



Behavioral Health Commission

Annual Retreat

January 24, 2026



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**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

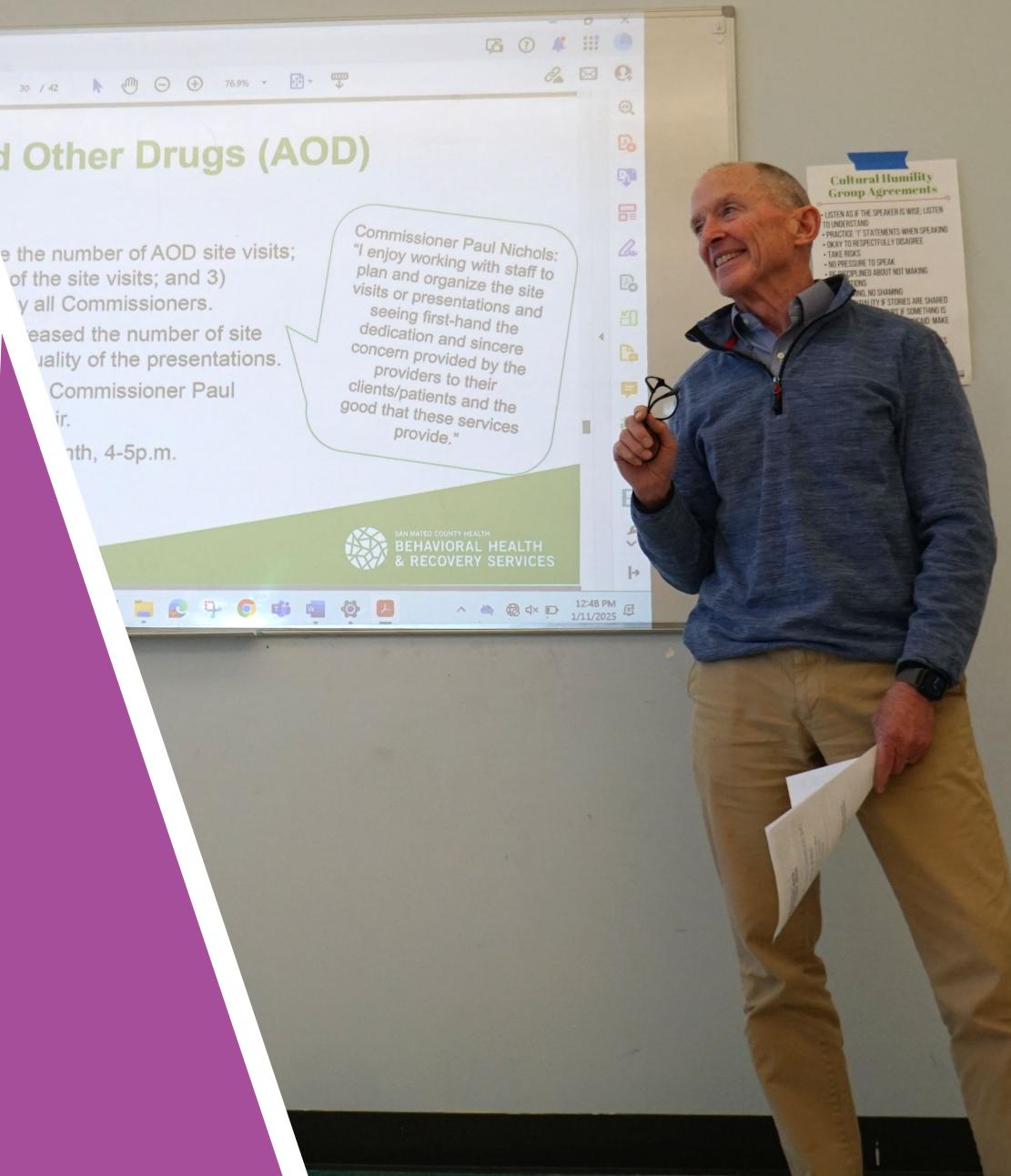
Welcome!



