



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

Meeting #1 - April 3, 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. BHSA Transition Taskforce
4. Introduction to Prop 1
5. Community Program Planning (CPP) Process
6. General Q & A
7. Adjourn

Objectives

1. Introduce Prop. 1
2. Clarify the purpose of the BHSA Transition Taskforce
3. Provide information on how you can get involved throughout the process
4. Seek input about the community program planning process



A few logistics...

- Agenda, handouts, slides: 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
- Email: mhsa@smcgov.org
 - optional [form](#) can be downloaded from www.smchealth.org/MHSA, under "Announcements" tab
- Phone message: (650) 573-2889

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

BHSA Transition Taskforce



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Taskforce Purpose

- Advisory role for transitioning MHSA to Proposition 1-Behavioral Health Services Act (BHSA)
 - Inform priorities for Prop 1 requirements
 - Provide meaningful input on the Community Program Planning (CPP)
 - Represent diverse voices of clients, family members, providers and community
- Upcoming Meetings: Jun. 5th, Aug. 7th, Oct. 2nd, 3–4:30 pm (hybrid meetings)



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
- Community Program Planning (CPP)

Meeting #2 6/5/2025

- BHSA Overview
- Needs Assessment Review Findings

Meeting #3 8/7/2025

- Needs Assessment Community Survey Findings
- Strategy Input Session

Meeting #4 10/2/2025

- Three-Year Integrated Plan Overview
- Strategy Development Findings

** Visit www.smchealth.org/mhsa, under the “Announcement” tab for most up-to-date information*

Introduction to Prop. 1



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Prop. 1 - Behavioral Health Transformation



Prop. 1 – Behavioral Health Transformation (BHT) passed in March 2024 and is the Governor’s effort to re-envision public mental health and substance use services.



Prop. 1 was a catalyst for transformation across the State and included legislation that requires some system-level changes including to the Mental Health Services Act (MHSA) millionaires’ tax allocation.

