

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

Meeting Minutes

January 16, 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: Ann Arneill, Jerilyn Borack, Ronald Briggs, Gretchen Bushnell, Karen Cameron, Ebony Chambers, Shaunda Cruz, Vanessa Cuevas-Romero, Genelle Eskow, Anatoliy Gridyushko, Hafsa Hamdani, Erin Johansen, Lynn Keune, Ellen King, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Lori Miller, Leslie Napper, Ryan Quist, JP Price, Christopher Williams
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:03 p.m. New members were welcomed and announced. MHSA Steering Committee (SC) members introduced themselves.
II. Agenda Review	The agenda was reviewed; no changes were made.
III. Approval of Prior Meeting Minutes	The November 2019 draft meeting minutes were reviewed and approved with no changes.
IV. Announcements	<p>Leslie Napper: The Women’s March will take place this Saturday.</p> <p>Barbara Rausch, Director of Startup with Telecare Corporation: In partnership with Sacramento County Behavioral Health Services, Telecare is opening a new Full Service Partnership (FSP) program named Sacramento ARISE. It will serve up to 200 adults with mental health challenges who are homeless or at risk of homelessness. Sacramento ARISE will open at the beginning of February and there will be an open house at the end of this month. See Attachment A – Sacramento ARISE Open House flyer.</p> <p><i>Jane Ann Zakhary, Division Manager, thanked Ms. Rausch for her update and reminded the SC that Sacramento ARISE is the new FSP program created as part of last year’s expansion of the SAC3 Workplan and approved by the SC. Additionally, the associated 20 housing units developed in partnership with Mercy Housing were also developed with SC support as part of the expansion of the MHSA Permanent Supportive Housing component.</i></p>

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	<p>Robin Barney, Adult Family Advocate Liaison with Cal Voices: Cal Voices will have an Expert Pool meeting in February. See Attachment B – Expert Pool 2020 schedule.</p>
<p>V. Executive Committee / MHSA Updates</p>	<p>Executive Committee Update Karen Cameron, Executive Committee member, reminded that the MHSA SC membership application form is included in meeting packets and invited members and the public to share it with anyone who might be interested in joining the SC.</p> <p>MHSA Updates <u>Journey of Hope Art Exhibit</u> The opening reception of the Journey of Hope Art Exhibit at the Crocker Art Museum was well attended with over 250 people present. County staff are grateful to the opening panel of writers who shared their stories of hope, to the artists who interpreted those stories through art, and look forward to future events.</p> <p><u>Governor’s Budget</u> The Governor’s Budget was released on January 10, 2020. In that release, the Governor made adverse comments regarding unspent MHSA funds around the state. The local MHSA program expansion approved last year put Sacramento County Behavioral Health Services (BHS) on the right track in this regard. This expansion enhanced existing programs and created new ones (including the FSP announced earlier in this meeting), and also included plans to move forward with \$10 million in time-limited Prevention and Early Intervention (PEI) Community-Driven grants for new programs.</p> <p>In addition, 29 new positions were created, growing the Mobile Crisis Support Teams from six to eleven teams, expanding services to the foster youth population, and facilitating coordination of placements to Adult Residential Treatment and Augmented Board and Care.</p> <p>California Mental Health Services Authority (CalMHSA) will administer the Time-Limited Prevention and Early Intervention Community-Driven Grants application process and will release a request for applications, grant application requirements, and timeline on or before January 27, 2020. We will send out an email announcement as soon as it is released.</p> <p>Member Discussion and Questions Why is CalMHSA administering the PEI grants, rather than BHS? <i>We anticipate there will be many grants awarded. With the time-limited nature of these funds, this is a better fit to contract out rather than trying to add permanent county positions for a time-limited need.</i></p>

