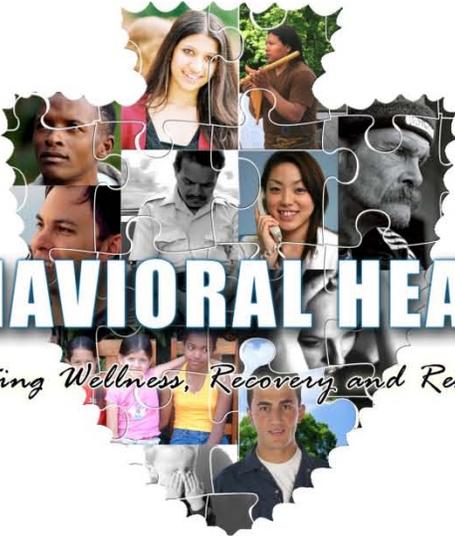


**County of San Bernardino**  
Department of



**BEHAVIORAL HEALTH**

*Promoting Wellness, Recovery, and Resilience*

*County of San Bernardino*  
**DEPARTMENT OF BEHAVIORAL HEALTH**  
**Mental Health Services Act**

**Innovation Plan**

**February 8, 2010**

# County of San Bernardino

## Administration

268 West Hospitality Lane, Suite 400 • San Bernardino, CA 92415-0026 • (909) 382-3133 • Fax (909) 382-3105



ALLAN RAWLAND, MSW, ACSW  
Director

January 11, 2010

Address: Local Program Support  
Department of Mental Health  
1600 9<sup>th</sup> street, Room 100  
Sacramento, CA 95814

RE: Submission of the Mental Health Services Act (MHSA) Innovation component plan

Dear Sir/Madam:

The County of San Bernardino Department of Behavioral Health (DBH) would like to request the MHSA Innovation funding in the amount of \$5,606,800. This request is consistent with the guidelines set forth in DMH info notice 09-02 (Mental Health Services Act Innovation Component of the Three-Year Program and Expenditure Plan). Attached please find the proposal for the Innovation component.

San Bernardino County DBH created the Innovation Working Committee to begin its planning process and develop the proposals for the Innovation plan. The development of this plan was the result of an extensive stakeholder process which included diverse community members, consumers, DBH staff, and contract agency staff. Four actions were developed from this effort:

- Online Diverse Community Experiences
- Community Resiliency Model
- Holistic Campus
- Coalition Against Sexual Exploitation (CASE)

This plan was made available for review and comment during a 30-day public comment period. Two public hearings were held, the first being on January 7, 2010 & the second on January 8, 2010. Members of the community provided comments which have been included in the plan.

We welcome your feedback in response to this exciting component. Should you have any questions or comments, please contact Michael Knight, Innovation Program Manager at (909) 252-4047.

Sincerely,

  
Allan Rawland, MSW, ACSW  
Director, Department of Behavioral Health  
San Bernardino County

AR: MK

Enclosure

CC: Board of Supervisors  
Dean Arabatzis, Assistant County Administrative Officer  
Linda Haugan, Assistant County Administrator  
Trudy Raymundo, Administrative Analyst  
Mental Health Commission  
Executive Management Team  
Mariann Ruffolo, MHSA Program Manager

Board of Supervisors

VACANT  
County Administrative Officer

BRAD MITZELFELT ..... First District  
PAUL BIANE ..... Second District  
NEIL DERRY ..... Third District  
GARY C. OVITT, CHAIR ..... Fourth District  
JOSIE GONZALES, VICE CHAIR ..... Fifth District

**Innovation Plan Mental Health Services Act  
County of San Bernardino**

**Table of Contents**

| <b><u>Content</u></b>  | <b><u>Page</u></b> |
|--|--------------------|
| <b>Executive Summary</b>   | <b>1</b>           |
| <b>Executive Summary Spanish</b>   | <b>7</b>           |
| <b>Innovation work plan county certification (Exhibit A)</b>                         | <b>14</b>          |
| <b>Community Program Planning Process (Exhibit B)</b>                                | <b>15</b>          |
| <b>Work Plan Narrative: Online Diverse Community Experiences (Exhibit C)</b>         | <b>19</b>          |
| Work Plan Description (Exhibit D)  | <b>30</b>          |
| Projected Revenues and Expenditures (Exhibit F)                                      | <b>31</b>          |
| <b>Work Plan Narrative: Coalition Against Sexual Exploitation (CASE) (Exhibit C)</b> | <b>34</b>          |
| Work Plan Description (Exhibit D)  | <b>42</b>          |
| Projected Revenues and Expenditures (Exhibit F)                                      | <b>43</b>          |
| <b>Work Plan Narrative: Community Resilience Model (Exhibit C)</b>                   | <b>47</b>          |
| Work Plan Description (Exhibit D)  | <b>56</b>          |
| Projected Revenues and Expenditures (Exhibit F)                                      | <b>57</b>          |
| <b>Work Plan Narrative: Holistic Campus (Exhibit C)</b>                              | <b>61</b>          |
| Work Plan Description (Exhibit D)  | <b>70</b>          |
| Projected Revenues and Expenditures (Exhibit F)                                      | <b>71</b>          |
| <b>Mental Health Services Act Innovation Funding Request (Exhibit E)</b>             | <b>75</b>          |
| <b>Attachment A Prior Innovation Stakeholder Input Compiled</b>                      | <b>76</b>          |
| <b>Attachment B Prior Innovation Stakeholder Input Grid</b>                          | <b>86</b>          |
| <b>Attachment C Innovation Resource Partnership Grid</b>                             | <b>98</b>          |
| <b>Attachment D Innovation Stakeholder input Compiled</b>                            | <b>110</b>         |
| <b>Attachment E Innovation Stakeholder Input Grid</b>                                | <b>135</b>         |
| <b>Attachment F Demographic Stakeholder Data</b>                                     | <b>164</b>         |
| <b>Plan Comments</b>   | <b>171</b>         |
| <b>Press Releases</b>  | <b>174</b>         |
| <b>Public Flyers</b>   | <b>180</b>         |

**County of San Bernardino  
Department of Behavioral Health  
Mental Health Services Act  
Innovation Component  
Executive Summary**

The voters of the State of California passed the Mental Health Services Act (MHSA) in November 2004. The purpose and intent of the MHSA is **“to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness...to insure that all funds are expended in the most cost effective manner...to ensure accountability to taxpayers and to the public”**. To accomplish this purpose, funding is provided to adequately address the mental health needs of unserved and underserved populations by expanding and developing services and supports that have proven to produce successful outcomes, are considered to be innovative, cultural and linguistically competent, community based, consumer and family oriented, and consistent with evidence-based practices. MHSA represented the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families.

The MHSA identifies six components for funding that work to transform the mental health services system and that will eventually be integrated into the county’s Three-Year Program and Expenditures Plan. These MHSA Components include:

- Community Program Planning
- Community Services and Supports
- Capital (buildings & housing) and Information Technology
- Workforce Education and Training
- Prevention and Early Intervention
- Innovation

Through the MHSA, government agencies have the responsibility and commitment to ensure that the community has input and is actively involved in the development and implementation of MHSA Component programs at every step of the process. The County of San Bernardino has embraced the opportunities for collaborating with community stakeholders since Community Program Planning for the Community Services and Supports Component began in early 2005. The County’s growing community stakeholder coalition has continuously viewed the various MHSA components as tools for system transformation and each Component another building block toward integration.

The formal guidelines for Innovation are less prescriptive than for the other MHSA components. “Any Innovation will form an environment for development of new and effective practices and/or approaches in the field of mental health.” (Guidelines for the Innovation Component). Innovation projects must contribute to learning and be developed within the community through a process that is inclusive and representative, especially of unserved, underserved and inappropriately served populations.

A culturally diverse population enriches the County of San Bernardino. Latinos constitute 51% of the population; African-Americans account for 10%. There is a growing and diverse population of Asian-Pacific Islanders at 5%, and a small but active population of Native American/Tribal communities (1%). Additionally, through the Community Program Planning process the LGBTQ community and military veterans and their families were also identified as unserved, underserved or inappropriately served. Another challenge to the provision of service is the size of the County. Encompassing 20,105 square miles, San Bernardino County has urbanized areas as well as large and sparsely populated mountain and desert areas. It is in the mountains and deserts where “physical” access to mental health education and services is limited. Within these areas, stakeholders have identified regional “cultures” which also may inform strategies for enhancing access to service. For these reasons, articulated thoughtfully by stakeholders during the Innovation Community Program Planning process and in prior Community Program Planning processes, these populations have been included as ones the County will specifically target for the Innovation component.

The County of San Bernardino conducted an extensive Community Program Planning process throughout the implementation of the MHSA components and Innovation is no exception. In the fall of 2008, the County’s Community Policy Advisory Committee (CPAC) approved the establishment of the Innovation Working Committee (IWC). Beginning with a careful review of the Innovation policy, principles and priorities the Innovation Working Committee dedicated itself to building on prior stakeholder input received during the Community Services and Supports and the Prevention and Early Intervention components as well as to solicit new input specifically for the Innovation component.

Throughout the stakeholder engagement process, each of the “target” communities have been acknowledged as experiencing access challenges that can be addressed in innovative ways, have shared ideas regarding mental health system relevance and are committed to coalition building around existing resources and needs.

Our stakeholders are committed to addressing disparities in access to service for the County’s ethnic and cultural communities, to developing effective mental health education strategies throughout the County’s diverse communities, to tapping into strengths in our diverse communities, to partnering in crisis and self-help modes, to collaboratively addressing “hidden” and vulnerable populations of

children and youth, and to testing and learning from strategies that are adaptable to our county's "specialty" communities.

Emerging from this process, four (4) projects were chosen for implementation under the Innovation component.

- On-Line Diverse Community Experiences
- Coalition Against Sexual Exploitation (CASE)
- Community Resiliency Model
- Holistic Campus

The chart on the following two pages gives a brief overview of each of the projects with budget information:

**County of San Bernardino**  
**Summary of Innovation Component Projects with Budget Information**

| <b>Project Title</b>                                | <b>Project Description</b>  | <b>Project Details</b>   | <b>Budget Item</b>            | <b>Budget Year 1</b> | <b>Budget Year 2</b> | <b>Budget Year 3</b> |
|---|---|--|-------------------------------|----------------------|----------------------|----------------------|
| <b>On-Line Diverse Community Experience</b>         | This project will use popular Internet social networking sites as a model for the distribution of mental health information and resources. Consumers from our diverse cultures and communities will have the ability to access this information and to establish their own “friends” and “groups”, they will have the ability to share with others experiencing the same issues and concerns. One of the many things we hope to learn from this project is how the interaction on the sites will transform the understanding of mental health challenges and promote wellness, recovery and resilience. | Establish sites on Internet sites such as Twitter, Facebook and MySpace.   | Personnel                     | \$22,000             | \$22,000             | \$0                  |
|   |   |  | Operating Expenditures        | \$17,750             | \$17,750             | \$0                  |
|   |   | Provide mental health information, resources, and links to relevant sites on each site.  | Non-Recurring Expenditures    | \$7,500              | \$7,500              | \$0                  |
|   |   | Provide computer training to consumers to help them access the Internet and how to “post” information on the sites.                    | <b>Total Expenditures</b>     | <b>\$47,250</b>      | <b>\$47,250</b>      | <b>\$0</b>           |
| <b>Coalition Against Sexual Exploitation (CASE)</b> | CASE will strive to develop and test a collaborative model of interventions and services for diverse children to reduce the numbers drawn into prostitution and exploited. This model will address outreach, education, interventions, outcome measures and ongoing planning. The long-term learning goal is to make use of an innovative collaboration to strengthen clinical practice for those who serve sexually exploited children by developing creative clinical strategies and combining existing best practices in trauma care with local clinical expertise.                                  | Work with existing CASE members to develop collaborative model for Multidisciplinary Team (MDT) to use with sexually exploited minors. | Personnel                     | \$0                  | \$483,212            | \$483,212            |
|   |   |  | Operating Expenditures        | \$0                  | \$287,661            | \$287,660            |
|   |   | Develop training for those who work with sexually exploited minors.  | Training Consultant Contracts | \$0                  | \$125,000            | \$125,000            |
|   |   | Establish MDT  | <b>Total Expenditures</b>     | <b>\$0</b>           | <b>\$895,873</b>     | <b>\$895,872</b>     |
|   |   | Develop and implement collaborative outreach and education strategy  |                               |                      |                      |                      |

| Project Title                           | Project Description  | Project Details   | Budget Item                   | Budget Year 1    | Budget Year 2    | Budget Year 3    |
|---|--|---|-------------------------------|------------------|------------------|------------------|
| <b>Community Resiliency Model (CRM)</b> | Through the CRM project, the County will develop a model for use by diverse ethnicities, communities and unserved underserved populations to address personal and community traumatic events through the provision of training to cultural brokers, who in turn will provide training in their communities. The County hopes to strengthen linkages and collaboration with diverse cultures and communities.                               | Develop the Community Resource Model.   | Personnel                     | \$26,667         | \$26,667         | \$26,666         |
|   |  | Provide training on CRM to 50 diverse community members (cultural brokers) and receive input from them on content and relevance.                      | Operating Expenditures        | \$284,511        | \$8,317          | \$8317           |
|   |  | Provide training in the community by cultural brokers.  | Training Consultant Contracts | \$169,530        | \$136,530        | 136,530          |
|   |  | Identify the need for and provide additional training to cultural brokers.  | Training Materials            | \$0              | \$3,140          | \$3,140          |
|   |  |   | <b>Total Expenditures</b>     | <b>\$480,708</b> | <b>\$174,654</b> | <b>\$174,653</b> |
| <b>Holistic Campus</b>                  | The Holistic Campus brings together all of the County's diverse cultures and communities in one location to provide culture specific healing techniques as well as addressing the myriad needs of those individuals who seek information and help at the Holistic Campus. One thing we hope to learn from the Holistic Campus is how people from diverse communities and ethnicities can learn from each other and how they work together. | Establish Advisory Board of Directors from the community.   | Personnel                     | \$0              | \$463,634        | \$463,634        |
|   |  | The Holistic Campus will be at least 80% peer operated.   | Operating Expenditures        | \$0              | \$409,715        | \$408,532        |
|   |  | Identify, contract for and provide culture specific services (acupuncture, pet therapy, sweat lodges, etc.) at the holistic Campus for the community. | Non-Recurring Expenditures    | \$0              | \$23,665         | \$0              |
|   |  |   | <b>Total Expenditures</b>     | <b>\$0</b>       | <b>\$897,014</b> | <b>\$872,166</b> |
|   |  |   |                               |                  |                  |                  |

These four (4) Innovation projects represent the County of San Bernardino's response to the Mental Health Services Act Innovation component. Throughout the Community Program Planning Process, our stakeholders attempted to simultaneously address the issues of disparity in access, cultural competence, and specialty population issues that have emerged by considering strategies and resources that could be adapted to a variety of stakeholder communities, settings and concerns. The County of San Bernardino chose these four (4) concepts because they reflect many of the issues, ideas, strategies and design suggestions discussed throughout the process and identified as relevant to our diverse communities.

The Innovation Plan was presented to the Innovation Working Committee on 11-24-2009. The final draft of the plan was presented to the Community Policy Advisory Committee on 12-17-2009. Public Hearing at the Mental Health Commission on 1-7-2010 and at the Victorville Clubhouse on 1-8-2010. The thirty-day public comment period began on December 1, 2009 with the posting of the plan on the Department of Mental Health website at <http://www.sbcounty.gov/dbh/MentalHealthServicesAct.htm>.

**Condado de San Bernardino**  
**Departamento de Salud de la Conducta**  
**Acta de Servicios de Salud Mental**  
**Componente Innovativo**  
**Resumen Ejecutivo**

Los electores del Estado de California aprobaron la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés) en Noviembre de 2004. La finalidad e intención de la MHSA es **“reducir los impactos adversos a largo plazo sobre los presupuestos individuales, familiares, estatales y locales que resultan de las enfermedades mentales serias no tratadas ....para garantizar que todos los fondos son gastados en la forma más efectiva...para asegurar la responsabilidad a los contribuyentes y al público”**. Para lograr este propósito, se proporciona financiación para tratar en forma adecuada las necesidades de salud mental a las poblaciones ignoradas y desatendidas expandiendo y desarrollando servicios y apoyos que se ha comprobado producen resultados exitosos, son considerados innovadores, cultural y lingüísticamente competentes, basados en la comunidad, orientados al consumidor y a la familia, y consistentes con prácticas basadas en la evidencia. La MHSA representó la primera oportunidad en muchos años para el Departamento de Salud Mental de California (DMH por sus siglas en inglés) para proporcionar una mayor financiación, personal y otros recursos para apoyar los programas de salud mental del condado y monitorear los progresos hacia objetivos estatales para los niños, jóvenes en edad en transición, adultos, adultos mayores y familias.

La MHSA identifica seis componentes para la financiación que transforman el sistema de servicios de salud mental y que eventualmente serán integrados en el Plan de Gastos y Programa de Tres Años del condado. Estos Componentes de MHSA incluyen:

- Planificación del Programa Comunitario
- Servicios y Apoyos Comunitarios
- Capital (construcción y alojamiento) y Tecnología Informática
- Educación y Capacitación de la Fuerza Laboral
- Prevención e Intervención Temprana
- Innovación

A través de MHSA, las agencias gubernamentales tienen la responsabilidad y el compromiso de garantizar que la comunidad tenga acceso y este activamente involucrada en el desarrollo e implementación de programas de Componentes de MHSA en cada paso del proceso. El Condado de San Bernardino ha aprovechado las oportunidades de colaborar con los actores comunitarios desde que la Planificación del Programa Comunitario para el Componente de Servicios y Apoyos Comunitarios comenzó a principios del 2005. La Creclente coalición de accionistas comunitarios en crecimiento del Condado ha visto siempre a los

diversos componentes de MHSA como herramientas para la transformación del sistema y a cada Componente como otro ladrillo para la construcción de integración.

Las pautas formales para la Innovación son menos preceptivas que para los otros componentes de MHSA. “Cualquier Innovación formará un entorno para el desarrollo de prácticas y/o enfoque nuevos y efectivos en el campo de la salud mental.” (Pautas para el Componente de Innovación). Los proyectos de Innovación deben contribuir al aprendizaje y ser desarrollados dentro de la comunidad mediante un proceso que sea inclusivo y representativo, especialmente de las poblaciones ignoradas, desatendidas o mal atendidas.

Una población culturalmente diversa enriquece al Condado de San Bernardino. Los Latinos constituyen un 51% de la población, los Afroamericanos el 10%. Existe una población diversa y en crecimiento de Asiáticos-Isleños del Pacífico en 5%, y una población pequeña pero activa de comunidades Nativas Americanas/Tribus (1%). Además, mediante el proceso de Planificación del Programa Comunitario el la comunidad de Lesbianas, Gays, Bisexuales y Transexuales (LGBTQ por sus siglas en inglés) y los veteranos del ejército y sus familias también fueron identificados como ignorados, desatendidos o mal atendidos. Otro desafío para la provisión de servicios es el tamaño del Condado. Abarcando 20,105 millas cuadradas, el Condado de San Bernardino tiene áreas urbanizadas al igual que montañas escasamente pobladas y áreas desiertas. Es en las montañas y desiertos en donde el acceso “físico” a la educación y a los servicios de salud mental es limitado. Dentro de esas áreas, los actores han identificado “culturas” regionales que pueden también informar estrategias para mejorar el acceso a los servicios. Por estas razones, articulado cuidadosamente por los actores durante el Proceso de Planificación del Programa Comunitario de Innovación y en procesos anteriores de Planificación del Programa Comunitario, estas comunidades han sido incluidas como aquellas a las que el Condado apuntará específicamente para el componente de Innovación.

