

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY
AND RECORD OF ACTION**

May 5, 2026

FROM

JOSHUA DUGAS, Acting Director, Department of Behavioral Health

SUBJECT

Mental Health Services Act Program Improvements for Valued Outpatient Treatment Innovation Project Plan 2025

RECOMMENDATION(S)

1. Approve the Mental Health Services Act Program Improvements for Valued Outpatient Treatment Innovation Project Plan 2025, which includes the Mental Health Services Act County Compliance Certification and Mental Health Services Act County Fiscal Accountability Certification, in an expenditure amount not to exceed \$30,861,260, for the period of May 5, 2026, through June 30, 2029.
2. Authorize the Director of the Department of Behavioral Health, to execute and submit the Mental Health Services Act Program Improvements for Valued Outpatient Treatment Innovation Project Plan 2025, Mental Health Services Act County Compliance Certification, and Mental Health Services Act County Fiscal Accountability Certification, to the Commission for Behavioral Health.
3. Direct the Director of the Department of Behavioral Health to transmit the Mental Health Services Act Program Improvements for Valued Outpatient Treatment Innovation Project Plan 2025 to the Clerk of the Board of Supervisors within 30 days of execution.

(Presenter: Joshua Dugas, Acting Director, 252-5142)

COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES

Promote and Fulfill the Countywide Vision.

Provide for the Safety, Health and Social Service Needs of County Residents.

FINANCIAL IMPACT

This item does not impact Discretionary General Funding (Net County Cost). This Mental Health Services Act (MHSA) Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation (INN) Project Plan 2025 will be funded fully with MHSA INN Funding, in a total amount not to exceed \$30,861,260, of which \$25,971,076 is allocated for PIVOT Full-Service Partnership Reboot and Developing Capacity (FSP Reboot), and \$4,890,184 is allocated for PIVOT Developing Capacity.

Effective July 1, 2026, for counties that have INN funds encumbered prior to July 1, 2026, and an operational INN project, those INN funds will remain encumbered for the duration of the first Behavioral Health Services Act (BHSA) Integrated Plan covering budget years 2026-27 through 2028-29. Adequate appropriation and revenue have been included in the Department of Behavioral Health's (DBH) 2025-26 budget and will be included in future recommended budgets.

**Mental Health Services Act Program Improvements for Valued
Outpatient Treatment Innovation Project Plan 2025
May 5, 2026**

BACKGROUND INFORMATION

The MHSA was approved by California voters in 2004 and became effective January 2005. MHSA is funded by a 1% tax surcharge on personal income over \$1,000,000 per year. MHSA provides funding to counties to expand and improve public mental health services and reduce the long-term impacts of untreated serious mental illness. Voters subsequently approved Proposition 1, which transitions MHSA to BHSA effective July 1, 2026. Under BHSA regulations, INN projects approved prior to the BHSA implementation may continue through July 1, 2029, provided funds are encumbered prior to July 1, 2026.

MHSA includes an INN component that supports time-limited projects designed to test new adapted approaches that improve the public behavioral health system. For each INN project, counties must submit a project plan to the California Behavioral Health Commission for approval prior to implementation.

DBH developed the PIVOT INN Project Plan 2025 (Plan), which has two components to support the County's transition to BHSA: FSP Reboot for Specialty Mental Health Plan Services (SMHPS) with Diverse Communities.

The FSP Reboot will enable DBH to assess the readiness of current programs for transitioning to BHSA. The intention is to:

- Assess FSP Reboot program readiness for BHSA transition, including staffing, workflows, and training.
- Align service delivery with evidence-based practices and BHSA requirements.
- Implement standardized levels of care and improve administrative infrastructure.
- Improve consistency, operational efficiency, and revenue generation through the establishment of clear care transition pathways based on acuity, outcome tracking, refined referral processes, and targeted training plans.

The PIVOT Developing Capacity for SMHPS with Diverse Communities initiative will enable DBH to support community-based organizations (CBOs) in strengthening their capacity to deliver SMHPS. The intention is to:

- Support CBOs in becoming Medi-Cal/DMC providers through technical assistance and readiness assessments.
- Integrate Community-Defined Evidence Practices to enhance cultural responsiveness.
- Strengthen CBO infrastructure to support sustainable service delivery and revenue generation.
- Establish minimum capacity standards, support smaller providers, and provide a financially sustainable system of care.

The PIVOT Project's total proposed budget is \$30,861,260. This amount will be distributed between its components as outlined below:

• ***PIVOT FSP Reboot Component - \$25,971,076***

The FSP Reboot budget, for the duration of the project, includes \$3,850,000 for consultant services (project managers, subject matter experts, and evaluators) and \$21,690,307 in staffing costs. These funds will support FSP Assertive Community Treatment (ACT) and Forensic ACT services conducted by culturally diverse community-based organizations throughout the County. Program costs, which include supplies, translation, travel, and required training, will total \$417,385, with an additional \$13,384 allocated for indirect administrative costs.

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- ***PIVOT Developing Capacity - \$4,890,184***

The Developing Capacity budget, for the duration of the project, includes \$3,850,000 for consultant services (project managers, subject matter experts, and evaluators) and \$908,799 in staffing costs. Program costs of \$118,000 will be allocated to cover supplies, translation, travel, and required trainings. Additionally, \$13,385 is allocated for indirect administrative costs.

Approval of the Plan by the Board of Supervisors is required to comply with MHSA regulations and allow DBH to proceed with Project implementation and expenditure of INN funds. Approval will also authorize the Director of DBH to submit the Plan in addition to the requisite certifications.

PROCUREMENT

N/A

REVIEW BY OTHERS

This item has been reviewed by Behavioral Health (Diana Barajas, Administrative Supervisor I, 388-0862) on March 31, 2026; County Counsel (Charles Phan, Supervising Deputy County Counsel, 387-5455) on March 19, 2026; and County Finance and Administration (Iliana Rodriguez, Administrative Analyst, 386-8392 and Joon Cho, Chief Administrative Analyst, 658-1812) on April 19, 2026.

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May 5, 2026**

Record of Action of the Board of Supervisors
San Bernardino County

APPROVED (CONSENT CALENDAR)

Moved: Curt Hagman Seconded: Joe Baca, Jr.
Ayes: Col. Paul Cook (Ret.), Jesse Armendarez, Dawn Rowe, Curt Hagman, Joe Baca, Jr.

Lynna Monell, CLERK OF THE BOARD

BY 
DATED: May 5, 2026



cc: File - Behavioral Health w/attach
CCM 05/8/2026



Behavioral Health

Mental Health Services Act
Program
Improvements for
Valued Outpatient
Treatment (PIVOT)

INNOVATION Project Plan 2025

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PUBLIC REVIEW

The Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Plan was posted on the Department's website for stakeholder review and comment from August 1, 2025, through August 30, 2025, at <https://wp.sbcounty.gov/dbh/programs/mhsa/>. The Public Hearing to affirm the stakeholder process took place at the September 4, 2025 Behavioral Health Commission meeting which was held from 12:00pm – 2:00pm.

Substantive Comments/Recommendations

Comments/recommendations were submitted via email to the Mental Health Services Act (MHSA) inbox, mhsa@dbh.sbcounty.gov, directly to the Innovation Program Manager or via the electronic stakeholder survey during the time the PIVOT Innovation Plan draft was posted for public comment. Stakeholders were informed that comments can be received anytime, however, they will not be included in the final plan unless provided during the 30-day public posting and comment period. The plan was posted for 30 days, per the Welfare and Institutions Code 5848, between August 1, 2025, through August 30, 2025, at <https://wp.sbcounty.gov/dbh/programs/mhsa/>.

The San Bernardino County Department of Behavioral Health (SBC-DBH) encourages and supports community collaboration, particularly the involvement of stakeholders, in all aspects of the MHSA programs provided. To address concerns related to SBC-DBH MHSA program issues in the areas of access to behavioral health services, violations of statutes or regulations relating to the use of MHSA funds, non-compliance with MHSA general standards, inconsistency between the approved MHSA Innovation Plan and its implementation, the local MHSA community program planning process, and supplantation, please refer to the MHSA Issue Resolutions process located at <https://wp.sbcounty.gov/dbh/wp-content/uploads/sites/121/2021/05/COM0947.pdf>.

Community members do not have to wait for a meeting to provide feedback to the Department. Feedback can be provided at any time via email at mhsa@dbh.sbcounty.gov or phone by calling 1 (800) 722-9866. Program data, outcomes, statistics and ongoing operations are discussed on a regular basis and shared with the community. MHSA holds the Community Policy Advisory Committee (CPAC) monthly meeting, which specifically addresses MHSA programs. If you would like to be added to the invite list for CPAC meetings, please email mhsa@dbh.sbcounty.gov.

As feedback is collected from the community, it is analyzed with county demographic information, prevalence, and incidence rates for behavioral health services, specific treatment information collected by programs, consumers served, number and types of services provided, geographic region served by zip code, data provided to the department by state agencies evaluating access to county services, cultural and linguistic needs, poverty indexes, current program capacity, and demonstrated needs in specific geographic regions and areas within the system of care (e.g. inpatient, residential, long-term care, day treatment, intensive outpatient, general outpatient care) and program needs are considered.

Public Posting and Comment

The SBC-DBH would like to thank those who participated in the public comment portion of the stakeholder process. During the 30-day public posting of the MHSA PIVOT Innovation Plan, SBC-DBH continued to promote the 30-day public posting of the MHSA PIVOT Innovation Plan. A press release notifying the public of the posting was sent to 11,105 recipients. A series of web blasts were released to SBC-DBH staff, contracted provider agencies, the Community Policy Advisory Committee, the Cultural Competence Advisory Committee and all associated cultural subcommittees, and the Behavioral Health Commission. The announcement was also posted to the SBC-DBH website.

Printed copies of the plan were available upon request and an electronic copy was available on the SBC-DBH website. As a result, 30 returned stakeholder surveys were received during the public

posting period. All of the comments were received on the electronic Stakeholder comment form that was available to all stakeholders. Of the 30 respondents, 13 completed the satisfaction portion of the survey. Of those that responded, 80% indicated that they were satisfied, or very satisfied with the purpose of the proposed innovation project plan.

Summary and Analysis of Substantive Comments

Comments received about the MHSA PIVOT Innovation Project Plan 2025 and stakeholder process, were supportive of the plan and the SBC-DBH Community Program Planning process. Comments received include positive feedback in general, support for the project plan, and opportunities to consider in the implementation of the plan.

Thirteen comment forms were received during the 30-day posting and public comment period of the draft PIVOT Innovation Project Plan. A summary of the comments include:

- Support for improving access, integration, and quality of mental health services.
- Opportunities to strengthen services and reach underserved populations.

The following are a sample of direct comments received regarding the MHSA PIVOT Innovation Project Plan 2025 as well as responses from SBC-DBH. Wording and grammar edits have been made and are included below.

Comment: In my opinion this is a much-needed program and I am happy to help promote it.

Response: Thank you for your support of this project. We look forward to collaborating with community stakeholders in the implementation of the PIVOT project.

