**Age 65-74:**	0	**Age 75+:**	0	**Age Not Available:**	0

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Juvenile Justice Community Reintegration (JJCR)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Department of Behavioral Health (DBH) Juvenile Justice Community Reintegration (JJCR) team collaborates with the Probation Department to serve the behavioral health needs of the detained youth who are returning to the community from Juvenile Detention and Assessment Centers (JDAC) or the Secured Youth Treatment Facility (ARISE) in San Bernardino County. JJCR multi-disciplinary teams work closely with the youth, youth's Probation Officer, and their families to assist in the development of a reintegration advocacy plan for each youth that will best meet their treatment needs and provide access to community resources to ensure a successful transition to the community.

A reintegration plan is a key component of case management planning that addresses the social, behavioral, and environmental needs of the youth. JJCR collaborates with San Bernardino County's Children and Family Services Department, District Attorney's Office, Public Defenders Office, Juvenile Delinquency Court, and family members. This program ensures mental health care is client and family driven through the inclusion of youth and their families in the development of the advocacy reintegration plan. The plan is intended to provide support to the youth as they move through, and out of, the justice system. To ensure youth have a successful reentry, JJCR's reintegration plans foster improved family relationships, focus on educational advancement, and encourage the mastery of independent life skills.

JJCR will provide services to 255 seriously emotionally disturbed (SED) children/adolescents annually as described in the W&I Code § 5600.3(a)(2) who are detained and released from a San Bernardino County JDAC or ARISE.

The goal of every reintegration plan is an increase of youth resiliency and positive development that will divert them from delinquency and other problematic behaviors. Reintegration planning begins while the youth is in custody and case management continues while the youth is out of custody for up to twelve (12) months to reduce recidivism and ensure continued connection to necessary services while in the community.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

JJCR delivers quality assessment and treatment interventions tailored to meet the behavioral health needs of justice involved youth including youth involved in Juvenile Drug Court, Juvenile Mental Health Court, and Court for the Individualized Treatment of Adolescents (CITA). A multidisciplinary team of staff provide community re-entry services to youth upon release to specifically address the needs of these minors

returning to the community by providing a client centered community Reintegration Plan (RP).

The JJCR program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides clinical consultation to the team of clinicians and paraprofessionals, including Clinical Therapist II, Social Workers, Alcohol & Drug Counselors, and Mental Health Specialists.

JJCR in-custody services include:
Assisting youth and their families to identify areas of concern. Staff will complete a Client Resource Evaluation, Clinical Assessment, and a Client Recovery Plan to determine needs and behaviors to be addressed.

Providing individual case planning and case management to begin to address identified areas of concern.

As youth transition back into the community, JJCR connects the youth with appropriate resources. Case management is an essential component of the JJCR program and is provided for up to 12 months.

JJCR out-of-custody services include:
Individual and group therapy - A therapuetic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an indvidual or a group and may include family therapy at which the youth is present. Short - term psychotherapy may be provided by a licensed, registered or waivered staff practicing within their scope of practice up to and including master level interns supervised by licensed personnel.

Case management - Linkage to behavioral health supports, in home and community settings; linkage to appropriate resources and services available in the community based on needs to achieve community reintegration, including benefit acquisition, housing, medical care, psychiatric care, and/or self-help programs, provide advocacy support as needed, provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for youth needs.

Linkage to academic, vocational skills, job related skills or employment, and legal resources and information.

Specialty court collaboration

Medication support - Linkage to providers for psychiatric and medical needs, including assistance with appointments, pharmacy and transportation.

Participation in multidisciplinary team meetings to evaluate the efects of services and the need of continued or changes in treatment.

MHBG funds, during both FY 2024-25 and FY 2025-26, will be allocated to support staff positions required to perform the in-custody and out-of-custody services mentioned above.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

JJCR does not use Evidence-Based Practices in its execution. The staff provides case management and linkage/referral to youth with the goal of securing ongoing, stable treatment resources for them that promote their continued recovery and/or wellness and deter further incarceration.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. Seventy percent (70%) of youth will receive a Reintegration Plan
2. Fifty-five (55%) of youth will be connected to one appointment or attending activity
3. Twenty (20%) of youth will be assessed using the Child and Adolescent Needs and Strengths (CANS) assessment tool
4.
5.

Progress Statement:

In FY 2021-22, of the 426 youth and families served, 38% (n=160) completed one appointment or attended one activity within San Bernardino County DBH System of Care. The following year, FY 2022-23, the percentage of youth and families that completed one appointment or activity increased to 53%. This is attributed, in part, to increased engagement opportunities as COVID restrictions lifted and with the continued use of tools such as telehealth and phone consultation. Engaging justice-involved youth and their families in voluntary behavioral health programs can be difficult as the youth and their families encounter several barriers that may hinder their willingness to participate. Consequently, case managers provide youth with a Reintegration Plan (RP) specifically tailored for their behavioral health needs upon initial contact to ensure they are connected to appropriate services regardless of future engagement.

In FY 2021-22, 65% of youth who were connected to one appointment or attended an activity received an RP, while in FY 2022-23, 64% of youth who were connected to one

appointment or attended an activity received a reintegration plan. JJCR seeks to improve this outcome, making the new goal of 70% of youth leaving the JDAC or ARISE will have a reintegration plan, or discharge plan.

In FY 2021-22, 27% of youth were assessed using the CANS; in FY 2022-23, 27% of youth were also assessed using the CANS. This is a 1% increase from the year previous. In previous years, JJCR set a goal of 40% would be assessed using the CANS. This goal no longer aligns with current business practices post-COVID, which has focused on referring and linking youth into the DBH system of care. JJCR may complete the initial CANS, but youth are usually referred and linked to outpatient services. The goal of 40% is being adjusted to 20% as many youth served do not reach the assessment phase of the program, but are linked to outpatient services prior to this phase. Lowering outcome to 20% annually is a more realistic measurement of the service population that needs assessment and short-term intervention services.

Based on data obtained from CANS assessments completed during FY 2021-22, 43% of youth saw an increase in resiliency, 37% saw an increase in well-being, and 37% demonstrated increased legal compliance. In FY 2022-23, based on data obtained from completed CANS assessments, 31% saw an increase in resiliency, 28% saw an increase in well-being, and 17% demonstrated increased legal compliance.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☐ Adults and Older Adults With SMI	☒ Children With SED
☐ Other Description: Detained youth ready for reentry into the community	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and

Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the JJCR.	.25	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	.50	1
Social Worker II	Completes client resource evaluation, assists youth and families to recognize behaviors and concerns and works with them to develop a plan to address, provides case management and develops Reentry Plan.	1.0	1

Alcohol & Drug Counselor	Conduct intake evaluations to determine needs as they relate to substance use disorders, develops and implement substance use related portions of the Reentry Plan, provides short-term crisis intervention for youth and families.	1.0	1
Alcohol & Drug Counselor	Conduct intake evaluations to determine needs as they relate to substance use disorders, develops and implement substance use related portions of the Reentry Plan, provides short-term crisis intervention for youth and families.	.75	1
Mental Health Specialist	Assist in development and implementation of Reentry Plan including assisting youth and families to recognize concerns and address recovery, assists youth to obtain solutions to problems such as education, housing, benefits, etc., conducts groups for activities of daily living.	.25	1
Staff Analyst II	Plans and coordinates studies of administrative and operational activities including budget, workflow, and training plans, develops reports and makes recommendations for appropriate action based on analysis of gathered data, provides anaylsis of grant narratives and outcomes to ensure program fidelity, researces local, state and national regulations and requirements, develops tools and training plans to ensure compliance, represent the program at various meetings, providing program presentation and education, drafting and monitoring contract requirements.	.50	1
Office Assistant III	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, schedules follow up appointments for clients, data entry on outcome data	.50	1

	tracking mechanism, answers phones and provides front line information on behalf of the program, supply orders, and drafts clerical procedures.		

Please provide any additional information regarding county staffing below:

The staff listed above are allocated 100% of their time in the JJCR program; however, alternative funding exists for those positions not fully covered by MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Juvenile Justice Administration provides an annual program review using a program agency evaluation form as well as the Substance Abuse and Mental Health Services Administration (SAMHSA) program review/evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:
Number of clients served
Outcomes in meeting specified grant goals

Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annually and as requested:

Outreach and education activities, number of individuals educated through outreach activities

Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis

Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets monthly and as needed with Management to review any potential issues.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

If the corrective action involves staffing, Management consults with the Human Resources Business Partner for guidance on action plan and will carry out the plan as suggested, ensuring appropriate and timely follow up.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue is reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the

Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the JJCR program is to provide assistance for the youth to re-enter the community with the necessary supports to continue in their recovery and prevent further institutionalization. JJCR staff provide case management and support to link youth and their families to housing resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

JJCR provides up to twelve (12) months of out of custody case management in the community with the goal of supporting the youth in maintaining their recovery in the community and reducing recidivism. In addition, San Bernardino County Department of Behavioral Health (DBH) has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

JJCR provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Adult Continuing Care Program Long Term Care (LTC)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Department of Behavioral Health (DBH) Adult Continuing Care Program Long Term Care (LTC) program addresses the disparities in behavioral health services for adults at risk of institutionalization or hospitalization through the provision of appropriate placement and behavioral health and case management services. The LTC program ensures mental health care is client driven through the inclusion of clients in the development of their treatment plans.

The LTC program seeks and secures placement in appropriate rehabilitation and reintegration programs. Once placed into contracted beds, the LTC team works alongside the placement facility team to continually monitor client's progress toward goals and readiness for step-down to a lower level of care. This program primarily focuses on successful reintegration of each client into the community after locked placement. The goal is to serve clients at the lowest level of care needed to meet their health and wellness needs. During the last year, DBH has added additional beds throughout various levels of care including, Skilled Nursing Facility beds, Institution for Mental Disease, Enhanced Board and Care, Enhanced Assisted Living, and Mental Health Rehabilitation Center beds.

The LTC program will serve 125 San Bernardino County adult clients annually in acute psychiatric facilities who have stabilized and need sub-acute placement and are unable to function at a lower level of care. Additionally, the team will assist clients who are ready to step down from one of the locked psychiatric facilities to transition into the community.

The LTC team collaborates with all stakeholders, as appropriate, to include San Bernardino Adult Protective Services, Department of Aging and Adult Services, Arrowhead Regional Medical Center, County Designated Facilities, Probation Department, Office of the Public Guardian, Public Defenders, Superior Court Representatives, Law Enforcement Agencies, Department of Behavioral Health Patients' Rights, Community Care Licensing, Licensed Board & Care (B&C) providers, Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals (Patton, Metropolitan, Napa, Atascadero, and Coalinga) to discuss cases and assist clients in attaining the most appropriate care and access to community resources.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

The LTC team coordinates with hospitals, locked placement facilities and other referring parties to complete an assessment and determination of appropriate level of care for the

client. The team will then work with contracted partners to provide referral, arrange for an interview, arrange for discharge and transportation once accepted. While at a treatment facility, the team continue to provide case management and coordinated care, assessing for readiness for transition to lower level of care and will then facilitate that transition when ready.

