



Behavioral Health

Mental Health Services Act

Innovation Plan 2023

Progressive Integrated Care Collaborative





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Message from the Director

Thank you for your interest in the San Bernardino County Department of Behavioral Health's (DBH) Mental Health Services Act (MHSA) Innovation Plan. The use of MHSA funds has allowed for an extensive network of services to be established across San Bernardino County. These services include Community Services and Supports, Prevention and Early Interventions, Innovation Projects, Capital Facilities and Technology, and Workforce Education and Training.

The Innovation Component of MHSA provides counties with the opportunity and challenge to think outside the box and implement projects that encourage learning in the field of behavioral health. The purpose of Innovation projects is to enhance quality of services; improve outcomes; promote interagency collaboration; and increase access to services, especially for underserved groups. Innovation projects are time-limited and learning focused. These projects provide an opportunity to improve aspects of the community mental health system creatively. Innovation projects may introduce a new mental health practice, make a change to an existing mental health practice, apply an existing non-mental health approach, or implement a promising community driven practice into mental health.

This plan provides in-depth information about the proposed project: Progressive Integrated Care Collaborative (PICC). PICC is an innovative collaboration that would transform how services are delivered for the most vulnerable clients with a serious and persistent mental illness in San Bernardino County.

PICC provides an opportunity to improve and transform the public behavioral healthcare system. Working collaboratively with our community partners will help inform the behavioral health systems on ways to improve this complex system.

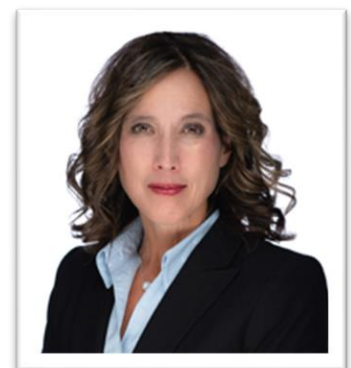
After careful consideration and collaboration this project is proposed to be funded under the Innovation Component of MHSA. Detailed in the Program Planning section of the plan, you will find a synopsis of the extensive and diverse stakeholder planning process that DBH facilitated to develop this Innovation project plan.

DBH is using this Innovation Project to further the San Bernardino Countywide Vision of promoting wellness through improving collaboration and partnerships to better treat the whole person. I invite you to read the project plan and provide feedback at MHSA@dbh.sbcounty.gov. Your time and feedback are greatly appreciated.

Thank you.

A handwritten signature in blue ink, appearing to read "Gy".

Georgina Yoshioka, DSW, LCSW, MBA
Director
San Bernardino County, Department of Behavioral Health





Mensaje de la Directora

Gracias por su interés en el Plan de Innovación de la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés) del Departamento de Salud Mental (DBH por sus siglas en inglés) del Condado de San Bernardino. El uso de fondos de MHSA ha permitido establecer una extensa red de servicios en todo el Condado de San Bernardino. Estos servicios incluyen Servicios y Apoyos Comunitarios, Prevención e Intervenciones Tempranas, proyectos de Innovación, Obras de Infraestructura y Tecnología, y Educación y Capacitación de la Fuerza Laboral.

El componente de Innovación de MHSA ofrece a los condados la oportunidad y el desafío de pensar fuera de la caja e implementar proyectos que estimulan el aprendizaje en el campo de salud mental. El propósito de los proyectos de Innovación es de mejorar la calidad de servicios; mejorar los resultados; promover colaboración interinstitucional; y aumentar el acceso a servicios, especialmente para los grupos desatendidos. Los proyectos de innovación tienen un tiempo limitado y están centrados en el aprendizaje. Estos proyectos brindan una oportunidad para mejorar los aspectos del sistema comunitario de salud mental de manera creativa. Los proyectos de innovación pueden introducir una nueva práctica de salud mental, hacer un cambio en una práctica de salud mental existente, aplicar un enfoque existente no relacionado con salud mental, o implementar una práctica prometedora impulsada por la comunidad hacia la salud mental.

Este plan proporciona información en profundidad sobre el proyecto propuesto: Progressive Integrated Care Collaborative (PICC, por su nombre y siglas en inglés). PICC es una colaboración innovadora que transformaría la forma en que se prestan servicios a los clientes más vulnerables y gravemente enfermos mentales en el Condado de San Bernardino.

PICC ofrece una oportunidad para mejorar y transformar el sistema público de salud mental. Trabajar en colaboración con nuestros socios comunitarios ayudará a informar a los sistemas de salud mental sobre las formas de mejorar este complejo sistema.

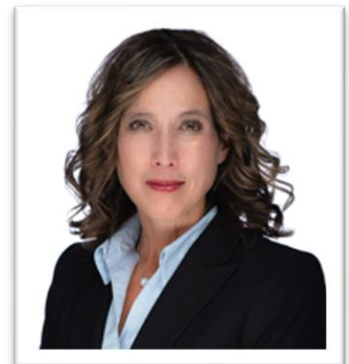
Después de una cuidadosa consideración y colaboración, se propone que este proyecto sea financiado bajo el Componente de Innovación de MHSA. Detallado en la sección de Planificación del Programa del plan, encontrará una sinopsis del extenso y diverso proceso de planificación de las partes interesadas que DBH facilitó para desarrollar este plan de proyecto de Innovación.

DBH está utilizando estos Proyectos de Innovación para promover la Visión del Condado de San Bernardino de promover el bienestar a través del mejoramiento de la colaboración y las asociaciones para tratar de mejorar a la persona entera. Los invito a leer el plan del proyecto y proporcionar sus sugerencias a MHSA@dbh.sbcounty.gov. Su tiempo y comentarios son muy apreciados.

Muchas gracias.

A handwritten signature in black ink, appearing to read "G. Yoshioka".

Georgina Yoshioka, DSW, LCSW, MBA
Director
San Bernardino County, Department of Behavioral Health





Public Review

The Progressive Integrated Care Collaborative (PICC) Innovation Plan was posted on the Department's website for stakeholder review and comment from **April 6, 2023, through May 6, 2023**, at <https://wp.sbcounty.gov/dbh/programs/mhsa/>. The Public Hearing to affirm the stakeholder process took place at a special Behavioral Health Commission meeting on May 11, 2023, which was held from 12:00pm – 2:00pm.

Substantive Comments/Recommendations

Comments/recommendations were submitted via email to the Mental Health Services Act (MHSA) inbox, mhsa@dbh.sbcounty.gov, directly to the Innovation Program Manager or via the electronic stakeholder survey during the time the PICC Innovation Plan draft was posted for public comment. No substantive comments or recommendations were made that required substantive changes to the plan. Stakeholders were informed that comments can be received anytime throughout the year but will not be included in the final plan unless provided during the 30-day comment period. The plan was posted for 30-days, per the Welfare and Institutions Code 5848, between April 6, 2023, through May 6, 2023, at <https://wp.sbcounty.gov/dbh/programs/mhsa/>.

The San Bernardino County Department of Behavioral Health (SBC-DBH) encourages and supports community collaboration, particularly the involvement of stakeholders, in all aspects of the MHSA programs provided. To address concerns related to SBC-DBH MHSA program issues in the areas of access to behavioral health services, violations of statutes or regulations relating to the use of MHSA funds, non-compliance with MHSA general standards, inconsistency between the approved MHSA Innovation Plan and its implementation, the local MHSA community program planning process, and supplantation, please refer to the MHSA Issue Resolutions process located at <https://wp.sbcounty.gov/dbh/wp-content/uploads/2021/08/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. The Community Policy Advisory Committee (CPAC) specifically addresses MHSA programs. If you would like to be added to the invite list for CPAC meetings, please email mhsa@dbh.sbcounty.gov.

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



Public Posting and Comment

The SBC-DBH would like to thank those who participated in the public comment portion of the stakeholder process. During the 30-day public posting of the MHSA Innovation Plan 2023, SBC-DBH continued to promote the 30-day posting and provided overviews and information related to the PICC Innovation Plan. A press release notifying the public of the posting was sent to 7,228 contacts. A series of web blasts were released to all SBC-DBH Clinics, contracted provider agencies, the Community Policy Advisory Committee, the Cultural Competence Advisory Committee and all associated cultural subcommittees, and the Behavioral Health Commission. The announcement was also posted to the SBC-DBH website.

Printed copies of the plan were available upon request and an electronic copy was available on the SBC-DBH website. As a result, 14 returned stakeholder surveys were received during the public posting period. All of the comments were received on the electronic Stakeholder comment form that was available to all stakeholders. Of the 14 respondents, 11 completed the satisfaction portion of the survey. Of those that responded, 100% indicated that they were satisfied, or very satisfied with the purpose of the proposed innovation project plan.

Summary and Analysis of Substantive Comments

A summary and analysis of comments are included as follows:

Comments received about the MHSA Innovation Plan 2023 and stakeholder process, were supportive of the plan and the SBC-DBH Community Program Planning process. Comments received during the 30-day posting included feedback from the Mental Health Services Oversight and Accountability Staff requesting clarification and expansion of the budget section. These recommendations have been incorporated into the final draft. MHSA staff do not consider this a substantive change. Additional comments received include positive feedback in general, support for the project plan, specifically the integration of peers into clinical operations, and the importance of creating a system that is easier to navigate and prioritizing multidisciplinary client care.

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

- All returned surveys supported the intended purpose of the innovation project plan.
- Support for peers being included in clinic operations.
- Support for integration of services to increase access to services.

The following are a sampling of direct comments received regarding the MHSA Innovation Plan 2023 as well as responses from SBC-DBH. Wording and grammar edits have been made and are included below.

Comment: Love the idea of integrating peers in clinic operations!

Response: Thank you for your participation and feedback. Peers are a valued group in our system of care. DBH supports the use of peers throughout the continuum of care.



Comment: Se me hace que es un proyecto muy bueno y necesitado para la comunidad. Espero sea aprobado y ver los resultados.

Translation: I think it's a very good and needed project for the community. I hope it will be approved and see the results.

Response: Gracias por su participación y retroalimentación. Esperamos ver buenos resultados. Los resultados serán compartidos con la comunidad como vaya progresando el proyecto.

Translation: Thank you for your participation and feedback. We hope to see good results. The results will be shared with the community as the project progresses.

Comment: I hope the project achieves its goal of providing clients with great services! Looking forward to seeing how this project turns out.

Response: Thank you for your participation and support of this project. In addition to providing great services to clients we hope to learn how to improve our system of care.

Comment: Integrated care sounds like an important aspect to ensuring that patients receive better care by providing services that are easier to navigate and also to allow prescribing physicians and pharmacists to make sure that the medications prescribed are accessible and not interfering with other prescriptions. It can be so hard as a patient to coordinate communication between different medical offices and the pharmacy, adding days or even weeks before prescriptions can be filled or worse, prescriptions that have negative interactions and no one catches them because multiple providers are prescribing and/or multiple pharmacies are filling the prescriptions and are not aware of other medicines.

Response: Thank you for your interest in the Progressive Integrated Care Collaborative. Your thoughtful feedback and participation are appreciated. PICC is targeting a very important aspect of health care, emphasizing client centered care that will hopefully show improved client outcomes as well as efficiencies in client care. We are hopeful this approach will allow for learning and will support our goals.

Comment: How was this project originated?

Response: Thank you for your participation and question. The Progressive Integrated Care Collaborative was developed from stakeholder feedback going back to fiscal year 2016-2017. The feedback received from community was to develop a project that improved access to behavioral health services, improved communication and collaboration between physical and behavioral health care providers, and stakeholders were interested in getting the right resources at the right time and place. This feedback is included in the MHSA Three-Year Integrated Plan Fiscal Years 2017/2018 – 2019/2020. Development for this project was started and the project idea was introduced in the MHSA Three-Year Integrated Plan Fiscal Years



2020/2021 – 2022/2023 as the “Integrated Behavioral Health Care Innovation Project.” In the MHSA Annual update for Fiscal Year 2021/2022 the project was noted as on hold due to many reasons including the worldwide pandemic. In fiscal year 2022/2023 there has been opportunity and support to move forward with the project plan.



INNOVATIVE PROJECT PLAN TEMPLATE

County Name: San Bernardino County
Date submitted: April 4, 2023
Project Title: Progressive Integrated Care Collaborative
Total amount requested: \$16,557,576.00
Duration of project: 5 Years

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 on-site

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

Californians who have a serious mental illness (SMI) or addiction can face obstacles to receive the needed medical care. These individuals may die decades early, endure treatable chronic conditions, and utilize hospital and emergency department services at high rates.

The current Medi-Cal system is fragmented. A beneficiary who needs to access medical, substance use, and mental health treatment must navigate three separate delivery systems leading to several care navigation challenges for care coordination which creates logistical barriers to providing care coordination.

Medical costs for treating patients with chronic medical and comorbid mental health/substance use disorder (MH/SUD) conditions can be two to three times as high as those beneficiaries who do not have the comorbid MH/SUD conditions. The additional healthcare costs incurred by people with behavioral comorbidities are estimated to be \$293 billion in 2012 across commercially insured, Medicaid, and Medicare beneficiaries in the United States.

The IMPACT study focused on a twelve-month collaborative care management program for elderly patients with depression. The program was administered through a randomized clinical trial that compared a collaborative care intervention using teams of depression care managers, primary care doctors and psychiatrists to the usual care for depression. Total healthcare costs were tracked for a four-year period following the intervention, and costs for the intervention group were an average of \$70 per member per month lower than costs for those receiving usual care. This represents savings of about 10% of total healthcare costs for the intervention group over a four-year period. Patients in the collaborative care management program had lower costs in every category that was observed, and the results of a bootstrap analysis indicated that patients in the collaborative care program were 87% more likely to have lower total healthcare costs than those receiving usual care.¹

People with chronic medical conditions can be more expensive to treat, and may be subject to social isolation, economic worries, and a variety of other problems that could lead to depression, anxiety, substance abuse, and other behavioral health disorders.

Those with complex healthcare needs or a diminished capacity to navigate their care coordination are placed at a higher risk of mortality and increased costs. The fragmented delivery system creates barriers to sharing data and analytics that hinder efforts to improve system, provider, and patient outcomes.

Access to the current Specialty Mental Health System is based on diagnosis and functioning and, is illness focused, not wellness focused. Eligibility criteria are driven by impairment and diagnosis. For

¹ Baharlou, S., Hinrichsen, G., Munoz, L., Currey, K., Barton, S., Kahan, F., MacKenzie, B., & Soleimani, L. (2021). Improving Mood Promoting Access to Collaborative Treatment (IMPACT) Program in Geriatrics Primary Care. *Innovation in Aging*, 5(Supplement_1), 279–279. <https://doi.org/10.1093/geroni/igab046.1085>



example, a patient needs to have a qualifying diagnosis along with functioning that is already disabling.

This type of system fragmentation creates many obstacles when seeking and receiving needed medical care. This lack of timely and consistent medical treatment often results in death decades earlier than necessary, often from easily treatable health conditions. Additionally, the lack of consistent, ongoing care forces these individuals to utilize hospital and emergency department services at rates far higher than if a primary care physician provided the care.

An intentional plan of progressive integration stands to address this. Integration across mental health, substance use disorder treatment and physical health stands to benefit consumers in gaining access to services across a broad array of needs seamlessly and cost effectively.

What has been tried before: Whole Person Care Pilot

In 2015, San Bernardino County began a demonstration project under California 115 Waiver Medical program for five years. This Whole Person Care (WPC) project was a pilot program that provided engagement and support through health navigation to coordination of services on behalf of county residents who meet criteria for having multiple, chronic conditions, both physical and behavioral, with a focus on those individuals who are at risk for homelessness. Participants received coordinated care services and facilitated transitions between the WPC team, County service providers, and community-based organizations. This was a county-wide effort that brought together major social service providers together with County health and social services to affect health outcomes and service utilization by positively impacting the social determinants of health, health disparities, and access to needed services. A goal of WPC was to develop effective procedures and conduits for this population to locate care and services effectively.

The lessons learned from this pilot project have informed this innovation in the following ways:

- Integration needs to be more than just having behavioral health co-located with physical health.
- Consumers need more than “linkage and referrals,” and need a robust system of peer navigators to facilitate system navigation.
- Consumers feel unheard by the system when they must repeat symptomology to both a physical health provider and a behavioral health provider.
- Consumers demonstrated trust in behavioral health professionals that allowed conversations about their physical health. This trust did not necessarily translate to physical health professionals. During the WPC pilot, behavioral health professionals were able to use this relationship to better inform the consumer about their physical health care allowing for the consumer to feel more informed when making physical health decisions.
- Lack of transportation prevented consumers from completing necessary laboratory studies needed for effective medication management.
- Benefits of integrated care need to be expanded to populations beyond those “at risk for homelessness” that was the target population of the WPC pilot.



