

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

Meeting Minutes

September 16, 2021, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Genelle Cazares, Ebony Chambers, Shaunda Cruz, Anatoliy Gridyushko, Hafsa Hamdani, Crystal Harding, Sharon Jennings, Erin Johansen, Melissa Lloyd, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Susan McCrea, Lori Miller, Arushi Mishra, Noel Mora, Leslie Napper, Ryan Quist, Koby Rodriguez, Mary Sheppard, Christopher Williams
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:06 p.m. MHSA Steering Committee members introduced themselves.
II. Agenda Review	The agenda was reviewed; no changes were made.
III. Approval of Prior Meeting Minutes	The August 19, 2021 and September 2, 2021 draft meeting minutes were reviewed and approved with no changes.
IV. Announcements	<p>Ebony Chambers: The most recent Cultural Competence newsletter was released this week. Maybe we can share this with the community and highlight the County’s work in acknowledging and sharing information around cultural competence as well as this being Suicide Prevention Month. Also, Hispanic Heritage Month overlaps in this month. This newsletter offers an opportunity to highlight many ways we can understand and deepen our journey of being culturally responsive.</p> <p>Angelina Woodberry, Consumer Advocate Liaison: We are starting a peer adult advocate committee that is going to advise behavioral health. We will have our first meeting next Friday and people can register here. We are focusing on peer support workers, both county and contract providers, and are excited for this event.</p> <p>Stephanie Ramos, Cal Voices: We have brought on a new family and youth coordinator, Andrea Housley. She will help to ensure the community voice is at the table at all levels of the Behavioral Health Division. Please give a warm welcome to Andrea.</p>
V. Executive Committee / MHSA Updates	<p>Executive Committee Updates</p> <p>Ryan McClinton, Executive Committee member, requested those present to submit post-meeting evaluations and also shared the update below:</p>

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MHSA Steering Committee (SC) Co-Chair Nominations

SC Co-Chair Daniela Guarnizo has taken a leave of absence to care for a family member. We send both our well wishes. She will resume her role as Consumer/Family Member At-Large upon her return. Her alternate, Evin Johnson, will represent that seat in the meantime. At the next SC meeting, nominations will be accepted for a Co-Chair to fill behind her.

MHSA Updates

Dr. Ryan Quist, Behavioral Health Director, and Jane Ann Zakhary, Division Manager, shared the updates below.

Calendar Events

September is Suicide Prevention Month and also Recovery Month. These are important topics to be aware of and to advocate for within our communities.

Wellness Crisis Call Center and Response (WCCCR)

Our work continues in developing WCCCR (formerly known as Alternatives to 911). We have had our stakeholder listening sessions and one more report back on those will be coming out soon.

Assisted Outpatient Treatment (AOT)

We plan to release a board letter in the month of October summarizing stakeholder feedback and conversations held to discuss how we can implement AOT in a way that will address the concerns held by those who opposed implementation. This board letter would also be a request to the Board of Supervisors for budget authority in order to implement this program.

American Rescue Plan Act (ARPA) Funds

We asked for two things from the federal ARPA funds allocated to Sacramento County. First, we requested a 7% increase in funding for our mental health system for two years to bridge us between now and the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Second, we wish to repeat the success we had before with a second round of time-limited grants modeled after our Prevention and Early Intervention (PEI) community-driven grants program. In addition, there are some substance use prevention and treatment specific proposals included.

Hope Center Psychiatric Health Facility (PHF)

We had a ribbon cutting for a new PHF called Hope Center, near Heritage Oaks hospital, which will bring another 16 inpatient beds to Sacramento County for those who are Medi-Cal eligible. We are able to bill Medi-Cal for those beds, which will allow our money to go further for inpatient care. We hope to be able to reinvest those funds into the outpatient system. They hope to open at the end of this month.