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	<p>Is there any news regarding the African American Trauma-Informed program? We partnered with Sierra Health Foundation to administer Innovation respite funding in small grants and provide assistance to grant recipients. It seems like a missed opportunity to not revisit that model.</p> <p><i>As you are aware, we pulled back the competitive bid request after receiving feedback that it did not meet the needs of the community. In response to community feedback, we have increased the funding for this program from \$600,000 to \$900,000 annually.</i></p> <p><i>We have also been exploring options to address the community concerns through alternative contracting approaches (such as the respite grants model), as well as opportunities to refine the contract fiscal requirements in the county contracting process.</i></p> <p><i>We welcome further public comment and will provide regular updates on progress.</i></p> <p>Who determined which MHSA programs were increased in the expansion? Was that run through the MHSA Steering Committee?</p> <p><i>Smaller PEI and respite programs will be amended to address data reporting requirements and in some cases, we also increased service capacity based on identified need.</i></p> <p>Can you speak to how much of the unspent funds are earmarked for the under-represented/historically underserved communities? In addition, I assume the time-limited PEI competitive bid request being released soon contains language regarding the use of evidence-based practices (EBPs). Does this competitive bid request also contain language regarding implementation of community-defined practices? That is very important, as many EBPs have not been validated for communities of color.</p> <p><i>Yes, the PEI Community-Driven Grant competitive bid request allows for use of EBPs, promising practices, and/or community-defined practices. We will have to report back to you regarding funding levels. It is our hope that we will receive grant applications addressing the needs of those unserved and underserved communities and other priority populations. BHS places emphasis on outreach to these populations. Our Cultural Competence unit recently completed its most current Cultural Competence Plan, which speaks to this, and will soon be posted on the BHS Reports & Workplans webpage.</i></p> <p>What was the process used in determining the amount of increase in the African American Trauma Informed Wellness program? An increase of \$300,000 falls very short of meeting the</p>

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	<p>need. With \$10 million of PEI dollars available, it feels like a minimalist approach.</p> <p><i>The \$10 million in Prevention and Early Intervention community-building grants is derived from unspent funds and is time-limited, in that it contains funding for only two years of services with up to three years to spend it.</i></p> <p><i>The African American Trauma Informed Wellness program will be funded at \$900,000 annually and is intended to be an ongoing program. It was funded at a level that can be sustained beyond a two-year time frame.</i></p> <p>After the competitive bid request is released at the end of the month, what will be the deadline for submitting applications? Also, will the county provide technical assistance or referrals for technical assistance to organizations lacking resources to assemble grant applications?</p> <p><i>BHS has been working with CalMHSA on this process and we intend it to be a rolling deadline for applications that will extend until the pool of available grant funds is exhausted. We would be open to having technical assistance sessions or meetings throughout the community if that is needed.</i></p>
<p>VI. MHSA Community Services and Supports Program Presentation: Consultation Support and Engagement Team (CSET)</p>	<p>Melissa Planas, Program Coordinator, introduced Capital Star staff Marissa Guerrero, Director of Community Services, Rachel Ewing, CSET Clinical Supervisor, and Chanel Du Plessis, Youth Advocate. Together, they presented information on the Consultation Support and Engagement Team (CSET) for commercially sexually exploited children and youth program, administered by Capital Star. See Attachment C - Consultation, Support, and Engagement Team for commercially sexually exploited children and youth program overview and Attachment D - CSET Tear Flyer.</p> <p>Member Discussion and Questions</p> <p>Due to the level of trauma with this very vulnerable population, can you speak to substance use concerns you are seeing or any drug trends you have observed and how those are being addressed?</p> <p><i>There are definitely co-occurring disorders in this population, as with our larger mental health population. Substance use disorder materials are useful, as is using the harm reduction model and meeting the youth where they are at, letting them know we will provide help even if they are not yet ready to address their addiction. At the same time, there has also always been a conversation about level of readiness and stage of change.</i></p> <p><i>If substance use has been clinically indicated, someone has mentioned past use or current use, we have a workflow set up with Alcohol and Drug Services to come and do assessments</i></p>