The LTC team provides the following services:

Assessment - Staff completes the adult clinical assessment to evaluate the client's functioning in multiple areas and to inform and facilitate decisions or recommendations for placement and treatment options.

Referral - Staff prepare referral packets and submit to appropriate treatment options. They work with contracted staff to inform decisions, collect additional information needed, conduct multidisciplinary meetings, and communicate decisions. If accepted, staff will coordinate transportation, arrange for benefits acquisition or revisions as needed, and arrange for follow up care, when needed.

Ongoing monitoring - Staff also oversee service delivery and compliance with the treatment plan, oversees linkage with needed services such as dental services, medical needs, and specialized services and engages family in the recovery process. This team coordinates, facilitates, and provides a warm handoff linkage of case management services and responsibilities to a DBH case management team providing aftercare services at Board and Care and/or independent housing. If necessary, the team will assist unfunded clients to obtain Interim Assistance funding to pay for Licensed Board and Care (B&C) facilities until their benefits are reinstated after discharge from State Hospitals. Once the B&C accepts the client, a Letter of Understanding (LOU) is signed between the County and each B&C provider for each client. This LOU addresses cost, timeframe and references services provided by the Board and Care, per Title 22 of the California Administrative Code. Last, the LTC team provides referral and linkage activities, which includes advocating, motivating and encouraging the client for community placement as well as maintenance through entrance into a DBH Full-Service Partnership or DBH contracted step-down community-based program.

MHBG funds, during both FY 2024-25 and FY 2025-26, will be allocated to support staff positions required to perform the services mentioned above. Other expenses include long term rehabilitation placements to stabilize and reintegrate clients in the community and associated indigent transport and placement costs.

The LTC team utilizes the most appropriate form of transportation for its clients. The LTC team coordinates the transportation of clients to appropriate psychiatric placement and to community placement once discharged. This includes transportation throughout several counties in California to ensure clients are linked to necessary treatment including mental health, substance abuse, and court appointments. When necessary,

LTC has also coordinated non-emergency ambulance transport for clients that may require nursing/medical interventions during transit.

The LTC program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides clinical consultation to the team of clinicians and paraprofessionals, including Clinical Therapists, Social Workers, Mental Health Specialists and Administrative employees.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

LTC utilizes the following Evidence-Based Practices:

Brokerage case management model - seeks to maintain client independence as much as possible by providing little direct service to the client, allowing the placement provider to provide the services contracted and appropriate to the client's treatment. LTC is the link between the client and the community resource, focusing on needs, planning a service strategy, and connecting clients with the services they need. Additionally, the LTC staff stay connected with the client until they are ready to step down into a lower level of care.

Clinical case management model - plans that staff use to provide comprehensive care to clients. This plan describes the steps that are important to for staff to take to assess the needs and progress of a client. LTC staff continue to meet with the client monthly and work alongside the treatment providers to ensure the best understanding of the client's needs and ensuring those needs are being addressed.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county’s objectives from the previous SFY 2022-24 application cycle.

1. 50% of the clients transitioning from long-term locked facilities into a community placement will not require acute psychiatric hospitalization for the initial 60 days after placement annually.
2. 50% of the clients transitioning from long-term locked facilities into community placement will not be referred back to locked placement for the initial 60 days after placement annually.
3. Timely access to the appropriate level of care based on the client's current level of care.

4.
5.

Progress Statement:

In FY 2021-22, LTC worked to assist a total of 172 unduplicated clients with ongoing case management needs, preparing them to transition to a lower level of care. Of the 172 clients, 36 transitioned to a lower level of care in a community-based setting and were provided linkage to appropriate mental health care services. Only three (3) of the 36 were referred back to locked placement; therefore, 91.65% were able to transition into the community without being referred back to locked placement, exceeding the goal of 50%. In addition to the number of clients the LTC program has assisted in stepping down from higher levels of care, the program staff completed 86 new referral requests for a long term care placement evaluation of which 71 clients were placed into appropriate levels of care. There were no clients referred back to a long-term locked facility within the first 60 days after placement into the community; therefore, 100% of clients were able to maintain community placement for at least 60 days following step-down into the community, which far exceeds the initial goal of 50%.

In FY 2022-23, LTC worked to assist a total of 168 unduplicated clients with ongoing case management needs, preparing them to transition to a lower level of care. Of the 168 clients, 16 transitioned to a lower level of care in a community-based setting and were provided linkage to appropriate mental health care services. Only one (1) of the 16 were referred back to locked placement; therefore, 93.75% were able to transition into the community without being referred back to locked placement, exceeding the goal of 50%. In addition to the number of clients the LTC program has assisted in stepping down from higher levels of care, the program staff completed 98 new referral requests for a long term care placement evaluation of which 58 clients were placed into appropriate levels of care. There were no clients referred back to a long-term locked facility within the first 60 days after placement into the community; therefore, 100% of clients were able to maintain community placement for at least 60 days following step-down into the community, which far exceeds the initial goal of 50%.

Monthly site visits to each long-term locked facility increases timely access to the appropriate level of care based on the client’s current level of need and the monitoring treatment team’s approval of a step-down to a lower level of care. During this fiscal year, LTC has remained flexible to ensure staff are complying with facility COVID-19 visitation requirements. When a facility was unable to accommodate in-person visitation, LTC team has been available for monthly contacts through video sessions and telephone calls. Additionally, the LTC team meets monthly with contracted team to discuss and determine appropriate levels of care transition and implements suggested changes immediately.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the LTC.	0.50	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	0.50	1
Clinical Therapist I	Performs the full range of assignments related to the field of mental health services including individual and group psychotherapy, clinical assessments, evaluations and investigations, and professional counseling in accordance with applicable professional licensing laws.	1.0	2
Social Worker II	Completes client resource evaluation, assists clients and families to recognize behaviors and concerns and works with them to develop a plan to address, provides case management and develops Treatment Plan.	1.0	1
Mental Health Specialist	Assist in development and implementation of Treatment Plan including assisting clients and families to recognize concerns and address recovery, assists clients to obtain solutions to problems such as education, housing, benefits, etc., conducts groups for activities of daily living.	1.0	2
Staff Analyst II	Plans and coordinates studies of administrative and operational	.25	1

	activities including budget, workflow, and training plans, develops reports and makes recommendations for appropriate action based on analysis of gathered data, provides anaylsis of grant narratives and outcomes to ensure program fidelity, researces local, state and national regulations and requirements, develops tools and training plans to ensure compliance, represent the program at various meetings, providing program presentation and education, drafting and monitoring contract requirements.		
Office Assistant III	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, schedules follow up appointments for clients, data entry on outcome data tracking mechanism, answers phones and provides front line information on behalf of the program, supply orders, and drafts clerical procedures.	1.0	1
General Service Worker	Operates office equipment such as paper shredders and photocopiers, cleans and performs routine maintenance, collates and staples pages, sorts materials, makes deliveries and runs errands, packs, unpacks and shelves materials and equipment, wraps and packages materials, moves objects, drives a vehicle, completes and maintains necessary forms and logs.	0.50	1

Please provide any additional information regarding county staffing below:

The staff listed above are allocated 100% of their time in the LTC program; however, alternative funding exists for those positions not fully covered by MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

LTC Administration provides an annual program review using a program agency evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annual and as requested:

Outreach and education activities, number of individuals educated through outreach activities
Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis
Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets monthly and/or quarterly with contractor management to review any potential administrative concerns.
Program Management meets with program staff monthly to review any potential programmatic issues.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

If the corrective action involves staffing, Management consults with the Human Resources Business Partner for guidance on action plan and will carry out the plan as suggested, ensuring appropriate and timely follow up.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the LTC program is to provide assistance for clients to re-enter the community with the necessary supports to continue in their recovery and prevent further institutionalization. LTC staff provide case management and support to link clients and their families to appropriate housing, placement or treatment resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room

and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

Once placed in the community, LTC ensures linkage to follow up case management and medication services, such as Community Reintegration Services full service partnership program, Adult Continuing Care Program Portals medication clinic, DBH Outpatient Clinics, and many more. In addition, San Bernardino County Department of Behavioral Health (DBH) has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

LTC provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

The LTC team's main purpose and goal is to coordinate with hospitals, locked placement facilities and other referring parties to complete an assessment and determination of appropriate level of care for the client, work with contractors to refer and accept clients, and facilitates the transition into lower levels of care, including community settings. The LTC will provide ongoing case management or link to appropriate programs to ensure continued treatment services and encourage stability in the community.

Additionally, DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Enhanced Board and Care

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☐ Subcontracted ☒ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Enhanced Board and Care Program is a community based program which provides intensive residential services and increased supervision and monitoring in the community for clients suffering from a behavioral health condition and/or co-occurring substance use disorder. The program serves adults ages 18 and older are ready for discharge from a residential locked facility, State Hospital, or acute psychiatric hospital, providing for a cohesive transition to a lower level of comprehensive care to ensure stability and reduce recidivism into higher levels of care or hospitalization.

DBH provides this service through contracted Licensed Board and Care facilities and augments funds to employ experienced staff who provide increased supervision and monitoring to this very challenging population as well as supportive treatment services on site at the residential setting. This enhanced attention and guidance integrates healthcare services for those clients who experience medical concerns and increases compliance with their medical regiment, providing continual availability of intensive long-term board and care residential services to meet client needs.

Clients admitted to the Enhanced Board and Care program receive targeted ongoing support and added supervision to ensure successful transition to a less restrictive level of care and maximum independence. Clients are an integral part of their mental health care; this program ensures services are provided in a client-driven approach by including clients in the development and oversight of their treatment plans. This program works towards eliminating the disparities of behavioral health services for those suffering from a severe behavioral health condition with a special emphasis on dispelling the stigma of mental illness and promoting behavioral health as essential to overall health.

A total of sixty-five (65) clients will be served annually who are between the ages of 18 - 59 who have a major mental health diagnosis and may have a co-occurring substance use disorder.

The goal of the enhanced board and care program is to reduce recidivism into higher levels of locked psychiatric care or acute psychiatric hospitalization. The use of enhanced board and care services has enabled DBH to reduce the client's length of stay and transition into a community setting where additional on site programming and supervision increases the possibility of continued stability in the community. The client's opportunity for success in the transition process is improved through on-site behavioral health and medical treatment, encouraging the development of life skills and becoming self-sufficient and independent.

