

**Sacramento County**  
**Department of Health Services, Behavioral Health Services**  
**Mental Health Services Act (MHSA) Steering Committee**

**Our Mission**

*To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.*

**Our Vision**

*We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.*

**Our Values**

*Respect, Compassion, Integrity • Client and/or Family Driven • Equal Access for Diverse Populations • Culturally Competent, Adaptive, Responsive and Meaningful • Prevention and Early Intervention • Full Community Integration and Collaboration • Coordinated Near Home and in Natural Settings • Strength-Based Integrated and Evidence-Based Practices • Innovative and Outcome-Driven Practices and Systems • Wellness, Recovery, and Resilience Focus*

April 18, 2024, Meeting Minutes		
Time: 6:00-8:00 PM		Location: Virtually (Zoom) and phone conference
Meeting Attendees - General Public and MHSA Steering Committee members:		
Stakeholder Group	Primary	Alternate
Mental Health Board	Patricia Wentzel	Brad Lueth
Mental Health Director	x Ryan Quist	x Jane Ann Zakhary
Service Provider - Children	x Laurie Clothier (River Oak)	Mary Sheppard (Uplift Family Svcs)
Service Provider - Adults	x Marlyn Sepulveda (Hope Cooperative)	Alexis Bernard (Turning Point)
Service Provider - Older Adults	Genelle Cazares	Cindy Xiong
Law Enforcement	Corey Jackson	Laura Mueller
Senior and Adult Services	x Heidi Richardson	Mary Parker
Education	x Christopher Williams	Brent Malicote
Department of Human Assistance	Julie Field	Carmen Briscoe
Substance Use Prevention and Treatment	Lori Miller	x Kimberly Grimes
Cultural Competence	Jessie Armenta	x Lakshmi Malrouu
Child Welfare	x Melissa Lloyd	Kim Pearson
Primary Health	Andrew Mendonsa	Noel Vargas
Public Health	x Olivia Kasirye	Staci Syas
Juvenile Court	Andi Mudryk	Sarah Davis
Probation	Lynsey Semon	x David Linden
Veterans	Rochelle Arnold	<b>Vacant</b>
Consumer - TAY	<b>Vacant</b>	<b>Vacant</b>
Consumer - TAY	<b>Vacant</b>	<b>Vacant</b>
Consumer - Adult	Hafsa Hamdani	x Christeana Zamora
Consumer - Adult	x Clarissa Laguardia	Chezia Tarleton
Consumer - Older Adult	x Janet Green	<b>Vacant</b>
Consumer - Older Adult	x Sharon Jennings	<b>Vacant</b>
Family Member/Caregiver of Child age 0-17 Yrs	x Chris Marzan	<b>Vacant</b>
Family Member/Caregiver of Child age 0-17 Yrs	x Crystal Harding	<b>Vacant</b>
Family Member/Caregiver of Adult age 18-59 Yrs	Susan McCrea- <b>LOA</b>	x Ellen King
Family Member/Caregiver of Adult age 18-59 Yrs	Ryan McClinton	Diana Burdick
Family Member/Caregiver of Older Adult age 60+ Yrs	<b>Vacant</b>	<b>Vacant</b>
Family Member/Caregiver of Older Adult age 60+ Yrs	x Anatoliy Gridyushko	<b>Vacant</b>
Family Member/Consumer At-large	Karly Gonzalez	Evin Johnson

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Agenda Item	Discussion
<b>I. Welcome and Member Introductions</b>	The meeting was called to order at 6:00 p.m. MHSA Steering Committee (SC) co-chairs and members introduced themselves.
<b>II. Agenda Review</b>	The agenda was reviewed. No changes were made.
<b>III. Review of Prior Meeting Minutes</b>	The March 2024 draft meeting minutes were reviewed. No changes were made.
<b>IV. Announcements</b>	<p><b>Heidi Richardson</b>, SC Member:  The Sacramento County Department of Child, Family and Adult Services (DCFAS), Senior and Adult Services (SAS) Division, is providing funding to eligible Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs). Funding is available for existing adult and senior facilities currently serving Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Cash Assistance Program for Immigrants (CAPI) residents. Eligible ARFs and RCFEs in need of operational subsidies to preserve and avoid closure and/or reduction in the number of beds are encouraged to apply. To learn more visit <a href="#">Community Care Expansion (CCE) Preservation Program</a>.</p> <p><b><u>Announcements from the Public</u></b>  None.</p>
<b>V. Executive Committee / MHSA Updates</b>	<p><b>Executive Committee Updates:</b>  <b>Sharon Jennings</b>, SC Executive Member and Co-Chair:  Requested that meeting participants submit the two post-meeting evaluations.</p> <p><b>MHSA Updates:</b>  <b>Ryan Quist</b>, Behavioral Health Director, and SC Member:  There are a lot of behavioral health initiatives and policy changes occurring in California that impact behavioral health. Several fact sheets that provide a high-level overview of major behavioral health changes currently occurring or that will be implemented within the next few years in Sacramento County. See <a href="#">Attachment A: BH Initiatives 2024</a>.</p> <p><b>Jane Ann Zakhary</b>, BHS Division Manager  Sacramento County’s MHSA program review by the Department of Health Care Services (DHCS) is complete. DHCS reviewed the last MHSA Three Year Plan as well as the MHSA FY 22-23 Annual Update. Overall, Sacramento County fared very well and DHCS only documented a few findings with associated suggested improvements. MHSA will be meeting with DHCS to ensure we are addressing all feedback appropriately.</p>

