Proposition 1 - Next Steps
Overview

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Prop 1 will impact how we approach funding and developing our programs, and how we look at outcomes.

Opportunity to reflect on priorities, processes and resourcing in BHRS, beginning now.
Behavioral Health Trends

• Integrated Mental Health and Substance Use Services
• Cross-Sector Approach to Planning
• Maximizing Revenues and Transparency to the Public
• Reporting of Performance and Client-Level Outcomes
• Evidence-Based Practices
• Population Health Focus
• Other Priority Areas: equity, unhoused and criminal justice involved individuals, peer supports, workforce development, early intervention for children/youth ages 0-25
• **Preparation**: April – December 30, 2024
  - Procurement of IT, fiscal and planning supports
  - Initial discussions on what will be needed for readiness

• **Transition Period**: January 1, 2025 – June 30, 2026
  - January 2025: Kick-off official planning processes to develop an Integrated Three-Year Plan for Fiscal Year 2026-2029
  - March-April 2026: 30-Day Public Comment Period on the Plan
  - Current programs remain as is through June 30, 2026

• **Full Implementation**: July 1, 2026
Proposition 1 - Three Components

1. $6.38 billion general obligation bond
2. MHSA Reform – SB 326
3. Statewide accountability and transparency
1. Bonds ($6.38 billion)

- $4.4 billion for unlocked community behavioral health residential settings
- $922 million for permanent supportive housing
- $1.1 billion for housing for veterans
What does this mean for San Mateo County?

- Application process to access these funds – BHRS will have to propose a plan that considers the full scale of operating the housing projects and residential facilities.
  - Leveraging the Behavioral Health Continuum Infrastructure Program (BHCIP), which BHRS has participated in.
  - Call for funding application may release as soon as October 2024
2. MHSA Reform (SB326)

- Name change to Behavioral Health Services Act (BHSA) – broaden to substance use
- **30%** Housing Interventions
  - At least 15% for chronically homeless with focus on encampments
- **35%** Full Service Partnerships (FSP)
- **35%** Behavioral Health Services and Supports (BHSS)
  - At least 15% Early Intervention and 51% of this allocation for youth ages 0-25
  - Eliminated local population-based prevention

*Can transfer up to 7% per category, 14% max total*
MHSA Components vs. BHSA Categories

Current MHSA Components
- Core services (CSS-GSD): 37%
- INN: 5%
- PEI <25yro: 10%
- PEI- Other: 9%
- CSS- FSP (wrap services & housing): 39%

New BHSA Categories
- BHSS Early Intervention: 17.85%
- BHSS- Core Services: 17.15%
- Housing: 15%
- Housing Chronically Homeless: 15%
What does this mean for San Mateo County?

• $15.1M redirection of MHSA funds to meet requirements:
  • $8.0 M (43%) from outpatient treatment programs
  • $4.3M (100%) from population-based prevention programs.
  • $2.8M (100%) from innovation and technology projects.
• Identify other funding sources (Realignment, MediCal, Net County, etc.) and enhance State billing to increase reimbursement for BHRS provided services
• Re-prioritize services and review current program criteria to best leverage BHSA funding requirements
• Opportunity for staff, agency partners, and community to provide input

*Current FY 2023-24 MHSA-funded programs
MHSA Steering Committee Role

• A Taskforce will be initiated in early 2025 to allow for broader engagement.
• Starting July 1, 2026, there will be changes to the Steering Committee:
  • Much broader stakeholder engagement will be required.
  • Participation in other planning process - Mental Health Plan’s “Population Needs Assessment" and County's "Community Health Needs Assessments" will be required, to inform BHSA funding.
  • Corrective action plans and monetary sanctions will apply if we do not follow planning requirements.
  • We will keep you informed as we learn more!

• The Behavioral Health Commission (BHC) participation in 30-day public comment periods for BHSA plans will continue to be a requirement.
  • BHSA subcommittee structure can continue for commissioners and stakeholder input.
3. Accountability

• Expanded and reformed community planning process
• Fiscal transparency and reporting of ALL BHRS revenues
• Program and client outcome reporting for ALL BHRS services
What does this mean for San Mateo County?

- There are gaps in our system related to **operational** staffing and **administrative** supports (data, fiscal, IT, contracts, etc.)
  - New team and supports focused on client and performance outcome reporting
  - Re-configuration of EHR
  - Enhanced fiscal supports (tracking and reporting infrastructures)
  - BHRS-wide strategic planning
  - New contracting requirements
Questions?
Get Involved!

• **Subscribe** to stay up-to-date and receive opportunities to get involved in MHSA planning: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)

• **Check out** these BHRS-wide opportunities: [https://www.smchealth.org/get-involved](https://www.smchealth.org/get-involved)