



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

Meeting #4 – October 2, 2025



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& RECOVERY SERVICES**



# Welcome & Introductions

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



# Agenda & Objectives

## Agenda

1. Welcome & Logistics
2. General Public Comments
3. Community Program Planning (CPP) Review
4. Input Session Themes
5. Next Steps
6. Adjourn

## Objectives

- Reflect on CPP activities
- Review initial themes from Community Input Sessions
- Understand BHSA Planning Next Steps

# Glossary of Key Terms

- **Serious mental illness (SMI) and/or Substance use disorder (SUD)** are mental health challenges and/or recurrent use of alcohol and/or drugs resulting in serious functional impairment, which substantially interferes with major life activities.
- **Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS)** primarily provided by County Behavioral Health Plans are intensive mental health and SUD services provided to clients that meet medical necessity criteria.
- **Non-Specialty Mental Health Services (NSMHS)** primarily provided by Managed Care Plans focus on individuals with mild to moderate needs, County Behavioral Health Plans also provide NSMHS through early intervention strategies.
- **Penetration Rates** are the percentage of Medi-Cal eligible individuals who receive specific behavioral health services and can indicate how effectively a program or system reaches and serves its intended population.
- **Co-occurring capacity** focuses on the ability of providers to address mental health and substance use disorders; integrated services provides care concurrently, rather than being referred to separate programs or services.
- **Continuum of care** is a comprehensive range of health and support services to individuals ensuring seamless transitions between different levels of need.
- **Evidence-based practices (EBPs)** have documented (e.g., peer-reviewed studies, and publications) effectiveness on improving behavioral health. **Community-defined evidence practices (CDEPs)** are an alternative or complement to EBPs, that offers culturally anchored interventions.
- **Medi-Cal billing** is the process of submitting claims to California's Medicaid program, Medi-Cal, for reimbursement of services provided.





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

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



# Community Planning Process (CPP) Review



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# Taskforce Meetings

Thank you for guiding, informing, and participating in the Community Planning Process!

## 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
- Next Steps: Implementation Plan Drafting

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

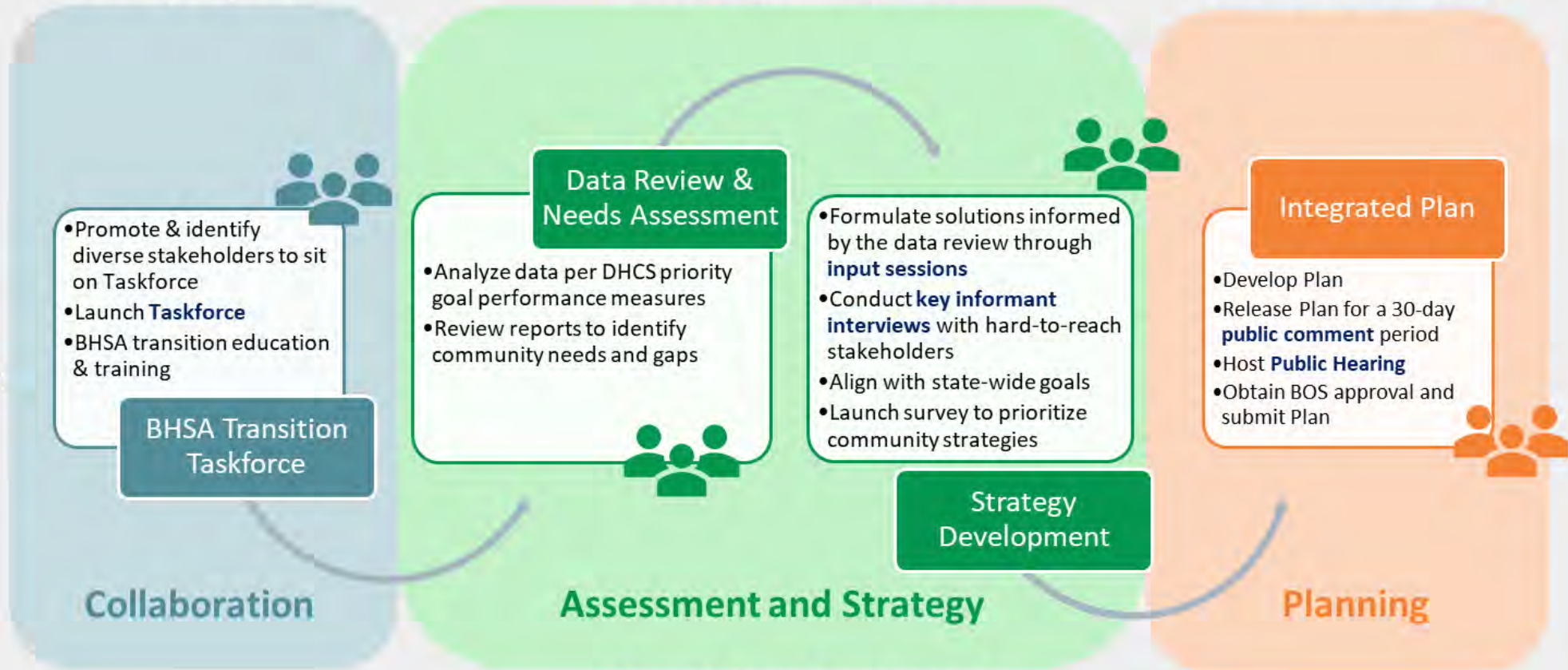
# Community Program Planning (CPP) Framework

