



# Prop. 1 – Behavioral Health Services Act (BHSA) Transition Taskforce

Meeting #2 - June 5, 2025



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**



# Welcome & Introductions

- Please share your name, pronouns, and affiliation in the chat



# Taskforce Meetings

4 x 90-minute hybrid meetings, every other month (12 hours total time commitment)

## Meeting #1 4/3/2025

- Introduction to Prop 1 – BH Transformation
- Community Program Planning (CPP) Framework



## Meeting #2 6/5/2025

- Prop. 1 - BHSA Overview
- BHSA Planning and Program Requirements

## Meeting #3 8/7/2025

- Community Input Session with the Transition Taskforce

## Meeting #4 10/2/2025

- Themes from Community Input Sessions & Survey
- The Behavioral Health Continuum of Care

*\* Visit [www.smchealth.org/mhsa](http://www.smchealth.org/mhsa), under the “Announcement” tab for most up-to-date information*

# Agenda & Objectives

## Agenda

1. Welcome & Logistics
2. General Public Comments
3. BHSA Overview – Planning and Program Requirements
4. Community Program Planning (CPP) Updates
5. General Q & A
6. Adjourn

## Objectives

- Introduce DHCS Priority Goals and BHSA Transition Impacts
- Increase awareness about BHSA funding allocations, planning and program requirements
- Build readiness for the BHSA Community Input Sessions





# A few logistics...

- Agenda, handouts, slides: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under “Announcements” tab
- Stipends for clients and family members participating
  - Via chat (private message) - please provide your email
- Poll – Demographics

# Participation Guidelines

- Question/comment opportunity after each agenda item
  - Enter questions in the chat box as we go
  - “Raise Hand” option
- Share your unique perspective and experience
- Share the airtime
- Practice both/and thinking - consider others’ ideas along with your personal interests
- Be brief and meaningful



# General Public Comments (10 min)



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# How to Give Public Comment



- Online Form:
  - [www.surveymonkey.com/r/MHSAPublicComment](https://www.surveymonkey.com/r/MHSAPublicComment)
- Email: [mhsa@smcgov.org](mailto:mhsa@smcgov.org)
  - optional [form](#) can be downloaded from [www.smchealth.org/MHSA](https://www.smchealth.org/MHSA), under "Announcements" tab
- Phone message: (650) 573-2889

\*Quick Tips – How to Give Public Comment at a public meeting



# BHSA Overview – Planning and Program Requirements



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# Prop. 1 Required Priority Goals

 **Access to Care**



**Justice-Involvement**

 **Homelessness**



**Removal of Children  
From Home**

 **Institutionalization**



**Untreated Behavioral  
Health Conditions**

# Counties Select One (1) Additional Goal



- Care Experience
- Engagement in School
- Engagement in Work
- Overdoses
- Prevention and Treatment of Co-Occurring Physical Health Conditions
- Quality of Life
- Social Connection
- Suicides



# Prop. 1 Transition Impacts

|   |   |   |  |
|---|---|---|--|
| <b>Fiscal Strategies</b>  | <b>Housing Interventions*</b><br>Housing Operations and Policy (HOP) Committee<br>July 10 <sup>th</sup> 9am | <b>Full-Service Partnerships</b>                            | <b>Prevention &amp; Early Interventions*</b><br>Behavioral Health Commission (BHC) Youth Subcommittee<br>June 18 <sup>th</sup> 4pm |
| <b>Substance Use Integration*</b><br>BHC Alcohol and Other Drug (AOD) Committee<br>July 9 <sup>th</sup> 4pm | <b>Peer-Based Services*</b><br>Lived Experience Education Workgroup (LEEW)<br>July 1 <sup>st</sup> 3:30pm   | <b>Workforce Development &amp; Evidence Based Practices</b> | <b>Outcome Reporting*</b><br><i>Behavioral Health Commission</i><br>TBD  |

\* Can join a deep dive Info Sessions on these topics – [Flyer](#) (link)

# What is BHRS doing to address the required changes?

- Identified internal BHRS leads for implementation of required changes.
- Developing implementation plans with milestones and activities – progress will be communicated.
- Developed a BHSA Transition website and a communication plan to share key updates and progress.
- Conducting deep dive “Info Sessions” to share more and allow for community input – sessions will be recorded and posted on the BHSA Transition website.



