

MHSA Steering Committee Meeting Monday, July 6, 2020 9:30 am to 11:00 am *Virtually by WebEx*



WELLNESS . RECOVERY . RESILIENCE

🛛 Abend, Claudia	🛛 Hyman, Cynthia Kane 🛛 🖓 Perry, Matt	
🗆 Buchignani, Mechelle	🗆 Jimenez, Ozzy	🗆 Reiff, Ellisa
🛛 Carroll, Jessica	🛛 Kawahara, Julie	🛛 Robbins, Bruce
🛛 Carter, Bill	🗆 Klohe, Erika	🛛 Roberge, Kate
🗆 Clifford, Sophia Marie	🛛 Ladrech, Melissa	🗆 Schweigman, Kurt
🗆 Corbin, Mandy	🗆 Lee, Maurice	Smith, Kathy
🗆 Cutting, Brandon	🛛 Mackey, John	🛛 Standen, Susan
Darrow, Rhonda (recorder)	□ McDonnell, Claire	🛛 Struckmann, Angela
🗵 Davila, Christy	McEntee, Shannon	🛛 Swan, Katie
🛛 Dillon-Shore, Angie	🗆 Merchen, Mike	🗆 Tuttelman, Sam
🛛 Erlenborn, Jeane	🛛 Murphy, Allison	🛛 West, Carol Faye
⊠ Michael Gause	🛛 Olivares, Ernesto	

GOALS:

1. Provide MHSA Update: Financial Impacts; State Updates; Findings from DHCS MHSA Site Review

- 2. Innovation Update
- 3. Explore the meaning of treatment

Time	Item	<u>v</u>		Follow Up
9:30-	Ι.	Welcome and Purpose of the	Melissa	Kathy Smith moved to approve minutes; John Mackey seconded it. They
9:45a		meeting		are approved.
		a. Welcome and Introductions		
		b. Review and Approve minutes		
		from April		
		c. Review goals for meeting		
9:45a – 10:15a	II.	MHSA Update		 a. (See ppt slides). Reductions in MHSA are projected to be realized in FY21/22 and 22/23.
		a. Financial Impacts Uncertainty	Bill/	
		due to pandemic and possible Budget Update i. There may need to be revisions to the DRAFT 2020-2023 Three-Year	Melissa	b. No Place Like Home (NPLH) withdrawals are beginning; lower Medi-Cal payments – ability to bill is impacted by COVID due to lower volume of service provisions; reductions in core funding; and increase in Medi-Cal beneficiaries.

	 Integrated Program and Expenditure Plan as the situation unfolds b. MHSA State Updates AB81 Prudent Reserve funds can be used for CSS and PEI Funds that were to revert have one-year extension Able to transfer more than 20% from CSS OSHDP WET funds available with county match c. DHCS MHSA Site Program Review Preparation Findings Plan of Correction 	Melissa	 c. Strategies for revenue shortfall Prioritize mandated services and compliance requirements: Children and Youth, Acute psych hospitalization and in-patient services. Maximize revenue: use eligible funds to match and draw down FFP funds w/ MediCal clients and services. Examine programs that are not mandated and not cost- effective. d. Establish a Community Program Planning Process (CPPP) Subcommittee: Carol West, Susan Standen, Jessica Carroll, Kathy Smith, Kate Roberge, Katie Swan; Cynthia Kane Hyman. Julie will send out doodle poll for first meeting in August. e. Melissa presented on AB81. (See PPT). Question: Any thought to include peer providers in WET funding? Bill Answered: BHD has prioritized adding peers and family members to FSP teams when opportunities arise. At this time, we are unable to add new positions to our budget. f. Melissa presented on MHSA Site Visit/Program Review (See PPT). g. Questions: Is the Capacity Assessment report publicly available? – Answer: Yes on DHS/BH website. Is the DHCS review publicly available? - The DHCS Findings and the county's Plan of Correction are public documents, and will be available for review when submitted and reviewed by DHCS.
	iii. Plan of Correction		subcommittee? Yes.
10:15 - 10:30a	 III. Innovation Update a. EP HCLN b. Diversion: Crossroads to Hope c. MHSOAC review on remaining applications 	Julie	Julie presented on Innovation projects (See PPT). EP HCLN was prioritized as part of a six-county consortium statewide. Working w/ UCD on program fidelity and evaluation. Innovation funds only support contract w/ UCD. Program operations supported with One Mind funding. Developing a Diversion innovation application: Crossroads to Hope. Transitional housing funded by federal source, clinical funded by state

			 grant. Innovation funding supporting the enhancement of paid peer providers, evaluation and support for Peer Advisory Council. Remaining applications are still pending feedback from MHSOAC staff. Hope to hear something in next 2 – 3 weeks. Regarding peer advisory council for Crossroads, is a peer w/ lived experience a peer with criminal justice experience? Yes, preferably.
10:30- 10:50a	IV. Discussion on Treatment a. What is your definition of Treatment?	Julie	 Background: At last meeting, it was suggested that we provide time to share our definitions of treatment as it means different things to everyone based upon profession, experience, perspective. (See PPT) Highlights of the discussion: What do people mean by "treatment"? How to define in this group? Can we be more specific? Clinical, psychiatric? Treatment is often referencing medical model. I like to think of treatment in terms of connection and collaboration. Definition is often tied to budgets and funding (what is reimbursed for vs. what doesn't). Alternative services, though treatment is not always considered "legitimate" treatment. Different ways to provide treatment. Not sure how easy it is to define. "Collaboration" is more of a philosophical idea rather than definition. Respect for ability but also recognition of disability. Things that can't be billed for get short end of the stick, part of our mental health system. Medical model gets paid more than peers. Has a hard time with words "mental illness" or "severe mental illness". Likes to say "challenge" or "lived experience". Concerned about which services will be preserved and which will be cut. What constitutes treatment is a part of that conversation. Who gets to make those decisions? Who is getting paid to be on Steering Committee? Who is using system? Need to preserve "client-driven" and "choice". Many Steering Committee members are both representing an agency, but also have personal experience or a family member with experience Family member has illness (and challenged). She feels they need treatment. Participating on committee voluntarily. Care and connection with folks that are suffering is necessary. Mental illness is a disease that needs treatment. People with mental health

			 challenges as people that need connection. People have different orientations regarding these questions. Clients need connection. Hard to define in general (every situation so specific). Saying someone needs treatment isn't necessarily negative. "Connection" might need to be with the right person.
10:50 – 10:55a	V. Calendar Propose to change date to 2 nd Tuesday Morning	Melissa/ Julie	Discussion on resetting meeting date/time for Steering Committee. Discussion on Tuesdays – conflict with Board of Supervisors. Melissa asks if Wednesday is better. Julie will send out correspondence to confirm.
10:55- 11:00a	 VI. Closing Next Meeting: October 14, 2020 From 1:00pm -3pm Plus/Delta 	Julie	 Plus Meeting was well organized, informational, learned a lot, liked the discussion regarding treatment. Liked discussion on Treatment. Flow of meeting was good. Appreciate that there was time for discussion, good details and specifics but SC needs more time to discuss. Delta Loved chance for discussion, would like more time and opportunities. Everyone educates each other, would love to see more of it. Can't get on to WebEx, likes Zoom better. More time to receive notice of meeting date – didn't know this meeting was happening until June 1st. Publish meeting dates earlier. Zoom or GoToMeeting platforms work better.