

Local Behavioral Health Board Meeting

Wednesday, January 7, 2026

In Person with Hybrid Option for Public

Members' Present: Sue Jones, Chris Bulkeley, Kimberly Myra Mitchell, Jennifer Mullins, Nithya Ganthi, Juan Salas, Nicki King (Online joined late-no vote), Kenya Gallo

Members Absent: Melanie Klinkamon, Dee Olivarez, Meg Blankinship, Moises Diaz (Online), John Archuleta

CALL TO ORDER

Welcome and Introductions: Meeting called to order at pm by Sue Jones filling in for Meg Blankinship called to order 6:01pm filling in for Meg Blankinship.

Public Comment: None

Approval of Agenda: motion to approve by Chris Bulkeley, 2nd Dee Olivarez (Online),

Yea "I"	Nay	Abstention
7	0	0

Motion: approved

Approval of Minutes from December 3, 2025: motion Chris Bulkeley to approve 2nd Jen Mullins

Yea "I"	Nay	Abstention
7	0	0

Motion: Unanimously Approved

Member Announcements: None

Chair Report: None

Correspondence: None

Time Set Agenda: Theresa Comstock

- Annual Report
- Brown Act Guidelines
 - Sensitive information or complaints sent by public to the board should be shared but can be redacted to protect specific naming of staff or clients where appropriate
 - Requires a vote for continuous remote participation reviewed and approved every 6 months.

- BOS participating online must post their address to the public and it needs to be posted in advance (Board requires BOS to be a member of the board and a voting party) not required to attend but count towards quorum.
- Just cause (temporary approval to participate online)
- Agenda planning is considered a standing meeting and as such must be posted

Public Comment on Time Set Agenda: None

Board Comment on Time Set Agenda: included in time set notes

Public Comment-Preston Shaub plenty of opening in MH Court, Addiction intervention court is winding down, DSH program which serves our population determined to be incompetent to stand trial. We had recent graduation on Jan 5th. Will have some new participant the next few months but no other graduations scheduled at this time.

Consent Agenda:

Mental Health Director's Report-Tony Kildare

Development of Behavioral Health Service Act and the Innovation Plan, still moving forward with timeline of March 1st. Will be a lot of work to put it together in the next few months. Presenting to the Board in January to provide an overview of the Behavioral Health Services Act and how it works and provide some local examples that we are trying to rank. One of the examples is using around 30% of the funding for housing, 35% for FSP, and 35% for Behavioral Health Services and Supports. For Behavioral Health Services and Supports, 51% funding needs to be used for Early Intervention and so our allocation, the way it breaks out currently, it's about \$6.8 million for Behavioral Health Services and Supports but we have expenses that we are cross walking over from MHSA from services that we provide that meet the criteria for behavioral health services and supports that are about 4.8 million dollars so we will need to either come up with \$4.8 million in Early Intervention programming, or reduce those existing costs down to \$3.4 million so they could stay withing \$6.8 million. We are not necessarily planning in January to explain exactly what we are trying to do but just try to give the board and the public some information about some of the challenges that we are coming up with and trying to work through. Will also be presenting to BOS in February to provide a comprehensive presentation on what we are planning and what the plan should like, and we need to submit draft plan in March. A lot of work done over holidays is getting the budget crosswalk over to BHSA from MHSA and what we need to address in terms of the plan and the specific requirement going into effect. There are some areas where we will need to do some RFPs.

Budget in general: we are looking at FY26 budget putting together BHSA plan for next 3 years but also putting together the regular county budget for 26/27. We are already identifying some potential challenges with realignment funding which will likely require us to make some reductions. We are working as an agency to establish some priorities for which programs need to be prioritized and because realignment funding has some flexibility, we can move some funding around and we are anticipating a potential need to reduce expenses in behavioral health by about \$1.6 million in FY 26/27. So, looking right now in area we are currently using realignment funds to support programming and to make some

decisions and recommendations to reduce and adjust realignment funds. Additionally, we are being asked to reduce general funds by 10%. Little tricky with BH services because there are some areas where there's a maintenance of effort requirement where we wouldn't be able to reduce expenses below a certain point, but we are exploring that right now. Reduction to behavioral health is between 1.4 to 1.6 million of reductions in 1991 and 2011.

SB43-went into effect January 1. So far so good, we are about as prepared as we can be. Just waiting to see what happens with local limitations. We have a group that meets every few weeks in preparation. Will now move to monthly meetings. We are hoping we are ready but it's a matter of time before we end up with some individual identified under that criterion

Crisis Receiving: We have identified the funding to use existing contractors, but they couldn't do it. Try to work through contractor with WellSpace but there are some issues with us doing sole source, but we are working with the Grant funder to see if we can do that work. We believe we will have adequate funding to make it to June 2027 if we can get things worked out with the grant funder.

Innovation Plan: we need to come up with innovation plan very quickly; we opted to Cal Mesa's current innovation plan. The body recommended it, Board approved it, but something came up questioning the method of procurement. There is some internal review happening regarding the process in making that decision and what we should or could do and the decisions about what to release an RFI to see what other options were out there. After evaluation it was determined SmartCare was competitive and so we were given authorization to move forward with them. We are moving forward now. The decision was ethical and above board. It will probably be years before it starts to pay off. System migration is difficult because we must get staff onboard and trained. Best guess it will take at least a year. It's not just changing EHR the whole system needs to change. Modernize our billing practice and some structure issues that need to be addressed.

Regular Agenda

Board of Supervisors Report: Supervisor Frerichs- Emily Ault-excited Anna Sutton is new Deputy HHS Director

Ad Hoc Committee Reports:

Site visit ad hoc- Nithya out

Annual Report Ad hoc-committee has been meeting in process of creating annual report will have it ready by January. Will share at next meeting for Board review and approval. This will need to go to the BOS so we will be aiming at sharing with BOS in February.

Public Comment: None

Future Meeting Planning and Adjournment: Jonathan Raven-do we want to ask the board for approval to have the remote appearance capability under the Brown Act law. Meg, Jonathan

should reach out to Phil to find out how to go about getting board approval for remote appearances.

Adjourned: 7:31pm

View Meeting Online: [YouTube](#)