

SAN BERNARDINO COUNTY

Department of Behavioral Health



SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Mental Health Block Grant

Renewal Application Fiscal Year 2019 -2020

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MHBG PROGRAM NARRATIVE FY 2019-2020

CHILDREN'S SYSTEM OF CARE

JUVENILE JUSTICE COMMUNITY REINTEGRATION (JJCR)

(a) Statement of Purpose

The Department of Behavioral Health (DBH) Juvenile Justice Program's Juvenile Justice Community Reintegration (JJCR) team collaborates with Probation to serve the behavioral health needs of the detained youth returning to the community from Juvenile Detention and Assessment Centers (JDAC) in San Bernardino County. JJCR collaborates with Children and Family Services Department, District Attorney's Office, Public Defenders Office, Juvenile Delinquency Court and family members. Multi-disciplinary teams work closely to assist in development of an advocacy plan for each youth that will best meet their treatment needs and provide access to community resources.

(b) Measurable Outcome Objectives

- 75% of youth being connected to one appointment or attending one activity.
- Increased resiliency (CANS).
- Increase functioning impairment in general areas of life (e.g., health/self-care/housing, occupation/education, legal, interpersonal/social, and well-being) (CANS).

In FY 2017-18, of the 102 youth and families served, 89% (n=91) completed one appointment or attended one activity, exceeding the goal of 50%. Engaging justice-involved youth and their families in voluntary behavioral health programs is a constant challenge as the youth are often ambivalent or resistant to change. By attending a session, this is evidence that youth are beginning to engage in their behavioral health care and are entering a pre-contemplative or contemplative state of change. Based on data obtained from Child and Adolescent Needs and Strength (CANS) Assessment, of the 24 individuals who were assessed, Child/Youth Behavioral/Emotional Needs improved by 50% and the Life Domain Functioning also improved by 62.5% (15/24).

(c) Program Description

JJCR delivers quality assessment and treatment interventions tailored to meet the behavioral health needs of justice involved youth including youth involved in Juvenile Drug Court, Juvenile Mental Health Court, and Court for the Individualized Treatment of Adolescents (CITA).

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

JJCR in-custody services include:

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

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

JJCR out-of-custody services include:

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

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education, and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

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

(f) Staffing

Title of Position
Alcohol & Drug Counselor
Clinical Therapist I
Clinical Therapist II
Office Assistant III
Social Worker II
Staff Analyst II
MH Clinic Supervisor
Peer and Family Advocate I

(g) Designated Peer Review Representative

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services Programs will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program.

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

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

ADULT SYSTEM OF CARE

ADULT CONTINUING CARE PROGRAM LONG TERM CARE **(Formerly known as ADULT RESIDENTIAL SERVICES -Long Term Care)**

(a) Statement of Purpose

The Adult Continuing Care Program (ACCP) Long Term Care Program (Formerly known as Adult Residential Services (ARS) Long Term Care Program) addresses the disparities in behavioral health services for adults at risk of institutionalization or hospitalization through the provision of appropriate placement and behavioral health and case management services. This program also focuses on successful reintegration of each consumer into the community after locked placement. The ACCP Long Term Care collaborates with all stakeholders, as appropriate, to include San Bernardino Adult Protective Services, Department of Adults and Aging Services, Arrowhead Regional Medical Center, County designated hospitals, Probation Department, Public Guardian, Public Defenders, Superior Court Representatives, Law Enforcement Agencies, Department of Behavioral Health Patients' Rights, Community Care Licensing, Board & Care (B&C) providers, Institutes of Mental Disease (IMD) providers and State Hospitals (Patton, Metropolitan, Napa, Atascadero) to discuss cases and assist consumers in attaining the most appropriate care and access to community resources.

(b) Measurable Outcome Objectives

The outcome objective for the ACCP Long Term Care is as follows:

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

For FY 2017-2018, there were 41 consumers who were admitted into the program. During the first 60 days of their participation, 93% of the consumers who transitioned from a long-term locked facility into a community placement were not admitted to an acute psychiatric hospital, exceeding the goal of 50%. Only 2 consumers returned to a long term locked facility within the first 60 days after placement with 95% of consumers successfully maintaining their placement, which far exceeds the initial goal of 50%. Out of the 41 residents admitted to the program, 8 consumers admitted to a step down augmented board and care were transitioned to a lower level of care and 2 consumers returned to family. Monthly site visits to each long term locked facility increases timely access to the appropriate level of care based on the consumer's current level of care and the monitoring treatment team's approval of a lower level of care.

(c) Program Description

This program: **(1)** Seeks and secures placement in appropriate rehabilitation and reintegration programs; **(2)** Secures placement in lower levels of care when consumers complete their program in long term locked facilities; **(3)** Oversees service delivery and compliance with the treatment plan; **(4)** Oversees linkage with needed services such as dental services, medical needs, and specialized services; **(5)** Engages family in the recovery process; **(6)** Coordinates, facilitates, and “hands on” case management responsibilities to a DBH case management team providing aftercare services at Board and Care and/or independent housing. Once the B&C accepts the consumer, there is a Letter of Understanding (LOU) that is signed between the County and each B&C provider for each consumer. This LOU addresses cost, timeframe and makes reference to services to be provided by the Board and Care per Title 22 of the California Administrative Code; and **(7)** Provides gatekeeping activities, which include advocating, motivating and encouraging the consumer for placement and maintenance in the community.

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

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, executes, and monitors implementation of the department’s Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

The ACCP Long Term Care will serve **46** San Bernardino County consumers in acute psychiatric facilities who have stabilized and need sub-acute placement and are unable to function at a lower level of care. The target population includes San Bernardino County consumers who suffer from a behavioral health condition and are residing at Metropolitan and Patton State Hospitals, are in need of a step down sub-acute placement, and will be integrating or who have recently integrated into the community. The consumers are adults, but may also be transitional age youth (18-25 years old) who have been in the Children's System of Care and have transitioned to the Adult System of Care.

(f) Staffing Chart

Title of Position
MH Clinic Supervisor
Clinical Therapist I
MH Nurse II
Office Assistant III
Clinical Therapist II
Social Worker II
Licensed Psychiatric Technician
Staff Analyst II

(g) Designated Peer Review Representative

Christina Entz, LCSW, Program Manager II, (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program.

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

San Bernardino County Department of Behavioral Health (DBH), in compliance with the Olmstead Act of 1999, has developed several innovative programs. Programs such as Triage Engagement and Support Teams (TEST) and Recovery Based Engagement Support Teams (RBEST) are community-based and engage consumers in an effort to

assist them with their transition process into stable housing and treatment options utilizing peers and other service providers from multiple disciplines. Additionally, DBH's Triage Transitional Services (TTS) team, housed within the county hospital (Arrowhead Regional Medical Center), assist in re-directing consumers to the appropriate programming in the community, which may include housing, therapy, and treatment for co-occurring disorders, in an effort to deter acute psychiatric hospitalizations. DBH's Community Crisis Response Team (CCRT) provides services in the community for consumers experiencing a behavioral health crisis and/or who may need an assessment for a 5150 evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Centralized Hospital Aftercare Services (CHAS) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutes for Mental Disease (IMD) and state hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

CEDAR HOUSE Co-OCCURRING RESIDENTIAL CARE

(a) Statement of Purpose

DBH has been contracting for residential treatment services since 1993. In recent years, DBH has seen a large increase in the number and severity of consumers suffering from a behavioral health condition who have substance use disorders, creating an increased need to provide services to persons living with co-occurring disorders. In order to fill a gap in services that have not been met through traditional augmented board and care programs DBH has contracted with Cedar House Life Change Center, which is defined as a substance use disorder residential treatment facility, to provide evidence-based treatment and meet the complicated needs of the co-occurring population. Cedar House provides the treatment program for substance abuse and works in coordination with the DBH Therapeutic Alliance Program (TAP) Team to address the behavioral health condition of program participants. The Cedar House Co-Occurring Residential Care Program is a community resource providing services to those who have both mental health and substance use disorder treatment needs through consumer and family driven services. This program addresses disparities in behavioral health services for individuals who suffer from a behavioral health condition and who are chemically addicted. This program collaborates with DBH Homeless Services, Arrowhead Regional Medical Center, other Lanterman-Petris-Short (LPS) Designated Hospitals, Department of Probation, Superior Court Mental Health Counselors, San Bernardino County Department of Behavioral Health Patients' Rights, Law Enforcement, Public Defenders Office, Veterans Administration, Transitional Assistance Department, San Bernardino County Public Guardian's Office, Children and Family Services Department, Adult Protective Services and family members. Interaction with each agency occurs as appropriate to maintain consumers successfully in the program and aid in healthy aftercare service delivery.

(b) Measurable Outcome Objectives

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

In FY 2017-18, 156 consumers were admitted to the program. Engagement in the program was measured by graduation rate. Between July 2017 and June 2018, 49% of TAP consumers successfully graduated from the Cedar House program. During the same period, 37% left the program in the first 60 days. In previous years, engagement was also measured by successful completion of the 12-step program and 12 frameworks at Cedar House. Due to the California Drug Medi-Cal Organized Delivery System (ODS) Waiver and subsequent programming changes, effective March 1, 2018, new ways of measuring engagement have been incorporated in FY 18-19. During FY 17-18, ninety-eight percent of consumers served did not have a psychiatric hospitalization during their program

participation, far exceeding the goal of 50%. Additionally, out of the 156 consumers served, 38% were from diverse backgrounds, exceeding the goal of 30%.

(c) Program Description

The program is a voluntary residential treatment program that provides a broad array of behavioral health and substance use disorder treatment. As of the California Drug Medi-Cal Organized Delivery System (ODS) Waiver, effective March 1, 2018, American Society of Addiction Medicine (ASAM) evaluations are initiated to determine level of treatment provided as well as length of treatment. Substance Use Disorder (SUD) treatment services include screening and assessment, treatment planning, individual and group counseling, relapse prevention, case management, family education and parenting, and withdrawal management. In addition, Cedar House will provide basic support, which includes room and board and three meals per day, 24/7 supervision, transportation, and psychiatric medication management for consumers who have co-occurring disorders. Cedar House employees work in collaboration with the DBH TAP team toward the reduction of symptoms and increased functioning relating to a severe behavioral health condition and a co-occurring substance use related disorder.

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, implements, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

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

(f) Staffing Chart

Title of Position
Clinical Therapist I
Certified Drug and Alcohol Counselors
Licensed Psychiatric Technician
Mental Health Specialist
Psychiatrist
Program Director

(g) Designated Peer Review Representative

Christina Entz, LCSW, Program Manager II, (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

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

THERAPEUTIC ALLIANCE PROGRAM (TAP)

(a) Statement of Purpose

The Therapeutic Alliance Program (TAP) is a community resource providing services to consumers who have a behavioral health condition and a co-occurring substance use disorder. TAP works collaboratively with Cedar House Life Change Center, the residential treatment facility described in the previous section. Furthermore, this program addresses the disparities in behavioral health services for individuals who suffer from a behavioral health condition and who are experiencing a co-occurring substance use disorder. This program has extensive collaboration with the following stakeholders: Cedar House Life Change Center, Department of Probation, Community Drug and Alcohol Services, Superior Court Mental Health Counselors, Arrowhead Regional Medical Center, other Lanterman-Petris-Short (LPS) designated hospitals, Outpatient Behavioral Health Providers, Transitional Assistance Department, Homeless Service Providers, Department of Rehabilitation and family members to stabilize and provide effective behavioral health treatment and aftercare planning.

