



American Rescue Plan Act (ARPA) Mental Health

Public Safety Committee

August 16, 2022

Presented by: Maria Villagómez, Deputy City Manager

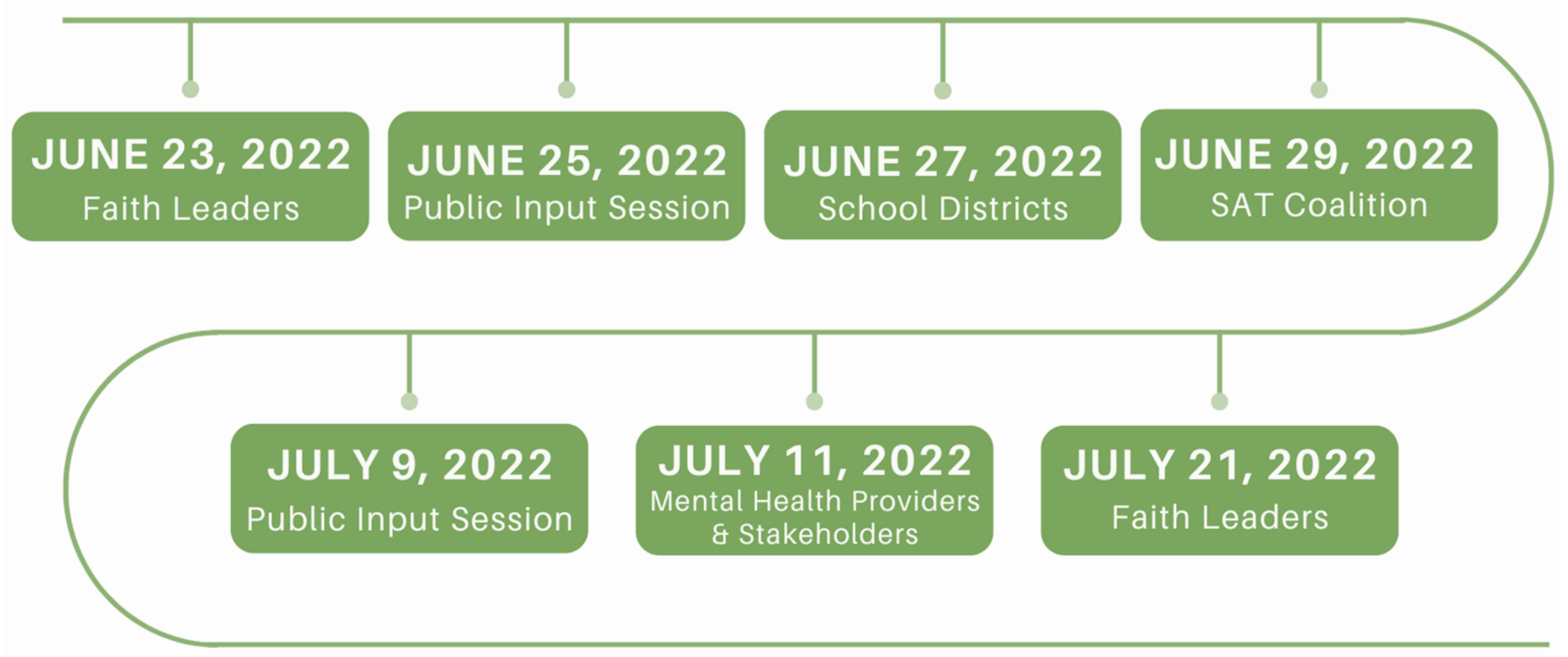
Presentation Overview



- Results of Stakeholder Engagement
- Proposed Implementation Plan
- Timeline and next steps

COMMUNITY INPUT

Timeline of Meetings



COMMUNITY INPUT

101 Comments received

2

Public Input
Sessions

57

Attendees

2

Meetings with
Faith Leaders

89

Attendees

2

Meetings with
Providers &
Stakeholders

62

Attendees

1

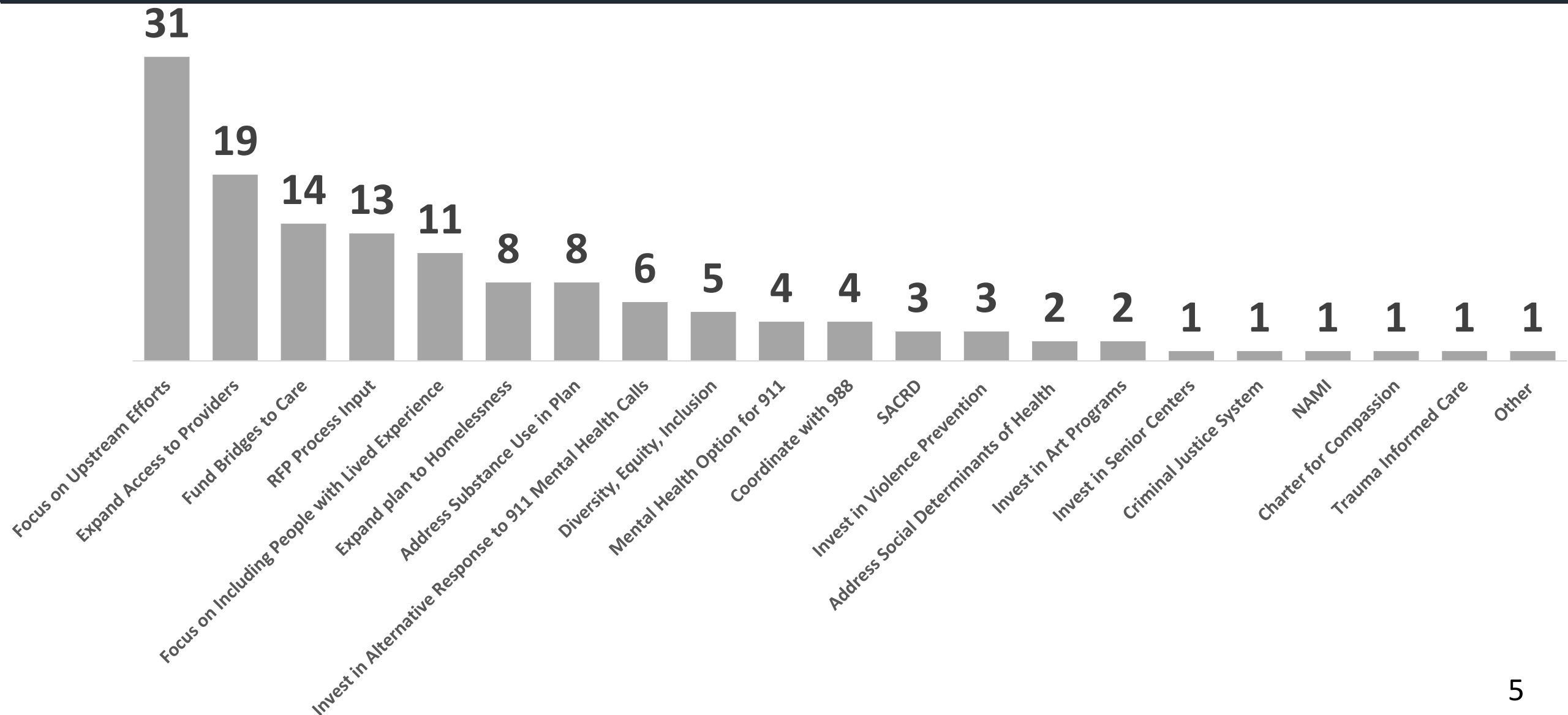
Meeting with
School Districts

10

Districts in
Attendance

COMMUNITY INPUT

Comments Results



ARPA Mental Health Plan Development

1

Identify
COVID-19
Impact



2

Programs/
strategies
benefiting
community
members
affected by
impact



3

Desired
Outcomes
& Metrics



4

Two Year
Plan
2023 & 2024



Recommended Mental Health Implementation Plan

	Strategy/Program	City Programs	Competitive Process (RFP)	Total (In Millions)
Youth	Access to Mental Health		\$12.75	\$15.0
	Project Worth and Stand Up SA	\$0.75		
	Diagnostic Services		\$1.5	
Older Adults	Navigation Programs		\$0.5	\$5.0
	Social Interaction	\$2.5	\$1.7	
	Caregiver Program		\$0.3	
Homeless	Chronic and Unsheltered Veteran Homeless		\$1.0	\$5.0
	Youth Aging Out of Foster System		\$4.0	
Collaboration	Framework for upstream systems	In-Kind – Metro Health		\$1.0
	Education campaign/ 988 hotline		\$1.0	
Total in Millions		\$3.25	\$22.75	\$26.0

Recommended Mental Health Plan

Youth

Three Strategies to address increased social isolation, anxiety, and depression

1. Expand Mental Health Service Access for Youth ages 12 to 19
 - Target: Census tracks with high concentration of
 - Mental Health Hospitalizations
 - 911 Calls
 - Equity Atlas Score 6 and Higher
2. Expand Metro Health Project Worth Teen Ambassador and Stand Up SA Programs for youth ages 12 to 19
3. Diagnostic Services and Family Plan Development for children up to the age of 6
 - Target: Census tracks with equity atlas score of 6 and higher

