

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

Meeting Minutes

September 17, 2020, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Ann Arneill, Rochelle Arnold, Emily Bender, Ron Briggs, Michelle Callejas, Karen Cameron, Genelle Cazares, Ebony Chambers, Laurie Clothier, Shaunda Cruz, Anatoliy Gridyushko, Daniela Guarnizo, Erin Johansen, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Lori Miller, Leslie Napper, JP Price, Ryan Quist, Christopher Williams, Rosemary Younts
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:00 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 August 2020 draft meeting minutes were reviewed; no changes were made.
IV. Announcements	<p>Leslie Napper: Sierra Health Foundation has a planning committee that is preparing to release the competitive bid process for the African American Trauma-Informed Wellness Program which will be coming soon.</p> <p>Ebony Chambers: Stanford Sierra Youth and Families will be holding a town hall named Courageous Conversations within the provider community, sharing ways to be more culturally responsive and anti-racist practices.</p> <p>Karen Cameron: The Consumers' Self Help North center opened last week on Marconi and Fulton.</p>
V. Executive Committee / MHSA Updates	<p>Executive Committee Updates</p> <p>Leslie Napper, Co-Chair, requested Steering Committee members and members of the public to fill out the meeting evaluation at the end of the meeting, including any requests for future discussion topics. .</p> <p>MHSA Updates</p> <p>Dr. Ryan Quist, Behavioral Health Director, provided the following updates.</p> <p><u>National Suicide Prevention Awareness Month</u> September is National Suicide Prevention Awareness Month. This is a time to talk about the importance of looking out for the signs and symptoms in those around us, including our friends,</p>

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	<p>co-workers and family members. Many are dealing with stress and feelings of despair related to physical distancing, health concerns, job loss, financial uncertainty, and the other stressors due to COVID-19. It is important to remember we all have a role in promoting social connectedness, belonging, resiliency, and prevention. We have to support each other and as advocates I know you are already doing this in your everyday life, but we also have to get the word out and encourage others to do the same.</p> <p><u>Prevention and Early Intervention (PEI) Programs</u> I wish to celebrate the progress made in moving the African American Trauma-Informed Wellness Program forward. We were able to find resources for Sierra Health Foundation to use as bridge funding so the work could continue while we proceeded to negotiate and execute their contract. The contract was signed this week.</p> <p>The Community Driven time-limited PEI projects administered by CalMHSA are also continuing to move forward. Many of the grantees have begun their work and we are excited to share more in future updates.</p> <p><u>COVID-19 Impact on Budget</u> Last week, the Board of Supervisors held budget hearings for fiscal year 2020-21. As you may remember, in June they adopted a placeholder budget that carried over last year's budget while we tried to figure out where we were at in light of the COVID-19 situation. For this current fiscal year, which ends on June 30, 2021, we are moving forward very close to whole for behavioral health. That is excellent news.</p> <p>However, beyond this fiscal year we anticipate seeing reductions across the county budget, including the budget for behavioral health services. We have time to plan for this and we want to make this a very transparent process in which we will solicit feedback from you and from the community.</p> <p>We will not be having this conversation today, but we do plan to have this conversation in the month of October.</p>
<p>VI. COVID-19 Impact on Servicest</p>	<p>Jane Ann Zakhary, Division Manager, moderated a panel of service providers speaking about the impact of COVID-19 on the behavioral health services they provide.</p> <p>Panelists:</p> <ul style="list-style-type: none"> • Adult Recovery in a Strength-based Environment (ARISE) Full Service Partnership Danielle Wirtz, Telecare Program Administrator dwirtz@telecarecorp.com • Crisis Residential Program Leslie Springer, Turning Point Community Programs Regional Director lesliespringer@tpcp.org

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- Flexible Integrated Treatment (FIT)
Chris McCarty, Sacramento Children's Home, Community Programs Director
chris.mccarty@kidshome.org
- Q-Spot Respite Program
Koby Rodriguez, LGBT Center Chef Programs Officer
koby.rodriguez@saccenter.org
- Latinx/Spanish Speaking Supporting Community Connections (SCC)
Dr. Cesar A. Castaneda, La Familia Counseling Center
Mental Health Administrator
cesarc@lafcc.org

Provide a brief overview of your program and how you are providing services during COVID-19?

