SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

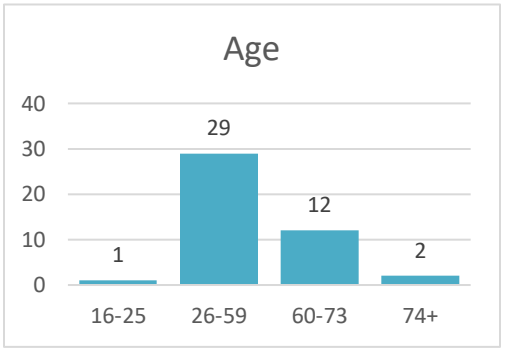
Behavioral Health Services Act (BHSA) Transition Taskforce Meeting #2

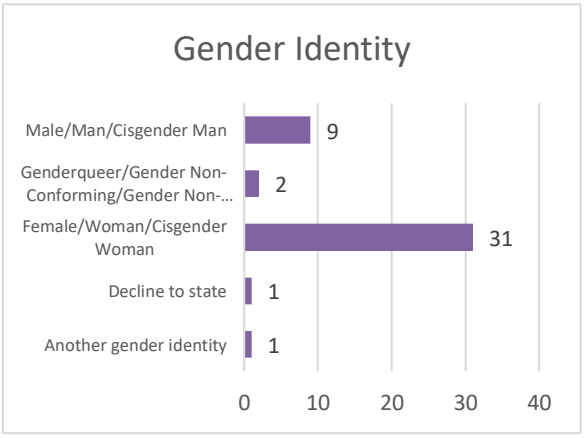
Thursday, June 5, 2025 / 3:00 – 4:30 PM

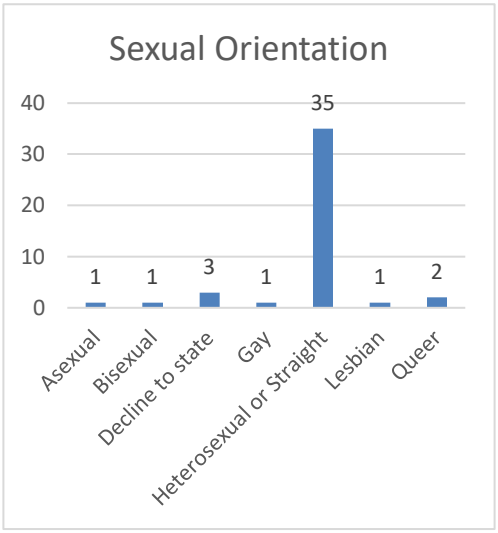
Hybrid Meeting
Location: Redwood Shores Library, 399 Marine Pkwy, Redwood City
Zoom: https://us02web.zoom.us/j/83635203327
Dial in: +1 669 900 6833 / Meeting ID: 836 3520 3327

