



Behavioral Health

Mental Health Services Act
Peer Housing

INNOVATION Project Plan 2025



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INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST

Innovation (INN) Project Application Packets submitted for approval by the Commission for Behavioral Health should include the following prior to being scheduled before the Commission:

☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.

☒ Local Mental Health Board approval Approval Date: 11/6/2025

☒ Completed 30-day public comment period Comment Period: 9/22/2025 - 10/21/2025

☐ BOS approval date Approval Date: _____

If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____

Note: For those Counties that require INN approval from the Commission for Behavioral Health prior to their county's BOS approval, the Commission for Behavioral Health may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.

Desired Presentation Date for Commission: January 22, 2026

Note: Date requested above is not guaranteed until Commission for Behavioral Health staff verifies all requirements have been met.

PUBLIC REVIEW

The Peer Housing Innovation Project Plan was posted on the Department’s website for stakeholder review and comment from September 22, 2025, through October 21, 2025, at <https://wp.sbcounty.gov/dbh/programs/mhsa/>. The Public Hearing to affirm the stakeholder process took place at the November 6, 2025 Behavioral Health Commission meeting which was held from 12:00pm – 2:00pm.

Substantive Comments/Recommendations

Comments and recommendations were submitted through multiple channels during the public review period of the Peer Housing Innovation Project Plan draft. These included email submissions to the Mental Health Services Act (MHSA) inbox at mhsa@dbh.sbcounty.gov, direct communication with the Innovation Program Manager, and responses collected via the electronic stakeholder survey. Stakeholders were informed that while feedback is welcome at any time, only those comments received during the official 30-day public posting and comment period would be considered for inclusion in the final plan. In accordance with Welfare and Institutions Code §5848, the draft plan was made publicly available for a 30-day period from September 22, 2025, through October 21, 2025, at <https://wp.sbcounty.gov/dbh/programs/mhsa/>.

The San Bernardino County Department of Behavioral Health (SBC-DBH) actively promotes community collaboration and values stakeholder engagement in all aspects of MHSA programming. To address concerns related to MHSA program implementation—such as access to behavioral health services, violations of MHSA-related statutes or regulations, non-compliance with MHSA general standards, inconsistencies between the approved MHSA Innovation Plan and its implementation, issues with the local MHSA community program planning process, and supplantation—stakeholders are encouraged to utilize the MHSA Issue Resolution Process. Detailed guidance on this process is available 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.

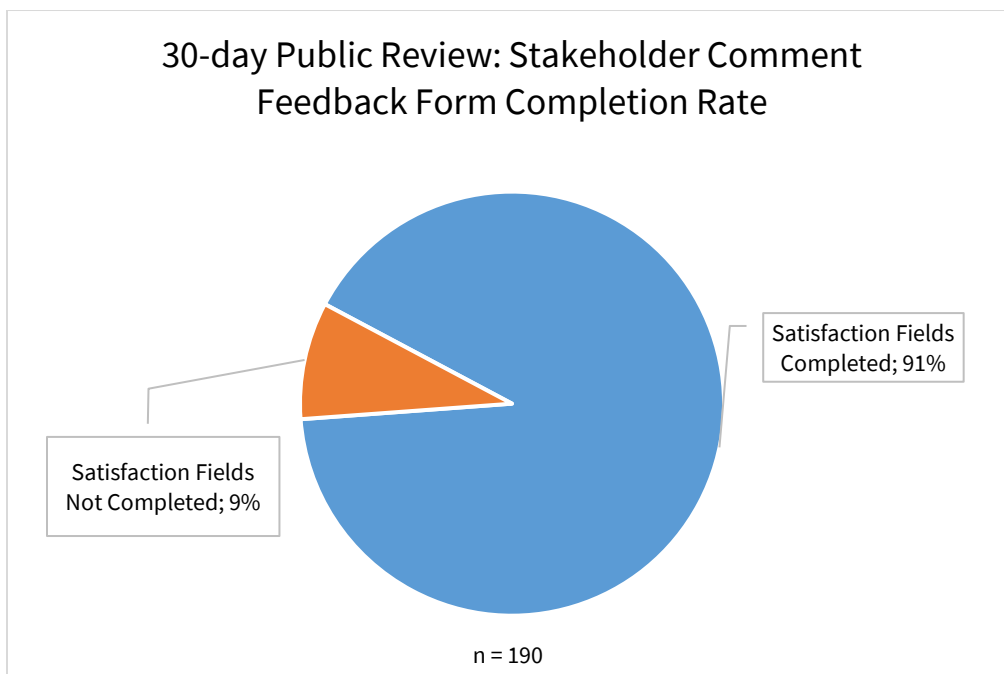
As community feedback is gathered, it is analyzed alongside a range of data sources, including county demographic profiles, behavioral health prevalence and incidence rates, program-specific treatment data, service utilization metrics, geographic distribution by ZIP code, and state-provided access-to-care evaluations. Additional factors considered include cultural and linguistic needs, poverty indices, current program capacity, and identified service gaps across various levels of care—such as inpatient, residential, long-term care, day treatment, intensive outpatient, and general outpatient services. This comprehensive analysis informs the identification and prioritization of programmatic needs within the system of care.

Public Posting and Comment

The SBC-DBH extends its sincere appreciation to all stakeholders who participated in the public comment period for the Peer Housing Innovation Project Plan. Throughout the 30-day public posting period, SBC-DBH actively promoted the opportunity for community input. A press release announcing the public posting was distributed to 11,633 recipients. Additionally, a series of web blasts were disseminated to SBC-DBH staff, contracted provider agencies, the Community Policy Advisory Committee, the Cultural Competency Advisory Committee and its associated cultural subcommittees, as well as the Behavioral Health Commission. The announcement was also made available on the SBC-DBH website to ensure broad community awareness and engagement.

Printed copies of the plan were available upon request and an electronic copy was available on the SBC-DBH website. As a result, a combination of 190 paper and electronic stakeholder comment forms was returned during the public posting period. Of the 190 respondents, 173 completed the satisfaction

portion of the survey. Of those that responded, 75% 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 Peer Housing Innovation Project Plan 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.

There were 190 comment forms received during the 30-day posting and public comment period of the draft Peer Housing Innovation Project Plan. A summary of the comments include:

- Support for providing additional shelter beds and integration of peer support into a housing setting.
- Suggestions to provide shelter beds in other regions of the county, population specific services, and outline service guidelines.

The following is a sample of direct comments received regarding the Peer Housing Innovation Project Plan, along with responses from SBC-DBH. Edits for clarity, grammar, and wording have been made and are reflected below.

Comment: If accepted, will there be further opportunities or attempts to expand into other regions within SB County? What will the referral process be for Community Based Organizations (CBOs) regarding these spaces? What will the priority look like for clients who are referred out vs. community members from around the area wanting to get into the housing?

Response: Thank you for your support of the Peer Housing Innovation Project Plan and concern for expansion. Currently, the project is identified for one location. Expansion may be considered if funding or outcomes support it, however it is not guaranteed. There is no established referral process for CBOs regarding these spaces as the project is intended specifically for Clubhouse members.

Comment: As there is already an Emergency Shelter Services program in place to assist consumers with vouchered housing while receiving various services with the goal of stabilizing consumers through clinical engagement this project is not needed. There are no clear guidelines laid out in this project as there are with the current emergency housing program that connect consumers to the local regional outpatient clinic and compliance with a treatment plan developed to best support the client during this process to obtain permanent housing. Often the treatment plan encourages consumers to not only engage with clinical services but to connect to their local Clubhouse to receive social support and engage with peers. The holistic approach of not only utilizing medication, therapy, case management and Clubhouse support is what often leads consumers to be able to become independent. There is a concern that the lack of guidelines, the lack of having to engage in a clinical setting will disrupt the current consumers that reside in these shelter sites under vouchered housing connected to a regional outpatient clinic or behavioral health forensic program. Each consumer that is vouchered under the emergency shelter services program

is assigned a case manager that supports and follows up with the consumer. There are not enough staff in the Clubhouse to duplicate that support for the consumers. My suggestion would be to implement a house manager training program utilizing Peer Support Specialists and peer education in conjunction with the use of clinical services. As Clubhouse is not clinical, that can only be done with partnering with behavioral health clinic programs already in place.

Response: Thank you for your participation and feedback during the 30-day public comment period. Clubhouse currently engages over 350 unhoused consumers per month that are not currently accessing clinical services. Clubhouse does have the staffing required to duplicate the support that is offered through other entry points for the beds proposed in this Innovation project. The assigned case manager will connect individuals through their wellness plan to existing wellness supports such as clinical interventions available at regional outpatient clinics. While engagement is not required prior to entry into shelter, it will be part of the long-term wellness plan as needed. Since this home will be designated solely for the Innovation project, it will not disrupt existing emergency shelter operations. If the approach proves successful, a house manager training program may be recommended as a sustainability strategy.

Comment: Couples should be allowed to participate when they have no children. Not married individuals with pets should also be considered. Functioning addicts should be allowed to participate, as not all addictions are harmful. All managers should have lived or personal experience only.

Response: Thank you so much for your thoughtful feedback and advocacy. Your input highlights important considerations around inclusivity and fairness in program eligibility. Couples are not prohibited from accessing emergency shelter services; however, they must adhere to house rules, including those related to physical contact. The Peer Housing Innovation Project is designated for adult males. Individuals with service animals, emotional support animals, or those identified as "functioning addicts" are eligible to participate. All staff

members involved in this project have personal lived experience with behavioral health challenges.

Comment: Getting some kind of mental help to become able to participate in the program that will require entering some kind of housing.

Response: Thank you for your comment. All Clubhouse participants receive both peer and staff support to help strengthen the social skills needed in structured environments where rules must be followed. These skills will continue to be developed as participants transition into the shelter setting. Additionally, peer certification training will equip the house manager with tools to effectively support this growth within the home.

Comment: This sounds like an incredible project, and I look forward to hearing the success stories from those that get housed.

Response: Thank you so much for your kind words and encouragement. We're looking forward to the potential of this project and appreciate your support. We also look forward to sharing potential positive outcomes as individuals find stability and hope through housing.

County Name: **San Bernardino**

Date submitted: **December 19, 2025**

Project Title: **Peer Housing Project**

Total amount requested: **\$2,089,845**

Duration of project: **3.5 Years**

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☐ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☒ Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☐ Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☒ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The San Bernardino County-Department of Behavioral Health (SBC-DBH) is a part of the County's Interagency Council on Homelessness and the Homeless Provider Network. While current MHSA-funded programs provide varying levels of care and housing support/resources, none combine a peer-centered approach within a housing setting. San Bernardino County's regionally adapted Clubhouses are a place of engagement and peer-support for individuals who do not access services in traditional settings. In response to this, Clubhouses have become a primary navigation point for unhoused residents to seek support. These individuals, while unhoused, visit the Clubhouse daily. They facilitate peer-run groups, advocate at stakeholder engagement community program planning opportunities, and are contributing members to the Clubhouse environment. These same individuals do not have access to current emergency shelter services that require them to engage in other traditional settings prior to placement. This system barrier continues to be a point of disconnect from successful navigation from homelessness.

Additionally, existing models do not employ Peers in the role of House Manager. House Managers who do not have lived experience with behavioral health recovery nor training on how to support from a peer perspective often approach their role from a position of authority or lack of understanding that can contribute to less than successful outcomes including abandonment of housing placements by newly housed individuals. Clubhouse members expressed that the inclusion of peer-staff with lived experience,

especially a House Manager, would improve their recovery and foster relatability and empathy between staff and residents. Potential participants prefer trained, empathetic managers who understand mental health and recovery challenges, communicate transparently, and resolve conflicts quickly.

An analysis of current housing capacity, stakeholder feedback, available resources, and funding reveals an opportunity to reduce homelessness amongst Clubhouse members and exploring whether housing outcomes improve with the added presence of peer-run structures within the shelter.

