



Behavioral Health

DRAFT

Mental Health Services Act

**Program
Improvements for
Valued Outpatient
Treatment (PIVOT)**

INNOVATION Project Plan 2025

APPENDIX A. San Bernardino County Mental Health Services Act (MHSA) Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Proposal

San Bernardino County proposes to join Orange County's Program Improvements for Valued Outpatient Treatment (PIVOT) MHSA Innovation Project that was previously approved by the Commission for Behavioral Health (CBH), formerly the Behavioral Health Services Oversight and Accountability Commission (BHSOAC), to support the transition from Mental Health Service Act (MHSA) components to the new Behavioral Health Service Act (BHSA) components. San Bernardino County is utilizing the Behavioral Health Commission (BHC) approved template provided by the Orange County Program Staff. San Bernardino County is proposing to participate in the following two PIVOT Project components:

- Full-Service Partnership Reboot, and
- Developing Capacity for Specialty MH Plan Services with Diverse Communities

County Contact and Specific Dates:

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- Date Proposal posted for 30-day Public Review:
 - August 1, 2025 through August 30, 2025
- Date of Behavioral Health Commission hearing:
 - September 4, 2025
- Date of San Bernardino County Board of Supervisors (BOS) approval or calendared date to appear before BOS:
 - To be determined

PIVOT Components

Full-Service Partnership Reboot

San Bernardino County Department of Behavioral Health (DBH) currently has FSP programs in five (5) of the eight (8) regional outpatient community clinics that provide intensive outpatient services and comprehensive case management for individuals living with serious behavioral health conditions. Under BHSA, FSP programs will continue to be a key priority, with 35% of the total BHSA allocation dedicated to supporting them.

The purpose of this PIVOT component is to help the San Bernardino County Department of Behavioral Health (DBH) prepare for the transition to BHSA by supporting activities that strengthen administrative and service processes, while maintaining the necessary level of care for those living with behavioral health conditions and, when appropriate, their families.

In response to new guidelines, San Bernardino County will evaluate its FSP programs to define appropriate levels of care and establish clear criteria for transitioning individuals to lower levels of care. This process will require administrative adjustments, including updates to workflows, operational processes, staffing and staff training, to ensure alignment with new legislative requirements and adherence to evidence-based practice (EBP) fidelity standards.

To support this transition, the County will focus on two critical areas through this PIVOT component: (1) Technical and Data Infrastructure and (2) Administrative Processes. These efforts will enable real-time tracking of client care levels, support seamless transitions between service tiers, enhance reporting capabilities, and strengthen the integration of co-occurring and substance use disorder (SUD) services across both County operated and contracted provider networks. Ultimately, this work aims to preserve and enhance the level of care for individuals with behavioral health conditions and, when appropriate, their families.

Technical and Data Infrastructure:

We will gather comprehensive technical requirements for the development of a modernized local data infrastructure. This infrastructure must support both county agencies and county contracted providers by seamlessly adapting to new FSP guidelines.

As part of this initiative, we will design, test, and implement secure, user-friendly applications that provide real-time access to an FSP member's current level of care and functioning. These tools will support timely and informed decision making, ensuring that members can be appropriately transitioned to the level of care that best meets their needs.

The new data systems will fully comply with all federal and state Information Technology (IT) security and privacy requirements to protect sensitive client information. Additionally, a thorough data cleaning process will be conducted to ensure accuracy, consistency, and readiness of local datasets for integration into the future system framework.

Administrative Processes:

In parallel with infrastructure development, San Bernardino County will redesign administrative processes to reflect a more structured, outcomes-driven approach to FSP care. The County will define clear levels of care across the FSP continuum, accompanied by standardized criteria for transitioning individuals to less intensive services when clinically appropriate. These guidelines will ensure consistency in care delivery, promote clinical appropriateness, and support member stability and recovery across the provider network.

To maintain continuity of care and new workflows, operational processes will be established to enable seamless transitions between levels of care, minimizing disruptions and ensuring sustained engagement in services. The County will also implement a comprehensive system to track and report transitions, allowing for ongoing program evaluation, adherence to evidence-based practice (EBP) fidelity standards, and continuous quality improvement.

