Sacramento County Mental Health Board (MHB) General Meeting Minutes

August 2, 2023

Meeting Location 700 H Street Sacramento, CA 95814

Attendance			
MHB Members			
Name	Attendance	Name	Attendance
Corrine McIntosh Sako, Chair	⊠Present ☐ Absent	Bradley Lueth	☐Present ☐ Absent
Paul Wagstaffe, Vice Chair		Evan Minton	⊠Present ☐ Absent
William Cho, Secretary		Maria Padilla-Castro	⊠Present ☐ Absent
Matthew Gallagher	☐Present ☐ Absent	Theresa Riviera	☐Present ☐ Absent
Ryan Gallant	☐Present ☐ Absent	Mallika Walsh	⊠Present ☐ Absent
Mykel Gayent	⊠Present ☐ Absent	Patricia Wentzel	⊠Present ☐ Absent
Supervisor Patrick Kennedy			
County Staff to MHB			
Name	Attendance	Name	Attendance
Jason Richards	⊠Present ☐ Absent	Rick Heyer	⊠Present ☐ Absent

Agenda Item	Discussion
I. Welcome and Introductions	Chair McIntosh Sako called the meeting to order at 6:02 p.m. A quorum was declared, introductions were made, and the Conduct Agreement was acknowledged. Mental Health Board Announcements No announcements were made.
II. Approval of Minutes	Ms. Wentzel moved to approve the minutes and Ms. Walsh seconded the motion. (Mr. Wagstaffe and Supervisor Kennedy abstained. All other members voted Aye.) Motion carried.
III. Division of Behavioral Health Services	Dr. Ryan Quist, Behavioral Health Director, provided a written report on the status of Behavioral Health Services (BHS). He also provided verbal updates and answered questions as follows: • \$43 million in one-time funds were received for Behavioral Health Bridge Housing (Handout #8). Bridge Housing is a vital link for people who are experiencing both homelessness and serious behavioral health conditions who need short- and midterm residential options to get off the streets, and serves as a bridge to longer-term housing. BHS Bridge Housing will consist of an expansion of interim housing with 110 beds across 3 Safe Stay communities (County-sanctioned encampments); developing and renovating shovel ready projects for another 100 beds like renovated hotels, board and care homes, sober living, etc.; sites must be clean with onsite supportive services; rental assistance/auxiliary payments will obtain additional flexible interim housing beds (including sober living or board

and care homes); and flexible funding to support barrier bustir such as credit clean up, expungement services, etc. Proposed MHSA Modernization, also known as SB 326 – th Governor's narrative is that this proposal provides \$18 acros the state to counties for housing. The County has drafted letter of concerns. No new dollars are associated with the proposal, so it would take about a 30% slice of the existir funding. The funding has to come from somewhere, a Sacramento County would be forced to shift \$64 million, whice is approximately 40% of our MHSA funds not including Med Cal match (best estimate is a 65% cut to our Mental Heal outpatient crisis services). This is projected to affect CORI urgent care, crisis residential, and children's service Unfunded mandates linked to MHSA and Realignment. approved, the initiative would go on the March 2024 ballot. The proposal takes away local flexibility to address local need which was a core value of MHSA. Sacramento Coun prioritizes community feedback in designing local program While this proposal would put people in housing, we would the struggle with having enough services to help them is successful in that housing. In addition, the housing buck would not permit capital funding to build new units until 2023. An existing problem is that we do not currently have enoug affordable housing, so we couldn't house this population. Another issue is that it must be used for chronically homeles folks according to the federal definition. However, many of or consumers don't meet this definition because they are house in treatment facilities. In addition, the County process would not permit capital funding to build now the stakeholders such as managed care plans, cities, and hospital This would dillute the voices of our community members, as we as consumers with lived expressed concerns regarding lack the resources for outreach and engagement, because the is how you get people into services. "Getting housing signate, but not at the expense of our other services Ms. Wentzel express