El Condado de San Bernardino realizó un proceso de Planificación del Programa Comunitario mediante la implementación de los componentes de MHSA y la Innovación no es una excepción. En el otoño del 2008, el Comité Asesor de Políticas Comunitarias (CPAC por sus siglas en inglés) aprobó la creación del Comité de Trabajo en Innovación (IWC por sus siglas en inglés) Comenzando con una cuidadosa revisión de la política, principios y prioridades de Innovación, el Comité de Trabajo en Innovación se dedicó a construir sobre los aportes de actores anteriores recibidos durante los componentes de Servicios y Apoyo Comunitario y de Prevención e Intervención Temprana al igual que a solicitar nuevos aportes específicamente para el componente de Innovación.

Durante el proceso de involucramiento de los actores, Cada comunidad de “enfoque” fue reconocida como experimentando desafíos de acceso que pueden ser tratados en formas innovadoras, y han compartidas con respecto a la

importancia del sistema de salud mental y están comprometidos con la construcción de coaliciones alrededor de los recursos y necesidades existentes.

Nuestros actores están comprometidos a tratar las disparidades en el acceso a los servicios para las comunidades étnicas y culturales del Condado, a desarrollar estrategias efectivas de educación en salud mental a lo largo de las diversas comunidades del Condado, a explotar las fortalezas de nuestras diversas comunidades, a asociarse a las crisis y modos de auto ayuda, a tratar en forma colaborativa a las poblaciones "ocultas" y vulnerables de niños y jóvenes, y a probar y aprender de estrategias que son adaptables a las comunidades "especiales" de nuestro condado.

Como resultado de este proceso, se eligieron cuatro (4) proyectos para su implementación bajo el componente de Innovación.

- Experiencias Comunitarias Diversas En Línea
- Coalición Contra la Explotación Sexual (CASE por sus siglas en inglés)
- Modelo de Resistencia Comunitaria
- Campus Holístico

La tabla en las dos páginas siguientes da un panorama breve de cada uno de los proyectos con información presupuestaria.

**Condado de San Bernardino**  
**Resumen de Proyectos del Componente Innovación con Información Presupuestaria**

| <b>Título del Proyecto</b>  | <b>Descripción del Proyecto</b>   | <b>Detalles del Proyecto</b>  | <b>Presupuesto Artículo</b>           | <b>Presupuesto Año 1</b> | <b>Presupuesto Año 2</b> | <b>Presupuesto Año 3</b> |
|---|---|---|---------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Experiencia Comunitaria Diversa En Línea</b>                               | Este proyecto utilizará sitios de contacto social populares en Internet como forma de distribución de información y recursos de salud mental. Los consumidores de nuestras diversas culturas y comunidades tendrán acceso a esta información y podrán establecer sus propios “amigos” y “grupos”, tendrán la capacidad de compartir con otras personas que estén experimentando los mismos temas y preocupaciones. Una de las muchas cosas que esperamos aprender de este proyecto es como la interacción en los sitios transformará la comprensión de los desafíos de salud mental y promoverá el bienestar, la recuperación y la resistencia. | Establecer sitios en sitios de Internet tales como Twitter, Facebook y MySpace.<br><br>Proporcionar información de salud mental, recursos y vínculos a sitios relevantes en cada sitio.<br><br>Proporcionar capacitación en computación a los consumidores para ayudarles a acceder a Internet y cómo “publicar” información en los sitios. | Personal                              | \$22,000                 | \$22,000                 | \$0                      |
|   |   |   | Gastos Operativos                     | \$17,750                 | \$17,750                 | \$0                      |
|   |   |   | Gastos Extraordinarios                | \$7,500                  | \$7,500                  | \$0                      |
|   |   |   | <b>Gastos Totales</b>                 | <b>\$47,250</b>          | <b>\$47,250</b>          | <b>\$0</b>               |
|   |   |   |                                       |                          |                          |                          |
| <b>Coalición Contra la Explotación Sexual (CASE por sus siglas en inglés)</b> | CASE se esforzará por desarrollar y probar un modelo colaborativo de intervenciones y servicios para niños diversos niños para reducir el número de casos llevados a la prostitución y explotados. Este modelo tratará el   | Trabajar junto con miembros existentes de CASE para desarrollar un modelo colaborativo para un Equipo Multidisciplinario (MDT por sus siglas en inglés) para ser utilizado con menores explotados   | Personal                              | \$483,212                | \$483,212                | \$0                      |
|   |   |   | Gastos Operativos                     | \$287,661                | \$287,660                | \$0                      |
|   |   |   | Capacitación Contratos de Consultoría | \$125,000                | \$125,000                | \$0                      |
|   |   |   |                                       |                          |                          |                          |

| Título del Proyecto   | Descripción del Proyecto   | Detalles del Proyecto   | Presupuesto Artículo   | Presupuesto Año 1   | Presupuesto Año 2   | Presupuesto Año 3  |
|---|--|---|--|---|---|--|
|   | alcance, las intervenciones de educación, las mediciones de resultados, y la planificación continua. El objetivo de aprendizaje a largo plazo es hacer uso de una colaboración innovativa para reforzar la práctica clínica para aquellos que brindan servicios a los niños explotados sexualmente desarrollando estrategias clínicas creativas y combinando las mejores prácticas existentes en atención de traumas con la experiencia clínica local. | sexualmente.<br><br>Desarrollar capacitación para aquellos que trabajan con menores explotados sexualmente.<br><br>Establecer un MDT<br><br>Desarrollar e implementar una estrategia colaborativa de alcance y educación.   | <b>Gastos Totales</b>  | <b>\$895,873</b>  | <b>\$895,872</b>  | <b>\$0</b>   |
| <b>Modelo de Resistencia Comunitaria (CRM por sus siglas en inglés)</b> | Mediante el proyecto CRM, el Condado desarrollará un modelo a ser utilizado por diversas etnias, comunidades, poblaciones ignoradas, desatendidas para tratar eventos traumáticos personales y comunitarios mediante la provisión de capacitación a agentes culturales, quienes a su vez proporcionarán entrenamiento a sus comunidades. El Condado espera reforzar los vínculos y la colaboración con diversas culturas y comunidades.                | Desarrollar el Modelo de Recursos Comunitarios<br><br>Proporcionar capacitación en CRM a 50 miembros de diversas comunidades (agentes culturales) y recibir aportes de parte de ellos en cuanto a contenido y relevancia.<br><br>Proporcionar capacitación en la comunidad por parte de agentes comunitarios.<br><br>Identificar la necesidad para y proporcionar | Personal<br><br>Gastos Operativos<br><br>Capacitación<br>Contratos de Consultoría<br><br>Materiales<br>Capacitación<br><br><b>Gastos Totales</b> | \$26,667<br><br>\$284,511<br><br>\$169,530<br><br>\$0<br><br><b>\$480,708</b> | \$26,667<br><br>\$8,317<br><br>\$136,530<br><br>\$3,140<br><br><b>\$174,654</b> | \$26,666<br><br>\$8317<br><br>136,530<br><br>\$3,140<br><br><b>\$174,653</b> |

| Título del Proyecto     | Descripción del Proyecto  | Detalles del Proyecto  | Presupuesto Artículo  | Presupuesto Año 1   | Presupuesto Año 2  | Presupuesto Año 3                                  |
|-------------------------|---|--|---|---|--|--|
|                         |   | capacitación adicional a agentes culturales.   |   |   |  |  |
| <b>Campus Holístico</b> | El Campus Holístico junta todas las diversas culturas y comunidades del Condado en un solo lugar para proporcionar técnicas curativas específicas culturales al igual que tratar la diversidad de necesidades de aquellos individuos que buscan información y ayuda en el Campus Holístico. Una cosa que esperamos aprender del Campus Holístico es cómo las personas de diversas comunidades y étnicas pueden aprender la una de la otra y cómo trabajan juntas. | <p>Establecer un Consejo Directivo Asesor desde la comunidad.</p> <p>El Campus Holístico será operado por pares en al menos un 80%</p> <p>Identificar, contratar y proporcionar servicios culturales específicos (acupuntura, terapia de mascotas, carpas de sudación, etc.) en el Campus holístico para la comunidad.</p> | <p>Personal</p> <p>Gastos Operativos</p> <p>Gastos Extraordinarios</p> <p><b>Gastos Totales</b></p> | <p>\$463,634</p> <p>\$409,715</p> <p>\$23,665</p> <p><b>\$897,014</b></p> | <p>\$463,634</p> <p>\$408,532</p> <p>\$0</p> <p><b>\$872,166</b></p> | <p>\$0</p> <p>\$0</p> <p>\$0</p> <p><b>\$0</b></p> |

Estos cuatro (4) proyectos de Innovación representan la respuesta del Condado de San Bernardino al componente de Innovación de la Ley de Servicios de Salud Mental. A través del Proceso de Planificación del Programa Comunitario, nuestros actores trataron de simultáneamente tatar los temas de disparidad en el acceso, competencia cultural, y temas de poblaciones especiales que han surgido mediante la consideración de estrategias y recursos que podrían ser adaptados a una variedad de comunidades, escenarios y preocupaciones de los actores. El Condado de San Bernardino eligió estos cuatro (4) conceptos dado que ellos reflejan muchos de los temas, ideas, estrategias y sugerencias de diseño discutidas durante el proceso e identificadas como relevantes para nuestras diversas comunidades.

El Plan de Innovación fue presentado al Comité de Trabajo en Innovación el 24 de Noviembre de 2009. El borrador final del plan fue presentado al Comité Asesor en Políticas Comunitarias el 17 de Diciembre de 2009, a la Comisión de Salud Mental el 7 de Enero de 2010 y en la Casa Social de Victorville el 8 de Enero de 2010. El período de comentarios públicos de tres días comenzó el 1º de Diciembre de 2009 con la publicación del plan en el sitio Web del Departamento de Salud Mental en <http://www.sbcounty.gov/dbh/MentalHealthServicesAct.htm>.

EXHIBIT A

INNOVATION WORK PLAN  
COUNTY CERTIFICATION

County Name: San Bernardino

County Mental Health Director

Project Lead

Name: Allan Rawland

Name: Michael Knight

Telephone Number: (909) 382-3133

Telephone Number: 909-252-4047

E-mail: arawland@dbh.sbcounty.gov

E-mail: mknight@dbh.sbcounty.gov

Mailing Address:

Mailing Address:

268 West Hospitality Lane, Suite 400  
San Bernardino, CA 92415

1950 S. Sunwest Lane, Suite 200  
San Bernardino, CA 92415

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

  
\_\_\_\_\_  
Signature (Local Mental Health Director/Designee)

2/3/2010  
\_\_\_\_\_  
Date Title

## EXHIBIT B

### INNOVATION WORK PLAN

#### Description of Community Program Planning and Local Review Processes

County Name: San Bernardino  
Work Plan Name: All

*Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.*

- 1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)*

The County of San Bernardino's Mental Health Services Act (MHSA) Community Program Planning (CPP) process highlighted "robust" program planning since CSS component planning in 2005 and again in 2007 for PEI. Included in the continually evolving infrastructure for the County's stakeholder inclusion process are the Community Policy Advisory Committee (CPAC), the MHSA Executive Planning Committee, four standing Age-Specific MHSA Work Groups, Consumer-Peer-Driven Support Networks, Consumer Clubhouse Networks, the Parent Partner Network, an Older Adults Peer Counselor & Outreach Network, the TAY Peer Support Network, and various Cultural coalitions, including individuals and cultural brokers from our Native American, African American, Latino, and Asian/Pacific Islander communities, the LGBTQ community and military veterans. In the Fall of 2008, the County's MHSA Community Program Planning team, consisting of the MHSA Coordinator, Innovation Coordinator, administrative/analyst staff and, importantly, outreach staff, spearheaded the "plan-to-plan" phase of the Innovation Component, as the CPAC approved the establishment of the Innovation Working Committee (IWC). Through collaborative recruitment, the IWC's membership grew to more than 100, with representation from community based organizations, faith centers, interagency partners, consumer and family networks, cultural communities, department and contractor staff, clients, participants in PEI programs, potential clients and members of the community.

The initial work of the IWC began with careful review of Innovation policy, principles and priorities within the context of the MHSA "big picture", along with a variety of county data, which would inform Innovation program planning. The Committee initiated its work with a strong commitment to building upon prior CPP stakeholder input, representing input and recommendations from 1,792 PEI stakeholders in 2007 and 2,703 CSS stakeholders in 2005. Because prior stakeholder input included concepts and strategies that, when Innovation definitions and guidelines were applied, are relevant to Innovation Work Plan development, the IWC compiled a planning document containing prior stakeholder input (Attachments A, B) for consideration in the planning process. In addition, the continually expanding data base of CPP planning partners (Attachment C) has been utilized by the IWC not only as a source for outreach and coalition-building but

## EXHIBIT B

as a county resource assessment tool as potential innovation approaches have been considered. Since the release of the Innovation Guidelines in early 2009, the work of the IWC has focused on ensuring that further stakeholder input is elicited from the Innovation target communities of the un/underserved and inappropriately served, along with stakeholders from throughout the major geographical regions of our county. With technical assistance from community program planning staff (which included Cultural Competence, Outreach and Workforce Education & Training staff) IWC members and stakeholders convened a series of targeted forums in our communities and with community partners in order to address Innovation priorities and potential learning strategies. In addition, regional Community Public Forums were convened, in collaboration with the Mental Health Commission and the Commission's District Advisory Committees (DAC), in each of the geographical regions of the County. In all, five regional Community Public Forums and 46 targeted forums were held throughout the county. The smaller targeted forum events were organized in collaboration with community and interagency partners and were specifically designed to engage Latino, African American, Asian-Pacific Islander, Native American, LBGQTQ, military veteran and TAY participants. In addition, a number of forums were facilitated with planning partners and advocates for survivors of domestic violence, the faith-based community, advocates for vulnerable youth, consumers/families, individuals addressing co-occurring (substance abuse) disorders and our geographically remote communities (Attachments D, E). Throughout our county's MHSA stakeholder engagement process, each of these "target" communities have been acknowledged as experiencing access challenges which can be addressed in innovative ways, have shared ideas regarding mental health system relevance and have expressed commitment to coalition building around existing resources and needs.

Utilizing Innovation and MHSA-informed forum discussion questions, multi-lingual informational materials and translation support, stakeholder input documentation protocols and stakeholder demographic data collection tools, we have been able to self-assess throughout the process to ensure that we have reached out to our county's diverse ethnic groups, isolated communities, "specialty" populations and the agencies and organizations that advocate for them. An analysis of stakeholder data reflects that our Innovation input conversations have engaged at least 563 stakeholder participants.

We have continued to work with our consumer and family networks in order to reach clients with serious mental illness and/or serious emotional disturbance and their families. Client, peer and family advocate and family member representatives serve on the IWC. Community Program Planning stakeholder data reflect that this population has been "at the table" during the Innovation CPP as well as in prior CPP processes. This ongoing partnership has proven to bring unique and complex input to the planning process and has assisted to set a community friendly tone for newcomers to the conversation. The "Demographic Stakeholder Data" analysis (Attachment F) shows the county's continuous effort to engage with our cultural communities since the CSS CPP began in 2005. As indicated above, the IWC membership included a wide variety of representatives of public and community agencies and organizations as well as community advocates, many of whom were new to the table with this CPP. These new

## EXHIBIT B

planning partners enriched the IWC plan-to-plan process, facilitated thoughtful input regarding our underserved communities and provided invaluable expertise to the Work Plan Development process. (Attachment C).

Throughout the planning process, our stakeholder communities have emphasized a broad variety of concerns, specialty population needs and innovative strategies. However, several consistent themes have emerged over more than four years of engagement with our stakeholders. The Innovation CPP process included more than 50 forums, eliciting input from individuals and advocates representing our most geographically remote areas, our cultural/ethnic communities, each targeted "specialty" group, and others. Simultaneously, this provided us with input from many unique perspectives and yet highlighted several powerful common strengths among our communities. The county's stakeholders have expressed commitment to addressing disparities in access to service for our ethnic/cultural communities, to developing effective mental health education strategies throughout the county's diverse communities, to expansion of community- and peer-driven strategies and networks, to tapping into the strengths in our diverse communities, to partnering in crisis and self-help modes, to collaboratively addressing "hidden" and vulnerable populations of children & youth, and to testing and learning from strategies that are adaptable to our county's many "specialty" communities. The Innovation Work Plans that have emerged through dynamic and active stakeholder participation are designed to be responsive to the strengths and commitments articulated by community members. Each project is intended to add to the array of resources and services within the mental health system in a transformative way and in a manner that accommodates significant participation and contribution from community members, partner agencies and organizations, individuals and communities. Most promising about Innovation is the opportunity for partners to learn about promising/best practices, resource-sharing and re-framing outcomes as stakeholders are increasingly included in the dialogue.

### *2. Identify the stakeholder entities involved in the Community Program Planning Process.*

The "Resource/Partnership Grid" (Attachment C) reflects the agencies, consumer groups, cultural and community based organizations, faith centers and other stakeholder entities that have been included in the Community Program Planning process. The Innovation Working Committee (IWC) membership includes consumers/family members, participants in PEI, client advocates & caregivers, interagency partners, community based organizations, faith centers, department and contractor staff, potential clients, veterans advocates and agencies, law enforcement, justice system, primary health care, private mental health providers, social services, schools, NAMI, Parent Partners and cultural liaisons & communities. In addition, our demographic data reflect that 31% of Innovation CPP participants were consumers or family members, 16% Community Based Organizations specifically serving our ethnic and other underserved communities such as LGBT, refugees and others, 11% DBH staff, 9% contract agency staff, 6% specialty "health services", including alcohol/drug treatment, Native American Health Centers, primary health centers, developmental

## EXHIBIT B

disabilities regional centers and others, 5% family resource center settings such as faith centers and senior centers, 5% educational entities and 5% social services. The diversity of stakeholder entities participating throughout the CPP has contributed to ongoing coalition-building and program planning toward system integration.

*3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.*

The Innovation Plan was presented to the Innovation Working Committee on 11-24-2009. The final draft of the plan was presented to the Community Policy Advisory Committee on 12-17-2009. A Public Hearing was conducted at the Mental Health Commission on 1-7-2010. There were 25 people in attendance at this hearing. No substantive comments were received regarding the plan. There was only one question regarding implementation of the plan. Another Public Hearing was held at Victorville Clubhouse in Victorville on 1-8-2010. There were 24 people in attendance at this public hearing most of whom were consumers. No substantive comments or questions were received at this hearing. There were many comments regarding support for the plan and the proposed projects. Comments and questions were also received regarding the implementation of the proposed plan. The thirty-day public comment period began on December 1, 2009 with the posting of the plan on the Department of Mental Health website at <http://www.sbcounty.gov/dbh/MentalHealthServicesAct.htm>.