The County will review and revise contract language for contracted providers to ensure alignment with the restructured service levels, reporting requirements, and care coordination protocols. This will ensure consistency and accountability across County operated and contracted FSP programs.

To strengthen the integration of Substance Use Disorder (SUD) and co-occurring disorder services, specialized training will be provided for FSP nursing staff. This training will include core components such as Medication-Assisted Treatment (MAT), Motivational Interviewing, the American Society of Addiction Medicine (ASAM) Criteria, and SUD-specific assessments. Nursing staff will also be supported in pursuing Certified Addiction Registered Nurse (CARN) certification to deepen clinical expertise in addiction treatment and support the delivery of whole-person, integrated care.

In support of these expanded clinical and operational demands, additional staff will be hired as needed, including clinical, administrative, and technical personnel, to ensure successful implementation, adequate service coverage, and sustainability of these enhancements across all FSP sites. Additionally, the County will expand its capacity to deliver integrated services by promoting co-location of behavioral health and SUD services and supporting dual certification of providers under the Drug Medi-Cal Organized Delivery System (DMC-ODS). This integrated care approach will help ensure FSP members with complex needs receive coordinated, person-centered treatment across all levels of care.

Additional BHSA guidelines:

Counties will be required to implement EBP by July 1, 2026, such as Intensive Case Management (FSP-ICM, Level 1 Services), Assertive Community Treatment (ACT, Level 2 Services), Forensic Assertive Community Treatment (FACT), Individual Placement and Support (IPS) Supported Employment, High-Fidelity Wraparound (HFW), and Assertive Field-Based SUD Treatment services (SUPT). This implementation will include:

- Establishing care standards with acuity-based levels and clear criteria for transitioning between levels of care (step up/step down).
- Providing outpatient behavioral health services for ongoing evaluation and stabilization.

- Maintaining engagement with both clinical and non-clinical services, including housing support.
- Integrating SUD services.

By proactively investing in the infrastructure and administrative foundations of its FSP programs, San Bernardino County is positioning itself to successfully meet the evolving standards set forth by the BHSA. Through this PIVOT component, the County reaffirms its commitment to delivering high-quality, evidence-based care to individuals with serious behavioral health conditions, ensuring that services remain person-centered, data-driven, and responsive to the needs of the community now and into the future.

Component Objectives may include, but are not limited to:

- Mapping FSP service models.
- Reviewing policies, procedures, and forms related to eligibility, intake, staffing, and service use, while identifying gaps in the new requirements.
- Standardizing practices to improve consistency, efficiency, and revenue generation across FSP programs.
- Simplify transitions between levels of care based on an individual's acuity, while considering the need for a transition to the least intensive level of care and establish tracking systems to monitor progress.
- Establishing policies and procedures for issuing and receiving referrals to/from Managed Care Plans (MCPs) for housing-related Community Supports.
- Developing Key Performance Indicators (KPIs) aligned with BHSA and Behavioral Health Community – Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative goals to track outcomes and service efficiency.
- Creating and delivering training plan to facilitate the transition and ensure compliance with new standards.
- Review provider contracts to identify necessary adjustments to comply with BHSA requirements and provide technical assistance as needed.

- Utilizing insights from this process to inform San Bernardino County's BHSA Three-Year Integrated Plan, ensuring it incorporates lessons learned and meets new standards and requirements.

Approval of this proposal will ensure the County is well-positioned to implement a sustainable, equitable, and data-driven FSP model—one that remains responsive to the evolving needs of the community, strengthens provider capacity, and improves outcomes across the behavioral health system. We respectfully recommend approval of this proposal to support a seamless and successful transition into the BHSA era and continue San Bernardino County's leadership in delivering transformative, recovery-oriented behavioral health services.

Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities

San Bernardino County, the largest geographic county in the United States, is characterized by its diverse communities, ranging from urban centers to rural areas and mountainous regions. San Bernardino County is home to approximately 2,195,611 residents. The county's racial composition includes 525,795 non-Hispanic White, 1,226,275 Hispanic/Latino, 181,221 Asian, 71,430 identifying as two or more races, and 165,718 Black or African American. Native Hawaiian and other Pacific Islanders, American Indian and Alaska Native, and 3 those identifying as "some other race" each are represented under 25,172 of the population. Mandarin, Spanish, and Vietnamese are recognized as threshold languages, reflecting the diversity of the county's residents.

This PIVOT component is designed to prepare San Bernardino County for the upcoming BHSA transition by identifying the minimum capacity of a community-based organization (CBO) to be able to become a Specialty Mental Health (SMH) plan/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracted provider. Additionally, San Bernardino County will include in the design identifying the minimum capacity of CBOs for diversifying funding streams, such as tracking philanthropic funding opportunities, best practices for building and maintaining robust relationships with philanthropy organizations, and strategies for winning philanthropic opportunities to supplement efforts for sustainability.

Component objectives may include, but are not limited to:

- Assessing what it takes for a CBO to become a Medi-Cal/Drug Medi-Cal provider.
- Assessing organizations readiness for diversifying funding streams.
- Identifying the type of technical assistance needed to support programs in the transition.
- Determining if embedding culturally based approaches for specialty mental health care can improve penetration rates and outcomes.
- Identifying Community-Defined Evidence Practices (CDEP) that can generate revenue and be recognized by the state.
- Evaluating the use of a hub and spoke model where the County collaborates with smaller organizations to support capacity building.
- Designing and implementing minimum capacity standards for CBOs, ensuring they can identify, pursue, and secure philanthropic funding opportunities.
- Provide guidance and best practices to help CBOs build sustainable funding streams, including relationship-building and strategies for winning philanthropic support.

The efforts made under this PIVOT component will ensure San Bernardino County's provider network is well-equipped to navigate the evolving behavioral health landscape, sustain essential partnerships, and deliver high-quality, culturally responsive care to our communities.

Local Need:

San Bernardino County's vast geography, diverse population, and persistent disparities in behavioral health access underscore the need for strategic system transformation. The County must modernize its infrastructure and service delivery to meet the new Behavioral Health Services Act (BHSA) requirements and ensure that the care provided is culturally responsive, accessible, and evidence based.

The FSP Reboot component is critical to aligning Full-Service Partnership programs with BHSA-mandated evidence-based practices and ensuring fidelity. It also supports the deeper integration of peer support and substance use disorder (SUD) services as core components of the care team,

not just co-located services. This shift will enable a more person-centered, recovery-oriented system for individuals with complex needs.

The Developing Capacity component addresses the urgent need to strengthen partnerships with community-based organizations (CBOs), many of which serve hard-to-reach and underserved populations. By supporting CBOs in becoming certified Medi-Cal providers and diversifying their funding streams, this component will expand culturally responsive care and promote long-term sustainability within the behavioral health network.

Local Community Planning Process:

Beginning in April 2025, San Bernardino County Department of Behavioral Health (SBC-DBH) identified that opting in to the approved Orange County PIVOT Innovation Project aligned with the needs of the department to address the transition from MHSA to BHSA. To streamline coordination and align with best practices, the SBC-DBH Office of Innovation utilized the Commission for Behavioral Health (CBH)-approved template from Orange County to develop the project outline.

The proposed innovation project was presented for review and input during multiple stakeholder meetings, including the Community Policy Advisory Committee (CPAC), the Mental Health Services Act Executive (MHSA Exec) Committee, and the Prevention and Early Intervention (PEI) Provider Network. The stakeholder feedback collected during these sessions, held between April and May 2025, formed the basis of the data included in this plan. Meetings were conducted at various times and locations throughout the community, as well as virtually, to encourage broad and diverse participation.

To promote inclusive stakeholder engagement, SBC-DBH employed a robust outreach strategy leveraging an expansive network of known community stakeholders, community-based partners, and contracted providers. This ensured a wide representation of voices, particularly from communities that are often underserved or underrepresented.