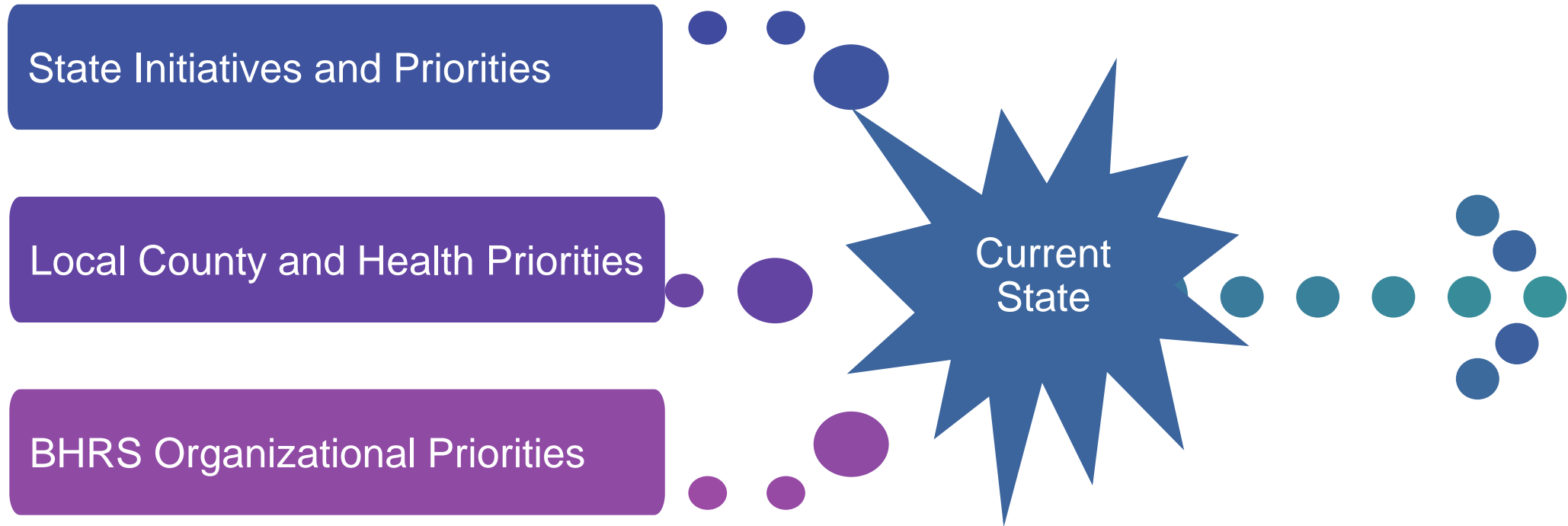


Prop.1 builds upon many other state initiatives.



Alignment and implementation of this statewide vision is expected by July 1, 2026.

Prop. 1 is only one of many requirements



We have an opportunity to transform our work!

- Strengthen our core services
- Provide quality client care to the most vulnerable individuals
- Align our funding and priorities across our system of care
- Engage staff and community
- Make data informed decisions
- Improve communication and transparency



How is Prop. 1 Aligned?

Funding Allocation

- Behavioral Health Plan's responsibility to serve individuals living with SMI and SUD impacts the millionaires' tax funding allocations.
- No prevention programs unless mandated and limited definitions of early intervention.

Community Program Planning (CPP) Process

- BHRS' system-wide planning will be informed by the Community Program Planning process.
- No longer just informing the millionaires' tax.

Three-Year Integrated Plan

- BHRS' strategic vision and all programs will make up the required Three-Year Integrated Plan.
- All BHRS services and expenditures will be captured and reported across a Behavioral Health Continuum of Care.

System Changes

- Specific changes are required across our BHRS system of care, to align with the Statewide vision for behavioral health transformation.

Priority Populations

Integration

Outcomes

Transparency

BHSA Transition Timeline



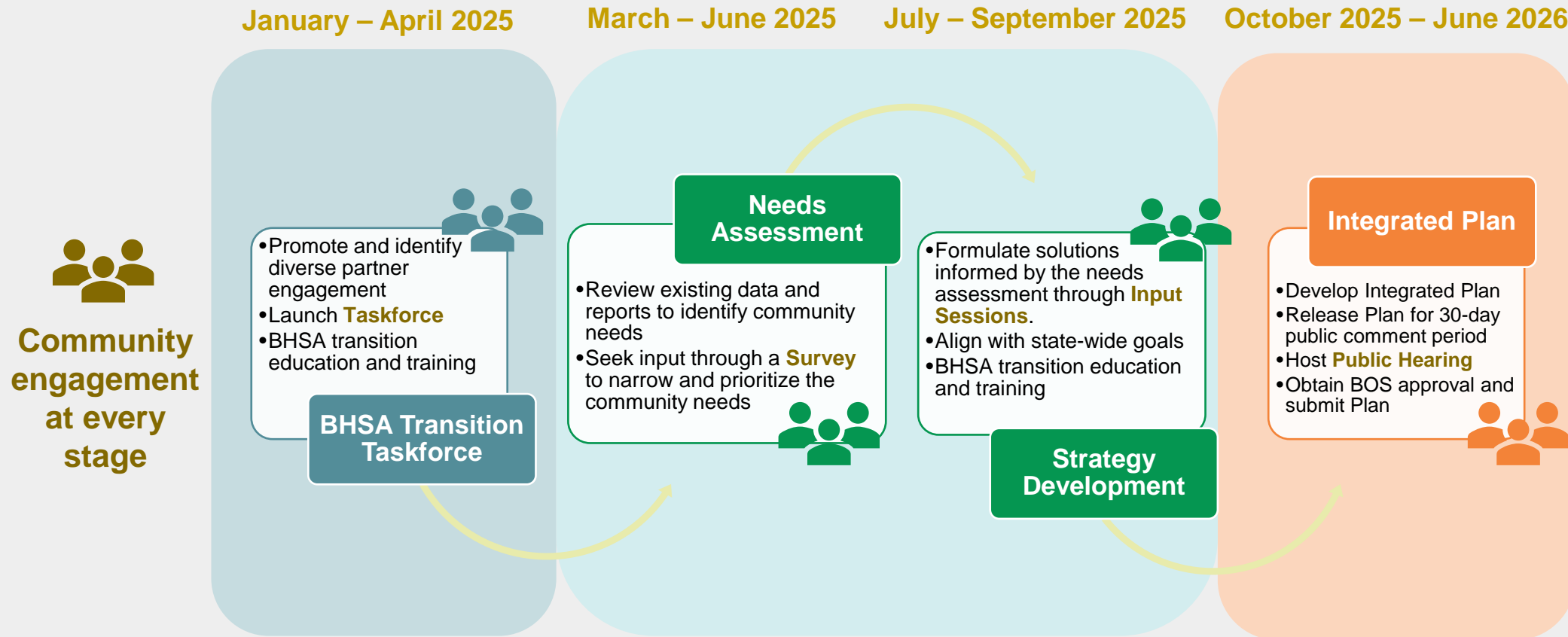
Community Program Planning (CPP)



