

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

Meeting Minutes

August 19, 2021, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Ronald Briggs, Genelle Cazares, Ebony Chambers, Laurie Clothier, Anatoliy Gridyushko, Daniela Guarnizo, Crystal Harding, Sharon Jennings, Erin Johansen, Brenna Lin, Melissa Lloyd, Brad Lueth, Ruth MacKenzie, Ryan McClinton, Susan McCrea, Lori Miller, Arushi Mishra, Noel Mora, Leslie Napper, 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 6:03 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 July 2021 draft meeting minutes were reviewed and approved with no changes.
IV. Announcements	<p>Christopher Williams: School is beginning again. Sacramento County Office of Education, in partnership with Sacramento County Department of Health Services, is expanding our school-based mental health and wellness program. We are going to place licensed mental health clinicians in twenty schools across ten of our school districts. We are excited about that expansion and our partnership.</p> <p>Also, in partnership with Behavioral Health, we have contracted with an outside facilitator to assist in writing our new ten-year Mental Health and Wellness Plan. That work is beginning next week and we plan to release the plan next Spring. There will be many opportunities for community input between now and then. I look forward to giving progress updates on this over the next few months.</p> <p>Ryan McClinton: I want to call attention to the county, specifically Behavioral Health Services, for putting on a series of community workgroups where we are discussing community input for the Wellness Crisis Call Center and Response (WCCCR). There will be two more workgroup sessions this Friday and Monday. We like community input and are looking for people from diverse backgrounds and people with lived experience to lean in and share their voice and ensure that community voice is centered in the development of this program.</p>

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	<p>See Attachment A – Wellness Crisis Call Center and Response flyer.</p> <p>Angelina Woodberry (via chat): [provided a flyer in chat] see Attachment B – Peer Advocate Committee flyer Sept 2021.</p> <p>Stephanie Ramos: I am currently the interim Family and Youth Coordinator with Cal Voices in Sacramento County and wanted to share a resource called SacMap. We have taken all the behavioral health services we could locate available in this county and put them all in one resource website to make them easier to find at: https://www.calvoices.org/sacmap</p> <p>We offer monthly workshops for community members in which we go over the behavioral health system, what kind of services are available, and then give them a tour of the SacMap page. We also offer a quarterly provider workshop at which service providers can learn tools for empowering their clients to use the site to find the resources they need. There are upcoming workshops for community members on September 14 and September 21. The next provider workshop will be on September 28.</p> <p>Lori Miller: In honor of September being National Recovery Month, I wanted to let you know about the upcoming annual event called Recovery Happens. It takes place on September 1st and begins on the west steps of the State Capitol. It will run from 8 am to 3 pm and will have a pancake breakfast and a recovery walk. There will be resource tables and presentations from local and state leaders and legislators in regards to the work happening in our community around substance use prevention and treatment. I invite you to join us. See Attachment C – 2021 Recovery Happens Flyer.</p> <p>Mi’Shaye: Brother Be Well just launched this month. It is funded by the county and some other sponsors and is a program that addresses mental health and wellness, serving young males of color in Sacramento County. It employs a lot of different creative ways to destigmatize and bring awareness of mental health issues within our communities and for young men of color. https://brotherbewell.com</p> <p>Ebony Chambers: Regarding Brother Be Well, yes, Sacramento County Behavioral Health services is a sponsor, giving boys and young men of color access to groups and other services.</p>
<p>V. Executive Committee / MHSA Updates</p>	<p>Executive Committee Updates</p> <p>Daniela Guarnizo, Steering Committee (SC) Co-Chair, asked those present to submit post-meeting evaluations and also shared the update below:</p> <p><u>MHSA SC Membership changes</u></p>