This program collaborates with DBH outpatient programs, Arrowhead Regional Medical Center, Laternman Petris Short (LPS) Designated Facilities, San Bernardino County Office of the Public Guardian, Department of Probation, Transitional Assistance

Department, Veterans Administration, Institutions for Mental Disease (IMD), Telecare Assertive Community Treatment (ACT) Program, Law Enforcement, Public Defenders, Superior Court Mental Health Counselors, Primary Care Physician providers and families to help clients maximize recovery and transition to the least restrictive level of care as rapidly as possible.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

One sub-contracted Vendor who provides Enhanced Board and Care 24/7 residential services to adults suffering from a behavioral health condition who are ready to transition from acute psychiatric facilities and long-term locked psychiatric facilities to a lower level of care in the community. In addition to meeting clients' basic needs to support physical well-being, this program also provides a healthy environment to reside in, medication management for complicated medical and psychiatric clients, substance abuse prevention, and groups to enhance socialization skills including Activities of Daily Living (ADL) Groups, skill building groups, money management groups, medication support groups initiated by a Registered Nurse, and community outings to enhance their reintegration into the community. This program ensures that clients are aware of the importance of mental health and its impact on their overall heath by providing education and support in the ADL groups.

The additional Contract Enhanced staff will provide for increased support, monitoring, and supervision at this level of care, which also affords the provision of client crisis counseling, problem solving, skill building, and critical support needed to be successful during such a pivotal time in the lives of these clients. Additionally, medical personnel and substance use counselors are on site to provide immediate access for enhanced coordination of care and medical interventions. The program also provides behavioral health services to hearing impaired clients through the use of sign language interpreters.

Coordinated DBH staff utilize community supports and leisure activities to bring normalcy to the client's daily experiences, assisting clients to overcome isolation, anxiety, and depression. Staff provide on site daily groups to assist the client to acquire daily living skills, such as budgeting, hygiene, and coping skills. Additionally, coordinated DBH support includes linkage to medical support services.

The facility staff and clients participate in an extensive training program focused on issues pertinent to wellness, recovery, and safety in the community presented by DBH and other local stakeholders. The partnerships are critical in providing the global support system these clients need to successfully transition into the community.

MHBG funds, during both FY 2024-25 and FY 2025-26, will be allocated to support Contractor staffing and operations.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

Enhanced Board and Care and the DBH coordinated services utilize the following Evidence Based Practices:

Assertive Community Treatment - a community-based service delivery model to serve those with Severe Mental Illness (SMI) utilizing a holistic and multidisciplinary care team approach. This model provides support, treatment, and rehabilitation services to clients and aids in reducing acute psychiatric hospitalization, decreases severe affective, psychotic, and substance use symptomology, and increases indepenent living.

Housing First prioritizes providing permanent housing to those with mental health, substance use, disabilities, and chronic illness and to those who have experienced repeated or long-term homelessness while offering volunteer support services. This approach reduces homelessness, substance use, instances of domestic violence and decreases utilization of psychiatric emergency services, emergency shelter services and incarceration.

Motivational Interviewing (MI) - a counseling method that aims to assist with motivating positive change, addressing potential ambivalence surrounding change, and support self-efficacy and developing commitment to change. This method aids in helping reduce the impact of mental health, substance use, and physical health issues on an individual and community level by enhancing motivation for change, making commitment to change, and improving overall health outcomes.

Wellness Recovery Action Plan (WRAP) - a prevention and wellness process to assist in decreasing unwanted behaviors and feelings; increase positive choices toward personal recovery and wellness. This plan aids in identifying and developing client-driven goals that highlight potential stressors, early warning signs, and pre- and post-crisis plan; therefore, reducing mental, physical, and substance use issues. This plan also reduces utilization of crisis services and psychiatric hospitalizations.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. 80% of participating clients will either step down from a long-term care locked facility or be diverted from going into a long-term care locked facility after release from an acute psychiatric hospital annually.
2. 75% of clients will receive their entitlement during their stay in the program annually.
3. 80% of clients will not return to a long-term locked psychiatric facility within 90 days of admission to this program annually.
4.
5.

Progress Statement:

During FY 2021-22, the Enhanced Board and Care program served a total of 43 clients; 100% of the participating clientss came from long term care locked facilities or psychiatric hospitals and were placed in the step-down program as a means to divert them from long-term care locked facilities, thus maintaining these clients in the least restrictive environment possible.

Of the 43 clients served, 43 (100%) of participants received health insurance entitlements, exceeding the goal (75%), and SSI/SSDI entitlements were at an overall rate of 95%.

Of the 12 clients who entered the program during FY 2021-22, 11 (92%) did not return to a locked psychiatric facility within 90 days of admission, meeting the outcome objectives defined above.

During FY 2022-23, the Enhanced Board and Care program served a total of 60 clients; 100% of the participating clients came from long term care locked facilities or psychiatric hospitals and were placed in the step-down program as a means to divert them from long-term care locked facilities, thus maintaining these clients in the least restrictive environment possible.

Of the 60 clients served, 33 (55%) of participants received health insurance entitlements. For health insurance entitlement, of the 60 clients served, 60 (100%) received their health insurance benefits, exceeding the goal (75%) with a rate of 100%, and SSI/SSDI entitlements were at an overall rate of 91%.

Of the 25 clients who entered the program during FY 2022-23, 22 (88%) did not return to a locked psychiatric facility within 90 days of admission, meeting the outcome objectives defined above.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☒ Yes ☐ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5

Please provide any additional information regarding county staffing below:

Not applicable.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Enchanced Board and Care Administration provides an annual program review using a program agency evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annually and as requested:

Outreach and education activities, number of individuals educated through outreach activities
Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis
Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets quarterly and as needed with Management to review any potential issues. DBH staff are on site daily to address any barriers as they arise.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue is reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the Enhanced Board and Care program is to provide residential assistance for clients to re-enter the community with the necessary supports to continue in their recovery and prevent further institutionalization or hospitalization. Enhanced Board and Care staff provide case management and support to link clients to resources and entitlements to ensure ongoing housing stability. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

Enhanced care services, within a state-licensed 24/7 residential facility, is a vital tool within the continuum of care for adult clients with medical and behavioral health conditions in their journey towards independence. Providing an array of enhanced services, with 24/7 supervision and care, allows emotional support, stabilization, self-reliance, life skills improvements, and integration into the community.

Enhanced care services provided include, but are not limited to: diabetic services, transportation to and from medical and psychiatric appointments, life skills education and activities, daily on-site treatment groups and educational classes, substance use disorder education and treatment, and services for the hearing impaired. Additional specialty services are provided to clients experiencing serious medical and behavioral health conditions and whose behavior continues to negatively impact the ability to find placement in a lower level of care.

Employment services:

Enhanced Board and Care provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Adult Forensic Services

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Department of Behavioral Health (DBH) Adult Forensic Services (AFS) Division works in collaboration with the criminal justice system to reduce reoccurrence of jail incarcerations, psychiatric hospitalizations, and homelessness. The programs are designed to provide comprehensive behavioral health and substance use disorder services to individuals who suffer from severe and persistent mental illness.

The Choosing Healthy Options to Instill Change and Empowerment (CHOICE) program offers intensive case management while providing comprehensive mental health and substance use disorder treatment services to probationers who are on formal supervision with the San Bernardino County Probation Department. CHOICE utilizes a comprehensive, recovery-oriented treatment strategy that emphasizes coping skills, communication in relationships, symptom management, relapse prevention, hope, and empowerment.

The Supervised Treatment After Release (STAR) program is a DBH outpatient clinic providing intensive mental health services, including case management, substance use disorder treatment services, intensive outpatient treatment, and outpatient treatment to clients suffering from a behavioral health condition and/or a co-occurring substance use disorder. STAR strives to provide client and family driven mental health care to facilitate the recovery for those severely and persistently mentally ill individuals while ensuring the safety of the community.

The CHOICE and STAR programs use evidence-based practices that result in substantial decreases in jail bookings, days of incarceration, and psychiatric hospitalizations while ensuring the client receives treatment for their mental illness.

The STAR program provides services to a minimum of 40 adults ages 18 and older who have a history of severe mental illness and multiple incarcerations. Eligible individuals will agree to terms and conditions of probation as established by the Mental Health Court and demonstrate a willingness to recognize the need for structured service and work on their recovery.

The CHOICE program will enroll a minimum of 75 adults ages 18 and older who have a history of severe mental illness, multiple incarcerations, and assigned formal supervised probation with the San Bernardino County Probation Department.

Characteristics of the populations served include: (1) unstable living arrangements, (2) problems with the criminal justice system, (3) unstable employment/poor job skills, (4) dysfunctional family relationships and problems with family support systems, including loss of child custody; and (5) poor social or interpersonal relationship skills.

Program staff collaborate with Law Enforcement, Department of Probation, Department of Behavioral Health Patients' Rights, Public Defender's Office, Superior Court Mental Health Services, Children and Family Services Department, Transitional Assistance Department, Drug and Alcohol Treatment Providers, Department of Vocational Rehabilitation, Veterans Administration, Office of Homeless Services, and family members. The above agencies and representatives meet, as appropriate, to address the needs of the client and assist the client to meet personal goals.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

The CHOICE program was developed with the passing of Assembly Bill 109. The program offers intensive case management and behavioral health treatment services to probationers on formal supervised probation with the San Bernardino County Probation Department. CHOICE also offers an intensive outpatient treatment modality at the Adult Forensic Services Clinic located in Colton. This location offers psychiatric and medication support services.

There are three CHOICE Outpatient clinics co-located at the Probation Department's Day Reporting Centers (DRC) in Fontana, San Bernardino, and Victorville. The DRC locations offer probationers a one-stop setting to meet with Probation personnel, receive behavioral health treatment services, assistance with temporary housing and acquire other resources such as financial assistance, medical, and employment support from departments. The CHOICE program also works with the Correctional Mental Health Services (CMHS) program and the Public Defender's Office to coordinate behavioral health services for individuals entering the community after a period of incarceration.

Clients in the outpatient modalities for CHOICE receive the following:

Screening and assessment - Staff completes the adult clinical assessment to evaluate the client's functioning in multiple areas and to inform and facilitate decisions or recommendations for placement and treatment options.

Treatment planning - Staff work with the client to determine a written plan and instrcutions related to the individual needs of the client.

Individual/group therapy - A therapuetic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an indvidual or a group and may include family therapy at which the youth is present. Short - term psychotherapy may be provided by a licensed, registered or waivered staff practicing within their scope of practice up to and including master level interns supervised by licensed personnel.

Psychiatric services and medication support - Linkage to providers for psychiatric and medical needs, including assistance with appointments, pharmacy and transportation.

Substance use disorder treatment - Linkage to providers for substance use disorder treatment, including assistance with appointments, pharmacy and transportation. .

The CHOICE program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides clinical consultation to the team of clinicians and paraprofessionals, including Clinical Therapists, Alcohol & Drug Counselors, and Administrative employees.

The STAR program is a Full Service Partnership (FSP) that provides a broad array of focused mental health and substance use disorder services. STAR is a voluntary treatment program for clients with serious and persistent mental illness. STAR was created to shift institutional response from the criminal justice system to the mental health system, and to maintain seriously mentally ill individuals in the least restrictive environment possible, while ensuring personal and community safety.

