

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

Meeting Minutes

February 18, 2021, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Ann Arneill, Rochelle Arnold, Michelle Besse (sitting in for Lori Miller), Jerilyn Borack, Ebony Chambers, Laurie Clothier, Shaunda Cruz, Anatoliy Gridyushko, Daniela Guarnizo, Hafsa Hamdani, Erin Johansen, Ellen King, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Leslie Napper, JP Price, Ryan Quist, Koby Rodriguez, Christopher Williams
- General Public

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| I. Welcome and Member Introductions | The meeting was called to order at 6:03 p.m. MHSA Steering Committee members introduced themselves. |
| II. Agenda Review | The agenda was reviewed; no changes were made. |
| III. Approval of Prior Meeting Minutes | The January 2021 draft meeting minutes were reviewed and approved with no changes. |
| IV. Announcements | <p>Koby Rodriguez: Happy Black History Month, and also happy Lunar New Year. I think it is important to recognize the incredible amount of violence against the Asian American and Pacific Islander communities we have seen since the start of this pandemic. I would like to take ten seconds to uplift our friends and family in these communities, particularly in the Bay Area and those people who have suffered a lot of pain and hurt as a result of prejudice against them.</p> <p>Ebony Chambers: Thank you, Koby, for acknowledging the recent violence against the Asian American community. We need to stand up and take this information back to our organizations so we can be a more culturally responsive workforce and ensure we are responding to the traumas happening in our communities.</p> <p>Angelina Woodberry, Cal Voices Consumer Advocate Liaison: We are holding an Expert Pool discussion on the Importance of Peers in the Mental Health System on February 19, 2021.</p> <p>Daniel Offer, NAMI California lobbyist: My organization is working on a budget proposal to build California’s infrastructure for peer services. As you may know, Senate Bill 803 passed last year allowing California to become the 49th state to draw down Medicaid funds to cover peer support services. We are excited to</p> |

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| | <p>build the peer network here in California and I plan to continue attending these meetings to keep you informed of this work.</p> |
| <p>V. Executive Committee / MHSA Updates</p> | <p>Executive Committee Updates Leslie Napper and Ebony Chambers, Steering Committee (SC) Co-Chairs, presented the two updates below:</p> <p>Steering Committee Stakeholder Representation Two MHSA SC members have changed stakeholder seats. Karen Cameron has moved from the Consumer/Family Member at Large seat to the Older Adult Consumer seat. Daniela Guarnizo has moved from the Transition Age Youth Consumer seat to the Consumer/Family Member at Large seat.</p> <p>Black History Month We want to recognize Black History Month in this space. Thank you for all the work you are doing to bring equity, inclusion, and honor for those of us in the Black community.</p> <p>Black Pioneers of Mental Health (shared via chat): <i>Bebe Moore Campbell</i> Bebe Moore Campbell was an American author, journalist, teacher, and mental health advocate who worked tirelessly to shed light on the mental health needs of the Black community and other underrepresented communities. She founded NAMI-Inglewood in a predominantly Black neighborhood to create a space that was safe for Black people to talk about mental health concerns. Throughout her time as an advocate, Campbell made her way to DC. On June 2, 2008, Congress formally recognized Bebe Moore Campbell National Minority Mental Health Awareness Month to bring awareness to the unique struggles that underrepresented groups face regarding mental illness in the US.</p> <p><i>James P. Comer, M.D., M.P.H.</i> Dr. Comer is the Maurice Falk Professor of Child Psychiatry at the Yale University School of Medicine's Child Study Center in New Haven, Connecticut. He is known nationally and internationally for his creation of the Comer School Development Program in 1968 within Yale University's School of Medicine. Dr. Comer has focused his career on improving school restructuring and has been featured in numerous newspaper, magazine, and television reports, while also having several articles published in academic journals. He is a co-founder and past president of the Black Psychiatrists of America. Dr. Comer is the recipient of countless recognitions and holds over forty-eight honorary degrees. In 2014, Dr. Comer received a prestigious nomination by President Barack Obama to serve on the President's Commission on Educational Excellence for African Americans.</p> |