Differences between PICC and WPC

| | WPC | PICC |
|----------------------------|--|---|
| Target Population | Consumers with multiple, chronic conditions, both physical and behavioral, with a focus on those individuals who are at risk for homelessness | Consumers with chronic conditions, both physical and behavioral, who seek treatment at the pilot clinic |
| Type of Integration | Co-location, where behavioral health professionals shared space within a physical health environment | Complete integration where the health care professionals treat both the physical health and the mental health simultaneously |
| Peer Integration | Limited to 'linkage and referral' assistance, and system navigation activities | Integrated in clinic operations (to include assistance with determining outcomes), lead support groups |
| Data Sharing | Limited with both the physical and behavioral health maintaining separate records. | Creation of a data exchange network that would allow for the sharing of medical/behavioral health client information between collaborative partners |

Why is the integrated approach necessary at this time?

Through partnerships between the Managed Care Plan (MCP) and the Mental Health Plan (MHP) /San Bernardino County Department of Behavioral Health (SBC-DBH), this project will create a care model that participates in population health management, enhances care coordination based on patient needs, including social determinants of health and social service needs.

By partnering with the MCPs, the MHP/SBC-DBH will benefit from the MCP's ability to develop data-driven risk stratification and predictive analytics as service criteria instead of the current model of diagnosis and level of functioning, that focuses on "is the illness severe enough" criteria. This will allow for a billing/payment structure that moves away from rates based solely on diagnostic criteria and allows for a payment model that bundles both the preventative and treatment cost of integrated care. This bundled rate will inform SBC-DBH's efforts to create a value-based payment system that can be used when contracting with community partners. The development of this model will allow the time to gather the necessary data needed to pilot this approach. Ideally this will lead toward a plan that standardizes the assessment process within a patient-centered health strategy along a continuum of care that is not based on criteria that focuses on deficits and dysfunction for access to services. It is important to note that this project does not seek to change how Medi-Cal and Medicare work with the County, but instead learning how billing can be optimized.



San Bernadino County physical health care needs

According to the 2011 County Health Rankings, San Bernardino County is ranked 50th out of 56 California counties in health factors like health behaviors and clinical care. In 2018, 10.8% of adults in San Bernardino County had been diagnosed with diabetes, and while this marked a decrease from 2017, overall deaths due to diabetes increased from 34.5 deaths per 100,000 residents to 35.1 deaths per 100,000 residents. The long-term trend is also upward, increasing by 19% since 2009. Additionally, in 2017, the hospitalization rate for heart disease in San Bernardino County was 85.1 per 10,000 residents. This is higher than the California hospitalization rate of 69.6 per 10,000 residents.²

These numbers disproportionality affect SBC-DBH consumers because rates of cardiometabolic disease are twice as high in adults with serious mental illness. When looking at the San Bernardino region, the pilot clinic will be located in the region where there is the most need with 33% of the consumers living in that region identifying as having a chronic illness that could be managed by the integrated care model.

Challenges of Rural Health Care

San Bernardino County is one of the largest counties in the contiguous United States. This includes areas that are considered urban, rural, and even frontier. Within San Bernardino County, approximately 20% of the country's population resides in what would be considered the rural areas of the county. This percentage also applies to those consumers served by DBH with approximately 20% of the consumers treated by DBH residing in rural areas. Within the population served by DBH, those that reside in rural areas account for the highest population with co-morbidities. Each of these regions possesses its own unique challenges when it comes to the effective delivery of health care. Currently, a priority challenge for this County is the effective delivery of rural health care.

Proposed Project

San Bernardino County Department of Behavioral Health (SBC-DBH) is proposing the Progressive Integrated Care Coordination (PICC) project that will deliver integrated behavioral and physical health services to Medi-Cal enrollees at a pilot clinic site. The integration model that SBC-DBH seeks to create is one where the delivery, coordination, and payment for care related to the full continuum of an individual's physical and behavioral health needs is managed by a single accountable entity. This integration will be more than the common practice of "co-locating" either physical or behavioral health staff in the same location. Additionally, SBC-DBH physicians will be credentialed with the MCP. This will allow for primary care physicians to continue to treat lower level of care physical health needs while continuing to provide Mental health and SUD services.

The pilot clinic will incorporate a full range of outpatient mental health and substance use disorder services alongside primary care services that will:

- Share access to medical information (with appropriate permissions)

² *Data obtained from San Bernardino County Community Indicators – Chronic Disease report ([Chronic Disease – San Bernardino County Community Indicators \(sbcounty.gov\)](https://www.sbcounty.gov/health/community-indicators/chronic-disease)).



- Meet and confer about individual cases, and
- Develop procedures and practices to ensure the delivery of all needed care.

Five areas have been identified, based on experiences with the WPC pilot and recommendations from system learning, where the development of procedures and practices will have immediate benefits for our consumers. Those areas are:

1) LABORATORY STUDIES

Physical health, mental health and substance use treatment rely upon the collection of laboratory specimens to evaluate and monitor patients' organ function, sobriety, medication effect, medication levels and other critical parameters. On-site collection of urine, blood and other body fluids with pickup by a contracted laboratory partner will allow all disciplines to have reliable and timely access to this information. The first goal of the PICC project is to facilitate this through nursing. Additionally, certifying the integrated care site as a Clinical Laboratory Improvement Amendments (CLIA) waived laboratory with Centers for Medicare and Medicaid Services (CMS) and registering with the California Department of Public Health will facilitate an expanding array of point of care testing options.

2) ELECTROCARDIOGRAMS STUDIES

Electrocardiograms provide critical insight into cardiac function, which is frequently altered by psychotropic medications, potentially leading to medical complications. Electrocardiogram results can offer a preliminary interpretation in the clinic but should be verified by a contracted cardiology service for final results. Through collaboration with the MCP electrocardiograms done in the integrated clinic can be verified by cardiologists.

3) DATA SHARING

Health information related to physician and staff notes, outside laboratory studies, radiographic studies, specialist procedures and inpatient psychiatric visits greatly informs high quality primary care, substance use treatment, and mental health services. Initially, expansion of mutual read-only electronic health record access for healthcare providers and nursing staff would facilitate this goal. Through collaboration with MHP and County Hospital Agency, exploration of necessary components to construct a data exchange infrastructure for regulated flow of health information across various electronic health record systems would occur. The goal would permit integration into the greater system of care while upholding compliance with applicable regulations of disclosure of protected health information.

Effective data sharing allows for effective care coordination and integration which establishes:

- A uniform, standardized level-of-care assessment tool, process, and eligibility criteria.
- Caseload size and provider-to-consumer ratios.
- Access to all services and supports.
- Network medical specialty care.
- An environment that encourages provider collaboration both formally and informally that engages patient participation in service plans.



Uniform releases of information permitting the bidirectional exchange of health information will be developed in the service of this goal, and barring insurmountable legal barriers, will be piloted within the SBC-DBH system first. The process to develop data sharing will providing learning in and of itself. Learning from this project will be used to improve existing data sharing and begin the conversation with key stakeholders to improve this system.

4) **PHYSICAL HEALTH SPECIALIST CONSULTATION AND REFERRALS**

Provision of primary care requires a network of medical sub specialists for routine screenings as well as in addressing a variety of medical conditions beyond the scope of primary care. These may include cardiology, gastroenterology, infectious disease, oncology, dermatology, endocrinology, rheumatology, OB/GYN, urology, general surgery, otolaryngology, pain management, neurology, interventional radiology and orthopedic surgery. Optimally, PICC would establish a mechanism in which integrated care clinic staff can consult MCP specialists for guidance on diagnosis and treatment recommendations. Establishing a mechanism for integrated care clinic staff to efficiently provide referrals to qualified MCP specialists will render the full scope of primary care accessible through integrated care. Referrals will go through the MCP.

5) **BILLING**

Cost data related to laboratory services, electrocardiogram studies, data sharing infrastructure, specialist consultation and referral fees, as well as direct costs related to staffing, facilities, and consumables will be collected on an ongoing basis. This cost data will be aggregated and will inform a cost model for integrated care inclusive of mental health, substance use treatment, primary care and specialty physical health needs. Progressive gains in efficiency are anticipated as additional layers of integration accumulate.

This pilot will allow SBC-DBH to address the cost for integrated services, explore models of payment, explore approaches to address funding silos (that result in fragmented service systems), develop integrated care outcomes, and potentially explore which types of value-based payment models would be appropriate for this type of integrated care.

A shift from the current deficit-based Specialty Mental Health medical necessity model will allow the opportunity to address Mental Illness with an early intervention and prevention model that is more recovery based. **The current model is a stabilization and maintenance model that is at odds with the recovery model.**

SBC-DBH hopes to move from Specialty Mental Health medical necessity to a more integrated care perspective that identifies complex care needs across all three services (Primary Care, Mental Health, and SUD) that takes into account the interplay between all three services for positive health outcomes for the individuals.

All aspects of the project are documented in the implementation timeline in Section 3 of this plan, including the development of data exchange infrastructure, gaining CLIA certification, and approval of universal releases. SBC-DBH acknowledges that these items will take time and coordination on many fronts and will be diligent in working toward achieving the implementation of these project components.



Physical Health Care Services Offered at Clinic Site

It is expected the integrated behavioral health clinic would be able to provide the following physical health services to consumers:

- 1) On-site laboratory specimen collection (blood draws)
- 2) On-site electrocardiograms (if needed)
- 3) On-site chronic disease management for example management of diabetes or hypertension
- 4) Direct referral to physical health specialists through MCP referral network
- 5) Peer navigation and support
- 6) Comprehensive medication reconciliation by clinical pharmacist
- 7) On-site group nutritional education
- 8) Individual nutrition coaching
- 9) Direct referral for preventive health services
- 10) Mental Health Services
- 11) Substances Use Disorder Behavioral Treatment (outpatient/intensive outpatient)
- 12) Medication Assisted Treatment

Target Population

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

This project expects to serve 160 unduplicated individuals per year. Number estimate is based on current physician caseloads in other SBC-DBH clinics.

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

Individuals 18 years and older, experiencing serious mental illness (SMI), who are Medi-Cal beneficiaries enrolled with the managed care plans.

How is the Project Innovative

Creation of a Psychiatric Medical Home

Existing models of integrated care focus on the behavioral/mental health disciplines existing within a physical health care setting. This innovative model focuses on components of physical health existing within a behavioral health care setting for the purpose of creating a psychiatric medical home that includes:

- Standard SMI psychiatric services
- Primary care services
- Access to SUD services



Innovative Staffing Components

Clinical Pharmacist

SBC-DBH clients have a high risk of medications interacting due to complex medical conditions. A clinical pharmacist on staff will allow for optimizing medications as well as implementing medical reconciliation for clients on multiple medications.

Dually Credentialed Doctor

This is an option available nowhere else in the County. Traditional services for Medi-Cal enrollees offered through SBC-DBH or the managed healthcare plan do not have the option for a single provider to deliver both specialty mental health services and mild-to-moderate mental health services and physical health services.

Health Information Coder

Including a Health Information Coder to assist in optimizing reimbursement for services is innovative because it is not currently in place since SBC-DBH physicians only bill for mental health/SUD services. Exploring reimbursement rates and their optimization will help to provide better services, develop a bundled rate and maximize reimbursements.

Learning Goals

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. Though this project, SBC-DBH plans to learn the following:

1. Examine how the integrated model will help improve overall wellbeing for clients in a rural/developing area of San Bernardino County.
2. Can an integrated model allow for the development of a value-based payment model.
3. Examine how integrated model factors help improve overall treatment coordination for client.
4. Examine the benefits of implementing a Universal Consent Form
5. Examine the factors that make collaboration with local managed care providers and county hospital agency effective for the development of an integrated psychiatric medical home.

Baseline data will be established for learning goals where applicable and upon project implementation.



Evaluation/Learning Plan

Learning Goal 1:
Examine how the integrated model will help improve overall wellbeing for clients in a rural/developing area of San Bernardino County.

| Evaluation plan: | Intended outcomes | Measurement |
|---|--|--|
| Measure physical and mental health and substance use recovery/sobriety: | <ul style="list-style-type: none"> Improved physical health through chronic disease management | <ul style="list-style-type: none"> Metabolic and biological specimen screenings Improved chronic conditions Treatment adherence |
| | <ul style="list-style-type: none"> Improve mental health by reducing psychiatric hospitalizations, use of crisis services, and increased outpatient service adherence | <ul style="list-style-type: none"> Three-tier model PHQ-9 Metabolic screenings |
| | <ul style="list-style-type: none"> Improved SUDRS outcomes | <ul style="list-style-type: none"> Length of stay Completion rate Engagement rate (e.g., # of services) |

Learning Goal 2:
Can an integrated model allow for the development of a value-based payment model.

| Evaluation plan: | Intended outcomes | Measurement |
|--|--|---|
| Identify and develop most appropriate and cost-effective design of bundled payment package | <ul style="list-style-type: none"> Development of a bundled payment model appropriate to physical, mental, and SUD services for episodes of care. | <ul style="list-style-type: none"> # of bundled payment packages <ul style="list-style-type: none"> # of services per payment package Cost analysis compared to standard, Fee for Service (FFS) model |

Learning Goal 3:
Examine how integrated model factors help improve overall treatment coordination for client.

| Evaluation plan: | Intended outcomes | Measurement |
|---|--|--|
| Measure onsite laboratory collection effectiveness and efficiency | <ul style="list-style-type: none"> Improved treatment time and care coordination. Time saving for client Increased client compliance with recommended annual blood work | <ul style="list-style-type: none"> Time savings for client <ul style="list-style-type: none"> Completion rate Follow through on labs |



**Learning Goal 4:
Examine the benefits of implementing a Universal Consent Form**

| Evaluation plan: | Intended outcomes | Measurement |
|--|---|---|
| Measure how the universal consent form improves decision making among health care professional | <ul style="list-style-type: none"> • Improved data sharing • Improved decision making • Enhanced care/treatment coordination | <ul style="list-style-type: none"> • Qualitative interviews with health care providers: survey/interview/focus group |

**Learning Goal 5:
Examine the factors that make collaboration with local managed care providers and county hospital agency effective for the development of an integrated psychiatric medical home.**

| Evaluation plan: | Intended outcomes | Measurement |
|---|--|---|
| Collaborate with Managed Care and County Mental Health Plan to develop agreement for dual credentialed physicians | <ul style="list-style-type: none"> • Have Physicians Credentialed with Managed Care and County Mental Health Plan | <ul style="list-style-type: none"> • Establish business protocols to have Physicians Credentialed with Managed Care and County Mental Health Plan • Qualitative interviews with health care providers: survey/interview/focus group |
| Effective communication in establishment of a psychiatric medical home | <ul style="list-style-type: none"> • Implementation of a true integrated clinic | <ul style="list-style-type: none"> • Measure number of individuals who receive a combination of SUD, psychiatric and primary care services • Qualitative interviews with health care providers: survey/interview/focus group |



Section 3: Additional Information for Regulatory Requirements

Community Program Planning

The Progressive Integrated Care Collaborative has been in development for several years. Community stakeholder feedback going back to Fiscal Year (FY) 2016/2017 provided support for the development of an Integrated Care project that improved access to behavioral health services, improved communication and collaboration between physical and behavioral health care providers, and that allowed stakeholders to get the right resources at the right time and place. This feedback is included in the MHSA Three-Year Integrated Plan FYs 2017/2018 – 2019/2020. Development for this project was started and the project idea was introduced in the MHSA Three-Year Integrated Plan Fiscal Years 2020/2021 – 2022/2023 as the “Integrated Behavioral Health Care Innovation Project.” In the MHSA Annual update for Fiscal Year 2021/2022 the project was put on hold due to various reasons, including the worldwide pandemic. In fiscal year 2022/2023 the project was selected to move forward once again. Beginning in August 2022, the SBC-DBH Office of Innovation began the community program planning process to develop the project outline for a focused innovation for the engagement, and coordination of this project. The proposed innovation project was discussed at 18 Innovation Specific stakeholder meetings. The proposed project was also included in the 44 community program planning meetings for the MHSA Three Year Integrated Plan for Fiscal years 2023/24 – 2025/26. The data included in this plan represents the data collected at all meetings. Meetings were held between August 2022 and February 2023 at various times and locations in the community and via virtual platforms to ensure the broadest range of participation. SBC-DBH ensures diverse attendance by advertising these meetings using the expansive network of known community stakeholders, community partners and contracted vendors.