Danielle Wirtz: ARISE is a Full Service Partnership (FSP) high-intensity provider serving those in the community with severe and persistent mental illness.

We also serve those at risk for homelessness with co-occurring conditions. We have a housing component to our program. We partner with Mercy Housing at The Courtyards permanent supportive housing development near Watt and I-80 with 20 dedicated apartments reserved for ARISE members.

Our program opened on February 3rd and we currently serve about 140 members (eventually we will serve 200 members).

As a high-intensity provider, we see each of our members a minimum of once a week and sometimes as much as five days a week. We also have staff on the weekends and on-call. We had to adapt the services we provide due to COVID-19. We still see our members face to face at least once a week, sometimes more. However, we limited transportation services to essential travel (e.g., to and from hospitals). When we noticed hospitalization rates rising, we thought this could be due to reduced opportunities for member socialization, so we started conducting group sessions in the community and outside in our parking lot, which we blocked off. We are controlling visitor access to our office using a doorbell and screening process.

With support from the county, we have been fortunate to not run out of personal protective equipment (PPE). Every week, we supply our staff with the PPE they need, which they can keep in their cars. Because staff use their personal vehicles to transport members, we have also supplied them with screens for their vehicles to insure the safety of both staff and members.

We do ask staff and members to wear masks when interacting, but as far as the amount of personal interaction, I would say it is about the same if not more than it was pre-COVID-19.

We have noticed a decrease in access to services for our members. For instance, the Department of Human Assistance was closed for a while. Our Peer Recovery Coaches act as

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	<p>benefits specialists, successfully linking members to Medi-Cal, but are seeing wait times up to 90 days. The same is true of linkage to Social Security, where we are seeing four month turnaround times.</p> <p>Leslie Springer: Crisis Residential Programs are short term mental health treatment options in the community designed to serve adults who are either currently hospitalized or at-risk of hospitalization. We provide an alternative to inpatient care whenever possible with a structured setting that provides groups, counseling, psychiatry and nursing staff.</p> <p>We try to provide the same array of services you would receive in a hospital, but with the advantage of being in an open community setting where members have an opportunity to access their family and resources in the community to improve their recovery. We find that success comes with folks being able to get back on track while taking care of themselves because usually those are things that can go out the window while we are not feeling well.</p> <p>COVID-19 shifts are difficult when the foundation of the service is based on engagement and connection with other human beings. We had to adjust by implementing leave policies for clients and encouraged people to stay on site to minimize exposing themselves and others. We had to have smaller group opportunities and screen for symptoms. Our psychiatrists have to work at different facilities, so we are using telepsychiatry. This is a good opportunity for people to learn about telepsychiatry so they can use it in the future. The main thing is being creative with activity-based groups. Wanting to keep people active and engaged, so more outside times, walks, movies outside. We are trying to help people stay active.</p> <p>This process was tough but has given our clients and staff opportunity to be creative and discover new ways to maintain connections. The clients that we serve are most often experiencing extreme poverty in addition to their mental health challenges and their focus continues to be meeting their own basic needs. So that has been the difficult part they have been going through and what we have been trying to support them with. For the majority of the clients we serve, COVID-19 has not been their focus.</p> <p>The biggest shift has been a reduction in the number of beds that we have available. We have three facilities open with a total of 42 beds, however we have to reduce that to 34 beds to ensure everyone can safely social distance.</p> <p>Chris McCarty: We are one of several providers that provide full scope mental health services to youth up to age 21 in the Flexible Integrated Treatment (FIT) program. FIT is flexible in that we provide services at a level meant to meet the needs of</p>

