SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Behavioral Health Services Act (BHSA) Transition Taskforce Meeting #4

Thursday, October 2, 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 — 10 min

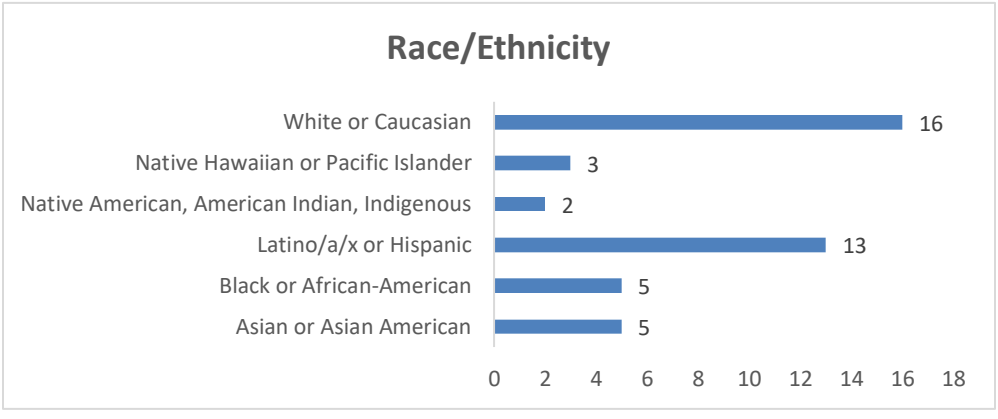
Courtney Chapple, RDA Consulting

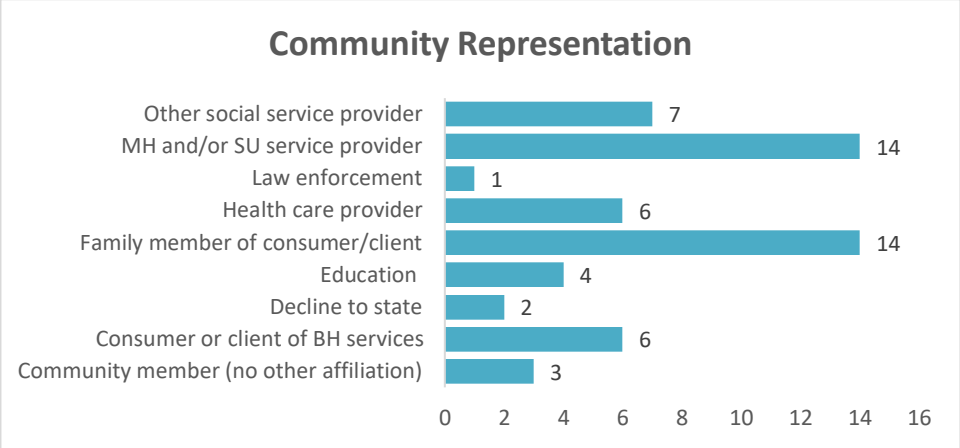
- Attendees were asked to share their name, pronouns, and affiliation in the chat
- Facilitator welcomed attendees to the meeting
- Agenda and objectives reviewed.
- The "Glossary of Key Terms" was briefly reviewed and sent in the Zoom chat
- Logistics for participation reviewed.
- Participants completed Demographic Survey (via Zoom poll for those online and on paper for those in-person).
- Participation Guidelines reviewed.

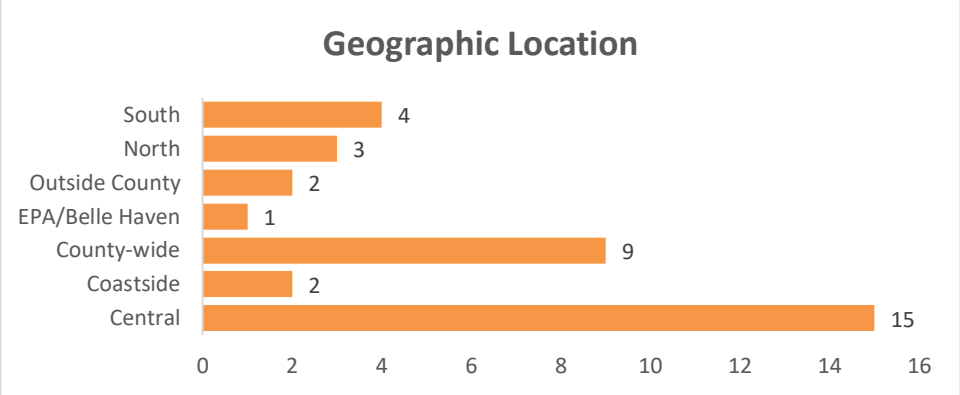
Age	Count
26-59	20
60-73	14
74+	2

Sexual Orientation	Count
Decline to State	1
Heterosexual/Straight	31
Lesbian	3
Queer	1