January – April 2025

March – September 2025

October 2025-June 2026

  
Community  
engagement at  
every stage



**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**



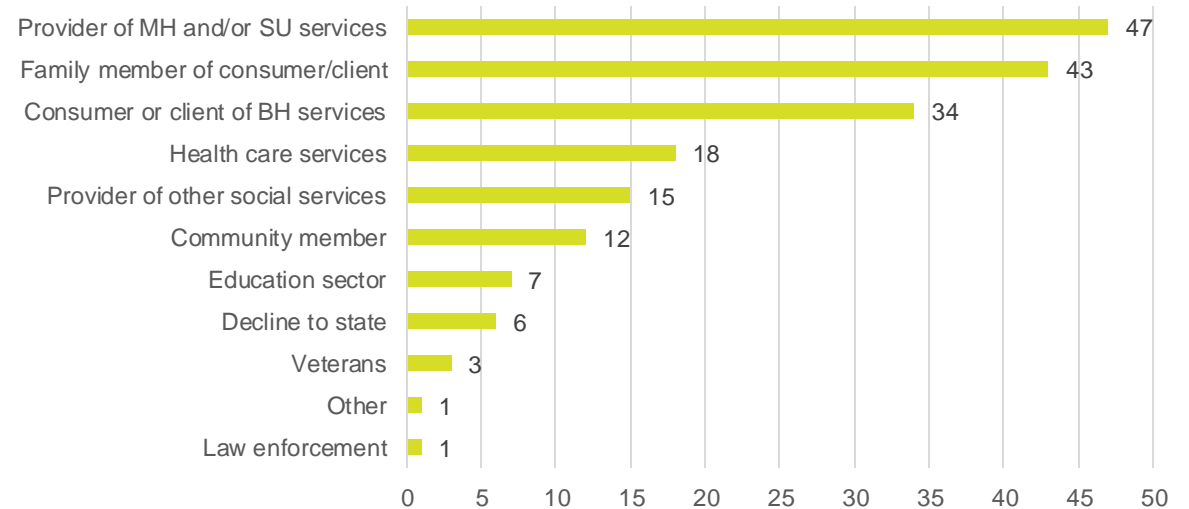
# Demographics of BHRS Taskforce

- Almost two-thirds (65%) of the BHRS Taskforce is between **26-59 years old**, and a majority identify as **heterosexual/straight** (84%) and as a **female/woman/ cisgender woman** (76%).
- There is a mix of representation from across the county, with the one-third representing **Central San Mateo** (37%), followed by **South** (16%) and **County-wide** (16%) representation.

