

# Sacramento County Mental Health Board Adult System of Care (ASOC) Meeting

## MINUTES – IN PERSON MEETING HYBRID PARTICIPATION OPTION Monday, September 16, 2024 6:00 PM – 7:30 PM

Members Present: Patricia Wentzel, Brad Lueth, Laura Bemis, Mallika Walsh (Staff: Arys Scott)  
Members Absent: Melinda Avey

### Agenda Item

#### I. Welcome and Introductions

- Introductions
- Acknowledgement of [Conduct Agreement](#)
- Announcements by MHB ASOC Committee Members

Chair Wentzel commenced the meeting at 6:00pm, introductions were made and Conduct Agreement acknowledged.

Chair Wentzel NAMI Sacramento has monthly support groups for members and every Sunday at Sutter Center for Psychiatry. Meetings are held in person and online, Spanish speaking meetings are also available. Learn more at [www.namisacramento.org](http://www.namisacramento.org).

Member Bemis announced an event, Journey of Hope at the Gallery, on October 5<sup>th</sup> at 1:00pm on Del Paso Blvd. Journey of Hope is an art show that pairs mental health stories with artists. People can meet the artists during the opening.

#### II. Public Comments Relating to the Sacramento County Behavioral Health Services Adult System of Care – Items Not on Agenda

- No public comments were made.

#### III. Presentation: Overview of SUPT Programs

- Presentation by Lori Miller, Division Manager – Substance Use Prevention and Treatment (SUPT) (BHS). See attached presentation.
- Overview of SUPT Continuum of Care: Prevention, Outpatient/Intensive Outpatient, Residential, Withdrawal Management, Medication Assisted Treatment, Collaborative Court Programs, DUI Programs, Recovery Residences, and Perinatal Services
- What's new in Prevention, Education and Awareness
  - Primary Prevention: Priority Area 1 – Underage Cannabis/Marijuana Use; Priority Area 2 – Underage and Binge Drinking; Priority Area 3 – Community Trends – Fentanyl
  - Safer Sacramento Youth – Social Media Project
  - Sac County Health Beginnings: <https://sachealthybeginnings.com>
  - Fentanyl Education & Awareness: primary focus on middle schools, high schools and colleges. Collaboration with Arrive Alive, California
- FY23/24 Data: Individuals Entering Treatment
- Access to Behavioral Health Services: Mental Health and Substance Use access integration – with a new name: Behavioral Health Services (BHS) Screening and Coordination (SAC) New Call Center – go live was January 1, 2025
  - Cross-training 25 clinicians; 10 Peer Support Specialists
  - Phone: (916) 875-1055, available 24/7
  - Informational Sessions and Q&A: See flyer attached in minutes
  - BHS-SAC services offered: Screening for mental health and substance use services, such as mental health and substance use outpatient treatment, residential treatment, recovery residences/sober living environments, care coordination, crisis intervention, medication support, medication assisted treatment, therapy rehabilitation services and groups, driving under the influence programs, linkage to community resources
- What's new in Treatment & Recovery Services
  - Withdrawal Management (WM) – Level 3.2 WM

- Residential Treatment: ASAM 3.1 Residential; ASAM 3.5 Residential
- 2 new providers coming in November, approximately 38 more beds
- Medication-Assisted Treatment (MAT) – Narcotic Treatment Programs (NTP), Non-NTP MAT Programs, New Mobile Medicine Teams – MIH (Sac Metro Fire), Sacramento Opioid Response Teams (Sac Fire Dept)
- Recovery Residences/Sober Living Environments
- Perinatal Services – going out to competitive bid in a few months
- Opioid Settlement Funded Projects: Harm Reduction Services, Omni Youth Programs, Safer Alternatives for Networking and Education, Voice of the Youth, Public Health Institute, NTI Upstream, Metro Fire Sacramento
- 2024 Data: Highest Overdose Deaths

Member Comments/Questions:

