**September 2023 SE Regional CSP Meeting Minutes**

**Date: September 11, 2023**

**Chair: Julie Whitmore**

1. **Welcome –** Introductions
2. **Speaker –** Joan Erney said she was glad to hear about the continued resurgence of local and regional CSP committees. Her goal for the meeting was to give background on the behavioral health system. She said “It’s good to be reminded about how we started and how that helps as we go forward.” The agenda: PA Behavorial Health System, Setting the Stage, County based system overview, HealthChoices, Questions, Resources.
3. **Back to Basics –** An Introduction to the PA Behavioral Health System. Writing HealthChoices first program description in 1995-96. A lot of different language. At the time, behavioral health was becoming the term. Not realizing that it also broadened our thinking. It includes a bigger conversation and definition. SMI still defined through SAMSHA. For children, serious emotional disturbances and autism, at risk categories. These are the priority population that county government is required to support outside of Medicaid. She reviewed all of the different categories. CSP started in the 80s in the PA. In the beginning just a state CSP. PMHCA founded in 1986**.** These are the places where the voices of people with lived experience have made such a profound difference. OMHbecame OMHSAS. The stakeholder community came together and decided to do Medicaid managed care through a different model. Everyone came together and said there’s a different way we can do this work. That program started in 1997 and expanded in 2006. We did the Call for Change in 2004. We had multiple hospital closures and there was a transition to a focus on recovery. There was a acknowledge and profound awakening that people do recovery and can be well. We created certified peer specialists, peer coalition was engaged, and CFSTs were established as part of HealthChoices. These are all places where the voice of a person with lived experience…collaboration between individuals with lived family members and all of the partners who advocate for our system, when they come together we can absolutely create change. And requires all of us to do that.Across the state, a lot of people covered by private insurance. Private insurance is required to pay for some mental health and substance use services. Under the Obama administration there was an expansion of coverage who were above Medicaid line. Children had CHIPS program. Key for families in PA if you are a child with disability you become a family of one. Medicare for individuals over 65 or for individuals because of SSDI after two years you become eligible for Medicare. They do include support for MH and SU.
   1. **Review of PA Behavioral Health System –** People outside of PA say our system is difficult and challenging. Especially when trying to cross boundaries. 67 county programs administer a range of human services through a variety of models. As you think about who you want to interface with, all of organizations have a role to play. it’s always good to know who they are and what are their scope of responsibilities. Someone who comes in might be confused by the way we are organized here in PA. She reviewed County MH/ID services and said their money is capped unlike Medicaid which is an entitlement.
   2. **Back to Basics –** Who’s responsible for what at the state and federal levels. Who’s in charge?CMS at federal level they administer Medicare and Medicaid. They oversee HealthChoices. In PA, dept of HS, they are considered Medicaid authority for PA. Split responsibility depending on program. Feds and state share in responsibility for Medicare. In PA 50-50.
   3. **Resource –** Community Care Behavioral Health is a good resource. Working with benefits. Go on their website, click on HealthChoices members, click on working with benefits.
   4. **Physical HealthChoices/Community Healthchoices –** HealthChoices **–** is statewide. The counties are responsible for the program. There are currently 5 subcontractors: Community care, Magellan, Carelon, Perform Care, Community Behavioral Health. It is certainly okay to ask the county about their providers. In the southeast, there’s a fairly robust provider network. Pharmacy benefits except methadone and Clozaril are paid for by physical health. State Plan services, C/FSTs in every contract and it has been a great asset, reinvestment dollars left over at the end of the year and available to do start up and services targeted to the Medicaid population. Performance Measurement System – they are collecting a tremendous amount of data. MCO functions: member services, case management, 24/7 crisis services, provider network management, quality management, utilization review, grievances and complaints, incident review.
