INNOVATION PROJECT STAFF ANALYSIS: Program Improvements for Valued Outpatient Treatment (PIVOT)

San Bernardino County

Background Problem

Proposition 1, also known as the Behavioral Health Services Act (BHSA), was passed in March 2024 and made significant changes to the current funding structure of California's behavioral health system. Previous funding categories included Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN); however, the BHSA restructures funds into three (3) categories: Full Service Partnerships (FSPs), Behavioral Health Services and Supports (BHSS), and Housing Interventions. The new mandate also integrates Substance Use Disorder (SUD) services into the behavioral health care system, which previously operated independently.

This transition from MHSA to BHSA requires considerable changes to the way Counties administer and manage behavioral health and SUD programs. The removal of PEI funding puts vital services – often provided by community based organizations (CBOs) assisting unserved and underserved communities – at risk of discontinuation. Furthermore, the BHSA imposes new guidelines on FSPs to ensure quality and fidelity to evidence-based practices (EBPs), which requires Counties to reevaluate current FSP administrative and workflow processes. The Program Improvements for Valued Outpatient Treatment (PIVOT) project proposes approaches and solutions that allow Counties to prepare for the changes and challenges that come with this transition.

BHSA Alignment and Sustainability

The PIVOT project was developed to directly and immediately assist counties with preparing for and implementing mandated changes under the BHSA. This includes focusing on comprehensive FSP programs that align with high-quality outpatient services, provision of behavioral health services and supports in collaboration with the community, housing strategies for participants, and integration of SUD treatment. The PIVOT project was originally brought forth by Orange County with the potential for replication across other Counties, and the project was approved by the Commission in November 2024. San Bernardino wishes to join this project, with the intent of bringing their work in alignment with the BHSA.

The County has embedded sustainability into their projects' design so that, if continued beyond the pilot project time period, strategic changes to overall funding structure and the behavioral health delivery system will lay the foundation for self-sustaining and long-lasting improvements.

Statutory Requirements

WIC Section 5830(a)(1)-(4): The PIVOT project seeks to meet the MHSA statutory requirements outlined in WIC 5830(a) to (1) increase access to mental health services to underserved groups; (2) increase the quality of mental health services, including measured outcomes; (3) promote interagency and community collaboration; and (4) increase access to mental health services, including, but not limited to, services provided through permanent supportive housing.

WIC Section 5830(b)(2)(A)-(D): The PIVOT project meets Innovation criteria by meeting the statutory requirements outlines in WIC 5830(b)(2)(B) by making a change to an existing practice in the field of mental health, including, but not limited to, application to a different population; and by supporting participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite.

Total INN Funding Requested: $30,861,260
Duration of INN Project: 4 years

Review History

Public Comment Period: August 1, 2025 through August 30, 2025
Behavioral Health Board Hearing: September 4, 2025
Board of Supervisors Approval: TBD
County Final Submission Date: July 11, 2025

Project Introduction

San Bernardino County Department of Behavioral Health (County/DBH) is requesting up to $30,861,260 of Innovation spending authority over a period of four (4) years to prepare for implementation of Proposition 1, also known as the Behavioral Health Services Act (BHSA), by joining Orange County's Progressive Improvements for Valued Outpatient Treatment (PIVOT) Innovation project that was approved by the Commission in November 2024. Specifically, the County requests to join the following two (2) components: Full Service Partnership (FSP) Reboot and Developing Capacity for Specialty Mental Health Plan Services (SMHS) with Diverse Communities.

How this Innovative Project addresses the problem

The selected two (2) PIVOT components will address the following areas of concern:

FSP Reboot

Due to the changes associated with the BHSA, San Bernardino County is seeking to prepare for the transition toward new FSP requirements. EBPs required starting July 1, 2026 include, but are not limited to, Intensive Case Management, Level 1 Services; Assertive Community Treatment, Level 2 Services; Forensic Assertive Community Treatment, Individual Placement and Support Supported Employment, High-Fidelity Wraparound, and Assertive Field-Based SUD Treatment Services.

Currently, there are FSP programs within five (5) of the eight (8) outpatient community clinics. This component of the PIVOT project serves to strengthen administrative and service processes while maintaining quality services for individuals with behavioral health conditions and their families.

Supported service processes include technical and data infrastructure, which will enable real-time tracking of client care levels, support transition between service tiers, enhance reporting capabilities, and strengthen the integration of co-occurring and SUD services. These procedures will be designed, tested, and implemented within and across both county-operated and contracted provider networks. Simultaneously, the county will redesign its administrative processes using standardized criteria for individuals transition among the different levels of FSP care to ensure consistency, appropriateness, and quality of care. New operational workflows will also be established for seamless integration of improvements into the current system, and ongoing quality improvement efforts will check for fidelity.

Additionally, FSP nursing staff will receive specialized training on core components, such as Medication-Assisted Treatment, Motivational Interviewing, the American Society of Addiction Medicine Criteria, and SUC-specific assessments.