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	<p>Service Provider: We want to acknowledge Paul Powell, whose last month serving as an alternate for the Service Provider seat was July.</p> <p>Mental Health Board: We wish to acknowledge Ann Arneill, whose last month filling the Mental Health Board seat was July. Her place as primary member will be filled by Brad Lueth. Laura Bemis will fill the previously vacant Mental Health Board alternate seat.</p> <p>Probation: Our alternate for the Probation seat, Randy Marshall, also stepped down after the July meeting. The new alternate for Probation will be Brandi Curry.</p> <p>Consumer – Older Adult: Sharon Jennings will fill the previously vacant Consumer – Older Adult seat.</p> <p>Primary Health: We would also like to acknowledge and congratulate Rosemary Younts, who has been serving in the Primary Health primary seat. This will be her last meeting as a member, as she is retiring within the next month.</p> <p><i>[Many SC members and county staff here offered Rosemary Younts and Ann Arneill thanks, tributes, and acknowledgments].</i></p> <p>MHSA Updates</p> <p>Dr. Ryan Quist, Behavioral Health Director, presented the updates below:</p> <p><u>Sacramento County Challenges</u> These are difficult times. On top of the COVID pandemic, we currently have fires; you can taste the air right now. I hope all of you and your families are safe. Because of what is going on in Afghanistan, we have a number of Afghan refugees who are coming to Sacramento County and many of you in our provider networks will have an opportunity to support these new members of our community as they join us. They will face extreme challenges relating to finding housing and supports, but we will do what we can to help.</p> <p><u>State Mandate on Health Care Workers</u> Regarding COVID, there is a new state public health order that requires health care workers who work in behavioral health facilities and clinics to be vaccinated. We had been seeing cases in our behavioral health programs and facilities of staff coming in and exposing other workers and consumers to COVID. I know some in our workforce will find this requirement challenging and concerning, but this is the requirement the state has made and we need to comply with that requirement</p> <p><u>Assisted Outpatient Treatment (AOT) Stakeholder Groups</u> AOT is not a MHSA-related topic, but we have discussed this here before. We had a stakeholder group meeting on AOT this Monday, August 16. Those conversations will continue.</p>

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	<p><u>Wellness Crisis Call Center and Response (WCCCR)</u> Thank you, Ryan, for sharing the dates for our WCCCR project community workgroups during announcements. I encourage people with any interest to participate in those.</p> <p><u>Encampment Teams</u> Behavioral Health is working with Department of Human Assistance on encampment teams. These are housing navigators, clinicians, and peers who are going out to encampments of homeless individuals in the unincorporated areas to support individuals and help them gain access to services they need.</p> <p><u>Mobile Crisis Support Teams (MCST)</u> MHSA funds our Mobile Crisis Support Teams. We have a number of them throughout the county. What these teams do is have a clinician do a ride-along model with law enforcement to respond to calls to help people in mental health crisis. We have a new MCST in Rancho Cordova and are very excited about that.</p> <p><u>Behavioral Health Youth Advisory Board</u> Our Behavioral Health Youth Advisory Board continues to recruit. We are still looking for youth in District 4 who would be interested in participating in that.</p> <p><u>National Recovery Month and Recovery Happens</u> Lori, thank you for recognizing September as National Recovery Month during announcements. For those who have not previously visited the Recovery Happens event on September 1 at the Capitol, I encourage you to take part. It is a great event and you can learn about all the amazing things happening in our community and celebrate individuals in recovery and the providers who are supporting our community members.</p> <p><u>International Overdose Awareness Day</u> August 31 is International Overdose Awareness Day. We want to raise awareness and reduce stigma around drug-related deaths and will be talking to the Board of Supervisors about that next Tuesday.</p> <p><u>Suicide Prevention Week</u> September 5 through September 11 is National Suicide Prevention Week. Now more than any time we all can respect and understand the challenges our community is experiencing around mental health as it relates to our COVID response and the pandemic and all the other challenges we are all experiencing on top of our normal everyday self care priorities. In the context of Suicide Prevention Week, I would like us to remember to keep an eye out and support each other and to talk about mental health with one another.</p> <p><u>Forensic Behavioral Health Multi-System Teams</u> At the last meeting of the Board of Supervisors, we had the Forensic Behavioral Health Multi-System Teams MHSA</p>

