

SAN BERNARDINO COUNTY

Department of  
Behavioral Health



**SUBSTANCE ABUSE AND MENTAL  
HEALTH SERVICES ADMINISTRATION  
(SAMHSA)**

**Mental Health Block Grant**

**Renewal Application  
Fiscal Year 2021 - 2022**

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## **MHBG PROGRAM NARRATIVE FY 2021 - 2022**

### **CHILDREN'S SYSTEM OF CARE**

#### **JUVENILE JUSTICE COMMUNITY REINTEGRATION (JJCR)**

##### **(a) Statement of Purpose**

The Department of Behavioral Health (DBH) Juvenile Justice Program's Juvenile Justice Community Reintegration (JJCR) team collaborates with Probation to serve the behavioral health needs of the detained youth returning to the community from Juvenile Detention and Assessment Centers (JDAC) in San Bernardino County. JJCR collaborates with Children and Family Services Department, District Attorney's Office, Public Defenders Office, Juvenile Delinquency Court and family members. Multi-disciplinary teams work closely with youth and their families to assist in development of an advocacy plan for each youth that will best meet their treatment needs and provide access to community resources. This program ensures mental health care is consumer and family driven through the inclusion of youth and their families in the development of their advocacy plans. Additionally, the JJCR program ensures early mental health screening, assessment and referral services are a common practice by conducting outreach to juvenile justice involved youth and family members in order to provide early mental health screenings, assessments and referrals to service. Needs and strengths are identified by utilizing the Comprehensive/Multisystem Assessment, Child and Adolescent Needs and Strength (CANS). Through the CANS, staff and partnering service providers are able to communicate using a common language in which service the youth and their families.

##### **(b) Measurable Outcome Objectives**

- 40% of youth being connected to one appointment or attending one activity
- 40% of serviced youth will be assessed using CANS
- Increased resiliency based on data obtained from CANS
- Increase functioning impairment in general areas of life (e.g., health/self-care/housing, occupation/education, legal, interpersonal/social, and well-being) (CANS)

In FY 2019-20, of the 311 youth and families served, 32% (n=100) completed one appointment or attended one activity, falling short of the goal of 75%. This is attributed, in part, to complications incurred due to the onset of the COVID-19 pandemic, which made community linkages far more limited. This also impacted the goal of assessing 40% of youth utilizing the CANS. Engaging justice-involved youth and their families in voluntary behavioral health programs is a constant challenge as the youth are often ambivalent or resistant to change. By attending a session, this is evidence that youth are beginning to engage in their behavioral health care and are entering a pre-contemplative or contemplative state of change. Based on data obtained from CANS Assessment, of the 43 individuals who were assessed, 85% saw an increase in resiliency and 89% demonstrated increased functioning in general life areas.

##### **(c) Program Description**

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).

JJCR staff provide community re-entry services to youth upon release to specifically address the needs of these minors returning to the community.

JJCR in-custody services include:

- Assisting youth and their families to identify areas of concern.
- Providing individual case planning and case management.

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 Therapy
- Case Management
- Home visits
- School visits
- Linkages for: academics, vocational skills, job related skills, employment, and legal resources and information
- Specialty court collaboration
- Group counseling as needed
- Medication support
- Participation in Multi-disciplinary Team meetings

#### **(d) Cultural Competency**

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 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. The Department of Behavioral Health 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.

#### **(e) Target Population**

JJCR will provide services to **125** seriously emotionally disturbed (SED) children/adolescents as described in the W&I Code Section 5600.3 part (a) who are detained and released from a San Bernardino County JDAC.

#### **(f) Staffing**

<b>Title of Position</b>
Alcohol & Drug Counselor
Clinical Therapist II
Office Assistant III
Social Worker II

Staff Analyst II
MH Clinic Supervisor
Peer and Family Advocate I

**(g) Designated Peer Review Representative**

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services Programs will serve as the Department’s Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program.

**(h) Implementation Plan**

This program is already in existence.

**(i) Program Evaluation**

Juvenile Justice Administration provides an annual program review using a program agency evaluation form as well as the SAMHSA program review/evaluation form. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a time frame. The completed review report is submitted to the grant coordinator.

**(j) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH’s Triage Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring disorders, and in an effort to deter acute psychiatric hospitalizations. DBH’s Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations including medication evaluation. Finally, DBH’s Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions, including Institutions for Mental Disease (IMD) Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals, back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## ADULT SYSTEM OF CARE

### ADULT CONTINUING CARE PROGRAM LONG TERM CARE

#### (a) Statement of Purpose

The Department of Behavioral Health 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. Consumers served by the LTC team are those who are deemed gravely disabled and unable to maintain safety within the community. The goal is to serve consumers at the lowest level of care needed to meet their health and wellness needs. Additionally, the LTC program ensures mental health care is consumer driven through the inclusion of consumers in the development of their treatment plans. This program primarily focuses on successful reintegration of each consumer into the community after locked placement. 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) to discuss cases and assist consumers in attaining the most appropriate care and access to community resources.

#### (b) Measurable Outcome Objectives

The outcome objective for the LTC is as follows:

- 50% of the consumers transitioning from long-term locked facilities into a community placement will not require acute psychiatric hospitalization for the initial 60 days after placement.
- 50% of the consumers transitioning from long-term locked facilities into community placement will not return to locked placement for the initial 60 days after placement.
- Consumers admitted to Step-Down Enhanced Board and Care will transition to a lower level of care.
- Timely access to the appropriate level of care based on the consumer's current level of care.

In FY 2019-20, LTC worked to assist a total of 154 unduplicated consumers with ongoing case management needs, preparing them to transition to a lower level of care. Of the 154 consumers, 21 transitioned to a community-based setting when ready and provided linkage to appropriate mental health care services. In addition to the number of consumers the LTC program has assisted in stepping down from higher levels of care, the program staff completed 63 new referral assessments for appropriateness of placement. Additionally during this last fiscal year, a total of 49 consumers were placed into appropriate levels of care. There were no consumers returned to a long-term locked facility within the first 60 days after placement; therefore, 100% of consumers successfully maintained their placement, which far exceeds the initial goal of 50%. Only 1 consumer returned to an acute psychiatric facility within the first 60 days after placement, which is a 98% success rate, far exceeding the goal of 50%. Lastly, a total of 5 consumers stepped down from enhanced board and care into lower levels of care.

Monthly site visits to each long-term locked facility increases timely access to the appropriate level of care based on the consumer's current level of care and the monitoring treatment team's approval of a lower level of care.

### **(c) Program Description**

The Long Term Care (LTC) program seeks and secures placement in appropriate rehabilitation and reintegration programs. During the last year, DBH added Skilled Nursing Facility beds who specialize in dementia-related care to the available locked psychiatric facilities which the LTC team can place consumers who need this level of care. Additionally during this past year, DBH increased enhanced board and care beds for community placement. Once placed, the LTC team continually monitors consumers and works with placement agencies to secure placement in lower levels of care when consumers complete their program in long term locked facilities. The LTC team also oversees 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 consumers 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 consumer, a Letter of Understanding (LOU) is signed between the County and each B&C provider for each consumer. 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 include advocating, motivating and encouraging the consumer for community placement as well as maintenance through entrance into a DBH Full-Service Partnership or DBH contracted step-down community-based program.

The LTC team utilizes the most appropriate form of transportation for its consumers. The team utilizes their identified vehicle to facilitate the evaluation of consumers, visit consumers in person to assess progress, and collaborates with placement facility staff to ensure all areas of activity are assessed in a timely manner to provide appropriate consumer care. The LTC team has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the LTC program staff will be the only program to utilize their assigned vehicles. At times, it may be necessary for staff to travel in their own vehicle or rent a County-owned vehicle to travel to locations throughout the County to complete evaluations and meet with facility staff. Also, it may be appropriate to assist a consumer to attend necessary services and appointments independently by providing them with bus passes, or training a consumer how to properly use the bus system. This ensures a smooth and successful transition to a community-based housing setting.

Last, the Long Term Care Team provides for the transportation of consumers to appropriate psychiatric placement and to community placement once discharged. This includes transportation to throughout San Bernardino County, specific to linking consumers to necessary treatment including mental health, substance abuse, and court appointments. Additionally, LTC provides assistance to law enforcement in transporting consumers to a Lanterman-Petris Shoprt (LPS) designated facility evaluated and determined to meet the 5150 criteria for a psychiatric hold.

