

Question/Comment	Feedback/Response
SLC Sparky Harlan	<p><b>1. Why are you reducing dosage? It seems like you are reducing funding but cutting services to clients. I do not see what the rationale is except to give less services to clients.</b></p>
	<p>BHSD RESPONSE: No, the intent is not to reduce funding, but reducing the number of hours a client is seen each month from 15.26 hours a month to 13.0. we believe this is a much more accurate number of hours that meets the acuity level of individuals referred to this program. The 15.26 hours was an over estimated number. Please refer to slide #13 on the 7/26 presentation that gives the definition of dosage.</p>
	<p><b>2. Are people under dosage due to Covid?</b></p>
	<p>BHSD RESPONSE: Not necessarily. There are some programs with consistent underutilization for a period of 3 years (FY 2018 through FY 2021). The consideration is to adjust the dosage based on trends.</p>
	<p><b>3. Have you spoken with individual agencies about adjusting their contracts? This all seems very technical, and I am not sure that I have enough information on clients' needs to reduce level of services (dosage) to these clients.</b></p>
	<p>BHSD RESPONSE: Yes: This suggested consideration was brought forward in the presentation was presented and reviewed with Intensive and Outpatient contracted providers in March at the FY 2021 Contract review meetings</p>
<p><b>4. How are you deciding who is getting more slots in Outpatient? Should they be able to apply for the slots equally?</b></p>	
<p>BHSD RESPONSE: The decision on how slots are allocated is based on the trend data on the providers capacity, client needs, client utilization of services in the program and the geographical location of the program.</p>	
<p><b>5. If A/OA needs increase slots/funding, can you allow the contractors who have Children and Family underspend dollars to transfer to A/OA?</b></p>	
<p>BHSD RESPONSE: This is a great idea, but this will depend on several factors such as, type of program, funding source, and other needs within the children's division.</p>	
<p><b>6. I cannot make a recommendation to add specific monies to a certain provider like this just based on one or two sentences that you think this provider should be increased. How can I make an informed opinion on this? It seems like if more than one provider serves the same population, they should be able to apply equally like in a modified RFP for new funding.</b></p>	

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	<p>BHSD Response: We understand that a lot of information was provided during the presentation, to make an informed decision, the presentation will be provided to you for further review, and you can reach out to any of BHSD team members to provide you additional clarification in specific areas.</p>
SLC Kathy Forward	<p><b>7. Does SCC BHS provide these programs or only Contractors?</b>                      BHSD RESPONSE: BHSD contracts the majority of its programs and services. The Department will offer a walkthrough of programs and services during the 8/2/2021 presentation for clarity.</p>
Elisa Koff-Ginsborg	<p><b>8. In the FSP table, it is confusing if the adjustments of dollars are increases or decreases? Would you please review amounts decreased in IFSP and what amounts are increased or decreased in FSP?</b>                      BHSD RESPONSE: The FSP tables outlined the under utilization of services in the ACT &amp; IFSP programs and a request to review the consideration to adjust the budget in these FSP type program</p> <p><b>9. With all the increases in capacity, are you also recommending adjusting budgets? If other provides add WARMS, will their contracts be adjusted to cover cost?</b>                      BHSD RESPONSE: We are requesting a consideration to adjust the budget in some programs to cover the increases in capacity. Yes, the idea is to adjust their contracts to cover the cost of WARMS</p> <p><b>10. What does right sizing of utilization of dosage on ACT/FACT mean? As anyone who meets criteria of AOT will be high acuity, why would dosage be right sized?</b>                      BHSD RESPONSE: When the FACT/ACT programs were developed there was an over estimation of the number of hours that individuals with high acuity will require 15.26 hours a month. The expectation was to discharge individuals from the State Hospitals and Institute of Mental Disease, unfortunately that is not the population currently being severed. In addition, the highest utilization over the past two and -a-half years hours of per month has hovered around 10 hours a month. The consideration is to reduce by two hours, which still give 13 hours on average based on client need.</p>
SLC Cheryl Engelstad	<p><b>11. Seems like a lot of increases when I thought we were concerned about decreases in MHSA monies due to Covid.</b>                      BHSD RESPONSE: Yes, it does appear like there are a lot of increases, but BHSD is requesting for consideration to adjust programs that trends show underutilization to move the funding to programs that are over producing and have waitlists.</p>
Lisa Baumann	<p><b>12. I apologize if I missed this in the slides. Will the implementation of AOT affect the FSP utilization? Won't you need more capacity somewhere? Where will that be?</b></p>

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	<p>BHSD RESPONSE: With the recent analysis of clients who may qualify for AOT, the implementation of AOT will affect the utilization of ACT &amp; FACT, currently there is no new funding for AOT. SLC would need to discuss the possibility of using MHSA dollars to fund this program.</p> <p><b>13. AOT is Outpatient. It is meant to prevent hospitalizations. Adding beds for AOT seems to me like the system isn't responding soon enough with services to keep the person in the community.</b></p> <p>BHSD RESPONSE: With the Board Opting -in to the Implementation of AOT, BHSD is proactively working on ensuring there are enough resources such as crisis residential and housing to manage the care of individuals who meet the criteria for AOT.</p>
SLC Sparky Harlan	<p><b>14. Is Central and Downtown the BHSD?</b></p> <p>BHSD RESPONSE: Yes, Central and Downtown are the two County operated outpatient clinics funded by MHSA.</p> <p><b>15. Isn't there a fiscal impact when you move from INN funding to CSS?</b></p> <p>BHSD RESPONSE: Yes, there is a fiscal impact for moving INN-IPS Employment from INN to CSS in FY2023. This amount is \$600,000 annually.</p> <p><b>16. Does the Probation Dept have any staff funded by MHSA?</b></p> <p>BHSD RESPONSE: No.</p> <p><b>17. Who would provide the AOT? who would do the 50 beds?</b></p> <p>BHSD RESPONSE: Currently BHSD is working on the implementation of AOT and continue to flush out the details in terms of any additional contractual amendments to support the implementation.</p> <p><b>18. Who is receiving the \$8.4 million? I don't believe that has been put out to bid. This is the area I want more information on which is the supportive housing. Most of those services have gone "single source" and not bid out.</b></p> <p>BHSD RESPONSE: This was printed in error. These services are not funded by MHSA allocation to counties, this is a separate allocation to counties for housing mental health services.</p>

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	<p><b>19. It seems like you are moving BHSD funding around to other positions but not offering contractors/CBOs the same opportunity.</b></p> <p>BHSD RESPONSE: BHSD provides contractors the ability to move positions and budgets within programs during the contracting review and amendment process. To address the on-going capacity need in the outpatient programs. In situations where the requested changes cut across budget work plans BHSD has brought these requests back to the SLC as with this requested recommendation for our Consumer Affairs division.</p>
<p>BHB/SLC June Klein</p>	<p><b>20. How, if any, are these statistics affected by COVID-19? Not that you have not taken this into account, but just wondering how things will be a year from now?</b></p> <p>BHSD RESPONSE: The BHSD has taken the effects of COVID in these considerations brought forward through review of the budget, utilization prior and post COVID to ensure appropriate levels of service and continuity of care.</p>