

Community Mental Health Services Block Grant (MHBG) Biennial Funding Allocation SFY 2026-27 and 2027-28

San Bernardino

County Name

PNJMSCHTMVF7

 Entity Data Detail.pdf is included
SAM Unique Entity Identifier

	SFY 2026-27	SFY 2027-28
Base Allocation	\$4,183,590	\$4,183,590
Dual Diagnosis Set-Aside	\$ 610,357	\$610,357
Early Serious Mental Illness, including First Episode Psychosis Set-Aside	\$439,126	\$439,126
Children's System of Care Set-Aside	\$0	\$0
Integrated Services Agency Set-Aside	\$0	\$0
Proposed Total Allocation	\$5,233,073	\$5,233,073

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

These estimates are the proposed total allocations for State Fiscal Year (SFY) 2026-27 and 2027-28 and are subject to change based on the level of appropriation approved in the State Budget Act of 2026 and State Budget Act of 2027. 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 2026-27 and SFY 2027-28 budget for the provision of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

County Behavioral Health/Mental Health Director Signature**Date**

Joshua Dugas

Print Name



SAN BERNARDINO, COUNTY OF

Unique Entity ID PNJMSCHTMVF7	CAGE / NCAGE 4BSW4	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date May 14, 2027	
Physical Address 385 N Arrowhead AVE FL 2 San Bernardino, California 92415-0103 United States	Mailing Address 385 N Arrowhead AVE 4TH Floor San Bernardino, California 92415-0120 United States	

Business Information

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

Registration Dates

Activation Date May 26, 2026	Submission Date May 14, 2026	Initial Registration Date Mar 3, 2006
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Entity Dates

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

CAGE (blank)	Legal Business Name (blank)
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Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
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Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

N

SAM Search Authorization

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

Yes

Entity Types

Business Types

Entity Structure U.S. Government Entity	Entity Type US Local Government	Organization Factors (blank)
Profit Structure (blank)		

Socio-Economic Types

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

Government Types

U.S. Local Government
County

Other Entity Qualifiers

Hospital

Financial Information

Accepts Credit Card Payments	Debt Subject To Offset
No	No

EFT Indicator	CAGE Code
0000	4BSW4

Points of Contact

Electronic Business

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

Government Business

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

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	921110	Executive Offices

Disaster Response

This entity does not appear in the disaster response registry.

Community Mental Health Services Block Grant Funding Agreements

Public Law 106-310 (Children's Health Act of 2000)

Public Law 102-321; Title II-Block Grants to States Regarding
Mental Health & Substance Abuse

Part B of Title XIX of the Public Health Service Act [42 U.S.C. 300x-1 et seq.]

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

Section 1911

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

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

Section 1912

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

Section 1913

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

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

- (b)(1) The County will provide services under the plan only through appropriate qualified community programs (which may include community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental health primary consumer-directed programs).
- (b)(2) The State agrees that services under the plan will be provided through community mental health centers only if the centers meet the criteria specified in subsection (c).
- (c)(1) With respect to mental health services, the centers provide services as follows:
 - (A) Services principally to individuals residing in a defined geographic area (hereafter in the subsection referred to as a "service area").
 - (B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
 - (C) 24-hour-a-day emergency care services.
 - (D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
 - (E) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission.
- (c)(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.
- (c)(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

Section 1916

- (a) The County involved will not expend the grant-
- (1) to provide inpatient services;
 - (2) to make cash payments to intended recipients of health services;
 - (3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
 - (4) to satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or
 - (5) to provide financial assistance to any entity other than a public or nonprofit private entity.
- (b) The County involved will not expend more than ten percent of the grant for administrative expenses with respect to the grant.

Section 1946 PROHIBITIONS REGARDING RECEIPT OF FUNDS

- (a) Establishment-
- (1) Certain false statements and representation - A person shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made by a State from a grant made to the State under Section 1911 or 1921.
 - (2) Concealing or failing to disclose certain events - A person with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made to a State under Section 1911 or 1921 shall not conceal or fail to disclose any such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such amount is due.
- (b) Criminal Penalty for Violation of Prohibition - Any person who violates any prohibition established in subsection (a) shall for each violation be fined in accordance with Title 18, United States Code, or imprisoned for not more than five years, or both.

Section 1947 NONDISCRIMINATION

(a) In General-

- (1) Rule of construction regarding certain civil rights laws - For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under Section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964, programs and activities funded in whole or in part with funds made available under Section 1911 or 1921 shall be considered to be programs and activities receiving federal financial assistance.
- (2) Prohibition- No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant), or on the grounds of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under Section 1911 or 1921.

(b) Enforcement-

- (1) Referrals to Attorney General after notice: Whenever the Secretary finds that a state, or an entity that has received a payment pursuant to Section 1911 or 1921, has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with and applicable regulation (including one prescribed to carry out subsection (a)(2), the Secretary shall notify the Chief Executive Officer of the state and shall request the Chief Executive Officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the Chief Executive Officer fails or refuses to secure compliance, the Secretary may--
 - (1)(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;
 - (1)(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendment of 1972, or Title VI of the Civil Rights Act of 1964, as may be applicable; or
 - (1)(C) take such other actions as may be authorized by law.

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

County Behavioral Health/Mental Health Director Signature

Date

Joshua Dugas

San Bernardino

Print Name

County

Certifications

CERTIFICATION REGARDING LOBBYING

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

SALARY CAP

The undersigned certifies that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>.

DRUG FREE WORK ENVIRONMENT

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

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

- 1) The prospective lower tier participant certified, by submission of this proposal, that neither it nor its principals or **contracted providers** is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal/application.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

These estimates are the proposed total allocations for State Fiscal Year (SFY) 2026-27 and 2027-28 and are subject to change based on the level of appropriation approved in the State Budget Act of 2026 and State Budget Act of 2027. 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 2026-27 and SFY 2027-28 budget for the provision of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

County Behavioral Health/Mental Health Director Signature

Date

Joshua Dugas

Print Name

ENCLOSURE 4 INSTRUCTIONS

General Instructions:

Please complete one budget per program. Each program budget should go in its own tab (Program 1, Program 2, and so on).

If your county has more than one MHBG funded program, all budgets should be included in one Excel workbook.

Do not alter formulas or formatting. Do not create additional tabs or add lines within the spreadsheets.

If the county requires additional lines in the workbook (e.g., additional staff positions), please contact MHBG@dhcs.ca.gov.

If the county requires additional program tabs (e.g., more than 12 programs are funded by MHBG), please contact MHBG@dhcs.ca.gov.

Only enter data in yellow cells.

For questions or concerns about the application, including issues with formulas or formatting, please contact MHBG@dhcs.ca.gov as soon as possible.

Allocation Sheet: This sheet has your county's full allocation amount. This sheet will auto-populate this information through the rest of the workbook for the county.

Enclosure 4:

Funding Source: On each program tab, select the funding source or sources being used for the associated program and enter the total dollar amount budgeted for the program from that funding source. The summary of these amounts is displayed at the top of the summary sheet.

Program: Report the name of the program and program contact information.

Category: Click the drop-down menu to select a category.

Section II. Select from Consultant/Contract Costs, Equipment, Supplies, Travel, Other Expenses, County Administrative Costs, Other Funding Sources-Non Federal Funds.

Section I: Staffing - Itemized Details

Personnel: Enter each position title for all MHBG-funded positions, including research and evaluation staff, and the annual salary for each position. Enter the Grant Full Time Employment (FTE) percentage. For example, if a position will be working on MHBG-funded activities 75% of the time, enter 0.75. An FTE may not exceed 1.0. Please note that all salaries must align with the **\$228,000 salary cap**. The salary cap does not apply to benefits. Please list benefits as one item for all staff. Per the Substance Abuse and Mental Health Services Administration (SAMHSA), all grant-funded salaries are to be restricted to the salary of Executive Level II of the Federal Executive Pay Scale. For more information, please see:

SAMHSA's Standard Terms and Conditions:

<https://www.samhsa.gov/grants/grants-management/notice-of-award/terms>

The Office of Personnel Management's Executive Pay Scale:

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/26Tables/exec/html/EX.aspx>

Fringe Benefits: Enter the costs of all fringe benefits for ALL personnel.

Section II: Program Expenses Itemized Details

Select categories from drop-down list:

Consultant/Contract Costs

Equipment

Supplies

Travel

Other Expenses

County Administrative Direct Costs

County Administrative Indirect Costs

Other Funding Sources-Federal Funds

Other Funding Sources-Non-Federal Funds

See category definitions below:

Equipment: Equipment shall mean moveable personal property of a relatively permanent nature and of significant value, such as furniture, machines, and tools.

- a. "Relatively permanent" is defined as a useful life of one year or longer.
- b. "Significant value" is defined as a minimum value of \$100 to \$1,000 as established by the County Auditor.

For further reference: California Code of Regulations, Title 9 Section 552:

<https://govt.westlaw.com/calregs/Document/I3EADC5334C6B11EC93A8000D3A7C4BC3>

Supplies: Office, printing, housekeeping, medical, etc.

Travel: Per diem, mileage reimbursements, and vehicle rental/lease.

Other Expenses: List maintenance, rent, utilities, research and evaluation costs other than staff, and any other expenses that are extraordinary and not in any other category.

County Administrative Direct Costs: This amount includes direct administrative costs, such as county overhead and/or the distribution of administrative support, research and evaluation costs other than personnel. (Limited to 5% for MHBG)

Indirect Cost: These costs should be equal to or lower than your county's submitted Indirect Cost Rate (ICR). If the county is using other funds to cover the Indirect Cost Rate expenses for this program, it must still be reported in the budget detail section. However, this will be a zero dollar line item explained with comments in Section II. Itemized Detail. If for some reason there are no indirect costs for a specific program, then simply enter N/A.

Other Funding-Federal Funds: Includes other federal grants (not in MHBG or PATH grant), Medicare/Medicaid, etc.

Other Funding-Non Federal Funds: State and County General Funds, Patient Fees, Third-Party Insurance, Private Grant, etc.

Other Definitions:

Program Maximum Allowable Indirect Costs: The maximum dollar amount for indirect costs is calculated by adding the following line items: staff expenses, consultant/contract costs, equipment, supplies, travel, and other expenses, and then multiplied by your county's certified ICR rate, which is the maximum amount you can claim per program. No other cost or line items should be used while calculating the maximum ICR dollar amount. If your county exceeds the maximum allowable indirect costs dollar amount, the indirect costs 'Amount' field will turn red showing an error. This error will show on both the individual program tabs and the summary tab if the county is over their maximum allowable indirect costs. Revisions need to be made by the county before the application is submitted to DHCS.

Program Maximum Allowable Support Administrative Direct Costs: The maximum dollar amount for county support administrative direct cost is 5% for each program. The county workbook will now calculate this and show the total amount allowable. If a county exceeds this 5% cap, the county workbook will show an error in the cell for administrative direct costs for the program and on the summary sheet for the workbook. If an error is present, the county will need to make the necessary adjustments to this line item before they submit the final application.

For more information, see the Public Health Service Act, Section 523, and the FFY 2026-2027 Combined Block Grant Application Guide

<https://www.govinfo.gov/content/pkg/COMPS-8776/pdf/COMPS-8776.pdf>

[FFY 2026-2027 Combined Block Grant Application Guide](#)

Summary: The summary area within the program tab will auto-populate once the county's proposed budget is entered into Section I. Staffing Itemized

Detail, Section II. Itemized Detail, and the new Funding Source section to include the set-aside and dollar amount. Important note: if the county fails to budget for all its set-aside funding or over budgets for a specific set-aside the text in the summary section of the Budget Summary tab will turn red.

Net Program Expenses: This is the total amount charged to the grant, this figure will auto-populate.

Total Other Funding Sources: This figure will auto-populate from the Federal Funds and Non-Federal Funds Sources.

Gross Cost of Program: This figure will auto-populate.

Upon receipt of the budget for each program, DHCS will review, approve, and return to the county a copy of the approved budget.

BUDGET SUMMARY INSTRUCTIONS

The Budget Summary tab summarizes the federal MHBG funds and non-federal matching funds for each program included in this workbook. If the county fails to budget for a specific set-aside, the text in the Budget Amount section will turn red.

SUBCONTRACTOR LIST INSTRUCTIONS

Program Name: Enter the program name exactly as it appears in the MHBG Program Enclosure 4. Ensure the program name corresponds to the funding/program associated with the subcontracted services.

Subcontractor Information: For each subcontractor, complete all fields with accurate and current information.

Full Legal Name: Provide the subcontractor's complete legal business name.

Address: List the full street address. Do not list mailing address. Do not use abbreviations unless part of the legal address.

City: List out the full city name such as Sacramento. Do not use abbreviations (e.g., Sac).

State: Use the standard two-letter state abbreviation (e.g., CA).

Zip Code: Use the 5-digit ZIP Code (plus 4 optional).

Phone Number: Enter Subcontractor's Phone number using the standard format: XXX-XXX-XXXX.

Level of Care: Enter the level of care that best reflects the services the subcontractor provides. If a subcontractor covers more than one level of care category, enter each category of care offered separated by a comma (example: Outpatient, Full Service Partnership, Residential Treatment). The following levels may be used:

Combined Outpatient and Residential

Outpatient: Periodic therapy, counseling, medication support, case management.

Intensive Outpatient: Structured group therapy sessions (typically ≥6–9 hours/week).

Crisis Services:

Someone to Contact: 988 Lifeline, behavioral health hotlines, peer-operated warm lines

Someone to Respond: Mobile Crisis Teams, community outreach teams

A Safe Place for Help: Crisis stabilization centers, emergency and extended-stay crisis settings, peer respite programs, sobering centers, and for youth/families, in-home stabilization and family crisis respite

Full Service Partnership: A comprehensive, team-based program delivering "whatever it takes" support 24/7 to assist clients in achieving mental health and functioning goals.

Outreach and Engagement: Proactive strategies to inform and engage hard-to-reach populations about available behavioral health services.

Residential Treatment: Around-the-clock care in a non-hospital residential setting.

Other: Any additional Level of Care. Please describe.

Target Population: Enter the Target Population(s) that best reflects what the subcontractor provides. If a subcontractor has multiple Target Populations, please enter each one in a single cell separated by a comma. Please do not use acronyms. Example: Adults and older adults with Serious Emotional Disturbances, Children with Serious Emotional Disturbances, Individuals who have an Early Serious Mental Illness.

Early Serious Mental Illness (ESMI) Treatment Locator Instructions

Please complete this workbook tab to provide updated information on ESMI programs, including First Episode Psychosis (FEP) services. The Department of Health Care Services (DHCS) will provide this information to SAMHSA to update and expand the ESMI Treatment Locator, a national directory designed to help individuals and families find appropriate ESMI and FEP services.

For more information, see <https://www.samhsa.gov/find-help/locators/esmi>

Background & Eligibility Criteria

To be included as a First Episode Psychosis (FEP) program on the SAMHSA ESMI Treatment Locator, programs must meet both of the following:

- Use an evidence-based Coordinated Specialty Care (CSC) model
- Be recognized by the State Mental Health Authority (DHCS) as an FEP program

Note: Inpatient programs do not qualify for listing on the FEP Locator.

Programs that serve individuals with non-psychotic ESMI diagnoses using an evidence-based model may qualify for listing under ESMI programs.

Program Name: Enter the program name exactly as it appears in the MHBG Program Enclosure 4 and program narrative. Ensure the program name corresponds to the funding/program associated with the subcontracted services.

Subcontractor Address: List the full street address (Do not list mailing address. Do not use abbreviations unless part of the legal address).

City: List out the full city name such as Sacramento. Do not use abbreviations (e.g., Sac.)

State: Use the standard two-letter state abbreviation (e.g., CA).

Zip Code: Use the 5-digit ZIP Code (plus 4 optional).

Contact Name: Enter Program's Contact First Name and Last Name (e.g., John Doe).

Phone Number: Enter Subcontractor's Phone number using the standard format: XXX-XXX-XXXX.

Email: Enter Subcontractor's email address.

Program Type: Enter the Program Type:

- First Episode Psychosis (FEP)
- Coordinated Specialty Care (CSC)
- Clinical High Risk for Psychosis (CHR-P) FEP

Age Range: Enter the Target Population(s) that best reflect the services provided by the subcontractor. If multiple age ranges apply, separate each range with a comma (for example: 0-5, 6-12, 13-17, 64-74). Please select only from the approved age ranges listed below:

- | | |
|------------|------------|
| Ages 0-5 | Ages 6-12 |
| Ages 13-17 | Ages 18-20 |

Ages 21-24
Ages 45-64
Ages 75 +

Ages 25-44
Ages 64-74
Age not Available

Eligible Diagnoses: include but are not limited to the following. If multiple diagnoses apply, separate each with a comma (for example, Schizophrenia, Schizoaffective Disorder).

- Schizophrenia
- Schizoaffective Disorder
- Schizophreniform Disorder
- Bipolar I Disorder with Psychotic Features
- Psychosis (including first-episode or unspecified psychosis)
- Schizophrenia Spectrum Disorder
- Affective Disorder with Psychotic Features
- Brief Psychotic Disorder
- Psychotic Disorder (general)
- Delusional Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Components: Please select "Yes" or "No" for the following:

- a. Medication
- b. Psychotherapy
- c. Supported Employment and Education
- d. Peer Services
- e. Primary Care
- f. Family Education and Support
- g. Case Management

Other Components: If the subcontractor provides other program components that are not listed, please describe in Other Components. If there are more than one, please separate with a comma (.). Do not use "and." (e.g., Cognitive Remediation, Co-Occurring, Group Therapy)

Components: Please select "Yes" or "No" for the following:

- Does the Program serve individuals with Early Serious Mental Illness (ESMI)?
- Does the Program provide Coordinated Specialty Care (CSC) services?
- Does the Program serve individuals with First Episode Psychosis (FEP)?

MHBG Allocation Sheet
State Fiscal Year (SFY) 2026-28

County
SAN BERNARDINO

State Fiscal Year
2026-2027

Set Aside	Amount
Base Allocation	\$ 4,183,590
Dual Diagnosis Set-Aside	\$ 610,357
ESMI/FEP Set-Aside	\$ 439,126
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -
Total Proposed Allocation	\$ 5,233,073

20		\$ -	0.00	\$ -
21		\$ -	0.00	\$ -
22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
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49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount			\$ 159,188.45

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 123,957.94
2		\$ -
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FEDERAL GRANT DETAILED PROGRAM BUDGET			
Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2026-2027
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information	
Base Allocation	\$ 1,662,436.68
	\$ -
	\$ -
	\$ -
	\$ -

For DHCS Use Only	
Base Allocation	\$ 1,662,436.68
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

Program Information			
Program Name	Adult Continuing Care Program Long Term Care (LTC)		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	michelle.liu@dbh.sbcounty.gov		
Program Contact	Jennifer Pacheco	Phone	909-658-1817
Email Address	jpacheco@dbh.sbcounty.gov		

DHCS Approval (For DHCS Staff Only)			
Analyst		Date Approved	

Summary		
Category		Amount
Personnel and Fringe Benefits	\$	1,291,790.59
Consultant/Contract Costs	\$	-
Equipment	\$	-
Supplies	\$	-
Travel	\$	-
Other Expenses	\$	25,000.00
County Administrative Indirect Costs	\$	325,122.18
Program Maximum Allowable Indirect Costs	\$	342,233.87
County Administrative Direct Costs	\$	20,523.91
Program Maximum Allowable Support Administrative Direct Costs	\$	82,095.64
Net Program Expenses	\$	1,662,436.68
Other Funding Sources-Federal Funds	\$	-
Other Funding Sources-Non-Federal Funds	\$	-
Total Other Funding Sources	\$	-
Gross Cost of Program	\$	1,662,436.68

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1	Personnel	Mental Health Clinic Supervisor	\$ 118,945.75 0.75	\$ 89,209.31
2		Clinical Therapist II	\$ 89,376.99 0.50	\$ 44,688.50
3		Clinical Therapist II	\$ 89,376.99 0.50	\$ 44,688.50
4		Clinical Therapist I	\$ 78,840.98 0.50	\$ 39,420.49
5		Clinical Therapist I	\$ 78,840.98 0.50	\$ 39,420.49
6		Clinical Therapist I	\$ 78,840.98 0.50	\$ 39,420.49
7		Clinical Therapist I	\$ 78,840.98 0.50	\$ 39,420.49
8		Clinical Therapist I	\$ 78,840.98 0.50	\$ 39,420.49
9		Clinical Therapist I	\$ 78,840.98 0.50	\$ 39,420.49
10		Social Worker II	\$ 69,960.48 1.00	\$ 69,960.48
11		Social Worker II	\$ 69,960.48 1.00	\$ 69,960.48
12		Social Worker II	\$ 69,960.48 1.00	\$ 69,960.48
13		Social Worker II	\$ 69,960.48 1.00	\$ 69,960.48
14		Mental Health Specialist	\$ 58,191.42 0.25	\$ 14,547.86
15		Mental Health Specialist	\$ 58,191.42 0.25	\$ 14,547.86
16		Mental Health Specialist	\$ 58,191.42 0.25	\$ 14,547.86
17		Staff Analyst II	\$ 84,299.62 0.25	\$ 21,074.91
18		Senior Office Assistant	\$ 47,716.79 1.00	\$ 47,716.79
19		Senior Office Assistant	\$ 47,716.79 1.00	\$ 47,716.79