Services include intensive outpatient treatment, intensive case management, psychiatric services, court liaison services, specialized housing placements, individual and group therapies as well support transitioning back into their community. San Bernardino County Department of Behavioral Health designed the STAR program to address the special treatment needs of these individuals. STAR has three main objectives:
(a) improve the overall community functioning of clients;
(b) reduce the incarceration rate and psychiatric hospitalizations of individuals with a history of repeat offenses and incarceration; and
(c) maintain clients in the least restrictive mental health environment consistent with the previous two objectives.

The STAR program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides clinical consultation to the team of clinicians and paraprofessionals, including Clinical Therapists, Alcohol & Drug Counselors, and Administrative employees.

MHBG funds, during both FY 2024-25 and FY 2025-26, will be allocated to support staff positions required to perform the services mentioned above.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

AFS employs the following Evidence Based Practices:

Seeking Safety – This model is used as an evidence-based, present-focused counseling model to help clients attain safety from trauma and/or addiction.

Criminal and Addictive Thinking – This model is used to describe and provide examples of common criminal thinking errors with the justice-involved population. The model aids the AFS staff in facilitating the criminal thinking change process.

Living in Balance - This evidence-based, flexible, and user-friendly substance abuse treatment curriculum helps clients from all walks of life address key lifestyle, relationship, and emotional issues. It used to by staff to enhance cognitive, behavioral, and experiential treatment approaches with a strong emphasis on relapse prevention.

Relapse Prevention – This model is used by staff to help clients identify high-risk situations, work on responses and coping skills, and explore lifestyle factors that may increase vulnerability.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. Process 1,800 CHOICE referrals for potential clients annually.
2. At least 50% of potential CHOICE clients will be provided a SUD assessment by an Alcohol and Drug Counselor annually.
3. Enroll 75 clients in CHOICE SUD treatment services annually.
4. 50% of clients enrolled in CHOICE SUD services will successfully complete treatment program and step down to a lower level of service annually.
5. 60 Referrals will be processed for participation in the STAR program annually
6. 60% of clients accepted in the STAR program will satisfactorily advance to the next treatment level within a 12 month period each year.
7. 60% of clients will remain in the program for at least 12 months each year.
8. Reduction of hospitalization and jail days by 60% compared to pre-program participation annually.
9. Marked increases to client's self-reports of hope, levels of personal empowerment, and positive social connections (ANSA).

Progress Statement:

For FY 2021-22, the CHOICE program processed 1,247 referrals. 39% of potential clients were referred to the Alcohol and Drug Counselor for Substance Use Disorder (SUD) assessment; of those who received SUD referrals and assessments, a total of 37 clients were enrolled in CHOICE SUD treatment services.

For FY 2022-23, the CHOICE program processed 1,089 referrals. 42% of potential clients were referred to the Alcohol and Drug Counselor for Substance Use Disorder (SUD) assessment; of those who received SUD referrals and assessments, a total of 41 clients were enrolled in CHOICE SUD treatment services.

20% of clients demonstrated successful community integration through employment, job training, and/or education services. A high percentage of AFS clients are not employment ready due to the severity of their behavioral health conditions, so AFS has worked on other means of securing long term income such as Social Security benefits for eligible clients. Goals for next year will provide a clearer picture of clients who have successfully completed SUD treatment services.

Over the last year, CHOICE has been reevaluating the way in which the program operates. This has resulted in a different approach to tracking data. The program will continue to evolve, enhance, and solidify data collection to better provide statistics on Mental Health Block Grant goals.

n FY 2021-22, there were 109 referrals received for STAR of which 19 clients were enrolled in the program. During FY 2021-22, a total of 34 unduplicated clients received STAR services, 8 completed their 12th month in the program, and 11 clients successfully transitioned to a lower level of care. In addition, 29% of clients successfully completed and graduated from the STAR program.

During FY 2021-22, STAR clients had only a 22% recidivism rate (16% for those who completed their first full year in the program). STAR clients who completed their first full year in the program also had an 77% reduction in jail days compared to the year prior to program enrollment. Additionally, there was a 69% reduction in hospitalization days of STAR clients during FY 2021-22 compared to the year prior client enrollment.

In FY 2022-23, there were 97 referrals received for STAR of which 22 clients were enrolled in the program. During FY 2022-23, a total of 29 unduplicated clients received STAR services, 13 completed their 12th month in the program, and 9 clients successfully transitioned to a lower level of care. In addition, 33% of clients successfully completed and graduated from the STAR program.

During FY 2022-23, STAR clients had only a 25% recidivism rate (12% for those who completed their first full year in the program). STAR clients who completed their first full year in the program also had an 82% reduction in jail days compared to the year prior to program enrollment. Additionally, there was a 62% reduction in hospitalization days of STAR clients during FY 2022-23 compared to the year prior client enrollment. During these fiscal years, STAR continued to work closely with the Mental Health Courts by providing feedback on potential client’s appropriateness and readiness to enter the STAR program. STAR also provided feedback on accepted client’s progress based on evaluating various client deficits and inhibiting factors to success.

STAR continues to develop staff competence through training and coaching. The program also ensures staff continuously train on evidenced based intensive outpatient treatment models.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an

SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of

positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the CHOICE and STAR programs.	0.80	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	0.20	1
Alcohol and Drug Counselor	Conduct intake evaluations to determine needs as they relate to substance use disorders, develops and implement substance use related portions of the Treatment Plan, provides short-term crisis intervention for clients and families.	1.00	3
Office Assistant III	Performs lead clerical functions and tasks on behalf of the program including client tracking (researching entry errors and correcting billing issues) in electronic health record, schedules follow up appointments for clients, data entry on outcome data tracking mechanism, and drafts clerical procedures.	1.00	1
Office Assistant II	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, schedules follow up appointments for clients,	1.00	1

	data entry on outcome data tracking mechanism, answers phones and provides front line information on behalf of the program, supply orders.		

Please provide any additional information regarding county staffing below:

The staff listed above are allocated 100% of their time in the CHOICE program; however, alternative funding exists for those positions not fully covered by MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

AFS Administration provides an annual program review using a program agency evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annual and as requested:

Outreach and education activities, number of individuals educated through outreach activities

Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis

Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets monthly and as needed with Management to review any potential issues.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

If the corrective action involves staffing, Management consults with the Human Resources Business Partner for guidance on action plan and will carry out the plan as suggested, ensuring appropriate and timely follow up.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and

other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the AFS programs is to provide assistance for clients to re-enter the community with the necessary supports to continue in their recovery and prevent further institutionalization. AFS staff provide case management and support to link clients and their families to housing resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

AFS staff provide case management in the community with the goal of supporting the client in maintaining their recovery in the community and reducing recidivism. In addition, San Bernardino County Department of Behavioral Health (DBH) has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

AFS provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Housing Solutions Program

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Department of Behavioral Health (DBH) Housing Solutions Program provides community based intensive case management for those adult clients who are living in an emergency shelter and working towards permanent housing solutions. These clients may have been discharged from acute psychiatric facilities, Crisis Residential Treatment (CRT) facilities, Crisis Stabilization Units (CSU), locked levels of care, incarceration or anywhere in the community. Without emergency shelter and case management, these clients may have frequent psychiatric hospitalizations, incarcerations, and lengthy hospital stays while waiting for available housing.

It is important to support these clients experiencing co-occurring severe mental illness and homelessness by stabilizing their immediate mental health needs and linking them to supportive treatment programs and community supports (e.g., employment services, benefits assistance, medical and dental care) as they work toward their own recovery and permanent housing. In doing so, this program ensures disparities are being eliminated through the mental health care system.

The Housing Solutions Program will provide for services for clients with a behavioral health condition who are homless or at risk of homelessness for up to 55,000 bed days annually throughout San Bernardino County. This includes transitional aged youth, including pregnant or mothering youth, adult and older adults, clients supervised through the criminal justice system and/or presenting with a history of involvement in the criminal justice system and/or psychiatric hospital system of care.

The Housing Solutions Program collaborates with a variety of agencies, including Primary Care Physicians, dental care, Transitional Assistance Department, Law Enforcement, Department of Public Health and various community agencies to help clients increase self-efficacy and stability.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

DBH case managers are community-based program staff assigned to each client housed in the emergency shelters to assist to develop both a Wellness Plan and a Housing Plan. Both plans are developed in a client-centered and strength-based way, with the case manager guiding the process. These plans act as the client's "roadmap" to a "good life," as they define it. This ensures the program operates from a client and family driven approach and clients understand the importance of mental health and the impact it has on their overall well-being.

Clients are also evaluated and entered into the County's Coordinated Entry System (CES) for housing resources and into the Homeless Management Information System (HMIS) database. When available, housing resources are matched to clients.

Housing Solutions Program staff provide:

Case management - Linkage to behavioral health supports, community settings; linkage to appropriate resources and services available in the community based on needs to achieve community reintegration, including benefit acquisition, housing, medical care, psychiatric care, and/or self-help programs, provide advocacy support as needed, provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for client needs.

Linkage to resources - academic, vocational skills, job related skills or employment, and legal resources and information.

Transportion - transport clients to medical appointments, psychiatric appointments, placement interviews, linkage to community programs, and activities to promote and increase appropriate use of personal and incidental monies for clothing and Activities for Daily Living.

The Housing Solutions program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides consultation to the team of paraprofessionals, including Mental Health Specialists and Administrative Employees.

MHBG funds, during both FY 2024-25 and FY 2025-26, will be allocated to support staff positions required to perform the services mentioned above.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

Housing Soluations Program utilizes the following Evidence Based Practices:

Housing First prioritizes providing permanent housing to those with mental health, substance use, disabilities, and chronic illness and to those who have experienced repeated or long-term homelessness while offering volunteer support services. This approach reduces homelessness, substance use, instances of domestic violence and decreases utilization of psychiatric emergency services, emergency shelter services and incarceration.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. 25% of those in shelter will obtain permanent stable housing annually.
2. Increase Income (SSI or Employment) by 50% annually.
3. There will be a 25% increase in use of outpatient treatment services once placed in shelter program annually.
4.
5.

Progress Statement:

In FY 2021-22, the Housing Solutions Program provided 58,780 bed days to individuals experiencing homelessness. Program clients experienced a 27% reduction in homelessness as a result of the case management and linkages to services. In FY 2021-22, 16 sheltered clients experienced an increase in income while another 72 clients were in various stages of the approval process, pending an SSI award.

In FY 2022-23, the Housing Solutions Program provided 52,027 bed days to individuals experiencing homelessness. Program clients experienced a 30% reduction in homelessness as a result of the case management and linkages to services. In FY 2022-23, 17 sheltered clients experienced an increase in income while another 34 were in various stages of the approval process, pending an SSI award.