Recommended Mental Health Plan

Older Adults

Three Strategies to address increased social isolation, anxiety, and depression

1. Expand Navigation Programs
2. Increase social interaction activities and programs
 - Expand opening hours at City Comprehensive Senior Centers (Pilot Program)
3. Caregiver Program Services and Coaching
 - Target: Census tracts with equity atlas score of 6 and higher

Recommended Mental Health Plan

Homeless

Two Strategies to address increased homeless population with mental health and substance abuse

1. Connect Chronic and Unsheltered Veteran Homeless to Mental Health, Substance Abuse, and Housing Resources
2. Outreach and Services to Youth Aging Out of the Foster Care System

Recommended Mental Health Plan Collaboration

Four Strategies to address behavioral health programs in Bexar County where COVID-19 has exacerbated existing conditions

Collaborate with partners to:

1. Establish a framework to serve and align upstream systems and organizations
2. Recommend/Identify a central phone number to respond to pre-crisis calls from individuals needing support and navigation
3. Public Education Campaign to address mental health stigma
4. Evaluate recently deployed 988 line for mental health

RFP – Eligibility & Scoring

- Eligibility
 - Nonprofit Organizations (501 (c) 3)
 - Faith-Based Organizations
 - Public Entities (non-COSA)
 - Minimum of 2 years in operation
 - Demonstrate disproportionate COVID-19 impact
- Scoring Criteria
 - 30 Points: Experience Background and Qualifications
 - 40 Points: Proposed Plan
 - 20 Points: Budget
 - 10 Points: Evaluation, Innovation, and/or Continuity of Effective Programming



Request for Proposal Timeline





Staff recommends the Public Safety Committee moves this item forward to City Council for consideration at the September 1st “A” Session.



American Rescue Plan Act (ARPA) Mental Health

Public Safety Committee

August 16, 2022

Presented by: Maria Villagómez, Deputy City Manager



Mental Health – Recommended Implementation Plan For the use of ARPA State and Local Fiscal Recovery Funds

Background

On March 11, 2021, Congress signed into law the American Rescue Plan Act (ARPA) which included resources to support local government's response to and recovery from the COVID-19 pandemic. The City of San Antonio was awarded \$326.9 million in State and local Fiscal Recovery Funds. As part of the FY 2022 Budget process, City Council approved \$97.5 million to support the city budget and address community needs. On November 18, 2021, Council approved an additional \$30.0 million for utility assistance. The remaining \$199.4 million remained unallocated and was intended to be awarded following a community engagement process that began in the fall of 2021.

On January 26, 2022 staff presented a recommended spending framework reflecting Community and City Council input. The final spending framework was approved by City Council on February 3, 2022. The approved spending framework included \$26 million recommended for programmatic funding dedicated to support residents with mental health stressors exacerbated by the COVID-19 pandemic.

Through a comprehensive plan, San Antonio Metro Health District will manage investments for organizations in the amount of \$26 million through a competitive process. This document outlines the implementation plan.

Eligibility

Eligible Organizations

- Nonprofit organizations (501 (c) 3)
- Faith-Based organizations
- Public Entities (including non-COSA government agencies)

Additional Information on Eligibility

- Must have been in existence and actively producing programs that are open to the public in the City of San Antonio for a minimum of two years
- Must demonstrate agency and/or residents served have been disproportionately impacted by the COVID-19 Pandemic
- Additional points will be awarded for agencies who partner with agencies that have not been in existence for a minimum of two years

Program Funding and Competitive Process

The total allocation to the Mental Health Spending Category is \$26 Million. The Implementation Plan proposes to allocate \$23 Million through a competitive process to eligible organizations to assist the City in delivering the services recommended within the plan.

The Metro Health Department is proposing to award mental health investments to support access to programs that directly benefit Youth, Seniors and Homeless individuals through a competitive Request for Proposal (RFP) process for distribution of investments for nonprofit and social services organizations.

Awards:

- Minimum of \$100,000 over two-year contract term

Targeted Populations

Youth

The Proposed Implementation Plan proposes three strategies to address the increased social isolation, anxiety, and depression experienced by youth by:

- Expanding access to mental health services for children and youth ages 12 to 19
 - The City will request responders for innovative ideas to provide services including the use of technology
 - The City will also request in-person services at Parks and Recreation Community Centers, Service Provider Locations, and schools
- Expanding Metro Health Project Worth Teen Ambassador and Expanding Metro Health Stand Up SA
- Providing diagnostic services and individual service family plan development for families of children up to the age of 6 experiencing developmental disorders

The Proposed Implementation Plan proposes services to youth ages 12 to 19 in census tracks where there is a high concentration of:

- Mental Health Hospitalizations
- 911 Calls
- Equity Atlas Score of 6 and above

The Proposed Implementation Plan proposes diagnostic services and individual service family plan development for families of children up to the age of 6 experiencing developmental disorders in census tracks with an Equity Atlas Score of 6 and above.

Older Adults

The Implementation Plan proposes three strategies to address the increased social isolation, anxiety, and depression experienced by older adults by:

- Expanding navigation programs to connect older adults to mental health resources and referrals
- Increasing interaction activities at City of San Antonio senior centers and extending service hours at comprehensive senior centers
- Increasing social interaction activities at community sites in census tracks with a City Equity Atlas Score of 6 and above
- Offering program services and coaching for loved ones caring for older adults in census tracks with a City Equity Atlas Score of 6 and above

The Proposed Implementation Plan proposes a pilot program to extend hours at the Comprehensive Senior Centers across the City. The current hours are Monday through Friday from 7am to 4pm. The implementation plan proposes a pilot program to extend the hours from 4pm to 7pm Monday through Thursday at these centers for two years. The Senior Center locations are:

Comprehensive Senior Center	Location	Council District
West End Park	1226 NW 18th St. 78207	1
District 2 Senior Center	1751 S. W.W. White Rd. 78220	2
South Side Lions	3303 Pecan Valley Dr. 78210	3
Willie Cortez	5512 SW Military Dr. 78242	4
Heritage Park	Under Construction. To be completed in FY 2023	
District 5 Senior Center	2701 S. Presa 78210	5
Normoyle	700 Culberson 78211	
Alicia Treviño Lopez	8353 Culebra Rd 78251	6
Doris Griffin	6157 NW Loop 410 78238	7
Bob Ross	2219 Babcock 78229	8
Walker Ranch	835 W. Rhapsody 78216	9
Northeast	4135 Thousand Oaks 78247	10

Stakeholder Engagement

San Antonio Metro Health District held two public input meetings, two provider and stakeholder feedback sessions, one session with school districts, and two sessions with faith leaders from June 23 - July 21, 2022. The purpose of these sessions was to share community and City Council input, gather suggestions on proposed funding priorities and goals, and finalize performance indicators.

Participating Stakeholders (6/29 and 7/11):

Alamo Area Council of Governments	Family Service Association of San Antonio, Inc.	San Antonio Behavioral Healthcare Hospital
All of Us or None, Texas	Haven for Hope	San Antonio State Hospital
Alpha Home	Jewish Family Service	Sigma Mental Health Urgent Care
Bexar County Department of Behavioral Health	Laurel Ridge Treatment Center	Texas Vista Medical Center
Bexar County Juvenile Probation	Lifetime Recovery	The San Antonio Clubhouse
Big Brothers Big Sisters of South Texas	NAMI San Antonio	University Health
Bridges to Care	Providence Place	University of Incarnate Word
Center for Health Care Services	PsychHealth	UT Health San Antonio
CentroMed	Purple Couch Counseling and Consulting PLLC	UT Teen Health
Clarity Child Guidance Center	Reliable Medical Technology	WestCare Foundation/WestCare Texas
Communities In Schools San Antonio	Roy Maas Youth Alternatives	YMCA
Ecumenical Center	SAMMinistries	

Participating School Districts (6/27):

Alamo Heights ISD	Harlandale ISD	South San Antonio ISD
Comal ISD	North East ISD	Southwest ISD
East Central ISD	Northside ISD	Region 20
Edgewood ISD	San Antonio ISD	

Funding Priority Investments

COVID – 19 Impact	Strategy/Programs	Equitable Outcomes	Performance Indicators	Allocation Amount
<p>Youth Address the increased social isolation, anxiety, depression, and suicide in school age youth</p>	Expand access to mental health services for children and youth	Increased access to mental health care for school-aged children and youth ages 12-19	<p>% of children and youth are able to identify resources for mental health support</p> <p>% of participating children and youth report a decrease in depression, stress, anxiety and/or suicidal ideation</p> <p>% of participating school children report decrease in discipline at school</p> <p>% of participating children and youth report an increase in school attendance</p>	\$12.75 million
	Expand Project Worth Teen ambassadors Expand Stand Up SA	Improved positive social/emotional skills and behavior among SA youth 7th-12th grade	% of participating children and youth report an increase in positive social/emotional skills and behavior	\$750K
	Provide diagnostic services and individual service family plan development for families of children experiencing developmental disorders in coordination with school districts	Increased access for children diagnosed with developmental disorders and coordination with Schools	% reduction in waiting list for children of up to the Age of 6 waiting to be diagnosed with a developmental disorder	\$1.5 million