Data collected from Clubhouses show that there is a housing need for its members. Clubhouses served an average of 268 unhoused members per month for a 22% increase from fiscal year 2022/23.¹ Of the ten Clubhouses in San Bernardino County, data collected revealed that Clubhouses in the cities of Ontario and Barstow had the highest numbers of unhoused members. The 2024 San Bernardino County Point-In-Time homeless count showed that in the City of Ontario, 24% of the unhoused population that was surveyed were living with a mental health disability and 25% were living with a substance use disorder.²

Community Program Planning (CPP) feedback from the Community Policy Advisory Committee (CPAC) affirmed the value of peer-led housing. Stakeholders emphasized that peer support provides relatability through shared lived experiences, making it a powerful element in the recovery process. This support helps individuals not only envision their path toward recovery and stability but also engage more meaningfully in services. Feedback also highlighted that the Peer Housing Project is an innovative and promising solution, particularly for Clubhouse members experiencing homelessness. Stakeholders underscored that structured support, skill-building, and a nurturing environment significantly improve residents' chances of achieving long-term housing stability and independent living. By incorporating these insights, the Peer Housing Project seeks to close existing service gaps by establishing peer-managed housing with clear accountability mechanisms, directly addressing chronic homelessness within the Clubhouse population.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The Peer Housing Project aims to address the housing needs of individuals who are experiencing homelessness and are engaged in Clubhouse services. Project participants will be Clubhouse members experiencing homelessness who have agreed to engage in emergency

¹ Mental Health Services Act Annual Update for Fiscal Year 2024/2025 - San Bernardino County Department of Behavioral Health. <https://wp.sbcounty.gov/wp-content/uploads/sites/121/2024/06/Final-MHSA-Annual-Plan-Update-FY-2024-25-Fully-Signed-BAI-Signed.pdf>.

² San Bernardino County Homeless Partnership - 2024 Continuum of Care Homeless Count and Survey Report <https://www.sbcounty.gov/uploads/sbchp/SBC-2024-Homeless-Count-Report.pdf>.

shelter through this project. The project will focus on developing and planning a peer-run housing system of care that supports pathways to long-term/permanent housing and promotes long-term self-sufficiency. The project's purpose is to provide a safe, peer-supported transitional home for adults with serious behavioral health challenges who are transitioning from homelessness toward independent living in permanent housing. What makes this project innovative is its peer-run recovery model–housing that is staffed and operated by certified peer support staff with lived experience. This approach fosters a recovery environment rooted in mutual support, empowerment and shared lived experience. Participants will receive peer mentorship and structured daily living support. SBC-DBH Clubhouse programs will coordinate daily transportation and support for participants to and from Clubhouse where they remain engaged in peer supports throughout the day, helping them build stability, develop essential life skills, and form meaningful community connections that support long-term recovery and self-sufficiency. Over the project pilot period, expected outcomes include increased housing stability, reduced psychiatric hospitalizations and crises, improved well-being and social support for participants, and a proven model that can be expanded countywide. This project aligns with the MHSA Innovation primary purpose of increasing access to mental health services by establishing a peer-run facility in a community setting, and it will be rigorously evaluated to inform future scaling and sustainability.

- B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite.

- C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Peer support is recognized as an evidence-based practice in both the mental health and substance use disorder fields. SBC-DBH seeks to increase access to mental health and substance use disorder services by incorporating this approach within a housing setting. Peer support promotes recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and recognition of strengths. This is achieved through collaborative activities such as group and individual coaching that set recovery goals and identify steps to reach the goals. SBC-DBH currently utilizes Clubhouses, regionally adapted from the International Clubhouse Model as peer support centers that are recovery oriented for members 18 years or older. Clubhouses are primarily member-driven and operate with minimal support from department staff, thus requiring less budgeted SBC-DBH staffing. Clubhouse members drive all operational decisions such as support groups, community engagement, staffing, and activity choices.

Some Clubhouse members experiencing homelessness could benefit from extended services similar to those offered in peer respite programs, but for a longer duration. Clubhouse members have expressed that a peer-run model will improve engagement and empathy between staff and participants. The project will provide an opportunity to model a recovery-oriented housing solution where members will receive support through a peer-led model navigated through their existing place of access to services.

This peer support aims to reduce inpatient hospitalizations and emergency department visits, enhance life skills and independent living abilities, develop a transitional care plan, and assist in securing permanent housing. Initial baseline data on key indicators will be collected when participants enter the program, followed by monthly updates to track progress and inform ongoing program improvements.

In a recent Clubhouse partnership with the Homeless Outreach Support Team, participants were able to explore some of the added supports proposed here through emergency shelter placement combined with Clubhouse support. One such individual was accessing Clubhouse services for over a year while being unhoused but was not engaged in any other system supports and did not have a plan to exit homelessness. The individual and his emotional support animal of 10 years was offered a shelter voucher with agreement to remain with Clubhouse peer support. Over a period of six months, he became engaged in clinic services, obtained a job, and exited into his own apartment via a rapid rehousing program. He continues to remain engaged in Clubhouse through his position on the Clubhouse Peer Governing Board and is an active member of the Consumer Evaluation Council. He spoke at several community program planning meetings about the vital role that peer-run services played in his transition. He has also shared that some of the challenges and barriers he experienced during the transition centered around housing supports that did not have shared lived experience to better engage and support him.

Another participant in this temporary partnership was living in her vehicle and attending Clubhouse for six months prior to being offered an emergency shelter voucher. She accessed Clubhouse support minimally and only accepted the shelter voucher offer as a means of potentially gaining visitation with her daughter. Over the period of the first 30 days of placement, she spent most of her time in her car parked in front of the shelter provider. Over the next 5 months of shelter placement, with daily peer support and navigation, she became an active Clubhouse Governing Board Member and member of the Consumer Evaluation Council. She obtained a job at the local library and is now in bridge housing. She recently had her first overnight visit with her daughter and is working towards transitioning to her own apartment. She has shared that she would not have accepted or engaged in shelter services if they had been offered in any other part of the system. Her trust in the Clubhouse and the daily support offered allowed her to

entertain the idea of shelter placement. She also shared that some of the setbacks she experienced even in placement were due to encounters with shelter providers who lacked insight into her mental health challenges. She was asked by the provider to be removed from shelter on several occasions for spending time in her car in front of the shelter and it was her peer navigator that continued to advocate for additional time and space to transition her to shelter living.

This feedback and those of other participants in this temporary partnership helped to shape this project plan.

- D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The Peer Housing Project estimates serving approximately 12 to 24 individuals per year. This projection is based on a recent Clubhouse partnership with the Homeless Outreach Support Team where 12 Clubhouse members were placed in shelter bed housing units with access to peer supports over a 6-month period where successful housing placements have been made. Given the comparable structure and service model of the Peer Housing Project, we anticipate similar turnover and success rates.

The project proposes to secure a shelter bed residence with a minimum of 6 shelter beds available for participants 365 days per year. This is based on the capacity of the identified space. It is anticipated that some participants may exit the project earlier than others, which will allow for additional Clubhouse members to be served. However, the goal of the project is to house the participants up to a full calendar year, or until permanent housing is secured. Should the member not be placed in a more permanent setting within a 12-month period, a review for an extension may be granted with consideration of progress, barriers, and alternate solutions to placement will be an option.

- E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The target population for the Peer Housing Project will be adults aged 18 and over serving all gender identities, races, ethnicities, and sexual orientations who are currently unhoused, experiencing a behavioral health challenge and/or substance use disorder, and actively accessing services through a SBC-DBH Clubhouse.

RESEARCH ON INN COMPONENT

- A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The Peer Housing Project is unique in that the project seeks to test if peer-run housing and supports offered at their preferred place of engagement results in improved outcomes for engagement, sustainability and transition to permanent housing versus a traditional non-peer run shelter-bed system offered through traditional services delivery. Peer respites do currently operate; however, they only provide short-term housing for a maximum of 14 days. The project will utilize a current contracted SBC-DBH shelter provider to house project participants for the duration of the project.



Similar projects do not incorporate the features of the Clubhouse model into a peer-run housing or peer respites. This project will not only provide housing, but will provide a safe environment for support and recovery, and an opportunity for participants to increase self-efficacy, build life skills, and obtain employment as appropriate. The ultimate goal of this project will be to assist participants in transitioning to independent living. By integrating peer mentorship, structured daily living support, and coordinated participation in SBC-DBH Clubhouse programs, housing will help participants develop stability, life skills, and community connections essential for long-term recovery.

Previous projects also did not seek to use housing solutions greater than 14 days to reduce homelessness. San Bernardino County's project seeks to offer a temporary home lasting between 6 to 12 months for adults aged 18 older with serious behavioral health challenges who are transitioning from crisis or homelessness toward permanent housing and independent living.

- B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

SBC-DBH has made efforts to research previous and existing peer-run housing and peer respite projects. Some of the most notable approaches to this solution include the Blackbird House Peer Respite Home in San Jose and Second Story, which is referred to as one of the nation's first peer respites. One of the key takeaways from Second Story, is

that results showed the probability that participants would use any inpatient or emergency services after respite was about 70% lower among respite users than non-respite users.³

An item to note is the challenge in finding peer respite data driven outcomes that examine participant success in recovery and post release. One article that provides substantial information data is titled *Impact of the 2nd Story Peer Respite Program on Use of Inpatient and Emergency Services* by Bevin Croft, M.A., M.P.P., and Nilüfer İsvan, Ph.D. Their findings concluded that “By reducing the need for inpatient and emergency services for some individuals, peer respites may increase meaningful choices for recovery and decrease the behavioral health system’s reliance on costly, coercive, and less person-centered modes of service delivery.”⁴ This article also notes that there is limited literature on this housing and service model.

An additional peer respite program, the Insight Peer Respite in Nevada County, provides a short-term housing solution for participants that are recently discharged from psychiatric placements, or experiencing a first or re-emergence of a psychotic episode. The Insight Peer Respite provides guests an initial stay of 14 days with the option to extend an additional 14 days for a total of 28 days. Although guests were able to stay at this duration of time, in FY 2015/16, the average length of stay was 11.8 days. Program outcomes show that 11.3% of participants had a psychiatric hospitalization in the previous six (6) months prior to admission. After exiting the peer respite, 4.8% had a psychiatric hospitalization in the six (6) months following discharge.⁵

Through the learning goals of the Peer Housing Project, the project will seek to further analyze reduction to Emergency Department (ED) visits, changes in mental health and substance use disorder wellness, and improved living of its participants through a 6–12 month peer-run housing model with the additional incentive of reducing homelessness.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

- A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

³ Bevin Croft, M.A., M.P.P., and Nilüfer İsvan, Ph.D. (March 1, 2015). *Impact of the 2nd Story Peer Respite Program*. Psychiatric Services. Volume 66, Number 6. <https://psychiatryonline.org/doi/full/10.1176/appi.ps.201400266>.

⁴ Bevin Croft, M.A., M.P.P., and Nilüfer İsvan, Ph.D. (March 1, 2015). *Impact of the 2nd Story Peer Respite Program*. Psychiatric Services. Volume 66, Number 6. <https://psychiatryonline.org/doi/full/10.1176/appi.ps.201400266>.

⁵ Nevada County MHSA Three Year Program Plan- FY 2017/18 through 2019/20 - Nevada County. <https://www.nevadacountyca.gov/Archive.aspx?ADID=1292>.

1. Examine whether peer-led transitional housing interventions offered through clubhouses promote long-term housing solutions.
 2. Examine if peer led housing can result in improved well-being outcomes (e.g., physical health, mental health, substance use disorders).
 3. Examine whether providing in-home peer support and promoting choice result in increased satisfaction and engagement in supportive services.
 4. Examine whether peer-led transitional housing interventions result in improvements with obtaining employment and transitioning to independent living.
 5. Examine whether peer-led transitional housing interventions result in increased project credence from staff involved in this project.
- B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

This project seeks to examine whether the integration of peer-led components such as a Peer Housing Manager, peer-directed housing operations, daily in-home peer support, and proactive system linkage can enhance outcomes beyond those observed in more traditional approaches used to reduce homelessness among behavioral health individuals.

These elements are grounded in lived experience and mutual accountability, which may promote deeper engagement, improved retention, and more successful transitions into permanent housing. By embedding peer leadership into all operational levels of the housing program, the project can assess whether this model develops greater empowerment, community connection, and recovery progress for participants who are often disengaged or underserved by conventional systems.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

Learning Goal 1:**Examine whether peer-led transitional housing interventions promote long-term/permanent housing solutions.**

Evaluation plan	Intended outcomes	Measurement
Identify the number of participants that remain in the program and their length of stay.	Increased participant retention.	• Ratio: Number of individuals that stay in program versus those that don't. • Length of stay in housing program.
Identify the number of participants that successfully transition to long-term housing.	Transition and retention in long-term housing.	• Number of individuals that obtain long-term housing. • Number of transitions between housing programs. • Length of stay in long-term housing program.

Learning Goal 2:**Examine if peer led housing can result in improved well-being outcomes (e.g., physical health, mental health, substance use disorders).**

Evaluation plan	Intended outcomes	Measurement
Track and compare participant engagement in behavioral health programs and well-being outcomes through assessments and self-report surveys/interviews. Measure at baseline and in intervals throughout program involvement and following program departure.	Improved mental health outcomes.	• Reduction in hospitalizations due to mental health related issues. • Proper utilization of crisis services in lieu of hospitalizations. • Reduction in utilization of crisis services. • Improved mental health assessments. • Attendance of mental health services. • Support medication adherence when appropriate. • Consumer Evaluation Council (CEC) survey titled "Consumer Empowerment Survey".

