



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, 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, 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 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 Components

AB 531

Obligation Bond – \$6.38 billion

- CA Dept of Health Care Services: Bond BHCIP for treatment residential facilities
- CA Dept of Housing and Community Development: Homekey+ for permanent supportive housing*

**In San Mateo County, Dept. of Housing is taking the lead and working in collaboration with BHRS*

SB 326

Behavioral Health Services Act (BHSA)

- Mental Health Services Act (MHSA) Reform
- Statewide Accountability & Transparency
- Community Program Planning + Three-Year Integrated Plan
- System Changes Across the Behavioral Health Continuum of Care



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Obligation Bonds (AB 531)*

- \$4.4 billion for unlocked community behavioral health **treatment and residential care** settings
- \$922 million for **permanent supportive housing** for individuals living with behavioral health conditions
- \$1.1 billion for **permanent housing for veterans** living with behavioral health conditions

** Administered by California Dept of Health Care Services and Dept of Housing and Community Development: Homekey+ for permanent supportive housing. In San Mateo County, Dept. of Housing is taking the lead and working in collaboration with BHRS.*

MHSA Reform (SB 326)

New BHSA Funding Categories

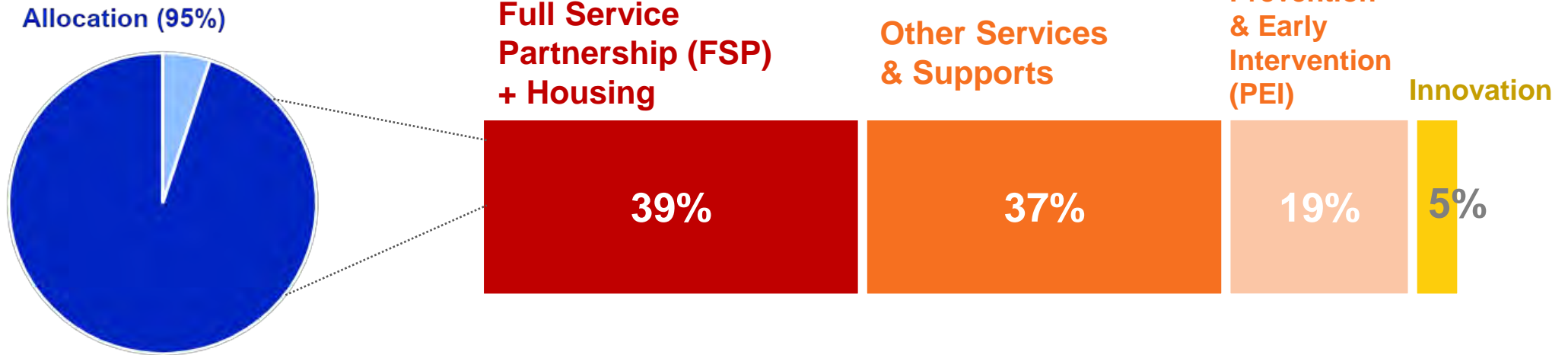
- **30% Housing Interventions**
 - *SMC estimated allocation: \$19M (30%)**
- **35% Full Service Partnerships**
 - *SMC estimated allocation: \$20M (32%)**
- **35% Behavioral Health Services and Supports (BHSS)**
 - *SMC estimated allocation: \$24M (38%)**

**Allowable transfer between categories is up to 7% per category*

Impacts to Funding

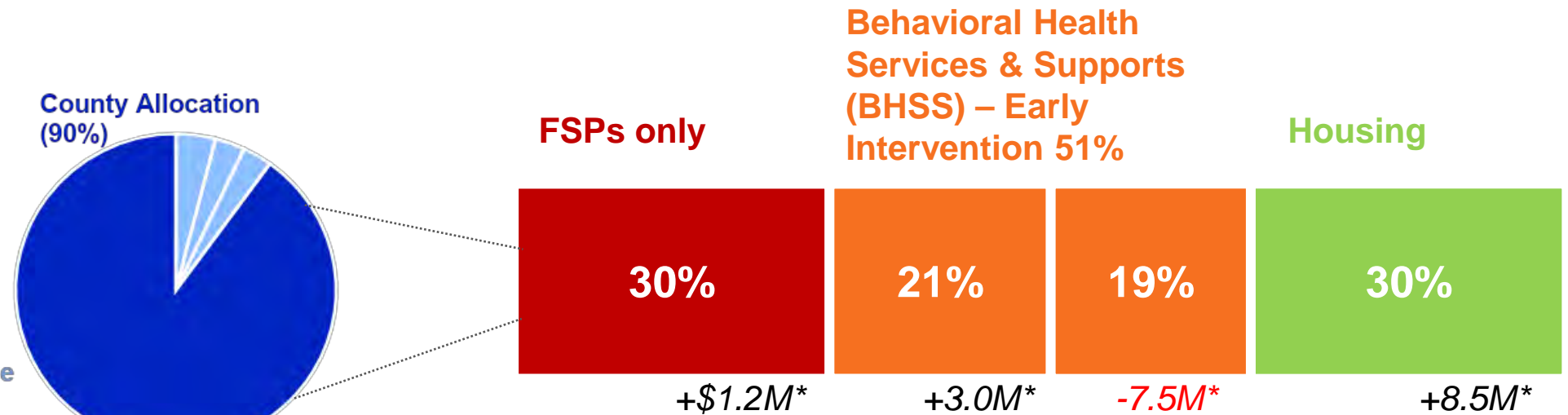
MHSA Allocation

State Allocation (5%)