Many clients in both FYs received denials and were linked to contracted advocates to assist them with appeals.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County

departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Mental Health Specialist	Assist in development and implementation of Treatment and Wellness Plans including assisting client to recognize concerns and	1.0	2

	address recovery, assists client to obtain solutions to problems such as education, housing, benefits, etc., conducts groups for activities of daily living.		
Staff Analyst	Plans and coordinates studies of administrative and operational activities including budget, workflow, and training plans, develops reports and makes recommendations for appropriate action based on analysis of gathered data, provides anaylsis of grant narratives and outcomes to ensure program fidelity, researces local, state and national regulations and requirements, develops tools and training plans to ensure compliance, represent the program at various meetings, providing program presentation and education, drafting and monitoring contract requirements. Completes site reviews and monitoring of contracted emergency shelter sites.	1.00	1
Fiscal Assistant	Performs fiscal duties and work in support of accounting processes, reviews and audits accounting documents such as invoices and other documents for arithmetical accuracy, completeness, and adherence to county policies and procedures, agreements and contractual requirements, maintains information for and/or prepares monthly, quarterly and/or annual fiscal and statistical reports.	0.25	1

Please provide any additional information regarding county staffing below:

The staff listed above are allocated 100% of their time in the Housing Solutions program; however, alternative funding exists for those positions not fully covered by MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Housing Solutions Administration provides an annual program review using a program agency evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annual and as requested:

Outreach and education activities, number of individuals educated through outreach activities
Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis
Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets monthly and as needed with Management to review any potential issues.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

If the corrective action involves staffing, Management consults with the Human Resources Business Partner for guidance on action plan and will carry out the plan as suggested, ensuring appropriate and timely follow up.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the Housing Solutions program is to provide assistance for clients to re-enter the community with the necessary supports to continue in their recovery and prevent further homelessness, hospitalization, or institutionalization. Housing Solutions staff provide case management and support to link clients to permanent housing resources. The County employs a

Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

The Housing Solutions Program provides case management in the community at the client's emergency shelter with the goal of supporting the client in maintaining their recovery in the community and linking them to permanent housing solutions. The team provides transportation and connection to needed community resources. In addition, San Bernardino County Department of Behavioral Health (DBH) has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

Housing Solutions provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

The Housing Solutions program provides follow up case management for those placed in emergency shelters directly from hospital based settings, in order to assist the client to locate and maintain permanent housing solutions. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Triage, Engagement, and Support Teams (TEST)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Triage, Engagement, and Support Teams (TEST) provide intensive crisis case management services to unserved/underserved residents of San Bernardino County. TEST utilizes an innovative approach to crisis care that integrates engagement, assessment, and case management with crisis intervention and post-crisis discharge to reduce arrests, recidivism, and acute psychiatric hospitalizations of those with unmet mental health needs by increasing participation in ongoing outpatient community care.

The TEST program offers community-based crisis intervention and intensive case management to connect clients with various resources, such as mental health and substance use disorder programs, homeless and employment services, and other community resources to reduce acute psychiatric hospitalizations and incarceration.

The TEST program will provide crisis, case management and other support services to 6,500 clients annually. Of this number, the projected number of consumers served with MHBG funds will be 300 consumers annually.

TEST staff work collaboratively with other community agencies and San Bernardino County Department of Behavioral Health (DBH) programs to ensure that clients are connected to the necessary services enabling them to address their overall health and maintain stability in their community.

The TEST program includes DBH clinical and paraprofessionals located in partnered sites across the county with TEST staff co-located within thirty-one (31) entities throughout the community, including: Sixteen (16) San Bernardino County Sheriff's Department stations, Ten (10) local police departments throughout the County, one(1) hospital emergency department, San Bernardino County Probation, Victor Valley Community College, Chaffey College, and California State University San Bernardino.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

TEST staff are co-located within thirty-one (31) entities. TEST staff are community-based and respond in the field with law enforcement personnel and/or assist other partnering agency staff in managing behavioral health crises. The TEST program provides crisis intervention and support services to clients experiencing behavioral health crises in the community. TEST also provides follow-up intensive case management services to link clients with needed resources for ongoing stability. TEST provides these intensive case management services for up to 59 days in order to

ensure continued engagement in needed behavioral health services. Services provided include:
Crisis assessment and intervention in the community - Methods used to offer immediate, short term assistance to cients who experience an event that produces emotional, mental, physical and behavioral distress to deter the need for hospitalization;

Case management - Linkage to behavioral health supports, in home and community settings; linkage to appropriate resources and services available in the community based on needs, including benefit acquisition, housing, medical care, psychiatric care, and/or self-help programs, provide advocacy support as needed, provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for client needs;

Collateral contacts - A source of information that is knowledgeable about the client's situation and serves to support or corroborate information provided by a client;

Referrals and linkage to community resources and providers; family and caretaker education; client advocacy; education and support to law enforcement and community partners, thereby ensuring screening, assessment and referral to services are common practices.

Transportation - Transport clients to medical appointments, psychiatric appointments, placement interviews, linkage to community programs, and activities to promote and increase appropriate use of personal and incidental monies for clothing and ADLs.

The TEST program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides clinical consultation to the team of clinicians and paraprofessionals, including Program Specialists, Social Workers, and Administrative employees.

MHBG funds, during both FY 2024-25 and FY 2025-26, will be allocated to support staff positions required to perform the services mentioned above.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

The TEST program uses the Columbia-Suicide Severity Rating Scale (C-SSRS) tool to measure suicide risk. This tool is essential when identifying and determining the immediate level of danger of an individual. In addition, the C-SSRS tool aids in assessing for the appropriate level of care or type counseling/resources an individual may need and helps reduces unnecessary referrals.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. 50% of crisis encounters will result in diversion from acute involuntary psychiatric hospitalization.
2. 100% of clients who are diverted from hospitalization will receive referral(s) to alternative crisis intervention annually.
3. 50% increase in use of DBH Outpatient Mental Health Services and/or Alcohol & Drug Services annually.
4.
5.

Progress Statement:

For FY 2021-22, TEST responded to 12,104 calls. Of which, 574 were crisis intervention calls and 294 (51%) of those calls the client was diverted from hospitalization. One hundred percent (100%) of clients not hospitalized were referred to an alternative crisis intervention resource. TEST client outcomes were calculated utilizing a 180-day pre/post period prior to episode start/end date. TEST clients experienced an increase of 343.09% use of residential services and a 29.33% increase in DBH Outpatient Services.

For FY 2022-23, TEST responded to 10,229 calls. Of which, 460 were crisis intervention calls and 221 (48%) of those calls the client was diverted from hospitalization. One hundred percent (100%) of clients not hospitalized were referred to an alternative crisis intervention resource. TEST client outcomes were calculated utilizing a 180-day pre/post period prior to episode start/end date. TEST clients experience an increase of 12.07% use of residential services and a 10% increase of DBH Outpatient Services.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based

organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Social Worker II	Completes client resource evaluation, assists clients and families to recognize behaviors and concerns and works with them	1.00	2

	to develop a plan to address, provides case management and develops Treatment Plan.		
General Service Worker	Provides transportation of clients to needed resources and appointments, operates a vehicle, completes and maintains necessary forms and logs.	0.25	1
Program Specialist II	Analyzes and interprets federal and state laws, regulations, court orders and directives from the State for impact on current operations, performs analytical studies of organizational systems, procedures, policies and practices, analyzes existing operations, procedures and systems within program area and makes recommendations for organizational or procedural changes. Collects and tracks data for reporting purposes, creates draft reports as needed.	1.00	1

Please provide any additional information regarding county staffing below:

The staff listed above are allocated 100% of their time in the TEST program; however, alternative funding exists for those positions not fully covered by MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the “program is fully implemented.”

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

TEST Administration provides an annual program review using a program agency evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annual and as requested:

Outreach and education activities, number of individuals educated through outreach activities
Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis
Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets monthly and as needed with Management to review any potential issues.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

If the corrective action involves staffing, Management consults with the Human Resources Business Partner for guidance on action plan and will carry out the plan as suggested, ensuring appropriate and timely follow up.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the TEST program is to provide assistance for clients to connect to community resources with the necessary supports to continue in their recovery and prevent hospitalization. TEST staff provide case management and support to link clients and their families to housing resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

TEST provides up to fifty-nine (59) days of case management in the community with the goal of supporting the client in maintaining in the community and reducing hospitalization. In addition, San Bernardino County Department of Behavioral Health (DBH) has developed several innovative programs such as the Recovery Based Engagement Support Teams (RBEST) which is community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

TEST provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Placement After Stabilization (PAS)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Department of Behavioral Health (DBH) Placement After Stabilization (PAS) program provides discharge planning and acts as a liaison to placement for clients who are receiving residential treatment at each of the five (5) Crisis Residential Treatment (CRT) facilities throughout San Bernardino County including Victorville, Fontana, San Bernardino (2 sites), and Morongo Valley. The purpose of the PAS program is to ensure clients successfully reintegrate into their community, thereby reducing recidivism into psychiatric crisis services. The PAS staff are co-located at each of the five (5) CRT sites, allowing for the staff integration as part of the CRT treatment team including attending team meetings, collaborating with on-site treatment staff, and meeting with clients to provide up-to-date information regarding their discharge plan.

The PAS program will provide services to 300 adult and transitional aged youth annually who are currently residing and being treated in a CRT. The goal of every discharge plan is an increase of client resiliency and positive development that will divert them from pyschiatric crisis and other problematic behaviors. Discharge planning begins while the client is at the CRT and a successful plan is developed and implemented upon stabilization and discharge.

PAS staff collaborate with DBH Outpatient and specialty programs, Department of Probation, Transitional Assistance Department, Veterans Administration, contracted Full Service Partnership Programs, Primary Care Physician providers and families to assist clients to maintain self-sufficiency, succeed in their overall wellness, increase housing stability, and successfully reintegrate into the community.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

The PAS Program provides discharge planning for clients who are receiving treatment at each of the five (5) contracted CRT facilities throughout San Bernardino County. PAS staff are co-located at each CRT site working closely with CRT facility staff and clients to seamlessly transition discharging clients back to their community.

PAS staff provide an assessment of the client's community needs, creating a comprehensive working discharge plan that includes linkage to housing and placement resources, Social Security, medical appointments, transportation, community behavioral health clinics, and other community resources that will promote the client's stability once discharged from the CRT. While the specific level of care for each client will be dependent on their specialized needs, PAS staff will tailor a plan that can be both flexible and comprehensive to address all needs as they arise. The services and goals, developed in partnership with the client, utilize a strength-based approach.

The PAS program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides clinical consultation to the team of clinicians including Clinical Therapists.