SBC-DBH also has an established Cultural Competency Advisory Committee, 14 cultural subcommittees and five district advisory committees that meet monthly. SBC-DBH Office of Innovation shared SBC-DBH’s intention of using Innovation funds to support the PICC project with each of these stakeholder groups. Feedback from each of these cultural subcommittees was requested to ensure that the Community Program Planning process included the voices of individuals who reflect the cultural, ethnic, and racial diversity that exists within San Bernardino County.

From this planning process, the stakeholder comments received revealed support for the innovative use of MHSA funds to transform the behavioral health system of care for the most vulnerable in our communities.

The format used for the Innovation stakeholder meetings was standardized to ensure each group of participants went through the same process. Each meeting began with an introduction of MHSA and an overview of the Innovation component conducted by a member of the SBC-DBH Office of Innovation or MHSA Administration staff. The introduction included a description of MHSA, current funding context, the purpose of the planning process, and an explanation of the Innovation component.

Office of Innovation staff provided an overview of the project, detailing the purpose, population(s) served, and key activities. Throughout the meeting, participants were provided data in a consumer



friendly, simple, straightforward manner with handouts, and question and answer periods. Participants had an opportunity to ask clarifying questions directly to the staff during and after the meeting. Contact information for Innovation staff was also provided to meeting attendees, in case, the attendee had additional questions later.

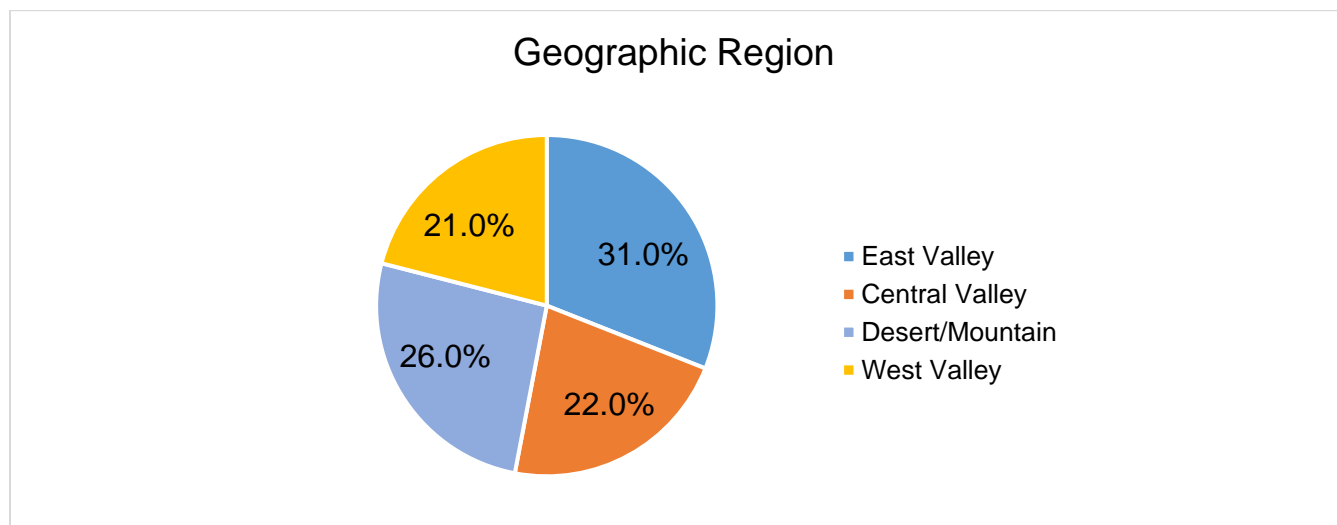
An additional opportunity to provide written feedback during the meeting was provided to participants in the form of individual stakeholder comment forms for in person meetings, via virtual platforms polling features and via an online survey. This was intended to aid in the collection of demographic information and to enable individuals attending meetings to submit additional input and program ideas they may not have had the opportunity to offer during the small or large group discussions. The hard copy and virtual questionnaire asked a series of questions designed to parallel those asked in the facilitated process in the community meetings.

A Spanish-language interpreter was available at all community participation meetings, as well as American Sign Language (ASL) or other languages, upon request.

Of the total 819 participants in the community program planning meetings, 688 completed a stakeholder comment form.

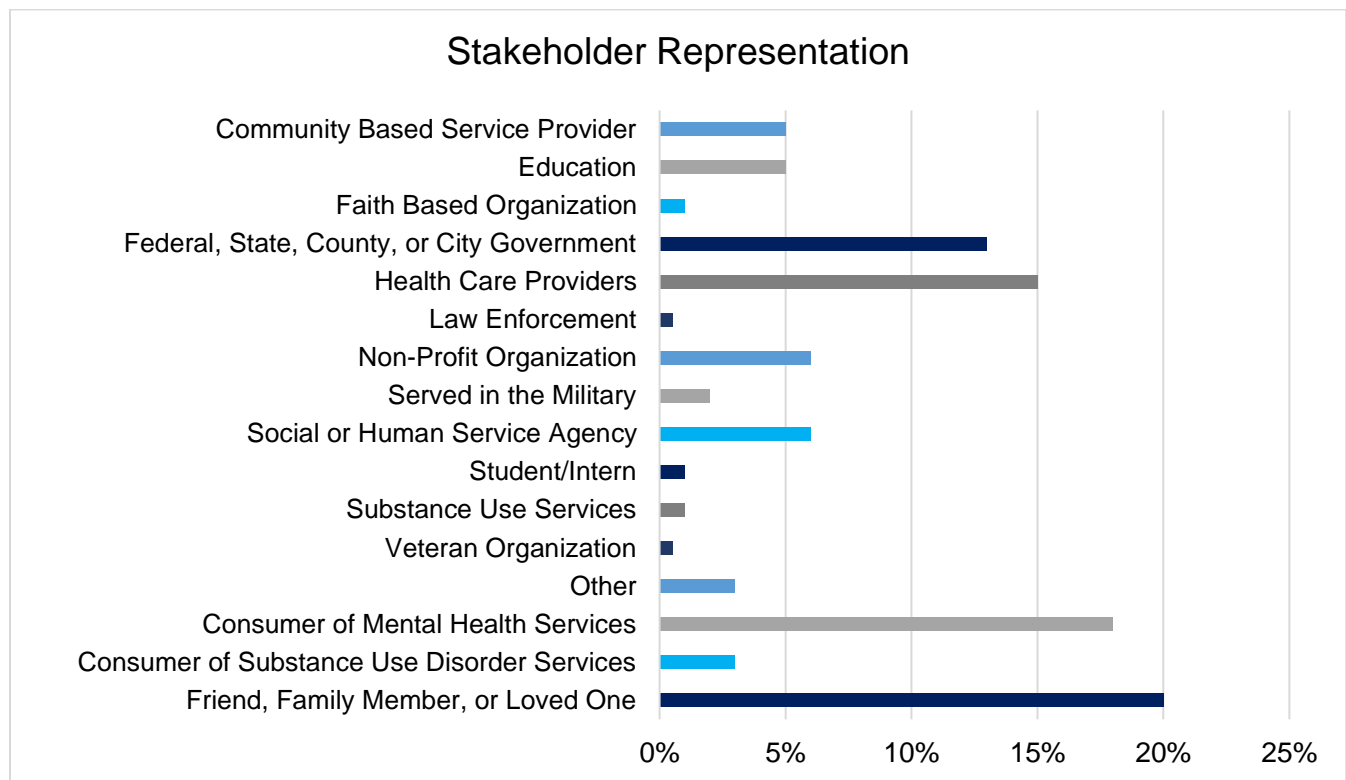
Innovation stakeholder meetings took place in all regions of the County and attracted a diverse array of participants. Stakeholder information was collected via stakeholder comment forms, online survey and virtual platform polls. Information collected includes demographic information on the backgrounds and interests of participants as well as region of origin, organizational affiliations, ethnicity, age group and gender identity.

The majority of stakeholders were from San Bernardino County's East Valley region representing 31% of stakeholders, followed by the Desert/Mountain region at 26% of stakeholders and the Central Valley and West Valley at 22% and 21% respectively. Of the stakeholders that responded to these questions, 10% represented responses from stakeholders who live in a neighboring county but participate in the stakeholder process because they work or are family members of clients in San Bernardino County. Twenty percent of the stakeholders did not respond to this question.



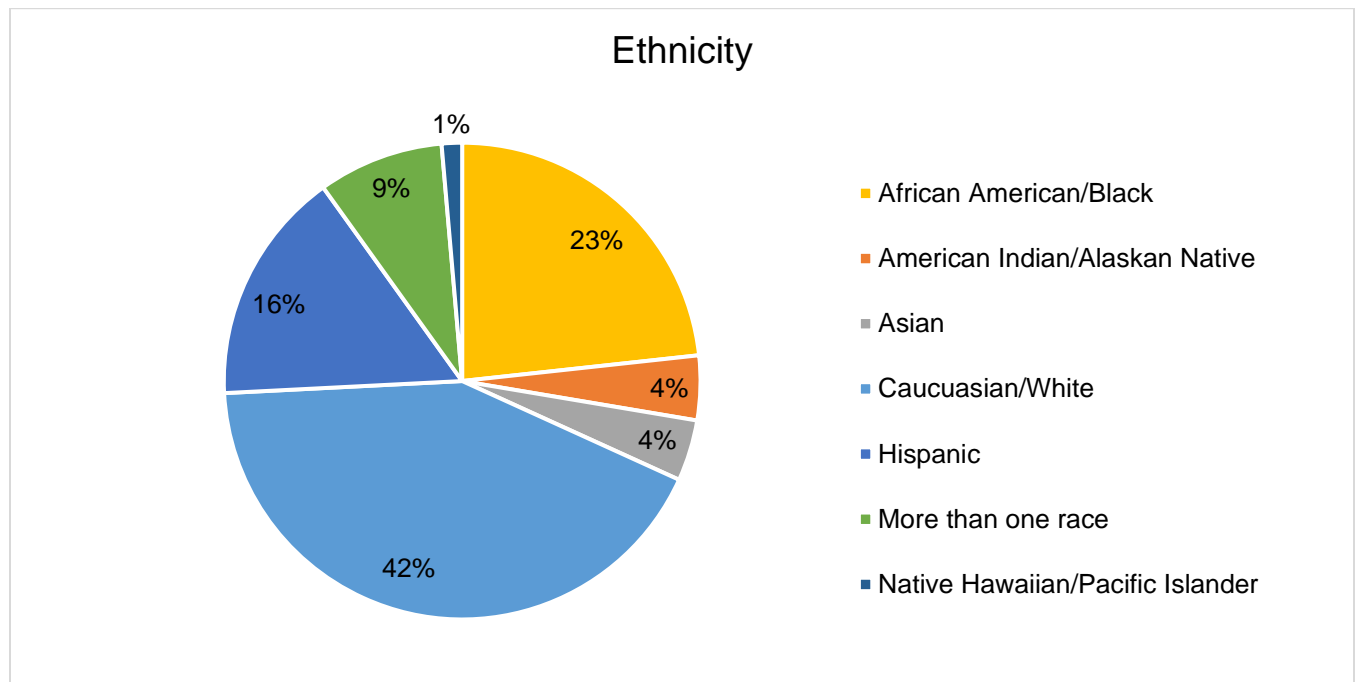


Consumers of mental health and/or substance use services, and friends or family members or loved ones represented the largest number of stakeholders with 21% and 20% respectively. Health care providers represented 15% of the stakeholders. Stakeholders from Veteran organizations or Military affiliation represented at 2.5% combined. Five percent of stakeholders represented community-based organizations, and one percent represented faith-based organizations. Social or Human Services agencies represented with six percent of stakeholders and Federal, State, County or city government represented with 13% of stakeholders.



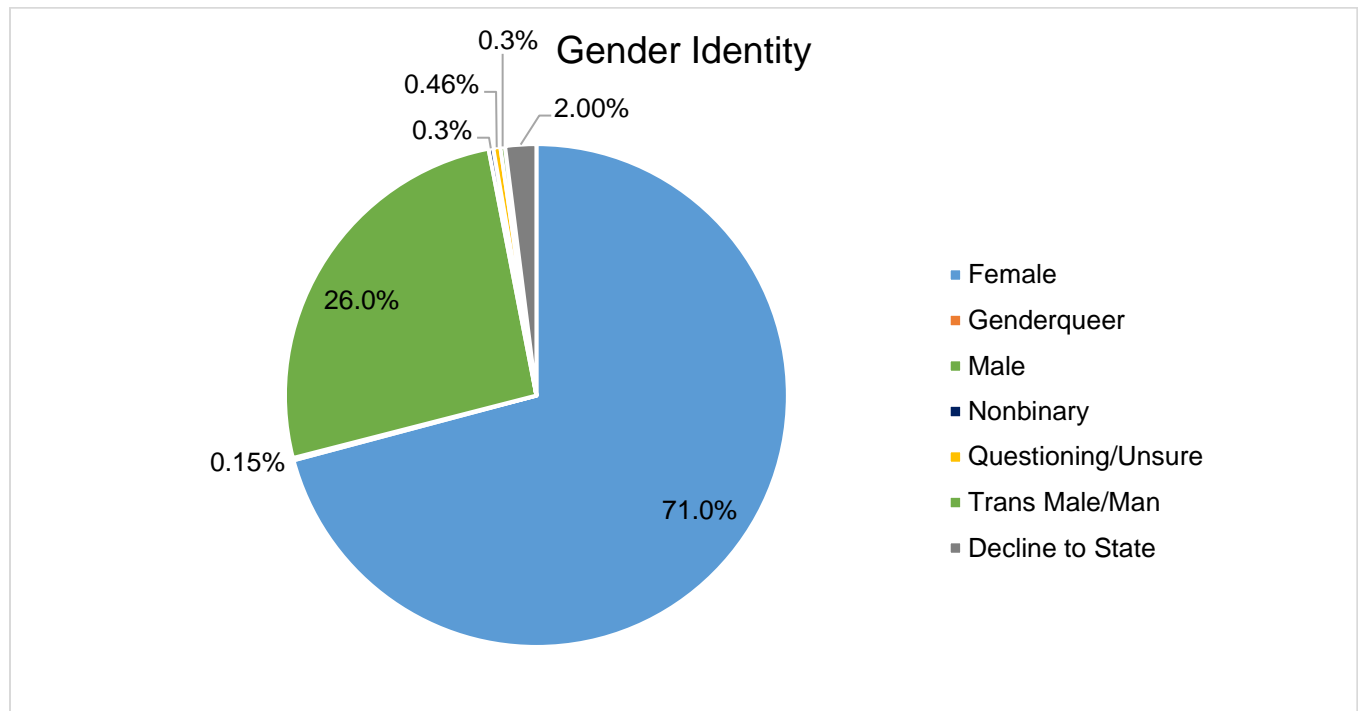


The ethnic breakdown of stakeholders is as follows: Caucasian/White stakeholders represented the largest group at 42%, followed by African American/Black at 23% and Hispanic/Latino at 16%. Asian and American Indian/Alaskan Native both represented four percent of stakeholders each. One percent of stakeholders were Native Hawaiian/Pacific Islander. Nine percent of stakeholders selected more than one race.

