Public Comments Received – for Mental Health Substance Abuse and Recovery Commission (MHSARC) Review

➢ Plan to Spend $5M One-Time Funds on COVID related impacts

Comments	Response
Re: the Plan to Spend $5M One-Time Funds – COVID impacts Looking down the road, one hopes there will be planning and funding to re-integrate and house homeless people now housed in hotels. Now is the time to begin planning. That's the part I'm so concerned about.	We appreciate your comment. We agree with your recommendation to begin planning now for post-COVID housing needs. We will engage in a planning process with stakeholders to further develop the spectrum of strategies for the Housing Initiative with the goals of a) defining a continuum of services, b) identifying gaps at all levels of support or intensity in treatment, and c) articulating expected outcomes and identify the activities/strategies that will support a comprehensive continuum of services. Your feedback will be incorporated into that planning process, thank you.
My understanding is that there is state funding available for testing programs. Why are we using MHSA funds for testing programs?	The State funding available for testing does not cover staff. MHSA could be used to cover both clients and staff that would need to be tested in residential facilities. We also need to be able to bill Medi-Cal and private insurance. With the larger labs we have considered, they do bill Medi-Cal, bill private insurance. We would use MHSA funds only for the amounts that are not paid for by Medi-Cal and private insurance. We are also considering two labs that are fast but they don't bill, so we are looking at having the Health Plan bill for us since this is a physical health, not behavioral health issue.
LifeLine (aka "Obama Phones") can be acquired by clients for free with a low-cost data plan. It would save us monies to promote this service instead.	This is still an option for clients. Having a direct contract with T-Mobile/Sprint allows us to ensure that clients that do not have the funds to pay for even the low-cost option would have access to a phone and the data plan that is needed to participate in telehealth, recovery supports and stay connected when sheltering-in-place. A few other benefits include higher gigabytes to support doxy.me and other apps necessary for telehealth and the ability to pre-load (and digitally push) the necessary apps on the phones.

Phones & Date Plans for 300 Consumers

COMMENT: Although the phones are free and the data plan is a reasonable cost, I believe that there is no preparation or plan for how these phones and plans would be distributed, Most clients who cannot afford a phone qualify for a free Obama phone with has limited data.

How ad decision be made as to is "qualified" for one of the 300. How do you determine the individual has a dire need and cannot obtain a free phone and plan or makes too much to justify giving them a phone they can actually afford? What will the expectations of clients as to whether BHRS will continue after 3years to stop funding their phone? What of those clients who call foul when client a receives one, but client b does not? What if someone loses their phone? What if it gets broken? What expectations are clients going to have? If they were worthy a phone and plan in the first and lost it or broke through no fault of their own, do we then replace it at the cost of someone else not getting a phone? I think while well intentioned, the roll out and implementation of this plan is more in the "wouldn't it be nice to this and we can get free phones" instead of looking the reality of inequality in distribution, cries of unfairness and expectations that are not realistic.

As a peer worker, I will again speak to technological challenges. Many clients cannot voice a mail or email or text, much less navigate the web. Telephonic and Zoom instructions are often lost on those unfamiliar or overwhelmed with what to do and how to do it. What then, is the plan for tech support, education, and helping the consumer make the most out of the gift?

In my opinion, well while intentioned, consumer complaints about lack of communication are seldom linked to not having a phone. There are truly very few people in this day and age who do not qualify for a free phone and data plan or do not have a phone

Thank you so much for your feedback. We agree that having a well-thought out plan for distributing phones is necessary to ensure that clients who are most in need receive this support. We have significant input from clinicians and contractors alike that lack of technology supports (phones, tablets at residential facilities, and viable data plans) is a legitimate barrier to continuing the support groups, therapy and recovery service that were available prior to shelter-in-place orders for clients.

We are working closely with the Office of Consumer and Family Affairs to determine the best way of doing this and will finalize a distribution and management plan prior to purchasing of any data plans for the free phones provided through this federally subsidized program, which includes free replacement of lost, stolen, broken phones by T-Mobile/Sprint directly with no impact to the 300 data plans we are able to purchase with the funds.

Some things that will support the planning:

- Consultation with California Clubhouse and Heart & Soul given they have been able to implement as part of the MHSA Help@Hand project
- Training for peer workers, family partners and other staff that will be distributing phones to support clients with simple "how to…" download apps, use the phones, navigate the web, etc. The training will also include information on staying safe online, from the Help@Hand Digital Mental Health Literacy project for and by consumers.
- Development of a screener to ensure clients that need the phones and data plan have access to this program

available to them whether that be at home, in the shelter, board and care, etc.