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	<p>the youth and the family. That could mean a whole lot of services when it is needed: every day, every few days, down to every couple of weeks—whatever it is that the youth and family needs in order to be successful. We have a multi-disciplinary team of staff; therapists, advocates, bachelor level staff, a psychiatrist. Under normal circumstances, we would provide services in the home, at school, at the park, anywhere in the community that the youth and families need services, with 24 hour/day response for crisis. Most recently we have been able to access emergency housing funds to help support families.</p> <p>In response to COVID-19, we have pivoted to doing an array of distance related services. We deliver some services in person based on need, but also by telephone, telehealth, and in some cases using text and chat service.</p> <p>We are doing more groups and looking at helping supporting families with technology, headsets or anything they need to be able to have services. We are now trying to engage youth in their own environment via telehealth. It is really trying to engage whatever is going on with the child/youth and using that as an opportunity as engagement. If they have toys in their house, then it is engaging them with their toys or their environment. I think there is an assumption that kids love technology and while that is true there has definitely been some resistance for youth and families and a lot of fatigue. We have done a lot of things around activities like games, YouTube videos, and fun things in trying to engage youths.</p> <p>We have seen the needs of families shifting. Poverty has been brought up and we had families that have been impacted by losing their job or reduced hours, and financially that is a stressor. Having a lot more people in the house at one time is a stressor. There are issues around kids who have special education needs and how those are being addressed in the school districts. We are seeing cyber bullying happening more now that kids are going back to school. The big thing is flexibility.</p> <p>Koby Rodriguez: For the last six months not only have we been facing the COVID-19 pandemic but also facing the pandemic against Black lives. We take that very seriously as an organization that strives to be anti-racist and to serve people at all of their intersections. Additionally in the last month, we had all the fires and smoke, which prevents people from being outside and traveling as much.</p> <p>The first thing we did is phone every single client in our database who has consented to receive calls or messages from us. We called about a thousand people and asked them 25 questions that varied from how are you doing, are you in a safe home, would you like to text one of our youth advocates, or hear from</p>

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	<p>our CEO about services that we provide, have you lost a job or you at risk of losing your job, or lost hours?</p> <p>We asked all those questions so we could be sure we would not lose contact and so people would feel less alone. We discussed earlier about suicide, suicide rate, and suicide ideation, and certainly in our community that number is already high. Right now, being at home, or perhaps in an unsafe environment or unaffirming environment, only exacerbates the issue.</p> <p>We are open now. We use Discord, primarily an online gaming platform, to virtually engage with our youth with morning coffee times, discussion groups, sewing/crocheting workshops and many other activities people look forward to. We provide care packages to our trans youth.</p> <p>In collaboration with the Sacramento Native American Health Center, we administered a comprehensive community health needs assessment with over 300 respondents. This assessment asked about 110 questions. In addition to the questions that we asked when we phoned our youth, this assessment included questions regarding whether the respondents were still receiving health care from LGBT-affirming places and whether they had lost or were at risk of losing their jobs. We learned that 66% of responding community members had experienced at least a reduction in their hours as a result of COVID-19. Also, 62% would like a family member to access a support group for family members because they are not feeling affirmed and do not have options for respite that were available pre-COVID-19. In response to this need, we started a families support group which has been going well. Parents have been coming in saying, "I have a child who has come out as trans and I don't know what to do."</p> <p>Dr. Cesar A. Castaneda: At La Familia, we talk about four pillars of services. The first is our Birth & Beyond program in which we work with families with children age five or younger. Second we have a career center in which we help people with employment, career development and vocational and on-the-job training. Third, we have youth programs working with gang prevention and after-school leadership. The fourth pillar is mental health services, which includes the FIT and SCC programs.</p> <p>Pre-COVID-19, we did a lot of outreach events, as well as workshops and trainings. We connected a lot with schools, providing presentations for parents. We attended every event we were invited to or could offer ourselves to present.</p> <p>The SCC program enable us to provide crisis intervention, crisis stabilization, and suicide prevention services to the Latino community.</p> <p>La Familia has long been a little old-school in the way we provide services, with change happening very slowly. However, after</p>