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	<p>Innovation project before the board for contract authority and we can now contract with El Hogar to put that program in place. Once we execute that contract, they will find a location within our community to get the program up and running.</p> <p><u>MHSA Three-Year Plan</u> The MHSA Three-Year Plan will be presented to the Board of Supervisors this Tuesday, August 24.</p>
<p>VI. Budget Discussion</p> <ul style="list-style-type: none"> • Member Discussion • Public Comment • SC Action 	<p>Dr. Quist provided context for the budget discussion.</p> <p>Almost a year ago, we discussed funding projections and at that time it appeared we would probably see MHSA funding decrease and made plans for what we would do in that eventuality. The SC supported a proposal that if cuts were necessary, they would be made evenly across all MHSA programs. We had thought we would have the final figures for MHSA funding by early July or at the very least by now, but we are still waiting on them, so our current discussion will have to be in a theoretical context. It appears we will not have a reduction in MHSA funding. In fact, it looks as if we will have an increase, but we do not yet have the numbers to tell us how much.</p> <p>That is good news, but there is more to the picture. Before COVID, we heard from our MHSA service providers that they had a workforce shortage. What we are hearing from our community providers now is that they are experiencing a workforce crisis. Our providers are unable to maintain their workforce and are having challenges in recruiting and retaining clinicians and other behavioral health workers. The workforce can get higher pay in the private sector and there is demand for them in online formats where they do not have to work in person but can provide support remotely. This makes recruitment extremely difficult as well, especially with the stress of COVID. This is especially concerning within the context of the increasing demand for mental health services we are seeing for youth going back to school and in the rest of the community.</p> <p>You are probably aware that Sacramento County has received about \$300 million in American Rescue Plan Act (ARPA) funding. These are not MHSA funds, but are federal dollars for affected communities during and following this pandemic. All the county departments have been asked to put forward proposals as to how to use these funds. I have submitted two ARPA proposals for Behavioral Health Services.</p> <p>The first proposal would devote ARPA dollars to providers to allow them to make a seven percent increase in pay rates to be more competitive in workforce recruitment and retention.</p> <p>Last month I asked the SC to consider an across the board increase for MHSA-funded programs if our MHSA funding comes in at a level to make that possible. I am requesting SC support</p>

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	<p>for a seven percent (7%) increase across our providers to help them expand capacity to meet the increasing demand for services. That would be an estimated \$11.5 million in MHSA dollars over the course of two years.</p> <p>The second proposal I submitted for ARPA funds was to request \$15 million for another proposal similar to what we did with the Prevention and Early Intervention (PEI) Time-Limited Grants plan. Our community projects were very successful in reaching our culturally diverse community and I would like to replicate that by devoting this \$15 million to two years worth of time-limited programming that would again target the culturally diverse and overly impacted populations and communities of Sacramento County who have been even more impacted by the challenges we have all experienced.</p> <p>When I talked about the potential for budget increases last month, there were comments about the potential for new county programming. That is definitely a conversation we can have, but I should make clear that if we do identify a new program to be built, program design would take a minimum of three to four months, and months more to get it before the Board to be approved, and then there is the competitive bid process and startup and all the rest. So it would take a considerable amount of time. I am motivated and wish to gain your support in quickly responding to the needs our communities are seeing right here and now.</p> <p>That is why I am proposing the use of MHSA funds to increase services capacity across the MHSA-funded programs. If the proposal for the use of ARPA funds to increase rates does not come through, I would like permission to work with providers to identify the best use of MHSA funds to help the providers be as effective as possible.</p> <p>Member Questions and Discussion</p> <p>Thank you for your presentation and for considering increasing our existing programs and enhancing and covering what they need. I love the idea of speaking with them on how to best utilize the funds, but if changes are suggested I hope it comes back to the stakeholder process before any other moves are made.</p> <p><i>My starting position would be that the ARPA funds be used to help providers increase pay rates and the MHSA funds, if they are in fact available, be used to help them increase capacity. Any other suggested plan for the MHSA funds would come back to the Steering Committee for discussion and approval.</i></p> <p>The plan sounds good. The reasons for going with this plan in terms of responding immediately make sense. The one concern in using the ARPA funds to increase rates is that it would be</p>

