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

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

Meeting Location
Webinar and phone conference

Meeting Attendees:
- MHSA Steering Committee members: Ann Arneill, Ryan Quist, Laurie Clothier, Erin Johansen, Genelle Cazares, Christopher Williams, Lori Miller, Emily Bender, Rosemary Younts, Rochelle Arnold, Daniela Guarnizo, Karly Mathews, Leslie Napper, JP Price, Ebony Chambers, Ryan McClinton, Ronald Briggs, Heidi Richardson, Hafsa Hamdani, Ellen King
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:10 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 July 2020 draft meeting minutes were reviewed; no changes were requested.
IV. Announcements	**Jane Ann Zakhary:** I want to share the sad news that one of our long time advocates and steering committee members, Dave Schroeder, has passed away. He was instrumental in helping launch MHSA and held so much historical knowledge. We wanted to take time today to acknowledge him and honor his tremendous contribution, as well as give steering committee members an opportunity to speak and share memories. He will be missed. **Leslie Napper:** We lost Frank Topping last year and now have lost Dave. Two big losses for the mental health community here in Sacramento. He was a strong proponent for the disadvantaged, homeless, and veterans along with advocating for the consumer and peer movement. The history that we will lose between the two will be missed. Dave was very instrumental and always spoke upfront every meeting about the importance of the stakeholder process. All these things are what we hold dear as consumers and representative of consumers. This is a great loss for our community but I know they are doing well together in heaven and so with that, bittersweet but absolutely a celebration of life for Dave Schroeder. We could not have done it without him. I am also sorry that Gretchen Bushnell was not here this

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	evening, as she was also very close to Dave, so we are also sending prayers to her and also to Dave's family. **Ebony Chamber:** Thank you, Leslie. Those were beautiful words for two losses that have been significant. Their efforts with Innovation funding and planning, participation in the Respite Partnership Collaborative, and their ability to share their voices to ensure that consumers were at the forefront are things that I have definitely taken along my consumer journey. What a valuable imprint they have left on the community. **Emily Bender:** Dave was a great man and he will not be forgotten. For those who want to contribute to his memorial, you can click here: https://www.legacy.com/obituaries/name/david-schroeder-obituary?pid=196023770 **Leslie Napper:** I would like to talk about the COVID relief fund. I do not know how that impacts our MHSA work but I know there was a bit of an uproar and a lot of money went towards our Sheriff's department where it could have been used to possibly better serve community members and some of our community based organizations. *Ryan Quist*: This has been a difficult situation. I will try to describe how the COVID relief fund discussion was presented at the Board of Supervisors (Board) meeting on 8/11/2020. In order to avoid substantial budget cuts the county's strategy was to take the $181M and use it on justifiable COVID expenses in FY 2019/20 in order to free up general funds to use in FY 2020/21. A part of that money went to Sheriff and Probation Departments. The community had strong feelings about that and shared them with the Board. Yesterday the Board entertained a proposal to spend the additional $45M on the public health response. *Rochelle Arnold*: Veterans are experiencing some unique challenges during COVID especially regarding mental health and homelessness. I have had a couple Veterans advocates, one works specifically with the Stand Down organization, asking who controls the money that comes into the County for COVID relief and if any of that can be earmarked for helping to assist with the homeless veterans. *Leslie Napper*: As we go through the budget cuts that are pending fiscal impact of COVID, I am concerned about transparency and certainly not wanting to be blindsided. Dr. Quist, you were not here during the FY 2009/10 budget crisis but we may be facing this again soon. It significantly affected our mental health consumers, particularly adults; we do not want to experience this blindside again. We are hoping for transparency

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	if there are any changes to the advocacy plan for this year and for our Three Year plan. *Ryan Quist*: That is what I am trying to preempt. In September, when the division learns what our final FY 2020-21 budget situation is, we plan to come back to have this conversation with you in October. *Ryan McClinton*: I would like to make more of a statement to what seems like a failure to our county residents by the County Executive office. Their decision to allocate funds to backfill staffing for law enforcement when we see the needs not only for COVID testing but also for the needs and impacts on mental health that folks are experiencing and housing is concerning. What does that mean in times of cuts that we will see for behavioral health services, especially as I did not see in any of the proposals that were presented in the Board meeting for behavioral health or rapid response for behavioral health from the results of COVID? *Ryan Quist*: I am optimistic that we are not going to have any significant cuts this fiscal year although I do not have final word on that yet. We will get final word on that in September and come back to the SC in October. We are excited about the timing of the Community Driven Prevention and Early Intervention programing that we previously announced which currently funds 35 providers who received almost $10M to implement programs. They are focused on a diverse set of communities across Sacramento county and have a wide set of interventions.
V. Executive Committee / MHSA Updates	**Executive Committee Updates** Ebony Chambers, SC Co-Chair, provided the following updates on behalf of the Executive Committee. We have revised the Steering Committee evaluation sheet and added a Not Applicable section to question one. If areas of the evaluation do not apply, feel free to check that box. Evaluations help improve and build future meeting agendas. If you have specific feedback or ideas, we really do want to know as it helps us build a community informed process. Please share any of that feedback with us. The Executive Committee member election results came in. We would like to announce that Ryan McClinton and JP Price have been elected as the newest Executive Committee members. Congratulations and welcome!