MHBG funds, during both FY 2024-25 and FY 2025-26, will be allocated to support staff positions required to perform the services mentioned above.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

PAS utilizes the following Evidence Based Practices:

Case Management (CM) Model - an approach to coordinating community-based integrated health and social care services. Case managers will try to understand the client's needs, develop a care plan, connect them to the services they need, and assist clients in maintaining regular engagement with psychiatric services. The model is be based on the assumption that everyone, regardless of severe mental illness (SMI) , can use, develop, and utilize existing services with support and guidance. The PAS will utilize the CM approach in coordinating community-based integrated health and social care services. PAS Clinicians will try to understand the client's needs, develop a care plan, connect them to the services they need, and assist clients in maintaining regular engagement with psychiatric services.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. 80% of clients served in the Crisis Residential Treatment facility will not require hospitalization within 90 days of entry into the program annually.
2. 50% of the clients transitioning from Crisis Residential Treatment facilities into a community placement will not require acute psychiatric hospitalization for the initial 60 days after placement annually.
3. 75% of the clients who remain in the program long enough to receive discharge services will be successfully discharged to safe and sustainable community placements annually.
4.
5.

Progress Statement:

In Fiscal Year 2021-2022, a total of 479 clients were served throughout the CRTs. Out of the 479 clients served, 94% of clients were diverted from hospitalization. Of these, 285 remained in the CRT program long enough to receive discharge services and 45% (N=129) successfully discharged to safe and sustainable community placements. Of the 479 served by the CRTs, 87% did not require acute psychiatric hospitalization from the initial 60 days after discharge.

In Fiscal Year 2022-2023, a total of 382 clients were served throughout the CRTs. Out of the 382 clients served, 91% of clients were diverted from hospitalization. Of these, 255 remained in the CRT program long enough to receive discharge services and 84% (N=214) successfully discharged to safe and sustainable community placements. Of the 382 served by the CRTs, 91% did not require acute psychiatric hospitalization from the initial 60 days after discharge.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the PAS program.	0.50	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	0.50	1

Please provide any additional information regarding county staffing below:

The staff listed above are allocated 100% of their time in the PAS program; however, alternative funding exists for those positions not fully covered by MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

PAS Administration provides an annual program review using a program agency evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annual and as requested:

Outreach and education activities, number of individuals educated through outreach activities
Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis
Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets monthly and as needed with Management to review any potential issues.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

If the corrective action involves staffing, Management consults with the Human Resources Business Partner for guidance on action plan and will carry out the plan as suggested, ensuring appropriate and timely follow up.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the PAS program is to provide assistance for clients to re-enter the community with the necessary supports to continue in their recovery and prevent further use of crisis services or hospitalization. PAS staff provide case management and support to link clients to housing resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

The PAS program links clients who are placed in the emergency shelter housing to the Housing Soluations Program, which provides case management in the community at the client's home with the goal of supporting the client in maintaining their recovery in the community and linking them to permanent housing solutions. The team provides transportation and connection to needed community resources. In addition, San Bernardino County Department of Behavioral Health (DBH) has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

PAS provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

The PAS program provides discharge services for clients placed in the CRTs who are being diverted or discharged from hospital settings. The staff provide discharge planning and follow up case management to ensure continued recovery and stabilization in the community. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Premier Program

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☐	County-Run ☐ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☒	County-Run ☒ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

First Episode Psychosis is characterized by disruptions to a person's thoughts and perceptions that make it difficult for them to realize what is real and what is not. The disruptions can include seeing, hearing, or believing things that are not real or have strange, persistence thoughts, behaviors and emotions. The initial behavioral health episode, frequently psychotic in nature, and subsequent acute psychiatric hospitalizations, present a unique opportunity to ensure seamless integration into the behavioral health outpatient services immediately upon discharge with the goal of decreasing subsequent acute psychiatric episodes.

The Department of Behavioral Health (DBH) Premier Program assists clients who are admitted in the local acute psychiatric hospitals experiencing a first episode behavioral health condition in an effort to engage individuals as early as possible in their first episode of psychosis. This target population may be more inclined to avoid aftercare treatment due to lack of acceptance of their need for services and/or absence of familial support to encourage care. Frequently, these clients transition from an acute psychiatric hospital to family and may be re-hospitalized without the opportunity of focused outpatient behavioral health support. Assertive and supportive clinical aftercare benefits clients experiencing a first episode psychosis by providing an opportunity to divert placement in long term locked psychiatric facilities through early intervention during their first behavioral health episode and providing targeted clinical treatment to encourage management and recovery of their behavioral health symptomology.

The Premier Program will serve up to ten (10) clients between the ages of 18 and 30 annually who are experiencing an initial severe behavioral health episode, including a co-occurring substance use disorder, providing early intervention, psychoeducation and linkage to ongoing resources.

The Premier Program works with State consultant EPI-CAL in training, education, and implementation of evidence based practices for individuals experiencing their first episode of psychosis. Specifically, Premier will employ the Coordinated Specialty Care (CSC) model, a recovery-based treatment team approach that has demostrated efficacy with individuals who are within the first five (5) years of onset. Additionally, DBH operates an early intervention program for children who may be experiencing their first episode of psychosis, Improiving Detection and Early Access (IDEA). This program seeks to capture the clinical high risk and young early psychosis. IDEA will include outreach in the community clinic to increase the identification of clients that are already being served in the community clinics who have been identified as having psychosis. The IDEA program may serve clients which will transition into the Premier Program. The IDEA and Premier Program will work collaboratively on a warm handoff of continuance of services.

The goal of the program is to intervene early, engage, and work with the client and their families to provide education, guidance, and appropriate treatment option linkage for ongoing stability, understanding symptom reduction, and reduce reliance on emergency psychiatric care.

The DBH team, in the provision of services, will engage in collaboration with other providers in the community including Veterans Administration, Housing and Urban Development, Probation Department, LPS Designated Facilities, acute psychiatric hospitals, Law Enforcement, board and care operators, local colleges, Workforce Development programs, supported housing programs, and other related entities aiding clients to understand the importance of the impact of mental health on their overall health, avoid recidivism and maximize quality of life.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

The Premier Program offers early intervention to clients experiencing a first episode using a recovery-oriented and team-based approach. The team strives to educate and include the client as well as their family as much as possible in their identification of treatment goals and plan.

The Premier Program provides the following services:

Intensive medication support services - Linkage to providers for psychiatric and medical needs, including assistance with appointments, pharmacy and transportation.

Psychotherapy - the use of psychological methods, particularly when based on regular personal interaction, to help a person change behavior, increase happiness, and overcome problems.

Psychoeducation - an evidence based therapeutic intervention for clients and their support system that provides information and support to better understand and cope with mental illness.

Case management services - Linkage to behavioral health supports, in home and community settings; linkage to appropriate resources and services available in the community based on needs to achieve community reintegration, including benefit acquisition, housing, medical care, psychiatric care, and/or self-help programs, provide advocacy support as needed, provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for client needs.

The Premier Program's goal is to assist the client to obtain stabilization and avoid subsequent rehospitalization. If needed, this may include placement in an enhanced

board and care facility to support psychiatric medication monitoring and overall treatment adherence or with family in a supportive environment.

Clinical case management, psychotherapy, supervision in the community and efforts to reintegrate with family and community are offered. The program services include collaboration with acute psychiatric hospital staff to coordinate placement of the client upon discharge from the acute psychiatric hospital to an appropriate level of care if return to the family home is not an option. In an effort to coordinate this placement, the Premier Program staff assist with bus passes, transportation assistance, and placement costs utilizing whichever mode is most appropriate for the client's care, with the ultimate goal of assisting the client to obtain increased independence and autonomy in the community.

Once reintegrated back into the community, the DBH Premier Program will collaborate with community partners providing a full array of behavioral health services and support, advocacy, linkage to medical needs, job training and preparation, continuation of their education as appropriate, support and therapy as appropriate. The client and family members are offered educational information and support regarding their loved one’s behavioral health condition focusing on developing support for their aftercare treatment and recovery and ensuring the program continues to provide client and family driven services. The staff of the Premier program are frequently responsible for transporting clients to appointments in the community for medical care, work or educational related activities, as well as to job fairs and other community-based events.

The Premier program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides clinical consultation to the team of clinicians and paraprofessionals, including Clinical Therapists, Social Workers and Peer & Family Advocates.

MHBG funds, during FY 2024-25 and FY 2025-26, will be allocated to support staff positions required to perform the engagement, psychoeducation, and case management services mentioned above in addition to the following:

Indirect costs including indirect labor and indirect supplies.

Office supplies including paper, pens, printer ink and toner and other stationary.

Bus passes to allow for independent transport for clients, as mentioned above.

Client services/support including clothing, food, job training and other therapeutic activity materials.

Staff mileage, vehicle rental costs to transport client's to needed resources, such as appointments, obtain entitlements, teach activities of daily living including budgeting and shopping, etc.

Supportive services including security/housing deposits, gym memberships, fees for Driver's Licenses or Birth Certificates, books and other fees for job related activities.

Indigent transport and placement including ambulance and higher security modes of transportation for clients with no benefits who require more secure transport, additional staffing, or medical assistance.

Training/conferences including continuing education courses required by the California Board of Behavioral Sciences for licensed staff and training specific to populations served.

County support administrative direct costs including county overhead and administrative support.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

   The Premier program uses Coordinated Specialty Care (CSC) which is an evidence-based model of early intervention for young adults experiencing first episode psychosis (FEP). The model is unique because it is team-based and multidisciplinary, collaborative, recovery-oriented, and emphasizes shared decision-making between the team and individuals experiencing FEP.

   Psychoeducation - an evidence based therapeutic intervention for clients and their support system that provides information and support to better understand and cope with mental illness.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

   1. 50% of clients participating in the program will move to a lower level of care upon exit from the program annually.
   2. 30% of clients participating in the program will not be admitted to an acute psychiatric hospital within the first 60 days of program participation annually.
   3. 50% of clients participating in the program will not be admitted to an acute psychiatric hospital in the first year of program participation annually.

4. Improved functioning, reduction of symptom distress, and increase of building social support as evidenced by clients obtaining employment or engagement in a job training program and/or ANSA data.
5.

Progress Statement:

For FY 2021-22, there were 11 clients served in the Premier Program. All program participants were referred during an acute psychiatric hospital admission or by other DBH programs. Of the 3 clients who were discharged from the program during this fiscal year, 3 (100%) discharged to a lower level of care. Of the 11 clients served, none had an acute psychiatric hospitalization within the first 60 days; therefore, 100% of the clients did not require a return psychiatric hospitalization within 60 days. All 11 clients served (100%) maintained in the community without admission to an acute psychiatric hospital within the first year of entering the program. Per the ANSA, of the 11 clients participating in the program, improved functioning was achieved by all participants (100%) as evidenced by all clients obtaining and maintaining employment and establishing savings accounts. In the Consumer Perception Surveys, 100% also reported a reduction of symptom distress and improvement in social functioning.