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	<p>using one-time dollars. If we increase the rates using that, what is to prevent those rates coming down after two years?</p> <p><i>We know that as a part of California Advancing and Innovating Medi-Cal (CalAIM) there is a component that includes payment reform of behavioral health services goes into effect July 1, 2023. The reason for the two-year timeline is to bridge us between now and that implementation date.</i></p> <p>As a follow-up, having had a bit of experience in Medi-Cal and drawing down Medi-Cal, would there be any type of allotment within that seven percent for training and education on the CalAIM process? At the date of that reform, are people going to be trained and ready to draw down those dollars and is that something we need to explore?</p> <p><i>There are state funds for something called Behavioral Health Quality Improvement Program (BHQIP). We have not yet received full instructions on how those funds can be used, but we know they are intended to support implementation of CalAIM.</i></p> <p>I want to express support for the proposed wage and capacity increase. All health providers are looking at doing something similar just to retain staff and we need to be competitive as far as capacity increases. From a hospital perspective we are seeing very significant needs specific to COVID and could use that capacity in our community. As far as new programs, there are going to be other funding streams, whether it is legislation or grant opportunities we can examine at some point.</p> <p>This is a great idea because it is fast. We need to address the workforce issue now. One of the major workforce issues is with psychiatrists and psychiatric nurse practitioners and seven percent is fantastic, but it is not going to be enough so I hope we have more plans as to how to get more of them into the pipeline.</p> <p>Thank you for the presentation. I appreciate the plan and am glad you have been thinking about this. Has there been a needs assessment? What service gaps currently exist and how we can address them? Are these service providers collaborating with schools to offer services onsite and, if so, how? I appreciated the hearyou.org telehealth program. I wish that never ended. Is there a way to enhance virtual services for families and provide family counseling? My family has been looking for that forever and have had difficulty finding someone who can serve the whole family, not just individuals. Is that something we can offer? Also, how do we let the community know behavioral health services are open and available, whether through Medi-Cal or county programs?</p> <p><i>I will try to address some of your questions. Regarding the gap analysis, right now our biggest gap is “everywhere” because of staffing issues. We are seeing across the board challenges in recruiting and retaining staff. Regarding family counseling, that is</i></p>

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	<p><i>a major focus of Melissa Jacobs, who is our head of Children's Mental Health services. She is constantly advocating for more of that. If you have private insurance reach out to your insurance provider and request a referral. If you have Medi-Cal you can reach out to us at the county. Our contact information is on our website. We do work with schools. During the announcements you heard our Education member talk about our initiatives regarding putting clinicians on campus. There is also the Flexible Integrated Treatment (FIT) program, which has mental health providers who are assigned to work with certain school districts (including on campus part of the time) and contract providers.</i></p> <p>I advocate for older adults and am also a provider. I can attest we are absolutely having a workforce crisis across the continuum of children, family, and adult services. Maintaining licensed staff has been very, very challenging, which is critical to ensuring mental health outcomes. The biggest challenge has been paying staff to the top of their license and we have not been able to do that. I think your request is reasonable and it will allow us to aid community members. Thank you, I fully support it.</p> <p>I echo preceding comments regarding support of the two seven percent proposals and also want to express support for the proposal for more time-limited PEI grants. The LGBT Center I work in did not have housing programs or mental health programs until relatively recently. They only exist there now because a lot of people in our communities feel they are not being seen in all of their identities at other organizations. I would love for the county that has the contracts to have money set aside in those contracts for external cultural humility training to make the providers better equipped and to set the expectations with external community providers that they are expected to practice cultural humility. It would not transform the system overnight, but it could help work me out of a job. Perhaps a small attachment to these programs or increases could include that.</p> <p><i>Thank you. It is more apparent than ever that we need to pay attention to the needs of our culturally diverse communities. I will take your feedback and discuss with my team what options we have. I do not think we need to wait for different funding and will commit to following up on this.</i></p> <p>I second what was said about the need to do more for culturally diverse communities and ensure there are additional layers of resources, and also to acknowledge the work of the Behavioral Health Racial Equity Collaborative. I would welcome seeing if there is an opportunity to explore the work being done by that collaborative for the organizations that opted in and to request other organizations to do similar work that is in alignment with that funding.</p>