COVID – 19 Impact	Strategy/Programs	Equitable Outcomes	Performance Indicators	Allocation Amount
<u>Older Adults</u> Address the increased social isolation, anxiety, depression in older adults	Expand navigation programs to connect older adults to mental health resources and referrals	Older adults will have increased awareness of existing programs and access to services for individuals experiencing mental health challenges	% of participating older adults report a decreased anxiety and depression due to social isolation	\$500K
	Social interaction activities/programs at senior & community sites and citywide. Expand service hours at City's Comprehensive Senior Centers	Improved quality of life for older adults by mitigating social/emotional issues and isolation	% increase in participation at City's Comprehensive Senior Centers	\$4.2 million
	Caregiver program services and coaching for loved ones caring for older adults	Improved quality of care provided by caregivers	% increased caregiver participation in support services to improve quality of caregiving	\$300K
<u>Homeless</u> Address the increased homeless population with mental health and substance abuse	Outreach teams connect chronic and unsheltered veteran homeless population to available mental health, substance use, and housing resources	Improved access to mental health, substance use, and housing resources for those experiencing homelessness	% chronic veteran homeless connected to federal resources allocated for mental health, substance use, and housing resources	\$1 million
	Outreach and Services available to Youth aging out of foster care system	Increased access to services for youth aging out of the foster care system	% of Youth connected to services and resources	\$4 million

COVID – 19 Impact	Strategy/Programs	Equitable Outcomes	Performance Indicators	Allocation Amount
<u>Collaboration</u> Address behavioral health problems in Bexar County where COVID-19 has exacerbated existing conditions	Collaborate with community partners to establish a framework to serve and align upstream systems and organizations	Improves coordination of services to improve access to community	% organizations engaged in collaboration	In-Kind Metro Health Staff
	Collaborate with community partners to recommend/Identify a central phone number to respond to pre-crisis calls from individuals needing support and navigation		% individuals who call and have needs met	In-Kind Metro Health Staff
	Collaborate with community partners to develop a public education campaign to address mental health stigma and create hope for those affected by mental illness	Improves coordination of services to improve access to community	% of individuals with increased awareness of how to access mental health services	\$1 Million
	Collaborate with Bexar County and Center for Health Care Services to evaluate the recent deployed 988 line for mental health calls			

Request for Proposal Timeline

DATE	ACTION ITEM
September 1, 2022	City Council A-Session Briefing
September 6 and 8	Technical Assistance Workshops
September 9, 2022	Request for Proposal Opens
September 16, 2022	Pre-Submittal Conference
September 19, 2022	Last Day/Time for Questions
October 28, 2022	Request for Proposal Closes
November 2022	Evaluation and Scoring
December 15, 2022	City Council A Session – Approval of Awards
January 1, 2023	Contracts Begin

No Contact Period

In accordance with §2-61 of the City Code, interested applicants are prohibited from communication regarding the Mental Health Services RFP with City Officials and Employees during specific portions of the competitive process. The Department of Human Services, in line with prior competitive RFPs issued is recommending an abbreviated no contact period for City Officials as reflected below.

- **City Employees:** September 9, 2022 until the date proposed awards are approved by City Council.
- **City Officials:** October 28, 2022 until the date the City Manager posts proposed awards for City Council consideration.

Scoring Criteria

- **Experience Background and Qualifications: 30 Points**
 - Agency experience
 - Financial management
 - History providing mental health services
- **Proposed Plan: 40 Points**
 - Demonstrate disproportionate COVID-19 impacts to organization or residents
 - Alignment with proposed program strategies, outcomes, and performance indicators
 - Identify how support to organizations and residents assists them thrive long-term
 - Community collaboration
 - Partnering with qualifying entities with less than two years of experience
- **Budget and Budget Narrative: 20 Points**
 - Prior receipt of federal COVID-19 funding assistance
 - Leveraged agency resources
 - Capacity building investments
 - Long-term sustainability
- **Evaluation, Innovation, and/or Continuity of Effective Programming: 10 Points**
 - Demonstrate effective programming through evaluation
 - Build on existing programming and infrastructure



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

SA Forward 

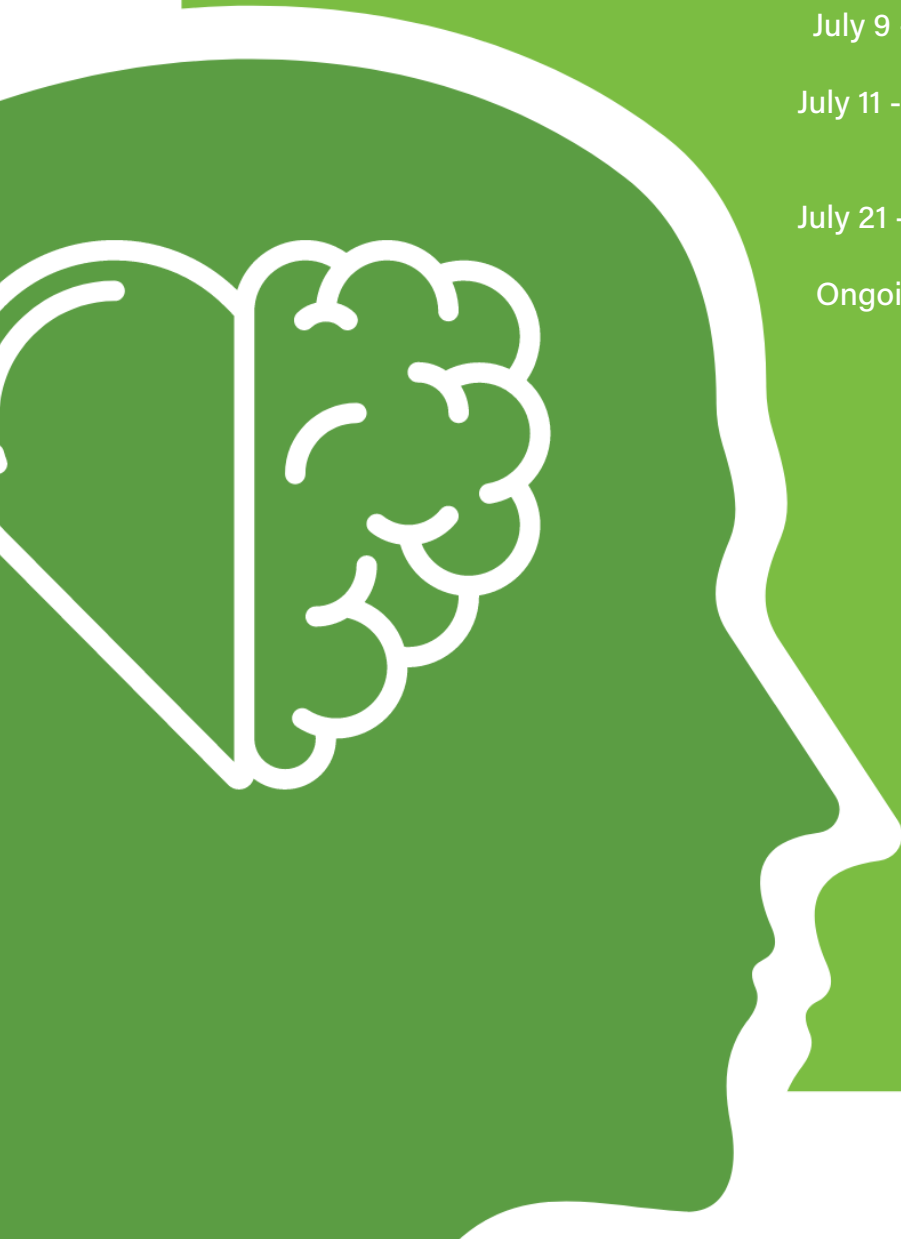
American Rescue Plan Act (ARPA)

Mental Health Info Sessions Feedback Report



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Executive Summary

On March 11, 2021, Congress signed into law the American Rescue Plan Act (ARPA) which included resources to support local government's response to and recovery from the COVID-19 pandemic. On January 26, 2022 staff presented a recommended spending framework reflecting Community and City Council input. The final spending framework was approved by City Council on February 3, 2022. The approved spending framework included \$26 million recommended for programmatic funding dedicated to support residents with mental health stressors exacerbated by the COVID-19 pandemic. Through a comprehensive plan, San Antonio Metro Health District will manage investments for organizations in the amount of \$26 million through a competitive process.

San Antonio Metro Health District held two public input meetings, two provider and stakeholder feedback sessions, one session with school districts, and two sessions with faith leaders from June 23 - July 21, 2022. The purpose of these sessions was to share community and City Council input, gather suggestions on proposed funding priorities and goals, and finalize performance indicators. This document details the input that was received through the seven input sessions and digital comment cards.