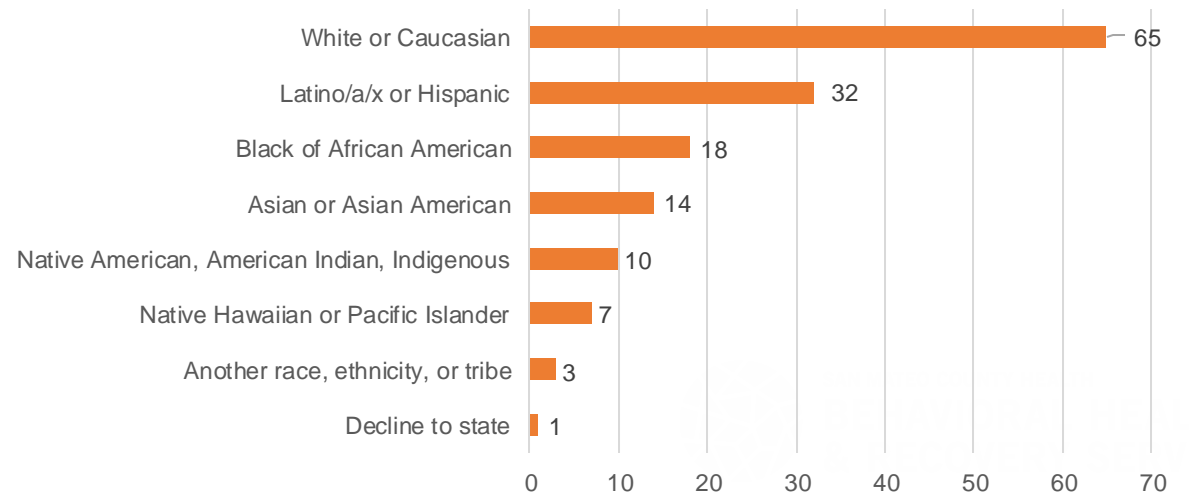
## Notes:

- The data represents demographics from Meetings #1 - #3
- The data represents duplicated responses as some BHRS Taskforce Members attended more than one meeting
- Group Representation and Race/Ethnicity allowed respondents to select more than one

Group Representation (n=187)



Race/Ethnicity (n=150)



# 5 Deep Dive Information Sessions

## **Early Intervention**

- Behavioral Health Commission (BHC) Youth Committee

## **Housing Interventions**

- Housing Operation and Policy (HOP) Committee

## **Peer-Based Services**

- Lived Experience Education Workgroup (LEEW)

## **Substance Use and Mental Health Integration**

- BHC Alcohol and Other Drug (AOD) Committee & AOD Providers

## **Outcomes**

- Behavioral Health Commission

# 14 Community Input Sessions

## **Access to Care**

- North County Outreach Collaborative – 9
- East Palo Alto Behavioral Health Outreach – 17
- BHSA Taskforce

## **Homelessness**

- Housing Operation and Policy (HOP) Committee – 16
- Behavioral Health Commission (BHC) Alcohol and Other Drug (AOD) Committee – 14
- BHSA Taskforce

## **Institutionalization**

- Coastside Collaborative – 9
- Lived Experience Education Workgroup (LEEW) - 22
- BHC Older Adult Committee – 10+

## **Justice Involvement**

- BHC Adult Recovery Committee – 9
- AOD Providers – 40
- BHSA Taskforce

## **Removal of Children From Home**

- Children Youth System of Care (CYSOC) Providers – Human Services Agency, San Mateo County Office of Education, Probation, BHRS – 9

## **Untreated Behavioral Health Conditions:**

- Diversity and Equity Council (DEC) - 29
- Peer Providers -11
- Contractors Association – 17

## **Social Connection**

- BHSA Taskforce
- Older Adult and Youth targeted sessions - TBD



# 6 Targeted Discussions

- Youth: Coast Pride, Youth Leadership Institute, and Behavioral Health Commission (BHC) Youth Committee - 6
- Older Adult System of Integrated Services (OASIS) Clients - TBD
- Older Adults Adult & Disabilities Services (ADS) Providers - TBD
- Veterans Commission - ~10
- Healthcare for Homeless/Farmworker Health Program - 22
- Health Ambassadors – Spanish session - 20