Comment: One concern is ensuring that underserved and hard-to-reach populations, especially those facing cultural or language barriers, are effectively engaged and included in service planning and delivery. Additional outreach strategies and culturally tailored interventions may be necessary to achieve equity in service access and utilization.

Response: We share your concern and agree that engaging underserved and hard-to-reach populations must be at the center of our planning. We are committed to incorporating additional outreach strategies and culturally tailored interventions so that services are truly accessible and equitable for every community we serve.

Comment: What is plan for community members that do not have Medi-Cal or have Medi-Cal as primary insurance? What will happen with existing clients that were accepted prior to PIVOT being implemented, if they do not have Medi-Cal?

Response: Thank you for your participation and feedback on the plan. This project will seek to serve individuals who have Medi-Cal or who are uninsured but meet low-income requirements. Individuals who have private insurance will be connected to services through their private insurance provider.

Comment: I appreciate the focus on improving access, integration, and quality of mental health services through the PIVOT Innovation Project Plan 2025. The plan's emphasis on innovation, community feedback, and collaboration with stakeholders reflects a strong commitment to meeting the diverse needs of our community. Continued attention to measurable outcomes and transparency in implementation will help ensure success.

Response: We appreciate your valuable comments and acknowledgment of the PIVOT Innovation Project Plan 2025. We're encouraged to hear that the plan's focus on access, integration, and quality resonates with you. The emphasis on innovation, community engagement, and stakeholder collaboration aligns closely with our core values. We also agree that maintaining transparency and tracking measurable outcomes will be key to ensuring the plan's long-term success and accountability.

We look forward to continued dialogue and partnership as we move the plan forward.

Comment: We serve the military population in the High Desert with Victor Community Support Services, I am concerned with how the PIVOT project will impact the population we serve in the PEI program due to our clients not having Medi-Cal as their primary insurance and if our program will continue to exist serving the rural area of Barstow, Fort Irwin, Newberry Springs and Yermo.

Response: Thank you for your participation and support of this project. One of the key purposes of the PIVOT project is to identify and document barriers where reimbursement structures or eligibility criteria may limit access, and to include them as part of the project's learning goals and outcomes. Your feedback helps us ensure that these realities are captured in our analysis and planning.

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:

- Primary County Contact:
 - Dr. Rebecca Scott Young, Administrative Manager
San Bernardino County Department of Behavioral Health
Rebecca.ScottYoung@dbh.sbcounty.gov
(909) 252-4046
 - Zakiya Otis, Program Manager
San Bernardino County Department of Behavioral Health
ZOtis@dbh.sbcounty.gov
(909) 252-4068
- Date Proposal posted for 30-day Public Review:
 - August 1, 2025 through August 30, 2025
- Date of Behavioral Health Commission hearing:
 - September 4, 2025, from 12-2pm at County of San Bernardino Behavioral Health Services Auditorium, 850 East Foothill Boulevard Rialto, CA 92376
- 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 BHS. 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.

ATTACHMENTS

| | |
|--|----|
| MHSA County Compliance Certification | 1 |
| MHSA County Fiscal Accountability Certification | 2 |
| April 2025 MHSA Executive Planning Committee Meeting | 3 |
| April 2025 MHSA Executive Planning Committee Meeting Presentation | 5 |
| April 2025 MHSA Community Policy Advisory Committee (CPAC) Meeting | 8 |
| April 2025 MHSA CPAC Meeting Presentation | 9 |
| April 2025 Prevention and Early Intervention Provider Network Meeting | 13 |
| April 2025 Prevention and Early Intervention Provider Network Meeting Presentation | 15 |
| Results from April 2025 MHSA CPAC Meeting | 20 |
| July 2025 Prevention and Early Intervention Provider Network Meeting | 21 |
| July 2025 Prevention and Early Intervention Provider Network Meeting Presentation | 23 |
| 30 Day Public Posting Web Blast #1 | 26 |
| 30 Day Public Posting SBC-DBH Website Announcement | 27 |
| 30 Day Public Posting SBC-DBH Website Links | 28 |
| 30 Day Public Posting News Release | 29 |
| 30 Day Public Posting Web Blast #2 | 30 |
| 30 Day Public Posting Stakeholder Feedback Instructions – English | 31 |
| 30 Day Public Posting Stakeholder Feedback Instructions – Spanish | 33 |
| 30 Day Public Posting Stakeholder Comment Form – English | 35 |
| 30 Day Public Posting Stakeholder Comment Form – Spanish | 39 |
| Public Hearing Web Blast | 43 |
| Public Hearing Agenda | 44 |
| Public Hearing Presentation | 46 |

MHSA COUNTY COMPLIANCE CERTIFICATION

County: San Bernardino

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report
- Innovation

| Local Mental Health Director | Program Lead |
|--|----------------------------------|
| Name: Joshua Dugas, MBA, REHS | Name: Dr. Rebecca Scott Young |
| Telephone Number: (909) 252-5142 | Telephone Number: (909) 252-4046 |
| E-mail: Joshua.Dugas@dbh.sbcounty.gov | E-mail: MHSA@dbh.sbcounty.gov |
| County Mental Health Mailing Address: County of San Bernardino Department of Behavioral Health 303 East Vanderbilt Way San Bernardino, CA 92415 | |

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 05/05/26.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Joshua Dugas, MBA, REHS
Local Mental Health Director/Designee (PRINT)

Signed by: Joshua Dugas 5/13/2026
5A92D5B2822A4C7... Date

County: San Bernardino

Date: 5/13/2026

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: San Bernardino

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report
- Innovation

| | |
|---|--|
| <p align="center">Local Mental Health Director</p> <p>Name: Joshua Dugas, MBA, REHS</p> <p>Telephone Number: (909) 252-5142</p> <p>E-mail: Joshua.Dugas@dbh.sbcounty.gov</p> | <p align="center">County Auditor-Controller / City Financial Officer</p> <p>Name: Ensen Mason CPA, CFA</p> <p>Telephone Number: (909) 382-7000</p> <p>E-mail: ensen.mason@sbcountyatc.gov</p> |
| <p>Local Mental Health Mailing Address:</p> <p align="center">County of San Bernardino Department of Behavioral Health 303 East Vanderbilt Way San Bernardino, CA 92415</p> | |

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Joshua Dugas, MBA, REHS
Local Mental Health Director (PRINT)

Signed by: Joshua Dugas 5/13/2026
5A92D5B2822A4C7... Date

I hereby certify that for the fiscal year ended June 30, 2025, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated March 11, 2026 for the fiscal year ended June 30, 2025. I further certify that for the fiscal year ended June 30, 2025, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Ensen Mason
County Auditor Controller / City Financial Officer (PRINT)

[Signature] 4/13/2026
Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)



**Behavioral Health
Administration**

Dr. Georgina Yoshioka,
DSW, MBA, LCSW
Director

Jennifer Alsina, MBA
Assistant Director

Marina Espinosa, MPA
Assistant Director

**Agenda: Mental Health Services Act (MHSA)
Executive Planning Committee
4/2/2025**


Purpose To serve as the decision-making body to oversee the “nuts and bolts” of MHSA/BHSA implementation.

Meeting date, time, and location Date: Wednesday, April 2, 2025
Time: 10:00 AM – 12:00 PM
Place: [MHSA Exec Teams Link](#)

Discussion items The table below identifies specific topics to be addressed at this meeting:

| Topic | Presenter |
|--|--|
| Welcome and Introductions | Dr. Rebecca Scott Young |
| MHSA / BHSA Administration Update & Program Guidance <ul style="list-style-type: none"> • PowerPoint Presentation <ul style="list-style-type: none"> ○ Program Change or Enhancement Memo Process ○ Innovations Project Update ○ Proposed CPAC Topics FY25/26 ○ Module 1 Overview ○ CBHDA Workgroup Updates • MHSA Funded Program Change or Enhancement Memo & Procedure (handout) • Proposed CPAC Topics FY25/26 (handout) • MHSA Administration Contact List (handout) | Dr. Rebecca Scott Young La Mika Lydia |

SUBJECT
DATE
PAGE 2 of 2

| | |
|---|--------------------------------------|
| <p>CBHDA Workgroup Updates</p> <ul style="list-style-type: none"> • Open Forum • Provide purpose of workgroups & beneficial updates • Discuss background of final regulation, County impact & Program action | <p>All CBHDA Workgroup Designees</p> |
| <p>Prop 1 Update: (See below links for updates)</p> <ul style="list-style-type: none"> • DHCS Behavioral Health Services Act County Policy Manual pdf: https://policy-manual.mes.dhcs.ca.gov/help-center/V1.0.0/download-resources • DHCS Behavioral Health Services Act County Policy Manual: https://policy-manual.mes.dhcs.ca.gov/ • Updated DHCS Webpage https://www.dhcs.ca.gov/services • Updated DHCS Housing for Health Website: https://www.dhcs.ca.gov/services/Pages/Housing-for-Health.aspx • DHCS Behavioral Health Transformation: https://www.dhcs.ca.gov/BHT/Pages/home.aspx • DHCS Behavioral Health Transformation Stakeholder Engagement: https://www.dhcs.ca.gov/BHT/Pages/Stakeholder-Engagement.aspx?utm_source=chatgpt.com • New Behavioral Health Services Oversight & Accountability Commission (BHSOAC) website: https://bhsoac.ca.gov/ • State of California Mental Health for All: https://www.mentalhealth.ca.gov | <p>Dr. Rebecca Scott Young</p> |
| <p>Quick Program Survey</p> <p>(Let us know how MHS Administration can serve you)</p> <p>https://form.jotform.com/242467335671158</p>  | <p>Dr. Rebecca Scott Young</p> |
| <p>Questions or Comments</p> | <p>All</p> |
| <p>Announcements</p> | <p>All</p> |

Behavioral Health

Innovation Project Updates


La Mika Lydia, MBA, MPA
Program Manager



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MHSA Executive Committee Meeting

Program Improvements for Valued Outpatient Treatment (PIVOT)



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MHSA Executive Committee Meeting

Project Description

Primary Challenge

- Behavioral Health Transformation initiatives, including Behavioral Health Services Act (BHSA), will require changes in behavioral health operations and programs.
- Several areas within the system of care require administrative and/or program changes to improve access to and quality of services.

Response to required changes

Create an umbrella proposal that:

- Identifies successful strategies and administrative changes needed to prepare for the transition to BHSA and share lessons learned.
- Proposes innovative strategies to address local areas of need identified through stakeholder feedback.
- Offers San Bernardino County the opportunity to participate in Orange County's PIVOT project components that best align with our local needs.

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MHSA Executive Committee Meeting

Project Description

- Full Service Partnership (FSP) Reboot**

Establish the local administrative processes and data infrastructure needed to prepare the county for changes to FSP programs under BHSA.
- Developing Capacity for Specialty MH Plan Services with Diverse Communities**

Identify the minimum capacity of a community-based organization (CBO) to be able to become a specialty mental health plan/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracted provider.


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MHSA Executive Committee Meeting


Behavioral Health Transformation Alignment

- Full Service Partnership Reboot**

Focuses on changing administrative processes and building the data infrastructure necessary to align with the new funding and program requirements under BHSA.


