Public Comments Received – for Behavioral Health Commission (BHC) Review

➢ MHSA FY 2024-25 MHSA Annual Update 30-Day Public Comment Process

Substantive Comments[1]

No substantive comments received as of 3/27/24.

Public Comments and Q&A

BHC meeting (3/06/24), opening of public comment period.

- **Commissioner Y. Ng**: I recently toured the Arroyo Green Apartments in Redwood City and felt the support of MHSA in stabilizing the homeless and veteran residents, as well as residents whose primary language is not English. It being managed well by Mid-Pen, practicing cultural humility. The Health Ambassador Program has also had success throughout the years. The Spanish track is very successful, and I would like to see it branch out to other languages. Health education courses, like *Mental Health First Aid* and *Be Sensitive, Be Brace*, were shortened and more culturally focused.
- **Commissioner J. Perry**: When we provide contracts for innovation projects, it is way ahead of when they're actually going to spend the resources to provide the program. Are any of our one-year adjustments to increase contracts so that the employees receive cost of living adjustment (COLA) since the costs associated with providing service increase. What happens? Do the contracts just end early if there aren't sufficient funds? It is possible to amend contracts for FSP and other non-innovation projects to include cost of living increases because you there is going to be a need for a cost-of-living increase?
    - Doris Estremera: For non-innovation contracts, yes there is a process for adding COLA increases. These decisions are made at the Board level. When COLAs are approved, we would get the directive to then amend contracts to include cost of living increases. What I have seen with innovation projects is that cost of living increases are incorporated into the proposal at the onset, so when they are asking for funds, we send the proposal to the State for approval. We cannot go above and beyond what was approved by the State, so if there is a situation where contracts need additional funds above what was projected, we wouldn't be able to increase the contracts because they are pilots approved at a set amount.
- **Commissioner F. Edgette:** Thank you for your tremendous leadership throughout this process. I saw the billboards on the highway, and it made me swell with pride, so it is wonderful to hear the thought process and time horizon in mind. As somebody in recovery, we know you need awareness, acceptance and then action. This is building awareness, and it is heartfelt to know that the next step is about linking to the services that are available. One thing that we continue to hear from the youth community is around understanding is available, so being able to amplify it and making it visible

[1] MHSA legislation requires that the MHSA Three-Year Program and Expenditure Plan include a summary of any substantive public comments received (that may require a change to the plan) and if applicable, include recommended revisions to the plan.

when people are at that state of readiness is heartening. I am looking forward to reading the 300-page annual update to get a tangible impact of the programs.

- **Commissioner P. Nichols**: I want to echo what others have said, thank you for your leadership. My questions have to do with post-intervention outcomes – what does N represent? I assume N is equal to the total number of clients. Over what period of time?
    - Doris Estremera: N is the number of clients that provided outcome data, i.e., responded to a survey. The period of time varies program to program. For FSP we look at the year prior to entering the FSP and then one year after. The time period does not follow the arbitrary fiscal year timeline so, our data reports are from FSP inception. Some outcomes are 3 months after participation, which we will be looking at more closely with our evaluation consultants to determine whether this is the best approach to show effectiveness. Some program outcomes are immediately post program, like with Be Sensitive, Be Brave trainings, data is collected right after the class is completed. And then we do follow up with some of them 6 or 12 months out. It depends on program. But there is always post intervention data.
- **Commissioner P. Nichols**: I appreciate that your comments about how you don't know whether the results you post in here are good. They are all trending in the right direction but is a, for example, 40% reduction in "whatever" is good compared to another program? Another concern of mine is there is no data in here in terms of cost, the per impacted person cost. Commissioner Lim will be the first to tell you that decisions are only as good as the data you have to look at, and as much as I appreciate all this, I don't feel comfortable saying that this impactful because I just don't know.
    - Doris Estremera: If you're curious, I encourage you to dig more into a specific program because we do include information about cost per client. But even that is not as impactful as understanding how much money was saved by a client not engaging with law enforcement, going to the emergency room or visiting psychiatric emergency services, for example.
- **Commissioner M. Lim:** I appreciate your comments. One of the things we're trying to do with MHSA with this survey is to collect data. If we have past data then we can use it as a benchmark and if we don't, we can use that data as a benchmark moving forward because we cannot go back in time to effect change, but we can certainly move forward based on what we see. From that the hope is that we'll always be on a continual path of improvement. And if we have a benchmark, then we can measure that.