Developing Capacity for SMHS with Diverse Communities

As the largest geographic county in the United States, San Bernardino is home to a wide range of culturally diverse communities with threshold languages that include Mandarin, Spanish, and Vietnamese. Ensuring that behavioral health services are reflective of the population being served is of critical importance to increasing the community's overall wellbeing.

With the changing funding categories and loss of PEI funds, San Bernardino County will also focus on diversifying funding streams and supporting CBOs by identifying the minimum capacity to become an SMHS contracted provider. This component of the PIVOT project will ensure that the County's provider network is well-equipped to navigate the evolving

behavioral health landscape, sustain essential partnerships, and deliver high-quality, culturally responsive care.

Community Planning Process

To assist in preparing for the transition from MHSA to BHSA, San Bernardino County opted to join Orange County's PIVOT project. Between April and May 2025, the project was presented to and reviewed by the local Community Policy Advisory Committee, the Mental Health Services Act Executive Committee, and the Prevention and Early Intervention Provider Network. Additional community members, community-based partners, and contracted providers were also engaged through extensive outreach to include diverse and underrepresented voices. Feedback from these stakeholder meetings helped shape project planning and approach to data.

To ensure ongoing project responsiveness to the community's evolving needs, the County also intends on collecting stakeholder feedback throughout project implementation using regular check-ins, surveys, and community forums.

The PIVOT project proposal underwent its formal public comment period from August 1, 2025 to August 30, 2025. Community input received throughout the County's local planning process were incorporated into the final plan, and on September 4, 2025, the local Behavioral Health Board approved the plan.

Learning Objectives and Evaluation

The objectives and learning goals that San Bernardino hopes to achieve through this project include, but are not limited to, the following:

FSP Reboot

- Map FSP service models.
- Review policies, procedures, and forms related to eligibility, intake, staffing, and service use while identifying gaps in the new requirements.
- Standardize 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.
- Establish policies and procedures for issuing and receiving referrals to/from Managed Care Plans (MCPs) for housing-related Community Supports.

- Develop 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.
- Create and deliver 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.
- Utilize 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.

Developing Capacity for SMHS with Diverse Communities

- Assess what it takes for a CBO to become a Medi-Cal/Drug Medi-Cal provider.
- Assess organizations readiness for diversifying funding streams.
- Identify the type of technical assistance needed to support programs in the transition.
- Determine if embedding culturally based approaches for specialty mental health care can improve penetration rates and outcomes.
- Identify Community-Defined Evidence Practices (CDEP) that can generate revenue and be recognized by the state.
- Evaluate the use of a hub and spoke model where the County collaborates with smaller organizations to support capacity building.
- Design and implement 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.

Budget

San Bernardino County is requesting authorization to spend up to $30,861,260 of MHSA Innovation funding for this project over a period of four (4) years. One-hundred percent (100%) of the project will be supported by Innovation funding. The breakdown by fiscal year and expenditure category is as follows:

Category	FY 25-26 (Year 1)	FY 26-27 (Year 2)	FY 27-28 (Year 3)	FY 28-29 (Year 4)	Total
Personnel	$1,140,779	$3,716,789	$8,654,409	$9,087,129	$22,599,106
Program Operations	$163,423	$124,172	$123,715	$124,075	$535,385

Category	FY 25-26 (Year 1)	FY 26-27 (Year 2)	FY 27-28 (Year 3)	FY 28-29 (Year 4)	Total
Contracts & Consulting	$1,100,000	$2,200,000	$2,200,000	$2,200,000	$7,700,000
Indirect Admin	$8,171	$6,209	$6,186	$6,204	$26,770
Total	$2,412,373	$6,047,170	$10,984,310	$11,417,408	**$30,861,260**

**Some numbers may be rounded to nearest dollar*

Seventy-three percent (73%) of total projected expenditures are allocated for personnel costs. This includes a total of 3.75 Full-Time Equivalent (FTE) County administrative staff to monitor and implement component activities and provide project oversight; 58.75 FTEs (11.75 FTE per site) to adequately staff five (5) outpatient clinic FSP program teams; and six (6) FTE nurses and medical assistants to train and certify staff who will provide services in clinic and mobile unit settings.

Two percent (2%) of the requested Innovation funds are reserved for operating costs to successfully execute project activities. These costs will cover supplies, participant incentives, marketing and materials, translation support for outreach and meetings in the County's threshold languages, and staff travel and training/certifications (including EBPs across programs and addiction certifications).

The remaining twenty-five percent (25%) of funds will go toward contracts and consultant costs, which will include a project manager for each PIVOT component, ten (10) subject matter experts to provide expertise and support during community planning and throughout project activities, and an evaluator for each PIVOT component.

Additional information on the project budget can be found on pages 11-17 of the proposed plan.

CONCLUSION

The proposed Program Improvements for Valued Outpatient Treatment (PIVOT) Project for San Bernardino County appears to meet the minimum requirements listed under MHSA Innovation regulations and aligns with the goals of the BHSA. If approved, Innovation projects must receive approval from the County's local Board of Supervisors prior to the County expending any Innovation funds.