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

Meeting Minutes
February 20, 2020, 6:00 PM – 8:00 PM

Meeting Location
7001-A East Parkway | map
Sacramento, CA 95823
Conference Room 1

Meeting Attendees:

- MHSA Steering Committee members: Christopher Barton, Emily Bender, Michelle Callejas, Karen Cameron, Ebony Chambers, Genelle Eskow, Anatoliy Gridyushko, Daniela Guarnizo, Hafsa Hamdani, Erin Johansen, Olivia Kasirye, Ellen King, Lynn Keune, Synthy Lathipanya, Ruth MacKenzie, Ryan McClinton, Susan McCrea, Lori Miller, Leslie Napper, JP Price, Ryan Quist, Gordon Richardson, Christopher Williams
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:05 p.m. MHSA Steering Committee members introduced themselves.
II. Agenda Review	The agenda was reviewed; no changes were made.
III. Approval of Prior Meeting Minutes	The January 2020 draft meeting minutes were reviewed and approved with one correction, removing the duplicate reference to Attachment G.
IV. Announcements	**Leslie Napper:** February is Black History Month. **Daniela Guarnizo:** February is also National Parent Leadership Month. I want to thank all parents here today advocating for their kids and their communities. **Anne-Marie Rucker**, Behavioral Health Services (BHS) Program Planner**:** The Division will hold a Behavioral Health Services Community Conversation at Oak Park Community Center on Wednesday, February 26, from 3:30 to 7:00 p.m. Dinner will be provided and play care will be available for children of participants. We will also have American Sign Language and Spanish interpreters present. Please register soon. See *Attachment A – BHS Community Conversation flyer.* **Lilyane Glamben**, ONTRACK Program Resources: We are holding focus groups this week and next week for African Americans with lived experience of substance use. These focus groups will inform content development of trainings, technical assistance, and other project activities. See *Attachment B – ONTRACK Program Resources MAT Access Points Project*

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	Announcement and *Attachment C – ONTRACK Program Resources African American Focus Groups flyer*.
V. Executive Committee / MHSA Updates	**Executive Committee Update** Emily Bender, Executive Committee member, reminded attendees that the MHSA Steering Committee Application Form is included in meeting packets and encouraged members and the public to share it with anyone who might be interested in serving on the Committee. **MHSA Updates** <u>Time-Limited Prevention and Early Intervention (PEI) Community Driven Grants</u> Dr. Ryan Quist, Behavioral Health Director, announced that on January 27, 2020, a Request for Proposals (RFP) was released for $10 million in PEI funds to build community capacity in Sacramento County. See *Attachment D – Funding Opportunity for Time-Limited PEI Community-Driven Grants*. The grant applications are due March 13, 2020. California Mental Health Services Authority (CalMHSA) is overseeing the competitive bid process and will also administer the Time Limited PEI grant process once they are awarded. This allows Sacramento County to avoid hiring permanent staff to monitor time-limited grants. <u>Adult Residential Treatment and Augmented Board and Care</u> Three weeks ago the Board of Supervisors approved $2.5 million for Adult Residential Treatment, mental health rehabilitation centers in which participants live on site and are provided with mental health services. This is a new level of care, a step below mental health hospitals in intensity and a step above board and care facilities. The Board also approved $2.5 million for Augmented Board and Care services. Board and care facilities in Sacramento County cannot stay in business with the limited resources they receive and many are changing to room and board structure. We hope this money will help to change that. <u>PEI African American Trauma Informed Wellness Program</u> The county has heard the community's feedback over the last few weeks regarding the rollout of the African American Trauma Informed Wellness Program. One highlight of that feedback was recommendations to work with Sierra Health Foundation (SHF) to administer the program. We have begun talks with SHF to explore that possibility. <u>Statewide Workforce Education and Training (WET) Funds</u> Governor Newsom's proposed state budget contains funds totaling $40 million statewide for WET. These funds would be