**(d) Cultural Competency**

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 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. The Department of Behavioral Health 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.

**(e) Target Population**

The Long Term Care program will serve 60 San Bernardino County consumers in acute psychiatric facilities who have stabilized and need sub-acute placement and are unable to function at a lower level of care. The target population also includes San Bernardino County consumers who suffer from a behavioral health condition and are ready to step-down from one of the State Hospitals (such as Metropolitan and Patton State Hospitals) to a sub-acute, community placement, and who transition or who have recently transitioned into the community. The consumers are adults, but may also be transitional age youth (18-25 years old) who have been in the Children's System of Care and have transitioned to the Adult System of Care.

**(f) Staffing Chart**

<b>Title of Position</b>
MH Clinic Supervisor
Clinical Therapist I
Office Assistant III
Clinical Therapist II
Social Worker II
Mental Health Specialist
Staff Analyst II
General Service Worker II

**(g) Designated Peer Review Representative**

Christina Entz, LCSW, Program Manager II, (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program.

**(h) Implementation Plan**

This program is already in existence.

**(i) Program Evaluation**

DBH provides ongoing monitoring of their Adult Programs through DBH's Quality Management (QM) Unit. QM conducts routine documentation reviews to ascertain compliance with requirements. Internal review will be in compliance with state DHCS and DBH regulations. An on-site Annual Program Review is completed for each year grant monies are received. Following the initial review, feedback is provided to Program staff. The Program staff address the areas needing improvement and submit a plan of correction within a specified timeframe. The final review plan and plan of correction are maintained by the grant coordinator. As appropriate, there is a follow-up meeting to ensure corrections were made.

**(j) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring disorders, in an effort to deter acute psychiatric hospitalizations. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **CEDAR HOUSE Co-OCCURRING RESIDENTIAL CARE**

### **(a) Statement of Purpose**

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 consumers 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 Cedar House Life Change Center, which is defined as a substance use disorder residential treatment facility, to provide evidence-based treatment and meet the complicated needs of the co-occurring population. Cedar House provides the treatment program for substance abuse and works in coordination with the DBH Therapeutic Alliance Program (TAP) Team to address the behavioral health condition of consumers. The Cedar House Co-Occurring Residential Care Program is a community resource providing services to those who have both mental health and substance use disorder treatment needs through consumer and family driven services. This program addresses disparities in behavioral health services for individuals who suffer from a behavioral health condition and who are chemically addicted. 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 consumers successfully in the program and aid in healthy aftercare service delivery.

### **(b) Measurable Outcome Objectives**

- 45% will be actively engaged in program requirements while residing at Cedar House.
- 50% of the total consumers served will not have an acute psychiatric hospitalization during their program participation.
- 30% of admissions will come from diverse populations.
- Services match the individual consumer's needs and strengths in accordance with system-of-care values and scientifically derived standards of care.

In FY 2019-20, 130 consumers were served through the collaborative efforts of TAP and Cedar House. Engagement in the program was measured by graduation rate. Between July 2019 and June 2020, 68 (52%) of TAP consumers successfully graduated from the Cedar House program. During the same period, 16% left the program in the first 60 days. During FY 2019-20, 90% of consumers served did not have a psychiatric hospitalization during their program participation, exceeding the goal of 50%. Additionally, out of the 130 consumers served, 53% were from diverse backgrounds, exceeding the goal of 30%. Cedar House and the Therapeutic Alliance Program work collaboratively to provide services to consumers diagnosed with co-occurring conditions. For addiction treatment, the ASAM (American Society of Addiction Medicine) assessment is utilized. An ASAM assessment is an evidenced-based tool used to determine the most appropriate level of care for substance use disorders. Additionally, TAP clinical and para-professional staff utilize standards of practice such as cognitive behavioral therapy to treat the behavioral health condition.

### **(c) Program Description**

The Cedar House program is a voluntary residential treatment program that provides a broad array of behavioral health and substance use disorder treatment in collaboration with the 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, treatment planning, individual and group counseling, relapse prevention, case management, family education and parenting, and withdrawal management. Consumers are a vital part of the treatment process. Through group counseling and education, this program ensures that consumers understand that Mental Health is essential to overall health. Additionally, this program ensures mental health care is consumer and family driven through the inclusion of the consumers and their families in the development of treatment goals and planning throughout the recovery process. In addition, Cedar House will provide basic support, which includes room and board and three meals per day, 24/7 supervision, transportation, and psychiatric medication management for consumers who have co-occurring disorders. Cedar House employees 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.

### **(d) Cultural Competency**

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 and at every level of the organization, including contract agencies. The OEI develops, implements, 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. The Department of Behavioral Health 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.

### **(e) Target Population**

**130** individuals who have a behavioral health diagnosis and a co-occurring substance use disorder will participate in the program on an annual basis.

### **(g) Designated Peer Review Representative**

Christina Entz, LCSW, Program Manager II, (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program

### **(h) Implementation Plan**

This program is already in existence.

**(i) Program Evaluation**

Internal review will be in compliance with state DHCS and DBH regulations. An on-site Annual Program Review is completed for each year grant monies are received. During the review, any areas needing improvement or issues of noncompliance are identified. Programs are required to propose corrective remedies within a specified timeframe. As necessary, a plan of correction is developed and implemented. Follow up visits are conducted as appropriate to ensure deficiencies have been corrected. All reviews and related paperwork are submitted to the grant coordinator. Additionally, monthly reports are required to be sent by the contractor to DBH, in which are reviewed and analyzed for meeting outcomes.

**(j) Olmstead Mandate and the MHBG**

The San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assists in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **THERAPEUTIC ALLIANCE PROGRAM (TAP)**

### **(a) Statement of Purpose**

The Department of Behavioral Health Therapeutic Alliance Program (TAP) is a community resource providing services to consumers who have a behavioral health condition and a co-occurring substance use disorder. TAP works collaboratively with Cedar House Life Change Center, the residential treatment facility described in the previous section. Furthermore, 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. This program 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) Measurable Outcome Objectives**

- 45% will be actively engaged in program requirements while residing at Cedar House.
- 50% of the total consumers served will not have an acute psychiatric hospitalization during their program participation.
- 30% of admissions will come from diverse population.

In FY2019-20, 130 consumers were served through the collaborative efforts of TAP and Cedar House. Engagement in the program was measured by graduation rate. Between July 2019 and June 2020, 62 (48%) of TAP consumers successfully graduated from the Cedar House program. During the same period, 16% left the program in the first 60 days. During FY 2019-20, 90% of consumers served did not have a psychiatric hospitalization during their program participation, exceeding the goal of 50%. Additionally, out of the 130 consumers served, 53% were from diverse backgrounds, exceeding the goal of 30%.

### **(c) Program Description**

TAP staff serve as the referral entity for consumers who are participating at Cedar House Life Change Center, providing appropriate behavioral health services including therapy, case management, and behavioral health educational groups to consumers who are currently receiving substance use disorder treatment at the residential treatment facility, thereby ensuring consumers are educated on the importance of mental health care as an essential component to their overall health. Consumer involvement in the recovery process is an essential component to the success of this program. Consumers and their families are involved throughout the entire process of recovery and treatment.

TAP utilizes their assigned vehicle to transport consumers to court hearings, psychiatric appointments, and placement interviews. These vehicles are also used when a consumer requires transportation assistance obtaining entitlements, purchasing personal use items to maintain hygiene, grooming, and Activities of Daily Living (ADL). The TAP team has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the TAP staff will be the only program to utilize their assigned vehicle.

The behavioral health services are integrated with the substance use disorder treatment services for the consumers residing at Cedar House Life Change Center for up to 90 days in residential 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 consumer's recovery. Some consumers 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 consumers who are able to prepare for re-entry into the workforce. Additionally, there are some TAP consumers who will never be employable due to age and severity of medical and/or behavioral health conditions. These consumers are assisted in obtaining their benefits, moved into independent living, and receive continued aftercare services through DBH.

**(d) Cultural Competency**

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 and at every level of the organization, including contract agencies. The OEI develops, implements, 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. The Department of Behavioral Health 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 four hours of cultural competency training annually.

