



Behavioral Health Services Act (BHSA) Transition Taskforce

Meeting #1

Thursday, April 3, 2025 / 3:00 – 4:30 PM

Hybrid Meeting

Location: Redwood Shores Library, 399 Marine Pkwy, Redwood City

Zoom: <https://us02web.zoom.us/j/83635203327>

Dial in: +1 669 900 6833 / Meeting ID: 836 3520 3327

MINUTES

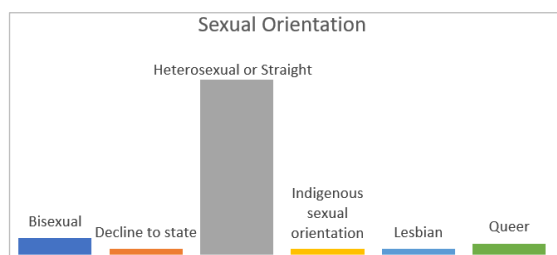
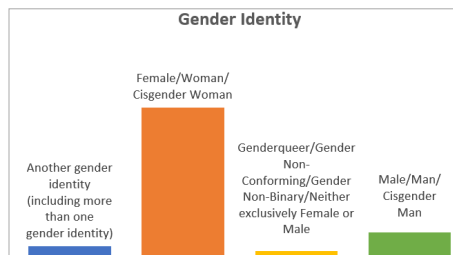
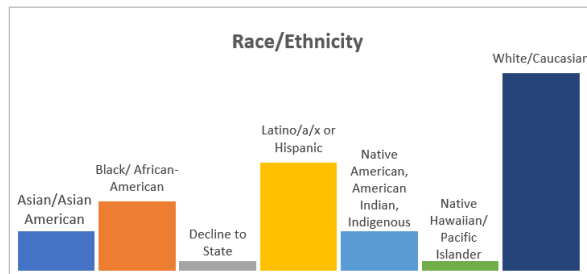
1. Welcome & Introductions

Doris Estremera, MHSA Manager

- Doris welcomes attendees to the meeting
- Attendees are asked to share their name, pronouns, and affiliation in the chat
- Doris introduces Sofia Recalde, Management Analyst, and RDA Consulting facilitators, Courtney Chapple, Aditi Das, and Paulina Hatfield
- RDA Consulting will help facilitate the BHSA transition process
- Dr. Jei Africa opens the meeting by thanking everyone for attending, highlighting that this is an opportunity to share with stakeholders and partners what is happening at the state-level through BHSA. Stakeholders and partners are an important part of the process. Jei encourages everyone to attend the upcoming taskforce meetings.
- Agenda and objectives reviewed.
- Logistics for participation reviewed.
- Attendees completed Demographic Survey (via Zoom poll for those online and on paper for those in-person)

10 min

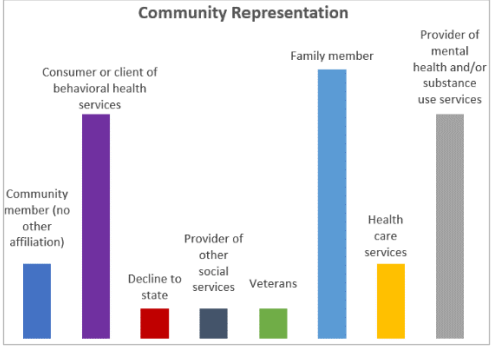
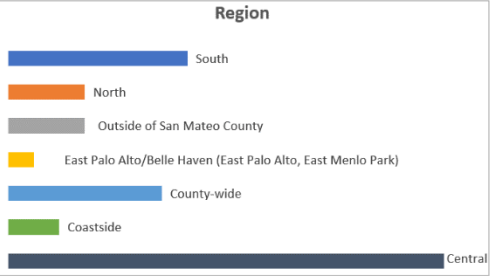
Age Range	Count	%
16-25	1	3%
26-59	25	64%
60-73	11	28%
74+	2	5%