# What is New for Fiscal Strategies

- Emphasizes maximizing MediCal billing across all services and leveraging expanded opportunities for billing (e.g. CalAIM, BHCONNECT).
- Expands expenditure plans and annual reporting to include all BHRS revenues (local, state and federal), not just the millionaires' tax.
- Reduces prudent reserve from 35% to 20% of the 5-year average revenue.



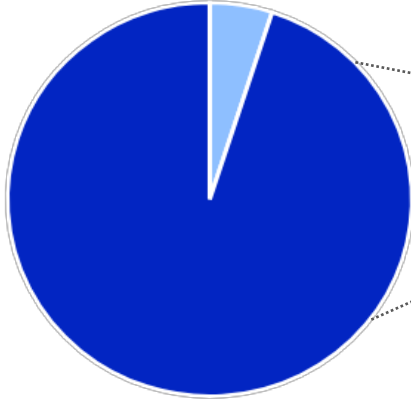


# BHSA Estimated Fiscal Impacts

## Current Allocation

State Allocation (5%)

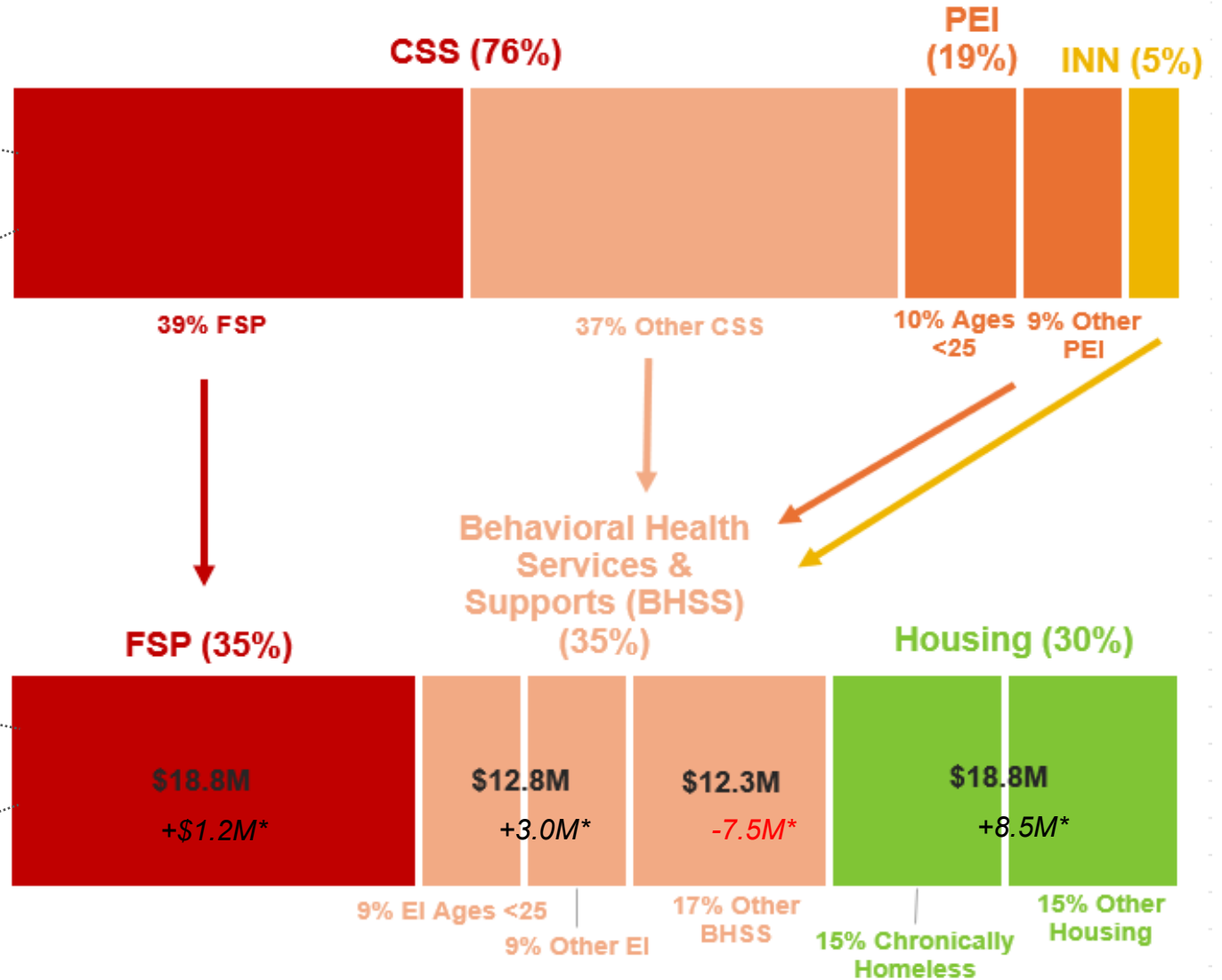
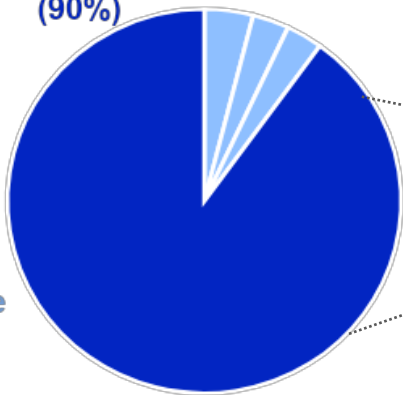
Allocation (95%)