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	<p><i>onsite every Wednesday afternoon. So if anyone needs to be assessed, we do not have to take them anywhere. That has been very helpful. Our staff also regularly attend support meeting with youth.</i></p> <p>Can anybody distribute your flyers? <i>Yes, absolutely. There is a stack in the back of the room. Please take some. You can make copies, if you wish.</i></p> <p>Your presentation referred to 46 individuals served thus far and 900 services delivered. Does that mean that you interacted with those individuals an average of 19 times each? <i>Yes, that is an average - in some cases much more and in some less.</i></p> <p>I would appreciate an e-copy of your flyer to send out to partners. I saw that you partner with Children’s Receiving Home (CRH) and WEAVE. What does that partnership look like? <i>For CRH, we have offered CSET outreach services to youth who CRH staff believe are currently being trafficked. We are working to develop a partnership with Centralized Placement Support Unit, co-located with CRH. In terms of WEAVE, we have some youth who are 18 years or older, so we link them to WEAVE as well as Community Against Sexual Harm. We have also been notified by WEAVE staff who have come in contact with minors at hospitals.</i></p> <p>What is the average time working with these kids? What about youth who are trafficked but do not receive money? <i>The program was set up only a year and a half ago and was designed to provide short term services. It is usually about a month, sometimes a few months, depending on where they are at in their stage of change. It could be shorter in some cases in which they are ready to make a change right away or longer in cases in which they are open to contact but not yet ready to commit to change.</i></p> <p>Do you give presentations in the community and, if so, could you present at a mosque? This could be very valuable to the Muslim community. <i>Yes. We currently go to high schools and any entity that asks us to speak. We adjust our presentation to the needs of the audience, which might mean facilitating a trauma informed group or presenting on the warning signs of trafficking.</i></p> <p>I am a judge in Sacramento County’s Juvenile Delinquency Court, so I am very familiar with this program. Everyone here</p>

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	<p>might not be aware of this, but in 2016 the state legislature decided that youth under the age of 18 could not be guilty of prostitution and changed the law to reflect that. They recognized it is child molestation when an adult engages in sexual relations with a child under the age of 18 and that the girls should not be prosecuted. However, that does not mean these youth do not get in trouble with the law. The presenters here today spoke of making connections and building trust. That is so important. These youth have not learned how to trust. That is one of the greatest gifts this group gives to my girls. Thank you very much.</p>
<p>VII. MHSA Innovation Project 5: Forensic Behavioral Health Recommendation</p> <ul style="list-style-type: none"> • Member Discussion • Public Comment • SC Action 	<p>Julie Leung reviewed the MHSA Innovation (INN) component requirements and the community planning process that went into the development of the INN Project #5: Forensic Behavioral Health Recommendation. See Attachment E – INN Project #5: Forensic Behavioral Health Community Planning Process.</p> <p>Dr. Quist introduced Tiffanie Synnott, Sacramento County Principal Criminal Attorney and INN Project #5 Workgroup member, who presented the Workgroup recommendation.</p> <p>See Attachment F – Innovation Project 5: Forensic Behavioral Health Recommendation.</p> <p>Summarized, the Innovation Project #5 Workgroup recommended to the MHSA Steering Committee the allocation of up to \$9 million of Innovation (INN) Component funds over three to five years to implement an INN Project for the forensic behavioral health population.</p> <p>This project will focus on adults who are justice-involved, live with a serious mental illness, experience complex behavioral health needs, have frequent contact with County Jail (pre and post adjudicated), and have multi-system involvement.</p> <p>The project’s primary purpose is to promote interagency and community collaboration and to increase access to mental health services to underserved populations.</p> <p>In doing so, it will test the effectiveness of adapting an existing teaming model, Child and Family Team, for the forensic behavioral health population.</p> <p>SC members with a potential conflict of interest were requested to recuse themselves. SC members Erin Johansen and Genelle Eskow recused themselves from discussion.</p> <p>Member Discussion and Questions</p> <p>When doing pre-release engagement and creating an immediate housing plan, is any thought being given to <i>not</i> releasing people in the middle of the night?</p>