(b) Measurable Outcome Objectives

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

In FY 2017-18, 156 consumers were admitted to the program. Engagement in the program was measured by graduation rate. Between July 2017 and June 2018, 49% of TAP consumers successfully graduated from the Cedar House program. During the same period, 37% left the program in the first 60 days. In previous years, engagement was also measured by successful completion of the 12-step program and 12 frameworks at Cedar House. Because of the California Drug Medi-Cal Organized Delivery System (ODS) Waiver and subsequent programming changes, effective March 1, 2018, new ways of measuring engagement will be incorporated in FY 18-19. Ninety-eight percent of consumers served did not have a psychiatric hospitalization during their program participation, far exceeding the goal of 50%. Additionally, out of the 156 consumers served, 38% were from diverse backgrounds, exceeding the goal of 30%.

(c) Program Description

TAP staff serve as the gatekeeper for consumers who are participating at Cedar House Life Change Center, providing appropriate behavioral health services including therapy, case management, and behavioral health groups to consumers who are currently receiving substance use disorder treatment at the residential treatment facility. TAP utilizes their assigned vehicle to transport consumers to court hearings, psychiatric appointments, and placement interviews. These vehicles are also used when a consumer requires assistance obtaining entitlements while participating in the program and when assisting consumers with budgeting to purchase items to maintain hygiene, grooming, and Activities of Daily

Living (ADL). The TAP team has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the TAP staff will be the only program to utilize their assigned vehicle.

The behavioral health services are integrated with the substance use disorder treatment services for the consumers residing at Cedar House Life Change Center for up to 90 days in residential treatment. Additionally, TAP provides aftercare services, which are a crucial component of the long-term maintenance recovery plan. The aftercare services may include placement in housing for the consumer's recovery. Some consumers successfully transitioning in their recovery are without resources and are destitute and homeless. By providing aftercare housing and case management referrals, DBH provides additional time for consumers who are able to prepare for re-entry into the workforce. Additionally, there are some TAP consumers who will never be employable due to age and severity of medical and/or behavioral health conditions. These consumers are assisted in obtaining their benefits, moved into independent living, and receive continued aftercare services through DBH.

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, implements, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four hours of cultural competency training annually.

(e) Target Population

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

(f) Staffing Chart

Title of Position
Mental Health Program Manager I
Clinical Therapist II
Certified Drug and Alcohol Counselor
Office Assistant II
Psychiatrist
Licensed Psychiatric Technician

Mental Health Specialist
Clinical Therapist I

(g) Designated Peer Review Representative

Christina M. Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

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

ENHANCED BOARD AND CARE PROGRAM

(a) Statement of Purpose

The Enhanced Board and Care Program is a step down program which provides intensive residential services and increased supervision and monitoring in the community for consumers suffering from a behavioral health condition and co-occurring substance use disorder and who have been discharged from a residential locked facility, state hospital, or acute psychiatric hospital. DBH provides this service through contracted Licensed Board and Care facilities and augments funds to employ experienced staff who provide increased supervision and monitoring to this very challenging population as well as supportive treatment services on site at the residential setting. This enhanced attention and guidance integrates healthcare services for those consumers who experience medical concerns and increases compliance with their medical regimen, providing continual availability of intensive long-term board and care residential services to meet consumer needs. Consumers admitted to the Enhanced Board and Care program receive targeted ongoing support and added supervision to ensure successful transition to a less restrictive level of care and maximum independence. This program works towards eliminating the disparities of behavioral health services for those suffering from a severe behavioral health condition with a special emphasis on dispelling the stigma of mental illness and promoting behavioral health as essential to overall health. This program collaborates with DBH, Arrowhead Regional Medical Center, LPS-designated acute psychiatric hospitals, San Bernardino County Public Guardian's Office, Department of Probation, Transitional Assistance Department, Veterans Administration, Institutes of Mental Disease (IMD), Telecare Assertive Community Treatment (ACT) Program, Law Enforcement, Public Defenders, Superior Court Mental Health Counselors, Primary Care Physician providers and families to help consumers maximize recovery and transition to the least restrictive level of care as rapidly as possible.

(b) Measurable Outcome Objectives

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

During FY 2017-18, 35% of the participating consumers came from long term care locked facilities. While this is below goal, an additional 56% were referred from psychiatric hospitals and were placed in the step down program as a means to divert them from long-term care locked facilities, which was an attempt on the part of the gatekeeper to maintain these consumers in the least restrictive environment possible. An additional 9% were referred from Skilled Nursing Facilities and movement to this program is considered a lower level of care. Together this comprises 100% of the referrals. 77% of participants received their entitlements and 100% of consumers did not return to a locked psychiatric facility within 90 days of admission, meeting the outcome objectives defined above.

(c) Program Description

The Enhanced Board and Care Program provides 24/7 residential board and care services primarily to adults suffering from a behavioral health condition who are ready to transition from acute psychiatric facilities and long-term locked psychiatric facilities to a lower level of care in the community. The consumer utilizes their entitlements such as Supplemental Security Income (SSI), Social Security Administration (SSA) Retirement benefits, Veterans Administration (VA), or other entitlements for room and board payment. In addition to meeting consumers' basic needs to support physical well-being, this program also provides a healthy environment to reside in, medication management for complicated medical and psychiatric consumers, substance abuse prevention, and groups to enhance socialization skills including Activities of Daily Living (ADL) Groups, skill building groups, money management groups, medication support groups initiated by a Registered Nurse, and community outings to enhance their reintegration into the community. The Enhanced Care Program utilizes their assigned vehicle to transport consumers to medical appointments, psychiatric appointments, placement interviews, linkage to community programs, and activities to promote and increase appropriate use of personal and incidental monies for clothing and ADLs.

The additional staff provide for increased support, monitoring, and supervision at this level of care, which also affords the provision of consumer crisis counseling, problem solving, skill building, and critical support needed to be successful during such a pivotal time in the lives of these consumers. Additionally, medical personnel and substance use counselors are on site to provide immediate access for enhanced coordination of care and medical interventions. DBH staff utilize community supports and leisure activities to bring normalcy to the consumer's daily experiences, assisting consumers to overcome isolation, anxiety, and depression. The program also provides behavioral health services to hearing impaired consumers through the use of sign language interpreters.

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

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, executes, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who

provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

The target population is **55** consumers between the ages of 18-59 who have a major mental health diagnosis and may have a co-occurring substance use disorder will participate in the program on an annual basis.

(f) Staffing Chart

Title of Position
Administrator
CEO
Registered Nurse
Social Worker
Drug and Alcohol Counselor
Data Analyst
Office Manager
Diabetic Specialist
Mental Health Worker (3)
Medication Management
Medication Direct Staff
Sign Language Interpreter
Night Staff
Maintenance Direct Care
Activity Coordinator

(g) Designated Peer Review Representative

Christina M. Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

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

SUPERVISED TREATMENT AFTER RELEASE (STAR)

(a) Statement of Purpose

The STAR program is a DBH outpatient clinic providing intensive mental health services, including case management, day treatment, and individual treatment to consumers suffering from a behavioral health condition and co-occurring substance use disorder. STAR strives to provide consumer and family driven mental health care to facilitate the recovery of severely and persistently mentally ill individuals while ensuring the safety of the community. The STAR program provides excellent mental health care and has proven to be an evidence-based practice resulting in substantial decreases in bookings, days of incarceration, and psychiatric hospitalizations while ensuring the consumer receives treatment for their mental illness. The STAR Program staff from DBH collaborates with Law Enforcement, Department of Probation, Department of Behavioral Health Patients' Rights, Public Defender's office, Superior Court Mental Health Services, Children and Family Services Department, Transitional Assistance Department, Drug and Alcohol Treatment Providers, Department of Vocational Rehabilitation, Veterans Administration, County Homeless Department, and family members. The above agencies and representatives meet, as appropriate, to address the needs of the consumer and assist the consumer to meet personal goals.

(b) Measurable Outcome Objectives

- 50 Referrals will be processed for participation in the STAR program.
- 60% of participants accepted in the STAR program will satisfactorily advance to the next treatment level within a 12 month period and will remain in the program past the 12 month mark (per program length requirements).
- 75% of participants will remain Day-Treatment adherent for 75% of available groups for a 12-month period.
- Reduction of hospitalization and jail days by 60% compared to pre-program participation.
- Marked increases to participants' self-reports of hope, levels of personal empowerment, and positive social connections (ANSA).

The number of consumers participating in the STAR program in FY 2017-2018 was 305. Only 9% of those who completed a full year actually graduated from the program. The reduction lead to an in-depth evaluation of internal processes which included, evaluation of client services approach, legitimacy of referral appropriateness, and training component of all Clinical and Case Management staff.

As a result STAR has implemented the following improvement measures for this new fiscal year:

- Additional staff training and coaching.
- Evaluation of various client deficits and inhibiting factors to success.
- Increased frequency of multi-disciplinary team meetings.
- Updating and re-orienting staff on the most appropriate and evidenced based day treatment models.

- Recurrent co-location of STAR Clinic Supervisor with the STAR Treatment Team to actively engage in the recommendation and outcome of Mental Health Court referral evaluations.
- Provided feedback about potential clients to our Mental Health Courts as to consumer's appropriateness and readiness for our STAR program.

In FY 17-18, there were 190 new consumers referred to STAR and of these, 72 qualified and received services. The number of referrals received exceeded the goal of 50 referrals.

(c) Program Description

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

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

STAR utilizes their assigned vehicle to transport consumers to medical appointments, psychiatric appointments, placement interviews, linkage to community programs, and activities to promote and increase appropriate use of personal and incidental monies for clothing and ADLs. The program was unable to purchase the requested passenger van during Fiscal Year 2018-19 due to County Fiscal timelines. The Department has reviewed its fiscal processes and mitigated this issue. Additionally, the STAR team has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the STAR program staff will be the only program to utilize their assigned vehicle. At times, it may be necessary for staff to travel in their own vehicle or rent a County-owned vehicle when a program vehicle is not available in an effort to meet with consumers and assist them in attending needed services..

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, implements, and monitors implementation of the department's Cultural Competency

Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

A minimum of **30** consumers with involvement in the criminal justice system, who have a history of a serious and persistent mental illness.