- Chair Wentzel
  - How do you know when a substance is trending?
    - We gather data from various sources, including emergency rooms, statewide collaboratives, clients receiving treatment that are using more of a particular substance, hearing from youth or adults. We are noticing more use of fentanyl, while Xylazine is on the rise in San Francisco. Ketamine and cocaine are also back on the rise.
  - Providers across the County have walk-in options. Will they also use BQuIP or stay with existing questionnaires?
    - Providers will use existing assessments for mental health treatment. Once they are determined that substance use treatment is needed, providers will use the full ASAM. We will be training multiple community providers on the BQuIP: homeless advocacy programs, HEART, MCST, jail population, Justice involved teams.
  - Is the BQuIP available on the County website?
    - Not certain but can provide a copy. If the form is not available, we will get it on the website.
  - Will BQuIP be used 24/7 on that (BHS-SAC) number?
    - Yes.
  - How many detox beds in the County?
    - Do not have a number currently. There are 196 beds for residential. With new provider in November, will get an additional 38.
  - There is a known rise in psychotic illnesses associated with cannabis use in young people. Are there any planned efforts to include education around that issue in middle and high schools?
    - We address marijuana use through prevention efforts. We are targeting substance use and mental illness, knowing that there is a higher percentage of THC in marijuana, there is a correlation of increased marijuana use and mental health issues.
- Member Bemis
  - The line will no longer be called Access?
    - Correct, it will replace Access and the Substance Use System of Care. We're starting the messaging now as it takes time for people to learn about the changes.
  - How long will it take to complete the BQuIP?
    - About 10-15 minutes. We want to streamline the process by using a shorter screener. The BQuIP is endorsed by DHCS, and Sacramento County is a pilot county to update the tool.
  - Is the BQuIP tool like a pre-screening? If individuals need services, then we'll do the full ASAM?
    - Depending on how the person responds to the screener, we may do the full ASAM immediately. The goal is to assess for service necessity and appropriate level of care at the front door.
  - How do you treat someone who is using Xylazine?
    - People are still trying to use Narcan because some people are poly-substance users. Also taking them to the emergency department.
- Member Leuth
  - How are we addressing people who need substance use and mental health treatment?
    - 60% of people entering services have a co-occurring disorder. Until we have more integrated programs, we will refer to co-occurring programs or refer to mental health and substance use treatment. We are continuing our efforts to integrate our programs.

**IV. Presentation: Mental Health Urgent Care Clinic Overview**

- Presentation by Diana White, Leslie Springer, and Iffat Raufi with Turning Point Community Programs. See attached presentation.
- Overview of the Mental Health Urgent Care Clinic (MHUCC).
- Review of Annual Report (July 2023 – June 2024)

Member Comments/Questions:

- Chair Wentzel

- How do you manage 5150s when this is a voluntary service? What happens when you deem someone to be danger to self or other and when they don't want to go?
  - We walk individuals identified as meeting criteria for a 5150 to the Mental Health Treatment Center (MHTC) next door.
  - If someone walks off, we have security following them, and we have called Law Enforcement (LE) to make sure that individuals are safe. The idea is not to create any crisis without attempting to de-escalate. We do not want to create a situation where the individual will be traumatized. In situations where their safety is at risk, we will call 911.
- When LE drops off an individual at your door, do they bring people in that should've been 5150 by them or taken to a different facility?
  - LE brings individuals into the clinic, but they stay until we complete an assessment. We meet in a quiet room to make sure we can assess and do a quick triage to ensure whether the individual really needs to go to the hospital. The strength of MHUCC is the collaboration and working with LE to ensure they're aware of what we can and cannot do.
- Public asked about the availability of psychiatrists and policies around prescribing medications of people being seen at MHUCC.
  - If individuals are asking for medication consult, even if they have commercial insurance or Medi-Cal, we welcome and treat them with safety as the goal and the immediate need. MHUCC provides individuals with medications when needed to meet the goal of unnecessary incarceration and hospitalization.
- Do you staff your psychiatrists 24/7?
  - Currently staffed for 12 hours; however, we have access to our psychiatrists 24/7. Individuals that are coming for medication services oftentimes don't know their medications or dosage and the medical team has to verify medications and dosages – note that pharmacies and medical offices usually close at 9pm. We do not have medication on site and we provide electronic orders to the pharmacy. If a physician is not physically onsite, they are available via telehealth. MHUCC also does not prescribe controlled substances.
- Member Lueth
  - Couple of instances where I have brought my daughter and she felt as if there wasn't much they could provide except talk to a peer. She has an out-of-county provider. How is data shared when someone is coming from another county provider? Would you know who her psychiatrist is?
    - The MHUCC should provide the necessary services to ameliorate the crisis. The determination to prescribe medication in order to meet this goal is made by our medical director, who can look at the medications if they bring them in or they can provide the name/contact for who is prescribing. Again, please note pharmacies and medical offices close at 9pm, making it difficult to verify medications. MHUCC works at developing good relationships with providers to best serve our community.
- Lori (BHS)
  - The original design of this program is to have integrated services. I would like to see more data on serving individuals with co-occurring disorders and services that are substance use specific, which is not currently reflected in this presentation.
    - The MHUCC provides co-occurring services and we have this data; however, we were asked to focus our presentation on what was shared today. We are happy to include this information in our presentation moving forward.
- Member Lemis
  - September is highest month of admissions, lowest month is May and June. Is September higher because kids are back in school? With 5150s, the highest months is May and June, and lowest is September. How does that work?
    - Great observation about the patterns. During the month of September, we see more referrals when kids return back into school system, given most youth do not meet the acuity of hospitals.

