California
Mental
Health
Planning
Council

July 15, 2010

CHAIRPERSON
Gail Nickerson

EXECUTIVE OFFICER
Ann Arneill-Py, PhD

Stephen W. Mayberg, PhD, Director
Department of Mental Health
1600 9th Street
Sacramento, CA 95814

Dear Dr. Mayberg,

Pursuant to our Memorandum of Understanding, the California Mental Health Planning Council conducted a peer review of programs funded by the Substance Abuse and Mental Health Services Block Grant in San Bernardino County on March 30-31, 2010. Attached is the final report on that review, including the response from San Bernardino County.

If you have any questions about this review, please contact Ann Arneill-Py, PhD, at (916) 651-3803 or by email at Ann.Arneill-Py@dmh.ca.gov.

Sincerely,

Ann Arneill-Py

Ann Arneill-Py, PhD
Executive Officer

Enclosure

cc: Heide Lange
Quality Improvement Committee

1600 9th Street
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916.651-3839
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Peer Review Report
San Bernardino County Behavioral Health Department

Background

San Bernardino County is a large, diverse county with both urban and rural areas. The county provided the following data on the race/ethnicity of its population:

Race/Ethnicity	Percent
Latino	50%
Euro American	30%
African American	10%
Asian American	7%
Native American	1%
Other	2%

Source: County of San Bernardino Annual Report, 2008-09

According to the county's Annual Report for 2008-09, its total mental health budget was $196 million, and it served 40,438 unduplicated clients. According to its application for Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funds for fiscal year 2008-09, its total budget from that source was $3,140,660.

The SAMHSA Block Grant is a federal source of funding. In federal fiscal year 2009, California received $54 million. The Block Grant is a relatively unrestricted source of funds that can be used for a variety of services, including emergency services, screening for facility admission, outpatient services, psychosocial rehabilitation, day treatment, partial hospitalization, or juvenile justice mental health treatment. Some uses of funds are prohibited: inpatient services, cash payments to service recipients, land or building purchase or improvements; matching other federal funds; and financing assistance to a for-profit entity

Program Description

Forensic Adolescent Services Team

The Department of Behavioral Health (DBH) and Probation collaborated to create the Forensic Adolescent Services Team (FAST), which serves the mental health needs of youth detained at the Juvenile Detention and Assessment Centers. FAST ensures that early mental health screening, assessment, and referral to services are common practice in the program by screening 100% of detained youth within the first 24 to 48 hours of detainment, providing assessments to youth who have mental health concerns within 14 days, and connecting youth with various aftercare programs for referral to services. FAST staff assist in the training of Probation's custody staff to ensure effective interventions with youth. The goal is to deliver quality services tailored to meet the needs of this diverse population.

FAST provides an array of services to children at risk of institutionalization or hospitalization in the detention and treatment facility setting, which includes daily suicide assessments, suicide and crisis interventions, medication evaluations and management, individual therapy, and substance abuse/mental health education classes.

Staffing Chart

Staff	Total FTE	SAMHSA FTE
Program Specialist I	1.00	0.50
Clinical Therapist II	1.00	0.70
Clinical Therapist	6.00	2.00
Alcohol and Drug Counselor	1.00	0.60
Office Assistant III	2.00	0.92
Total	11.00	4.72

Source: San Bernardino SAMHSA Block Grant Application, Fiscal Year 2008-09

Program Budget

The SAMHSA Block Grant Application for fiscal year 2008-09 reports that the total gross cost of the program was $1,142,386. The SAMHSA portion of those costs was $329,221, and other funding sources total $831,165. See Appendix A for the Detailed Program Budget.

Cedar House Co-Occurring Residential Care

This program is designed to be a community resource to provide services to those who have both mental health and substance abuse treatment needs through consumer and family driven services. Furthermore, this program addresses disparities in mental health services for individuals who are mentally ill and chemically addicted. In recent years, the DBH has seen a large increase in the number and severity of consumers with mental illnesses who have substance abuse related disorders. To fill the gap in services, to provide evidence-based treatment, and to meet the complicated needs of the co-occurring population, the DBH has contracted with Cedar House, a substance abuse residential service program, to provide residential services to the co-occurring population. The 90-day treatment program is geared toward reduction in symptoms and increased functioning related to a severe and persistent mental illness and co-occurring substance abuse related disorder. Cedar House provides the treatment program for substance abuse and works in coordination with the Cedar House Treatment Alliance Program to address the mental illness of program participants.

Staffing Chart

Staff	Total FTE	SAMHSA FTE
Clinical Therapist I	2.00	0.50
Certified Drug and Alcohol Counselor	2.00	2.00
Licensed Psychiatric Technician	4.00	3.30
Mental Health Specialist	5.00	4.00
Psychiatrist	1.00	0.30
Program Director	1.00	0.30
Total	15.00	10.40

Source: San Bernardino SMHSA Block Grant Application, Fiscal Year 2008-09

Program Budget

The SAMHSA Block Grant Application for fiscal year 2008-09 reports that the total gross cost of the program was $958,125. See Appendix A for the Detailed Program Budget.