Stakeholders expressed strong support for the innovative use of MHSA funds to enhance and prepare the behavioral health system of care in anticipation of the transition to the Behavioral Health Services Act (BHSA). As part of the planning process, participants were asked whether they supported the proposed project. Of the **244** individuals who provided feedback, **230 (94%)** were in support of implanting PIVOT as an Innovation project.

SBC-DBH recognizes that effective innovation requires continuous input from those it serves. Therefore, the department is committed to incorporating stakeholder feedback throughout the implementation of the PIVOT project. Regular check-ins, surveys, and community forums will be used to gather feedback, evaluate progress, and ensure the project remains responsive to the evolving needs of Medi-Cal members, community partners, and service providers.

Sustainability:

The sustainability of this project is inherently embedded in its design, ensuring that successful practices and system improvements endure long after the implementation of BHSA. By capturing and applying the lessons learned throughout the project, we will identify proven strategies that can continue to thrive and evolve, sustained by existing funding and resources. To further strengthen sustainability, San Bernardino County will incorporate into the project design the identification of minimum capacity standards for community-based organizations (CBOs) to effectively diversify funding streams. This includes the ability to track philanthropic funding opportunities, build and maintain robust relationships with philanthropic organizations, and develop strategies to secure philanthropic support. This approach guarantees that the impact of the project will be lasting and self-sustaining, creating a foundation for ongoing success.

Alignment with BHSA:

The new Behavioral Health Services Act (BHSA) sets forth stringent standards and expectations that are essential for providing high-quality, equitable care to residents. This includes adopting the best practices, meeting legislative requirements, and ensuring that services are culturally competent and accessible to all residents, particularly those in underserved or marginalized

communities. The PIVOT project will place San Bernardino County in a strong position to not only comply with BHSA's new standards but also continue delivering high-quality, equitable care to its diverse population. The project's outcomes will contribute to the county's ability to support individuals in their recovery journeys while ensuring that services are comprehensive, coordinated, and easily accessible to those who need them most.

New BHSA legislation provides additional guidelines for FSP programs which will incorporate levels of care. The FSP Reboot will align with BHSA priorities by supporting FSP efforts and services for individuals living with serious mental illness through:

- Updating staffing structures
- Expansion of SUD services
- Transforming administrative processes and operational workflows
- Development of applications to strengthen technical and data infrastructure

Elements of the FSP Reboot that meet BHSA priorities will be transitioned and funded through the BHSA FSP component. Through the analysis of outcomes, data received and subject matter experts, SBC-DBH will inform county stakeholders through the community planning process (CPP) of necessary adjustments to the operation and efficacy of the project.

To ensure equitable access to mental health services and reduce disparities, SBC-DBH will develop the capacity of CBO's that serve the county's diverse communities to become mental health providers. This component will focus on providing the necessary infrastructure, training, and support to community-based mental health providers that provide early intervention services to deliver billable specialty mental health services. The Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities component will align with BHSA priorities by supporting early intervention programs and approaches to assist in preventing mental illness and substance abuse disorders from becoming severe and disabling by:

- Serving the most ill population through expansion of billable services through culturally appropriate CDEPs
- Prioritizing access and linkage to early intervention services

Through the identification of minimum requirements and development of guidance and procedures, CBOs will obtain the ability to provide culturally informed Medi-Cal billable services with diverse communities during and after the conclusion of this project. This will also enhance their ability to provide and connect individuals to services for BHSA priority populations across the continuum of care. During the CPP process, SBC-DBH will create opportunities for meaningful stakeholder involvement to provide informed input relating to the PIVOT Project Plan. SBC-DBH will also use CPP as an opportunity to provide stakeholders analysis of outcomes, data received and subject matter expert feedback that will drive necessary adjustments to the operation and efficacy of the project.