ROLL CALL



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Agenda

- Welcome & Logistics
- Deep Dive - BHRs Transformation Journey
- BREAK + Group Photo
- Commission Business
- Goals and Action Plans

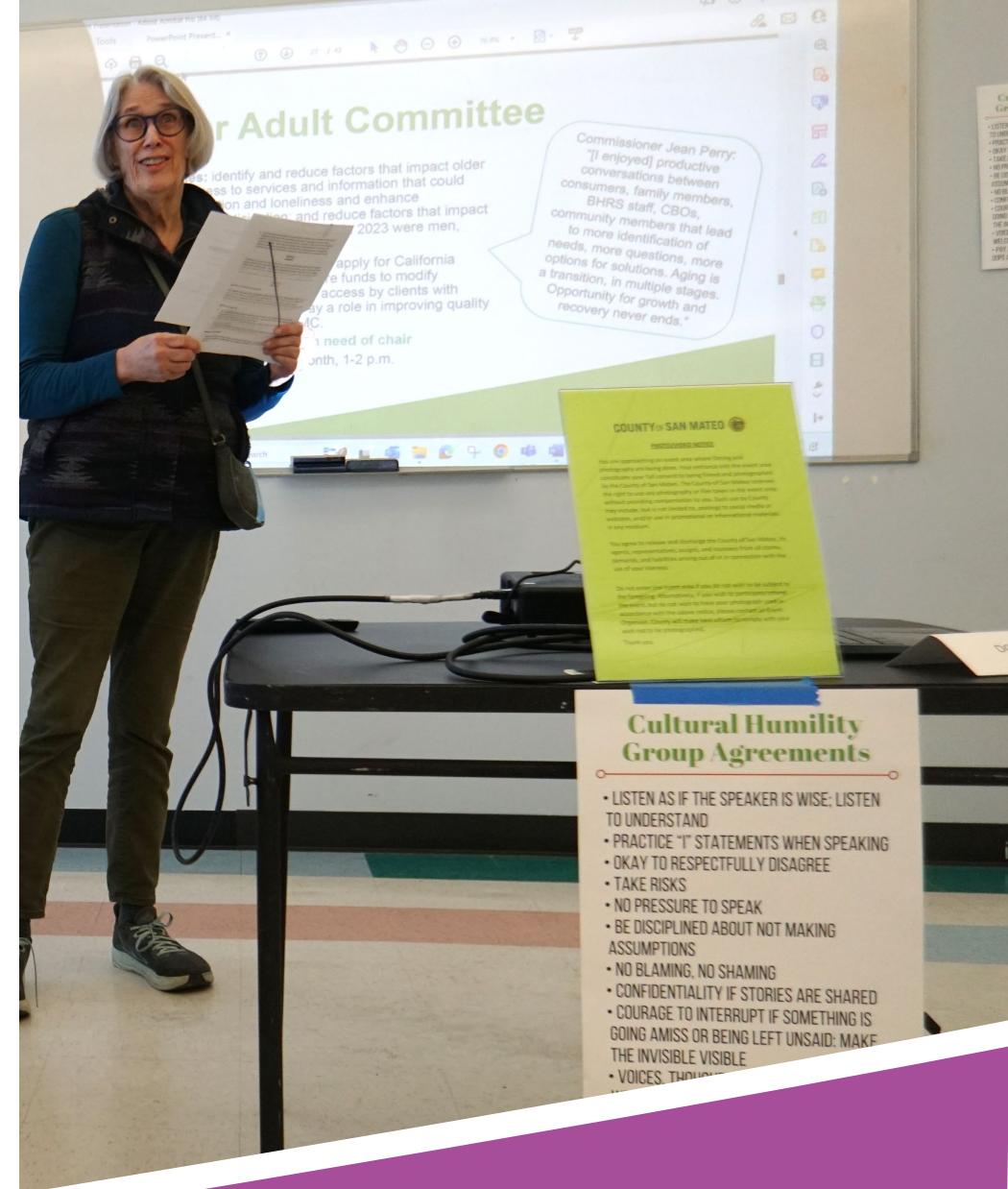
Purpose & Objectives

- **Purpose:** Commissioners will get to know each other and walk out with an Action Plan for 2026
- **Key Objectives:**
 1. Understand commission attendance and participation requirements
 2. Learn about the standing committees, ad-hoc, other meeting and leadership opportunities available
 3. Identify 2026 goals and develop action plans



Group Agreements

- Focus on meeting purpose and objectives
- Share your unique perspective and lived experience
- Share the airtime
- Practice both/and thinking
- Be brief and meaningful



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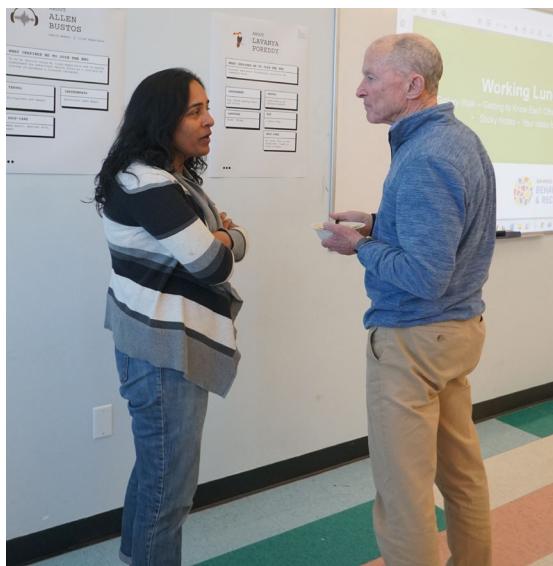
GENERAL PUBLIC COMMENT



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Introductions

- Name and pronouns
- Commission seat, affiliation/representation
- 1 word: How are you feeling this morning?
- 1 word: What do you hope to get out of today?