Learning Goal 2:

Examine if peer led housing can result in improved well-being outcomes (e.g., physical health, mental health, substance use disorders).

Evaluation plan	Intended outcomes	Measurement
Track and compare participant engagement in behavioral health programs and well-being outcomes through assessments and self-report surveys/interviews. Measure at baseline and in intervals throughout program involvement and following program departure.	Improved substance use disorder outcomes.	• Length of stay/attendance in Substance Use Disorder and Recovery Services (SUDRS) program. • Completion of SUDRS program. • Reduction in drug use (fewer relapses) through self-report measures. • Engagement/attendance in self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, church, etc.).
	Improved physical health outcomes.	• Attendance of medical appointments. • Self-report assessment.

Learning Goal 3:

Examine whether providing in-home peer support and promoting choice result in increased satisfaction and engagement in supportive services.

Evaluation plan	Intended outcomes	Measurement
Track participant attendance in supportive service activities and measure levels of engagement and satisfaction through self-report surveys/interviews. Measure at baseline and in intervals throughout program involvement and following program departure.	Increased satisfaction with in-home peer support.	• Self-report measure on experience and satisfaction with in-home peer support (e.g., overall program, well-being outcomes, employment, living skills, etc.) and perceived levels of choice in engagement activities.

Learning Goal 3:

Examine whether providing in-home peer support and promoting choice result in increased satisfaction and engagement in supportive services.

Evaluation plan	Intended outcomes	Measurement
Track participant attendance in supportive service activities and measure levels of engagement and satisfaction through self-report surveys/interviews. Measure at baseline and in intervals throughout program involvement and following program departure.	Increased and consistent participant engagement.	• Number of supportive service activities participants engage in. • Attendance/retention in supportive service activities (e.g., Clubhouse, groups, employment, volunteering, etc.). • Level of engagement & involvement with supportive services through self-report measures.

Learning Goal 4:

Examine whether peer-led transitional housing interventions result in improvements with obtaining employment and transitioning to independent living.

Evaluation plan	Intended outcomes	Measurement
Identify participants' goals, track activities oriented towards goals and completion of goals. Measure satisfaction with supports through self-report surveys/interviews. Measure at baseline and in intervals throughout program involvement and following program departure.	Increased employment or other self-sustaining income.	• Identify participants' employment/income goals. • Track activities geared toward reaching employment/income goals. • Identify number of participants that obtain as well as retain employment or self-sustaining income.
	Improved daily living skills.	• Identify participants' goals toward daily living skills. • Track activities geared toward improving daily living skills. • Self-report measure assessing participants' ability to complete daily living tasks (e.g., money management, transportation, social skills, etc.).

Learning Goal 5:**Examine whether peer-led transitional housing interventions result in increased satisfaction from all staff participating in this project.**

Evaluation plan	Intended outcomes	Measurement
Conduct self-report surveys/interviews with staff relating to their satisfaction with program structure and participants. Measure at baseline and in intervals throughout program involvement and following program departure.	Increased project credence from Staff.	• Self-report measure on staff satisfaction with program structure. • Self-report measure on staff satisfaction with participants.
Track number of instances (e.g. complaints, disputes, social barriers, etc.)reported by staff.	Reduction in issues reported by staff.	• Number of issues reported by staff

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County’s relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

This Peer Housing Project will contract the housing component, which will include 6 shelter beds, to a third-party vendor responsible for managing and providing housing services. Meanwhile, SBC-DBH will manage the training aspects and provide support related to mental health and substance use disorders. Due to the abbreviated timeframes of the project, a contract provider will be selected through a competitive process from the existing network of shelter-bed providers. The provider will be held to the standards within the Innovation project through contract monitoring including but not limited to peer evaluation, regularly scheduled provider meetings, training requirements and in-home inspections. The selected shelter provider will also be held to existing regulatory compliance as contractually outlined in their agreements and SBC-DBH’s policies and procedures. This project will explore added and amended contract language and administrative processes that align with a peer-led setting.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning (CPP) process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or underserved populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The community-centered planning process for the Peer Housing Project ensures inclusive stakeholder representation, promotes equity-driven service strategies, and supports culturally competent implementation. This approach is designed to ensure the project effectively addresses the needs of unserved and underserved individuals experiencing housing instability and behavioral health challenges.

Key elements of the planning process include:

- Strategic guidance from Executive Leadership, which helps align the project with countywide behavioral health and housing priorities.
- Prioritization of historically marginalized communities, ensuring that populations disproportionately impacted by homelessness and barriers to behavioral health services are centered in decision-making.
- Use of equity-focused planning methods, employed by San Bernardino County to guide culturally responsive and linguistically appropriate service delivery.
- Opportunities for public input and accountability, including regularly held community forums where program details are shared and stakeholder feedback is actively solicited.
- Individuals with lived experience and active Clubhouse participation were directly involved in the planning process. Their insights were gathered through focus groups, CPP activities, and participation in public meetings, ensuring that the design of the Peer Housing Project reflects the voices and needs of those it intends to serve.

Below are the community planning and stakeholder engagement milestones for the Peer Housing Project

Meetings

Meeting Name	Date	Location
MHSA Executive Committee Meeting	4/2/2025	Virtual
MHSA Prevention and Early Intervention (PEI) Provider Network Meeting	4/10/2025	Virtual
MHSA Community Policy Advisory Committee (CPAC) Meeting	4/17/2025	Virtual
Quarterly Emergency Shelter Services Provider Meeting	7/23/2025	In-Person
Association of Community-Based Organizations	9/15/2025	In-Person
Behavioral Health and Criminal Justice Consensus Committee Meeting	9/24/2025	Virtual
Cultural Competency Advisory Committee (CCAC) - Women's Awareness Subcommittee	9/24/2025	Virtual
CCAC - Older Adults Awareness Subcommittee	9/25/2025	Virtual
CCAC - Veterans Awareness Subcommittee	10/6/2025	Virtual
Clubhouse - A Place to Go	10/6/2025	Virtual
Clubhouse - Central Valley Fun	10/6/2025	
Clubhouse - Santa Fe Wellness Club	10/6/2025	
Clubhouse - CARE Center	10/6/2025	
Clubhouse - Spike's Clubhouse	10/6/2025	
Clubhouse - TEAM House	10/7/2025	In-Person
Behavioral Health Commission (BHC) District Advisory Committee (DAC) Meeting - 3 rd District	10/8/2025	Virtual
CCAC - Mental Health and Substance Use Awareness Subcommittee	10/8/2025	Virtual
Clubhouse - Pathways to Recovery	10/8/2025	In-Person
BHC DAC Meeting - 2 nd District	10/9/2025	Virtual
CCAC - Disabilities Awareness Subcommittee	10/9/2025	Virtual
CCAC - Asian Pacific Islander Awareness Subcommittee	10/10/2025	Virtual
Clubhouse - Amazing Place	10/10/2025	In-Person
BHC DAC Meeting - 1 st District	10/15/2025	In-Person
BHC DAC Meeting- 4 th District	10/15/2025	In-Person
CCAC - Transitional Age Youth (TAY) Awareness Subcommittee	10/15/2025	Virtual
Community Policy Advisory Committee (CPAC) Meeting	10/16/2025	In-Person
CCAC - African American Awareness Subcommittee	10/20/2025	Virtual
CCAC - Native American Awareness Subcommittee	10/21/2025	Virtual
Clubhouse - Desert Stars	10/21/2025	In-Person
Clubhouse - Serenity	10/21/2025	In-Person
CCAC - Consumer and Family Members Awareness Subcommittee	10/27/2025	Hybrid
BHC DAC Meeting- 5 th District	10/28/2025	Virtual

Focus Groups

Focus Group Name	Date	Location
Clubhouse Focus Group: Amazing Place	5/30/2025	In-Person
Clubhouse Focus Group: Pathways to Recovery	6/6/2025	In-Person

Key community planning and stakeholder engagement support:

At the conclusion of Peer Housing presentations, the question was asked, do you support the Innovation Project and why? Stakeholders provided the following feedback:

- “Yes, we need to expand our services in Peer programs to include housing services.”
- “Yes, this will provide individuals a housing model that may align better with their needs. Peer run housing for club house participants is an innovative concept.”
- “Yes. Teaching life skills and getting individuals into a stable housing setup is a good use of resources.”

Overall, the County’s CPP process for the Peer Housing Project demonstrates broad-based support and underscores a shared commitment to advancing innovative, peer-driven housing solutions that are responsive to community needs.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the Regulations for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) Community Collaboration

SBC-DBH has conducted an ongoing extensive Community Program Planning (CPP) process that involved stakeholders within the community which is consistent with Mental Health Service Act (MHSA) regulations. This project will work in collaboration with all available resources in the County and will promote access to the most appropriate level of care for the individual. This will include SBC-DBH operated programs and outpatient clinics, drug and alcohol programs, fee-for-service providers, faith-based organizations, social service organizations, veteran services, housing programs and alternatives, other County Departments such as the Clubhouse Governing Boards and Consumer Evaluation Council, the Department of Aging and Adult Services, Transitional Assistance Department, Public Health, County Medical clinics, and community-based organizations. Educational organizations and vocational organizations will be utilized to assist individuals in meeting their personal goals and to fully integrate the individuals into their

surrounding community. Individuals and family members will be linked with regionally based providers to minimize any geographical obstacles to accessing services. SBC-DBH's partnership with the Cultural Competency Advisory Committee (CCAC) and Subcommittees, and Community Health Worker program assist us in bridging the cultural and geographical diversity of our County in a community-driven manner.

B) Cultural Competency

The SBC-DBH Office of Equity and Inclusion (OEI) will be involved to ensure compliance with cultural competency standards and ensure that the services provided address cultural and linguistic needs. OEI remains available for consultation and to provide support to the Peer Housing Project team regarding issues of diversity when necessary. Issues of cultural diversity and the social norms of a specific cultural group may present a barrier to a mentally ill individual participating in services. These issues will be explored with the OEI as they arise to provide services to the community in a culturally and linguistically meaningful and appropriate manner. Partnering with the CCAC in a more active way (beyond an advisory capacity) will further ensure effective, culturally sensitive interactions. Every effort will be made to staff the Peer Housing Project team so that they are diverse and representative of the demographics of the Department's consumers. Efforts will be made to include bilingual staff members, especially in Spanish, which is one of the threshold languages for San Bernardino County and the most utilized. Additionally, materials will be available in all threshold languages and interpreter services will be provided as appropriate.

C) Client-Driven

All services provided through MHSA are committed to a behavioral health treatment approach that places extreme importance on the consumer taking an active and directive role in their treatment decisions. In this model all aspects of the project involve shared decision making with the participants. Staff involved have lived behavioral health experience and operate in partnership with the involved participants in alignment with the DBHs Regional Clubhouse model. Implementation and evaluation efforts have direct involvement from both participants of the home as well as the Consumer Evaluation Council.

D) Family-Driven

SBC-DBH supports a family driven treatment model where consumer families have a key role in assisting the decision-making process of the consumer. While maintaining the appropriate level of confidentiality, as determined by the consumer, SBC-DBH invites and encourages a consumer's family, biological or otherwise, to be an active part in their loved one's treatment and/or treatment decisions. Learning has shown that a consumer's family and loved ones are an asset when determining a consumer's readiness for treatment. This project also honors the "chosen family" of each unhoused participant and supports their involvement through the shared experience of accessing Clubhouse services.

E) Wellness, Recovery, and Resilience-Focused

Starting where the project participant “is at in their recovery” is a central component of the MHSA. This project promotes wellness, recovery, and resiliency by providing an increased level of access and linkage to a variety of services provided through their existing choice of supports, Clubhouses. The project will work to link the project participant to the most appropriate service modalities in their community that will meet their unmet behavioral health and support needs starting with stability in shelter and reduced stigma through being surrounded by others who are able to provide shared experience and understanding. This Innovation project connects participants to community-based support and therapies, fostering their self-directed path to wellness, recovery, and resiliency.