**EXHIBIT C**  
(Page 1 of 11)

**Innovation Work Plan Narrative**

Date: 11/13/09

County: San Bernardino

Work Plan #: INN - 01

Work Plan Name: On-line Diverse Community Experiences

**Purpose of Proposed Innovation Project (check all that apply)**

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

*Briefly explain the reason for selecting the above purpose(s).*

The County of San Bernardino Department of Behavioral Health (DBH) has engaged in a lengthy inclusive stakeholder process to make informed decisions for all aspects of the Mental Health Services Act and the Innovation component is no exception. Five public community input forums and 46 targeted forums were held over an eleven month period throughout the County to gather input on the Innovation component. Additionally, Innovation Working Committee members reviewed input received as a result of the Community Services and Supports component (2005) and the Prevention and Early Intervention component (2007) for comments relevant to the Innovation component. In San Bernardino County, priority populations for Innovation include African-Americans, Asian/Pacific Islanders, Latinos, and Native Americans/Tribal Communities along with the LGBTQ community, and other underserved communities identified by stakeholder input and other data.

Through this process the need to **increase access to underserved groups** has been clearly articulated. In fact, 392 comments submitted through the input process called for increased mental health education and multiple forum comments specifically mentioned using Internet social networking sites to bring awareness of DBH services to Internet users, for use as a gateway for consumers, and to expand available tools and resources for the development of self-help systems and networks.

San Bernardino County has many geographically remote areas where mental health services and information are not readily available. A County presence on social networking sites will provide an avenue whereby individuals can log-on and obtain information on subjects that are important to them no matter their geographic location.

**EXHIBIT C**  
**(Page 2 of 11)**

Information gathered during the Workforce Education and Training stakeholder process identified the need for computer skills training for consumers to make them more marketable in the workplace. In order to ensure that consumers can safely take advantage of the resources available through the Internet and create resources, we envision a phase-in process that begins with intense orientation and training for participants. As part of this Innovation basic computer skills training will be provided to diverse consumers to facilitate the implementation and updating of the social networking sites. Some consumers will receive training on accessing the Internet and our sites. Consumers will also receive extensive training on the potential risks of social networking sites and how to protect their confidentiality while accessing them. Consumer safety and confidentiality are at the core of this workplan. We know that consumers use these sites already. We would like to see that consumers are trained on the potential risks of using the internet so that they may navigate safely. Through the provision of these skills we may be able to learn if the provision of basic computer skills and information on how to access the Internet will help San Bernardino County reach our underserved, unserved and inappropriately served communities.

As part of the development and launching of the websites information will be included on each site on how to safely access and use social networking sites. As these sites become more consumer driven, some individuals accessing the sites will have no current relationship with the mental health system and DBH cannot guarantee consumer confidentiality. Each site will post materials on ways to protect identity and confidentiality as well as links to sites and additional information on Internet safety as a way to help these users protect themselves, and will explicitly state the limits of confidentiality as they relate to DBH.

**Innovation Work Plan Narrative**

**Project Description**

*Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSa and Title 9, CCR, section 3320. (suggested length - one page)*

This Innovation introduces a new application to the mental health system of a **promising community driven practice/approach that has been successful in non-mental health contexts or settings**. The prevalence of social networking sites on the Internet and their widespread use by individuals of all cultures, ages, ethnicities, and orientations makes these sites a logical place for providing information on a wide range of mental health topics and resources. In addition, the ability of the internet to provide information in numerous languages is a plus.

The Department of Behavioral Health (DBH) with input from stakeholders will create pages on social networking sites such as Twitter, Facebook and MySpace. Information about upcoming meetings, newsletters, testimonials from consumers, and various mental health topics as well as administrative information and forms will be posted. Each social networking site will provide warnings regarding the importance and limits of confidentiality and the possibility of confidentiality breach. In addition, we will work with stakeholders on providing guidance and directions on how to navigate sites safely including tips on blocking friend requests, accessing the page without providing any personal information, and initiating an account without divulging personal information. We will provide consumers the opportunity to make informed choices on how to access these sites if they so choose. By providing this service on social networking sites, we hypothesize that the stigma of seeking mental health information will decrease and that access to mental health information will increase to underserved populations by providing information on the Internet where other information is obtained.

Information provided via the Internet is available to individuals who are socially isolated, those who are isolated due to the stigma that is inherent in the current behavioral health system as well as those who are geographically isolated. The Internet social networking sites are places consumers already access to find and meet friends and to give and receive information. Becoming part of a social networking site is socially acceptable to many cultural groups due to the focus on information gathering and networking as well as the inherent confidentiality and anonymity which in turn can help reduce stigma.

One of the triggers of depression is the feeling of isolation. Facebook, and other social networking sites provide a way for individuals to interact with others facing similar challenges from the comfort of one's own home or anywhere a computer and an Internet connection is available. It provides information that may encourage isolated

**EXHIBIT C**  
**(Page 4 of 11)**

individuals to take the next step, to make a telephone call, or attend a peer support group meeting thereby providing linkage to service or support when it's needed. It will be essential for this project to ensure consumer privacy and fully explain the limits of confidentiality while also encouraging consumer participation in and development of the resources that the Internet can provide. It will be important to learn if individuals organize and participate in peer support groups as part of this project. This innovation is expected to increase access to underserved groups.

DBH will initiate a pilot project with Clubhouse and Transitional Age Youth One Stop Center members, which are located in both the urban and rural regions of the County and service the targeted ethnic/cultural populations previously identified, to provide computer training on how to create pages and groups on the various Social Networking sites. Training will also focus on possible risks of internet use and how consumers can protect their confidentiality while accessing these social networking sites. DBH cannot guarantee complete confidentiality on these sites. However, we will provide information, tools and resources for consumers who want to use these sites so that they may navigate them safely. Both the TAY Centers and the clubhouses throughout the County are designed to be culturally competent and responsive to the cultural needs of their communities because of their consumer-driven models.

Computers at all of the clubhouses, TAY centers and at the DBH Training Institute will be made available to consumers to research the Internet and find information that is valuable to each individual. Peer and Family Advocate staff will be available to assist consumers in using the computers, providing information as requested, and ensuring that users are receiving the appropriate resources and referrals. The social networking sites will enable consumers to connect with other social networking site users. The guidance and support provided through the TAY Centers and DBH Training Institute will endeavor to ensure that consumers are able to protect their privacy, rights and confidentiality while using the Internet. DBH will include in our training national guidelines for internet use such as NASWS internet guidelines for clients. In addition, the county's network of mental health consumers, organizations and other stakeholders will be involved in establishing an array of available links and pages that will support a vital and consumer-driven online community.

While social networking sites are not a new concept and have been used to disseminate mental health information, as part of the vision for this project, the sites will include information about relevant resources and links to those resources. Stakeholders will be enlisted to help their consumers create virtual support systems/forums for diverse consumers, to monitor utilization to ensure that appropriate referrals and links are facilitated for consumers who need them.

**EXHIBIT C**  
**(Page 5 of 11)**

Social networking sites can appeal to diverse communities, youth and additional underserved groups who are likely to use these communication channels especially due to the availability of a wide variety of languages and information in varying literacy levels.

This innovation incorporates the six standards applicable to all MHSA activities:

- **Community Collaboration** – Ideas for this innovation stem from stakeholder forums. Development of materials and pages on social networking sites will include input from stakeholders and be developed with input from contract agency staff; community based organizations that regularly provide input to the Department; and consumers and family members. This project serves as a link for users to find mental health resources, ancillary resources and community organizations.
- **Cultural Competence** – the DBH Office of Cultural Competence and Ethnic Services will review all materials. Materials will be translated into the County's threshold languages, where not already available, and underrepresented groups will provide input. Stakeholder input overwhelmingly supports the idea that the County's culturally diverse communities, the geographically isolated communities, and Transitional Age Youth are inclined to respond to this form of social networking.
- **Client/Family Driven Mental Health System** – Members of the diverse San Bernardino County population will have access to the social networking sites and have the ability to organize their own on-line community/communities around common concerns, find friends, post information and materials and create virtual support groups. Diverse consumers and their family members will have input into the information/materials provided on the social networking sites as well as developing some of those materials. In addition, consumers and families will be key participants in the ongoing evaluation of the project's outcomes and effectiveness. Once the sites are established DBH will ensure that stakeholders are included and have input on programs and services offered by DBH and contract agencies.
- **Wellness Recovery and Resilience Focus** – Through the provision of social networking sites, consumers will have the ability to create their own community, which is essentially oriented in a positive, wellness direction. Materials posted on the sites will have a wellness, recovery and resilience focus that addresses a strength based model characteristic of multicultural communities. Provision of a new way to access information via the Internet facilitates consumers' wellness, recovery and resilience.

**EXHIBIT C**  
**(Page 6 of 11)**

- **Integrated Service Experience** – The addition of social networking sites is an innovative way of providing information on programs and services in a new format to users who might not seek this type of information using established traditional sources. Information on DBH contract agencies and local community based organizations providing mental health services will be included and in some cases, links to those service provider’s sites will be available.

The sites will be continuously updated by adding consumer comments about how they found the site useful, adding new resources (and links to those resources) suggested by consumers, and perhaps (if feasible) interactive methods of gaining access to services.

This process is expected to further expand and integrate the overall mental health system.

**Innovation Work Plan Narrative**

**Contribution to Learning**

*Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)*

**The On-Line Diverse Community Experiences Innovation will contribute to learning in the following ways:**

- The County will learn how individuals and groups use the social networking sites and what materials they will develop and post on the sites.
- The County will learn what groups will be organized as a result of the sites.
- As a result of establishment of the social networking sites, we will learn how the interaction on the sites will transform the understanding of mental health challenges and promote wellness and recovery.
- The County will determine if diverse consumers will utilize social networking sites to access information, resources and support on Department of Behavioral Health programs and services.
- Once information has been accessed, the County will identify if diverse consumers follow up and request additional information, attend peer support group meetings, or seek help to address issues such as stress, depression or anxiety as a result of use of the social networking site.
- The project will identify if social networking sites will facilitate active participation of consumers while effectively maintaining consumer privacy and confidentiality.
- The project will identify if social networking sites allow the community a new way to provide input and feedback on programs and services.
- The project will identify if the provision of resources on social networking sites helps reach historically underserved/inappropriately served populations and if people are more likely to seek help via this resource than through traditional outreach strategies.

**EXHIBIT C**  
**(Page 8 of 11)**

- The project will determine if people are more comfortable with mental health services if provided access and a participatory role through social networking sites.
- Work with DBH data and quality management systems to explore, understand, and learn about the impact of social networking on access, referral and linkage processes, where applicable.

**EXHIBIT C**  
(Page 9 of 11)

**Innovation Work Plan Narrative**

**Timeline**

*Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)*

Implementation/Completion Dates: 6/10-5/12  
MM/YY – MM/YY

| <b>Action</b>  | <b>Implementation - Completion Dates</b> |
|--|--|
| Anticipated MHOAC approval   | 3/10                                     |
| Anticipated funding of Innovation project  | 5/10                                     |
| Work with subject matter experts and stakeholders to identify and/or develop the initial layout and content for sites. | 6/10 – 11/10                             |
| Purchase and install computers at Clubhouses and TAY centers   | 6/10 – 11/10                             |
| Develop Consumer training for how to securely access and utilize social networking sites                               | 6/10 – 11/10                             |
| Provide training to clubhouses and TAY centers on Social networking sites  | 10/10 - ongoing                          |
| Have Office of Cultural Competence and Ethnic Services review materials and write materials into threshold languages   | 6/10 – 11/10                             |
| Obtain diverse stakeholder input on proposed materials for sites.  | 6/10 – 11/10                             |
| Work with Departmental Information Technology unit to establish sites on Facebook, Twitter, MySpace, etc               | 6/10 – 11/10                             |
| Post information on Social Networking sites in multiple languages.   | 11/10                                    |
| Use of sites by diverse consumers. Begin collecting surveys and information on site usage.                             | 11/10 - ongoing                          |
| Develop evaluation tools to monitor the success of the social networking sites   | 6/10-11/10                               |
| Evaluate efficacy of use of Social Networking sites as a tool for dissemination of information.                        | 11/10 - ongoing                          |
| Report findings.   | Quarterly - 5/12                         |

**Innovation Work Plan Narrative**

**Project Measurement**

*Describe how the project will be reviewed and assessed and how the county will include the perspectives of stakeholders in the review and assessment.*

The Department of Behavioral Health will obtain feedback from site users using the following:

- Track calls through the ACCESS unit to ascertain if the consumer has viewed the Department's social networking site or sites, including which site or sites were visited.
- Add questions regarding the social networking sites to the existing customer survey cards that are available in the threshold languages.
- Create online customer service cards for each site in the threshold languages.
- Track membership and participation on the sites.
- Work with the social networking site administrators (Twitter, Facebook, and MySpace) to gather additional information.
- Monitor sites and the number of "friends" and "groups" associated with each site.

Once feedback is received, DBH will assess the effectiveness of using social networking sites to increase access to underserved individuals and communities. We will also evaluate the kinds of access individuals use (have "groups" formed around common issues, are consumers posting information and resources? etc.) DBH will also attempt to answer the overarching question, does the use of social networking sites reduce stigma, maintain consumer privacy and confidentiality, reach our underserved/unserved/inappropriately served populations and what kind of difference does that usage make to promote wellness, recovery and resilience.

Once measurement information has been gathered from the above sources, the Department will review the information and evaluate the effectiveness of the project for continuation, expansion within San Bernardino County and beyond, or discontinuance.

**Innovation Work Plan Narrative**

**Leveraging Resources (if applicable)**

*Provide a list of resources expected to be leveraged, if applicable.*

California State University at San Bernardino (CSUSB) has been a stakeholder throughout the MHSA process. University students can serve as mentors/trainers in assisting consumers with computer usage and accessing the Internet. The Department of Behavioral Health may explore the possibility of developing a Memorandum of Understanding with CSUSB for student interns for this project.

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

**County Name**

San Bernardino

---

**Work Plan Name**

On-Line Diverse Community Experiences

---

**Annual Number of Clients to Be Served** (If Applicable)

N/A Total

**Population to Be Served (if applicable):**

The priority populations served by the On-Line Diverse Community Experience Project include African-Americans, Asian/Pacific Islanders, Latinos, Native Americans/Tribal Communities, LGBTQ, and military veterans and their families. This project will serve individuals of all ages throughout the County. Encompassing 20,105 square miles, many of the County's residents live in remote desert or mountain areas where mental health education and services are not readily available. This project makes mental health information and resources available wherever a computer and an Internet connection are accessible.

**Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.**

The need to provide increased access to the County's underserved populations has been clearly articulated. The County of San Bernardino Department of Behavioral Health's (DBH) On-Line Diverse Community Experiences project will establish a presence on social networking sites such as Facebook, Twitter and MySpace. Information on mental health topics and services will be provided in the threshold languages as well as English. The prevalence of social networking sites on the Internet and their widespread use by individuals of all cultures, ages, ethnicities, orientations and in any location where a computer and an Internet connection are available makes these sites a logical place for providing information. Additionally, the ability to provide information in numerous languages is a plus. The County's diverse cultures and ethnicities will provide input on content for the sites as well as the development of the sites and evaluation of the project. Consumers will have the ability to create groups and communities and have discussions around issues of importance to them.

Another aspect of this project is to work with our Transitional Age Youth in the TAY Centers and with consumers in the clubhouses (which are located in both the urban and rural areas of the County) and at our Training Institute in San Bernardino to provide computer training on how to maintain privacy and confidentiality, create pages and groups on the sites. Computers will be available for use by consumers in the Clubhouses, TAY Centers and the DBH Training Institute. Peer and Family Advocate staff will assist consumers in finding the sites and will ensure that users receive appropriate information and referrals.

## EXHIBIT F

### Innovation Projected Revenues and Expenditures

County: San Bernardino

Fiscal Year: 2009/10

Work Plan #: INN - 01

Work Plan Name: On-line Diverse Community Experiences

New Work Plan

Expansion

Months of Operation: 01/09 - 06/10  
MM/YY - MM/YY

|   | County<br>Mental<br>Health<br>Department | Other<br>Governmental<br>Agencies | Community<br>Mental<br>Health<br>Contract<br>Providers | Total           |
|---|--|-----------------------------------|--|-----------------|
| <b>A. Expenditures</b>                          |  |                                   |  |                 |
| 1. Personnel Expenditures                       | 44,000                                   |                                   |  | \$44,000        |
| 2. Operating Expenditures                       | 35,500                                   |                                   |  | \$35,500        |
| 3. Non-recurring expenditures                   | 15,000                                   |                                   |  | \$15,000        |
| 4. Training Consultant Contracts                |  |                                   |  | \$0             |
| 5. Work Plan Management                         |  |                                   |  | \$0             |
| <b>6. Total Proposed Work Plan Expenditures</b> | <b>\$94,500</b>                          | <b>\$0</b>                        | <b>\$0</b>   | <b>\$94,500</b> |
| <b>B. Revenues</b>                              |  |                                   |  |                 |
| <b>1. Existing Revenues</b>                     |  |                                   |  | \$0             |
| <b>2. Additional Revenues</b>                   |  |                                   |  |                 |
| a. (insert source of revenue)                   |  |                                   |  | \$0             |
| b. (insert source of revenue)                   |  |                                   |  | \$0             |
| c. (insert source of revenue)                   |  |                                   |  | \$0             |
| <b>3. Total New Revenue</b>                     | <b>\$0</b>                               | <b>\$0</b>                        | <b>\$0</b>   | <b>\$0</b>      |
| <b>4. Total Revenues</b>                        | <b>\$0</b>                               | <b>\$0</b>                        | <b>\$0</b>   | <b>\$0</b>      |
| <b>C. Total Funding Requirements</b>            | <b>\$94,500</b>                          | <b>\$0</b>                        | <b>\$0</b>   | <b>\$94,500</b> |

Prepared by:

Date:

Telephone Number:

**EXHIBIT F**

**County of San Bernardino  
On-Line Diverse Community Experiences  
Two Year Project**

|  |  | Year One       | Year Two       | Total           | Notes   |
|--|--|----------------|----------------|-----------------|---|
| <b>Anticipated Personnel Expenditures:</b>       |  |                |                |                 |   |
| .5 FTE   | Peer & Family Advocate II  | \$22,000       | \$22,000       | \$44,000        | Function may be contracted or hired by County. If contracted, agency will be required to use Peer & Family Advocate equivalent staff. |
| <br><b>Estimated Operating Expenditures:</b>     |  |                |                |                 |   |
|  | Includes initial development of website, computer maintenance and other related costs. | \$15,500       | \$15,500       | \$31,000        |   |
|  | Evaluation (5%)  | \$2,250        | \$2,250        | \$4,500         | Evaluation funds are included in DBH Operating Expenses; however, the function may be performed by a contract agency.                 |
|  |  | <hr/> \$17,750 | <hr/> \$17,750 | <hr/> \$35,500  |   |
| <br><b>Estimated Non-recurring Expenditures:</b> |  |                |                |                 |   |
|  | Includes initial purchase of hardware, software and licenses.                          | \$7,500        | \$7,500        | \$15,000        |   |
| <b>Total proposed Work Plan Expenditures</b>     |  | <hr/> \$47,250 | <hr/> \$47,250 | <hr/> \$ 94,500 |   |

## EXHIBIT F

**County:** San Bernardino

**Innovation Program:** On-Line Diverse Community Experiences

### Budget Narrative

#### A. Expenditures

##### Personnel Expenditures:

The \$22,000 per year in staffing costs reflects one-half (0.5) of a full time equivalent (FTE) for a Peer and Family Advocate II staff person for a two-year project total of \$44,000. Various Peer and Family Advocates will assist consumers in the Clubhouses, TAY Centers and the Training Institute in using the computers that will be made available for this purpose, accessing the Internet and the Department's sites on social networking sites such as Facebook, MySpace and Twitter. Additionally, they will provide information as requested and ensure that users are receiving the appropriate resources and referrals. Staffing expenditures are estimated based on the County's pay scale. The position may be contracted to an outside agency or hired by the County. If contracted, the agency will be required to use Peer and Family Advocate equivalent staff.