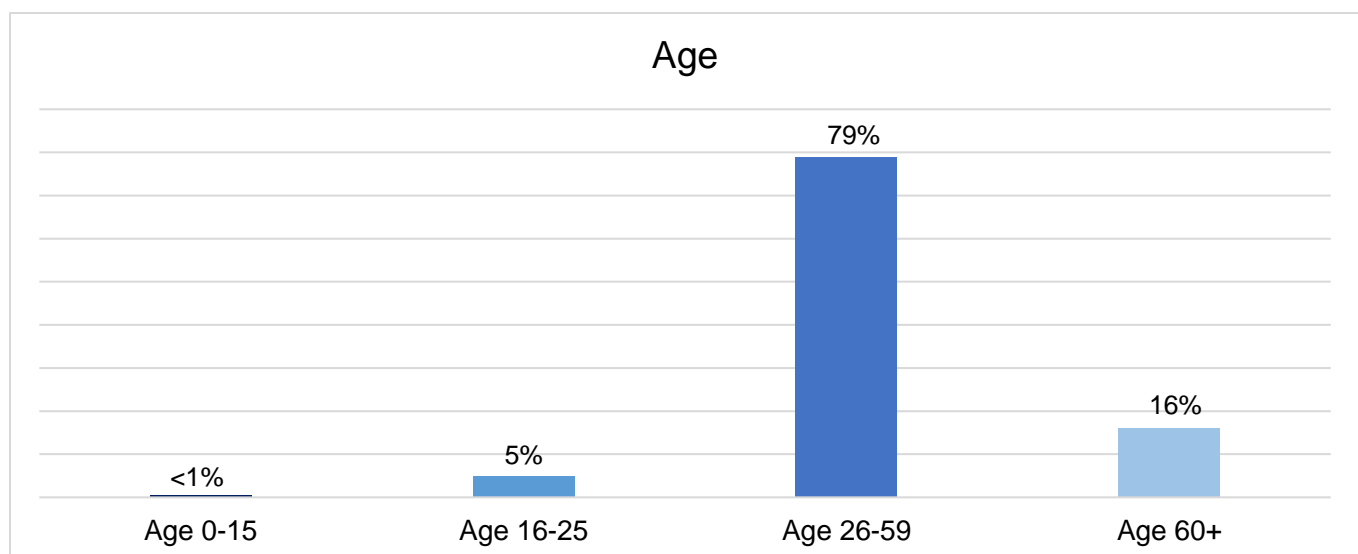




The breakdown of stakeholders by gender identity is 71% identify as female, 26% identify as male. Less than one percent each identify as nonbinary, questioning/unsure, Trans-Male and Genderqueer. Two percent of the stakeholders that responded declined to state a gender identity.

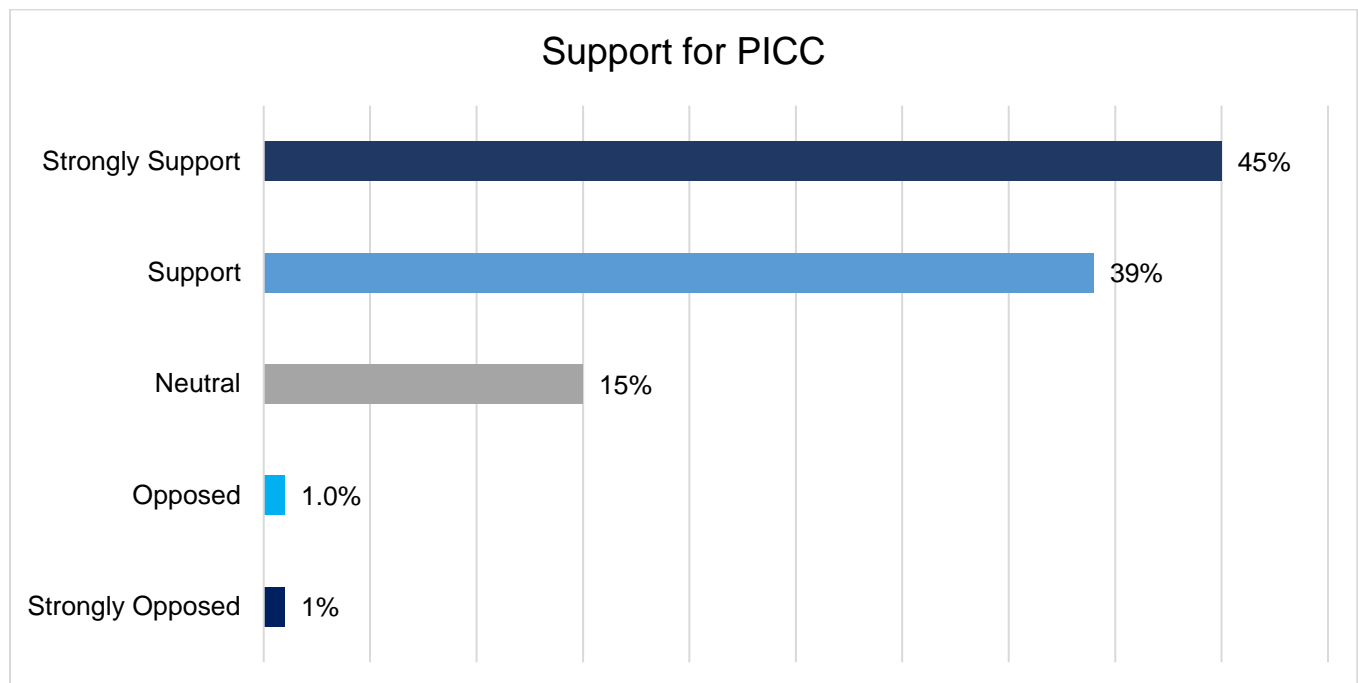


Stakeholder ages varied across the ranges. Five percent of stakeholders are between the ages of 16-25 and 16 % are adults 60 years of age or older. At 79%, the largest portion of stakeholders were between the ages of 26-59.





The stakeholder community program planning process for this Innovation project included a description of the MHSA, the Innovation component purpose, and a description of the project. Stakeholders are also given an opportunity to provide feedback on how to make the project more innovative or provide ideas on new innovative projects. Part of the stakeholder process includes asking participants whether they supported the project or if they felt neutral. Forty-five percent of stakeholders in San Bernardino County Strongly Support this project, followed with 39% supporting the project. Fifteen percent of stakeholder were neutral about the project and two percent combined were opposed or strongly opposed to this project.



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 MHSOAC Innovation Review Tool 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 MHSA regulations. This project will work in collaboration with all available psychiatric treatment modalities 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 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 consumers in meeting their personal goals as well to fully integrate the consumers into their surrounding community. Consumers 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 and Cultural Subcommittees, Community Health Workers program, and the Office of Consumer and Family Affairs will 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 teams 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 the OEI as they arise to provide services to the community in a culturally and linguistically meaningful and appropriate manner. Partnering with the Subcommittees in a more active way (beyond an advisory capacity) will further ensure effective, culturally sensitive interactions. Every effort will be made to staff the teams so that they are diverse and representative of the demographics of the Department's consumers. Efforts will be made to include bi-lingual 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 needed.

C) Client-Driven

All services provided through MHSA are committed to a behavioral health treatment approach that places extreme importance on the client taking an active and directive role in his or her treatment decisions. In this model the clinician and support staff take supportive roles in assisting the client in achieving their identified treatment goals and promote self-understanding.

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 a valuable asset when determining a consumer's readiness for treatment.

E) Wellness, Recovery, and Resilience-Focused

Starting where the individual "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. The project will work to link the individual and their families to the most appropriate service modalities in their community that will meet their unmet behavioral health and support needs. By helping the individual access, the necessary and appropriate supportive



services and therapeutic services in the community, this Innovation project will assist the consumers on their journey towards greater 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. Referrals to resources will be coordinated and integrated to most appropriately meet the stated needs and discharge plan of the consumer. It is anticipated that referrals will be made to all venues and modalities of therapeutic and social programs. A holistic approach will be utilized in making referrals for services to the individual and their families in recognition of the need to address the psychiatric and medical treatment needs of the individual but also their many educational, cultural, spiritual, social, and health needs. The project, as designed will provide educational and supportive services to the individual and their families 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.

Cultural Competence and Stakeholder Involvement in Evaluation

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 Innovation 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 psychiatric treatment. These issues will be explored with OEI as they arise in order 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 will be 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 designed a meeting to address outcomes and evaluation in a setting that involves stakeholders. This Innovation project will be presented at the monthly meetings to each cultural subcommittees 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 and Continuity of Care

The decision to continue this project will depend on the project outcomes, funding, and stakeholder feedback. If the project is deemed successful, funding could come from Medi-Cal and MHSA Community Services and Supports program expansion to deliver services to the identified populations with blended funding in partnership with collaborating agencies and community partners. Additionally, this project presents the option to explore partnerships with the local health plans for applicable consumers.

Communication and Dissemination Plan

Project outcomes related to this innovative project will be disseminated to stakeholders in San Bernardino County via the continuous community program planning that currently occurs. Project updates will include participation from project participants. Community invites to these ongoing events are shared via various social media platforms targeting the community at large and stakeholders. Preliminary and final outcomes will be presented at statewide venues, as opportunities are available, to provide learning to other counties. Additionally, a final report will be provided to the Mental Health Services and Accountability Commission for distribution with other counties.

To facilitate communication, a list of interested participants and stakeholders will be developed and included in any communication efforts made. Additionally, regular program updates will be provided during the robust stakeholder process already in place allowing for stakeholders to provide input and feedback on the program while it is in progress.

Timeline

Estimated Begin Date: 7/1/2023 Length: 5 Years

Phase 1 (Project Months 0 – 9 months)

- Complete modifications to the existing clinic site to support integrated activities, if needed
- Request needed positions
- Begin the process for MOU/Contract development/process to provide laboratory studies and specialty medical health services at the pilot clinic site
- Begin process for getting CLIA certified
- Begin the discussion with internal stakeholders on data-sharing possibilities
 - Focus on implementation of Universal Release of Information Form
- Build documentation forms and workflows for EHR

Phase 2 (Project Months 9 – 18)



- Hire and onboard new staff
- Begin to provide laboratory studies at the clinic site
- Document best practices for delivering laboratory services within a behavioral health setting (ongoing)
- Develop procedures for the use of the Universal Release of Information Form
- If approved, finalize the implementation plan for the Universal Release of Information Form
- Develop an implementation plan to provide electrocardiograms the clinic site

Phase 3 (Project Months 18 – 24)

- Begin implementation of the Universal Release of Information Form
- Begin to provide integrated care
- Establish a mechanism in which integrated care clinic staff can consult specialists for guidance on diagnosis and treatment recommendations
- Establish a mechanism for integrated care clinic staff to provide referrals to qualified specialists efficiently
- Begin working with MCP data analyst specializing in medical billing and rate setting

Phase 4 (Project Months 24 – project end)

- Collect data
- Document lessons learned and modify the project as needed
- Continue to provide integrated care
- Evaluate data and develop final report



Section 4: INN Project Budget and Source of Expenditures

Innovation Project Budget and Source 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

The total estimated budget for this project is approximately \$16.5 million over the course of five years.

Funding will allow for staffing for the PICC team, consultation costs to contract with specialty and laboratory partners as well as funding to contract with necessary specialized staff.

Personnel Costs – Staffing for PICC will include a Behavioral Health Psychiatrist who will lead a team of two Behavioral Health Physician IIs, two Behavioral Health Nurses, two Peer and Family Advocates, one Mental Health Specialist and call upon specialty staff as needed, who will include a contracted Registered Dietitian, and a Clinical Pharmacist. Both the Registered Dietitian and the Clinical Pharmacist will assist with client's treatment plans and improve health outcomes. A Business Systems Analyst will work closely with DBH's Administrative services to address data sharing and evaluation and analysis. A Health Information Coder will assist with reimbursement billing as well as assess and make recommendations on how to optimize billing. Office of Innovation staff will assist with implementation as well as evaluation in conjunction with the Business Systems Analyst II. Ten percent, \$1,691, 264, of the overall budget is allocated toward staffing who will oversee the evaluation of the project. Staff who will work on evaluation are noted with an asterisk (*) below. Evaluation costs are noted in the Estimated Evaluation Expenditures of the budget spreadsheet.

Staffing will include:

Clinical Staff:

- Psychiatrist III – 1 Full Time Employee (FTE)
- Behavioral Health Physician II – 2 FTEs
- Behavioral Health Nurse – 2 FTEs
- Peer and Family Advocate – 2 FTEs
- Mental Health Specialist – 1 FTE
- Dietitian (Contracted) – .5 FTE
- Clinical Pharmacist (Contracted) – .5 FTE

Support Staff



- Office Assistant III – 1 FTE
- Health Information Coder II – 1 FTE
- Business Systems Analyst II* – 1 FTE
- Innovation Program Manager* – .5 FTE
- Innovation Program Specialist II* – .5 FTE
- Innovation Program Specialist I* – .5 FTE

Operating Costs - The proposed project design includes funding to support operating costs for PICC staff to be able to do their work. Operating costs include the cost of ongoing technology needs and equipment as well as maintenance costs for vehicles. Travel funds are included in operation costs to support staff attending needed trainings.

One-time Costs – One-time costs include funding to ensure staff have the necessary office equipment (phones, computers, printers) needed to do their work as well as needed medical equipment. Two vehicles are also included in order to transport clients to specialty appointments or needed services outside of the Integrated Care clinic. At least one vehicle will be American with Disabilities Act (ADA) compliant with the intention to offer transportation to a wider range of clients.

Consultant Costs – Consultant Costs will include funding for proposed services and costs of contracting with providers of specialty services. This includes contracting for laboratory services, EKG consultations as well as referrals to specialty health care services that may not be covered by the MCP. Consultant costs increase gradually as the implementation process is anticipated to be progressive over the life of the project.

Other Costs – Other costs include funding for the cost of executive oversight and cost of the department doing business. The administrative fee is 15% of the cost of DBH staff assigned to the project.

The proposed project, as noted, will offer services in a progressive approach to ensure that services are established and integrated to ensure best possible outcomes.



Budget

| SBC-DBH - Progressive Integrated Care Collaborative (PICC) | | | | | | |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|---------------------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | |
| | FY 23/24 | FY 24/25 | FY 25/26 | FY 26/27 | FY 27/28 | 5 Year Total |
| Personnel Costs | | | | | | |
| Salaries & Benefits | | | | | | |
| Salaries & Benefits | \$2,406,864 | \$2,479,070 | \$2,553,442 | \$2,630,045 | \$2,708,946 | \$12,778,366 |
| Direct Costs | \$1,925,957 | \$1,983,735 | \$2,043,247 | \$2,104,545 | \$2,167,681 | \$10,225,165 |
| Indirect Costs | \$480,907 | \$495,334 | \$510,194 | \$525,500 | \$541,265 | \$2,553,201 |
| Estimated Evaluation Expenditures | \$318,557 | \$328,114 | \$337,957 | \$348,096 | \$358,539 | \$1,691,264 |
| Total Personnel Costs | \$2,406,864 | \$2,479,070 | \$2,553,442 | \$2,630,045 | \$2,708,946 | \$12,778,366 |
| Operating Costs | FY 23/24 | FY 24/25 | FY 25/26 | FY 26/27 | FY 27/28 | 5 Year Total |
| Direct Costs | \$100,654 | \$103,673 | \$106,783 | \$109,987 | \$113,287 | \$534,384 |
| Indirect Costs | \$25,163 | \$25,918 | \$26,696 | \$27,497 | \$28,322 | \$133,596 |
| Total Operating Costs | \$125,817 | \$129,592 | \$133,479 | \$137,484 | \$141,608 | \$667,980 |
| One Time Costs | FY 23/24 | FY 24/25 | FY 25/26 | FY 26/27 | FY 27/28 | 5 Year Total |
| Direct Costs | \$162,890 | \$144,000 | \$0 | \$0 | \$0 | \$306,890 |
| Indirect Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total One Time Costs | \$162,890 | \$144,000 | \$0 | \$0 | \$0 | \$306,890 |
| Consultant Costs/Contracts | FY 23/24 | FY 24/25 | FY 25/26 | FY 26/27 | FY 27/28 | 5 Year Total |
| Direct Costs | \$100,000 | \$300,000 | \$450,000 | \$600,000 | \$600,000 | \$2,050,000 |
| Indirect Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Consultant Costs | \$100,000 | \$300,000 | \$450,000 | \$600,000 | \$600,000 | \$2,050,000 |
| Other | FY 23/24 | FY 24/25 | FY 25/26 | FY 26/27 | FY 27/28 | 5 Year Total |
| DBH Admin Fee | \$142,083 | \$146,346 | \$150,736 | \$155,258 | \$159,916 | \$754,340 |
| Total Other Costs | \$142,083 | \$146,346 | \$150,736 | \$155,258 | \$159,916 | \$754,340 |
| Budget Totals | | | | | | |
| Personnel | \$2,406,864 | \$2,479,070 | \$2,553,442 | \$2,630,045 | \$2,708,946 | \$12,778,366 |
| Direct Costs | \$363,544 | \$547,673 | \$556,783 | \$709,987 | \$713,287 | \$2,891,274 |
| Indirect Costs | \$167,247 | \$172,264 | \$177,432 | \$182,755 | \$188,238 | \$887,936 |
| Total INN Funding Requested | \$2,937,654 | \$3,199,007 | \$3,287,657 | \$3,522,787 | \$3,610,471 | \$16,557,576 |



MHSOAC Application Checklist

COMPLETE APPLICATION CHECKLIST

Innovation (INN) Project Application Packets submitted for approval by the MHSOAC 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.
(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)

- ☒ Local Mental Health Board approval Approval Date: May 11, 2023

- ☒ Completed 30-day public comment period Comment Period: April 6 – May 6, 2023

- ☐ BOS approval date Approval Date: *Tentative June 2023*

If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: June 2023

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

Desired Presentation Date for Commission: May or June 2023

Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.