Gender Identity	Count
Another gender identity	1
Female/Woman/Cisgender Woman	30
Genderqueer/Gender Non-Conforming/ Gender Non-Binary	2
Male/Man/Cisgender Man	3







2. General Public Comment – *Courtney Chapple* — 10 min

- The facilitator reviewed all ways to provide public comment.
- Participant: At the Behavioral Health commission meeting, Dr. Jei said that prevention under BHSA is going to the state. I was trying to think of the prevention we do. We have the Alcohol and Other Drug (AOD) prevention committee and a Suicide Prevention Committee. When Dr. Africa says it goes to the state, does that mean we won't have these committees?
    - Doris: That has been a common question. Under Prop 1, specifically the allocation of the millionaire's tax for "population-based" prevention strategies, has shifted to the CA Department of Public Health. Population-based prevention includes efforts targeted to the community at large BHRS will no longer receive millionaire's tax allocation for these types of activities. . We are working closely with our local Public Health department to support the Community Health Improvement Plan (CHIP) development and implementation, which includes behavioral health prevention efforts.
    - Decisions reltated to the role of BHRS and the Suicide Prevention Committee are still to be determined. BHRS does receive other prevention funding (e.g., Opioid Settlement Funds, Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SAPT), etc.). So, some prevention activities under AOD will continue and we can ensure that there is integration with mental health needs as relevant.
- Participant: Thank you everyone for being here. For preventative services, peer support is critical to recovery and a sustained recovery. The work in particular that

NAMI does around education and support is peer-based and the data shows that folks have a longer recovery. I believe that peer support keeps people out of the hospital. At time of crisis, it is extraordinarily expensive. More at risk of brain damage each incident. I hope that the county will continue to find ways to fund early preventative measures that cost less than crisis ○ A participant in the chat agreed with this comment. • No further comment.	
3. Community Program Planning (CPP) Review – *Courtney Chapple, RDA* • Reminder that the Taskforce has met three times – meeting #1 was focused on planning and which groups should be engaged in the CPP. Meetings #2 provided information on what BHSA is, what the goals are, and impacts to BHRS services. Meeting #3 was an input session. Today is a culmination of all input to give you a sense of what we heard and where we are headed. • Review of the CPP Framework • Overview of the BHRS Taskforce demographics ○ Lower representation from some groups, including representation from the Coast. BHRS made intentional efforts to engage these groups through the Deep Dives and Input Sessions. • Review of the CPP engagement efforts thus far, over 300 community partners engaged through Deep Dive information sessions (5) on the changes BHRS is undergoing; Community Input Sessions (14 with 11 open to the community) tied to the Behavioral Health Goals; Targeted Discussions with groups that haven't yet had much of a presence/voice in the CPP process (6); and additional outreach efforts, such as announcements/presentations, targeted invitations, and individual outreach by BHRS Director. • Participant: Peer support is also very important for family members with a loved one struggling with mental health challenges. By supporting them we indirectly also support their loved ones. • Participant: On the six targeted discussions, are there opportunities for additional discussions [with older adults]? ○ Doris answered: We did a lot of outreach to get folks into meetings but couldn't get everyone. At this point, we are done with community input. We did notice early on in the process that we did not have older adult representation so, we reached out to aging and disability providers and where able to meet with 30+ providers to give us great input. Still hope to get older adult clients engaged as well. • Participant: Will you be communicating when the older adult sessions are scheduled? ○ Doris: The older adult session already happened. We visited the BHC Older Adult Committee and did a targeted session and another session with 30+ Older Adult and Disability providers. The only sessions pending are a few interviews with clients in our system of care. • Participant: Just to clarify, are the demographics of the taskforce data only from those who participated in the 3 sessions? Is there an overall number of how many were in the meetings (A total from all 3 sessions)? ○ Sofia: Yes, demographics were only collected for the Taskforce meetings. Int total, over 300 participated with about 100 participants in the first 3 taskforce meetings.	10 min
4. Community Input Session Outcomes -- *Courtney Chapple, RDA* • Facilitator reviewed the BH Goals ○ Participant: Sorry, but I've forgotten what the up arrow and down arrow means. It would be nice to have them labeled indicating this at the bottom of the slide.	50 min