##### Operating Expenditures:

The operating expenditure estimates include:

|  |                 |
|--|-----------------|
| Computer Maintenance and Other Related Costs | \$31,000        |
| Evaluation (5%)                              | \$4,500         |
| <b>Total:</b>                                | <b>\$35,500</b> |

A five percent cost for evaluation of the project is included in the Operating Expenditures for the Department of Behavioral Health; however, the function may be performed by a contract agency.

##### Non-recurring Expenditures:

Non-recurring expenditures for this project consist of the initial purchase of hardware, software and licenses for the computers used by consumers.

#### B. Revenues

No revenues are projected for this project.

**EXHIBIT C**  
(Page 1 of 8)

**Innovation Work Plan Narrative**

Date: 11/13/09

County: San Bernardino

Work Plan #: INN - 02

Work Plan Name: Coalition Against Sexual Exploitation (CASE)

**Purpose of Proposed Innovation Project (check all that apply)**

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

*Briefly explain the reason for selecting the above purpose(s).*

The County of San Bernardino Department of Behavioral Health (DBH) has engaged in a lengthy inclusive stakeholder process to make informed decisions for all aspects of the Mental Health Services Act and the Innovation component is no exception. Five community public forums and 46 targeted forums were held over an eleven month period throughout the County to gather input on the Innovation component. Additionally, Innovation Working Committee members reviewed input received as a result of the Community Services and Supports component (2005) and the Prevention and Early Intervention component (2007) for comments relevant to the Innovation component. In San Bernardino County, priority populations for Innovation include African-Americans, Asian/Pacific Islanders, Latinos, and Native Americans/Tribal Communities along with veterans and their families, the LGBTQ community, and other underserved communities identified by stakeholder input and other data. Through the Community Program Planning process conducted for the Innovation component, stakeholders made over 60 comments and recommendations in multiple forums that sexually exploited minors are a vulnerable population and encouraged comprehensive responses on behalf of these children.

San Bernardino County has an existing group, the Coalition Against Sexual Exploitation (CASE), with members from the District Attorney's Office, Probation, the Department of Children and Family Services, the Public Defender's Office, law enforcement, the Children's Network, the Department of Public Health, DBH, schools, and local church groups, that meets regularly. CASE has identified the need for a collaborative approach to servicing sexually exploited children, but has not had the opportunity or resources to address the needs of this unique and inappropriately served population.

**EXHIBIT C**  
**(Page 2 of 8)**

Exacerbating this problem, law enforcement often treats these children and youth like criminals rather than responding to their status as victims. Stakeholders have identified this population as being highly vulnerable and in great need of appropriate interventions that address their victimization and the concomitant disorders. Additionally, stakeholders have encouraged the development of outreach and mental health education to improve understanding for those who interact with these children, and to broaden our understanding of the scope and impact of sexual crimes against children.

The Coalition Against Sexual Exploitation (CASE) project strives to develop a model of collaborative care that facilitates a safe haven and clinical rehabilitation for children who are sexually exploited and to develop approaches to mental health education that assists in the prevention of future exploitation. This Innovation **increases the quality of services, including better outcomes for sexually abused children in San Bernardino County.**

Expanding CASE, developing a broad based model and formulating effective ways to educate members of the legal and juvenile justice system: law enforcement.; as well as the County's "first responders": parents, foster parents, group home staff, social workers, counselors, public health nurses, teachers, diverse community based organizations, members of the faith community and others who work and connect with these children requires a high degree of innovative and transformed interagency collaboration.

Innovation Work Plan Narrative

Project Description

*Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSAs and Title 9, CCR, section 3320. (suggested length - one page)*

The County of San Bernardino is committed to systemically addressing the issue of sexual exploitation of diverse children and youth in a comprehensive manner. The Department of Behavioral Health has limited formal data on the issue and coordinated services or multidisciplinary teams are not specifically in place to provide proactive services to this vulnerable population. In an informal survey conducted of 50 dependent girls placed by the County of San Bernardino's Department of Children and Family Services in group homes, 25% identified themselves as actively engaged in prostitution and another 25% had a sophisticated understanding of the nomenclature used and the means of becoming involved in prostitution. Almost all of the girls knew stories about someone involved in prostitution while living in a group home. Probation has identified a four-fold increase of children arrested for prostitution in San Bernardino County over the last five years. Children of all cultures and ethnicities are affected by this practice and while the western valley region has been identified as a particular problem area, this practice extends throughout the entire County.

Utilizing an interagency approach which includes partners from throughout the community (governmental agencies, community based organizations, parents, foster parents, nurses, teachers and others) a comprehensive model of interventions/services will be designed, implemented and tested. This model will address outreach, education, interventions, outcome measurements and ongoing planning.

A collaborative group that includes members of the diverse San Bernardino community, churches and various partner agencies will work together in a model similar to the County's Interagency Planning Council and other child-serving multidisciplinary teams to develop a comprehensive approach to assist individual children with ongoing legal, health and social/educational needs as well as continuing collaborative planning for ongoing service coordination and provision.

While coordinated interventions, services and multidisciplinary teams are not unique, this model has not been used with exploited youth, especially in an effort to bring more community resources, cultural brokers and child/youth advocates into the effort. Thus, this project **makes a change to an existing mental health practice/approach including adaptation for a new setting or community.**

**EXHIBIT C**  
**(Page 4 of 8)**

This innovation incorporates the six standards applicable to all MHSA activities:

- **Community Collaboration** – Community Collaboration is a key to the development of this project. Each collaborator brings a unique perspective on sexually exploited youth to the conversation. By examining these viewpoints and working together, a truly comprehensive model will be developed and implemented. This project is advanced with the support of numerous community partners as identified through the Community Program Planning process.
- **Cultural Competence** – Stakeholders from all cultures and communities will be represented as the model is created and implemented and the model will benefit from the inclusion of the DBH Office of Cultural Competence and Ethnic Services as a participating member.
- **Client/Family Driven Mental Health System** –Diverse family members and individuals who were formerly sexually exploited minors will be a part of the development of this program, will be represented on the interagency council and participate in the evaluation of the project.
- **Wellness, Recovery and Resilience** – Development of this model will incorporate the idea that wellness and recovery are possible and provide resources that identify and promote resilience. We expect that interventions with sexually exploited children will foster resilience in these children.
- **Integrated Service Experience** –The Coalition Against Sexual Exploitation project has an integrated service experience at its core. Development of multidisciplinary teams (MDT) and provision of collaborative services under the direction of MDTs is an example of utilization of expertise from a range of providers at a single source.

**Innovation Work Plan Narrative**

**Contribution to Learning**

*Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)*

The Coalition Against Sexual Exploitation Innovation will contribute to learning in the following ways:

- Increase our understanding of the impact of sexual exploitation, risk factors, and the means to develop rapport, initiate effective identification and collaborative intervention and treatment.
- Develop an effective means of identifying diverse children who are vulnerable to exploitation. This is vital due to the deliberate targeting of children in foster care and the ever-younger age of children exploited. This will be achieved by applying the Child, Adolescent Needs and Strengths Tool (CANS) to children as they enter foster care. By building a baseline with these profiles, the project will attempt to correlate the information to profiles of children identified in the juvenile detention system as already exploited.
- Develop a means of identifying diverse children brought into the probation system who are exploited. Currently, these children may be arrested on non-prostitution related offenses (shoplifting, giving false information to law enforcement, and drug charges). Apply the CANS and Massachusetts Youth Screening Instrument to these cases.
- Develop a system of comprehensive interventions and treatment models to determine which are the most effective for developing rapport, addressing the “brain washing” phenomenon related to childhood prostitution and improving the child’s survival skills.
- Develop a training and education module, effective for community-based implementation, for those who interact with these children that most effectively works for San Bernardino County’s cultural and ethnic populations.

The long-term learning goal is to make use of an innovative collaboration to strengthen clinical practice for those serving sexually exploited children. The model created by this project will develop creative clinical strategies, combine existing best practices in trauma care with local clinical expertise and utilize ongoing outcome measures.

**EXHIBIT C**  
(Page 6 of 8)

**Innovation Work Plan Narrative**

**Timeline**

*Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)*

Implementation/Completion Dates: 3/10 – 3/13  
MM/YY – MM/YY

| <b>Action</b>   | <b>Implementation - Completion Dates</b> |
|---|--|
| Anticipated MHOAC approval  | 3/10                                     |
| Anticipated funding for Innovation Program  | 6/10                                     |
| Establish key learning goals with outcome measures                                  | 3/10 - 5/10                              |
| Establish MDT   | 6/10                                     |
| Develop interagency MOU   | 7/10 - 8/10                              |
| Formalize MDT referral and linkage protocols  | 7/10 - 8/10                              |
| Recruitment, hiring & training of staff   | 9/10 - 12/10                             |
| Provide orientation/training to interagency partners and mental health system staff | 9/10 - 12/10                             |
| Develop and implement collaborative outreach and education strategy                 | 1/11 - Continuous                        |
| Conduct Quarterly reviews and monitoring of program to meet learning goals          | 1/12 - Continuous                        |
| Collect, compile , review, assess project outcomes data                             | 1/13                                     |
| Evaluation of outcomes and options for ongoing funding                              | 1/13 – 3/13                              |

**Innovation Work Plan Narrative**

**Project Measurement**

*Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.*

Currently in San Bernardino County, there is no comprehensive model for the care and treatment of sexually exploited minors. No formal statistics have been gathered and analyzed. This project will help us better understand to extent of the problem of sexually exploited minors and establish a baseline for future measurement, system implementation, and integration throughout our community's child-serving system.

The County will administer the Child Adolescent Needs and Strengths Assessment (CANS) and the Massachusetts Youth Screening Instrument to minors in the Probation system to identify children who are being exploited.

Apply an across the system outcome/measurement tool (CANS) on all children going into foster care and staying longer than six months. After two years, the County can evaluate those minors who later were drawn into prostitution and compare their Child Adolescent Needs and Strengths Assessment scores with those who were not. We will do this to determine if there are predictive indicators on the CANS that can be used to identify children who might be especially vulnerable to victimization. This is a basic longitudinal study.

A long-term goal of the project is not only the development and implementation of a collaborative approach to the provision of services to sexually exploited minors, but also to understand what works and what an effective model looks like.

**Innovation Work Plan Narrative**

**Leveraging Resources (if applicable)**

Provide a list of resources expected to be leveraged, if applicable.

It is expected that a variety of partners from throughout the County's child-serving network will serve on the proposed interagency council as in-kind resources.

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

**County Name**

San Bernardino

---

**Annual Number of Clients to  
Be Served (If Applicable)**

700 Total

**Work Plan Name**

Coalition Against Sexual Exploitation  
(CASE)

---

**Population to Be Served (if applicable):**

The priority populations served by the Coalition Against Sexual Exploitation (CASE) Project include African-Americans, Asian/Pacific Islanders, Latinos, Native Americans/Tribal Communities, and the LGBTQ community. This project will serve individuals from young children (birth – 15) through transitional age youth (16 - 25).

**Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.**

The County of San Bernardino Department of Behavioral Health (DBH) will institute a project aimed at sexually exploited minors. The mission of this undertaking strives to develop a model of comprehensive and collaborative care that facilitates a safe haven and clinical rehabilitation for children who are sexually exploited and to expand mental health education to assist in the prevention of future exploitation.

A collaborative group that includes members of the diverse San Bernardino County community, churches, and various partner agencies will work together in a model similar to the County's Interagency Planning Council and other child-serving multidisciplinary teams to develop a model to assist individual children with ongoing legal, health and social/educational needs as well as continuing collaborative planning for ongoing service coordination and provision.

As our stakeholders have encouraged, this project will also focus on the development of outreach and education services to improve understanding of the problem for those who interact with sexually exploited minors and to broaden our understanding of the scope and impact of these crimes against children.

## EXHIBIT F

County: San Bernardino

Fiscal Year: 2009/10

Work Plan #: INN - 02

Work Plan Name: CASE

New Work Plan

Expansion

Months of Operation: 01/10 - 06/10  
MM/YY - MM/YY

|   | County<br>Mental<br>Health<br>Department | Other<br>Governmenta<br>l Agencies | Community<br>Mental<br>Health<br>Contract<br>Providers | Total              |
|---|--|------------------------------------|--|--------------------|
| <b>A. Expenditures</b>                          |  |                                    |  |                    |
| 1. Personnel Expenditures                       |  | 966,424                            |  | \$966,424          |
| 2. Operating Expenditures                       | 85,321                                   | 490,000                            |  | \$575,321          |
| 3. Non-recurring expenditures                   |  |                                    |  | \$0                |
| 4. Training Consultant Contracts                |  |                                    | 250,000  | \$250,000          |
| 5. Work Plan Management                         |  |                                    |  | \$0                |
| <b>6. Total Proposed Work Plan Expenditures</b> | <b>\$85,321</b>                          | <b>\$1,456,424</b>                 | <b>\$250,000</b>                                       | <b>\$1,791,745</b> |
| <b>B. Revenues</b>                              |  |                                    |  |                    |
| <b>1. Existing Revenues</b>                     |  |                                    |  | <b>\$0</b>         |
| <b>2. Additional Revenues</b>                   |  |                                    |  |                    |
| a. (insert source of revenue)                   |  |                                    |  | \$0                |
| b. (insert source of revenue)                   |  |                                    |  | \$0                |
| c. (insert source of revenue)                   |  |                                    |  | \$0                |
| <b>3. Total New Revenue</b>                     | <b>\$0</b>                               | <b>\$0</b>                         | <b>\$0</b>   | <b>\$0</b>         |
| <b>4. Total Revenues</b>                        | <b>\$0</b>                               | <b>\$0</b>                         | <b>\$0</b>   | <b>\$0</b>         |
| <b>C. Total Funding Requirements</b>            | <b>\$85,321</b>                          | <b>\$1,456,424</b>                 | <b>\$250,000</b>                                       | <b>\$1,791,745</b> |

Prepared by:

Date:

Telephone Number:

**EXHIBIT F**

**County of San Bernardino  
Coalition Against Sexual Exploitation (CASE)  
Three Year Project**

|  | <b>Each</b>  | <b>Year One*</b> | <b>Year Two</b>  | <b>Year Three</b> | <b>Total</b>       | <b>Notes</b>  |
|--|--------------|------------------|------------------|-------------------|--------------------|---|
| <b>Anticipated Personnel Expenditures:</b>           |              |                  |                  |                   |                    |   |
| 1 Clinical Supervisor (Coordinator)                  | \$117,038.00 |                  | \$117,038        | \$117,038         | \$234,076          |   |
| 2 Licensed Clinical Therapists                       | \$83,268.00  |                  | \$166,536        | \$166,536         | \$333,072          |   |
| 2 Social Workers II                                  | \$74,448.00  |                  | \$148,896        | \$148,896         | \$ 297,792         |   |
| 1 Office Assistant III                               | \$50,742.00  |                  | \$50,742         | \$50,742          | \$101,484          |   |
|  |              | \$0.00           | \$ 483,212       | \$483,212         | \$966,424          |   |
| <b>Estimated Operating Expenditures:</b>             |              |                  |                  |                   |                    |   |
| Includes, clinical Interventions and Social Services |              |                  | \$125,000        | \$125,000         | \$250,000          |   |
| Outreach costs                                       |              |                  | \$120,000        | \$120,000         | \$240,000          |   |
| Evaluation (5%)                                      |              |                  | \$42,661         | \$42,660          | \$ 85,321          | Evaluation funds are included in DBH Operating Expenses; however, the function may be performed by a contract agency. |
|  |              | \$0.00           | \$287,661        | \$287,660         | \$ 575,321         |   |
| <b>Estimated Training Consultant Contracts:</b>      |              |                  |                  |                   |                    |   |
| Education & Training                                 |              |                  | \$125,000        | \$125,000         | \$250,000          |   |
|  |              | \$0.00           | \$125,000        | \$125,000         | \$250,000          |   |
| <b>Total proposed Work Plan Expenditures</b>         |              | <b>\$0.00</b>    | <b>\$895,873</b> | <b>\$895,872</b>  | <b>\$1,791,745</b> |   |

- Activities for year one will be exclusively administrative and will include: development of the interagency MOU, development of multidisciplinary teams, formalization of referral and linkage protocols, and recruitment and hiring of staff.

## EXHIBIT F

**County:** San Bernardino

**Innovation Program:** Coalition Against Sexual Exploitation (CASE)

### Budget Narrative

#### A. Expenditures

##### Personnel Expenditures:

Staffing costs of \$966,424 include clinical staff to provide clinical interventions, social workers to provide social services and one Office Assistant to provide support and assist with coordination functions. This staffing combination is designed to provide services to exploited children/youth as well as to enhance the collaborative nature of this project and support community and interagency coordination and cooperation.

Staffing expenditures are estimated based on the County's pay scale. In the current plan these positions will be provided by another County agency; if contract employees are utilized, the actual amounts expended have a significant potential for variance.

##### Operating Expenditures:

The operating expenditure estimates include:

|  |                  |
|--|------------------|
| Clinical interventions and Social Services | \$250,000        |
| Outreach Costs                             | 240,000          |
| Evaluation (5%)                            | 85,321           |
| <b>Total</b>                               | <b>\$575,321</b> |

The clinical interventions and social services estimate of \$250,000 will be used to facilitate our goals of providing clinical rehabilitation for exploited children/youth and expanding the education available to assist in the prevention of future exploitation.

Due to the difficulties involved in contacting and developing a trusting relationship with exploited children, the estimated \$240,000 in outreach costs will fund a variety of creative outreach methods from strategically placed advertising to development of "safety contact" networks. Evaluating the results of the various outreach methods will enhance the Department's knowledge of effective communication in this very difficult area.

A five percent cost for evaluation of the project is included in the Operating Expenditures for the Department of Behavioral Health; however, the function may be performed by a contract agency.

## **EXHIBIT F**

### **Training Consultant Contracts:**

Education and training costs are estimated at \$250,000 and will encompass training provided at four levels: law and justice system staff; parents and schools; Probation and Children and Family Services (CFS) staff; and Direct Service Providers. This training should result in improved awareness of sexual exploitation in the community, its impact and strategies for intervening. The educational expertise needed is not available locally; all training will be provided by contractors.