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	divided up between regions and would be available to counties contributing a 33% match. Sacramento County is part of the Central region. Total available funds to the Central region would be $8.3 million (including the required match funding). Sacramento County would need to contribute $430,000 to access these funds, but would be guaranteed to get at least as much back as we put in. We do not have any action on this planned today, but plan to bring this back for action at the next Steering Committee meeting. We would be interested in hearing what the community thinks at this point in time. <u>MHSA Fiscal Year 2019-20 Annual Update</u> Jane Ann Zakhary, Division Manager: We recently completed the community planning process for the MHSA FY 2019-20 Annual Update to our three year revenue and expenditure plan. This was the third and final year in this three-year plan. The Board of Supervisors approved the Annual Update earlier this month and will be submitting it to the State shortly. <u>MHSA Fiscal Year 2020-21, 2021-22, 2022-23 Three-Year Plan</u> We are now planning to develop the next three year plan, which will span Fiscal Years 2020-21, 2021-22, and 2022-23 and will have budget pages for all three fiscal years. We will be talking more about this process and the timeline in the coming months.
VI. 2020 Census	Judy Robinson, Sacramento County Census Manager, reported on the efforts to implement the 2020 Census in Sacramento County. See *Attachment E – California Census 2020 Sacramento County overview*, *Attachment F – Sacramento Counts brochure*, and *Attachment G – 2020 Census FAQ*. **Member Discussion and Questions** Is online the only way people can complete the census? *Online is the preferred method because the Census Bureau can update their records more quickly, but individuals can also complete the Census by phone or using paper forms.* You mentioned that no one outside the Census can access personal information given to the census, although some have tried in the past. What assurances can we provide to people in the community that this information will not be shared with other government agencies in future? *A very good question. I usually bring someone from the U.S. Census with me to address this. The Federal government is in charge. There are criminal penalties, including imprisonment, for Census personnel who share this data.*

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	Thank you for your presentation. I have seen opportunities to work with the census. Is that from the County or State? *The jobs are U.S. Census Bureau federal jobs and I believe they are winding down the hiring process locally. Sacramento County exceeded hiring goals by 114%. There are many other parts of California and the country where they do not have enough staff. You can still go online to see if they are accepting applications.* We operate several residential properties housing people with severe mental illness. Some of our tenants are concerned, because we have been contacted by people with nongovernmental email addresses. The information does not seem legitimate. Is there a number we can call to validate? *There are a number of different efforts out there, including some people trying to cause confusion and be disruptive. There is a group quarters count of individuals in group homes, assisted living environments, and nursing homes. The Census Bureau will contact those locations to set up times and ways of counting residents on March 12. Census employees will have badges and may be working out of their homes or at phone banks, but at this point in time if they are calling individuals it should just be to let them know that the census is coming, how important it is, and to fill it out when it is received. There is a number you can call, but if you can give me a card I will follow up to take corrective action.* Will the homeless population be counted? *They will be counted, but that count will not be complete. We will spend one day going to feeding sites and another day going to shelter sites. We will also spend a night in the field counting people in encampments. Sacramento Steps Forward, Mutual Housing, and several other organizations are assisting. We know our efforts will be insufficient to capture the actual numbers and we expect a gross undercount. From a cultural awareness and safety perspective, both here and in other counties we wanted to use peer navigators to help gain a more accurate count, but we have been unable to persuade the Census Bureau to allow this.* In the section of your presentation about "hard to count" characteristics, you list "Foreign-born," which carries negative connotations. It is like saying "outsider." Could you use a different term for that? *Absolutely. That is the terminology being used by the Federal government and sometimes their wording is copied in our materials. Our feedback is not always accepted, but I appreciate your comment and sensitivity to it.*
VII. Behavioral Health Services Budget	Dr. Quist presented an overview of Sacramento County's Behavioral Health Services budget for Fiscal Year 2019-20. See *Attachment H – BHS FY2019-20 Budget Overview Presentation*.

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Overview Presentation	**Member Discussion and Questions** If we can get Medi-Cal funds for Administration funding up to 15%, why would we only have administration funded at 9.2% of the total budget? *To get more Medi-Cal match dollars in administration, we would have to move money from services to increase the administration budget.* Is the current percentage of 9.2% for administration costs adequate to our county's need? *I would say we are running a slim ship.* You spoke about the challenge regarding the 1991 realignment funding and how it has not been adjusted since. What are some of the ways you are looking at readjustment? Would that be a local policy change or would it come from the state? *It would probably have to come from the Governor's Budget in the form of new funding from the state for counties.* Is there any possibility for the Crisis Stabilization Unit to come back at the Treatment Center? Also, when we send clients to out-of-county hospitals like Woodland, do we get to draw down Medi-Cal? *It is a higher total cost to send people there, and is typically reserved for patients with physical health complications as well as mental health challenges, but we get more federal funds so doing so still saves money.* Is the Substance Use Disorder funding for both children and adults? *Yes*. Are there any new PEI programs in the works? *The big one right now is the new $10 million in PEI time-limited grants released on January 27th. We look forward to seeing what proposals are put forward by the community. The deadline for that is March 13, 2020.*
VIII. General Steering Committee Comment	Regarding the workforce part of your presentation, can you address what the county is thinking about regarding retention? *It comes down to what strategies you want to do. One of the top retention best practices or strategies that has been suggested is a loan repayment program.* Speaking as a consumer, I have an idea for PEI services. When I was in high school, I had a mental illness, but didn't know it was mental illness. It would be good for schools to have someone come in to assess the students to see if they are going through