(f) Staffing Chart

Title of Position
Mental Health Clinic Supervisor
Clinical Therapist II
Social Worker II
Mental Health Specialist
Alcohol and Drug Counselor
Office Assistant III
Clinical Therapist I

(g) Designated Peer Review Representative

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program.

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

The program will be evaluated using the Data Collection and Reporting (DCR) System which is designed to measure performance and accountability of Full Services Partnership (FSP) programs. The FSP DCR is designed to measure outcomes at the individual consumer tracking level. The initial assessment provided is called the Partnership Assessment Form (PAF). Key event tracking and quarterly assessments are also completed.

The program is reviewed on an annual basis with a standard evaluation tool. Staff is provided feedback and any deficiencies are noted and expected to be corrected within a

specified time. As appropriate, follow up reviews are conducted. All related documentation is submitted to the grant coordinator.

(j) Olmstead Mandate and the MHBC

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

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

(a) Statement of Purpose

The Co-Occurring Residential for consumers suffering from a behavioral health condition and co-occurring substance use disorder provides excellent consumer and family-driven evidence-based co-occurring residential substance use and mental health services. DBH has contracted with Cedar House Life Change Center, which is defined as a substance use disorder residential treatment residential facility. Cedar House provides the treatment program for substance use disorders and works in coordination with the DBH Supervised Treatment After Release (STAR) Program. Cedar House has extensive collaboration with DBH, Children and Family Services, Transitional Assistance Department, Law Enforcement, Jail Services, Department of Probation, Public Defender's office, District Attorney's Office, Arrowhead Regional Medical Center, San Bernardino Behavioral Health Patients' Rights, family members, and other community partners.

(b) Measurable Outcome Objectives

- A total population of at least 24 SAMHSA funded consumers will be targeted to receive Co-Occurring Residential Treatment services.
- 20% of consumers will complete a 90-day co-occurring residential treatment program.
- 40% of the consumers completing the 90 day program will continue with the Supervised Treatment After Release (STAR) program for at least a six month period.
- Improved functioning and reduction in symptom distress (ASAM).

The number of co-occurring consumers who received services in the Cedar House residential facility in FY 2017-18 was 69. This surpassed the consumer objective of 23 consumers to receive services. As well, 44 of the 69 consumers, or 64%, completed their substance use disorder (SUD) program and were referred to continue with the STAR program, surpassing the goal of 20%. Of the consumers who completed their SUD program, 36 consumers, or 81%, continued with the STAR program in FY 2017-18. This too, surpassed the consumer outcome objective for 40% completing at least a 90 day program to continue with the STAR program for at least a six month period

(c) Program Description

The Department of Behavioral Health has contracted with Cedar House, a residential substance use disorder treatment provider, to provide up to 5,840 residential bed days annually for residential dual recovery services for Supervised Treatment After Release (STAR) program consumers who have co-occurring disorders. The standard (median) program length is 90 days. However, as a result of the California Drug Medi-Cal Organized Delivery System (ODS) Waiver, effective March 1, 2018, American Society of Addiction Medicine (ASAM) evaluations are initiated to determine level of treatment provided as well as length of treatment. Substance Use Disorder (SUD) treatment services include screening and assessment, treatment planning, individual and group

counseling, relapse prevention, case management, family education and parenting, and withdrawal management. In addition, Cedar House will provide basic support which includes room and board and three meals per day, 24/7 supervision, transportation, group counseling, and psychiatric medication management for consumers who have co-occurring disorders. The program is geared toward the reduction of psychiatric symptoms, improvement in community functioning, and decreasing incidents of substance use. A multidisciplinary treatment team which includes the Chief Executive Officer for Cedar House participates as an advocate for consumers and collaborates with family to help consumers maximize recovery, reduce recidivism into the criminal justice system, reduce recidivism into psychiatric hospitals, and increase maintenance in the community setting.

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, implements, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

A total population of at least **23** consumers are to receive services in the Cedar House residential facility who have co-occurring mental health and substance use disorders.

(f) Staffing Chart

Title of Position
Chief Executive Officer
Administrative Staff
Admissions Staff
Psychiatrist
LCSW/Registered Nurse
Psychiatric Technician
Women's Coordinator
Case Managers
Intake/Station Clerical Staff
Housekeeping/Kitchen/Maintenance Staff
Meds. Clerks/Women's & Men's Station Supervisor
EE/Benefits/Payroll, Exps Cedar House, and STAR

(g) Designated Peer Review Representative

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program.

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

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

HOUSING SOLUTIONS PROGRAM

(Formerly Homeless Intensive Case Management and Outreach Services-HICMOS)

(a) Statement of Purpose

The Department of Behavioral Health (DBH) Housing Solutions Program provides community based intensive case management for those consumers who are living in temporary residence or emergency homeless shelter. These consumers may have frequent psychiatric hospitalizations, incarcerations, and lengthy hospital stays while waiting for available housing. Once housing is secured, it is important for consumers to receive subsequent treatment and follow-up at their current housing to ensure reintegration in the community. DBH staff collaborate with the emergency shelter or temporary residence staff by providing community-based case management support and therapeutic interventions to reduce and prevent re-hospitalizations. Linkages to other programs and community supports (e.g., employment services, benefits assistance, medical and dental care) are also made as the consumer works towards recovery and permanent housing.

This program collaborates with DBH, Adult Protective Services, Arrowhead Regional Medical Center, LPS designated acute psychiatric hospitals, Salvation Army, Lutheran Shelter Services, other non-profit community emergency homeless shelter providers, Veterans Administration, Housing and Urban Development, Law Enforcement, San Bernardino Department of Behavioral Health Patients' Rights Services, Department of Rehabilitation, Public Defenders office, San Bernardino County Sheriff's Department Detention Centers, Transitional Assistance Department, Rape Crisis Center, Cedar House Life Change Center Residential facility, Domestic Violence Centers, Payee Services and family members to aid consumers in finding appropriate, recovery affirming resources and improve subjective quality of life.

(b) Measurable Outcome Objectives

- Increase Safe and Permanent Housing by 60%
- Reduce the frequency of emergency department visits and unnecessary hospitalization by 80%
- 75% Reduction in Criminal and Justice Involvement

In FY 2017-18 the Housing Solutions (formerly HICMOS) Program experienced a 51% reduction in homelessness as a result of the case management and linkages to services. The addition of Housing Navigators will increase this percentage to 60% of clients discharged to permanent housing.

Studies have reported that 25-33% of homeless individuals are hospitalized during a year, which is 4 times higher than the US average. Furthermore, hospitalizations and emergency department visits account for approximately half of medical expenditures for insured homeless individuals (Bharel M, Lin WC, Zhang J, O'Connell E, Taube R, Clark RE (2013) Health care utilization patterns of homeless individuals in Boston: preparing for Medicaid expansion under the Affordable Care Act. Am J Public Health. 2013 Dec; 103 Suppl 2:S311-7. In FY 2017-18, there were zero (0) Emergency Department visits

and nine (9) calls to the Emergency Medical Services (911). The majority of those visits and calls were related to co-occurring medical conditions. DBH case managers assist in accessing health care, which has been neglected by most homeless consumers. Increased use of local health care providers, along with regular appointments and evaluations decreases the need to access higher levels of care for basic medical needs. Due to a greater focus on wellness and recovery, coupled with increased collaboration with local medical health plans and care coordination working within health homes will decrease the usage of hospital and emergency room care and better serve consumer's health needs.

The United States Interagency Council on Homelessness states that the number of Americans caught in a revolving door between the streets, shelters, and jails may reach the tens of thousands. Roughly 48,000 people entering shelters every year are coming nearly directly from prisons or jails. Of the 11 million people detained or incarcerated in jails every year, as many as 15% report having been homeless. In FY 2017-18, there were two incidents of incarceration for 138 consumers served. Many of the consumers assisted by the DBH case managers have histories of involvement with the criminal justice system and have not learned positive means of social interaction and pro-social activities. The Case Managers assist the consumers in developing healthy coping strategies and link them to available community activities and resources, which increases the likelihood that they have access to activities and contacts which are lawful and will result in the ability to stay clear of activities which will result in incarcerations. This fiscal year a case manager will be assigned to each consumer and working on wellness and recovery in conjunction with permanent housing which will, in turn, decrease the interaction with law enforcement.

(c) Program Description

The Housing Solutions Program collaborates with a variety of agencies, both public and private, to help consumers increase self-efficacy and stability. DBH case managers are community-based staff assigned to each consumer housed in the shelters to help develop both a Wellness and Recovery Plan and a Housing Plan. Both plans are developed in a client-centered and strength-based way, with the case manager guiding the process. These plans act as the consumer's "roadmap" to a "good life", as they define it.

Consumers are also assessed and entered into the County's Coordinated Entry System for housing resources and into the Homeless Management Information System database. When available, housing resources are matched to our consumers. Housing Navigators assist the consumer to navigate the housing system with a goal of permanent housing.

Housing Solutions utilizes their assigned vehicle to transport consumers to medical appointments, psychiatric appointments, placement interviews, linkage to community programs, and activities to promote and increase appropriate use of personal and incidental monies for clothing and ADLs. Additionally, the Housing Solutions Program team has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the Housing Solutions Program staff will be the only program to utilize their assigned vehicle.

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, implements, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

The target population for this program includes **175** consumers that have a primary diagnosis of moderate to severe mental illness and may have a secondary diagnosis of substance use disorder who are chronically homeless or literally homeless. The target population includes transitional age youth, which includes pregnant and/or mothering youth; adults; and individuals supervised through the criminal justice system and/or presenting with a history of involvement in the criminal justice system and/or psychiatric hospital system of care.

(f) Staffing Chart

Title of Position
Clinical Therapist II
Program Specialist I
Alcohol and Drug Counselor

(g) Designated Peer Review Representative:

Christina Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program.

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

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

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

(j) Olmstead Mandate and the MHBG

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

LAKESIDE SPECIAL CARE

(a) Statement of Purpose

The Lakeside Special Care program provides 24-hour skilled nursing services for those with psychiatric needs and severe medical issues. There are a growing number of consumers who are experiencing a behavioral health condition and a complex medical condition. Prior to this program's implementation, there were minimal options for these consumers with many of them being placed in a higher level of care, such as a State Hospital, as Institutes of Mental Disease (IMD) do not accept consumers who are experiencing severe medical conditions in addition to their behavioral health condition. This program is a specialized skilled nursing facility (SNF) that addresses the needs of consumers with a severe behavioral health condition, a co-occurring severe medical condition, and prior history of criminal justice involvement. These services provide an alternative to State Hospital placement at a rate less costly. The consumer's placement is funded through Medi-Cal as the consumer's primary medical condition meets medical necessity for a SNF level of care. This program has extensive collaboration with DBH, San Bernardino County Public Guardian's office, Arrowhead Regional Medical Center, Transitional Assistance Department, Institutes of Mental Disease (IMDs), Veterans Administration, Adult Protective Services, Community Care Licensing, Law Enforcement, Public Defenders office and family members to ensure consumers are receiving applicable life resources and support.