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	<p>Regarding the capacity issue, is there any consideration about some of the seven percent or any of the other proposals mentioned being used for workforce development? Not just building current capacity but also looking upstream a bit at things such as apprenticeship programs.</p> <p><i>There are existing initiatives regarding workforce development. Some have been developing for a while and should soon take effect and some are part of the current state budget in response to the pandemic. There are funds that will be coming for that activity and I am looking forward to the benefit it will deliver for Sacramento County.</i></p> <p>If you have not already thought about it, consider opening the door to black psychologists and psychiatrists in your recruitment efforts, perhaps by reaching out to historically black colleges and universities, as well as to qualified people from other communities of color.</p> <p>To build on the previous comment, something coming up more and more is the accessibility for clinicians and therapists and providers of color to get into the behavioral health field. Is there an opportunity to provide some scholarship funding from the county to get them into the programs to get them into the field?</p> <p>What are next steps after this?</p> <p><i>We do not yet have the final funding numbers, but assuming that the funding is sufficient to make this motion possible, we would have to go before the Board of Supervisors to get their approval.</i></p> <p>The presentation to the Board of Supervisors will be another opportunity for public feedback, whether someone agrees or does not agree with this proposal. I ask that we be informed when this item goes before the Board so we have the opportunity to offer feedback.</p> <p><i>We will do that.</i></p> <p>Genelle Cazares moved that the Steering Committee approve a recommendation to use \$11.5 million MHSA dollars over two years to do an across the board program budget increase, with the intent of increasing program capacity by seven percent and subject to the availability of those funds. Seconded by Rosemary Younts. After SC discussion regarding potential conflicts of interest, a friendly amendment was offered by Leslie Napper and accepted by Genelle Cazares and Rosemary Younts that consultation with County Counsel would follow this vote and if the vote were believed to be invalid due to voting of SC members adjudged by County Counsel to have had a conflict of interest, the decision of</p>

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	<p>the vote would be rescinded and the motion would return to the SC for further consideration.</p> <p><i>County Counsel was consulted and determined that the MHSA Steering Committee recommendation and vote did not create conflict of interest concerns since it was a broad discussion with across the board impact (rather than a discussion regarding a specific program or provider).</i></p> <p>Public Comment</p> <p>Mary Ann Bernard, family member: I am a lawyer who used to represent mental health hospitals and know the Mental Health Services Act very well. You are being asked to make a blind decision. You do not have the numbers yet about how much excess funds you have. The legislature has given you until next year to submit your Three-Year Plan, and yet it is being submitted in September. I will be there to object to that. A lot has changed, and not just COVID.</p> <p>Since the beginning, the MHSA has required programs devoted to people who are headed into or out of jails and this county, as well as many others, has not had them. The ACLU just won a decision in the Court of Appeals and is pressuring our county, and the rest of the state to do diversion programs. The MHSA does not only call for this – it is mandated in MHSA. It is going to happen. We are losing beds in state hospital we badly need because of the outcome of the ACLU decision, which is an order that instead of having people in jail before they are assessed, they need to be assessed within 28 days. The beds in our state hospitals are going to them. The whole landscape has changed. You are out of compliance with statute but are still submitting a Three-Year Plan in September, even though you do not know how much excess money you have. It looks like \$70-80 million in CSS and PEI, which are the only funding streams that interest me, as they are the streams funding services for the severely mentally ill.</p> <p>I suggest you do not make a decision on this at this time. You are being asked to maintain the status quo. If you throw millions of dollars into programs in the hope that those programs will spend it on new staff, where do you suppose they are going to find them? They are not just going to move into this state, in which they are not licensed.</p> <p>You should postpone submitting the Three-Year Plan to the Board of Supervisors and think about other uses for all these excess funds, because they are badly needed. Anyone would agree that if you are having trouble hiring people you need to work on that, but just throwing money at existing programs in the hope of hiring people is possibly throwing it away when we have</p>