**(e) Target Population**

130 individuals who have a behavioral health condition and a co-occurring substance use disorder will participate in the program on an annual basis.

**(f) Staffing Chart**

<b>Title of Position</b>
Mental Health Program Manager I
Clinical Therapist II
Certified Drug and Alcohol Counselor
Office Assistant II
Mental Health Specialist
Clinical Therapist I

**(g) Designated Peer Review Representative**

Christina M. Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program

**(h) Implementation Plan**

This program is already in existence.

### **(i) Program Evaluation**

Internal review will be in compliance with state DHCS and DBH regulations. An on-site Annual Program Review is completed for each year grant monies are received. During the review, any areas needing improvement or issues of noncompliance are identified. Programs are required to propose corrective remedies by the specified dates of correction. A plan of correction is submitted addressing deficiencies. A follow up review is conducted as appropriate to ensure corrections have been implemented. The review and any related documents are submitted to the grant coordinator.

### **(j) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **ENHANCED BOARD AND CARE PROGRAM**

### **(a) Statement of Purpose**

The Enhanced Board and Care Program is a step-down program which provides intensive residential services and increased supervision and monitoring in the community for consumers suffering from a behavioral health condition and co-occurring substance use disorder and who have been discharged from a residential locked facility, State Hospital, or acute psychiatric hospital. 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 consumers who experience medical concerns and increases compliance with their medical regimen, providing continual availability of intensive long-term board and care residential services to meet consumer needs. Consumers 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. Consumers are an integral part of their mental health care; this program ensures services are provided in a consumer driven approach by including consumers 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. This program collaborates with DBH outpatient programs, Arrowhead Regional Medical Center, 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 consumers maximize recovery and transition to the least restrictive level of care as rapidly as possible.

### **(b) Measurable Outcome Objectives**

- 80% of participating consumers 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.
- 75% of consumers will receive their entitlement during their stay in the program.
- 80% of consumers will not return to a long-term locked psychiatric facility within 90 days of admission to this program.

During FY 2019-20, the Enhanced Board and Care program served a total of 48 consumers; 100% of the participating consumers 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 consumers in the least restrictive environment possible.

Of the 48 consumers served, 46 (96%) of participants received health insurance entitlements, two consumers were there 5 days or less and eligibility was not determined before they left the program. Of the 48 consumers in the program, 40 of the consumers were potentially eligible for SSI/SSDI benefits. Of those 40 consumers, 40 (100%) received those benefits during their stay in the program. The remaining 8 consumers were not eligible for SSI/SSDI benefits due to them being able to obtain gainful employment.

Thus, for health insurance entitlement, exceeding the goal (75%) with a rate of 96%, and SSI/SSDI entitlements were at an overall rate of 83%.

Of the 48 consumers served, 46 (96%) did not return to a locked psychiatric facility within 90 days of admission, meeting the outcome objectives defined above.

The target population in Fiscal Year 2019-20 was 55 consumers between the ages of 18-59 who have a major mental health diagnosis and may have a co-occurring substance use disorder. Only 48 consumers were served, partially due to additional challenges of intakes and bed availability to discharge consumers as a result of the COVID-19 pandemic. In addition, the challenges of placing consumers on LPS conservatorship who had active substance use disorders into available and appropriate treatment programs persisted, thus some consumers remained longer than the typical length of this program.

### **(c) Program Description**

The Enhanced Board and Care Program provides 24/7 residential board and care services primarily 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. The consumer utilizes their entitlements such as Supplemental Security Income (SSI), Social Security Administration (SSA) Retirement benefits, Veterans Administration (VA), or other entitlements for room and board payment. In addition to meeting consumers' basic needs to support physical well-being, this program also provides a healthy environment to reside in, medication management for complicated medical and psychiatric consumers, 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 consumers are aware of the importance of mental health and its impact on their overall health by providing education and support in the ADL groups. The Enhanced Care Program utilizes their assigned vehicle to transport consumers 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 additional staff provide for increased support, monitoring, and supervision at this level of care, which also affords the provision of consumer crisis counseling, problem solving, skill building, and critical support needed to be successful during such a pivotal time in the lives of these consumers. Additionally, medical personnel and substance use counselors are on site to provide immediate access for enhanced coordination of care and medical interventions. DBH staff utilize community supports and leisure activities to bring normalcy to the consumer's daily experiences, assisting consumers to overcome isolation, anxiety, and depression. The program also provides behavioral health services to hearing impaired consumers through the use of sign language interpreters.

The facility staff and consumers 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 consumers need to successfully transition into the community.

#### **(d) Cultural Competency**

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 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. The Department of Behavioral Health 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.

#### **(e) Target Population**

The target population is 82 consumers between the ages of 18-59 who have a major mental health diagnosis and may have a co-occurring substance use disorder will participate in the program on an annual basis.

#### **(f) Designated Peer Review Representative**

Christina M. Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program

#### **(g) Implementation Plan**

This program is already in existence.

#### **(h) Program Evaluation**

Internal review will be in compliance with state DHCS and DBH regulations. An on-site Annual Program Review is completed for each year grant monies are received. Following the initial review, any areas needing improvement or issues of noncompliance items are identified. Programs are required to propose corrective remedies and implement correction plans within specified timeframes. As appropriate, a follow up review is conducted to ensure corrections are in place. The review and any related correction documentation is all submitted to the grant coordinator. Additionally, contractors are required to submit monthly program reports to DBH, which are reviewed and analyzed for meeting outcome requirements.

#### **(i) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical

Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP (CHAS) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **ADULT CRIMINAL JUSTICE (ACJ) PROGRAMS**

### **(a) Statement of Purpose**

The Department of Behavioral Health (DBH) Adult Criminal Justice (ACJ) Division works in collaboration with the criminal justice systems 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 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 consumers suffering from a behavioral health condition and co-occurring substance use disorder. STAR strives to provide consumer 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 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 STAR and CHOICE programs use evidence-based practices that result in substantial decreases in jail bookings, days of incarceration, and psychiatric hospitalizations while ensuring the consumer receives treatment for their mental illness. Data analysis listed below reflects STAR outcomes for reduction in recidivism and psychiatric hospitalizations. ACJ will also track and analyze the CHOICE program outcomes to support program efficacy. 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 consumer and assist the consumer to meet personal goals.

### **(b) Measurable Outcome Objectives**

- 50 Referrals will be processed for participation in the STAR program.
- 60% of participants accepted in the STAR program will satisfactorily advance to the next treatment level within a 12 month period and will remain in the program for at least 12 months.
- 60% of participants will remain intensive outpatient phase while attending 60% of available groups for a 12-month period.
- Reduction of hospitalization and jail days by 60% compared to pre-program participation.
- Marked increases to participants' self-reports of hope, levels of personal empowerment, and positive social connections (ANSA).

Many challenges were presented in FY 2019-20 due to the COVID-19 pandemic. The Mental Health Courts were closed from March 13, 2020 - June 14, 2020. This resulted in the postponement of STAR graduations impacting the total number consumers graduating from the program. In addition, program services were also impacted. The STAR day treatment program services were ceased, effective March 18, 2021, due to COVID-19 and the program was unable to provide the face-to-face services that are required to meet day rehabilitative State regulations. Participants were unable to remain adherent in day treatment and groups. The program has recently transitioned to an intensive outpatient model, which incorporates increased telehealth services in response to COVID-19. As the consumer meets the program outcomes and service length, they will transition to outpatient and transitional service modalities.

In FY 2019-20, there were 190 referrals received for STAR and 64 consumers received services. The number of referrals received exceeded the goal of 50 referrals. Of these participants, 31 consumers received services for a period of 12 months or more and 87% of consumers successfully transitioned to a lower level of care. In addition, 26% of consumers successfully completed and graduated from the STAR program. Furthermore, there was an 89% reduction in jail days and a 100% reduction in hospitalizations of STAR consumers.

During this fiscal year, STAR continued to work closely with the Mental Health Courts by providing feedback on potential consumer's appropriateness and readiness to enter the STAR program. STAR also provided feedback on accepted participants' progress based on evaluating various consumer 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.

