

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

Meeting Minutes

August 18, 2022, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Diana Burdick, Gretchen Bushnell, Daniel Calabretta, Genelle Cazares, Karen Cameron, Ebony Chambers, Olivia Garcia, Anatoliy Gridyushko, Hafsa Hamdani, Crystal Harding, Sharon Jennings, Erin Johansen, Brad Lueth, Ryan McClinton, Lori Miller, Arushi Mishra, Leslie Napper, Kim Pearson, Ryan Quist, Heidi Richardson, Lynsey Semon, Mary Sheppard, Andrew Swift, Christopher Williams
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:02 p.m. 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 July 2022 draft meeting minutes were reviewed; no changes were made.
IV. Announcements	<p>Gretchen Bushnell, SC member: I ask that people please refrain from using acronyms without spelling them out.</p> <p>Olivia Garcia, SC member: Cal Voices has a Latino parent and family support group every first and third Tuesday of the month. See Attachment A – SAFE Program: Grupo de Apoyo Familiar.</p> <p>Sharon Jennings, SC member: I have two announcements. First, I attended a three-part Impact Foundry workshop regarding gender identification and disclosing preferred personal pronouns. I hadn't known much about it before, but it is about respect and I will start doing that.</p> <p>Second, the Food and Drug Administration (FDA) has approved sale of over-the-counter basic hearing aids for older adults suffering from hearing loss. Hearing loss is common in older people and a significant contributor to mental health issues, so this is really good news.</p> <p>Jane Ann Zakhary, Behavioral Health Services (BHS) Administration, Planning and Outcomes Division Manager and SC alternate: I would like to officially welcome Andrea Crook, the new Mental Health Services Act Program Manager. I announced her hiring last month a few days ahead of her start date. Andrea is known to many of you and has been involved in MHSA from</p>

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	<p>the very beginning, from gathering signatures to put the MHSA initiative on the ballot to serving on our management team as a peer advocate and on the Steering Committee as a member. She brings a wealth of knowledge and we are excited to have her on the team.</p> <p><i>[numerous SC members and members of the public welcomed Andrea via voice and chat]</i></p> <p>Andrea Crook, MHSA Program Manager: I know many of you and am happy and proud to be working with all of you again. The reason I am involved in MHSA and mental health is my own lived experience. Prior to working with some of you in a professional capacity, I received services through Sacramento County’s public mental health service providers. It has been a full circle for me. I feel it is important to share my own experience to help break down the stigma that accompanies a mental health diagnosis. I am happy to be here with you all and want to thank you all for your support.</p> <p>Patricia Wentzel, community member (via chat): National Alliance on Mental Illness (NAMI) Sacramento has online support groups for individuals with mental health conditions and for family members. There is also a new peer mentor program matching individuals with mental health conditions with peers for one-on-one support for up to six months. All these can be accessed through the NAMI Sacramento website: www.namisacramento.org.</p>
<p>V. Executive Committee / MHSA Updates</p>	<p>Executive Committee Updates</p> <p>Sharon Jennings, SC Co-Chair, requested those present to submit post-meeting evaluations and also shared the following update:</p> <p><u>MHSA SC membership changes</u> Noel Mora, who was in the Family Member/Caregiver of Older Adult primary seat, has stepped down. We thank him for his service on this committee.</p> <p>MHSA Updates</p> <p>Dr. Ryan Quist, Behavioral Health Director, provided the following updates:</p> <p><u>COVID-19 in Sacramento County</u> In the last month, we have seen a reduction in new cases from a seven-day average of 702 down to 315. This is obviously an improvement, but is still considerably higher than the seven-day average of about 60 new cases back in March. So we still need to be careful and continue to think about how we can protect those we serve and work with.</p>