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Community Program Planning (CPP) Framework



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

Participation Requirements

- Participation of clients, family members, providers and community representing diverse viewpoints:
 - Historically marginalized communities
 - Representatives from LGBTQ+ communities
 - Victims of domestic violence and sexual abuse
 - People with lived experience of homelessness
 - Health Plans, Education, Housing and Social Services





CPP Process: Needs Assessment



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Needs Assessment – Data Review

1. Review data, assessments and reports (March - April)

- BHRS Performance Measures
- San Mateo County Data Notebook
- Documenting The “Invisible Population” With Z-codes & Policy Brief
- MHSA Annual Update & Impact Report
- Community Health Improvement Plan (CHIP)
- Community Health Assessment (CHA)
- United for Youth Vision
- Housing and Homelessness Plan & Homeless Count Reports
- Juvenile Justice and Delinquency Prevention Commission (JJDP) Annual Report
- Healthcare for the Homeless / Farmworker Health Needs Assessment
- San Mateo County Continuum of Care Strategic Plan on Homelessness
- California Health Kids Survey



Needs Assessment – Community Survey

2. Community survey (April-May)

- Objective: Confirm findings of the themes from the needs assessment and prioritize community needs





CPP Process: Strategy Development



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Strategy Development – Transition Topics

1. Housing
2. Full-Service Partnerships
3. Early Intervention
4. Substance Use Integration
5. Workforce Development
6. Peers Based Services
7. Other Behavioral Health Continuum of Care (CoC) –informed by the Needs Assessment



Strategy Development - Principles

- Include peer and family supports
- Integrated and collaborative approach
- Trauma-informed and equity lens
- Increase awareness and access to services



Community Input Sessions

Community Group	Proposed Topic Area
Housing Operations and Policy (HOP) Committee	Housing
Behavioral Health Commission (BHC) Adult Committee	Housing; Full-Service Partnerships (FSPs); Behavioral Health Continuum of Care (BH CoC)
BHC Older Adult Committee	Housing; FSPs; BH CoC
BHC Children Youth Committee	Early Intervention; BH CoC
BHC Alcohol & Other Drug (AOD) Committee	Substance Use (SU) Integration; BH CoC
Contractors Association & AOD Providers	BH CoC; SU Integration; Workforce Dev
Peer Collaborative - Peer-Run Organizations	Peer-Based Services; Workforce Dev
Office of Consumer & Family Affairs; Lived Experience Education Workgroup	Peer-Based Services; Workforce Dev
Office of Diversity & Equity; Health Equity Initiatives	Early Intervention; Workforce Dev
Outreach Collaboratives	Early Intervention
Suicide Prevention Committee	Early Intervention
BHSA Transition Taskforce	BH CoC

Breakout Groups



- For the Community Input Sessions:
 - What groups/communities are missing that may need targeted engagement?
 - What community partners and/or leaders can support outreach?
 - What would be helpful to ask about during the community input sessions?



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
- **Contact:** mhsa@smcgov.org
- **Let us know how we can improve:**
https://www.surveymonkey.com/r/BHSA_Transition



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