## BHSA Allocation

State Allocation (10%)  
- 3% Administration  
- 3% Workforce Initiative  
- 4% Prevention

County Allocation (90%)



\*Estimated Amount Needed to Meet BHSA Requirements

# What is New for Housing Interventions

- Increases access to permanent supportive housing for individuals living with serious mental illness and/or substance use disorders.
- Prioritizes chronically homeless individuals, especially those in encampments.
- Expands allowable expenditures:
  - Rental and operating subsidies
  - Housing supports including landlord outreach, mitigation, assistance, navigation and maintenance – not covered by Medi-Cal Managed Care Plans.
  - Up to 7% for outreach activities for unhoused populations
  - Up to 25% to capital development to acquire, build, and/or renovate permanent housing.
- Requires housing projects to adhere Housing First principles.
- Emphasizes collaboration with Managed Care Plans (e.g., HPSM, Kaiser) on Transitional Rent benefit to ensure a seamless pathway for clients to permanent supportive housing.



# What is New for Full Service Partnerships

- FSPs provide a full array of services through a "whatever it takes" approach to meet clients' stability and recovery needs.
- Includes access to SUD treatment including medication assistance treatment, and co-occurring capacity.
- Requires counties to implement evidence-based practices to fidelity.
- Develops a tiered model for levels of care, including step-down to Intensive Case Management and/or a substance use disorder supports.





# What is New for Prevention & Early Interventions

- Early Interventions should identify and address behavioral health concerns in their early stages.
- Prioritizes childhood trauma and substance use integration.
- Requires three components for early intervention programs:
  1. Culturally Informed Outreach
  2. Screening and linkage to care
  3. Medi-Cal billable intervention
- Shifts prevention funding to the CA Public Health Department



# CHIP Workgroups

- Visit [SMC All Together Better](#) website to learn about the work groups:
- **Access Work Group:**
  - 2<sup>nd</sup> Wed 9-10:30am
  - Contact Corina Chung, [cochung@smcgov.org](mailto:cochung@smcgov.org)
- **Social Determinants of Health (SDOH):**
  - 1<sup>st</sup> Thu 9-10:30am
  - Contact Veena Raghavan at [vraghavan@smcgov.org](mailto:vraghavan@smcgov.org)
- **Mental Health:**
  - 3<sup>rd</sup> Thu 9-10:30am
  - Contact Doris Estremiera, [destremiera@smcgov.org](mailto:destremiera@smcgov.org)  
or Luci Latu, [lflatu78@gmail.com](mailto:lflatu78@gmail.com)



# What is New for Substance Use and Mental Health Integration

- Expands funding to comprehensive care for individuals with substance use disorders (SUDs) regardless of the presence of a primary mental health diagnosis.
- Requires counties to implement integrated service delivery models across the continuum of care.
- Enhances workforce training and development by requiring co-occurring capacity for professionals including peer supports for both mental health and substance use treatment.





# What is New for Peer Services

- Advances Peer Support Specialists as a Medi-Cal provider type and Peer Support Services as a direct service type for county behavioral health providers.
- Aims to increase the number of certified Peer Support Services Specialists across the continuum of care.
- Emphasizes co-occurring capacity for peer specialists.
- Leverages expanded opportunities for billing (e.g., Peer Support Services, BHCONNECT - California Clubhouse).





