

# Sacramento County Mental Health Board Adult System of Care Committee

## MINUTES – TELECONFERENCE MEETING Tuesday, July 26, 2022 4:00PM – 6:00PM

Attendees: Corinne McIntosh-Sako, Laura Bemis, William Cho, Loran Sheley and Ann Arneill (staff, Glenda Basina)

Absentees: None

**I. Welcome and Introductions, Corrine McIntosh Sako, ASOC Chair**

- Chair Sako convened the meeting at 4:00pm and introductions were made.

**II. Read Conduct Agreement, Laura Bemis, ASOC Vice Chair**

- Vice Chair Bemis read the Conduct Agreement

**III. Update on Sacramento County's services for individuals experiencing homelessness with behavioral health needs, Emily Halcon, Sacramento County Director of Homeless Initiatives and Sheri Green, Sacramento County Behavioral Health Services Division Manager,**

- Emily Halcon had a schedule conflict and Sheri proceeded to share her powerpoint presentation providing data on homeless individuals and families helped in 21/22 FY, describing the various programs available. Adult Outpatient System of Care Continuum, Wellness & Recovery Center with capacity of 1000 annually. Low to Moderate Intensity, 4 organizations at 5 locations. Capacity of 1050 per organization. Moderate to high, 1 location and 700 capacity. Flex site-based and community-based services. Homeless services will continue and intense up to moderate levels. Identified the locations and providers in the various areas with the go live dates. Family FSP siting located in "desert" in/near zip code 95828, a high need area. Homeless Encampment and Response Team (HEART), a team-based program consisting of BHS staff, DHA and Homeless Initiative. HEART now fully staffed. Purpose for team is to build trust and rapport with outreach, engagement, screening, assessment (if necessary and w/consent), linkage then housing. Chair Sako asked for number on how many have been helped. Nothing yet per Sheri as this just started this March. Not a medical billable program. Funding source designed around outreach and engagement. Core system provides various supports. Housing units in operation 221 +37 Units at 7<sup>th</sup>/H. Chair Sako asked how long they are housed in the units. Per Sheri this is a permanent support housing. 221 units minimum occupancy of 237 and max of 560. Listed the various locations and number of units and shared a map of the properties.
- Member Bemis asked if there will be homes to be built in South Sac area, where most needed. Per Sheri, the County gets property where developers are interested.
- Chair Sako asked on immediate respite for when air quality or temperature is high. What is the County doing with those experiencing homelessness. Sheri responded she's not familiar with cooling stations. This would be an Emily question.
- Public comment 1; In Power Point about services at various sites. Asked to put it back up seems it went by quick. Wondering if anything about vocational training towards employment. Sheri said yes there are educational support for folks and just neglected to put it in this revised presentation.
- Member Bemis wondering if with so many homeless is there a waiting list for people. Who gets a place and who doesn't? Per Sheri, there has to be community resources access for waitlist. They're still working on how this will work. BHS clients prioritized based on who's vulnerable. Only those with mental health issues are housed in these units.

#### **IV. Increasing the Effectiveness of Employment Services Provided by Full Service Partnerships – ASOC 2022 goal, Ann Arneil, ASOC member**