In addition to meeting the above-mentioned measurable outcome objectives for STAR, ACJ has set the following measurable outcome objectives for CHOICE:

- CHOICE will process 1,500 referrals for potential consumers
- 50% of potential consumers will be referred to the Alcohol and Drug Counselor for Substance Use Disorder Assessment and Referral
- Of the San Bernardino County probationers referred for a SUD screening, 180 consumers will engage in CHOICE SUD treatment services
- During treatment, 50% of consumers will demonstrate successful community integration by obtaining employment or participating in job training or an educational program

For FY 2019-20, the CHOICE program processed 2,230 referrals with 30% of these consumers referred to the Alcohol and Drug Counselor for Substance Use Disorder (SUD) Assessment and Referral Program. Of those referred, 166 consumers enrolled in CHOICE SUD treatment services.

The CHOICE program has data collection tools in place to collect information on consumer's successful community integration and will have reported outcomes for FY 20/21 once the fiscal year has ended.

### **(c) Program Description**

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 participants 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 participants; (b) reduce the incarceration rate and psychiatric hospitalizations of individuals with a history of repeat offenses and incarceration; and (c) maintain participants in the least restrictive mental health environment consistent with the previous two objectives.

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 Criminal Justice 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 along 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.

Participants in the outpatient modalities for CHOICE receive screening and assessment, treatment planning, individual/group therapy, psychiatric services, medication support, and substance use disorder treatment.

#### **(d) Cultural Competency**

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 and at every level of the organization, including contract agencies. The OEI develops, implements, 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. The Department of Behavioral Health 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.

#### **(e) Target Population**

The STAR program provides services to a minimum of 60 consumers, 18 years of age or 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 provides services to a minimum of 150 consumers, 18 years of age or 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.

**(f) Staffing Chart**

<b>Title of Position</b>
Mental Health Clinic Supervisor
Clinical Therapist II
Alcohol and Drug Counselor
Office Assistant III

**(g) Designated Peer Review Representative**

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program.

**(h) Implementation Plan**

This program is already in existence.

**(i) Program Evaluation**

The STAR program will be evaluated using the Data Collection and Reporting (DCR) System which is designed to measure performance and accountability of Full Services Partnership (FSP) programs. The FSP DCR is designed to measure outcomes at the individual consumer tracking level. The initial assessment provided is called the Partnership Assessment Form (PAF). Key event tracking and quarterly assessments are also completed. Both the CHOICE and STAR programs are reviewed on an annual basis with a standard evaluation tool. Staff is provided feedback and any deficiencies are noted and expected to be corrected within a specified time. As appropriate, follow up reviews are conducted. All related documentation is submitted to the grant coordinator.

**(j) Olmstead Mandate and the MHBC**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage

Transitional Services (TTS) team, housed within the County hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **CO-OCCURRING RESIDENTIAL FOR CONSUMERS INVOLVED IN THE CRIMINAL JUSTICE SYSTEM**

### **(a) Statement of Purpose**

Co-Occurring Residential Services for consumers suffering from a behavioral health condition and co-occurring substance use disorder provide excellent consumer and family-driven evidence-based residential substance use disorder (SUD) and mental health services. The Department of Behavioral Health (DBH) has contracted with Cedar House Life Change Center, which is defined as a substance use disorder residential treatment residential facility, to provide SUD treatment services for criminal justice involved consumers. Cedar House provides evidence-based treatment and meets the complicated needs of the co-occurring population while working in coordination with the DBH Supervised Treatment After Release (STAR), Community Supervised Treatment After Release (CSTAR), and Choosing Health Options to Instill Change and Empowerment (CHOICE) programs. Cedar House collaborations with DBH, Children and Family Services, Transitional Assistance Department, Law Enforcement, Jail Services, Department of Probation, Public Defender's Office, District Attorney's Office, Arrowhead Regional Medical Center, San Bernardino Behavioral Health Patients' Rights, family members, and other community partners. Interaction with each agency occurs as appropriate to maintain consumers successfully in the program and aid in healthy aftercare service delivery.

### **(b) Measurable Outcome Objectives**

- 24 consumers will receive Co-Occurring Residential Treatment services.
- 30% of consumers will be diverse in population.
- 75% of consumers will engage in co-occurring recovery services.

Placement measures adjusted within DBH with the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) in the FY 2019-20. These changes resulted in the reduction of consumer placement into Cedar House as the waiver mandated the assessment and placements into residential SUD treatment to undergo process evaluations. ACJ anticipates an increase consumer services through active participation in Cedar House Co-Occurring Residential Treatment for the FY 20-21 with the implementation of new placement measures. Outcome data for this period will be reported at the close of the fiscal year.

### **(c) Program Description**

The Adult Criminal Justice (ACJ) program has contracted with Cedar House for the provision of SUD treatment services for STAR and CHOICE program consumers who have co-occurring disorders. Due to the California Drug Medi-Cal Organized Delivery System (ODS) Waiver and subsequent programming changes, effective March 1, 2018, consumer evaluation and placement into residential SUD services is now authorized through the American Society of Addiction Medicine (ASAM) SUD diagnostic criterion and level of care suitability. Cedar House will provide basic support, which includes room and board, 24/7 supervision, transportation, group counseling, and psychiatric medication management for consumers who have co-occurring disorders. The program is geared toward the reduction of psychiatric symptoms, improvement in community functioning, and decreasing incidents of substance use. ACJ STAR and CHOICE programs will provide mental health treatment services to consumers placed at Cedar House and work in collaboration to provide essential consumer driven care. A multidisciplinary treatment team,

which includes the Chief Executive Officer for Cedar House, participates as an advocate for consumers and collaborates with family to help consumers maximize recovery, reduce recidivism into the criminal justice system, reduce recidivism into psychiatric hospitals, and increase maintenance in the community setting. Cedar House employees work in collaboration with the ACJ team toward the reduction of symptoms and increased functioning relating to a severe behavioral health condition and a co-occurring substance use related disorder.

#### **(d) Cultural Competency**

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 and at every level of the organization, including contract agencies. The OEI develops, implements, 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. The Department of Behavioral Health 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.

#### **(e) Target Population**

A total population of at least **24** consumers are to receive services in the Cedar House residential facility who have co-occurring mental health and substance use disorders.

#### **(f) Designated Peer Review Representative**

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program.

#### **(g) Implementation Plan**

This program is already in existence.

#### **(h) Program Evaluation**

DBH provides ongoing monitoring of their Adult Programs through DBH's Quality Management (QM) Unit. QM conducts routine documentation reviews to ascertain compliance with Medi-Cal requirements. In addition, program supervisory staff conducts ongoing clinic reviews of treatment plans and peer reviews of consumer charts. Supervisory and lead staff provides review annually using a program evaluation tool. Additionally, statistical and productivity reports are submitted and reviewed on a monthly basis. The staff are provided feedback and identification of any deficiencies which must be addressed within a specified period. A plan of correction is required and a follow up review is conducted as appropriate to ensure deficiencies have been addressed. All related review documents are submitted to the grant coordinator.

**(i) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMDs), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **HOUSING SOLUTIONS PROGRAM**

### **(a) Statement of Purpose**

The Department of Behavioral Health (DBH) Housing Solutions Program provides community based intensive case management for those consumers who are living in an emergency homeless shelter and for those that are moving from homelessness into Permanent Supportive Housing. These consumers may have frequent psychiatric hospitalizations, incarcerations, and lengthy hospital stays while waiting for available housing. It is important to support these consumers experiencing severe mental illness and homelessness to stabilize and link to supportive treatment programs and community supports (e.g., employment services, benefits assistance, medical and dental care) as they work 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 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 consumers increase self-efficacy and stability.

### **(b) Measurable Outcome Objectives**

- Increase Safe and Permanent Housing by 25%
- Increase Income (SSI or Employment) by 50%
- Increase linkages for all seriously mentally ill consumers to medical and dental by 25%

In FY 2019-20, the Housing Solutions Program experienced a 20% reduction in homelessness as a result of the case management and linkages to services. During this past year, the Housing Solutions Program's goal shifted to focus on emergency shelter beds that had been providing shelter to homeless severely mentally ill consumers that are linked or willing to be linked to DBH services. Income increased by 60% in FY 2019-20. Also, 66% of those in shelter are in the process of being approved for SSI. Many received denials and were linked to contracted advocates to assist them with appeals. This small increase is most likely due to services closing due to the impact of COVID-19. Additionally, the number of linkages to medical and dental did not increase from past years. This was largely due to the effects of COVID-19 and the client's resistance in engaging in new services.

