



Prop. 1 – Impacts to Peer-Based Services

Lived Experience Education Workgroup (LEEW)

July 1, 2025



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Overview

- About Prop. 1
- Impacts to Services and Programs
- Current Peer-Based Programs
- Peer-Based Services Requirements
- Stay Informed and Get Involved

Glossary of Key Terms

- **Serious mental illness (SMI)** mental health challenges resulting in serious functional impairment, which substantially interferes with major life activities.
- **Specialty Mental Health Services (SMHS)** are intensive mental health services provided to SMI clients that meet medical necessity criteria.
- **Substance use disorder (SUD)** recurrent use of alcohol and/or drugs causes clinically significant impairment and failure to meet major life responsibilities.
- **Co-occurring capacity** focuses on the ability of providers to address mental health and substance use disorders; integrated services provides care concurrently, rather than being referred to separate programs or services.
- **Continuum of care** is a comprehensive range of health and support services to individuals ensuring seamless transitions between different levels of need.
- **Evidence-based practices (EBPs)** have documented (e.g., peer-reviewed studies, and publications) effectiveness on improving behavioral health.
- **Community-defined evidence practices (CDEPs)** are an alternative or complement to EBPs, that offers culturally anchored interventions.
- **Medi-Cal billing** is the process of submitting claims to California's Medicaid program, Medi-Cal, for reimbursement of services provided.
- **Peer Support Specialists** are individuals with lived experience of mental health or substance use recovery who provide support to others.

BHRS Transformation Journey



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JUNE 2025

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DIRECTOR'S NEWSLETTER



BHRS is kicking off an exciting new chapter with what we're calling our transformation journey, a strategic vision aimed at reshaping the way we provide care across our behavioral health system. While we've provided updates about this journey, related to Prop. 1, in recent Newsletters, this edition goes a little in depth. With the changing behavioral health landscape driven by new state laws and local needs, we want to continue our commitment to equity work and serving the most vulnerable individuals living with substance use and mental health challenges. As we take on these changes, your participation is important. Whether it's by attending planning meetings or learning through updates in this Newsletter, there's a place for everyone in this transformation journey.

BHRS Transformation

Changing Landscape: Why Now?

Over the past several years, BHRS has been responding to a series of legislative and policy initiatives that are reshaping how we serve our community. These initiatives reinforce and bring to the forefront our responsibility as a Behavioral Health Plan for providing or arranging Specialty Mental Health Services (SMHS) and Drug Medi-Cal services to Medi-Cal beneficiaries within their county. BHRS holds an agreement with the State of California to serve the highest need individuals living with serious mental illness (SMI) and substance use disorders (SUD). The initiatives include:

[Director's Newsletter June 2025](#)



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Prop. 1 – Statewide Vision for Behavioral Health



Prop. 1 – Behavioral Health Transformation (BHT) passed in March 2024 and is the Governor's effort to re-envision public mental health and substance use services.



Prop. 1 was a catalyst for transformation across the State and included legislation that requires system-level changes and Mental Health Services Act (MHSA) millionaires' tax re-allocation.



Prop.1 builds upon many other state initiatives.



Alignment and implementation of this statewide vision is expected by July 1, 2026.

Prop. 1 Components

Assembly Bill 531 Obligation Bond – \$6.38 billion*

- Treatment Residential Facilities to provide support for individuals who require more intensive care.
- Permanent Supportive Housing to provide long-term, affordable housing paired with on-site or community-based supports

**Administered by the State of California*

Senate Bill 326 Behavioral Health Services Act (BHSA)

- Mental Health Services Act (MHSA) Reform
- Community Program Planning + Three-Year Integrated Plan
- Statewide Accountability & Transparency



