

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

**MINUTES – TELECONFERENCE MEETING  
August 25, 2022, 4:00PM – 6:00PM**

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

AGENDA ITEM
1. Welcome, Introductions and Purpose, Silvia L. Rodriguez, Chair Children’s Systems of Care <ul style="list-style-type: none"><li>• Member Arneill convened the meeting at 4:13pm in Chair Rodriguez’s absence and introductions were made.</li></ul>
2. Youth Advocate Committee Representative, Fayanne Kirkpatrick <ul style="list-style-type: none"><li>• Presenter was absent.</li></ul>
3. Sac County Access Referral System, Rob Kesserling, Health Program Manager, Behavioral Health Services <ul style="list-style-type: none"><li>• Rob introduced himself and shared a PowerPoint providing background and information on the Access Referral System. Service for all ages, culturally competent and linguistically proficient with bi-lingual staff and service for the deaf/hard of hearing. Contact Access Team at 916-875-1055. Also receives service requests through USPS. Access Team staff/positions consists of 15 Sr. MH Counselors licensed but with staff shortage, 7 currently employed with 4-5 working daily. Community members can call ACCESS, M-F, 8am-5pm. After hour calls are forwarded to MHTC. Access receives 3000 calls and about 1000 of them resulting in a service request. Service requests can be faxed at 916-875-1190 as well as online. Received 1000-1500 faxed referrals a month. Other service entry points: MH Access Team, intake stabilization unit, mobile crisis support teams, Community support, Youth Detention, Juvenile Justice Diversion, Safe Programs and CORE. Processing requests; licensed/associate clinicians does phone screening to determine medical necessity and functional impairment then linkage to specialty mental health services. Licensed/associate clinicians provide two phone calls and an “unable to contact’ letter to all service requests received. Access team coordinates care with referral source of the service request upon request, with follow up upon request of referring party. Referral from school; school person submits request, Access receives and assigns to clinician, clinician contacts client and links to provider if client is contacted and agrees to services. If unable to reach client, clinician makes a note and sends contact letter to referring individual. Clinician makes a second call to client and closes request/referral after 4 days if no response. State regulation requires closing requests in 14 days. May only communicate with specific referring staff, not school district. Able to easily pick up and create a new service request from closed request, record is linked to the same clinician. Access level of care screening; moderate to severe using a screening tool/questionnaire/scoring (form) then linked to appropriate provider. If a high score, the clinician does more in-depth screening. Member Morales, asked if this tool determines medical necessity. Yes, per Rob, this is to make sure they get the necessary service and routed to the correct system. Member Arneill thought access doing part of assessment to simplify/shorten initial appointment with provider. Per Rob, that was then but it took too long</li></ul>

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and with staff shortage, receiving calls were delayed. Just started this shorter questionnaire in August and tracking now the services pending and processed by clinicians. List of MH services linkage by Access Team for children (ages 0-21) include FIT, wraparound, FSP, early psychosis intervention, therapeutic Foster care, Therapeutic Behavioral services TBS. For Adults (18+) 10 Core sites, FSPs, 10 Wellness and recovery sites. RST open through transition. Funding bucket 1 program coordinator for each the Access and WCCCRT.

- Public Comment 1: Out of 3000 calls, what percentage of calls weren't answered/hung up? Rob to look it up and send to Ann to get to Hellen. Rob mentioned around 600 hang-ups which includes wrong number dialed or wrong agency/person reached. Also asked what percentage of the 1100 service requests were closed after 14days. Rob to look in to it and get back as well. Also posed the question, why not use texting instead of faxes? Per Rob, concerned about confidential information which is also why emailing is also not preferred whereas online service request is secured. Hellen asked for people on hold, if there is a message that directs them to go online? Rob thinks this already exists but will check too. Hellen also asked for urgent/emergency, does the waiting message que for urgent/new crisis response team?
- Member Arneill's recommendation in practices to increase engagement from referrals to provider is to let parents choose provider. Rob said this is already being done. Per Rob, for children if provider is not on a reprieve (halt in referrals) then parents are asked if they can be linked to another provider. Always client voice and choice per Rob. If sibling is already with a provider, and if provider is on reprieve, they also link the other sibling to the same provider. Member Arneill asked to look into 14-day close, if stature. On parents calling back, parents does not answer unknown number, great to have Access be reflected on the phone screen. Any ability to identify caller? Per Rob, it's HIPPPAA, confidentiality. Member Arneill asked if any possibility of making appointments arranging call back after 5:00pm or during lunch hour or letting them know when to expect call. Per Rob, difficult with current staffing (shortage) and unable to identity length of time being on the call. Better if client identifies the best time for them to be reached by the clinician. Member Arneill in follow up of texting, Sac City texts with families. Asked if BHS have ability to text with people. No ability currently but looking into it for WCCCRT with new system.
- Public Comment 2: Texting is how kids communicate now. Use it to facilitate the connection. Suggests to also contact the referring person to get the form for the student/child to complete.

#### 4. Public Comment

Sac County Access Referral System Report Outline, Ann Arneill/Public Comment

- Public comment 3: Interested in sub-group to work with CSOC from the schools. Happy to participate and figure out how to resolve this issue. Chart on medical not on the report. Referred to medical numbers in report but data not available. Per Member Arneill, she just got data from Dawn a few days ago. Report to be approved at final form at October CSOC meeting. Can talk about putting together a follow up committee with stakeholders at the October meeting too.

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| <p>5. Presentation/Solidify Commitment for Youth Conference, Silvia L. Rodriguez</p> <ul style="list-style-type: none"><li>• Member Arneill stated Chair Rodriguez wanted to talk to individuals about Youth Conference. Asked if anyone in attendance had a comment/concern. No one responded.</li></ul> |
| <p>6. Adjournment, Silvia L. Rodriguez</p> <ul style="list-style-type: none"><li>• Member Arneill adjourned the meeting at 5:17pm.</li></ul>  |