Questions –Post-its

- Raise hand if a clarification is needed.
- Otherwise, please write down your questions on post-it notes.
- We will collect your post-its, this will help us prioritize future presentations and any follow-up needed.
- If there is time, we will take a few questions at the end.



= can schedule follow-up presentations to learn more



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BHRS Updates Amid Regulatory Changes



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Behavioral Health Regulatory Initiatives Overview



Over the past several years, BHRs has been responding to a series of state legislative and policy initiatives

State Initiative	Year Launched	Description
BHCIP - Behavioral Health Continuum Infrastructure Program	Sep 2021	\$2.2B funded program for expanding/renovating behavioral health treatment facilities, launched with first grant awards in 2021.
CalAIM - California Advancing and Innovating Medi-Cal	Dec 2021	Comprehensive overhaul of Medi-Cal including behavioral health, focusing on integration, equity, prevention, and population health.
CYBHI - Children and Youth Behavioral Health Initiative	Jan 2022	Broad “whole child” approach under a multi-year plan to boost youth behavioral health, services, and infrastructure.
CARE Court - Community Assistance, Recovery, and Empowerment Act	Sep 2022	Provides court-ordered treatment, housing, and services for people with certain severe mental illnesses.
BHBH - Behavioral Health Bridge Housing	Sep 2022	Program to provide temporary housing and services for homeless people with behavioral health needs; funded through June 2027.
CalAIM Justice-Involved Initiative	Jan 2023 (pre-release) Oct 2024 (linkages)	Improves reentry via behavioral health, medical, and social services coordination; aims to reduce health disparities, recidivism, and support continuity of care
Mobile Crisis Services – MediCal Benefit	Jan 2023	Requires mobile crisis services to eligible Medi-Cal members ensuring 24/7 community-based crisis services led by licensed professionals for behavioral health and substance use crises.
Senate Bill 43 - Grave Disability Reform	Oct 2023	Expanded definition for grave disability effective Jan 1, 2024.
BH-CONNECT - Behavioral Health Community Based Organized Networks of Equitable Care & Treatment	Jan 2024	Five-year Medicaid demonstration, workforce, incentives, evidence-based practices for Medi-Cal members with significant behavioral health needs.
Prop. 1 - Behavioral Health Services Act (BHSA) + Bond	Mar 2024	\$6.4B bond for treatment settings and supportive housing and amended the Mental Health Services Act funding allocations to prioritize housing for those with serious mental health and/or substance use disorders.
Prop. 36 - Homelessness, Drug Addiction, and Theft Reduction	Dec 2024	New law for drug and theft offenses, introduces “wobbler” sentencing, expands treatment as alternative to incarceration.

Legislative Impacts

Today we will dive a little deeper into the first three areas of legislative impacts and can schedule additional presentations as requested and as aligned with your selected goals as a commission.

1. **Organizational Capacity** – assessment and opportunities
2. **Fiscal Reforms** –new billing opportunities, payment reform and network of contracted providers, increased reporting and transparency
3. **Performance Outcomes** – new metrics and increased accountability
4. Service Reforms – expansions and reductions
5. Compliance – expanded requirements and sanctions



Organizational Capacity



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BHRS Readiness Across Core Future Competencies

In November 2024, an assessment of BHRS readiness was conducted across **key competencies** that will be critical for the operations of the organization given all the legislative changes.

Skill	Current Average Time Allocation	Current Average Skill Proficiencies	Readiness Rating
Intra-Agency Collaboration	5.2%	2.84	Green
Equity Driven	-	2.34	Green
Inclusive Leadership	6.3%	2.24	Green
Strategic Planning	3.5%	1.99	Yellow
Data Analysis and Evaluation	3.7%	1.97	Yellow
Public Outreach & Communication	2.6%	2.01	Yellow
Technology Utilization	1.1%	2.16	Red
Regulatory Compliance	2.0%	2.00	Red
Budget & Financial Management	2.5%	1.53	Red
Performance Metric Development & Tracking	0.85%	2.01	Red
Data Reporting & Storytelling	1.2%	1.75	Red

Overall, the organization indicates Basic to Intermediate proficiency level and limited time allocation for the key competencies.