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Agenda Item	The Avatar electronic health record (EHR) has been retired, and the new EHR went live on July 1st. Technical support efforts are ongoing, with a current focus on getting invoices out so our providers can get paid. Ms. Julie Leung, BHS MHSA Program Planner, outlined two draft MHSA Innovation Project Plans. These plans will be reviewed by the Mental Health Board at the September General Meeting. The first project is called allcove (in all lower-case letters). This is a project that is being led by the Mental Health Services Oversight & Accountability Commission. With MHSA Steering Committee support, Sacramento County will participate in this multi-county project. allcove is a robust integrated care model that considers the holistic needs of young people ages 12-25. The model creates a culture and space that offers youth-directed array of early supports that: belief youth before reaching a point of crisis build skills and community in which to thrive focuses on early intervention allcove will offer youth mental health, physical health, substance use prevention and intervention, peer support, family support and supported education and employment services, all housed together within one location allcove Sacramento will be the first to be led by a non-profit organization, Greater Sacramento Urban League, with the support of Sacramento County BHS. allcove Sacramento will also be the first of its kind to work specifically with majority of young people wha are Black/African American and other historically marginalized, unserved/underserved, and socioeconomically disadvantaged individuals. allcove Sacramento will offer onsite. Young people will only have to tell their story once and can move in and out of clinical and youth development services as they approach achieving their goals. The second project is to develop and implement a community defined approach of the African American American/Black/African Descent community members at risk of or experiencing homelessness. We hope to learn whether this approach wil

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	have not historically provided behavioral health services, AND Developing effective strategies, methods, and practices with the focused population to engage them into behavioral health services, AND Co-locating Cultural Brokers to use these strategies to deliver mental health, peer support and navigation services to needed resources for the focused population. Ms. Wentzel asked if the focus group was a successful endeavor. Ms. Leung stated that 54 community members were in attendance, including many of African American/Black/African descent. Mr. Wagstaffe asked if this innovation project is successful, if some of its principles could be applied to other marginalized groups. Ms. Leung stated that successful interventions would be identified and could be applied to other groups. Ms. Padilla-Castro asked about the names of the projects. Ms. Leung clarified that the name of the first project is allcove and the working title of the second project is Community-Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused.
IV. System Partner Updates	 Advocacy Update Ms. Andrea Housley and Ms. Robin Barney announced the following: On August 2nd, Cal Voices is holding their informational session on SB 326. Concerns are being expressed by the Peer community that they are not being adequately paid for their work. Association of Behavioral Health Contractors Ms. Diane White expressed anxiety from providers regarding Payment Reform, due to new EHR/rates/billing codes. Ms. White affirmed the importance of helping staff feel trained and supported. Currently there is not a way for providers to see their progress using reports in Smartcare, as there were in Avatar. There will be a County training tomorrow on how providers can get reimbursed for their services. Providers are seeing some counties step back and slow down on Payment Reform a little bit due to some of these challenges. Some providers have expressed worries that they may not have enough cash reserves to make it to the end of the quarter.
V. Mental Health Board Business	Liaison Reports Written liaison reports were provided for the Alcohol and Drug Advisory Board, Behavioral Health Racial Equity Collaborative, MHSA Steering Committee, and Older Adult Coalition (Handouts #13-17). Committee and Workgroup Updates Written committee reports were received for the Adult System of Care (ASOC) Committee, Children's System of Care (CSOC) Committee, Executive Committee, and Community Wellness Response Team (CWRT) Program Advisory Committee (Handouts #18-23).

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		Chair McIntosh Sako expressed the importance of objective reporting in Liaison and Committee reports. Mr. Wagstaffe affirmed Mr. Cho for the thoroughness of his reports, and stated that there were some sections which contained subjective opinions.
		 Mr. Wagstaffe moved to strike the section in bold from the April Alcohol and Drug Advisory Board Report (Handout #13 – which has since been amended). Mr. Minton seconded the motion. No public comments were made. Motion carried. (Mr. Gayent and Ms. Walsh abstained. William voted No. All other members voted Aye.) Mr. Cho stated that he knew the difference between subjective and objective reporting, and disagreed with the motion. Mr. Cho asked for a ruling on whether this vote could take place, and County Counsel affirmed that it could.
		Mr. Minton thanked the PADS ad hoc workgroup for their work on Psychiatric Advance Directives and encouraged them to continue with this good work.
VI.	Mental Health Board Discussion/Action Item: Establish Ad Hoc Workgroup to Research Mental	Chair McIntosh Sako moved to establish an ad hoc workgroup to research the Governor's Behavioral Health Modernization Proposal for the Mental Health Services Act. Ms. Wentzel seconded the motion. (All members voted Aye.) Motion carried.
	Health Services Act: Governor's Behavioral Health Modernization Proposal	Mr. Wagstaffe asked if there would be overlap between the work of this ad hoc workgroup and the MHSA Steering Committee. Chair McIntosh Sako clarified that she had reached out to the MHSA Steering Committee and they were supportive of this work, and would collaborate if appropriate.
		Public Comment #1: Community member affirmed the proposed work of this ad hoc workgroup before the vote.
VII.	Mental Health Board Discussion/Action Item: Approve MHB Member Evan Minton's Application for the	Chair McIntosh Sako moved to approve the appointment of Evan Minton to the CWRT Advisory Committee. Mr. Gayent seconded the motion. (Ms. Walsh abstained. Mr. Cho voted No. All other members voted Aye.) Motion carried.
	Community Wellness Response Team (CWRT) Advisory Committee	Ms. Padilla-Castro and a community member expressed support for Mr. Minton's appointment to the CWRT Advisory Committee before the vote.
VIII.	Presentation – Overview of the Brown Act & County Counsel's Role Assigned to the MHB	County Counsel Rick Heyer and Chris Costa provided an overview of the Brown Act and County Counsel's role in relation to the MHB. Highlights included: • County Counsel has only one client, the Sacramento County Board of Supervisors (BOS). They provide counsel to Departments throughout the County, because all of those Departments are agents of the BOS. The purpose of the MHB is to to advise the BOS. County Counsel therefore provides advice to the MHB in this capacity. • The Brown Act is not about efficiency, but instead exists to make the Government transparent and facilitate public participation. This law arose from a series of articles in the San Francisco Chronicle in the 1950s entitled "Your Secret Government," in which a community member went to