Timeline of Meetings:

June 23, 2022	Session with Faith Leaders	40 attendees, 14 comments
June 25, 2022	Public Information Session	16 attendees, 15 comments
June 27, 2022	City and County Joint Session with School District Representatives	10 school districts attendance
June 29, 2022	Session with the SAT Coalition	16 attendees, 8 comments
July 9, 2022	Public Information Session	41 attendees, 64 comments
July 11, 2022	Session with Mental Health Providers and Stakeholders	46 attendees, 16 comments
July 21, 2022	Session with Faith Leaders	49 attendees, 22 comments

Top Comments:

June 23, 2022, Session with Faith Leaders

1. Fund Bridges to Care
2. Expand Plan to Homelessness
3. Expand Access to Providers

June 25, 2022, Public Information Session

1. RFP Process Input
2. Focus on Including People with Lived Experience

June 29, 2022, Session with the SAT Coalition

1. Address Substance Use in Plan
2. Focus on Upstream Efforts

July 9, 2022, Public Information Session

1. Focus on Upstream Efforts
2. Expand Access to Providers
3. RFP Process Input
4. Focus on Including People with Lived Experience
5. Invest in Alternative Response to 911 Mental Health Calls

July 11, 2022, Session with Mental Health Providers and Stakeholders

1. Focus on Upstream Efforts
2. Expand Access to Providers

July 21, 2022, Session with Faith Leaders

1. Fund Bridges to Care
2. Focus on Upstream Efforts

Participating Stakeholders (6/29 and 7/11):

Alamo Area Council of Governments	Family Service Association of San Antonio, Inc.	San Antonio Behavioral Healthcare Hospital
All of Us or None, Texas	Haven for Hope	San Antonio State Hospital
Alpha Home	Jewish Family Service	Sigma Mental Health Urgent Care
Bexar County Department of Behavioral Health	Laurel Ridge Treatment Center	Texas Vista Medical Center
Bridges to Care	Providence Place	University of Incarnate Word
Center for Health Care Services	PsychHealth	UT Health San Antonio
CentroMed	Purple Couch Counseling and Consulting PLLC	UT Teen Health
Clarity Child Guidance Center	Reliable Medical Technology	WestCare Foundation/WestCare Texas
Communities In Schools San Antonio	Roy Maas Youth Alternatives	YMCA
Ecumenical Center	SAMMinistries	

Participating School Districts (6/27):

Alamo Heights ISD	Harlandale ISD	South San Antonio ISD
Comal ISD	North East ISD	Southwest ISD
East Central ISD	Northside ISD	Region 20
Edgewood ISD	San Antonio ISD	

Session with Faith Leaders

through Department of Human Services meeting of “The Intersection”

June 23, 2022 • 8:30am

- Virtual Meeting
- 40 in attendance
- Marketed to 363 faith leaders in network. All received the presentation via email. Feedback was given via question and answer time after presentation and via chat.

Top Comments:

1. Fund Bridges to Care
2. Expand Plan to Homelessness
3. Expand Access to Providers

Complete Question & Answer Feedback

- As part of our recently formed Mental Health Ministry through at St. Dominic Catholic Church through the Archdiocese of San Antonio we are holding monthly workshops on Mental Health and related issues every month on the last Tuesday of the month at 6:30 p.m. at St. Dominic Catholic Church Piper Community Center. This month's topic is on Personality Disorders and Strategies to Decrease the Stigma on Mental Health. These workshops are free and open to the public. They have been very well attended. Our church is the first Catholic Church that has joined the Bridges to Care Collaborative under NAMI in the Diocese. We believe the Catholic Church can also be pivotal in addressing the needs of persons with Mental Health Conditions in our community.
- Add fourth option to 911 is great idea. As far as strategy Bridges to Care model empowering local faith congregation to address mental health support is effective. Can this type of program be enhanced like school outreach plan through funding?
- One thing I don't see addressed is addiction. I see this a lot on Social Media as a big problem and they don't see this situation getting any better, it affects their safety etc.
- Admirable what we are trying to do; lots already happening, one of the things I didn't see was connection to the grassroots on the ground mental health care already happening. Training for congregation has been life changing; looking for the grassroots level to get added – we need

to get connected to those who are struggling especially in communities where there is lack of access; would like to see Bridges to Care amplified. Expansion of the training – biggest thing that holds back Bridges to Care is staffing coordination. Behavioral Health Network – through NAMI and Bridges to Care as well.

- Funding for Bridges to Care; asked about the substation with the link; thinks there should be mental health training at all the substations and not just central. Would like to see trained folks to go out instead of SAPD to answer calls of people in distress. Funding for congregations who are trying to provide services to point back to Bridges to Care; could we set up a network of visiting therapists who would rotate through congregations and be paid.
- Already established through Bridges to Care – ability to grow what was working – if we could invest in a trained peer to peer program that would be a great suggestion – goal is to equip to increase knowledge. Expanding bridges to care to a next level of training – growing the reach within the community. Potential to collaborate with not just local faith communities but also a broader network reach – might be a discussion for down the road.
- Major resource of the DHS clinician staff – tap into that network working with the homeless population. Echo support for Bridges to Care – increasing the membership in this network should be a goal. Likes the idea of ensuring a clinician in every congregation.
- Wanted to make sure we remember the work of SACRD.

Public Information Session

District 5 Senior Center

2701 South Presa Street

San Antonio, Texas 78210

June 25, 2022 • 10 am

- In-person Meeting
- 16 in attendance
- Marketed to 363 faith leaders in network. All received the presentation via email.

Feedback was given via question and answer time after presentation and via digital and paper comment cards.

Spanish and ASL interpretation services were available but unused.

Top Comments:

1. RFP Process Input
2. Focus on Including People with Lived Experience

Complete Question & Answer Feedback

- Inclusion of art and art programming to address mental health for seniors and veterans
- City should ensure equitable distribution of funds.
- A second suggestion for inclusion of art.
- Assure RFP has participatory component - include the community in the process
- Strengthen reference and inclusion of those with lived experience and peers in various interventions and outcomes Include violence prevention.
- Would like more meetings that include individuals with lived experience.

- Would be good to have outcomes that speak more to specific metrics.
- Include participants with lived experience on review panel.
- Tap into minority needs/assure upstream approach.

City and County Joint Session with School District Representatives

Education Service Center Region 20

1314 Hines

San Antonio, Texas 78208

June 27, 2022 • 1:30 pm

- In-person Meeting and Virtual Meeting
- 25 in attendance
- Marketed to school districts through Region 20 and Department of Human Services.
- Feedback was given via question and answer time after presentation and via chat.

Meeting Details

County Judge Nelson Wolff and County Manager David Smith opened the meeting by stating the County has allocated \$20 million for the next four years to school-based mental health support and behavioral health screeners for children and youth. Both Judge Wolff and Mr. Smith acknowledged that each school district is unique and require individualized responses to address the mental health needs of our community. Mary Villagomez, the Deputy City Manager for San Antonio, stated the City has dedicated \$26 million for mental health resources that will be presented to City Council mid-August. She stated the County and the City were coordinating their work and wanted to receive superintendent input on how both entities should allocate the funds. She also stated she was interested in hearing how school districts had allocated their ESSER dollars to see how the County and City's one-time ARPA funding could support the work occurring in school districts.

The following is a summary of comments made by each school district in alphabetical order and Metro Health:

- **Alamo Heights ISD:** The district supports allocating the funds directly to school districts so they can build on partnerships/programs districts already have developed. The district has also invested in Care Solace, which is a platform with vetted mental health resources that users can search for in their designated area.
- **Comal ISD:** Besides services for students, the district could utilize funds for professional development of teachers/staff. The trainings will not only help the teachers but also help teachers identify mental health issues experienced by students.

- **East Central ISD (provided to COSA after the meeting):** ECISD supports funding provided directly to the school district either through allocation or grant application. These funds could be used to enhance services through existing partners, such as Communities in Schools for direct case management of students requiring support in mental health or social service areas. CIS also provides Project Access counselors for their caseloads. Needs are high for youth experiencing homelessness or foster care situations. An option for sustainable services after completion of funding would be to allow schools to use funds for school counselors (especially at middle school where ratios are 650:1) or social workers, with a transition plan to support district absorbing positions at end of the grant period. These staff members and other campus representatives can be utilized as trainers in Youth Mental Health First Aid at the cost of around \$6000 each for Train-the-Trainer models. In the event the decision is made to allocate ARPA to outside providers as the county had originally considered, it will be important that providers are vetted for understanding of and history in school-based models. The district suggests working with CIS to do so as they are aware of school needs. It will also be important that services be offered to both students and staff, in a central, safe location (school or public library as a possibility) and after hours or on weekends for personal, private access.
- **Edgewood ISD:** The district works with Communities in Schools, but due to the cost of the services, the services are not provided in every school even though there is a need. The County and City funds should also support initiatives to increase the safety and security of schools.
- **Harlandale ISD:** The district also funds mobile health clinics; they need funds to assist with facility, materials and staffing costs associated with the clinics. They would also like funds to continue the programming and staff they have after their ESSER funds end.
- **North East ISD:** Funding from the County and City should assist with covering the costs of staffing and opening schools during non-school hours, which can be high. The City could consider leveraging public libraries during the weekends to provide mental health services to the communities since they are already open and can become mental health hubs for the community.
- **Northside ISD:** The district currently has a strong partnership with Communities in Schools to help support students in need of Tier 3 interventions (most severe) and believes the district—not the city—should hire staff to ensure they are able to continue working with partners they already know and trust. The district also would like support to operate after-school/weekend mental health supports in the schools, which are places that students feel safe and secure. An after-hours/weekend clinics for staff are also needed, but don't necessarily have to be provided at the schools. Northside ISD would consider "clustering" these services, so they do not have to have these programs open at every school due to the costs associated with operating during non-school hours. Funding should be allocated to support counselors and reducing caseloads of students. Since counselors are critical for identifying and working with students with "Tier 1" (less severe) supports, this is a critical step in the work schools do. Support for creating programs/partnerships to address staffing supply shortages and creating "pipelines" for critical positions was articulated by the district. Also, given the state funds school districts based on attendance, a "balance" needs to be found between providing supports to students so they can come to school and also some accountability for parents if the students do not by the truancy courts currently operated by the City.