20					
21	General Service Worker	\$ 41,774.21	0.25	\$ 10,443.55	
22	General Service Worker	\$ 41,774.21	0.25	\$ 10,443.55	
23	General Service Worker	\$ 41,774.21	0.25	\$ 10,443.55	
24		\$ -	0.00	\$ -	
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50	Fringe Benefits Total Amount			\$ 405,356.70	

II. Itemized Detail		
Category		Amount
1	Other Expenses	Indigent Transport and Long Term Rehabilitation Placements to Stabilize \$ 25,000.00
2	County Administrative Indirect Costs	\$ 325,122.18
3	County Administrative Direct Costs	\$ 20,523.91
4		\$ -
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49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount			\$ 91,270.46

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 72,232.20
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49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount			\$ 97,480.53

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 73,978.72
2		\$ -
3		\$ -
4		\$ -
5		\$ -
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8		\$ -
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49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount			\$ 118,727.49

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 90,731.57
2		\$ -
3		\$ -
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50	Fringe Benefits Total Amount			\$ 113,824.81

II. Itemized Detail			
Category			Amount
1	County Administrative Indirect Costs		\$ 91,730.61
2	County Administrative Direct Costs		\$ 2,270.10
3	Other Expenses	Bus passes	\$ 3,000.00
4			\$ -
5			\$ -
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49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount			\$ 97,175.92

II. Itemized Detail			
Category		Amount	
1	Supplies	Office Supplies	\$ 2,000.00
2	Other Expenses	Bus passes / Gift Cards	\$ 5,000.00
3	Other Expenses	Client Services and Supports	\$ 25,000.00
4	Travel	Per diem, mileage, vehicle use charges	\$ 3,500.00
5	Other Expenses	Supportive Services	\$ 20,000.00
6	Other Expenses	Training / Conferences for Staff	\$ 5,000.00
7	County Administrative Indirect Costs		\$ 89,561.91
8	County Administrative Direct Costs		\$ 22,000.00
9			\$ -
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49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount			\$ 198,228.30

II. Itemized Detail			
Category		Amount	
1	Other Expenses	Bus Passes	\$ 3,200.00
2	County Administrative Indirect Costs		\$ 159,444.16
3			\$ -
4			\$ -
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FEDERAL GRANT DETAILED PROGRAM BUDGET

Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2026-2027
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

For DHCS Use Only

Base Allocation	\$ -
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

Program Information

Program Name			
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

DHCS Approval (For DHCS Staff Only)

Analyst		Date Approved	
---------	--	---------------	--

Summary

Category	Amount
Personnel and Fringe Benefits	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Indirect Costs	\$ -
County Administrative Direct Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ -
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ -

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel		\$ -	0.00	\$ -
2		\$ -	0.00	\$ -
3		\$ -	0.00	\$ -
4		\$ -	0.00	\$ -
5		\$ -	0.00	\$ -
6		\$ -	0.00	\$ -
7		\$ -	0.00	\$ -
8		\$ -	0.00	\$ -
9		\$ -	0.00	\$ -
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12		\$ -	0.00	\$ -
13		\$ -	0.00	\$ -
14		\$ -	0.00	\$ -
15		\$ -	0.00	\$ -
16		\$ -	0.00	\$ -
17		\$ -	0.00	\$ -
18		\$ -	0.00	\$ -
19		\$ -	0.00	\$ -

20		\$	-	0.00	\$	-
21		\$	-	0.00	\$	-
22		\$	-	0.00	\$	-
23		\$	-	0.00	\$	-
24		\$	-	0.00	\$	-
25		\$	-	0.00	\$	-
26		\$	-	0.00	\$	-
27		\$	-	0.00	\$	-
28		\$	-	0.00	\$	-
29		\$	-	0.00	\$	-
30		\$	-	0.00	\$	-
31		\$	-	0.00	\$	-
32		\$	-	0.00	\$	-
33		\$	-	0.00	\$	-
34		\$	-	0.00	\$	-
35		\$	-	0.00	\$	-
36		\$	-	0.00	\$	-
37		\$	-	0.00	\$	-
38		\$	-	0.00	\$	-
39		\$	-	0.00	\$	-
40		\$	-	0.00	\$	-
41		\$	-	0.00	\$	-
42		\$	-	0.00	\$	-
43		\$	-	0.00	\$	-
44		\$	-	0.00	\$	-
45		\$	-	0.00	\$	-
46		\$	-	0.00	\$	-
47		\$	-	0.00	\$	-
48		\$	-	0.00	\$	-
49		\$	-	0.00	\$	-
50	Fringe Benefits Total Amount	\$	-	0.00	\$	-

II. Itemized Detail						
	Category				Amount	
1				\$	-	
2				\$	-	
3				\$	-	
4				\$	-	
5				\$	-	
6				\$	-	
7				\$	-	
8				\$	-	
9				\$	-	
10				\$	-	
11				\$	-	
12				\$	-	
13				\$	-	
14				\$	-	
15				\$	-	
16				\$	-	
17				\$	-	
18				\$	-	
19				\$	-	
20				\$	-	
21				\$	-	
22				\$	-	
23				\$	-	
24				\$	-	
25				\$	-	
26				\$	-	
27				\$	-	
28				\$	-	
29				\$	-	
30				\$	-	
31				\$	-	
32				\$	-	
33				\$	-	

34		\$	-
35		\$	-
36		\$	-
37		\$	-
38		\$	-
39		\$	-
40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT DETAILED PROGRAM BUDGET

Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2026-2027
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

Program Information

Program Name			
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

DHCS Approval (For DHCS Staff Only)

Analyst		Date Approved	
---------	--	---------------	--

Summary

Category	Amount
Personnel and Fringe Benefits	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Indirect Costs	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ -
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ -

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel		\$ -	0.00	\$ -
2		\$ -	0.00	\$ -
3		\$ -	0.00	\$ -
4		\$ -	0.00	\$ -
5		\$ -	0.00	\$ -
6		\$ -	0.00	\$ -
7		\$ -	0.00	\$ -
8		\$ -	0.00	\$ -
9		\$ -	0.00	\$ -
10		\$ -	0.00	\$ -
11		\$ -	0.00	\$ -
12		\$ -	0.00	\$ -
13		\$ -	0.00	\$ -
14		\$ -	0.00	\$ -
15		\$ -	0.00	\$ -
16		\$ -	0.00	\$ -
17		\$ -	0.00	\$ -
18		\$ -	0.00	\$ -
19		\$ -	0.00	\$ -

For DHCS Use Only

Base Allocation	\$ -
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

20		\$ -	0.00	\$ -
21		\$ -	0.00	\$ -
22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount	\$ -	0.00	\$ -

II. Itemized Detail		
Category		Amount
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
10		\$ -
11		\$ -
12		\$ -
13		\$ -
14		\$ -
15		\$ -
16		\$ -
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23		\$ -
24		\$ -
25		\$ -
26		\$ -
27		\$ -
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32		\$ -
33		\$ -

34		\$	-
35		\$	-
36		\$	-
37		\$	-
38		\$	-
39		\$	-
40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT DETAILED PROGRAM BUDGET

Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2026-2027
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

For DHCS Use Only

Base Allocation	\$ -
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

Program Information

Program Name			
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

DHCS Approval (For DHCS Staff Only)

Analyst		Date Approved	
---------	--	---------------	--

Summary

Category	Amount
Personnel and Fringe Benefits	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Indirect Costs	\$ -
County Administrative Direct Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ -
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ -

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel		\$ -	0.00	\$ -
2		\$ -	0.00	\$ -
3		\$ -	0.00	\$ -
4		\$ -	0.00	\$ -
5		\$ -	0.00	\$ -
6		\$ -	0.00	\$ -
7		\$ -	0.00	\$ -
8		\$ -	0.00	\$ -
9		\$ -	0.00	\$ -
10		\$ -	0.00	\$ -
11		\$ -	0.00	\$ -
12		\$ -	0.00	\$ -
13		\$ -	0.00	\$ -
14		\$ -	0.00	\$ -
15		\$ -	0.00	\$ -
16		\$ -	0.00	\$ -
17		\$ -	0.00	\$ -
18		\$ -	0.00	\$ -
19		\$ -	0.00	\$ -

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22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount	\$ -	0.00	\$ -

II. Itemized Detail		
Category		Amount
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
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17		\$ -
18		\$ -
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31		\$ -
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38		\$	-
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40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT DETAILED PROGRAM BUDGET

Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2026-2027
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

For DHCS Use Only

Base Allocation	\$ -
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

Program Information

Program Name			
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

DHCS Approval (For DHCS Staff Only)

Analyst		Date Approved	
---------	--	---------------	--

Summary

Category	Amount
Personnel and Fringe Benefits	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Indirect Costs	\$ -
County Administrative Direct Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ -
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ -

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel		\$ -	0.00	\$ -
2		\$ -	0.00	\$ -
3		\$ -	0.00	\$ -
4		\$ -	0.00	\$ -
5		\$ -	0.00	\$ -
6		\$ -	0.00	\$ -
7		\$ -	0.00	\$ -
8		\$ -	0.00	\$ -
9		\$ -	0.00	\$ -
10		\$ -	0.00	\$ -
11		\$ -	0.00	\$ -
12		\$ -	0.00	\$ -
13		\$ -	0.00	\$ -
14		\$ -	0.00	\$ -
15		\$ -	0.00	\$ -
16		\$ -	0.00	\$ -
17		\$ -	0.00	\$ -
18		\$ -	0.00	\$ -
19		\$ -	0.00	\$ -

20		\$ -	0.00	\$ -
21		\$ -	0.00	\$ -
22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount	\$ -	0.00	\$ -

II. Itemized Detail		
Category		Amount
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
10		\$ -
11		\$ -
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35		\$	-
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41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT BUDGET SUMMARY			
TYPE OF GRANT	Community Mental Health Services Block Grant (MHBG)	SFY	2026-2027
COUNTY	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG allocation	\$ 5,233,073.00

BUDGET SUMMARY BY SET-ASIDE		
	2026-2027	Budgeted Amount
Base Allocation	\$ 4,183,590	\$ 4,183,590.00
Dual Diagnosis Set-Aside	\$ 610,357	\$ 610,357.00
ESMI/FEP Set-Aside	\$ 439,126	\$ 439,126.00
Children's System of Care Set-Aside	\$ -	\$ -
Integratede Services Agency Set-Aside	\$ -	\$ -
TOTAL	\$ 5,233,073	\$ 5,233,073.00

BUDGET SUMMARY BY CATEGORY	
Program Activities, Personnel, and Other Expenses	
Category	Amount
Personnel	\$ 4,069,819.70
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ 2,000.00
Travel	\$ 3,500.00
Other Expenses	\$ 86,200.00
Indirect Costs	\$ 1,026,759.29
<i>Program Maximum Allowable Indirect Costs</i>	\$ 1,081,578.97
County Support Administrative Direct Costs	\$ 44,794.01
<i>Maximum Allowable Direct Administrative Cost</i>	\$ 208,075.99
Net Program Expenses	\$ 5,233,073.00

DHCS Approval (For DHCS Staff Only)

Analyst

Date Approved

**Community Mental Health Services Block Grant (MHBG)
COUNTY SUBCONTRACTOR LIST**

County	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	City	State	Zip Code	Phone Number (XXX-XXX-XXXX)	Level of Care*	Target Population*
SAN BERNARDINO	1	N/A								
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
	17									
	18									
	19									
	20									
	21									
	22									
	23									
	24									
	25									
	26									
	27									
	28									
	29									
	30									

***Level of Care:** Enter the Level of Care that best reflects the services the subcontractor provides. If a subcontractor covers more than one level of care category, enter each category of care offered (ex. Outpatient, Full Service Partnership, Residential Treatment). Eligible levels of care are listed below; please see instructions for further details.

- Combined Outpatient and Residential**
- Outpatient**
- Intensive Outpatient**
- Crisis Services**
- Full Service Partnership**
- Outreach and Engagement**
- Residential Treatment**
- Other** : Please describe.

***Target Population:** Enter the Target Population(s) that best reflects what the subcontractor provides. If a subcontractor has multiple Target Populations, please enter each one in a single cell separated by a comma. Please do not use acronyms. Example: Adults and older adults with Serious Emotional Disturbances, Children with Serious Emotional Disturbances, Individuals who have an Early Serious Mental Illness.

ENCLOSURE 4 INSTRUCTIONS

General Instructions:

Please complete one budget per program. Each program budget should go in its own tab (Program 1, Program 2, and so on).

If your county has more than one MHBG funded program, all budgets should be included in one Excel workbook.

Do not alter formulas or formatting. Do not create additional tabs or add lines within the spreadsheets.

If the county requires additional lines in the workbook (e.g., additional staff positions), please contact MHBG@dhcs.ca.gov.

If the county requires additional program tabs (e.g., more than 12 programs are funded by MHBG), please contact MHBG@dhcs.ca.gov.

Only enter data in yellow cells.

For questions or concerns about the application, including issues with formulas or formatting, please contact MHBG@dhcs.ca.gov as soon as possible.

Allocation Sheet: This sheet has your county's full allocation amount. This sheet will auto-populate this information through the rest of the workbook for the county.

Enclosure 4:

Funding Source: On each program tab, select the funding source or sources being used for the associated program and enter the total dollar amount budgeted for the program from that funding source. The summary of these amounts is displayed at the top of the summary sheet.

Program: Report the name of the program and program contact information.

Category: Click the drop-down menu to select a category.

Section II. Select from Consultant/Contract Costs, Equipment, Supplies, Travel, Other Expenses, County Administrative Costs, Other Funding Sources-Non Federal Funds.

Section I: Staffing - Itemized Details

Personnel: Enter each position title for all MHBG-funded positions, including research and evaluation staff, and the annual salary for each position. Enter the Grant Full Time Employment (FTE) percentage. For example, if a position will be working on MHBG-funded activities 75% of the time, enter 0.75. An FTE may not exceed 1.0. Please note that all salaries must align with the **\$228,000 salary cap**. The salary cap does not apply to benefits. Please list benefits as one item for all staff. Per the Substance Abuse and Mental Health Services Administration (SAMHSA), all grant-funded salaries are to be restricted to the salary of Executive Level II of the Federal Executive Pay Scale. For more information, please see:

SAMHSA's Standard Terms and Conditions:

<https://www.samhsa.gov/grants/grants-management/notice-of-award/terms>

The Office of Personnel Management's Executive Pay Scale:

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/26Tables/exec/html/EX.aspx>

Fringe Benefits: Enter the costs of all fringe benefits for ALL personnel.

Section II: Program Expenses Itemized Details

Select categories from drop-down list:

Consultant/Contract Costs

Equipment

Supplies

Travel

Other Expenses

County Administrative Direct Costs

County Administrative Indirect Costs

Other Funding Sources-Federal Funds

Other Funding Sources-Non-Federal Funds

See category definitions below:

Equipment: Equipment shall mean moveable personal property of a relatively permanent nature and of significant value, such as furniture, machines, and tools.

- a. "Relatively permanent" is defined as a useful life of one year or longer.
- b. "Significant value" is defined as a minimum value of \$100 to \$1,000 as established by the County Auditor.

For further reference: California Code of Regulations, Title 9 Section 552:

<https://govt.westlaw.com/calregs/Document/I3EADC5334C6B11EC93A8000D3A7C4BC3>

Supplies: Office, printing, housekeeping, medical, etc.

Travel: Per diem, mileage reimbursements, and vehicle rental/lease.

Other Expenses: List maintenance, rent, utilities, research and evaluation costs other than staff, and any other expenses that are extraordinary and not in any other category.

County Administrative Direct Costs: This amount includes direct administrative costs, such as county overhead and/or the distribution of administrative support, research and evaluation costs other than personnel. (Limited to 5% for MHBG)

Indirect Cost: These costs should be equal to or lower than your county's submitted Indirect Cost Rate (ICR). If the county is using other funds to cover the Indirect Cost Rate expenses for this program, it must still be reported in the budget detail section. However, this will be a zero dollar line item explained with comments in Section II. Itemized Detail. If for some reason there are no indirect costs for a specific program, then simply enter N/A.

Other Funding-Federal Funds: Includes other federal grants (not in MHBG or PATH grant), Medicare/Medicaid, etc.

Other Funding-Non Federal Funds: State and County General Funds, Patient Fees, Third-Party Insurance, Private Grant, etc.

Other Definitions:

Program Maximum Allowable Indirect Costs: The maximum dollar amount for indirect costs is calculated by adding the following line items: staff expenses, consultant/contract costs, equipment, supplies, travel, and other expenses, and then multiplied by your county's certified ICR rate, which is the maximum amount you can claim per program. No other cost or line items should be used while calculating the maximum ICR dollar amount. If your county exceeds the maximum allowable indirect costs dollar amount, the indirect costs 'Amount' field will turn red showing an error. This error will show on both the individual program tabs and the summary tab if the county is over their maximum allowable indirect costs. Revisions need to be made by the county before the application is submitted to DHCS.

Program Maximum Allowable Support Administrative Direct Costs: The maximum dollar amount for county support administrative direct cost is 5% for each program. The county workbook will now calculate this and show the total amount allowable. If a county exceeds this 5% cap, the county workbook will show an error in the cell for administrative direct costs for the program and on the summary sheet for the workbook. If an error is present, the county will need to make the necessary adjustments to this line item before they submit the final application.

For more information, see the Public Health Service Act, Section 523, and the FFY 2026-2027 Combined Block Grant Application Guide

<https://www.govinfo.gov/content/pkg/COMPS-8776/pdf/COMPS-8776.pdf>

[FFY 2026-2027 Combined Block Grant Application Guide](#)

Summary: The summary area within the program tab will auto-populate once the county's proposed budget is entered into Section I. Staffing Itemized

Detail, Section II. Itemized Detail, and the new Funding Source section to include the set-aside and dollar amount. Important note: if the county fails to budget for all its set-aside funding or over budgets for a specific set-aside the text in the summary section of the Budget Summary tab will turn red.

Net Program Expenses: This is the total amount charged to the grant, this figure will auto-populate.

Total Other Funding Sources: This figure will auto-populate from the Federal Funds and Non-Federal Funds Sources.

Gross Cost of Program: This figure will auto-populate.

Upon receipt of the budget for each program, DHCS will review, approve, and return to the county a copy of the approved budget.

BUDGET SUMMARY INSTRUCTIONS

The Budget Summary tab summarizes the federal MHBG funds and non-federal matching funds for each program included in this workbook. If the county fails to budget for a specific set-aside, the text in the Budget Amount section will turn red.

SUBCONTRACTOR LIST INSTRUCTIONS

Program Name: Enter the program name exactly as it appears in the MHBG Program Enclosure 4. Ensure the program name corresponds to the funding/program associated with the subcontracted services.

Subcontractor Information: For each subcontractor, complete all fields with accurate and current information.

Full Legal Name: Provide the subcontractor's complete legal business name.

Address: List the full street address. Do not list mailing address. Do not use abbreviations unless part of the legal address.

City: List out the full city name such as Sacramento. Do not use abbreviations (e.g., Sac).

State: Use the standard two-letter state abbreviation (e.g., CA).

Zip Code: Use the 5-digit ZIP Code (plus 4 optional).

Phone Number: Enter Subcontractor's Phone number using the standard format: XXX-XXX-XXXX.

Level of Care: Enter the level of care that best reflects the services the subcontractor provides. If a subcontractor covers more than one level of care category, enter each category of care offered separated by a comma (example: Outpatient, Full Service Partnership, Residential Treatment). The following levels may be used:

Combined Outpatient and Residential

Outpatient: Periodic therapy, counseling, medication support, case management.

Intensive Outpatient: Structured group therapy sessions (typically ≥6–9 hours/week).

Crisis Services:

Someone to Contact: 988 Lifeline, behavioral health hotlines, peer-operated warm lines

Someone to Respond: Mobile Crisis Teams, community outreach teams

A Safe Place for Help: Crisis stabilization centers, emergency and extended-stay crisis settings, peer respite programs, sobering centers, and for youth/families, in-home stabilization and family crisis respite

Full Service Partnership: A comprehensive, team-based program delivering "whatever it takes" support 24/7 to assist clients in achieving mental health and functioning goals.

Outreach and Engagement: Proactive strategies to inform and engage hard-to-reach populations about available behavioral health services.

Residential Treatment: Around-the-clock care in a non-hospital residential setting.

Other: Any additional Level of Care. Please describe.

Target Population: Enter the Target Population(s) that best reflects what the subcontractor provides. If a subcontractor has multiple Target Populations, please enter each one in a single cell separated by a comma. Please do not use acronyms. Example: Adults and older adults with Serious Emotional Disturbances, Children with Serious Emotional Disturbances, Individuals who have an Early Serious Mental Illness.

Early Serious Mental Illness (ESMI) Treatment Locator Instructions

Please complete this workbook tab to provide updated information on ESMI programs, including First Episode Psychosis (FEP) services. The Department of Health Care Services (DHCS) will provide this information to SAMHSA to update and expand the ESMI Treatment Locator, a national directory designed to help individuals and families find appropriate ESMI and FEP services.