Cedar House Transitional Alliance Program

This program is designed to be a community resource to provide services to those who have both mental health and substance abuse treatment needs in a 90-day residential treatment facility through consumer and family driven services. Furthermore, this program addresses disparities in mental health services for individuals who are mentally ill and chemically addicted. Cedar House works cooperatively with the representatives of DBH, Adult System of Care, and Alcohol and Drug Services. Cedar House Therapeutic Alliance Program (TAP) serves as the gatekeeper, coordinates transportation for psychiatric appointments, and provides case management and mental health treatment groups at the Cedar House Residential Facility. The mental health services are integrated with the substance abuse services for the consumers at Cedar House during this 90-day residential treatment.

In addition, TAP provides for aftercare services, which are a crucial part of the long-term maintenance recovery plan. The aftercare services include placement in sober living facilities, which continue supporting the client's recovery. Clients successfully transitioning in their recovery are without resources, destitute, and homeless. By providing sober living housing and continued case management, DBH provides additional time for clients who are able to prepare for re-entry in the work force. Clients are assisted in obtaining their benefits, moved into independent living, and provided continued aftercare services. Successful clients of the co-occurring program volunteer to assist with the TAP, providing mentoring for those clients still in the program who need additional support to stay substance free.

Staffing Chart

Staff	Total FTE	SAMHSA FTE
Mental Health Clinic Supervisor	1.00	0.25
Clinical Therapist I	3.00	2.00
Certified Drug and Alcohol Counselor	1.00	1.00
Office Assistant II	1.00	0.40
Psychiatrist	1.00	0.62
Total	7.00	4.27

Source: San Bernardino Block Grant Application, Fiscal Year 2008-09

Program Budget

The SAMHSA Block Grant Application for fiscal year 2008-09 reports that the total gross cost of the program was $530,716. The SAMHSA portion of those costs was $368,718, and other funding sources total $161,998. See Appendix A for the Detailed Program Budget.

Methodology

In federal statute Title XIX, Part B, Subpart 1, Section 1943(a)(1) requires that an independent peer review be conducted of block grant programs to assess the quality, appropriateness, and efficacy of treatment services. These reviews are to be conducted on at least five percent of the entities providing services in the State.

The California Mental Health Planning Council (CMHPC) has been delegated the responsibility to conduct these peer reviews by the Department of Mental Health pursuant to a Memorandum of Understanding. The CMHPC is mandated in federal statute to review and comment on the annual Block Grant Application and Implementation Report, advocate for persons with serious mental illnesses, and monitor, review, and evaluate the allocation and adequacy of mental health services within the State. In state statute, the CMHPC is mandated to provide oversight of the public mental health system, advocate for adults and older adults with serious mental illnesses and children and youth with serious emotional disturbances and their families, and to advise the Legislature and the Department of Mental Health on mental health policies and priorities. Under the Mental Health Services Act, the CMHPC is also mandated to provide oversight of the education and training component of the Act.

To conduct the peer review, the CMHPC assembled a review team that consisted of one client, one family member, one advocate, one representative from a county mental health program, and two CMHPC staff. The representative from a different county mental health program is required to create the "peer" review aspect of the review.

In advance of the review, the DBH was asked to respond to set of questions about the program provided in Appendix B. The review process for the FAST program consisted of a tour of the facility. During the review, the county mental health program representative conducted a focus group with 9 staff. A copy of those questions is provided in Appendix B. It was not possible to conduct a

focus group with the youth. As an alternative methodology, program staff provided 24 youth with the questions to answer as a written survey in advance of the site visit. A copy of the questions is provided in Appendix B. The demographic breakdown of the youth responding to the survey is as follows. Males comprised 19 (79%) of the sample; females comprised 5 (21%) of the sample.

Age

Age	Number	Percent
13	1	4.2%
15	6	25.0%
16	7	29.1%
17	8	33.3%
18	1	4.2%
Unknown	1	4.2%

Source: Survey of FAST Youth

Race/Ethnicity

Race/Ethnicity	Number	Percent
Hispanic	14	58.3%
African American	4	16.7%
White	2	8.3%
Asian Pacific Islander	1	4.2%
Bicultural	2	8.3%
Other	1	4.2%

Source: Survey of FAST Youth

In advance of the review, the DBH was asked to respond to set of questions about the program provided in Appendix B. The review process for Cedar House and the Cedar House TAP consisted of a staff focus group of 10 persons conducted by the county mental health program representative. A client focus group was conducted by the client representative of the team. The demographic breakdown of the client focus group follows. The group consisted of 8 clients, 4 (50%) of whom were male and 4 of whom (50%) were female. They had been in the program an average of 8 weeks with the length of stay ranging from 3 to 14 weeks.

Race/Ethnicity

Race/Ethnicity	Number	Percent
White	4	50%
Hispanic	3	38%
Mixed	1	12%

Source: Cedar House Focus Group Participants

The report was provided to the San Bernardino Department of Behavioral Health for their review and comment. A copy of their letter responding to the review is provided in Appendix C. The final report was provided to the State Department of Mental Health in compliance with the federal peer review statute.