The greatest capacity needs are apparent around Data Development, Tracking and Reporting, Financial Management, and Regulatory Compliance.

A combination of targeted training strategies, reallocation of roles and responsibilities, and potential new roles can help bridge the capacity gaps the organization faces.

Key for Readiness Rating:

The organization is well prepared for Proposition 1 requirements in this area (5%+ of Overall time spent and 2+ proficiency score)

The organization is moderately prepared for Proposition 1 requirements in this area (3%+ of overall time spent and 1.8+ Proficiency Score)

The organization is not well prepared for Proposition 1 requirements in this area (Less than 3% of time spent and/or <1.8 Proficiency score)



What is BHRS doing about this?

- Added new FTEs to support data visualization, contracts standardization, integration, quality management, implementation of evidence-based practices, coordination, project management, strategy, fiscal expansion, billing.
- Creation of Transformation Academy – Transformation Journey milestone to upskill our supervisors, managers and executive team in the core areas of function.



Workforce Development Strategies

- Behavioral health systems across California are facing workforce shortages, with all 58 counties projected to be short of clinicians and psychiatrists.
- BHRs Workforce Education and Training (WET) Team provides mandated trainings, continuing education, and supports trainings for evidence-based practices – we are expanding this team!
- BHRs Clinical Internship and Psychiatry Residency Training Programs
 - Residency Training Program has trained 280 psychiatrists; 50% of our BHRs and SMMC Psychiatrists have trained in our program.
- The State receives 5% of BHSA statewide funding for Workforce Development strategies: <https://www.dhcs.ca.gov/CalAIM/Pages/Workforce-Initiative>. Includes student loan repayment, scholarships, recruitment/retention, etc.



Fiscal Reforms



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Maximizing Billing – What is BHRs doing?

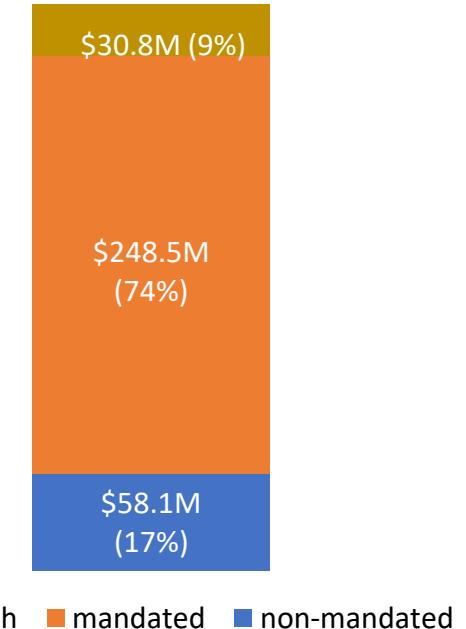
BHRs must increase billing under the current FFS model to build critical infrastructure and data that will inform our capitated rates.

BH-CONNECT	PIVOT	CYBHI	Revenue Maximization Project
<ul style="list-style-type: none">• Expands the menu of evidence-based behavioral health services that can be billed to Medi-Cal. For example, bundled team-based models like ACT/FACT, first episode of psychosis (FEP) and supported employment	<ul style="list-style-type: none">• Builds the infrastructure and provides technical assistance needed to help smaller, culturally rooted CBOs bill Medi-Cal billers for early intervention, peer support, and community-defined evidence practices.	<ul style="list-style-type: none">• Builds out school-, community-, and digital behavioral health supports for children and youth, paired with new Medi-Cal billing pathways and fee schedules that allow CBOs to draw down Medi-Cal for children and youth prevention and early intervention services	<ul style="list-style-type: none">• Will launch this Spring to assess and optimize Medi-Cal fee-for-service (FFS) revenue opportunities for BHRs and contracted providers. The project will evaluate current billing practices and claims data to identify potential areas for improvement.

Contracted Provider Network

- 86% of BHRs contracted services provide direct client services and supports
- 74% represent mandated services
- Contracted services represent \$163.1M (48%) of the FY 2025-26 BHRs Budget
- 5,173 unduplicated clients are served by contracted direct treatment service providers.

Contract Allocations by Mandated/Non-Mandated



Contract Monitoring & Ongoing Supports

Contract Requirements



- County 3-5 Year RFP term and performance metrics.
- Emergency and contingency plans.
- Regular contract monitoring by BHRS Managers and Contract Analysts.
- Reconciliation and invoice tracking against contract amounts.
- Annual reports are requested and sent to accounting.