- Developing Capacity for Specialty MH Plan Services with Diverse Communities**


Strives to develop capacity of Community-Based Organizations (CBO's) to become specialty mental health providers to ensure equitable access, and advance Community-Defined Evidence-Based Practices (CDEP), which aligns with efforts under BHSA.



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MHSA Executive Committee Meeting

Peer Housing Project



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MHSA Executive Committee Meeting 15

Project Description

Primary Challenge

- Address the housing needs of unhoused individuals who are actively engaged in clubhouse services.

Response to required changes

- Develop a comprehensive housing system of care that prioritizes permanent housing access and self-sustainability.
- Bridges the gap between housing instability and supportive care, by offering a comprehensive solution that addresses the complex needs of unhoused individuals seeking recovery and support services while prioritizing self-determination and peer support where traditional mental health care is not the service of choice.


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MHSA Executive Committee Meeting 16

Behavioral Health Transformation Alignment

Peer Housing Project


- Combines the principles of permanent housing access, self-sustainability, and peer support within the context of clubhouse services.
- Bridges the gap between housing instability and supportive care, by offering a comprehensive solution that addresses the complex needs of unhoused individuals seeking recovery and support services.
- Focuses on equipping individuals with the necessary tools and support to achieve self-sustainability.



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MHSA Executive Committee Meeting 17

Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC)



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MHSA Executive Committee Meeting 18

Project Description

Primary Challenge

- Substance Use Disorder and Recovery Services (SUDRS) system of care requires administrative and/or program changes to offer services under the Behavioral Health Services Act (BHSA).
- Provide timely access to mental health and SUD services to prevent mental illness and substance use disorders from becoming severe and disabling.

Response to required changes

- Create a space for SUDRS to provide same day, non-emergency services offered on a walk-in basis and access to services in a setting designed to deliver care without stigmatizing clients or their loved ones.
- Opportunity to pilot contracted Physician Associates as medical providers working under the supervision of Board-Certified Addiction Medicine Physicians.


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MHSA Executive Committee Meeting 19

Behavioral Health Transformation Alignment

Behavioral Health (BH) Crisis Walk-In Clinic (SWIC)


- Provides clinic based, outpatient substance use disorder services, necessary for the ongoing evaluation and stabilization of an enrolled individual.



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MHSA Executive Committee Meeting 20

Nurse Concept Project



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MHSA Executive Committee Meeting 21

Project Description

Primary Challenge

- There is a need for nursing staff that are trained to provide support to Substance Use Disorder and Recovery Services (SUDRS) programs, to assist with Medication Assisted Treatment (MAT) services in the clinics as well as within the Mobile Unit to administer medications and monitor patients for adverse reactions.

Response to required changes

- Add Mental Health Nurse II (MHN II) positions to SUDRS programs to assist with MAT services in the clinics as well as within the Mobile Unit to administer medications and monitor patients for adverse reactions.
- Include specialization training for the MHN IIs to learn the skills to provide services to this population. These positions would be specialized new Registered Nurse (RN) positions with the goal of getting them certified in addiction nursing, behavioral health, and harm reduction strategies.

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MHSA Executive Committee Meeting 22

Behavioral Health Transformation Alignment

Nurse Concept Project

Expand Behavioral Health Workforce and include SUD Services:



- MHN IIs would conduct motivational interviewing (MI) to assess patient readiness to change.
- MHN IIs would become part of the mobile van units to provide regular assistance.
- Combine RN – led care with peer support, and education in order to empower individuals currently using substances to make informed decisions about their health while expanding access to essential MAT and behavioral health services.



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MHSA Executive Committee Meeting 23

We want to hear from you!!!

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Questions?

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Behavioral Health Administration

Dr. Georgina Yoshioka,
DSW, MBA, LCSW
Director

Jennifer Alsina, MBA
Assistant Director

Marina Espinosa, MPA
Assistant Director

Agenda: Mental Health Services Act (MHSA) Community Policy Advisory Committee (CPAC) Meeting Thursday, April 17, 2025

Purpose To meet monthly for MHSA program implementation updates, review MHSA legislation and other state updates as well as review & provide feedback and approval of new MHSA plans and programs.

Meeting date, time, and location Date: Thursday, April 17, 2025
Time: 10:00 AM to 12:00 PM
Place: Via Microsoft Teams
[CPAC Meeting Link Join Here](#)

Discussion items The table below identifies specific topics to be addressed at this meeting:

| Topic | Presenter | Handout |
|--|-------------------------|---------|
| Welcome, Introductions, and Provide an overview of MHSA | Dr. Rebecca Scott Young | No |
| Provide an overview of Proposition 1/Behavioral Health Services Act (BHSA) | Sonia Navarro | Yes |
| BHSA County Policy Manual Module 1 | Sonia Navarro | Yes |
| Share feedback from the February CPAC meeting | La Mika Lydia | Yes |
| Innovation Projects | La Mika Lydia | Yes |
| 24/25 CPAC Themes | Dr. Rebecca Scott Young | Yes |
| Next Steps and Next Meeting | Dr. Rebecca Scott Young | No |
| Announcements | PRO/All | No |

If you would like more information or wish to add or update your contact information, please call (909) 252-4021 or email MHSA@dbh.sbcounty.gov

CPAC materials will be provided in a requested language upon request.

Behavioral Health

Innovation Projects



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La Mika Lydia, MBA, MPA
Program Manager

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Community Policy Advisory Committee

Innovation Component

The intent of the Innovation component of the Mental Health Services Act (MHSA) is to test methods that adequately address the behavioral health needs of unserved and underserved populations.

Innovation Projects must:

- **Introduce new mental health practices or approaches** that are innovative, novel, creative and/or ingenious.
- **Make a change to an existing mental health practice or approach**, including, but not limited to, adaptation for a new setting or community.
- **Contribute to learning** rather than focusing on providing services; merely addressing an unmet service need is not sufficient for innovation funding.

Time-limited Pilot Projects

- Innovation projects can only last a maximum of five (5) years from the start date of the project.
- Successful parts of the project may continue under a different funding source and/or be incorporated into the DBH Continuum of Care.
- Projects may be terminated prior to the planned end date. (9 CCR § 3910.10)


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Community Policy Advisory Committee

Innovation Component

Every Innovation project must identify one of the following primary purposes as part of the project's design:

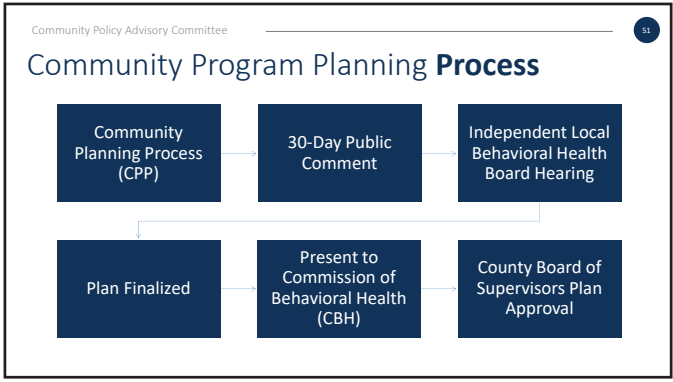
- Increase access to mental health services to underserved groups.
- Increase the quality of mental health services, including measurable outcomes.
- Increase access to mental health services.
- Promote interagency and community collaboration related to mental health services or supports.



Additional Project Requirements:

- Innovation projects must be approved by the commission for Behavioral Health (CBH) and Board of Supervisors.
- Projects must be developed through a process that is inclusive and representative of the unserved/underserved populations.

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Community Policy Advisory Committee

Stakeholder Process

Plans shall be developed with local stakeholders including consumers, families, service providers, law enforcement agencies, educators, social services agencies, veterans and veteran representatives, providers of alcohol and drug services, and health care organizations, among others (WIC § 5848).

Stakeholders should include representatives of unserved and/or underserved populations and individuals/families living with serious mental illness and/or serious emotional disturbances. Stakeholders should represent the diverse demographics of the county including, but not limited to, age, gender, race/ethnicity, and location.

Counties shall adopt the following standards in planning, implementing, and evaluating programs:

- Community collaboration
- Cultural competence
- Client-driven
- Wellness, recovery, and resilience-focused
- Integrated service experiences for clients and their families.

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Community Policy Advisory Committee

BHSA Transformation

- The Behavioral Health Services Act (BHSA) will require a systemwide transformation of San Bernardino County's behavioral health services. The MHSA INN component was designed to evaluate the impact of new or changed practices in mental health, with transformational change as its primary goal.
- Although the BHSA does not include a component for innovation, current language included in Senate Bill 326 notes that approved Innovation projects can continue to be implemented past the June 30, 2026, if approval has been received prior to that start date.
- This opens the opportunity to utilize Innovation dollars to identify and evaluate strategies and administrative changes needed to prepare for the transition to BHSA and share lessons learned.
- The realignment of the behavioral health continuum of care, along with the testing of new processes is proposed under the following Innovation projects.

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Community Policy Advisory Committee

Proposed Innovation **Projects**


- Program Improvements for Valued Outpatient Treatment (PIVOT)
- Peer Housing Project
- Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC)
- Nurse Concept Project



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Community Policy Advisory Committee

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



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Community Policy Advisory Committee

Project **Concept**

- 1**

Full-Service Partnership (FSP) Reboot

Establish the local administrative processes and data infrastructure needed to prepare the county for changes to FSP programs under BHSA.
- 2**

Developing Capacity for Specialty MH Plan Services with Diverse Communities

Identify the minimum capacity of a community-based organization (CBO) to be able to become a specialty mental health plan/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracted provider.

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Community Policy Advisory Committee

Challenge/**Response**

Primary Challenge

Behavioral Health Transformation initiatives, including Behavioral Health Services Act (BHSA), will require changes in behavioral health operations and programs.

- Several areas within the system of care require administrative and/or program changes to improve access to and quality of services.

Response to required changes

Create an umbrella proposal that:

- Identifies successful strategies and administrative changes needed to prepare for the transition to BHSA and share lessons learned.
- Proposes innovative strategies to address local areas of need identified through stakeholder feedback.
- Offers San Bernardino County the opportunity to participate in Orange County's PIVOT project components that best align with our local needs.

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Community Policy Advisory Committee

Behavioral Health Transformation **Alignment**

- 1**


Full-Service Partnership Reboot Alignment

Focuses on changing administrative processes and building the data infrastructure necessary to align with the new funding and program requirements under BHSA.


- 2**

Developing Capacity for Specialty MH Plan Services with Diverse Communities Alignment

Strives to develop the capacity of Community-Based Organizations (CBOs) to become specialty mental health providers to ensure equitable access, and advance Community-Defined Evidence-Based Practices (CDEBP), which aligns with efforts under BHSA.



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Community Policy Advisory Committee

Peer Housing **Project**



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Community Policy Advisory Committee

Project Concept

Peer Housing Project

Design a housing model that is inspired by the current Department of Behavioral Health (DBH) Transitional Housing model. The innovative part of this project will be that the project is designed for Clubhouse participants and will be designed as a peer run house with the purpose of assisting the participants in transitioning from homelessness to stable permanent housing, utilizing the skills they gain as part of this project.