(b) Measurable Outcome Objectives

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

For FY 2017-18, there were a total of 9 consumers placed at the Lakeside facility. 100% of which were placed from a higher level of care including IMDs, State Hospitals, and acute psychiatric hospitals. 100% of consumers were not readmitted to a long term locked facility and maintained their placement, meeting the outcome objective defined above. Of the 9 consumers, 3 required medical attention from an acute medical hospital with 67% requiring no acute medical hospitalization, surpassing the objective outlined above. Monthly visits to Lakeside increases timely access to the appropriate level of care based on the consumer's current level of functioning and treatment team determination that consumer is ready for discharge to a lower level of care. Of the 9 consumers placed at Lakeside during FY 2017-18, 2 consumers were placed in a lower level of care, including Enhanced Board and Care.

(c) Program Description

The program provides continual 24-hour monitoring and specialized healthcare services by doctors, nurses, healthcare aides, social workers, and activity coordinators for

consumers who are experiencing a severe behavioral health condition in addition to their medical condition to assist in their rehabilitation. The placement is funded through Medi-Cal as the consumer's medical condition is primary and meets medical necessity for a SNF level of care. Enhanced staffing at the site provide crisis intervention and groups to enhance the consumer's behavioral health condition including skill building and Activities of Daily Living (ADL), which are strength-based and focused on maximizing the consumer's functioning with the goal of discharging to a lower level of care. DBH Centralized Hospital Aftercare Services collaborates with this program providing ongoing case management services which include, but are not limited to, gate keeping activities, linkage and consultation, treatment team participation, and discharge planning.

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, implements, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

Lakeside Special Care services will serve up to **5** individuals at any one time. These consumers include those who have a severe behavioral health condition and co-occurring medical condition who cannot maintain stability at a lower level of care such as a non-augmented skilled nursing facility or augmented board and care home.

(f) Staffing Chart

Title of Position
Activities Supervisor
Administrator
Admissions Director
Regional Administrator
Building & Maintenance Other
Building & Maintenance Supervisor
Regional Business Officer
Business Office Manager/Bookkeeper
Certified Nursing Assistant (CNA)
Dietary Cooks
Dietary Other

Dietary Supervisor
Direct Staff Development
Director of Nursing
Housekeeping Other
Laundry Other
Licensed Vocational Nurse
Medical Doctor
Medical Records Supervisor
Office Support
Registered Nurse
Social Services Supervisor
Plant Maintenance Regional

(g) Designated Peer Review Representative

Christina M. Entz, LCSW Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program.

(h) Implementation Plan

This program is already in existence.

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

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

evaluation, and assists with said evaluations and transportation to a designated Lanterman-Petris-Short (LPS) facility as necessary. Furthermore, DBH has Crisis Walk-in Centers (CWIC) to service consumers who are experiencing a behavioral health crisis and who voluntarily seek assistance to remediate the crisis. CWIC also initiates psychiatric evaluations, including medication evaluation. Finally, DBH's Centralized Hospital Aftercare Services (CHAS) Long Term Care (LTC) team aids in transitioning consumers from locked long-term psychiatric institutions including Institutes for Mental Disease (IMDs) and state hospitals as well as local acute psychiatric hospitals back into the community, ensuring they have access to the appropriate level of placement and support to increase successful reintegration in the community.

PREMIER PROGRAM

(a) Statement of Purpose

The DBH Premier Program assists consumers who are admitted in the local acute psychiatric hospitals experiencing a first episode behavioral health condition. The initial behavioral health episode, frequently psychotic in nature, and subsequent acute psychiatric hospitalizations, present a unique opportunity to ensure seamless integration into the behavioral health outpatient services immediately upon discharge with the goal of decreasing subsequent acute psychiatric episodes. This target population may be more inclined not to follow through with aftercare treatment due to lack of acceptance of their need for services and/or absence of familial support to encourage care. Frequently, these consumers are released from an acute psychiatric hospital to family and may be re-hospitalized without the opportunity of focused outpatient behavioral health support. Assertive and supportive clinical aftercare benefits consumers experiencing a first episode psychosis by providing an opportunity to divert placement in long term locked psychiatric facilities through early intervention during their first behavioral health episode and providing targeted clinical treatment to encourage management and recovery of their behavioral health symptomology. On a voluntary basis upon discharge from acute psychiatric hospitals, the consumer is offered placement in an enhanced board and care facility to support psychiatric medication monitoring and overall treatment adherence or with family in a supportive environment. Clinical case management, psychotherapy, supervision in the community and efforts to reintegrate with family and community are offered. The DBH team, in the provision of services, will engage in collaboration with other providers in the community including: Veterans Administration, Housing and Urban Development, Probation, LPS, designated acute psychiatric hospitals, Law Enforcement, board and care operators and other related entities aiding consumers to avoid recidivism and maximize quality of life.

(b) Measurable Outcome Objectives

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

For FY 2017-18, there were a total of 16 consumers who participated in the Premier Program. All program participants were referred during an acute psychiatric hospital admission or by other DBH programs. Of the 16 participants, there were 2 consumers who had an acute psychiatric hospitalization within the first 60 days; therefore, 87% of the consumers did not. Of the 16 consumers admitted to the Premier Program, 50% who have been participating for 12 months or more have not been admitted to an acute psychiatric hospital.

(c) Program Description

The program services include collaboration with acute psychiatric hospital staff to coordinate placement of the consumer upon discharge from the acute psychiatric hospital to an appropriate level of care. In an effort to coordinate this placement, the Premier Program staff assist with bus passes, transportation assistance, and placement costs utilizing whichever mode is most appropriate for the consumer's care. The program staff may also need to rent a County-owned vehicle to assist with this transportation or connection to placement. Once reintegrated back into the community, the DBH Premier Program will provides collaborate with community partners providing a full array of behavioral health services including intensive case management, linkage to medication assessment and support, advocacy, linkage to medical needs, support and therapy as appropriate. The consumer and family members are offered educational information and support regarding their loved one's behavioral health condition focusing on developing support for their aftercare treatment and recovery.

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, implements, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that are as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in 4 hours of cultural competency training annually.

(e) Target Population

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

(f) Staffing Chart

Title of Position
MH Clinic Supervisor
Psychiatrist
Social Worker II
Mental Health Nurse II
Clinical Therapist I
Peer & Family Advocate III

(g) Designated Peer Review Representative

Christina Entz, LCSW Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program.

(h) Implementation Plan

This program began July 2015 and is fully operational.

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

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

TRIAGE, ENGAGEMENT, AND SUPPORT TEAMS (TEST)

(a) Statement of Purpose

The Triage, Engagement, & Support Teams (TEST) program provides intensive crisis case management services to unserved/underserved residents of San Bernardino County. TEST utilizes an innovative approach to crisis care that integrates engagement, assessment, and case management with crisis intervention and post-crisis discharge to reduce arrests, recidivism, and acute psychiatric hospitalizations of those with unmet mental health needs by increasing participation in ongoing outpatient community care. The TEST program is comprised of DBH paraprofessionals located in partnered sites across the county with TEST staff co-located within twenty-five (25) entities throughout the community, including: Nine (9) San Bernardino County Sheriff's Department stations, eight (8) local police departments throughout the County, three (3) hospital emergency departments, San Bernardino County Public Defender's Office, San Bernardino County Probation, Victor Valley Community College, and California State University San Bernardino. The TEST program offers community-based crisis intervention and intensive case management to connect consumers with various resources, such as mental health and substance use disorder programs, homeless and employment services, and other community resources to reduce acute psychiatric hospitalizations and incarceration. TEST staff work collaboratively with other community agencies and San Bernardino County Department of Behavioral Health (DBH) programs to ensure that consumers are connected to the necessary services enabling them to maintain stability in their community.

(b) Measurable Outcome Objectives

- 25% increase in use of alternative crisis interventions (e.g., Crisis Walk-In Clinic, Community Crisis Response Teams, Crisis Stabilization Unit).
- 50% of crisis encounters will result in diversion from acute involuntary psychiatric hospitalization.
- 50% increase in use of DBH Outpatient Mental Health Services and/or Alcohol & Drug Services.

MHBG funding will be allocated to provide needed expansion of the TEST Program which will serve more key community locations and communities within San Bernardino County. Outcome data will be presented in future reports.

(c) Program Description

The TEST program provides crisis intervention and support services to consumers experiencing behavioral health crises in the community. TEST staff are co-located within twenty-five (25) entities, including internal County partners, such as the Sheriff's Department and Public Defender's Office, and external community partners, such as local police departments throughout the County, hospital emergency departments, and local colleges/universities. The TEST program works closely with and provides support to the partnering departments and agencies in which staff are co-located. TEST staff are community-based and respond in the field with law enforcement personnel and/or assist

other partnering agency staff in managing behavioral health crises. TEST also provides follow-up intensive case management services to link consumers with needed resources for ongoing stability. TEST provides these intensive case management services for up to 59 days in order to ensure continued engagement in needed behavioral health services. Services provided include: Crisis assessment and intervention in the community; case management; collateral contacts; referrals and linkage to community resources and providers; family and caretaker education; consumer advocacy; education and support to law enforcement and community partners. TEST utilizes their assigned vehicle to transport consumers to medical appointments, psychiatric appointments, placement interviews, linkage to community programs, and activities to promote and increase appropriate use of personal and incidental monies for clothing and ADLs. Additionally, TEST has developed policies and procedures regarding maintaining vehicle security, including providing a locked drawer to distribute keys upon signing a log to ensure the TEST staff will be the only program to utilize their assigned vehicle.

(d) Cultural Competency

The Office of Cultural Competence and Ethnic Services (OCCES) has administrative oversight for embedding and integrating the tenets and philosophy of cultural competency across every department/program in the Department of Behavioral Health and at every level of the organization, including contract agencies. The OCCES develops, implements, and monitors implementation of the department's Cultural Competency Plan, which includes outreach and engagement, advocacy, cultural competency advisory committees and subcommittees, culturally specific community-based programs, trainings and education and cultural events. The Department of Behavioral Health and their contractors serve all ethnic groups and other diverse people groups, while also maintaining staff that is as diverse as the populations they serve in order to improve the overall quality of services and outcomes. Additionally, all DBH and contract staff who provide direct services are required to participate in four (4) hours of cultural competency training annually.

(e) Target Population

The total target population for this program is **4,800** consumers (including children, TAY, adult, and older adult), who experience a behavioral health crisis in San Bernardino County and have an encounter with one of the TEST co-location site agencies. However, the MHBG allocation will fund only two (2) staff positions who will provide community-based intensive case management services.