For FY 2022-23, there were 6 clients served in the Premier Program. All program participants were referred during an acute psychiatric hospital admission or by other DBH programs. Of the 3 clients who were discharged from the program during this fiscal year, 2 (67%) discharged to a lower level of care. Of the 6 clients served, none had an acute psychiatric hospitalization within the first 60 days; therefore, 100% of the clients did not require a return psychiatric hospitalization within 60 days. Of the 6 clients served, 4 clients (67%) maintained in the community without admission to an acute psychiatric hospital within the first year of entering the program. Per the ANSA, of the 6 clients participating in the program, improved functioning was achieved by all participants (100%) as evidenced by all clients obtaining and maintaining employment and establishing savings accounts. In the Consumer Perception Surveys, 100% also reported a reduction of symptom distress and improvement in social functioning.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI

supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description: First Episode Psychosis	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless,

accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5

Mental Health Clinic Supervisor	Supervises the daily operation and staff of the Premier program.	0.20	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	0.30	1
Clinical Therapist I	Performs the full range of assignments related to the field of mental health services including individual and group psychotherapy, evaluations and investigations, and professional counseling in accordance with applicable professional licensing laws.	1.00	1
Social Worker II	Completes client resource evaluation, assists clients and families to recognize behaviors and concerns and works with them to develop a plan to address, provides case management and develops Treatment Plan.	0.30	1
Peer & Family Advocate	Provides crisis response services, peer counseling, and linkages to services and support for clients, conduct one-on-one or group sessions with clients and/or their families and collect data for screenings, applications, records, and needs assessments, serve as a mentor in facilitating and engaging clients and family members in functioning more independently and accessing community resources.	1.00	1

Please provide any additional information regarding county staffing below:

The staff listed above are allocated 100% of their time in the Premier program; however, alternative funding exists for those positions not fully covered by MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Premier Administration provides an annual program review using a program agency evaluation form . Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annual and as requested:

Outreach and education activities, number of individuals educated through outreach activities
Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis
Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets weekly and as needed with Management to review any potential issues.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

If the corrective action involves staffing, Management consults with the Human Resources Business Partner for guidance on action plan and will carry out the plan as suggested, ensuring appropriate and timely follow up.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the Premier program is to provide assistance for clients to re-enter the community with the necessary supports to continue in their recovery and prevent further hospitalization. Premier staff provide case management and support to link clients and their families to housing resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

The Premier Program provides case management in the community at the client's home or preferred community based location with the goal of supporting the client in maintaining their recovery in the community and linking them to ongoing treatment solutions. The team provides transportation and connection to needed community resources. The Premier team employs a Peer & Family Advocate whose primary role is to engage the client and their family through unique connection and education. This staff works to provide education on symptom management and coping skills, as well as connection to needed resources and treatment.

In addition, San Bernardino County Department of Behavioral Health (DBH) has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

Premier provides follow up job skills and employment services, which may include assistance to apply for school or vocational schools, assistance to obtain job resources such as phlebotomy certification, security certification, and more, assistance to obtain text books and transportation to school. Additionallly and as appropriate, the Premier Program will complete referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

The Premier Program provides follow up case management for those discharging from from hospital based settings, in order to assist the client to locate and maintain permanent housing solutions and ongoing treatment options to ensure stability in the community and reduction of recidivism.

Additionally, DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Co-Occuring Residential Care

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☐	County-Run ☐ Subcontracted ☐ Both ☐
Dual-Diagnosis	☒	County-Run ☐ Subcontracted ☒ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

DBH has been contracting for residential treatment services since 1993. In recent years, DBH has seen a large increase in the number and severity of clients suffering from a behavioral health condition who have substance use disorders, creating an increased need to provide services to persons living with co-occurring disorders. In order to fill a gap in services and address disparities in the mental health system that have not been met through traditional augmented board and care programs, DBH has contracted with multiple substance use residential treatment service contractors to provide evidence-based treatment and meet the complicated needs of the co-occurring population.

Residential treatment service contractors provide the substance use treatment program for client with substance abuse disorders and works in coordination with the DBH Therapeutic Alliance Program (TAP) Team to address the co-occurring behavioral health condition of clients. Residential treatment service contractors are community resources providing services to those who have both mental health and substance use disorder treatment needs. This program addresses disparities in behavioral health services for individuals who suffer from a behavioral health condition and who are chemically addicted.

The contracted residential treatment facilities will serve a total of 130 adults clients annually who have a behavioral health condition and co-occurring substance use disorder in an effort to provide recovery and stability for both conditions. The goal of the co-occurring residential program is to reduce recidivism into higher levels of locked psychiatric care or acute psychiatric hospitalization. The use of these coordinated services has enabled DBH to reduce the client's length of stay and transition into a community setting. The client's opportunity for success in the transition process is improved through on-site behavioral health and medical treatment, encouraging the development of life skills and becoming self-sufficient and independent.

This program collaborates with DBH Homeless Services, Arrowhead Regional Medical Center, other Lanterman-Petris-Short (LPS) Designated Facilities, Department of Probation, Superior Court Mental Health Counselors, San Bernardino County Department of Behavioral Health Patients' Rights, Law Enforcement, Public Defenders Office, Veterans Administration, Transitional Assistance Department, San Bernardino County Public Guardian's Office, Children and Family Services Department, Adult Protective Services and family members. Interaction with each agency occurs as appropriate to maintain clients successfully in the program and aid in healthy aftercare service delivery.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

The Co-Occuring Residential Care program is a voluntary substance use residential treatment program that provides a broad array of behavioral health and substance use disorder treatment in collaboration with TAP. As of the California Drug Medi-Cal Organized Delivery System (ODS) Waiver, effective March 1, 2018, American Society of Addiction Medicine (ASAM) evaluations are initiated to determine level of treatment provided as well as length of treatment.

Substance Use Disorder (SUD) treatment services include:

Screening and assessment - Staff completes a screening to evaluate the client's functioning in multiple areas and to inform and facilitate decisions or recommendations for treatment options.

Treatment planning - Staff work with the client to determine a written plan and instrcutions related to the individual needs of the client.

Individual and group counseling - A therapuetic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an indvidual or a group and may include family therapy at which the youth is present. Short - term psychotherapy may be provided by a licensed, registered or waivered staff practicing within their scope of practice up to and including master level interns supervised by licensed personnel.

Relapse prevention - a cognitive-behavioral approach to relapse with the goal of identifying and preventing high-risk situations.

Case management - Linkage to behavioral health supports, community settings; linkage to appropriate resources and services available in the community based on needs to achieve community reintegration, including benefit acquisition, housing, medical care, psychiatric care, and/or self-help programs, provide advocacy support as needed, provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for client needs.

Family education and parenting - the educational effort to strenghen individual and family life through a family perspective or professional practice of equiping and empowering family members to develop knowledge and skills that enhance well being.

Withdrawal management - services designed to assist clients to safely withdraw from alcohol or other substances.

Clients are a vital part of the treatment process. Through group counseling and education, this program ensures that clients understand that mental health is essential to overall health. Additionally, this program ensures mental health care is client and

family driven through the inclusion of the clients and their families in the development of treatment goals and planning throughout the recovery process.

MHBG funds, during SFY 2024-25 and SFY 2025-26, will be allocated to various residential treatment service contractors for contracted staff positions required to provide basic support, which includes room and board and three meals per day, 24/7 supervision, transportation, and psychiatric medication management for clients who have co-occurring disorders. Contractors will work in collaboration with the DBH TAP team toward the reduction of symptoms and increased functioning relating to a severe behavioral health condition and a co-occurring substance use related disorder.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

   Motivational interviewing is an evidenced-based counseling approach that health care providers can use to help clients' adhere to treatment recommendations. It emphasizes using a directive, patient-centered style of interaction to promote behavioral change by helping clients' explore and resolve ambivalence.

   TAP clinicians explore client's motivations for substance use and sobriety in order to help find positive alternatives to substance use for addressing mental and social concerns. Psychoeducation is often used as a component of motivational interviewing, a client-centered and evidence-based therapy intervention.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

   1. 45% will be actively engaged in program requirements while residing at residential treatment service facilities annually.
   2. 50% of the total clients served will not have an acute psychiatric hospitalization during their program participation annually.
   3. 30% of admissions will come from diverse population annually.
   4.
   5.

   Progress Statement:

   In FY 2021-22, 132 clients were served through the collaborative efforts of TAP and residential treatment service facilities. Engagement in the program was measured by graduation rate. Between July 2021 and June 2022, 20% of TAP clients successfully graduated from the Co-Occurring Residential Care program. During the same period,

20% left the program in the first 60 days. During FY 2021-22, 92% of clients served did not have a psychiatric hospitalization during their program participation, exceeding the goal of 50%. Additionally, out of the 132 clients served, 56% were from diverse backgrounds, exceeding the goal of 30%.

In FY 2022-23, 118 clients were served through the collaborative efforts of TAP and residential treatment service facilities. Engagement in the program was measured by graduation rate. Between July 2022 and June 2023, 43% of TAP clients successfully graduated from the Co-Occuring Residential Care program. During the same period, 36% left the program in the first 60 days. During FY 2022-23, 82% of clients served did not have a psychiatric hospitalization during their program participation, exceeding the goal of 50%. Additionally, out of the 118 clients served, 63% were from diverse backgrounds, exceeding the goal of 30%.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description: Co-occurring substance use and mental health	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☒ Yes ☐ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5

Please provide any additional information regarding county staffing below:

Not applicable.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Co-Occuring Residential Care Administration provides an annual program review using a program agency evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annual and as requested:

Outreach and education activities, number of individuals educated through outreach activities
Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis
Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets monthly and as needed with Management to review any potential issues. DBH staff are on site weekly to address any barriers as they arise.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the Co-Occurring Residential Care program is to provide assistance for clients to re-enter the community with the necessary supports to continue in their recovery and prevent further institutionalization. Co-Occuring Residential Care staff provide case management and support to link clients and their families to housing resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

Co-Occurring Residential Services, within a state-licensed 24/7 residential facility, is a vital tool within the continuum of care for adult clients with behavioral health conditions

in their journey towards recovery and independence. Providing an array of on site services, with 24/7 supervision and care, allows emotional support, stabilization, self-reliance, life skills improvements, and integration into the community.

Employment services:

Co-Occurring Resdiential Care provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

The DBH TAP program works in collaboration with hospitals to screen potential clients and refer to contracted residential treatment facilities through DBH Screening, Assessment, and Referral Center. TAP facilities the transition between the hospital and the residential facility.

Additionally, DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.

San Bernardino County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Therapeutic Alliance Program (TAP)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☒	County-Run ☒ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The Department of Behavioral Health (DBH) Therapeutic Alliance Program (TAP) is a community resource providing behavioral health treatment to clients who have a behavioral health condition and a co-occurring substance use disorder. In recent years, DBH has seen a large increase in the number and severity of clients suffering from a behavioral health condition who have substance use disorders, creating an increased need to provide services to persons living with co-occurring disorders. This program addresses the disparities in behavioral health services for individuals who suffer from a behavioral health condition and who are experiencing a co-occurring substance use disorder.