Trainings and Infrastructure

- Contractors Association Grants to support staff development
- CalAim Incentives Program to implement payment reform and policy changes
- Ongoing trainings and technical assistance provided for billing, documentation, mandated services, etc.
- Onsite chart reviews

Meetings and Resources

- BHRS Director attends Contractor Association monthly meetings.
- BHRS staff facilitate regular ongoing meetings with treatment providers.
- Contractors receive Quality Management supports and resources to implement Culturally and Linguistically Appropriate Services (CLAS) requirements.

StarVista Closure Updates

- Programs transitions to other providers
 - Pride Center identified fiscal sponsor San Francisco Public Health Foundation
 - Crisis Hotline and Mobile Crisis Response dispatch transitioned to Telecare
 - Early Childhood Community Team and Consultation transitioned to Family Connections
 - First Chance Sobering Station planning continues – looking to open new sobering center, and secure funding (law enforcement, BHSA, BCHIP)
 - CWRT dependent on 5 cities – some will hire own clinician, others contracting with Felton Institute
- 8 programs ended and/or clients transitioned to other providers
 - Insights, Women's Enrichment Center, detox center, DUI program, and Mindfulness-Based Substance Abuse Treatment program – numbers were low and there are other providers that could absorb clients.
 - Health Ambassador Program for Youth, Parent Project – MHSA funding is ending June 30, 2026.
- Suicide Prevention Committee and Diversity and Equity Council will be supported in-house



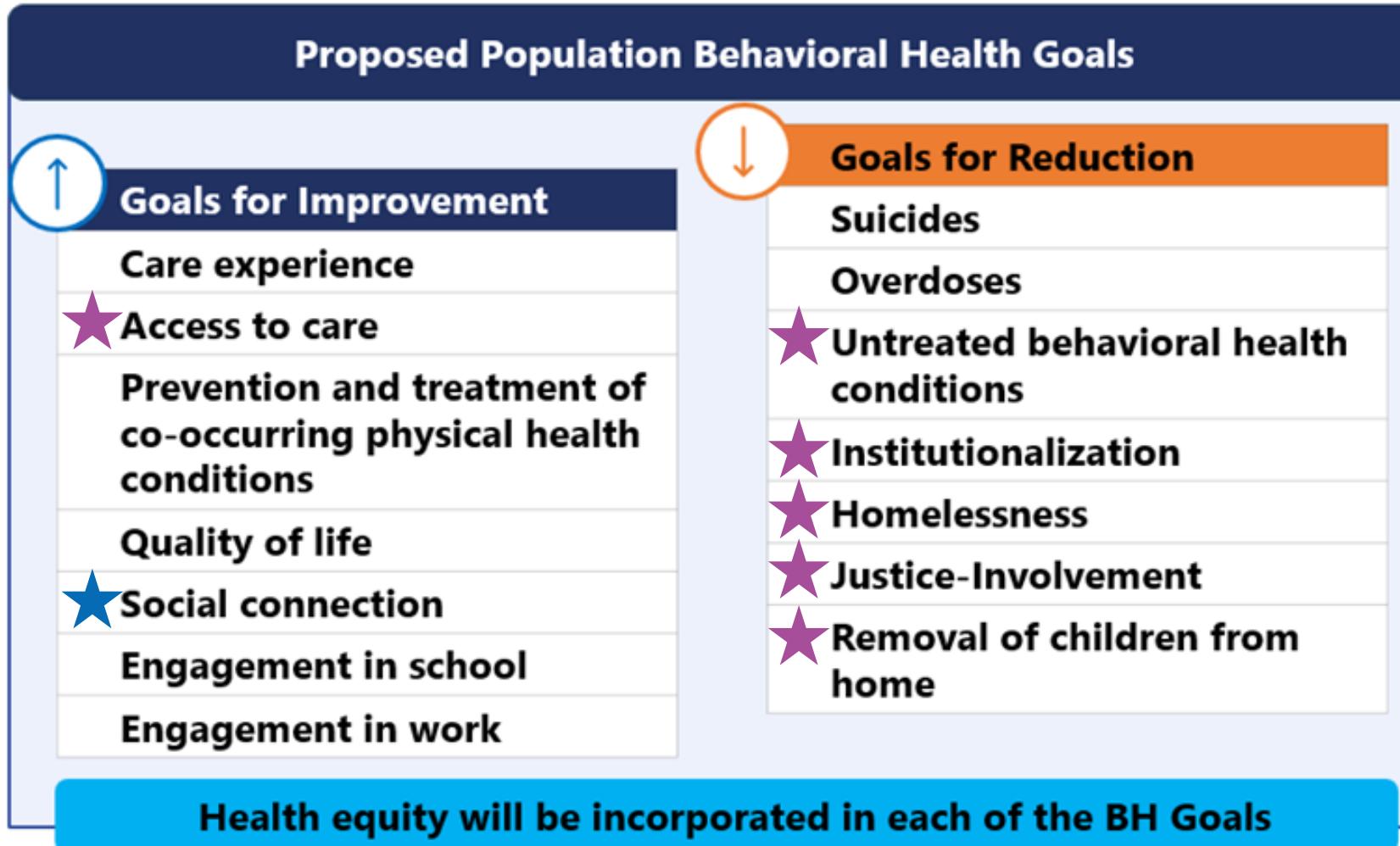
Performance Outcomes



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14 State-Directed Priority Goals