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<div data-bbox="316 212 1323 556"><p>Community Representation</p><p>Region</p></div> <ul style="list-style-type: none">• Participation Guidelines reviewed.• Michael Lim asked if the recording will be open to the public to view after the meeting, and Doris confirmed that the materials will be on the MHSA website.	
<p>2. General Public Comment – <i>Doris Estremera</i></p> <ul style="list-style-type: none">• No public comment.• Doris reviewed alternative ways to provide public comment.	10 min
<p>3. BHSa Transition Taskforce – <i>Doris Estremera</i></p> <ul style="list-style-type: none">• The taskforce is open to the public and is not limited in number. The hope is to keep everyone informed on this process, decisions, and considerations. The taskforce will have an advisory role on the process. There will be more intentional opportunities for input in the summer.• There are four taskforce meetings at the same time (3:00-4:30pm), same location, and same Zoom link. First Thursday of the month in June, August, and October.• Today, we will spend time on understanding Prop 1 and the Community Planning Process (CPP). Meeting #2 will focus on changes to the millionaire’s task (e.g., MHSA/BHSA funding). RDA is working in the background reviewing reports, data, and assessments to look for needs and gaps. They will share their findings, and you will review those findings. After the needs assessment, there will be a survey to ensure what we’re seeing in the data resonates. Meeting #3 will be an input session with specific questions on topics we are considering for the transition. Meeting #4 will focus on the Three-Year Integrated Plan. There will be changes to the structure of the plan.	10 min
<p>4. Introduction to Prop 1 – <i>Jei Africa and Doris Estremera</i></p> <ul style="list-style-type: none">• Prop 1 passed in March 2024, creating an opportunity to transform the behavioral health system of care. Governor Newsom is grappling with what it would look like to transform behavioral health services in a way that is effective and accessible. We began to understand that it doesn’t focus on the millionaire’s tax – it is a transformation of the entire behavioral health system. We have benefitted from MHSA, and Newsom’s vision is transforming the entire behavioral health system. There is an opportunity to look at the different levels of the behavioral health system and how to transform it to benefit beneficiaries.• There are many other initiatives in addition to Prop 1, such as CalAIM, Prop 36, SB 43, and Child Youth Behavioral Health Initiative (YBHI) that are changing the behavioral health landscape.• It is time for our county and partners to work through these changes. There is an expectation that full implementation will be July 1 of 2026.• We are thinking about the local needs – how can we align with what the community is needing and what the state needs. Our work is local, the impact is always local. The County has prioritized emergency preparedness, housing, serving the justice-involved	10 min