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MHSA Updates

Dr. Ryan Quist, Behavioral Health Director, provided the following updates.

2020 has been an incredibly tough year. On top of the COVID-19 global pandemic, we have Zoom fatigue and also wild fires across California that are affecting us. Reach out to people who may need additional support during this time. We are mental health advocates, so let us continue to advocate in our personal lives. People need support right now. I am hoping your families are safe and encourage you to take care of yourselves too.

African American Trauma Informed Wellness Program
This program is a partnership in collaboration with Sierra Health Foundation (SHF) which was approved by the Board of Supervisors on 8/11/2020. SHF is doing some bridgework while we work to finalize the contract. They are working with OnTrack to help put together a timeline of implementation until the contract is executed. The contract with SHF will allow funding of the programs that become selected through that process.

Innovation (INN) Project 5: Forensic Behavioral Health Multi-System Teams
This project was approved by the Board of Supervisors on 8/11/2020. A contract will be awarded through a competitive bidding process that will be released this fall/winter. We will keep you updated as we go through that process.

BHS Budget Update
We do not have conclusive news about our Fiscal Year 2020-21 budget; however, I am optimistic about how things are going. As presented last month, we are anticipating reductions in behavioral health funding due to COVID-19 economic impacts. The State did not fully fund our realignment losses but we did get some funding. With cost settlement and a couple other things we are optimistic we will not need to do any severe cuts this year. We will receive news/updates on our budget in September. Our plan is to be transparent with the community and come back to this group to have budget conversations in October.

Jane Ann Zakhary, Division Manager, presented the following.

MHSA Three Year Plan
The budget discussion planned for October will lead into the planning process for our MHSA Three Year plan and will be a critical part of our conversation moving forward.

Mobile Crisis Support Team
Our Mobile Crisis Support Team program was invited to present at the statewide MHSA coordinators conference held earlier this week. The presentation was well done. There were many questions from other counties and a lot of good feedback. The

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	presentation highlighted the partnership between the mental health clinicians, peers doing aftercare work, and our law enforcement partners to be able to respond to mental health crises in the community. The presentation material is linked below: See *Attachment A – Mobile Crisis Support Team presentation*.
VI. MHSA Innovation Project 3: Behavioral Health Crisis Services Collaborative Presentation	Julie Leung, Acting MHSA Program Manager, and Stephanie Kelly, Adult Mental Health Program Manager, provided context and introduced Rosemary Younts, Senior Director of Behavioral Health at Dignity Health, who presented an overview of the program. See *Attachment B – Innovation Project 3: Behavioral Health Crisis Services Collaborative presentation*. **Member Questions and Discussion** I toured this facility not long ago. Considering that people might have to stay there for some time, I think a sleeping arrangement with some privacy would be better. It is well lit and the staff were friendly. Many ER nurses, doctors and ER techs are not well trained in psychiatry. This facility is great because it is somewhere that a patient can go and not have to lie on a gurney for days until a bed opens up at one of the hospitals. Is there a demographic for the Hispanic population? *I will revise the slide to include those numbers.* Is any screening done to ask if they are veterans? Veterans with mental health issues may not be connected to their VA benefits and we could assist them if we know they need the help. *During the course of admissions we may discover if an individual is a veteran and that would be a great connection.* Are services offered in other languages or interpreters provided? *We use the hospital's system for interpretation in languages other than English (including Deaf and Hard of Hearing).* I love this program model and collaboration. Do we have any data on patients with substance use/co-occurring disorders? *I think we can get that data moving forward.* I am amazed at patient feedback. So many people view ER psych care as being confined. It is rarely positive and those numbers are fantastic. This is what matters, amazing comments/feedback from patients! I have heard wonderful outcomes and consumers are quickly linked to outpatient providers that they are already engaged with.

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	I wish this model was in or tied to all Emergency Departments (EDs). Patients would benefit for sure! People want to feel heard, taken care of and respected despite experiencing mental health/SUD crisis. Are places of worship included as community resources? *When individuals identify or share their about their spirituality, we have a collection of resources ready. We recently had a person who wanted to discharge to a mosque. We respect their wishes and provide information based on that.* How are you able to hold patients in the collaborative behavioral health unit for longer than 24 hours, sometimes for several days? I am asking on behalf of a family. I do not know all the details. *Those individuals we have held over 24 hours are those who need higher levels of care. It happens at times when there is absolutely no bed capacity at any of the regional inpatient psychiatric hospitals. At those times, we have no good options. We continue to strategize solutions with our county partners. It is not the ideal solution, but it is certainly a better situation than having them in the ED without specific or specialized care.* To clarify, are patients only being admitted through ED visits or can someone in crisis go directly to the site? *Emergency Medical Treatment and Labor Act (EMTALA) law requires that when a patient gets within 250 feet of a hospital, particularly an ED, they must be seen and medically stabilized in the ED beyond anything else. We would like to open up the resource center to individuals who may not need CSU and we have been talking with the County team about potentially what we could do with our Mobile Crisis Team. We are working with our legal department around the EMTALA and hope to have answers soon.* Have you thought about including Peer Supporters to your staff? *We have peers/navigators in our resource center as well as two navigators in the treatment area that go back and forth. Alma and her counterpart also go back and forth as well. We also refer to the BHS Triage Navigator program, which is operated by TLCS, Inc. (Hope Cooperative). They have a care response team that provides 60 day case management services to patients once they are discharged from the CSU.* How can patients inform intake they want to be seen in the unit? *If their primary condition is mental health, the ED as a part of the medical clearance treatment process will offer the unit. They are always offered to go on a voluntary basis first but if the level of condition is acute and they are on a 5150 sometimes we talk to the psychiatrist and get them to the unit as quickly as possible.*