- ★ 6 Goals Required for Behavioral Health Plans
- ★ 1 Additional Selected Goal for BHRS



Performance Measures

- BHSA performance measures (not officially released yet) are tied to the Priority Goals and will replace the initial set of broad, population-level indicators used during the Community Program Planning (CPP) process.
- Currently, the State has proposed metrics for 10 of the 14 Priority Goals
 - Many are tied to External Quality Review Organization (EQRO) requirements and National Committee for Quality Assurance (NCQA) accreditation standards.
 - EQRO audit is an annual, mandatory, independent evaluation of managed care plans to assess quality, timeliness, and access to healthcare services
 - NCQA develops and maintains quality measures such as HEDIS (Healthcare Effectiveness Data and Information Set) and uses them to evaluate how well health plans deliver recommended care.
 - Data sources include Medi-Cal Claims, Encounters, and Enrollment, Client Perception Surveys, EHR, HEDIS, Child Welfare, Vital Statistics, State Hospital Data, etc.



Example – Improving Access to Care

Number and Name	Description	Data Sources	Additional Information
BH-1. One or More Behavioral Health Core Clinical Services for Persons Living with Mental Health Needs	<p>Percent <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with mental health needs <i>who</i> receive one or more core clinical services to address behavioral health in a 12-month period</p>	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure
BH-2. One or More Behavioral Health Core Clinical Services for Persons Living with Significant Mental Health Needs	<p>Percent <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant mental health needs <i>who</i> receive one or more core clinical services to address behavioral health in a 12-month period</p>	Medi-Cal Claims, Encounters, & Enrollment Data	» New DHCS measure
BH-3. Initiation of SUD Treatment	<p>Percent <i>of</i> new SUD episodes in a 12-month period for persons enrolled in Medi-Cal or eligible for other county behavioral health services <i>that</i> result in treatment initiation within 14 days</p>	Medi-Cal Claims, Encounters, & Enrollment Data	» NCQA Measure: IET-I » IET-I is a BHAS MY2025 Measure.

Example – Intervention Measures

Number and Name	Description	Data Sources	Additional Information
BH-13. Full Service Partnership for Persons with Significant Behavioral Health Needs	Percent <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <i>who</i> receive Full Service Partnership (inclusive of High Fidelity Wraparound Services) in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; Data on BHSA Services	<ul style="list-style-type: none"> » New DHCS measure » This measure requires data on BHSA services.
BH-14. Follow-Up After Emergency Department Visit for Substance Use	Percent <i>of</i> emergency department (ED) visits in a 12-month period among persons age 13 years and older who are enrolled in Medi-Cal or eligible for other county behavioral health services, with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose <i>for which</i> there was follow-up within 7 days of the ED visit	Medi-Cal Claims, Encounters, & Enrollment Data	<ul style="list-style-type: none"> » NCQA measure: FUA-7 » A BHAS MY2025 Measure (uses the 30-day rate) » FUA-30 is an MCAS MY2025 Measure (Accountable).
BH-15. Follow-Up After Emergency Department Visit for Mental Illness	Percent <i>of</i> ED visits in a 12-month period for persons who are enrolled in Medi-Cal or eligible for other county behavioral health services with a principal diagnosis of mental illness or intentional self-harm <i>who</i> had a mental health follow-up service within 7 days of the ED visit	Medi-Cal Claims, Encounters, & Enrollment Data	<ul style="list-style-type: none"> » NCQA measure: FUM-7 » FUM-30 is a BHAS MY2025 Measure and an MCAS MY2025 Measure (Accountable).