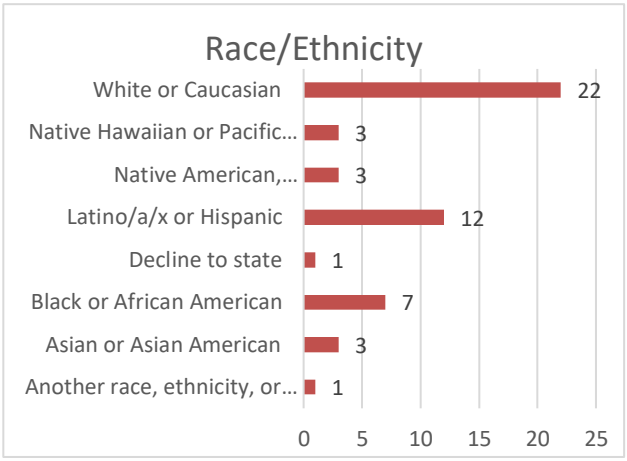
MINUTES

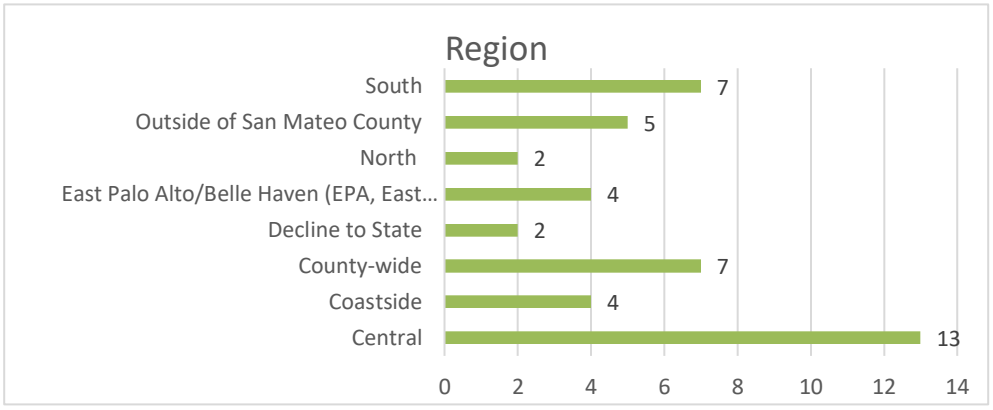
1. Welcome & Introductions *Courtney Chapple, RDA Consulting* • Attendees were asked to share their name, pronouns, and affiliation in the chat • Facilitator welcomed attendees to the meeting • Facilitator introduced RDA Consulting facilitators, Courtney Chapple, Aditi Das, and Paulina Hatfield • RDA Consulting will help facilitate the BHSA transition process • Facilitator reviewed the taskforce meeting topics for each of the four taskforce meetings. At our first meeting, we mentioned that guidance is coming out about BHSA, and we learned more since the last taskforce meeting. As a result, the taskforce meeting topics slightly changed. Today's meeting is very heavy with information. When we come back together in August, we will host you all and others for an input session. Will share more focused data and have that time available for you all to give feedback and input. • Agenda and objectives reviewed. • Logistics for participation reviewed. • Participants completed Demographic Survey (via Zoom poll for those online and on paper for those in-person). • Participation Guidelines reviewed.	10 min

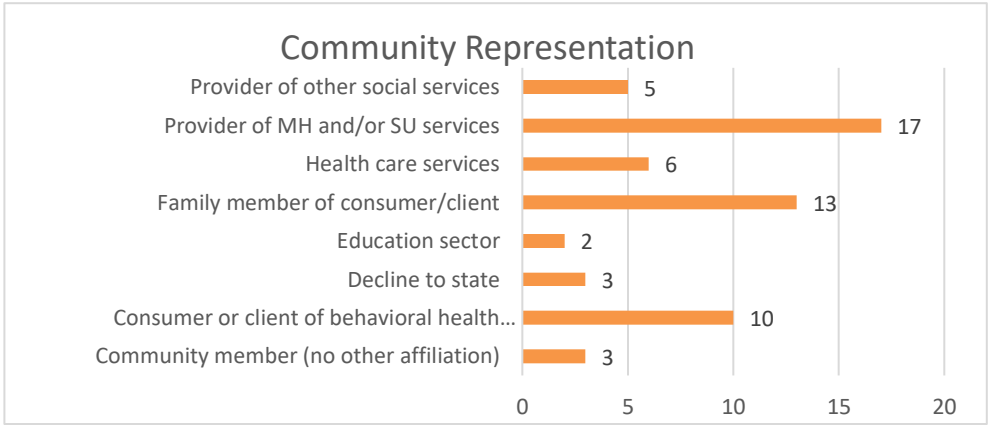












2. General Public Comment – *Doris Estremera* • Prior to meeting beginning, a participant noted in the chat that peer lead services are in demand. Social enterprises are on the rise due to the gap in government services. Jonathan Anderson also mentioned that social and private enterprises have a warm market to provide services due to need because humans exist. Even without money the services are a necessity. • Facilitator reviewed all ways to provide public comment. • Participant comment: At the BHRS commission meeting, Dr. Africa said that there would be a restructure of the organization. I take that to mean that these are all things that have to do with the BHSA transition. The point that I've made a number of times – for advocates such as myself, there's no place other than BHRS commission to	10 min

