

Public Comments Received – for Behavioral Health Commission (BHC) Review  
 Amendment to the MHSA FY 2024-25 Annual Update  
 30-Day Public Comment Process

Substantive Comments<sup>1</sup>

**Received during public comment period**

| Comment  | Response/Recommended Revision  |
|--|--|
| <b>Regarding Innovation Proposal: Animal Care for Client Housing Stability and Wellness</b>  |  |
| <b>Lori Morton-Fezell (County of San Mateo Health):</b> How can we work with these residential facilities to change their policy around pets? In our shelter and congregate shelters we have shown that the issues they are stating do not exist. (p5) | BHRS will add a component to the program that will include working with supportive housing and treatment facilities that do not currently have policies to establish and formalize policies around accepting animals (i.e., Permanent Supportive Housing, Serenity House, and substance use treatment facilities).   |
| <b>Lori Morton-Fezell:</b> Given legal issues, client-animal visitation is not feasible. (p7)  | BHRS will remove the client-animal visitation component of the program. The program will still include opportunities for clients to receive regular updates about the wellbeing of their animal.   |
| <b>Lori Morton-Fezell:</b> Will [the Program Manager] be a BHRS employee? Or is this person employed by the Animal organization you will be contracting with? (p8)   | BHRS will adjust the staffing section of the plan to include a Project Coordinator from San Mateo County Health that will work in collaboration with a BHRS Manager. The Project Coordinator will be responsible for contracting with fostering agency and supportive services.  |
| <b>Lori Morton-Fezell:</b> Have you included in the cost animal food, supplies such as bowls, litter boxes, cages etc? Will BHRS pay for that or will it be the animal organization's responsibility to cover those costs? (p8)                        | Given this comment and further understanding about the cost of providing the animal foster care and supportive services, BHRS will adjust the budget as follows to increase the funding for contracted services and remove the funding for BHRS administration. In addition, BHRS will increase the funding for evaluation based on field standards of 12-15%. <ul style="list-style-type: none"> <li>● <b>Service Contract:</b> increase from \$750,000 to \$870,000 (\$290,000 annually for three years)</li> <li>● <b>Evaluation:</b> Increase from \$100,000 to \$120,000</li> </ul> |

<sup>1</sup> MHSA legislation requires that the Annual Updates for the MHSA Program and Expenditure Plan include a summary of any “substantive” public comments received (e.g., comments that may require a change to the plan) and if applicable, include the recommended revisions to the plan.

## Public Comments and Q&A

### BHC meeting (10/02/24), opening of public comment period

- **Commissioner F. Edgette:** Following the 30-day public comment period and assuming projects are approved here, what's the time horizon in terms of steps essentially, when's the earliest that projects would be "shovel ready"? I know they're not all infrastructurally, but...
  - Doris Estremera: Great question, Frieda. And actually, it's why I'm proposing it as an amendment to our current fiscal year. Typically, we would wait until the next fiscal year to be able to implement new [projects]. But at least allcove and PIVOT can hit the ground running probably by January [2025], where the other two [projects] will have to go out to RFP and a process, and that take a little longer, so those two projects may have a more of a July 1, 2025 start date.
- **Commissioner F. Edgette:** And with allcove Half Moon Bay do they have a site identified, and how far along are they in terms of their reorganizing?
  - Cameron Zeller (Coast Pride) via email: We signed our contract with the state for developing allcove Half Moon Bay on October 2nd so we are just getting started. We have a kick-off meeting with the Stanford TTA team scheduled for Monday, 10/21/2024. We have identified some potential locations for allcoveHalfMoonBay and will vet them with the Youth Advisory Group once that group has been formed.
- **Commissioner F. Edgette:** We were very involved and I'm on the community consortium for allcove San Mateo, so I'm very familiar with the process; we're very excited, the community, in terms of another allcove, it's such an effective, proven model, and it's wonderful seeing California and the Bay Area taking a leadership role in bringing this model here, so I'm enthusiastically eager to support bringing this model here.
- **Commissioner L. Poreddy:** I'm looking at the four selected ideas, and I believe they are from 2022, and we're going to be in 2025 by the time we implement this. Is there a plan to revisit how relevant these ideas would be in 2025?
  - Doris Estremera: That's an excellent question. That was part of the feasibility review. It [included] reaching out and looking at, is this feasible, does it still make sense? Is it still considered innovative? So we did the research. We reached out to the initial folks that had proposed it. We reached out to potential bidders. So we did a lot of that work to make sure that it was still relevant. And so the two [projects] that moved forward did meet those feasibility review criteria.
- **Commissioner L. Poreddy:** The reason I'm asking that question is, probably these ideas came in even before Chatgpt was out there, right, from an innovation standpoint. Because I'm on the board of a technology company which is working in a similar space. And they're working with the states of North Dakota and Missouri and working with the research institutes there to work for elderly people and troubled young adults, especially in mental health space, looking at cognitive decline and stuff like that. So that idea seemed extremely innovative, and a lot of