### **B. Revenues:**

No revenue is anticipated from this project.

**EXHIBIT C**  
(Page 1 of 9)

**Innovation Work Plan Narrative**

Date: 11/13/09

County: San Bernardino

Work Plan #: INN - 03

Work Plan Name: Community Resiliency Model

**Purpose of Proposed Innovation Project (check all that apply)**

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

*Briefly explain the reason for selecting the above purpose(s).*

The County of San Bernardino Department of Behavioral Health (DBH) has engaged in a lengthy inclusive stakeholder process to make informed decisions for all aspects of the Mental Health Services Act and the Innovation component is no exception. Five community public forums and 46 targeted forums were held over an 11-month period throughout the County to gather input on the Innovation component. Additionally, Innovation Working Committee members reviewed input received as a result of the Community Services and Supports component (2005) and the Prevention and Early Intervention component (2007) for comments relevant to the Innovation component. In San Bernardino County, priority populations for Innovation include African-Americans, Asian/Pacific Islanders, Latinos, and Native Americans/Tribal Communities along with military veterans, the LGBTQ community, and other underserved communities identified by stakeholder input and other data.

In the community input process, diverse stakeholders overwhelmingly called for mental health education in the community that should include community coping skills, trauma response skills and resiliency. In addition, diverse stakeholders acknowledged that underserved individuals and communities may be affected by the stigma of having mental health issues, avoiding traditional services and/or settings or they are uncomfortable seeking help. Often, community stakeholders expressed examples of community crisis, trauma or incidents and the potential mental health impact on community members.

Stakeholders and community partners have expressed a willingness to expand their roles in their communities but identify the need for mental health helping skills. In response to this need San Bernardino County Department of Behavioral Health in consultation with the Trauma Resource Institute will develop the Community Resiliency Model (CRM). This model is based on the Trauma Resource Institute's successful Trauma Resiliency Model (TRM).

**EXHIBIT C**  
**(Page 2 of 9)**

The Trauma Resiliency Model (TRM) is a biologically based model developed as a response to catastrophic events and is suitable and culturally appropriate for use by many underserved populations. The TRM model has been well received by the underserved and culturally diverse communities within San Bernardino County and is effectively delivered by non-clinicians/paraprofessionals. The adaptation of TRM to the Community Resiliency Model takes a model that has been used as a response to catastrophic events to a community based model appropriate for use in response to community or individual events/situations. This adaptation to a community model will retain the biological emphasis and the cultural appropriateness.

Ever mindful of the Mental Health Services Oversight and Accountability Commission's (MHSOAC) report on Co-Occurring Disorders, development of the Community Resiliency Model will include the availability of referral to integrated treatment for mental health and substance abuse for individuals identified with co-occurring disorders.

The Community Resiliency project aids in the development and strengthening of current partnerships with organizations that contract with the County as well as community based organizations with ties to our underrepresented communities and is key to this project. This Innovation **promotes interagency collaboration.**

**Innovation Work Plan Narrative**

**Project Description**

*Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)*

The Community Resiliency Model (CRM) **introduces a new application to the mental health system of a promising community driven practice/approach that has been successful in non-mental health contexts or settings.**

Developed by Elaine Miller-Karras and used with survivors of catastrophic events TRM teaches consumers to stabilize the nervous system in a short period to reduce and/or prevent emotional and physical symptoms of traumatic stress. TRM is a biologically oriented training program and can be used for the self-care of workers who are exposed to challenging situations (which reduces secondary traumatization and burnout) as well as for people who have directly experienced traumatic events. Based on current neurophysiological research about the impact of fear and threat on the mind-body system, TRM offers concrete skills to reduce symptoms of traumatic stress in the Autonomic Nervous System of children and adults. The goal of treatment is to help the individual understand basic information about the nervous system and then, teach specific skills that help stabilize the body. As the individual becomes aware of how to stabilize their nervous system, by becoming more somatically aware, there is an increase in internal resilience. Mind and body are interdependent and as the body is stabilized, the mind can bring new meaning to the traumatic experience. The emphasis on the biology of trauma makes TRM accessible and relevant to many diverse groups for whom insight-oriented approaches may not be appropriate or for whom the concept of “mental illness” is not the ideal initial introduction to mental health services and resources. As the Community Resiliency Model is developed based on TRM, the cultural appropriateness will be retained.

San Bernardino County initially implemented TRM in March 2007, with the DBH Disaster Response Team. In October 2007, TRM was used in response to local wildfires. TRM training provided the mental health system with another approach/strategy for the community that, if adapted, has been found to be potentially relevant to an “audience” beyond disaster victims, including consumers, family members, community members and cultural brokers.

Since TRM training is suitable for paraprofessionals as well as clinicians, it is ideal for community-based mental health education and skills development, a need identified in the MHSA stakeholder process. As part of this project, San Bernardino County in consultation with the Trauma Resource Institute will adapt and translate TRM to a community-based model called the Community Resiliency Model (CRM) suitable as a response to community or individual events experienced by San Bernardino County’s

**EXHIBIT C**  
**(Page 4 of 9)**

diverse cultures and communities. The model will be used by non-clinicians, paraprofessionals and multi-cultural groups, emphasizing the participation of a variety of native cultural brokers who can effectively serve as credible and accepted “first responders” within established community based organizations.

San Bernardino County DBH will expand the current Train-the-Trainer team by adding eight additional trainers and 10 new facilitators to the TRM 1 Teacher Training and subsequently all 34 trainers and facilitators will receive additional training as trainers for the Community Resiliency Model, TRM 2 and advanced modules.

Fifty diverse community members will be chosen and trained as CRM trainers. Once trained, the community members will provide input on the CRM model to enhance the cultural competence and relevance for their individual communities as well as helping to determine the need for additional modules and the contents of those additional models. These trainers in their roles as cultural brokers will also help evaluate the effectiveness and relevance to our various target, cultural and stakeholder communities.

The community trainers will offer CRM education and skills in 1 hour to half-day presentations to “at risk” and underserved groups in their communities under the supervision of DBH TRM Master Teachers and using DBH trainers and facilitators. The 50 CRM trainers will be paid a stipend for each training conducted. DBH will provide community trainers with mentors and regular instructional follow-up to refresh skills and to introduce advanced modules. The advanced modules include working with veterans, children, and survivors of sexual trauma and domestic violence. The training will be presented in the threshold languages in the communities as appropriate and training materials will be translated into the County’s threshold languages.

Diverse stakeholders have clearly called for mental health education in the community and this project responds to that call. While the original TRM is used as a response to natural disasters or catastrophes, CRM changes the focus to individuals and communities and how to respond to traumatic individual and community events. In addition, as envisioned, the relationships built through the provision of free training and mentoring will help destigmatize mental health help seeking in the community. Importantly, this model relies on the strengthening of the County’s community coalitions, includes an expanded, broad and diverse group of cultural ambassadors who can help to identify and respond to community and individual issues and seeks to enhance the links and mechanisms that facilitate culturally competent and coordinated responses to community mental health needs.

This innovation incorporates the six standards applicable to all MHSA activities:

- **Community Collaboration** – Stemming from diverse stakeholder input requesting mental health education and coping skills the County chose the Community Resiliency Model as an Innovation project. This project promotes and supports collaborative relationships in and with the community by providing training to a broad range of agencies, organizations and individuals. This endeavor will rely on strengthening the Department’s linkages and collaboration opportunities with our diverse communities and cultures.

**EXHIBIT C**  
**(Page 5 of 9)**

- **Cultural Competence** – CRM is physiologically based and is appropriate and relevant/adaptable for many ethnic/cultural groups. It focuses on the physiological which is often far more accepted as a basis for mental health symptoms, than the more culturally stigmatizing psychological basis. As part of this project CRM materials (handbooks, cue cards and teaching materials) will be translated into the County's threshold languages. The training will include trainees from all cultural backgrounds focusing on natural cultural brokers implicit in the diverse communities of San Bernardino County. Once they are trained, these trainers will attract and serve members of their cultural group. It is expected that this collaborative model, which brings together a diverse “cadre” of cultural ambassadors, will result in cross-cultural learning and enhanced cultural competence throughout the County’s mental health system.
  
- **Client/Family Driven Mental Health System** – The County will collaborate with the faith-based community, NAMI, Planned Parenthood, Public Health, the LGBTQ community, Veteran’s groups, the mental health systems’ Peer and Family Advocate network, the Parent Partners network, and the Older Adult Peer Network on CRM. These collaborative partners will bring consumer and family concerns “to the table” and be a part of the ongoing development of the model, identification of additional modules as needed, and the evaluation of the project
  
- **Wellness, Recovery and Resilience** – This project will promote and evolve a shared community perspective about resiliency and trauma response and outreaches to disparate and disenfranchised members of the community enhancing community resilience in its citizens.
  
- **Integrated Service Experience** – The provision of CRM in partner agencies and throughout the community reduces the need for diverse consumers to come to a traditional Department of Behavioral Health facility removing a barrier to service. Interagency and community linkages will be developed and strengthened through the Mentoring portion of the project.

**Innovation Work Plan Narrative**

**Contribution to Learning**

*Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)*

The adaptation of the Trauma Resiliency Model to the Community Resiliency Model, training diverse community members as trainers, and the presentation of the new CRM in the community will contribute to learning in the following ways:

The County will learn:

- If the Trauma Resiliency Model can be adapted to a Community Resiliency Model. The original model addresses response to a natural disaster or catastrophe. The new adaptation changes the focus to individuals and how to respond to traumatic individual and community events.
  
- If training community trainers works and how it works. This might be demonstrated by any of the following:
  - ◆ If underserved individuals will attend this type of training in their own community (church, community center, community based organization, etc.).
  - ◆ If the provision of training for the community in the community leads to the destigmatization of mental health help seeking for underserved individuals.
  - ◆ If expansion of interagency collaboration through cultural brokers and community ambassadors positively influences underserved communities' participation in the mental health system.

Perhaps, most importantly, we will learn if the Community Resiliency Model will strengthen DBH's linkages and collaboration with San Bernardino County's diverse cultures and communities including the LGBTQ community and military veterans and their families.



**Innovation Work Plan Narrative**

**Project Measurement**

*Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.*

The Department of Behavioral health will obtain feedback on the project using the following:

- Diverse community members trained as facilitators will complete training evaluation forms at the end of training.
- Diverse community members that attend training at community locations will be asked to complete training evaluation forms.
- Follow up evaluation forms will be sent to trainees six months following their training session to ascertain whether they have used the techniques learned.
- When the evaluation phase begins, surveys will be sent to all contract agencies and community based organizations that were part of the Community Program Planning and Local Review Process. Questions asked will determine if they have heard of the Community Resiliency Model, if their consumers have attended training, their overall reaction to the program, if in their opinion this program has reduced the stigma of seeking help from the mental health system, and their recommendation for continuance of the project.

By obtaining input from partners, trainers and the community at-large, the department can make the determination if the project warrants further evaluation, continuance of the project, and/or a recommendation to expand the project beyond San Bernardino County.



























































































































































- Quality – being able to get quick access to mental health consultation during a rough time or crisis for a “tune up” – without a waiting list
- Quality – getting referred or linked to alternative resource like a peer support group, instead of needing to re-enter weekly treatment or go to hospital before I get help again
- Positive outcome is finding support in a familiar place in my community where people know what help I need and where I can learn to help myself
- Each client, consumer, stakeholder should have access to an “exit” survey with a SASE; perhaps provide incentive for returning the survey. This would prevent agencies from missing constructive criticism from their stakeholders.
- Positive outcome = community feels comfortable engaging with MH system in their community
- The Global Assessment of Functioning (GAF) remains a sound, consistent & universal framework for defining progress toward system and client outcomes
- Outcome, research and evaluation data should be a part of our system not only for “accountability” but for self-assessment and tweaking the MH system
- Consider comprehensive customer satisfaction survey, going cross platform
- Service/treatment programs need to be accountable for participating in engaging on outcomes issues – GAF is a good place to start
- Training recommended for staff on relevance of outcomes, outcome measurement to successful transformation at the client and system level
- The department’s “plan” or “vision” or “mission” needs to integrate outcomes and accountability as relevant to the entire system, its transformation and integration
- The department needs a better “business model”, where outcomes are connected to the mission
- Clients and staff alike have trouble defining outcomes that are relevant to the accountability systems that the department must live within; better education and coordination of message would alleviate this
- Obtain input from community and consumers from phone call line and electronically (technology use)
- Feedback forums in community gathering places
- Reduced incidence of elder abuse, elder self-neglect
- Monitoring individuals not re-entering or recycling through the mental health treatment system
- From Latino community perspective: partnership with my advocate
- Specific tools and skills that are gained through family support groups (Latino community in particular)
- Pre- and post- assessment tools, success stories, post-crisis follow-up
- Inform community about outcomes; make goals clear; involve us in defining goals
- For the Asian and Pacific Islander community, discuss physical and mental health together; work with the public health department; community wellness is an outcome that sounds relevant to our community
- Hold feedback forums at women’s club, Elks Lodge, Senior Center, recreation center, schools (Needles area)
- Work with LGBTQ community on collecting data on LGBTQ community, needs and outcome definitions
- If client is participating in their treatment, this is a sign that mental health services are working
- Evaluate effectiveness of linkage, collaboration; earlier intervention and prevention are less costly than delaying service which causes crisis
- For Native Americans, services are not working but they will once the right approach is brought in

Victor Valley Club House – District Advisory Commission Regional Community Public Forum

- Establish support and mechanism for ongoing community conversations regarding mental health issues
- Assist in coordinating independent forums with consumers and family members
- Conduct survey and telephone polls, providing a feedback loop to the community

**TEAM House Clubhouse – District Advisory Committee Regional Community Public Forum**

- Conduct survey and telephone polls, providing a feedback loop to the community
- Establish support and mechanism for ongoing community conversations regarding mental health issues

**Santa Fe Social Club – District Advisory Committee Regional Community Public Forum**

- Establish support and mechanism for ongoing community conversations regarding mental health issues. Quarterly meetings were suggested
- Establish accessible feedback mechanisms from staff and contract providers
- Establish working relationship with the Consumer Advisory Board

**COMMENTS ABOUT THE STAKEHOLDER INPUT FORUM PROCESS FROM STAKEHOLDERS:**

- This forum (held with agency staff) became a useful tool to help our CBO agency better serve our clients.
- During this forum, we were able to identify several shortcomings within our agency. Once the issue was identified, the staff quickly found a solution.
- We (CBO agency stakeholders) identified several areas of outreach that had not been previously identified. Due to this forum, we are scheduling outreach programs with several corporations and churches in the area.
- Our agency would like to thank the Department of Behavioral Health for encouraging us to undergo this process. In coming weeks we will be scheduling more of these forums to solicit input from our clients.
- (Forum) questions need to be revised and tailored to each forum

*For Reference:*

**INNOVATION - Community Program Planning  
Mental Health Services Act (MHSA)  
Community Public Forum and Targeted Forum Questions**

- 1. Unserved, Underserved and Inappropriately Served Individuals/Communities and Promising Community Resources** – Thinking about your own community, what kinds of mental health problems, challenges or issues affecting unserved and underserved individuals could be addressed with more innovative and creative approaches? What kinds of resources are available in your community now that you think are helpful in handling those mental health issues?
- 2. Responsiveness to Issues of Age, Gender, Language, Beliefs, Orientation, and Ethnic and Cultural Background** - Do you have suggestions or ideas about how mental health services could be more relevant and responsive to

clients' age, gender, language, beliefs, orientation, and ethnic and cultural backgrounds?

3. **Interagency Collaboration** - Can you think of ways that mental health programs can work with other organizations, agencies & other resources to better address the mental health needs of your community?
4. **Successful Collaborative Strategies in Your Community** – Are there innovative, collaborative approaches that are effective in your community that might be effective in serving mental health needs for a certain age group? In a certain region of the county?
5. **Assessing Outcomes and Quality** - Can you suggest some ways or ideas that tell us if mental health services are high quality and are working?

Compilation of all forum minutes initiated February 10, 2009  
Completed September 14, 2009



























































**MHSA-INNOVATION Community Program Planning (CPP)  
Demographic Stakeholder Data Collection Form (blue form)  
Results as of 09/15/2009 <Final>**

**Comments:**

The San Bernardino County Innovation Working Committee (IWC) began its Innovation CPP by reviewing prior stakeholder input generated during the CPP processes for CSS (2005) and PEI (2007). This prior input reflected concerns and recommendations from more than 1,700 PEI participants and 2700 CSS participants. The Innovation CPP specifically targeted those underserved communities not effectively reached during the CSS and PEI CPP processes. This report provides a summary of the Demographic Stakeholder Data Collection Form (blue form) completed by San Bernardino County stakeholders from November/08 to September/09. This form was utilized by the Mental Health Services Act (MHSA) CPP to determine participants' demographic composition as well as how we can best meet the needs of the community using the funds of the MHSA under the Innovation component and to continue our efforts to engage underserved communities effectively in ongoing stakeholder engagement strategies.

A total of **563 forms** were processed covering the following aspects:

**Personal Information:** gender, ethnic or cultural group most closely identified, and preferred language.

**Partner/Stakeholder Information:** agency/organization represented (if any), age groups agency specializes in, county area(s) agency serves, and partner contact information. (Our county has been tracking categories of agencies/organizations according to the PEI Guidelines which recommended partnering with "required sectors" to maximize effective MHSA collaboration; organizational headings were determined within these definitions.)

Some notable results are as follows:

By gender, Females (59%) almost doubled the participation of Males (31%) in spite of a significant percent of persons (10%) that did not answer this question.

Caucasians (34%), Latinos (25%), and African Americans (11%) were the ethnic groups with the highest representation.

English (76%) and Spanish (13%) were the most preferred languages.

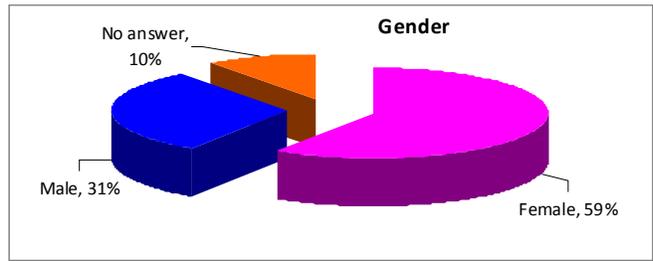
Almost 1/3 of the stakeholders were Individual consumers or family members and 16% representatives of community based organizations. DBH staff/employees (11%), contract agency staff/employees (9%), and Health Services, including various specialty cares (6%) were the partner categories that comprised the top five places on the list.

The responses by "age groups agency/organization specializes in" had no significant differences. Adults (26-59y) with 31% and Transitional Age Youth (TAY) (16-25y) with 27% reached the highest percentages. East Valley/SB (23%), West Valley (20%) and Central Valley (18%) were the "county area agency/organization serves" with the highest percentages. However, Mountains and Desert areas had a significant stakeholder representation not reached in prior "robust" CPP processes.