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	<p>severely mentally ill people lined up in the jails – our jail is currently under two different consent decrees.</p> <p>I will put documents in the chat that include letters from the ACLU showing the provision in the Budget Act that allows you eight or nine months to do your plan. I hope you pay attention and think that maybe continuing the status quo is not enough and maybe throwing money at existing programs in the hope they can hire people is not the smartest idea. Thank you.</p> <p>Shared via chat:</p> <ul style="list-style-type: none"> • Welf.& Inst. Code Section 5813.5(f) provides, in relevant part: Each county plan and annual update pursuant to §5847 shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison. Funds may be used to provide services to persons who are participating in a presentencing or postsentencing diversion program or who are on parole, probation, postrelease community supervision, or mandatory supervision....(Italicized language added by Stats. 2019, Ch. 209, Sec. 1. (SB 389) Effective January 1, 2020.)(Emphasis added.)Welf.& Inst. • Attachment D - MA Bernard Letter to Public Defender and ACLU re: MHSA surplus • Attachment E - ACLU Letter to Sacramento County Board of Supervisors <p>Dr. Diane Wolfe, psychiatrist: I want to request that without creating new programs there be a way to put mental health therapists onsite at some of the city’s Comprehensive Plan sites to make those sites as useful as possible in helping people move toward housing independence.</p> <p>Robin Barney, Adult Family Advocate Liaison: I really appreciate you putting out that proposal for the seven percent increase. However, I am concerned with the retention problem with smaller programs. How much is that seven percent really going to matter and will it really make a difference for our employees? We are losing people left and right within the county and outside programs. I think it would be good for us to hear how much money we have in our MHSA funds and what might be possible and whether we could do something more robust.</p> <p>Steering Committee Action Motion passed.</p>

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<p>VII. General Steering Committee Comment</p>	<p>Koby Rodriguez (via chat): Here are some ways we can support our new community members (from International Rescue Committee - Sacramento):</p> <ol style="list-style-type: none"> 1) Fundraiser to support housing for Afghan SIV evacuees across NorCal: https://help.rescue.org/donate/Softlandingfund 2) Amazon Wish List to support incoming Afghan evacuees: https://www.amazon.com/gp/registry/wishlist/26ALEVI2E89VU/ref=nav_wishlist_lists_1 3) Advocacy: Email the White House asking President Biden to swiftly protect at-risk Afghans: https://act.rescue.org/yRqHe9p 4) Share information. Follow and share our FB posts to help raise awareness and support within our communities. 5) Learn more: How Afghan allies seek safety in the U.S. (https://www.rescue.org/article/my-life-was-danger-how-afghan-allies-seek-safety-us) <p>Ebony Chambers (via chat): Mental health resources from the Muslim American Society- Social Services Foundation https://www.mas-ssf.org/2021/08/17/in-solidarity-with-the-afghan-community/</p> <p>Crystal Harding: Is the SC looking into the gap in beds available in Sacramento County or nearby communities? What is the plan for people experiencing mental health crisis? I was able to shadow a hospital for the past couple of weeks and heard some of the struggles social workers and care coordinators are having to connect community members brought to the hospital experiencing mental health challenges. I am especially curious as to what is available for our young community members.</p>
<p>VIII. General Public Comment</p>	<p>Lilyane Glamben, ONTRACK Program Resources: I want to let you know about one of our offerings through Soul Space, a contract funded through the county. It is a Black men's support group hosted by Dr. Roland William. It has now had its second session and the men who have attended are raving about it. My email is lglamben@getontrack.org and if you want more information I would be happy to get it to you. The next meeting is Monday, August 30, at 6 pm.</p> <p>Robin Barney, Adult Family Advocate Liaison with Cal Voices: We are working to get people employed. A program called Behavioral Health Concepts, Inc. recently reached out to me looking for candidates with personal experience as a client or family member who received Medi-Cal specialty and mental health services or drug and alcohol treatment services. They are</p>

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	paying a decent wage. If you have consumers or family members looking for employment, it could be part time or full time.
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"> • September 16, 2021 • October 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.