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Prop. 1 Overarching Themes

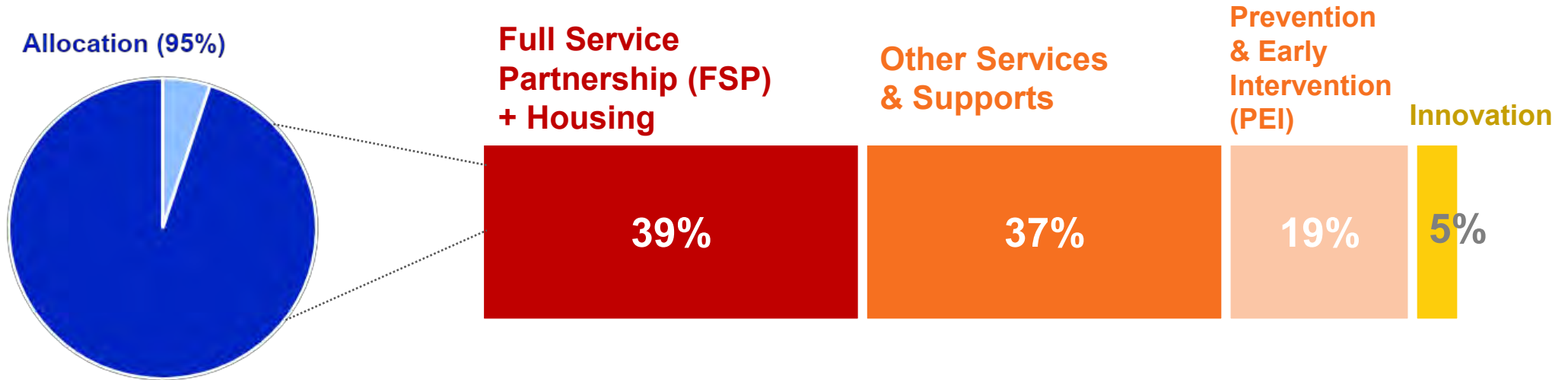
- Focus on individuals living with serious mental illness and substance use disorders, at-risk and chronically homeless and at risk for justice involvement.
- Build supportive housing and community-based treatment settings.
- Integrate substance use disorder and co-occurring mental health and substance use capacity across the continuum of care.
- Utilize Evidence-Based Practices (EBPs) and Community Defined Evidence Practices (CDEPs)
- Maximize MediCal billing across all services
- Increase peer supports including certified Peer Support Specialists



Impacts to Funding

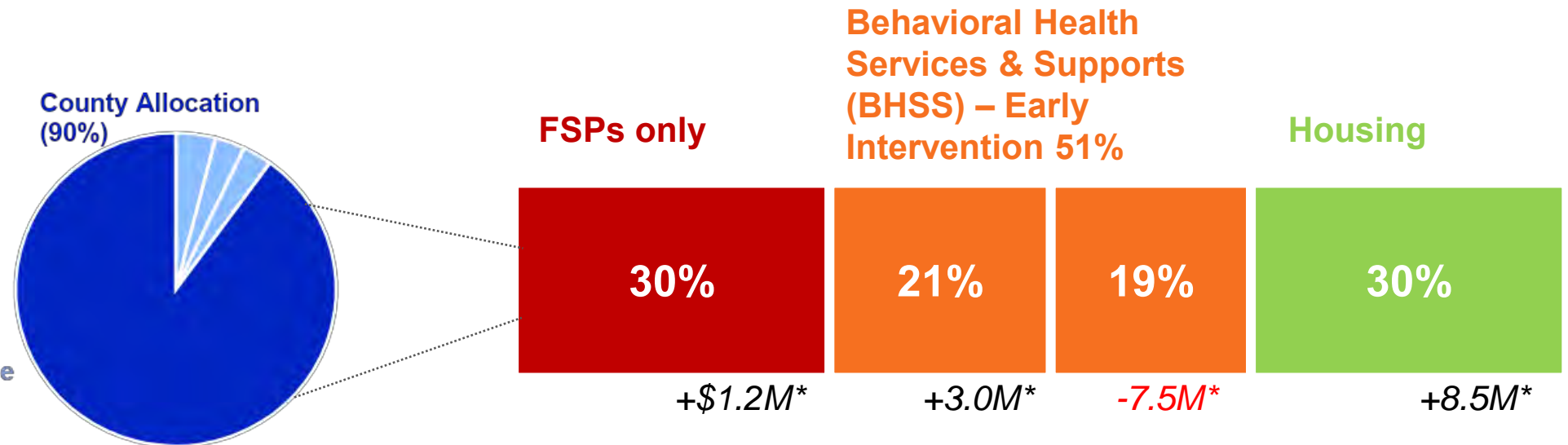
MHSA Allocation

State Allocation (5%)



BHSA Allocation

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



*Estimated Amount Needed to Meet BHSA Requirements

Existing Peer-Based Programs

Peer support services are included in multiple BHRS programs across the continuum of care. The list below are the programs that are fully peer-based support services.