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	something traumatic and help them in the early stages. It was not until I had a panic attack that my dad suggested I see a doctor. I think if I had access to mental health services when I was in high school I would have known it was a mental illness before things got worse. I did not hear peer retention or peer work force mentioned. Is that not being recognized as part of the WET dollars? I would like to have a follow-up and hear more about it. Regarding the workforce and speaking as an older adult and a grandmother, I want to advocate concentration on the pipeline for children from kindergarten through high school. The presentation was fabulous. As a provider, I am fairly sure providers would encourage the county to provide the match dollars for the statewide Workforce Education and Training money. Service provider organizations are often a training ground for clinicians and are often where they have their first jobs. However, the cost of getting degrees to do that work is skyrocketing. At a minimum, I encourage the county to set aside money for loan repayment. Supporting clinical supervision opportunities and offering providers access to specialized training they cannot do internally is very important. If $8.3 million in WET dollars will be made available to the Central Region and Sacramento County puts in $430,000 in match to be eligible to tap that funding, how much would Sacramento County get back? *At a minimum, the money we put in will come back, so the $430,000 coming back would be guaranteed at this point. However, if we buy into this we become one of the partners with a say in how the rest of those funds are used. Every Behavioral Health Director in the Central Region is having the same conversation with their local stakeholder groups and will collect information to be shared in strategizing on using those funds.* I really appreciate both comments made in terms of pipeline development and supporting college master's programs in behavioral health. A lot of youth are talking about youth led programming, which could be peer mentoring or peer support. That could potentially lead to college credits that could be used towards a degree related to behavioral health. So the pipeline could maybe continue to K-16 with partnerships between the universities and colleges as well as the K-12 systems. I agree. I visited Camarillo State Hospital when I was sixteen years old and it shaped the course of my life. This committee or BHS needs to promote more people working with serious mental

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	illness. I would also like to see more emphasis on trauma treatment. We have talked about the importance of a culturally responsive workforce. What is the county's plan regarding the 26 new staff who will be hired in terms of ensuring they will reflect the demographics of the people being served, for instance in the African American Trauma Informed Wellness program and the Forensic Behavioral Health program? We will report back on this.
IX. General Public Comment	**Niki**, Sacramento Homeless Organizing Committee, Sacramento Youth Council, and Incarcerated Sacramento: Could you provide a status update for Innovation Project 5? *BHS staff is working to write up the plan incorporating the Workgroup recommendation and MHSA Steering Committee feedback. The plan will then be posted for 30-day public review and commit, followed by a Public Hearing. The plan must then be submitted to the State for approval. We have reached out to MHSOAC for technical assistance with this. After the state approves we must get approval from the Board of Supervisors. We hope to get State approval by June 30th.* **Robin Barney**, Adult Family Advocate Liaison with Cal Voices: Read part of prepared statement. See *Attachment I – Advocate liaison joint comment on Sacramento County Behavioral Health system of care and BHS presentation to the Mental Health Board on February 5, 2020*. **Katherine Ferry**, Client Advocate Liaison with Cal Voices: Read part of prepared statement. See *Attachment I – Advocate liaison joint comment on Sacramento County Behavioral Health system of care and BHS presentation to the Mental Health Board on February 5, 2020*. **Leslie Napper**, speaking as community member: Read from prepared statement. See *Attachment J – Joint Letter to Dr. Quist and Sacramento County Behavioral Health Services leadership.* **Garland Feathers**: I heard a lot of talk regarding inclusion and collaboration, which brought to mind a phrase that has been used in the consumer movement for years: Nothing about us without us. I would hope that would still hold true in whatever this committee takes action on.
X. Adjournment / Upcoming Meetings	The meeting was adjourned at 8:03 p.m. Upcoming meetings will be held on • ~~March 19, 2020~~ *canceled*

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

Agenda Item	Discussion
	• April 16, 2020

Interested members of the public are invited to attend MHSA Steering Committee meetings and a period is set aside for public comment at each meeting. If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker one week prior to each meeting at (916) 875-3861 or ruckera@saccounty.net.