  Yes, it is a 300-page document, yes, it is long, but that's because we did a lot of work, so to cut that short would be shortchanging our work which would not be appropriate. I would encourage people who find this document overwhelming to pick just three programs that you are interested in and just read those. If you have more bandwidth, I encourage you to pick three more programs that you are not familiar with and explore those areas. In time, you will learn more and become versed in it.
- **Commissioner J. Perry**: Want to better understand how the $10M of MHSA funds that were directed towards housing were used. Could you describe to us how funding one MHSA unit is more than just the 4 walls and ceiling, how there's services and subsidies that are provided to the occupants on an on an ongoing basis.

- Doris Estremera: Yes, you are correct. Every MHSA unit is linked to supportive services provided by BHRS and/or another provider. The $10M has been allocated to DOH over a two-year funding process. In Year 1 (2022) – 25 MHSA units were awarded to developers in East Palo Alto, North Fair Oaks and South San Francisco and in Year 2 (2023)– 25 MHSA units in Redwood City and Daly City. The funding pays for the construction-related costs. BHRS then goes into an MOU with a housing provider and staffing to make sure that supportive services (e.g., treatment, daily living skills development, housing maintenance, occupational therapy, etc.) are being provided to every client.

- **Commissioner Y. Ng:** When we toured Arroyo, we learned that some residents only pay $1 because they got the voucher, and some pay 3% of their income because they are in a subsidized program. So, we want to learn more about those units. Those are all studios, some are reserved for veterans, some for residents with moderate to severe mental health challenges. So, we want to learn about how MHSA fund those for long term residents.
- **Commissioner D. Keohane**: In your outcome slides about direct treatment programs, "connection" is the outcome (has an asterisk that says it will be added next fiscal year) – what is that about?
    - Doris Estremera: "Connectedness" is a new outcome that we're starting to collect data on.
- **Commissioner F. Edgette**: Did I hear you correctly that the next step is looking at possible intersection points between all the outcomes? I don't have any suggestions within that regard. It was just discussion around the data and as Michael was talking, it made me think of longitudinal effects. Just in terms of what baseline is, that would be helpful to know. In terms of cause and effect, seeing the visual representation of the client outcomes and these various areas made me curious about macro or environmental factors that could contribute to people's success so that's another lens for us to analyze through.
    - Doris Estremera: I did allude to the fact that there is some crossover with outcomes across direct treatment and prevention and early intervention programs, but I hadn't thought about what to do with that data yet. This could be something we bring to the consultants to explore further
- **Bill Silverfarb (Supervisor Canepa's aide):** Under the post-intervention outcomes under connection for older adults peer counseling, who provides these services? The fact that we're getting 92% are feeling less lonely, that's an incredible figure. I met with PFS earlier today and they want to expand their peer counseling, and they are looking to the County – Measure K dollars – or even our office to help them expand this in the future. Loneliness for Supervisor Canepa and myself are a legacy project, and we will be focusing on this while we are in office. Does the report break down the funding that goes toward this?
    - Doris Estremera: Peninsula Family Services. We have pulled all outcome data we have for BHRS programs related to "connectedness". Jei will be sharing this data with your office.
- **Commissioner J. Perry**: Another source of information about loneliness regarding older adults might be all of San Mateo County cities, and our county is an age friendly community. And so that means that members of those communities have be surveyed and contribute to forming what are the priorities for each community, and connection and loneliness are part of the age friendly community concept.