Attachments

| | |
|---|----|
| MHSA County Compliance Certification | 1 |
| MHSA County Fiscal Accountability Certification | 2 |
| MHSA Exec Agenda | 3 |
| Introduction to Innovation Handout | 4 |
| September 2022 CPAC Agenda | 6 |
| September 2022 CPAC Presentation | 7 |
| Results from September 2022 CPAC – PICC support | 13 |
| INN CPP Meeting Flyer Web Blast | 14 |
| INN CPP Meeting Flyer English | 15 |
| INN CPP Meeting Flyer Spanish | 16 |
| January 2023 CPAC Agenda | 17 |
| January 2023 CPAC Presentation (Innovation Slides) | 18 |
| Results from January 2023 CPAC – PICC support | 23 |
| Innovation CPP Meeting Stakeholder Comment Form - English | 24 |
| Innovation CPP Meeting Stakeholder Comment Form - Spanish | 27 |
| 30 Day Posting Web Blast | 30 |
| 30-Day Posting SBC-DBH Website Announcements and Links | 31 |
| 30 Day Posting Press Release | 32 |
| 30 Day Posting Stakeholder Comment Form English | 33 |
| 30 Day Posting Stakeholder Comment Form Spanish | 36 |
| Public Hearing Web Blast | 39 |
| Public Hearing Agenda | 40 |

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: San Bernardino

- ☐ Three-Year Program and Expenditure Plan
☐ Annual Update
☒ Innovation Plan

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

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or 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 Three-Year Program and Expenditure Plan or 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.

| | | |
|--------------------------------------|-----------|------|
| Georgina Yoshioka | Signature | Date |
| Local Mental Health Director (PRINT) | | |

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: San Bernardino

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

| | |
|--|---|
| Local Mental Health Director Name: Georgina Yoshioka, DSW, MBA, LCSW Telephone Number: (909) 252-5142 E-mail: Georgina.Yoshioka@dbh.sbcounty.gov | County Auditor-Controller / City Financial Officer Name: Ensen Mason, CPA, CFA Telephone Number: 909-382-7000 E-mail: Ensen.Mason@sbcountyatc.gov |
| Local Mental Health Mailing Address: County of San Bernardino Department of Behavioral Health 303 E. Vanderbilt Way San Bernardino, CA 92415 | |

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.

Dr. Georgina Yoshioka

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.

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

Signature

Date



Behavioral Health MHSA Administration

Georgina Yoshioka, DSW, MBA, LCSW
Interim Director

Michael Knight, MPA
Assistant Director

Agenda: Mental Health Services Act (MHSA) Executive Planning Committee Special Innovation Session August 3, 2022

Purpose To meet monthly to serve as the decision making body to oversee the “nuts and bolts” of MHSA implementation.

Meeting date, time, and location Date: Wednesday, August 3, 2022
Time: 10:00 AM – 12:00 PM
Place: Via WebEx

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

| Topic | Presenter |
|---|--------------------------------------|
| Welcome and Introductions | Maribel Gutierrez or Karen Cervantes |
| Announcements | All |
| Development of Innovation Projects <ul style="list-style-type: none"> Innovation General Requirements Overview Review of previously proposed projects Open Discussion for new projects | Karen Cervantes |
| Please email questions or concerns to Cheryl McAdam at Cheryl.mcadam@dbh.sbcounty.gov or MHSA@dbh.sbcounty.gov | |

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
First District

JANICE RUTHERFORD
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Vice Chair, Third District

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Fifth District

Leonard X. Hernandez
Chief Executive Officer

MHSA Innovation Component

The intention 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. This is accomplished by:

- Expanding or developing services and supports that are considered to be innovative, novel, creative, and/or ingenious behavioral health practices.
- Projects must contribute to learning rather than a primary focus on providing services, merely addressing an unmet service need is not sufficient for innovation funding.
- Innovation projects are time-limited and may not exceed a maximum of five (5) years from the start date of the project.
- Projects must be developed through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served populations (i.e. a community planning process).

Innovation Project General Requirements

Innovation projects are designed to support and learn about new approaches to behavioral health care by doing one of the following:

- Introduce a behavioral health practice or approach that is new to the overall behavioral health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of behavioral health, including, but not limited to, application to a different population.
- Apply to the behavioral health system a promising community-driven practice or an approach that has been successful in a non-behavioral health context or setting.

Innovation Primary Purpose

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.
- Promote interagency and community collaboration related to mental health services or supports or outcomes.
- Increase access to mental health services.

This component is unique because it focuses on research and learning that can be utilized to improve the overall public behavioral health system. All Innovation projects must be reviewed and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC).



Previous Innovation Projects

Previous Innovation projects are listed by the **PRIMARY PURPOSE** and are not in chronological order.

To increase access to mental health services, including to underserved groups, the following Innovation projects were implemented:

Online Diverse Community Experience (ODCE)

September 2010 – June 2013

Established the department's presence on social media sites (Facebook and Twitter).

Holistic Campus

October 2011 – June 2015

Brought together a diverse group of individuals, family members, and community providers to create their own individual-focused resources, networks, and strategies, growing out of cultural strengths.

Interagency Youth Resiliency Teams (IYRT)

January 2012 – June 2015

Provided mentoring services to underserved and inappropriately served system-involved youth.

TAY Behavioral Health Hostel (The STAY)

July 2012 – March 2017

Short-term, 14 bed, crisis residential program for the Transition Age Youth (TAY) population who are experiencing an acute psychiatric episode or crisis, and are in need of a higher level of care than a board and care residential, but lower level than psychiatric hospital.

Eating Disorder Collaborative (EDC)

January 2021 – ongoing

A comprehensive flexible interagency model of interventions and services for those diagnosed with an eating disorder.

Cracked Eggs

July 2021– ongoing

A workshop series designed to empower participants to not see symptoms as negative but as aspects of themselves that can be used as a creative tool.

To increase the quality of mental health services, including measurable outcomes, the following Innovation projects were implemented:

Community Resiliency Model (CRM)

December 2010 – December 2013

A community-based model of wellness skills to address the needs of the community members by providing mental health education, including coping skills, trauma response skills, and resiliency techniques.

Recovery Based Engagement Support Teams (RBEST)

October 2014 – September 2019

Provides field-based services in the form of outreach, engagement, case management services, family education, support, and therapy for a diverse adult population in an effort to "activate" them into the appropriate treatment.

To promote interagency and community collaboration related to mental health services or supports or outcomes, the following Innovation projects were implemented:

Coalition Against Sexual Exploitation (CASE)

September 2010 – June 2014

A collaborative partnership between nine separate child-serving agencies within the County, along with many community partners, to provide a model of interventions and services with the goal of reducing the number of children being affected by sexual exploitation.

Innovative Remote Onsite Assistance Delivery (InnROADs)

April 2019 – ongoing

Provides intensive, field-based engagement that supports multidisciplinary/multiagency teams that meet, engage, and provide treatment to consumers and their families where they live within homeless communities.

Multi-County Full Service Partnership (FSP) Initiative

January 2020 – ongoing

A collaborative partnership between multiple counties and Third Sector to create a data-informed approach to improving FSP consumer outcomes.

Agenda: Mental Health Services Act (MHSA) Community Policy Advisory Committee (CPAC)

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, September 15, 2022
Time: 10:00 AM to 12:00 PM
Place: Via WebEx


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

| Topic | Presenter | Handout |
|---|-------------------|----------------|
| Welcome and Introductions | Maribel Gutierrez | No |
| Announcements | All | No |
| Innovation Updates and New Project Planning | Karen Cervantes | Yes |
| Next Meeting: October 20, 2022 | | |

Contact Information Should you require further information or wish to update your contact information please call (909) 252-4021 or email Cheryl McAdam at cheryl.mcadam@dbh.sbcounty.gov. Thank you.

WebEx Etiquette Page 1

- PLEASE MUTE YOURSELF ON YOUR COMPUTER AND/OR PHONE.
- Do not** put this call on **"Hold"** at any time during this meeting.
- Please "announce" yourself by typing your name in the **"Chat."**
- Use **"Chat"** to ask questions.
- "Raise Hand"** if you would like to be unmuted to ask questions *out loud*. We will have question breaks throughout the meeting.
- If you are using computer AND telephone connection, please **turn off the volume** on your **computer** to avoid echo.
- Meeting is being recorded for internal audit purposes.




1

Poll Question: Getting to Know You Page 2

We want to know more about you!

We will be launching a WebEx poll to get a better understanding of 'who' is in the audience today.

This information will also be used as part of the post presentation analysis on stakeholder engagement.



2



Behavioral Health
MHSA Administration

Community Policy Advisory Committee

Innovation Updates and New Project Planning



Karen Cervantes, Program Manager I
September 15, 2022

www.SBCounty.gov

3

Meeting Objectives Page 3


- Provide an overview of the Mental Health Services Act (MHSA) and the Innovation component
- Review current Innovation projects
- Discuss potential Innovation projects

OBJECTIVES

4

Mental Health Services Act Page 4

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.



5

Purpose of MHSA Page 5

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 severe mental illness, resiliency for children with serious emotional disorders, and their families.

6

Components of MHSA


- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)**
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)

7

Purpose of the Innovation Component

Address one of the following **learning purposes** as its primary purpose:

- To increase access to underserved groups.
- To increase the quality of services, including measurable outcomes.
- To promote interagency and community collaboration.
- To increase access to services.



WIC § 5830 (b)(1)(A-D)

8

Goals of Innovation Component

Support innovative approaches by doing at least one (1) of the following:


- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

WIC § 5830 (b)(2)(A-C)

9

Innovation Legislative Requirements

- An Innovation project is defined as one that **contributes to learning rather** than a primary focus on providing a service.
- County mental health programs shall expend funds for their innovation projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC).



WIC § 5830(e)

10

Innovation Legislative Requirements



- "MHSA funds allocated to...Innovation component may be used to provide SUD treatment to children, adults, and older adults when they have co-occurring [mental health] and [substance use disorder] conditions and when they are otherwise eligible for MHSA services."


Assembly Bill 2265; Behavioral Health Information Notice No: 20-057

11

Innovation Legislative Requirements

Time-limited Pilot Project

- Maximum of five (5) years from the start date of the project.
- Successful parts of the project **may** continue under a different funding source or be incorporated into existing services.
- Projects may be terminated prior to planned end date.



9 CCR § 3910.10

12

Page 13

Current Innovation Projects



13

Page 14

Innovative Remote Onsite Assistance Delivery (InnROADs)

Project Duration: April 2019 – March 2024

Innovative Remote Onsite Assistance Delivery (InnROADs) provides street-based treatment services to individuals experiencing both homelessness and a severe mental illness (SMI).



This project addresses the unique needs of the homeless population by delivering treatment to them in their own environment. Visiting people where they live is a necessary strategy to facilitate trust-building with this highly vulnerable population.

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Page 15

Innovative Remote Onsite Assistance Delivery (InnROADs)

During Fiscal Year 2021 – 2022, the InnROADs teams completed:

- 5,367 Records of Engagement
 - 1,452 new unique clients were engaged
 - 2,093 total unique clients engaged
- 1,070 DBH treatment activities in the field by Clinical Therapists (CT), Alcohol and Drug Counselors (AOD), Peer and Family Advocates (PFA)
 - 733 unique clients engaged in DBH treatment activities in the field by CT, AOD and PFA
 - 2,098 total treatment activities in the field by CT, AOD, PFA, Social Services Practitioner (SSP), Registered Nurse (RN)
 - 1,106 unique clients engaged in any InnROADs treatment activities in the field by CT, AOD, PFA, SSP, RN

15

Page 16

Cracked Eggs

Project Duration: July 2021 – June 2026

This workshop series is designed around teaching participants to utilize the symptoms from their mental illness as techniques to create both visual and performance art. This workshop empowers participants to not see symptoms as negative but as aspects of themselves that can be used as a creative tool. Using a strength-based approach helps a participant find a form of expression, beyond words, that can be used to describe their lived experiences.

16

Page 17

Cracked Eggs



During Fiscal Year 2021 – 2022, Cracked Eggs:

- Completed Cohort #1
- Applied learning from Cohort #1 and made the following project updates:
 - Changed virtual format to in-person learning
 - Expanded in-class opportunities to work on visual art
 - Incorporated opportunities for breathing and movement exercises

17

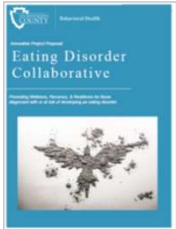
Page 18

Eating Disorder Collaborative (EDC)

Project Duration: January 2021 – December 2025

The Eating Disorder Collaborative will focus on increasing the regional understanding of eating disorders (EDOs) to facilitate early identification and access to effective treatments. This project will improve our system of care to better meet the physical and mental health needs of people with EDOs by achieving the following:

- The development and distribution of trainings and informational materials
- Establishing a more robust initial eating disorder assessment tool
- The creation and activation of specialized, multidisciplinary eating disorder treatment teams




18

Eating Disorder Collaborative (EDC) Page 19

During Fiscal Year 2021 – 2022, EDC:

- 89 unique consumers
- 1,468 services
 - 62% Referral Coordination
 - 17% Non-Mental Health Case Management
 - 12% Linkage and Consultation
 - 3% Group Therapy
 - 2% Rehab/ADL
 - 1% Care Coordination
 - 1% Plan Development
 - <1% each: Collateral, Assessment, Screening



19

Multi-County Full Service Partnership (FSP) Project Page 20

Project Duration: June 2020 – December 2023

The Multi-County Full Service Partnership (FSP) Project aims to implement a more uniform data-driven approach that provides counties with an increased ability to use data to improve FSP services and outcomes. Counties will leverage the collective power and shared learnings of a cohort to collaborate on how to provide the most impactful FSP programs and ultimately drive transformational change in the delivery of mental health services.

20

Multi-County Full Service Partnership (FSP) Project Page 21

During Fiscal Year 2021 – 2022, the FSP Project completed:

- Adoption of step-down protocols for consumers in FSP programs; implementation plan for protocols is in development.
- Standardized FSP referral process; implementation and roll-out of finalized version of referral is in progress.

21


Proposed Innovation Projects Page 22



22

Your Voice Matters Page 23

- A **WebEx Poll** will be launched to collect feedback on the proposed innovation ideas. You will be asked:
 - Whether you support an innovation idea moving forward to become an Innovation project, and,
 - If approved, in what order should the innovation projects be prioritized.
- The information collected will be used to help determine what innovative ideas will be developed into innovation projects and in what order will those ideas be developed.



23

SUDRS Walk-In Clinic (SWIC) Page 24

This project would create a space for Substance Use Disorder and Recovery Services (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.

Services would include:

- Medical clearances
- Behavioral health clearances
- Short term Medication Assisted Treatment (MAT) refills for consumers waiting to establish scheduled services
- Withdrawal management
- Support from Peer Navigators

Opportunity to pilot contracted Physician Associates as medical providers working under the supervision of Board-Certified Addiction Medicine physicians.

24

Vyvanse in Stimulant Addiction (VISA)

Page 25

Addiction to methamphetamine plagues a significant proportion of consumers in San Bernardino County.

The Vyvanse in Stimulant Addiction project is a case study to determine if Vyvanse plus peer support would provide an objective evaluation of a promising Medication Assisted Treatment modality that specifically targets the needs of clients with methamphetamine addiction.

25

Wellness Coordination with Child Welfare and Probation

Page 26

This project will serve children and youth, involved with child welfare and/or probation, to learn what type of wellness programs are effective for different subgroups of this population. The rapidly shifting needs of these children and youth require a more flexible program which will seamlessly shift from low intensity supportive programming to high intensity Intensive Care Coordination (ICC).

This project would be implemented via Community Based Organizations (CBOs) and require a team of DBH staff help identify and structure the intervention modules, train these CBOs, help facilitate connections with Probation and Children and Family Services (CFS), and provide the clinical oversight in the implementation and monitoring of the project.

26

Progressive Integrated Care Collaborative (PICC)

Page 27

The Progressive Integrated Care collaborative is an intentional progressive integration of care across mental health, substance use disorder treatment and physical health to benefit consumers in gaining access to services across a broad array of needs, seamlessly and cost effectively.