# Additional Outreach Efforts

## Taskforce #1 Recommendations and Required Partner Engagement:

- Announcements/presentations – housing Continuum of Care (CoC), Health Equity Initiatives, Nonprofit Housing Association meeting and affordable housing conference
- Targeted invitations – homeless shelters and providers, street medicine, cities and elected officials, NAMI, County Office of Education, disability providers, 0-5 providers, all MHSA funded providers, and many more!
- Individual outreach by BHRS Director – hospitals, healthcare districts labor unions

# Community Input Sessions & Targeted Discussions Themes



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# Statewide Priority Goals

 ↑ Access to Care

 ↓ Justice-Involvement

 ↓ Homelessness

 ↓ Removal of Children From Home

 ↓ Institutionalization

 ↓ Untreated Behavioral Health Conditions

↑ Social Connection



# Strategy Themes

- Strategy themes from the community input sessions will be prioritized via a community survey.
- The strategies speak to how the Priority Goals can be advanced and how behavioral health services can be improved or enhanced.
- Over the next three years, the strategies will inform BHRS' efforts as resources become available or other initiatives and partnerships can be leveraged.
- Funding for specific programs/services will require a Request for Proposal process.



# Access to Care

1. **Targeted Outreach:** Leverage and enhance culturally appropriate efforts such as targeted outreach to specific cultural communities, outreach worker efforts and treatment facilities offering services in multiple languages.
2. **Local Focus:** Recognize varying regional needs and raise the importance of localized efforts to improve service accessibility such as the Promotoras or case management model.
3. **Community-Defined Practices:** Embrace diverse approaches to accessing behavioral health services such as alternatives to emergency departments, raising awareness and tracking referrals across systems of care.





# Homelessness

1. **Supportive Housing:** Emphasize supportive housing, expand access to include a broader definition of “at-risk” for homelessness (e.g., SMI adult children of aging parents), and provide integrated support systems within housing such as onsite supportive services, daily check-in's, property/client management.
2. **Enhanced Outreach:** Conduct proactive and early outreach and navigation to individuals with SMI or SUD through schools, navigation centers, quicker connection to hospitals/detox centers, transportation services, phone free mental health service access, and improved case management to connect individuals with resources for basic life needs such as housing, food, clothing, and medications.







# Institutionalization

1. **Crisis Continuum:** Focus on crisis intervention and post-institutional support such as crisis lines, warm lines, stabilization centers, and follow up post discharge.
2. **Recovery Oriented Approaches:** Foster client well-being and recovery through strength-based approaches like motivational interviewing, wellness recovery action planning (WRAP), and cognitive behavioral therapies (CBT/DBT).
3. **Caregiver Supports:** Provide resources, education, and respite to caregivers mitigating the need for institutional care.
4. **Acute Psychiatric Beds:** Increase acute bed availability for short-term stabilization, intervention and appropriate facilitation of step-down care; avoiding premature discharge.
5. **Community-Based Resources:** Explore partnerships with schools to establish pathways for behavioral health careers and increase culturally and language responsive services





# Justice Involvement

1. **Early Justice Intervention:** Promote alternatives to arrests and diversion programs including warm hand-offs through the police department for youth and adopting creative strategies to engage youth (e.g., restorative justice, brief intervention model) .
2. **SUD Services:** Increase access to detox services and expanding recovery programs, indicating a commitment to addressing SUD within justice system involved clients.
3. **Re-entry Supports:** Enhance reentry planning and coordinated follow up with individualized case plans to support successful reintegration into the community.





# Removal of Children from Home

1. **Funding Alignments:** Leverage and align varying funding sources such as BHSA, Family First Prevention Services Act (FFPSA), Children and Youth Behavioral Health Initiative (CYBHI) fee schedules.
2. **Strategic Alignments:** Leverage existing strategic initiatives like United for Youth to expand reach and align efforts.
3. **Family Engagement:** Involve parents and caregivers, ensuring they are aware of services and reduce stigma and cultural barriers to accessing services.
4. **School-Based Services:** Prioritize on-site direct services to reduce barriers, provide early identification, facilitate engagement, and allow for coordinated supports.