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| | <p>Daniel Offer (shared via chat): Bebe Moore Campbell's book, 72-Hour Hold, is available at the Sacramento Public Library - on Kindle! For anyone interested, a great talk she gave is found here: https://www.youtube.com/watch?v=qztEHdkvd6A</p> <p>MHSA Updates Dr. Ryan Quist, Behavioral Health Director; Jane Ann Zakhary, Division Manager; and Julie Leung, Acting MHSA Program Manager, provided the following updates.</p> <p>COVID-19 Vaccination Update We have been able to access vaccinations for our behavioral health direct service providers. Additionally, we continue to advocate for behavioral health consumers to have priority access to the vaccines.</p> <p>Budget Update I am happy to announce BHS budget problems were not as bad as initially thought. Various ways the government provided support through the COVID-19 pandemic helped to maintain consumer spending. Consumer sales did not go down as much as projected and as a result, our funding did not go down as much as we feared since the two are directly related. We anticipate our funding restored to pre-COVID-19 levels. However, we may not more funding, so we do need to be mindful of how to maintain capacity.</p> <p>County Peer Staff Proposal We listened to your community feedback and as a result have decided to pull back this proposal.</p> <p>Alternatives to 911 for Mental Health Calls Report Back Sessions Last week we held two community report back sessions providing a summary of the community feedback in October 2020 and the proposed plan the Division will present to the Board of Supervisors next Wednesday.</p> <p>Crisis Navigation Program Request For Applications (RFA) The Crisis Navigation Program is funded by Prevention and Early Intervention (PEI) funds. This program was originally called the Mental Health Navigator program and allows for a greater focus on providing crisis navigation services to people leaving inpatient hospitals and emergency departments. The competitive bid selection process concluded a few weeks ago and awarded Bay Area Community Services (BACS) the contract. We are excited to have them on board as a new provider here in Sacramento County.</p> |

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| | <p>Community Support Team Peer RFA We released another RFA for the expansion of the Community Support Team Peers funded through PEI component funds. This competitive bid selection process concluded recently and just yesterday awarded Cal Voices this contract.</p> <p>Innovation 5 Plan: Forensic Behavioral Health Multi System Teams The Innovation 5 Plan was approved by the Mental Health Services Oversight and Accountability Commission in June 2020 and then by the Board of Supervisors in August 2020. We are pleased to announce this RFA will be released in the next couple of weeks. If interested in the competitive selection process, please subscribe to the DHS Contractor Bidding Opportunities webpage. The RFA will be posted to that webpage and subscribers will be notified when any new bidding opportunities are posted.</p> <p>MHSA Program Review Sacramento County’s MHSA Program Review was originally scheduled for February 2021, but has been postponed due to COVID-19. We anticipate hearing from the California Department of Health Care Services in March for an update as to when this Review will be rescheduled.</p> |
| <p>VI. Equity/Diversity and Addressing Disparities</p> | <p>Mary Nakamura, BHS Cultural Competence and Ethnic Services Program Manager, shared a presentation on Equity/Diversity and Addressing Disparities. See Attachment A - Equity Diversity and Addressing Disparities Presentation.</p> <p>In this presentation, Mary talked about:</p> <ul style="list-style-type: none"> • The creation and contents of the BHS 2020 Cultural Competence Plan (posted on the BHS Reports & Workplans page), • Cultural Competence Committee work, • Definitions of Behavioral Health Equity and targeted universalism, • Efforts and purpose of the newly formed Behavioral Health Racial Equity Collaborative (BHREC, see Attachment B - Improving Capacity to Achieve Behavioral Health Equity in Sacramento County), and • Sacramento County Behavioral Health systemwide work to further the goal of Behavioral Health Equity. <p>Member Questions and Discussion Dr. Quist: I would like to express gratitude to Mary and her team for their leadership and effort. This is very important work, which is often very difficult.</p> |

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| | <p><i>Several SC members also thanked Mary for this work and her presentation.</i></p> <p>I am a registered nurse and am in graduate school to become a psychiatric nurse practitioner. An area that interests me and in which more progress needs to be made is the care of childbearing women with addictions and mental illness.</p> <p>Stigmatized disabilities also involve the last point you covered, implicit bias. There is a great lack of interprofessional collaboration. Nurses and health professionals have contact with all kinds of people, including childbearing women, and the way in which those with addictions or mental illness are treated affects parent/child bonding. There is nothing more fundamental than that and the effects of this disrupted bonding are far-reaching, especially with addictions. I know you now look at addictions as part of the whole mental health umbrella instead of separating it out as it was in the past. My question is how might there be outreach into that realm?</p> <p><i>Thank you for bringing that up. I am not sure if you are aware there is a maternal mental health collaborative. This is something we can talk about offline and might be something you would be interested in.</i></p> <p>I had not known about your community-defined evidence based practices. The Court's ears perk up whenever evidence is mentioned and I assure you I will continue to think about that.</p> <p>I want to let everybody know several members of the Court also attended. I thought it was a great presentation; no matter how conscious we are or high we believe we have raised our consciousness, it can always be raised another step.</p> <p>Being responsive to trauma is very important, especially if the traumatized person is from a different cultural background. I think that trauma would be different for somebody in that background.</p> <p>It is important that we try to be mindful of other cultures and learn more about them and that we try to place ourselves in others' shoes so we will not be dismissive or try to explain their experience as being non-traumatic.</p> <p>I do have a question about the anti-stigma and discrimination project. Can it be in different languages? I will connect with you to find out more on that.</p> <p>Public Comment Lilyane Glamben, ONTRACK Program Resources Project Director: Thank you for your leadership on all these various efforts and the way you are taking them on with such integrity.</p> <p>Regarding trauma-informed services/care projects, next Friday, February 26th, is an internal launch, so everyone should be</p> |