Budget Narrative:

Total proposed budget: \$30,861,260 which will be allocated as follows:

	FY 25/26	FY 26/27	FY 27/28	FY 28/29	Total
Consultants					
Project Managers	\$150,000	\$300,000	\$300,000	\$300,000	\$1,050,000
SMEs	\$750,000	\$1,500,000	\$1,500,000	\$1,500,000	\$5,250,000
Evaluators	\$200,000	\$400,000	\$400,000	\$400,000	\$1,400,000
Staffing					
Staffing	\$1,140,779	\$3,716,789	\$8,654,409	\$9,087,129	\$22,599,106
Program					
Supplies	\$119,423	\$89,372	\$89,715	\$90,075	\$388,585
Translation	\$9,000	\$9,000	\$9,000	\$9,000	\$36,000
Travel	\$10,000	\$10,000	\$10,000	\$10,000	\$40,000
Trainings/Certification	\$25,000	\$15,800	\$15,000	\$15,000	\$70,800
Indirect					
5% Admin	\$8,171	\$6,209	\$6,186	\$6,204	\$26,770
TOTAL	\$2,412,373	\$6,047,170	\$10,984,309	\$11,417,407	\$30,861,260

Consultants

San Bernardino County plans to contract Project Managers, Subject Matter Experts and Evaluators as consultants to assess the needs and support the implementation of activities across both components of the plan. The total estimated cost for consultant services is \$7,700,000 over a four-year period. Half of the annual consultant costs are expected to be allotted in FY 2025/26. The anticipated consultant roles and associated costs are outlined as follows:

- *Project Manager*

Each PIVOT component will be assigned one (1) dedicated Project Manager to oversee the coordination and alignment of activities throughout the project's duration. Online research indicates the average salary of a project manager is approximately \$90,000 annually. Considering this amount as a base average, the wage was raised to reflect a local competitive rate, travel expenses, and program supplies and equipment needed for each project manager to carry out activities and/or write project reports. The project anticipates

the annual cost will be \$150,000 per project manager, \$300,000 annually for two (2) project managers. The total cost of \$1,050,000 will be distributed over four years.

- *Subject Matter Experts (SMEs)*

Each PIVOT component will have five (5) Subject Matter Experts (SMEs) assigned to provide expertise and support in community planning discussions and key project activities. Online research indicates the average salary of a SME is approximately \$130,000 annually.

Considering this amount as a base average, the salary was increased to account for a local competitive rate, as well as costs for county and/or statewide travel. The project anticipates the annual cost will be \$150,000 per SME; \$1,500,000 annually for ten (10) Subject Matter Experts (SMEs). The total cost of \$5,250,000 will be distributed over four years.

- *Evaluators*

One (1) evaluator will be assigned to each PIVOT component to monitor data tracking and maintain consistency in reporting throughout the project's life cycle. Online research indicates the average salary of a behavioral health research evaluator is approximately \$97,000 annually. Considering this amount as a base average, the salary was increased to account for a local competitive rate, and includes costs for a principal investigator, research assistants, and supplies needed to conduct research activities and prepare reports. The project anticipates the annual cost will be \$200,000 per evaluator; \$400,000 annually for two (2) evaluators. The total cost of \$1,400,000 will be distributed over four years.

Staffing Positions

This budget includes staffing costs to support the ongoing project monitoring and implementation efforts. A total of \$22,599,106 will be distributed over four years, with an average of \$5,649,776 allocated annually to cover salaries for County staff contributing to the success of the project.

- *County Staff:* Each PIVOT component will include County staff to monitor and implement component activities and objectives. County Staff include:
 - A total of 3.75 FTE will be necessary for administration and oversight of both components of the PIVOT Project:

Position	Number of FTE
Innovation Program Manager I	.25
Innovation Program Specialist I	.25
Innovation Program Specialist II	.25
Staff Analyst II	1.0
Business System Analyst II	1.0
Office Assistant III	1.0

- A minimum total of 58.75 FTE (11.75 FTE per site) will be required to adequately staff five (5) outpatient clinic FSP program teams in providing Assertive Community Treatment (ACT) services and Intensive Case Management (Levels 1 & 2 FSP services) for under 60 clients. In FY 26/27, the FSP Reboot will begin staffing two (2) FSP clinic sites, and beginning FY 27/28, all five (5) outpatient clinic FSP sites will be fully staffed with the following for the FSP Reboot component:

Position	Number of FTE per Clinic FSP Site
Clinical Supervisor	.50
Clinical Therapist II	1.0
Clinical Therapist I	1.0
Psychiatrist II	.25
Mental Health Nurse II	1.0
Alcohol & Drug Counselor	1.0
Peer and Family Advocate	1.0
Social Worker II	2.0
Mental Health Specialist	2.0
Office Assistant III	1.0
General Service Worker II	1.0

- A total of 6 FTE will be required to ensure that adequate Substance Use Disorder (SUD) nursing staff are trained and certified to provide services in clinic and mobile unit settings within the FSP Reboot component:

Position	Number of FTE
Mental Health Nurse II	3.0
Medical Assistant	3.0

Program Costs

This budget accounts for various program related expenses necessary for the successful execution of PIVOT component activities, totaling \$535,385 to be distributed over four years, with approximately \$133,846 allocated annually. These expenses include but are not limited to supplies, printing services, venue rentals for large meetings, incentives for stakeholder and family member participation, training for stakeholders, translation and interpretation services, staff training and certification, and travel.

- *Supplies:* Program supplies to support PIVOT component activities, which may include but not be limited to:
 - Vehicle Maintenance – Cost of one (1) 4x4 SUV for clinic FSP and average vehicle gas and maintenance costs. Maintenance for vehicle is estimated to be \$7,201 annually.
 - Cell Phones and Monthly Service – The cost for service of each purchased cell phone and associated monthly service was estimated to be \$680/annually per line.
 - Gift/Prepaid Cards – Incentives such as gift card, food, and transportation support for consumers and family members to participate in project related activities. It is estimated that the annual cost for gift and prepaid cards will be \$20,500 annually.
 - Bus Passes – Bus passes will be provided assist clients in meeting their service needs. It is estimated that the annual cost for bus passes will be \$12,500 annually.
 - Collateral – For the development and print of brochures, flyers, announcement, and/or marketing materials, it was estimated that this cost will be \$10,000 annually.
 - Space Lease – To assist in administrative and project space needs, it was estimated that the cost will be \$30,000 annually.
 - One-Time Costs – The project will incur one-time costs of \$74,900 for the following items:
 - Vehicle – \$63,000 for one (1) 4x4 SUV for a clinic FSP
 - Cell Phones - \$11,900 for the one-time purchase of fourteen (14) cell phones for supervisors and line staff of clinic FSPs.

The total cost of both components will be \$97,146 annually, for a total of \$388,585 over 4 years.

- *Translation Support:* To ensure marketing materials, announcements, surveys and virtual and/or in-person meetings are available in San Bernardino County's threshold languages (Spanish, Mandarin, and Vietnamese). The cost for each component will be \$4,500 annually, for a total of \$36,000 over 4 years.
- *Travel Costs:* The cost of travel for 3 FTE staff to travel on local and/or statewide multi-day trips related to PIVOT project activities is \$5,000 per component annually, for a total of \$40,000 over 4 years.
- *Trainings/Certification:* Staff trainings will play a critical role in the success of the MHSA to BHSA transition. The outpatient clinic FSP programs must be modified to meet the BHSA standards for FSP. Currently the outpatient clinic FSP programs do not follow the ACT model of treatment, which is required for FSP level 2 services, nor do they currently utilize other standard EBPs across the programs. To strengthen the integration of Substance Use Disorder (SUD) and co-occurring disorder services, specialized Certified Addiction Registered Nurse (CARN) training and certification will be provided for FSP nursing staff. The total cost of both components will be \$70,800 over 4 years.

Indirect Costs

The proposed budget will include indirect costs to support administrative activities. In this PIVOT proposal, San Bernardino County will apply a 5% indirect rate to support administrative activities. This estimated cost was calculated based on 5% of the total program costs, which results in an annual cost of \$6,692 for a total of \$26,770 over four years.