

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

**MINUTES– TELECONFERENCE MEETING
April 28, 2022, 4:00PM–6:00PM**

Members Present: Silvia Rodriguez, Ann Arneill, Jasmine Morales (staff: Glenda Basina)
Members Absent: Lourdes Santana-Sanchez

AGENDA ITEM
<p>1. Welcome, Introductions and Purpose, Silvia L. Rodriguez, Chair Children's Systems of Care</p> <ul style="list-style-type: none">• Chair Rodriguez convened the meeting at 4:04pm, introductions were made and Chair Rodriguez provided background and purpose for the day's meeting agenda.
<p>2. Center Joint Unified School District, Tracie Daubenmire, Program Specialist, Student & Family Support Center, Ryan Miranda, Program Coordinator</p> <ul style="list-style-type: none">• Tracie introduced herself and Ryan introduced himself as overseeing a number of programs. Provided information about their district and responded to disconnects. They reach out to parents regarding referral and follow through. Parents not following through may not understand what they're to do. Only when a parent reaches out that's when it's followed through. Follow up may only be done at parent/teacher conference. Access to system of care for staff and parent. Care Solace staff has capacity to follow up on referrals. Parent/child following through in attending appointment. Staff capacity to follow up with parent for first contact with provider and disconnect may be in communication. Due to closer to Roseville and traveling to downtown Sacramento for services may be a concern/barrier for the families for mental health support. Single/dual family may have no time off to travel for appointment for their child. Hard to keep services and services ended. Not aware of reassessing services. Need to remind families of this.
<p>3. Sacramento County Office of Education, Christopher Williams, Ed.L.D, MSW AND Marcella Rodriguez, Mental Health Services Coordinator</p> <ul style="list-style-type: none">• Dr. Williams introduced himself and Marcella said hello. Spoke about their referral system. Partnership with DHS in contract to extend family health center to schools. Hire Clinician in the schools to make referrals to Access. Referrals to clinicians at school sites. Working towards creating COST teams (Coordination Services teams) work as navigators for MTSS systems. Encourage schools to make referrals to COST, and cost investigates for necessary actions. Clinician onsite, then to parent, then referral to Access.• Member Arneill questioned Chris on Care Solace. Is this a resource supported by SCOE and where did it come from? Per Chris, it's an independent organization navigating referrals to local providers. SCOE does not currently partner with Care Solace. Member Arneill asked who funds Care Solace? Victoria responded that districts contract directly with them using Covid funds.
<p>4. Sacramento Unified School District, Victoria Flores, MSW, Director of Student Support & Health Services and Jacqueline Rodriguez, Director of Student Support</p>

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- Victoria stated Care Solace is not a mental health services. Shared PowerPoint slides. Provided information/background about themselves and SCUSD.
- Potential disconnects: When school personnel make referral, parent does not realize the referral has been made. They don't make referral without parent involvement. School instructs parent that their child need mental health services.
- Concern: Lengthy hold times to get through Access. More robust outreach from verifiable number (calling from a blocked/unknown number) so they know to answer the call.
- If Access says eligible to attend, disconnect maybe length of time from contact to appointment, parents call Access Team and told they'll receive a return call. Unidentifiable number to answer. Whether service is at school or elsewhere.
- Additional barriers. Screening referrals; parents desperately need and want counseling but are not screened in. Families do not understand why they have to tell their story so many times to get linked; tell school, Access and intake. Need to match outreach strategies with modern modes of communication, text/email from a readily identifiable number.
- There isn't follow up from referring party, for the referral source to make the connection. No contact.
- Solutions: Eliminate one disconnect. Have BHS do a performance improvement project to test a 'No wrong door' policy so that a parent contacts a provider directly instead of the Access Team, the parent can directly make an appointment that way.
- Parent/guardian able to connect directly through a community-based provider; adding an option to the referral where staff/parents can indicate best call times to be reached; robust outreach via phone call, text, email in multiple languages with identifiable number. Texting found to be useful/efficient, meeting families where they're at. A method that Care Solace uses (text, call and email).
- Use Care Solace care coordination for robust outreach.
- Access clinician/team member reach out to the referral source via email/call/text if unable to make contact with the family; reaching out to the referring party can help mitigate barriers and encourage families to reach back out regarding the mental health referral.

5. Folsom Cordova Unified School District, Scott Meyer, Director of Student Services

- Scott Meyer was not in attendance. No presentation.

6. Public Comment, Members of the Public

- Public comment 1: Represents ad-hoc coalition with schools. 6% only coming from schools. Thinks should be more, a need for feedback. Couldn't reach anyone. Also had no idea student was receiving services. No school name on the form. Sharing data with county to see whether children are receiving care. Training county/school districts why people aren't being followed up on immigrant populations. County/SCOE in program SBHIP for managed care organization to use funding to create baselines connecting schools to manage care plans to counties. The school knowing a child On-Hold for the weekend would be a preventive measure.

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- Tracie appreciates the comment on information shared about On-Hold/hospitalized during the weekend. Parents don't know they should contact school to let them know. Discharged papers not understood to be shared.
- Chair Rodriguez asked for every referral/treatment they operate with consent. At what point is parent's consent not needed to treat the child? Tracie responded that State of CA allows for youth 12+ on consent but in conjunction with clinician to enter into the agreement. Practical to involve parent/caregiver but if parent/caregiver is source of mental anguish.

7. Wrap-up, Silvia L. Rodriguez and Ann Arneill

- Update on the other leg of the project CSOC is working on. One recommendation to tie findings on the report; a lot of high-schoolers didn't know how to get mental health services. In preparation for Youth Summer Conference. Asking for school districts appetite for this.
- Youth/Parents in May
- June CBOs presenting.
- Chair Rodriguez asked what happens to those with severe mental health conditions. Chris Williams responded mild-to-moderate and severe are treatable. For severe referred to specialty through Access. More urgent action to Mental Health Urgent Care, clinicians do in concert with parents. Chair Rodriguez asked what happens in those disconnects. Chris stated they have a contact list by geographic area and receives quarterly update on the contacts made.
- Tracie has the connection with BHS for services/providers. For small school district a 1:1 connection with the County. The County reach out to them to know who the students are. Did not know Stanford was assigned to their district. This is a disconnect. Release of information is also a disconnect. Some agencies are easy and others they are rejected. Ask for help to streamline why they're being rejected. Chris responded to Tracie to connect with him.
- Member Arneill's observation on Tracie's remarks; schools with dedicated clinicians have staff capacity to make connection with Access team and CBO staff to make sure referral happens. Expansion to get Clinicians in schools is improvement with linkages and help referral happen and kids get services. A hopeful situation. Wants to learn more of Care Solace another resource to help for this. Advocate for more communication as mentioned by Victoria. A lot of good ideas to advocate for.
- Member Morales spoke about robust outreach. Can speak with successful engagement thru text messages. Asked Chris about COST team. Who's made up of these teams? Per Chris, Clinician, principal/administrator, school counselor, teacher and kid-magnets on campus (custodian/bus driver the person who has pulse in the community). They are helpful to have in the COST team. Also a supportive hat (nurse, psychologist, attendance clerk) to identify needs of the child.
- Victoria on COST team for community providers, before or after school. Goal is for COST team, knowing everyone/everything. Building support/care for the kids.

8. Adjournment, Silvia L. Rodriguez

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- Chair Rodriguez grateful for the presenters and encourage them to come in May with the youth/parents conversations. Adjourned the meeting at 5:36pm.