

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

Meeting Minutes

November 19, 2020, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Eduardo Ameneiro, Ann Arneill, Jerilyn Borack, Ronald Briggs, Michelle Callejas, Karen Cameron, Genelle Cazares, Ebony Chambers, Laurie Clothier, Shaunda Cruz, Anatoliy Gridyushko, Daniela Guarnizo, Hafsa Hamdani, Erin Johansen, Lynn Keune, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Susan McCrea, Lori Miller, Leslie Napper, JP Price, Ryan Quist, Koby Rodriguez, Christopher Williams, Rosemary Younts
- 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 October 2020 draft meeting minutes were reviewed; no changes were made.
IV. Announcements	No announcements were presented.
V. Executive Committee / MHSA Updates	<p>Executive Committee</p> <p>Leslie Napper, Steering Committee Co-Chair, asked that all meeting attendees submit meeting evaluations. A new Zoom Poll feature will be used for tonight’s meeting to submit written feedback, as well as a SurveyMonkey link. Meeting feedback is appreciated, as it helps shape future meeting agendas.</p> <p>MHSA Updates</p> <p>Dr. Ryan Quist, Behavioral Health Director; Jane Ann Zakhary, Division Manager; and Julie Leung, Acting MHSA Program Manager, provided the following updates.</p> <p><u>Board Of Supervisors Update: Racism is a Public Health Crisis</u> On Tuesday, Sacramento County’s Board of Supervisors (BOS) passed a resolution declaring racism a public health crisis. A quote from Supervisor Serna reads:</p> <p style="padding-left: 40px;"><i>“Sacramento County is one of the nation’s most diverse communities and, as such, all its citizens should have the opportunity to live their lives free from systemic racism. Research has demonstrated racism adversely impacts the physical and mental health of people of color. The resolution we passed today acknowledges Sacramento County’s</i></p>

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	<p style="text-align: center;"><i>commitment to face this crisis head on through fair and just governance and service delivery.”</i></p> <p>It is important to acknowledge this huge step and that Sacramento County is taking this on as a priority. This resolution also states:</p> <p style="text-align: center;"><i>“It is incumbent on all locally appointed and elected policy makers to embrace, nurture, and protect the diversity of our community and to ensure everyone has the opportunity to enjoy a life free from institutional, structural, systemic, and interpersonal racial prejudice, bigotry, bias, derision, and hate.</i></p> <p>It also mentions some of the great work we are already doing with the Black Child Legacy campaign in reducing African American child deaths, and how we will continue to work along those lines and build upon these efforts.</p> <p>The entire Resolution can be read here: BOS Resolution</p> <p><u>Trauma Informed Wellness Program</u> This program was developed in conjunction with the African American community and Sierra Health Foundation (SHF) has been contracted to administer the program. SHF has released their Request For Application (RFA), a competitive bidding process for service providers, and applications are due by November 30, 2020.</p> <p><u>Community Support Team (CST) Peer RFA</u> The CST Peer Request For Applications was released on November 4, 2020 and we anticipate announcing the contract award in early 2021.</p> <p><u>Steering Committee Membership</u> Please welcome Koby Rodriguez, the incoming Cultural Competence representative on the Steering Committee.</p> <p><u>MHSA Special Needs Housing Program (SNHP)</u> The Special Needs Housing Program, previously the MHSA Housing Program, has been discontinued by the State. Unencumbered funds will come back to Sacramento County. We have a longstanding partnership with the Sacramento Housing and Redevelopment Agency (SHRA) where we have invested in apartment complexes to ensure we have dedicated units for our MHSA eligible clients. The Board of Supervisors has approved the transfer of the unencumbered SNHP funds to SHRA to continue our work to further address homelessness for our clients. We will continue to update you on our progress in this area.</p>
VI. Budget Discussion –	Dr. Quist presented updates on Sacramento County’s Behavioral Health Services (BHS) budget that included a recap of

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<p>Continued From Previous Meeting</p>	<p>information shared last month. See Attachment A – Behavioral Health Services Fiscal Year 2020-21 Budget Discussion.</p> <p>Sacramento County faces a challenging budget forecast. We have greater behavioral health needs whenever there are economic problems. Unfortunately, because behavioral health funding is strongly tied to the state of the economy, we will also have reductions in dollars for behavioral health services.</p> <p>We do not know what the actual numbers will be, but it is important to have these conversations in advance. No decisions will be made in the immediate future regarding how much and where to cut from our budget. However, BHS is seeking input on this subject from this committee and the community to aid in future planning decisions.</p> <p>In order to maintain the full array of services, BHS is recommending distributing reductions evenly across the system to avoid eliminating entire programs.</p> <p>Member Questions and Discussion</p> <p>What are your thoughts about reducing funds evenly, or reducing just one section? If not outcomes, is there a way to prioritize programs? I wonder if there is a way to explore different metrics to make weighted decisions instead of reducing funds across the board.</p> <p><i>I feel everything we do is needed, but will allow the rest of the committee to weigh in.</i></p> <p>If you were to reduce funds across the board, would that also include county programs such as the Access Team and the Mental Health Treatment Center? This would also impact capacity so I think people need to recognize this will impact the number of people served.</p> <p><i>That is part of the discussion we need to have. This is complicated by the 71-J section of the civil code, which does not allow layoff of County employees until contracts are first cut or eliminated.</i></p> <p>At first I thought children’s programs should not be cut at all, but after reconsideration I think if cuts are necessary children’s programs should be cut less than adult programs. If children get the help they need, then future generations of children can prosper.</p> <p>There was a recent announcement in the media about a state budget windfall based on under-projected revenue last year. I believe it was stated the windfall was a billion or billions. Could that possibly have any positive impact on counties?</p> <p><i>We will watch that closely, in addition to watching the prospects of federal relief. We will not cut if we do not have to.</i></p>