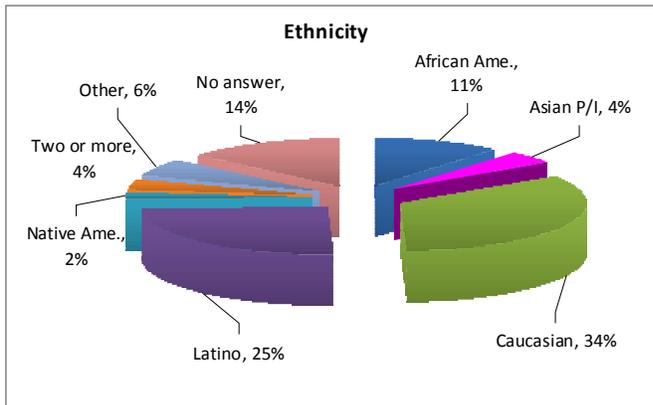
The outcomes of the MHSA Demographic Data Collection Form by question are shown in tables and charts on pages 1 – 4. Finally, a comparison between these most recent CPP results with San Bernardino County's Poverty Population as well as with the MHSA CPP processes for PEI (2007) and CSS (2005) are detailed in pages 5 – 8.

|  |  |  | MHS-A-INNOVATIONS Demographic Data Collection Form (blue form) |  |
|--|--|--|--|--|
|  |  |  | Results by Question  |  |

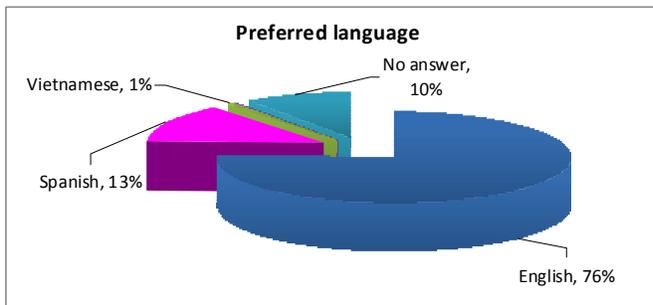
| Gender    | No. | %   |
|-----------|-----|-----|
| Female    | 333 | 59% |
| Male      | 172 | 31% |
| No answer | 58  | 10% |



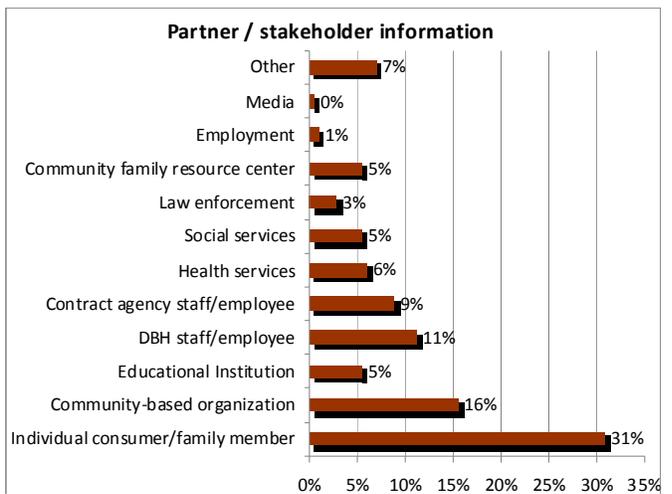
| Ethnicity    | No. | %   |
|--------------|-----|-----|
| African Ame. | 63  | 11% |
| Asian P/I    | 25  | 4%  |
| Caucasian    | 190 | 34% |
| Latino       | 140 | 25% |
| Native Ame.  | 14  | 2%  |
| Two or more  | 20  | 4%  |
| Other        | 34  | 6%  |
| No answer    | 77  | 14% |



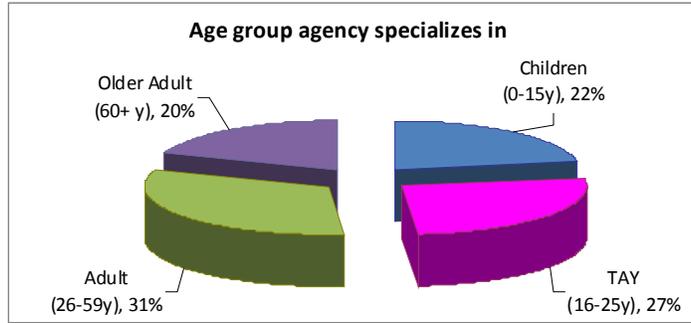
| Preferred language | No. | %   |
|--------------------|-----|-----|
| English            | 427 | 76% |
| Spanish            | 76  | 13% |
| Vietnamese         | 3   | 1%  |
| Other              | 2   | 0%  |
| No answer          | 55  | 10% |



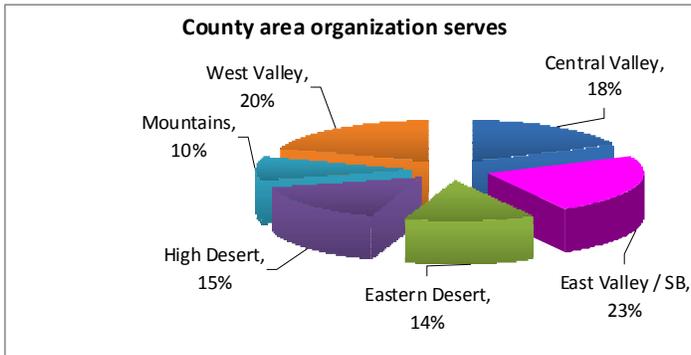
| Partner / stakeholder information (total: 734 answers = 100%) |     |     |
|---|-----|-----|
|   | No. | %   |
| Individual consumer/family member                             | 227 | 31% |
| Community-based organization                                  | 114 | 16% |
| Educational Institution                                       | 40  | 5%  |
| DBH staff/employee  | 82  | 11% |
| Contract agency staff/employee                                | 65  | 9%  |
| Health services   | 44  | 6%  |
| Social services   | 40  | 5%  |
| Law enforcement   | 21  | 3%  |
| Community family resource center                              | 40  | 5%  |
| Employment  | 7   | 1%  |
| Media   | 3   | 0%  |
| Other   | 51  | 7%  |



| Age group agency specializes in (total: 973 answers = 100%) |          |     |     |
|---|----------|-----|-----|
|   |          | No. | %   |
| Children  | (0-15y)  | 216 | 22% |
| TAY   | (16-25y) | 258 | 27% |
| Adult   | (26-59y) | 306 | 31% |
| Older Adult   | (60+ y)  | 193 | 20% |



| County area organization serves (total: 1,028 answers = 100%) |  |     |     |
|---|--|-----|-----|
|   |  | No. | %   |
| Central Valley  |  | 188 | 18% |
| East Valley / SB  |  | 239 | 23% |
| Eastern Desert  |  | 141 | 14% |
| High Desert   |  | 159 | 15% |
| Mountains   |  | 99  | 10% |
| West Valley   |  | 202 | 20% |



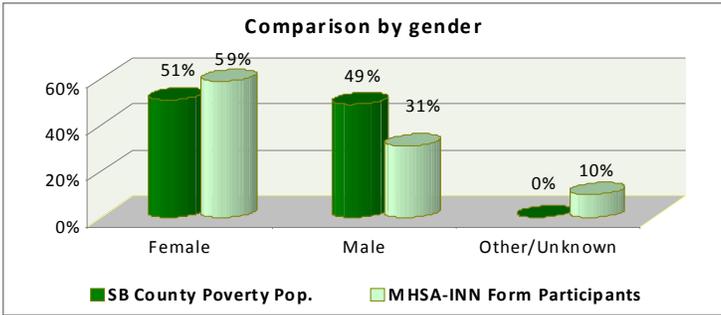
## Attachment F

| Representation (total: 563 answers = 100%) |        |    |                                      |        |     |
|--|--------|----|--------------------------------------|--------|-----|
| Name                                       | Number | %  | Name                                 | Number | %   |
| A Servants Heart Outreach                  | 2      | 0% | Knotts Family and Parenting          | 2      | 0%  |
| ARM Group Homes                            | 1      | 0% | Leap Through the Fire Faith          | 1      | 0%  |
| Arrowhead Regional Medical Center          | 1      | 0% | Loma Linda University                | 2      | 0%  |
| Asian American Center                      | 1      | 0% | Lutheran Social Services             | 4      | 1%  |
| Autism Society inland Empire               | 1      | 0% | Make a Difference Association        | 5      | 1%  |
| Bienestar Human Services                   | 5      | 1% | Matrix Institute                     | 1      | 0%  |
| Boarding Care                              | 1      | 0% | MBMH                                 | 2      | 0%  |
| Bonnie Baker Senior Center                 | 1      | 0% | Mental Health System Inc.            | 6      | 1%  |
| Building a Generation                      | 1      | 0% | MHS TBS San Bernardino               | 1      | 0%  |
| CAB Consumer Advocacy Board                | 1      | 0% | Morongo Basin Mental Health          | 7      | 1%  |
| CAINU Valley USD                           | 1      | 0% | Morongo Basin Unity Home             | 2      | 0%  |
| Cal Polly Pomona                           | 9      | 2% | NAMI                                 | 10     | 2%  |
| Cal State University                       | 2      | 0% | New Focus Community Dev.             | 1      | 0%  |
| California Senior Legislate                | 1      | 0% | No Organization (consumer/family)    | 14     | 2%  |
| Casa De San Bernardino Inc                 | 1      | 0% | Nuevo Amanecer                       | 4      | 1%  |
| CCS Harmony Clubhouse                      | 1      | 0% | Ontario Community Counseling         | 1      | 0%  |
| CCS Trona                                  | 1      | 0% | Over Eaters Anonymous                | 1      | 0%  |
| Cedar House Rehabilitation                 | 1      | 0% | Pacific Clinics                      | 7      | 1%  |
| Center for Healing Chino Treatment         | 2      | 0% | Panorama Ranch                       | 3      | 1%  |
| CFS  | 2      | 0% | Para los Ninos                       | 1      | 0%  |
| Chaffey Joint U HS District                | 1      | 0% | Pathway to Recovery                  | 14     | 2%  |
| Childrens Network                          | 1      | 0% | Project Sister Family Services       | 1      | 0%  |
| Chino Valley Unified School District       | 1      | 0% | Quan Am Buddhist Meditation          | 1      | 0%  |
| CHL  | 1      | 0% | Rancho TAY                           | 3      | 1%  |
| Clearwater Residential                     | 1      | 0% | Reach Out                            | 2      | 0%  |
| Clubhouse Jewel of Thedeser                | 1      | 0% | Reach Out Morongo Basin              | 1      | 0%  |
| College Community Services                 | 4      | 1% | Reach Out West End                   | 1      | 0%  |
| Concerned Black Men                        | 1      | 0% | Renaissance Scholars                 | 1      | 0%  |
| Consumer Advisory Board                    | 2      | 0% | Rolling Start Inc                    | 1      | 0%  |
| County Counsel                             | 1      | 0% | RPYA                                 | 1      | 0%  |
| Cox Sober Living                           | 1      | 0% | RUCC                                 | 1      | 0%  |
| DBH  | 33     | 6% | SAC                                  | 1      | 0%  |
| DBH- Healthy Homes                         | 1      | 0% | SAC RCA                              | 1      | 0%  |
| DBH-AB2726                                 | 2      | 0% | SAC Bonnie Baker Senior Center       | 1      | 0%  |
| DBH-ADS Calworks                           | 1      | 0% | San Bernardino Valley College        | 1      | 0%  |
| DBH-Adult Residential Services             | 1      | 0% | Santa Fe Social Clubhouse            | 3      | 1%  |
| DBH-CCICMS                                 | 1      | 0% | SB County Aging and Adult Services   | 10     | 2%  |
| DBH-CCRT                                   | 1      | 0% | SB County Dept Of Childrens Services | 3      | 1%  |
| DBH-Central FAST                           | 1      | 0% | SB County District Attorney          | 3      | 1%  |
| DBH-Housing                                | 2      | 0% | SB County Dpt. Public Health         | 1      | 0%  |
| DBH-Needles                                | 1      | 0% | SB County Probation                  | 5      | 1%  |
| DBH-OCCEs                                  | 2      | 0% | SB County Superior Court             | 1      | 0%  |
| DBH-OPPD                                   | 1      | 0% | SB County Vets                       | 1      | 0%  |
| DBH-R&E                                    | 5      | 1% | SB Unified School District           | 1      | 0%  |
| DBH-West Valley Juvenile                   | 1      | 0% | So. Coast Children Society           | 1      | 0%  |
| DBH-WET                                    | 1      | 0% | Social Club                          | 1      | 0%  |
| DBH-WV                                     | 1      | 0% | South Coast Community Services       | 2      | 0%  |
| Dino Papavero Senior Centre                | 1      | 0% | St. Paul American Church             | 1      | 0%  |
| Disability Rights Legal Center             | 1      | 0% | TAY Center                           | 2      | 0%  |
| EI Sol Neighborhood Center                 | 16     | 3% | TAY Pacific Clinics                  | 1      | 0%  |
| EMQ Families First                         | 1      | 0% | TCSCO                                | 1      | 0%  |
| Equality Inland Empire                     | 4      | 1% | Team House                           | 9      | 2%  |
| Escuela de Ingles de Adultos               | 1      | 0% | Telecare                             | 1      | 0%  |
| Etiwanda School District                   | 1      | 0% | Telecare High Desert CWIC            | 1      | 0%  |
| FAST                                       | 1      | 0% | The Fact Center                      | 1      | 0%  |
| First Chance Inc                           | 1      | 0% | Time for Change Foundation           | 1      | 0%  |
| Fontana Native American Center             | 1      | 0% | Trona Senior Center                  | 1      | 0%  |
| Fostercare and Relative Empire             | 1      | 0% | Upland Community Counseling          | 1      | 0%  |
| Healthy Homes                              | 1      | 0% | Valley Star SBHG                     | 1      | 0%  |
| High Desert Center                         | 1      | 0% | VCSS                                 | 1      | 0%  |
| High Desert Club House                     | 2      | 0% | Veterans DBSA Loma Linda             | 1      | 0%  |
| High Desert Domestic Violence              | 5      | 1% | Veterans Home of CA Barstow          | 2      | 0%  |
| IAP Writting Group                         | 1      | 0% | Veterans Affairs                     | 1      | 0%  |
| IBHS                                       | 2      | 0% | Victor Community Support Services    | 1      | 0%  |
| IECAAC                                     | 2      | 0% | Victor Valley Regional Counseling    | 1      | 0%  |
| IEHP                                       | 1      | 0% | Vista Guidance Centers               | 1      | 0%  |
| Inland County Stone Wall                   | 1      | 0% | West Family Counseling               | 1      | 0%  |
| Inland Empire Health Plan                  | 1      | 0% | Young Visionaries                    | 1      | 0%  |
| Inland Regional Center                     | 1      | 0% | No Answer                            | 225    | 40% |
| Inland Valley Recovery Services            | 16     | 3% |                                      |        |     |

| Comparison between SB County Poverty Population and MHSa-Innovation Survey Participants |   |  |
|---|---|--|
|   | Percentage Estimated of San Bernardino County Population under 200% Federal Poverty Level (FPL) (*) | Percentage Participating of MHSa INNOVATION Demographic Data Collection Form (blue form) |
| Target Population   | SB County Poverty Pop.  | MHSa-INN Form Participants   |
| <b>Gender</b>   |   |  |
| Female  | 51%   | 59%  |
| Male  | 49%   | 31%  |
| Other/Unknown   | NA  | 10%  |
| <b>Age group<br/>(agency specializes in)</b>  |   |  |
| Children (0-15y)  | 29%   | 22%  |
| TAY (16-25y)  | 16%   | 27%  |
| Adult (26-59y)  | 45%   | 31%  |
| Older Adult (60+y)  | 10%   | 20%  |
| <b>Ethnic group</b>   |   |  |
| African Ame.  | 10%   | 11%  |
| Asian P/I   | 5%  | 4%   |
| Caucasian   | 30%   | 34%  |
| Latino  | 51%   | 25%  |
| Native Ame.   | 1%  | 2%   |
| Other/Unknown   | 3%  | 24%  |
| <b>County area<br/>(agency serves)</b>  |   |  |
| Central Valley  | 23%   | 18%  |
| East Valley / SB  | 29%   | 23%  |
| Eastern Desert  | 5%  | 14%  |
| High Desert   | 18%   | 15%  |
| Mountain  | 1%  | 10%  |
| West Valley   | 24%   | 20%  |

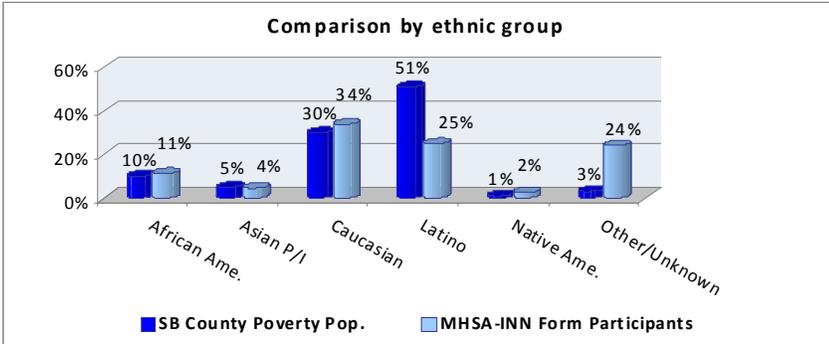
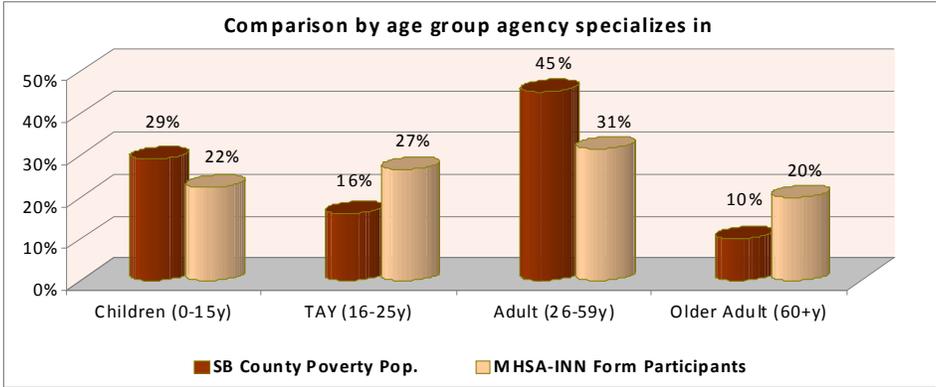
(\*) Estimated based on California Department of Finance, Demographic Research Unit and Census 2000 Population: US Census Bureau Data Finders <http://www.census.gov/>  
Population under 200% FPL: Data Set: Census 2000 Summary File 3 (SF 3)  
Sample Data Table P88 . Ratio of Income in 1999 to Poverty Level [10]  
<http://www.census.gov/Press-Release/www/2002/sumfile3.html>

**Comparison between SB County Population under 200% Federal Poverty Level (FPL) <Poverty Population> and MHSa-INN Demographic Data Collection Form Participants**



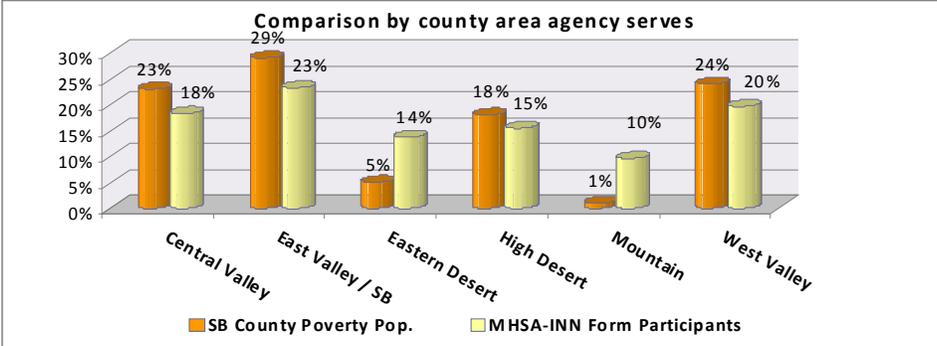
By gender, Male was the participant group underrepresented respect the population under 200% FPL. Female was overrepresented.