universities, including USC, UCLA are interested in that product. And I don't see a lot of - and maybe I'm a little bit biased - but that's what we bring to the table is diversity right? I'm looking at, can we bring some technology innovative ideas to the table and see how our county can benefit, given we are in the Silicon Valley?

- Doris Estremera: Thank you. Typically the way that Innovation proposals work is that there is a process where projects get proposed. The last process we ran was in 2022. At this point in time and given that we're moving into kicking off the transition to Prop 1 in January 2025, we do not have the capacity to run another comprehensive INN proposal idea process. It is typically about an eight month process - because you have to open it up to the public and make sure that everybody has access to it and ideas can get proposed, make sure [the process] feels supported so that ideas can come from not just agencies that are very well resourced, but that a client, a community member can also propose ideas. You're right, we are in Silicon Valley - and actually, technology innovations has been in the past an idea that came through for funding. We were able to allocate monies through our Help@Hand project that looked at different apps and bringing apps to our older community and our youth. So we have been able to do some work in technology.
- Commissioner Jean Perry: Thank you, Lavanya, and and I've got to say, there were a bunch of really good ideas left over after the ones were selected in 2022, so I really am happy about the way we modified the process so it was accessible to literally anyone - you could send an idea and it didn't have to be [fully] developed - you didn't have to prove its feasibility, and then there was a process to develop it. And also it's going to be a little different going forward with BHSA because there are not allocated funds for Innovation, so it's going to happen in a different way - it will need to happen. There is a need for this.
- **Commissioner S. Escobar.** I just wanted to say thank you for your presentation. It was really well done, and these ideas seem really exciting. My question was in regards to the peer support and the peer workers. Where would you find these peer workers, and do you have a plan for this to be more volunteer or something that's more of a contract job base with peers?
  - Doris Estremera: At this point, my understanding of it is that the folks who are going to be providing the peer support are hired peer support workers themselves.
  - Waynette Brock (One New Heartbeat) via email: The peer workers will be Certified Peer Specialists and Supervisors, who are staff members trained in trauma-informed care, conflict resolution, de-escalation techniques, boundaries, and ethics amongst other things
- Doris Estremera: I do want to say to folks, like Sophia and Frieda, where you had specific questions about how [the project] was envisioned, this is also our opportunity to provide our feedback, what we would want this to look like. This is our opportunity to give considerations, and we can take a look at that.

- Commissioner Jean Perry: I would encourage everyone to go and read what's on the website and submit your questions and ideas. It's not written in stone and further development can happen until November 6.
- **Jo [via chat]:** So the animal care for housing stability, is it medical care for the animals?
  - Doris Estremera: So there is a component that does provide veterinary care. And this is something that actually we have a good resource in our County. This is something that's already provided at our shelters through our Public Health Department. So yes, veterinary care services would be [part of the project]. But again, the main criteria, as this project has been envisioned, is for that urgent and temporary need where it is going to support somebody to either get housed or maintain their housing, or enter a higher level of care, not as an ongoing support for clients with pets.
- **Commissioner R. Garcia:** First of all, Doris, thank you for all the hard work you've been putting into this, to you and to the entire team, and everyone who's been super involved, because I know it's been ongoing since 2022, and so much more to come. It's a long process, and it's for me a fairly new process that I'm learning. So I do want to ask, if there were initially 19 ideas that got pushed out and accepted, now that these four have been prioritized, what does that look like? Are all four going to for sure receive funding? Is it one of the four, two of the four?
  - Doris Estremera: I apologize if that wasn't clear. Out of the 19 original ideas, four are up and running, and now we are proposing two more from the list to move forward. And again, we had to review new criteria with Prop 1, it did limit us. We had a lot of prevention focused ideas that we just won't be able to move forward. And also, looking at all of the things I talked about with regards to feasibility. All new projects will need to be approved by the State Mental Health Oversight and Accountability before we can for sure allocate funding
- **Commissioner R. Garcia:** So two of the four would move forward?
  - Doris Estremera: We have four that moved forward in 2022. We went back and looked at the list of leftover 15 projects, looked at the new criteria and the feasibility review and were able to select two more to move forward two years later - so a total of six out of the original 19.