Findings

Overall

- Commitment to the peer review
  With the overall budget limitations and ongoing administrative burdens, the response and preparation for the review was impressive and thorough. This was reflected from the mental health director, executive staff, through program management and line staff.
- The commitment to quality services was clear from administration to line staff
  From the administration, the emphasis on transparency and open communication is evident. Data on outcomes demonstrated that this is a part of the way business is done. Interagency collaboration is also exemplary. Department administrators and staff are perceived as very accessible. Partner agencies understand and advocate for mental health resources. Everyone is "here for the clients." Staff are very committed to providing high quality services, committed to doing the best they can, and committed to collaboration.

Attainment of Program Objectives

FAST
The fiscal year 2008-09 goal was to serve 383 youth, and according to the DBH the program served 1,211 youth. Therefore, the program exceeded its objective.

Cedar House/TAP
The fiscal year 2008-09 goal was to serve 126 clients, and according to the DBH the program served 252 clients. Therefore, the program exceeded its objective

Program is Outcome-oriented

FAST
No outcome data were provided for this program.

Cedar House/TAP
The program measures its outcomes by graduation rate, reduction in inpatient psychiatric hospitalization, and reduction in psychiatric hospital days, and cost per day. The DBH provided the following outcome data:

Graduation Rates

Ethnicity	# of Clients	# of Graduates	Percent
Caucasian	149	48	32%
Latino	73	16	22%
African American	31	8	26%
Total	253	72	28%

Source: San Bernardino County Department of Behavioral Health

- The program reduced the number of psychiatric hospitalizations for program graduates by 58.5%
- The program reduced the number of hospital days for program graduates by 75.9%
- The program costs $90 per day compared to $1,128.78 per day for psychiatric hospitalization

Use of Evidence-based Practices

FAST

- Every youth admitted to juvenile hall is assessed with the Massachusetts Adolescents and Youth Screening Instrument (MAYSI-2)
- Probation staff identify youth at risk for harming themselves immediately upon completing the MAYSI-2
- The rest of the MAYSI-2 results are provided to the Behavioral Health staff who are responsible for assessing every youth in the facility
- There is a Substance Abuse Counselor on staff at the Juvenile Hall. This population obviously has substance abuse needs. However, this staff person's role needs to be further defined and articulated

Cedar House/TAP

- Integrated co-occurring mental health and substance abuse treatment model is the basis of this program. Cedar House provides the substance abuse services, and the Treatment Alliance Program (TAP) from the DBH provides the mental health services
- The program has two administrations; the clients have two case managers, and two treatment plans. But, coordination is successful
- Cedar House staff indicate that of all its programs with which is collaborates TAP is the most effective in coordinating care

Programs are Client-focused and Recovery-oriented

FAST

- 87% of youth in FAST indicated they were involved in treatment planning and goal setting

> "I'm 100% involved in my treatment planning and setting my goals for the future."

- FAST has staff specifically focused on reintegration activity although Behavioral Health staff indicate the youth could benefit from more reintegration services provided after release
- 63% of youth in FAST indicated that staff have talked with them about transitioning back into the community

Cedar House/TAP

- Cedar House clients reported that the program has weekly groups for setting short-, mid-, and long-term goals. Clients also do goal setting in one-on-ones with their therapists.
- Graduates are employed in the program, which models recovery for clients
- Graduates from the program come to weekly Aftercare group, which provides hope for the clients
- Cedar House clients report that TAP staff provide individualized treatment and know each client very well

> "I feel like I am the only client they have—they understand and remember what is going on with me. They don't have to review the file and notes each visit."

- Cedar House/TAP staff have an emphasis on helping consumers succeed
- Cedar House/TAP staff are familiar with recovery values and are able to articulate how recovery is part of the program

<u>Services are Helpful and Help Clients Achieve Their Goals</u>

FAST

- 87% of youth said that the most helpful part of the program is talking to a therapist, alcohol and drug counselor, or just talking

> "The most helpful and valuable part of the FAST program is receiving the needed counseling during sad times here at Juvenile Hall. It means a lot to me to be able to speak to someone when needed."

- 44% of youth said that they had no recommendations for improving the program; that it was wonderful or good; that staff should be paid more money
- 31% said that the FAST program produced behavioral or attitudinal changes that helped them recover, such as learning to take responsibility for his own problems, not making the same mistakes, understanding his problems like gangs and drug activity
- FAST works with school districts to provide job training resources, including Regional Occupational Program, which youth specifically cited as a helpful part of the program

Cedar House/TAP

- 60% of the clients reported that one-on-ones with therapists were most helpful part of program
- 25% reported that medication is most helpful part of program
- Other clients reported that a variety of services were helpful: assistance with attending community college; access to marriage counseling, family therapy,

and family reunification services; availability of sober living residences for transition into the community; and employment services

- Overall, 75% of the clients said that the program saved their lives, and 38% said that the program exceeded their expectations

> "This program was beyond my expectation." "It saved my life." "I would not be alive today without this program."