These skills will include things such as cooking, cleaning, budgeting, employment training, vocational training, social skills, etc.

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Community Policy Advisory Committee

Challenge/Response

Primary Challenge

- Address the housing needs of unhoused individuals who are actively engaged in clubhouse services.

Response to required changes

- Develop a comprehensive housing system of care that prioritizes permanent housing access and self-sustainability.
- Extend the peer respite model to offer longer-term support, catering to the unique needs of adults seeking recovery and support services.


61

Community Policy Advisory Committee

Behavioral Health Transformation Alignment

Peer Housing Project Alignment

- Combines the principles of permanent housing access, self-sustainability, and peer support within the context of clubhouse services.
- Bridges the gap between housing instability and supportive care, by offering a comprehensive solution that addresses the complex needs of unhoused individuals seeking recovery and support services.
- Focuses on equipping individuals with the necessary tools and support to achieve self-sustainability.



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Community Policy Advisory Committee

Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC)



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Community Policy Advisory Committee

Project Concept

Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC)

Enhance access to behavioral health services by offering same day, non-emergency services, to include access to Substance Use Disorder services, on a walk-in basis (like an urgent/extended).

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Community Policy Advisory Committee

Challenge/Response

Primary Challenge

- Behavioral Health Transformation (BHT) initiatives, including the Behavioral Health Services Act (BHSA), will require changes in behavioral health operations and programs.
- The Substance Use Disorder and Recovery Services (SUDRS) system of care requires administrative and/or program changes to improve access to and quality of services.

Response to required changes

- Create a space for SUDRS to provide same day, non-emergency services offered on a walk-in basis and access to services in a setting designed to deliver care without stigmatizing clients or their loved ones.
- Opportunity to pilot contracted Physician Associates as medical providers working under the supervision of Board-Certified Addiction Medicine Physicians.


65

Community Policy Advisory Committee

Behavioral Health Transformation Alignment

Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC) Alignment


- Provides clinic-based, outpatient substance use disorder services, necessary for the ongoing evaluation and stabilization of an enrolled individual.



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Community Policy Advisory Committee

Nurse Concept Project



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Community Policy Advisory Committee

Project Concept

Nurse Concept Project

Expand DBH Workforce by adding Mental Health Nurse II (MHN II) positions to SUDRS programs to assist with MAT services in the clinics as well as within the Mobile Unit to administer medications and monitor patients for adverse reactions.

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Community Policy Advisory Committee

Project Description

Primary Challenge

- There is a need for nursing staff that are trained to provide support to Substance Use Disorder and Recovery Services (SUDRS) programs, to assist with Medication Assisted Treatment (MAT) services in the clinics as well as within the Mobile Unit to administer medications and monitor patients for adverse reactions.

Response to required changes

- Add Mental Health Nurse II (MHN II) positions to SUDRS programs to assist with MAT services in the clinics as well as within the Mobile Unit to administer medications and monitor patients for adverse reactions.
- Include specialization training for the MHN IIs to learn the skills to provide services to this population. These positions would be specialized new Registered Nurse (RN) positions with the goal of getting them certified in addiction nursing, behavioral health, and harm reduction strategies.

69


Community Policy Advisory Committee

Behavioral Health Transformation Alignment

Nurse Concept Project Alignment

Expand Behavioral Health Workforce and include SUD Services:

- MHN IIs would conduct motivational interviewing (MI) to assess patient readiness to change.
- MHN IIs would become part of the mobile van units to provide regular assistance.
- Combine RN – led care with peer support, and education in order to empower individuals currently using substances to make informed decisions about their health while expanding access to essential MAT and behavioral health services.



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Community Policy Advisory Committee

Survey Questions

Please complete the survey to let us know what you thought of today's presentation.

Do you support any of the following Innovation projects discussed? Please answer yes or no, and please tell us why.

- Program Improvements for Valued Outpatient Treatment (PIVOT) Project?
- Peer Housing Project?
- Behavioral Health (BH) Crisis Walk-In Clinic?
- Nurse Concept Project?

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Behavioral Health Administration

Dr. Georgina Yoshioka,
DSW, MBA, LCSW
Director

Jennifer Alsina, MBA
Assistant Director

Marina Espinosa, MPA
Assistant Director

Agenda: Prevention and Early Intervention Quarterly Provider Network Meeting

Meeting Information Date: April 10, 2025
Time: 1:00 pm to 3:00 pm
Place: [Microsoft Teams](#)
Meeting ID: 233 178 407 505
Meeting password: Vi2TE3m9

Discussion items The table below identifies specific topics to be addressed at this meeting:

| Topic | Discussion Leader |
|---|-------------------|
| Welcome and Introductions | Jeanine Wymer |
| OmniTrans Mobility Services | Samuel Rodriguez |
| Healthy San Bernardino County Superintendent of Schools | James Soward |
| Innovation Project Updates | La Mika Lydia |
| Upcoming PEI Items | Jeanine Wymer |
| Announcements | All |

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Fifth District

Luther Snoke
Chief Executive Officer

Prevention and Early Intervention Quarterly Provider Network Meeting

April 10, 2025

PAGE 2 of 2

Upcoming PEI Quarterly Provider Meetings

| Date | Time | Location |
|---------------|--------------------|--|
| July 10, 2025 | 1:00 pm to 3:00 pm | Microsoft Teams Meeting ID: 233 178 407 505 Passcode: Vi2TE3m9 |

Other Upcoming Events

| Event | Date | Time | Location |
|--------------------------------------|---------------------------------------|-------------------------|--|
| Community Policy Advisory Committee | 3 rd Thursday of the month | 10:00 p.m. – 12:00 p.m. | Microsoft Teams or In Person (check schedule for location) |
| Behavioral Health Commission Meeting | 1 st Thursday of the month | 12:00 p.m. – 2:00 p.m. | CSBHS Behavioral Health Services Auditorium 850 E. Foothill Blvd, Rialto |

*Meeting and event time/location subject to change

Behavioral Health

Innovation Project Updates

La Milka Lydia, MBA, MPA
Program Manager

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PEI Provider Network Meeting 36

Innovation Component

The intent of the Innovation component of the Mental Health Services Act (MHSA) is to test methods that adequately address the behavioral health needs of unserved and underserved populations.

Innovation Projects must:

- Introduce new mental health practices or approaches that are innovative, novel, creative and/or ingenious.
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Contribute to learning rather than focusing on providing services; merely addressing an unmet service need is not sufficient for innovation funding.

Time-limited Pilot Projects

- Innovation projects can only last a maximum of five (5) years from the start date of the project.
- Successful parts of the project may continue under a different funding source and/or be incorporated into the DBH Continuum of Care.
- Projects may be terminated prior to the planned end date. (9 CCR § 3910.10)

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PEI Provider Network Meeting 37

Innovation Component

Every Innovation project must identify one of the following primary purposes as part of the project's design:

- ✓ Increase access to mental health services to underserved groups.
- ✓ Increase the quality of mental health services, including measurable outcomes.
- ✓ Increase access to mental health services.
- ✓ Promote interagency and community collaboration related to mental health services or supports.

Additional Project Requirements:

- Innovation projects must be approved by the Behavioral Health Services Oversight and Accountability Commission (BHSOAC).
- Projects must be developed through a process that is inclusive and representative of the unserved/underserved populations.

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PEI Provider Network Meeting 38

Innovation Community Program Planning Process

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    graph TD
      A[Community Planning Process (CPP)] --> B[30-Day Public Comment]
      B --> C[Independent Local Behavioral Health Board Hearing]
      C --> D[Plan Finalized]
      D --> E[Present to BHSOAC]
      E --> F[County Board of Supervisors Plan Approval]
    
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PEI Provider Network Meeting 39

Stakeholder Process

Plans shall be developed with local stakeholders including consumers, families, service providers, law enforcement agencies, educators, social services agencies, veterans and veteran representatives, providers of alcohol and drug services, and health care organizations, among others (WIC § 5848). Stakeholders should include representatives of unserved and/or underserved populations and individuals/families living with serious mental illness and/or serious emotional disturbances. Stakeholders should represent the diverse demographics of the county including, but not limited to, age, gender, race/ethnicity, and location.

Counties shall adopt the following standards in planning, implementing, and evaluating programs:

- Community collaboration
- Cultural competence
- Client-driven
- Wellness, recovery, and resilience-focused
- Integrated service experiences for clients and their families

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PEI Provider Network Meeting 40

BHSA Transformation

- The Behavioral Health Services Act (BHSA) will require a systemwide transformation of San Bernardino County's behavioral health services. The MHSA INN component was designed to evaluate the impact of new or changed practices in mental health, with transformational change as its primary goal.
- Although the BHSA does not include a component for Innovation, current language included in Senate Bill 326 notes that approved Innovation projects can continue to be implemented past the June 30, 2026, if approval has been received prior to that start date.
- This opens the opportunity to utilize Innovation dollars to identify and evaluate strategies and administrative changes needed to prepare for the transition to BHSA and share lessons learned.
- The realignment of the behavioral health continuum of care, along with the testing of new processes is proposed under the following Innovation projects

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PEI Provider Network Meeting 41

Proposed Innovation **Projects**


- Program Improvements for Valued Outpatient Treatment (PIVOT)
- Peer Housing Project
- Behavioral Health Crisis Walk-in Clinic (BH-CWIC)



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PEI Provider Network Meeting 42

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



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PEI Provider Network Meeting 43

Project **Concept**

- Full Service Partnership (FSP) Reboot**

Establish the local administrative processes and data infrastructure needed to prepare the county for changes to FSP programs under BHSA.
- Developing Capacity for Specialty MH Plan Services with Diverse Communities**

Identify the minimum capacity of a community-based organization (CBO) to be able to become a specialty mental health plan/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracted provider.

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PEI Provider Network Meeting 44

Challenge/**Response**

Primary Challenge

Behavioral Health Transformation initiatives, including Behavioral Health Services Act (BHSA), will require changes in behavioral health operations and programs.

- Several areas within the system of care require administrative and/or program changes to improve access to and quality of services.

Response to required changes

Create an umbrella proposal that:

- Identifies successful strategies and administrative changes needed to prepare for the transition to BHSA and share lessons learned.
- Proposes innovative strategies to address local areas of need identified through stakeholder feedback.
- Offers San Bernardino County the opportunity to participate in Orange County's PIVOT project components that best align with our local needs.


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PEI Provider Network Meeting 45


Behavioral Health Transformation **Alignment**

- Full Service Partnership Reboot Alignment**

Focuses on changing administrative processes and building the data infrastructure necessary to align with the new funding and program requirements under BHSA.


- Developing Capacity for Specialty MH Plan Services with Diverse Communities Alignment**


Strives to develop the capacity of Community-Based Organizations (CBOs) to become specialty mental health providers to ensure equitable access, and advance Community-Defined Evidence-Based Practices (CDEBP), which aligns with efforts under BHSA.



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PEI Provider Network Meeting 46

Survey Question



Please complete the survey to let us know your opinion.

