MHSA Steering Committee Meeting
West Wing
Friday, June 8, 2018
10a – 12 noon

Minutes

Present: Oscar Chavez, Human Services; Michelle Buchiagni, Sheriff's Department; Asghar Ehsan, Mental Health Advisory Board; Sherry Weyers, Mental Health Advisory Board; Anita Storms, Santa Rosa Treatment Program; Cathleen Read, VA Clinic

Staff: Dr. Michael Kozart, Amy Faulstich, Bruce Robbins

Consultants: Halsey Simmons, Julie Kawahara

Agenda	Notes
Welcome and Introductions	**Welcome and Purpose of the meeting** MHSA Coordinator, Amy Faulstich opened the meetings, thanking all who were in attendance. She discussed that MHSA Steering Committee stakeholder representation are individuals and agencies that are unencumbered (currently do not have a MHSA funded contract). After introductions around the room, Amy reviewed agenda and goals for the meeting: 1) Establish the MHSA Steering Committee, 2) Provide an orientation to the current budget climate and MHSA structure, 3) Obtain feedback on the Multi-service Integration Hub
Brief Overview of Budgetary Process and Impact on MHSA	**BHD Budget Deficit** • Dr. Michael Kozart presented an overview of the current status of the Behavioral Health Division's budget and process. The following factors contributed to the FY 17-18 SCBH deficit: • Increasing costs of services and erroneous over projection of future revenues. • Operational challenge in that Crisis Stabilization Unit is losing approximately $700,000 per month, as claims are limited to the first 20 hours of stay with an average client stay of 2.6 days, resulting in about 1/3 reimbursement of total claim. Not enough beds in community.

	• Care Treatment Plans need improvements for increased MediCal billing. Staff support and training, tools are being included in a corrective action plan. Currently losing approximately $1 million per year. • DHS/BHD is exploring a 16-bed psychiatric facility so CSU clients can be placed in an appropriate level of care. • On May 15th, DHS held a convening of contractors regarding budget cuts, system redesign concepts and impact on contractors at the SR Veterans building. DHS continues to look at additional funding to restore cuts. Conversations were held between the community and administration on where to add back: 1) Substance Use Disorder (SUD) services has a cluster of services that are diversion from CJ system that were a priority. 2) Direct housing for SMI were preserved and 3) Youth and Family - SED youth. • MHSA funding runs through many of these services, and is complicated. • Budget hearing next Tuesday, June 12 and materials for that hearing will go public. Final budget is ratified by the 15th. • Normally would have had an inclusive community process that for input, but time constraints made it difficult. Negotiations with unions and Board of Supervisors were critical and took time and attention from being more transparent with providers and community. • MHSA waxes and wanes in total amount of BHD funding. The larger fiscal crisis led to a necessary decision to maintain and keep the core services overall. On one hand, BHD is steward for MH services for community and folks who cannot afford MH services and on the other hand to understand community needs and epidemiology for keeping community healthy. • Since the 1990s, the MH plan has been to provide services to the most severely impaired individuals, MediCal beneficiaries and the indigent. The County responds to State mandates and requirements, including MHSA funding which also has requirement to serve specific groups and provide specific types of services. • By keeping mandates are we over budget? Initially a balanced budget was created but with critical cuts. Add backs will help to restore some key programs. • Going forward a commitment is for BHD be more vigilant in monitoring our fiscal health and quality of care. Which this Steering Committee will be a key part of that process.

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<td>MHSA Overview and Stakeholder Community Planning Process</td>
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MHSA Overview

Amy provided MHSA background and categories of funding:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)

Amy continued to share that MHSA requires a community planning process with stakeholder involvement (Title 9: CCR 3200.060 and CCR 3200.270). Furthermore five principles guide the plan:

1) Community Collaboration
2) Cultural Competence
3) Client and Family Driven MH Systems
4) Wellness Focus: Recovery and Resilience
5) Integrated Service Experience

The most recent three-year plan for MHSA 2017-2020, can be found at http://sonomacounty.ca.gov/Health/Behavioral-Health/Mental-Health-Services-Act/

The annual update for 2017-18 will be drafted this summer with a 30-day public review October 17, 2018. MHSA Steering Committee members will be asked to support the community input process up to October 17.

In the past, BHD has sought community input from various committees for input, however having a community stakeholders knowledgeable about MHSA at this critical time prompted the formation of this MHSA Steering Committee. MHSA community stakeholder engagement has required representation, but open to suggestions on additional representation and how to foster authentic engagement and input. Suggesting monthly meetings initially.

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<td>Multi-Service Integration Hub</td>
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Multi-Service Integration Hub, aka The Village Project
Overview of model (yet to be formally named)

Dr. Kozart presented on the proposed model that will be a collaborative among the Behavioral Health Division and community-based contractors co-located at the Lakes Corporate Center, off Sebastopol Road. Proposed model is more consumer driven, increases degree of interaction among clinical programs that are either peer-run or peer-focused, and integrates more Substance Abuse (SA) and Mental Health (MH) treatment/interventions for co-occurring disorders. The premise is increased integration will increase accountability. In addition, this model will preserve the core mission of serving SMI among all the budget cuts.

Two distinct populations will be the focus: SMI with defined MH diagnosis and those consumers approaching system for first time with acute needs. Three community providers, including the Wellness Center will staff case managers. In addition, brief intervention services of 90 – 120 days, can be provided with MHSA funds creating a safety net and earlier intervention which is consistent with regulations. This model is not an evidenced based model, but may be expanded to include locations in Petaluma and Guerneville.

Reactions from MHSA Steering Committee:

• Family member expressed excitement about the proposal as this model could intervene in First Episode Psychosis.
• One member asked about the MH Spectrum – from primary prevention to early intervention to severe and chronically MI. How are we acknowledging ACES and other evidenced-based programming, mitigating risk factors and increase protective factors? Who’s domain is that? How are these practices integrated into the Hub/Village?
• Comment that $20 million spent overall in MHSA system and that the Adult-side was more severely impacted by cuts.
What other community resources could enhance this model?
• Food pantry
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	• Probation Department – adult and youth • Transportation **What partnerships could be established?** • Veterans • Homeless – housing vouchers • TAY providers **Open discussion with MHSA Steering Committee:** • What kind of tools will the committee have going forward. Recommended mapping of services (By population? By funding category?) • Review contractors, evaluation and data – to be more open to who is doing the best job. Ask why? • Specific to the Hub: Asked for logic model to see what expected outcomes are for the Multi-Service Integration Hub. What is the cost? Staffing? • What are the elements of cultural competence? Especially for TAY? • How do we outreach and engage with large Hispanic population?
Closing and Next Steps	**Who else should be on this Steering Committee?** • Drug and alcohol provider • YWCA • DA office/advocacy, Family Justice Center • CHDC • Rapid Health Assessment – epidemiologist – Hospitals (Sarah) **Propose next meeting: Friday, July 20, 10a – 12noon, location TBD**