advocate for a good idea. The structure of the commission...[you]can advocate for whatever you want but due to the structure of that body, we never hear "I love your idea" or "get a hold of me later." My vision of a structure would be one where there are subcommittees and have input on programs and find opportunities where someone has a great idea. [When working] with an advocate, [say] "great idea, let's go with it, let's set up meetings together." There's no way to do that sort of way. ○ The facilitator noted they could not respond in the moment but said we would touch on it a bit later. • Participant comment: A few weeks ago, I attended Building Community in Supportive Housing – 70 unit building in Menlo Park. Impressed on the collaboration. Paying attention to every individual there and building a group. [That's what] makes an affordable housing situation like this feel like home for people. A huge impact on keeping people housed. Housing is not enough – homes not housing. We need to make sure that any kind of advocacy we do for housing, services are as essential as the building to keep people housed. • Participant comment: I wanted to provide an update if I could. I'm Lisa Mena, the Executive Director of Kingdom Love, and I partner with BHRS ODE to provide Mental Health First Aid (MHFA) trainings county wide. [I have] exciting updates and an invitation – through a grant from Humana National Council of Mental Wellbeing has developed a national roadmap for implementing MHFA community-wide. They partnered with pilot sites and Kingdom Love was one of them that got awarded. I'm working with San Mateo County to implement this roadmap and see how we can support MHFA on a systemically wider lens. To implement this successfully, there are 6 core principles to achieve. Our vision for San Mateo County is to have a community-wide MHFA approach -- Reaching different populations across communities and collaboratively identify needs and solutions. We also want to develop a community-informed plan. We use the CHIP measures, and one of those three priorities is mental health. I will drop the link in the chat to join a MHFA training and learn more about it. • Participant comment: Representing the Pacific Islander community in San Mateo County. [I want to bring up] the importance of data disaggregation. The data being collected doesn't truly see me and my community – not seen, not heard, being ignored. Many people are aware of Pacific Islander members in this county but entities that don't collect data that speak to our community, we will continue to be unseen and ignored. We will suffer. Language the government, county, and other entities speak...we will suffer in the dark.	
3. BHSA Overview – Planning and Program Requirements – Courtney Chapple and *Doris Estremera* • We have received new information for BHSA, specifically requirements for the Community Program Planning (CPP) process and what we need to include in the Three-Year Integrated Plan. Therefore, we are shifting our CPP from how the transition work is being done to focus on how we will address Statewide priority goals (recent guidance that came out from the state). State-wide level metrics and state-wide "why" - what are we working towards? With MHSA, we didn't have state-wide metrics/goals. This is for tracking impact across the state, improvements needed, and identifying gaps and needs. • Reviewed the six (6) Pop. 1 Required Priority Goals with brief descriptions/definitions: Access to care, Homelessness, Institutionalization, justice-involvement, removing children from the home, and uncontrolled behavioral health conditions. • A participant added in the chat that due to a shift in funding, SMART goals are the main focus. Wordsmith some KPI's so that funds are not taken away from necessary funding. The language has changed in other spaces, which means the language has to match to move forward.	50 min

