



**MHSA Steering Committee Meeting**  
 Wednesday, October 14, 2020  
 1:00pm – 3:00pm  
 WebEx



<input type="checkbox"/> Abend, Claudia	<input checked="" type="checkbox"/> Hyman, Cynthia Kane	<input checked="" type="checkbox"/> Perry, Matt
<input checked="" type="checkbox"/> Buchignani, Mechelle	<input type="checkbox"/> Jimenez, Ozzy (leave of absence)	<input type="checkbox"/> Reiff, Ellisa
<input checked="" type="checkbox"/> Carroll, Jessica	<input checked="" type="checkbox"/> Kawahara, Julie	<input checked="" type="checkbox"/> Robbins, Bruce
<input checked="" type="checkbox"/> Carter, Bill	<input checked="" type="checkbox"/> Klohe, Erika	<input type="checkbox"/> Roberge, Kate
<input type="checkbox"/> Clifford, Sophia Marie	<input checked="" type="checkbox"/> Ladrech, Melissa	<input checked="" type="checkbox"/> Schweigman, Kurt
<input checked="" type="checkbox"/> Corbin, Mandy	<input type="checkbox"/> Lee, Maurice?	<input checked="" type="checkbox"/> Smith, Kathy
<input type="checkbox"/> Cutting, Brandon	<input checked="" type="checkbox"/> Mackey, John	<input checked="" type="checkbox"/> Standen, Susan
<input type="checkbox"/> Davila, Christy	<input checked="" type="checkbox"/> McDonnell, Claire	<input type="checkbox"/> Struckmann, Angela
<input checked="" type="checkbox"/> Dillon-Shore, Angie	<input type="checkbox"/> McEntee, Shannon	<input checked="" type="checkbox"/> Swan, Katie
<input type="checkbox"/> Erlenborn, Jeane	<input type="checkbox"/> Merchen, Mike	<input type="checkbox"/> Tuttelman, Sam
<input type="checkbox"/> Michael Gause	<input checked="" type="checkbox"/> Murphy, Allison	<input checked="" type="checkbox"/> West, Carol Faye

**GOALS:**

1. Provide a review of budget process & MHSA Expenditure Plan Updates
2. Provide Updates on new state legislation, Innovation projects & Community Program Planning Subcommittee
3. Review community response to impacts of COVID, Equity and Fires

Item		Follow Up
I. <b>Welcome and Goals of the meeting</b> a. Welcome and Introductions b. Review and Approve minutes from July c. Announcements d. Review goals for meeting	Melissa	July minutes: M/S/C (Cynthia, Erika)  <b>Announcements:</b> Cynthia: Peer Support Day Celebration tomorrow 10/15, 11:30a – 2p online. Join Zoom Meeting ID: 727 552 8817 <a href="https://us02web.zoom.us/j/7275528817">https://us02web.zoom.us/j/7275528817</a> Phone In +1 669 900 9128  Mandy: SCOE has federal grant – screening students in West County for trauma induced/focused status for services. Mandy will write up summary and send to Melissa for distribution.

		<p>Erika: Two meetings coming up: 1) Healthcare for the Homeless Collaborative Community Resource Meeting for Providers. More info: Erika.kloe@stjoe.org</p> <p>Allison: Mothers Care has expanded services with 2 providers. Services for Spanish Bi-lingual/bi-cultural and African American women. Working with Hanna Institute – ACES training.</p> <p>Cynthia: Free seminar with Laura Porter on ACES for program directors for program planning and development. St. Joe’s sponsorship.</p>
<p>II. <b>Budget Update and impacts on MHSAs funding</b></p>	<p>Bill</p>	<ul style="list-style-type: none"> <li>• Delayed budget process due to COVID and fires.</li> <li>• Broad overview budget is roughly \$111,000,000 <ul style="list-style-type: none"> <li>○ See chart in ppt for breakdown of revenue sources, includes \$17,330,000 in MHSAs funding.</li> <li>○ Ongoing revenue is \$78,400,000, leaving a \$32,600,000 shortfall.</li> <li>○ State backfilled realignment (sales and vehicle tax).</li> <li>○ DHS- BHD still short \$1.4 million, discussed in public meetings</li> </ul> </li> <li>• Required to submit a balanced budget, DHS indicated that funding for Peer Centers and Telecare ACT would be eliminated absent additional financial resources. The response included summaries of the anticipated impacts if these services were eliminated.</li> <li>• The Board of Supervisors responded by granting additional local funding to continue Peer Service, Telecare ACT and expand MST (north county) <ul style="list-style-type: none"> <li>○ Looking at potential changes to MST model using dispatch instead of law enforcement officers to contact and request support.</li> </ul> </li> <li>• Potential opportunities for future budgets: <ul style="list-style-type: none"> <li>○ Measure O – ¼ cent tax for \$25 M for BHD and Homeless services. Strategies to increase billing/revenue, decrease cost in hospitalizations by investing in FSP and housing (hotels), wellness centers, opening PHF (14 beds, possible by June 2021).</li> </ul> </li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Will Measure O protect the non-mandated services? Indirectly. Measure O funding for core services will relieve the pressure to make future reductions that impact non-mandated services.</li> <li>• Will the MST development/changes involve the public? EMS was assigned to lead the discussion – Bill awaiting the details. Erika advocated that there are stakeholders who have experience and interest in providing perspectives. Carol forwarded report regarding CAHOOTS model outcomes and Bill expressed appreciation.</li> <li>• Is there interest in writing grant for peer respite? Depends on the source of funding.</li> </ul>
<p>III. <b>MHSAs State Updates</b></p>	<p>Carol Bill</p>	<p>Carol presented on SB 803 (ppt will be available to share)</p>