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	<p>COVID-19 we went very quickly from not doing any telehealth work to doing telehealth in individual sessions, group sessions, and workshops. We did not close even one day. There are many other service providers for other populations, but over the years La Familia has become a trusted partner for the Latino community and is often the first place they go for anything. This is why the partnerships we have built with other organizations are so important. When people come in for services we cannot provide, we can give them a warm handoff to another agency we know has really good services and will take good care of them and we can pass on that trust to the other agency.</p> <p>At the beginning, it was really challenging to do a lot of telehealth work. Our community was maybe more tentative about using technology in that way. Socioeconomic factors also meant that many did not have the technology to make use of telehealth. For those reasons, our numbers went down quite a bit at first. However, as time passed and the financial and physical needs grew, people became more open to receiving services that way.</p> <p><i>Are you finding that there is demand for other services beyond what you offer? If so, what? For services outside of your program, where and how are you linking clients? Would you share those resources?</i></p> <p>Danielle Wirtz: Because we provide wraparound services, including case management, rehabilitation, crisis intervention, individual psychotherapy, and medication services, we are actually kind of a one-stop shop. The one piece that is missing is physical health, the primary care doctor. The linkage to primary care physician services has been challenging, but we have been able to provide mental health services our clients.</p> <p>We have been able to connect to some of the most challenging members because of telehealth. As soon as we see someone in the community who has been missing or unable to connect with us, we are able to call up the prescriber right away and establish an appointment.</p> <p>We have had to get creative in how we provide services, but because we are a new program that only started up in February, this situation is our normal in that it is all we have known and it is getting easier and easier. Referrals to primary care and lab services have been the most challenging; what has worked to address that has come about because our corporation has a partnership where we have arranged to have an in-house phlebotomist come in every Friday to do lab draws from 10-noon. That has been huge.</p> <p>We have had some difficulty in linking people to Medi-Cal Geographic Managed Care health plans. The response time has</p>

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	<p>been slower than it was prior to COVID. The majority of our members do not have smart phones or computers. So staff go directly to the members' homes with phones and laptops and hold up the phone to allow members to communicate directly with their doctors.</p> <p>Leslie Springer: Housing has always been a challenge and has actually improved somewhat over the course of COVID. We also have many people who use self-help groups in the community that are not operating at this time. We are trying to fill part of that void with similar activities on-site, in limited capacity, but this has been a big loss for many people. I have heard feedback that peer-run services have not been as robust as usual.</p> <p>Chris McCarty: We have noticed is caregivers and youth are feeling isolated. Having many generations all at home at the same time, where you are used to leaving and going to school/work is challenging. We have done many referrals to the Birth & Beyond Family Resource Centers (FRCs) for families. We also run a FRC, in addition to many of the other providers. We have noticed a lot of our families are experiencing parental and discipline issues with their kids. So we have also referred them to parenting classes and home visitation programs within our agency and other agencies. Some of those things may not have been such a big issue previously, but now new challenges have come up. As I mentioned, a lot of our families are having financial hardships so we try to support them and help them apply through Employment Development Department.</p> <p>When they experience a financial hardship, housing becomes even harder and food as well. We have made lots of referrals to food banks and food closets.</p> <p>Koby Rodriguez: We have seen a higher level of demand for services at the Center. We currently have the highest number of folks we have seen on a monthly basis since May 2019. It is great we are able to serve them but there is still growing need. Some of the strongest needs we see are mental health services. For our community it can be very difficult because they are looking for LGBT-affirming therapists and many of our communities of color are looking for LGBT therapists of color. In this current climate, it has been very difficult to even hire mental health therapists. We received a PEI Community Driven grant, however it has been difficult to hire therapists. So we have done a lot of teletherapy with some contractors.</p> <p>People needing jobs and job training has been difficult as well. Particularly for our Trans community, who have many barriers trying to access jobs, whether that means name change or gender marker changes, things around birth certificate and their names. Some of the providers do not have all the knowledge on</p>