### **(c) Program Description**

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

Consumers are also assessed and entered into the County's Coordinated Entry System for housing resources and into the Homeless Management Information System database. When available, housing resources are matched to consumers.

Housing Solutions utilizes their assigned vehicle to transport consumers 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. Additionally, the Housing Solutions Program team has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the Housing Solutions Program staff will be the only program to utilize their assigned vehicle.

**(d) Cultural Competency**

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 and at every level of the organization, including contract agencies. The OEI develops, implements, 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. The Department of Behavioral Health 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.

**(e) Target Population**

The target population for this program includes 175 consumers that have a primary diagnosis of moderate to severe mental illness and may have a secondary diagnosis of substance use disorder who are chronically homeless or literally homeless. The target population includes transitional age youth, which includes pregnant and/or mothering youth; adults; and individuals 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.

**(f) Staffing Chart**

<b>Title of Position</b>
Clinical Therapist II
Program Specialist I
Office Assistant III

**(g) Designated Peer Review Representative:**

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department’s Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program.

**(h) Implementation Plan**

This program is already in existence.

**(i) Program Evaluation**

Internal review will be in compliance with state DHCS and DBH regulations. An on-site Annual Program Review is completed for each year grant monies are received. During the audit, any areas needing

improvement or issues of noncompliance are identified. Programs are required to propose corrective remedies by a specified timeframe. Follow up reviews are conducted to ensure corrections have been implemented as appropriate. Plans of correction and related documents are submitted to the grant coordinator.

**(j) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMDs), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **LAKESIDE SPECIAL CARE**

### **(a) Statement of Purpose**

The Lakeside Special Care program provides 24-hour skilled nursing services for those with psychiatric needs and severe medical issues. There are a growing number of consumers who are experiencing a behavioral health condition and a complex medical condition. Prior to this program's implementation, there were minimal options for these consumers with many of them placed in a higher level of care, such as a State Hospital or Institution for Mental Disease (IMD). This program is a specialized Skilled Nursing Facility (SNF) that addresses the needs of consumers with a severe behavioral health condition, a co-occurring severe medical condition, and/or prior history of criminal justice involvement. In order to fill a gap in services and address disparities in the mental health system, this program provides an alternative to State Hospital placement at a rate less costly. The consumer's placement is funded through Medi-Cal as the consumer's primary medical condition meets medical necessity for a SNF level of care. This program has extensive collaboration with DBH, San Bernardino County Public Guardian's office, Arrowhead Regional Medical Center, Transitional Assistance Department, Institutions for Mental Disease (IMDs), Veterans Administration, Adult Protective Services, Community Care Licensing, Law Enforcement, Public Defender's Office and family members to ensure consumers are receiving applicable life resources and support. Additionally, the Lakeside program ensures mental health care is consumer driven through the inclusion of consumers in the development of their treatment plans.

### **(b) Measurable Outcome Objectives**

- 50% of consumers will be released from a higher level of care
- 60% of consumers admitted to Lakeside will not be readmitted to a long term locked facility
- 50% of consumers will not be admitted to acute medical hospitals
- Timely access to the appropriate level of care based on the consumer's current level of functioning

For FY 2019-20, there were a total of 6 consumers receiving services at the Lakeside facility. 100% of which were placed from a higher level of care, including IMDs, State Hospitals, and acute psychiatric hospitals. 100% of consumers were not readmitted to a long-term locked facility and maintained their placement, meeting the outcome objective defined above. Of the 6 consumers, 0 required medical attention from an acute medical hospital and 100% required no acute medical hospitalization, surpassing the objective outlined above. Monthly visits to Lakeside increases timely access to the appropriate level of care based on the consumer's current level of functioning and treatment team determination that consumer is ready for discharge to a lower level of care. Of the 6 consumers placed at Lakeside during FY 2019-20, 2 consumers transitioned to a lower level of care, including Enhanced Board and Care.

### **(c) Program Description**

Consumers served by Lakeside Special Care Center are those individuals that have both a serious mental health as well as physical health complications. The combination of addressing both needs allow for consumers to be appropriately served in a lower level of care, yet still meet the needs of the whole person. This program ensures consumers understand that mental health is essential to their overall health by taking the whole-person care approach to their treatment. Many facilities designed to assist with higher levels of psychiatric conditions are not able to serve consumers with more severe medical needs, thus inadvertently requiring those individuals to be referred for State Hospitalization. The alternative of serving consumers at

Lakeside Special Care has allowed for the needs of some medically and psychiatrically compromised consumers to be served outside the highest level of care (State Hospitalization).

The program provides continual 24-hour monitoring and specialized healthcare services by doctors, nurses, healthcare aides, social workers, and activity coordinators for consumers who are experiencing a severe behavioral health condition in addition to their medical condition to assist in their rehabilitation. The placement is funded through Medi-Cal as the consumer's medical condition is primary and meets medical necessity for a SNF level of care. Enhanced staffing at the site provide crisis intervention and groups to enhance the consumer's behavioral health condition including skill building and Activities of Daily Living (ADL), which are strength-based and focused on maximizing the consumer's functioning with the goal of discharging to a lower level of care. DBH Adult Continuing Care Program (ACCP) Long Term Care (LTC) collaborates with this program providing on-going case management services including, but are not limited to, referral activities, linkage and consultation, treatment team participation, and discharge planning.

#### **(d) Cultural Competency**

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 and at every level of the organization, including contract agencies. The OEI develops, implements, 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. The Department of Behavioral Health 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.

#### **(e) Target Population**

Lakeside Special Care services will serve up to 4 individuals at any one time. These consumers include those who have a severe behavioral health condition and co-occurring medical condition who cannot maintain stability at a lower level of care such as a non-augmented skilled nursing facility or augmented board and care home.

#### **(g) Designated Peer Review Representative**

Christina M. Entz, LCSW Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program.

#### **(h) Implementation Plan**

This program is already in existence.

**(i) Program Evaluation**

Internal review will be in compliance with state DHCS and DBH regulations. An on-site Annual Program Review is planned, focusing on program services and meeting consumer needs, for each year grant monies are received. Following the initial review, any areas needing improvement or issues of noncompliance will be identified. The Program will be required to propose corrective remedies within a specified time frame. A follow up review will be conducted as appropriate to ensure corrections have been implemented. The program review and all related documents will be submitted to the grant coordinator. Additionally, the contractor is required to submit monthly data reports to DBH, which are reviewed and analyzed for outcome requirements.

**(j) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutes for Mental Disease (IMDs), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **PREMIER PROGRAM**

### **(a) Statement of Purpose**

The Department of Behavioral Health (DBH) Premier Program assists consumers admitted in the local acute psychiatric hospitals experiencing a first episode behavioral health condition. 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. 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 consumers 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 consumers 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 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 consumers to understand the importance of the impact of mental health on their overall health, avoid recidivism and maximize quality of life.

### **(b) Measurable Outcome Objectives**

- 50% of consumers participating in the program will move to a lower level of care upon exit from the program.
- 30% of consumers participating in the program will not be admitted to an acute psychiatric hospital within the first 60 days of program participation.
- 50% of consumers participating in the program will not be admitted to an acute psychiatric hospital in the first year of program participation.
- Improved functioning, reduction of symptom distress, and increase of building social support (ANSA).

For FY 2019-20, 11 consumers participated in the Premier Program. All program participants were referred during an acute psychiatric hospital admission or by other DBH programs. Of the 6 consumers who were discharged from the program during this fiscal year, 5 (83%) discharged to a lower level of care. Of the 11 consumers served, none had an acute psychiatric hospitalization within the first 60 days; therefore, 100% of the consumers did not require a return psychiatric hospitalization within 60 days. Of the 11 consumers participating in the Premier Program during this fiscal year, 10 (90%) did not require admission, to an acute psychiatric hospital within the first year of entering the program. The ANSA was not consistently utilized with the consumers in this program; however, it is now in regular use, and data will be available for the next fiscal year on the final goal.