F) Integrated Service Experience for Clients and Families

One focus of this project will be the linkage of individuals to culturally appropriate services in the local community and/or bring those services to the individuals via treatment options if desired and appropriate. Referrals to resources will be coordinated and integrated to most appropriately meet the stated needs and wellness goals of the individual. It is anticipated that referrals will be made to all venues and modalities of therapeutic and social programs as desired by the individual. A holistic approach will be utilized in making referrals for services to the individual in recognition of the need to address the psychiatric and/or medical treatment needs of the individual but also their many educational, cultural, spiritual, social, and health needs. The project, as designed, will provide peer support, as well as educational and supportive services to the individual to increase understanding and awareness of behavioral health disorders, outpatient services, knowledge of how to access services, as well as how to navigate the complicated system of care while working towards permanent housing.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

SBC-DBH understands and acknowledges that those who engage in evaluation do so from perspectives that reflect their values, their ways of seeing the world, and their culture. This culture can shape the ways in which evaluation questions are conceptualized, which in turn influences what data is collected, and how data is analyzed and interpreted. To draw valid conclusions, the evaluation must consider important contributors to human behavior, including those related to culture, personal habit, situational limitations, assimilation and acculturation, or the effect that the knowledge of observation can have on the observed (Cultural Competence in Evaluation Task Force (2011) Public Statement on Cultural Competence in Evaluation. American Evaluation Association). Without accounting for the ways in which culture can affect behavior, evaluations can arrive at flawed findings with potentially devastating consequences.

Because of these concerns SBC-DBH’s OEI is a key partner in all Innovation projects to ensure compliance with cultural competency standards and to ensure that the services provided address cultural and

linguistic needs. OEI remains available for consultation and to provide support to the SBC-Office of Innovation regarding issues of diversity when necessary.

Issues of cultural diversity and the social norms of a specific cultural group may present a barrier to a mentally ill individual participating in psychiatric treatment. These issues will be explored with OEI as they arise to provide services to the community in a culturally and linguistically meaningful and appropriate manner. In addition to working with the OEI, SBC-DBH Office of Innovation also partners with stakeholder subcommittees in an active way (beyond an advisory capacity) to further ensure effective, culturally sensitive interactions. These subcommittees are presented with the evaluation questions and results to ensure that the evaluation framework and outcome results are inclusive and foster learning across cultural boundaries while respecting different worldviews. Every effort is made to staff the Innovation project with individuals that are diverse and representative of the demographics of the Department's consumers.

For all the reasons listed above, SBC-DBH maintains a commitment to meaningful stakeholder participation in the evaluation process. Based on the continuous feedback from our community stakeholders, SBC-DBH has a Consumer Evaluation Council to address outcomes and evaluation in a setting that involves stakeholders. This Innovation project will be presented at meetings as needed to ensure that the Community Planning Process includes the voices of individuals who reflect the cultural, ethnic, and racial diversity that exists within San Bernardino County.

INNOVATION PROJECT SUSTAINABILITY, PROPOSITION 1 ALIGNMENT, AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without the use of MHSA funding components for sustainability.

Describe how this project aligns itself with Proposition 1 (Senate Bill 326):

- Does it provide housing interventions for people who are chronically homeless or experiencing homelessness or are at risk of homelessness?

The project's design allows for flexibility and sustainability, enabling a seamless transition into the Behavioral Health Services Act (BHSA) housing component based on the project's outcomes and available funding. Insights gained from the project will guide future decisions to ensure continued support for this vulnerable population.

- Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?

The Peer Housing Project will collaborate with SBC-DBH Regional Clubhouses and develop relationships with existing early intervention programs in creating pathways for access and linkage to any potential services, resources, or linkage to other community supports as appropriate. Early

intervention programs will act as a bridge in the continuum of care and assist in making referrals for any participants that may be candidates for placement in the project.

- Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?

While the BHSA Full-Service Partnership (FSP) requires adherence to specific evidence-based practices (EBPs) to qualify as an FSP program, this Peer Housing Project more closely aligns with the Housing component of the continuum of care. Housing interventions are an integral part of the FSP continuum and reflect the priorities outlined in Proposition 1.

The Peer Housing Project specifically targets individuals living with serious mental illness who are often not currently connected to formal system supports like FSP, despite being eligible. Once participants are housed and their basic needs are stabilized, Peer Specialists and Housing Navigators actively engage them and facilitate connections to all available behavioral health system supports as directed by the participant, including FSP programs.

- Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The project will adhere to the SBC-DBH's existing continuity of care procedure. SBC-DBH will coordinate with all available behavioral health programs within its continuum of care and community partners to ensure uninterrupted services and continuity of care upon project completion.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

SBC-DBH will disseminate information about the Peer Housing Project through the established Community Program Planning (CPP) communication infrastructure, including presentations and updates at the Community Policy Advisory Committee (CPAC), the Consumer Evaluation Council (CEC), Behavioral Health Commission (BHC), District Advisory Committees (DAC) and Clubhouse Peer Governing Boards. These forums ensure that stakeholders, including those with lived experience, remain informed and engaged throughout the project lifecycle.

Information will also be posted on the SBC-DBH website to further expand access and transparency.

Weekly house meetings will also be held at the Peer Housing site to foster open communication between staff and participants, address operational concerns, and collect feedback for continuous improvement. In addition, the project will include periodic focus groups and participant surveys designed to assess participant empowerment, life skills development, and life satisfaction. These evaluations will serve to inform both project implementation and long-term strategic planning including ongoing communication with other SBC-DBH programs of successful placement and sustainability indicators as they arise.

B) **KEYWORDS** for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

- Peer Housing
- Supportive Housing
- Peer Supportive Housing
- Peer Respite Housing
- Short-Term Peer Housing

TIMELINE

A) Specify the expected start date and end date of your INN Project

Estimated begin date: January 2026

Estimated end date: June 2029

B) Specify the total timeframe (duration) of the INN Project

Length: 3.5 Years

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Quarter	Key Activities, Milestones, and Deliverables
Jan-Mar 2026	- Expand (if necessary) existing project implementation team and steering committee (including peer leaders, SBC-DBH staff, and Clubhouse representatives) - Develop and implement program policies, house rules, and participant eligibility criteria. Initiate hiring process for key staff - Develop measurement tools and data dashboards with Research and Evaluation team
Apr-Jun 2026	- Initiate procurement process with existing shelter providers for pilot site selection in Ontario, where resources are scarcer – identifying and selecting a suitable house or property near existing services - Establish formal referrals and workflows
Jul-Sep 2026	- Finalize and provide training for shelter staff, emphasizing peer support principles, house management, crisis de-escalation, and cultural competency - Begin identifying potential Clubhouse members based on eligibility criteria
Oct-Dec 2026	- Finalize and provide training for shelter staff, emphasizing peer support principles, house management, crisis de-escalation, and cultural competency - Begin identifying potential Clubhouse members based on eligibility criteria
Jan-Mar 2027	- Open the pilot peer-run house with an initial cohort of 4-6 participants and explore opportunities to increase the number of participants - Assist the new participants in their transition into housing, initiate recovery plans, participate in required Clubhouse activities
Apr-Jun 2027	- Transition to structured daily schedules and house meetings, build employment skills and active linkages to Clubhouse programs - Implement intake/premeasurement tools for initial cohort of participants during months 1 – 3 of stay

Quarter	Key Activities, Milestones, and Deliverables
Jul-Sep 2027	• Conduct a preliminary evaluation of the implementation process by gathering the first round of feedback from participants and staff and evaluate strengths and challenges; document lessons learned, modify and implement necessary changes • Evaluate if early learning goals have been met; transition any participants ready to exit the project at month 6 to permanent housing (if necessary) • Continue to provide housing for participants; fill any vacant beds with eligible participants • Report annual service data, challenges, and successes to stakeholders; conduct CPP • Data tracking, collection, and evaluation
Oct-Dec 2027	• Continue to provide housing for participants; fill any vacant beds with eligible participants • Data tracking, collection, and evaluation
Jan-Mar 2028	• Evaluate data for participants at 12-month mark; gather post data for participants that have exited to evaluate mental health, substance use disorder, employment and housing outcomes • Implement any necessary programmatic changes based outcomes and feedback analysis • Continue to introduce eligible Clubhouse members into the project • Data tracking, collection, and evaluation
Apr-Jun 2028	• Continue to provide housing for participants; fill any vacant beds with eligible participants • Data tracking, collection, and evaluation
Jul-Sep 2028	• Continue to provide housing for participants; fill any vacant beds with eligible participants • Report annual service data, challenges, and successes to stakeholders; conduct CPP • Data tracking, collection, and evaluation
Oct-Dec 2028	• Continue to provide housing for participants; fill any vacant beds with eligible participants • Data tracking, collection, and evaluation • Initiate development of final project report • Exit existing cohort of participants - connect them with appropriate housing and/or peer support services
Jan-Mar 2029	• Data analysis and development of final project findings and evaluation report
Apr-Jun 2029	• Disseminate final project findings and evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5,000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The total proposed estimated budget for this project is approximately \$596,241 annually, resulting in a project total of \$2,089,845 over 3.5 years. The project will begin halfway through the Fiscal Year 2025/26 in January 2026 with a budget of \$297,120.

Funding will allow for contract funding for a 6-bed shelter-bed facility which will include requirements for a Certified Medi-Cal Peer Support Specialist (CMPSS) House Manager(s), all provided meals planned with peer-input, and increased contract monitoring requirements in alignment with Innovation goals. Funding will also support the shared cost of one Peer Housing Navigator and one Peer Support Specialist for daily Clubhouse supports. It will also partially fund a Program Specialist II for tracking and administrative support.

The proposed project design allows for maximization of peer support between participants and staff. The CMPSS House Manager will oversee the facility and be the point of contact for SBC-DBH and property

owner/manager. The Peer Housing Navigator and Peer and Family Advocate will provide daily transportation, on-site Clubhouse supports, resource navigation and system linkage.

Position	Primary Responsibility
Medi-Cal Certified Peer Support Specialist House Manager (contracted role)	• Oversight of general operation of the house; handling of food; enforcement of any restrictions • Coordinate with SBC-DBH Peer Programs • SBC-DBH Liaison (Contracted Role)
Peer Programs/Clubhouse Staffing: • Program Manager II - .15 FTE • Program Specialist II - .5 FTE	• Project oversight and support • Development of contract and monitoring tools. • Liaison with house manager • Oversight of Clubhouse service coordination
Peer Family Advocate - .25 FTE	• Provide daily support to participants • Group facilitation
Peer Housing Navigator (Social Worker II) - .25 FTE	• Assist participants with housing searches, resources
Innovation Staffing: • Program Manager I - .15 FTE • Program Specialist II - .15 FTE • Program Specialist I - .15 FTE	• Provides administration of project, monitoring, reporting
Research & Evaluation Business Systems Analyst II - .25 FTE	• Data analysis, development of reporting tools and outcomes, facilitating data collection including key informant interviews, surveys and other outcome metrics

Direct Costs

The project's direct costs will total \$860,095 over a three-and-a-half-year term and include personnel costs related to delivering the program services (salaries/benefits) of the SBC-DBH employed staff roles only (see above table), totaling approximately \$245,741 annually. This also includes the cost of the staff responsible for the development of project evaluation and outcomes.

Consultant Costs

The project's consultant costs will total \$1,149,750 over a three-and-a-half-year term and include all housing related costs, totaling approximately \$328,500 annually. This cost is based off the enhanced shelter services contract rate of \$150 per filled bed, per day, for 6 beds 365 days/year. This rate incorporates food, shelter, hygiene/cleaning products, utilities, and the onsite house manager provided by the contracted agency. The total reflects the updated Enhanced Shelter Services rate and ensures adequate compensation for the enhanced peer-run requirements, including Certified Peer Specialist staffing, participant-driven meal planning, and close collaboration with Clubhouse supports. The project intends to operate a 4-bedroom home, with 3 of the rooms containing 2 beds each and 1 room for the onsite manager.