For more information, see <https://www.samhsa.gov/find-help/locators/esmi>

Background & Eligibility Criteria

To be included as a First Episode Psychosis (FEP) program on the SAMHSA ESMI Treatment Locator, programs must meet both of the following:

- Use an evidence-based Coordinated Specialty Care (CSC) model
- Be recognized by the State Mental Health Authority (DHCS) as an FEP program

Note: Inpatient programs do not qualify for listing on the FEP Locator.

Programs that serve individuals with non-psychotic ESMI diagnoses using an evidence-based model may qualify for listing under ESMI programs.

Program Name: Enter the program name exactly as it appears in the MHBG Program Enclosure 4 and program narrative. Ensure the program name corresponds to the funding/program associated with the subcontracted services.

Subcontractor Address: List the full street address (Do not list mailing address. Do not use abbreviations unless part of the legal address).

City: List out the full city name such as Sacramento. Do not use abbreviations (e.g., Sac.)

State: Use the standard two-letter state abbreviation (e.g., CA).

Zip Code: Use the 5-digit ZIP Code (plus 4 optional).

Contact Name: Enter Program's Contact First Name and Last Name (e.g., John Doe).

Phone Number: Enter Subcontractor's Phone number using the standard format: XXX-XXX-XXXX.

Email: Enter Subcontractor's email address.

Program Type: Enter the Program Type:

- First Episode Psychosis (FEP)
- Coordinated Specialty Care (CSC)
- Clinical High Risk for Psychosis (CHR-P) FEP

Age Range: Enter the Target Population(s) that best reflect the services provided by the subcontractor. If multiple age ranges apply, separate each range with a comma (for example: 0-5, 6-12, 13-17, 64-74). Please select only from the approved age ranges listed below:

- | | |
|------------|------------|
| Ages 0-5 | Ages 6-12 |
| Ages 13-17 | Ages 18-20 |

Ages 21-24
Ages 45-64
Ages 75 +

Ages 25-44
Ages 64-74
Age not Available

Eligible Diagnoses: include but are not limited to the following. If multiple diagnoses apply, separate each with a comma (for example, Schizophrenia, Schizoaffective Disorder).

- Schizophrenia
- Schizoaffective Disorder
- Schizophreniform Disorder
- Bipolar I Disorder with Psychotic Features
- Psychosis (including first-episode or unspecified psychosis)
- Schizophrenia Spectrum Disorder
- Affective Disorder with Psychotic Features
- Brief Psychotic Disorder
- Psychotic Disorder (general)
- Delusional Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Components: Please select "Yes" or "No" for the following:

- a. Medication
- b. Psychotherapy
- c. Supported Employment and Education
- d. Peer Services
- e. Primary Care
- f. Family Education and Support
- g. Case Management

Other Components: If the subcontractor provides other program components that are not listed, please describe in Other Components. If there are more than one, please separate with a comma (.). Do not use "and." (e.g., Cognitive Remediation, Co-Occurring, Group Therapy)

Components: Please select "Yes" or "No" for the following:

- Does the Program serve individuals with Early Serious Mental Illness (ESMI)?
- Does the Program provide Coordinated Specialty Care (CSC) services?
- Does the Program serve individuals with First Episode Psychosis (FEP)?

MHBG Allocation Sheet
State Fiscal Year (SFY) 2026-28

County
SAN BERNARDINO

State Fiscal Year
2027-2028

Set Aside	Amount
Base Allocation	\$ 4,183,590
Dual Diagnosis Set-Aside	\$ 610,357
ESMI/FEP Set-Aside	\$ 439,126
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -
Total Proposed Allocation	\$ 5,233,073

20		\$ -	0.00	\$ -
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50	Fringe Benefits Total Amount			\$ 167,147.87

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 109,604.92
2		\$ -
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4		\$ -
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FEDERAL GRANT DETAILED PROGRAM BUDGET			
Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2027-2028
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information	
Base Allocation	\$ 1,650,477.94
	\$ -
	\$ -
	\$ -
	\$ -

For DHCS Use Only	
Base Allocation	\$ 1,650,477.94
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

Program Information			
Program Name	Adult Continuing Care Program Long Term Care (LTC)		
Fiscal Contact	Michelle Liu	Phone	909-388-0981
Email Address	michelle.liu@dbh.sbcounty.gov		
Program Contact	Jennifer Pacheco	Phone	909-658-1817
Email Address	jpacheco@dbh.sbcounty.gov		

DHCS Approval (For DHCS Staff Only)			
Analyst		Date Approved	

Summary	
Category	Amount
Personnel and Fringe Benefits	\$ 1,356,380.17
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ 10,000.00
County Administrative Indirect Costs	\$ 284,097.77
Program Maximum Allowable Indirect Costs	\$ 355,122.21
County Administrative Direct Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ 82,523.90
Net Program Expenses	\$ 1,650,477.94
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ 1,650,477.94

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1	Personnel	Mental Health Clinic Supervisor	\$ 124,893.04 0.75	\$ 93,669.78
2		Clinical Therapist II	\$ 93,845.84 0.50	\$ 46,922.92
3		Clinical Therapist II	\$ 93,845.84 0.50	\$ 46,922.92
4		Clinical Therapist I	\$ 82,783.03 0.50	\$ 41,391.52
5		Clinical Therapist I	\$ 82,783.03 0.50	\$ 41,391.52
6		Clinical Therapist I	\$ 82,783.03 0.50	\$ 41,391.52
7		Clinical Therapist I	\$ 82,783.03 0.50	\$ 41,391.52
8		Clinical Therapist I	\$ 82,783.03 0.50	\$ 41,391.52
9		Clinical Therapist I	\$ 82,783.03 0.50	\$ 41,391.52
10		Social Worker II	\$ 73,458.51 1.00	\$ 73,458.51
11		Social Worker II	\$ 73,458.51 1.00	\$ 73,458.51
12		Social Worker II	\$ 73,458.51 1.00	\$ 73,458.51
13		Social Worker II	\$ 73,458.51 1.00	\$ 73,458.51
14		Mental Health Specialist	\$ 61,100.99 0.25	\$ 15,275.25
15		Mental Health Specialist	\$ 61,100.99 0.25	\$ 15,275.25
16		Mental Health Specialist	\$ 61,100.99 0.25	\$ 15,275.25
17		Staff Analyst II	\$ 88,514.60 0.25	\$ 22,128.65
18		Senior Office Assistant	\$ 50,102.63 1.00	\$ 50,102.63
19		Senior Office Assistant	\$ 50,102.63 1.00	\$ 50,102.63

20		General Service Worker	\$ 43,862.92	0.25	\$ 10,965.73
21		General Service Worker	\$ 43,862.92	0.25	\$ 10,965.73
22		General Service Worker	\$ 43,862.92	0.25	\$ 10,965.73
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50		Fringe Benefits Total Amount			\$ 425,624.54

II. Itemized Detail		
Category		Amount
1	Other Expenses	Indigent Transport and Long Term Rehabilitation Placements to Stabilize \$ 10,000.00
2	County Administrative Indirect Costs	\$ 284,097.77
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50	Fringe Benefits Total Amount			\$ 95,833.99

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 59,876.69
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50	Fringe Benefits Total Amount			\$ 102,354.56

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 61,324.47
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4		\$ -
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50	Fringe Benefits Total Amount			\$ 124,663.88

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 80,225.82
2		\$ -
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4		\$ -
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50	Fringe Benefits Total Amount			\$ 119,516.05

II. Itemized Detail		
Category		Amount
1	County Administrative Indirect Costs	\$ 81,732.94
2	Other Expenses	
	Bus passes	\$ 3,000.00
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23		\$ -	0.00	\$ -
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25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount			\$ 102,034.72

II. Itemized Detail			
Category		Amount	
1	Supplies	Office Supplies	\$ 2,000.00
2	Other Expenses	Bus passes / Gift Cards	\$ 5,000.00
3	Other Expenses	Client Services and Supports	\$ 20,000.00
4	Travel	Per diem, mileage, vehicle use charges	\$ 2,500.00
5	Other Expenses	Supportive Services	\$ 15,000.00
6	Other Expenses	Training / Conferences for Staff	\$ 4,800.00
7	County Administrative Indirect Costs		\$ 76,450.65
8			\$ -
9			\$ -
10			\$ -
11			\$ -
12			\$ -
13			\$ -
14			\$ -
15			\$ -
16			\$ -
17			\$ -
18			\$ -
19			\$ -
20			\$ -
21			\$ -
22			\$ -
23			\$ -
24			\$ -
25			\$ -
26			\$ -
27			\$ -
28			\$ -
29			\$ -
30			\$ -
31			\$ -
32			\$ -
33			\$ -

34		\$	-
35		\$	-
36		\$	-
37		\$	-
38		\$	-
39		\$	-
40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

20		\$ -	0.00	\$ -
21		\$ -	0.00	\$ -
22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount			\$ 208,139.71

II. Itemized Detail			
Category		Amount	
1	Other Expenses	Bus Passes	\$ 3,200.00
2	County Administrative Indirect Costs		\$ 140,948.94
3			\$ -
4			\$ -
5			\$ -
6			\$ -
7			\$ -
8			\$ -
9			\$ -
10			\$ -
11			\$ -
12			\$ -
13			\$ -
14			\$ -
15			\$ -
16			\$ -
17			\$ -
18			\$ -
19			\$ -
20			\$ -
21			\$ -
22			\$ -
23			\$ -
24			\$ -
25			\$ -
26			\$ -
27			\$ -
28			\$ -
29			\$ -
30			\$ -
31			\$ -
32			\$ -
33			\$ -

34		\$	-
35		\$	-
36		\$	-
37		\$	-
38		\$	-
39		\$	-
40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT DETAILED PROGRAM BUDGET

Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2027-2028
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

Program Information

Program Name			
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

DHCS Approval (For DHCS Staff Only)

Analyst		Date Approved	
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Summary

Category	Amount
Personnel and Fringe Benefits	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Indirect Costs	\$ -
County Administrative Direct Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ -
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ -

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel		\$ -	0.00	\$ -
2		\$ -	0.00	\$ -
3		\$ -	0.00	\$ -
4		\$ -	0.00	\$ -
5		\$ -	0.00	\$ -
6		\$ -	0.00	\$ -
7		\$ -	0.00	\$ -
8		\$ -	0.00	\$ -
9		\$ -	0.00	\$ -
10		\$ -	0.00	\$ -
11		\$ -	0.00	\$ -
12		\$ -	0.00	\$ -
13		\$ -	0.00	\$ -
14		\$ -	0.00	\$ -
15		\$ -	0.00	\$ -
16		\$ -	0.00	\$ -
17		\$ -	0.00	\$ -
18		\$ -	0.00	\$ -
19		\$ -	0.00	\$ -

For DHCS Use Only

Base Allocation	\$ -
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

20		\$ -	0.00	\$ -
21		\$ -	0.00	\$ -
22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount	\$ -	0.00	\$ -

II. Itemized Detail		
Category		Amount
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
10		\$ -
11		\$ -
12		\$ -
13		\$ -
14		\$ -
15		\$ -
16		\$ -
17		\$ -
18		\$ -
19		\$ -
20		\$ -
21		\$ -
22		\$ -
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27		\$ -
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32		\$ -
33		\$ -

34		\$	-
35		\$	-
36		\$	-
37		\$	-
38		\$	-
39		\$	-
40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT DETAILED PROGRAM BUDGET

Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2027-2028
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

Program Information

Program Name			
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

DHCS Approval (For DHCS Staff Only)

Analyst		Date Approved	
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Summary

Category	Amount
Personnel and Fringe Benefits	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Indirect Costs	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ -
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ -

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel		\$ -	0.00	\$ -
2		\$ -	0.00	\$ -
3		\$ -	0.00	\$ -
4		\$ -	0.00	\$ -
5		\$ -	0.00	\$ -
6		\$ -	0.00	\$ -
7		\$ -	0.00	\$ -
8		\$ -	0.00	\$ -
9		\$ -	0.00	\$ -
10		\$ -	0.00	\$ -
11		\$ -	0.00	\$ -
12		\$ -	0.00	\$ -
13		\$ -	0.00	\$ -
14		\$ -	0.00	\$ -
15		\$ -	0.00	\$ -
16		\$ -	0.00	\$ -
17		\$ -	0.00	\$ -
18		\$ -	0.00	\$ -
19		\$ -	0.00	\$ -

For DHCS Use Only

Base Allocation	\$ -
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

20		\$ -	0.00	\$ -
21		\$ -	0.00	\$ -
22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount	\$ -	0.00	\$ -

II. Itemized Detail		
Category		Amount
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
10		\$ -
11		\$ -
12		\$ -
13		\$ -
14		\$ -
15		\$ -
16		\$ -
17		\$ -
18		\$ -
19		\$ -
20		\$ -
21		\$ -
22		\$ -
23		\$ -
24		\$ -
25		\$ -
26		\$ -
27		\$ -
28		\$ -
29		\$ -
30		\$ -
31		\$ -
32		\$ -
33		\$ -

34		\$	-
35		\$	-
36		\$	-
37		\$	-
38		\$	-
39		\$	-
40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT DETAILED PROGRAM BUDGET

Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2027-2028
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

Program Information

Program Name	FGB		
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

DHCS Approval (For DHCS Staff Only)

Analyst		Date Approved	
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Summary

Category	Amount
Personnel and Fringe Benefits	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Indirect Costs	\$ -
County Administrative Direct Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ -
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ -

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel		\$ -	0.00	\$ -
2		\$ -	0.00	\$ -
3		\$ -	0.00	\$ -
4		\$ -	0.00	\$ -
5		\$ -	0.00	\$ -
6		\$ -	0.00	\$ -
7		\$ -	0.00	\$ -
8		\$ -	0.00	\$ -
9		\$ -	0.00	\$ -
10		\$ -	0.00	\$ -
11		\$ -	0.00	\$ -
12		\$ -	0.00	\$ -
13		\$ -	0.00	\$ -
14		\$ -	0.00	\$ -
15		\$ -	0.00	\$ -
16		\$ -	0.00	\$ -
17		\$ -	0.00	\$ -
18		\$ -	0.00	\$ -
19		\$ -	0.00	\$ -

For DHCS Use Only

Base Allocation	\$ -
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

20		\$ -	0.00	\$ -
21		\$ -	0.00	\$ -
22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount	\$ -	0.00	\$ -

II. Itemized Detail		
Category		Amount
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
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30		\$ -
31		\$ -
32		\$ -
33		\$ -

34		\$	-
35		\$	-
36		\$	-
37		\$	-
38		\$	-
39		\$	-
40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT DETAILED PROGRAM BUDGET

Type of Grant	Community Mental Health Services Block Grant (MHBG)	SFY	2027-2028
County	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG Allocation	\$ 5,233,073.00

Funding Source Information

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

Program Information

Program Name			
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

DHCS Approval (For DHCS Staff Only)

Analyst		Date Approved	
---------	--	---------------	--

Summary

Category	Amount
Personnel and Fringe Benefits	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Indirect Costs	\$ -
Program Maximum Allowable Indirect Costs	\$ -
County Administrative Direct Costs	\$ -
Program Maximum Allowable Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ -
Other Funding Sources-Federal Funds	\$ -
Other Funding Sources-Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ -

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
1 Personnel		\$ -	0.00	\$ -
2		\$ -	0.00	\$ -
3		\$ -	0.00	\$ -
4		\$ -	0.00	\$ -
5		\$ -	0.00	\$ -
6		\$ -	0.00	\$ -
7		\$ -	0.00	\$ -
8		\$ -	0.00	\$ -
9		\$ -	0.00	\$ -
10		\$ -	0.00	\$ -
11		\$ -	0.00	\$ -
12		\$ -	0.00	\$ -
13		\$ -	0.00	\$ -
14		\$ -	0.00	\$ -
15		\$ -	0.00	\$ -
16		\$ -	0.00	\$ -
17		\$ -	0.00	\$ -
18		\$ -	0.00	\$ -
19		\$ -	0.00	\$ -

For DHCS Use Only

Base Allocation	\$ -
Dual Diagnosis Set-Aside	\$ -
ESMI/FEP Set-Aside	\$ -
Children's System of Care Set-Aside	\$ -
Integrated Services Agency Set-Aside	\$ -

20		\$ -	0.00	\$ -
21		\$ -	0.00	\$ -
22		\$ -	0.00	\$ -
23		\$ -	0.00	\$ -
24		\$ -	0.00	\$ -
25		\$ -	0.00	\$ -
26		\$ -	0.00	\$ -
27		\$ -	0.00	\$ -
28		\$ -	0.00	\$ -
29		\$ -	0.00	\$ -
30		\$ -	0.00	\$ -
31		\$ -	0.00	\$ -
32		\$ -	0.00	\$ -
33		\$ -	0.00	\$ -
34		\$ -	0.00	\$ -
35		\$ -	0.00	\$ -
36		\$ -	0.00	\$ -
37		\$ -	0.00	\$ -
38		\$ -	0.00	\$ -
39		\$ -	0.00	\$ -
40		\$ -	0.00	\$ -
41		\$ -	0.00	\$ -
42		\$ -	0.00	\$ -
43		\$ -	0.00	\$ -
44		\$ -	0.00	\$ -
45		\$ -	0.00	\$ -
46		\$ -	0.00	\$ -
47		\$ -	0.00	\$ -
48		\$ -	0.00	\$ -
49		\$ -	0.00	\$ -
50	Fringe Benefits Total Amount	\$ -	0.00	\$ -

II. Itemized Detail		
Category		Amount
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6		\$ -
7		\$ -
8		\$ -
9		\$ -
10		\$ -
11		\$ -
12		\$ -
13		\$ -
14		\$ -
15		\$ -
16		\$ -
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18		\$ -
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22		\$ -
23		\$ -
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27		\$ -
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31		\$ -
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40		\$	-
41		\$	-
42		\$	-
43		\$	-
44		\$	-
45		\$	-
46		\$	-
47		\$	-
48		\$	-
49		\$	-
50		\$	-

FEDERAL GRANT BUDGET SUMMARY			
TYPE OF GRANT	Community Mental Health Services Block Grant (MHBG)	SFY	2027-2028
COUNTY	SAN BERNARDINO	Submission Date	6/26/26
Current ICR	25.99%	Total MHBG allocation	\$ 5,233,073.00

BUDGET SUMMARY BY SET-ASIDE		
	2027-2028	Budgeted Amount
Base Allocation	\$ 4,183,590	\$ 4,183,590.00
Dual Diagnosis Set-Aside	\$ 610,357	\$ 610,357.00
ESMI/FEP Set-Aside	\$ 439,126	\$ 439,126.00
Children's System of Care Set-Aside	\$ -	\$ -
Integratede Services Agency Set-Aside	\$ -	\$ -
TOTAL	\$ 5,233,073	\$ 5,233,073.00

BUDGET SUMMARY BY CATEGORY	
Program Activities, Personnel, and Other Expenses	
Category	Amount
Personnel	\$ 4,273,310.80
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ 2,000.00
Travel	\$ 2,500.00
Other Expenses	\$ 61,000.00
Indirect Costs	\$ 894,262.20
<i>Program Maximum Allowable Indirect Costs</i>	\$ 1,127,656.93
County Support Administrative Direct Costs	\$ -
<i>Maximum Allowable Direct Administrative Cost</i>	\$ 216,940.54
Net Program Expenses	\$ 5,233,073.00

DHCS Approval (For DHCS Staff Only)

Analyst

Date Approved

**Community Mental Health Services Block Grant (MHBG)
COUNTY SUBCONTRACTOR LIST**

County	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	City	State	Zip Code	Phone Number (XXX-XXX-XXXX)	Level of Care*	Target Population*
SAN BERNARDINO	1	N/A								
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
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	22									
	23									
	24									
	25									
	26									
	27									
	28									
	29									
	30									

***Level of Care:** Enter the Level of Care that best reflects the services the subcontractor provides. If a subcontractor covers more than one level of care category, enter each category of care offered (ex. Outpatient, Full Service Partnership, Residential Treatment). Eligible levels of care are listed below; please see instructions for further details.

- Combined Outpatient and Residential**
- Outpatient**
- Intensive Outpatient**
- Crisis Services**
- Full Service Partnership**
- Outreach and Engagement**
- Residential Treatment**
- Other** : Please describe.

***Target Population:** Enter the Target Population(s) that best reflects what the subcontractor provides. If a subcontractor has multiple Target Populations, please enter each one in a single cell separated by a comma. Please do not use acronyms. Example: Adults and older adults with Serious Emotional Disturbances, Children with Serious Emotional Disturbances, Individuals who have an Early Serious Mental Illness.

**San Bernardino County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2026-28 Program Narrative**

Instructions: Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]_[Program Name]_MHBG Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

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

Adult Continuing Care Program Long Term Care (LTC)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Early Serious Mental Illness, Including First Episode Psychosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children’s System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
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A. Statement of Purpose: Identify the principles of the program and the purpose/goals of the program.

The Department of Behavioral Health (DBH) Adult Continuing Care Program Long Term Care (LTC) team serves adults at risk of institutionalization or hospitalization through the provision of placement into appropriate treatment options and follow up behavioral health services.