Example – Reduce Homelessness

Number and Name	Description	Data Sources	Additional Information
HO-1. Homelessness Amongst People Living with Significant Behavioral Health Needs Compared to the Overall Population	Rate (per 10,000) <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health services and living with significant behavioral health needs <i>who</i> experienced homelessness in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; HDIS Data;	» New DHCS measure
HO-2. Permanent Housing for Persons Living with Behavioral Health Needs Who are Experiencing Homelessness	Percent <i>of</i> persons enrolled in Medi-Cal or eligible for other county behavioral health services, living with behavioral health needs, and experiencing homelessness in a 12-month period <i>who</i> attain permanent housing at any point in that same 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; HDIS Data;	» New DHCS measure
HO-3. Housing Services for Persons Living with Behavioral Health Needs Who Are Experiencing Homelessness	Percent of persons enrolled in Medi-Cal or eligible for other county behavioral health services, living with behavioral health needs, and experiencing homelessness <i>who</i> receive at least one Medi-Cal or BHSA housing service in a 12-month period	Medi-Cal Claims, Encounters, & Enrollment Data; HDIS Data; ECM and Community Supports QIMR/JSON	» New DHCS measure

Activity + Group Photo BREAK



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Commission Business



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BHC Purpose

- Advise and make recommendation to county Board of Supervisors and the Behavioral Health Director on matters of behavioral health services to ensure needs are met effectively
- Review and assess behavioral health needs, service agreements and county performance
- Participate in planning processes and ensure diverse community representation
- Submit annual reports on needs to the Board of Supervisors
- W&I Code: <https://www.smchealth.org/sites/main/files/file-attachments/wicodesection5604.pdf?1471457316>



What can commissioners do to help?

- **Client, Family Member and Community Voice** – commissions institutionalize public engagement so that community input is not ad hoc or symbolic, but part of regular decision-making and planning processes.
 - **Attend community events, committees, workgroup meetings and report back to the Commission any key themes or concerns**
 - Recruit diverse community members (clients, family, youth, culturally specific groups) to attend Commission meetings or serve on ad hoc workgroups, and mentor new commissioners
 - Publicly support behavioral health programs and effort (for example, at BOS public comment period or resolutions/proclamations)
- **Transparency and Accountability** – commissions review needs, services, and outcome data, then communicating findings to governing bodies and statewide councils
 - **Conduct structured site visits to BHRS programs, include assessment tools that are aligned with BHRS strategic priorities**
 - Develop recommendations or lead an ad-hoc group to address service gaps
 - Increase connection with providers to learn about services, resource gaps, service barriers
- **Planning** – commissions advise the Board of Supervisors and the Behavioral Health Director on any aspect of the local behavioral health services
 - Review presentation materials in advance of Commission meetings and prepare 3–5 focused questions or recommendations.
 - Translate discussions into concise written recommendations to the Board of Supervisors on specific actions (e.g., funding priorities, policy changes, data transparency)

Brown Act – Key Highlights

- Transparency and Access
 - A majority of the members shall not, outside a meeting, utilize any communications on any item of business.
- Meeting Requirements
 - Gathering of majority of appointed members – “quorum”
 - Open to the public with time for public comment
 - Remote locations allowable (posted, accessible)
 - Applies to standing committees; if attendance by commissioners establishes a quorum, others must attend as “observers”
- Notification and Agenda Posting
 - 72 hours in advance; special meetings require 24 hours



Bylaws – Member Expectations

- Attend all BHC monthly meetings
 - Advance notice if not attending
 - If miss 3 meetings in 12-month period, Executive Committee will review and discuss membership
- Attend at least one standing committee meeting regularly
- Participate in activities (outreach, ad-hoc meetings, site visits, etc.)



Presentation Schedule

- Standing topics/presentations:
 - September - Suicide Prevention and Recovery Month
 - November - Databook
 - February - Hall of Fame Awards
 - May - Mental Health Month and Tony Hoffman Awards



Committees and Leadership Opportunities



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Executive Committee

- Composed of elected officers and standing committee Chairpersons; ad-hoc committee chairs and others can attend.
 - BHRS Director attends – meeting can be a space for discussing and trouble-shooting around BHC information needs and other gaps/disconnects
- Purpose: develop BHC agenda, handle matters in between meetings, review applications for membership.
- **Meetings:** 1st Wed each month, 5:30 -6:30 p.m. at College of San Mateo after the BHC meeting.



Older Adult Committee

- **Priorities:** identify and reduce factors that impact older adults access to services and information that could reduce isolation and loneliness and enhance community participation; and reduce factors that impact suicides – half of suicide deaths in 2023 were men, ages 51-70.
- **Leadership Opportunity:** **in need of chair**
- **Meetings:** 3rd Wed each month, 1-2 p.m.



Adult Committee

- **Priorities:** 1) engage clients and family members in the committee; 2) increase regular attendance with service agencies and clients to share BHRs resources; and 3) listen to attendees and connect with BHRs supports.
- **Leadership Opportunity:** **in need of co-chair**; commissioner Yoko Ng will continue as co-chair.
- **Meetings:** 3rd Wed each month, 10:30-11:30 a.m.