Focus on Collaboration

Forensic Adolescent Treatment Program (FAST)

- System level
  - → Weekly multidisciplinary team meetings of Probation and Behavioral Health staff
  - → Various monthly meetings of Probation, Behavioral Health, and Court personnel
  - → Various quarterly meetings of Probation, Behavioral Health, Court, and Education personnel
- Program level
  - → Probation staff perceive Behavior Health staff as an added benefit and say they "cannot do the job without them."
  - → Probation and Behavior Health have learned each others perspectives and developed a working relationship

Cedar House/Treatment Alliance Program (TAP)

- System level
  The program works with the county hospital, Arrowhead Medical Center, community fee-for-service hospitals, the Homeless Program of Department of Behavioral Health (DBH), Perinatal Drug and Alcohol Services, Adult Protective Services, local treating psychiatrists, and the Augmented Board and Care program. Extensive opportunities for collaboration with Probation, DBH outpatient clinics, DBH contacted agencies for outpatient/inpatient services, and the community at large have resulted from this program

Training

FAST

- Probation recently opened up their "core" training for Behavioral Health staff to understand how Correctional Officers are trained in safety and security
- Otherwise training of Behavioral Health staff appeared to be delivered separate from Probation with minimal overlap/shared training
- Behavioral Health staff seemed to be unaware of training resources

Cedar House/TAP

- Cedar House staff found access to training resources provided by Behavioral Health staff to be very helpful and valuable
- Cedar House hosts training for a number of other organizations in the area focusing on best practices

Recommendations

Program Recommendations

FAST

1. Examine policy of limiting services to the urgent care level because 22% of youth expressed a desire for more therapy, both one-on-one and groups, as did Probation staff and mental health staff.
2. Services related to substance abuse need to be better defined, focused, and articulated
   - Many youth clearly have substance abuse treatment needs that will affect successful reintegration and help avoid recidivism. The types of substance abuse resources and services available were poorly defined or described. It was difficult to determine how the Substance Abuse Counselor has the opportunity to provide a unique contribution to the treatment team.
   - Probation staff requested more training on substance abuse. Both staff and youth found training helpful and enlightening when they were provided it in the past

Cedar House/TAP

1. Extend time in sober living facilities from 30 days to 90 days if fiscal resources are available
2. Research graduation rates for comparable co-occurring residential treatment programs with the goal to identify strategies that may help to improve graduation rates. The program should explore how to improve graduation rates for ethnically diverse clients
3. Develop more accurate cost comparison for outcome measure. Cedar House compares its cost of $90.00 per bed day with $1,128.78 per psychiatric hospital bed day. However, it is not clear that the $90.00 per day figure includes all the TAP service costs. A more in-depth analysis of costs would be helpful

Overall Recommendations

Cultural Competence

Values and practices relating to cultural competence were not well integrated or implemented within either program

FAST

1. Youth served tended to be ethnically diverse non-White males, but most of the staff were White females. Use the opportunity of vacant staff positions to hire both gender and ethnically diverse staff.
2. There were no bilingual staff in the program. Use the 5 vacancies in the program to hire bilingual staff
3. Probation staff reported that Behavioral Health staff could benefit from a better understanding of the youths' cultural background related to poverty, gangs, and ethnic/cultural backgrounds

Cedar House/TAP

1. Some explicitly stated values demonstrated a lack of sensitivity or familiarity with strategies to affect disparities in referral patterns that result in predominantly white clients and graduation rates that result in disproportionally higher rates for white clients
   - Cedar House staff talked about "color blind" services rather than services that focus on working with clients' individual contexts or how cultural factors should be incorporated into treatment
   - In response to questions about why there are disparities in referral to the program, Behavioral Health staff tended to assign responsibility to clients, that they are "less likely to seek services." However, this program is referral driven. Outreach efforts could be undertaken to increase ethnic diversity

Stigma

In working with other community agencies, consumer success can often be affected by mental health stigma. Consider strategies for directly addressing stigma in staff at both partner agencies

FAST

1. At the juvenile hall, some comments suggested that there may be stigmatizing attitudes within Probation staff that are potentially reinforced by how Behavioral Health staff respond to these attitudes when expressed. Consider doing training on mental health stigma and myths related to mental illness

Cedar House/TAP

1. Cedar House staff were unable to determine what role stigma might play in the program. When asked, staff were unable to determine whether residents made distinctions between TAP clients and other residents. Apparently, they had never given any thought to the issue. Consider doing training on mental health stigma and myths related to mental illness

Appendix A

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(04/04)

STATE FISCAL YEAR: 2008-09

TYPE OF GRANT (Check One Only): SAMHSA X PATH ____

COUNTY: SAN BERNARDINO
FISCAL CONTACT: ANGELA LAUDISIO

SUBMISSION DATE: 11/18/08
TELEPHONE NUMBER: 909 382-3006

PROGRAM NAME: CENTRAL VALLEY FORENSICS ADOLESCENT SVS TEAM (FAST)