## **V. Discussion of Topics for Future Meetings and Work Product for 2024**

- Chair Wentzel shared that the committee conducted four FSP site visits, and would like to know what the committee thinks about producing a work product and what that would look like. What further topics we would like to know about.
  - ASOC has not produced a work product since last year. Previous work products have focused on employment issues in FSPs and recommendations about reducing the jail population.
- Member Bemis suggested looking at FSPs and integration of SUD and MH and how that affects the FSP programs. We can provide a write up on each FSP and develop a survey for the FSPs to complete, specifically to ask whether substance use is being addressed and where the gaps are.
- Chair Wentzel reported out on the FSP visits:
  - CJSP: Substance use is an extremely important element in their program but they haven't been able to hire staff to complete SUD assessments due to lack of availability of trained staff willing to apply. They currently provide groups led by staff who do not have background in treating SUD. CJSP is also an innovation project with limited time funding.

- TAY FSP: Although clients have high use of substances, there is no interest in getting SUD services by clients.
- HeartLand Family FSP: Offers some assessment and referral to SUPT SOC.
- New Directions: Didn't specify. Level of integration into FSPs, resources based on the need weren't connected.
- Diana (Turning Point): TPCP has made a big push to get substance use specialist in all of our programs, especially FSPs; however, there are barriers on County side to meet criteria for credentialing.
- Member Lueth recommended working on integration of substance use and mental health services within the programs.
- Member Walsh agreed and shared it is important that the two streams are coming together. Finding more information on implementation would be helpful.
- Chair Wentzel would like to request that BHS provide a presentation on the planning that is underway or changes that are proposed on integrating MH and SUD services.
  - Lori (BHS) shared there is a lot of work to be done on the County level and provider level on the MH and SUD system. At the County level, we are making huge strides but there is still a lot of work to do. We need to identify the workforce or certification challenges with providers, and work with QM to look at the gaps.
  - Chair Wentzel would like to further explore the workforce or certification challenges with providers.
- Chair Wentzel likes the idea of focusing on one area, possibly with FSPs, and the integration happening within FSPs. Also likes the idea of creating a survey to put out to the FSPs to answer back.
- Chair Wentzel requested that committee members provide a list of questions to her by October 1<sup>st</sup>. The plan is to have a working meeting in October to review the questions, sort and prioritize questions to send to the FSPs, and to have the FSPs respond before the November meeting. The committee will review the FSP responses in the November meeting and determine next steps.

## **VI. Adjournment**

- Next meeting will be on October 7, 2024 from 6:00pm-7:30pm.
- Chair Wentzel adjourned the meeting at 7:37pm.



# Substance Use Prevention and Treatment Overview Training

## What's New?

*Lori Miller, LCSW, Division Manager  
Substance Use Prevention and Treatment Services*

**DIVISION OF BEHAVIORAL HEALTH SERVICES**  
**Ryan Quist, PhD, Behavioral Health Director**  
**Alcohol and Drug Administrator**

**Kelli Weaver, LCSW**  
**Behavioral Health Deputy Director**

**Lori Miller, LCSW, Division Manager**  
**Substance Use Prevention and Treatment Services**

**Edward Dziuk**  
Program Manager

Administrative  
Services & Support

Budget, Contract,  
Invoice

**Tory Ross**  
Program Manager

System of Care (SOC)  
for SUPT  
&  
Access for Mental  
Health

**Pamela Hawkins**  
Program Manager

Adult  
Outpatient/Intensive  
Outpatient, Residential,  
Withdrawal  
Management