1. Do you support the Program Improvements for Valued Outpatient Treatment (PIVOT)?



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PEI Provider Network Meeting 47

Peer Housing Project



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PEI Provider Network Meeting 48

Project Concept

Peer Housing Project

Design a housing model that is inspired by the current Department of Behavioral Health (DBH) Transitional Housing model. The innovative part of this project will be that the project is designed for Clubhouse participants and will be designed as a peer run house with the purpose of assisting the participants in transitioning from homelessness to stable permanent housing, utilizing the skills they gain as part of this project.

These skills will include things such as cooking, cleaning, budgeting, employment training, vocational training, social skills, etc.

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PEI Provider Network Meeting 49

Challenge/Response

Primary Challenge

- Address the housing needs of unhoused individuals who are actively engaged in clubhouse services.

Response to required changes

- Develop a comprehensive housing system of care that prioritizes permanent housing access and self-sustainability.
- Extend the peer respite model to offer longer-term support, catering to the unique needs of adults seeking recovery and support services.


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PEI Provider Network Meeting 50

Behavioral Health Transformation Alignment

Peer Housing Project Alignment

- Combines the principles of permanent housing access, self-sustainability, and peer support within the context of clubhouse services.
- Bridges the gap between housing instability and supportive care, by offering a comprehensive solution that addresses the complex needs of unhoused individuals seeking recovery and support services.
- Focuses on equipping individuals with the necessary tools and support to achieve self-sustainability.



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PEI Provider Network Meeting 51

Survey Question



Please complete the survey to let us know your opinion.


- Do you support the Peer Housing Project?



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PEI Provider Network Meeting 52

Behavioral Health(BH) Crisis Walk-In Clinic (BH-CWIC)



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PEI Provider Network Meeting 53

Project **Concept**

Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC)

Enhance access to behavioral health services by offering same day, non-emergency services, to include access to Substance Use Disorder services, on a walk-in basis (like an urgent/extended care).

53

PEI Provider Network Meeting 54

Challenge/**Response**

Primary Challenge

- Behavioral Health Transformation (BHT) initiatives, including the Behavioral Health Services Act (BHSA), will require changes in behavioral health operations and programs.
- The Substance Use Disorder and Recovery Services (SUDRS) system of care requires administrative and/or program changes to improve access to and quality of services.

Response to required changes

- Create a space for SUDRS to provide same day, non-emergency services offered on a walk-in basis and access to services in a setting designed to deliver care without stigmatizing clients or their loved ones.
- Opportunity to pilot contracted Physician Associates as medical providers working under the supervision of Board-Certified Addiction Medicine Physicians.


54

PEI Provider Network Meeting 55

Behavioral Health Transformation **Alignment**

Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC) Alignment



Provides clinic-based, outpatient substance use disorder services, necessary for the ongoing evaluation and stabilization of an enrolled individual.



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PEI Provider Network Meeting 56

Survey Question

Please complete the survey to let us know your opinion.

- Do you support the Behavioral Health (BH) Crisis Walk-In Clinic ?



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PEI Provider Network Meeting 57

Nurse Concept **Project**



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PEI Provider Network Meeting 58

Project **Concept**

Nurse Concept Project

Expand DBH Workforce by adding Mental Health Nurse II (MHN II) positions to SUDRS programs to assist with MAT services in the clinics as well as within the Mobile Unit to administer medications and monitor patients for adverse reactions.

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PEI Provider Network Meeting 59

Project Description

Primary Challenge

- There is a need for nursing staff that are trained to provide support to Substance Use Disorder and Recovery Services (SUDRS) programs, to assist with Medication Assisted Treatment (MAT) services in the clinics as well as within the Mobile Unit to administer medications and monitor patients for adverse reactions.

Response to required changes

- Add Mental Health Nurse II (MHN II) positions to SUDRS programs to assist with MAT services in the clinics as well as within the Mobile Unit to administer medications and monitor patients for adverse reactions.
- Include specialization training for the MHN IIs to learn the skills to provide services to this population. These positions would be specialized new Registered Nurse (RN) positions with the goal of getting them certified in addiction nursing, behavioral health, and harm reduction strategies.

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PEI Provider Network Meeting 60

Behavioral Health Transformation Alignment

Nurse Concept Project Alignment

Expand Behavioral Health Workforce and include SUD Services:



- MHN IIs would conduct motivational interviewing (MI) to assess patient readiness to change.
- MHN IIs would become part of the mobile van units to provide regular assistance.
- Combine RN-led care with peer support, and education in order to empower individuals currently using substances to make informed decisions about their health while expanding access to essential MAT and behavioral health services.



60


PEI Provider Network Meeting 61

Survey Question

Please complete the survey to let us know your opinion.

- Do you support the Nurse Concept project?



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PEI Provider Network Meeting 62


Survey Questions

Please complete the survey to let us know what you thought of today's presentation.

If you are in support of any of the Innovation projects discussed, please state why you support the:

- Full Service Partnership Reboot component for the PIVOT project?
- Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities components for the PIVOT project? Peer Housing project?
- Peer Housing project?
- Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC) project?
- Nurse Concept project?

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April CPAC Survey Results Innovation Projects

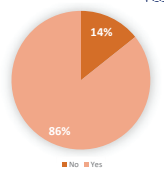
La Miika Lydia, MBA, MPA
Program Manager
Community Services and Supports (CSS)

31


April CPAC Survey Results – Innovation Projects

Do you support any of the following Innovation projects discussed? Please answer yes or no, and please tell us why.

Peer Housing Project



"Excellent idea, especially for club house members who are experiencing homelessness. I also like its peer run. It would help lots of people."



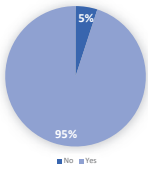
MHS Administration • CPAC **32**

32


April CPAC Survey Results – Innovation Projects

Do you support any of the following Innovation projects discussed? Please answer yes or no, and please tell us why.

Behavioral Health (BH) Crisis Walk-In Clinic (BH-CWIC)?



"Yes, please!!! We are seeing the need for substance abuse treatment increase in our younger populations. The information and increased access to NARCAN has helped, but we need a walk-in clinic that can address substance abuse in an emergency specialized way (not the ER way-when it is not needed)."



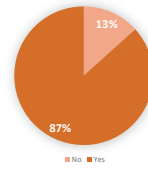
MHS Administration • CPAC **33**

33


April CPAC Survey Results – Innovation Projects

Do you support any of the following Innovation projects discussed? Please answer yes or no, and please tell us why.

Nurse Concept Project?



"This type of program would be very helpful in desert regions where programs like this are pretty non-existent."



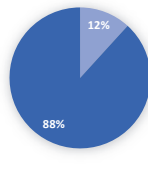
MHS Administration • CPAC **34**

34

April CPAC Survey Results – Innovation Projects


Do you support any of the following Innovation projects discussed? Please answer yes or no, and please tell us why.

Program Improvements for Valued Outpatient Treatment (PIVOT) Project



"I think this is an important and essential project to help the community in a positive way"

In response to stakeholder feedback, the Nursing Concept Project is being integrated into the Pivot – FSP Reboot to enhance SUD/co-occurring care through targeted nursing training and Certified Addictions Registered Nurse (CARN) certification support (e.g., MAT, MI, ASAM, SUD assessments).



MHS Administration • CPAC **35**

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Behavioral Health Administration

Dr. Georgina Yoshioka,
DSW, MBA, LCSW
Director

Jennifer Alsina, MBA
Assistant Director

Marina Espinosa, MPA
Assistant Director

Agenda: Prevention and Early Intervention Quarterly Provider Network Meeting

Meeting Information Date: July 31, 2025
 Time: 1:00 pm to 3:00 pm
 Place: [Microsoft Teams](#)
 Meeting ID: 233 178 407 505
 Meeting password: Vi2TE3m9

Discussion items The table below identifies specific topics to be addressed at this meeting:

| Topic | Discussion Leader |
|--|-------------------|
| Welcome and Introductions | Jeanine Wymer |
| PIVOT Project | Arthur Shaw III |
| Inland Empire Family Resource Center Coalition | Juan Solis |
| Fatherhood Engagement Program | Juan Solis |
| PEI Items | Rochelle Bernarte |
| Announcements | All |

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Fifth District

Luther Snoke
Chief Executive Officer

Prevention and Early Intervention Quarterly Provider Network Meeting

July 31, 2025

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Upcoming PEI Quarterly Provider Meetings

| Date | Time | Location |
|-----------------|--------------------|--|
| October 9, 2025 | 1:00 pm to 3:00 pm | Microsoft Teams Meeting ID: 233 178 407 505 Passcode: Vi2TE3m9 |

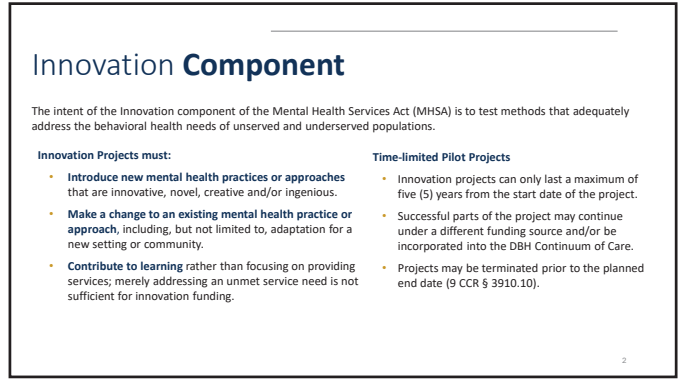
Other Upcoming Events

| Event | Date | Time | Location |
|--------------------------------------|---------------------------------------|-------------------------|--|
| Community Policy Advisory Committee | 3 rd Thursday of the month | 10:00 p.m. – 12:00 p.m. | Microsoft Teams or In Person (check schedule for location) |
| Behavioral Health Commission Meeting | 1 st Thursday of the month | 12:00 p.m. – 2:00 p.m. | CSBHS Behavioral Health Services Auditorium 850 E. Foothill Blvd, Rialto |

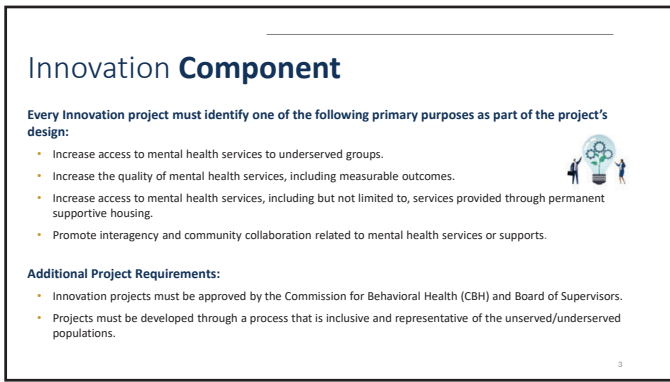
*Meeting and event time/location subject to change