- A participant asked in the chat, what is defined as specialized and non-specialized behavioral health services?
    - Facilitator clarified that specialty is what BHRS provides (for those with severe mental illness), and non-specialty is what managed care plans provide (mild-moderate mental health conditions).
- A participant added the following in the chat: Adults with jobs will not go to treatment due to the outcomes of job and income loss. Adults without jobs may be more likely to try treatment. Adults = 18 years old. Loss of job increases of homelessness. What is the middle point to reach a state goal?
    - Facilitator answered that as we go into input sessions this summer, we can show you where we stand as a county in comparison to the state. We will see how San Mateo County compares top other counties and identify interventions to address any gaps.
- A participant asked about defining priority areas and wanted to make sure we're not talking about specialized populations for care. Not just mild to moderate – but those that work with specialized populations like the pride center.
    - Facilitator answered that that is not clarified by the State. Specialized populations will come later on when we talk about solutions. Facilitator added that the definitions BHRS is providing are broad/high-level but there are more nuanced layers that will be addressed as data is shared.
- Facilitator explained that counties can select an additional goal from preexisting list. Data and needs assessment work will inform what is selected. We will come back to this during the next Taskforce meeting in August, which will include an input session focused on the additional goal.
- Facilitator further clarified that counties are not receiving additional funding, it's a shift/reallocation of funds.
- Facilitator shared the Prop 1 components and what is being impacted. Prop 1 is bigger than the millionaire's tax. Governor Newsom's vision is behavioral health transformation. Prop 1 is made up of two different bills:
    - AB 531 - an obligation bond that authorizes $6.4 billion is being administered by the state for residential facilities and permanent supportive housing. Residential treatment facilities are being funded through the statewide Behavioral Health Community Infrastructure Program (BHCIP) and San Mateo County has applied for funding. Supportive Housing are being funded through the HomeKey+ program as competitive grants. The local application for these funds are being led by the San Mateo County Department of Housing in partnership with BHRS to ensure there are supportive services provided to clients accessing these units. Every unit we build, there are supportive services attached.
    - SB 326 – Behavioral Health Services Act (BHSA) is reforming MHSA to include new funding allocations, creating new accountability and transparency and shifting our CPP process. It requires that community input inform our entire BHRS system of care (not just the millionaire's tax allocation) and that the required Three-Year Integrated Plan represent all BHRS services and funding streams to allow for transparency on how we use all behavioral health funding whether local, state or federal.
- Facilitator explained MHSA to BHSA reform and new allocations of funding. San Mateo County uses MHSA funds for housing interventions but now it's a new category. There is 35% for FSP (same as now) and the last 35% is a catch all and 30% for Housing Interventions. A Figure was displayed on the shift in funding from MHSA to BHSA and the fiscal impact.
    - Facilitator explained that one of the biggest shifts is losing prevention dollars.

After July 1, 2026, Behavioral Health will not receive BHSA millionaire's tax funding to do prevention work, and it will shift to public health. All prevention programs have received letters informing them of the shift and staff have met with many providers. Plenty of lead time to support the transition.
    - Figure displays estimated amounts in each category needed to meet BHSA requirements. There is a $7.5M deficit in the "Other BHSS" category, which funds outpatient treatment programs. Facilitator affirmed nothing is getting shut down as of now and they can cover the costs of these. They had to move funds out of MHSA to accommodate the new housing requirements.
- Participant Questions
    - What is the difference between prevention and early intervention?
        - Facilitator: I am going to hold that question for a later slide.
    - Did I catch this correctly? AB531 is $6.38 billion dollars?
        - Facilitator: Yes, that's the obligation bond administered by the state for the entire state.
    - Is the state allocation for administration of BHSA?
        - Facilitator: Yes, the state takes an allocation before it goes to county to fund the monitoring, oversight, administration - develop policy and implementation guidance. The State allocation will also include prevention out and workforce initiative.
- Facilitator shared that impacts to BHRS services are across eight (8) topic areas – fiscal strategies, housing, full-service partnerships, prevention and early intervention, substance use and mental health integration, peer-based services workforce development and evidence-based practices, and outcomes. We will not be doing input sessions on these topics because input sessions will be focused on the six (6) statewide Priority Goals presented earlier. We will conduct information sessions (deep dives) on many of the impact to services though to talk through the changes and get your thoughts. See the flyer on the website to learn more and sign up.
- Facilitator talked through what BHRS is doing to address the required changes. There are managers/leaders to facilitate this. Currently creating milestones and plan to share progress. There is a new site on the MHSA webpage with updates.
    - Fiscal strategies: Goal is transparency and to maximize Medi-Cal billing to increase revenues and BHSA can cover the gaps. Leveraging CalAIM for new opportunities for billing, and BH-CONNECT allows for more billing too. There are more billable services, and the Integrated Plan (IP) will give a picture of all of our revenues (local, state, etc.). Also, there is a reduction in the prudent reserve (reducing $28 million to $12 million).
    - Housing: Goal is to increase access to permanent supportive housing – Capital development and services to support folks with serious mental illness and substance use disorders. BHSA prioritizes those chronically homeless and expands allowable expenditures for housing. Adhering to Housing First Model.
    - FSPs: FSP is a "whatever it takes" model based on an evidence-based practice (EBP) known as Assertive Community Treatment (ACT) and Forensic ACT. Previously BHRS hosted a workgroup of clients, family members, providers and staff that focused on improving FSP services. We will build on the feedback provided by the workgroup. Under MHSA, we could not use funds for clients that did not have a primary MH diagnosis – this is a big deal. BHSA now includes funding for substance use disorder treatment, so we need to ensure FSP clients have access to Medication Assistance Treatment (MAT) and that there is co-occurring capacity across providers. Also, EBPs need to be implemented to fidelity by 2029 (ACT and FACT) and a tiered model

approach to FSP services where clients with highest acuity are receiving ACT and FACT and step down to lower levels of care.

