

Question/Comment	Feedback/Response
Dee DeWitt	<p>1. I do not recall the BHSD dosage consult analysis being shared. Can you share that analysis with providers please?</p> <p>BHSD RESPONSE: Please refer to the documentation of our past meetings by visiting the MHSA website and clicking the corresponding presentations by System of Care: Mental Health Services Act - Behavioral Health Services - County of Santa Clara (sccgov.org)</p> <p>2. I love this Crosswalk slide. Respectfully, I suggest this needs to be implemented Oct 1, 2021 and not FY23.</p> <p>BHSD RESPONSE: The community program planning process of the MHSA for FY2022 was completed in June 2021. The current program planning process of the MHSA is for FY2023 (July 1, 2022 – June 30, 2023). Pursuant to California Code of Regulations (CCR), Title 9, Section 3300, the Community Program Planning Process forms the basis for each county’s MHSA Three-Year Program and Expenditure Plan (MHSA Plan) and each Annual Update. The local review process required by the MHSA for each county’s draft MHSA Plan includes: (1) A 30-day public comment period; (2) a public hearing hosted by the local behavioral health board; and (3) a summary and analysis of any substantive recommendations by the public that must be submitted for approval to the county’s governing body and included with the approved MHSA plan to the DHCS and California Mental Health Services Oversight and Accountability Commission (MHSOAC) as required (CCR § 3315). Pursuant to CCR § 3350 (a) The County or the Department may initiate MHSA Performance Contract amendments at any time.</p>
SLC Sparky Harlan	<p>3. I wonder how much of the general funds dollars that were pulled out of Contractors contracts and replaced with MHSA it appears that most of this went to county agencies like OSH mental health services.</p> <p>BHSD RESPONSE: Please review responses to question 5 that addresses MHSA funding in OSH services. In terms of the reduction of general funds in contracted agencies, several factors guided the determination of reduction of general funds to an agency’s contract. This was discussed with all agencies and amendments were agreed upon.</p>
Elisa Koff-Ginsborg	<p>4. Thank you for your responses to the questions. Unfortunately, providers don’t share the same recollection of specific recommendations being shared with them at review meetings. That is something we very much want to see in future. Until then, providers are sharing feedback along with SLC members and public. We suggest that changes in a program (ACT, FACT, IFSP, FSP, etc.) should be presented for feedback to all the providers of that program for discussion together.</p> <p>BHSD RESPONSE: Thank you for this comment. BHSD will schedule a meeting with providers to review the information provided at the 7/26 Stakeholder Leadership Committee (SLC) planning meeting.</p> <p>5. Shelly, would you put those numbers and percentages in the chat? Hard to get down quickly (about Supportive Housing Services Division).</p>

Question/Comment	Feedback/Response
	<p>BHSD RESPONSE: Supportive housing services (SHS/OSH) budget is 17 million total and 1.3 is MHSA (8% of budget). The current capacity is just over 2000 slots and 80% of the population self-reports mental health. Thirty-six percent (36%) of clients engage in mental health services and 73% of those receive their mental health support from the program’s supportive service providers.</p> <p>6. Is the \$12M estimated cost for 50 AOT clients include the cost of existing services like ACT, FSP, etc. or is that on-top of the cost of providing ACT/FSP?</p> <p>BHSD Response: The total cost of the program is estimated to cost \$12M. This cost includes the following: The cost of developing a triage team, creating infrastructure for data tracking and collection, County Counsel, Public Defender fees, creating 50 additional slots for ACT/FACT services, funding for housing and flexible funds for the 50 new clients that will be served as well as increasing the number of crisis residential beds.</p>
SLC Sparky Harlan	<p>7. I agree with Elisa. Bill Wilson Center never agreed to actual cuts to programs, but it was just general discussions about how the quarter was going. Plus, we are always told we must hold to the average dosage.</p> <p>BHSD RESPONSE: Yes, BHSD provided each contractor with suggested recommended changes.</p> <p>8. I look forward to receiving the presentation from OSH on mental health supportive housing. I hope to get the entire picture we get to review all the funding and how we serve all homeless who need mental health. For example, if MHSA supports \$2 million in supportive housing mental health it helps knowing that SCC is paying for \$8.4 million in total (or more).</p> <p>BHSD RESPONSE: please refer to the responses provided in question 5 that addresses funding for OSH services. As referenced in question 5, MHSA funding included in OSH is \$1.3M and these services were discussed at the SLC meeting on 7/26 and in other MHSA stakeholder meetings in March 2021.</p> <p>9. Could (AOT) be an INN program? What impact would it have to have AOT added? Wouldn't it mean cutting other services? Adding \$12 million is HUGE. It would need more General Funds support not just MHSA. It seems like AOT should be funded out of other funding not MHSA.</p> <p>BHSD RESPONSE: No, AOT cannot be an INN program because Department of Health Care Services (DHCS) set up the guidelines for AOT counties are expected to either Opt-in or Opt-out with strict guideline on criteria and processes. The Board has budgeted \$4M towards AOT, but most neighboring counties have funded AOT with MHSA dollars.</p> <p>10. Will AOT go out for bid if it is approved for the added \$12 million?</p> <p>BHSD RESPONSE: BHSD is still working out the details regarding procurement of this service. As explained in question #6, a portion of the \$12M is dedicated to treatment services.</p>