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	The No Place Like Home Housing Development has now opened three of the four expansion projects. These are dedicated apartments for behavioral health clients and some clients have already moved in.
<b>VI. Proposition 1 Overview</b>	<p><b>Proposition 1 Overview</b></p> <p><b>Jane Ann Zakhary</b>, BHS Division Manager and <b>Andrea Crook</b>, presented an overview of Proposition 1, the Behavioral Health Services Act (BHSa). See <a href="#">Attachment B – Proposition 1 Overview</a>.</p> <p><b><u>Member Questions, Discussion, and Collective Comment:</u></b></p> <p>How are the three categories of funding for BHSa represented in current MHSA funding?  <i>The current existing funding categories of MHSA include:</i></p> <ol style="list-style-type: none"> <li>1. <i>Community Services and Supports (CSS)</i></li> <li>2. <i>Prevention and Early Intervention (PEI)</i></li> <li>3. <i>Innovation (INN)</i></li> <li>4. <i>Capital Facilities and Needs (CF/TN)</i></li> <li>5. <i>Workforce and Training (WET) does not have a funding component</i></li> </ol> <p><i>The funding categories under BHSa include:</i></p> <ol style="list-style-type: none"> <li>1. <i>Full-Service Partnerships (FSP)</i></li> <li>2. <i>Behavioral Health Services and Supports (BHSS)</i></li> <li>3. <i>Housing</i></li> </ol> <p>How much of current MHSA funding is being allocated toward FSPs and housing subsidies, and will this be a dramatic shift?  <i>Currently, there is no specific allocation for housing subsidies within the MHSA budget. However, FSPs provide housing support to clients via MHSA flex funds. Additionally, Community Outreach Recovery Empowerment (CORE), formerly the Adult Outpatient Service Transformation programs and Flexible Integrated Treatment (FIT), the youth outpatient providers, support clients and families with housing supports.</i></p> <p><i>As we move forward with BHSa, more guidance will be coming from the state.</i></p> <p>Under MHSA, the approving body for projects is at the local level. As we implement BHSa will funding projects become more centralized with the state?  <i>As part of the new guidelines of BHSa the approval authority when submitting plans for projects and updates will shift from being at the local level (Board of Supervisors) to the state.</i></p>

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	<p>How will the transition to BHSA impact the annual External Quality Review Organization (EQRO) that counties are required to complete? Is this also going to be centralized at the state level?</p> <p><i>At this time, we do not know how the EQRO will be impacted as we transition to BHSA. As we move forward, we will continue to share any updates and opportunities for discussion/feedback with you all as they arise.</i></p> <p>Why are we moving away from the title of mental health and towards behavioral health?</p> <p><i>We are integrating mental health and substance use disorders under one umbrella, that is behavioral health services.</i></p> <p>How much of MHSA funding is allocated toward counties? BHSA guidelines state counties will receive 90% of MHSA funding but it seems as if there is a 30% reduction happening?</p> <p><i>As a reminder, in California, millionaires are taxed 1% of their income and this funding is collected into a large pot. Once collected, 95% of that MHSA funding is distributed to counties and 5% is distributed to the state for their programming needs. Under BHSA, counties will continue to receive the bulk of MHSA allocated funds, at 90% and the state will receive an increase in funding at 10%. However, how funding is allocated will shift under BHSA with 35% of funding going towards FSPs, 35% allocated toward BHSS, and 30% being directed towards housing.</i></p> <p>Do we know if funding around engagement and outreach will be impacted as we move into BHSA?</p> <p><i>Funding for engagement and outreach services will continue as we move into BHSA. Currently, there is not a defined allocation of funding for outreach within BHSA. However, we understand the importance of outreach and engagement services. This work will continue irrespective of what the funding looks like under BHSA to ensure our communities know the services and support that are available to them.</i></p> <p><b>Public Comment:</b></p> <p>When will providers be notified if their programs will fit into this new funding model?</p> <p><i>The community planning process will begin January 1, 2025, and we will continue to keep you all informed as we move forward with implementing BHSA.</i></p>
<b>VII. General Steering Committee Comment</b>	<p><b>Chris Williams</b>, SC Executive Member and Co-Chair:</p> <p>Sacramento County Office of Education (SCOE) has partnered with Sacramento County to initiate a school-based mental health and wellness initiative. Mental health professionals are now located at 60 schools within 12 of 13 districts in the county. Additionally, the Department of Health Care Services (DHCS), as part of the statewide Children and Youth Behavioral Health Initiative (CYBHI), is initiating a <a href="#">statewide multi-payer school fee schedule</a> and statewide provider network. This initiative allows for mental health services performed at school sites to be billable to health insurance, irrespective of provider. Furthermore, SCOE is partnering with Santa Clara Office of Education to roll out \$400 million of capacity building</p>

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	grants to county offices of education and Local Education Agencies (LEA) across the state to help operational readiness for this initiative. Any LEA will be able to participate in this and every school should have access by June 2025.
<b>VIII. General Public Comment</b>	None.
<b>IX. Adjournment/ Upcoming Meetings</b>	<b>Upcoming Meetings:</b> <ul style="list-style-type: none"> <li>• May 16, 2024</li> <li>• June 20, 2024</li> </ul>

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