Other Expenditures

The project's other expenditures will total \$80,000 over a three-and-a-half-year term, with an annual cost of \$20,000/year. This amount will be budgeted for necessary project related training, incentives, participant assistance funds and outreach.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*						
EXPENDITURES						
	PERSONNEL COSTS (salaries, wages, benefits)	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1	Salaries	\$112,870	\$237,026	\$248,878	\$261,321	\$860,095
2	Direct Costs	\$0	\$0	\$0	\$0	\$0
3	Indirect Costs	\$0	\$0	\$0	\$0	\$0
4	Total Personnel Costs	\$112,870	\$237,026	\$248,878	\$261,321	\$860,095
	OPERATING COSTS*					
5	Direct Costs	\$0	\$0	\$0	\$0	\$0
6	Indirect Costs	\$0	\$0	\$0	\$0	\$0
7	Total Operating Costs	\$0	\$0	\$0	\$0	\$0

	NON-RECURRING COSTS (equipment, technology)					
8		\$0	\$0	\$0	\$0	\$0
9		\$0	\$0	\$0	\$0	\$0
10	Total non-recurring costs	\$0	\$0	\$0	\$0	\$0
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)					
11	Direct Costs (Housing)	\$164,250	\$328,500	\$328,500	\$328,500	\$1,149,750
12	Indirect Costs	\$0	\$0	\$0	\$0	\$0
13	Total Consultant Costs	\$164,250	\$328,500	\$328,500	\$328,500	\$1,149,750
	OTHER EXPENDITURES (please explain in budget narrative)					
14	Support (Trainings, incentives, and outreach)	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
15	Administrative Expenses	\$0	\$0	\$0	\$0	\$0
16						\$0
17	Total Other Expenditures	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
	BUDGET TOTALS					
	Personnel (total of line 1)	\$112,870	\$237,026	\$248,878	\$261,321	\$860,095
	Direct Costs (add lines 2, 5, and 11 from above)	\$164,250	\$328,500	\$328,500	\$328,500	\$1,149,750
	Indirect Costs (add lines 3, 6, and 12 from above)	\$0	\$0	\$0	\$0	\$0
	Non-recurring costs (total of line 10)	\$0	\$0	\$0	\$0	\$0
	Other Expenditures (total of line 17)	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000

	TOTAL INNOVATION BUDGET	\$297,120	\$585,526	\$597,378	\$609,821	\$2,089,845
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*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:	FY xx/xx	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSA Funds		\$278,804	\$547,064	\$556,992	\$567,417	\$1,950,277
2.	Federal Financial Participation		\$0	\$0	\$0	\$0	\$0
3.	1991 Realignment		\$0	\$0	\$0	\$0	\$0
4.	Behavioral Health Subaccount		\$0	\$0	\$0	\$0	\$0
5.	Other funding		\$0	\$0	\$0	\$0	\$0
6.	Total Proposed Administration		\$278,804	\$547,064	\$556,992	\$567,417	\$1,950,277
EVALUATION:							
B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY xx/xx	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSA Funds		\$18,315	\$38,462	\$40,385	\$42,405	\$139,568
2.	Federal Financial Participation		\$0	\$0	\$0	\$0	\$0
3.	1991 Realignment		\$0	\$0	\$0	\$0	\$0
4.	Behavioral Health Subaccount		\$0	\$0	\$0	\$0	\$0
5.	Other funding		\$0	\$0	\$0	\$0	\$0
6.	Total Proposed Evaluation		\$18,315	\$38,462	\$40,385	\$42,405	\$139,568

TOTALS:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY xx/xx	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSA Funds*		\$297,120	\$585,526	\$597,378	\$609,821	\$2,089,845
2.	Federal Financial Participation		\$0	\$0	\$0	\$0	\$0
3.	1991 Realignment		\$0	\$0	\$0	\$0	\$0
4.	Behavioral Health Subaccount		\$0	\$0	\$0	\$0	\$0
5.	Other funding**		\$0	\$0	\$0	\$0	\$0
6.	Total Proposed Expenditures		\$297,120	\$585,526	\$597,378	\$609,821	\$2,089,845
* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting ** If “other funding” is included, please explain within budget narrative.							

ATTACHMENTS

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: _____

Local Mental Health Director	Program Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
County Mental Health Mailing Address:	

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 _____.

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.

Local Mental Health Director/Designee (PRINT)

Signature

Date

County: _____

Date: _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: _____

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

Local Mental Health Director Name: _____ Telephone Number: _____ E-mail: _____	County Auditor-Controller / City Financial Officer Name: _____ Telephone Number: _____ E-mail: _____
Local Mental Health Mailing Address: _____	

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.

Local Mental Health Director (PRINT)_____
Signature_____
Date

I hereby certify that for the fiscal year ended June 30, _____, 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 _____ for the fiscal year ended June 30, _____. I further certify that for the fiscal year ended June 30, _____, 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.

County Auditor Controller / City Financial Officer (PRINT)_____
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)
 Peer Housing INN Project Plan - Attachments



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 - PowerPoint Presentation - 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

CBHDA Workgroup Updates • Open Forum • Provide purpose of workgroups & beneficial updates • Discuss background of final regulation, County impact & Program action	All CBHDA Workgroup Designees
Prop 1 Update: (See below links for updates) • 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	Dr. Rebecca Scott Young
Quick Program Survey (Let us know how MHSA Administration can serve you) https://form.jotform.com/242467335671158 	Dr. Rebecca Scott Young
Questions or Comments	All
Announcements	All

A presentation slide with a dark blue background. The title "Innovation Project Updates" is displayed in a large, bold, green font. A yellow horizontal bar at the top right contains the text "Behavioral Health" in black. In the bottom left corner, the presenter's name "La Milka Lydia, MBA, MPA" and title "Program Manager" are listed. A small, square photograph of a person is located in the bottom right corner. The slide is decorated with large, semi-transparent circles in shades of blue and green.

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MHSA Executive Committee Meeting

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Program Improvements for Valued Outpatient Treatment (PIVOT)



The icon is a circular arrangement of various symbols representing business and improvement. At the top is a handshake. Below it are two interlocking gears. To the left is a checklist with three items, the first two of which are checked. To the right is a bar chart with three bars of increasing height, topped with a star. A dollar sign is also present near the bar chart. The entire icon is enclosed in a dashed circular border.

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MHSA Executive Committee Meeting

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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

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Project Description

- 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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MHSA Executive Committee Meeting

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Behavioral Health Transformation Alignment

- 1**

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.


- 2**

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

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Peer Housing Project

A stylized graphic of a house. The roof is composed of two blue triangles meeting at a central point. The walls are represented by four grey squares arranged in a 2x2 grid. Below the house is a thick, wavy green line.

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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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San Bernardino County Behavioral Health