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	<p>how to support people in that way. So we have been doing our best to navigate how to build a program like that.</p> <p>Housing continues to be an issue, particularly for LGBT youth. We utilize Waking the Village, Wind Youth Services, and Lutheran Social Services as providers for a network that works collaboratively.</p> <p>Thankfully, the county contracted with community COVID-19 testing locations, including La Familia, who have been wonderful partners. The Center will soon be offering COVID-19 testing at our location, so we will be proud to have LGBT affirming and centrally located access to testing.</p> <p>Dr. Castaneda: We have a no wrong door approach and can help people with employment and parenting as needs arise. We jumped into food distribution quickly. There was a lot of food insecurity, so we were able to help with that. We were delivering food all the way to Galt and delivering food to the houses of a lot of our clients. We were doing COVID-19 testing as well.</p> <p>The housing struggle for us was something that made it more difficult. Even with the moratorium for evictions there were many unscrupulous landlords who would try and evict tenants knowing that they might not have documents and thinking they would not complain. We were able to help from an advocacy standpoint to make sure that landlords were not trampling people and their rights. Through our FIT program we were able to utilize some of the funds for housing to help clients within that program. Housing is a big challenge. School is also a big issue.</p> <p>Dr. Quist: I want to take a moment to thank each and every one of you who have presented tonight. This is amazing work you have done for our community. Please take our appreciation to your teams as well. This is a demonstration of the resiliency that our providers have within our service-providing network. Can you imagine a year ago even thinking about all of the challenges that we were going to experience? Nobody had any idea, and came up with great solutions and ideas about how to adapt and redeliver services. On behalf of the entire community, thank you so much for the work that you are doing.</p> <p>Member Questions and Discussion</p> <p>Do any of these programs attempt to identify veterans using the services? If so, do you make referrals to the Veteran Services Office to connect them to federal VA benefits?</p> <p><i>Koby Rodriguez: Q Spot, the respite program serving youth I spoke about this evening, sees low numbers of veterans. Our adult respite program serves a disproportionately high number of veterans and we make a high number of referrals.</i></p>

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	<p>Are clients staying longer in your program finding it more difficult to secure housing due to COVID-19?</p> <p><i>Leslie Springer: We have a subgroup of clients who need to stay longer because it is challenging to enter housing programs in the community. Sometimes they need help with obtaining or gathering documents such as identification, birth certificate, etc. So those steps leading up to housing can be challenging as well.</i></p> <p>Are you able to refer your clients from Communities of Color to culturally reflective services? If so where?</p> <p><i>Danielle Wirtz: We refer to Safe Black Space in the community. We also refer members of color in the LGBTQ community to the Sacramento LGBT Community Center. As far as staff and making sure we are addressing cultural issues and ensuring that everyone's voices are heard, we have mindfulness activities every morning with our treatment teams. This week I am working with one of our peer recovery coaches, who is very passionate about this topic, to come up with a cultural humility committee within the ARISE program that will be made up of ARISE staff and will be intertwining member participation as well.</i></p> <p>What is happening to the patients in the hospitals waiting for crisis residential services? Are they staying longer?</p> <p><i>Leslie Springer: Anecdotally we are seeing people inside the hospitals experiencing acute symptoms. Because of that, some hospitals are accepting very few referrals as the people they are serving need to remain hospitalized because of their level of acuity.</i></p> <p><i>Dr. Quist: There were already barriers to getting out of the hospital. COVID-19 created additional barriers across our whole system. Transition of patients from one level of care into another was frequently delayed because of uncertainty regarding their COVID-19 status. The Board of Supervisors approved \$13.5M in additional community testing for COVID-19. Using that, we created a strategy with testing devoted to facilitation of movement between levels of care. We continue to have challenges in this area and will continue to look for more and more solutions.</i></p> <p>I want to reiterate what Dr. Quist said, and that is thanks to all of you, not just to those who presented, but to all the service providers participating in this meeting. I am struck by the overlap of all of you serving clients who are both consumers of mental health services and also individuals we serve in Child, Family, and Adult Services (CFAS). I know all the adult FSPs work closely with our Public Guardian/Conservator's office and work with those individuals conserved, particularly in our Care+ program. Seeing representatives here from many of the providers in our CFAS system, the family resource centers,</p>