- **PEI:** Early Intervention includes strategies that identify and address BH concerns in early stages (e.g., early psychosis and crisis response work). Prioritizing childhood trauma and substance use integration. We are working with consultants, and we've assessed every program funded by MHSA (60+). Early Intervention emphasizes we have culturally informed outreach – bringing folks into our system of care – with the goal to intervene and connect folks to the right level of care. Also incorporating Medi-Cal billable services– Most Early Intervention programs will have to work on this. Outreach with the intent to connect folks continues but now need to include a billable of intervention. Prevention shifting to Public Health Department, which is an important partnership. The Public Health Department puts together the Community Health Improvement Plan (CHIP). There are workgroups – Access, Social Determinant of Health, and Mental Health workgroups.
  - A participant asked, will current SUD funding co-mingle now with MHSA?
    - Facilitator: Yes, creating a plan that integrates all funding sources.
- **Substance Use Disorder and Mental Health Integration:** Expanding funding for individuals with substance use disorders regardless of primary mental health diagnosis. There is new work in the Continuum of Care to support this. Also, workforce training.
- **Peer services**: Adding peer support specialists as a provider type and peer support services as a service type (senate bill). Prop 1 want to build off of this -- billing and integration.
- **Workforce Development and Evidence Based Practices (EBPs):** Recruiting and training the workforce. Prioritizes diversity of the workforce, creating pathways for folks with lived experience, and increase capacity of staff to utilize evidence-based practices and culturally informed care.
- **Outcome tracking reporting:** Will be the focus of the Behavioral Health Commission deep dive. This expands outcome reporting to include priority goals, client outcomes, and performance measures. Outcome reporting for the entire system.

- Participant Questions
  - 1) I am wondering if the county is making progress on housing individuals that are living with parents and are not able to provide for their own housing? Using Z-codes. 2) The 25% for capital development – Is there a specific team involved? 3) What is or will be the process to being referred to permanent supportive housing unit?
    - Facilitator: Great questions. (re: z-codes) We will do a deep dive at Behavioral Health Commission on data – we will bring this up to prepare. Solutions for Supportive Housing have been strong advocates on this. (re: capital development) We're able to allocate money towards building units but it will be managed by the Department of Housing. I will follow up with a contact. (re: referral) Hold question for the deep dive.
  - Are there any plans to train more peer support specialists? You're hiring people who are too institutionalized. We need to find peer support specialists that are meeting people where they are.
    - Facilitator: We have a few Subject Matter Experts (SMEs) in the

room. ▪ SME: I work at BHRS. Just this year, we were able to bring two certified peer support specialist trainings to San Mateo County. We need more and we need positions. Hidden gems – peer run agencies in the community. We have agencies – Voices of Recovery, California Clubhouse – where peers are where the people are. We do need to get more people trained. One of my big concerns – how BHSA will impact funding for peer support. The CPP process – maybe there might be something there. ▪ Facilitator: We are not anticipating any cuts to what we're already doing; 15-19 peer positions in our system of care (confirmed: 23). They are not going away. As for more funding, probably not. There is no additional funding for peer support services but it's a priority.	
4. Community Program Planning (CPP) Process -- *Courtney Chapple, RDA* • Facilitator reviewed the CPP framework and displayed the visual timeline. • Community wide survey is shifted into the fall to be more aligned with the input sessions. • Facilitator gave overview of the community input sessions. They will start in August and dates will be shared out. There will be high-level data overviews, as well as time to identify needs from needs assessment efforts. There will also be space to talk through solutions and strategies that would address needs and gaps, as well as programs and partnerships that will further support the solutions/interventions. • There will be additional input opportunities, including interviews	10 min
5. General Question & Answer -- *Doris Estremera* • There was no time for General Q&A.	10 min
6. Adjournment	