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

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

Community Program Planning Process

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graph LR
    CPP[Community Planning Process (CPP)] --> P30[30-Day Public Comment]
    P30 --> ILBHB[Independent Local Behavioral Health Board Hearing]
    ILBHB --> PF[Plan Finalized]
    ILBHB --> CBH[Present to Commission of Behavioral Health (CBH)]
    PF --> CBS[County Board of Supervisors Plan Approval]
    CBH --> CBS

```

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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

- 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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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

- 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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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.

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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.

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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.

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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

BOARD OF SUPERVISORS

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Vice Chairman, First District

JESSE ARMENDAREZ
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DAWN ROWE
Chair, Third District

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Fourth District

JOE BACA, JR.
Fifth District

Luther Snoke
Chief Executive Officer

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

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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

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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

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Innovation Community Program Planning Process

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PEI Provider Network Meeting

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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

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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

40

Proposed Innovation Projects

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



41

Program Improvements for Valued Outpatient Treatment (PIVOT)



42

Project Concept

- | | | |
|---|---|---|
| 1 | <p>Full Service Partnership (FSP) Reboot</p> | <p>Establish the local administrative processes and data infrastructure needed to prepare the county for changes to FSP programs under BHSA.</p> |
| 2 | <p>Developing Capacity for Specialty MH Plan Services with Diverse Communities</p> | <p>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.</p> |

43

Challenge/Response

- | | |
|------------------------------|---|
| Primary Challenge | <p>Behavioral Health Transformation Initiatives, including Behavioral Health Services Act (BHSA), will require changes in behavioral health operations and programs.</p> <ul style="list-style-type: none"> 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 | <p>Create an umbrella proposal that:</p> <ul style="list-style-type: none"> 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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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. 

45

Survey Question



Please complete the survey to let us know your opinion.

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



46

PEI Provider Network Meeting

47

Peer Housing Project

47

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 houselessness 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.

48

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

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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

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Survey Question

Please complete the survey to let us know your opinion.

1. Do you support the Peer Housing Project?

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PEI Provider Network Meeting

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

52

PEI Provider Network Meeting

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

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

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.



55

PEI Provider Network Meeting

Survey Question



Please complete the survey to let us know your opinion.

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



56

PEI Provider Network Meeting

Nurse Concept **Project**



57

PEI Provider Network Meeting

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.

58

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?

61

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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San Bernardino County Behavioral Health

April CPAC Survey Results Innovation Projects

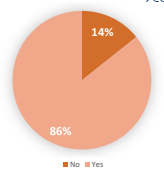
La Miika Lydia, MBA, MPA
Program Manager
Community Services and Supports (CSS)

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.”

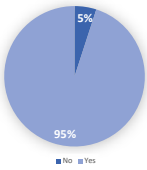
MHSA Administration • CPAC 32

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).”

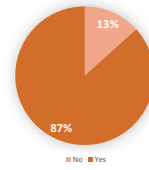
MHSA Administration • CPAC 33

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.”

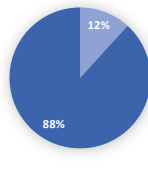
MHSA Administration • CPAC 34

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).

MHSA Administration • CPAC 35

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Welcome to the July 2025 Quarterly Emergency Shelter Services Provider Meeting!

July 23, 2025, 1-3pm

Please grab a snack, greet each other, choose a seat, start reviewing the House Manager letter and worksheet, and enjoy the music. After the music ends, we will get the meeting going with a guest from the DBH audit team.

AGENDA

- 1:00 – 1:15: **Welcome and time to review materials in the folders**
 - Folder materials
 - **Name Table Tent Tags:** Please add your name and place on the table in front of your seat
 - **House Manager Food Handler's Summary Letter:** Please read and keep for your records
 - **House Manager House Assignment (worksheet to turn in):** Please cross out any House Manager no longer at the house. If there is a primary live-in House Manager, please circle their name
 - **House Manager Job Description** – EXAMPLE for your reference – please feel free to use and adapt as needed
 - **House Manager Checklist** – EXAMPLE for your reference – please feel free to use and adapt as needed
 - **DBH Client Expectations** – FYI – programs are having residents agree to these guidelines for consistency
 - 3x sheets of paper: for notes, questions to submit to Eddie about audits, and feedback on today's meeting
- 1:15 – 1:30: **Audit Overview and Questions – ACFRS: Eddie + Team**
- 1:30 – 2:00: **Clubhouse Training**
- 2:00 – 2:30: **Clubhouse Guest and Innovation Project Presentation**
- 2:30 – 3:00: **Roundtable:** something that was interesting to you or that you want to think about adopting at your shelters, things you want to discuss at future meeting



1

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)

2

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.

3

Community Program Planning Process



4

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.

5

Peer Housing Project



6

Project Concept

Peer Housing Project

- Design a housing model that is inspired by the current Department of Behavioral Health (DBH) Transitional Housing model to address the housing needs for individuals experiencing homelessness and are engaged in clubhouse services.
- The innovative component of this project is to increase access to mental health and substance use disorder services by developing a peer-run recovery housing model that is staffed and operated by trained individuals with lived experience, such as certified peer support staff.
- Participants to be housed for 6 to 12 months.
- The Peer Housing Project is targeting to acquire 6 shelter beds in or near Ontario to serve 12-24 individuals per fiscal year.

7

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.

8

Learning Goals

Proposed Learning Goals

- Examine whether peer-led transitional housing interventions promote long-term housing solutions.
- Examine if peer led housing can result in improved well-being outcomes (e.g., physical health, mental health, substance use disorders).
- Can providing in-home peer support and promoting choice result in increased satisfaction and engagement in supportive services.
- Examine whether peer-led transitional housing interventions result in improvements with obtaining employment and transitioning to independent living.
- Examine whether peer-led transitional housing interventions result in increased satisfaction from staff.

9

Survey Questions

Please complete the survey to let us know what you thought of today's presentation and provide feedback on the Innovation Peer Housing Project.

1. Do you support the Innovation Peer Housing Project? Please answer yes or no, and please tell us why.
2. What potential shelter provider challenges do you foresee?
3. What training or support expectations do you have of the case managers assisting with this project.
4. Would you like to participate as a shelter provider for the Peer Housing Project? Why or why not?

10

Survey Questions

<https://survey123.arcgis.com/share/aac56c54b2124dcea0f6b49f06f6a2e4?portalUrl=https://maps.sbcounty.gov/sbcgis>



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Contact **Information**

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

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MHSA Innovation Peer Housing Project

Presentation Schedule

Learn about the Mental Health Services Act (MHSA) Innovation Peer Housing Project and provide valuable input. Review the schedule below and join us for a session that suits your availability.

9/24/2025 1 - 3 p.m.	Behavioral Health and Criminal Justice Consensus Committee Meeting	Microsoft Teams Meeting
9/24/2025 1 - 3 p.m.	Women’s Awareness Subcommittee	Microsoft Teams Meeting https://tinyurl.com/yadze8uj Meeting ID: 217 666 308 673 Passcode: xp6eF2rU
9/25/2025 3 - 4:30 p.m.	Older Adults Awareness Subcommittee	Microsoft Teams Meeting https://tinyurl.com/5ekhhdu8 Meeting ID: 285 102 507 890 Passcode: yi62fe6n
10/06/2025 3 - 4:30 p.m.	Veterans Awareness Subcommittee	Microsoft Teams Meeting https://tinyurl.com/33ns82s4 Meeting ID: 291 132 597 570 Passcode: ju7K2BC2
10/06/2025 3 - 4:30 p.m.	Clubhouses: Lucerne, Rialto, Yucca Valley, Yucaipa, Needles	Microsoft Teams Meeting
10/07/2025 11 a.m. - Noon	Clubhouse: TEAM House	In Person Meeting 201 W. Mill St, San Bernardino
10/08/2025 10 - 11:30 a.m.	Mental Health and Substance Use Awareness Subcommittee	Microsoft Teams Meeting https://tinyurl.com/55hsz6f5 Meeting ID: 295 312 272 03 Passcode: 2z99Kr2J
10/08/2025 11 a.m. - Noon	Third District Advisory Committee	Microsoft Teams Meeting https://bit.ly/4IBG5Wg
10/08/2025 1 - 2 p.m.	Clubhouse: Pathways to Recovery	In Person Meeting 17053 E. Foothill Blvd, Ste. B, Fontana
10/09/2025 10 - 11:30 a.m.	Disabilities Awareness Subcommittee	Microsoft Teams Meeting https://tinyurl.com/5742ed5y Meeting ID: 214 703 753 77 Passcode: Xe9hX6xF
10/09/2025 3:30 - 4:30 p.m.	Second District Advisory Committee	Microsoft Teams Meeting https://bit.ly/4jy1PjI

Meeting dates and times are subject to change. Additional meetings may be scheduled as needed.



MHSA Innovation Peer Housing Project

Presentation Schedule

Learn about the Mental Health Services Act (MHSA) Innovation Peer Housing Project and provide valuable input. Review the schedule below and join us for a session that suits your availability.

10/10/2025 10 - 11:30 a.m.	Asian Pacific Islander Awareness Subcommittee	<u>Microsoft Teams Meeting</u> https://tinyurl.com/mrx96wfb Meeting ID: 238 081 169 345 Passcode: 49UQ3Rz7
10/10/2025 11 a.m. - Noon	Clubhouse: Amazing Place	<u>In Person Meeting</u> 2940 Inland Empire Blvd, Ontario
10/15/2025 11 a.m. - Noon	First District Advisory Committee	<u>In Person Meeting</u> Hesperia Police Station 15840 Smoke Tree St, Hesperia
10/15/2025 2 - 3 p.m.	Transitional Age Youth (TAY) Subcommittee	<u>Microsoft Teams Meeting</u> https://tinyurl.com/2r4nh2t9 Meeting ID: 292 223 091 032 Passcode: GF6FJ3D8
10/15/2025 6 - 7 p.m.	Fourth District Advisory Committee	<u>In Person Meeting</u> San Antonio Regional Hospital 999 San Bernardino Rd, Price Room Upland
10/16/2025 10 a.m. - Noon	Community Policy Advisory Committee (CPAC)	<u>In Person Meeting</u> Teamsters 1932 - Cammack Hall 433 N. Sierra Way, San Bernardino
10/20/2025 10 a.m. - Noon	Association of Community Based Organizations (ACBO)	<u>In Person Meeting</u> 303 E. Vanderbilt Way Conference Room 109A/B San Bernardino
10/20/2025 2 - 3:30 p.m.	African American Awareness Subcommittee	<u>Microsoft Teams Meeting</u> https://tinyurl.com/bddbfkzb Meeting ID: 247 421 838 75 Passcode: EV7cx6sw
10/21/2025 11 a.m. - Noon	Clubhouse: Desert Stars	<u>In Person Meeting</u> 1841 E. Main St, Barstow
10/21/2025 1 - 2 p.m.	Clubhouse: Serenity	<u>In Person Meeting</u> 12625 Hesperia Rd, Ste. B, Victorville
10/22/2025 1 - 3 p.m.	Quarterly Emergency Shelter Services Provider Meeting	<u>In Person Meeting</u> 780 E. Gilbert Street, Hollywood Room San Bernardino
10/27/2025 11 a.m. - Noon	Consumer and Family Members Awareness Subcommittee	<u>Microsoft Teams Meeting</u> https://tinyurl.com/u4tb9msv Meeting ID: 297 507 714 953 Passcode: id7or7yj
10/28/2025 5 - 6:30 p.m.	Fifth District Advisory Committee	<u>Microsoft Teams Meeting</u> https://bit.ly/3XZtZfk

Meeting dates and times are subject to change. Additional meetings may be scheduled as needed.

MHSA Innovación

Proyecto de Vivienda de Pares

Calendario de Presentaciones

Aprenda más sobre el Proyecto de Vivienda de Pares del Componente de Innovación de la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés) y comparta sus valiosos comentarios. Revise el calendario y acompáñenos en la sesión que mejor se ajuste a su disponibilidad.

9/24/2025 1 - 3 p.m.	Reunión del Comité de Consenso de Salud Mental y Justicia Penal	Reunión de Microsoft Teams
9/24/2025 1 - 3 p.m.	Subcomité de Concientización de Mujeres	Reunión de Microsoft Teams https://tinyurl.com/yadze8uj ID de reunión: 217 666 308 673 Código de acceso: xp6eF2rU
9/25/2025 3 - 4:30 p.m.	Subcomité de Concientización de Adultos Mayores	Reunión de Microsoft Teams https://tinyurl.com/5ekhhdu8 ID de reunión: 285 102 507 890 Código de acceso: yi62fe6n
10/06/2025 3 - 4:30 p.m.	Subcomité de Concientización de Veteranos	Reunión de Microsoft Teams https://tinyurl.com/33ns82s4 ID de reunión: 291 132 597 570 Código de acceso: ju7K2BC2
10/06/2025 3 - 4:30 p.m.	Casas club: Lucerne, Rialto, Yucca Valley, Yucaipa, Needles	Reunión de Microsoft Teams
10/07/2025 11 a.m. – Mediodía.	Casa club: TEAM House	Reunión Presencial 201 W. Mill St, San Bernardino
10/08/2025 10 - 11:30 a.m.	Subcomité de Concientización de Salud Mental y Uso de Sustancias	Reunión de Microsoft Teams https://tinyurl.com/55hsz6f5 ID de reunión: 295 312 272 03 Código de acceso: 2z99Kr2J
10/08/2025 11 a.m. – Mediodía.	Comité Asesor del Tercer Distrito	Reunión de Microsoft Teams https://bit.ly/4IBG5Wg
10/08/2025 1 - 2 p.m.	Casa club: Pathways to Recovery	Reunión Presencial 17053 E. Foothill Blvd, Ste. B, Fontana
10/09/2025 10 - 11:30 a.m.	Subcomité de Concientización de Discapacidades	Reunión de Microsoft Teams https://tinyurl.com/5742ed5y ID de reunión: 214 703 753 77 Código de acceso: Xe9hX6xF