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	<p>Sacramento Children’s Home, The Source, and Hope Cooperative, brainstorming how we can help people, I just want to thank you all. The pandemic has really highlighted for me and many of my peers the importance of having a strong safety net within our community. All of you have stepped up in extraordinary ways to meet the needs of our community in ways that we as a county just cannot. You are flexible, nimble, and adaptive. You have served a great need. I cannot imagine if we come out of this and all of you are not still whole. So I am glad you are staying busy and serving our community in ways that are much needed. Again, thank you to all of you.</p> <p>Dr. Quist: I am trying to interweave these thoughts through all of my conversations now, so I would like to just check in regarding all the discussions around racial injustice within our community and see what sort of impact you are seeing on our consumers on this front and what you are finding is helpful when there are stressors or needs that rise out of the situation that we are experiencing right now.</p> <p>Koby Rodriguez: <i>My whole background before coming to the Center has been in cultural centers. My degrees has been in Race and Ethnic studies so it is not surprising to me that in the middle of a pandemic that this has happened. This has had a disproportionate impact on our youth and our staff.</i></p> <p><i>First we checked in with every single one of our Black staff members individually and collectively. I checked in to see if folks needed to be away from work, where their mental health was and contracted a Black queer therapist to provide any level of therapy that our staff needed. We tried to replicate that for our youth, so we checked in with all of our black youth we had in our housing program and Q spot respite program.</i></p> <p><i>We tried to provide our best service there when we provided the survey in the 25 questions we asked every client. We asked them how they are doing in the middle of a dual pandemic, not just COVID-19. We have a Queer and Trans People of Color support group that meets virtually and began creating an internship program that focuses on the mental health needs of our black community.</i></p> <p><i>Lastly, we have received a new grant where we will be opening a new satellite location in South Sacramento to provide health services and particularly HIV testing for the Black community. Out of that we have created a Black Leadership Council. Those are some of the ways we are addressing it, but certainly systemically we are addressing it in the organization. We have hired a consultant to move us along to be more of an anti-racist organization from the board of directors, to our senior level management, and throughout our whole organization.</i></p>

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	<p>Dr. Castaneda: <i>I want to share a little context of what was going on a month or two pre COVID-19. You may remember back in January/February there was a lot of immigration concerns. The Latin community faced a lot of attacks from the anti-immigration organizations and government so one of the key issues was public charge. Right as we were starting and learning a lot about public charge, and preparing a big campaign to let the community know what public charge was and what it was not, COVID-19 hit. Due to that we were not able to spread the word as widely as we hoped. What is especially critical during this time is that a lot of folks were scared to receive services because they believed it might affect their immigration status.</i></p> <p><i>One of our key partnerships for resources is Sacramento Family Unity, Education, and Legal (FUEL) Network. It is comprised of several organizations that help with immigration issues and provide legal services and psychological evaluations for legal purposes. They have been tremendous in helping us and our clients navigate all the challenges of accessing services without worrying about public charge.</i></p> <p>Chris McCarty: <i>We initiated several listening sessions where we invite all of our staff to come together and to vent, discuss, bring up ideas and suggestions as kind of a platform to help support what our staff are experiencing. From that, we have created a strategic plan. Part of that is the creation of a Cultural Responsiveness Committee in our agency to look at how our agency can be more culturally responsive. In addition to that, one of our board of directors' goals is looking at how we infuse social justice within some of our agency's initiatives. We implemented training of our staff, both internally and externally. I think one of the most important things is reinforcing our staff and supporting them in being able to express the things that they are experiencing and engaging the youth and families in those conversations because it is definitely affecting them. For some it is traumatizing and re traumatizing. It is really trying to support what the youth and families are experiencing.</i></p> <p>Leslie Springer: <i>We started having forums with our leadership, including our CEO, that seek to give an opportunity for our employees to be part of this conversation and look at it from our role as a service provider. This absolutely has relevance in all the civil unrest going on regarding our role and taking care of our staff and clients. The turnout to this series of forums has been huge. One of the goals is to help give our staff the language and permission on how to talk about this. Our leadership giving us the opportunity and experience of having these open conversations and looking at what our role is has been helpful for a lot of people. In addition, we have embarked on a new cultural humility training.</i></p>