The LTC program values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the LTC program is to provide assistance for clients to obtain placement in the most appropriate treatment option for them at the time of presentation and continue to coordinate services with the goal of stepping the client down into a least restrictive option when they are ready, eventually leading to community placement with the necessary supports to prevent hospitalization and institutionalization.

The LTC program seeks and secures placement in appropriate rehabilitation and reintegration programs. Once placed into contracted beds, the LTC team works alongside the placement facility team to continually monitor client’s progress toward goals and readiness for step-down to a lower level of care. This program primarily focuses on successful reintegration of each client into the community after locked placement. The goal is to serve clients at the lowest level of care needed to meet their health and wellness needs.

The LTC program will serve 175 San Bernardino County adult clients annually in acute psychiatric facilities who have stabilized and need sub-acute placement and are unable to function at a lower level of care. Additionally, the team will assist clients who are ready to step down from one of the locked psychiatric facilities to transition into the community.

Last, DBH is consistently looking to increase options and availability for the appropriate placement and treatment for San Bernardino County clients. Over the last reporting period, DBH has added additional beds throughout various levels of care including, Skilled Nursing Facility beds, Institution for Mental Disease, Enhanced Board and Care, Enhanced Assisted Living, and Mental Health Rehabilitation Center beds.

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

Mental Health Block Grant (MHBG) funds will be used in FY 2026–27 and FY 2027–28 to support the staffing infrastructure, administrative direct costs, and indirect costs necessary to deliver the Long Term Care (LTC) services, coordinating with referring parties to complete an assessment, determination of appropriate level of care, submit referrals, set up interviews, and arrange transportation for discharge/admission. Additionally, while a client is placed at a treatment facility, the LTC team will continue to provide case management and coordinated care, assessing for readiness to transition to a lower level of care, and will facilitate that transition when appropriate.

Services are delivered across multiple settings, including in county and out of county hospitals, locked placement facilities, contracted community placement settings, meeting the client where they reside to receive services.

MHBG supported staffing ensures clients are served in the least restrictive setting that is most appropriate for their needs at the time.

MHBG-Funded Staffing and Roles:

MHBG funds will be allocated to support salary and benefits for the multidisciplinary team required to deliver LTC services. Positions supported include:

- Mental Health Clinic Supervisor (Program Oversight / Clinical Leadership): Oversees daily implementation; provides clinical consultation; supervises clinical and paraprofessional staff; manages staffing and personnel functions in consultation with the Program Manager II (not funded by MHBG); ensures fidelity to assessment, treatment planning and documentation requirements.

-Clinical Therapist II / Clinical Therapist I (Clinical Services): Conduct clinical assessments; develop Client Recovery Plans; deliver individual, group, and family therapy; provide short-term psychotherapy consistent with scope of practice; coordinate clinical case planning.

-Social Worker II / Mental Health Specialists (Field-Based Support/Case Management): Provide support linkage and follow-through with community

resources; support connection and stabilization to permanent housing; assist with appointment coordination, transportation barriers, and practical supports that sustain treatment engagement, assistance with Activities of Daily Living (ADLs).

-Staff Analyst II (Administrative): Assists with the grant development, contracting development and service monitoring; develops monitoring and tracking tools; monitors budget and makes recommendations; monitors legislative requirements.

-Senior Office Assistant (Administrative): Completes the clerical functions of the program, including responding to program inquiries; opening/closing client episodes in electronic health record; data input and maintaining data tracking files; scheduling appointments; ordering supplies.

-General Service Worker (Transportation): Provides transportation to discharge and admit clients into appropriate treatment options; delivers supplies; maintains vehicles.

Service Components and Activities Supported by MHBG

MHBG funds will support the staff time and capacity required to deliver the following program activities:

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

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

- Ongoing monitoring / Case management and coordination - Staff also oversee service delivery and compliance with the treatment plan, oversees linkage with needed services such as dental services, medical needs, and specialized services and engages family in the recovery process. This team coordinates, facilitates, and provides a warm handoff linkage of case management services and responsibilities to a DBH case management team providing aftercare services at Board and Care and/or independent housing. If necessary, the team will assist unfunded clients to obtain Interim Assistance funding to pay for Licensed Board and Care (B&C) facilities until their benefits are reinstated after discharge from State Hospitals. Once the B&C accepts the client, a Letter of Understanding (LOU) is signed between the County and each B&C provider for

each client. This LOU addresses cost, timeframe and references services provided by the Board and Care, per Title 22 of the California Administrative Code. Last, the LTC team provides referral and linkage activities, which includes advocating, motivating and encouraging the client for community placement as well as maintenance through entrance into a DBH Full-Service Partnership or DBH contracted step-down community-based program.

All services and plans are developed in partnership with the client using a client-centered, strength-based approach, ensuring alignment with the client's self-identified goals and promoting long-term self-sufficiency and recovery.

Other expenses include the LTC team utilizing the most appropriate form of transportation and placement for its clients. This includes transportation throughout several counties in California to ensure clients are linked to necessary treatment including mental health, substance abuse, and court appointments. When necessary, LTC has also coordinated non-emergency ambulance transport for clients that may require nursing/medical interventions during transit.

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

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

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

Which early psychosis model(s) is used? Please select all that apply.

- OnTrack
- NAVIGATE
- Early Assessment and Support Alliance (EASA)
- Prevention and Recovery from Early Psychosis (PREP)
- Specialized Treatment Early in Psychosis (STEP)
- Early Diagnosis and Preventative Treatment (EDAPT)
- PIER model
- Early Psychosis Intervention Center (EPICENTER)
- Other, please specify: This program is not an early psychosis program; therefore, no early psychosis models have been selected.

What services does your MHBG-funded Early Serious Mental Illness (ESMI) program provide? Please select all that apply.

- Assessment
- Assertive outreach
- Care coordination
- Case management
- Community outreach
- Co-occurring substance use services
- Education/Early detection
- Family education/Family support
- Family peer support services
- Housing support and services
- Mobile outreach
- Peer support services
- Pharmacotherapy
- Physical fitness and/or nutrition
- Primary care coordination
- Psychoeducation
- Psychotherapy
- Recreational groups
- Supported education
- Supported employment
- Team-based care provision
- Other services, please specify: This program is not an early psychosis program; therefore, no early psychosis services have been selected.

- D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOO(s) must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

Please Note: If your County has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for the MHBG program.

KPIs must be **specific, quantifiable measures** that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 100% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The County will be required to report on all stated objectives. Any changes made during the grant period must be approved through the Federal Grants Branch.

Please see below for sample MOOs and corresponding KPIs:

Example MOO: By July 1, 2027, 75% of adults age 18-64 transitioning from a long-term residential setting to a community placement will not require acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Example KPI: # of adults age 18-64 transitioning from a long-term residential setting to a community placement that have an acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Please complete the table below with the County’s selected MOO(s) and KPI(s).

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county’s MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. 50% of the total clients served each fiscal year who transition from long-term locked facilities into community placement will not be referred back to locked placement for the initial 60 days after placement.	1. Percentage of clients served each year who are not referred back to locked placement within 60 days of placement.
2. Optional	2. Optional
3.	3.

Describe the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the County will correct and resolve identified problems with progress toward established objectives):

LTC will track discharge statistics and ongoing case management via internal program spreadsheets and electronic health record reports. The program meets weekly with Management and, if any areas of improvement are required, they are discussed for resolution and correction plan development within a specific timeframe. Additional staff and interventions will be deployed as necessary. Program Administration will meet with Contractor Administration as needed to discuss any potential improvements and a coordinated plan to address.

E. Progress Statement: Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

In FY 2024-25, LTC worked to assist a total of 197 unduplicated clients with ongoing case management needs, preparing them to transition to a lower level of care. Of the 197 clients, 21 transitioned to a lower level of care in a community-based setting and were provided linkage to appropriate mental health care services. Of those transitioned to the community, two (2) were hospitalized within 60 days, which means 99% avoided acute psychiatric hospitalization, far exceeding the goal of 50%. Additionally, zero were referred for locked placement

within 60 days; therefore, 100% were able to transition into the community without being referred back to locked placement, exceeding the goal of 50%.

In addition to the number of clients the LTC program has assisted in stepping down from higher levels of care, the program staff completed new referral requests for a long term care placement evaluation in which 154 clients were placed into appropriate levels of care.

In FY 2025-26 (through 3/31/26), LTC has assisted 204 unduplicated clients with ongoing case management needs while in placement and preparing them to transition to a lower level of care. Of the 204 clients, 22 transitioned to a lower level of care in a community-based setting and were provided linkage to appropriate mental health care services. Of those transitioned to the community, no clients were referred back for locked placement within 60 days; therefore, 100% were able to transition into the community without being re-referred to LTC for locked placement within 60 days, exceeding the goal of 50%.

In addition to the number of clients the LTC program has assisted in stepping down from higher levels of care, the program staff completed 189 new placement referral requests for evaluation. In FY 2025-26 (through 3/31/26), 112 referred clients were placed into appropriate levels of care. Of the clients placed, those placed directly into community placement are transitioned to another DBH program to provide ongoing case management and mental health services.

Monthly site visits to each long-term locked facility increased timely access to the appropriate level of care based on the client's current level of need and the monitoring treatment team's approval of a step-down to a lower level of care. Additionally, the LTC team meets monthly with contracted team to discuss and determine appropriate levels of care transition and implements suggested changes immediately. This outcome has been removed as it is not a measurable outcome.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the County's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI), children with a Serious Emotional Disturbance (SED), individuals with SMI or SED in rural areas and those experiencing homelessness, and/or individuals who have an Early Serious Mental Illness (ESMI).

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

<input checked="" type="checkbox"/> Adults and Older Adults With SMI	<input type="checkbox"/> Children With SED
<input type="checkbox"/> Individuals With SMI Or SED In Rural Areas And Among Those Experiencing Homelessness, As Applicable	<input type="checkbox"/> Individuals Who Have An ESMI
<input type="checkbox"/> Other Description: Click or tap here to enter text.	

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *County program staff* funded by MHBG is required. The County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found in the Office of Personnel Management’s [2026 Wage Guidance](#).

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

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

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

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, Service Coordination, Peer Support, etc.</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the LTC	.75	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	.50	2
Clinical Therapist I	Performs the full range of assignments related to the field of mental health services including individual and group psychotherapy, evaluations and investigations, and professional counseling in accordance with applicable professional licensing laws.	.50	6
Social Worker II	Assist in development and implementation of Treatment Plans including assisting client to recognize concerns and	1.0	4

	address recovery, assists client to obtain solutions to problems such as education, housing, benefits.		
Mental Health Specialist	Assists in placement step down into community based levels of care, provide case management to support Activities of Daily Living, connect to benefits and ongoing treatment resources, conduct groups.	.25	3
Staff Analyst II	Plans and coordinates studies of administrative and operational activities including budget, workflow, and training plans, develops reports and makes recommendations for appropriate action based on analysis of gathered data, provides analysis of grant narratives and outcomes to ensure program fidelity, researches local, state and national regulations and requirements, develops tools and training plans to ensure compliance, represent the program at various meetings, providing program presentation and education, drafting and monitoring contract requirements.	.25	1
Senior Office Assistant	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, schedules follow up appointments for clients, data entry on outcome data tracking mechanism, answers phones and provides front line information on behalf of the program, supply orders, and drafts clerical procedures.	1.0	2
General Service Worker	Operates office equipment such as paper shredders and photocopiers, cleans and performs routine	.25	3

	maintenance, collates and staples pages, sorts materials, makes deliveries and runs errands, packs, unpacks and shelves materials and equipment, wraps and packages materials, moves objects, drives a vehicle, completes and maintains necessary forms and logs.		

Please provide any additional information regarding County staffing below:

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

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

This program is fully implemented.

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

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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

Additionally, LTC meets weekly for program, staff, caseload, and outcome review during staff meeting.

Last, LTC meets monthly with Management to complete an overall program review.

Frequency of data collection and analysis:

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

Caseload and outcome data are collected daily, while reviewed and analyzed weekly during staff meetings.

Program data is collected and analyzed monthly with the Management team.

Type of data collection and analysis:

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

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

The following is provided to DBH Research, Analysis and Development as well as DBH Executive Management annually and as requested:

- Outreach and education activities and total number attended outreach
- Demographic information
- Timely access to services, such as the length of time from the initial referral to placement
- Outcomes related to decreased recidivism into locked psychiatric or inpatient hospitalization

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

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

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

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

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes No

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

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the LTC program is to provide assistance for clients to obtain appropriate treatment and placement options via contracted placements. LTC staff provide coordination for clients to step down into appropriate levels of community care, when ready, connect to the necessary supports to continue in their recovery and prevent further institutionalization. LTC staff provide supportive case management, linking clients and their families to appropriate housing, placement, or treatment resources. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

Once placed in the community, LTC ensures linkage to follow up case management and medication services, such as Adult Continuing Care Program

Portals Clinic, Program for Assisting and Coordinating Enhanced Services (PACES), contracted Full Service Partnerships, DBH Outpatient Clinics, and many more. In addition, DBH has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

LTC provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. Additionally, DBH will be implementing the Individual Placement and Support Model of Supported Employment (IPS) as per Behavioral Health Services Act (BHSA) requirements to provide necessary employment and job based resources. IPS is an evidence based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community.

Transition from hospitals to community settings:

The LTC team's main purpose and goal is to coordinate with hospitals, locked placement facilities and other referring parties, including Institutions for Mental Disease (IMD), Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and State Hospitals, back into the community, ensuring they have access to appropriate level of placement and support to increase successful reintegration into the community. The LTC team completes an assessment and determination of appropriate level of care for the client, works with contractors to refer and accept clients, and facilitates the transition into lower levels of care, including community settings. The LTC will provide ongoing case management or link to appropriate programs to ensure continued treatment services and encourage stability in the community.

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

**San Bernardino County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2026-28 Program Narrative**

Instructions: Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]_[Program Name]_MHBG Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

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

Choosing Healthy Options to Instill Change and Empowerment (CHOICE)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Early Serious Mental Illness, Including First Episode Psychosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children’s System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
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A. Statement of Purpose: Identify the principles of the program and the purpose/goals of the program.

In April 2011, the California Legislature passed the Public Safety Realignment Act (Assembly Bills 109 and 117), which shifted responsibility for the supervision and treatment of lower level offenders from the California Department of Corrections and Rehabilitation (CDCR) to county systems. This increased a need for coordinated behavioral health and supervision services for justice-involved individuals. The Choosing Health Options to Instill Change and Empowerment (CHOICE) program is a specialized behavioral health program co-located within San Bernardino County Probation Day Reporting Centers (DCR) to provide services to individuals who are on formal probation supervision with San Bernardino County Probation Department.

CHOICE is designed to address the complex needs of individuals with co-occurring mental health and substance use disorders while maintaining an emphasis on community safety. The purpose of the program is to improve client symptomology, support successful community reintegration, and reduce recidivism by promoting long-term recovery and self-sufficiency.

Through a collaborative partnership between San Bernardino County Probation Department, the CHOICE program reduces barriers to care and enhances service access by delivering mental health treatment, substance use services, case management, and housing support at co-located Probation Day Reporting Centers throughout San Bernardino County. The program supports individuals who are justice involved by stabilizing their conditions, building life skills, and supporting healthy transitions back into the community.

CHOICE prioritizes continuity of care, evidence based interventions, and coordinated service delivery between mental health and substance use teams to improve individual outcomes and promote long-term stability. By addressing the underlying behavioral health and social determinants contributing to justice involvement, the program aims to reduce recidivism and support sustained community integration.

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

Characteristics of the population served include:

- Unstable living arrangements
- Involvement with the criminal justice system
- Unstable employment/poor job skills
- Dysfunctional family relationships and instability with family support systems, including loss of child custody
- Poor social or interpersonal relationship skills

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

Mental Health Block Grant (MHBG) funds will be used in FY 2026–27 and FY 2027–28 to support the staffing infrastructure and indirect costs necessary to deliver the CHOICE program services.

There are three (3) CHOICE Outpatient Clinics co-located at the San Bernardino County Day Reporting Centers (DCR) and one CHOICE program operating at the Barstow Probation Office. The service location offers probationers a one-stop setting to meet with Probation personnel, receive behavioral health and substance use disorder (SUD) 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 Public Defender's Office in addition to the DBH Screening, Assessment and Referral Center (SARC) to coordinate behavioral health and SUD services for individuals entering the community after a period of incarceration. SUD services include access to Medications for Addiction Treatment (MAT) and/or Medications for Opioid Use Disorder (MOUD).

Clients in the outpatient modalities for CHOICE receive a comprehensive, recovery-oriented treatment plan to assist in reaching their individualized treatment goals.

MHBG-Funded Staffing and Roles:

MHBG funds will be allocated to support salary and benefits for the Alcohol and Drug Counselors team required to deliver CHOICE services. Positions supported include:

- Alcohol & Drug Counselors (Substance Use Support/Coordination): Provide

substance-related assessments; support linkage to substance use services and recovery supports; coordinate with community resources.

Service Components and Activities Supported by MHBG

MHBG funds will support the staff time and capacity required to deliver the following program activities:

-Initial screening and assessment: Staff completes initial screening and assessment to verify an individual meets program requirements for mental health and SUD services. Screening and assessment processes align with current Department of Health Care Services (DHCS) access criteria for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) requirements. Staff completes an adult clinical assessment and/or the American Society of Addiction Medicine (ASAM) to evaluate the client's needs and functioning in multiple areas and to inform and facilitate decisions or recommendations for placement within appropriate levels of treatment.

- Treatment Planning: Clinical staff establish a recovery care plan with each client admitted to the CHOICE program. The care plan identifies problem areas related to clients' mental health and SUD needs and includes short and long term goals that address areas of concern.

- Outpatient services: designed to provide structure and supervision to further a client's ability to improve his/her level of functioning. Services may include individual psychotherapy, group therapy, psychosocial rehabilitation, case management support, and medication management. Therapeutic interventions are provided to focus on symptom reduction and crisis management to improve functional impairments and sobriety.

- Intensive Outpatient Treatment modality is offered at one of the sites where an emphasis is placed on an increased understanding of mental illness, building self-esteem, cognitive restructuring to address criminal thinking, and anger management. Clients may receive psychiatric and medical support services in addition to therapy to enhance coping skills. Support includes linkage to providers for appointments and support in accessing a pharmacy.

-Substance use disorder treatment: Direct outpatient drug free (ODF) substance use disorder treatment, including ASAM screening and assessments, MAT linkage.

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

Seeking Safety – emphasizes achieving safety and wellbeing from a holistic approach, physically, emotionally, and behaviorally while treating trauma and substance use disorders. It offers a focused approach that teaches coping skills, builds personal strengths, and support that helps the stabilization of participants without requiring in-depth processing of past trauma. This model seeks to create a safe environment, teach coping skills, and address trauma and substance abuse concurrently, is highly flexible, and designed for individuals or groups. It is considered a clinician-led, client centered approach.

Criminal and Addictive Thinking – Describe and provide examples of common criminal thinking errors with the justice-involved population. The model aids staff in facilitating the criminal thinking change process.

Matrix and Living in Balance Curriculum – Treatment models for addiction that directly address the needs of those who suffer from stimulant addiction. These curriculums help clients from all walks of life address key lifestyle, relationship, and emotional issues. It is used by staff to enhance cognitive, behavioral, and experiential treatment approaches with a strong emphasis on relapse prevention.

Relapse Prevention – Assists clients to identify high-risk situations, work on responses and coping skills, and explore lifestyle factors that may increase vulnerability.

Which early psychosis model(s) is used? Please select all that apply.

- OnTrack
- NAVIGATE
- Early Assessment and Support Alliance (EASA)
- Prevention and Recovery from Early Psychosis (PREP)
- Specialized Treatment Early in Psychosis (STEP)
- Early Diagnosis and Preventative Treatment (EDAPT)
- PIER model
- Early Psychosis Intervention Center (EPICENTER)

Other, please specify: This program is not an early psychosis program; therefore, no early psychosis models have been selected.

What services does your MHBG-funded Early Serious Mental Illness (ESMI) program provide? Please select all that apply.

- Assessment
- Assertive outreach
- Care coordination
- Case management
- Community outreach
- Co-occurring substance use services
- Education/Early detection
- Family education/Family support
- Family peer support services
- Housing support and services
- Mobile outreach
- Peer support services
- Pharmacotherapy
- Physical fitness and/or nutrition
- Primary care coordination
- Psychoeducation
- Psychotherapy
- Recreational groups
- Supported education
- Supported employment
- Team-based care provision
- Other services, please specify: This program is not an early psychosis program; therefore, no early psychosis services have been selected.

D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOO(s) must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

Please Note: If your County has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for the MHBG program.

KPIs must be **specific, quantifiable measures** that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership’s [KPI Basics resource page](#).

As an example, the objective of “Each new client will be contacted” does not follow the SMART framework. However, restating the objective as “By July 1, 2027, 100% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks” specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The County will be required to report on all stated objectives. Any changes made during the grant period must be approved through the Federal Grants Branch.