Children and Adult were the "age group's agency specializes in" underrepresented. TAY and Older Adults were overrepresented.



Latino and Asian/PI were the ethnic groups underrepresented. Caucasian, African American, and Native American had an overrepresentation respect the county poverty population.

"County areas agency serves" underrepresented: Central Valley, East Valley/SB, High Desert, and West Valley. Overrepresented: Mountain and Eastern Desert areas.



## Attachment F

| Comparison MHA Stakeholder Participating Process for Innovation (2009), Prevention & Early Intervention (2007), and Community Services & Support Planning Activities (2005). |  |   |   |
|--|--|---|---|
|  | Percentage Participating of MHA INNOVATION (INN) Demographic Data Collection Form (blue form) 2009 | Percentage Participating of MHA PREVENTION & EARLY INTERVENTION (PEI) Survey (salmon form) 2007 | Percentage Participating of MHA COMMUNITY SERVICES & SUPPORT (CSS) Planning Activities 2005 |
| Target Population  | MHA-INN 2009   | MHA-PEI 2007  | MHA-CSS 2005  |
| <b>Total</b>   | <b>563</b>   | <b>1,792</b>  | <b>2,703</b>  |
| <b>Gender</b>  |  |   |   |
| Female   | 59%  | 70%   | 57%   |
| Male   | 31%  | 30%   | 34%   |
| Other/Unknown  | 10%  | NA  | 9%  |
| <b>Age group participants</b>  |  |   |   |
| Children (0-15y)   | 3%   | 2%  | 2%  |
| TAY (16-25y)   | 10%  | 8%  | 11%   |
| Adult (26-59y)   | 64%  | 75%   | 74%   |
| Older Adult (60+y)   | 15%  | 15%   | 8%  |
| Unknown  | 9%   | NA  | 5%  |
| <b>Ethnic group</b>  |  |   |   |
| African Ame.   | 11%  | 17%   | 12%   |
| Asian P/I  | 4%   | 3%  | 5%  |
| Caucasian  | 34%  | 39%   | 30%   |
| Latino   | 25%  | 30%   | 27%   |
| Native Ame.  | 2%   | 6%  | 13%   |
| Other/Unknown  | 24%  | 5%  | 12%   |
| <b>Preferred language</b>  |  |   |   |
| English  | 76%  | 83%   | NA  |
| Spanish  | 13%  | 6%  | NA  |
| Vietnamese   | 1%   | 1%  | NA  |
| Other  | 0%   | 1%  | NA  |
| No answer  | 10%  | 9%  | NA  |
| <b>County area served</b>  |  |   |   |
| Central Valley   | 18%  | 10%   | 12%   |
| East Valley / SB   | 23%  | 34%   | 33%   |
| Eastern Desert   | 14%  | 12%   | 15%   |
| High Desert  | 15%  | 16%   | 18%   |
| Mountains  | 10%  | 4%  | 3%  |
| West Valley  | 20%  | 20%   | 16%   |
| Unknown  | NA   | 4%  | 3%  |
| <b>Organization</b>  |  |   |   |
| Individual consumer/family member  | 31%  | 25%   | 25%   |
| Community-based organization   | 16%  | 3%  | 12%   |
| Educational Institution  | 5%   | 5%  | 2%  |
| DBH staff/employee   | 11%  | 23%   | 26%   |
| Contract agency staff/employee   | 9%   | 8%  | 16%   |
| Health services  | 6%   | 3%  | 0%  |
| Social services  | 5%   | NA  | 1%  |
| Law enforcement  | 3%   | NA  | NA  |
| Community family resource center   | 5%   | NA  | NA  |
| Employment   | 1%   | NA  | NA  |
| Other  | 7%   | 29%   | 18%   |



Mental Health Services Act  
Innovation Plan  
San Bernardino County Department of Behavioral Health



Stakeholder Comment Form

Thank you for your interest in San Bernardino County's effort to transform the local mental health service system through an ongoing and community-driven program planning process. Please share your comments using this form by Dec 31, 2009.

What is your age?

- 0-17 yrs.  18-24 yrs.  25-59 yrs.  60 + yrs.

What is your gender?

- Male  Female

What region do you live in?

- Central Valley Region
- Desert/Mountain Region
- East Valley Region
- West Valley Region

Which Innovation most interests you?

- Online Diverse communities
- Community Resiliency Model
- CASE (Coalition Against Sexual Exploitation)
- Holistic Campus

What group do you represent?

- Family member of consumer
- Consumer of Mental Health Services
- Law Enforcement
- School Personnel
- Community Agency
- Faith Community
- County Staff
- Human Services
- Health Provider
- Community Member

What is your ethnicity?

- Latino
- African American
- Caucasian/White
- Asian/Pacific Islander
- American Indian/Native American
- Other (specify) \_\_\_\_\_

What is your general feeling about the implementation of the San Bernardino County Innovation Plan?

- Very Satisfied
- Somewhat Satisfied
- Satisfied
- Unsatisfied
- Very Unsatisfied

Please discuss the areas of the Innovation Plan which you found to be positive. Please note the specific program affected, if relevant.

I liked the entire plan. I believe the innovation component nicely compliments both the CSS and PEI components and are worthwhile learning opportunities for our communities.

What concerns and recommendations do you have regarding the Innovation Plan?

None.

Thank you again for taking the time to review and provide input on the County's implementation of the Innovation Plan. We hope that you will continue to participate in this exciting effort to enhance services for our county's residents!



# Mental Health Services Act Innovation Plan San Bernardino County Department of Behavioral Health



## Stakeholder Comment Form

Thank you for your interest in San Bernardino County's effort to transform the local mental health service system through an ongoing and community-driven program planning process. Please share your comments using this form by Dec 31, 2009.

**What is your age?**

- 0-17 yrs.  18-24 yrs.  25-59 yrs.  60 + yrs.

**What is your gender?**

- Male  Female

**What region do you live in?**

- Central Valley Region  
 Desert/Mountain Region  
 East Valley Region  
 West Valley Region

**Which Innovation most interests you?**

- Online Diverse communities  
 Community Resiliency Model  
 CASE (Coalition Against Sexual Exploitation)  
 Holistic Campus

**What group do you represent?**

- Family member of consumer  
 Consumer of Mental Health Services  
 Law Enforcement  
 School Personnel  
 Community Agency  
 Faith Community  
 County Staff  
 Human Services  
 Health Provider  
 Community Member

**What is your ethnicity?**

- Latino  
 African American  
 Caucasian/White  
 Asian/Pacific Islander  
 American Indian/Native American  
 Other (specify) \_\_\_\_\_

**What is your general feeling about the implementation of the San Bernardino County Innovation Plan?**

- Very Satisfied       Somewhat Satisfied       Satisfied       Unsatisfied       Very Unsatisfied

Please discuss the areas of the Innovation Plan which you found to be positive. Please note the specific program affected, if relevant.

It looks like there was a lot of work, effort, and time put into this project. It sounds like the process was very exciting and fast paced - wish I could of been a part of it.

**What concerns and recommendations do you have regarding the Innovation Plan?**

Another Community Advocate (Alex Avila Knotts Family Agency) and I were working on a similar project much like the online diverse communities. Although we were looking at arts and education it was very centralized around these online communities and viral marketing. My suggestion would be to set up 3-10 Network Hubs in the community. The would be central computer networks where community members can meet online at a local spot for webinars, super chats, and to work on local projects. Churches, community centers, schools, and libraries would be great start off places, but the main goal of these networks is to educate on current program, or resource leveraging facebook, myspace, twitter, blackplanet, AIM, XM, etc. and getting up

Thank you again for taking the time to review and provide input on the County's implementation of the Innovation Plan. We hope that you will continue to participate in this exciting effort to enhance services for our county's residents!



**Mental Health Services Act  
Innovation Plan  
San Bernardino County Department of Behavioral Health**



**Stakeholder Comment Form**

Thank you for your interest in San Bernardino County's effort to transform the local mental health service system through an ongoing and community-driven program planning process. Please share your comments using this form by Dec 31, 2009.

**What is your age?**

0-17 yrs.  18-24 yrs.  25-59 yrs.  60 + yrs.

**What is your gender?**

Male  Female

**What region do you live in?**

Central Valley Region  
 Desert/Mountain Region  
 East Valley Region  
 West Valley Region

**Which Innovation most interests you?**

Online Diverse communities  
 Community Resiliency Model  
 CASE (Coalition Against Sexual Exploitation)  
 Holistic Campus

**What group do you represent?**

Family member of consumer  
 Consumer of Mental Health Services  
 Law Enforcement  
 School Personnel  
 Community Agency  
 Faith Community  
 County Staff  
 Human Services  
 Health Provider  
 Community Member

**What is your ethnicity?**

Latino  
 African American  
 Caucasian/White  
 Asian/Pacific Islander  
 American Indian/Native American  
 Other (specify) \_\_\_\_\_

**What is your general feeling about the implementation of the San Bernardino County Innovation Plan?**

Very Satisfied     
  Somewhat Satisfied     
  Satisfied     
  Unsatisfied     
  Very Unsatisfied

Please discuss the areas of the Innovation Plan which you found to be positive. Please note the specific program affected, if relevant.

The overall plan is good. It features some innovative twists and appear well thought out.

**What concerns and recommendations do you have regarding the Innovation Plan?**

In regards to the holistic campus, how much has gone into the effect of having all the special populations lumped together in one place. Will their be realistic acceptance and embrace of the LGBTQ community? How do you create a shared environment? Is it modeled after a student union with each group having a office and voice in the decision making? Is this just going to be public space or is there some evidence based practice (M powerment) that will serve as model for the Holistic Campus?

Thank you again for taking the time to review and provide input on the County's implementation of the Innovation Plan. We hope that you will continue to participate in this exciting effort to enhance services for our county's residents!

# Noticias

Del Condado de San Bernardino

[www.sbcounty.gov](http://www.sbcounty.gov)

## PARA PUBLICACION IMEDIATA

9 de diciembre de 2009

Para más información, contacto  
Michael Knight, Gerente de Programas 1  
Departamento de Salud de la Conducta  
909-252-4047  
[Mknight@dbh.sbcounty.gov](mailto:Mknight@dbh.sbcounty.gov)

### **El Plan Preliminar de Innovación de la Acta de Servicios de Salud Mental (MHSA por sus siglas en ingles, Prop. 63) publicado para revisión publica**

**QUIEN:** Todos los residentes que estén interesados en el sistema público de entrega de servicios de salud mental, aprender sobre MHSA, y revisar el plan preliminar de Innovación (uno de los componentes del Acta).

**QUE:** El Plan de Innovación, un componente de MHSA, fue desarrollado través de un proceso de programa de planificación comunitaria. El proceso fue inclusivo y representativo especialmente de individuos quienes no reciben servicio, reciben servicio bajo o reciben servicio de manera inapropiada en el condado de San Bernardino. El Plan incluye técnicas novedosas, creativas, y ingeniosas cuales se les espera que mejoren el sistema actual de entrega de servicios de salud mental del condado.

El MHSA fue aprobado por los electores de California en noviembre de 2004, y entro en vigor en enero de 2005. El Acta es financiada por 1% de sobrecargo de impuesto del ingreso personal más de \$1 millón por año.

**POR QUE:** Para proporcionarles a los miembros de la comunidad la oportunidad de revisar y comentar (a través del formulario de comentarios publicado con el plan en las páginas del Inter e Intranet) con respecto a su percepción de cómo el plan preliminar de Innovación afectara al sistema de entregas de servicios de salud mental.

**CUANDO:** El plan preliminar de Innovación estará disponible para revisión y comentario de diciembre 1ro de 2009 hasta el 31 de diciembre de 2009.

**DONDE:** El plan preliminar de Innovación y la forma de comentario están publicados en la pagina de Inter y Intranet del Condado de San Bernardino Departamento de Salud de la Conducta.

Para revisar por favor visite: <http://countyline/dbh/> o <http://www.sbcounty.gov/dbh/>

**CONTACTO:** Para información adicional, por favor de contactar a Michael Knight al (909)252-4047.

Para acomodaciones especiales, servicios de interpretación o de lenguaje por señales por favor llame al 909-252-4001

-FIN-

# NEWS

From the County of San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



FOR IMMEDIATE RELEASE  
December 2, 2009

For more information, contact  
Michael Knight, Program Manager  
Department of Behavioral Health  
909-252-4047  
[Mknight@dbh.sbcounty.gov](mailto:Mknight@dbh.sbcounty.gov)

## **The Mental Health Services Act (MHSA, Prop. 63) Draft Innovation Plan posted for public review.**

**WHO:** All county residents who are interested in the public mental health service delivery system, learning about the MHSA, and reviewing the draft Innovation Plan (one of the components of the Act.)

**WHAT:** The Innovation Plan, a component of the MHSA, was developed through a community program planning process. The process was inclusive and representative, especially of the unserved, underserved and inappropriately served individuals throughout the County of San Bernardino. The Plan involves novel, creative, and ingenious techniques expected to enhance the current mental health delivery system in the County.

The MHSA was passed by the California voters November, 2004, and went into effect January, 2005. The Act is funded by a 1% tax surcharge on personal income over \$1 million per year.

**WHY:** To provide the community members the opportunity to review and provide feedback (via the comment form posted with the Plan on the Inter and Intranet websites) regarding their perception on how the proposed draft Innovation Plan will affect the mental health service delivery system.

**WHEN:** The draft Innovation Plan will be available for review and comment from December 1, 2009 to December 31, 2009.

**WHERE:** The draft Innovation Plan and comment form is posted on the County of San Bernardino Department of Behavioral Health Inter and Intranet websites. To review please visit: <http://countyline/dbh/> or <http://www.sbcounty.gov/dbh/>

**CONTACT:** For additional information, please contact Michael Knight at (909) 252-4047

-END-

# Noticias

Del Condado de San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



PARA PUBLICACION IMEDIATA  
8 de Diciembre de 2009

Para más información, contacto  
Michael Knight, Gerente de Programas  
Departamento de Salud de la Conducta  
909-252-4047  
[Mknight@dbh.sbcounty.gov](mailto:Mknight@dbh.sbcounty.gov)

## **Usted está invitado a asistir a una Audiencia Pública sobre la Acta de Servicios de Salud Mental (MHSA siglas en Ingles, Prop. 63) diseño preliminar del plan de Innovación.**

**QUIEN:** Todos los residentes que viven en las áreas del Valle Interior (Inland Valley en ingles) que estén interesados en el sistema público de entrega de servicios de salud mental, aprender sobre MHSA, y participar en el componente de Innovación.

**QUE:** Uno de una serie de dos audiencias públicas planeados que tendrán lugar en el condado de San Bernardino para promover la conversación y la participación comunitaria en relación con el diseño preliminar del plan de Innovación de MHSA. Innovación es uno de los componentes del MHSA.

**POR QUE:** Para proporcionar información y promover conversación comunitaria con respecto al diseño preliminar del plan de Innovación y como afectara a los residentes del Condado de San Bernardino.

El diseño preliminar del plan de Innovación fue desarrollado entere las comunidades a través de un proceso de Programa de Planificación Comunitaria que fue inclusivo y representativo, especialmente de individuos quienes no reciben servicio, reciben servicio bajo o reciben servicio de manera inapropiada. El diseño preliminar del plan incluye enfoques de salud mental novedosos, creativos y ingeniosos que se espera mejoraran el sistema de entrega de servicios de salud mental en todo el condado.

El MHSA fue aprobado por los electores de California en noviembre de 2004, y entro en vigor en enero de 2005. El Acto es financiado por 1% de sobrecargo de impuesto del ingreso personal más de \$1 millón por año.

**CUANDO:** jueves, 7 de enero de 2010  
12:00pm-2:00pm

**DONDE:** Department of Behavioral Health  
Workforce Education and Training Center  
1950 S. Sunwest Lane, Suite 200  
San Bernardino, CA 92408

**CONTACTO:** Para información adicional, por favor de contactar a Michael Knight al (909)252-4047. Para acomodaciones especiales, servicios de interpretación o de Lenguaje por señales por favor llame al 909-252-4001

-FIN-

# NEWS

From the County of San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



FOR IMMEDIATE RELEASE  
December 8, 2009

For more information, contact  
Michael Knight, Program Manager  
Department of Behavioral Health  
909-252-4047  
Mknight@dbh.sbcounty.gov

**You are invited to attend a Public Hearing regarding the Mental Health Services Act (MHSA, Prop. 63) draft Innovation Plan.**

**WHO:** All residents living in the Inland Valley areas who are interested in the public mental health service delivery system, learning about the MHSA, and participating in the Innovation component of the Act.

**WHAT:** One of a series of two public hearings planned that will take place throughout the County of San Bernardino to promote community conversation and participation regarding the draft Innovation Plan. Innovation is one of the components of the MHSA.

**WHY:** To provide information and promote community conversation regarding the draft Innovation Plan and how it will affect the residents of the County of San Bernardino.

The draft Innovation Plan was developed within communities through a Community Program Planning process that was inclusive and representative especially of unserved, underserved and inappropriately served individuals. The draft plan involves novel, creative and ingenious mental health approaches that are expected to enhance the mental health service delivery system throughout the County.

The MHSA was passed by the California voters November, 2004, and went into effect January, 2005. The Act is funded by a 1% tax surcharge on personal income over \$1 million per year.

**WHEN:** Thursday, January 7, 2010  
12:00pm-2:00pm

**WHERE:** Department of Behavioral Health  
Workforce Education and Training Center  
1950 S. Sunwest Lane, Suite 200  
San Bernardino, CA 92408

**CONTACT:** For additional information, please contact Michael Knight at (909) 252-4047

For special accommodations, interpretation or Sign Language services, please call  
(909) 252-4001

-END-

# Noticias

Del Condado de San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



PARA PUBLICACION IMEDIATA  
8 de Diciembre de 2009

Para más información, contacto  
Michael Knight, Gerente de Programas  
Departamento de Salud de la Conducta  
909-252-4047  
Mknight@dbh.sbcounty.gov

## **Usted está invitado a asistir a una Audiencia Pública sobre la Acta de Servicios de Salud Mental (MHSA siglas en Ingles, Prop. 63) diseño preliminar del plan de Innovación.**

**QUIEN:** Todos los residentes que viven en las áreas del Desierto Alto (High Desert en ingles) que estén interesados en el sistema público de entrega de servicios de salud mental, aprender sobre MHSA, y participar en el componente de Innovación.