Question/Comment	Feedback/Response
	<p>11. Has the BOS already approved that building for added 29 beds? Who would operate the facility? Will the operations be 100% paid for by medical? (about Adult Residential Treatment)</p> <p>BHSD RESPONSE: Yes, the board has asked BHSD to find other housing options to serve clients. Momentum for health will be the contracted agency providing services in this program (program expansion). Yes, the program is estimated to generate one million dollars Medi-Cal billing.</p> <p>12. Maybe the SLC would rather add new programs up to \$12 million for new programs like Wes was suggesting. Often by the time we get to propose new programs the BHSD has already obligated most of the MHSA in processes like this. AOT should be funded by General Funds and leave MHSA for new ideas. If the BOS wants this, they can put General Fund into it also. If the board asks if you shared it with the SLC you should say yes, but people did not feel they had enough information on it.</p> <p>BHSD RESPONSE: Thank you for your feedback. At the May 28th presentation to the board of Supervisors, BHSD did inform the board about the MHSA stakeholder process and the need to present this program for funding consideration.</p> <p>13. We need more info on the new 29 beds, too. Who is the provider? Would they operate it? Add it to the AOT discussion.</p> <p>BHSD RESPONSE: Please see response to question #11. BHSD plans to provide details in the Special August 5th meeting. This is an adult residential treatment facility with onsite clinical services, such as medication assistance, crisis intervention, ADL assistance, individual and group treatment, etc.</p>
SLC Leah Hodge	<p>14. Peer billable services? What specifically does that include? What type of services? Clinical services?</p> <p>BHSD RESPONSE: Peer support services include but not limited to: 1:1 support, family support, psychoeducational/supportive and wellness groups, recreation and meaningful activities, trainings, community outreach, linkage to services, resources and referrals. Peer Support Services are not and do not include clinical services. Peer billable services are yet to be determined. Please refer to this Q&A document prepared by the Department of Health Care Services: Frequently Asked Questions on Peer Support Specialists.pdf (ca.gov)</p> <p>15. Is this new program long term or like Crisis Residential? I guess what I'm asking is length of stay (LOS) (about the Adult Residential Treatment services consideration)</p> <p>BHSD RESPONSE: This is not a new program, but a new consideration. It is an expansion of a current program that is being operated by Momentum. The length of stay is between nine months and up to 2 years depending on medical necessity.</p>
SLC Thanh Do	<p>16. What are the long-term goals and sustainability plans for these (new) proposals? Are there other potential funding sources in the short and longer term that MHSA can braid/blend with?</p> <p>BHSD RESPONSE: Long term goal sustainability of the ART program is the reduction of inpatient hospitalization and length of stay which results in significant cost savings: 1) Decompression of the county's inpatient psychiatric hospital to create capacity for acute patients at</p>

Question/Comment	Feedback/Response
	EPS requiring inpatient admission; 2) Decompression of the IMD facilities for patients from BAP to transition into and 3) To assist with further stabilization of clients who are transitioning to the community.