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| | <p>hearing more about these projects soon, but the contracting process has taken a little bit of time.</p> <p>Thank you also for your hosting of the Community Defined Evidence Projects (CDEPS) in December and the follow-up communication.</p> <p>Chia Xiong, EBAYC Managing Director (via chat): This is my first time here, but I will be attending these meetings going forward. Thank you, Mary, for your presentation!</p> |
| <p>VII. External Quality Review Organization (EQRO) Report</p> | <p>Alex Rechs, BHS Quality Management Program Manager, presented the FY20/21 External Quality Review Organization (EQRO) Report of Sacramento County’s Mental Health Plan (MHP). The US Department of Health and Human Services requires these reviews annually for every county and they are conducted by an independent external evaluator.. The reviews are intended to:</p> <ol style="list-style-type: none"> 1. Improve states’ ability to oversee and manage the county MHPs they contract with for services. 2. Help the MHPs improve their performance with respect to quality, timeliness, and access to care by validating data, reviewing performance improvement projects, and conducting group interview sessions with county staff, providers, stakeholders, and beneficiaries. <p>See Attachment C - Sacramento County EQRO Final Report Summary FY20-21.</p> <p>Member Questions and Discussion</p> <p>Dr. Quist: Before we get to other comments, I would like to say that this work takes a village and the preparation is year-round. As you can see, we have recommendations we need to be working on right now in order to be ready for our next visit. I want to thank Alex for her leadership. I know it is not easy. A number of the strengths mentioned are directly attributed to our providers, so I need to thank them as well for all the work they did to help achieve the outcomes demonstrated as part of this review. As you heard, Cal Voices was also involved in giving us technical assistance as well as recruiting consumers. In fact, our entire system is needed to appropriately respond. It really is an amazing effort. Thank you to everybody involved.</p> <p>I will also say, it is wonderful to hear about our strengths, but we know there will always also be recommendations on ways to improve. I value these auditor recommendations because they come from a statewide perspective that can provide us with more ideas about how we can continue to make our system better and this continuous improvement is one of our values.</p> <p><i>They are open about sharing so if there is something they have seen that would work well, they connect us and encourage us to</i></p> |

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| | <p><i>reach out to those counties so we do not have to do it all from scratch.</i></p> <p>I want to thank you, the team and all of your providers. It is impressive how connected we are. I know that is hard work. That is like the hardest thing to do, and both presentations today have left me very happy. Are we tracking year over year how we are improving or how the States recommendations are being implemented?</p> <p><i>We have to send quite a bit of documentation before the auditors even come out. One thing they wish to know is our response to past recommendations. What have we done? How have we improved? Were we able to make changes? What were the barriers we had to overcome in making these changes? We also have to send them a report about the changes we have made. Because of all these document requirements, we do not wait until the very end of the year but track these questions throughout the year.</i></p> <p>Do clients being late or tardy count as no-shows?</p> <p><i>Alex Rechs: No-shows are clients who do not attend the appointment. However, some agencies will cancel appointments if clients are 15-20 minutes late, generally because they need that time to do the work. So it depends on the agencies' standards for no-shows.</i></p> <p>When I was a youth and receiving services, there were a couple of people that were tardy and the parents were really frustrated with the situation and I could tell how frustrating it is. So I understand why you have the rule. But it could be frustrating for some people.</p> <p><i>This has been one of the challenges we have had and I think it is not limited to Sacramento. When transporting children who might have school and other activities, travel time can be a barrier. That is why having the opportunity to do telehealth was actually a help to many people. This is a reason we hope we can continue to offer this after COVID-19 is over.</i></p> <p>That was very helpful information and it is great to see the different ways we have adapted during this time, so I appreciate you sharing all of those updates.</p> <p>How has hospitalization improved?</p> <p><i>When we have people who are re-hospitalized within that 7 or 30 days, we track them and try to make sure we have a mechanism whereby we can alert the provider they are in the hospital.</i></p> <p><i>We have also set up our Adult Psychiatric Support Services (APSS) clinic. That clinic does the assessments and is set up so</i></p> |

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| | <p><i>people who are unlinked to services get a really quick appointment. Frequently, it is when someone is unlinked and waiting to get linked that they end up back in the hospital. So getting them a quick assessment appointment reduces their likelihood of returning to the hospital.</i></p> <p>Public Comment Anne-Marie Rucker (via chat): Improving timely access to care is exciting!</p> |
| VIII. General Steering Committee Comment | None |
| IX. General Public Comment | None |
| X. Adjournment / Upcoming Meetings | <p>The meeting was adjourned at 7:51 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> • March 18, 2021 • April 15, 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.