This project would be piloted at the Apple Valley Clinic which is currently under construction and would be led by DBH Primary Care Physicians already on staff.

Progressive integration includes:

1. Laboratory Studies – on-site collection of laboratory specimens to ensure reliable and timely access to results.
2. Electrocardiograms and radiographic studies - to provide insight to medical complications, support accurate diagnosis of physical health conditions
3. Data Sharing
4. Physical Health Specialist Consultation and Referrals
5. Billing – costs will inform a cost model for integrated care inclusive of mental health, substance use treatment, primary care and specialty physical health needs.

27

Discussion

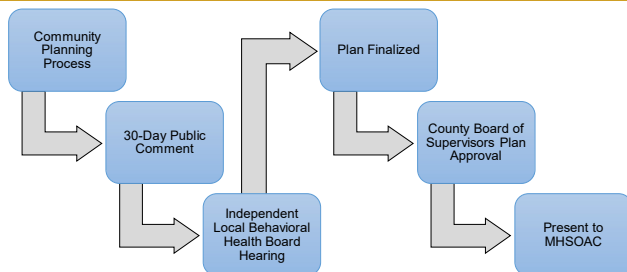
Page 28



28

Innovation Community Program Planning Process

Page 29



29

Next Steps

Page 30

- Feedback and recommendations will be analyzed and summarized for the next CPAC meeting. This information will be used for future program development and program enhancement opportunities.



Next CPAC

October 20, 2022 from 10:00 a.m. – 12:00 p.m.
Prevention and Early Intervention

30

Closing Page 31

Thank you for your thoughtful participation!

Your feedback is important to us.

Please ensure that you have completed the poll.

31

Contact Page 32

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

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

32

Contact Page 33

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

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

33

Concerns Page 34

To report any concerns related to MHSA Community Program
Planning, please refer to the MHSA Issue Resolution Process
located at:

<https://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.

34

Questions Page 35

For questions or comments, please
contact:

Maribel Gutierrez
Senior Program Manager
MHSA@dbh.sbcounty.gov
(909) 252-5150

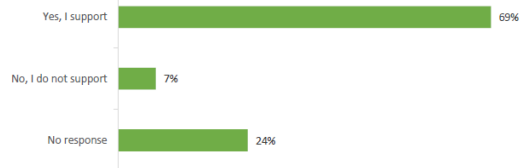
35

Results from September 2022 Community Policy Advisory Committee (CPAC) meeting, presented in October 2022 CPAC meeting

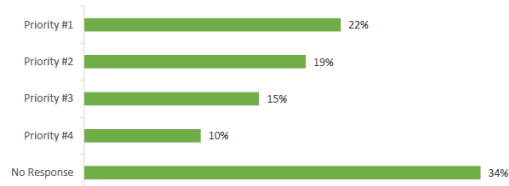
Innovation Poll Results: Progressive Integrated Care Collaborative

Page 9

Would you support the innovative idea of “Progressive Integrated Care Collaborative” moving forward as an Innovation project?



If approved, what development priority would you assign to the “Progressive Integrated Care Collaborative?”



Innovation Stakeholders Meeting




DBH - Webmaster
To

Reply Reply All Forward

Tue 11/29/2022 12:39 PM

You forwarded this message on 11/29/2022 1:44 PM.

**Behavioral Health**

Announcement

Attention Department of Behavioral Health (DBH) Staff and Community Members,

You are invited to attend a virtual stakeholder presentation on new Innovative Project Concepts funded by the Mental Health Services Act (MHSA).

Visit the [DBH website](#) homepage for a complete list of virtual stakeholder meetings happening now!

Your feedback is requested as we engage in an interactive discussion to obtain input from partners and community members.

Thank you,

Office of Innovation

Department of Behavioral Health - WEBMASTER
(909) 386-9730



Our job is to create a county in which those who reside and invest can prosper and achieve well-being.
www.SBCounty.gov/DBH | [Sign up for our newsletter](#)



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Behavioral Health

Mental Health Services Act Stakeholder Meetings

Innovation

Join us for a community presentation on new Innovative Project Concepts funded by the Mental Health Services Act (MHSA).

Your feedback is requested as we engage in an interactive discussion to obtain input from partners and community members on how upcoming Innovation project concepts can meet local mental health needs through the Department of Behavioral Health, MHSA Innovation Component.

Everyone with an interest in providing input to shape the development of the proposed Innovation project concepts is highly encouraged to attend.

| | | | | | |
|--|--|--|--|--|--|
| <p>Tuesday Nov. 29, 2022 4:30-5:30 p.m. Click Here to Join Access Code: 2482 212 6175 Password: MHSA_INN</p> | <p>Wednesday Nov. 30, 2022 12:30-1:30 p.m. Click Here to Join Access Code: 2492 309 3129 Password: MHSA_INN</p> | | | | |
| <table><tr><td><p>Monday Dec. 5, 2022 Noon-1 p.m. Click Here to Join Access Code: 2488 463 4258 Password: MHSA_INN</p></td><td><p>5-6 p.m. Click Here to Join Access Code: 2481 091 7209 Password: MHSA_INN</p></td></tr></table> | <p>Monday Dec. 5, 2022 Noon-1 p.m. Click Here to Join Access Code: 2488 463 4258 Password: MHSA_INN</p> | <p>5-6 p.m. Click Here to Join Access Code: 2481 091 7209 Password: MHSA_INN</p> | <table><tr><td><p>Wednesday Dec. 7, 2022 10-11 a.m. Click Here to Join Access Code: 2491 854 2562 Password: MHSA_INN</p></td><td><p>5-6 p.m. Click Here to Join Access Code: 2496 700 9430 Password: MHSA_INN</p></td></tr></table> | <p>Wednesday Dec. 7, 2022 10-11 a.m. Click Here to Join Access Code: 2491 854 2562 Password: MHSA_INN</p> | <p>5-6 p.m. Click Here to Join Access Code: 2496 700 9430 Password: MHSA_INN</p> |
| <p>Monday Dec. 5, 2022 Noon-1 p.m. Click Here to Join Access Code: 2488 463 4258 Password: MHSA_INN</p> | <p>5-6 p.m. Click Here to Join Access Code: 2481 091 7209 Password: MHSA_INN</p> | | | | |
| <p>Wednesday Dec. 7, 2022 10-11 a.m. Click Here to Join Access Code: 2491 854 2562 Password: MHSA_INN</p> | <p>5-6 p.m. Click Here to Join Access Code: 2496 700 9430 Password: MHSA_INN</p> | | | | |

For questions or more information, please contact Karen Cervantes
at (909) 252-4068 or karen.cervantes@dbh.sbcounty.gov.

If you speak another language, language assistance services are available
free of charge by dialing (888) 743-1478. TTY users dial 711.

DBH complies with applicable federal, civil rights laws and does not discriminate based on race,
color, national origin, sex, gender identity, age, disability, or the inability to speak English (LEP).



Salud Mental

Ley de Servicios de Salud Mental Reuniones de partes interesadas

Innovación

Únase a nosotros para una presentación comunitaria sobre nuevos conceptos de proyectos innovadores financiados por la Ley de Servicios de Salud Mental (MHSA por sus siglas en inglés).

Se solicita su opinión mientras participamos en una discusión interactiva para obtener información de socios y miembros de la comunidad sobre cómo los próximos conceptos innovadores pueden satisfacer las necesidades locales de salud mental a través del Componente de Innovación de MHSA del Departamento de Salud Mental.

Se le anima a asistir a todos los interesados en aportar información para dar forma al desarrollo de los conceptos del proyecto de innovación propuesto.

| | | | | | | | | | | | | | | | | | |
|---|--|----------|--|--|------------------------------------|------------------------------------|-------------------------|-------------------------|--|------------|----------|--|--|------------------------------------|------------------------------------|-------------------------|-------------------------|
| <p>Martes 29 de noviembre del 2022 4:30-5:30 p.m. Haga clic aquí para unirse Código de Acceso: 2482 212 6175 Contraseña: MHSA_INN</p> | <p>Miércoles 30 de noviembre del 2022 12:30-1:30 p.m. Haga clic aquí para unirse Código de Acceso: 2492 309 3129 Contraseña: MHSA_INN</p> | | | | | | | | | | | | | | | | |
| <p>Lunes 5 de diciembre del 2022</p> <table> <tr> <td>Mediodía-1 p.m.</td><td>5-6 p.m.</td></tr> <tr> <td>Haga clic aquí para unirse</td><td>Haga clic aquí para unirse</td></tr> <tr> <td>Código de Acceso: 2488 463 4258</td><td>Código de Acceso: 2481 091 7209</td></tr> <tr> <td>Contraseña: MHSA_INN</td><td>Contraseña: MHSA_INN</td></tr> </table> | Mediodía-1 p.m. | 5-6 p.m. | Haga clic aquí para unirse | Haga clic aquí para unirse | Código de Acceso: 2488 463 4258 | Código de Acceso: 2481 091 7209 | Contraseña: MHSA_INN | Contraseña: MHSA_INN | <p>Miércoles 7 de diciembre del 2022</p> <table> <tr> <td>10-11 a.m.</td><td>5-6 p.m.</td></tr> <tr> <td>Haga clic aquí para unirse</td><td>Haga clic aquí para unirse</td></tr> <tr> <td>Código de Acceso: 2491 854 2562</td><td>Código de Acceso: 2496 700 9430</td></tr> <tr> <td>Contraseña: MHSA_INN</td><td>Contraseña: MHSA_INN</td></tr> </table> | 10-11 a.m. | 5-6 p.m. | Haga clic aquí para unirse | Haga clic aquí para unirse | Código de Acceso: 2491 854 2562 | Código de Acceso: 2496 700 9430 | Contraseña: MHSA_INN | Contraseña: MHSA_INN |
| Mediodía-1 p.m. | 5-6 p.m. | | | | | | | | | | | | | | | | |
| Haga clic aquí para unirse | Haga clic aquí para unirse | | | | | | | | | | | | | | | | |
| Código de Acceso: 2488 463 4258 | Código de Acceso: 2481 091 7209 | | | | | | | | | | | | | | | | |
| Contraseña: MHSA_INN | Contraseña: MHSA_INN | | | | | | | | | | | | | | | | |
| 10-11 a.m. | 5-6 p.m. | | | | | | | | | | | | | | | | |
| Haga clic aquí para unirse | Haga clic aquí para unirse | | | | | | | | | | | | | | | | |
| Código de Acceso: 2491 854 2562 | Código de Acceso: 2496 700 9430 | | | | | | | | | | | | | | | | |
| Contraseña: MHSA_INN | Contraseña: MHSA_INN | | | | | | | | | | | | | | | | |

Para preguntas o más información, por favor contacte a Karen Cervantes al (909) 252-4068 o karen.cervantes@dbh.sbcounty.gov.

Si habla otro idioma, los servicios de asistencia lingüística están disponibles gratuitamente marcando al (888) 743-1478. Usuarios de TTY marque 711.

DBH cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, sexo, identidad de género, edad, discapacidad o la inhabilidad de hablar inglés (LEP).

**Behavioral Health
MHSA Administration**

Dr. Georgina Yoshioka DSW, MBA, LCSW
Director

Michael Knight, MPA
Assistant Director

**Agenda: Mental Health Services Act (MHSA)
Community Policy Advisory Committee (CPAC) Meeting
Thursday, January 19, 2023**

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, January 19, 2023
Time: 10:00 AM to 12:00 PM
Place: Via Webex


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

| Topic | Presenter | Handout |
|--|-----------------------------------|---------|
| Welcome and Introductions | Maribel Gutierrez | No |
| Stakeholder Comment Forms Analysis | Maribel Gutierrez/Karen Cervantes | Yes |
| Workforce Education and Training | Justine Rangel | Yes |
| Capital Facilities and Technological Needs | Karen Cervantes | Yes |
| Innovation Overview | Karen Cervantes | Yes |
| Announcements | All | No |
| Next Meeting: February 16, 2023 | | |

Next Meeting Date: 10:00 AM – 12:00 PM
Contact Information Should you require further information or wish to update your contact information please call (909) 252-4021 or email Cheryl McAdam at cheryl.mcadam@dbh.sbcounty.gov. Thank you.

WebEx Etiquette Page 1

- PLEASE MUTE YOURSELF ON YOUR COMPUTER AND/OR PHONE.
- Do not** put this call on “Hold” at any time during this meeting.
- Please “announce” yourself by typing your name in the “Chat.”
- Use “Chat” to ask questions.
- “Raise Hand” if you would like to be unmuted to ask questions out loud. We will have question breaks throughout the meeting.
- If you are using computer AND telephone connection, please **turn off the volume** on your **computer** to avoid echo.
- Meeting is being recorded for internal audit purposes.




1

Poll Question: Getting to Know You Page 2


We want to know more about you!

We will be launching a WebEx poll to get a better understanding of 'who' is in the audience today.

This information will also be used as part of the post presentation analysis on stakeholder engagement.



2




Behavioral Health
MHSA Administration

Community Policy Advisory Committee

Workforce Education and Training, Capital Facilities and Technological Needs, and Innovation Overview

Maribel Gutierrez, Senior Program Manager
Karen Cervantes, Program Manager I
Justine Rangel, MPA, MSW, BSN, Administrative Manager


January 19, 2023



www.SBCounty.gov

3

CSS Feedback Page 3



4

Poll Results: Community Services and Supports Page 4

Are there any areas that would benefit from being modified, enhanced, or expanded?

| Housing and Homeless | Adult Transitional Care |
|--|---|
| <ul style="list-style-type: none"> Expand housing and homeless services available to the High Desert Remove or revise restrictions that prevent consumers with pets from access Increase collaborative efforts with law enforcement and first responders Provide community education on how to access housing Expand community education to a “boots on the ground” approach Expand hours of operation to 24/7 | <ul style="list-style-type: none"> Provide community education on how to access adult transitional care services Educate consumers and their family members on transition planning Increase the number of beds available for consumers Incorporate more Substance Use Disorder (SUD) resources, such as the availability of Narcan and drug destruction pouches |

5

Poll Results: Community Services and Supports Page 5

Are there any areas that would benefit from being modified, enhanced, or expanded?

| Forensic Services | Regional Adult Services |
|--|---|
| <ul style="list-style-type: none"> Increase availability of forensic services to the High Desert area Enhance training on recidivism reduction strategies Increase staffing Provide community education on services available Expand co-occurring SUD residential care for forensic populations Integrate physical health care services with behavioral health Engage individuals prior to release to build rapport Collaborate with Homeless Services and provide community resources upon release Increase peer support services for justice-involved clients | <ul style="list-style-type: none"> Provide community education on eligibility Allow referrals from Clubhouses Expand availability of crisis services |

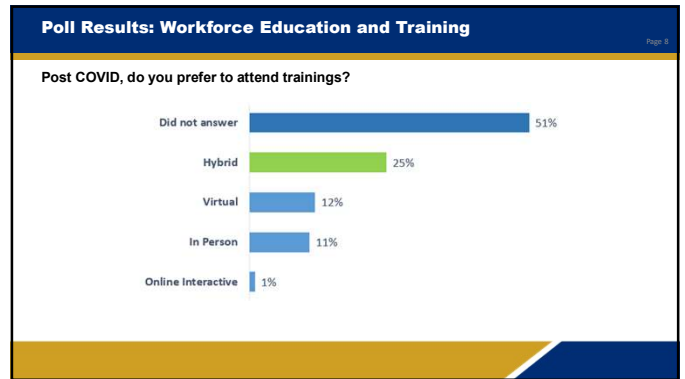
MAPS/ACT

- Provide community education on helpful strategies (For example, strategies on harm reduction)

6



7



8

- Meeting Objectives** Page 9
- Provide an overview of the Mental Health Services Act (MHSA)
 - Provide remainder of Workforce Education and Training (WET) Component overview
 - Provide an overview of Capital Facilities and Technological Needs (CFTN) Component
 - Review positive outcomes for Fiscal Year 2021/22 for CFTN
 - Identify opportunities for changes and/or enhancements to CFTN
 - Provide update on Innovation Proposed projects

9

- Mental Health Services Act** Page 10
- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
 - The MHSA provides increased funding for mental health programs across the state.
 - The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
 - Fluctuations in tax payments impact fiscal projections and available funding.
-

10

Purpose of MHSA Page 11

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 severe mental illness, resiliency for children with serious emotional disorders, and their families.