Support for funds being allocated for professional development to staff was expressed. Trainings like mental health first aide for school staff are critical in identifying students in need of support. The district requested ISD staff be on the committee deciding funding decisions. Also, the district disagreed with the County and City recommendation that their ARPA funds be utilized for behavioral health screenings. Since this intersects with complex policies regarding special education and how behavioral health issues sometime are indicators of other developmental issues, behavioral health screenings should not be done in isolation nor within the jurisdiction of the County or the City.

- **Region 20** agreed that behavioral health screenings should not be part of the ARPA funding. He stated that a diagnosis of a behavioral health issue outside the scope of a school district could cause the district to be put in a difficult position if the district's diagnosticians did not agree with the diagnosis. This was a "good intention" but had a high probability of causing unintended negative consequences for school districts.
- **San Antonio ISD:** The district has invested in mobile mental health partnerships and they are looking for funding to continue the work they have already been doing. The district also noted one of the main issues impacting this work is the lack of supply of people with the right credentials to do this work. Partnerships with universities to support "pipeline" work should be considered for this funding.
- **South San Antonio ISD:** The district also has invested in mobile mental health clinics and also are seeking financial support to offset some of the costs to run them. The district also stated since ESSER funds end in 2023, funds from the County and City can support funding the staff they currently have until 2026, which would help with continuity of services for students. A question was asked if the city and county planned to do the hiring or if plan was to allocate funding to districts so they could hire staff. Ms. Villagomez stated the current plan was that the City would hire the staff and they would make it available to the districts.
- **Southwest ISD:** The district wanted to make sure the County and City funding also focused on preventive measures like out-of-school time and not just on crisis intervention. The County and City should also create a repository of all the mental health resources available to Bexar County residents, similar to SEL Dallas (<https://seldallas.org/#>). Ms. Villagomez stated the County and City are working on a repository for veteran services and can look to add school districts' resources.
- **Metro Health:** The ARPA funds should be used to tap into systems that already work. The City should identify who are the partners who serve as "anchors" in this work and identify what services are needed for teachers, too. When asked what the staff requirements were needing to be developed in any pipeline initiative, school districts responded with LCSW, LCCP, LPA and school counselors.

Session with the SAT Coalition

June 29, 2022 • 3:00pm

- In-person and Virtual Meeting
- 16 in attendance
- Marketed to the SAT Coalition. The SAT Coalition is a newly formed group of non-profits that focus on reducing **Stigma**, increasing **Access** to care, and expanding **Treatment** options.

Feedback was given via question and answer time after presentation and via chat.

Top Comments:

1. Address Substance Use in Plan
2. Focus on Upstream Efforts

Complete Question & Answer Feedback

- Any mental health initiative needs to include substance use address as well, further upstream reach.
- In poor communities prevention is still the most cost effective thing we can do – thank you for listening and focusing in on the pre-crisis – glad for the collab with the County to combine resources – capacity building is what is most needed and helpful – glad to have us support that piece; prevention includes evidence based programs as well; are we looking at National Institute for Drug Abuse’s initiative for babies who are drug exposed because there is not targeted money for babies just for the moms?
- Clarification on the funding for veterans and substance use – wondering if we are missing a block of people? If Veterans have VA funding, then other agencies cannot help them – making sure that we don’t make that mistake too – is it limiting or looking at all folks?
- Have we talked to the STX Veterans Health to make sure that we are not duplicating efforts? We may need to offer funds for the education side or offering funds for the reimbursement of VA – wants to suggest that we discuss with them.

- Concerned about the limitations of only youth, seniors, and vets. Are we open to additional models beyond the current school design? Emphasis on direct services is important and being able to be sure we are satisfying the true needs. From Uvalde experience and their needs – we have learned from that and there needs to be models in communities, not just schools.
- Emphasis on the schools, but we are also dealing with youth disconnected from schools and need to reach those young people too.
- There are school and community components and they both need to be connected and working together.

Public Information Session

District 2 Senior Center

1751 South WW White Road

San Antonio, Texas 78220

July 9, 2022 • 10 am

- In-person Meeting
- 41 in attendance
- Marketed to the public through website, social media posts, fliers, community newspapers, radio advertisements, and digital billboards.

Feedback was given via question and answer time after presentation and via digital and paper comment cards.

Spanish and ASL interpretation services were available but unused.

Top Comments:

1. Focus on Upstream Efforts
2. Expand Access to Providers
3. RFP Process Input
4. Focus on Including People with Lived Experience
5. Invest in Alternative Response to 911 Mental Health Calls

Complete Question & Answer Feedback

- Emphasize partnerships with schools to teach children about mental health starting in kindergarten and having access to licensed counselors.
- Educate seniors because they are raising the grandchildren and great grandchildren and seniors need to know the differences between mental health illnesses and behavior that way, they can see something in different ages.
- We need more providers we don't have enough psychiatrists. In the city of San Antonio, we don't have enough counselors that can deal with problems. It would be a very good thing to spend the money into hiring good psychiatrists that are able to see the people and so people can be able to get help.

- I'm from Purple Couch Therapy in San Antonio. There is a gap being able to serve the black and brown population. A lot of times they want the services but there's just no accessibility and the biggest thing that's missing in this presentation is the cultural representation. People need to be able to feel safe to come to a place and to feel heard. We are in reactive response for crisis this and crisis that. We do need the funds to train these clinicians for trauma, it's not CBT [cognitive behavioral therapy] and that's what's really missing. I just moved to the east side so that I could serve the people in that neighborhood. I don't want to charge the rate that I have to charge but our therapists need healing. I'm really passionate about Mental Health I've been a therapist for 10 years and I'm tired because there's so few of us.
- Our church had the opportunity to go through Bridges to Care and become a wellness champion and so I'm asking you if there is funding for Bridges to care so that we can help identify other congregations and build mental health ministries. Also, we want to develop youth programming and service, not just for youth but also for those who work with youth, so that those who work with youth are able to help support them to the mental work. In our congregation we're trying to stop the stigma of just because you go to church and loves the Lord yes you can go see a therapist and still have faith. We recommend funding for Bridges to Care. Thank you
- One of my specialties is dealing with depression. We have a meeting every Saturday at Whataburger down the street, and we've been doing that for ten years now, and it works. And another method of dealing with depression is also at the senior center on Wednesday's people sing and have karaoke night and it's not about sounding good; it's about having a good time.
- The first line of defense should not be 911. They are not mental health specialist is there a way to create voucher for person before calling 911. 911 they pick you up and they drop you off, turn out the person's non-funded and does not have insurance, action pass, action complete. It does not address the problem in any way. In many ways it makes the problem worse because it only increases the person's anxiety, depression, whatever it is they're experiencing, because now they're put in the back seat of a police car so they cannot commit suicide. So, is there a way to create a system so a sibling or spouse could see the symptoms and they don't have insurance but have access to resources so that person could call a number and get a voucher so we can take our loved ones to the hospital and get admitted and get treatment and follow-up treatment with counseling. I had a family member that needed a psychiatrist due to suicidal thoughts and I was on the phone for 2 days and 90% of every clinic did not take Medicare or Medicaid and only accepted cash payment and \$350 for the first visit. 911 is not the way to the address the problem and we need to create some sort of system to serve underserved communities because loved ones may not have enough resources to financially support the care and services the family members need for mental health. For many people with mental health, they may need counseling for many years in their life. This is not something you just put a Band-Aid on and go to the hospital for end and then you're back to life and normal the next day. We need to create a system where we can give and provide our loved ones the care they need but our loved ones can have the resources like a voucher of some sort and we need something they can access afterhours, not just 911.
- I'm glad that we're having this conversation. I just want to introduce myself as an advocate. I'm a certified mental health coach and I wanted to introduce myself as a tool and a resource to the program and Community service or families. My goal is to create more safe spaces
- We are a national nonprofit organization (Saint City Culinary Foundation) that provides resources to the culinary and hospitality industry across the U.S. My question is, is this plan set in stone

because it does not address 140000 + food and beverage employees that work and live in the city and the revenue and taxes of these businesses are on the backs of these employees and there are many marginalized people that work in this industry, minorities, immigrants, LGBTQ. If not in this plan where is there a place that we can be included in addressing and meeting those mental health needs in the industry?