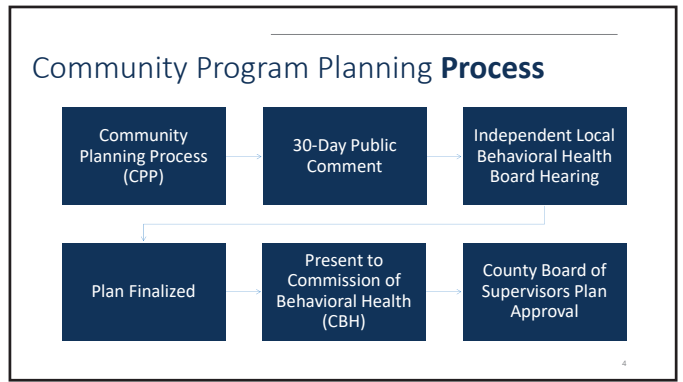
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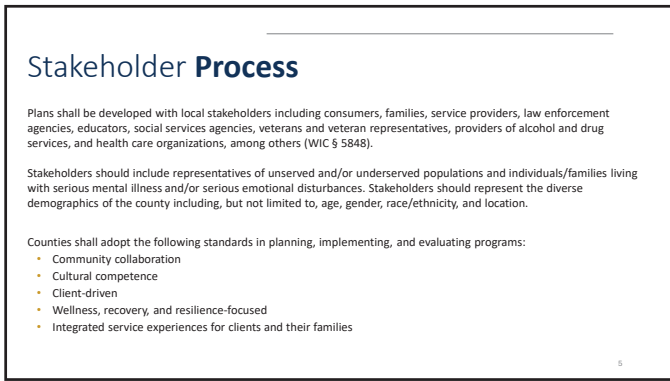
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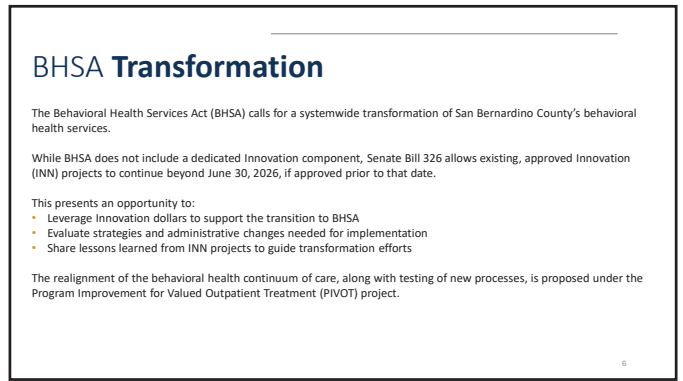
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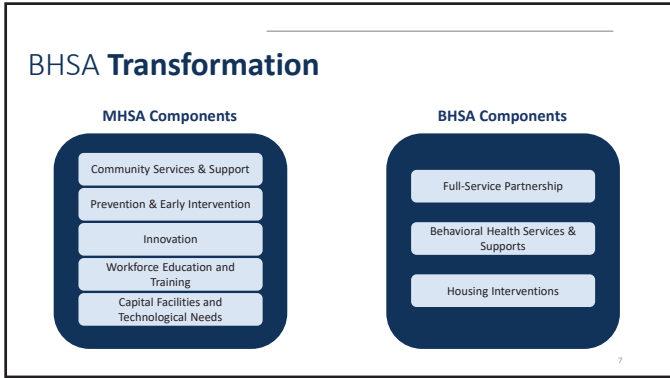
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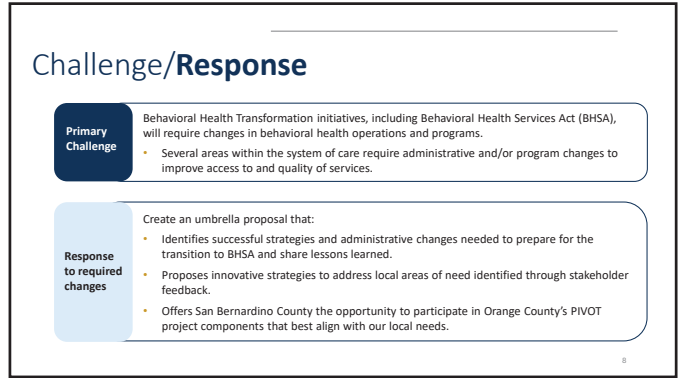
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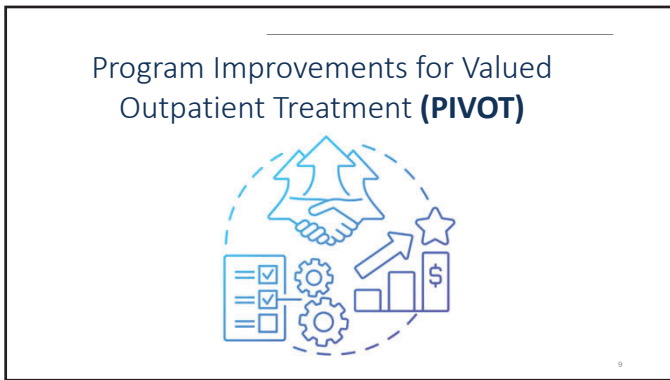
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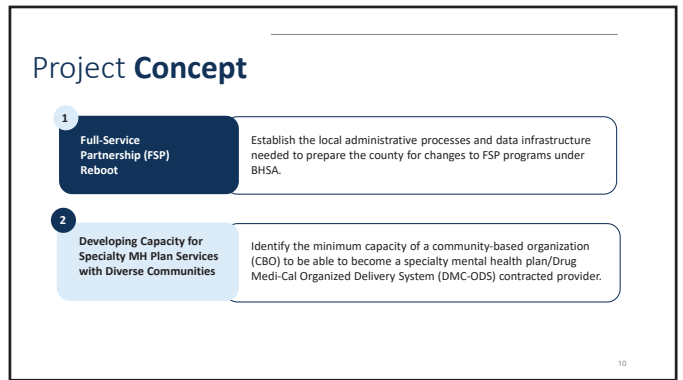
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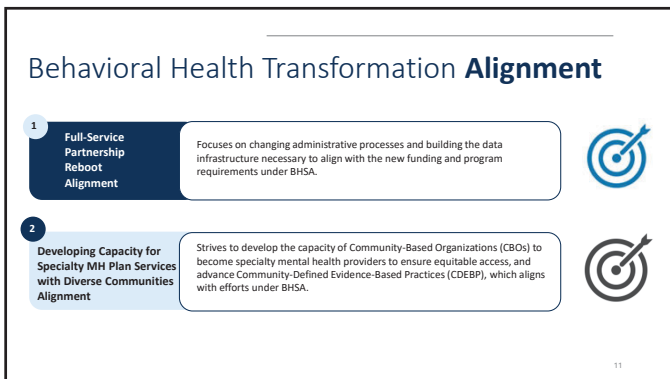
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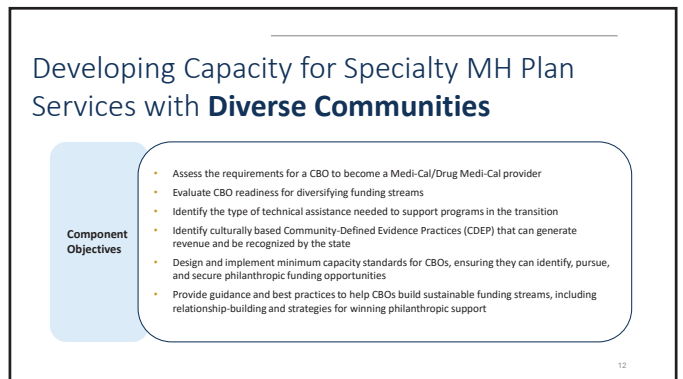
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Survey Questions

Please complete the survey to let us know what you thought of today's presentation and provide feedback on the Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project.

1. Do you support the PIVOT Innovation Project? Please answer yes or no, and please tell us why.
2. What are your biggest concerns with transitioning from MHSA to BHSA?
3. Does your organization currently provide Medi-Cal (Specialty Mental Health Services and Drug Medi-Cal Organized Delivery Services) billable services? If yes, provide examples of services.
4. Does your organization currently have experience in accessing EHR/billing systems?
5. What training or support does your organization need to adequately provide or strengthen knowledge about Medi-Cal billable services?

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Survey Questions

<https://survey123.arcgis.com/share/68ac4fc0a6374504a04f807721e3039a?portalUrl=https://maps.sbcounty.gov/sbcgis>



14

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Innovation Peer Housing Project



Q&A

www.SBCounty.gov/DBH

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Contact Information

DBH Innovation
(909) 252-4048
DBH-Innovation@dbh.sbcounty.gov

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DEPARTMENT OF BEHAVIORAL HEALTH UPDATES

August 6, 2025



Behavioral Health Seeks Public Input on MHSa Innovation Plan

The San Bernardino County Department of Behavioral Health (DBH) invites community members to review and provide feedback on the Mental Health Services Act (MHSa) Innovation Project titled Program Improvements for Valued Outpatient Treatment (PIVOT).

The Innovation component of MHSa aims to enhance the mental health care system by exploring and implementing new approaches. The PIVOT initiative is a forward-thinking project designed to support the County's transition from MHSa components to the new Behavioral Health Services Act (BHSA) framework. Please click the link below for the official announcement and guidance on how to provide feedback.



Mental Health Services Act (MHSA) Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project Plan 2025



The MHSA PIVOT Project Plan Draft is now posted for review and feedback under the Innovation Project Plans section of the MHSA page. For instructions on how to provide feedback, please click the following links for [English](#) and [Spanish](#).

[MHSA PIVOT Project Plan Draft](#)

Fentanyl Doesn't Care. But We Do.



PIVOT INN Plan - Attachments

The San Bernardino County Department of Behavioral Health, VOID, and the INTO LIGHT Project encourages you to get the



Fiscal Years 2017-18 through 2019-20

[Approved Plan](#) (July 2017)

[County BOS Approval Fiscal Years 2017-18 through 2019-20](#)

MHSA Annual Revenue and Expenditure Reports

[Fiscal Year 2023/24](#)

[Fiscal Year 2022/23 – Revised](#)

[Fiscal Year 2021/22](#)

[Fiscal Year 2020/21](#)

[Fiscal Year 2019/20](#)

[Fiscal Year 2017/18](#)

[Fiscal Year 2016/17](#)

Innovation Project Plans

[Draft MHSA PIVOT Innovation Project Plan 2025](#)

[PIVOT 30 Day Posting – Stakeholder Comment Form \(English\)](#)

[PIVOT 30 Day Posting – Stakeholder Comment Form \(Spanish\)](#)

[PIVOT Feedback Instructions for 30 Day Posting \(English\)](#)

[PIVOT Feedback Instructions for 30 Day Posting \(Spanish\)](#)

[MHSA PIVOT Feedback Form](#)

[Innovation Plan 2023](#)

[Innovation Plan 2019](#)

[Innovation Plan 2019 Combined Attachments](#)

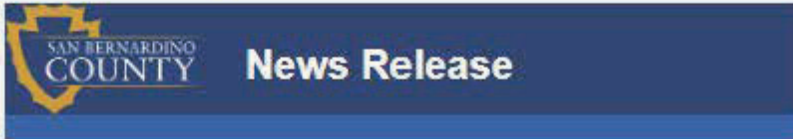
[2018 InnROADs Project Plan](#)



Behavioral Health seeks public input on Mental Health Services Act Innovation Plan

San Bernardino County, California sent this bulletin at 08/05/2025 09:19 AM PDT

Having trouble viewing this email? [View it as a Web page.](#)



Contact

For Immediate Release

August 5, 2025

Miranda Canseco
Public Relations and Outreach Services
Department of Behavioral Health
miranda.canseco@dbh.sbcounty.gov

Behavioral Health seeks public input on Mental Health Services Act Innovation Plan



The San Bernardino County Department of Behavioral Health (DBH) encourages community members to review and provide feedback on the draft Mental Health Services Act (MHSA) Innovation Plan 2025, titled **Program Improvements for Valued Outpatient Treatment (PIVOT)**.