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	There are a lot of different case scenarios depending on the patient's condition in the ED. The physician, in consultation with our psychiatrist, determines if the person would benefit from stabilization in the unit. I am looking forward to the Hispanic demographics. I am surprised the African American demographic was not higher, as our community members are often over represented going to the ER for psychiatric conditions. I am curious to know why that is? Is law enforcement redirecting to the treatment center or the traditional places not knowing that you are actually available even though you may be a closer resource to those of us in the northern part of the county? *It is not a matter of anyone diverting to a different hospital because they are required to come to the nearest facility available.* If EMTALA does not allow us to let the Mobile crisis team or others come directly to the unit, then can we put a peer navigator in the ED to move the process along faster? *We are looking at different ways we might approach that. We continue to work to spread awareness about this program and welcome the opportunity to share with your contacts and groups.* Is there any data being collected on how long folks are taking to be processed from ED into the Unit? *Before we opened the project, we were having patients in our ED an average of 33 hours before we could get them into care that was more appropriate. Now we are down to an average of eight hours, with a median of four. Four is probably close to being average because some need additional medical clearance and time before they can move over.* Thank you so much for your presentation. I would love to see more messaging around our communities of color about your resources. I do not see it anywhere in any of our communities that your crisis center is there. I know there is a need in North Sacramento for that type of resource and I am grateful for it. I just wish more of us knew about it. Maybe working with the new program that is coming out soon will be a wonderful feeder. It would be a great resource. I would also lean on the Cultural Competence Committee for feedback, and hopefully someone internally can lead that direction as well. I would like to see what outreach measures can be taken quickly to let the African American community know about the Behavioral Health Crisis Services Collaborative that we heard today. There is a massive need and this is a resource that can help a lot of people.

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	I am happy to answer any questions that did not get answered or that you still may have. You can contact me at: Rosemary.Younts@DignityHealth.org; phone is (916) 804-7820.
VII. General Steering Committee Comment	**Leslie Napper:** Thank you regarding the African American trauma wellness program. I would like to thank some of our supporters with helping to move this project forward which includes: Erin Johansen with Hope Cooperative; Ebony Chambers with Stanford Sierra Youth and Family; Lynn Keune with La Familia; Iffat Hussain with the Mental Health Urgent Care Clinic; the BCLC Incubators; Al Rowlett of Turning Point Community Programs; Viva Asmelash of the Mental Health Board; and the Cultural Competence Committee, led by Mary Nakamura. I want to thank Debrah Deloney-Deans and Darlene Moore and last I would like to thank the Ad Hoc committee members for really standing up and fighting the good fight. I would also like to acknowledge Dr. Quist and the division for holding strong and making it work during this time. I believe the fight has just begun, much work is still ahead of us but I do want to publicly acknowledge those people. To anyone I have missed, I am so sorry. Thank you. **Lori Miller:** For anyone who may be going into the ED or accessing these services who may be struggling with opioid use, there is a new campaign called www.SeeHerBloom.org and there is lots of different resources and support for specifically women who are African American who are struggling with opioid use disorder. **Daniela Guarnizo:** Sierra Health Foundation is hiring. I urge you all to review their website www.sierrahealth.org/employment and encourage people from the community to apply for the African American Trauma Informed Wellness Program.
VIII. General Public Comment	**Robin Barney:** Cal Voices has their support group up and running. It is held the second and fourth Wednesday of every month from 6-8 p.m. and is going strong. For more information, please visit our website at www.Calvoices.org. **Garland Feathers:** I have been a provider and consumer in the area for about five years now and I think this presentation shows the dignity and respect that must be held to our consumers. I would like to see vetting of the room and boards. From my experience, the room and boards are not the best place to support a human being. A lot of clients will be there and disappear for a while, so if we had some better transitional care to where we can incentivize people to gain skills. I hope the

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	follow up care will be well vetted for all aspects of the stakeholders.
IX. Adjournment / Upcoming Meetings	The meeting was adjourned at 7:58 p.m. Upcoming meetings will be held on • September 17, 2020 • October 15, 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.

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