- We are a non-geographically restricted organization that works all across the county we are involved in direct contact with violence and domestic violence prevention and working with gun violence prevention. And it's not easy we put our lives at risk every day and when you start to work and think about how you invest in our communities and you're trying to reduce mental health crisis that started with violence, it is important that we get involved because it impacts the work we do and our lives are in jeopardy. Some of the funds should go to organizations like us because we are the support structure, and we have ideas and how we can staff with counselors in a way that you would not believe that would be very cost-effective. A lot of the violence that we intervene is mostly situational and we have to spend the time to talk them down. Most of the time we can settle them down when we just ask what the issue is. Sometimes the issue is about paying rent or not being able to get a job. That ARPA money should invest in community resources because the social impact of injustice for Mental Health lies at the core of lack of resources that we have given our community for decades. In my opinion, it is a reactionary model, and we need a proactive mental health intervention and prevention model That's where you prevent mental health crisis. Let's not think about this funding in a reactionary standpoint. Let's think about this in a proactive or we catch it before it happens standpoint. There are resources for us to go out and provide counseling and therapist you can do it at a low cost and sitting down with the right people and saying this is what this model looks like because our community needs that we need to do some serious thinking behind how we are spending this funding.
- I am the director of the mental health department in a charter school located here in the city of San Antonio. And I recognize that my school is very fortunate to have an entire team dedicated to Mental Health with license professional counselors that work with students in the school for free and all our families. My question is I understand the programming that you are looking for is for 7th grade and up, my Charter School is Kinder through 4th grade, and I am seeing suicidal ideation, behavioral aggression, and harm to self and others that have completely spiked. My question is are any of the programs you are looking at going to be available for K through 4th grade services because the earlier you can intervene by the time you get to 7th grade; they will have mental health support and know that they need support and resources that they have access to and know how to ask for it.
- I'm a licensed professional with UT Teen Health. But what I'm seeing, and I know many of you have said it that yes, we need to start younger, and what I'm seeing with family sessions is the parents have not healed their own intergenerational trauma and have passed that on to the kids. I'm very passionate about my teens and work with them for many years and I do not feel like there is enough out there for them to do. Summer camps are for younger youth and parents are like where do I send them (teens). I have a session with the teen but not the parent. The teens can come into therapy and have multiple sessions but if they're not getting the support at home because the parents are not equipped with her own emotional support to support those teens it makes it harder for the teens. We also have a psychiatrist who's there twice a month for medication management and the Robert B. Green Campus has lots of services, but it is months of waiting list. So, even if I give them a list of numbers what happens if they come back and they say I called but I can't be seen now or they have a wait list of 2, 3, 6 months so just increasing the program availability of funds, of services, providers of already existing programs would make a

huge difference because people already know about the services but just have to wait to access them right now. I'm totally in agreement about Emergency Services because I get parents that say well, I took her to Clarity and then I got this huge bill that I can't pay as well as from the ambulance that had to take her so the next time this child has a crisis they won't be able to access those services because they can't pay them.

- I am a consumer of Mental Health Services and I just want to say that I agree that the services now are focused on the crisis and not focused on helping people before or after. I was hospitalized twice in 2020 and between those hospitalizations I fell through the cracks. If there had been services for me, I might not have been hospitalized a second time. I would like to see nonprofits get quite a big chunk of the money and invest more in peer support specialist, and what they do they are trained and certified. I'm a member of the San Antonio Clubhouse and that place has change my life it's a nonprofit and is non-clinical, there are peer support specialist there, these are members who have lived experience communities like that, nonprofits like that make a world of difference and I would like to see them grow and be able to provide more services for more people. If we can catch people when they're on that downward slope instead of waiting until it's a crisis we need to catch them before and we need to help them after.
- I am a licensed social worker and I work with folks who experience homelessness and I think that is a gap in this plan. I know you mentioned veterans but not catching all folks who experienced homeless, and a lot of struggles they have are really due to mental health so I think adding them to the plan. I know there was a point about first responders. Adding clinicians or peer support specialist to that list of first responders, so they can also get Mental Health Services which is not as readily available as you think.
- I've been a resident of Bexar County for 15 years, for 10 of those years I have served as an emergency room nurse helping save the lives and care for others in my community. As an ER nurse I've worked side-by-side with members of the San Antonio Police Department. When they have either arrived at the ER they have often helped us out and we have help them out. September 7th, 2021, began a series of interactions with the SAPD officers at my personal residence when I have placed five calls to 911 seeking police assistance over a 3-month period. My husband had always suffered from depression, but his symptoms begin worsening during the pandemic and I felt because of his erratic behavior that an evaluation was warranted. On each of the five occasions that I interacted with the officers my concerns were dismissed although I provided my credentials as a former ER nurse and now nurse practitioner with training in emergency psychiatric situations, SAPD officers downplayed my concerns, and they weren't nice about it either. I expressed my concerns to an officer that I was afraid my husband was either going to hurt me or kill himself because he had made statements as such, the officer laughed at me and said, "he's had plenty of opportunity to do that already." I was also told by an officer "if you're so scared why don't you just leave." The problem was I was trying to seek help for my husband, it wasn't for me, it was his safety that I was concerned about. We were married almost 30 years since the age of 18 and they felt like, like I already said, that he had plenty of opportunity to do that if he was going to do that. My husband went missing on November 28th, 2021 and I attempted three times over the course of two days to file a missing person's report. My husband's cell phone had been found in a trash at a gas station on the south side of town and the search history on my husband's phone revealed that he was actively researching ways to kill himself. An officer stood in my kitchen scrolling in his search history and still said "he probably ran off to start a new life, give it a couple days." He had already been missing for over 48 hours and his body was found 72 hours later in the exact place I told the officers that I believed he would go if he were to take his own life. After my husband's body was found and SAPD officers at my home

were informed, an officer looked at me and said “happy holidays” as he turned and walked away. His job was done, his services, or lack thereof, were no longer needed. I don’t want this to come off as a bash on the SAPD but we talked about 911 is not the number to call and in a perfect world we would have a 211, a 911, and another number just for mental health crises and we would have a team of mental health professionals that are dispatched from their own system to get to the crisis to the situation to evaluate and provide resources for the family. I was not provided any resources. How do you utilize the funds as someone said we need to start earlier I have grandchildren and I am trying to help them as well as fix my own.

- I am with the Institute for Trauma Informed Care at University Health. If you are not aware University Health is a level one trauma center. We are on a mission to educate and bring awareness to adverse childhood experiences. I encourage everyone to take those classes they are free. My question is on the ARPA funds, just like SAMHSA they have requirement for every organization in order to receive funds they are required to take trauma informed care and to also take classes on adverse childhood experiences and to become certified. I think it is key that we start there because we all have trauma. Do you want to start young, whether they witnessed a shooting, whether their families went through a divorce, whether they experienced child abuse, these are things we have to talk about? That speaks to the grants that are coming and I believe this training should be a requirement for them to get educated again were the Institute for Trauma Informed Care with University Health and we are partnered with the City of San Antonio Health (department), let’s get everybody educated whether you are an organization you’re an individual everybody needs to get on that and it’s free right now. We grow up as adults and we don’t realize that we may call it a mental illness but it’s really an adverse childhood experience that you had when you were young. So, let’s start there, we could really encourage one another. We talk about organizations, but the community needs the community, we need one another so let’s start there. Whether it’s a church or all the counselors here get your organization and sign them up through the City of San Antonio or the Institute. Second thing, I am also the executive Director for Big Mama Safe House, we too are credible messengers, and we stand up against violence we focus on our youth and we are trauma informed and we teach how to be a trauma informed community. Come on over if you want to volunteer, we accept.
- I feel really grateful to be in this room with you all and to hear your stories that you shared today. I work for an organization called San Antonio for Growth on the Eastside. San Antonio for Growth on the Eastside champions investment that increases the well-being and health outcomes that are present on the east side of San Antonio we are here today to advocate for the City of San Antonio to invest the ARPA dollars in meaningful ways. I have a public health background and I was taught to start with the data which says and confirms a lot of the stories shared today from a data partner that works here called CI Now. You can access data and see what the status of your community is from a mental health perspective. When you look at the data and the eastside of San Antonio and mental health hospitalizations as a datapoint to help us understand how much need we have in our community, 20% higher than in Bexar County and we already know that Bexar County’s percentages is higher in the state of Texas. If you look specifically at the ZIP Codes on the eastside majority across all ages has a high concentrated amount of mental health hospitalizations. This means that all the stories that are you’re sharing today are backed by data that has been tracked over time and so I really appreciate that the City is looking to become more data informed so that their investments are meaningful. I would urge the City to know that the data already exists and there are partners here that have been looking at the information that it is accessible and there is a need to begin investment in services. I think this framework is helpful and it covers a lot of ground and as it has already been said in this room, it feels incredibly focused on crisis and I will also add that it is framed in a public safety perspective and so what would it look like

to reframe in a public health perspective and a public health perspective says that we need to invest in preventative services because those are what is shown to have higher impact of health outcomes for our people. What I'm hearing in this room is one of the mistakes that has been made are the entities that are going to receive some of this funding is not invested in services that have been needed for decades and we have a chance to start changing that by beginning to invest in preventative services and we urge the City of San Antonio to consider allocating majority of the 26 million dollars, if you ask me for my number my number is \$20 million which is 80% of the funds, to support community based organizations especially on the eastside that have the opportunity to do the good work they are ready to do but have not had the resources to do it. I also encourage the City of San Antonio to prioritize the eastside as a primary priority community that needs more investment than some other communities based on what the data already says. I am really encouraged to learn about the services that are being directed to youth. Youth and young people at schools I understand the mental health wellness collaborative is a model that the city has invested in I believe there are service providers that exist outside of that system that should also be considered. And so I hope that the emerging RFP process prioritizes 80% of the dollars for preventative services. The last thing that I wanted to mention is an issue we see on the eastside which is a capacity issue. We need to invest in increasing the capacity of services like the Big Mamas Safe House to grow their capacity to better serve the community and so we hope if the east side is prioritized that we identify organizations and we equipped them with the tools and resources that they need to expand their ability.