# What is New for Workforce Strategies and Evidence-Based Practices (EBPs)

- Encompasses workforce planning, recruitment, training, development, and retention activities.
- Prioritizes diversity of the behavioral health workforce, including pathways, supports and opportunities for individuals with lived experience.
- Emphasizes developing workforce capacity to provide culturally informed and evidence-based services.
- Emphasizes utilization of EBPs across behavioral health services.
- Leverages expanded opportunities for workforce initiatives and billing through BHCONNECT waiver.



# What is New for Outcome Reporting

- Expands outcome reporting to all behavioral health services including local, state and federal funding streams.
- Utilizes population-level indicators and disparities analysis (i.e., Priority Goals) to assess statewide progress.
- Utilizes performance indicators to measure county success (to be determined).



# Community Program Planning (CPP) Updates



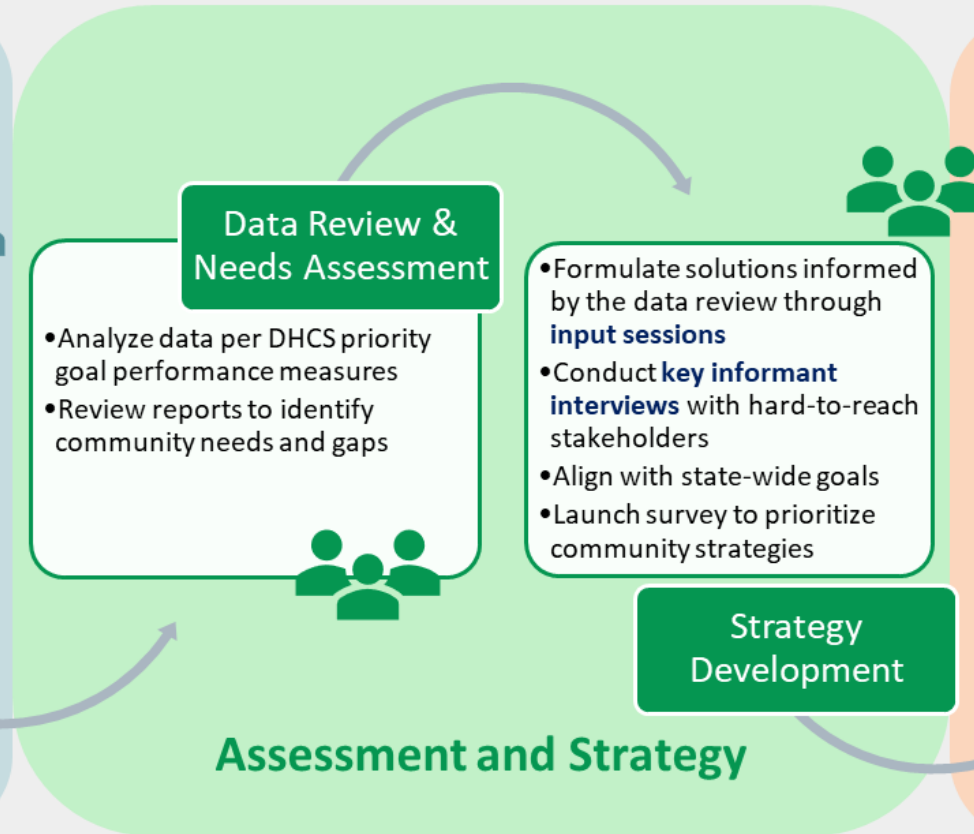
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# Community Program Planning (CPP) Framework

January – April 2025

March – September 2025

October 2025-June 2026



## Looking forward

Continue to work with all partners across the **Behavioral Health Continuum of Care**

Ongoing improvement of the CPP Process to engage across **all service categories**





# CPP Process: Community Input Sessions



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# Community Input Session Plan

## 1. Share Community Data & Needs

- Review San Mateo County status on each Prop. 1 Priority Goal and associated population-level behavioral health measures
- Highlight measure-specific disparities across demographic groups
- Identification of community needs and gaps from resources review

## 2. Facilitate Discussion

- What solutions and strategies would help address the gaps and needs identified?
- What programs, services, partnerships or initiatives will further support solutions and strategies?





# Additional Input Activities



- **Key Informant Interviews**
- **Community Survey (Fall 2025)**



# Questions?





# Thank You!

- **Subscribe** to stay up-to-date and receive opportunities to get involved in MHSA and Prop.1 planning: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)
- **Contact:** [mhsa@smcgov.org](mailto:mhsa@smcgov.org)
- **Let us know how we can improve:**  
[https://www.surveymonkey.com/r/BHSA\\_Transition](https://www.surveymonkey.com/r/BHSA_Transition)



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