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	<p><u>No Place Like Home (NPLH)</u> We have learned our application for NPLH funding for the apartment complex named On Broadway was not awarded competitive NPLH funding. The state's awards process was very competitive and our application's score was not quite high enough. However, the good news is we will be able to partner again for the upcoming round of NPLH funding. We believe we have a good chance of scoring higher in the next round and receiving an award. We are waiting on the state to release the next NPLH notice of funds availability and expect the application might be due in January of 2022. We will keep you updated.</p> <p><u>MHSA Three-Year Program and Expenditure Plan</u> On August 24th, the Board of Supervisors approved the MHSA Three-Year Program and Expenditure Plan. While this is a three-year plan, we will do annual updates to the plan for the remaining two years. That means we are not locked in to what was approved and will continue having discussions here at Steering Committee. The annual update process will begin in the spring of 2022.</p>
<p>VI. County Budget Priorities – Collective Recommendation Part 2 of 2 - continued from last meeting</p> <ul style="list-style-type: none"> • Member Discussion • Public Comment • SC Action 	<p>Dr. Quist, Behavioral Health Director, summarized discussion from last meeting and provided context for this agenda item and Jane Ann Zakhary, Division Manager, facilitated:</p> <p>As discussed at the special meeting on September 2, 2021, County Executive Officer, Ann Edwards, has implemented a new process to solicit feedback from our community around County budget priorities. Throughout the County, boards/commissions/ advisory bodies were given the opportunity to provide feedback on their top priorities for the overall county budget for Fiscal Year 2022-23.</p> <p>The Alcohol and Drug Advisory Board (ADAB) and Mental Health Board (MHB) also provided their budget priorities. See Attachment A – ADAB Priorities and Attachment B – MHB Priorities.</p> <p>Tonight we will briefly recap the County Budget in Brief (high level review of the County budget and process) that was shared last meeting. Our task this evening is to finalize what the MHSA SC would like to put forward as its top county budget priorities for that fiscal year. Collecting this feedback now will inform the FY 2022-23 budget planning and development process which is beginning now. We will review the results from the Steering Committee countywide budget priorities survey as a starting place for tonight's discussion.</p> <p>We received responses from 10 MHSA SC members and took the common themes and grouped them into categories to try and bring together responses with similar ideas or input for review.</p>

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	<p>See Attachment C - MHSA Steering Committee: County Budget Priorities Survey Input by Category Grouping</p> <p>The MHSA SC engaged in a thoughtful discussion regarding the budget priorities identified through the survey. The list was expanded and refined and voted upon using the polling feature in Zoom. MHSA SC and members of the public participated in the process to identify the top 5 priorities.</p> <p>MHSA Steering Committee County Budget Priorities</p> <ol style="list-style-type: none"> 1. Housing and Services for Homeless <ul style="list-style-type: none"> • Homeless adolescent mentally ill • Homeless mentally ill TAY, adults, older adults • Homelessness Initiatives • Affordable and accessible housing programs • Continued focus on assisting the unhoused • Permanent Supportive Housing and services for those experiencing homelessness • LGBTQ+ Youth Homelessness 2. Mental Health Services <ul style="list-style-type: none"> • HHS-Increase access and support for mental health and substance abuse • Adults with the severest mental conditions • Adolescents with the severest mental conditions • Children with the severest mental conditions • As the community population ages in Sacramento, ensuring that the unique older adults' mental health needs are identified and met within the provider system of care SUD • Crisis Residential Services 3. Substance Use Prevention and Treatment Services <ul style="list-style-type: none"> • HHS-Increase access and support for mental health and substance abuse • Increase capacity for detox, SUD Residential Treatment and Recovery Residences • As the community population ages in Sacramento, ensuring that the unique older adults' mental health needs are identified and met within the provider system of care SUD 4. Prevention Services* <ul style="list-style-type: none"> • Prevention and Early Intervention Mental Health Funding • Children's services juvenile justice prevention • Children's services/child welfare prevention (preventing formal intervention) 4. Addressing Racism / Racial Justice * <ul style="list-style-type: none"> • Addressing Racism as a public health crisis • Racial Justice Through Mental Health Support Services <p><i>*tied in priority</i></p>