The target population for this program consists of **15** adult consumers between the ages of 18 and 30 who are experiencing an initial severe behavioral health episode, which may include a co-occurring substance

use disorder. Only 11 adult consumers were served this year as admissions were temporarily ceased for 4 months due to the COVID-19 pandemic.

### **(c) Program Description**

The Premier Program offers intensive medication support services, psychotherapy, psychoeducation, and case management services with the goal of stabilization and avoidance of 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 consumer 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 consumer's care, with the ultimate goal of assisting the consumer to obtain increased independence and autonomy in the community. The program staff utilizes its vehicle to assist with this transportation or connection to placement. The team has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the Premier staff will be the only program to utilize their assigned vehicle. 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 consumer 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 consumer and family driven services. The staff of the Premier program are frequently responsible for transporting consumers to appointments in the community for medical care, work or educational related activities, as well as to job fairs and other community-based events.

### **(d) Cultural Competency**

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 and at every level of the organization, including contract agencies. The OEI develops, implements, 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. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that are 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.

**(e) Target Population**

The target population for this program consists of 15 adult consumers between the ages of 18 and 30 who are experiencing an initial severe behavioral health episode including a co-occurring substance use disorder.

**(f) Staffing Chart**

<b>Title of Position</b>
MH Clinic Supervisor
Social Worker II
Clinical Therapist I
Peer & Family Advocate III
Clinical Therapist II

**(g) Designated Peer Review Representative**

Christina Entz, LCSW Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program.

**(h) Implementation Plan**

This program began July 2015 and fully operational.

**(i) Program Evaluation**

Internal review will be in compliance with state DHCS and DBH regulations. An on-site Annual Program Review is completed for each year grant monies are received. Following the initial review, any areas needing improvement or issues of noncompliance items are identified. Programs are required to propose corrective remedies and implement correction plans within specified timeframes. As appropriate, a follow up review is conducted to ensure corrections are in place. The review and any related correction documentation is all submitted to the grant coordinator.

**(j) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service

consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMDs), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **TRIAGE, ENGAGEMENT, AND SUPPORT TEAMS (TEST)**

### **(a) Statement of Purpose**

The Triage, Engagement, and Support Teams (TEST) provide intensive crisis case management services to unserved/underserved residents of San Bernardino County in a consumer and family driven approach. 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 includes DBH clinical and paraprofessionals located in partnered sites across the county with TEST staff co-located within twenty-nine (29) entities throughout the community, including: Fifteen (15) San Bernardino County Sheriff's Department stations, eight (8) local police departments throughout the County, three (3) hospital emergency departments, San Bernardino County Public Defender's Office, San Bernardino County Probation, Victor Valley Community College, and California State University San Bernardino. The TEST program offers community-based crisis intervention and intensive case management to connect consumers 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. TEST staff work collaboratively with other community agencies and San Bernardino County Department of Behavioral Health (DBH) programs to ensure that consumers are connected to the necessary services enabling them to address their overall health and maintain stability in their community.

### **(b) Measurable Outcome Objectives**

- 50% of crisis encounters will result in diversion from acute involuntary psychiatric hospitalization with 100% referral to alternative crisis intervention
- 50% increase in use of DBH Outpatient Mental Health Services and/or Alcohol & Drug Services.

For FY 2019-20, TEST responded to 6,390 calls. Of which, 528 were crisis intervention calls and 434 (82%) of those calls, the consumer was diverted from hospitalization. One hundred percent (100%) of consumers not hospitalized were referred to an alternative crisis intervention resource. TEST consumer outcomes were calculated utilizing a 180-day pre/post period prior to episode start/end date. TEST consumers experienced an increase of 78.73% use of residential services and a 126.38% increase in DBH Outpatient Services.

### **(c) Program Description**

The TEST program provides crisis intervention and support services to consumers experiencing behavioral health crises in the community. TEST staff are co-located within twenty-nine (29) 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. TEST also provides follow-up intensive case management services to link consumers 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; case management; collateral contacts; referrals and linkage to community resources and providers; family and caretaker education; consumer advocacy; education and support to

law enforcement and community partners, thereby ensuring screening, assessment and referral to services are common practices. TEST utilizes their assigned vehicle to transport consumers 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. Additionally, TEST has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the TEST staff will be the only program to utilize their assigned vehicle.

The General Service Worker II (GSW II) will provide transportation to individuals throughout San Bernardino County, specific to linking consumers to necessary treatment including mental health, substance abuse, and court appointments. This position will also assist to law enforcement in transporting consumers to a Lanterman-Petris Short (LPS) Designated Facility evaluated and determined to meet the WIC 5150 criteria for a psychiatric hold.

**(d) Cultural Competency**

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 and at every level of the organization, including contract agencies. The OEI develops, implements, 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. The Department of Behavioral Health 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 four (4) hours of cultural competency training annually.

**(e) Target Population**

In FY20/21 the target population for this program includes 2,675 children, TAY, adult, and older adults who experience a behavioral health crisis, receive case management or other supportive services in San Bernardino County and have an encounter with one of the TEST co-location site agencies. In FY 21/22, the projected total number of crisis, case management, and other support services provided to the target population is 6,500 consumers. Of this number, the projected number of consumers served with MHBG funds will be 300 consumers.

**(f) Staffing Chart**

<b>Title of Position</b>
Social Worker II
General Service Worker II

**(g) Designated Peer Review Representative**

Christina M. Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department’s Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program

#### **(h) Implementation Plan**

This program is already in existence and the additional funding would be utilized for program expansion.

#### **(i) Program Evaluation**

Internal review will be conducted on an annual basis with a standard evaluation tool to ensure that TEST is in compliance with state DHCS and DBH regulations. Program staff will be provided feedback and any deficiencies will be noted and expected to be corrected within a specified time. As appropriate, follow up reviews will be conducted. All related documentation will be submitted to the grant coordinator.

#### **(j) Olmstead Mandate and the MHBG**

The San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy and treatment for co-occurring disorders and deter an acute psychiatric hospitalization. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMDs), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

## **PLACEMENT AFTER STABILIZATION (PAS)**

### **(a) Statement of Purpose**

The Placement After Stabilization (PAS) program provides discharge planning and acts as a liaison to placement for consumers who are receiving residential treatment at each of the four (4) Crisis Residential Treatment (CRT) facilities throughout San Bernardino County including Victorville, Fontana, San Bernardino, and Morongo Valley. The PAS program's purpose is to ensure consumers successfully reintegrate into their community, thereby reducing recidivism into psychiatric crisis services. The PAS staff are co-located at each of the four (4) 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 consumers to provide up-to-date information regarding their discharge plan. This 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 consumers to maintain self-sufficiency, succeed in their overall wellness, increase housing stability, and successfully reintegrate into the community.

### **(b) Measurable Outcome Objectives**

- 50% of the consumers transitioning from Crisis Residential Treatment facilities into a community placement will not require acute psychiatric hospitalization for the initial 60 days after placement.
- 50% of the consumers who remain in the program long enough to receive discharge services will be successfully discharged to safe and sustainable community placements.

In Fiscal year 2019-20, a total of 536 consumers were served throughout the CRTs. Of these, 331 remained in the CRT program long enough to receive discharge services and 89% (N=294) successfully discharged to safe and sustainable community placements. The data for return to acute psychiatric hospitalization has not historically been tracked, but will going forward.

### **(c) Program Description**

The PAS Program provides discharge planning for consumers who are receiving treatment at each of the four (4) contracted CRT facilities throughout San Bernardino County. PAS staff are co-located at each CRT site working closely with CRT facility staff and consumers to seamlessly transition discharging consumers back to their community. PAS staff provide an assessment of the consumer'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 consumer's stability once discharged from the CRT. While the specific level of care for each consumer 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 consumer, utilize a strength-based approach.

In addition, community aftercare case management is also provided to those consumers discharging from the CRT who do not have the financial resources or entitlements to sustain housing and transition to emergency shelter care. This PAS case manager, who has been working with the consumer prior to discharge from the CRT, is familiar with the consumer's community plan providing follow up intensive

case management services to ensure consumer follows up with the community reintegration discharge plan and to assist with any barriers in the consumer accessing care. This includes assisting the consumer with Social Security appointments, ongoing medical and behavioral health treatment appointments, collaborating with shelter providers, linking to other community resources, and coordinating transportation.