Follow up on Unanswered Participant Questions

Question	Answer
When you had that chart up, does that include homeless veteran housing money?	The obligation bond funding to develop permanent supportive housing for veterans is administered by the state. We don't receive the funding unless we apply for it. Department of Housing is taking the lead and currently has applied for a housing development but, not specifically for veterans at this point. We will track this.
With BHSA housing prioritizing chronically homeless individuals – Are services available for those who are undocumented?	I don't have an answer to that. Would like to bring that to the deep dive info session on Housing. We will follow up.
Where can we see the Medi-Cal billable early intervention list?	We will be working with our local Managed Care Plans (Health Plan of San Mateo and Kaiser) to identify a list of non-specialty mental health billable services. For specialty mental health, the BH-CONNECT site (https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx) has new opportunities for billing.

	Additionally, DHCS will create a clearinghouse of evidence-based practices, especially for Early Intervention – we are still waiting on this. It will build off of the Children and Youth Behavioral Health Initiative (CYBHI) efforts, https://www.dhcs.ca.gov/CYBHI/Pages/EBP-CDEP-Grants.aspx. We are expecting to receive information on how counties can include their local community-designed practices.
The 25% for capital development – Is there a specific team involved?	We're able to allocate up to 25% of the Housing Intervention funding towards development costs for permanent supportive housing units. Funding will be administered by our San Mateo County Department of Housing either through their Affordable Housing Fund (AHF) Notice of Funding Availability process, https://www.smcgov.org/housing/san-mateo-county-affordable-housing-fund-ahf and/or statewide competitive processes like HomeKey+, https://www.hcd.ca.gov/grants-and-funding/homekey-plus.
Will [there] be interpretation services in Spanish for the Community Input session?	Yes, language interpretation services can be provided with advance notice. Please reach out to MHSA@smcgov.org if interpretation is need for any of the information sessions and/or input sessions listed on the MHSA site.

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BEHAVIORAL HEALTH & RECOVERY SERVICES

ATTENDANCE

There were 66 attendees; 19 participants in-person, 47 logged in through Zoom. Below is a list of attendee names; call-in numbers are unidentifiable and not included.

BHSA Transition Taskforce Members

1. Adriana Furuzawa
2. Alex Rogala
3. Anne DiTiberio
4. Arlae Alston
5. Brenda Nunez
6. Carolyn Shepard
7. Christina Kim
8. Dee Wu
9. Francisco Sapp
10. Gloria Bernal
11. Jackie Almes
12. Jean Perry
13. Jennifer Wong
14. John Butler
15. Jim Stewart
16. John McMahon
17. Jonathan Anderson
18. Judy Davila
19. Juliana Fuerbringer
20. Karina Marwan
21. Kira Liess
22. Kristin Moser
23. Lanajean Vecchione
24. Laura Rodriguez
25. Leslie Wambach
26. Leticia Bido
27. Lisa Mena
28. Luci Latu
29. Mary Bier
30. Mary Cravalho
31. Melinda Henning
32. Melissa Platte
33. Michael Lim
34. Michael Raustler
35. Michelle Sudyka
36. mluv
37. Pat Willard
38. Paul Nichols
39. Rachel Day
40. Ramesh Azariah
41. Richard Stowell
42. ShaRon Heath
43. Veena Raghavan
44. Waynette Brock

BHRS Staff

45. Charo Martinez
46. Christina Vasquez
47. Clara Boyden
48. Diana Campos-Gomez
49. Doris Estremera
50. Frances Lobos
51. Jana Spalding, OCFA
52. Kai Thornton
53. Lee Harrison
54. Maria Lorente Foresti
55. Nicoletta Kelleher
56. Sofia Recalde
57. Stacy Williams
58. Tia Bell
59. Yolanda Ramirez, OCFA

RDA Consultants

60. Aditi Das
61. Courtney Chapple
62. Paulina Hatfield

Ernst & Young Consultants

63. Jeff Blood
64. Kaitlyn Bushell
65. Matthew Cutwright
66. Millka Baetcke