10/09/2025 3:30 - 4:30 p.m.	Comité Asesor del Segundo Distrito	Reunión de Microsoft Teams https://bit.ly/4jy1Pjl

Las fechas y horarios de las reuniones están sujetos a cambios. Se pueden programar reuniones adicionales según sea necesario.

MHSA Innovación

Proyecto de Vivienda de Pares

Calendario de Presentaciones

Aprenda más sobre el Proyecto de Vivienda de Pares del Componente de Innovación de la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés) y comparta sus valiosos comentarios. Revise el calendario y acompañenos en la sesión que mejor se ajuste a su disponibilidad.

10/10/2025 10 - 11:30 a.m.	Subcomité de Concientización de Asiáticos/ Isleños del Pacifico	<u>Reunión de Microsoft Teams</u> https://tinyurl.com/mrx96wfb ID de reunión: 238 081 169 345 Código de acceso: 49UQ3Rz7
10/10/2025 11 a.m. – Mediodía.	Casa club: Amazing Place	<u>Reunión Presencial</u> 2940 Inland Empire Blvd, Ontario
10/15/2025 11 a.m. – Mediodía.	Comité Asesor del Primer Distrito	<u>Reunión Presencial</u> Hesperia Police Station 15840 Smoke Tree St, Hesperia
10/15/2025 2 - 3 p.m.	Subcomité de Concientización de Jóvenes en Edad de Transición (TAY, por sus siglas en inglés)	<u>Reunión de Microsoft Teams</u> https://tinyurl.com/2r4nh2t9 ID de reunión: 292 223 091 032 Código de acceso: GF6FJ3D8
10/15/2025 6 - 7 p.m.	Comité Asesor del Cuarto Distrito	<u>Reunión Presencial</u> San Antonio Regional Hospital 999 San Bernardino Rd, Price Room Upland
10/16/2025 10 a.m. – Mediodía.	Comité Asesor de Políticas Comunitarias (CPAC, por sus siglas en inglés)	<u>Reunión Presencial</u> Teamsters 1932 - Cammack Hall 433 N. Sierra Way, San Bernardino
10/20/2025 10 a.m. – Mediodía.	Asociación de Organizaciones Comunitarias (ACBO, por sus siglas en inglés)	<u>Reunión Presencial</u> 303 E. Vanderbilt Way Cuarto de Conferencia 109A/B San Bernardino
10/20/2025 2 - 3:30 p.m.	Subcomité de Concientización de Afroamericanos	<u>Reunión de Microsoft Teams</u> https://tinyurl.com/bddbfkz ID de reunión: 247 421 838 75 Código de acceso: EV7cx6sw
10/21/2025 11 a.m. - Mediodía.	Casa club: Desert Stars	<u>Reunión Presencial</u> 1841 E. Main St, Barstow
10/21/2025 1 - 2 p.m.	Casa club: Serenity	<u>Reunión Presencial</u> 12625 Hesperia Rd, Ste. B, Victorville
10/22/2025 1 - 3 p.m.	Reunión Trimestral de Proveedores de Servicios de Refugios de Emergencia	<u>Reunión Presencial</u> 780 E. Gilbert Street, Hollywood Room San Bernardino
10/27/2025 11 a.m. - Mediodía.	Subcomité de Concientización de Consumidores y Miembros de Familias	<u>Reunión de Microsoft Teams</u> https://tinyurl.com/u4tb9msv ID de reunión: 297 507 714 953 Código de acceso: id7or7yj
10/28/2025 5 - 6:30 p.m.	Comité Asesor del Quinto Distrito	<u>Reunión de Microsoft Teams</u> https://bit.ly/3XZtZfk

Las fechas y horarios de las reuniones están sujetos a cambios. Se pueden programar reuniones adicionales según sea necesario.



1

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)

2

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, including but not limited to, services provided through permanent supportive housing
- 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.

3

Community Program Planning Process



4

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.

5

Peer Housing Project



6

Project Concept

Peer Housing Project

- Design a housing model that is inspired by the current Department of Behavioral Health (DBH) Transitional Housing model to address the housing needs for individuals experiencing homelessness and are engaged in clubhouse services.
- The innovative component of this project is to increase access to mental health and substance use disorder services by developing a peer-run recovery housing model that is staffed and operated by trained individuals with lived experience, such as certified peer support staff.
- Participants to be housed for 6 to 12 months.
- The Peer Housing Project is targeting to acquire 6 shelter beds in or near Ontario to serve 12-24 individuals per fiscal year.
- The project length is 3.5 years with a budgeted total cost of \$2,089,845.

7

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.

8

Learning Goals

Proposed Learning Goals

- Examine whether peer-led transitional housing interventions promote long-term housing solutions.
- Examine if peer led housing can result in improved well-being outcomes (e.g., physical health, mental health, substance use disorders).
- Can providing in-home peer support and promoting choice result in increased satisfaction and engagement in supportive services.
- Examine whether peer-led transitional housing interventions result in improvements with obtaining employment and transitioning to independent living.
- Examine whether peer-led transitional housing interventions result in increased satisfaction from staff.

9

30 Day Public Posting

We want to hear from YOU!

The Draft Peer Housing Mental Health Services Act (MHSA) Innovation Project Plan is now posted for review and feedback from **September 22nd through October 21st, 2025** on the DBH website: <https://wp.sbcounty.gov/dbh/>.

Link to the Draft Plan: [Draft Peer Housing Innovation Project Plan](#)



10

Survey Questions

Please complete the survey to let us know what you thought of today's presentation and provide feedback on the Innovation Peer Housing Project Plan.

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

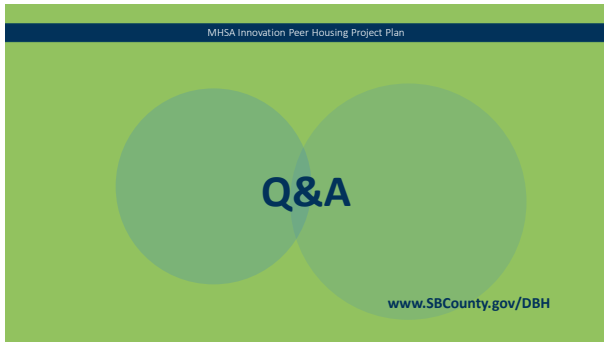
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Survey Questions

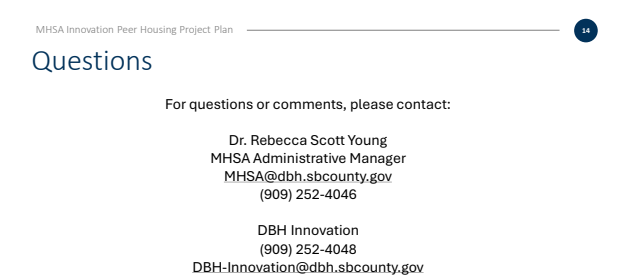
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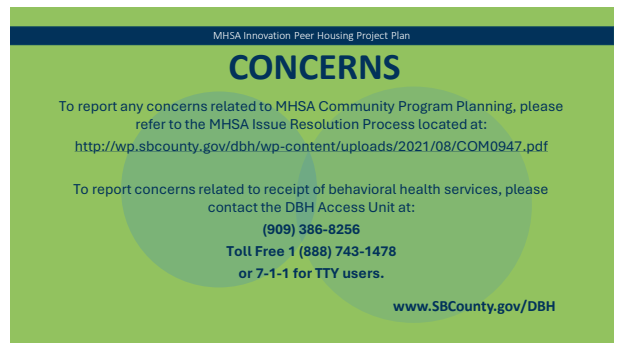
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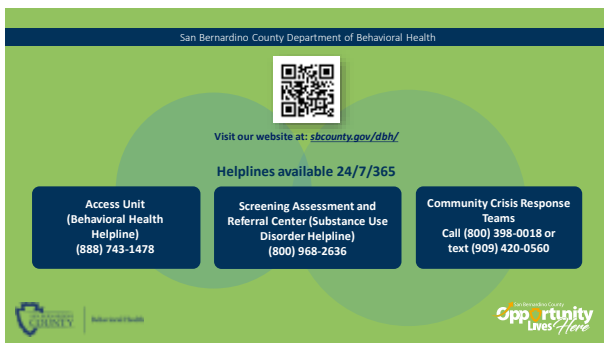
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17



Behavioral Health seeks public input on Peer Housing Project

San Bernardino County, California sent this bulletin at 09/22/2025 04:37 PM PDT

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News Release

Contact

For Immediate Release

September 22, 2025

Miranda Canseco

Administrative Manager

Department of Behavioral Health

miranda.canseco@dbh.sbcounty.gov

Behavioral Health seeks public input on Peer Housing Project



Mental Health Services Act (MHSA) Innovation Project titled Peer Housing Project

The San Bernardino County Behavioral Health invites community members to review and provide feedback on the Mental Health Services Act (MHSA) Innovation Project titled **Peer Housing Project**.

The Innovation component of MHSA aims to enhance the mental health care system by exploring and implementing new approaches. The Peer Housing Project is designed to increase access to mental health and substance use disorder services by developing a peer-run recovery housing model that is staffed and operated by certified peer support staff.

This model emphasizes peer support as an integral part of the recovery process, acknowledging the value of lived experience in mental health and substance use disorder recovery. DBH believes that empowering those who have successfully navigated similar challenges to assist others can significantly improve outcomes and foster a supportive community environment.

By providing a safe and stable living situation, the Peer Housing Project aims to reduce homelessness and improve the overall well-being of participants.

Feedback on the draft Peer Housing MHSA Innovation Project Plan 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 October 21, 2025. Instructions for providing feedback: <https://wp.sbcounty.gov/dbh/wp-content/uploads/sites/121/Peer-Housing-Project-Feedback-Instructions-English.pdf>

Behavioral Health, through the MHSA, supports the Countywide Vision by providing behavioral health services and ensuring that residents have the necessary resources to promote wellness, recovery, and resilience within the community. Information on the Countywide Vision and on Behavioral Health can be found at www.sbcounty.gov.

About San Bernardino County: San Bernardino County is a diverse public service organization serving America's largest county that for two consecutive years has led the nation in awards for innovation, efficiency and outstanding public service. We are governed by an elected Board of Supervisors and dedicated to creating a community where nearly 2.2 million residents can prosper and achieve well-being in fulfillment of the Countywide Vision.

It is comprised of 42 departments and agencies, which are staffed by more than 23,000 public service professionals who provide a wide range of vital services in the areas of public safety, health care, social services, economic and community development and

Peer Housing INN Project Plan - Attachments

Mental Health Services Act Innovation Plan



Behavioral Health

Department of Behavioral Health Seeks Public Input on MHSA Innovation Plan

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Instructions for providing feedback:

[Feedback Instructions - ENG](#)

[Feedback Instructions - SPAN](#)



Innovation Project Plans

[Draft Peer Housing Innovation Project Plan](#)

[Peer Housing Project Stakeholder Comment Form \(English\)](#)

[Peer Housing Project Stakeholder Comment Form \(Spanish\)](#)

[Peer Housing Project Stakeholder Feedback Instructions \(English\)](#)

[Peer Housing Project Stakeholder Feedback Instructions \(Spanish\)](#)

[Innovation Plan 2025](#)

[MHSA Innovation Peer Housing Project Presentation Schedule](#)

[Innovation Plan 2023](#)

[Innovation Plan 2019](#)

[Innovation Plan 2019 Combined Attachments](#)

[2018 InnROADs Project Plan](#)

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San Bernardino County Department of Behavioral Health

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Behavioral Health Seeks Public Input on Mental Health Services Act Innovation Plan 📢

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Feedback on the draft Peer Housing MHSA Innovation Project Plan is welcome. The plan and comment form are available at wp.sbcounty.gov/dbh/programs/mhsa during the public posting of this plan through October 21, 2025.

#sbcdbh





Behavioral Health Seeks Public Input on Mental Health Services Act Innovation Plan

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[Feedback Instructions - ENG](#)

[Feedback Instructions - SPAN](#)

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Behavioral Health

MHSA Innovation Peer Housing Project

Presentation Schedule

MHSA Peer Housing Innovation Project Plan Meeting Schedule

The Mental Health Services Act (MHSA) Office of Innovation is holding meetings for stakeholders to discuss and provide feedback on their **Draft MHSA Peer Housing Innovation Project Plan**, which is currently posted on the MHSA page of the DBH Website from September 22, 2025 through October 21, 2025. Meetings for the Draft MHSA Peer Housing Innovation Project Plan have been scheduled for September and October and are posted to the Announcements section and the MHSA page of the DBH Website. If you have any questions regarding these meetings, please contact MHSA Administration at (909) 252-4021.

We hope to see you at one of the upcoming meetings.

Please click the link below to see the full meeting schedule.

Meeting Schedule

**Department of
Behavioral Health**
MHSA Office of
Innovation



**We want to
hear from
YOU!**

**Thank you for your interest in
participating in the Mental Health Services Act
(MHSA) Peer Housing Innovation Project Plan 2025
30-Day Public Posting and Comment Period.**

Community feedback is important for this process.

The MHSA Peer Housing Innovation Project Plan 2025
will be posted on September 22nd, 2025, and be
available until October 21st, 2025.

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 Administration.

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	- 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	If your cell phone is not QR enabled or if you are completing the Stakeholder Comment form on a laptop or desktop computer: Manually type the following address into your web browser: https://survey123.arcgis.com/share/226290c471e445e793498a81c261c1df?portalUrl=https://maps.sbcounty.gov/sbcgis OR Go to the San Bernardino County Department of Behavioral Health website: wp.sbcounty.gov/dbh. - 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 “Peer Housing 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	- Scan completed Stakeholder Comment form. - Attach scanned copy of Stakeholder Comment form and email to DBH-Innovation@dbh.sbcounty.gov Note: Pictures of the completed Stakeholder Comment form can be sent in lieu of a scanned form.
Mail	- Complete the Stakeholder Comment form. - Mail to: Mental Health Services Act Administration 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415



**Departamento de
Salud Mental
Oficina de Innovación
MHSA**



**Gracias por su interés en participar en
el Plan del Proyecto de Innovación de
Vivienda para Pares de la Ley de Servicios
de Salud Mental (MHSA, sus siglas en inglés) 2025
Disponible para comentarios del público por 30 días.**

La opinión de la comunidad es importante para este proceso.

El Plan del Proyecto de Innovación de Vivienda para Pares MHSA 2025 estará disponible desde el 22 de septiembre de 2025 hasta el 21 de octubre 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	- 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	Si su teléfono móvil no puede leer el código QR o si está usando una computadora portátil o de escritorio: Escriba esta dirección en su navegador de internet: https://survey123.arcgis.com/share/226290c471e445e793498a81c261c1df?portalUrl=https://maps.sbcounty.gov/sbcgis O Visite la página web del Departamento de Salud Mental del Condado de San Bernardino: wp.sbcounty.gov/dbh. - 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 “Peer Housing 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	- Escanee el formulario de comentarios ya lleno. - Adjunte la copia escaneada y envíe por correo electrónico a: DBH-Innovation@dbh.sbcounty.gov Nota: Se puede enviar una foto del formulario completo en lugar de escanearlo.
Correo postal	- Llene el formulario de comentarios de las partes interesadas. - Envíe por correo a: Mental Health Services Act Administration 1950 S. Sunwest Lane, Suite 200 San Bernardino, CA 92415



Stakeholder Survey Form

Peer Housing Innovation Project Plan 2025

30-Day Public Comment

1. What is your age?

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

2. What sex were you assigned at birth?

- ☐ Female ☐ Male
☐ Prefer not to answer

3. How do you describe yourself?

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

4. Do you consider yourself:

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

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

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

6. Are you a consumer of mental health services?

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

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

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

9. Have you ever served in the military?

- ☐ Yes (currently) ☐ No
☐ Yes (previously) ☐ 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.



Stakeholder Survey Form

Peer Housing 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
- ☐ Prefer not to answer

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

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.



Stakeholder Survey Form

Peer Housing 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.



Encuesta para las partes interesadas

Plan del Proyecto de Innovación de Vivienda para Pares 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 de Vivienda
para Pares 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 médicas