(f) Staffing Chart

Title of Position
Social Worker II

(g) Designated Peer Review Representative

Christina M. Entz, LCSW, Program Manager II (909) 421-9432 for Centralized Hospital Aftercare Services will serve as the Department's Peer Review Representative during

Fiscal Year 2019-2020. The Department of Behavioral Health Program Managers will directly monitor each regional program

(h) Implementation Plan

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

(i) Program Evaluation

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

(j) Olmstead Mandate and the MHBG

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

SIGNED AGREEMENTS (ATTACHMENT 1)

**COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT FUNDING
AGREEMENTS**

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

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

Section 1911

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

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

Section 1912

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

Section 1913

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

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

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

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

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

- (A) Services principally to individuals residing in a defined geographic area (hereafter in the subsection referred to as a "service area").
 - (B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
 - (C) 24-hour-a-day emergency care services. (D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
 - (E) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission.
- (2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed within the service area of the center regardless of ability to pay for such services.
- (3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

Section 1916

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

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

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

Section 1946 PROHIBITIONS REGARDING RECEIPT OF FUNDS

(a) Establishment -

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

Section 1947 NONDISCRIMINATION

(a) In General -

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

(b) Enforcement -

- (1) Referrals to Attorney General after notice: Whenever the Secretary finds that a state, or an entity that has received a payment pursuant to Section 1911 or 1921, has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with and applicable regulation (including one prescribed to carry out subsection (a)(2), the Secretary shall notify the Chief Executive Officer of the state and shall request the Chief Executive Officer to secure compliance. If within a reasonable period of

time, not to exceed 60 days, the Chief Executive Officer fails or refuses to secure compliance, the Secretary may--

- (1)(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;
 - (1)(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendment of 1972, or Title VI of the Civil Rights Act of 1964, as may be applicable; or
 - (1)(C) take such other actions as may be authorized by law.
- (2) Authority of Attorney General - When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

Signature of Official Authorized
to Sign Application

Date

Veronica Kelley
Printed Name

San Bernardino
County

SIGNED CERTIFICATIONS (ATTACHMENT 2)

CERTIFICATIONS

CERTIFICATION REGARDING LOBBYING

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

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

SALARY CAP

The undersigned certifies that no grant funds will be used to pay an individual salary at a rate in excess of \$189,600 per year, not including benefits.

DRUG FREE WORK ENVIRONMENT

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

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.

Signature of Official Authorized
to Sign Application

Veronica Kelley
Printed Name

Date

San Bernardino
County

PROGRAM DATA SHEETS (ATTACHMENT 3)

2019-2020
MHBG PROGRAM DATA SHEET

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

COUNTY: San Bernardino

PROGRAM TITLE: Juvenile Justice Community Reintegration (JJCR)

PROGRAM CONTACT/TITLE: Deborah Donnelly, Interim Program Manager II

Phone #: (909) 387-7729 FAX: (909) 387-7386 E-Mail: ddonnelly@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 667,410

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) _____ SMI OLDER ADULT (60+) _____ SED CHILD (0-17) 125

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (✓)
Americans Understand that Mental Health is Essential to Overall Health	
Mental Health Care is Consumer and Family Driven	✓
Disparities in Mental Health Services are Eliminated	✓
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	✓
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Adult Continuing Care Program Long Term Care

PROGRAM CONTACT/TITLE: Christina Entz, LCSW, Program Manager II

Phone #: (909) 421-9432 FAX: (909) 421-9436 E-Mail: centz@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ \$835,850

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 46 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (✓)
Americans Understand that Mental Health is Essential to Overall Health	✓
Mental Health Care is Consumer and Family Driven	✓
Disparities in Mental Health Services are Eliminated	✓
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Cedar House Co-Occurring Residential Care

PROGRAM CONTACT/TITLE: Vivian Bermudez, LMFT, Program Manager II

Phone #: (909) 873-4491 FAX: (909) 421-4686 E-Mail: vbermudez@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 442,767

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 130 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (√)
Americans Understand that Mental Health is Essential to Overall Health	√
Mental Health Care is Consumer and Family Driven	√
Disparities in Mental Health Services are Eliminated	√
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Therapeutic Alliance Program (TAP)

PROGRAM CONTACT/TITLE: Vivian Bermudez, LMFT, Program Manager II

Phone #: (909) 873-4491 FAX: (909) 421-4686 E-Mail: vbermudez@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 588,862

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 130 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (√)
Americans Understand that Mental Health is Essential to Overall Health	√
Mental Health Care is Consumer and Family Driven	√
Disparities in Mental Health Services are Eliminated	√
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Enhanced Board and Care Program

PROGRAM CONTACT/TITLE: Christina Entz, LCSW, Program Manager II

Phone #: (909) 421-9432 FAX: (909) 421-9436 E-Mail: centz@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 908,610

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 55 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (√)
Americans Understand that Mental Health is Essential to Overall Health	√
Mental Health Care is Consumer and Family Driven	√
Disparities in Mental Health Services are Eliminated	√
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Supervised Treatment After Release (STAR)

PROGRAM CONTACT/TITLE: Matty Landa, Program Manager I

Phone #: (909) 580-3702_____ FAX: (909) 580-3748_____ E-Mail: mlanda@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 554,106

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 30 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (√)
Americans Understand that Mental Health is Essential to Overall Health	√
Mental Health Care is Consumer and Family Driven	√
Disparities in Mental Health Services are Eliminated	√
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Co-Occurring Residential for Consumers Involved in the Criminal Justice System

PROGRAM CONTACT/TITLE: Matty Landa, Program Manager I

Phone #: (909) 580-3702_____ FAX: (909) 580-3748_____ E-Mail: mlanda@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 179,127

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 23 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (✓)
Americans Understand that Mental Health is Essential to Overall Health	✓
Mental Health Care is Consumer and Family Driven	✓
Disparities in Mental Health Services are Eliminated	✓
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Housing Solutions Program

PROGRAM CONTACT/TITLE: Rene Keres, Psy D, Program Manager II

Phone #: (909) 386-8259 FAX: (909) 890-0868 E-Mail: rene.keres@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 319,298

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 175 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (√)
Americans Understand that Mental Health is Essential to Overall Health	√
Mental Health Care is Consumer and Family Driven	√
Disparities in Mental Health Services are Eliminated	√
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Lakeside Special Care

PROGRAM CONTACT/TITLE: Christina Entz, LCSW, Program Manager II

Phone #: (909) 421-9432 FAX: (909) 421-9436 E-Mail: centz@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 334,801

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 5 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (✓)
Americans Understand that Mental Health is Essential to Overall Health	✓
Mental Health Care is Consumer and Family Driven	✓
Disparities in Mental Health Services are Eliminated	✓
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

**2019-2020
MHBG PROGRAM DATA SHEET**

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

COUNTY: San Bernardino

PROGRAM TITLE: Triage Engagement and Support Teams (TEST)

PROGRAM CONTACT/TITLE: Vivian Bermudez, LMFT, Program Manager II

Phone #: (909) 873-4491 FAX: (909) 421-4686 E-Mail: vbermudez@dbh.sbcounty.gov

MHBG FUNDING LEVEL: (Grant Detailed Program Budget, DHCS 1779, Line 38, Net Cost) \$ 267,925

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT (18-59) 4800 SMI OLDER ADULT (60+) _____ SED CHILD (0-17) _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

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

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (√)
Americans Understand that Mental Health is Essential to Overall Health	(√)
Mental Health Care is Consumer and Family Driven	(√)
Disparities in Mental Health Services are Eliminated	
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	(√)
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS:

FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEETS

2019-2020
MHBG FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET

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

COUNTY: San Bernardino

FEP PROGRAM TITLE: Premier Program

PROGRAM CONTACT/TITLE: Christina Entz, LCSW, Program Manager II

Phone #: (909) 421-9432 E-Mail: centz@dbh.sbcounty.gov

MHBG FEP SET-ASIDE AMOUNT: \$ 392,956

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

From 7/1/2017 TO 6/30/2018								
Number of Adult Admissions into CSC Services During FY	Current Number of Adults with FEP Receiving CSC FEP Services	Number of Child/Adolescent Admissions into CSC Services During FY	Current Number of Children/Adolescents with FEP Receiving CSC FEP Services	Do you monitor fidelity for this service? (Yes or No)	What fidelity measure do you use?	Who measures fidelity?	How often is fidelity measure?	Has staff been specifically trained to implement the CSC EBP? (Yes or No)
15	6	0	0	No	N/A	N/A	N/A	No

PROGRAM BUDGETS

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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Department of Health Care Services
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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

STAFFING				1	\$	2	3
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL	
1						\$	-
2						\$	-
3						\$	-
4						\$	-
5						\$	-
6						\$	-
7						\$	-
8						\$	-
9						\$	-
10						\$	-
11						\$	-
TOTAL STAFF EXPENSES (sum lines 1 thru 11)		\$ -	0.00	\$ -	\$ -	\$	-
Consultant / Contract Costs (Itemize):						\$	-
						\$	-
						\$	-
						\$	-
Equipment (Where feasible lease or rent) (Itemize):						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
Supplies (Itemize):						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
Travel -Per diem, Mileage, & Vehicle Rental/Lease							
						\$	-
Other Expenses (Itemize):						\$	-
Juvenile Justice Comm Reintegration (JJCR) (2295)				\$ 670,460	\$ (3,050)	\$	667,410
Adult Continuing Care Program Long Term Care (2373)				\$ 1,044,404	\$ (208,554)	\$	835,850
Cedar House Co-Occurring Residential Care (2826)				\$ 953,130	\$ (510,362)	\$	442,767
Therapeutic Alliance Program (TAP) (2374)				\$ 587,367	\$ 1,494	\$	588,862
Enhanced Board and Care Program (2871)				\$ 456,330	\$ 452,280	\$	908,610
Supervised Treatment After Release (STAR) (2240)				\$ 563,066	\$ (8,960)	\$	554,106
Co-Occurring Residential for Consumers involved in the Criminal Justice System (2855)				\$ 179,127	\$ -	\$	179,127
Housing Solutions Program (HSP)				\$ 274,576	\$ 44,722	\$	319,298
Lakeside Special Care				\$ 334,801	\$ -	\$	334,801
Premier Program				\$ 575,741	\$ (182,784)	\$	392,956
Triage Engagement and Support Teams (TEST)				\$ -	\$ 267,925	\$	267,925
COUNTY ADMINISTRATIVE COSTS (10% MHBG)						\$	-
NET PROGRAM EXPENSES (sum lines 31 thru 43)				\$ 5,639,002	\$ (147,289)	\$	5,491,712
OTHER FUNDING SOURCES: Federal Funds				\$ 2,460,457	\$ -	\$	2,460,457
Non-Federal Funds				\$ 2,433,781	\$ (526,068)	\$	1,907,713
TOTAL OTHER FUNDING SOURCES (sum lines 44 & 45)				\$ 4,894,239	\$ (526,068)	\$	4,368,171
GROSS COST OF PROGRAM (sum lines 43 and 47)				\$ 10,533,241	\$ (673,357)	\$	9,859,883

DHCS 1779 (06/16)

DHCS APPROVAL BY:
TELEPHONE:
DATE:

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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State of California -Health and Human Services Agency

Department of Health Care Services
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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Juvenile Justice Comm. Reintegration (JJCR)

9208171000

2295

STAFFING			1	2	3
TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1 Alcohol & Drug Counselor	\$ 48,553	1.00	\$ 48,624	\$ (71)	\$ 48,553
2 Clinical Therapist I	\$ 60,732	1.00	\$ 61,296	\$ (564)	\$ 60,732
3 Clinical Therapist II	\$ 69,963	0.50	\$ 37,281	\$ (2,299)	\$ 34,982
4 Office Assistant III	\$ 38,125	0.50	\$ 19,314	\$ (252)	\$ 19,062
5 Program Specialist I	\$ 62,002	0.00	\$ -	\$ -	\$ -
6 Social Worker II	\$ 56,204	2.00	\$ 112,097	\$ 311	\$ 112,409
7 Staff Analyst II	\$ 70,864	0.50	\$ 35,075	\$ 357	\$ 35,432
8 MH Clinic Supervisor	\$ 90,903	0.25	\$ 23,076	\$ (350)	\$ 22,726
9 Peer and Family Advocate I	\$ 30,969	0.25	\$ 7,663	\$ 79	\$ 7,742
10			\$ -		\$ -
11 Employee Benefits			\$ 178,618	\$ (260)	\$ 178,358
12 TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 528,316	6.00	\$ 523,045	\$ (3,050)	\$ 519,995
13 Consultant / Contract Costs (Itemize):					\$ -
14					\$ -
15					\$ -
16					\$ -
17 Equipment (Where feasible lease or rent) (Itemize):					\$ -
18 Two (2) Laptops			\$ 10,000	\$ -	\$ 10,000
19					\$ -
20					\$ -
21					\$ -
22 Supplies (Itemize):					\$ -
23 Office Supplies			\$ 1,294		\$ 1,294
24 Client Services and Support			\$ 5,000	\$ -	\$ 5,000
25					\$ -
26					\$ -
27					\$ -
28 Travel -Per diem, Mileage, & Vehicle Rental/Lease					\$ -
29					\$ -
30 Other Expenses (Itemize):					\$ -
31 Training/Conferences			\$ 5,000		\$ 5,000
32 Evidence-Based Practice Training Curriculum			\$ 100,000		\$ 100,000
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37 COUNTY ADMINISTRATIVE COSTS (10% MHBG)			\$ 26,120	\$ -	\$ 26,120
38 NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 670,460	\$ (3,050)	\$ 667,410
39 OTHER FUNDING SOURCES: Federal Funds			\$ 27,326	\$ -	\$ 27,326
40 Non-Federal Funds			\$ 396,282	\$ -	\$ 396,282
41 TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ 423,608	\$ -	\$ 423,608
42 GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 1,094,068	\$ (3,050)	\$ 1,091,018

DHCS APPROVAL BY:
TELEPHONE:
DATE:

DHCS 1779 (06/16)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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Department of Health Care Services
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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Adult Continuing Care Program Long Term Care

9209161000

2373

STAFFING				1	2	3
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	MH Clinic Supervisor	\$ 90,903	0.20	\$ 92,303	\$ (74,122)	\$ 18,181
2	Clinical Therapist I	\$ 60,732	0.70	\$ 42,907	\$ (395)	\$ 42,512
3	MH Nurse II	\$ 92,578	0.75	\$ 127,595	\$ (58,162)	\$ 69,433
4	Office Assistant III	\$ 38,125	1.00	\$ 27,040	\$ 11,085	\$ 38,125
5	Clinical Therapist II	\$ 69,963	0.20	\$ 74,562	\$ (60,569)	\$ 13,993
6	Social Worker II	\$ 56,204	0.70	\$ 39,234	\$ 109	\$ 39,343
7	Licensed Psychiatric Technician	\$ 48,716	0.50	\$ 24,204	\$ 154	\$ 24,358
8	Staff Analyst II	\$ 70,864	0.25	\$ 17,538	\$ 178	\$ 17,716
9	Employee Benefits			\$ 218,429	\$ (85,584)	\$ 132,845
10				\$ -		\$ -
11				\$ -		\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 528,086	4.30	\$ 663,811	\$ (267,305)	\$ 396,506
13	Consultant / Contract Costs (Itemize):					\$ -
14						\$ -
15						\$ -
16						\$ -
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -
18	One (1) Laptop/VPN			\$ 7,200		\$ 7,200
19	Dual Monitors			\$ 700		\$ 700
20	Mid size vehicle purchase - County Facilities & Project Management				\$ 45,000	\$ 45,000
21	identifies cost to purchase vehicle at \$35,000, plus ongoing maintenance monthly costs					\$ -
22	Supplies (Itemize):					\$ -
23						\$ -
24	Transportation - Bus Passes			\$ 2,317		\$ 2,317
25	Office Supplies			\$ 4,360		\$ 4,360
26	Program Supplies			\$ 53,920		\$ 53,920
27						\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease			\$ 36,223		\$ 36,223
29						\$ -
30	Other Expenses (Itemize):					\$ -
31	Indigent Transportation/Placement			\$ 10,000		\$ 10,000
32	Conference/Training			\$ 5,000		\$ 5,000
33						\$ -
34	Long Term Rehabilitation Placements to Stabilize & Reintegrate			\$ 255,642		\$ 255,642
35	up to \$425 per client per day					\$ -
36						\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)			\$ 5,232	\$ 13,751	\$ 18,983
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 1,044,404	\$ (208,554)	\$ 835,850
39	OTHER FUNDING SOURCES: Federal Funds			\$ 434,849	\$ -	\$ 434,849
40	Non-Federal Funds			\$ 265,511	\$ -	\$ 265,511
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ 700,360	\$ -	\$ 700,360
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 1,744,764	\$ (208,554)	\$ 1,536,210

DHCS APPROVAL BY:
TELEPHONE:
DATE:

DHCS 1779 (06/16)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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Department of Health Care Services
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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Cedar House Co-Occurring Residential Care

9209181000

2826

STAFFING			1	2	3	
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Certified Drug & Alcohol Counselors	\$ 47,653	2.00	\$ 95,306	\$ 7,037	\$ 102,343
2	Clinical Therapist I	\$ 65,588	0.50	\$ 32,794	\$ 10,581	\$ 43,375
3	Licensed Psychiatric Technician	\$ 43,317	3.40	\$ 147,278	\$ (99,266)	\$ 48,012
4	Psychiatrist *	\$ 181,500	0.30	\$ 54,450	\$ (35,000)	\$ 19,450
5	Mental Health Specialist	\$ 45,406	3.75	\$ 170,273	\$ (125,000)	\$ 45,273
6	Program Director	\$ 64,561	0.265	\$ 17,109	\$ -	\$ 17,109
7				\$ -		\$ -
8	Employee Benefits Expense (Cedar House)		35%	\$ 183,416	\$ (68,714)	\$ 114,701
9						\$ -
10						\$ -
11						\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 448,025	10.57	\$ 700,625	\$ (310,362)	\$ 390,262
13	Consultant / Contract Costs (Itemize):					\$ -
14						\$ -
15						\$ -
16						\$ -
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22	Supplies (Itemize):					\$ -
23						\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					\$ -
29						\$ -
30	Other Expenses (Itemize):					\$ -
31	Transportation(rent Vans)			\$ 20,493		\$ 20,493
32	Program Supplies			\$ 212,012	\$ (200,000)	\$ 12,012
33	Client Services and Support			\$ 20,000		\$ 20,000
34						\$ -
35						\$ -
36						\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)					\$ -
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 953,130	\$ (510,362)	\$ 442,767
39	OTHER FUNDING SOURCES: Federal Funds					
40	Non-Federal Funds			\$ 208,795	\$ (208,795)	\$ -
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ 208,795	\$ (208,795)	\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 1,161,925	\$ (719,157)	\$ 442,767

DHCS APPROVAL BY:
TELEPHONE:
DATE:

DHCS 1779 (06/16)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Therapeutic Alliance Program (TAP)

9209171000

2374

STAFFING			1	2	3
TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1 MH Clinic Supervisor	\$ 90,903	0.00	\$ 18,461	\$ (18,461)	\$ -
2 Clinical Therapist II	\$ 69,963	1.00	\$ 74,562	\$ (4,598)	\$ 69,963
3 Certified Drug & Alcohol Counselor	\$ 48,553	1.00	\$ 48,624	\$ (71)	\$ 48,553
4 Office Assistant II	\$ 33,382	0.25	\$ 8,214	\$ 132	\$ 8,346
5 Psychiatrist *	\$ 189,600	0.20	\$ 37,920	\$ -	\$ 37,920
6 Licensed Psychiatric Technician	\$ 48,716	0.40	\$ 19,363	\$ 123	\$ 19,486
7 Mental Health Specialist	\$ 46,400	1.00	\$ 47,368	\$ (968)	\$ 46,400
8 Clinical Therapist I	\$ 60,732	1.00	\$ 61,296	\$ (564)	\$ 60,732
9 Mental Health Program Mgr I	\$ 88,464	0.20	\$ -	\$ 17,693	\$ 17,693
10 Employee Benefits			\$ 144,952	\$ (5,069)	\$ 139,883
11			\$ -	\$ -	\$ -
12 TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 676,714	5.05	\$ 460,758	\$ (11,783)	\$ 448,976
13 Consultant / Contract Costs (Itemize):					\$ -
14					\$ -
15					\$ -
16					\$ -
17 Equipment (Where feasible lease or rent) (Itemize):					\$ -
18 One (1) Laptop			\$ 4,800		\$ 4,800
19 Full size vehicle purchase - County Facilities & Project Management			\$ 50,000		\$ 50,000
20 identifies cost to purchase vehicle at \$42,000, plus ongoing maintenance monthly costs					\$ -
21					\$ -
22 Supplies (Itemize):					\$ -
23 Bus Passes			\$ 3,200		\$ 3,200
24					\$ -
25					\$ -
26					\$ -
27					\$ -
28 Travel -Per diem, Mileage, & Vehicle Rental/Lease					
29 Vehicle / rental			\$ 31,944		\$ 31,944
30 Other Expenses (Itemize):					\$ -
31 Travel/Training/Conference			\$ 5,000		\$ 5,000
32 Remote Pharmacy costs			\$ 17,383		\$ 17,383
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37 COUNTY ADMINISTRATIVE COSTS (10% MHBG)			\$ 14,282	\$ 13,277	\$ 27,559
38 NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 587,367	\$ 1,494	\$ 588,862
39 OTHER FUNDING SOURCES: Federal Funds					
40 Non-Federal Funds					
41 TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$ -
42 GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 587,367	\$ 1,494	\$ 588,862

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DHCS 1779 (06/16)

*The Federal Salary Rate Cap has been increased from \$181,500 to \$189,600 per full-time equivalent, not including benefits. (As per the 2018-19 Application Cover Letter)