On behalf of Cal Voices, we would like to provide comment regarding Sacramento's Behavioral Health system of care as well as Sacramento County, Division of Behavioral Health's recent presentation to the MH Advisory Board.

EQRO Report

Does the Division share the EQRO report with the MH Advisory Board and/or the MHSA Steering Committee? It seems reasonable that any public planning efforts should include access to care data. The recent EQRO revealed several serious gaps in service delivery and other delinquencies and access to service issues. Of particular concern is the waiting time to connect to services (47 days), as well as the recidivism at the MHTC within 30 days (18% of clients returning), and the lack of a front door crisis continuum (still having to go through law enforcement to access crisis), and finally the fact that 30% of individuals seen inpatient **never** receive any services.

We would hope innovation funds would address some of these needs, rather than fund a criminal justice project that did not undergo a robust community planning process.

Budget –

The Section in the report to the MH Board entitled Outpatient Program Funding identifies 1991 Realignment as funding stream, but makes no mention of the 2011 Public Safety Realignment that supports MH. Where is that funding indicated in the budget materials?

MHTC – 37m. – From what we can recall the budget for MHTC was approximately 28m. in fiscal year2009-10 when the County decided to close down 50 of the 100 beds available, reducing the capacity by 50% to save County costs. Yet 10 years later the MHTC budget has increased to 37m., and has not expanded and no one can enter it from the front door.

Furthermore, Sac County would be better served by developing smaller, more home like units, 16 slots and under in order to bill MediCal - something advocates have been supporting for many years.

Crisis Continuum

According to the budget figures shared on Page 4 of the report shared at the MH Board meeting, Sac County is spending $97 million on inpatient/crisis continuum Services with no indication of positive outcomes. This is nearly 25% or ¼th of the overall MH Budget, and yet individuals and families still cannot enter crisis services through a front door. They cannot go directly to any psychiatric hospital without first going to an Emergency Department, calling 911 and being escorted by Law

Enforcement, to the Crisis Stabilization Unit or the SCMHTC. The Division has repeatedly cited the need for people needing to be screened first in the emergency department prior to entering a psychiatric facility, but that is simply not the case for anyone with private insurance. Therefore, we ask the County to reconsider this disparate policy.

Given the enormous amount of funding for institutional care, we feel the Division should be making these services far more accessible to the mental health community and the general public at large. There is simply no clear rationale indicating any of these services are client or family focused, because clients and families have been clamoring about this system barrier for a decade now.

Clients can access Crisis Respite Services directly but are not offered any psychiatric care at these programs, nor is there any evidenced based peer run crisis centers in Sacramento.

Urgent Care is a great program, but is not open 24 hours a day, and is not necessarily the appropriate program for someone experiencing a psychiatric crisis.

Alcohol and Drug Services

It is unclear as to where someone can receive evidenced based peer support services or supports for their AOD challenges as there is nothing listed, yet we know there is strong data pointing to the need for these services in AOD programs. Residential Treatment is also listed as a service funded by MediCal but again, from what we can see on the ground, there are really no available slots in the MediCal funded Residential Treatment programs, and the waiting lists are very long.

MHSA: The Big Picture

Housing Supports – Sac County invested approximately 100m. in the whole person care project (in 2018) to increase housing supports, yet homelessness continues to rise. From what we can garner on the ground, none of these funds have actually been used for housing units. If we do not build and create housing, the structural problem will never go away and we continue to throw money at supports and services that are incapable of "creating" housing units. Can we view some data on the efficacy of these programs?

Expanded collaboration with Child Welfare – how is MHSA funding being used to expand Child Welfare services? Has the MHSA Steering Committee and MH Board approved these expenditures? Since Child Welfare does not have the level of client/family involvement, (no child/family advocates working on MDT teams, etc.) how/why are we using our MHSA funds for these services? It is our belief (supported by SAMHSA) that we need youth and family advocates imbedded in the CW system, to ensure the youth and family voice is elevated in policy and program development, to provide evidenced based peer support for the youth and families,

and to ensure a recovery oriented system is in practice. Our agency provides these services in Placer County's system of care, and could certainly expand our SAFE program to do such in Sac County – which would be an excellent and transformative way to use MHSA funds.