E-MAIL ADDRESS: alaudisio@dbh.sbcounty.gov

	STAFFING TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	1 LAST APPROVED BUDGET	2 REQUEST OR CHANGE	3 TOTAL
1	M H CLINIC SUPERVISOR			$ 47,851	$ (47,851)	$ -
2	CLINICAL THERAPIST I	$43,946	2	$ 131,838	$ (43,946)	$ 87,892
3	OFFICE ASSISTANT III	$28,625	0.92	$ 26,335		$ 26,335
4	CLINICAL THERAPIST II	$53,800	0.7		$ 37,660	$ 37,660
5	PROGRAM SPECIALIST I	$60,406	0.5		$ 30,203	$ 30,203.00
6	ALCOHOL & DRUG COUNSELOR	$38,828	0.6		$ 23,297	$ 23,297
7						$ -
8	BENEFITS			$ 119,450	$ 637	$ 120,087
9						$ -
10						$ -
11						$ -
12	**TOTAL STAFF EXPENSES (sum lines 1 thru 11)**	$ 225,605	4.72	$ 325,474	$ -	$ 325,474
13	Consultant Costs (Itemize):					$ -
14						$ -
15						$ -
16						$ -
17	Equipment (Where feasible lease or rent) (Itemize):					$ -
18						$ -
19						$ -
20						$ -
21						$ -
22	Supplies (Itemize):					$ -
23						$ -
24						$ -
25						$ -
26						$ -
27						$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					
29						$ -
30	Other Expenses (Itemize):					$ -
31						$ -
32						$ -
33						$ -
34						$ -
35						$ -
36						$ -
37	COUNTY ADMINISTRATIVE COSTS (2% PATH/10% SAMHSA)			$ 3,747		$ 3,747
38	**NET PROGRAM EXPENSES (sum lines 12 thru 37)**			$ 329,221	$ -	$ 329,221
39	OTHER FUNDING SOURCES: Federal Funds			$ 13,829	$ (13,788)	$ 41
40	Non-Federal Funds			$ 681,109	$ 132,015	$ 813,124
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			$ 694,938	$ 118,227	$ 813,165
42	**GROSS COST OF PROGRAM (sum lines 38 and 41)**			$ 1,024,159	$ 118,227	$ 1,142,386

DMH APPROVAL BY: KIMBERLY WIMBERLY
TELEPHONE: (916) 653-7968
DATE: 12/4/2008

State of California
Department of Mental Health

Health and Human Services Agency

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(04/04)

STATE FISCAL YEAR: 2008-09

TYPE OF GRANT (Check One Only): SAMHSA X PATH

COUNTY: SAN BERNARDINO
FISCAL CONTACT: DORIS MELARA

SUBMISSION DATE: 11/18/08
TELEPHONE NUMBER: 909 382-3006

PROGRAM NAME: CEDAR HOUSE CO-OCCURING RESIDENTIAL CARE

E-MAIL ADDRESS: alaudisio@dbh.sbcounty.gov

	STAFFING TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	1 LAST APPROVED BUDGET	2 REQUEST OR CHANGE	3 TOTAL
1	CLINICAL THERAPIST	$60,392	0.5	$ 30,196		$30,196
2	CERTIFIED DRUG & ALCOHOL COUNSELOR	$44,980	2	$ 89,960		$89,960
3	LICENSED PSYCHIATRIC TECHNICIAN	$41,846	3.3	$ 138,093		$138,093
4	MENTAL HEALTH SPECIALIST	$42,021	4	$ 168,085		$168,085
5	PROGRAM DIRECTOR	$80,980	0.3	$ 24,294		$24,294
6	PSYCHIATRIST	$170,006	0.3	$ 51,002		$51,002
7						
8	EMPLOYEE BENEFITS			$ 173,011		$173,011
9						
10						
11						
12						
13						
14						
15	**TOTAL STAFF EXPENSES (sum lines 1 thru 14)**	$ 440,225	10.40	$ 674,641	$ -	$ 674,641
16	Consultant Costs (Itemize):					
17						$ -
18						$ -
19						$ -
20	Equipment (Where feasible lease or rent) (Itemize):					$ -
21						$ -
22						$ -
23						$ -
24						$ -
25	Supplies (Itemize):					$ -
26						$ -
27						$ -
28						$ -
29						$ -
30						$ -
31	Travel -Per diem. Mileage, & Vehicle Rental/Lease					$ -
32						$ -
33	Other Expenses (Itemize):					$ -
34	TRANSPORTATION (rent vans)			$ 42,000		$ 42,000
35	MEDICATIONS			$ 10,000	$ 136,820	$ 146,820
36	FOOD			$ 20,000		$ 20,000
37						$ -
38						$ -
39						$ -
40						$ -
41						$ -
42						$ -
43						$ -
44	COUNTY ADMINISTRATIVE COSTS (2% PATH/10% SAMHSA) 49275			$ 74,664		$ 74,664
45	**NET PROGRAM EXPENSES (sum lines 14 thru 44)**			$ 821,305	$ 136,820	$ 958,125
46	OTHER FUNDING SOURCES: Federal Funds					$ -
47	Non-Federal Funds			$ 54,749	$ (54,749)	$ -
48	TOTAL OTHER FUNDING SOURCES (sum lines 46 & 47)			$ 54,749	$ (54,749)	$ -
49	**GROSS COST OF PROGRAM (sum lines 45 and 48)**			$ 876,054	$ 82,071	$ 958,125

DMH APPROVAL BY: KIMBERLY WIMBERLY
TELEPHONE: (916) 653-7968
DATE: 12/4/2008

State of California
Department of Mental Health

Health and Human Services Agency

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(04/04)