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	<p>Erin Johansen moved the SC submit these five priorities as presented and voted upon. Seconded by Crystal Harding. Ryan McClinton submitted a friendly amendment to the motion that the SC submit the top five priorities based on percentage of the vote, but include the other items listed in the poll in an accompanying letter stating the SC would like to see emphasis and support placed in these areas as well. This amendment to the motion was accepted.</p> <p>Public Comment</p> <p>Dr. Diane Wolfe, psychiatrist: I would like to object to not doing the poll where letting each one rank from one to five. I just think we need to look at it that way; the results might be different.</p> <p>(via chat) I am also concerned that as you merge so many things you will not be able to specifically target anything. I think it will be really important to think about what specific things you want funded. Otherwise you will just let the Board of Supervisors fund whatever they want and the specific things that are really important to this group will not get prioritized.</p> <p>Stephanie Ramos, Cal Voices interim family coordinator: I have a few comments:</p> <p>First, Cal Voices has now been operating the SacMAP project for a while and one thing we did is try to create a comprehensive list of all the easily accessible services funded through behavioral health. Looking at that site, there are very few services specifically designed to serve older adults. I was shocked at how few programs there are and there have not been many conversation during Steering Committee meetings around older adult support. I want to put that out there.</p> <p>Second, I want to emphasize the importance of being intentional in the choices or priorities you decide, because we already have very broad service programs available that serve the overall community. We still need to develop programs for specific communities because our diverse communities are not accessing the broader programs because those programs are not meant for them. What sometimes happens is we get funding for diverse communities and we sprinkle it and create small programs for the diverse communities that are not enough to meet the need. As we decide on priorities, even if the priority sub-list is not looked at by the people making these choices at the higher county level, as Steering Committee members you should create a priority list you can all commit to in the event funding is available for prevention later down the line. Otherwise, items prioritized today might be lost later if funding becomes available that is assigned to a broader category.</p> <p>When looking at workforce issues we also should be thinking of pipelines: getting people interested in behavioral health and</p>

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<p>VII. General Steering Committee Comment</p>	<p>Hafsa Hamdani: I was nominated for MHSA SC Executive Committee at the May meeting, but was told I was not able to run. I ran for previous Executive Committee positions in the past and this did not make sense to me. I felt disheartened and as if I was not valued as a member, so I wanted to voice my opinion.</p> <p><i>Thank you for sharing. I think we should have a discussion off-line to talk about it more. One of the things we value is making sure we create an inclusive space. If there are challenges, we want to make sure we work through them.</i></p> <p>Sharon Jennings: This is my second meeting. I am honored to be sitting at the table with you all and looking forward to working with you. My question is not related to how money is spent, but more about the process. I was thinking about my experience in working with the legislature and working for the senate for 31 years. I helped process the legislation. There was something you</p>

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	<p>could do to amend a clause into a bill called an Urgency Clause that did not have to follow all the rules but could sail through the legislative process and land on the governor’s desk and would take effect immediately without having to wait until January. Most bodies are having their usual monthly meetings, and to me that worked okay for the pre-pandemic era but does not apply to us today we are in an emergency. Why are we not doubling down on the number of times that we meet? I think the idea of transparency with the public would not be a problem. I am sure they would catch on that we are doubling down. I am wondering, why don't we speed things up during this crisis? Can anybody respond to that?</p> <p><i>The MHSA Steering Committee is an advisory board, and its actions ultimately come down to submitting advice to our Board of Supervisors. So we bring forward the various topics that would be important for us to take forward to the Board of Supervisors. The Executive Committee of this body helps determine how often we meet and helps develop the agenda. If there were additional agenda items that need to be covered, we could meet more frequently, just as we did this month. More frequent meetings is certainly something the Executive Committee can consider when there is sufficient content to review and take action upon.</i></p>
<p>VIII. General Public Comment</p>	<p>Mary Ann Bernard, family member: This Committee needs to know the size of the MHSA surplus. It was thought to be a deficit until this year, but Jane Ann confirmed to me that my reading of the figures showing a \$42 million surplus, then a \$74 million suggests that the final figures are even higher. Tax revenues do not go down.</p> <p>Extra MHSA funds should go to bringing the county into compliance with mandates (mandatory provisions) in the MHSA that are not being followed. I cited statute in earlier comments-- first, PEI funds for relapse prevention/early intervention in relapses for people with existing severe mental illnesses under WIC 5840(c), last clause. Second, programs for severely mentally ill arrestees (diversion programs) and SMI offenders who are reintegrating into the community under WIC 5813.5(f). These are desperately needed programs that MHSA should be funding but is not.</p>
<p>IX. Adjournment / Upcoming Meetings</p>	<p>The meeting was adjourned at 8:35 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> • October 21, 2021 • November 18, 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.