11

- Components of MHSA** Page 12
- Community Services and Supports (CSS)
 - Prevention and Early Intervention (PEI)
 - Innovation (INN)**
 - Workforce Education and Training (WET)**
 - Capital Facilities and Technological Needs (CFTN)**
 - Community Program Planning (CPP)

12



44

Purpose of Innovation Component

Page 45

Address one of the following **learning purposes** as its primary purpose:

- To increase access to underserved groups.
- To increase the quality of services, including measurable outcomes.
- To promote interagency & community collaboration.
- To increase access to services.

WIC § 5830 (b)(1)(A-D)

45

Goals of Innovation Component

Page 46

Support innovative approaches by doing at least one (1) of the following:

- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

WIC § 5830 (b)(2)(A-C)

46

Innovation Component

Page 47

An Innovation project is defined as one that **contributes to learning rather than** a primary focus on providing a service and requires approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC).

47

Potential Projects : Progressive Integrated Care Collaborative

Page 48

Progressive Integrated Care Collaborative

Progressive Integration that will be based upon a strategy of selection of best practices from a given discipline and applying that uniformly across practice specialties. Those specialties are:

- Laboratory Studies
- Electrocardiograms and radiographic studies
- Data Sharing
- Physical Health Specialist Consultation and Referrals
- Billing

48

Potential Projects : Progressive Integrated Care Collaborative

Page 49

Progressive Integrated Care Collaborative

The innovative components of this project are:

- Delivery of limited physical health care services within a behavioral health care setting
- Delivery of integrated behavioral health, physical health, and substance use disorder services to Medi-Cal enrollees at a pilot clinic site in collaboration with local managed care plans
- Financial integration of behavioral health, physical health, and substance use disorder services with a single entity with the goal to promote efficiency, eliminate waste, and produce better consumer outcomes

49

Potential Projects : Progressive Integrated Care Collaborative Page 50

Progressive Integrated Care Collaborative

Possible lessons learned:

- Administrative and clinical efficiencies gained by removing duplicative laboratory, electrocardiogram, and radiographic testing between behavioral health and physical health professionals
- Identification of best practices from identified disciplines

50

Potential Project: Vyvanse in Stimulant Addiction (VISA) Page 51

Vyvanse in Stimulant Addiction (VISA)

Evaluate if the use of Vyvanse, a stimulant medication, as a Medication Assisted Treatment (MAT) for individuals addicted to methamphetamine.

- Addiction to methamphetamine plagues a significant proportion of consumers in San Bernardino County
- Changes in illicit drug manufacturing have increased the potency of available methamphetamine contributing to dependence, worsened mental health, and causing significant physical health consequences that worsened social function
- There are no adequately supported MAT options for individuals with this condition

51

Potential Project: Vyvanse in Stimulant Addiction (VISA) Page 52

Vyvanse in Stimulant Addiction (VISA)

The innovative components of this project are:

- Providing Medication Assisted Treatment (MAT) using Vyvanse for individuals addicted to methamphetamine in a public mental health and substance use setting that addresses withdrawal symptoms not addressed by other treatments

52

Potential Project: Vyvanse in Stimulant Addiction (VISA) Page 53

Vyvanse in Stimulant Addiction (VISA)


Possible lessons learned:

- Determine if Medication Assisted Treatment with Vyvanse plus peer support is a promising MAT modality that targets the needs of individuals seeking treatment for methamphetamine addiction

53

Poll Question Page 54

1. Do you support Progressive Integrated Care Collaborative as an innovation project?
2. Do you support Vyvanse in Stimulant Addiction (VISA) as an innovation project?
3. Do you have any ideas to make these projects more innovative?



54

Next Steps Page 55

Feedback and recommendations will be analyzed and summarized for the next CPAC meeting. This information will be used for future program development and program enhancement opportunities.



Next CPAC
February 16, 2023 from 10:00 a.m. – 12:00 p.m.
Three Year Plan

55

Closing Page 56

Thank you for your thoughtful participation!

Your feedback is important to us.

Please ensure that you have completed the poll.

56

Contact Page 57

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.

57

Contact Page 58

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.

58

Concerns Page 59

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/2016/06/COM0947_Issue-Resolution.pdf

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

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

59

Questions Page 60

For questions or comments, please
contact:

Maribel Gutierrez
Senior Program Manager
MHSA@dbh.sbcounty.gov
(909) 252-4017

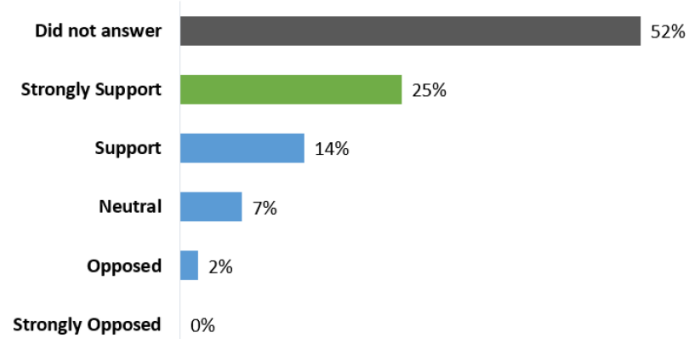
60

Results from January 2023 Community Policy Advisory Committee (CPAC) meeting, presented in February 2023 CPAC meeting

Poll Results: Innovation

Page 8

Do you support the Innovation Project Progressive Integrated Care Collaborative (PICC)?





Stakeholder Survey Form

INNOVATION PROJECT CONCEPTS

1. What is your age?

- ☐ 0-15 yrs ☐ 26-59 yrs
☐ 16-25 yrs ☐ 60+ yrs

2. What sex were you assigned at birth?

- ☐ Female ☐ Male

3. How do you describe yourself?

- ☐ Female ☐ Male
☐ Trans Female/Woman ☐ Trans Male/Man
☐ Genderqueer ☐ Nonbinary
☐ Questioning or Unsure of Gender Identity
☐ Not Listed: _____
☐ Decline to State

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

- ☐ English ☐ Spanish
☐ Not Listed: _____

5. Are you a consumer of mental health services?

- ☐ YES (currently) ☐ NO
☐ YES (previously) ☐ Decline to State

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

- ☐ YES (currently) ☐ NO
☐ YES (previously) ☐ Decline to State

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

- ☐ YES ☐ NO

8. Have you ever served in the military?

- ☐ YES (currently) ☐ NO
☐ YES (previously) ☐ Decline to State

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

- ☐ American Indian or Alaskan Native
☐ Asian
☐ African American/Black
☐ Native Hawaiian or other Pacific Islander
☐ Caucasian/White
☐ More than One Race
☐ Decline to State

10. Which category best describes your ethnic/cultural background? (check all that apply)

- ☐ Hispanic or Latino
☐ Caribbean
☐ Central American
☐ Mexican/Chicano
☐ Puerto Rican
☐ South American
☐ Not Listed: _____
☐ Non-Hispanic or Non-Latino
☐ African
☐ Asian Indian/South Asian
☐ Cambodian
☐ Chinese
☐ Eastern European
☐ European
☐ Filipino
☐ Japanese
☐ Korean
☐ Middle Eastern
☐ Vietnamese
☐ Not Listed: _____
☐ Decline to State

11. Do you consider yourself:

- ☐ Straight/Heterosexual ☐ Gay/Lesbian
☐ Queer ☐ Bisexual
☐ Questioning or Unsure about Orientation
☐ Not Listed: _____
☐ Decline to Answer



Stakeholder Survey Form

INNOVATION PROJECT CONCEPTS

12. Do you work in any of the following areas/fields? (check all that apply)

- ☐ Law Enforcement
- ☐ Education
- ☐ Social or Human Service Program/Agency
- ☐ Healthcare
 - ☐ Physical Health
 - ☐ Behavioral/Mental Health
- ☐ Alcohol and Drug Service Program
- ☐ Veterans Organization
- ☐ Faith Based Organization
- ☐ Not Listed: _____

13. Which best describes your employer:

- ☐ Self
- ☐ Private Business
- ☐ Community Based Service Provider
- ☐ Federal, State, County, or City Government
- ☐ Nonprofit
- ☐ Student/Intern
- ☐ Other: _____

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

- ☐ YES
 - ☐ Central Valley Region
e.g. Bloomington, Fontana, Grand Terrace, Rialto
 - ☐ Desert/Mountain Region
e.g. Adelanto, Amboy, Apple Valley, Baker, Barstow, 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
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, Rancho Cucamonga
- ☐ No, I live and work in a neighboring California County
Zip Code: _____

15. 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 serve mental illness?

- ☐ YES
- ☐ NO
- ☐ Decline to Answer

16. Were you satisfied that this meeting met its goals and/or objectives?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Unsatisfied
- ☐ Very Unsatisfied

17. In the future how would you like to receive MHSA updates? (check all the apply)

- ☐ Community Planning Advisory Committee Meetings
- ☐ Webinar
- ☐ Email (Provide email address below)
- ☐ Social Media
- ☐ Special meeting in your community
- ☐ Other: _____

If you wish to provide your name and contact information for future MHSA Updates, please do so below:

Name: _____

Email: _____

Phone: _____

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.**



Stakeholder Comment Form

INNOVATION PROJECT CONCEPTS

1. Do you support the Innovation Project *Progressive Integrated Care Collaborative (PICC)*?

☐ Strongly Support ☐ Support ☐ Neutral ☐ Opposed ☐ Strongly Opposed

2. Do you have any ideas on how to make *Progressive Integrated Care Collaborative (PICC)* more innovative?

3. Do you support the Innovation Project *Vyvanse in Stimulant Addiction (VISA)*?

☐ Strongly Support ☐ Support ☐ Neutral ☐ Opposed ☐ Strongly Opposed

4. Do you have any ideas on how to make Project *Vyvanse in Stimulant Addiction (VISA)* more innovative?

5. Do you have any innovative ideas/concepts that you would like to share?

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



Formulario de Encuesta de Partes Interesadas Conceptos de Proyectos de Innovación

1. ¿Cuál es tu edad?

- ☐ 0-15 años ☐ 26-59 años
☐ 16-25 años ☐ 60+ años

2. ¿Qué sexo te asignaron al nacer?

- ☐ Femenino ☐ Masculino

3. ¿Cómo te describes a ti mismo?

- ☐ Femenino ☐ Masculino
☐ Trans Mujer ☐ Trans Hombre
☐ Género queer ☐ No Binario
☐ Cuestionándome o Inseguro de identidad de Género
☐ No aparece: _____
☐ Declinar a declarar

4. ¿Cuál es el idioma principal que se habla en su hogar?

- ☐ Inglés ☐ Español
☐ No aparece: _____

5. ¿Es usted consumidor de servicios de salud mental?

- ☐ SI (actualmente) ☐ NO
☐ SI (previamente) ☐ Declinar a declarar

6. ¿Es usted un consumidor de servicios de alcohol y/o drogas?

- ☐ SI (actualmente) ☐ NO
☐ SI (previamente) ☐ Declinar a declarar

7. ¿Es usted amigo, familiar o ser querido de un consumidor de servicios de salud mental y/o de servicios alcohol y drogas?

- ☐ SI ☐ NO

8. ¿Ha servido en el ejército?

- ☐ SI (actualmente) ☐ NO
☐ SI (previamente) ☐ Declinar a declarar

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

- ☐ Indio Americano o Nativo de Alaska
☐ Asiático
☐ Afroamericano/Negro
☐ Nativo de Hawái u otro isleño del Pacífico
☐ Caucásico/Blanco
☐ Más de una raza
☐ Declinar a declarar

10. ¿Qué categoría describe mejor su origen étnico/cultural? (marque todas las que apliquen)

- ☐ Hispano o Latino
☐ Caribeño
☐ Centro Americano
☐ Mexicano/Chicano
☐ Puertorriqueño
☐ Sudamericano
☐ No aparece: _____
☐ No-Hispano o No-Latino
☐ Africano
☐ Indo asiático /Asiático del sur
☐ Camboyano
☐ Chino
☐ Europeo del este
☐ Europeo
☐ Filipino
☐ Japonés
☐ Coreano
☐ Oriente Medio
☐ Vietnamita
☐ No aparece: _____
☐ Declinar a declarar

11. ¿Te consideras a ti mismo?:

- ☐ Heterosexual ☐ Gay/Lesbiana
☐ Queer ☐ Bisexual
☐ Cuestionándome o Inseguro sobre Orientación
☐ No aparece: _____
☐ Declinar a declarar

12. ¿Trabaja en alguna de las siguientes áreas / campos? (marque todas las que apliquen)

- ☐ Aplicación De La Ley
☐ Educación
☐ Programa de Servicio Social o Humano/Agencia



Behavioral Health

LEY DE SERVICIOS DE SALUD MENTAL (MHSA POR SUS SIGLAS EN INGLÉS)

Formulario de Encuesta de Partes Interesadas Conceptos de Proyectos de Innovación

- ☐ Salud
- ☐ Salud Física ☐ Comportamiento/Salud Mental
- ☐ Programa de Servicio de Alcohol y Drogas
- ☐ Organización De Veteranos
- ☐ Organización Basada En La Fe
- ☐ No aparece: _____

- ☐ SI ☐ NO
- ☐ Negarse a Responder

16 ¿Está satisfecho de que esta reunión cumplió con sus metas y/o objetivos?

- ☐ Muy Satisfecho
- ☐ Satisfecho
- ☐ Neutral
- ☐ Insatisfecho
- ☐ Muy Insatisfecho

17. En el futuro, ¿cómo le gustaría recibir las actualizaciones de MHSA? (marque todas las que apliquen)

- ☐ Reuniones del Comité Asesor de Planificación Comunitaria
- ☐ Seminario Web
- ☐ Correo electrónico (Proporcione la dirección abajo)
- ☐ Redes Sociales
- ☐ Reunión especial en su comunidad
- ☐ Otro: _____

Si desea proporcionar su nombre e información de contacto para futuras actualizaciones de MHSA, hágalo a continuación:

Nombre: _____

Correo electrónico: _____

Teléfono: _____

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

13. ¿Qué mejor describe a su empleador?:

- ☐ Propio
- ☐ Empresa Privada
- ☐ Proveedor De Servicios Basados En La Comunidad
- ☐ Gobierno Federal, Estatal, Condado o de Ciudad
- ☐ No Lucrativa
- ☐ Estudiante / Interno
- ☐ Otro: _____

14. ¿Vive o trabaja en el Condado de San Bernardino, si ambos enumeran la región en la que vive?:

- ☐ SI
- ☐ Región Del Valle Central
e.g. Bloomington, Fontana, Grand Terrace, Rialto
- ☐ Región Montañosa/Del Deserto
e.g. 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
- ☐ Valle Del Este
e.g. Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucapia
- ☐ Valle Del Oeste
e.g. Chino Hills, Chino, Guasti, Mt. Baldy, Montclair, Rancho Cucamonga
- ☐ No, vivo y trabajo en un Condado vecino de California

Código Postal : _____

15. ¿Tiene usted una discapacidad u otro impedimento que se espera que dure más de 6 meses y sustancialmente limita una actividad importante de la vida, que no es el resultado de una enfermedad mental de servicio?



1. **¿Apoya el Proyecto de Innovación *Colaboración de Atención Integrada Progresiva (PICC por sus siglas en inglés)*?**

☐ Fuerte Apoyo ☐ Apoyo ☐ Neutral ☐ Opuesto ☐ Fuertemente Opuesto

2. **¿Tienes alguna idea sobre cómo hacer que *Colaboración de Atención Integrada Progresiva (PICC por sus siglas en inglés)* sea más innovador?**

3. **¿Apoya el Proyecto de Innovación *Vyvanse en la Adicción a los Estimulantes (VISA por sus siglas en inglés)*?**

☐ Fuerte Apoyo ☐ Apoyo ☐ Neutral ☐ Opuesto ☐ Fuertemente Opuesto

4. **¿Tienes alguna idea sobre cómo hacer que *Vyvanse en la Adicción a los Estimulantes (VISA por sus siglas en inglés)* sea más innovador?**

5. **¿Tiene alguna idea/concepto innovador que le gustaría compartir?**

Gracias por tomarse el tiempo para revisar y proporcionar comentarios.

NEW DEPARTMENT UPDATES

SAN BERNARDINO COUNTY Behavioral Health

The Department Updates Newsletter is a bi-weekly newsletter for DBH staff that features department news and updates submitted by program leadership. This newsletter will take the place of individual web blasts so that updates for staff can be in a centralized newsletter.

