

Question/Comment	Feedback/Response
SLC Diana Miller	<p>1. What are you hoping to have in these variances? What is the interpretation? What should we take away from this?</p> <p>BHSD RESPONSE: The variances depict the expected allocation or utilization compared to actual budget expenditures and budget utilization. These trends were reviewed for three years, FY18 – FY21. It is possible that budget utilization was overestimated and SLC can now correct this to meet actual utilization and free these funds for needed programs and services where utilization is trending upward.</p> <p>2. How can you be over utilized and under dosage??</p> <p>BHSD: Some programs may be serving more clients than originally expected due to demand. However, the number of services hours per client may be lower than projected and still meeting wellness goals.</p>
SLC Ana G Villarreal	<p>3. In prior meetings we agreed on having easy to read information and visual. Maybe use of individual pages may help. The information is for the audience, MHSA SLC and the public.</p> <p>BHSD RESPONSE: Thank you, BHSD is working on providing more clarity in presentation slides.</p>
SLC/BHB Lorraine Zeller	<p>4. How can we dig down and find out what the issues are?</p> <p>BHSD RESPONSE: Typically, program and contract staff meet quarterly to discuss implementation progress, etc. This is an ongoing standard in the program monitoring role of BHSD for contracted programs and services. As part of the MHSA process, BHSD utilizes the community program planning process to hear from the public about the issues that concern their communities to help inform planning and budget decisions.</p>
	<p>5. I would like more detail about how success/progress and wellness and recovery is measured and what the results are for programs being discussed.</p>
	<p>BHSD: The MHSA Annual Plan includes programs and services demographics, outcomes data as well as stories of success. These are the summary results reported for each program and the results of services provided by both county-operated and community partners.</p>
	<p>6. Peer intern program sounds good, but how does the long awaited career ladder for peer support workers align with peer certification and align with plans for reclassification of peer workers?</p>

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	<p>BHSD: The Peer Intern program is an entry point for individuals with lived experience as a consumer or family member who have limited experience to receive education and training to increase their skills so that they can be employed as a peer support worker in the public behavioral health system. The Peer Intern program will work with the Peer Support Division and CalMHSA (the California Mental Health Services Authority) so that the education and training are in alignment with the peer certification process.</p>
<p>Nira Singh</p>	<p>7. One piece of information to understand lower dosage is that with telehealth and telephone services during COVID, it was harder to engage clients for longer sessions</p> <p>BHSD RESPONSE: Thank you for this observation. However, the trends have been measured since FY2018 and trends in underutilization exist since then and in prior years. This planning process offers an opportunity to realign our programs and services with actual utilization and allocate those funds for emerging needs in the system.</p>
<p>SLC Mary Gloner</p>	<p>8. Sorry if I missed this since I joined late. Was there a glossary shared that define "dosage" and "utilization" based on County guidelines? These terms are defined differently depending on healthcare system.</p> <p>BHSD RESPONSE: Starting with the July 21, 2021 presentation of the Children, Youth and Families System of Care, a glossary of terms has been included on the MHSA SLC planning meetings. These definitions include: Dosage is the average hours of services per month that a client is expected to receive in a program; and, utilization is the budget expenditure (actuals) for planned, contracted programs and services.</p>
<p>SLC Thanh Do</p>	<p>9. Could we apply our DEI (diversity, equity and inclusion) lens with the data being presented and look if there are certain populations (age, ethnicity, gender, etc.) that are underutilizing/overutilizing to help us better identify and address the gap?</p> <p>BHSD RESPONSE: Yes, these are included in the demographics section of the MHSA Plans and can be reviewed during the 30-Day public comment period. Moving forward, it will have its own separate section on the MHSA Plans for clarity and easy tracking.</p>