Homelessness Behavioral Health Services – where are these and what distinguishes these services from other BH services? What are the outcomes for these programs?

A careful review of the RFP indicates the County is putting out to bid all of the various Anti-Stigma campaigns they have been conducting throughout the years – such as Speakers' Bureau, Journey of Hope, Mental Illness is not what you think, etc. These are all nice things, but we do not necessarily feel that any of them have moved the needle or improved access to care in Sacramento County. If you have data that contradicts this, we would be very interested in seeing it. It appears that the outcomes for these services are about how many PSA's or impressions were provided, not about increasing access to care. Even the billboards that the County funded listed 211 on them, rather than the County's Access Team number, so anyone who was actually suffering with a mental health condition would not end up at the right door. We believe prevention should include outreach, engagement, and linkage, not just a broad based media campaign.

Link to 2018-2019 MHSA Annual Update - see p 69

MHSA Fiscal Year 2019-20

Important to note that the $113m in unspent funds is in addition to the 33% that is part of the prudent reserve. Governor Newsom has already declared (Sac Bee, Jan, 2020), that he is going to fully implement reversion this June to any counties who are not spending down their full MHSA allocation (aside from their prudent reserves). Regardless of the Governor's intended actions, Sac County has a legal mandate to spend down their full allocation of MHSA (aside from prudent reserve) **each and every year** and has never done so. Given the critical unmet needs and problems with timely access to services, Sac County should be focusing all of their efforts and their funding to fix these problems in order to ensure citizens of Sacramento County are adequately served by our PMHS.

MHSA Fiscal Year 2021-22

According to these budget figures, there continues to be 42m. unspent funds even at the end of the 2022 fiscal year, in addition to the prudent reserve account. Prudent reserves are for sustainability and rainy days, not the existing allocations. We find it inhumane for Sac County to know these unmet needs related to lack of timeliness of services, ineffective and inappropriate gateways to services, and high numbers of homelessness while they continue to have more than enough funding to address these needs and simply won't.

Crisis Continuum: The Big Picture

Psychiatric Hospitals and MHTC

For decades now, we have had a number of freestanding psychiatric hospitals and very few psychiatric health facilities (PHF) that can bill MediCal. We are curious to the reason why Sacramento County continues to lose money in this fashion and if there are any **MHSA** funds being used for these services? Given the limited amount of realignment funds, and the need to ensure we receive the Federal Financial Participation match on those funds, why would we continue to spend hundreds of millions of dollars on these services?

Psychiatric Hospital Front Door:

Urgent Care and Crisis Stabilization Unit – Urgent Care is a front door, but from what we can gather the CSU is still only open for Law Enforcement, yet is listed on this report as a front door. No one can go directly to the CSU – there is no front door access for the community. If there is a front door for the CSU, why aren't we fully educating the public about this resource?

The Mercy Crisis Stabilization Unit, which was funded with MHSA funds, is currently listed as a locked, inpatient facility, which is not supposed to be funded with MHSA funds. On the ground, we hear that it is being used as backfill to the Emergency Department and not a front door.

3 Crisis Residential Teams – again from my understanding none of these services can be accessed via the front door. Clients must go through the ACCESS gatekeeping service, and not directly into any of these programs. There is a huge demand for these services to be utilized as a step-down service when people are being discharged from the hospital. They are not being used to decrease hospitalization or to avoid hospitalization, as is a best practice for crisis residential, which would reduce hospitalization costs in the long haul. Additionally, crisis residential programs have very little clinical or psychiatric support and are largely run by case managers, not even peers.

6 Mobile Crisis Support Teams – where are these located? Is the only way to access these services by calling 911? We need Mobile Crisis Support teams that are not only accessed through law enforcement.

2.5m in Adult Residential Treatment on the way – what does this look like? Is this for substance use? Is it being paid for with MHSA funds? Was it borne out of a CPP?

2.5m. in Augmented Board and Care on the way – I think this is a good program and can be helpful, but it does not appear that there was a robust CPP involved in the planning.

Challenges

Again, there is no mention of the 2011 Public Safety Realignment - also a funding stream.

If 1991 realignment only covers roughly 46m of inpatient services, what funds the rest? Is MHSA funding being utilized to backfill realignment for inpatient services?