Please see below for sample MOOs and corresponding KPIs:

Example MOO: By July 1, 2027, 75% of adults age 18-64 transitioning from a long-term residential setting to a community placement will not require acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Example KPI: # of adults age 18-64 transitioning from a long-term residential setting to a community placement that have an acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Please complete the table below with the County’s selected MOO(s) and KPI(s).

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>

1. Enroll 75 clients into CHOICE SUD treatment services each fiscal year.	1. Number of clients enrolled in CHOICE SUD treatment services.
2. 50% of potential CHOICE clients will be provided a SUD assessment by an Alcohol & Drug Counselor each fiscal year.	2. Percentage of clients who receive a SUD assessment by an Alcohol & Drug Counselor.
3. Assist 95% of unsheltered clients each fiscal year to obtain and maintain sustainable housing to decrease the potential for recidivism in the justice involved homeless population.	3. Number of unsheltered clients who obtain and maintain sustainable housing.

Describe the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the County will correct and resolve identified problems with progress toward established objectives):

CHOICE will track statistics and ongoing outcomes via internal program spreadsheets and electronic health record reports. The program meets with Management and, if any areas of improvement are required, they are discussed for resolution and correction plan development within a specific timeframe. Additional staff and interventions will be deployed as necessary.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

In FY 2024-25, the CHOICE program processed 1,882 referrals. CHOICE SUD led 425 SUD focused groups, providing recovery education and support to 1,166 participants.

As of March 2026 (FY2025-26), the CHOICE program has processed 1,120 referrals, with 40% completing either a mental health assessment and/or SUD assessment.

Alcohol and Drug Counselors have completed 354 Walk-in Screenings to assess for Substance Use Disorder Treatment level of care and program placement. Additionally, 105 clients engaged in the program’s Outpatient Services and a total of 731 clients participated in Recovery and Relapse (R&R) psychoeducation classes.

During the last reporting period, multiple programs fell under the Adult Forensic Services program; however, in the past year, there has been some significant programmatic restructuring, combining program efforts, aligning staff oversight, and providing for efficiency in services. Measurable outcomes have been adjusted to more appropriately align with programmatic shift and service outcomes.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the County’s MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI), children with a Serious Emotional Disturbance (SED), individuals with SMI or SED in rural areas and those experiencing homelessness, and/or individuals who have an Early Serious Mental Illness (ESMI).

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

<input checked="" type="checkbox"/> Adults and Older Adults With SMI	<input type="checkbox"/> Children With SED
<input type="checkbox"/> Individuals With SMI Or SED In Rural Areas And Among Those Experiencing Homelessness, As Applicable	<input type="checkbox"/> Individuals Who Have An ESMI
<input type="checkbox"/> Other	

Description: Co-occurring substance abuse and involved in the criminal justice system

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *County program staff* funded by MHBG is required. The County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found in the Office of Personnel Management’s [2026 Wage Guidance](#).

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

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

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

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, Service Coordination, Peer Support, etc.</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Alcohol and Drug Counselor	Conduct intake evaluations to determine needs as they relate to substance use disorders, develops and implement substance use related portions of the Treatment Plan, provides	.50	6

referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

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

Type of data collection and analysis:

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

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

The following is provided to DBH Research, Analysis and Development as well as DBH Executive Management annually and as requested:

- Outreach and education activities and total number attended outreach
- Demographic information
- Timely access to services, such as the length of time from the initial referral to first service

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

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

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

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

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes No

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

Housing services:

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

Home and community-based services and peer support services:

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

Employment services:

CHOICE provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. Additionally, DBH will be implementing the Individual Placement and Support Model of Supported Employment (IPS) as per Behavioral Health Services Act (BHSA) requirements to provide necessary employment and job based resources. IPS is an evidence based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community.

Transition from hospitals to community settings:

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

**San Bernardino County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2026-28 Program Narrative**

Instructions: Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]_[Program Name]_MHBG Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

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

Improving Detection and Early Access (IDEA)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Early Serious Mental Illness, Including First Episode Psychosis	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children’s System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
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A. Statement of Purpose: Identify the principles of the program and the purpose/goals of the program.

First Episode Psychosis is characterized by disruptions to a person’s thoughts and perceptions that make it difficult for them to realize what is real and what is not. The disruptions can include seeing, hearing, or believing things that are not real or have strange, persistent thoughts, behaviors, or emotions. The initial behavioral health episode, frequently psychotic in nature, and subsequent acute psychiatric hospitalizations, present a unique opportunity to ensure seamless integration into the behavioral health outpatient services immediately upon discharge, with the goal of decreasing subsequent acute psychiatric episodes.

The Department of Behavioral Health (DBH) Improving Detection and Early Access (IDEA) program utilizes the Coordinated Specialty Care (CSC) model to serve individuals that are considered Clinical High Risk (CHR) for developing psychosis, experiencing symptoms, or are experiencing their First Episode Psychosis (FEP). The IDEA program identifies individuals that are considered CHR as early as possible during or prior to the FEP.

The IDEA program focuses on services for youth 12 years of age and older, as well as Transitional Aged Youth (TAY) who are 16 – 25 years old, residing in San Bernardino County.

IDEA works with State consultant EPI-CAL in training, education, and implementation of evidence based practices for individuals experiencing their first episode of psychosis. Specifically, IDEA employs the CSC model, a recovery-based treatment team approach that has demonstrated efficacy with individuals who are within the first five (5) years of onset.

The goal of the program is to intervene early, engage, and work with the client and their families/support system to provide education, guidance, and appropriate treatment option linkage for ongoing stability, understanding symptom reduction, and reduce reliance on emergency psychiatric care.

B. Program Description: Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings,

and/or planned community outreach, as applicable. In addition, explain each itemized budget line item within the program's Detailed Budget.

Mental Health Block Grant (MHBG) funds will be used in FY 2026–27 and FY 2027–28 to support the staffing infrastructure necessary to deliver the IDEA services. IDEA staff are community based and respond in the field, meeting the client where they best receive services. The IDEA program offers early intervention to clients experiencing a first episode using the CSC model of care. The team strives to educate and include the client as well as their family as much as possible in their identification of treatment goals and plan.

MHBG-Funded Staffing and Roles:

MHBG funds will be allocated to support salary and benefits for the multidisciplinary team required to deliver IDEA services. Positions supported include:

-Mental Health Clinic Supervisor (Program Oversight/Clinical Leadership): Oversees daily implementation; provides clinical consultation; supervises clinical and paraprofessional staff; manages staffing and personnel functions in consultation with the Program Manager II (not funded by MHBG); ensures fidelity to assessment, treatment planning, and documentation requirements.

-Clinical Therapist I (Clinical Services): Conduct clinical assessments; develop Client Recovery Plans and Reintegration Plans; deliver individual, group, and family therapy; provide short-term psychotherapy consistent with scope of practice; coordinate clinical case planning.

-Social Worker II / Mental Health Specialist (Field-Based Support/Case Management): Provide crisis intervention as well as support linkage and follow-through with community resources; support connection and stabilization to ongoing treatment, permanent housing; assist with appointment coordination, transportation barriers, and practical supports that sustain treatment engagement; assistance with Activities of Daily Living (ADLs).

-Program Specialist II (Administrative): Assists with the grant development, contracting development and service monitoring; develops monitoring and tracking tools; monitors legislative requirements.

-Peer & Family Advocate (Engagement and Advocacy): Assists with peer engagement, counseling and education; provides groups; connects individuals and families with services to assist in functioning independently and accessing community resources.

-Senior Office Assistant (Administrative): Completes the clerical functions of the program, including responding to program inquiries; opening/closing client episodes in electronic health record; data input and maintaining data tracking files; scheduling appointments; ordering supplies.

Service Components and Activities Supported by MHBG

MHBG funds will support the staff time and capacity required to deliver the following program activities:

-Team meetings: a range of healthcare workers who are members of different disciplines that provide specific services to the individual and come together to improve care planning and coordination.

-Medication Support Services: includes close monitoring of medication and communication about the importance of continued medication, even after symptom improvement.

-Therapy: Use of evidence based interventions for psychosis provided for individuals, groups, and families. Family education and support is included, and the individuals choose who they want involved in their recovery. Family/client supports receive information and play an active role in recovery.

-Case Management: Assistance by a case manager who helps client and family members navigate their treatment options, connect to ongoing resources, gain benefits, and stabilize in the community.

-Supported Employment and Education (SEE): Fostering autonomy and setting goals to live to the fullest.

-Advocacy: Delivering peer and family support that reduces barriers that clients and families face in accessing mental health care.

-Outreach: Assertively outreaching to individuals, at-risk populations, and their families which could include home visits.

The program services include collaboration with referring party to coordinate placement to an appropriate level of care, when needed. In an effort to coordinate this placement, IDEA program provides MHBG funded bus passes, transportation assistance, and placement costs, utilizing whichever mode is most appropriate for the client's care, with the ultimate goal of assisting the client to obtain increased independence and autonomy in the community.

Once integrated back into the community, the IDEA 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 education as appropriate, support and therapy. The client and family members are offered educational information and support regarding their loved one's behavioral health condition focusing on developing support for their aftercare treatment and recovery and ensuring the program continues to provide client and family driven services.

MHBG funds support staff positions to provide the services above as well as the following:

- Indirect costs

- Office supplies including paper, pens, printer ink, toner, and other stationary

- Bus passes and gift cards to allow for independent transport for clients, incentives to participate in treatment, assistance to gain housing supplies, and more.

- Client services/support including clothing, food, job training and other therapeutic activity materials

- Staff mileage, vehicle rental costs to transport client's to needed resources, such as appointments, obtain entitlements, teach activities of daily living including budgeting and shopping, and more.

- Supportive services including security/housing deposits, gym memberships, fees for Driver's License or birth certificates, books, and other fees for job related activities.

- Training/conferences including continuing education courses required by the California Board of Behavioral Sciences, training specific to populations served, and training/conferences as required by EPI-CAL.

- County support administrative direct costs including county overhead and administrative support.

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

Coordinated Specialty Care (CSC) – an evidenced based model of early intervention for young adults experiencing first episode psychosis (FEP). The model is unique because it has team-based and multidisciplinary, collaborative, recovery-oriented, and emphasizes shared decision making between the team and individuals experiencing FEP.

Psychoeducation – an evidenced based therapeutic intervention for clients and their support system that provides information and support to better understand and cope with mental illness.

Which early psychosis model(s) is used? Please select all that apply.

- OnTrack
- NAVIGATE
- Early Assessment and Support Alliance (EASA)
- Prevention and Recovery from Early Psychosis (PREP)
- Specialized Treatment Early in Psychosis (STEP)
- Early Diagnosis and Preventative Treatment (EDAPT)
- PIER model
- Early Psychosis Intervention Center (EPICENTER)
- Other, please specify: EPI-Plus using the Coordinated Specialty Care First Episode Psychosis model

What services does your MHBG-funded Early Serious Mental Illness (ESMI) program provide? Please select all that apply.

- Assessment
- Assertive outreach
- Care coordination
- Case management
- Community outreach
- Co-occurring substance use services
- Education/Early detection
- Family education/Family support
- Family peer support services
- Housing support and services
- Mobile outreach

- Peer support services
- Pharmacotherapy
- Physical fitness and/or nutrition
- Primary care coordination
- Psychoeducation
- Psychotherapy
- Recreational groups
- Supported education
- Supported employment
- Team-based care provision
- Other services, please specify: Click or tap here to enter text.

D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOO(s) must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

Please Note: If your County has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for the MHBG program.

KPIs must be **specific, quantifiable measures** that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 100% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is

achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The County will be required to report on all stated objectives. Any changes made during the grant period must be approved through the Federal Grants Branch.

Please see below for sample MOOs and corresponding KPIs:

Example MOO: By July 1, 2027, 75% of adults age 18-64 transitioning from a long-term residential setting to a community placement will not require acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Example KPI: # of adults age 18-64 transitioning from a long-term residential setting to a community placement that have an acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Please complete the table below with the County’s selected MOO(s) and KPI(s).

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. IDEA will meet the FEP-FS 1.0 Patient to Provider Ratio of 20:1 at 100% of the time, or rating 5 on the scale, each fiscal year.	1. Patient to provider ratio percentage
2. 90% of the clients enrolled in IDEA will meet the explicit diagnostic admission criteria outlined in the FEP-FS 1.0 fidelity scale each fiscal year.	2. Percentage of clients enrolled who meet explicit diagnostic admission criteria outlined.
3. 80% of referred individuals will receive a face-to-face appointment within two weeks each fiscal year.	3. Percentage of clients who receive a face to face appointment within two weeks of referral.

Describe the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the County will correct and resolve identified problems with progress toward established objectives):

IDEA will track referral statistics, admission criteria, and appointments via internal program spreadsheets, data collection forms, and electronic health record

reports. The program meets monthly with Management and, if any areas of improvement are required, they are discussed for resolution and correction plan development within a specific timeframe. Additional staff and interventions will be deployed as necessary.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2024-26 application cycle.

In FY 2024-25, the county operated two (2) separate and distinct First Episode Psychosis (FEP) programs. Upon the recommendation of the State consultant, EPI-CAL, DBH determined it would consolidate the programs into one (1) cohesive FEP program for the county. DBH submitted a Budget Change Request (BCR) to MHBG advising that Premier would be folded into the IDEA program, effective FY2025-26, July 1, 2026, which was subsequently approved by MHBG. Therefore, FY2024-25 data will be provided for Premier, and FY2025-26 data will be provided for IDEA for the outcomes that were provided in each respective narrative.

In FY2024-25, the Premier program served a total of ten (10) clients. Of these, only two (2) clients discharged from the program during this reporting period and both discharged to a lower level of care upon exit, which is 100% of those discharged and exceeds the goal of 50%. Of the clients served, zero (0) were admitted to an acute psychiatric hospital within the first 60 days, which is a 100% success rate and also exceeds the goal. Last, 100% of clients participating were not admitted to an acute psychiatric hospital in the first year, which also exceeds the goal set. The goal of improved functioning was removed from the measurable outcomes as it is not a SMART goal with key performance indicators. There is no data for this outcome objective.

In FY2025-26, as the IDEA program continued to expand services, the program was able to provide services at a patient to provider ratio of 8:1 which exceeds the goal of at least 20:1. Additionally, 100% of clients admitted into the IDEA program met the explicit diagnostic admission criteria outlined in the FEP-FS 1.0 scale. The IDEA program saw 22% of its clients hospitalized in an inpatient psychiatric unit prior to enrollment, which is just over the stated goal of 20%. The IDEA program continues its outreach efforts to engage and intervene early. IDEA also exceeded the goal of referred individuals receiving a face to face appointment within two weeks, seeing 91% of clients within this timeframe. Last, 100% of clients participated in the equivalent of 12 episodes of psychoeducation, exceeding the goal of 80%.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the County’s MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI), children with a Serious Emotional Disturbance (SED), individuals with SMI or SED in rural areas and those experiencing homelessness, and/or individuals who have an Early Serious Mental Illness (ESMI).

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

<input type="checkbox"/> Adults and Older Adults With SMI	<input type="checkbox"/> Children With SED
<input type="checkbox"/> Individuals With SMI Or SED In Rural Areas And Among Those Experiencing Homelessness, As Applicable	<input checked="" type="checkbox"/> Individuals Who Have An ESMI
<input type="checkbox"/> Other Description: Click or tap here to enter text.	

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *County program staff* funded by MHBG is required. The County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive

Schedule, as found in the Office of Personnel Management’s [2026 Wage Guidance](#).

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

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

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

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, Service Coordination, Peer Support, etc.</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the IDEA program.	.20	1
Clinical Therapist I	Performs the full range of assignments related to the field of mental health services including individual and group psychotherapy, evaluations and investigations, and professional counseling in accordance with applicable professional licensing laws.	.20	2

Social Worker II	Assist in development and implementation of Treatment Plans including assisting client to recognize concerns and address recovery, assists client to obtain solutions to problems such as education, housing, benefits.	.50	1
Mental Health Specialist	Assists in placement into community based levels of care, provide case management to support Activities of Daily Living, connect to benefits and ongoing treatment resources, conduct groups.	.40	1
Peer & Family Advocate	Provides crisis response services, peer counseling, and linkages to services and support for clients, conduct one-on-one or group sessions with clients and/or their families and collect data for screenings, applications, records, and needs assessments, serve as a mentor in facilitating and engaging clients and family members in functioning more independently and accessing community resources.	.25	2
Program Specialist II	Develops reports and makes recommendations for appropriate action based on analysis of gathered data, provides analysis of grant narratives and outcomes to ensure program fidelity, researches local, state and national regulations and requirements, develops tools and training plans to ensure compliance, represent the program at various meetings, providing program presentation and education, drafting and monitoring contract requirements.	.50	1
Senior Office Assistant	Performs clerical functions and tasks on behalf of the program including client tracking (opening,	.50	1

	<p>closing, and maintaining files) in electronic health record, schedules follow up appointments for clients, data entry on outcome data tracking mechanism, answers phones and provides front line information on behalf of the program, supply orders, and drafts clerical procedures.</p>		

Please provide any additional information regarding County staffing below:

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

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

This program is fully implemented.

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

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

IDEA completes the First Episode Psychosis – Fidelity Scale 1.0 on a quarterly basis and combines responses into an annual report. Any deficiencies or areas of needed improvement are referred to supervisory staff for resolution within a specified timeframe. The completed review report is submitted to the grant

coordinator and Executive Management, as requested.

Frequency of data collection and analysis:

DATA is collected and maintained on a daily basis. The Fidelity Scale is completed and analyzed quarterly. Outcomes are reported to the grant coordinator and Executive Management on an annual basis and made available as requested.

Type of data collection and analysis:

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

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

The following is provided to DBH Research, Analysis and Development as well as DBH Executive Management annually and as requested:

- Outreach and education activities and total number attended outreach
- Demographic information
- Outcomes related to timely access to services, including the length of time from the initial call for referral to first service

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

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

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

The length of time established for correction and resolution of identified problems is dependent upon the issue presented, parties involved, and plan

required to correct. Each issue is reviewed, determine the urgency, and is provided with sufficient amount of time to correct.

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes No

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

Housing services:

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

Home and community-based services and peer support services:

The IDEA program provides case management in the community at the client's home or preferred community based location, with the goal of supporting the client in maintaining their recovery and linking them to ongoing treatment solutions. The team provides transportation and connection to needed community resources. The team employs Peer & Family Advocates whose primary role is to engage the client and their family through unique connection and education. This staff works to provide education on symptom management and coping skills, as well as connection to needed resources and treatment.

In addition, DBH has developed several innovative programs such as Triage, Engagement, and Support Teams (TEST) and Recovery Based Engagement

Support Teams (RBEST) which are community-based and engage clients in an effort to assist them with their transition process into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

IDEA provides Supported Employment and Education as part of the CSC components. Staff provide follow up job skills and employment services, which may include assistance to apply for school or vocational schools, assistance to obtain job resources such as phlebotomy certification, security certification, and more, assistance to obtain text books and transportation. Additionally, DBH will be implementing the Individual Placement and Support Model of Supported Employment (IPS) as per Behavioral Health Services Act (BHSA) requirements to provide necessary employment and job based resources. IPS is an evidence based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community.

Transition from hospitals to community settings:

The IDEA program provides follow up case management for those discharging from hospital based settings, in order to assist the client to locate and maintain permanent housing solutions and ongoing treatment options to ensure stability and the community and reduction of recidivism.

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

**San Bernardino County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2026-28 Program Narrative**

Instructions: Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]_[Program Name]_MHBG Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

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

Juvenile Justice Community Reintegration (JJCR)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Early Serious Mental Illness, Including First Episode Psychosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children’s System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
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A. Statement of Purpose: Identify the principles of the program and the purpose/goals of the program.

The purpose of the Department of Behavioral Health (DBH) Juvenile Justice Community Reintegration (JJCR) program is to deliver comprehensive, community-based mental health services to justice-involved youth returning to San Bernardino County communities from the Juvenile Detention and Assessment Centers (JDAC), the Secured Youth Treatment Facility named A Restorative Integration for Successful Engagement (ARISE), and the Less Restrictive Treatment Facility named Successful Outcome Achieving Responsibilities (SOAR). JJCR is designed to ensure that detained youth with significant behavioral health needs experience a coordinated, clinically appropriate, and family-engaged transition from custody to community, with services and supports that reduce recidivism and promote long-term well-being.

JJCR achieves this purpose through a collaborative partnership with the Probation Department and the use of multi-disciplinary teams that work directly with youth, families, and the youth’s Probation Officer to develop an individualized reintegration advocacy plan. This plan is a core component of case management and is intended to address the youth’s social, behavioral, and environmental needs, while ensuring timely access to mental health treatment and stabilizing community resources.

JJCR is specifically structured to ensure that mental health care is youth- and family-driven by centering the voices and priorities of youth and their families in reintegration planning. Reintegration plans are designed to support youth as they move through, and out of, the justice system by fostering resiliency and positive youth development. Plans emphasize improved family functioning, educational advancement, and the development of independent life skills which are protective factors that reduce the likelihood of continued system involvement and other problematic behaviors.