The innovation component of MHSA aims to enhance the mental health care system by exploring and implementing new approaches. The PIVOT initiative is a forward-thinking project designed to support the county's transition from MHSA components to the new Behavioral Health Services Act (BHSA) framework.

San Bernardino County's PIVOT project includes two key components:

- Full Services Partnership (FSP) Reboot – This component seeks to ensure that San Bernardino County can offer comprehensive wraparound services to those most in need.
- Developing Capacity for Specialty Mental Health Services with Diverse Communities – This component focuses on strengthening the provider network to navigate the evolving behavioral health landscape, maintain essential partnerships, and deliver high-quality, culturally responsive care to the community.

Feedback on the MHSA Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project Plan 2025 is welcome. The plan and comment form are available at <https://wp.sbcounty.gov/dbh/programs/mhsa/> during the public posting of this plan through August 30, 2025. Instructions for providing feedback: <https://wp.sbcounty.gov/dbh/wp-content/uploads/sites/121/2025/07/PIVOT-Feedback-Instructions-for-30-Day-Posting-English.pdf>.

DBH, through the MHSA, is supporting the Countywide Vision by providing behavioral health services and ensuring residents have the resources they need to promote wellness, recovery and resilience in the community. Information on the Countywide Vision and on DBH can be found at www.sbcounty.gov.



Behavioral Health Seeks Public Input on MHSA Innovation Plan

The San Bernardino County Department of Behavioral Health (DBH) invites community members to review and provide feedback on the Mental Health Services Act (MHSA) Innovation Project titled Program Improvements for Valued Outpatient Treatment (PIVOT).

The Innovation component of MHSA aims to enhance the mental health care system by exploring and implementing new approaches. The PIVOT initiative is a forward-thinking project designed to support the County's transition from MHSA components to the new Behavioral Health Services Act (BHSA) framework. Please click the link below for the official announcement and guidance on how to provide feedback.

PIVOT INN Plan - Attachments
Official Announcement and Feedback Information



Behavioral Health

Department of Behavioral Health MHSA Office of Innovation



Thank you for your interest in participating in the Mental Health Services Act (MHSA) Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project Plan 2025 **30 Day Public Posting and Comment Period.**

Community feedback is important for this process.

The MHSA PIVOT Innovation Project Plan 2025 will be posted on August 1, 2025, and be available until August 30, 2025.

We want to hear from YOU!

There are three (3) ways to provide feedback:

- 1) Scan the QR code to complete the Stakeholder Comment form.
- 2) Click/enter the survey link to complete the Stakeholder Comment form.
- 3) Complete the paper Stakeholder Comment form and email or mail to MHSA Office of Innovation.

To complete the Stakeholder Comment form online:

| Step | Action |
|------|--|
| 1 | From your cell phone, open your photo application (app) and focus on the QR code (see below). Hold for a few seconds. Note: If you prefer to complete the Stakeholder Comment form on a laptop or desktop computer, go to Step 4 . |
| 2 | <ul style="list-style-type: none"> If enabled, you will receive a notification (either at the top or bottom of the phone screen) requesting permission to open web browser. If no notification box appears, go to Step 4. |
| 3 | Click on notification, web browser will automatically open to the Stakeholder Comment form. Go to Step 5 . |
| 4 | <p>If your cell phone is not QR enabled or if you are completing the Stakeholder Comment form on a laptop or desktop computer:</p> <p style="text-align: center;">Manually type the following address into your web browser: https://survey123.arcgis.com/share/889c990374dd43289a81805dc9fa992a?portalUrl=https://maps.sbcounty.gov/sbcgis</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Go to the San Bernardino County Department of Behavioral Health website: wp.sbcounty.gov/dbh.</p> <ul style="list-style-type: none"> From the main page, click on the Programs drop-down and select Mental Health Services Act (MHSA). Scroll towards the bottom of the page. Under the heading of “Innovation Project Plans” select the “PIVOT MHSA Stakeholder Comment form.” |
| 5 | Complete and submit the Stakeholder Comment form. |



To submit the Stakeholder Comment form by email or mail:

| Method | Action |
|--------------|---|
| Email | <ul style="list-style-type: none"> Scan completed Stakeholder Comment form. Attach scanned copy of Stakeholder Comment form and email to DBH-Innovation@dbh.sbcounty.gov <p>Note: Pictures of the completed Stakeholder Comment form can be sent in lieu of a scanned form.</p> |
| Mail | <ul style="list-style-type: none"> Complete the Stakeholder Comment form. Mail to: Mental Health Services Act Administration 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415 |



Behavioral Health

Departamento de
Salud Mental
Oficina de Innovación
MHSA



Gracias por su interés en participar en el Plan del Proyecto de Innovación 2025 para el Programa de Mejoras para Tratamiento Valioso para Pacientes Ambulatorios (PIVOT, por sus siglas en inglés) de la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés). Disponible para comentarios del público por 30 días

La opinión de la comunidad es importante para este proceso.

El Plan del Proyecto de Innovación MHSA PIVOT 2025 estará disponible desde el 1 de agosto de 2025 hasta el 30 de agosto de 2025.

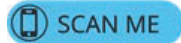
Hay tres (3) maneras de compartir sus comentarios:

¡Queremos escuchar de usted!

- 1) Escanee el código QR para llenar el formulario de comentarios de las partes interesadas.
- 2) Haga clic o entre al enlace para completar el formulario de comentarios de las partes interesadas.
- 3) Llene el formulario de papel y envíelo por correo electrónico o por correo postal a la oficina de MHSA.

Para llenar el formulario de comentarios de las partes interesadas en línea:

| Paso | Acción |
|------|--|
| 1 | Desde su teléfono móvil, abra la aplicación de fotos (cámara) y enfoque el código QR (vea abajo). Mantenga la cámara por unos segundos. Nota: Si prefiere usar una computadora portátil o de escritorio, avance al paso 4 . |
| 2 | <ul style="list-style-type: none"> • Si está activado, recibirá una notificación (arriba o abajo de la pantalla del celular) pidiendo permiso para abrir el navegador de internet. • Si no aparece ninguna notificación, avance al paso 4. |
| 3 | Haga clic en la notificación. El navegador se abrirá automáticamente con el formulario de comentarios. Avance al paso 5 . |
| 4 | <p>Si su teléfono móvil no puede leer el código QR o si está usando una computadora portátil o de escritorio:</p> <p style="text-align: center;">Escriba esta dirección en su navegador de internet: https://survey123.arcgis.com/share/889c990374dd43289a81805dc9fa992a?portalUrl=https://maps.sbcounty.gov/sbcgis</p> <p style="text-align: center;">○</p> <p>Visite la página web del Departamento de Salud Mental del Condado de San Bernardino: wp.sbcounty.gov/dbh.</p> <ul style="list-style-type: none"> • En la página principal, haga clic en el menú de “Programs” y seleccione “Mental Health Services Act (MHSA).” • Deslice hacia abajo hasta casi el final de la página. • Bajo el título “Innovation Project Plans” seleccione el formulario llamado “PIVOT MHSA Stakeholder Comment form.” |
| 5 | Llene y envíe el formulario de comentarios de las partes interesadas. |



Para enviar el formulario de comentarios de las partes interesadas por correo electrónico o correo postal:

| Método | Acción |
|--------------------|---|
| Correo electrónico | <ul style="list-style-type: none"> • Escanee el formulario de comentarios ya lleno. • Adjunte la copia escaneada y envíe por correo electrónico a: DBH-Innovation@dbh.sbcounty.gov <p>Nota: Se puede enviar una foto del formulario completo en lugar de escanearlo.</p> |
| Correo postal | <ul style="list-style-type: none"> • Llene el formulario de comentarios de las partes interesadas. • Envié por correo a: Mental Health Services Act Administration 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415 |



Behavioral Health

Stakeholder Survey Form

MHSA Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation

Project Plan 2025

30-Day Public Comment

1. What is your age?

- 0-15 years
- 16-25 years
- Prefer not to answer
- 26-59 years
- 60+ years

2. What sex were you assigned at birth?

- Female
- Prefer not to answer
- Male

3. How do you describe yourself?

- Female
- Trans Female/Woman
- Genderqueer
- Questioning or Unsure of Gender Identity
- Other/Not Listed: _____
- Prefer not to answer
- Male
- Trans Male/Man
- Nonbinary

4. Do you consider yourself:

- Straight/Heterosexual
- Bisexual
- Questioning or Unsure about Orientation
- Other/Not Listed: _____
- Prefer not to answer
- Gay/Lesbian
- Queer

5. What is the primary language spoken in your home?

- English
- Spanish
- Other/Not Listed: _____
- Prefer not to answer
- Mandarin
- Vietnamese

6. Are you a consumer of mental health services?

- Yes (currently)
- Yes (previously)
- No
- Prefer not to answer

7. Are you a consumer of alcohol and/or drug services?

- Yes (currently)
- Yes (previously)
- No
- Prefer not to answer

8. Are you a friend, family member, or loved one of a consumer of mental health services and/or alcohol and drug services?

- Yes
- Prefer not to answer
- No

9. Have you ever served in the military?

- Yes (currently)
- Yes (previously)
- No
- Prefer not to answer

10. Which category best describes your race (i.e., physical/ancestral characteristics)?

(Check all that apply)

- American Indian/Alaskan Native
- Asian
- African American/Black
- Caucasian/White
- Latinx/Hispanic
- Native Hawaiian
- Pacific Islander
- Multiple races
- Other (please specify): _____
- Decline to state

11. Which best describes your employer:

- Community Based Service Provider
- Federal, State, County, or City Government
- Nonprofit
- Private Business
- Self
- Student/Intern
- Not Employed
- Other/Not Listed: _____
- Prefer not to answer

Please continue to next page.