So, what does a recovery oriented, client driven system of care look like:

- Less funding for acute, inpatient, locked hospital settings and more for community based mental health services and prevention
- Recovery is the goal, and all services reflect the core principles of recovery
- Services would be easily accessible from the front door – no Emergency Departments, no 911 and law enforcement
- Robust evidenced based peer support services would be integrated through every program and service
- Clients and family members from all communities in Sacramento County would be part of all planning and program development efforts, including the budget and allocation of funding in a far more transparent manner.
- Shared decision making models

Outcomes associated with a recovery-oriented system:

- Client driven services that track recovery oriented outcomes
- Easily accessible front door crisis services available every single day – reducing the need for inpatient hospitalization
- No need to go to an emergency department or call law enforcement when you are in a crisis - improving access to care
- Evidenced based peer support services integrated into all behavioral health service settings would reduce hospitalizations, incarceration and increase self determination, and improve recovery outcomes
- Extensive engagement of all underserved clients in order to hear those voices in meaningful ways to transform service delivery

In short, we ask that Sac County use its MHSA funds to create recovery outcomes, and implement robust evidence based peer support services, while improving access to crisis and other mental health services. We firmly believe the results will improve outcomes for the thousands of individuals being served in our system of care, as well as those in need of services and support living in our community.

Dr. Ryan Quist, Sacramento County Behavioral Health Director

Jane Ann Zakhary, Sacramento County DBHS Programs Director

Julie Leung, Sacramento County MHSA Program Manager

Mary Nakamura, Sacramento County Cultural Competence & Ethnic Services / Workforce Education & Training Health Program Manager

February 20, 2020

Dear Dr. Quist and Sacramento County Behavioral Health Services leadership,

After attending and debriefing the MHSA Steering Committee Meeting on January 16, 2020, we the undersigned, have composed this letter to provide formal feedback on the MHSA funding to support the Black Community in Sacramento.

First, we are pleased that Ryan McClinton has been added to the MHSA Steering Committee. This is an excellent development because he is a well-respected advocate who is trusted in the Black community and has a commitment to equity and justice. Second, we want to highlight that the recommendations (see addendum) were supported unanimously by the MHSA Steering Committee and approved by the County Board of Supervisors. While we had tremendous support to move forward with the recommendations, we had concerns with the original RFP that was released. These concerns are addressed in this letter.

We look forward to the possibilities to synergize opportunities with the long awaited African American trauma informed RFP, especially as it might afford impactful capacity-building initiatives. However, we have concerns about the arduous and fraught process for this RFP for Black Community-Based Organizations to serve the Black Community; it appears that the release of other RFPs was expedited by comparison. Furthermore, the sparse updates on this RFP do not inspire confidence in the process or the county's commitment to serving the Black Community. Were it not for the prompting by co-chair, Ms. Leslie Napper, at the 1/16/20 meeting, the County BHS leadership would not have provided updates on the RFP during the most recent meeting; this oversight is inexcusable. Substantively, we remain steadfast in our feedback on the plans for the RFP: we need ***appropriate funding*** for the RFP, ***inclusive eligibility criteria*** that allow small community organizations to lead the work, options for ***single-organization or collaborative projects*** to be funded, and ***transparency*** in the process of developing the RFP, including standardized methods for collecting and analyzing community feedback.