BHSA Allocation

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



*Estimated Amount Needed to Meet BHSA Requirements

Prop. 1 Impacts to Services

Fiscal Strategies	Housing Interventions* Housing Operations and Policy (HOP) Committee July 10 th 9am	Full-Service Partnerships	Prevention & Early Interventions* Behavioral Health Commission (BHC) Youth Subcommittee June 18 th 4pm
Substance Use & Mental Health Integration* BHC Alcohol and Other Drug (AOD) Committee July 9 th 4pm	Peer-Based Services* Lived Experience Education Workgroup (LEEW) July 1 st 3:30pm	Workforce Development & Evidence Based Practices	Outcome Reporting* Behavioral Health Commission August 6 th 3:30pm

** 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 33% to 20% of the 5-year average revenue.



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 linkages to care
 3. Medi-Cal billable intervention
- Shifts prevention funding to the CA Public Health Department



Public Health Policy & Planning – Community Health Improvement Plan (CHIP) Workgroups

- Visit [San Mateo County All Together Better](#) website to learn about the work groups:
- **Access Work Group:**
 - 2nd Wed 9-10:30am
 - Contact Corina Chung, cochung@smcgov.org
- **Social Determinants of Health (SDOH):**
 - 1st Thu 9-10:30am
 - Contact Veena Raghavan at vraghavan@smcgov.org
- **Mental Health:**
 - 3rd Thu 9-10:30am
 - Contact Doris Estremera, destremera@smcgov.org or Luci Latu, 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 staff 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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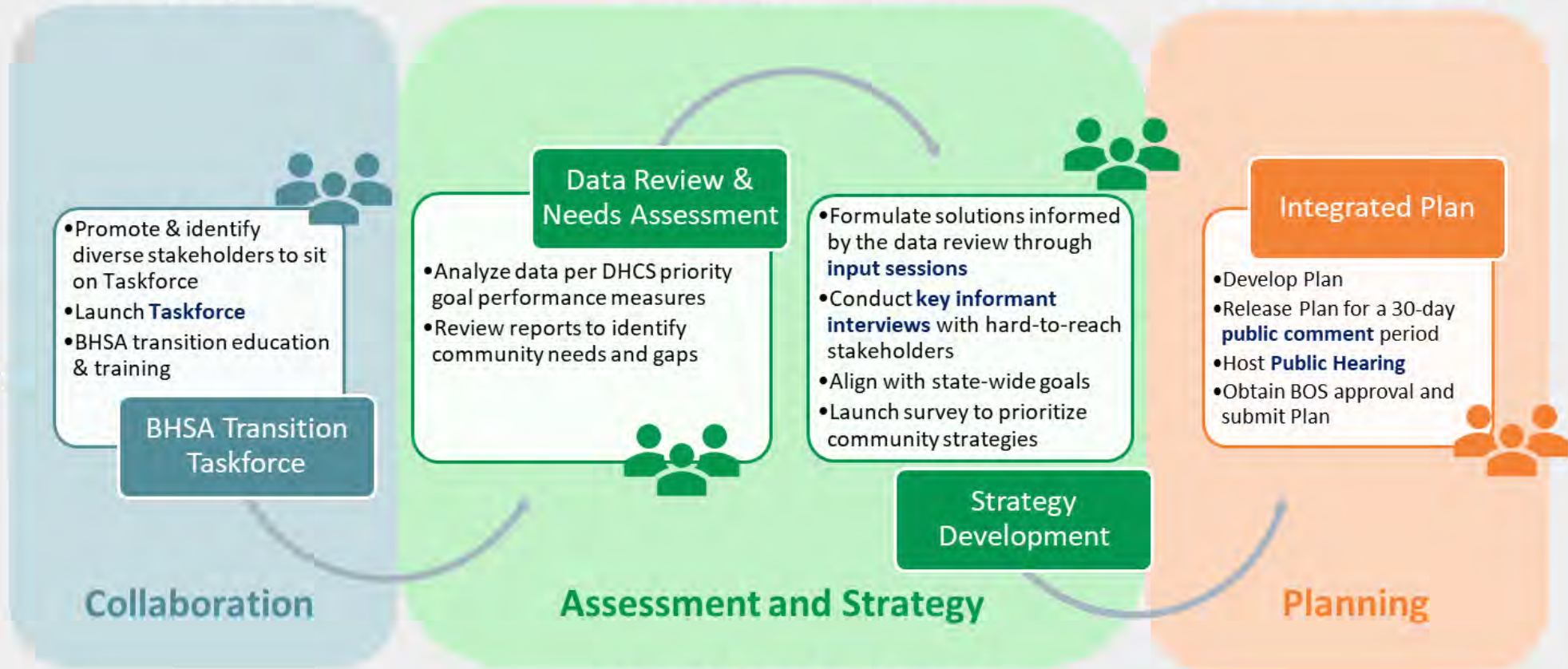
Community Program Planning (CPP) Framework

January – April 2025

March – September 2025

October 2025-June 2026


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



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



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