JJCR will provide services to approximately 400 seriously emotionally disturbed (SED) children and adolescents annually, consistent with Welfare and Institutions Code § 5600.3(a)(2), who are detained and released from San Bernardino County JDAC, ARISE, or SOAR. Reintegration planning begins while the youth is still in custody and continues for up to twelve (12) months post-release, ensuring

sustained engagement, consistent monitoring, and responsive service linkage during the highest-risk reentry period.

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

Mental Health Block Grant (MHBG) funds will be used in FY 2026–27 and FY 2027–28 to support the staffing infrastructure and indirect costs necessary to deliver the Juvenile Justice Community Reintegration (JJCR) program. JJCR provides in-custody and post-release assessment, treatment, and community-based care coordination for justice-involved youth returning to the community from San Bernardino County's Juvenile Detention and Assessment Centers (JDAC), the Secured Youth Treatment Facility (ARISE), and the Less Restrictive Treatment Facility (SOAR), including youth participating in Juvenile Drug Court, Juvenile Mental Health Court, and Court for the Individualized Treatment of Adolescents (CITA).

MHBG-supported staffing ensures youth receive a client-centered Reintegration Plan (RP) that begins in custody and continues for up to 12 months post-release, with services tailored to behavioral health needs and focused on successful community reintegration.

MHBG-Funded Staffing and Roles:

MHBG funds will be allocated to support salary and benefits for the multidisciplinary team required to deliver JJCR's core service array. Positions supported include:

- **Mental Health Clinic Supervisor (Program Oversight/Clinical Leadership):** Oversees daily implementation; provides clinical consultation; supervises clinical and paraprofessional staff; manages staffing and personnel functions in consultation with the Program Manager II (not funded by MHBG); ensures fidelity to assessment, treatment planning, and documentation requirements.
- **Clinical Therapist II (Clinical Services):** Conduct clinical assessments; develop Client Recovery Plans and Reintegration Plans; deliver individual, group, and family therapy; provide short-term psychotherapy consistent with scope of practice; coordinate clinical case planning.
- **Alcohol & Drug Counselors (Substance Use Support/Coordination):** Provide substance-related assessment inputs; support linkage to substance use services and recovery supports; coordinate with specialty courts and community resources where substance use needs are present.
- **Mental Health Specialists / Social Worker II (Field-Based)**

Support/Engagement/Case Management): Provide engagement and outreach; support linkage and follow-through with community resources; assist with appointment coordination, transportation barriers, and practical supports that sustain treatment engagement.

MHBG-funded staffing supports both in-custody and out-of-custody service delivery functions described below.

Service Components and Activities Supported by MHBG

MHBG funds will support the staff time and capacity required to deliver the following program activities:

1) In-Custody Assessment, Engagement, and Treatment Planning

MHBG-funded staff will provide pre-release services in custodial settings to identify needs and initiate care pathways, including:

- Youth and family engagement to identify behavioral health and reintegration priorities.
- Completion of required planning and assessment activities:
 - o Client Resource Evaluation
 - o Clinical Assessment
 - o Client Recovery Plan
- Individual case planning and case management to begin addressing identified needs prior to release.

2) Post-Release Outpatient and Community-Based Therapy

MHBG-funded clinical staff will provide therapeutic interventions focused on symptom reduction and improved functioning, including:

- Individual therapy
- Group therapy
- Family therapy (with youth present as clinically indicated)
- Short-term psychotherapy, provided by licensed, registered, or waived staff within scope of practice, including supervised master's-level interns as applicable.

3) Intensive Case Management and Linkage (Up to 12 Months)

MHBG-funded staff will provide case management services for up to 12 months post-release, including:

- Linkage to behavioral health supports in home and community settings.
- Linkage to reintegration resources, including:
 - o Benefits acquisition
 - o Housing supports
 - o Medical care

- o Psychiatric care
- o Self-help/recovery supports
- Advocacy to address barriers to service access and engagement.
- Support obtaining financial assistance/subsidized programs appropriate to youth needs.
- Linkage to educational, vocational, employment, and legal resources/information.

4) Medication Support and Care Coordination

MHBG-funded staff will coordinate psychiatric and medical needs to reduce treatment disruption, including:

- Linkage to psychiatric/medical providers.
- Appointment coordination and follow-through support.
- Pharmacy coordination.
- Assistance addressing transportation barriers impacting access and adherence.

5) Specialty Court Collaboration and Justice-System Coordination

MHBG-funded staff will coordinate with justice partners to align behavioral health interventions with court-involved youth needs, including:

- Collaboration activities for Juvenile Drug Court, Juvenile Mental Health Court, and CITA.
- Coordination with Probation and court stakeholders to support continuity of care and reinforce engagement.

6) Multidisciplinary Team (MDT) Review and Ongoing Monitoring

MHBG-funded staff will participate in structured MDT processes to monitor outcomes and adjust services as needed, including:

- MDT meetings to evaluate treatment response, service effectiveness, and changing needs.
- Updates to treatment planning and service intensity to ensure continued appropriateness and progress.

Service Delivery Settings (Where MHBG-Funded Services Occur)

MHBG funds will support staffing to deliver services across the continuum of custody-to-community settings, including:

- In-custody settings: JDAC, ARISE, and SOAR
- Community-based settings: outpatient/community-based locations, including in-home and field-based settings as needed to support engagement and linkage
- Specialty court/system settings: coordination activities connected to

Juvenile Drug Court, Juvenile Mental Health Court, and CITA Court as applicable.

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

Aggression Replacement Training (ART) – a structured, skills-based intervention to reduce anger-driven behavior and build safer, pro-social responses. ART targets the key drivers of anger-based reactions by teaching practical skills, improving moral reasoning, and building self-control through repeated practice, coaching, and accountability. Clinicians align the youth treatment plan goals with ART targets (e.g. reduce aggressive incidents, use 2 coping skills when triggered) when appropriate. Additionally, ART provides a shared language and a consistent communication framework between Behavioral Health and Probation staff to describe the youth behavior in observable, skills-based terms (e.g. identifying triggers, escalation cues, anger control strategies, and the specific replacement skills the youth is expected to use) so that staff can coordinate coaching, reinforcement, and responses using the same expectations across settings.

Which early psychosis model(s) is used? Please select all that apply.

- OnTrack
- NAVIGATE
- Early Assessment and Support Alliance (EASA)
- Prevention and Recovery from Early Psychosis (PREP)
- Specialized Treatment Early in Psychosis (STEP)
- Early Diagnosis and Preventative Treatment (EDAPT)
- PIER model
- Early Psychosis Intervention Center (EPICENTER)
- Other, please specify: This program is not an early psychosis program; therefore, no early psychosis models have been selected.

What services does your MHBG-funded Early Serious Mental Illness (ESMI) program provide? Please select all that apply.

- Assessment
- Assertive outreach
- Care coordination

- Case management
- Community outreach
- Co-occurring substance use services
- Education/Early detection
- Family education/Family support
- Family peer support services
- Housing support and services
- Mobile outreach
- Peer support services
- Pharmacotherapy
- Physical fitness and/or nutrition
- Primary care coordination
- Psychoeducation
- Psychotherapy
- Recreational groups
- Supported education
- Supported employment
- Team-based care provision
- Other services, please specify: This program is not an early psychosis program; therefore, no early psychosis services have been selected.

- D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOO(s) must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

Please Note: If your County has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for the MHBG program.

KPIs must be **specific, quantifiable measures** that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership’s [KPI Basics resource page](#).

As an example, the objective of “Each new client will be contacted” does not follow the SMART framework. However, restating the objective as “By July 1, 2027, 100% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks” specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The County will be required to report on all stated objectives. Any changes made during the grant period must be approved through the Federal Grants Branch.

Please see below for sample MOOs and corresponding KPIs:

Example MOO: By July 1, 2027, 75% of adults age 18-64 transitioning from a long-term residential setting to a community placement will not require acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Example KPI: # of adults age 18-64 transitioning from a long-term residential setting to a community placement that have an acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Please complete the table below with the County’s selected MOO(s) and KPI(s).

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. 55% of youth served each fiscal year will be connected to one appointment or attending activity.	1. Percentage of youth served each year who attend one appointment or activity.
2. 70% of youth served in each fiscal year will receive a Reintegration Plan.	2. Percentage of youth served who receive a Reintegration Plan during the fiscal year.

<p>3. 20% of youth served each fiscal year will be assessed using the Child and Adolescent Needs and Strengths (CANS) assessment tool.</p>	<p>3. Percentage of youth served who receive a CANS assessment during the fiscal year.</p>
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Describe the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the County will correct and resolve identified problems with progress toward established objectives):

JJCR will track completion of the Reintegration Plan, CANS assessment, and connection to activities via internal program spreadsheets and electronic health record reports. The program meets monthly with Management and, if any deficiencies or areas of improvement are required, they are discussed for resolution and correction plan development within a specific timeframe.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

In FY 2024-25, of the 485 youth and families served, 74% (n=357) completed one appointment or attended one activity within San Bernardino County Department of Behavioral Health (DBH) System of Care. The following year, FY 2025-26 (FY 2025-February 2026), the percentage of youth and families that completed one appointment or activity increased to 81% (331 total youth and families served; 268 had one appointment or activity(n= 268). This is attributed, in part, to increased engagement opportunities as COVID restrictions lifted and with the continued use of tools such as telehealth and phone consultation. Engaging justice-involved youth and their families in voluntary behavioral health programs can be difficult as the youth and their families encounter several barriers that may hinder their willingness to participate. Consequently, case managers provide youth with a Reintegration Plan (RP) specifically tailored for their behavioral health needs upon initial contact to ensure they are connected to appropriate services regardless of future engagement.

In FY 2024-25, 41% of youth who were connected to one appointment or attended an activity received a RP, while in FY 2025-26 (FY 2025-February 2026), 28% of youth who were connected to one appointment or attended an activity received a RP. The year to year decrease is likely contributed to in-progress Reintegration Plans yet to be completed as the current fiscal year is still ongoing. Moving forward, JJCR seeks to improve this outcome, making the new goal of 70% of youth leaving the JDAC or ARISE will have a reintegration plan, or discharge plan.

In FY 2024-25, 21% of youth were assessed using the CANS; in FY 2025-26 (FY 2025 – February 2026), 37% of youth were also assessed using the CANS. This is a 16% increase from the year previous. In previous years, JJCR set a goal of 40% would be assessed using the CANS. This goal no longer aligns with current business practices, which has focused on referring and linking youth into the DBH system of care. JJCR may complete the initial CANS, but youth are usually referred and linked to outpatient services. The goal of 40% is being adjusted to 20% as many youth served do not reach the assessment phase of the program, but are linked to outpatient services prior to this phase. Lowering outcome to 20% annually is a more realistic measurement of the service population that needs assessment and short-term intervention services.

Based on data obtained from CANS assessments completed during FY 2024-25, 49% of youth saw an increase in resiliency, 39% saw an increase in well-being, and 34% demonstrated increased legal compliance. In FY 2025-26 (FY 2025 - February 2026), based on data obtained from completed CANS assessments, 20% saw an increase in resiliency, 18% saw an increase in well-being, and 16% demonstrated increased legal compliance. One possible explanation for the increase is that the current fiscal year's data is based on a smaller sample size.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the County's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI), children with a Serious Emotional Disturbance (SED), individuals with SMI or SED in rural areas and those experiencing homelessness, and/or individuals who have an Early Serious Mental Illness (ESMI).

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

diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

<input type="checkbox"/> Adults and Older Adults With SMI	<input checked="" type="checkbox"/> Children With SED
<input type="checkbox"/> Individuals With SMI Or SED In Rural Areas And Among Those Experiencing Homelessness, As Applicable	<input type="checkbox"/> Individuals Who Have An ESMI
<input type="checkbox"/> Other Description: Detained youth who are ready for reentry into the community	

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *County program staff* funded by MHBG is required. The County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found in the Office of Personnel Management’s [2026 Wage Guidance](#).

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

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

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

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
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<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, Service Coordination, Peer Support, etc.</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the JJCR	.25	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	.50	1
Social Worker II	Completes client resource evaluation, assists youth and families to recognize behaviors and concerns and works with them to develop a plan to address, provides case management and develops Reentry Plan.	.50	2
Alcohol and Drug Counselor	Conduct intake evaluations to determine needs as they relate to substance use disorders, develops and implement substance use related portions of the Reentry Plan, provides short-term crisis intervention for youth and families.	1.0	1
Alcohol and Drug Counselor	Conduct intake evaluations to determine needs as they relate to substance use disorders, develops and implement substance use related portions of the Reentry Plan, provides short-term crisis intervention for youth and families.	.75	1
Mental Health Specialist	Assist in development and implementation of Reentry	.25	1

	Plan including assisting youth and families to recognize concerns and address recovery, assists youth to obtain solutions to problems such as education, housing, benefits, etc., conducts groups for activities of daily living.		
Staff Analyst II	Plans and coordinates studies of administrative and operational activities including budget, workflow, and training plans, develops reports and makes recommendations for appropriate action based on analysis of gathered data, provides analysis of grant narratives and outcomes to ensure program fidelity, researches local, state and national regulations and requirements, develops tools and training plans to ensure compliance, represent the program at various meetings, providing program presentation and education, drafting and monitoring contract requirements.	.50	1
Senior Office Assistant	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, schedules follow up appointments for clients, data	.50	1

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

Please provide any additional information regarding County staffing below:

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

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

This program is fully implemented.

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

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

Juvenile Justice Administration provides an annual program review using a program agency evaluation form as well as the Substance Abuse and Mental Health Services Administration (SAMHSA) program review/evaluation form.

Additionally, JJCR meets monthly with Management to complete an overall program review.

Frequency of data collection and analysis:

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

Program data is collected and analyzed monthly with the Management team.

Type of data collection and analysis:

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

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

The following is provided to DBH Research, Analysis and Development as well as DBH Executive Management annually and as requested:

- Outreach and education activities and total number attended outreach
- Demographic information
- Timely access to services, such as the length of time from the initial call for referral to the first service

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

JJCR reviews the implementation and outcomes of each reintegration plan, including service linkage and continuity, sustained engagement in community-based care, and indicators of improved stability and functioning over the 12-month reentry period. This program-level monitoring supports continuous quality improvement and ensures that JJCR is not only providing direct services, but also strengthening a coordinated community system capable of meeting the complex needs of youth transitioning from custody to community.

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

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

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

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes No

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

Housing services:

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

Home and community-based services and peer support services:

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

into stable treatment options, utilizing peers and other service providers from multiple disciplines.

Employment services:

JJCR provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. Additionally, DBH will be implementing the Individual Placement and Support Model of Supported Employment (IPS) as per Behavioral Health Services Act (BHSA) requirements to provide necessary employment and job based resources. IPS is an evidence based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community.

Transition from hospitals to community settings:

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

**San Bernardino County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2026-28 Program Narrative**

Instructions: Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]_[Program Name]_MHBG Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

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

Placement After Stabilization (PAS)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Early Serious Mental Illness, Including First Episode Psychosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children’s System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
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A. Statement of Purpose: Identify the principles of the program and the purpose/goals of the program.

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

The PAS program will provide services to 200 adult and transitional aged youth annually who are currently residing and being treated in a CRT. The goal of every discharge plan is an increase of client resiliency and positive development that will divert them from psychiatric crisis and other problematic behaviors. Discharge planning begins while the client is at the CRT and a successful plan is developed and implemented upon stabilization and discharge.

Following discharge from crisis residential treatment, PAS staff provide community based intensive case management for those clients who are placed in an emergency shelter and working towards permanent housing solutions. Staff aid in ongoing recovery and maintenance in the community setting, which may include linkage to housing resources, outpatient psychiatric or medical care, services to support symptom recognition and coping, education on Activities of Daily Living and more. The PAS aftercare support decreases recidivism into psychiatric hospitalization or urgent care or incarceration by bridging mental health supports until the client is successfully linked and participating in outpatient mental health treatment.

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

Mental Health Block Grant (MHBG) funds will be used in FY 2026–27 and FY 2027–28 to support the staffing infrastructure, administrative direct costs, and indirect costs necessary to deliver the Placement After Stabilization (PAS) services on site at the crisis residential treatment facilities as well as throughout the community for clients placed in emergency shelters. Additionally, MHBG funds will provide for bus passes, which supports clients in the community to facilitate independence, connection to entitlements and ongoing treatment, employment/education search, and more.

The PAS Program provides discharge planning for clients who are receiving treatment at each of the five (5) contracted CRT facilities throughout San Bernardino County. PAS staff work closely with CRT facility staff and clients to seamlessly transition discharging clients back to their community. Services are delivered across multiple settings, including CRT facilities, emergency shelters, interim housing placements, outpatient clinics, and other community-based environments where clients reside or receive services.

PAS staff conduct comprehensive assessments of each client's clinical, housing, and psychosocial needs and develop individualized discharge and housing stability plans that include linkage to housing and placement resources, Social Security, medical appointments, transportation, community behavioral health clinics, and other community resources that will promote the client's stability once discharged from the CRT. Clients are evaluated and entered into connected to the County's Coordinated Entry System (CES) and the Homeless Management Information System (HMIS) to facilitate access to available housing resources, with active coordination of referrals as housing opportunities become available.

MHBG supported staffing ensures discharge services are provided for the clients residing at a contracted treatment facility for up to 90 days. Additionally, MHBG supported staffing ensure ongoing intensive case management for clients placed in emergency shelters as they transition into permanent housing in the community.

MHBG-Funded Staffing and Roles:

MHBG funds will be allocated to support salary and benefits for the multidisciplinary team required to deliver PAS services. Positions supported include:

- Mental Health Clinic Supervisor (Program Oversight / Clinical Leadership): Oversees daily implementation; provides clinical consultation; supervises clinical and paraprofessional staff; manages staffing and personnel functions in consultation with the Program Manager II (not funded by MHBG); ensures fidelity to assessment, treatment planning and documentation requirements.

-Clinical Therapist II / Clinical Therapist I (Clinical Services): Conduct clinical assessments; develop Client Recovery Plans; deliver individual, group, and family therapy; provide short-term psychotherapy consistent with scope of practice; coordinate clinical case planning.

-Social Worker II (Field-Based Support/Case Management): Provide support linkage and follow-through with community resources; support connection and stabilization to permanent housing; assist with appointment coordination, transportation barriers, and practical supports that sustain treatment engagement.

-Fiscal Assistant (Administrative): Tracks emergency shelter placement, receives, audits, and processes invoices for payments.

-Office Assistant (Administrative): Completes the clerical functions of the program, including responding to program inquiries; opening/closing client episodes in electronic health record; data input and maintaining data tracking files; scheduling appointments; ordering supplies.

Service Components and Activities Supported by MHBG

MHBG funds will support the staff time and capacity required to deliver the following program activities:

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

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

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

-Case management: Linkage to behavioral health supports, community settings; linkage to appropriate resources and services available in the community based on needs to achieve community reintegration, including benefit acquisition, housing, medical care, psychiatric care, self-help programs, academic, vocational

skills, or employment, and legal resources; provide advocacy support as needed, provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for client needs.

-Family education and parenting: the educational effort to strengthen individual and family life through a family perspective or professional practice of equipping and empowering family members to develop knowledge and skills that enhance well being.

The program incorporates a community-based intensive case management approach, particularly for clients experiencing homelessness or at risk of homelessness, including linkage to behavioral health supports, coordination with outpatient providers, advocacy for housing placement, and assistance with obtaining financial supports and subsidized resources. Additional services include linkage to academic and vocational resources, employment supports, and independent living skill development. PAS staff also provide or coordinate transportation to medical appointments, psychiatric services, housing placements, and other essential services to reduce barriers to care and support successful community reintegration. All services and plans are developed in partnership with the client using a client-centered, strength-based approach, ensuring alignment with the client's self-identified goals and promoting long-term self-sufficiency and recovery.

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

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

Housing First Model – prioritizes providing permanent housing to those with mental health, substance use, disabilities, and chronic illness and to those who

have experienced repeated or long-term homelessness while offering volunteer support services. This approach reduces homelessness, substance use, instances of domestic violence and decreases utilization of psychiatric emergency services, emergency shelter services, and incarceration.

Which early psychosis model(s) is used? Please select all that apply.

- OnTrack
- NAVIGATE
- Early Assessment and Support Alliance (EASA)
- Prevention and Recovery from Early Psychosis (PREP)
- Specialized Treatment Early in Psychosis (STEP)
- Early Diagnosis and Preventative Treatment (EDAPT)
- PIER model
- Early Psychosis Intervention Center (EPICENTER)
- Other, please specify: This program is not an early psychosis program; therefore, no early psychosis models have been selected.

What services does your MHBG-funded Early Serious Mental Illness (ESMI) program provide? Please select all that apply.

- Assessment
- Assertive outreach
- Care coordination
- Case management
- Community outreach
- Co-occurring substance use services
- Education/Early detection
- Family education/Family support
- Family peer support services
- Housing support and services
- Mobile outreach
- Peer support services
- Pharmacotherapy
- Physical fitness and/or nutrition
- Primary care coordination

- Psychoeducation
- Psychotherapy
- Recreational groups
- Supported education
- Supported employment
- Team-based care provision
- Other services, please specify: This program is not an early psychosis program; therefore, no early psychosis services have been selected.

D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOO(s) must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

Please Note: If your County has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for the MHBG program.