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	<p><i>We spoke a lot about that. It is something we have judges doing currently if the Public Defender or defense attorney requests specific discharge conditions for their clients. In these cases, the judges are open to this if they are given information as to the time requested, who will be meeting the individuals on discharge, and assurance the Sheriff's Department will be notified. Once we have a facilitator who can coordinate all this, then that information can be delivered to the defense attorney so they can advocate for the client for appropriate release.</i></p> <p>I came to the workgroup and think this program is awesome. After the last session, I was thinking about how important and also difficult it is to walk in the clients' shoes. Most of us in the workgroup have not been to the jail, and although we have ideas as to how the process should work, we do not know what it actually looks like or what it is like to be incarcerated and to interact with others through a sheet of glass. It is hard to build rapport through bulletproof glass. I was wondering if it would be possible for the program designers to do a walkthrough of the jail to try to get a sense for what it looks like from the other side.</p> <p><i>Yes, if we are truly committed to walking the path with these individuals, it starts with their personal experiences and they have to be at the center of the process. To facilitate that communication, we also need people in the room who have shared experience, both with the forensic setting and also with trauma culture.</i></p> <p>In regards to the final bullet point in the recommendation (on cultural responsiveness), what would that look like?</p> <p><i>Leveraging the expertise of community-based organizations that work with this population and who understand what they are going through, incorporating peer support with that specific lived experience.</i></p> <p>I was also a member of the workgroup and a lot of thoughtful work came out of it. I did have a couple concerns. It feels somewhat government heavy. I know there is language in the recommendation that addresses emphasis on the client perspective and ensuring it is heard. I hope that comes out clearly in the competitive bid request as well.</p> <p>Juvenile Court has had approximately one year of experience with Child Family Team meetings and we have used that experience to discover what it is like to be in a room with a team. The key is in having a good facilitator who knows how to give power to the voice of the nonprofessionals in the room. The needs have to come first, before all the professionals start</p>

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	<p>talking. I commend you for using a model that I think works very well for this empowerment.</p> <p>I also commend the workgroup for supporting this model. It really is about relationships. The Child and Family Teams in the Juvenile Justice area have been groundbreaking. I see this as a step forward.</p> <p>Jerilyn Borack moved to support workgroup recommendation. Ronald Briggs seconded.</p> <p>Public Comment</p> <p>Garland Feathers, consumer and provider: As a suggestion, when releasing individuals out of the jail system at night, why not have a safe house dedicated just for them? You need people who know the language, who have been there, and are not there in a professional capacity. We need to staff individuals from the community. The current room and board system is broken. I suggest we try to fix the system from within rather than from without.</p> <p>Lilyane Glamben, Ontrack Program Resources: Regarding the workgroup, I see which categories the experts were in, but were they actually part of the workgroup? If so, will they continue to be involved?</p> <p><i>As a workgroup member, I can say we had great representation. We had consumers, public community, we had brothers in the house talking and speaking to what works to them. They were able to help drive the conversation around the table. The workgroup did a great job with having peers at the table. A lot of what they asked for is in this recommendation, e.g., milestones, having family members in the process, and other items in the recommendation that I am very happy to see tonight. The recommendation was honored and a lot came from our peers coming out of reentry or still involved in the process.</i></p> <p>SC Action Motion passed by unanimous vote.</p>
<p>VIII. General Steering Committee Comment</p>	<p>Erin Johansen: As a provider who was involved with the Respite Partnership Collaborative, I support the idea of using Sierra Health Foundation. It gave providers without the infrastructure to follow all the steps of the county’s contracting process a way to satisfy the requirements of that process.</p> <p>Leslie Napper: I agree. The Respite Partnership Collaborative model worked very well.</p>

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	<p>Ellen King: I am one of the coordinators of the Journey of Hope Art Show. Attendance this year far exceeded our expectations. I would like to thank Elk Grove Fine Arts Center, Sacramento Fine Arts Center, and Crocker Art Museum for hosting the exhibit. Incidentally, the Sacramento Fine Arts Center normally has a gallery fee, but an anonymous donor contributed the fee for us, and had we not pledged to return the art to the artists by a certain date the Crocker was willing to host the exhibit longer than the original month we had planned. I would also like to thank everyone who had anything to do with publicizing this.</p> <p>This Journey of Hope Art Show is part of the Stop Stigma Sacramento effort to combat public stigma and discrimination, but we heard from the writers of the stories that self-stigma was also reduced. We also were fortunate enough to have a docent at the Crocker offer some private tours for the Deaf community. We hope to be able to do that again in future with that community and other communities that are historically very underserved.</p>
<p>IX. General Public Comment</p>	<p>Garland Feathers, consumer and provider: Currently, most Room and Boards are substandard. There is no licensing for them and people who live in them have little to no input. I suggest using MHSA funding to create communities run by consumers for consumers instead of by professionals or people looking for profit. It could be shared amongst the individuals who are living there and actively participating there. I hope this idea can be taken into account for future funding.</p> <p>Public comment submitted in writing: See Attachment G – Written Public Comment.</p>
<p>X. Adjournment / Upcoming Meetings</p>	<p>The meeting was adjourned at 8:05 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> • February 20, 2020 • March 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.