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	<p><u>Monkeypox in Sacramento County</u> Like COVID-19, Monkeypox (MPX) is a behavioral health issue and I want to keep it on our radar, as it is causing anxiety to and impacting those we work with and those we serve. At this point in time, MKX is mostly impacting gay and bisexual men and transgender people. However, MKX does not know or care what one's sexual orientation might be. We need to be supportive of all those who are affected in our community. This is a stressful situation and some of the stress is due to a lack of access to vaccines. Our Public Health Officer has been advocating for vaccines here in Sacramento County, but there is a lack of vaccines nationwide. So this is a federal issue as well.</p> <p>The MKX vaccine is administered in a series of two shots. The California state policy was that they would not supply the second shot until more people had taken the first one. This policy caused a lot of stress and anxiety for those in our community who wanted to vaccinate themselves. However, this week the state announced they would move forward with providing the second dose in that series. So that at least is good news.</p> <p>Julie Leung, MHSA Program Planner, and Jane Ann Zakhary, Division Manager, provided the following updates:</p> <p><u>New Full Service Partnership (FSP) Programs</u> Last fall, this committee supported increasing MHSA FSP capacity by expansion of existing FSPs and implementing two new FSPs. In that regard, we are pleased to announce that Telecare was recently awarded the contract to administer the Adult Assisted Outpatient FSP and Heartland was awarded the contract to administer the Family FSP. We will now go to the Board of Supervisors to get Board authority to contract with these providers.</p> <p><u>MHSA Plan Update</u> Last month, this committee voted to recommend dedicating \$11 million of Community Services and Supports (CSS) funds to build additional dedicated apartments through our MHSA Housing Program work. You also supported issuing a Round 2 of the Prevention and Early Intervention (PEI) Time-Limited Community-Building Grants.</p> <p>We will be posting a Plan Update including both of those, as well as some rightsizing of our Innovation Component budget to align with this committee's January vote to not extend the term of the Behavioral Health Crisis Services Collaborative (MHSA Innovation Project 3), which will end in December 2022.</p> <p>The Plan Update will also include the funding discussed at our May meeting for Sacramento's contribution toward the California Mental Health Services Authority (CalMHSA) effort to create a semi-statewide Electronic Health Record (EHR) system. Our</p>

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	<p>current county EHR system, Avatar, will transition to the new system, known as SmartCare, over the next two to three years.</p> <p>This Plan Update will be posted for 30 days for public review and comment before going to the Board of Supervisors for approval.</p> <p><u>Innovation Community Input</u> The MHSA SC Executive Committee has been deliberating over what to do for the next Innovation Project. We will release a survey soon for the Steering Committee and the community to provide input to shape the direction we go for the next project.</p>
<p>VI. MHSA Community Services and Supports (CSS) Program Presentation – Community Outreach Recovery Empowerment (CORE) Transition Plan</p>	<p>Christopher introduced the presenters.</p> <ul style="list-style-type: none"> • Michael Amenyro, Human Services Program Planner, Behavioral Health Services • Martha Garcia-Enright: Program Manager, Bay Area Community Services (BACS) • Cindy Xiong, Program Director, El Hogar Community Services • Dara Pastor, Clinical Director, El Hogar Community Services • Trina Hatler, Program Director, Hope Cooperative • Eric Llorente, Program Director, Turning Point Community Programs <p>Presenters guided the SC through an overview of the Community Outreach Recovery Empowerment (CORE) Transition Plan. See Attachment B – Community Outreach Recovery Empowerment (CORE) Transition Plan.</p> <p>Updates regarding the CORE Program can be found online here.</p> <p>Member Questions and Discussion <i>[numerous SC members thanked the presenters and for CORE program via voice and chat]</i></p> <p>I have noticed that people in low intensity level of care being transferred to moderate level of care. Is this because they are in need of higher level of care? I ask because there are some people who prefer to stay where they are since they do not need higher level of care.</p> <p><i>Level of care is a conversation with a client and their family members, which should be based on need and want. We are not necessarily referring folks to a higher level of care that they do not want or need. We are laying out options based on individual eligibility and need. There are options to work within the CORE program for flexibility to meet folks where they are and what they need. Folks should not be placed in a level of care they do not need or want.</i></p>