To submit an update for consideration in a future newsletter, please submit a form on the [Public Relations and Outreach page of the Intranet](#).

In this edition of the Department Updates Newsletter:

- Celebrate May Mental Health Month
- Directing Change Viewing/Voting Party
- Submit Art About Mental Health
- **Innovation Plan Posted for Public Comment**
- Board of Behavioral Sciences Updates
- Order DBH Attire and Accessories
- Join the Recovery Month Committee
- Community Health Survey Meeting
- Workforce, Education and Training Dates
- Behavioral Health Commission
- Upcoming Events, Important Dates and Reminders



Tell Us What You Think! Innovation Plan Posted for Public Comment

The DBH [MHSA Innovation Draft Plan 2023](#) for the Progressive Integrated Care Collaborative (PICC) is now posted on the DBH website for public review and comment for 30 days.

Please take a moment to review and provide feedback via the stakeholder comment forms by May 6, 2023. The [Stakeholder Comment Form](#) is available in English and Spanish.

More Information



Announcements

Behavioral Health Seeks Public Input on MHSA Innovation Plan



Community members are encouraged to review and provide feedback on the Mental Health Services Act (MHSA) Innovation Plan, which includes the project plan for Progressive Integrated Care Collaborative (PICC).

View and comment on the draft MHSA Innovation Plan now through May 6, 2023 by visiting the [MHSA webpage](#).

[Learn More](#)



Innovation

Innovation projects test new, creative methods to address the mental health needs of unserved and underserved populations by expanding or developing services and supports that produce successful outcomes. Innovation projects are time-limited, must contribute to learning, and be developed through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served populations.

[Draft MHSA Innovation Plan 2023](#)

[MHSA Innovation Plan 2023 – Stakeholder Comment Form](#)



Media Release

Contact

Miranda Canseco

Public Relations and Community Outreach
Coordinator

For Immediate Release

April 7, 2023

miranda.canseco@dbh.sbcounty.gov

(909) 386-8202

Behavioral Health Seeks Public Input on MHSA Innovation Plan

The San Bernardino County Department of Behavioral Health (DBH) encourages community members to review and provide feedback on the Mental Health Services Act (MHSA) Innovation Plan, which includes the project plan for Progressive Integrated Care Collaborative (PICC).

Innovation projects test new, creative methods to address the mental health needs of unserved and underserved populations by expanding or developing services and supports that produce successful outcomes. Innovation projects are time-limited, must contribute to learning, and be developed through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served populations.

The PICC is an innovative project that would transform how services are delivered for the most vulnerable, seriously mentally ill clients in San Bernardino County. PICC allows for collaboration with community partners to help inform the behavioral health system on ways to improve this complex system.

"DBH is invested in creating a system of care that allows individuals living with mental illness to get the care and treatment they need and deserve. PICC is an opportunity to collaborate with partners to improve our service delivery for the most vulnerable populations," said DBH Director Georgina Yoshioka.

View and comment on the draft plan by visiting

<https://wp.sbcounty.gov/dbh/programs/mhsa/> now until May 6, 2023. For additional information on the update or to request interpretation services or disability-related accommodations, please call (800) 722-9866 (dial 7-1-1 for TTY users) or email mhsa@dbh.sbcounty.gov.

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

About San Bernardino County: San Bernardino County is a diverse public service organization serving America's largest county. 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 as outlined in the Countywide Vision. It is comprised of 42 departments and agencies, which are staffed by more than 25,000 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 revitalization, fiscal services, infrastructure, recreation and culture, and internal support. San Bernardino County's organizational culture is defined by the four pillars of value, innovation, service, and vision. For more information, visit sbcounty.gov.



Stakeholder Survey Form

MHSA Innovation Plan 2023

30-Day Public Posting

1. What is your age?

- ☐ 0-15 yrs ☐ 26-59 yrs
☐ 16-25 yrs ☐ 60+ yrs

2. What sex were you assigned at birth?

- ☐ Female ☐ Male

3. How do you describe yourself?

- ☐ Female ☐ Male
☐ Trans Female/Woman ☐ Trans Male/Man
☐ Genderqueer ☐ Nonbinary
☐ Questioning or Unsure of Gender Identity
☐ Not Listed: _____
☐ Decline to State

4. Do you consider yourself:

- ☐ Straight/Heterosexual ☐ Gay/Lesbian
☐ Queer ☐ Bisexual
☐ Questioning or Unsure about Orientation
☐ Not Listed: _____
☐ Decline to Answer

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

- ☐ English ☐ Spanish
☐ Not Listed: _____

6. Are you a consumer of mental health services?

- ☐ YES (currently) ☐ NO
☐ YES (previously) ☐ Decline to State

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

- ☐ YES (currently) ☐ NO
☐ YES (previously) ☐ Decline to State

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

9. Have you ever served in the military?

- ☐ YES (currently) ☐ NO
☐ YES (previously) ☐ Decline to State

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

- ☐ American Indian or Alaskan Native
☐ Asian
☐ African American/Black
☐ Native Hawaiian or other Pacific Islander
☐ Hispanic/Latino
☐ Caucasian/White
☐ More than One Race
☐ Decline to State

11. Which best describes your employer:

- ☐ Self
☐ Private Business
☐ Community Based Service Provider
☐ Federal, State, County, or City Government
☐ Nonprofit
☐ Student/Intern
☐ Other: _____

12. Do you work in any of the following areas/fields? (check all that apply)

- ☐ Law Enforcement
☐ Education
☐ Social or Human Service Program/Agency
☐ Healthcare
☐ Physical Health ☐ Behavioral/Mental Health
☐ Alcohol and Drug Service Program
☐ Veterans Organization
☐ Faith Based Organization
☐ Not Listed: _____



Stakeholder Survey Form

MHSA Innovation Plan 2023

30-Day Public Posting

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

☐ Decline to Answer

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

☐ YES

☐ 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, 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, Rancho Cucamonga

☐ No, I live and work in a neighboring California County

Zip Code: _____

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)

☐ Social Media

☐ Special meeting in your community

☐ Other: _



Stakeholder Survey Form

MHSA Three Year Integrated Plan

Fiscal Years 2023/24 - 2025/26

30-Day Public Posting

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

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Unsatisfied ☐ Very Satisfied

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 plan?**

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



Behavioral Health

MENTAL HEALTH SERVICES ACT (MHSA)

Formulario de Encuesta de Partes Interesadas

Plan de Innovación 2023

Publicación pública de 30 días

1. ¿Cuál es tu edad?

- ☐ 0-15 años ☐ 26-59 años
☐ 16-25 años ☐ 60+ años

2. ¿Qué sexo te asignaron al nacer?

- ☐ Femenino ☐ Masculino

3. ¿Cómo te describes a ti mismo?

- ☐ Femenino ☐ Masculino
☐ Trans Mujer ☐ Trans Hombre
☐ Género queer ☐ No Binario
☐ Cuestionándome o Inseguro de identidad de Género
☐ No aparece: _____
☐ Declinar a declarar

4. ¿Te consideras a ti mismo?

- ☐ Heterosexual ☐ Gay/Lesbiana
☐ Queer ☐ Bisexual
☐ Cuestionándome o Inseguro sobre Orientación
☐ No aparece: _____
☐ Declinar a declarar

5. ¿Cuál es el idioma principal que se habla en su hogar?

- ☐ Inglés ☐ Español
☐ No aparece: _____

6. ¿Es usted consumidor de servicios de salud mental?

- ☐ SI (actualmente) ☐ NO
☐ SI (previamente) ☐ Declinar a declarar

7. ¿Es usted un consumidor de servicios de alcohol y/o drogas?

- ☐ SI (actualmente) ☐ NO
☐ SI (previamente) ☐ Declinar a declarar

8. ¿Es usted amigo, familiar o ser querido de un consumidor de servicios de salud mental y/o de servicios alcohol y drogas?

- ☐ SI ☐ NO

9. ¿Ha servido en el ejército?

- ☐ SI (actualmente) ☐ NO
☐ SI (previamente) ☐ Declinar a declarar

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

- ☐ Indio Americano o Nativo de Alaska
☐ Asiático
☐ Afroamericano/Negro
☐ Nativo de Hawái u otro isleño del Pacífico
☐ Hispano/Latino
☐ Caucásico/Blanco
☐ Más de una raza
☐ Declinar a declarar

11. ¿Qué mejor describe a su empleador?

- ☐ Propio
☐ Empresa Privada
☐ Proveedor De Servicios Basados En La Comunidad
☐ Gobierno Federal, Estatal, Condado o de Ciudad
☐ No Lucrativa
☐ Estudiante / Interno
☐ Otro: _____

12. ¿Trabaja en alguna de las siguientes áreas / campos? (marque todas las que apliquen)

- ☐ Aplicación De La Ley
☐ Educación
☐ Programa de Servicio Social o Humano/Agencia
☐ Salud
☐ Salud Física ☐ Comportamiento/Salud Mental
☐ Programa de Servicio de Alcohol y Drogas
☐ Organización De Veteranos
☐ Organización Basada En La Fe
☐ No aparece: _____



13. ¿Tiene usted una discapacidad u otro impedimento que se espera que dure más de 6 meses y sustancialmente limita una actividad importante de la vida, que no es el resultado de una enfermedad mental de servicio?

- ☐ SI ☐ NO
☐ Negarse a Responder

14. ¿Vive o trabaja en el Condado de San Bernardino, si ambos enumeran la región en la que vive?:

- ☐ SI
- ☐ Región Del Valle Central
e.g. Bloomington, Fontana, Grand Terrace, Rialto
 - ☐ Región Montañosa/Del Deserto
e.g. 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
 - ☐ Valle Del Este
e.g. Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucaipa
 - ☐ Valle Del Oeste
e.g. Chino Hills, Chino, Guasti, Mt. Baldy, Montclair, Rancho Cucamonga

☐ No, vivo y trabajo en un Condado vecino de California

Código Postal : _____

15. En el futuro, ¿cómo le gustaría recibir las actualizaciones de MHSA? (marque todas las que apliquen)

- ☐ Reuniones del Comité Asesor de Planificación Comunitaria
☐ Seminario Web
☐ Correo electrónico (Proporcione la dirección abajo)
☐ Redes Sociales
☐ Reunión especial en su comunidad
☐ Otro: _____



Formulario de Encuesta de Partes Interesadas

Plan Integrado de Tres Años

Años Fiscales 2023/24 hasta 2025/26

Publicación pública de 30 días

1. ¿Qué tan satisfecho está con el Plan de Innovación de la MHSA (por sus siglas en inglés)?

☐ Muy Satisfecho ☐ Satisfecho ☐ Neutral ☐ Insatisfecho ☐ Muy Insatisfecho

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

3. ¿Tiene alguna inquietud que no se haya abordado con respecto a este plan de proyecto?

Gracias por tomarse el tiempo para revisar y proporcionar comentarios.



CALL AND NOTICE OF SPECIAL MEETING OF THE BEHAVIORAL HEALTH COMMISSION

Thursday, May 11, 2023
Noon - 2:00 p.m.

Virtual Option via WebEx: [Join Meeting](#)

The meeting link is also available at <https://wp.sbcounty.gov/dbh/bhc/>
Or Call: 1-415-655-0002 | Meeting number (access code): 2497 321 6645
Meeting password: mtJFhh5Fi84

In-person/Remote Teleconference Locations with Public Access:

| <u>Behavioral Health Commission Members</u> | <u>Locations</u> |
|---|---|
| 1 st District Commissioner, Michael Grabhorn | 15850 Calgo Lane, Victorville, CA 92394 |
| 1 st District Commissioner, Pastor Mark Graham | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |
| 2 nd District Commissioner, Dr. Valerie Samuel | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |
| 3 rd District Commissioner, Troy Mondragon | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |
| 3 rd District Commissioner, Allie Mink | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |
| 3 rd District Commissioner, Ray (Bill) Miller | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |
| 4 th District Chair, Dr. Monica Caffey | 3200 Guasti Road, Ontario, CA 91761 |
| 4 th District Commissioner, Dr. Akin Merino | 500 East E. Street, Ontario, CA 91739 |
| 4 th District Commissioner, Jennifer Spence | 4681 Revere Court, Chino, CA 91710 |
| 5 th District Vice Chair, Gil Navarro | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |
| 5 th District Commissioner, Veatrice Jews | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |
| 5 th District Commissioner, Lynn Summers | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |
| Clerk of the Commission, Sheena Felix | 303 E. Vanderbilt Way, San Bernardino, CA 92415, Room 116 |

[Click here for the Agenda](#)

SUBJECT MATTER PRESENTATION: [Mental Health Services Act \(MHSA\) Innovation Plan 2023](#)

Meetings are open to the public.

Department of Behavioral Health - WEBMASTER
(909) 386-9730



Our job is to create a county in which those who reside and invest can prosper and achieve well-being.

www.SBCounty.gov/DBH | [Sign up for our newsletter](#)



Behavioral Health Commission

Georgina Yoshioka, DSW, MBA, LCSW
Director

Michael Knight, MPA
Assistant Director

CALL AND NOTICE OF SPECIAL MEETING OF THE BEHAVIORAL HEALTH COMMISSION

THURSDAY, MAY 04, 2023

NOTICE IS HEREBY GIVEN THAT THE CHAIR OF THE BEHAVIORAL HEALTH COMMISSION HAS CALLED FOR
A **SPECIAL MEETING** TO BE HELD ON THURSDAY, MAY 11, 2023 | 12:00PM-2:00PM
AT DBH ADMINISTRATION | 303 E. VANDERBILT WAY, SAN BERNARDINO, CA 92415 | CONFERENCE ROOM 116.

THIS MEETING WILL BE CONDUCTED PURSUANT TO THE OPEN MEETING RULES FOR CA'S LOCAL MENTAL/BEHAVIORAL HEALTH
BOARDS/COMMISSIONS REQUIREMENTS OF THE RALPH M. BROWN ACT, IN ACCORDANCE WITH THE DISCONTINUANCE OF THE
GOVERNOR'S EXECUTIVE ORDER N-25-20 EFFECTIVE FEBRUARY 28, 2023.

Please see Page 2 for virtual option to attend via WebEx & in-person/remote teleconference locations.

ALL MEETINGS OPEN TO THE PUBLIC

12:00 p.m. – 2:00 p.m.

POST IN PUBLIC VIEW

District 1

Lorrie Denson, *Treasurer*
Michael Grabhorn
Mark Graham

12:00 – 12:05 p.m.

**CALL TO ORDER / PLEDGE OF ALLEGIANCE
ROLL CALL - BEHAVIORAL HEALTH COMMISSION**

Dr. Monica Caffey, Chair

Sheena Felix, Clerk of the
Commission

District 2

Dr. Valerie Samuel

12:05 - 12:10 p.m.

Review Special Meeting Notice/Agenda

Members of the Commission

District 3

Troy Mondragon
Ray W. Miller
Allie Mink

12:10 - 12:20 p.m.

PUBLIC COMMENTS (3-minute time limit) Open to the public for
comments. Advance submission available via email at [BHC-
Contact@dbh.sbcounty.gov](mailto:BHC-Contact@dbh.sbcounty.gov), in the subject line note "Public Comment."
Your comments will be read for the record. Will also be offered in real
time during the meeting.

District 4

Monica Caffey, *Chair*
Akin Merino
Jennifer Spence, *Secretary*

12:20 – 1:55 p.m.

PUBLIC HEARING
[Mental Health Services Act \(MHSA\) Innovation Plan 2023](#)

Karen Cervantes & Dr. Teresa
Frausto, Behavioral Health

- Q & A with Office of Innovations

District 5

Veatrice Jews
Gil Navarro, *Vice Chair*
Lynn Summers

1:55 – 2:00 p.m.

Affirm the Community Program Planning Process

Members of the Commission

Board of Supervisors

Col. Paul Cook

2:00 p.m.

ADJOURNMENT

Dr. Monica Caffey, Chair

Clerk of the Commission

Sheena Felix

To request data regarding services, demographics, or to submit a Public Records Act Request, email DBH-PublicRelations@dbh.sbcounty.gov or
visit <https://sanbernardinocounty.nextrequest.com/>. Written material for this meeting is available by request or at <https://wp.sbcounty.gov/dbh/bhc>

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

Virtual Option via Webex: [Join meeting](https://wp.sbcounty.gov/dbh/bhc) (link also available at <https://wp.sbcounty.gov/dbh/bhc>)
Dial in: 1-415-655-0002 Meeting number (access code): 2497 321 6645 Meeting password: mtJFhh5Fi84

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