DBH has contracted with multiple substance use residential treatment service contractors to provide evidence-based treatment and meet the complicated needs of the co-occurring population. Residential treatment service contractors provide the substance use treatment program for client with substance abuse disorders and works in coordination with the DBH Therapeutic Alliance Program (TAP) Team to address the co-occurring behavioral health condition of clients.

TAP will serve a total of 130 adults clients annually who have a behavioral health condition and co-occurring substance use disorder in an effort to provide recovery and stability for both conditions. TAP's primary goal is to reduce recidivism into higher levels of locked psychiatric care or acute psychiatric hospitalization. TAP's coordinated services with contracted substance use residential treatment facilities has enabled DBH to reduce the client's length of stay and transition into a community setting. The client's opportunity for success in the transition process is improved through on-site behavioral health and medical treatment, encouraging the development of life skills and becoming self-sufficient and independent.

Following discharge from residential treatment, TAP staff provide case management support and linkage to aid in ongoing recovery and maintenance in the community setting. This may include linkage to housing resources, outpatient psychiatric or medical care, services to support symptom recognition and coping, education on Activities of Daily Living and more.

TAP has extensive collaboration with the following stakeholders: Cedar House Life Change Center, Department of Probation, Community Drug and Alcohol Services, Superior Court Mental Health Counselors, Arrowhead Regional Medical Center, other Lanterman-Petris-Short (LPS) Designated Facilities, Outpatient Behavioral Health Providers, Transitional Assistance Department, Homeless Service Providers, Department of Rehabilitation and family members to stabilize and provide effective behavioral health treatment and aftercare planning.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

TAP behavioral health services are integrated with the substance use disorder treatment services for the clients residing at a contracted substance use residential treatment facility for up to 90 days. TAP staff serve as the referral entity for clients who are participating at one of DBH's contracted substance use residential treatment centers. TAP provides the following behavioral health services:

Screening and assessment - Staff completes a screening to evaluate the client's functioning in multiple areas and to inform and facilitate decisions or recommendations for treatment options.

Treatment planning - Staff work with the client to determine a written plan and instrcutions related to the individual needs of the client.

Individual and group counseling - A therapuetic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an indvidual or a group and may include family therapy at which the youth is present. Short - term psychotherapy may be provided by a licensed, registered or waivered staff practicing within their scope of practice up to and including master level interns supervised by licensed personnel.

Case management - Linkage to behavioral health supports, community settings; linkage to appropriate resources and services available in the community based on needs to achieve community reintegration, including benefit acquisition, housing, medical care, psychiatric care, and/or self-help programs, provide advocacy support as needed, provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for client needs.

Family education and parenting - the educational effort to strenghen individual and family life through a family perspective or professional practice of equiping and empowering family members to develop knowledge and skills that enhance well being.

Clients are a vital part of the treatment process. Through group counseling and education, this program ensures that clients understand that mental health is essential to overall health. Additionally, this program ensures mental health care is client and family driven through the inclusion of the clients and their families in the development of treatment goals and planning throughout the recovery process.Client involvement in the recovery process is an essential component to the success of this program. Clients and their families are involved throughout the entire process of recovery and treatment.

Additionally, TAP provides aftercare services, which are a crucial component of the long-term maintenance recovery plan. The aftercare services may include placement in housing for the client's recovery. Some clients successfully transitioning in their recovery are without resources and are destitute and homeless. By providing aftercare housing and case management referrals, DBH provides additional time for clients who can prepare for re-entry into the workforce. Additionally, there are some TAP clients who will never be employable due to age and severity of medical and/or behavioral health conditions. These clients are assisted in obtaining their benefits, moved into independent living, and receive continued aftercare services through DBH.

TAP provides transport to clients to court hearings, psychiatric appointments, and placement interviews as well as transportation assistance obtaining entitlements, purchasing personal use items to maintain hygiene, grooming, and Activities of Daily Living (ADL).

The TAP program is overseen by a Clinic Supervisor who is responsible for the daily implementation of the program, managing all staff and personnel matters in consultation with the Program Manager II, and provides clinical consultation to the team of clinicians and paraprofessionals, including Clinical Therapists, Alcohol and Drug Counselors, Social Workers, and Administrative employees.

MHBG funds, during both FY 2024-25 and FY 2025-26, will be allocated to support staff positions required to perform the services mentioned above in addition to bus passes for independent transport of clients.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

   Motivational interviewing is an evidenced-based counseling approach that health care providers can use to help clients' adhere to treatment recommendations. It emphasizes using a directive, patient-centered style of interaction to promote behavioral change by helping clients' explore and resolve ambivalence.

   TAP clinicians explore clients motivations for substance use and sobriety in order to help find positive alternatives to substance use for addressing mental and social concerns. Psychoeducation is often used as a component of motivational interviewing, a client-centered and evidence-based therapy intervention.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. 45% will be actively engaged in program requirements while residing at Cedar House annually.
2. 50% of the total clients served will not have an acute psychiatric hospitalization during their program participation annually.
3. 30% of admissions will come from diverse population annually.
4.
5.

Progress Statement:

In FY 2021-22, 132 clients were served through the collaborative efforts of TAP and Cedar House. Engagement in the program was measured by graduation rate. Between July 2021 and June 2022, 20% of TAP clients successfully graduated from the Cedar House program. During the same period, 20% left the program in the first 60 days. During FY 2021-22, 92% of clients served did not have a psychiatric hospitalization during their program participation, exceeding the goal of 50%. Additionally, out of the 132 clients served, 56% were from diverse backgrounds, exceeding the goal of 30%.

In FY 2022-23, 118 clients were served through the collaborative efforts of TAP and Cedar House. Engagement in the program was measured by graduation rate. Between July 2022 and June 2023, 43% of TAP clients successfully graduated from the Cedar House program. During the same period, 36% left the program in the first 60 days. During FY 2022-23, 82% of clients served did not have a psychiatric hospitalization during their program participation, exceeding the goal of 50%. Additionally, out of the 118 clients served, 63% were from diverse backgrounds, exceeding the goal of 30%.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

The Office of Equity and Inclusion and Ethnic Services (OEI) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health (DBH) and at every level of the organization, including contract agencies. The OEI develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. Additionally, OEI supports the DBH Cultural Competency Advisory Committee (CCAC) and its fourteen (14) culturally specific subcommitees. All committees are made up of community based providers, organizations, partner agencies, clients, family membrs, faith based organizations, and representatives from various DBH departments and County departments who advise the Cultural Competency Officer on the needs of the populations they represent in the communinty.

DBH and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description: Co-occurring substance use and mental health	

Describe how this program is targeting individuals in marginalized communities.

San Bernardino County is a large urban-rural county, encompassing over 20,000 square miles. DBH provides mental health and substance use disoder services to county residents who are experiencing major mental illnesses and/or substance abuse issues and are uninsured or on Medi-Cal, and individuals experiencing a behavioral health crisis. DBH envisions a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mentall illness or substance use disorders. Our mission is to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families, and community.

DBH operates a Public Relations and Outreach (PRO) division, responsible to develop and implement effective communication and public relation strategies and coordinate community outreach and education. PRO includes the implementation of a DBH-wide Outreach Taskforce, which consists of appointed staff from various DBH

programs that attend events and can conduct presentations per the request of community organizations, schools, and other County entities. Taskforce members provide behavioral health resources and information to individuals at these various events and are considered subject matter experts of their programs and DBH in general. PRO and Taskforce members attend and provide information across the county at over 100 events throughout the year, including events such as the Community Policy and Advisory Committee (CPAC), Behavioral Health Commission meetings, District Advisory Committee (DAC) meetings, Cultural Competency Advisory Committee (CCAC) and the fourteen subcommittees, annual Evening with the Stars, various May is Mental Health month activities, Wellness activities, County activities and many more.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Mental Health Clinic Supervisor	Supervises the daily operation and staff of TAP program.	0.20	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	1.00	1

Alcohol & Drug Counselor	Conduct intake evaluations to determine needs as they relate to substance use disorders, develops and implement substance use related portions of the Treatment Plan, provides short-term crisis intervention for clients and families.	1.00	2
Clinical Therapist I	Performs the full range of assignments related to the field of mental health services including individual and group psychotherapy, evaluations and investigations, and professional counseling in accordance with applicable professional licensing laws.	1.00	1
Social Worker II	Completes client resource evaluation, assists clients and families to recognize behaviors and concerns and works with them to develop a plan to address, provides case management and develops Treatment Plan.	0.75	1
Office Assistant III	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, schedules follow up appointments for clients, data entry on outcome data tracking mechanism, answers phones and provides front line information on behalf of the program, supply orders, and drafts clerical procedures.	0.25	1

Please provide any additional information regarding county staffing below:

The staff listed above are allocated 100% of their time in the TAP program; however, alternative funding exists for those positions not fully covered by MHBG.

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

This program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

TAP Administration provides an annual program review using a program agency evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

Data is reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

The following is provided to the grant coordinator on an annual basis and as requested:

Number of clients served
Outcomes in meeting specified grant goals
Treatment services provided

The following is provided to DBH Research and Evaluation and Executive Management teams annual and as requested:

Outreach and education activities, number of individuals educated through outreach activities

Demographic information including age, race, ethnicity, primary language, sex, sexual orientation, gender identity, veteran status, disability, diagnosis

Timely access to services, such as the length of time from the initial call for referral to first service.

Identification of problems or barriers encountered for ongoing programs:

Program meets monthly and as needed with Management to review any potential issues.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Recommendations and solutions are provided during Management meetings, a plan is determined, and Supervisors direct staff to carry out the identified plan. Trainings and tools are developed and provided as needed.

If the corrective action involves staffing, Management consults with the Human Resources Business Partner for guidance on action plan and will carry out the plan as suggested, ensuring appropriate and timely follow up.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan required to correct. Each issue reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the TAP program is to provide assistance for clients to re-enter the community with the necessary supports to continue in their recovery and prevent further hospitalization or institutionalization. TAP staff provide case management and support to link clients and their families to housing resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

TAP provides case management in the community at the residential site, home or preferred community setting with the goal of supporting the client in maintaining their recovery in the community and linking them to ongoing treatment solutions. The team provides transportation and connection to needed community resources.

In addition, San Bernardino County Department of Behavioral Health (DBH) has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

TAP provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. DBH contracts with the Department of Rehabilitation to provide necessary employment and job based resources.

Transition from hospitals to community settings:

The DBH TAP program works in collaboration with hospitals to screen potential clients and refer to contracted residential treatment facilities through DBH Screening, Assessment, and Referral Center. TAP facilities the transition between the hospital and the residential facility.

Additionally, DBH's Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing clients to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring discorders, in an effort to deter acute psychiatric hospitalizations. Additionally, DBH operates the Adult Continuting Care Program Long Term Care (LTC) team which aids in transitioning clients from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, and acute psychiatric hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community.