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	 Government meetings and was not allowed to participate. The heart of the Brown Act is therefore about meeting participation. For Brown Act purposes, a Meeting has two components: 1) any time there is a quorum, and 2) members are discussing matters that are relevant to the purpose of that group. Members of the public have a right to be present, a right to see an agenda, and a right to make comments. The public's rights are limited in that they should be about subject matter that is relevant to the body. Serial communications: 1 member talking to another is not a meeting, according to the Brown Act. However, if 1 member talks to another, who talks to others, and this reaches a quorum of the members, this would constitute a Brown Act meeting. Penalties for violating the Brown Act: willful violation is a misdemeanor for each occurrence. The more likely consequence is unintentional violation of the Brown Act, in which case the movant would get their attorney fees and court costs paid and the actions the body took would be voided.
IX. Mental Health Board Discussion/Action Item - Review and Approve MHB 2022 Performance Report of the Sacramento County Mental Health System	 Mr. Wagstaffe provided an overview of the MHB's Performance Report of the Sacramento County Mental Health system for calendar year 2022. Mr. Minton requested that the sections discussing gender categories include gender identity. Mr. Wagstaffe agreed. Mr. Minton affirmed Mr. Wagstaffe for all of his hard work on this report, and requested that gender identity be asked about when collecting information from community members. Chair McIntosh Sako commended Mr. Wagstaffe for all of his hard work on this report. Ms. Wentzel noted that on page 18, the hospitalization rate of 1% is a typo and should be changed to 11%. Ms. Wentzel requested clarification in the report on page 28, regarding whether a service represents one visit or more than one visit. Ms. Wentzel asked for clarification on if the demographics on page 26 are collected annually or at intake only. Mr. Wagstaffe to follow up and include a footnote if needed. Mr. Minton asked that in next year's report more information be tracked regarding the trans population. Mr. Wagstaffe agreed that this would be included in the recommendations. Ms. Padilla-Castro thanked Mr. Wagstaffe for all of his hard work on this report, and expressed appreciation that the term Hispanic is being used in the report because it is inclusive. Mr. Cho asked that terminology be included in a legend and referenced in the table of contents, for lay people reading the report. Dr. Quist thanked Mr. Wagstaffe for all of his hard work on this report. Dr. Quist noted that the data on page 14 is from a prior Fiscal Year. Mr. Wagstaffe affirmed that this data has since been updated, and will be replaced with data from Fiscal Year 2022-23 (Handout #27). Mr. Wagstaffe outlined the proposed amendments as identified above. Mr. Minton moved to approve the amended MHB 2022 Performance Report of the Sacramento County Mental Health System. Ms. Padilla-Castro seconded the motion. No public comments were mad

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X. Public Comment	Public Comment 1: Community member asked that public comments be moved up near the top of the agenda, due to MHB meetings going so late in the evening. This community member affirmed the importance of listening to community voices regarding local flexibility in relation to the PADS initiative.
XI. Adjournment	Chair McIntosh Sako adjourned the meeting at 8:02 p.m.