KPIs must be **specific, quantifiable measures** that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 100% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The County will be required to report on all stated objectives. Any changes made during the grant period must be approved through the Federal Grants Branch.

Please see below for sample MOOs and corresponding KPIs:

Example MOO: By July 1, 2027, 75% of adults age 18-64 transitioning from a long-term residential setting to a community placement will not require acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Example KPI: # of adults age 18-64 transitioning from a long-term residential setting to a community placement that have an acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Please complete the table below with the County’s selected MOO(s) and KPI(s).

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county’s MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. 50% of the total clients served each fiscal year who transition from a CRT into a contracted shelter community placement will not require acute psychiatric hospitalization for the initial 60 days after placement.	1. Percentage of clients served each year who are not hospitalized in an acute psychiatric facility during the initial 60 days after placement.
2. 15,000 emergency shelter bed days will be provided each fiscal year to clients who would otherwise have been homeless or at risk of homelessness.	2. # of emergency shelter bed days provided each fiscal year by the PAS program.
3.	3.

Describe the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the County will correct and resolve identified problems with progress toward established objectives):

PAS will track discharge statistics and ongoing case management via internal program spreadsheets and electronic health record reports. The program meets weekly with Management and, if any areas of improvement are required, they are discussed for resolution and correction plan development within a specific timeframe. Additional staff and interventions will be deployed as necessary. Program Administration will meet with Contractor Administration as needed to discuss any potential improvements and a coordinated plan to address.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2024-26 application cycle.

In Fiscal Year 2024-2025, a total of 386 clients were served throughout the CRTs. Out of the 386 clients served, 97% of clients were diverted from hospitalization. Of these, 295 remained in the CRT program long enough to receive discharge services and 97% (N=285) successfully discharged to safe and sustainable community placements. Of the 386 served by the CRTs, 97% did not require acute psychiatric hospitalization from the initial 60 days after discharge.

During the same Fiscal Year, a total of 18,583 emergency shelter bed days were provided to clients requiring shelter upon discharge from the CRT. These individuals would be homeless without this program's support. PAS provided aftercare services, developed a Housing Plan, and worked with individuals towards obtaining permanent housing.

In Fiscal Year 2025-2026, July 1, 2025 – March 31, 2026, a total of 316 clients have been served thus far. Of the 316 clients, 100% were diverted from hospitalization. Of which, 66% has discharged to safe and sustainable community placements. Last, 99% did not require acute psychiatric hospitalization from the initial 60 days after discharge. Goals are currently being exceeded.

This fiscal year, through April 15, 2026, a total of 9,500 emergency shelter bed days have been provided thus far to clients requiring shelter upon discharge from the CRT. These individuals would be homeless without this program's support. PAS provides aftercare services, develops a Housing Plan, and works with individuals towards obtaining permanent housing.

PAS will undergo a programmatic change in July 1, 2026. The changes have been reflected in the MHBG narrative herein. PAS will be providing extended field based services to those placed in contracted emergency shelter placements. Measurable outcomes have been adjusted to best fit these programmatic changes from previous year periods.

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

(SED), individuals with SMI or SED in rural areas and those experiencing homelessness, and/or individuals who have an Early Serious Mental Illness (ESMI).

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

<input checked="" type="checkbox"/> Adults and Older Adults With SMI	<input type="checkbox"/> Children With SED
<input type="checkbox"/> Individuals With SMI Or SED In Rural Areas And Among Those Experiencing Homelessness, As Applicable	<input type="checkbox"/> Individuals Who Have An ESMI
<input type="checkbox"/> Other Description: May include homeless or at risk of homelessness	

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *County program staff* funded by MHBG is required. The County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found in the Office of Personnel Management’s [2026 Wage Guidance](#).

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

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

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

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, Service Coordination, Peer Support, etc.</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the PAS	.50	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	.50	1
Clinical Therapist I	Performs the full range of assignments related to the field of mental health services including individual and group psychotherapy, evaluations and investigations, and professional counseling in accordance with applicable professional licensing laws.	.25	3

Social Worker II	Assist in development and implementation of Treatment Plans including assisting client to recognize concerns and address recovery, assists client to obtain solutions to problems such as education, housing, benefits, etc..	.50	1
Fiscal Assistant	Performs fiscal duties and work in support of accounting processes, reviews and audits accounting documents such as invoices and other documents for arithmetical accuracy, completeness, and adherence to county policies and procedures, agreements and contractual requirements, maintains information for and/or prepares monthly, quarterly and/or annual fiscal and statistical reports.	.25	1
Senior Office Assistant	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, data entry on outcome data tracking mechanism, answers phones and provides front line information on behalf of the program, supply orders, and drafts clerical procedures.	1.0	1

Please provide any additional information regarding County staffing below:

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

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

This program is fully implemented. The small programmatic changes / expansion of field based clinical services will be implemented by July 1, 2026.

- I. **Program Evaluation Plan:** Describe how the County monitors progress toward meeting the program’s objectives.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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

Additionally, PAS meets monthly with Management to complete an overall program review.

Frequency of data collection and analysis:

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

Program data is collected and analyzed monthly with the Management team.

Type of data collection and analysis:

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

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

The following is provided to DBH Research, Analysis and Development as well as DBH Executive Management annually and as requested:

- Outreach and education activities and total number attended outreach
- Demographic information
- Timely access to services, such as the length of time from the initial call for referral to the first service
- Outcomes related to decreased recidivism into locked psychiatric or urgent behavioral health care

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

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

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

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

Does the quality improvement or corrective action plan timeline meet timely access standards?

- Yes No

J. Olmstead Mandate and the MHBG: In 1999, The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide

services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the County's efforts on how its MHBG program addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the PAS program is to provide assistance for clients to discharge from crisis residential treatment facilities and re-enter the community with the necessary supports to continue in their recovery and prevent hospitalization or institutionalization. PAS staff provide case management and support to link clients and their families to housing resources, as needed. PAS includes an aftercare program, linking clients to emergency shelter and developing a Housing Plan with them, with the goal to obtain a permanent housing solution. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

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

Employment services:

PAS provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. Additionally, DBH will be implementing the Individual Placement and Support Model of Supported Employment (IPS) as per Behavioral Health Services Act (BHSA) requirements

to provide necessary employment and job based resources. IPS is an evidence based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community.

Transition from hospitals to community settings:

The PAS program provides discharge services for clients placed in the CRTs who are being diverted or discharged from hospital settings. The staff provide discharge planning and follow up case management to ensure continued recovery and stabilization in the community.

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

**San Bernardino County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2026-28 Program Narrative**

Instructions: Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]_[Program Name]_MHBG Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

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

Supervised Treatment After Release (STAR)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Early Serious Mental Illness, Including First Episode Psychosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children’s System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
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A. Statement of Purpose: Identify the principles of the program and the purpose/goals of the program.

The Department of Behavioral Health (DBH) Supervised Treatment After Release (STAR) program is a voluntary treatment outpatient program providing comprehensive behavioral health and substance use disorder services to individuals who suffer from a severe and persistent mental illness. The program works in collaboration with the criminal justice systems with the goal to reduce recurrence of jail incarcerations, psychiatric hospitalizations and homelessness. STAR was created to shift institutional response from the criminal justice system to the mental health system, and to improve the overall community functioning of clients, and assist to maintain individuals in the least restrictive environment possible, while ensuring personal and community safety.

STAR strives to provide client and family driven mental health care to facilitate recovery and ensure safety while placed in the community. The program uses evidence-based practices that result in substantial decreases for jail bookings, days of incarceration, and psychiatric hospitalizations, ensuring clients receive treatment for their behavioral health conditions. STAR provides intensive mental health services, including case management, substance use disorder treatment services, housing placement, transportation services, and intensive outpatient treatment.

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

- Unstable living arrangements
- Involvement with the criminal justice system
- Unstable employment/poor job skills
- Dysfunctional family relationships and instability with family support systems, including loss of child custody
- Poor social or interpersonal relationship skills

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

Mental Health Block Grant (MHBG) funds will be used in FY 2026–27 and FY 2027–28 to support the staffing infrastructure and indirect costs necessary to deliver the STAR services, providing Full Service Partnership (FSP) services that offer a broad array of focused mental health and substance use disorder services.

Services are delivered across multiple settings, including in the community, across the court systems, and through designated outpatient clinics, meeting the client where needed to receive services.

MHBG supported staffing ensures clients are served in the least restrictive setting that is most appropriate for their needs at the time.

MHBG-Funded Staffing and Roles:

MHBG funds will be allocated to support salary and benefits for the multidisciplinary team required to deliver STAR services. Positions supported include:

- Mental Health Clinic Supervisor (Program Oversight / Clinical Leadership): Oversees daily implementation; provides clinical consultation; supervises clinical and paraprofessional staff; manages staffing and personnel functions in consultation with the Program Manager II (not funded by MHBG); ensures fidelity to assessment, treatment planning and documentation requirements.

-Clinical Therapist II (Clinical Services): Conduct clinical assessments; deliver individual, group, and family therapy; provide short-term psychotherapy consistent with scope of practice; coordinate clinical case planning.

-Senior Office Assistant / Office Assistant (Administrative): Completes the clerical functions of the program, including responding to program inquiries; opening/closing client episodes in electronic health record; data input and maintaining data tracking files; scheduling appointments; ordering supplies.

Service Components and Activities Supported by MHBG

MHBG funds will support the staff time and capacity required to deliver the following program activities:

-Screening and assessment: Staff completes the adult clinical assessment to evaluate the client's functioning in multiple areas and to inform and facilitate

decisions or recommendations for placement.

- Outpatient and Community-Based Therapy: therapeutic interventions focused on symptom reduction and improved functioning, including individual therapy, group therapy, family therapy, and short term psychotherapy.

- Intensive Case Management and Linkage: case management services including linkage to behavioral health supports and community settings, linkage to benefits acquisition, housing supports, medical care, psychiatric care, self-help/recovery, advocacy to address barriers to service access and engagement, support obtaining financial assistance/subsidized programs as appropriate, linkage to educational, vocational, employment, and legal resources.

- Specialty Court Collaboration and Justice-System Coordination: coordinate with justice partners to align behavioral health interventions with court-involved clients, acting as a liaison.

All services and plans are developed in partnership with the client using a client-centered, strength-based approach, ensuring alignment with the client's self-identified goals and promoting long-term self-sufficiency and recovery.

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

Seeking Safety – emphasizes achieving safety and wellbeing from a holistic approach, physically, emotionally, and behaviorally while treating trauma and substance use disorders. It offers a focused approach that teaches coping skills, builds personal strengths, and support that helps the stabilization of participants without requiring in-depth processing of past trauma. This model seeks to create a safe environment, teach coping skills, and address trauma and substance abuse concurrently, is highly flexible, and designed for individuals or groups. It is considered a clinician-led, client centered approach.

Criminal and Addictive Thinking – Describe and provide examples of common criminal thinking errors with the justice-involved population. The model aids staff in facilitating the criminal thinking change process.

Living in Balance – Flexible and user-friendly substance abuse treatment curriculum helps clients from all walks of life address key lifestyle, relationship,

and emotional issues. It is used by staff to enhance cognitive, behavioral, and experiential treatment approaches with a strong emphasis on relapse prevention.

Relapse Prevention – Assists clients to identify high-risk situations, work on responses and coping skills, and explore lifestyle factors that may increase vulnerability.

Which early psychosis model(s) is used? Please select all that apply.

- OnTrack
- NAVIGATE
- Early Assessment and Support Alliance (EASA)
- Prevention and Recovery from Early Psychosis (PREP)
- Specialized Treatment Early in Psychosis (STEP)
- Early Diagnosis and Preventative Treatment (EDAPT)
- PIER model
- Early Psychosis Intervention Center (EPICENTER)
- Other, please specify: This program is not an early psychosis program; therefore, no early psychosis models have been selected.

What services does your MHBG-funded Early Serious Mental Illness (ESMI) program provide? Please select all that apply.

- Assessment
- Assertive outreach
- Care coordination
- Case management
- Community outreach
- Co-occurring substance use services
- Education/Early detection
- Family education/Family support
- Family peer support services
- Housing support and services
- Mobile outreach
- Peer support services
- Pharmacotherapy
- Physical fitness and/or nutrition

- Primary care coordination
- Psychoeducation
- Psychotherapy
- Recreational groups
- Supported education
- Supported employment
- Team-based care provision
- Other services, please specify: This program is not an early psychosis program; therefore, no early psychosis services have been selected.

D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOO(s) must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

Please Note: If your County has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for the MHBG program.

KPIs must be **specific, quantifiable measures** that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 100% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The County will be required to report on all stated objectives. Any changes made during the grant period must be approved through the Federal Grants Branch.

Please see below for sample MOOs and corresponding KPIs:

Example MOO: By July 1, 2027, 75% of adults age 18-64 transitioning from a long-term residential setting to a community placement will not require acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Example KPI: # of adults age 18-64 transitioning from a long-term residential setting to a community placement that have an acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Please complete the table below with the County’s selected MOO(s) and KPI(s).

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. Hospitalization and jail days will be reduced by 60% compared to pre-program participation, annually.	1. Number of hospitalization and jail days pre-program and post-program.
2. 60 referrals will be processed for participation in the STAR program annually.	2. Number of referrals processed for program.
3.	3.

Describe the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the County will correct and resolve identified problems with progress toward established objectives):

STAR will track statistics and ongoing case management via internal program spreadsheets and electronic health record reports. The program meets with Management and, if any areas of improvement are required, they are discussed for resolution and correction plan development within a specific timeframe. Additional staff and interventions will be deployed as necessary.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

During FY 2024-26, the Adult Forensic Services successfully implemented a strategic reorganization to streamline the forensic continuum of care: In FY2024-25, the Community Supervised Treatment After Release (CSTAR) program expanded its scope to include Mental Health Diversion Services, providing critical short-term outpatient mental health and substance use disorder services for justice-involved individuals.

In FY 2025-26, the program formally integrated the Re-Integrative Supportive Engagement Services (RISES) into the CSTAR framework, which consolidated outreach, engagement, and workforce development under a single operational unit. Additionally, the program completed a bifurcation of CHOICE staffing to the Substance Use Disorder and Recovery Services (SUDRS) division, ensuring funding remains exclusive to mental health forensic population.

In FY2024-25, the STAR program received over 100 targeted referrals, maintaining a consistent pipeline for Mental Health Court participants. The CSTAR program operated with an enrollment capacity of 80, successfully expanding services. Thereby, the goal of 60 was exceeded. Of those served in the program, 75% show a verified reduction in jail days and a 73% reduction in psychiatric hospitalizations when enrolled in the STAR program for at least 12 months. The program maintained a low 5.5% recidivism rate.

The previous goals identified for participation for longer than 12 months and phased lower levels of care do not meet current programmatic outcomes. Therefore, these goals have been removed from the next application period. Although specific data on individual client phasing and remaining in program for 12 months is not available, during FY2024-25, the programs achieved 23 total graduations. Graduations are still occurring due to the standard duration of the program.

In FY2025-26 through March 31, 2026, CSTAR maintains a census of 60, while the inclusion of the RISES implementation within STAR has brought the processed referrals to a total of 615 referrals and completion of 604 screenings, reducing the average time from jail-based referral to clinical screening to 18 days. Additionally, the program continues to divert forensic clients from acute psychiatric stays, maintaining a system-wide hospitalization reduction rate of 62%.

As stated above, the previous goals identified for participation for longer than 12 months and phased lower levels of care do not meet current programmatic outcomes. Therefore, these goals have been removed from the next application period. Although specific data on individual client phasing and remaining in

program for 12 months is not available, during FY2025-26, the programs have already achieved 39 successful graduations. Total success rates are not yet fully captured as many participants remain enrolled and are progressing toward completion within the program’s required timeline.

Last, staff utilize the ANSA data to document “Marked Increases” in client-reported hope, personal empowerment, and social connectedness. To maintain these outcomes, staff participate in continuous training on evidence-based intensive outpatient models and the forensic adaptations of the recovery model. This outcome has also been removed from the next application period.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the County’s MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI), children with a Serious Emotional Disturbance (SED), individuals with SMI or SED in rural areas and those experiencing homelessness, and/or individuals who have an Early Serious Mental Illness (ESMI).

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

<input checked="" type="checkbox"/> Adults and Older Adults With SMI	<input type="checkbox"/> Children With SED
<input type="checkbox"/> Individuals With SMI Or SED In Rural Areas And Among Those	<input type="checkbox"/> Individuals Who Have An ESMI

Experiencing Homelessness, As Applicable	
<input type="checkbox"/> Other Description: Involved in the criminal justice system	

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *County program staff* funded by MHBG is required. The County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found in the Office of Personnel Management’s [2026 Wage Guidance](#).

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

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

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

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, Service Coordination, Peer Support, etc.</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Mental Health Clinic Supervisor	Supervises the daily operation and staff of STAR	.80	1

Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	.20	1
Senior Office Assistant	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, data entry on outcome data tracking mechanism, and drafts clerical procedures.	1.0	1
Office Assistant	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, schedules follow up appointments for clients, answers phones and provides front line information on behalf of the program, and supply orders.	1.0	1

Please provide any additional information regarding County staffing below:

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

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

This program is fully implemented.

- I. **Program Evaluation Plan:** Describe how the County monitors progress toward meeting the program’s objectives.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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

Frequency of data collection and analysis:

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

Type of data collection and analysis:

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

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

The following is provided to DBH Research, Analysis and Development as well as DBH Executive Management annually and as requested:

- Outreach and education activities and total number attended outreach
- Demographic information
- Timely access to services, such as the length of time from the initial referral to

first service

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

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

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

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

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes No

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

Housing services:

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

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

Home and community-based services and peer support services:

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

Employment services:

STAR provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. Additionally, DBH will be implementing the Individual Placement and Support Model of Supported Employment (IPS) as per Behavioral Health Services Act (BHSA) requirements to provide necessary employment and job based resources. IPS is an evidence based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community.

Transition from hospitals to community settings:

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

**San Bernardino County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2026-28 Program Narrative**

Instructions: Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]_[Program Name]_MHBG Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

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

Therapeutic Alliance Program (TAP)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Early Serious Mental Illness, Including First Episode Psychosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children’s System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
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A. Statement of Purpose: Identify the principles of the program and the purpose/goals of the program.

The Department of Behavioral Health (DBH) Therapeutic Alliance Program (TAP) is a community resource providing behavioral health treatment to clients who have a behavioral health condition and a co-occurring substance use disorder. TAP coordinates with contracted emergency shelters and mental health and substance use disorder residential treatment providers to provide field based co-occurring substance use/behavioral health services, which includes substance use disorder groups, referral and linkage, therapy and case management. The goal of the program is to assist the client to maintain community level placement by providing both substance use services as well as mental health services for those experiencing co-occurring disorders.

TAP will serve a total of 100 adult clients annually who have a behavioral health condition and co-occurring substance use disorder in an effort to provide recovery and stability for both conditions. TAP's primary goal is to reduce recidivism into higher levels of locked psychiatric care, acute psychiatric hospitalization, and/or residential substance abuse treatment. TAP's coordinated services with contracted facilities has enabled DBH to reduce the client's length of stay and transition into a community setting. The client's opportunity for success in the transition process is improved through field-based behavioral health and medical treatment, encouraging the development of life skills and becoming self-sufficient and independent.

Following discharge from residential treatment, TAP staff provide case management support and linkage to aid in ongoing recovery and maintenance in the community setting. This may include linkage to housing resources, outpatient psychiatric or medical care, services to support symptom recognition and coping, education on Activities of Daily Living and more.

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

Mental Health Block Grant (MHBG) funds will be used in FY 2026–27 and FY 2027–28 to support the staffing infrastructure and indirect costs necessary to

deliver the Therapeutic Alliance Program (TAP) services in the field throughout contracted placement facilities. Additionally, MHBG funds will provide for bus passes, which supports clients in the community once discharged to facilitate independence, connection to entitlements and ongoing treatment, employment/education search, and more.

MHBG supported staffing ensures behavioral health services are integrated with treatment services for the clients residing at a contracted facilities.

MHBG-Funded Staffing and Roles:

MHBG funds will be allocated to support salary and benefits for the multidisciplinary team required to deliver TAP's services. Positions supported include:

- Mental Health Clinic Supervisor (Program Oversight / Clinical Leadership): Oversees daily implementation; provides clinical consultation; supervises clinical and paraprofessional staff; manages staffing and personnel functions in consultation with the Program Manager II (not funded by MHBG); ensures fidelity to assessment, treatment planning and documentation requirements.

-Clinical Therapist II / Clinical Therapist I / Social Worker II (Clinical Services): Conduct clinical assessments; develop Client Recovery Plans; deliver individual, group, and family therapy; provide short-term psychotherapy consistent with scope of practice; coordinate clinical case planning.

- Alcohol & Drug Counselors (Substance Use Support/Coordination): Provide substance-related assessments; conduct substance use disorder groups; support linkage to substance use services and recovery supports; coordinate with community resources.

-Office Assistant (Administrative): Completes the clerical functions of the program, including responding to program inquiries; opening/closing client episodes in electronic health record; data input and maintaining data tracking files; scheduling appointments; ordering supplies.