**(d) Cultural Competency**

The Office of Equity and Inclusion (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. 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.

**(e) Target Population**

The PAS Program will provide services to 300 adult consumers who are currently residing, being treated, and successfully discharge from a CRT.

**(f) Staffing**

<b>Title of Position</b>
Clinical Therapist II

**(g) Designated Peer Review Representative**

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services Programs will serve as the Department's Peer Review Representative during Fiscal Year 2021-2022. The Department of Behavioral Health Program Managers will directly monitor each regional program.

**(h) Implementation Plan**

This program is already in existence; however, the additional funding will allow for program expansion.

**(i) Program Evaluation**

Internal review will be in compliance with state DHCS and DBH regulations. An on-site Annual Program Review is completed for each year grant monies are received. Following the initial review, feedback is provided to Program staff. The Program staff address the areas needing improvement and submit a plan of correction within a specified timeframe. The final review and plan of correction are maintained by the grant coordinator. As appropriate, there is a follow-up meeting to ensure corrections were made.

**(k) Olmstead Mandate and the MHBG**

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring disorders, in an effort to deter acute psychiatric hospitalizations. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has contracted Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Adult Continuing Care Program (ACCP) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutions for Mental Disease (IMDs), Mental Health Rehabilitation Centers, Skilled Nursing Facilities, and State Hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

SIGNED AGREEMENTS (ATTACHMENT 1)

SFY 2021-2022 MHBG County Application

Enclosure 4  
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**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).

SFY 2021-2022 MHBG County Application

Enclosure 4  
Page 2 of 4

(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.

SFY 2021-2022 MHBG County Application

Enclosure 4  
Page 3 of 4

**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

SFY 2021-2022 MHBG County Application

Enclosure 4  
Page 4 of 4

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.

06/22/21

<hr/> <b>Signature of Official Authorized to Sign Application</b>	<hr/> <b>Date</b>
Veronica Kelley	San Bernardino
<hr/> <b>Print Name/Title</b>	<hr/> <b>County</b>

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

SFY 2021-2022 MHBG County Application

Enclosure 4  
Page 4 of 4

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.

<small>(DocuSigned by:</small>	
	06/22/21
<small>B128EF1A85354ED</small>	
<b>Signature of Official Authorized to Sign Application</b>	<b>Date</b>
Veronica Kelley	San Bernardino
<b>Print Name/Title</b>	<b>County</b>

SIGNED CERTIFICATIONS (ATTACHMENT 2)

SFY 2021-2022 MHBG County Application

Enclosure 5  
Page 1 of 2

### **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 grant funds will be used to pay an individual salary at a rate in excess of \$199,300 per year, not including benefits.

#### **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.

SFY 2021-2022 MHEG County Application

Enclosure 5  
Page 2 of 2

**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.

DocuSigned by:  
  
0120EF1A862642D

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<b>Signature of Official Authorized to Sign Application</b>	<b>Date</b>
Veronica Kelley	06/22/21
<b>Print Name/Title</b>	<b>County</b>
Veronica Kelley	San Bernardino

SFY 2021-2022 MHEG County Application

Enclosure 5  
Page 2 of 2

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.
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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.

06/22/21

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**Signature of Official Authorized to Sign Application**

**Date**

Veronica Kelley

San Bernardino

---

**Print Name/Title**

**County**

PROGRAM DATA SHEETS (ATTACHMENT 3)

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

<b>SFY 2021-2022</b> <b>MHBG Program Data Sheet</b>
--

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

County: San Bernardino

Program Title: Juvenile Justice Community Reintegration (JJCR) (Base - Children's) 9208171000

Program Contact: Christina Entz

Email: centz@dbh.sbcounty.gov

Phone: 909-421-9435

MHBG Funding Level: \$ 495,777.00

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

SMI Adult (18-59)	
SMI Older Adult (60+)	
SED Child (0-17)	125

**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	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

<b>SFY 2021-2022</b> <b>MHBG Program Data Sheet</b>
--

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 (Base - Adults) 9209161000  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 770,637.35

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

SMI Adult (18-59)	60
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

**SFY 2021-2022  
 MHBG Program Data Sheet**

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

County: San Bernardino  
 Program Title: Cedar House Co-Occurring Residential Care (Dual Diagnosis) 9209181000  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 342,767.00

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

SMI Adult (18-59)	130
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
Enclosure 6

<b>SFY 2021-2022</b> <b>MHBG Program Data Sheet</b>
--

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

County: San Bernardino  
 Program Title: Therapeutic Alliance Program (TAP) (Dual Diagnosis) 9209171000  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 594,487.73

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

SMI Adult (18-59)	130
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

<b>SFY 2021-2022</b> <b>MHBG Program Data Sheet</b>
--

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

County: San Bernardino  
 Program Title: Enhanced Board and Care (Base - Adults) 9209181000  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 1,182,360.00

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

SMI Adult (18-59)	82
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

<b>SFY 2021-2022</b> <b>MHBG Program Data Sheet</b>
--

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

County: San Bernardino  
 Program Title: Adult Criminal Justice (Base - Adults) 9208042200  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 540,402.10

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

SMI Adult (18-59)	210
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

**SFY 2021-2022  
 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 for Consumers Involved in the Criminal Justice System (Dual Di  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 124,976.00

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

SMI Adult (18-59)	24
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

<b>SFY 2021-2022</b> <b>MHBG Program Data Sheet</b>
--

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

County: San Bernardino  
 Program Title: Housing Solutions Program (Base - Adults)  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 234,612.50

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

SMI Adult (18-59)	175
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

**SFY 2021-2022  
 MHBG Program Data Sheet**

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

County: San Bernardino  
 Program Title: Lakeside Special Care (Base - Adults) 9209181000  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 214,801.00

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

SMI Adult (18-59)	4
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
Enclosure 6

**SFY 2021-2022  
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 (FEP Set-Aside)  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 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)

SMI Adult (18-59)	15
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

<b>SFY 2021-2022</b> <b>MHBG Program Data Sheet</b>
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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) (Base - Adults) 9209102200  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 228,564.00

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

SMI Adult (18-59)	300
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

State of California - Health and Human Services Agency

Department of Health Care Services  
 Enclosure 6

<b>SFY 2021-2022</b> <b>MHBG Program Data Sheet</b>
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Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County: San Bernardino  
 Program Title: Placement After Stabilization (PAS) (Base - Adult)  
 Program Contact: Christina Entz  
 Email: centz@dbh.sbcounty.gov  
 Phone: 909-421-9435

MHBG Funding Level: \$ 64,562.32

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

SMI Adult (18-59)	300
SMI Older Adult (60+)	
SED Child (0-17)	

**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	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<b>Additional Comments:</b>		

## FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEETS

State of California - Health and Human Services Agency  
 Version 1.1

Department of Health Care Services  
 Enclosure 9

SFY 2021-2022  
**MHBG FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET**

Complete the FEP Program Data Sheet with the information requested below.

County: San Bernardino  
 FEP Program Title: Premier  
 Program Contact: Christina Entz  
 E-mail: centz@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 7/1/2019 To 6/30/2020	
Please identify the total number of FEP programs your county is administering (all funding sources)	1
Please identify the total number of FEP programs <i>by unique site location</i> your county is administering (all funding sources)	1
Please identify the total number of FEP programs your county is administering (MHBG-funded only, even if partial)	1
Please identify the total number of FEP programs <i>by unique site location</i> your county is administering (MHBG-funded only, even if partial)	1
Number of Adult Admissions into CSC Services During FY	11
Current Number of Adults with FEP Receiving CSC FEP Services	4
Number of Child/Adolescent Admissions into CSC Services During FY	0
Current Number of Children/Adolescents with FEP Receiving CSC FEP Service	0
Do You Monitor Fidelity for This Service? (Check One)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
What Fidelity Measure Do You Use?	First Episode Psychosis Svc Fidelity Scale
Who Measures Fidelity?	Premier Clinic Supervisor
How Often is Fidelity Measured?	Annually
Has Staff Been Specifically Trained to Implement the CSC EBP? (Check One)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**PROGRAM BUDGETS**