STATE FISCAL YEAR: 2008-09

TYPE OF GRANT (Check One Only): SAMHSA X PATH

COUNTY: SAN BERNARDINO
FISCAL CONTACT: ANGELA LAUDISIO

SUBMISSION DATE: 11/18/08
TELEPHONE NUMBER: 909 382-3006

PROGRAM NAME: CEDAR HOUSE PATCH
TREATMENT ALLIANCE PROGRAM

E-MAIL ADDRESS: alaudisio@dbh.sbcounty.gov

	STAFFING			1	2	3
	TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	MH CLINIC SUPERVISOR	$85,170	0.25	$ 21,293		$21,293
2	CLINICAL THERAPIST I	$48,581	2	$ 97,162		$97,162
3	CERTIFIED DRUG & ALCOHOL COUNSELOR	$30,394	1	$ 30,394		$30,394
4	OFFICE ASSISTANT III	$28,941	0.4	$ 11,576		$11,576
5	PSYCHIATRIST	$121,358	0.62	$ 75,242		$75,242
6						
7						
8						
9						
10						
11	BENEFITS			$ 82,222		$82,222
12						$0
13						$0
14						$0
15	**TOTAL STAFF EXPENSES (sum lines 1 thru 14)**	$ 314,444	4.27	$ 317,889	$ -	$ 317,889
16	Consultant Costs (Itemize):					
17						$ -
18						$ -
19						$ -
20	Equipment (Where feasible lease or rent) (Itemize):					$ -
21						$ -
22						$ -
23						$ -
24						$ -
25	Supplies (Itemize):					$ -
26						$ -
27						$ -
28						$ -
29						$ -
30						$ -
31	Travel -Per diem, Mileage. & Vehicle Rental/Lease					$ -
32						$ -
33	Other Expenses (Itemize):					$ -
34	SOBER LIVING			$ 32,000		$ 32,000
35	REMOTE PHARMACY COSTS			$ 18,829		$ 18,829
36						$ -
37						$ -
38						$ -
39						$ -
40						$ -
41						$ -
42						$ -
43						$ -
44	COUNTY ADMINISTRATIVE COSTS (2% PATH/10% SAMHSA) 49275					$ -
45	**NET PROGRAM EXPENSES (sum lines 14 thru 44)**			$ 368,718	$ -	$ 368,718
46	OTHER FUNDING SOURCES: Federal Funds					$ -
47	Non-Federal Funds			$ 246,838	$ (84,840)	$ 161,998
48	TOTAL OTHER FUNDING SOURCES (sum lines 46 & 47)			$ 246,838	$ (84,840)	$ 161,998
49	**GROSS COST OF PROGRAM (sum lines 45 and 48)**			$ 615,556	$ (84,840)	$ 530,716

DMH APPROVAL BY: KIMBERLY WIMBERLY
TELEPHONE: (916) 653-7968
DATE: 12/4/2008

Appendix B

Substance Abuse and Mental Health Administration Block Grant
Peer Review Protocol

1. Have there been any revisions to the program description? If so please describe.
2. What staff are providing services? Please specify in full time equivalent positions.
3. How does the program serve the target population; eg, Children and Youth, Transition Age Youth, Adults, and Older Adults.? Please specify the number of clients served.
4. What collaborative efforts with other County programs have been undertaken with CMHS-funded services?
5. Are the approved measurable objective being met? What progress has there been towards meeting the approved program objectives? If there are problems, what has been or needs to be done to resolve the issue?
6. What are the results of the program evaluation as described in the approved application? If a problem was identified, what action was planned or taken to resolve it?
7. Does this program have a role in reducing racial/ethnic/cultural disparities in your county?
8. What barriers have you encountered? What means have been used to eliminate any identified barriers?
9. What special gains or service reforms have occurred as a direct result of the County's SAMSHA grant program?

Staff Focus Group Questions

Start with review team introductions. Then, ask each person in the focus group to introduce themselves and say a little about their role in the program and how long they've been with the program.

1. Please tell us about the program. How is the program staffed? Who is served? How are potential consumers identified? How is assessment conducted? How do you develop treatment plans? What services do you provide?
2. What are the program's strengths/successes and what are the program's challenges? From the perspective of management? Supervisor? Line staff?
3. What interagency involvement is there? How successful is collaboration? What strategies are used to facilitate collaboration? Management? Line staff?
4. How are staff trained? Is there any training regarding specific treatment approaches or treatment philosophy? What kind of training is provided regarding Cultural competency? How is Cultural Competency training incorporated into service delivery? Do staff receive any specific training on Recovery principles? Describe. How are Recovery principles incorporated into service delivery?
5. What does success look like for the program's consumers? Please provide some examples. What are the greatest challenges for obtaining this success? What are the programs greatest strengths in helping consumers succeed?
6. If we asked consumers what they thought about the program, what would they tell us? What would be the program's greatest challenges from their perspective? What would be the program's greatest strengths? If we talked to consumers, what would they say about cultural competency? About the focus on recovery?