    - Sofia: Up means we want to increase that goal (increase access to care). Down means we want to reduce on that goal (reduce homelessness, untreated BH conditions, etc.)
- Facilitator provided context/framing on the Strategy Themes. These are not fully fleshed out strategies and services, these are overarching themes.
- Access to care: Targeted Outreach, Local Focus, and Community-Defined Practices
- Homelessness: Supportive Housing and Enhanced Outreach (proactive and early outreach)
    - Participant: supportive housing would include families of children with SED?
        - Doris: YES! We are definitely looking at expanding housing units for families. ALL housing units that we develop with BHRS funding are linked to supportive services and treatment.
        - Participant: Great! Thanks Doris for your response. Could you please specify that in the report?
- Institutionalization: Crisis Continuum, Recovery Oriented Approaches, Caregiver Supports, Acute Psychiatric Beds, Community-Based Resources
    - Participant: I agree that family-centered (regardless of the ages of children) services should be included in the planning. We should try to keep families healthy and together when possible.
- Justice Involvement: Early Justice Intervention, SUD Services, and Re-entry Supports
- Removal of Children from Home: Funding Alignments (aligning various funding sources), Strategic Alignments (aligning with existing initiatives), Family Engagement, and School-Based Services
- Untreated Behavioral Health Conditions: Culturally Informed Care, Community Engagement, Peer Supports, Integrated Care, and Early Identification
    - Participant: There are many educated family peer supporters in the county who are not active. Take well care of them who are passionate about education and support.
- Social Connection: Community Belonging, Relationship Building, Safe Environments, Address Barriers, and Outreach & Engagement
    - Participant: "IEP" is not defined on the glossary of key terms slide
        - An Individualized Education Program (IEP) is a written plan that outlines the special education services and supports a student with a disability needs to succeed in school
- Intersecting themes that arose across multiple goals/conversations: Culturally and Trauma-Informed, Comprehensive Supports, and Holistic Approaches
- Facilitator invited participants to ask questions and/or share reflections
    - Participant: I wanted to add – I really feel that very intentional vocational and rehabilitative services are key. My family's own experience proves that it's fundamental to wellbeing. Assistance in access and engagement. People with SMI coming out of the criminal justice system would benefit from transitional step-down. There's a plan for this, but I would go one step further – I would strongly consider it a standard that there's a 1-3 month locked, rehabilitative treatment program that is community-based. They need step-down training. It needs to go beyond what can be done in a jail setting -- more of a medical, rehabilitative setting
    - Participant: There is so much mention of Peer Support there. What is the commitment to develop and implement Peer Support effectively across these implementations? Who will do it? When?
    - Participant: What does 'Recovery' mean in this context? What does it mean to the community and people with lived experience as opposed to what it means to BHRS? What efforts will be made to develop common

understanding and practice strategies to assure that the needs of people most effectively get their needs met?

- Participant: Gratified to see that there is a broader definition of 'at risk of homelessness' and naming adult children living with older parents. I'm glad that's being named. We've learned that this population isn't being accounted for in the county data system. A PhD student from UCSF did research on this – the invisible population. I don't know if we can include the use of z-codes – It's an easy way in the Electronic Health Record (EHR) to track this data at intake (and other times). Through this, we can have accurate data to plan for housing needs (like other disability groups do).
  - Participant: I'm also with Solutions for Supportive Homes. That data is critical.
  - Participant: Kristen Moser (PhD student) presented this to the Behavioral Health Commission and Dr. Africa was there.
- Participant: What funding commitments will be made to ensure that evidence based best practices are made available to communities and implemented in treatment and recovery programs?
- Participant: (re: Justice involvement) Alternatives to arrest -- I would like to see diversion to start working with the schools in terms of monitoring or decreasing their rates of suspensions. Suspensions are a gateway path toward incarceration.
- Participant: I have a question about the board and care (B&C) situation in the county. In my experience, having an adult child in your system who has had to be place in other counties because there were no facilities available in county. I am acutely concerned about the amount of licensed, quality B&Cs. Older adults in B&Cs don't have much of a choice in the county and are sent out of county. They need to be close to family support. How can we increase the number of B&C facilities with a quality support system attached to them?
- Participant: Amazing work, team, over the past few weeks. I'm curious about two things, after you mentioned the state priorities, you mentioned that services will require a request for proposal (RFP)? Also, I believe I noticed a turn – early identification?
  - Doris: When we mention the RFP process, that's talking about how we allocate funding and put it back out into the community. Anytime we have new money being allocated to community-based providers, it has to go through an RFP bidding process – fair competative process.
  - Courtney: Early identification – that's on the intersecting themes. We're trying to encompass a theme – help and assessment and identification needs to happen early before someone is in crisis.
  - Doris: Early intervention is the category -- Identifying individuals who need supports. There's still room in BHSA for early intervention and it's still a priority. The loss of prevention dollars – we're talking specifically about broad population strategies for increasing awareness, which is more under public health.
- Participant: I've read recently that autism needs to be found out by the age of three years old.
- Participant: I'm also happy to see that the county chose social connection as a goal -- there's so much to do in that area. Do we know what proportion of funding would go towards social connection (i.e. social enterprise)?
  - Doris: I don't have a target dollar amount. Where we have targeted dollars are the BHSA categories (Housing, BHSS, FSP). Within those is where we can get into strategies.