Children and Youth Committee

- Priorities:
- Leadership Opportunity:
- Meetings: 3rd Wed each month, 4-5 p.m.



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Alcohol and Other Drugs (AOD) Committee

- **Priorities:** 1) increase the number of AOD site visits; 2) improve the quality of the site visits; and 3) increase participation by all Commissioners.
- **Accomplishments:** increased the number of site visits and improved the quality of the presentations.
- **Leadership Opportunity:** Commissioner Paul Nichols will continue as chair.
- **Meetings:** 2nd Wed each month, 4-5p.m.



Other Opportunities

- Liaison roles – ongoing meetings
 - California Association of Local Behavioral Health Boards & Commissions (CALBHBC); <https://www.calbhb.org/>
 - Suicide Prevention Committee (SPC); 1st Tue each month, 1:30-3:30PM
- Ad-hoc committees – as needed and temporary



Working Lunch

- Gallery Walk – Getting to Know Each Other + Accomplishments



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Identify 2026 BHC Goals



2025 BHC Goals

- 1. Develop and implement data-centered and data driven initiatives to enhance access, decision-making and measureable outcomes.**
 - Schedule a BHC presentation from the BHRS Office of Innovation and Improvement to understand the baseline of data we have available to us.
 - Create an ad-hoc committee to prioritize areas of focus for the commission and determine further information that may be needed (e.g., additional presentations, site visits, data) what are the gaps and areas the BHC could support
 - Develop recommendations for improving access, outcomes and/or ongoing utilization of data for decision-making → CPP process
- 2. Conduct an assessment of services and programs by learning about current service providers.**
 - Gather and schedule the next site visit adhoc committee
 - Identify # of sites and prioritize contractor sites to visit
 - Develop a site visit calendar
 - Develop standard evaluation framework
 - Develop recommendation on efficiency opportunities / ask of Board of Supervisors



Small Groups (20min)

- Identify a note-taker
- Review 2025 Goals and the BHRs Transformation Priorities
 - Should we continue with the 2025 goals? Are the goals aligned with BHRs Transformation Journey Priorities?
 - Anything missing or additional goals you would propose for the BHC?
- As a group, prioritize **1-2 goal considerations**
 - Consider feasibility: are the goals doable for the commission? Is there local community support and/or previous work that can be leveraged to make this happen?



Goal Prioritization & Owners

- Report out your 1-2 goals for consideration

Prioritization

- Take two (2) sticky dots and place them on your selected top two goals for the commission

Owners

- Where can this goal be housed? An existing committee, an ad-hoc?
- If ad-hoc, who is interested in leading the group?



Develop Action Plans



Action Plan

San Mateo County Behavioral Health Commission

2026 Action Plan

GOAL:

Committee Structure:

	Milestone Description	Timeline					
Milestone #	Activities	Deadline	Activity Lead	Support Needed	Other Resources	Status	
Milestone #1							
Milestone #2							
Milestone #3							
Milestone #4							
Milestone #5							
Milestone #6							

Small Groups (20min)

- Identify a note-taker
- 4 groups, 2 goals
 - Identify milestones
 - Report back
- Stretch Break – Activity (Kristie)
- 4 groups, 1-2 milestones per group
 - Use the action plan template, add milestone # and brainstorm activities, deadlines, leads and supports needed



Action Plan → Milestones

A milestone is the result; activities are the specific actions or steps

- What are 3–4 big things or “deliverables” we want to accomplish for this goal? Deliverables could be shared with the public/BoS/BHRS Director or staff?
- By when should the milestones be accomplished



Action Plan → Activities

For each assigned milestone:

- What has to happen first, second, third? Think small concrete actions that can be taken in the next 30–60 days.
- Who needs to be talked to, convened, or decided with to move this forward?
- What can the Commission itself do vs. what needs BHRs staff or partners?
- Who will take the lead on this activity, and by when should it be completed?



Next Steps

- Action Plan stewards – who will track progress on the overall action plans, Executive Committee? Can it be a standing agenda item?
- Meeting Notes and Action Plans will be emailed



Key Resources for BHRS Information

- BHRS Transformation Journey 5-Year Roadmap Overview
 - <https://www.smchealth.org/post/bhrs-transformation-journey>
- BHRS Program and Services Guide
 - <https://www.smchealth.org/mental-health-services>
- BHRS Annual Report, FY 2024-25
 - <https://www.smchealth.org/post/bhrs-annual-report>
- BHRS Director's Newsletter
 - <https://www.smchealth.org/general-information/bhc-and-executive-committee-agendas-minutes>





Adjourn