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	<p>There are a number of identities and community folks who have a closer proximity to the pain when we make these budget cuts. For organizations and entities working with the Black community, we should consider directives to not include those that work closest to the Black community or use the prudent reserve to offset cuts for those whose role is to specifically work with the Black community.</p> <p>I would like to explore whether there are any metrics we can review. A couple years ago the Title IV-E waiver ended for child welfare and locally we had a \$29M deficit and we ended up having to cut 55 positions, which was not easy. We reviewed all contracts across the board and reduced them to what they really needed versus what was allocated, which saved us quite a bit.</p> <p>Our data indicates there is a disproportionate number of African American children and families impacted by the child welfare system. Even though all that money went away, the data and advocacy from our community brought us to the decision it would be a mistake to cut preventative services and the Black Child Legacy campaign. I know we cannot get to data and outcomes by January, but this examination is something the Steering Committee needs to do as a collective. Or, as already suggested, maybe a subcommittee to get to key outcomes we are trying to achieve within the mission of the MHSA.</p> <p>I also wonder if there is opportunity for general funds to be used. I know there is a limited supply, and not enough to go around, but because of those community advocacy efforts, general funds kept all of our Family Resource Centers and Black Child Legacy programs intact. Here we are focusing on our data and the impact to our children, youth, older adults, and dependent adults. I like that you included data around hospitalizations. We should be cautious when we look at the reductions and be mindful of the long-term impact in reducing certain programs. We tend to do only what is mandated during times of reduction, and I had to put my foot down because that would have meant eliminating all the prevention services we put in place to try and keep children and families together. It is important to keep children and youth connected to mental health services to prevent hospitalization and entry into group homes and I will be happy to work with you to look for any kind of funding, because mental health services are prevention.</p> <p>Now is a time for the community to figure out how to come together and leverage our tools and resources. We share the same county budget, so let us have that discussion so we do not impact one department and have a larger impact across others.</p> <p>Is there consideration being given to federally mandated services such as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)?</p>

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	<p>What does this mean for Peer and Advocate supports? Because the billing rate is much less than clinical rates for Medi-Cal.</p> <p>In previous years there was a surplus of savings, Is that still available? In light of recent events and unsolved deaths of people of color in the community, I just want to advocate for extra funding for the trauma program and programs directed towards the African American community.</p> <p><i>In my presentation, I showed that the excess funding is gone. If current projections continue as they are, we will be at a \$10M deficit year after next in our CSS and \$6M deficit in PEI.</i></p> <p>I appreciate the comments that Michelle made and also the previous comment regarding equality does not necessarily mean equity. An apparently fair way to do things does not necessarily result in fairness. It is important to look at broad categories of children, adults, etc. However, within the category of children's services there are lots of programs, so you have to choose which of the programs in that broad category will be cut. Some programs may be operating efficiently at current funding levels, but if their budgets are cut they may not be able to do anything at all. In essence, across the board cuts will eliminate programs. I appreciate Michelle's comment about prevention. An ounce of prevention is worth a pound of cure. In the juvenile justice system there is disparity in racial representation of kids in our juvenile hall as opposed to having other places to go. If you think group homes are expensive, every night in juvenile hall is more expensive.</p> <p>I understand measuring outcomes is a long and tedious process and difficult to accomplish, but I think it is incumbent upon us to evaluate what our dollars are being spent on and the effect those dollars have on our communities and our children.</p> <p>First, I would vote for the minimum possible cuts for fiscal year 2021/22 and more the next year if needed, rather than more severe cuts this year. It is hard to rebuild.</p> <p>Second, I would agree this is the rainiest of days so we should use some of the prudent reserve to reduce the severity of cuts. 24/7 programs cannot remain 24/7 if cuts are made to staffing, which is the largest expense.</p> <p>I do support performance evaluation and outcome measures. However, doing work with outcome measures is very complicated. You have to bring together all of your stakeholders, consumers, family members, and providers and decide what values to pick for outcome measures. Then you have to identify the benchmarks to determine indications of success for those providers. I do not think this can be done within the time we have. It would be a worthwhile effort to undertake as a system</p>