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<p>population, etc. County Health has prioritized increasing people's life expectancy. Within County Health, there are departmental priorities.</p> <ul style="list-style-type: none">• We operate like a managed care plan, overseeing the care of people with specific behavioral health conditions. There are certain expectations that since we are a mental health plan and Drug Medi-Cal Organized Delivery System, we are mandated to comply with regulations. There is a managed care portion that we haven't talked about yet (e.g., operations). We are now engaging in a system-wide reflection/prioritization as an organization to provide the services the community needs. Organizational priorities – metrics, contracts, financial responsibility, making sure partners meet the requirements of the state, and workforce.• How do we strengthen our priorities? We are contracted by the State to provide core services, and I want us to be stellar at that. Providing quality care. Aligning funding and priorities across our system of care. Engaging staff and community. Anchoring our work in data and feel like our data has full integrity. And making sure the data aligns with the experiences of our clients and their families. Lastly, improving communication and transparency so stakeholders know why we are making decisions.• There is an opportunity to do things differently – there is no better time to be in behavioral health than now. We need to be more mindful, intentional on the things we are going to do to serve the most vulnerable. We can't do it all. We want to ensure that what we do – we are stellar. And we can't do that without your partnership.• Doris provides an overview of how Prop 1 is aligned. Prop 1 will have an impact on prevention, which calls for a strengthen connection with Public Health. There is a lot of expertise in Public Health around root causes.• The Community Program Planning (CPP) Process happens every three years to inform a three-year plan. This will continue but will include our whole system. The CPP process will inform our entire system. We will create a structure where leadership will hear the community voice.• There are some specific changes we will need to make internally. We have brought on consultants and partnered with Public Health on the Community Health Improvement Plan. Now, we are in transition planning.• Pat Willard agrees and is passionate about data-driven decision making. Pat is excited to see more integration between behavioral health and substance use and initiatives to do cross-county collaboration (e.g., with Santa Clara County). Pat raises a concern - If you do everything that the state requires, that means innovation is not on your mind. Pat feels that mandates are narrowly defined (e.g., the mobile crisis response mandate). Pat asks if there is anything that BHRS has done that has not been mandated but put in place by advocacy and activists.• Doris acknowledges Pat's comment has been noted and that it is important to lift-up the community-specific needs.• Jei affirms that there are things that BHRS has done that are innovative. If we can't do the mandates, we can't exist. I want to continue existing so we can continue to innovate.	
<p>5. Community Program Planning (CPP) Process -- <i>Courtney Chapple, RDA</i></p> <ul style="list-style-type: none">• Presented the CPP Framework (visual).• January-April 2025 has built the foundation for this group and to understand what work needs to be done and how to build diverse partnerships. Today, we are launching the BHSA taskforce.• There will be multiple ways to inform the work and provide feedback. There will be other opportunities outside of the taskforce.• The Needs Assessment will require reviewing existing data and affirm gaps and needs	40 min



with the community through a survey.

- Then, we will move to strategy development to ensure solutions are informed by what we have seen through the survey. There will be Strategy Development Sessions. There are four principles for strategy development.
- We want to ensure there is a diversity of stakeholders engaged.
- October 2025-June 2026 is the culmination of our work and will include engagement with partners through public comment.
- There are groups that must be engaged through this process.
- Breakout sessions. Four breakout groups held, each moved through the three identified questions below.
- Summary from breakouts, by discussion question:

What groups/communities are missing that may need targeted engagement?

- Coastal & rural residents, Department of Housing, Elected Officials (+individuals on County Boards & Commissions), Individuals with Disabilities (physical & mental integrated), IHSS Members, LGBTQ+ Communities, Non-English speaking residents (Including those who are English Language Learners), Peer Workers and Organizations, Persons with Lived Experience (across MH, SUD, Unhoused groups, substandard housing groups) + Sub-groups here [Aging adults, Unhoused Youth, Justice-involved individuals, Veteran's], PSH residents, Racial/Ethnic Groups (Black/African American Residents, Indigenous/Native American Residents, Latinx and Hispanic Residents, Pacific Islander Residents)
 - Can create a spreadsheet based off the IP

What community partners and/or leaders can support outreach?

- Center for Independence of Persons with Disabilities; Contractor's Association; *Engaging Youth/Families*: NAMI, SSF Community Children, Freshlines for Youth (justice-involved youth), County Office of Ed/School districts, high school clubs, Sana Youth Center; *Engaging Peers & Lived Experience*: Health Ambassadors Program (through the Office of Diversity & Equity), Mateo Lodge (Individuals with SMI and housing insecurity), Shelters/Navigation Centers, Street Medicine, Safe Harbor, LifeMoves, Nation's Finest, Samaritan house; Farmworkers Commission; FSP Groups (Caminar, Telecare); Indigenous Initiative (through county, monthly meetings); *Not-for-profits/CBOs*: ALAS, Coast Pride, El Concilio, Kingdom Love Partners, La Casa Nuestro, One East Palo Alto, Redwood City POW, RTS & Cora, San Mateo Pride Center, Star Vista, Voice for Recovery; *Prevention Partners* (Caron Program); Public Health (Engaging/Reengaging those from CHIP process); *Public Housing Providers*: Mercy Housing, Bridge Housing; *Public Libraries* (SSF CCCS Group - meets monthly - S. SF Library); *Other/General*: Care Centers, Core Services Agencies, Providers, City Council Members (to support planning and especially housing development needs)

*Note to use paper/ground outreach in addition to virtual/online

What would be helpful to ask about during the community input sessions?