Client Focus Group Questions

1. What part of this program do you think is the most helpful to you?

2. How involved are you in helping to develop your treatment plan and setting your goals?

3. What goals are most important for you, and how do your services help you get there?

4. How is this program helping you "recover" from the problems that brought you here?

5. Do you consider yourself to be a part of a certain culture, such as ethnicity, age, or religion? Is the staff respectful of this when they talk to you or assist you in your plans?

6. Are you receiving community-supported services in preparing you for transition to independent living; e.g. employment, housing, education?

7. What do you recommend for improving services here?

Appendix C

County of San Bernardino

Administration
268 W. Hospitality Lane, Suite 400 • San Bernardino, CA 92415 • (909) 382-3133 • Fax (909) 382-3105

ALLAN RAWLAND, MSW, ACSW
Director

July 9, 2010

Ann Arneill-Py, PhD, Executive Officer
California Mental Health Planning Council
1600 9th Street
Sacramento, CA 95814

SUBJECT: RESPONSE TO SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PEER REVIEW CONDUCTED MARCH 30-31, 2010 IN SAN BERNARDINO COUNTY

Dear Dr. Arneill-Py:

The San Bernardino County, Department of Behavioral Health (DBH) is in receipt of the California Planning Council's draft Substance Abuse and Mental Health Services Administration (SAMHSA) final peer review report.

As requested, DBH has reviewed the report. Please find attached a summary of responses to the program and overall recommendations.

We appreciate the time and effort you and your team took to review these very important programs and your feedback to us. We look forward to working with you in the future. Please do not hesitate to contact Gary Atkins, at (09) 382-3079 if you have any questions or need more information.

Sincerely,

Allan Rawland, ACSW, MSW
Director

AR:JRO

cc: CaSonya Thomas, Assistant Director, Department of Behavioral Health
Executive Team, Department of Behavioral Health
Maria Coronado, Program Manager II, ASOC
Teri Franklin, Program Manager II, Juvenile Justice Program

GREGORY C. DEVEREAUX
County Administrative Officer

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

FAST PROGRAM

Response to FAST Program Recommendations, page 10

1. **Examine policy of limiting services to urgent care level because 22% of the youth expressed a desire for more therapy, both one to one and groups as did Probation staff and mental health staff.**
   The average length of stay in the Juvenile Detention and Assessment Centers (JDAC) is 28 days. The Forensic Adolescent Services Team staff has been trained in the Trauma Resiliency Model (TRM) so there are very brief, very short-term trauma specific treatment/interventions that are part of the FAST repertoire. This approach allows FAST clinicians to provide appropriate levels of care to minors that may have a very short admission time frame. The minors are then linked to outpatient programs and services by the Reintegration Team for further, more intensive care and treatment. For minors on the longer term units, there is FAST staff assigned to each living unit to perform individual interventions as needed.

2. **Services related to substance abuse treatment needs to be better defined, focused and articulated.**
   We agree that the Alcohol and Drug Counselor role needs better definition and clarity. Since your site visit, a committee has been convened to address the role of the Reintegration Team, specifically the Alcohol and Drug Counselor inside the JDAC. To date, the Alcohol and Drug Counselor has only been providing education as well as facilitating a 12-Step group that comes in from the community.

3. **Probation staff requested more training on substance abuse.**
   San Bernardino County Probation is seeking NCCHC (National Commission on Correctional Health Care) accreditation this year (2010) which requires that all Probation custody staff receive annual training on mental health and substance abuse issues. Therefore these issues will be addressed through the NCCHC training plan.

Overall Recommendations, Cultural Competency, page 10 and 11

1. **Youth served tended to be ethnically diverse nonwhite males, most staff were white females...use the opportunity to hire more ethnically diverse staff.**
   We agree and will continue our efforts to recruit a more ethnically diverse staff as resources allow.

2. **No bilingual staff in program...use the opportunity to hire more ethnically diverse staff.**
   We agree and are in the process of transferring a bilingual staff member to this program from another facility.

3. **Probation staff reported that Behavioral Health staff could benefit from a better understanding of the youths' background related to poverty, gangs, etc.**
   Since 2006, both Probation and FAST staff have been trained on Gang Awareness, Girls Circle (gender specific training and programming for girls in detention), ART (Aggression Replacement Training), and a multitude of other Probation and delinquency issues related training. All staffs, both Probation and DBH, have received training, as recently as April and May 2010, on the "Culture of Poverty."

Stigma, page 11

1. **At the juvenile hall, some comments suggested that there may be stigmatizing attitudes within Probation staff that are potentially reinforced by how Behavioral Health staff responds to these attitudes when expressed. Consider doing training on stigma and myths related to mental illness.**
   As mentioned above, since 2006, both Probation and FAST staff have been trained on Gang Awareness, Girls Circle (gender specific training and programming for girls in detention), ART (Aggression Replacement Training), and a multitude of other Probation and delinquency issues related training. All staff, both Probation and DBH, have received training, as recently as April and May 2010, on the "Culture of Poverty".

   DBH has worked very hard to develop an atmosphere of collaboration and teamwork that has gotten the FAST staff to be an integral part of the JDAC culture with Probation staff. DBH will work deliberately toward addressing the issues of stigma relating to mental illness with it's partner agency and will look toward developing and offering specific trainings through it's Workforce, Education and Training Unit to mitigate these concerns. Staff will be asked to raise their awareness to recognize opportunities to address stigma as they present themselves, without embarrassing partners or unconsciously supporting negative myths about mental illness.