- I am a Marine Corps veteran, and I started an organization called Service Members and Veterans for Children's Rights. What I advocate for on the state level and local level is protecting children in San Antonio, we have an average of 1000 visit violations a month in which the parent cannot access or see their child, this is a report that I pull personally. Withholding a child so that they cannot see the parent impacts the child psychologically and academically and it will impact them throughout their lives. What I also advocate for is parent alienation and when I advocate, I am with adult child victims who went through this process because they weren't allowed to see the other parent. I meet with the legislators 2-3 Times a week and we have a bill coming up it is called custody interference making it less of a felony but more of a citation. We don't want to make parents felons, but we do want to make sure that kids can see their parents. We want to get to the root of the problem, and we want kids to be able to see their parents not just mom's not just dads.
- My background is in community psychology, that's what my masters is in, and it's based on participatory practices with the experts who have lived experience and I think with the note taking is a good next step to codify all that and bring it back to the people here so we can review it before it does go to council or the public safety committee. I think these meetings should happen regularly because obviously mental health intersects every issue of society and it's an opportunity for the community to network with one another on a personal lens. I'm at the point that I need to do my practicum and we have talked about not having enough clinicians' providers counselors. I've been having such a hard time finding a place finding a supervisor there's not many resources and that is something that we could be asking City Council to advocate for vastly. More funds at the federal level which our Mayor can do, our City Council can do but also the Texas state board of mental health, I'm not sure what it's called, there is a way for them to make it easier for people to provide mental health services to others and peer support is so valuable people with lived experiences helping others and how can we create more of those networks to be able to be of service.
- I wanted to bring a couple things that I haven't heard first there is a phone number it starts July 16 and it is 988. So 988 will allow for folks who are in a mental health crisis and need suicide

prevention skills to call the suicide prevention line a three digit number. You can Google 988 and there's all kinds of information there. The other thing about 988 is the governor's challenge and San Antonio did not join the Governors Challenge about suicide prevention. So, I am asking if we can use these funds to create a committee at the level that the City of San Antonio could join the governors challenge like Houston, like El Paso, because those cities have groups like this tied into 988 to take those calls and not have police respond. We don't have that happening here because we have been talking for an hour and a half and I am the first one to provide that 988 number. So, I think that is a significant piece that is missing, and it really needs to come from a city collaborative. The second thing is when you put out the RFP and the ask and descriptions is way beyond the traditional mental health. Mental health is everything it includes housing security, transportation, food security, so by being able to put many things inside a mental health ask you are allowing a program to use a whole spectrum look at care therefore that family gets all the needs whether it be for prevention or crisis oriented or long-term mental health. I've seen many RFPs come out that have a really narrow focus of what mental health care can be and it's not working so back to the data and public health we can see suicide rates have increased substance abuse rates have increased the lack of services has gone way down. The last thing is voting is a mental health prevention. Having voting education, voting access and information that if we vote we can change things in the State of Texas. Texas chose not to withstand Medicaid; reproductive care is mental health, if we vote and get our communities to vote you will have a bigger voice on the things we've already talked about today.

- I'm with NAMI I want to echo what was previously said about the 80%. I would echo 100% to directly to (preexisting) services in the community. And over and over we see the importance of reaching people before crisis. Secondly, the poor access care things need to be done at the grass roots level as part of pre-crisis and that way we can reach families and individuals before end up in jail or in hospital, if that were to be our model I would really like to see San Antonio Metro Health at the center of the convening and help direct the convening. Part of my reason for advocating for that is that the City departments are working in grassroots right now. We need to take advantage of that we need an agency that has good grassroots contacts to serve as the convener. One other thing that I hear from many of my peers is the importance of dealing with substance abuse. Substance abuse and mental illness don't always go hand-in-hand, but they do a lot of the time we find it's been hard to treat one or the other and we need to recognize the need for those co-existing disorders and treatment. The third is the RFP process. I know you're going to segregate three variance the others you said we're going to bucket and it would all be one RFP. I don't know if that's the best way to address specifically the services where money needs to be directed. And lastly, I'll say the Bridges to Care model has been one of the most encouraging things I've seen in over 10 years. Faith communities and organizations responding to the opportunity to learn more become more aware and as one person said in our group if you don't have the language of mental health and don't know how to describe it you don't know how to recognize it. That is where we begin and that is part of grassroots.
- We need more providers, more counselors. We have to focus in the base of this disease to stop this disease at the base. The mom gets angry, the parents fight, and that is the base, there it is, not because we get old and get trauma, we need to get education with the family before they get married and educated before they get a child. How a child knows about the love and kindness and a base educate in the school about the kindness and love and humility to stop the trauma.
- I'm with Purple Couch Therapy. I think we need a two-prong approach in the way that we're going to fund mental health everyone has talked about prevention from little, small kids and include mental health in schools for children to learn about their emotions and feelings which we don't

teach at all – mindfulness, compassion, understanding. Let's teach them more about their souls than their minds for prevention. Also with prevention, I think there is an issue with providers being available, it's expensive it's extremely expensive to be a mental health provider so if there was some way to allocate money to providers who are looking to get into mental health to pay for them to go to school, get trained, the more providers you have the more people you can serve. We do need more providers but when Medicare is not compensating sufficiently health providers they're not being recognized for their work and being paid their worth. Pay for a scholarship to have people come to San Antonio and work with people in low income but their education is paid for. The last thing is for people already in crisis is with 988, it is actually a suicide prevention hotline and if I don't have suicide ideations I am not going to call 988 because that's not the crisis I'm having so if we had another number like 222 which is for mental Health where they don't talk to a 911 dispatcher they talk to a mental health professional who can help them and they don't have to deal with the police and not have a threatening vehicle come to them. As a black or brown person if I'm having mental health issues and I have to call 911 and there's an officer coming who might put a knee on my neck I'm not going to call so let's make it less threatening and less about safety and more about mental health from the very first time they pick up the phone to talk to somebody they know it's about their mental health and mental well-being.

- I'm a member of the San Antonio clubhouse and if I see a cop when I am in crisis I will be in panic mode because it is triggering, handcuffs and flashing lights and with people who are autistic, flashing lights can be very triggering. What options do we have for transportation to get people to a safe place and help? Secondly, I was in a mental health institute in 2019 and I did not get the follow up that I needed when I was discharged. I did not have any insurance I did not have any means to follow up with a therapist, and I really needed that because just because you are discharge doesn't mean you are better, you just are a little better, and there are still more resources that you need you don't know where to go. And we need regular hospital staff to be educated in mental health when people come there and don't know that they need to go to a mental health institution and need mental health services.
- I am a member of the San Antonio clubhouse and I am also a survivor trauma and one of the things that has come up a few times is yet is that yes we also have a mental health crisis but we have a generational trauma crisis so if you are going to go educate schools I also hope that you will educate about signs of abuse signs of trauma and when to report those things. When I was in inpatient there were a lot of people that were in domestic violence situation and when your day is up in the hospital they just send you back to the same place that you started from sometimes.
- Also, I am really glad that we are going to have a mental health crisis line but for nonviolent calls I don't see why we should have the police involved because there are a lot of social issues with police response and as much as we can train them, they are not mental health professionals and that's not their job. Lastly, I just want to say that peer support is cool.
- We need a place for people to go to be tested to make sure that people feel that they are properly diagnosed primary care providers can work with neurologist to conduct the testing and have a neurologist read results and begin the treatment process.
- Self-actualization and self-awareness as useful for mental health and that collective input is needed.

Feedback Received from Digital Comment Cards

- What are the requirements for small nonprofit organizations to submit a proposal? Among the multiple strategies proposed, is there a prioritized list of the most critically unmet needs in our community? How can we increase mental health services specifically for teens and parents? Is there a plan for this? Is it possible to provide additional funding to existing programs to increase capacity of counselors and services? What service delivery methods or evidence-based models of care is the City preferentially considering as an integral part of behavioral service offerings by potential grantees?
- How will the one convener model work? Can you identify who is involved and what the role of each party will play? What will the role of SAMHD be?
- How many people who are experiencing mental illness were surveyed regarding the needs y'all are trying to address?
- Can funds be allocated for more social interaction/activities/programs for teens? Not all teens are in sports or groups at school. Summer camps are mostly for younger youth, but not much available for teens.
- Fund Bridges to Care so we can be more active with helping congregations identify and build their mental health ministries. We want to develop youth programming and services not just for youth but also for those who work with youth to help support them in work
- Will you tie into 988?
- Issues that are not addressed properly in the unconscious are the source of an individual's emotional and psychological state. Issues that are overlooked or not worked out properly are the root of the issues that plague the world we live in. Everything is relative, everything is interconnected in one way or another. Mindfulness, awareness and knowledge of the self is necessary for the maturation and evolution of an individual. In the world we live in currently corporate and governing entities have created a submissive and confirmative culture that permeates this planet. Too many times people are not knowledgeable of themselves well enough to know what is true and healthy for themselves, but they still can assert a directive and authoritative role in the community. Too often mutuality and equality is non-existent when important decisions are made by world, state, city and corporate leaders and law enforcement that have a far-reaching impact. A concerted effort has to be made so that individuals have enough time for themselves to inquire about themselves, be aware and present with themselves. Self-inquiry is necessary. Having the time to ask myself why I get so emotional in certain instances. What my triggers are and why they trigger me. Traumatic events that I've experienced, being able to figure out what happened, why it happened and the lesson I can take away from it. Critical thinking skills are necessary for me to be able to know truth for myself without relaying on what the news said, what my parents said, what I hear in social settings. Things are much simpler, less time is spent sorting through a vast amount of information because I'm able to differentiate valid useful information from propaganda and misinformation. Many of the structures in the world have a tremendous effect on the culture and overall health of individuals in the world. Most individuals don't have the space and time to really be present with themselves and each other. Many have to work and are tired and overwhelmed making it very difficult for them to work on themselves.