Behavioral Health

Stakeholder Survey Form

MHSA Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project Plan 2025
30-Day Public Comment

12. Are you connected to any of the following stakeholder groups (Employed, Affiliated, Represent)? (Check all that apply)

- Alcohol and Drug Service Program Providers
- Area Agencies on Aging
- Continuum of Care
- Disability Insurers
- Education – Early Childhood Organizations
- Education – K-12 (direct child service)
- Education – School Districts, and other Agencies (no direct child services)
- Education – Higher Education Partners, Colleges, Trade Schools
- Emergency Medical Services
- Faith Based Organization
- Healthcare – Behavioral/Mental Health
- Healthcare – Physical Health
- Healthcare service plans, including Medi-Cal managed care plans (MCPs)
- Independent Living Centers
- Labor Representative Organizations
- Law Enforcement
- Regional Centers
- Social or Human Service Program/Agency
- Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
- Veterans Organization
- Youth or Youth Mental Health or Substance Use Disorder Organizations/Providers
- Not Employed
- Other/Not Listed: _____
- Prefer not to answer

13. Do you have a disability or other impairment that is expected to last longer than 6 months and substantially limits a major life activity, which is not the result of a severe mental illness?

- Yes
- No

14. Do you live or work in San Bernardino County? If both, list the region you live in:

- Central Valley Region
e.g., Bloomington, Fontana, Grand Terrace, Rialto
- Desert/Mountain Region
e.g., Adelanto, Amboy, Apple Valley, Baker, Big Bear City, Cima, Earp, Fort Irwin, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Nipton, Parker Dam, Phelan, Pioneertown, Sky Forest, Sugarloaf, 29 Palms, Wrightwood, Yermo, Yucca Valley
- East Valley
e.g., Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucaipa
- West Valley
e.g., Chino Hills, Chino, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga
- I live and work in a neighboring California County
Zip Code: _____
- Prefer not to answer

Please continue to next page.



Behavioral Health

Stakeholder Survey Form

MHSA Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation

Project Plan 2025

30-Day Public Comment

15. In the future how would you like to receive

MHSA updates? (Check all the apply)

- Community Policy Advisory Committee Meetings
- Webinar
- Email (Provide email address below)
 - Name: _____
 - Email: _____
- Social Media
- Special meeting in your community
- Other/Not Listed: _____
- Prefer not to answer

Thank you for taking the time to complete this survey. Your feedback will help us improve the community planning process to better meet the needs of our community. **All information provided will be kept confidential.**

Please continue to next page.



Behavioral Health

Stakeholder Survey Form

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

Project Plan 2025

30-Day Public Comment

1. How satisfied are you with the MHSA Innovation Plan?

Very Satisfied Satisfied Neutral Unsatisfied Very Unsatisfied

2. Is there any additional information you would like to share regarding this project?

3. Do you have a concern that has not been addressed regarding this project?

Thank you again for taking the time to review and provide feedback.



**Departamento
de Salud
Mental**

Encuesta para las partes interesadas

Plan del proyecto de innovación para la mejora del programa MHSA para el tratamiento ambulatorio valorado (PIVOT, por sus siglas en inglés) 2025

Comentario público de 30 días

1. ¿Cuántos años tiene?

- 0-15 años 26-59 años
 16-25 años +60 años
 Prefiero no responder

2. ¿Qué sexo le asignaron al nacer?

- Femenino Masculino
 Prefiero no responder

3. ¿Cómo se describiría usted mismo?

- Mujer Hombre
 Mujer transgénero Hombre transgénero
 Queer No binario
 Me cuestiono mi identidad de género o no estoy seguro de ella
 Otro/No está en la lista: _____
 Prefiero no responder

4. ¿Cómo se considera usted mismo?

- Heterosexual Gay/Lesbiana
 Bisexual Queer
 Me cuestiono mi orientación o no estoy seguro de ella
 Otro/No está en la lista: _____
 Prefiero no responder

5. ¿Qué idioma principal se habla en su casa?

- Inglés Mandarín
 Español Vietnamita
 Otro/No está en la lista: _____
 Prefiero no responder

6. ¿Usa los servicios de salud mental?

- Sí (actualmente) NO
 Sí (en el pasado) Prefiero no responder

7. ¿Usa los servicios para consumidores de alcohol o drogas?

- Sí (actualmente) NO
 Sí (en el pasado) Prefiero no responder

8. ¿Alguno de sus amigos, familiares o seres queridos usa los servicios de salud mental o los servicios para consumidores de alcohol o drogas?

- Sí NO
 Prefiero no responder

9. ¿Alguna vez has servido en el ejército?

- Sí (actualmente) NO
 Sí (en el pasado) Prefiero no responder

10. ¿Qué categoría describe mejor su raza (es decir, características físicas/ancestrales)?

- (Marque todas las opciones que correspondan):
 Nativo de los Estados Unidos o nativo de Alaska
 Asiático
 Afroamericano/negro
 Caucásico/blanco
 Hispano/latino
 Nativo de Hawái o de otra isla del Pacífico
 Más de una raza
 Otra/No está en la lista: _____
 Prefiero no responder

11. ¿Qué opción describe mejor a su empleador?

- Proveedor de servicios comunitarios
 Gobierno federal, estatal, del condado o de la ciudad
 Organización sin fines de lucro
 Empresa privada
 Trabajador por cuenta propia
 Estudiante/practicante
 No tengo empleo
 Otra/No está en la lista: _____
 Prefiero no responder

Continúe en la próxima página.



**Departamento
de Salud
Mental**

Encuesta para las partes interesadas

Plan del proyecto de innovación para la mejora del programa MHSA para el tratamiento ambulatorio valorado (PIVOT, por sus siglas en inglés) 2025

Comentario público de 30 días

12. ¿Está usted conectado a alguno de los siguientes grupos de partes interesadas (empleados, afiliados, representantes)? (Marque todas las opciones que correspondan):

- Programa de servicios para consumidores de alcohol y drogas
- Agencias de la Tercera Edad
- Continuidad de la atención
- Aseguradoras de discapacidad
- Educación - Organizaciones de la primera temprana infancia
- Educación – K-12 (servicios directos de niños)
- Educación – Distritos escolares y otras agencias (sin servicios directos de niños)
- Educación – Socios de educación superior, colegios, escuelas vocacionales
- Servicios de urgencias medicas
- Organización religiosa
- Atención médica – Salud mental/de comportamiento
- Atención médica – Salud física
- Planes de servicios de atención médica, incluidos los planes de atención administrada de Medi-Cal
- Centros de vida independiente
- Organización sindical representativa
- Fuerzas policiales
- Centros regionales
- Programa/agencia de servicios sociales o humanos
- Programa de Salud Tribales e Indígenas de personas designadas establecidas con propósito de consultas para Medi-Cal tribal
- Organización de veteranos
- Organización/Proveedores de salud mental para jóvenes o trastornos por consumo de sustancias para jóvenes
- No tengo empleo
- Otra/No está en la lista: _____
- Prefiero no responder

13. ¿Tiene alguna discapacidad o deficiencia que se espera que dure más de 6 meses y que limita considerablemente la realización de una actividad de la vida diaria como resultado de una enfermedad mental grave?

- Sí No

14. ¿Vive o trabaja en el condado de San Bernardino? Si vive y trabaja allí, indique la región en la que vive:

- Región de Central Valley
p. ej., Bloomington, Fontana, Grand Terrace, Rialto
- Región desértica/montañosa
p. ej., Adelanto, Amboy, Apple Valley, Baker, Big Bear City, Cima, Earp, Fort Irwin, Hesperia, Hinkley, Joshua Tree, Landers, Ludlow, Morongo Valley, Mountain Pass, Needles, Nipton, Parker Dam, Phelan, Pioneertown, Sky Forest, Sugarloaf, 29 Palms, Wrightwood, Yermo, Yucca Valley
- East Valley
p. ej., Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucaipa
- West Valley
p. ej., Chino Hills, Chino, Guasti, Mt. Baldy, Montclair, Rancho Cucamonga
- Vivo y trabajo en un condado vecino de California
Código postal: _____
- Prefiero no responder

Continúe en la próxima página.



**Departamento
de Salud
Mental**

Encuesta para las partes interesadas

Plan del proyecto de innovación para la mejora del programa MHSA para el tratamiento ambulatorio valorado (PIVOT, por sus siglas en inglés) 2025

Comentario público de 30 días

15. En el futuro, ¿cómo le gustaría recibir las actualizaciones de la MHSA? (Marque todas las opciones que correspondan)

- En las reuniones del Comité Asesor de Políticas Comunitarias
- En un seminario por internet (reunión virtual)
- Por correo electrónico (escriba su correo electrónico abajo)

Nombre: _____

Correo electrónico: _____

- Por redes sociales
- En una reunión especial de la comunidad (escriba su información de contacto abajo)

Nombre: _____

Correo electrónico: _____

Número de teléfono: _____

- Otra/No está en la lista: _____
- Prefiero no responder

Gracias por tomarse el tiempo para completar esta encuesta. Sus comentarios nos ayudarán a mejorar el proceso de planificación comunitaria para satisfacer mejor las necesidades de nuestra comunidad. **Toda la información brindada será confidencial.**

Continúe en la próxima página.



**Departamento
de Salud
Mental**

Encuesta para las partes interesadas

Plan del proyecto de innovación para la mejora del programa MHSA para el tratamiento ambulatorio valorado (PIVOT, por sus siglas en inglés) 2025

Comentario público de 30 días

1. ¿Qué grado de satisfacción le merece el Plan de Innovación de MHSA?

Muy sa. sfecho Satisfecho Neutral Insatisfecho Muy insatisfecho

2. ¿Hay alguna información adicional que le gustaría compartir sobre este proyecto?

3. ¿Tiene alguna duda que no haya sido abordada con respecto a este plan de proyecto?

Gracias de nuevo por tomarse el tiempo para revisar la encuesta y hacer comentarios.



BEHAVIORAL HEALTH COMMISSION



Behavioral Health Commission Meeting

Please join us for the September meeting and celebrate the kickoff of Recovery and National Suicide Awareness Month! Wear purple or teal to show your support!

General Session

Thursday, September 4 | Noon - 2 p.m.
Behavioral Health Services Auditorium
850 E. Foothill Blvd., Room F120, Rialto

Satellite Locations available for public attendance.

Apple Valley Clinic

18818 Highway 18, Apple Valley

Yucca Valley

58945 Business Center Drive, Yucca Valley

We look forward to your participation in the upcoming sessions.

For more information, please visit: <https://wp.sbcounty.gov/dbh/bhc>

Meetings are open to the public.



Interoffice Memo

DATE: May 13, 2026

PHONE: (909) 386-8264

FROM: **SHANE HIBBARD-MILLER**, Staff Analyst II
Behavioral Health

TO: **CLERK OF THE BOARD**
IOM Code 130

SUBJECT: **SUBMISSION OF FINALIZED CONTRACT TO CLERK OF THE BOARD – MENTAL HEALTH SERVICES ACT PROGRAM IMPROVEMENTS FOR VALUED OUTPATIENT TREATMENT INNOVATION PROJECT PLAN 2025, APPROVED BOS DATE 5/5/2026, ITEM # 24**

Please find enclosed the following finalized documents for filing:

1. Original Plan, signed and completed
2. Original Board Agenda Item

Please ensure they are processed and filed as required within the stipulated timelines.

If further information is needed, please do not hesitate to contact me at (909) 386-8264 or via email at Shane.Hibbard-Miller@dbh.sbcounty.gov.

Thank you

Sent via IOM

cc:
Contract File
DBH Public Drive