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	<p>and a good goal and process to achieve, but I do not think it is something we can do in the context of the problem before us now. For this reason, I think we should look at making an across the board cut equally in each of the systems of care.</p> <p>Is there consideration to look at overlapping services? Possibly services that are already in place that may mirror or provide some of the same services. Also looking into community based and non-profit services that may overlap? I know the across the board cut is the easiest way versus looking at each program individually, but maybe we can supplement some of the programs by cutting some funding from a certain program that can partner with another organization providing a similar thing.</p> <p>During the budget crisis of 2009/2010 where we took out or cut certain components in our systems, we saw how detrimental that was to consumers. As an Adult Consumer representative, those types of cuts were devastating. I support an across the board cut. I believe our contract monitors should get more involved with getting providers in line. I am hearing so many providers speaking to the conditions we face and I am wondering how we simultaneously incorporate an across the board cut and incorporate the new resolution passed by the Board of Supervisors.</p> <p>I am not a proponent of using rainy day funds, but I think we need to be mindful that we are in a global pandemic. The impact to our community based providers, especially when they have stepped up and provided service that is beyond their scope and doing work that we as County were not able to do. We have to be mindful of where we are right now and further impact to disparity due to the pandemic. We just need to consider what is going on today and keep that in mind so we do not do even more harm.</p> <p>I think there should be an emphasis to cut less funds from programs that serve youth and people of color. It is very difficult when you are a person of color and have a mental illness versus someone who does not have any ethnic background.</p> <p>I think that we have a bit of time to form a workgroup that could refine our thoughts about budget cuts, which are very serious concerns in light of what happened in 2009/2010.</p> <p><i>Dr. Quist: I appreciate that everyone is in this with us. Hearing the diversity of reactions to this conversation demonstrates the difficulty of this situation. I want to make sure I am including feedback and input from everyone, but would like to see if there is any sort of direction this group will be able to agree on in order to move this forward.</i></p>

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	<p>I like the idea of the workgroup, which needs to be well facilitated and include both community members and providers in the space. We will have to make cuts somewhere, but we need to be smart about it. We do not want to disparage anyone but make sure we have a thoughtful discussion.</p> <p>The County should have a meaningful discussion now with the providers that are not doing well.</p> <p>I just wanted to reiterate the idea of a workgroup is resonating with folks. I wonder if the workgroup might have some sustainability, almost like a budget advisory group with an eye for budget recommendations moving forward.</p> <p>I too hope we do not have to make reductions. We have to remain hopeful, plan and be prepared. I also support convening a workgroup.</p> <p>Dr. Quist, it is really exciting to see and hear your transparency and commitment as well as the collaboration and offered suggestions from Judge Borack, Michelle Callejas and others.</p> <p><i>JP Price motioned and Chris Williams seconded that MHSA Steering Committee Executive Committee form a workgroup to discuss further action on budget cuts.</i></p> <p>I would like to clarify what the timeframe would look like. Do we have time to hold a subcommittee workgroup, then have a Steering Committee meeting to review the recommendation before a decision would have to be made?</p> <p><i>We are trying to land a decision this month because we are supposed to submit our budget next month.</i></p> <p>What is the timeline for this budget process?</p> <p><i>We have our budget kick off meeting with our fiscal department and all the department heads in January. We review and see what the federal allocations look like. Then in February we receive our realignment allocation. One of the things we hope to know, but are still unsure about, is the federal relief plan. The good news about the one being proposed is it would allow us to backfill for loss revenue due to the pandemic, so we are hoping for that. We typically have to submit a preliminary budget around February and begin negotiations with all the other departments. To the extent we can look across systems and figure out how we can leverage each other's expertise, funding, and services, we just have to figure out how we all can get through this together.</i></p>

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	<p>Would the across the board cuts being discussed be to the entire Behavioral Health Services budget, or just to MHSA-funded services?</p> <p><i>Cuts within the BHS budget would be within the Adult, Children’s, and Substance Use Prevention and Treatment systems of care, excluding nondiscretionary expenses for inpatient services and the Mental Health Treatment Center.</i></p> <p><u>Public Comment</u> Garland Feathers, consumer and provider: Consumers have to be a part of the ad-hoc workgroup. Be egalitarian and gather representatives of stakeholders. The composition of the group is as important as its goal.</p> <p><i>Several amendments to the motion before the SC were discussed and refined. The final version of the motion as voted upon is below:</i></p> <p>The SC supports an across the board cut at the lowest possible level. Additionally, the MHSA Steering Committee Executive Committee will select and convene an ad-hoc workgroup to discuss and make recommendations regarding further budget cut options.</p> <p>Motion approved.</p> <p>Dr. Quist: <i>I do need to present one last disclaimer. This is not solely my decision. The County Executive Office and Board of Supervisors will have the final say. This recommendation by the Steering Committee will carry heavy weight—every time I make a decision affecting MHSA they ask me what you had to say on it—but I have to make sure you understand other factors impact the final decision by the County as well.</i></p>
VII. General Steering Committee Comment	None.
VIII. General Public Comment	<p>Public comment submitted by email: See Attachment B – Diane Wolfe Public Comment.</p> <p>Public comment submitted by email: See Attachment C – Robin Barney Public Comment.</p>
IX. Adjournment / Upcoming Meetings	<p>The meeting was adjourned at 8:00 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> • December 17, 2020 • January 21, 2021

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.