

**Sacramento County
Children's System of Care Committee**

**MINUTES – TELECONFERENCE MEETING
February, 8, 2023, 12:00PM-1:30PM**

Attendees: Corrine Sako, Maria Padilla-Castro and Patricia Wentzel (staff, Glenda Basina)

Absent: None

Presenters: Sheri Green and Rob Kesselring

Agenda Item
<p>I. Welcome and Introductions Conduct Agreement Acknowledgement</p> <ul style="list-style-type: none">• Chair Sako convened the meeting at 12:03pm, introductions were made and the Conduct Agreement was not read, just acknowledged that it exists for this meeting.
<p>II. Presentation on Sacramento County Behavioral Health Services' Children's System of Care Overview, Sheri Green and Rob Kesselring</p> <ul style="list-style-type: none">• Sheri shared her powerpoint slides onscreen and spoke on the various programs of Children's MH Services: Responsible for providing moderate/high-intensity services. Most programs accessed through Access Team via phone or online. Previewed the Heat Map (a cheat sheet by intensity of services and used as a reference tool). With mental health services, housing support is also provided. The Source 916-support for 0-25 ages and insurance not required. Sheri shared FY21-22 data of families assisted. Must be on mental health services to obtain this help. Spent approximately \$680k on housing support.• Member Wentzel asked if with ECM, will housing be provided for recipients? Sheri thinks it may if individual is enrolled in mental health services, its target population is families with children. Per Rob, ECM has been added to adult programs for services outside mental health. Member Wentzel thinks ECM is limited. Sheri informed that ECM is still on adult side and will learn more when it comes to children's.• Sheri continued with her presentation... TBS Therapeutic Behavioral Services was brought on board for youth deteriorating significantly, works with outpatient program and is a short term disability service. Therapeutic Foster Care (TFC) pays foster parents to provide therapeutic interventions at home. Member Wentzel commented that she gets calls from families in psychiatric hospitals afraid to bring their children home for fear of endangering themselves or other children in the home. Usually recommend families to call CPS. Asked if there's another way. Per Sheri, when ER/CPS calls they try to get the wraparound program to get the children care, keeping families together in cooperation with CPS. Each program has 30 slots as well as MHTC for in-home service to have family feel safe. CPS do not want to take kids from their homes and engages with BHS.• Sheri continued with Sac eVibe, a talk in schools, Consultation Support Engagement Team (CSET) for kids exploited and working the streets. Call Capital Star to get them in safety and treatment. Mostly engagement and outreach in places where kids are being exploited. Works also with kids in YDF and YDF collaborates with them.• Rob on Youth Help Network 916-86-9819, www.starsyouth.net, provides in-reach where youth congregates. Peers/Clinicians goes to various places giving youths to mental health programs. Serves any youth in the community, does not need to have MediCal. YDF mental

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health team works within the facility for youth to receive mental health services. Has a clinician available providing high level assessment and treatment if needed. Works in collaboration with probation officers. Psychotic youth in YDF are assessed by a psychiatrist within 24 hours and not required to be ordered by the court. Receives medication services in YDF. Youth gets linked for Juvenile Justice (JJ) program, embedded with Wellness Team in YDF. All services are voluntary. Member Wentzel asked what percentage of youth in YDF are identified with serious emotional disturbance that wind up in jail. Per Sheri, data is not particularly accurate with historically some implicit bias when identified criminal instead of mental health related.

- Family First Prevention Services (FFPS). Youth placed in congregate care must have mental health assessment. Wraparound must follow youth stepping down, follow youth to home to get stabilized. Programs do not do supervised visits but program provides transportation related to mental health visits. When in doubt call Access. Submit referral form to CST. Mental Health Urgent Care Clinic is a 24/7 resource. Mobile Crisis Support Team (MCST) comes out with law enforcement. Currently there are 256 new housing units for homeless or risk of homelessness. Access rebuild scheduled to go to the Board of Supervisors to change the way we do Access, adding a Peer component and a yes/no questionnaire for front door quick process. Screening tools to be put on the website and it scores itself for type of service that can be taken to a provider.
- Member Padilla-Castro thanks Sheri and Rob for the excellent presentation and would like to receive the resource numbers shared in the presentation. Sheri to send powerpoint to Glenda.

III. Identify CSOC 2023 Goals

- Chair Sako asked committee members what to do with this item with the short time remaining. Member Wentzel suggested to discuss goals at next meeting. Chair Sako to set priorities at next meeting and will reach out to the members for meeting scheduling. Suggest that one of them contact Bina to have SCOE present to CSOC. Member Wentzel stated she can talk with Chris/SCOE directly on this. Member Padilla-Castro agreed and inquired about the MHB youth composition. Per Chair Sako, the item will be brought to the Executive Team on the 24th, then to MHB on the 1st. Chair Sako welcomes Member Padilla to attend the Executive Team for her input on the subject.

IV. Public Comment (3 minutes per person)

- None

V. Adjournment

- Chair Sako adjourned the meeting at 1:32pm.