<p>a. SB 803: Peer Support Services Funding</p> <ul style="list-style-type: none"> <li>i. Federal waiver for Medi-Cal billing for peer services</li> <li>ii. Standards and credentialing peer support specialists</li> </ul> <p>b. AB2265: Additional guidance to use MHSA funds for co-occurring MH and SUD.</p>	Melissa	<p>Statewide Certification to create standards for peer providers. SB803 is suggesting specific billing codes for peer services. Early recognition of benefits, cost savings of peer services since 2007. California is behind many states creating standard training/certification and billing codes. Much work around peer training &amp; ethics has been completed by CAMPRO. Opt in counties will need to provide a nonfederal share of funding.</p> <p>Concern about the medicalization of the peer models/philosophy and want to assure recovery philosophy and language and workforce development implications.</p> <p>Bill: The state did not invest any funds into implementing this legislation placing the financial burden on the Counties. Counties and CBHDA will go back to State for more financial support at state level next year.</p> <p>Should have peers throughout the system.</p> <p>Melissa: AB2265: Guidance to use MHSA funds for co-occurring MH and SUD. Requires reporting on SUD clients served. AB 2112 – Sets up Office of Suicide Prevention providing TA, tracking suicide rates for program planning, seek out grants.</p>
<p>IV. <b>Innovation Update</b></p> <p>MHSOAC review on INN applications</p> <ul style="list-style-type: none"> <li>a. New Parent TLC</li> <li>b. Nuestra Cultura Cura</li> <li>c. Instructions Not Included</li> <li>d. EP LHCN</li> <li>e. CCERP</li> <li>f. Diversion: Crossroads to Hope</li> <li>g. ACCESS</li> </ul>	Melissa	<p>Melissa provided background on Innovation funding:</p> <p>Question – Type of feedback from OAC? OAC encouraged us to clarify some aspects of the proposal, some semantic suggestion-example do not use the word “gap”, specify if INN funds are subject to reversion.</p> <p>What type of CPP used in Crossroads and ACCESS (Compared to five community projects)? Working with department staff, peer community, partners and providers to collaborate on proposal. The proposals will be provided to the steering committee and stakeholders for feedback.</p> <p>Please loop CPP subcommittee in all methods of CPP (Crossroads/ACCESS process).</p>
<p>V. <b>Community Program Planning Subcommittee Update</b></p>	Susan	<p>Susan provided an update to committee meetings. Agreed to invite community “experts” to enhance committee. CPP has many peers, members with lived experience on subcommittee. Needing diversity in outreach, engagement and also representation on</p>

		subcommittee. Contributions from the members were very valuable. Grappling with “mission” and how to operationalize efforts.
<b>VI. How has COVID and fires impacted your community/your work in respect to mental health and wellness?</b> Discussion	Julie	<ul style="list-style-type: none"> <li>• If you didn’t already have an anxiety disorder, one will be assigned to you. Young families – impact for years to come. Resilience is adaptation and builds strength.</li> <li>• 100% agree with Allison. MH does not discriminate. Everyone has been impacted over and over again – stressors and MH challenges. Need to figure out better collaborations to create safety net.</li> <li>• People who have struggled their whole life can support those who are newly experiencing MH challenges. Dr. Macy of Hanna Institute conducted training and was very helpful in trauma informed lens.</li> <li>• Our collective responses are becoming more automatic and sensing a weariness. The average person is more able to understand the experiences of those who have MH challenges, and how it is hard to go back to the “new normal”.</li> <li>• In talking to the peer centers to see who they were serving in COVID times and how. What does peer support look like in this era? Tremendous will and energy to make peer support available despite physical space closing. 100% absence of unsheltered on zoom calls..On the street and in shelters needed additional outreach and engagement.</li> <li>• Move to telehealth has exacerbated the disparities and isolation of many (unsheltered). Experiencing more overdoses...isolation is real.</li> <li>• St Joes has substance use navigator in SR and expanding to Petaluma.</li> <li>• Peer support in car with laptop.</li> <li>• Many layers of stress. From a practitioner perspective– fatigue, isolation continues to mount, despite attempts to connect. Electronic connections are great, when it works and have ability and capacity. Elderly have more challenges and increase isolation. Programs at Kaiser are at double capacity. Burden and fatigue of care providers.</li> <li>• Native community is seeing uptick in patient numbers, number of visits. Community gathering so important: Natives Got Talent, GONA conducted by AUP staff and youth engagement is growing. Looking for solutions.</li> <li>• Checking in with workload changing and type of work – needing flexibility, adaptability. Personally, affected by evacuation, getting support.</li> </ul>
<b>VII. Closing</b> a. Next Meeting: Jan, 13, 2021 b. Plus/Delta	Julie	Plus – Agenda included input from members to share.