- ***Appropriate Funding*.** While we are pleased that the award amount has been increased, it does not reflect the unanimous agreement that a larger budget is required. Given that ample MHSA funds are available and given the demonstrated need in the community, shortchanging the budget for this RFP is unacceptable. At minimum, the needs of the Black community demand $5 million in start up funds and $3 million per year thereafter to sustain culturally-responsive wellness investments.
- ***Inclusive Eligibility Criteria*.** We strongly recommend removing the technical requirements for organizations to have 45 days of working capital and to have had a financial audit in the preceding 24 months. There are alternative methods to ensure that the awardees will be fiscally responsible that are not rooted in structural economic inequity. The irony is that structural oppression is the root cause of the disproportionate trauma in the Black community that the RFP is attempting to address. If the goal of the RFP is to support the Black community, the commitment should extend to the execution of the RFP. However, if the county insists on retaining these technical requirements, it should also commit to providing each grantee with multi-month funding, funding for an audit, appropriate indirect funding that includes operational expenses, and technical assistance to build organizational capacity. Rendering otherwise qualified applicants ineligible is counterproductive.
- ***Single-Organization and Collaborative Projects.*** We recommend two parallel application tracks for single-organization and collaborative projects. This allows organizations to decide which structure works best for their work and allows the award amounts to vary based on the scope of work and number of partners. To avoid silos and encourage collaboration, grantees for single-organization and collaborative projects can be required to work in concert and also focus strategically in their area(s) of expertise and strength. The California Endowment's Building Healthy Communities Initiative can serve as an example of how to employ this structure. We support selecting Sierra Health Foundation as the backbone administrator of the fund to issue the RFP and coordinate the work of the grantees. We also want the administration fee to be in addition to the RFP award amount, not to supplant it. We also recommend adding members of the Ad Hoc Committee to an advisory council to guide the work.
- ***Transparency.*** Furthermore, passing references were made to "conflicting feedback" coming from "community" without substantiation. The AdHoc Committee hosted three listening sessions, analyzed the feedback and shared the analysis with the participants to validate the results. If feedback that conflicts with the initial analysis was solicited apart from the formal Ad Hoc input process, the Ad Hoc Committee should be reconvened to resolve this issue.

The Black Community in Sacramento has patiently engaged BHS through its formal channels since March 2018, which is approaching two years. Of utmost importance is remedying these issues to ensure that the RFP is reissued as soon as possible.

In solidarity,

Ebony Chambers
Flojaune Cofer
Michael Craft
Lilyane Glamben
Kristee Haggins
Adèle James
Ryan McClinton
Leslie Napper
Donielle Prince
Doretha Williams-Flournoy

Cc:

Board of Supervisors:

Patrick Kennedy
Don Nottoli
Phil Serna

Mental Health Board:
Ann Arneill:

MHSA Steering Committee:
Michael Sheridan

ATTACHMENT J

Cultural Competence Committee Ad Hoc Workgroup
Cultural Competence Committee Recommendation to the MHSA Steering Committee
January 17, 2019

Recommendation:

The Cultural Competence Committee Ad Hoc Workgroup recommends using Prevention and Early Intervention (PEI) funding to develop a new program to address mental health and wellness needs of African American/Black community members who have experienced or have been exposed to trauma.

The Workgroup recommends that this new prevention program serve Sacramento County African American/Black community members of all ages and genders across the life span, with special consideration given as a prevention measure to children, youth, teens, and Transition Age Youth (ages 0 through 25). The Workgroup recommends that all program elements incorporate an understanding of African American/Black cultural heritage, including norms and traditions, the broad and multifaceted definition of family, and historical trauma.

The Workgroup recommends convening community listening sessions to obtain input from the Sacramento County African American/Black community in order to further refine these strategies.

The Workgroup recommends that the following key elements of prevention services and supports for African American/Black community members who have experienced or have been exposed to trauma are incorporated into the new program:

- Recruit, hire, and retain a diverse workforce that is reflective of the African American/Black community.
- Cultural Brokers and Peers are utilized to provide support to youth, young people, and their families who have experienced trauma within educational, health, mental health, and other systems.
- Services are provided by staff who can relate to and are reflective of the community they are serving. Outreach, engagement strategies and communication strategies are culturally responsive, relatable, and easy to understand.

Services include an array of support groups that provide safe healing spaces for community members such as, but not limited to:

- Ethnic/topic specific
- Gender specific support groups
- Healing circles and groups
- LGBQ and Transgender support groups
- Trauma from gun violence for family members and victims
- Victims of racial profiling support groups for men

Services will leverage or enhance existing mentorship opportunities that are available in the community to build protective factors.

Training for community members to increase their recognition of early signs of mental illness and providing assistance with linkage to the appropriate level of treatment.

Collaboration and cross training regarding cultural competence, trauma informed care/practice/implementation, implicit bias, social determinants of health and historical trauma for stakeholders, governmental agencies, and other large institutions (i.e. Law Enforcement, CPS, educators, health systems).

Collaboration with other local PEI efforts such as the Suicide Prevention Project/Supporting Community Connections program serving the African American/Black community and the local mental illness stigma and discrimination reduction project.

The Workgroup recommends that services be provided at easily accessible locations in the community where participants feel safe such as:

- Community centers and organizations, including libraries
- Faith Based Organizations such as churches or other places of worship
- Online support services through social media groups
- In home services
- Community mental health locations and public health centers