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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Enhanced Board and Care Program

9209181000

2871

STAFFING			1	2	3
TITLE OF POSITION			LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Administrator	\$ 128,718	0.70	\$ 90,103	\$ 90,103
2	CEO	\$ 62,789	0.25	\$ 15,698	\$ 15,698
3	Registered Nurse	\$ 84,346	1.00	\$ 84,346	\$ 84,346
4	Social Worker	\$ 83,619	1.00	\$ 83,619	\$ 83,619
5	Drug & Alcohol Counselor	\$ 29,385	1.00	\$ 29,385	\$ 29,385
6	Data Analyst	\$ 81,401	0.50	\$ 40,701	\$ 40,701
7	Office Manager	\$ 61,706	0.50	\$ 30,853	\$ 30,853
8	Diabetic Specialist	\$ 34,691	0.50	\$ 17,346	\$ 17,346
9	Mental Health Worker	\$ 40,637	1.00	\$ 40,637	\$ 40,637
10	Medication Management	\$ 28,570	1.00	\$ 28,570	\$ 28,570
11	Medication Direct Staff	\$ 50,676	1.00	\$ 50,676	\$ 50,676
12	Sign Language Interpreter	\$ 87,360	1.00	\$ 87,360	\$ 87,360
13	Night Staff	\$ 28,570	0.75	\$ 21,428	\$ 21,428
14	Maintenance Direct Care	\$ 61,220	1.00	\$ 61,220	\$ 61,220
15	Mental Health Worker	\$ 22,855	1.00	\$ 22,855	\$ 22,855
16	Activity Coordinator	\$ 32,650	0.50	\$ 16,325	\$ 16,325
17	Mental Health Worker	\$ 24,080	1.00	\$ 24,080	\$ 24,080
18	TOTAL STAFF EXPENSES (sum lines 1 thru 17)		\$ 943,273	13.70	\$ 745,202
19	Consultant / Contract Costs (Itemize):				\$ -
20					\$ -
21					
22					\$ -
23	Equipment (Where feasible lease or rent) (Itemize):				\$ -
24	Facility Costs		\$ 49,225		\$ 49,225
25					\$ -
26					\$ -
27					\$ -
28	Supplies (Itemize):				\$ -
29	Program Supplies		\$ 4,800		\$ 4,800
30					\$ -
31					\$ -
32					\$ -
33					\$ -
34	Travel -Per diem, Mileage, & Vehicle Rental/Lease				
35			\$ 17,423		\$ 17,423
36	Other Expenses (Itemize):				\$ -
37	Maintenance		\$ 10,584		\$ 10,584
38	Dietary		\$ 9,657		\$ 9,657
39	Social Svcs/Activities/Educational		\$ 7,650		\$ 7,650
40	Professional Services		\$ 19,158		\$ 19,158
41	Client Services and Supports		\$ 6,121		\$ 6,121
42					\$ -
43	CONTRACT ADMINISTRATIVE COSTS (10% MHBG)		\$ 38,790		\$ 38,790
44	NET PROGRAM EXPENSES (sum lines 19 thru 43)		\$ 908,610	\$ -	\$ 908,610
45	OTHER FUNDING SOURCES: Federal Funds				
46	Non-Federal Funds				\$ -
47	TOTAL OTHER FUNDING SOURCES (sum lines 45 & 46)		\$ -	\$ -	\$ -
48	GROSS COST OF PROGRAM (sum lines 44 and 47)		\$ 908,610	\$ -	\$ 908,610

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TELEPHONE:
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DHCS 1779 (06/16)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Supervised Treatment After Release (STAR)

9208042200

2240

STAFFING			1	2	3
TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1 Alcohol & Drug Counselor	\$ 48,553	1.00	\$ 48,624	\$ (71)	\$ 48,552.57
2 Clinical Therapist I	\$ 60,732	1.00	\$ 61,296	\$ (564)	\$ 60,731.84
3 Clinical Therapist II	\$ 69,963	1.00	\$ 74,562	\$ (4,598)	\$ 69,963.31
4 Mental Health Specialist	\$ 46,400	0.70	\$ 33,157	\$ (677)	\$ 32,480.12
5 MH Clinic Supervisor	\$ 90,903	0.22	\$ 20,307	\$ (308)	\$ 19,998.69
6 Office Assistant III	\$ 38,125	1.00	\$ 38,629	\$ (504)	\$ 38,124.99
7 Social Worker II	\$ 56,204	0.50	\$ 28,024	\$ 78	\$ 28,102.13
8			\$ -		\$ -
9			\$ -		\$ -
10 Employees Benefits			\$ 158,813	\$ (2,315)	\$ 156,498.12
11					\$ -
12 TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 410,880	5.42	\$ 463,412	\$ (8,960)	\$ 454,452
13 Consultant / Contract Costs (Itemize):					\$ -
14					\$ -
15					\$ -
16					\$ -
17 Equipment (Where feasible lease or rent) (Itemize):					\$ -
18 One (1) Laptop			\$ 5,000		\$ 5,000
19 Two (2) Smartphones			\$ 4,000		\$ 4,000
20					\$ -
21					\$ -
22 Supplies (Itemize):					\$ -
23					\$ -
24					\$ -
25					\$ -
26					\$ -
27					\$ -
28 Travel -Per diem, Mileage, & Vehicle Rental/Lease					
29 Travel/Training/Conference			\$ 10,000		\$ 10,000
30 Other Expenses (Itemize):					\$ -
31 Passenger Van identified at \$47,000 plus mileage and maintenance			\$ 57,000		\$ 57,000
32 Client Services and Supports			\$ 5,000		\$ 5,000
33 Evidence-Based Practice Training Curriculum			\$ 15,000		\$ 15,000
34					\$ -
35					\$ -
36					\$ -
37 COUNTY ADMINISTRATIVE COSTS (10% MHBG)			\$ 3,654		\$ 3,654
38 NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 563,066	\$ (8,960)	\$ 554,106
39 OTHER FUNDING SOURCES: Federal Funds			\$ 1,500,924	\$ -	\$ 1,500,924
40 Non-Federal Funds			\$ 1,245,920		\$ 1,245,920
41 TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ 2,746,844	\$ -	\$ 2,746,844
42 GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 3,309,910	\$ (8,960)	\$ 3,300,950

DHCS APPROVAL BY:
TELEPHONE:
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DHCS 1779 (06/16)

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DEPARTMENT OF BEHAVIORAL HEALTH

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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME:

Co-Occurring Residential for Consumers Involved in the Criminal Justice System

9208632200

2855

STAFFING				1	2	3
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Chief Executive Officer	\$ 179,700	0.08	\$ 14,592		\$ 14,592
2	Administrative Staff	\$ 26,366	0.49	\$ 12,854		\$ 12,854
3	Admissions Staff	\$ 19,900	0.37	\$ 7,272		\$ 7,272
4	Psychiatrist	\$ 69,875	0.08	\$ 5,646		\$ 5,646
5	LCSW/ Registered Nurse	\$ 55,247	0.12	\$ 6,718		\$ 6,718
6	Psychiatric Technician	\$ 35,776	0.08	\$ 2,905		\$ 2,905
7	Women's Coordinator	\$ 33,540	0.08	\$ 2,723		\$ 2,723
8	Case Managers	\$ 31,472	0.85	\$ 26,751		\$ 26,751
9	Intake/Station Clerical Staff	\$ 13,353	1.30	\$ 17,327		\$ 17,327
10	Housekeeping/Kitchen/Maintenance Staff	\$ 21,100	0.89	\$ 18,861		\$ 18,861
11	Meds.Clerks/Womens&Mens Sta.Supv.	\$ 23,758	0.33	\$ 7,721		\$ 7,721
12	EE/Benefits/Payroll Exps Cedar House STAR		10%	\$ 12,119		\$ 12,119
13						\$ -
14	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 510,087	4.76	\$ 135,489	\$ -	\$ 135,489
15	Consultant / Contract Costs (Itemize):					\$ -
16						\$ -
17						\$ -
18						\$ -
19	Equipment (Where feasible lease or rent) (Itemize):					\$ -
20						\$ -
21						\$ -
22						\$ -
23						\$ -
24	Supplies (Itemize):					\$ -
25	Client Services and Supports			\$ 16,741		\$ 16,741
26						\$ -
27						\$ -
28						\$ -
29						\$ -
30	Travel -Per diem, Mileage, & Vehicle Rental/Lease					
31	(Cedar House/Social Science Contract Expense			\$ 11,881		\$ 11,881
32	Other Expenses (Itemize):					\$ -
33						\$ -
34	Repairs & Maintenance			\$ 2,538		\$ 2,538
35	Supplies			\$ 3,197		\$ 3,197
36	Insurance:Medical,Dental,Libality,Worker Comp.			\$ 6,577		\$ 6,577
37	Computer Expense/Equipment/Phone System			\$ 2,703		\$ 2,703
38						\$ -
39	COUNTY ADMINISTRATIVE COSTS (10% MHBG)					\$ -
40	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 179,127	\$ -	\$ 179,127
41	OTHER FUNDING SOURCES: Federal Funds					
42	Non-Federal Funds			\$ 317,273	\$ (317,273)	\$ -
43	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ 317,273	\$ (317,273)	\$ -
44	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 496,400	\$ (317,273)	\$ 179,127

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TELEPHONE:
DATE:

DHCS 1779 (06/16)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Housing Solutions Program (HSP)

9209142200

2350

STAFFING			1	2	3		
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL	
1	Clinical Therapist I	\$ 60,732	0.0	\$ 61,296	\$ (61,296)	\$ -	
2	Office Assistant III	\$ 38,125	0.0	\$ 38,629	\$ (38,629)	\$ -	
3	Office Assistant II	\$ 33,382	0.0	\$ 32,855	\$ (32,855)	\$ -	
4	Clinical Therapist II	\$ 69,963	1.0	\$ -	\$ 69,963	\$ 69,963	
5	Program Specialist I	\$ 62,002	0.5	\$ -	\$ 31,001	\$ 31,001	
6	Alcohol & Drug Counselor	\$ 48,553	0.5	\$ -	\$ 24,276	\$ 24,276	
7				\$ -		\$ -	
8				\$ -		\$ -	
9	Employee Benefits			\$ 76,795	\$ (13,129)	\$ 63,666	
10						\$ -	
11						\$ -	
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)		\$ 312,757	2.00	\$ 209,576	\$ (20,669)	\$ 188,907
13	Consultant / Contract Costs (Itemize):					\$ -	
14						\$ -	
15						\$ -	
16						\$ -	
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -	
18						\$ -	
19	Full size vehicle purchase - County Facilities & Project Management				\$ 50,000	\$ 50,000	
20	identifies cost to purchase vehicle at \$42,000, plus ongoing maintenance monthly costs					\$ -	
21						\$ -	
22	Supplies (Itemize):					\$ -	
23	Client Services and Supports			\$ 50,000	\$ -	\$ 50,000	
24	Evidence-Based Curriculum			\$ 15,000	\$ -	\$ 15,000	
25						\$ -	
26						\$ -	
27						\$ -	
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					\$ -	
29						\$ -	
30	Other Expenses (Itemize):					\$ -	
31						\$ -	
32						\$ -	
33						\$ -	
34						\$ -	
35						\$ -	
36						\$ -	
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)				\$ 15,391	\$ 15,391	
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 274,576	\$ 44,722	\$ 319,298	
39	OTHER FUNDING SOURCES: Federal Funds			\$ 497,358		\$ 497,358	
40	Non-Federal Funds			\$ -		\$ -	
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ 497,358	\$ -	\$ 497,358	
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 771,934	\$ 44,722	\$ 816,656	