**QUE:** Uno de una serie de dos audiencias públicas planeados que tendrán lugar en el condado de San Bernardino para promover la conversación y la participación comunitaria en relación con el diseño preliminar del plan de Innovación de MHSA. Innovación es uno de los componentes del MHSA.

**POR QUE:** Para proporcionar información y promover conversación comunitaria con respecto al diseño preliminar del plan de Innovación y como afectara a los residentes del Condado de San Bernardino.

El diseño preliminar del plan de Innovación fue desarrollado entre las comunidades a través de un proceso de Programa de Planificación Comunitaria que fue inclusivo y representativo, especialmente de individuos quienes no reciben servicio, reciben servicio bajo o reciben servicio de manera inapropiada. El diseño preliminar del plan incluye enfoques de salud mental novedosos, creativos y ingeniosos que se espera mejoraran el sistema de entrega de servicios de salud mental en todo el condado.

El MHSA fue aprobado por los electores de California en noviembre de 2004, y entro en vigor en enero de 2005. El Acto es financiado por 1% de sobrecargo de impuesto del ingreso personal más de \$1 millón por año.

**CUANDO:** viernes, 8 de enero de 2010  
2:00pm-4:00pm

**DONDE:** 1265 Hesperia Rd., Salón "B"  
Victorville CA, 92376

**CONTACTO:** Para información adicional, por favor de contactar a Michael Knight al (909)252-4047. Para acomodaciones especiales, servicios de interpretación o de Lenguaje por señales por favor llame al 909-252-4001

-FIN-

# NEWS

From the County of San Bernardino  
[www.sbcounty.gov](http://www.sbcounty.gov)



FOR IMMEDIATE RELEASE  
December 4, 2009

For more information, contact  
Michael Knight, Program Manager  
Department of Behavioral Health  
909-252-4047  
Mknight@dbh.sbcounty.gov

## **You are invited to attend a Public Hearing regarding the Mental Health Services Act (MHSA, Prop. 63) draft Innovation Plan.**

**WHO:** All residents living in the High Desert areas who are interested in the public mental health service delivery system, learning about the MHSA, and participating in the Innovation component of the Act.

**WHAT:** One of a series of two public hearings planned that will take place throughout the County of San Bernardino to promote community conversation and participation regarding the draft Innovation Plan. Innovation is one of the components of the MHSA.

**WHY:** To provide information and promote community conversation regarding the draft Innovation Plan and how it will affect the residents of the County of San Bernardino.

The draft Innovation Plan was developed within communities through a Community Program Planning process that was inclusive and representative especially of unserved, underserved and inappropriately served individuals. The draft plan involves novel, creative and ingenious mental health approaches that are expected to enhance the mental health service delivery system throughout the County.

The MHSA was passed by the California voters November, 2004, and went into effect January, 2005. The Act is funded by a 1% tax surcharge on personal income over \$1 million per year.

**WHEN:** Friday, January 8, 2009  
2:00pm-4:00pm

**WHERE:** 12625 Hesperia Rd., Building "B"  
Victorville, CA, 92395

**CONTACT:** For additional information, please contact Michael Knight at (909) 252-4047

For special accommodations, interpretation or Sign Language services, please call (909) 252-4001

Para acomodaciones especiales, servicios de interpretación o de Lenguaje por señales por favor llame al 909-252-4001

-END-

# Mental Health Services Act Innovation Plan

You are invited by the County of San Bernardino Mental Health Commission and the Department of Behavioral Health to attend...

## Public Hearing



**Who:** All Community Members interested in the Innovation Plan that DBH will submit to the state to receive Mental Health Services Act (MHSA) funding.

**What:** Review of the Innovation Plan

**Why:** To provide information regarding the Innovation Plan component of the Mental Health Services Act and what it means to the residents of San Bernardino County. The Mental Health Services Act (MHSA), also known as Proposition 63, was passed by California voters in November 2004.



Nếu cần sự tiện nghi  
đặc biệt, thông dịch,  
hay ngôn ngữ ước  
hiệu, xin vui lòng gọi  
số điện thoại  
909-252-4001

County of San Bernardino Department of Behavioral Health  
Mental Health Services Act Planning, Development, Community Education and Outreach Services  
1950 S. Sunwest, Suite 200 San Bernardino, CA 92415  
Contact: For additional information please call 909.252.4001  
<http://www.co.san-bernardino.ca.us/dbh/mhsa/mhsa.asp#>

# Acta de Servicios de Salud Mental Plan de Innovación



Usted esta invitado por el Condado de San Bernardino, Comisión de Salud Mental y el Departamento de Salud de la Conducta (DBH siglas de Ingles) para asistir a una...

## Audiencia Publica



**Quien:** Todos los miembros de la Comunidad interesados en el Plan de Innovación que DBH presentara al estado para recibir financiación del Acta de Servicios de Salud Mental (MHSA).

**Que:** Revisión del Plan de Innovación.

**Por Que:** Para proporcionar información sobre el plan del componente de Innovación del Acta de Servicios de Salud Mental y lo que significa para los residentes del Condado de San Bernardino. El Acta de Servicios de Salud Mental (MHSA siglas en Ingles) también conocido como Proposición 63, fue aprobada por los electores de California en noviembre de 2004.



Nếu cần sự tiện nghi  
đặc biệt, thông dịch,  
hay ngôn ngữ ước  
hiệu, xin vui lòng gọi  
số điện thoại  
909-252-4001

Condado de San Bernardino Departamento de Salud de la Conducta  
Planificación del Acta de Servicios de Salud Mental, Desarrollo, Educación Comunitaria y Servicios de Alcance  
1950 S. Sunwest, Suite 200 San Bernardino, CA 92415  
Contacto: Para información adicional por favor llame al: 909.252.4001  
<http://www.co.san-bernardino.ca.us/dbh/mhsa/mhsa.asp#>

# Mental Health Services Act Innovation Plan



You are invited by the County of San Bernardino Department of Behavioral Health to attend...

## Community Public Input Forums

When: August 18, 2009

12:30-1:30 p.m.

Needles Senior Center

1699 Bailey

Needles, CA 92363

For special accommodations, interpretation services or Sign Language services, please contact: (909)421-4627 or (909)421-4622

**These community forums are being held to gather public input on the Innovation Component of the Mental Health Services Act.**

The Mental Health Services Act (MHSA), Proposition 63, was passed by California voters in November 2004. Innovation offers an opportunity to further transform and integrate the mental health system.

**INNOVATION** is a novel, creative, and ingenious mental health approach that is expected to contribute to learning.

The plan, which will be developed within communities through a Community Program Planning process, will be inclusive and representative, especially of unserved, underserved and inappropriately served individuals.

Para acomodaciones especiales, servicios de interpretación o de Lenguaje por señas por favor llame al: 909-421-4627 o 909-421-4622

Nếu cần sự tiện nghi đặc biệt, thông dịch, hay ngôn ngữ ước hiệu, xin vui lòng gọi số điện thoại 909-421-4627 hoặc số 909-421-4622

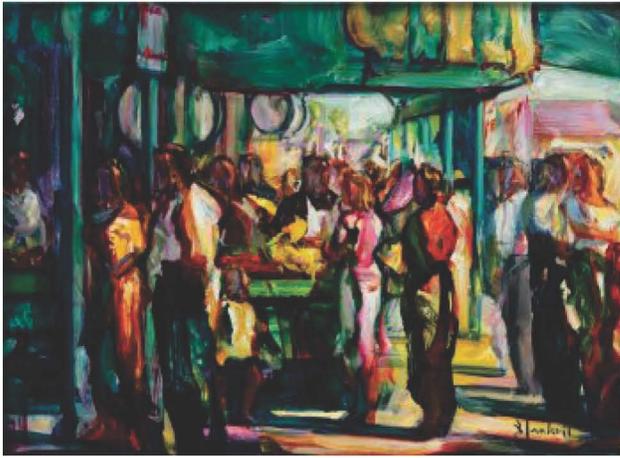


County of San Bernardino Department of Behavioral Health  
Mental Health Services Act

850 East Foothill Blvd. Rialto, CA 92376

Contact: For additional information please call 909-421-4642

# Acta de Servicio de Salud Mental Plan de Innovacion



Usted esta invitado por el Condado de San Bernardino Departamento de Salud de La Conducta para asistir...

Foros Comunitarios Públicos de Aportación

**Fecha: Martes 18 de Agosto**

**12:30-1:30 p.m.**

**Needles Senior Center**

**1699 Bailey**

**Needles, CA 92363**

For special accommodations, interpretation services or Sign Language services, please contact: (909)421-4627 or (909)421-4622

Estos foros comunitarios se están llevando a cabo para acumular aportaciones (ideas y opiniones) del publico sobre el Componente de Innovación de la Acta de Servicios de Salud Mental (MHSa siglas en Ingles).

La Acta de Servicio de Salud Mental (MHSa), Proposición 63, fue pasada por los votadores de California en Noviembre del 2004. El Componente de Innovaciones ofrece una oportunidad aun mas para transformar y integrar el sistema de salud mental.

Para acomodaciones especiales, servicios de interpretación o de Lenguaje por señales por favor llame al: 909-421-4627 o 909-421-4622

**Innovación** son enfoques de salud mental novedosos, creativos e ingeniosos cuales se les espera contribuir al aprender. Son enfoques desarrolladas dentro de las comunidades a través de un Proceso de Planificación Comunitaria (Community Planning Process en Ingles) que es inclusivo y representante, especialmente de individuos quines no reciben servicio, reciben servicio bajo o reciben servicio de manera inapropiada.

Nếu cần sự tiện nghi đặc biệt, thông dịch, hay ngôn ngữ ước hiệu, xin vui lòng gọi số điện thoại 909-421-4627 hoặc số 909-421-4622



Condado de San Bernardino Departamento de Salud de la Conducta  
Acta de Servicio de Salud Mental  
850 East Foothill Blvd. Rialto, CA 92376  
Contacto: Para información adicional por favor llame al (909) 421-4642

# Mental Health Services Act Innovation Plan



You are invited by the County of San Bernardino Department of Behavioral Health to attend...

## Community Public Input Forums

These community forums are being held to gather public input on the Innovation Component of the Mental Health Services Act.

The Mental Health Services Act (MHSA), Proposition 63, was passed by California voters in November 2004. Innovation offers an opportunity to further transform and integrate the mental health system.

**INNOVATION** is a novel, creative, and ingenious mental health approach that is expected to contribute to learning.

The plan, which will be developed within communities through a Community Program Planning process, will be inclusive and representative, especially of unserved, underserved and inappropriately served individuals.

Please join us at one of the listed community forums to learn more about and voice your opinion regarding the Innovation Component of the Mental Health Services Act.

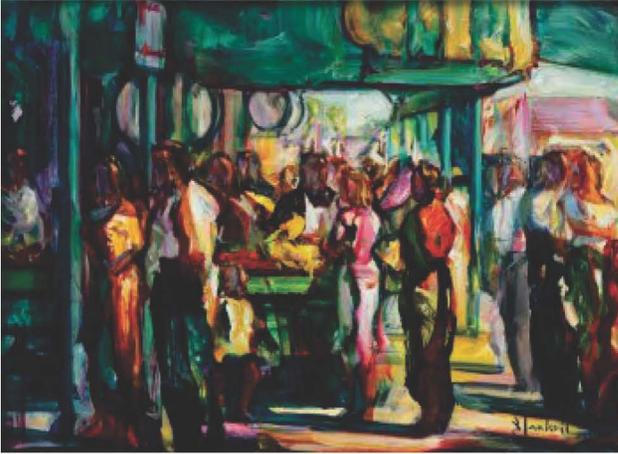
Interpretation services in the following languages will be provided: Vietnamese (West Valley Only), Spanish, and American Sign Language



If special accommodations are required please contact: (909) 421-4642

County of San Bernardino Department of Behavioral Health  
Mental Health Services Act  
Office of Cultural Competency and Ethnic Services  
850 East Foothill Blvd., Rialto, CA 92376  
Contact: For additional information please call (909) 421-4642

# Acta de Servicio de Salud Mental Plan de Innovacion



Usted esta invitado por el  
Condado de San Bernardino  
Departamento de Salud de La Conducta para  
asistir...

## Foros Comunitarios Públicos de Aportación

Estos foros comunitarios se están llevando acabo para acumular aportaciones (ideas y opiniones) del publico sobre el Componente de Innovación de la Acta de Servicios de Salud Mental (MHSA siglas en Ingles).

La Acta de Servicio de Salud Mental (MHSA), Proposición 63, fue pasada por los votadores de California en Noviembre del 2004. El Componente de Innovaciones ofrece una oportunidad aun mas para transformar y integrar el sistema de salud mental.

**Innovación** son enfoques de salud mental novedosos, creativos e ingeniosos cuales se les espera contribuir al aprender. Son enfoques desarrolladas dentro de las comunidades a través de un Proceso de Planificación Comunitaria (Community Planning Process en Ingles) que es inclusivo y representante, especialmente de individuos quines no reciben servicio, reciben servicio bajo o reciben servicio de manera inapropiada.

**Por favor participe en uno de los siguientes foros comunitarios para aprender mas sobre el componente de Innovación y exprese su opinión.**

Servicios de Interpretación se proveerán en los siguientes idiomas: Vietnamita (Valle del Oeste Solamente), Español, y Lenguaje por señas norteamericano.



**Para acomodaciones especiales por favor llame al: (909) 421-4642**

Condado de San Bernardino Departamento de Salud de la Conducta  
Acta de Servicio de Salud Mental

La Oficina de Programa, Planificación y Desarrollo  
850 East Foothill Blvd. Rialto, CA 92376

Contacto: Para información adicional por favor llame al (909) 421-4642

# Mental Health Services Act Innovation Plan



You are invited by the County of San Bernardino Department of Behavioral Health to attend...

## Community Public Input Forums

**When:** August 17, 2009

12:00-1:00 p.m.

Bonnie Baker Senior Center

149350 Ukiah Trail

Big River, CA 92242

For special accommodations, interpretation services or Sign Language services, please contact: (909)421-4627 or (909)421-4622

**These community forums are being held to gather public input on the Innovation Component of the Mental Health Services Act.**

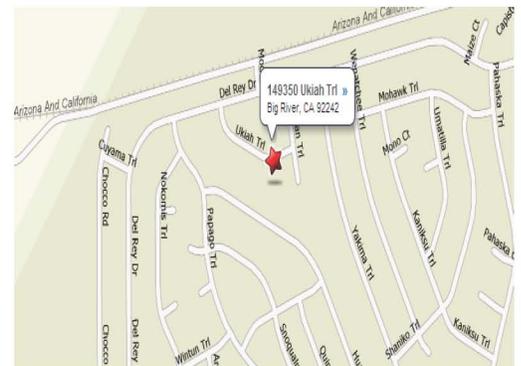
The Mental Health Services Act (MHSA), Proposition 63, was passed by California voters in November 2004. Innovation offers an opportunity to further transform and integrate the mental health system.

**INNOVATION** is a novel, creative, and ingenious mental health approach that is expected to contribute to learning.

The plan, which will be developed within communities through a Community Program Planning process, will be inclusive and representative, especially of unserved, underserved and inappropriately served individuals.

Para acomodaciones especiales, servicios de interpretación o de Lenguaje por señas por favor llame al: 909-421-4627 o 909-421-4622

Nếu cần sự tiện nghi đặc biệt, thông dịch, hay ngôn ngữ ước hiệu, xin vui lòng gọi số điện thoại 909-421-4627 hoặc số 909-421-4622

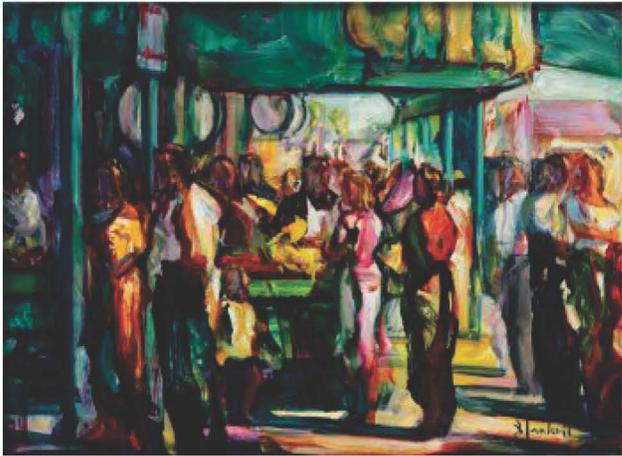


County of San Bernardino Department of Behavioral Health  
Mental Health Services Act

850 East Foothill Blvd. Rialto, CA 92376

Contact: For additional information please call 909-421-4642

# Acta de Servicio de Salud Mental Plan de Innovacion



Usted esta invitado por el Condado de San Bernardino Departamento de Salud de La Conducta para asistir...

Foros Comunitarios Públicos de Aportación

**Fecha:** Lunes 17 de Agosto

1:00 a.m. 3:00 p.m.

Bonnie Baker Senior Center

149350 Ukiah Trail

Big River, CA 92242

For special accommodations, interpretation services or Sign Language services, please contact: (909)421-4627 or (909)421-4622

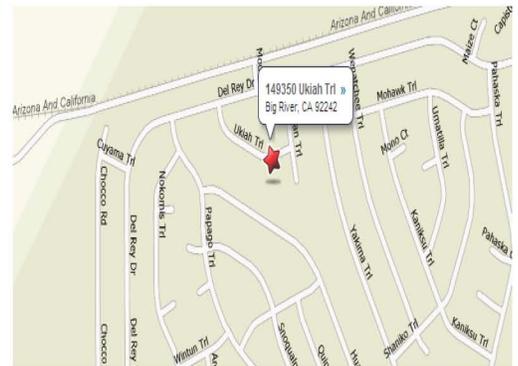
Estos foros comunitarios se están llevando acabo para acumular aportaciones (ideas y opiniones) del publico sobre el Componente de Innovación de la Acta de Servicios de Salud Mental (MHSA siglas en Ingles).

La Acta de Servicio de Salud Mental (MHSA), Proposición 63, fue pasada por los votadores de California en Noviembre del 2004. El Componente de Innovaciones ofrece una oportunidad aun mas para transformar y integrar el sistema de salud mental.

Para acomodaciones especiales, servicios de interpretación o de Lenguaje por señales por favor llame al: 909-421-4627 o 909-421-4622

**Innovación** son enfoques de salud mental novedosos, creativos e ingeniosos cuales se les espera contribuir al aprender. Son enfoques desarrolladas dentro de las comunidades a través de un Proceso de Planificación Comunitaria (Community Planning Process en Ingles) que es inclusivo y representante, especialmente de individuos quines no reciben servicio, reciben servicio bajo o reciben servicio de manera apropiada.

Nếu cần sự tiện nghi đặc biệt, thông dịch, hay ngôn ngữ ước hiệu, xin vui lòng gọi số điện thoại 909-421-4627 hoặc số 909-421-4622



Condado de San Bernardino Departamento de Salud de la Conducta  
Acta de Servicio de Salud Mental  
850 East Foothill Blvd. Rialto, CA 92376  
Contacto: Para información adicional por favor llame al (909) 421-4642