That's important. The root of these issues starts at the top. A serious over haul of those structures is required. Equal is necessary when any decision is made that has far reaching effects. This is a collective issue which then affects individuals. A collective effort that is inclusive to the input of many is necessary. It is time to stop wallowing in mediocrity, ignorance and childish concepts. And get into higher forms of existence.

- Childhood trauma and abuse are major risks factors in youth. In the mental health programs in schools are they going to address spitting and educate children on abuse?

Session with Mental Health Providers and Stakeholders

July 11, 2022 • 1:30 pm

- Virtual Meeting
- 46 in attendance
- Marketed to 75 local organizations.

Feedback was given via question and answer time after presentation and via chat.

Top Comments:

1. Focus on Upstream Efforts
2. Expand Access to Providers

Complete Question & Answer Feedback

- It is important to be collaborating with licensed and medical professionals and the direct service provisions; I have relationships with medical doctors and have been discussing a device about objective cognitive assessment training – wondering where we could insert this? Would like to see this implemented into this program.
- This is on the right track when looking at approaches but wants to add that a core component to be added is that we need ensure we are reaching kids and get resources to have programs for the youth; allowing kids to be who they are.
- For pre-crisis there are several groups who are equipped to address; wants to be sure we don't forget this piece.
- Very excited to hear about a 24/7 line because there seems to be a lack of access. Concerned about limited funds. The City could offer to support the cost for primary healthcare to take professional development in this particular area.
- I want to make sure substance use programs for teens qualify.
- Wondering about the emphasis on homeless vets and is there an opportunity to extend beyond just vets.
- The UT Health teen health clinic has several school based health centers with no mental health providers right now. They are already on school campuses and may be something for us to consider – funding for boots on the ground would be helpful – only have counseling services 3 days per week.

- Something to consider are people who are not quite in crisis yet.
- Promote the use of the Youth Risk Behavior Survey for data collection and we would get a better sense of the needs in the youth population.
- For 988, there are 5 Lifeline affiliates in Texas and none are in San Antonio, would like to see that happen/be strengthened, our line could be incorporated
- Prevention is the answer; treatment is nowhere near as cost effective; consideration for the babies as their population for studying substance use and how to help babies with addictions; readying children for Head Start and Kindergarten.
- Yes, encouraging school boards to participate in the YRBS! Perhaps someone from Metro Health can go to the Board Meetings to recommend.
- Thanks for inclusion of development disabilities; emphasize that 30-50% have co-occurring mental health disorders with development delays and looking for ensuring lifetime access; AACOG is working to connect people with diagnosis and linking to services; waiting list of people trying to get diagnoses – looking to build a more support array here in San Antonio – long-term supports are funded by Medicaid but have to have help to get to the diagnosis.
- We do a lot with our pop who have co-existing issues; we should consider the impact of mass incarceration and looking at that – essential basic human needs that cannot be met when in jail – statutory access is unallowed; may not be eligible for services once leaving jail and what the stigmas are out there; experience the fact that they are being prescribed too much drugs and are more productive by simple use of marijuana – expanding access to medical marijuana is important and the City should be in this space – especially in the veteran population; we have to figure out how the mental health approach helps those access alternative therapies and ensure they are not impacted by the justice system; pathway to connecting to those resources legally.
- The need for mental health access for all people experiencing homelessness and not just veterans; the housing units are not available for 2-3 years; SAMMinistries serves a population that has 70% with mental health issue which impacts housing stability.
- There should be greater focus on upstream services and children's behavioral health services; with formal evaluations to be completed if the organization receives funding.

Session with Faith Leaders

through Department of Human Services
meeting of "The Intersection"

July 21, 2022 • 8:30am

- Virtual Meeting
- 49 in attendance
- Marketed to faith leaders in network and several additional faith leaders.

Feedback was given via question and answer time after presentation and via chat.

Top Comments:

1. Fund Bridges to Care
2. Focus on Upstream Efforts

Complete Question & Answer Feedback

- Funding Bridges to Care San Antonio could quadruple the number of people in our community who would be trained year over year. 10,00 wellness champions in SA would be a game changer. \$250,000 per year for four years from Bridges to Care would transform the landscape of our city. Bridges to Care already has the Behavioral Health Network that aligns and coordinates services and identifies areas of need. 988 is a new mental health care hotline nationwide. NAMI has a line already up and running. Every dollar of the funding should go straight to already going efforts in order to bolster them and build on the foundation. Creating more administrative bureaucracy would pull funds from the people who need assistance. Most people turn to their local faith community when they are experiencing a mental health and even physical health crisis. If that is where they first turn, that is where the investment should be. The Bridges to Care cohorts are natural points for resiliency hubs. Collaborations already happening can work together to serve the community when there are community wide crises.
- Resources to fund would be local efforts like Bridges to Care and agencies like NAMI, Rise Recovery, Alpha Home. The best process would be coordinated pre-crisis response through SAMHD and City assets/resources and continue to coordinate with Bexar County Behavioral Health Department. Focus on Pre-crisis. Help families and individuals get help before hospitalization, incarceration, homelessness, addiction. Avoid admin additional overhead expense. Use coordinated response assets that are already in place like SAMHD. Bridges to Care is a great example of a local community based program that addresses coordinated response to pre-crisis mental health needs. The Behavioral Health Network within Bridges is working now. We need to look at coordinating resources that are NOT part of the current Crisis

Response systems. SAMHD and COSA already have this capacity. There should be a group of local non-profits and responses that help guide the investment of the ARPA funds so that we make sure the funds reach the grass roots needs of the community.

- In my ministry context with a homeless day center on our campus run by Corazon, we see a lot of untreated mental health issues among the clients. Giving mental health care to our homeless neighbors could allow them to get the crucial help they need so that they might get on a path off the streets.
- Address financial stressors related to increased evaluation of properties and taxes.
- Fund Bridges to Care Youth track training to help equip and support faith communities and services providers who work with youth.
- Finding resources can be a challenge, tools like sacrd.org can be an important part of the process. Keep up the good work of getting community input.
- A lot of the work that has been happening through faith based and compassionate SA – about forming collaboratives and looking at what needs to be done – we really are looking at all the work as a system – how can we step forward – might be a simple shift/tweak to transform the systems to a stronger and healthier system – so I think even before the pandemic the mental health system of care that we have could use some tweaking of the system. So now we are here on this side – how do you see this plan of rescue funds and the investment tweaking the overall system to become healthier itself as a full system of care?
- Suggest a peer support model, a proven model that may accomplish what a stigma campaign intends to accomplish. Children's behavioral health services should go beyond the city's current investment in Mobile Mental Wellness Collaborative, especially given that this model has not been evaluated beyond the city's initial investment. There are organizations working in this area longer with greater results.
- We need mental and behavioral health for foster youth / children without placement in child protective custody and their birth parents. Resources: Chosen Care provides mental and behavioral health therapy, coaching, case management, and resources to foster youth and their birth parents, and adoptive, foster, and kinship families with child placements.
- Use SACRD.org to access all sorts of valuable resources.
- Work in prevention space is important but work in downstream is important to solidify the home situation. Really likes the education campaign idea but that having been said – mention of collaboration – is there discussion about how to grow capacity but reduce dependency?
- There should be a community wide emergency response plan with nonprofits on how and when nonprofits respond to a community crisis like Uvalde.
- Since Antioch Missionary Baptist Church has become a Bridges to Care church more people are reaching out to the church for help addressing their mental health care. They come now seeking more than prayer.

- As a ministry with a school, daycare, and children's home, youth mental health is definitely the priority. Followed closely by homeless population mental health support with PD response. Bridges to Care is a great program to fund. It maximizes community engagement with faith community.
- Suggesting that maybe we use our youth in HS and college and create a youth commission or board to serve as a resource at their school; created mental health boxes with self-care items; were able to provide 300 last year using the students as access into the schools; many youth don't feel they have support they need at school. Uses TikTok messaging.

Ongoing Feedback Received from Digital Comment

June 23, 2022: This has great potential. Hopefully it involves fitness for the community or plans to get the community active.

June 23, 2022: Will the city consider psychedelic therapy options when legalization likely occurs? Many studies have shown undeniable miraculous effectiveness for curing depression and other mental health problems like PTSD and bipolar disorder.

June 24, 2022: Wanted to point out a factor that is so disturbing to me and other grandparents, parents, teachers, and ALL children. This gun problem has caused a lot of mental stress, and we see no solution, no action!! We live in fear, and most of us see more gun "protection", as fanning the flames!

June 29, 2022: What is the timeframe for allocation of this \$26M fund? Is there a RFP available - if not, when will it be made public? What are the requirements for small nonprofit organizations to submit a proposal? What are the City's highest priority needs for behavioral health services, service areas, and specific population target groups? What service delivery methods or evidence-based models of care is the City preferentially considering as an integral part of behavioral service offerings of potential grantees (ex. Telehealth visits, smart phone behavioral support app utilization among youth, establishment of peer groups, adult / peer mentorship programs, community health worker led interventions, hotlines/tip lines, creation of an interdisciplinary database or information exchange system for behavioral health clients, use of teatro/skits/drama/ plays in community settings to delivery positive behavioral messages in a culturally-appropriate manner, etc....).