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	<p>Can you speak to the substance use your clients may be experiencing during this most challenging and difficult time? How is this being supported/addressed?</p> <p>Danielle Wirtz: <i>We have two dedicated Certified Alcohol Drug Counselor (CADC) specialists. As members are referred to our program, they are linked to CADC specialists who conduct assessments and link them to appropriate community services.</i></p> <p><i>Unfortunately, at the beginning of COVID-19 NA and AA meetings and other resources were limited or not meeting. Now Zoom meetings have started, so more people have been able to connect. Many of the people we serve do not have phones and laptops. To address this gap, if there is an AA or NA meeting in the evenings, on-call staff will go out to the members' homes with laptops and assist them in attending. We also started up our own groups again. ARISE is a co-occurring program, so we have a few different substance use groups that we provide.</i></p> <p>Dr. Castaneda: <i>We sent three of our staff to receive substance use navigator training. Part of that work is also to connect with Medication Assisted Treatment (MAT) providers and learn about the needs of clients to be able to connect them and provide a warm handoff to places where they need to go. We also have a partnership with an AA meeting group that meets face to face at our Maple facility on Thursday nights.</i></p>
<p>VII. General Steering Committee Comment</p>	<p>Ebony Chambers: Recognizing not just the health pandemic but also the racial pandemic we are experiencing, I appreciate the culturally responsive practices, outreach, and engagement taking place, particularly at the Sacramento LGBT Community Center. The Black community needs services like these that are layered and culturally responsive. Thank you for sharing those strategies.</p>
<p>VIII. General Public Comment</p>	<p>Sandena Bader, Cal Voices Family Advocate And Youth Liaison: I would like to take a moment to pay respect to Ray Whidden, a former youth advocate with River Oak who passed away last week. Ray was amazing, and had the biggest heart ever. This is a huge loss to our trans and advocacy community.</p> <p><i>Robin Barney: I had the opportunity to spend time with Ray. He was a beautiful spirit, and not only will the community experience a loss, but the world will too. He made a wonderful contribution to mental health programs and his love and passion will be missed.</i></p> <p><i>Koby Rodriguez: He was a strong supporter and volunteer at the Center. We will miss him dearly.</i></p> <p>Robin Barney: The last Expert Pool meeting of the year will be held on Friday, October 2, 2020, 1-3 pm, with dynamite speakers. Anyone who is interested in attending, please contact me at barneyr@saccounty.net.</p>

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	<p>Lilyane Glamben: I first want to thank the panelists for their presentations. Each had something they are doing which was quite inspiring. I hope the community has the opportunity to explore the best practices that were shared.</p> <p>Also, thank you for the announcement regarding the upcoming African American trauma-informed services RFP. I am looking forward to receiving it when it comes out.</p> <p>In the spirit of this panel, I am looking forward to other opportunities to talk about best practices, especially with diverse communities. I know it is still early in terms of thinking about how to capture data in a consistent way. Telehealth presents many moving parts and we need to monitor them in conjunction with the various communities that have special characteristics so we can be culturally responsive to those communities' needs. This was a useful sharing, and it will be very helpful to keep it going.</p> <p>As I have done in previous meetings, I wish to raise concerns about African American consumers, how we are tracking them, and how they are making the transition to these various virtual or unconnected services.</p> <p>I would also like to request a panel on youth mental health, given the impact of COVID isolation on them.</p> <p>Ruth MacKenzie: I would like to see a panel on the impacts to and services for older persons. They are a highly vulnerable group at this time.</p> <p>Diane Wolfe: There is a movement to move funds from the sheriff's office to alternative agencies to respond to mental health and homeless calls. It would be useful to hear this group weigh in on their thoughts on that and their thoughts about Supervisor Kennedy's proposal for a pilot program.</p> <p>Leslie Napper: Sacramento County is considering Assisted Outpatient Treatment (AOT) and the Mental Health Board is seeking letters and testimony from family members and consumers regarding their experiences in particular. I want to thank Dr. Quist for being transparent about that with our community and letting us know it is not financially advantageous for Sacramento County to do so at this time.</p> <p>As a consumer of mental health services, I am not in agreement with AOT. However, I hope with testimony and collaboration between family members and consumers we can find a wonderful alternative solution for caring for the adult child and the families dealing with serious mental illness.</p> <p>Koby Rodriguez: Queer Voices at the Sac LGBT Community Center provides performance-based learning sessions by</p>

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

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	primarily queer and trans youths of color: https://www.facebook.com/sacqueervoices/
IX. Adjournment / Upcoming Meetings	The meeting was adjourned at 7:52 p.m. Upcoming meetings will be held on <ul style="list-style-type: none"> • October 15, 2020 • November 19, 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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