# Untreated Behavioral Health Conditions

1. **Culturally Informed Care:** Strengthen partnerships with culturally rooted organizations to ensure equitable care and a provider base that reflects the communities served.
2. **Community Engagement:** Prioritize community engagement through community navigators and conducting community listening sessions focused on trust building.
3. **Peer Supports:** Expand peer support opportunities including increased compensation for peer workers, and capacity building (e.g., trauma-informed care, recovery model, etc.).
4. **Integrated Care:** Enhance integrated services and increase coordination, i.e., between primary care providers and peers, hospitals and follow-up care.
5. **Early Identification:** Increase early screening to reduce stigma, develop tools to reconnect disengaged clients, and conduct tailored approaches and assessments for those who opt out of medication support.





# Social Connection

1. **Community Belonging:** Expand and create accessible and inviting physical spaces for social connection for all ages like third spaces, community gardens, drop-in centers, amongst others.
2. **Relationship Building:** Create intergenerational and peer support opportunities
3. **Safe Environments:** Provide after-school opportunities for youth to engage socially and develop leadership such as youth advisory boards, and opportunities to identify students who need social supports.
4. **Address Barriers:** transportation, connecting students to IEP services.
5. **Outreach and Engagement:** Offer and enhance community and school-based outreach, for example community-based services for LGBTQIA youth, school-based outreach.







# Intersecting Themes

1. **Culturally and Trauma- Informed:** Embed culturally and trauma - informed care throughout the continuum, with special attention to individuals intersecting with institutional systems like justice and homelessness.
2. **Comprehensive Supports:** Develop and sustain crisis response and appropriate supportive housing to address the continuum from behavioral health emergencies to long-term housing stability.
3. **Holistic Approaches:** Prioritize early identification, stigma reduction, and the promotion of community-focused recovery and resilience.





# Reflection Questions?

# Next Steps



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# Community Survey

- Focused on strategy review and strategy prioritization.
- Target launch: Mid-October
- Survey will be sent to all taskforce members via email.

Please help us share with friends, family, and connections!



# Impacts to Services

11

Areas of Focus implementation plans developed to meet Prop 1 requirements.

35+

Milestones identified to be completed by June 30, 2026.

55

Programs assessments conducted to determine alignment with Prop. 1.

10+

Sessions conducted to provide feedback on the BHRS Transformation Journey.

## Stay Informed!

- [BHSA Transition Website](#) – Check out the BHSA Transition website for current updates.
- [Director's Newsletter](#) – Check out the monthly newsletter for BHRS updates.



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# Next: Plan Development!

## Preparation

Apr-Dec 2024

- Statewide Workgroups
- Request For Proposal (RFP) – Organizational Needs Assessment, Project Management, Implementation Assistance, Community Program Planning (CPP) Process
- County Public Health Community Health Improvement Plan – MH Workgroup

## Transition Planning

Jan 2025-Sep 2025

- April: BHSA Transition Taskforce and CPP Process – Community Program Process
- July: Community Input Sessions
- July: Implement Recommendations from Organizational Needs Assessment & Required System Changes

## Plan Development

Oct 2025-Jun 2026

- Oct: Develop Three-Year Integrated Plan
- Feb: Behavioral Health Commission 30-Day Public Comment and Public Hearing
- April: State review
- June: Board of Supervisor Approval

## BHSA Launch

July 1, 2026

- *Current programs funded by MHSA remain as is through June 30, 2026*

# Ongoing Community Program Planning (CPP)

- Three-Year Integrated Plan to the Behavioral Health Commission (BHC)
  - February 4, 2025 3:30pm
  - <https://www.smchealth.org/general-information/bhc-public-meetings>
- Annual updates to the BHC
  - Annual public hearing and BHC vote not required for 30-day public comment
  - No MHSA Steering Committee nor workgroups – BHC is the avenue for ongoing systemwide input and has adhoc committee structure



# How to Give Public Comment



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

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# 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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