Service Components and Activities Supported by MHBG

MHBG funds will support the staff time and capacity required to deliver the following program activities:

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

-Treatment planning: Staff work with the client to determine a written plan and

instructions related to the individual needs of the client.

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

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

-Family education and parenting: the educational effort to strengthen individual and family life through a family perspective or professional practice of equipping and empowering family members to develop knowledge and skills that enhance well being.

TAP ensures mental health care is client and family driven through the inclusion of the clients and their families in the development of treatment goals and planning throughout the recovery process. It is important that clients understand that mental health is essential to overall health.

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, case management referrals, assistance to prepare for re-entry into the workforce, assistance to obtain benefits, and connection to ongoing treatment. TAP provides client transport to court hearings, psychiatric appointments, and placement interviews as well as transportation assistance obtaining entitlements, purchasing personal use items to maintain hygiene, grooming, and Activities of Daily Living (ADL).

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

Motivational interviewing is an evidenced-based counseling approach that health care providers can use to help clients' adhere to treatment recommendations. It

emphasizes using a directive, patient-centered style of interaction to promote behavioral change by helping clients' explore and resolve ambivalence. Cognitive Behavioral Therapy (CBT) is a structured, goal-oriented form of psychotherapy that focuses on the interaction between thoughts, emotions, and behaviors. The principle idea is that distorted thinking leads to emotional distress and maladaptive behavior, which in turn reinforces distress (and vice versa). TAP clinicians explore client's motivations for substance use and sobriety in order to help find positive alternatives to substance use for addressing mental and social concerns. Psychoeducation is often used as a component of motivational interviewing, a client-centered and evidence-based therapy intervention.

Which early psychosis model(s) is used? Please select all that apply.

- OnTrack
- NAVIGATE
- Early Assessment and Support Alliance (EASA)
- Prevention and Recovery from Early Psychosis (PREP)
- Specialized Treatment Early in Psychosis (STEP)
- Early Diagnosis and Preventative Treatment (EDAPT)
- PIER model
- Early Psychosis Intervention Center (EPICENTER)
- Other, please specify: This program is not an early psychosis program; therefore, no early psychosis models have been selected.

What services does your MHBG-funded Early Serious Mental Illness (ESMI) program provide? Please select all that apply.

- Assessment
- Assertive outreach
- Care coordination
- Case management
- Community outreach
- Co-occurring substance use services
- Education/Early detection
- Family education/Family support
- Family peer support services
- Housing support and services
- Mobile outreach

- Peer support services
- Pharmacotherapy
- Physical fitness and/or nutrition
- Primary care coordination
- Psychoeducation
- Psychotherapy
- Recreational groups
- Supported education
- Supported employment
- Team-based care provision
- Other services, please specify: This program is not an early psychosis program; therefore, no early psychosis services have been selected.

D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOO(s) must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

Please Note: If your County has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for the MHBG program.

KPIs must be **specific, quantifiable measures** that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership's [KPI Basics resource page](#).

As an example, the objective of *"Each new client will be contacted"* does not follow the SMART framework. However, restating the objective as *"By July 1, 2027, 100% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks"* specifically states what will be measured, is

achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The County will be required to report on all stated objectives. Any changes made during the grant period must be approved through the Federal Grants Branch.

Please see below for sample MOOs and corresponding KPIs:

Example MOO: By July 1, 2027, 75% of adults age 18-64 transitioning from a long-term residential setting to a community placement will not require acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Example KPI: # of adults age 18-64 transitioning from a long-term residential setting to a community placement that have an acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Please complete the table below with the County’s selected MOO(s) and KPI(s).

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county's MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>
1. 50% of the total clients served each fiscal year will not have an acute psychiatric hospitalization during their program participation.	1. Percentage of clients served each year who are not hospitalized in an acute psychiatric facility during program participation.
2. Optional	2.
3.	3.

Describe the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the County will correct and resolve identified problems with progress toward established objectives):

TAP will track discharge statistics via an internal program spreadsheet and electronic health record reports. The program meets weekly with Management and, if any areas of improvement are required, they are discussed for resolution and correction plan development within a specific timeframe. Additional staff and interventions will be deployed as necessary. Program Administration will meet with Contractor Administration as needed to discuss any potential improvements and a coordinated plan to address.

- E. **Progress Statement:** Provide a statement reflecting the progress made toward achieving the county's objectives from the SFY 2024-26 application cycle.

In FY 2024-25, 60 clients were served through the collaborative efforts of TAP and contracted substance use disorder residential facilities. Engagement in the program was measured by graduation rate. Between July 2024 and June 2025, 75% of TAP clients successfully graduated from the program. Although a smaller population sample was served, this allowed the program to focus and increased the coordinated behavioral health services, which significantly impacted and improved active engagement in the program. During FY 2024-25, 85% of clients served did not have a psychiatric hospitalization during their program participation, exceeding the goal of 50%. Additionally, out of the 60 clients served, 75% were from diverse backgrounds, exceeding the goal of 30%.

In FY2025-26, July 1, 2025 through March 31, 2026, a total of 54 clients have been served thus far through the collaborative efforts of TAP and contracted substance use disorder residential facilities. Of these, 68% have successfully graduated from the program. Additionally, 95% of clients served did not have a psychiatric hospitalization during their program participation. Last, 56% of clients served were from diverse backgrounds. The program is currently exceeding goals and expectations.

Following an analysis of program outcomes over the last four (4) fiscal years, the total number served will be reduced to 100 clients per year. As clients have become more acute in the severity of behavioral health symptoms, requiring significant services and staff time, the program will adjust and reduce census to provide higher intensity services to those in need. The TAP program is coordinating with the Substance Abuse Referral Center (SARC) as TAP Alcohol and Drug Counselors complete the American Society of Addiction Medicine (ASAM) assessment and submit to SARC for client admission into residential treatment. TAP continues to work with Centralized Hospital Aftercare Services contracted placements and programs to increase referrals and provide additional services.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the County's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI), children with a Serious Emotional Disturbance (SED), individuals with SMI or SED in rural areas and those experiencing homelessness, and/or individuals who have an Early Serious Mental Illness (ESMI).

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

<input checked="" type="checkbox"/> Adults and Older Adults With SMI	<input type="checkbox"/> Children With SED
<input type="checkbox"/> Individuals With SMI Or SED In Rural Areas And Among Those Experiencing Homelessness, As Applicable	<input type="checkbox"/> Individuals Who Have An ESMI
<input type="checkbox"/> Other Description: Co-occurring substance use and mental health	

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *County program staff* funded by MHBG is required. The County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found in the Office of Personnel Management’s [2026 Wage Guidance](#).

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

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

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

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, Service Coordination, Peer Support, etc.</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Mental Health Clinic Supervisor	Supervises the daily operation and staff of the TAP	.50	1
Clinical Therapist II	Lead clinical consultation for clinical and paraprofessional staff, conducts assessments, carries a small caseload providing for therapy and case management.	1.0	1
Clinical Therapist I	Performs the full range of assignments related to the field of mental health services including individual and group psychotherapy, evaluations and investigations, and professional counseling in accordance with applicable professional licensing laws.	1.0	1
Social Worker II	Completes client resource evaluation, assists clients and families to recognize	1.0	1

	behaviors and concerns and works with them to develop a plan to address, provides case management and develops Treatment Plan.		
Alcohol and Drug Counselor	Conduct intake evaluations to determine needs as they relate to substance use disorders, develops and implement substance use related portions of the Treatment Plan, provides short-term crisis intervention for clients and families, conducts substance use disorder groups.	1.0	2
Senior Office Assistant	Performs clerical functions and tasks on behalf of the program including client tracking (opening, closing, and maintaining files) in electronic health record, schedules follow up appointments for clients, data entry on outcome data tracking mechanism, answers phones and provides front line information on behalf of the program, supply orders, and drafts clerical procedures.	.25	1

Please provide any additional information regarding County staffing below:

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

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

This program is fully implemented.

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

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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

Additionally, TAP meets monthly with Management and contracted partners to complete an overall program review, caseload, and potential referrals.

Frequency of data collection and analysis:

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

Program data is collected and analyzed monthly with the Management team.

Type of data collection and analysis:

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

-Number of clients served

- Outcomes in meeting specified grant goals
- Treatment services provided

The following is provided to DBH Research, Analysis and Development as well as DBH Executive Management annually and as requested:

- Outreach and education activities and total number attended outreach
- Demographic information
- Timely access to services, such as the length of time from the initial call for referral to the first service

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

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

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

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

Does the quality improvement or corrective action plan timeline meet timely access standards?

- Yes No

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

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

Housing services:

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

Home and community-based services and peer support services:

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

Employment services:

TAP provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. Additionally, DBH will be implementing the Individual Placement and Support Model of Supported Employment (IPS) as per Behavioral Health Services Act (BHSA) requirements to provide necessary employment and job based resources. IPS is an evidence based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community.

Transition from hospitals to community settings:

The DBH TAP program works in collaboration with clients stepping down from hospitals or higher levels of care into community based residential facilities including Emergency Shelters or licensed board and care facilities. TAP supports the client through their transition from the higher level of care and the residential facility.

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

**San Bernardino County
Community Mental Health Services Block Grant (MHBG)
State Fiscal Year 2026-28 Program Narrative**

Instructions: Complete **one** Program Narrative for each proposed program.

- » The Program Narrative should span the entire application period from July 1, 2026, to June 30, 2028, and detail the activities for both State Fiscal Years (SFY). Do not create separate Program Narratives for each SFY.
- » Each Program Narrative must have a corresponding Detailed Budget.
- » Each Program Narrative must be completed on this template and the template may not be altered.
- » Please title the document “[County Name]_[Program Name]_MHBG Narrative 2026-28”.
- » Please enter responses to each question within the boxes.

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

Triage, Engagement, and Support Teams (TEST)

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	<input checked="" type="checkbox"/>	County-Run <input checked="" type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Dual-Diagnosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Early Serious Mental Illness, Including First Episode Psychosis	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
Children’s System of Care	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>

Integrated Services Agency	<input type="checkbox"/>	County-Run <input type="checkbox"/> Subcontracted <input type="checkbox"/> Both <input type="checkbox"/>
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A. Statement of Purpose: Identify the principles of the program and the purpose/goals of the program.

The Department of Behavioral Health (DBH) Triage, Engagement, and Support Teams (TEST) provide community-based crisis intervention and intensive crisis case management, connecting clients with various resources such as mental health and substance use disorder programs, homeless and employment services, and other community resources. 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 deter acute psychiatric hospitalizations for those with unmet mental health needs by increasing participation in ongoing outpatient community care.

The TEST program will provide crisis intervention, case management and other support services to 6,500 clients annually, working collaboratively with other community agencies, DBH programs, Law Enforcement, and all partners to ensure that clients are connected to the necessary services, enabling them to address their overall health and maintain stability in the community.

The TEST program includes DBH clinical and paraprofessionals located in partnered sites across the county with TEST staff co-located within thirty-one (31) entities throughout the community, including: Sixteen (16) San Bernardino County Sheriff’s Department stations, ten (10) local police departments, one (1) hospital emergency department, San Bernardino County Probation, and three (3) educational facilities.

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

Mental Health Block Grant (MHBG) funds will be used in FY 2026–27 and FY 2027–28 to support the staffing infrastructure and indirect costs necessary to deliver the TEST services. TEST staff are community based and respond in the field with law enforcement personnel and/or assist other partner agency staff in managing behavioral health crises. The TEST program provides crisis intervention and support services to clients experiencing behavioral health crisis

in the community. TEST also provides follow up intensive case management services to link clients with needed resources for ongoing stability. TEST provides these intensive case management services for up to 59 days in order to ensure continued engagement in needed behavioral health services.

MHBG-Funded Staffing and Roles:

MHBG funds will be allocated to support salary and benefits for the multidisciplinary team required to deliver TEST services. Positions supported include:

-Social Worker II (Field-Based Support/Case Management): Provide crisis intervention as well as support linkage and follow-through with community resources; support connection and stabilization to ongoing treatment, permanent housing; assist with appointment coordination, transportation barriers, and practical supports that sustain treatment engagement.

-Program Specialist II (Administrative): Assists with the grant development, contracting development and service monitoring; develops monitoring and tracking tools; monitors legislative requirements.

-General Service Worker (Transportation): Provides transportation to discharge and admit clients into appropriate treatment options; delivers supplies; maintains vehicles.

Service Components and Activities Supported by MHBG

MHBG funds will support the staff time and capacity required to deliver the following program activities:

-Crisis assessment and intervention in the community: Methods used to offer immediate, short term assistance to clients who experience an event that produces emotional, mental, physical and behavioral distress to deter the need for hospitalization.

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

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

- Referrals and linkage to community resources and providers, family and caretaker education, client advocacy, education and support to law enforcement and community partners.

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

All services and plans are developed in partnership with the client using a client-centered, strength-based approach, ensuring alignment with the client's self-identified goals and promoting long-term self-sufficiency and recovery.

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

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

Which early psychosis model(s) is used? Please select all that apply.

- OnTrack
- NAVIGATE
- Early Assessment and Support Alliance (EASA)
- Prevention and Recovery from Early Psychosis (PREP)
- Specialized Treatment Early in Psychosis (STEP)
- Early Diagnosis and Preventative Treatment (EDAPT)
- PIER model
- Early Psychosis Intervention Center (EPICENTER)
- Other, please specify: This program is not an early psychosis program; therefore, no early psychosis models have been selected.

What services does your MHBG-funded Early Serious Mental Illness (ESMI) program provide? Please select all that apply.

- Assessment
- Assertive outreach
- Care coordination
- Case management
- Community outreach
- Co-occurring substance use services
- Education/Early detection
- Family education/Family support
- Family peer support services
- Housing support and services
- Mobile outreach
- Peer support services
- Pharmacotherapy
- Physical fitness and/or nutrition
- Primary care coordination
- Psychoeducation
- Psychotherapy
- Recreational groups
- Supported education
- Supported employment
- Team-based care provision
- Other services, please specify: This program is not an early psychosis program; therefore, no early psychosis services have been selected.

D. **Measurable Outcome Objectives:** Identify at least **one** Measurable Outcome Objective (MOO) that demonstrates progress toward the stated purposes and/or goals of the program, along with one identified Key Performance Indicator (KPI) by which the objective may be measured. MOO(s) must be **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**, allowing progress to be tracked, analyzed, and reported. The following resource can assist with developing SMART objectives: [Developing Goals and Measurable Objectives \(SAMHSA\)](#).

Please Note: If your County has already developed relevant objectives using the SMART framework as part of the Behavioral Health Services Act Integrated Plan, and/or other behavioral health initiatives, you may utilize those existing SMART objectives to fulfill this requirement so long as they are applicable and appropriate for the MHBG program.

KPIs must be **specific, quantifiable measures** that accurately assess the impact of the funded activity. The measure should monitor crucial data relevant to the corresponding MOO (e.g., client outcomes, service access, and crisis response times). Resources for developing KPIs can be found at the George Washington University Center for Excellence in Public Leadership’s [KPI Basics resource page](#).

As an example, the objective of *“Each new client will be contacted”* does not follow the SMART framework. However, restating the objective as *“By July 1, 2027, 100% of the youth referred to the program will receive 6 points of engagement during the first 6 weeks”* specifically states what will be measured, is achievable, is relevant, and is time-bound with a specific unit of time for data to be collected, measured, and reported.

The County will be required to report on all stated objectives. Any changes made during the grant period must be approved through the Federal Grants Branch.

Please see below for sample MOOs and corresponding KPIs:

Example MOO: By July 1, 2027, 75% of adults age 18-64 transitioning from a long-term residential setting to a community placement will not require acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Example KPI: # of adults age 18-64 transitioning from a long-term residential setting to a community placement that have an acute psychiatric hospitalization within 60 days of leaving the long-term residential program.

Please complete the table below with the County’s selected MOO(s) and KPI(s).

County Measurable Outcome Objective	Key Performance Indicator (KPI)
<i>Please list your county’s MOO(s)</i>	<i>Please list the indicators that your county will use to measure progress toward meeting MOO(s)</i>

1. 50% of crisis encounters each fiscal year will result in diversion from acute psychiatric hospitalization.	1. Percentage of crisis encounters that result in diversion from acute psychiatric encounters.
2. 100% of clients who are diverted from hospitalization will receive referral(s) to alternative crisis intervention each fiscal year.	2. Percentage of clients diverted from hospitalization who receive referrals to alternative crisis intervention.
3.	3.

Describe the quality improvement process for ensuring MOOs are met according to KPI data (i.e., how the County will correct and resolve identified problems with progress toward established objectives):

TEST will track discharge statistics and ongoing case management via internal program spreadsheets, data collection forms, and electronic health record reports. The program meets monthly with Management and, if any areas of improvement are required, they are discussed for resolution and correction plan development within a specific timeframe. Additional staff and interventions will be deployed as necessary.

E. Progress Statement: Provide a statement reflecting the progress made toward achieving the county’s objectives from the SFY 2024-26 application cycle.

In FY 2024-25, TEST responded to 13,582 calls. Of which, 563 were crisis intervention and 226, or 40%, of the clients were diverted from hospitalization. TEST provides the most appropriate and least restrictive services at the time of crisis. The acuity of crisis varies; therefore, this trend may be attributed to an increase in the acuity of clients served during this period, with many requiring higher level of care prior to entering community residential treatment services. Safety is the most important factor for both the staff and the client. Of the clients who could safely be diverted from acute psychiatric hospitalization, 100% were referred to an alternative crisis intervention resource. Additionally, TEST clients experienced a 21% increase in utilization of DBH outpatient services.

For FY 2025-26 through 4/22/26, TEST responded to 10,308 calls. Of which, 507 were crisis intervention calls and 212 (42%) of those calls the client was diverted from hospitalization. One hundred percent (100%) of clients not hospitalized were referred to an alternative crisis intervention resource. TEST client outcomes were calculated utilizing a 180-day pre/post period prior to episode start/end date. TEST clients did not experience a decrease or increase in residential services as zero were reported for this time frame and a 15.49% increase in DBH

Outpatient Services.

- F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the County’s MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI), children with a Serious Emotional Disturbance (SED), individuals with SMI or SED in rural areas and those experiencing homelessness, and/or individuals who have an Early Serious Mental Illness (ESMI).

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

<input checked="" type="checkbox"/> Adults and Older Adults With SMI	<input type="checkbox"/> Children With SED
<input type="checkbox"/> Individuals With SMI Or SED In Rural Areas And Among Those Experiencing Homelessness, As Applicable	<input type="checkbox"/> Individuals Who Have An ESMI
<input type="checkbox"/> Other Description: Click or tap here to enter text.	

- G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *County program staff* funded by MHBG is required. The County agrees that no part of any federal funds provided under this Contract shall be used by the County or its subcontractors to pay the salary

and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found in the Office of Personnel Management’s [2026 Wage Guidance](#).

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

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

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

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
<i>Example: Nurse Practitioner</i>	<i>Example: Outreach, Service Coordination, Peer Support, etc.</i>	<i>Example: 0.75</i>	<i>Example: 5</i>
Social Worker II	Assist in crisis intervention, assisting client to connect to resources and ongoing treatment in the community, address recovery, assists client to obtain solutions to problems such as education, housing, benefits.	.50	4
General Service Worker	Provides transportation of clients to needed resources and appointments, operates a vehicle, completes and	.50	1

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

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

This program is fully implemented.

- I. **Program Evaluation Plan:** Describe how the County monitors progress toward meeting the program’s objectives.

Frequency (e.g., monthly, quarterly) and type (e.g., service utilization assessment) of program monitoring activities:

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

TEST meets monthly with Management to complete an overall program review.

Frequency of data collection and analysis:

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

Caseload and outcome data are collected daily, reviewed and analyzed weekly during staff meetings.

Program data is collected and analyzed monthly with the Management team.

Type of data collection and analysis:

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

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

The following is provided to DBH Research, Analysis and Development as well as

DBH Executive Management annually and as requested:

- Outreach and education activities and total number attended outreach
- Demographic information
- Outcomes related to diversion from hospitalization

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

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

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

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

Does the quality improvement or corrective action plan timeline meet timely access standards?

Yes No

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

Housing services:

San Bernardino County values providing services in the least intrusive and/or restrictive environment possible and appropriate for the client. The goal of the TEST program is to provide assistance for clients to connect to community

resources with the necessary supports to continue in their recovery and prevent hospitalization. TEST staff provide case management and support to link clients and their families to housing resources, as needed. The County employs a Housing First Model and is contracted for multiple housing types including: emergency shelter room and board, board and care, enhanced board and care, assisted living, enhanced assisted living, recovery residences, MHSA Permanent Supportive Housing, and more.

Home and community-based services and peer support services:

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

Employment services:

TEST provides follow up job skills and employment services, which may include referral and linkage to DBH employment program. Additionally, DBH will be implementing the Individual Placement and Support Model of Supported Employment (IPS) as per Behavioral Health Services Act (BHSA) requirements to provide necessary employment and job based resources. IPS is an evidence based intervention that engages individuals living with significant behavioral health needs in finding and maintaining competitive employment, which can play a crucial role in their recovery and integration into the community.

Transition from hospitals to community settings:

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