- *General*: What are their needs? What are the system gaps and/or biggest repeat issues seen? What kind of support has been helpful on their journey? In what ways has the system failed you? What would you like to see improved? What support/services do you want? What gets in your way? What helps you maintain



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<p>recovery? What advocacy is needed?</p> <p><i>MHSA Programs focused:</i> What programs have been most helpful to you? What programs have you interacted with the most? What changes/outcomes have you experienced? If this program were to “go away” what would that mean to you?</p> <p><i>Transition (MHSA to BHSA) focused:</i> What is positive or exciting about the MHSA to BHSA transition? What is negative or worrisome about it?</p> <p><i>Needs Response/Prioritizing:</i> What order would you give (most needed to least) from the pressing issues identified by community members? [list provided]</p> <p>*In all questions and interactions: be mindful of language, avoid language that reinforces stigma/shame, provide the why behind the line of questions, set clear expectations for what funding can and cannot support. Don’t assume needs, ask and learn.</p>	
<p>6. General Question & Answer -- <i>Doris Estremera</i></p> <ul style="list-style-type: none">• No questions.	10 min
<p>7. Adjournment</p>	



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ATTENDANCE

There were 60 attendees; 11 participants in-person, 49 logged in through Zoom. Below is a list of attendee names; call-in numbers are unidentifiable and not included.

BHSA Transition Taskforce Members

1. John McMahon
2. Jean Perry, BHC Commissioner
3. Michael Raustler, Consumer
4. Desiree Perez
5. Alexandra Amaya
6. Sydney Hoff, Felton Institute
7. Kristin Moser, UCSF
8. Pat Willard, Peninsula Anti-Racism Coalition
9. Patricia Urbina
10. Brenda Nunez, StarVista
11. Lisa Mena
12. Melissa Platte, Mental Health Association of SMC
13. Christina Kim, Department of Housing
14. Alex Rogala
15. Karina Marwan, NAMI
16. Rachel Day
17. Tina Dirienzo, Department of Housing
18. Linder Allen
19. Francisco Sapp, San Mateo County Pride Center
20. Dee Wu, North East Medical Services
21. Anne DiTiberio
22. Carolyn Shepard
23. Andrea Holmes
24. Mary Bier
25. (phone number)
26. (phone number)
27. Lanajean Vecchione
28. Laura Parmer-Lohan
29. Adriana Furuzawa, Felton Institute

30. Sharon Heath

31. Jackie Almes, Peninsula Health Care District
32. Jared Thomas
33. Lucianne Latu, Taulama for Tongans
34. Maryann Sargent
35. Mluv
36. Nicole Bertucci, VORSMC
37. Waynette Brock
38. Willian Elting
39. Michael Lim, BHC Commissioner
40. Leticia Bido, BHC Commissioner
41. Leslie Wambach

BHRS Staff

42. Doris Estremera
43. Sofia Recalde
44. Maria Lorente Foresti
45. Edith Cabuslay
46. Daisy Ramirez
47. Jana Spalding, OCFA
48. Yolanda Ramirez, OCFA
49. Frances Lobos
50. Stacy Williams
51. Diana Campos-Gomez
52. Dr. Jei Africa
53. Christina Vasquez
54. Lee Harrison

RDA Consultants

55. Aditi Das
56. Courtney Chapple
57. Paulina Hatfield

Ernst & Young Consultants

58. Jeff Blood
59. Kaitlyn Bushell
60. Matthew Cutwright