**Public Comments submitted via public comment form**

***Regarding purchase of new building and Innovation projects:***

- **Ligia Andrade Zúñiga (San Mateo County Suicide Prevention Committee):** I am writing to express my full support for the two amendments to the Mental Health Services Act. As a San Mateo County Suicide Prevention Committee Member, Interim Executive Director of the Center for Independence of Individuals With Disabilities, and current Board President for the San Mateo Union High School District both of the amendments are extremely important in being able to provide safe, healthy, and evidence-based practices to best serve our community members in San Mateo County. These amendments will also provide support to our staff members who are

dedicated to providing the best service and support that they can, but cannot if they do not have adequate tools and support for them as well. Burnout and working conditions impact our service providers by affecting their quality of work life, their own mental health, job satisfaction, and retention. Ultimately though, the community is affected when we do not provide adequate working conditions and appropriate evidence-based practices when providing services.

***Regarding purchase of new building:***

- **Claudia Saggese (BHRS):** Purchase of New Building for South County MH Clinic. I fully agree with the proposal - It will better serve our clients/consumers & family members. I also think it is a good investment for the county to own the building because this would reduce rental escalation price.

**Additional Public Comments**

***Regarding Innovation Proposal: Animal Care for Client Housing Stability and Wellness***

- **MHSOAC Innovations team:** Consider including additional detail on the local need, such as local personal stories on the need for and impact of receiving support for animal care.
- **Lori Morton-Fezell (County of San Mateo Health):**
  - I am so glad that BHRS has a way to get the funding for this pilot. It is a large gap for those in need of treatment that have pets to have a foster care program. It is so true that people will not leave their pets unless they know they are being cared for and safe. Is the name of the project final? I am not sure if it can be modified at this point. When the term “Animal Care” is used it includes all aspects of the care for the animal when this proposal covers mainly foster care, and in-home pet care of the animals in need. I don’t want the case managers, county staff, or clients to confuse your program with the Veterinarian wellness program that my team provides. Maybe the title can be “Animal Foster Care.” Just a suggestion.
  - Will BHRS be asking my vet wellness program for support on vaccines and treatment? If the answer is yes I will need to look for a way to expand my program.
    - Doris Estremera: We do not anticipate a high need for vaccines and treatment, it will be minimal and only available to pets while in foster care.
  - Lori Morton-Fezell: Why would BHRS be recruiting peer support workers [to serve as the animal fosterers]? Wouldn’t that fall to the scope of work of the animal organization you will be contracting with? The group recruiting animal foster care volunteers should have the knowledge of what is needed for the care of that animals. They should already be aware of animal issues that can happen, however to handle animal emergencies, etc. Just curious why that would not be a role of the animal group? (p8)
    - Doris Estremera: This is the role of the contracted animal fostering agency. BHRS will center the importance of peer-to-peer services by 1) including language in the Request for Proposals (RFP) for the contracted foster agency

that the agency should value and promote the importance of peer-to-peer services for individuals with mental health and substance use challenges; and 2) working with the contracted agency to promote the opportunity for peers to become fosterers through BHRS's existing network of peer support workers and programs for individuals with lived experience and their family members.

- Who will be developing the training [for the volunteer animal fosters]? I would increase this number [3 fosterers] due to people not being available or on vacation, or sick etc. If you are putting in the effort to train, why not train more people?
  - Doris Estremera: The training, support and recruitment of fosterers will be on the contracted fostering agency, we are looking to contract with an agency that already offers pet fostering during natural disasters or other emergencies and has the infrastructure in place to support volunteers.
- Will the support [through this program] remain with clients with mental health or substance issues or is the plan to expand to those in residential housing /congregate housing that might need a foster home if they are entering the hospital or incarcerated?
  - Doris Estremera: Yes, this would be for BHRS and network of providers' clients only.
- Will the program include all types of animals? Just curious as we do have a resident with chickens. I think it should be for all pets. I am bringing this up so it is on your radar that the client could have a bird, rabbit, fish or reptiles. You will need [animal fosters] that can handle any species of animal.
  - Doris Estremera: This will be on the selected fostering agency to determine based on capacity and their policies; we can request this (but, not require) during the RFP process.
- You could include [in the background Research for the INN Component section] that the Contracted Animal Care and Control Vendor of San Mateo County currently will hold in protective custody animals for 30 days however if they need a longer stay there is a gap in service.