- ☐ 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.



Encuesta para las partes interesadas
*Plan del Proyecto de Innovación de Vivienda
para Pares 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.



Encuesta para las partes interesadas

*Plan del Proyecto de Innovación de Vivienda
para Pares 2025*

Comentario público de 30 días

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

☐ Muy satisfecho ☐ 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

General Session

Thursday, November 6 | 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.



Behavioral Health Commission

AMENDED AGENDA

Thursday November 6, 2025, 12:00 p.m. – 2:00 p.m.
County of San Bernardino Behavioral Health Services Auditorium
850 East Foothill Boulevard Rialto, CA 92376

Satellite Locations:

Apple Valley Clinic 18818 Highway 18 Apple Valley, CA 92307
Yucca Valley/Morongo 58945 Business Center Drive Yucca Valley, CA 92284

*If you require ADA accommodations (ASL Interpreter, other communication devices, or other interpreter services), please contact the Office of Equity and Inclusion at (909) 252-5150 prior to the meeting.

ALL MEETINGS OPEN TO THE PUBLIC

District 1

Amanda Uptergrove
Jonathan C. Cahow, *Vice Chair*
VACANT

District 2

Dr. Valerie Samuel
Jennifer Oglesby, *Secretary*
Michael A. Hall

District 3

Allie Mink, *Chair*
Troy Mondragon
Dakota I. Westlake

District 4

Jennifer Spence Carpenter
Delinia Lewis
John T. Chapman

District 5

Lynn Summers, *Treasurer*
Eloisa Contreras
Kelvin D. Moore

Board of Supervisors

Jesse Armendarez, 2nd District

Clerk of the Commission

John Granado

CALL TO ORDER

Pledge of Allegiance
Roll Call

MINUTES

Review and approve minutes from October 2, 2025

PUBLIC COMMENTS (3-minute time limit per speaker)

Rialto Public Comments
Satellite Locations Public Comments

CHAIR'S REPORT

COMMISSIONER REPORTS

Memo of Findings Review/Assignment

DISCUSSION ITEMS

2025 BHC Annual Holiday Award Ceremony Ad Hoc Committee Update
Establish 2026 May Event Ad Hoc Committee
2024 Annual Report
Election of Officers Nominations

SUBJECT MATTER PRESENTATION

Proposition 1
Peer Housing Innovation Project Plan

OUTSIDE AGENCIES ANNOUNCEMENTS

DIRECTOR'S REPORT

Tab 4: DBH Report and BOS Items

ADJOURNMENT

To request information/data regarding services, demographics, or to submit a

Public Records Act Request, visit: <https://sanbernardinocounty.nextrequest.com/>.

Written materials for this meeting are available by request or at:

<https://wp.sbcounty.gov/dbh/bhc>

POST IN PUBLIC VIEW

Allie Mink, Chair

Members of the Commission

Allie Mink, Chair

Members of the Commission

Maribel Gutierrez &
Tan Suphavarodom
Sonia Navarro

Dr. Georgina Yoshioka, Director

Allie Mink, Chair

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chairman, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Vice Chair, Fifth District

Luther Snoke
Chief Executive Officer



1

Public Hearing Objectives

- Present the Community Program Planning Process (CPP) for the Peer Housing Innovation Project Plan, as required by the Mental Health Services Act (MHSA).
- Affirm that the CPP conducted meets the MHSA regulations.

2

Mental Health Services Act (MHSA)

- November 2004: California voters approved Proposition 63, the Mental Health Services Act (MHSA)
- Purpose Per the California Department of Mental Health Vision Statement and Guiding Principles (2005):
 - To create a culturally competent system that promotes recovery/wellness for adults and older adults with serious mental illness, resiliency for children with severe emotional disturbance, and their families.
- Established a 1% tax to incomes over a million dollars
 - Fluctuations in tax payments impact fiscal projections and available funding.
- MHSA Components
 - Community Services and Supports (CSS) (WIC § 5800, 5850)
 - Prevention and Early Intervention (PEI) (WIC § 5840)
 - Innovation (INN) (WIC § 5830)
 - Workforce Education and Training (WET) (WIC § 5820)
 - Capital Facilities and Technological Needs (CFNT) (WIC § 5847)

3

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).
- Projects must be developed through a process that is inclusive and representative of the unserved/underserved populations.

4

Stakeholder Process

WIC § 5848 states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes stakeholder involvement in:

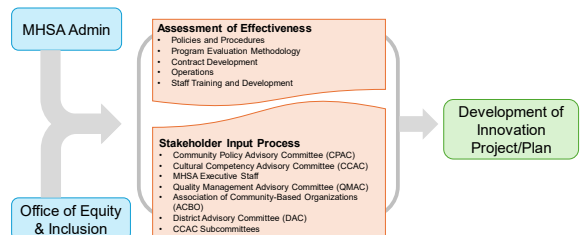
- ✓ Mental Health Policy
- ✓ Program Planning
- ✓ Implementation
- ✓ Monitoring
- ✓ Quality Improvement
- ✓ Evaluation
- ✓ Budget Allocations



CCR Title 9 Section 3300 requires the involvement of consumers and their family members in all aspects of the community planning process. It states that training shall be offered as needed to stakeholders, consumers, and consumers' families participating in the process.

5

Stakeholder Engagement Process Overview



6

Community Program Planning Process



7

Are There Standards?

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.

Why Are We Having a Public Hearing?

- The Plan shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests.
- The Mental Health Board shall conduct a Public Hearing on the Draft Innovation Plan at the close of the 30-day comment period.

(WIC § 5848)

8

Development of Ideas

Analysis of the past five (5) years of stakeholder feedback identified the following priorities:

- ✓ Integration of housing with BH services
- ✓ Cultural & language access
- ✓ Support for justice-involved populations
- ✓ Diverse, community-rooted workforce

- ✓ Access to Services
- ✓ system navigation
- ✓ Youth and TAY engagement
- ✓ Systems collaboration
- ✓ Data sharing

9

Proposed Project

Peer Housing Innovation Project Plan

The Peer Housing Project is designed to increase access to mental health and substance use disorder services by developing a peer-run recovery housing model that is staffed and operated by certified peer support staff.

The project proposes to acquire 6 shelter beds in or near Ontario to serve 12-24 individuals per fiscal year. Participants will be housed for 6 to 12 months.

Project Length:
3.5 Years

Project Amount:
\$2,089,845

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Learning Goals

- Examine whether peer-led transitional housing interventions promote long-term housing solutions.
- Examine if peer led housing can result in improved well-being outcomes (e.g., physical health, mental health, substance use disorders).
- Can providing in-home peer support and promoting choice result in increased satisfaction and engagement in supportive services.
- Examine whether peer-led transitional housing interventions result in improvements with obtaining employment and transitioning to independent living.
- Examine whether peer-led transitional housing interventions result in increased satisfaction from staff.



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Community Program Planning

How We Reach Out

DBH conducted outreach to promote the Innovation Plan and reach diverse populations.

Information about the Peer Housing Innovation Project Plan was disseminated through:

- Press release sent to 11,633 recipients that include media outlets and stakeholder groups
- Email and flyer distribution (English and Spanish) to:
 - Community partners, community and contracted organizations, county agencies, cultural subcommittee, and regularly scheduled stakeholder meetings
- Posting on DBH website and DBH social media sites such as Facebook, Instagram, and X
- Regular announcements in meetings
- Outreach to CBOs, partners, and contracted providers to ensure inclusive participation

(WIC § 5848 and 9 CCR § 3300)

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How We Reach Out

The Community Program Planning (CPP) process for the MHSA Peer Housing Project Plan began in April 2025 and concluded in October 2025.

During that time, the Peer Housing Project was presented at 28 meetings, where it reached 876 attendees.

Stakeholder support: 78% in favor of implementing the Peer Housing Project as an Innovation project.



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How We Reach Out



14

How We Reach Out



15

How We Reach Out



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Public Review Period

The 30-day Posting & Public Comment
September 22, 2025 through October 21, 2025

Copies of the draft Peer Housing Innovation Project Plan were available in the following formats:

- Online for electronic viewing
- Physical copies were available for distribution upon request
- Stakeholders were provided with several options for submission of comments including online survey, email, and in-person
- Comment Forms and surveys were available in English and Spanish and hard copy versions were available upon request

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What Did We Learn From the 30-Day Posting and Public Comment?

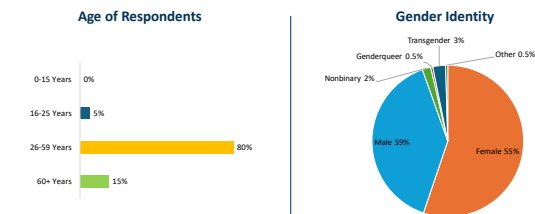
One hundred ninety (190) stakeholders completed a stakeholder comment form as a result of responding to the 30-day posting and public comment period.

Overall, 75% of respondents indicated they were satisfied with the proposed project.



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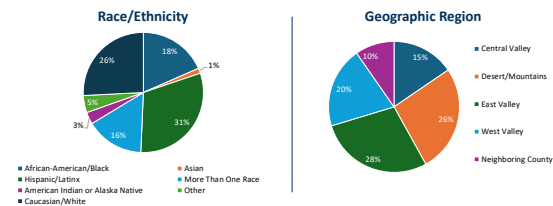
CPP Stakeholder Demographics



Note: Not every respondent answered every question. For some questions, respondents selected more than response

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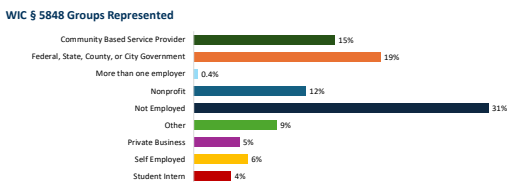
CPP Stakeholder Demographics



Note: Not every respondent answered every question. For some questions, respondents selected more than response

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CPP Stakeholder Demographics



Note: Not every respondent answered every question. For some questions, respondents selected more than response

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Comments Received

MHSA received comment forms during the 30-day posting and public comment period regarding the draft MHSA Peer Housing Innovation Project Plan.

A few of the comments include:

"Sounds like a great project to support folks who are unhoused."

"It sounds like it could be a good starting point to help individuals get on track to overcoming barriers in life."

"This is a wonderful project and really would like for the county to possibly be able to offer more beds."

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Response to Substantive Comments Received

- A summary and analysis of stakeholder feedback, comments received, and the department response will be included in the Final MHSA Peer Housing Innovation Project Plan.
- Based on the feedback, no substantive changes were made.



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Timeline & Next Steps

Timeline:

- 30-Day Posting and Public Comment:
 - ✓ September 22, 2025 through October 21, 2025
- Behavioral Health Commission Hearing:
 - November 6, 2025
- San Bernardino County Board of Supervisors (BOS) approval:
 - To be determined

Next Steps:

- Request the Behavioral Health Commission to affirm that the stakeholder process was conducted to meet the regulations. Do you affirm?
- Target approval of the MHSA Peer Housing Innovation Project Plan from the Commission for Behavioral Health (CBH) scheduled January 2026.
- The MHSA Peer Housing Innovation Project Plan is scheduled to be presented to the Board of Supervisors (BOS) in early 2026 for approval.
- Proceed with shelter bed procurement and plan implementation.
- Continue stakeholder engagement and transparent reporting.

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Closing

Thank you for your thoughtful participation!

Your feedback is important to us.

To submit comments related to this Public Hearing,
please submit comments to
mhsa@dbh.sbcounty.gov

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Questions

For questions or comments, please contact:

Dr. Rebecca Scott Young
MHSA Administrative Manager
MHSa@dbh.sbcounty.gov
(909) 252-4046

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MHSA Peer Housing Innovation Project Plan

CONTACT US

For additional help in accessing Behavioral Health Services please call the DBH Access Unit at:

(909) 386-8256
Toll Free 1 (800) 743-1478
or 7-1-1 for TTY users

For information about alcohol and/or drug use treatment options please call:

Toll Free 1 (800) 968-2636
or 7-1-1 for TTY users

If you are experiencing a mental health related crisis, please call the Community Crisis Response Team (CCRT) at:

Crisis Contact Center
(800) 398-0018 or
text (909) 420-0560

www.SBCounty.gov/DBH

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MHSA Peer Housing Innovation Project Plan

CONCERNS

To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:
<http://wp.sbcounty.gov/dbh/wp-content/uploads/2021/08/COM0947.pdf>

To report concerns related to receipt of behavioral health services, please contact the DBH Access Unit at:

(909) 386-8256
Toll Free 1 (888) 743-1478
or 7-1-1 for TTY users.

www.SBCounty.gov/DBH

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San Bernardino County Department of Behavioral Health



Visit our website at: sbcounty.gov/dbh/

Helplines available 24/7/365

Access Unit (Behavioral Health Helpline) (888) 743-1478	Screening Assessment and Referral Center (Substance Use Disorder Helpline) (800) 968-2636	Community Crisis Response Teams Call (800) 398-0018 or text (909) 420-0560
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San Bernardino COUNTY | Behavioral Health | **Opportunity Lives Here**

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San Bernardino County Office of Equity and Inclusion

Native American Awareness Subcommittee

November 17, 2025

To Whom It May Concern,

I am writing on behalf of San Bernardino County's Office of Equity and Inclusion, Native American Awareness Subcommittee to express our full support for MHSA Innovation Peer Housing Project Plan serving the housing needs for individuals experiencing homelessness and are engaged in clubhouse services. This project addresses a critical and deeply overlooked gap in our local housing system: the unhoused individuals who are actively engaged in the clubhouse program are not yet equipped with the financial, social, or emotional supports needed to secure stable, long term housing.

Across the county, too many individuals face homelessness or housing instability and this innovative project provides opportunity to increase access to mental health and substance use disorder services by developing a peer-run recovery housing model. This peer run project is staffed and operated by trained individuals with lived experience, such as certified peer support staff and promotes long term housing needs and self-sustainability.

The Peer Housing Project provides an evidence based, community-oriented alternative. By combining affordable shared housing with peer-led mentorship, life-skills coaching and wraparound support, this project creates an environment where residents can build stability-not just survive. This model strengthens self-sufficiency, and promotes emotional well-being.

The Native American Awareness Subcommittee strongly believes that approving the Peer Housing Project will contribute to improved outcomes for participants and the community as a whole. Its focus on peer leadership, empowerment, and structured support aligns with best practices in housing stabilization and trauma-informed care.

Thank you for your time, consideration, and commitment to expanding housing opportunities within our county.

Sincerely,

Marcelina Shackelford

Native American Awareness Subcommittee Chair

San Bernardino County Office of Equity and Inclusion