Peer Supports

- BHRS Peer Workers and Family Partners
- Peer Support, Self-Help, Wellness Services
- Helping Our Peers Emerge (HOPE)
- The California Clubhouse
- The Barbara A. Mouton Center
- Older Adult Peer Counseling Services
- Recovery Supports and Recovery Connection Center

Peer Workforce Development

- Consumer Leadership Development
- Lived Experience/Advocacy Academies
- Lived Experience Scholarships
- Enhanced Supportive Education Services
- Peer Support Specialist Certification

BHSA Peer-Based Services

Prop. 1 advances SB803, which authorized the Department of Health Care Services (DHCS) to add Peer Support Specialists as a Medi-Cal provider type and Peer Support Services as a direct service type for county behavioral health providers. Prop. 1 acknowledges the value of peer supports across the Behavioral Health Care Continuum – allocation of funding for peer supports is allowable across Prop. 1 funding categories.



Maximizing billable services – **increasing Peer Support Services Specialist Certifications and leveraging BH-CONNECT expanded billable services** (e.g., California Clubhouse)



Integration with substance use services to ensure **substance use disorder training is offered to peer specialists** and peer specialist certifications include peers **focused on substance use disorder supports**

Summary of Impacts

MHSA



BHSA

- Peer support included in community-based programs, often informal
- Peer Support Specialists (PSSs), Peer Support Workers (PSWs), and Family Partners were recognized but not uniformly credentialed
- Peer-based services primarily focused on supporting clients with mental health challenges

- Peer services are formalized and integrated across systems of care (Children, Adult, Older Adult, SUD)
- All peer workers must be certified and trained to meet Medi-Cal billing standards
- Expanded co-occurring capacity for peer-based services to better serve clients needs and facilitate more seamless access to care

Discussion Question

Are there any concerns or considerations as we transition peer-based services for BHSA?



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Medi-Cal Eligible Billable Services

Medi-Cal eligible billable services include, but are not limited to:

- Individual Peer Support: One-on-one support focused on recovery
- Group Peer Support: Facilitated peer-led groups
- Re-entry Support: Helping individuals transition from institutions (e.g., jails, hospitals) back into the community
- Crisis Support: Non-clinical support during or after a crisis
- Support for Families: Peer support for family members of individuals with behavioral health conditions

BHSA Requirement

Maximizing billable services – increasing Peer Support Services Specialist Certifications and leveraging BH-CONNECT expanded billable services (e.g., California Clubhouse)

Peer Support Specialists must be certified through the California Mental Health Services Authority (CalMHSA)



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Co-Occurring Capacity

- San Mateo County BHRS is currently working to define what co-occurring capacity will look like across the system of care.
- There are 3 models for co-occurring care: **coordinated, co-located or fully integrated.**
 1. **Coordinated:** Services take a collaborative approach with different providers working together.
 2. **Co-located:** Services are provided in the same physical location.
 3. **Fully Integrated:** One treatment team addresses both conditions.
- Peer-based service providers will have to define what co-occurring capacity looks like for their program:
 - What SUD training is offered to peers as part of their certification?
 - Will Peer focused on SUD supports be hired and/or trained?

BHSA Requirement

Integration with substance use services to ensure substance use disorder training is offered to peer specialists



Stay Informed and Get Involved

- Visit the San Mateo County MHSA website www.smchealth.org/MHSA:
 - Sign up for updates
 - Join an upcoming session on local Prop. 1 impacts and help inform the transition efforts:
 1. **BHSA Transition Taskforce** for overall understanding of Prop. 1 impacts
 2. **Information Session** deep dive on how Prop. 1 is impacting specific behavioral health services
 3. **Community Input Session** to provide your input on strategies moving forward



- California Health & Human Services Agency website: www.chhs.ca.gov/behavioral-health-reform



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