Recovery Residences

Perinatal Services

**Stephanie Dasalla**  
Program Manager

Driving Under the  
Influence Programs

Medication Assisted  
Treatment

Prevention Services

**Kimberly Grimes**  
Program Manager

Collaborative  
Court Programs

Youth  
System of Care

Youth Services





Prevention



Outpatient/Intensive  
Outpatient



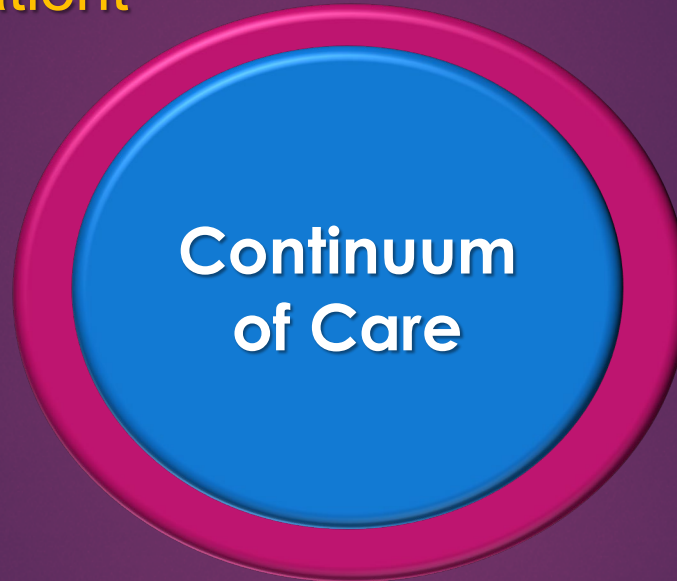
Residential



Withdrawal  
Management



Medication  
Assisted  
Treatment



Recovery  
Residences



Collaborative  
Court Programs



DUI Programs



Perinatal  
Services



# Prevention, Education, and Awareness

## What's New?



# Primary Prevention

## Priority Area 1:

Underage  
Cannabis/Marijuana Use

## Priority Area 2:

Underage and Binge  
Drinking

## Priority Area 3:

Community Trends -  
Fentanyl

**Four (5) Primary Prevention  
Providers**

SUBSTANCE USE DISORDER

## Strategic Prevention Plan

JULY 2021 - JUNE 2026





**Safer**  
Sacramento

Educational multimedia resources to guide individuals to make healthy choices and to avoid or reduce the potential harm from the use or misuse of alcohol, tobacco, marijuana, and other substances.



<https://www.safersacramento.com/>





**Safer**  
Sacramento  
*Youth*

## Youth Social Media Project

**Mental Health  
Substance Use  
Wellness**





SAC COUNTY  
*Healthy Beginnings*



Promotes a healthy and safe environment for Sacramento County's families and children through outreach and education for professionals and community members, addressing perinatal substance use prevention and intervention.

<https://sachealthybeginnings.com/>



# Fentanyl Education & Awareness

Collaboration with  
Arrive Alive, California

- School assemblies/ school districts
- Parent meetings
- Thousands reached
- Middle Schools, High School and Colleges