If BHRS decided to use this large amount of money for something most can get free, I would suggest the distribution be tightly controlled by case managers who first attempt to enroll the client to receive an Obama phone. Additionally, case managers are more attuned to what the actual communication issues are with a consumer. For example, if in my household, I do not personally have my own cell phone, but there are other cell phones in the house or house phones for my use, do I deserve a phone and data plan, whereas someone else may have no communication means.

I would recommend the non-implementation of this program until how it will actually be run to insure inclusivity and fairness. My suggestion would be to take that money ad instead devote to a much larger problem then not having a phone, which is homelessness. I would further increase the hotels for the homeless as given the choice between a roof over your head or a phone, I believe most homeless people would opt for the roof.

Phones + Data Plan for BHRS Clients: $108,000

Most, if not all BHRS clients are under Public Assistance Program. As such, they qualify for a FREE Lifeline phone. A mentioned preference for the T-Mobile/Sprint phones was that they come with 8GigaBytes(GB) for apps to support telehealth. Assurance Wireless has been supplying Lifeline phones with 8GB for years.

Most telehealth appointments are conducted through a telephone call. There may be circumstance when it requires doxy.me. If so, I'm sure the MHSA Steering Committee would like to be educated on it's features.

What about loss or breakages? Carriers will replace them for a nominal fee of about $10. Phones are throwaway instruments now. It's more lucrative for Carriers to maintain the service.

Thank you for your comment. The free phones offered by T-Mobile/Sprint data plans come with 11 GB, offer a hotspot for internet access and we are working with T-Mobile/Sprint to ensure we receive devices that will support Doxy.me and other wellness apps. Doxy.me is the preferable method of providing telehealth given confidentiality; data shared through Doxy.me is encrypted and no patient info is stored. Feedback from clinicians has been that most appointments are currently done via the phone due to a small percentage of client preference but mostly not having adequate technology supports to use doxy.me.

We will also be working closely with the Office of Consumer Affairs to develop a plan for distributing phones to ensure that clients who are most in need receive this service (have not been able to access Lifeline phones due to cost prohibition or other barriers).

Similarly, BHRS clients would also qualify for the reduced home internet service for $10/month (equipment included) from Comcast, AT&T, etc. This program has also been around for years. 300 units will only cost $36,000/yr, for a cost savings of $72,000/yr (67%). <u>Phones + Data Plan for Contractors: $270,000</u> I don't quite recall the particulars for this line item. Is it because contractors need to conduct telehealth services that require internet access when they are not in the office/home? Please clarify.	The free phones with data plans for contractors is for the same reason BHRS is looking to provide this service to clients. Contractors have also expressed that the lack of technology supports is a legitimate barrier for clients and staff alike to be able to continue the support groups, therapy and recovery service that were available prior to shelter-in-place orders for clients.
Primary Care Interface & Resource Management: Both of these 2 line items cost over $3.5M which is 70% of the $5M. I've requested that these 2 items be unpacked so that the public would have better understanding of what these cover. The public can't really comment on something that they do not understand.	Thank you so much for this comment. While we have provided information during previous public meetings, it is important that this information is also included on the plan itself; thank you for this suggestion. We will update the plan to include this information. These two programs are existing programs. Given BHRS 30% expected revenue reductions, this $3.5M will allow us to fill a gap in funding and not have to make further reductions in existing programs. It is a one-time funding strategy, so we will need to continue to plan and make ongoing changes like collapsing programs and prioritizing reduced resources. The Adult Resource Management team provides case-management services for San Mateo County Residents who are hospitalized in public and private facilities, and for adults who are placed in Mental Health Residential settings and long-term treatment both in and out of county. The team also provides assertive outreach to homeless underserved residents. The Primary Care Interface Team is embedded in various Primary Care clinics throughout San Mateo County and provide brief mental health treatment along with linkages for clients that may need more intensive care.

I also agree that COVID funds would be best spent to train counselors in suicide prevention. I also think teenagers and young kids in turmoil as a result of Covid might benefit from counseling in the future. I would like very much to be put on the list of trainees...I REALLY want to help! Thank YOU!!!	Suicide prevention training is coordinated through the Office of Diversity and Equity via workforce, education and training team and various contracts for mental health first aid. I will follow up with the individual to find out more about the need and coordinate training. please contact Sylvia Tang at The MHSA Three-Year Plan includes a $600,000 allocation to youth mental health crisis response and prevention, which includes increase resources for training. The crisis response team is in the planning stages, please see Appendix 7 of the Three-Year Plan for the current draft concept. The MHSARC Youth Committee has been tasked with this effort. These planning meetings are held on the third Wednesday of every month at 4pm.