   5. **Resources –** MH Crisis Emergency Services – 988 centers (15 active), 24/7 phone service and walk in; BH-MCO member services website - access services, file complaint and general questions about coverage; Network of Care – provider listing by county; County MH/SCA administrators or oversite entity. File a complaint with insurance provider or go to county, regional OMHSAS offices or state PA DHS website, Dept. D&A, Dept. of Insurance.
   6. **Questions:** Continuity of Care – child went out of state for care and came back to home county and insurance was dropped. Took months to get back on. Q: Family members excluded or discriminated against and not allowed to serve on committees. A: CofC when someone comes back from out of state they are not supposed to lose their coverage. A: Families – Joan is now on state NAMI board. There’s lots of struggles. I haven’t heard that they haven’t been invited to the table. Local NAMI and CSP can help.
   7. **Summary** – (reinforce one thing) We are in what feels to me at times to be another crisis point. And another flash point. Coming out of COVID we lost a lot of employees. We lost a lot of commitment. Folks are struggling. We have extraordinary needs. People beyond the folks we knew we needed to serve before Covid it’s only escalated 2, 3 and 4 fold, we have less resources less money. And we have less commitment out of every segment. I do think it’s time for a rallying cry. It’s time to really think what you can do as a community of people. Prioritze 3 or 4 major things that need to be fixed or need to be done and start that advocacy strategy. I will be at the Capitol. The Behavioral Health Commission…was a stinker movement to begin with. Think they could do it in 6 weeks and that silliness. Once they dedicated $100 million then they actuallyn eeded to give it to us. And they haven’t and they’re not. It is just disgraceful. Absolutely, disgraceful. For me locally, I can’t get an appointment for someone who needs MH services, I can’t get them in the door. I can’t get the into inpatient. Into co-occuring. We’re really struggling and I suspect we’re just a microcosm of what’s happening all over the state. I think it’s going to take us to rally again. It’s that time. We’ve go to muster up the energy. Bring in a broad group of folks. To try to rally to see if we can’t get more services. She consults with the Hospital Association of PA. They will host 5 regional meetings. We want CSP representation. It’s focused on emergency room boarding, folks stuck on inpatient units. What are the solutions? We want the regional CSP to be the point of contact. Anything you can share that would make a difference. Stay tuned. Contact Joan at: <erneyjoan@gmail.com>
4. **Elections** – New chairs were unanimously approved: Marvin White - Treasurer, Stacey Volz and Jenna Woodward – Advocacy Chairs; Joann Mills-Johnson, Benita Tillman and Julie Whitmore – Committee co-chairs; Karleen Caparro, Akilah Williams and Justin Chamrin – Conference Chairs.
5. **Budget** - $10,000 received this year. $4,407.91 left over. $14, 407.91 Total. Harrisburg rental: $1,785.34. Had a seed grant: $500 for Brush with the Law. $2,285.34 spent. Left: $1,924.02 in left over monies. Julie said another seed grant approved by Executive Committee: $500 hearing voice conference in Paris. Julie said the bus rental was around $1,900.
6. **Conference Committee** – Two people met. Discussed title of conference. Impactful. Accessible for people with special needs.
7. **Advocacy Committee** – A website findhelp.org is a good resource for education, human services, money for school. Lawsuit alleges PA is unnecessary keeping people in state hospitals and violating their rights because we haven’t built up our community supports.
8. **Recovery Story** – Benita Tillman shared her recovery story. The committee thanked her.
9. **Montgomery County Report** – Conference in May was great. Two speakers Angela Sharpe has the Blessing Shop provides stable well-maintained affordable housing and clothing to men, women and children. Other speakers from MCS about reinvestment monies and how it puts money back into the system. Elections are coming up.
10. **New Business** – Harrisburg March. Posters for the March. Each county can make their own and regional will reimburse costs. Email information about setting up meetings with legislators at the March. People will meet legislators in groups, not by themselves. A bus will pick up people in Bucks, Philadelphia and Norristown.
11. **Next meeting – October 2, 2023 -** Worthwhile Where – helping people who are victims of human trafficking.