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	<p>Who is documenting client choice? Is there voice and choice for the client verses documenting expressed intent? I am excited for the CORE implementation, but I think we lost the autonomy of peer led/ran wellness recovery center and those peer services. I am sad we are going to miss that component.</p> <p><i>The community wellness centers are a component of CORE and their models are peer run, peer led. Contractors are also looking at subcontracts specifically to onboard peer consumers that have worked in these settings to work in these community wellness centers. These wellness centers are absolutely a component that we do not want to lose.</i></p> <p><i>In reference to documenting client choice, with the 10 sites now open throughout Sacramento county, clients have the option to move service to a site that is closer to their home, or stick with the current location. We definitely want to make sure voice and choice is heard if they wanted locations closer to home.</i></p> <p>For clarification, the information on slide five. The CORE community center, are those services available at each location or separate locations?</p> <p><i>It is actually co-located. Each location will run both components, an outpatient component and a community wellness center both co-located. The intention is to have a familiar location for all folks but also be available to the community that may not need the services but need some additional support.</i></p> <p>So the spectrum of low to high intensity services are available at each of the 10 locations.</p> <p><i>That is correct. Also to clarify, the 10 sites with co-located Community Wellness Centers and the participation in those wellness centers do not require participants to enroll in the program. It is open to anyone 18 and older.</i></p> <p>I think it is important that people get training in peer counseling and have a peer counselor available. Will peer counseling be available at the sites?</p> <p><i>Yes, we are looking for a full array of peer services and are planning to expand peer presence.</i></p> <p>Will there just be referrals or will outreach be done in the community as well?</p> <p><i>We intend on going out in the community to provide services in the field and in our treatment-based component. There is a plethora of options for anyone who needs services; we will go to them if needed. Hopefully we can bring them to our sites, if they decide to, and ultimately it is based on their needs and wants. It is their voice and choice.</i></p>

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	<p>The slide says the CORE program is time-limited. Does this mean clients in the Wellness Centers will not be able to come continuously for services?</p> <p><i>The Wellness Center is not time limited. That is referring to the Outpatient program, which has the three phases of treatment mentioned in the slides. The Wellness Centers will provide groups as well as other activities based on community feedback. Not all the Community Wellness Centers will be the same and is not an exact replica of Wellness and Recovery but will have some elements. Since there will be 10 wellness centers, some may offer showers and laundry but not all of them will.</i></p> <p>How quickly can individuals move between managed care plans and the CORE locations if they require a higher level of service? What will trigger that transfer?</p> <p><i>The Wellness Centers are Peer run, which includes not only groups but also peer counseling, and other supports such as helping clients engage in the outpatient program. Clients transferring to a lower level of care will be supported by the outpatient to ensure they have a warm hand off with their Geographic Managed Care plan.</i></p> <p>I am concerned that individuals identified as needing a lower intensity of care who were transferred to managed care whose situation changes and they need a higher level of care will need a very proactive hand off from managed care plans back to CORE and I'm not hearing anything about planning for that. Is there a plan to track the number of people transferred from managed care back to core.</p> <p><i>We have met with our FQHC partners to begin a dialogue about the transfer back from Primary care issue. This is a great point!</i></p>
<p>VII. General Steering Committee Comment</p>	<p>None.</p>
<p>VIII. General Public Comment</p>	<p>Angelina Woodberry, Consumer Advocate Liaison, CalVoices: I want everyone to be mindful that true peer support is by peers operating in that role. While it is nice to hire clinicians and psychiatrists, they are not true peers in the sense of providing peer support and I want to make sure we are still mindful of that. I believe places are having difficulty hiring peer support workers. I want to make sure everyone is mindful of the fact, that yes, it is nice that clinicians have personal lived experience but they are not peers in the true sense of the word.</p> <p>Michael Reid: I am a member of the public and a consumer. I have been a peer partner and work with one of the agencies that was not included in the CORE program. It is great there is a site</p>

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	<p>open but with all the time and energy put into the policies and procedures it would be nice if there were follow through with everybody that is involved.</p> <p>Dr. Diane Wolfe: I would like to ask the Steering Committee to consider changing their procedures to allow the public to ask questions and get answers to the questions if the presenters have the answers.</p>
IX. Adjournment / Upcoming Meetings	<p>The meeting was adjourned at 7:32 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> • September 15, 2022 • October 20, 2022

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.gov.