DHCS APPROVAL BY:
TELEPHONE:
DATE:

DHCS 1779 (06/16)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

E-MAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Lakeside Special Care

9209181000

STAFFING				1	2	3
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Activities Supervisor	\$ 41,283	0.05	\$ 2,214		\$ 2,214
2	Administrator - Ls	\$ 114,444	0.05	\$ 6,139		\$ 6,139
3	Admissions Director	\$ 65,993	0.05	\$ 3,540		\$ 3,540
4	Regional Administrator (Alloc.)	\$ 64,530	0.05	\$ 3,461		\$ 3,461
5	Bldg. & Maint. Other (5)	\$ 20,515	0.27	\$ 5,502		\$ 5,502
6	Bldg. & Maint. Supervisor	\$ 51,925	0.05	\$ 2,785		\$ 2,785
7	Regional Bus Office (Alloc.)	\$ 19,975	0.05	\$ 1,071		\$ 1,071
8	Bus Office Manager/Bookkeeper (3)	\$ 38,417	0.16	\$ 6,182		\$ 6,182
9	CNA- Sust (46)	\$ 22,974	2.47	\$ 56,687		\$ 56,687
10	Dietary Cooks (3)	\$ 23,709	0.16	\$ 3,815		\$ 3,815
11	Dietary Other (9)	\$ 15,581	0.48	\$ 7,522		\$ 7,522
12	Dietary Supervisor	\$ 51,051	0.05	\$ 2,738		\$ 2,738
13	Dir Staff Dev	\$ 57,558	0.05	\$ 3,087		\$ 3,087
14	Don - Ls	\$ 96,959	0.05	\$ 5,201		\$ 5,201
15	Housekeeping Other (3)	\$ 20,765	0.16	\$ 3,342		\$ 3,342
16	Laundry Other (2)	\$ 15,345	0.11	\$ 1,646		\$ 1,646
17	LVN-Sust (19)	\$ 36,647	1.02	\$ 37,349		\$ 37,349
18	MDs RN (1)	\$ 60,436	0.05	\$ 3,242		\$ 3,242
19	Med Rec Supervisor	\$ 42,835	0.05	\$ 2,298		\$ 2,298
20	Office Support (2)	\$ 23,500	0.11	\$ 2,521		\$ 2,521
21	RN-Sust. (3)	\$ 66,504	0.16	\$ 10,702		\$ 10,702
22	Soc Serv Supervisor	\$ 47,408	0.05	\$ 2,543		\$ 2,543
23	Plant Maint Regional	\$ 1,878	0.05	\$ 101		\$ 101
24	Benefits			\$ 34,482		\$ 34,482
25	TOTAL STAFF EXPENSES (sum lines 1 thru 24)		\$ 1,000,230	5.79	\$ 208,171	\$ - \$ 208,171
26	Consultant: Lakeside					\$ -
27	Consultant / Contract Costs (Itemize):					\$ -
28						\$ -
29	Equipment (Where feasible lease or rent) (Itemize):					\$ -
30	Facility Rent			\$ 24,876		\$ 24,876
31	Other Property			\$ 3,612		\$ 3,612
32						\$ -
33						\$ -
34	Supplies (Itemize):					\$ -
35	Nursing Supplies			\$ 3,134		\$ 3,134
36	Housekeeping/Laundry			\$ 4,376		\$ 4,376
37	Medical Records			\$ 783		\$ 783
38						\$ -
39	Travel -Per diem, Mileage, & Vehicle Rental/Lease					\$ -
40						\$ -
41	Other Expenses (Itemize):					\$ -
42	Maintenance			\$ 12,709		\$ 12,709
43	Dietary			\$ 15,763		\$ 15,763
44	Social Svcs/Activities/Educational			\$ 882		\$ 882
45						\$ -
46	Ancillary			\$ 15,716		\$ 15,716
47	Administration			\$ 44,778		\$ 44,778
48	COUNTY ADMINISTRATIVE COSTS (10% MHBG)					\$ -
49	NET PROGRAM EXPENSES (sum lines 25 thru 48)			\$ 334,801	\$ -	\$ 334,801
50	OTHER FUNDING SOURCES: Federal Funds					
51	Non-Federal Funds					
52	TOTAL OTHER FUNDING SOURCES (sum lines 50 & 51)			\$ -	\$ -	\$ -
53	GROSS COST OF PROGRAM (sum lines 49 and 52)			\$ 334,801	\$ -	\$ 334,801

DHCS APPROVAL BY:
TELEPHONE:
DATE:

DHCS 1779 (06/16)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Premier Program

STAFFING			1	2	3		
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL	
1	MH Clinic Supervisor	\$ 90,903	0.20	\$ 18,202	\$ (21)	\$ 18,181	
2	Psychiatrist*	\$ 189,600	0.20	\$ 37,920	\$ -	\$ 37,920	
3	Social Worker II	\$ 56,204	0.30	\$ 28,024	\$ (11,163)	\$ 16,861	
4	Mental Health Nurse II	\$ 92,578	0.15	\$ 30,457	\$ (16,570)	\$ 13,887	
5	Clinical Therapist I	\$ 60,732	1.00	\$ 61,296	\$ (564)	\$ 60,732	
6	Peer & Family Advocate III	\$ 36,192	1.00	\$ 36,666	\$ (474)	\$ 36,192	
7				\$ -		\$ -	
8				\$ -		\$ -	
9				\$ -		\$ -	
10	Employee Benefits			\$ 77,396	\$ (4,379)	\$ 73,017	
11						\$ -	
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)		\$ 526,209	2.85	\$ 289,961	\$ (33,171)	\$ 256,789
13	Consultant / Contract Costs (Itemize): Orchid Court					\$ -	
14	Placement Facilities			\$ 233,280	\$ (233,280)	\$ -	
15						\$ -	
16						\$ -	
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -	
18	Standard Notebook & Microsoft Package (2)				\$ 7,714	\$ 7,714	
19						\$ -	
20						\$ -	
21						\$ -	
22	Supplies (Itemize):					\$ -	
23	Office Supplies				\$ 5,227	\$ 5,227	
24						\$ -	
25						\$ -	
26						\$ -	
27						\$ -	
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease						
29	Travel/Training			\$ 10,000	\$ 5,000	\$ 15,000	
30	Other Expenses (Itemize):					\$ -	
31	Bus Passes			\$ 2,500	\$ -	\$ 2,500	
32	Supportive Services			\$ 20,000	\$ 3,000	\$ 23,000	
33	Client Services and Supports			\$ 20,000	\$ 10,000	\$ 30,000	
34	Indigent Transportation/Placement				\$ 14,000	\$ 14,000	
35						\$ -	
36						\$ -	
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)				\$ 38,726	\$ 38,726	
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 575,741	\$ (182,784)	\$ 392,956	
39	OTHER FUNDING SOURCES: Federal Funds						
40	Non-Federal Funds						
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$ -	
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 575,741	\$ (182,784)	\$ 392,956	

DHCS APPROVAL BY:
TELEPHONE:
DATE:

DHCS 1779 (06/16)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Enclosure 7
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State of California -Health and Human Services Agency

Department of Health Care Services
Enclosure 7
Page 1

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2019 - 2020

TYPE OF GRANT: MHBG

COUNTY: COUNTY OF SAN BERNARDINO

SUBMISSION DATE:

FISCAL CONTACT: JENNIFER MUNOZ

PROGRAM CONTACT: CHRISTINA ENTZ

TELEPHONE NUMBER: (909) 388-0850

TELEPHONE NUMBER: (909) 421-9435

EMAIL ADDRESS: JENNIFER.MUNOZ@DBH.SBCOUNTY.GOV

E-MAIL ADDRESS: CENTZ@DBH.SBCOUNTY.GOV

PROGRAM NAME: Triage Engagement and Support Teams (TEST)

9209102200

2325

STAFFING			1	2	3	
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Social Worker II	\$ 56,204	2.00		\$ 112,409	\$ 112,409
2					\$ -	\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8	Employee Benefits				\$ 60,469	\$ 60,469
9						\$ -
10						\$ -
11						\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 56,204	2.00	\$ -	\$ 172,877	\$ 172,877
13	Consultant / Contract Costs (Itemize):					\$ -
14						\$ -
15						\$ -
16						\$ -
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -
18	Two (2) Mid size vehicle purchase - County Facilities & Project Management				\$ 90,000	\$ 90,000
19	identifies cost to purchase vehicle at \$35,000, plus ongoing maintenance monthly costs					\$ -
20	Office Supplies				\$ 5,048	\$ 5,048
21						\$ -
22	Supplies (Itemize):					\$ -
23						\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					\$ -
29						\$ -
30	Other Expenses (Itemize):					\$ -
31						\$ -
32						\$ -
33						\$ -
34						\$ -
35						\$ -
36						\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)					\$ -
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ -	\$ 267,925	\$ 267,925
39	OTHER FUNDING SOURCES: Federal Funds					
40	Non-Federal Funds					\$ -
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ -	\$ 267,925	\$ 267,925

DHCS APPROVAL BY:
TELEPHONE:
DATE:

DHCS 1779 (06/16)

ALLOCATION WORKSHEET

Enclosure 1

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)
CENTER FOR MENTAL HEALTH SERVICES (CMHS)
BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES (MHBG)
SFY 2019-20 PLANNING ESTIMATE WORKSHEET

COUNTY: SAN BERNARDINO

DATE: June 3, 2019

DUNS NUMBER: _____

PROPOSED ALLOCATION \$ 5,491,712

Base Allocation	\$ <u>4,488,399</u>
Dual Diagnosis Set-Aside	\$ <u>610,357</u>
First Episode Psychosis Set-Aside	\$ <u>392,956</u>

The County Mental Health Department requests continuation of the SAMHSA, CMHS Block Grants for Community Mental Health Services (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 Community Mental Health Services Block Grant Funding Agreements with Federal Requirements on Use of Allotments, and the Certification Statements.

The estimate is the proposed total expenditure level for SFY 2019-20. The estimate above is subject to change based on the level of appropriation approved in the State Budget Act of 2018. 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 2019-20 budget for the provision of mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).

County Mental Health Director

Date

Veronica Kelley
Print Name