- Member Arneil shared a presentation on Full Service Partnership (FSP) high end for people with mental illness. Reason for doing the study is to improve services. There are problems with outcome data for employment. Thanks Bernice Zaworsky for the study as her outcomes helped. Member Arneil did the research on literature on persons with mental illness. There are benefits of employment and 66% of persons with mental illness want to work and is a top priority. It gives a positive role/identity, higher quality of life, path out of homelessness and improved self-esteem. There are two outcome measures used in this study; partners with employment as a recovery goal and partners with employment added in fiscal year. FSP separated by adults, transition age youth (TAY) and older adults (OA). Done because different age groups have challenges in being employed. Data overall for partners identify employment as recovery goals from FY 2016/17 to FY 21/22. Will ask BH staff why figures are higher for TAY in comparison to adults. Also what can be done to increase percentage of partners with employment as recovery goal? Member Bemis asked if the ages for TAY are 14-24. Member Arneil thinks it goes to 26. Member Bemis thinks this is low because 14 years old can't work. Chair Sako also wonders/curious for the adults about the severity of mental illness they're trying to manage. Per Member Arneil, FSP also spoke of acuity and hospitalization. This could be partly an issue. Member Arneil continued with data of partners with employment added. Measurement taken by number of people employed in a fiscal year divided by everyone in the program. Thinks more reasonable to use measurement to divide number of people employed by people who want to be employed. FSP more effective in getting people employed. Need to motivate people to be employed. Member Arneil went through charts quickly to make a point about information from Denise and outcome data to see correlation that had employment services. FSPs with employment services had better outcomes.
- Challenges identified by FSP - Partners concerned about their eligibility: For adults, employment history/criminal record and lack of GED, high acuity/medical issues, insecure, past/present substance use, transportation issues. For TAY clients laid off during covid, limited experience, lack of child care. Job readiness program not available. For OA, don't need income from work because have stable income, physical/cognitive limitations/decline, not suited for remote work from home with no internet. Severe mental health symptoms, transportation challenge.
- Individual placement/employment: Would like BHS to implement. Providers of employment, let it be a standard mental health intervention, cost effective and fiscally responsible to do. Its effectiveness is unquestioned. Could boost employment programs getting clients employed at a higher rate. Much effect for IPS, improved job tenure, greater income, improved quality of life, gain employment faster, higher earnings, maintain employment 10 years or longer. All barriers are handled by IPS, effective in dealing with problems substance use, criminal history, acuity.
- Recommendations; BHS should add IPS services by FSPs to provide employment services to partners, host job fairs periodically for clients. Teach clients to use transportation. Train FSP staff on effect of SSI/SSDI to educate clients. For no experience clients, offer paid stipend experience for volunteer work, gives clients opportunity to increase income. Increase education/vocational training programs/resources.
- Chair Sako commends Member Arneil for all the data.
- Member Sheley asked about where to look in the paper for the methodology change to recalculate rates. Wondering if Member Arneil knew/could find how percentages were calculated. What was used as the denominator? Per Member Arneil she'd have to pull up the studies, has it but couldn't answer the top of her head.
- Member Bemis thanks Member Arneil for doing an awesome job and making it easy to understand. Chair Sako seconded.
- Member Arneil shared the paper. Asked if anybody has questions to any page or anything they prefer to look at. Specific questions in the paper in red brackets are questions to ask Kelli Weaver and members of her team. Hope to have meeting with Kelli the 2<sup>nd</sup> week of August before this committee meets again. Expects to make changes to the paper. Would like to have committee approve paper as is at this meeting and in August bring back with a few final changes and just approve those amendments in August. Member Arneil asked if this was okay. Chair Sako agrees. Member Arneil expects only to add recommendation on how to increase number of people who are motivated for employment as a recovery goal and ask BHS how FSP staff can motivate for employment. Is there more BHS can do to move them to recovery?

- Member Bemis thinks a lot of it is education. With SS incentive, they don't want to work. Makes it difficult to have a job and keep benefit after 9 months. Education point is good to have. Know what programs are out there. Per Member Arneill, they won't lose their benefits but could earn more. Chair Sako suggests using a peer with that experience. Member Arneill thinks it's a good idea.
- Member Cho also commends Member Arneill for a job well done and supports the material and effort. The point of order to appropriate the document for approval today and later approve with amendments, thinks better to wait for the final version. Member Arneill stated, the committee can wait for August to approve the whole thing. It's just that she wasn't going to present again in August. Member Arneill thinks there wouldn't be much of a full discussion. The document will go to the full board after the committee approves. Chair Sako agrees to take approval at next meeting.
- Member Sheley inquired about hearing public comments today since Member Arneill made the presentation today. Chair agrees to take public comments today with no formal vote.
- Public comment 1: Thanks Member Arneill on the tremendous report. She read on the research. Thinks education is an important component. If family member can also be educated to support the person.
- Public comment 2: From a person with lived experience on keeping benefits. People do want to work but doesn't want to lose supports and want to do meaningful work. Consider part-time, meaningful work like in an office setting. Good to ease people in transition. Thanks the committee for thinking about this issue.
- Public comment 3. Thanks Member Arneill for putting this topic in the radar of BH. Question to improve number of people to pursue employment. Likes the concept of increasing benefits planning and understanding impact. Another is training for the staff. They need to learn to encourage them. It's a big deal. Thinks 66% of those who want to work and which of them work. Asked if any way for draft document be made available to the public (the paper that Ann wanted to get approved). Glenda to drop in chat.
- Public comment 4. People will have their benefits for 5 years to transition and if they make too much they will not receive it anymore but can get back on. (<https://se-cure.ssa.gov/poms.nsf/lrx/0413010210> link for extended period of eligibility). Transition will not be challenging. Also incentive where they're paid to stay in the job. Not to be overwhelmed with fear. Going in the right track.
- Chair Sako stated the informal presentation at this meeting will be discussed/voted next month. Member Arneill to do the changes to the document and allow 20 minutes for discussion at that meeting.

#### **V. Public Comment, Members of the Public**

- Public comment 5. Invites everyone to Expert Pool on 8/12. Will be hearing from Michael Amenyro and Alisson Williams on CORE as well as providers in the program; TCorp and Turning Point. Flyer dropped in the chat.

#### **VI. Adjournment, Corrine McIntosh Sako**

- Chair Sako announced the next meeting on August 23<sup>rd</sup> at 4pm and thanked members and public who participated. Adjourned the meeting at 5:52pm.