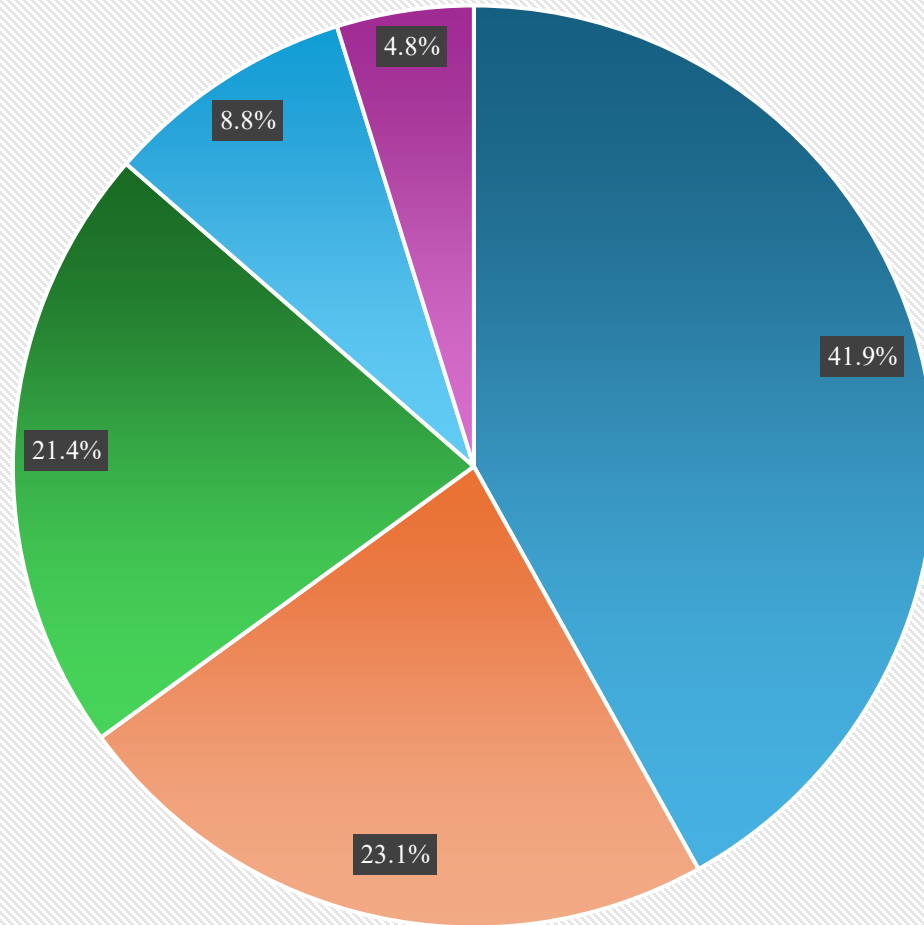




# **FY23/24 Data: Individuals Entering Treatment**

# FY23/24 Sacramento County SUPT Services Provided to Youth, Transition Aged Youth, Adults, Older Adults, Pregnant, Parenting Women, and Other Special Populations

FY23/24 YID  
(July 1, 2023 – May 31,  
2024) Approximately  
6,061 Individuals  
Received Treatment  
Services.





# Access to Behavioral Health Services

## What's New?



# BHS-SAC

## New Call Center

**STARTING JANUARY 1, 2025, SACRAMENTO COUNTY'S BEHAVIORAL HEALTH SERVICES (BHS) SCREENING AND COORDINATION (SAC) WILL LINK YOU TO SERVICES FOR ALL YOUR MENTAL HEALTH AND SUBSTANCE USE TREATMENT NEEDS!**

**Go-Live: JANUARY 1, 2025**



# What's changing?

DECEMBER 31, 2024, AND  
PRIOR

SUBSTANCE USE  
PREVENTION AND  
TREATMENT SYSTEM OF  
CARE CALL CENTER

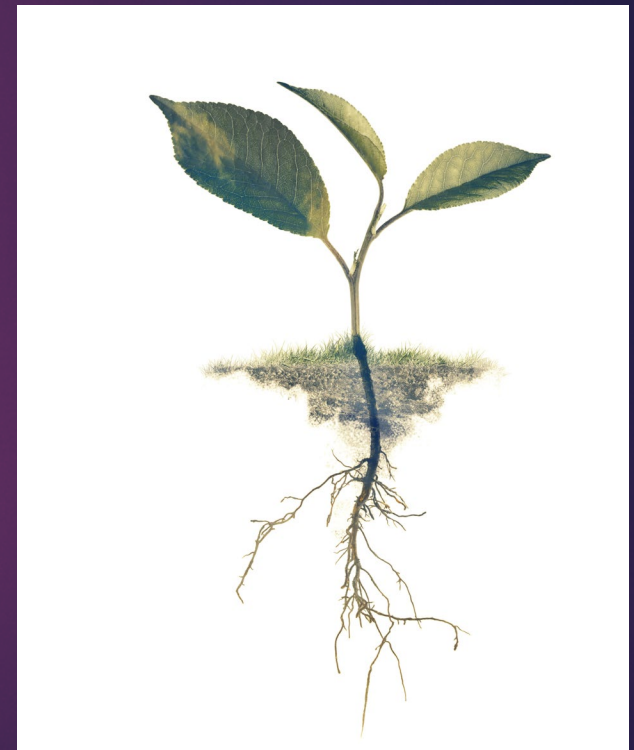


MENTAL HEALTH ACCESS  
CALL CENTER



JANUARY 1, 2025, AND  
FORWARD

BHS-SAC  
BEHAVIORAL HEALTH  
SERVICES  
SCREENING &  
COORDINATION  
CALL CENTER





# BHS-SAC

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## Primary access point for BHS treatment services

- **Adults**: Brief Questionnaire for Initial Placement (BQulP) to Determine the right modality of service.
- **Children/Youth/CPS Youth**: CA ASAM Assessment to Determine Medical Necessity & Level of Care
- Care Coordination (formerly Case Management)
- Referral to network service provider