Response to Cedar House/TAP Program Recommendations, page 10

1. **Extend time in sober living facilities for Cedar House program graduates from 30 to 90 days if fiscal resources are available.**
   The DBH Transitional Alliance Program (TAP) has a strong after care component for those individuals who are graduated and require extended services such as housing and on-going counseling. The TAP program has access to Emergency Shelter Beds which TAP graduates can utilize as long as there is vacancy. DBH has already extended the 30 day stay to a 60 day stay to meet this need.

2. **Research graduation rates for comparable co-occurring residential treatment programs with the goal to identify strategies that may help to improve graduation rates. The program should explore how to improve graduation rates for ethnically diverse clients.**
   In an effort to increase the penetration rate for Spanish-speaking and bilingual consumers, the program has revamped the publicity and marketing materials to be placed in DBH outpatient clinics. All new materials now are bilingual, with the program information printed in English on one side and Spanish on the other. The program will exert specific presentations in the community with the focus of increasing participation of diverse populations.

3. **Develop more accurate cost comparison for outcome measure. Cedar House compares its costs of $90.00 per bed day with $1,600 per psychiatric hospital bed day. However, it is not clear that the $90.00 per day figure includes the TAP service costs. A more in depth analysis would be helpful.**
   The costs for clients participating in the TAP program is $90.00 a day, while a psychiatric bed day is actually based on the State Maximum Allowance (SMA) rate of $ 1,128.78 for the Arrowhead Regional Medical Center Behavioral Health Unit (ARMC-BHU). We will work with our Research and Evaluation Unit to develop outcomes measures that demonstrate any potential cost savings in the upcoming years.

4. **Some explicitly stated values demonstrated a lack of sensitivity or familiarity with strategies to affect disparities in referral patents that result in predominantly white clients and graduation rates that result in disproportionally higher rates for white clients.**
   This is a 100% voluntary program with the major source of referrals coming from hospital and outpatient clinics. DBH, in collaboration with Cedar House staff, will be implementing trainings for Cedar House staff and also assisting the TAP program to engage in recruiting efforts focused on reaching the diverse groups in the community. Traditionally, monolingual and consumers of color have not accessed mental health services due to a myriad of factors: cultural perceptions regarding mental health, fears associated with immigration status and language/cultural barriers. DBH recognizes that this is a system- wide issue and will work in tandem with the Office of Cultural Competency and Ethnic Services to improve participation of diverse groups via outreach and education through key stakeholder groups, such as the African American Mental Health Coalition, the Latino Coalition, the Minority Led Resource Development Coalition and the Cultural Competency Advisory Committee. Additionally, Cedar House Staff will collaborate with DBH

Community Liaisons to develop more culturally appropriate strategies to address disparity reduction.

5. **Cedar House staff talked about "color blind" services rather than services that focus on working with clients' individual context or how cultural factors should be incorporated into treatment.**
   Cedar House staff will participate in cultural competency trainings offered by DBH detailing the most updated models and strategies for implementing and improving cultural competency in organizations. DBH staff will continue to work with Cedar House in ensuring that there is a thoughtful and cohesive system of care that is relevant to the current trends and standards regarding serving a diverse client population. Cedar House staff in consultation with the Office of Cultural Competency & Ethnic Services is developing a Cultural Competency Plan to better assist them in the provision of culturally appropriate services as well as promising practices better suited for diverse consumer populations.

6. **In response to questions about why there are disparities in referral to the Program, Behavioral Health staff tended to assign responsibilities to clients, that they are "less likely to seek services." However, this program is referral driven. Outreach efforts could be undertaken to increase ethnic diversity.**
   DBH has recently updated program information and publicity materials to better reflect the needs of the community. The updated materials are double sided with the program information on English on one side and Spanish on the other. Furthermore, DBH management will work with the Office of Cultural Competency and Ethnic Services in creating more materials for the different threshold languages represented in the County with the focus of increasing participation of unserved and underserved populations through the TAP program. Additional strategies for more inclusive referrals will also be addressed via consultation with the Office of Cultural Competency & Ethnic Services.

7. **Cedar House staff were unable to determine what role stigma might play in the program. When asked, staff were unable to determine whether residents made distinction between TAP clients and other residents. Apparently, they had never given any thought to the issue. Consider doing a training on mental health stigma and the myths related to mental illness.**
   As a residential facility strictly providing rehabilitation recovery services, the focus of the Cedar House staff is to address the stigma associated with alcoholism and drug addiction, and not mental illness. The TAP team provides Cedar House staff with ongoing training about mental health issues, assistance which allows Cedar House staff to more effectively work with its residents. Both TAP & Cedar House staff synchronizes their services on a bi-weekly basis to insure coordinated and individual consumer care. DBH will formalize a periodic education process with Cedar House management so as to ensure a cohesive and culturally relevant system of care that addresses the concept of stigma in both treatment milieus. Additional trainings on cultural stigma are being offered to Cedar House Staff to better ensure a comprehensive understanding of the role culture plays on stigma.