State of California - Health and Human Services Agency

Department of Health Care Services

SFY 2021-2022 v1.1

Current ICR 25.99% Enclosure 7

<b>Federal Grant Detailed Program Budget</b>
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TYPE OF GRANT	Mental Health Block Grant	SFY	2021-22
COUNTY	San Bernardino	Submission Date	

Fiscal Contact	Kevin Bunch	Phone	909-388-0835
Email Address	<a href="mailto:kbunch@dbh.sbcounty.gov">kbunch@dbh.sbcounty.gov</a>		

Program Contact	Christina Entz	Phone	909-421-9435
Email Address	<a href="mailto:centz@dbh.sbcounty.gov">centz@dbh.sbcounty.gov</a>		

<b>Program Name</b>	<b>Juvenile Justice Community Reintegration (JJCR) (Base - Children's) 9208171000</b>		
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Summary		Category	Amount
	Staff Expenses	\$	486,888.50
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	7,888.50
	Travel	\$	-
	Other Expenses	\$	1,000.00
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>495,777.00</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>495,777.00</b>

I. Staffing Itemized Detail				
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Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Alcohol & Drug Counselor	\$ 50,897.00	0.750	\$ 38,022.75
Staff Expenses	Alcohol & Drug Counselor	\$ 61,701.00	1.000	\$ 61,701.00
Staff Expenses	Clinical Therapist II	\$ 93,835.00	0.500	\$ 46,917.50
Staff Expenses	Office Assistant III	\$ 38,253.00	0.500	\$ 19,126.50
Staff Expenses	Social Worker II	\$ 67,923.00	0.500	\$ 33,961.50
Staff Expenses	Social Worker II	\$ 57,019.00	0.500	\$ 28,509.50
Staff Expenses	Staff Analyst II	\$ 69,573.00	0.500	\$ 34,786.50
Staff Expenses	MH Clinic Supervisor	\$ 104,365.00	0.250	\$ 26,091.25
Staff Expenses	Peer & Family Advocate II	\$ 34,244.00	0.250	\$ 8,561.00
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -





State of California - Health and Human Services Agency

Department of Health Care Services

SFY 2021-2022 v1.1

Current ICR

25.99% Enclosure 7

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	Mental Health Block Grant	<b>SFY</b>	2021-22
<b>COUNTY</b>	San Bernardino	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Kevin Bunch	<b>Phone</b>	909-388-0835
<b>Email Address</b>	<a href="mailto:kbunch@dbh.sbcounty.gov">kbunch@dbh.sbcounty.gov</a>		

<b>Program Contact</b>	Christina Entz	<b>Phone</b>	909-421-9435
<b>Email Address</b>	<a href="mailto:centz@dbh.sbcounty.gov">centz@dbh.sbcounty.gov</a>		

**Program Name** Adult Continuing Care Program Long Term Care (Base - Adults) 9209161000

Summary		Category	Amount
	Staff Expenses	\$	665,637.35
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	6,000.00
	Travel	\$	15,000.00
	Other Expenses	\$	84,000.00
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>770,637.35</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>770,637.35</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Mental Health Clinic Supervisor	\$ 103,005.00	0.200	\$ 20,601.00
Staff Expenses	Clinical Therapist I	\$ 56,727.00	1.000	\$ 56,727.00
Staff Expenses	Clinical Therapist I	\$ 71,598.00	1.000	\$ 71,598.00
Staff Expenses	Office Assistant III	\$ 35,240.00	1.000	\$ 35,240.00
Staff Expenses	Clinical Therapist II	\$ 71,803.00	0.500	\$ 35,901.50
Staff Expenses	Social Worker II	\$ 67,923.00	1.000	\$ 67,923.00
Staff Expenses	Mental Health Specialist	\$ 58,258.00	1.000	\$ 58,258.00
Staff Expenses	Mental Health Specialist	\$ 47,962.00	1.000	\$ 47,962.00
Staff Expenses	Staff Analyst II	\$ 64,622.00	0.250	\$ 16,155.50
Staff Expenses	General Service Worker II	\$ 32,359.00	0.250	\$ 8,089.75
Staff Expenses	General Service Worker II	\$ 32,359.00	0.250	\$ 8,089.75
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -











State of California - Health and Human Services Agency

Department of Health Care Services

SFY 2021-2022 v1.1

Current ICR

25.99%

Enclosure 7

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	Mental Health Block Grant	<b>SFY</b>	2021-22
<b>COUNTY</b>	San Bernardino	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Kevin Bunch	<b>Phone</b>	909-388-0835
<b>Email Address</b>	<a href="mailto:kbunch@dbh.sbcounty.gov">kbunch@dbh.sbcounty.gov</a>		

<b>Program Contact</b>	Christina Entz	<b>Phone</b>	909-421-9435
<b>Email Address</b>	<a href="mailto:cenz@dbh.sbcounty.gov">cenz@dbh.sbcounty.gov</a>		

**Program Name** Therapeutic Alliance Program (TAP) (Dual Diagnosis) 9209171000

<b>Summary</b>	
Category	Amount
Staff Expenses	\$ 580,288.14
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ 3,200.00
Travel	\$ 2,499.59
Other Expenses	\$ 8,500.00
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 594,487.73</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 594,487.73</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Clinical Therapist II	\$ 93,835.00	1.000	\$ 93,835.00
Staff Expenses	Certified Drug & Alcohol Counselor	\$ 58,426.00	1.000	\$ 58,426.00
Staff Expenses	Certified Drug & Alcohol Counselor	\$ 54,334.00	1.000	\$ 54,334.00
Staff Expenses	Office Assistant II	\$ 36,773.37	0.250	\$ 9,193.34
Staff Expenses	Mental Health Specialist	\$ 52,675.00	1.000	\$ 52,675.00
Staff Expenses	Clinical Therapist I	\$ 71,598.00	1.000	\$ 71,598.00
Staff Expenses	Mental Health Program Mgr I	\$ 85,092.00	0.200	\$ 17,018.40
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -























State of California - Health and Human Services Agency

Department of Health Care Services  
SFY 2021-2022 v1.1

Current ICR 25.99% Enclosure 7

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	Mental Health Block Grant	<b>SFY</b>	2021-22
<b>COUNTY</b>	San Bernardino	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Kevin Bunch	<b>Phone</b>	909-388-0835
<b>Email Address</b>	<a href="mailto:kbunch@dbh.sbcounty.gov">kbunch@dbh.sbcounty.gov</a>		

<b>Program Contact</b>	Christina Entz	<b>Phone</b>	909-421-9435
<b>Email Address</b>	<a href="mailto:centz@dbh.sbcounty.gov">centz@dbh.sbcounty.gov</a>		

**Program Name** Housing Solutions Program (Base - Adults)

<b>Summary</b>	
Category	Amount
Staff Expenses	\$ 202,112.50
Consultant/Contract Costs	\$ -
Equipment	\$ 7,500.00
Supplies	\$ 25,000.00
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 234,612.50</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 234,612.50</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Clinical Therapist II	\$ 76,963.00	1.000	\$ 76,963.00
Staff Expenses	Program Specialist I	\$ 64,561.00	0.500	\$ 32,280.50
Staff Expenses	Office Assistant III	\$ 40,880.00	0.500	\$ 20,440.00
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -





























FUNDING ALLOCATION (Enclosure 1)

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH

State of California Health and Human Services Agency

Department of Health Care Services

Enclosure 1

Community Mental Health Services Block Grant (MHBG)  
State Fiscal Year 2021-2022 Funding Allocation

San Bernardino County	5/17/2021
<b>County Name</b>	<b>Date</b>
073590812	
<b>DUNS</b>	

<b>Proposed Total Allocation</b>	\$5,233,073
<b>Base Allocation</b>	\$4,183,390
<b>Dual Diagnosis Set-Aside</b>	\$610,357
<b>First Episode Psychosis Set-Aside</b>	\$439,126
<b>Children's System of Care Set-aside</b>	NA
<b>Integrated Services Agency Set-Aside</b>	NA

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.

This estimate is the proposed total expenditure level for State Fiscal Year 2021-2022 and is subject to change based on the level of appropriation approved in the State Budget Act of 2021. 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 2021-2022 budget for the provision of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

	06/22/21
<b>County Mental Health Director Signature</b>	<b>Date</b>

Veronica Kelley
<b>Print Name</b>