***Regarding Innovation Proposal: Peer Support for Peer Workers***

- **MHSOAC Innovations team:** Consider including additional detail on the local need, such as anecdotal data from peer workers to bring in the human element. In addition, consider adding a baseline survey for peer support workers as part of the learning and evaluation section to establish baseline data. Also ensure that the county is connecting with DHCS and other counties on connecting the INN investment to potential system change and possibly Medi-Cal billing.

***Regarding Innovation Proposal: allcove Half Moon Bay***

- **MHSOAC Innovations team:** Consider including the dollar amount of the original OAC start-up grant to CoastPride. Ensure the proposal contains the items specific to San Mateo County as an appendix to the multi-county collaborative plan.
- **Sarah Kremer (allcove Implementation Manager, Stanford University):**
  - allcove Half Moon Bay is written out completely without abbreviations.
  - Instead of saying, “The funding will also be utilized to implement principles for allcove centers called ACCESS (Anti-racist, Culturally-minded, Community Education, Support, and Services),” change to: “The funding will also be used to implement a cultural safety approach that is being developed by Stanford with youth advisor input for allcove centers.” Throughout the document, use “the allcove cultural safety framework” instead of “ACCESS principles.” (p4)
  - Add “physical health, supported education and employment, peer support, family support” to the list of services that allcove will provide. (p5)
  - Suggestion to expand the BHSa transition responses (p11) as follows:
    - *How does this proposal align with the BHSa reform?* The project focuses on holistic early-life investments and strategies for youth and young adults 12 to 25 years old and their families to intervene in the early signs of mental illness or substance use, through an integrated services approach that reduces silos for planning and service delivery. Through allcove’s “no wrong door” approach, young people are welcomed in to a center and through a shared decision process, can have rapid and easy access to a range of services. While allcove’s focus is mild to moderate behavioral health issues, no young person is turned away. A robust community-led referral network supports youth with greater needs, advancing equity and reducing disparities for individuals with behavioral health needs. Every allcove center also provides culturally safe and supported services that are identified by youth through their Youth Advisory Group in collaboration with a Community Consortium. These advisory groups continue to ensure that all young people in the community, especially the most underserved populations, such as those who identify as Black, Indigenous, and people of color (BIPOC), LGBTQ+, and young people experiencing homelessness, are aware of the center. Both groups also work to ensure that allcove is meeting the needs of all young people through its services provided by community partners. Additionally, by providing the range of staff positions from peer support specialists to youth outreach specialists, from clinicians earning hours toward licensure to those providing supervision, allcove centers offer a path for young people interested in behavioral health careers. A young person may seek services at an allcove center, become a youth advisor, then move into a peer support specialist role while attending college. They may decide to pursue a degree that provides a pathway to clinical services, while still working at an allcove center. This network of centers around California are poised to expand the behavioral health workforce through community- and youth-led efforts.

- *Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?* No. An allcove center may have supports for young people who are unhoused, including referrals to community partners that offer this service, if there is a need in the community as identified by youth advisors and if the young person requests this service.
  - *Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?* Yes, the project provides early behavioral health services for youth and young adults, ages 12 to 25 years old. allcove centers support young people with a range of needs through these prevention and early intervention services, such as brief therapy or psychoeducation on substance use, and also connects young people to other providers in the community for other services, like early psychosis. allcove center staff understand the need to integrate traditional mental health services and substance use services to ensure young people are treated with a unified approach as a whole person. Additionally, through each center’s Youth Advisory Group and Community Consortium, centers engage in activities designed to destigmatize behavioral health issues, increase awareness of services and resources offered at allcove centers, provide a focus on wellness activities and prevent behavioral health problems before they start.
  - *Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?* No. Depending on each community’s needs, allcove centers may have partners who provide Full-Service Partnership effort, and could provide a warm hand-off to these organizations for services outside of allcove’s mild to moderate focus.
- **Cameron Zeller (CoastPride):** Under Numbers of Youth Served with INN Funding, change “youth” to “youth and families.” (p5)

***Regarding Innovation Proposal: PIVOT***

- **MHSOAC Innovations team:** Include additional detail about the Community Planning Process (CPP) in terms of how this idea was brought to the community outside of the 30-day public comment period. Add detail about local capacity in San Mateo County to implement PIVOT, in the context of learnings we have had as a state around this effort and system transformation work. Consider connecting with other counties that are working on supporting early intervention programs around Medi-Cal billing, particularly Fresno County and Nevada County.

**BHC meeting (11/06/24), closing public comment period.**

- *To be completed after closing of the public comment period*