○ Is there a central housing list by level of care so we know what is already available? ▪ Doris: No, but it's a goal. That is one of the housing interventions. Housing is going to be a huge priority for us and we're hoping to hire a housing coordinator. ○ Participant: Why was social connection chosen but HEI initiatives are ending their yearly events? Example The Latino collaborative "Sana sana" and spirit initiative "national day of prayer"? ▪ The HEI events are considered "population-based" prevention strategies and are no longer eligible for BHSA millionaire's tax funding. We will have to think about targeted social connection strategies - targeted to BHRS responsibility for individuals living with serious mental illness and substance use disorders. Drop-in centers are a great example of spaces for individuals to connect.	
5. Next Steps -- *Courtney* • Survey will launch soon ○ Participant: Please make the survey available in Spanish as well. The BHRS-Health Ambassador will be happy to distribute it within the program and in our networks, if you consider it necessary. • BHRS will now begin drafting the Three-Year Integrated Plan and present it at the February 4, 2026 Behavioral Health Commission (BHC) meeting. It will be a big document – will be covering the entire BHRS department services and funding. • There will no longer be an MHSA Steering Committee. The BHC is the advisory board to BHRS and the BHRS Director. The BHC has committees and adhoc groups that can target specific topics as prioritized. This is where annual updates and three-year planning for BHRS will be housed. • The Integrated Plan will be open to public comment. At the same time, it will go to the State Department of Health Care Services (DHCS) for review. • BHRS will submit the final Three-Year Integrated Plan in May/June for Board of Supervisor approval. • Prop 1 not only has Behavioral Health goals, but it also has big impacts on our system of care (e.g., peer-based services, evidence-based practices). ○ Managers chose individuals who will lead efforts across 11 areas of focus ○ To-date, implementation plans have been developed with milestones, activities, and timelines for all areas of focus. ○ Will publish a dashboard with milestones, in the near future, to share our progress • BHRS assessed programs that received MHSA dollars to ensure there is alignment with BHSA • BHRS Transformation Journey ○ Presented this publicly at the Behavioral Health Commission and Dr. Africa also released a newsletter • Doris explained how everyone can submit public comment • Participant: Under BHSA, community input is not required for annual updates. Is there any opportunity for the community to provide input? ○ Doris: We are still going to have 30-day public comment for every annual update. We are just not required to conduct a public hearing at the BHC for the annual updates.	10 min
6. Adjournment	

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ATTENDANCE

There were 54 attendees; 7 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. Alheli
3. Ammin Rostin
4. Billie Benson
5. Briana Fair
6. Carolyn Shepard
7. Cassandra Wilson
8. Christina Kim
9. Erendira Blake
10. Francisco Sapp
11. Gladys Balmas
12. Guadalupe Mejia
13. Heather Cleary
14. Jackie Almes
15. Jayashree Nathaniel
16. Jean Perry
17. Jennie Liebermann
18. Jo
19. Kate Phillips
20. Kris Anderson
21. Laura Parmer-Lohan
22. Leslie Wambach
23. Leticia Bido
24. Linder Allen
25. Lisa Mena
26. Lourdes Briseño
27. Mary Bier
28. Melinda Henning
29. Melissa Platte
30. Michael Lim
31. Pat Willard
32. Rachel Day
33. Sydney Hoff
34. Tina DiRienzo
35. Twila Dependahl

BHRS Staff

36. Charo Martinez
37. Christina Vasquez
38. Clara Boyden
39. Daisy Ramirez
40. Doris Estremera
41. Edith Cabuslay
42. Estefanie Hernanez
43. Maria Lorente Foresti
44. Mayra Amador
45. Mayra Diaz
46. Sofia Recalde
47. Sonia Vasquez
48. Stacy Williams
49. Tia Bell
50. Yolanda Ramirez

RDA Consultants

51. Aditi Das
52. Courtney Chapple
53. Paulina Hatfield

Ernst & Young Consultants

54. Jeff Blood