## Other Access Points

- Child Protective Services
- Children's Receiving Home
- Collaborative Courts
- Juvenile Delinquency Court
- Probation Department
- Rio Cosumnes Correctional Center
- Sacramento County Main Jail
- Sacramento County Mental Health
- Sacramento County Health Center
- Wind Youth Services
- Youth Detention Facility

# Additional Access Points or Pathways for Individuals Seeking BH Services

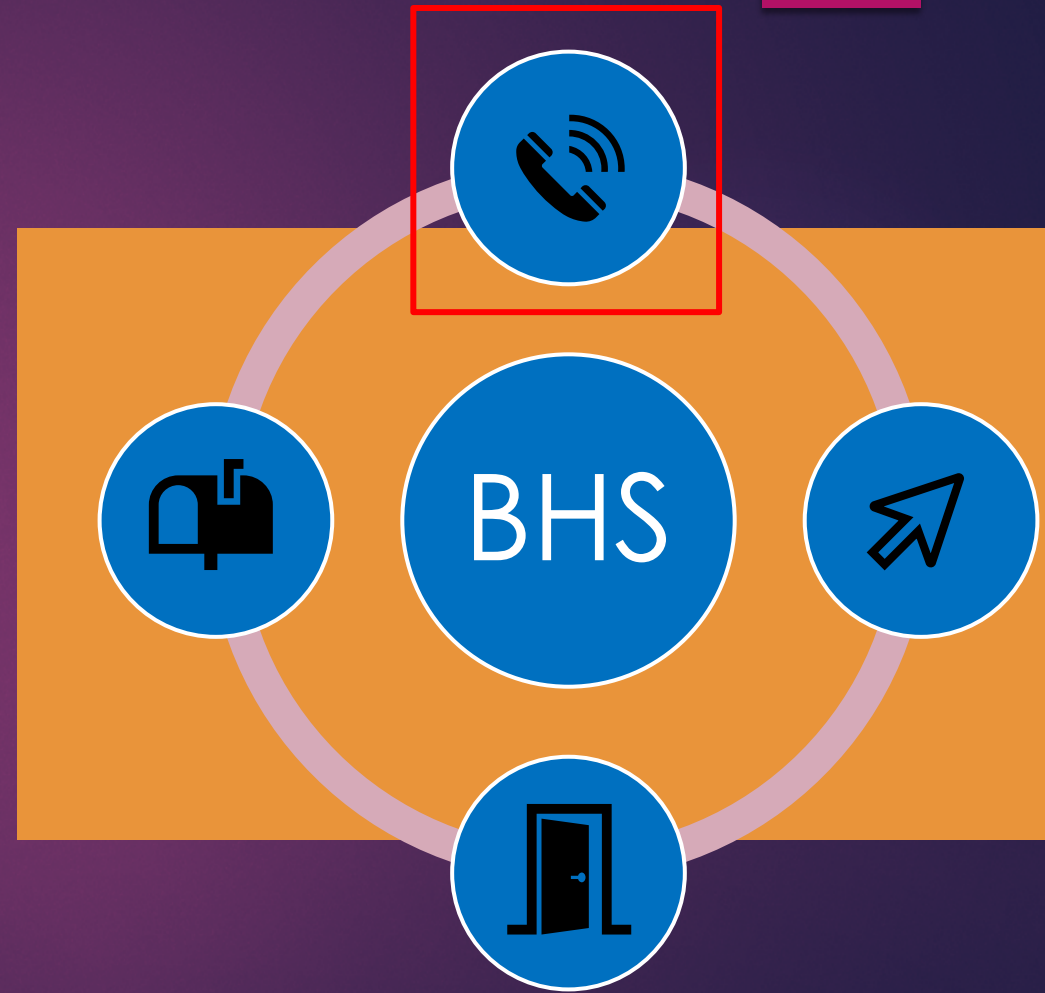




# How to Seek Behavioral Health Services



One Point of Entry



# CONTACT BHS-SAC



## PHONE NUMBER

916-875-1055,  
CA Relay 711



## FAX NUMBER

916-875-1190



## TOLL FREE NUMBER

888-881-4881



## HOURS

24 Hours a Day,  
365 Days a Year



# BHS-SAC – Services Offered



Screening for Mental Health and Substance Use Services



Mental Health and Substance Use Outpatient Treatment



Residential Treatment



Recovery Residences/Sober Living Environments



Care Coordination



Crisis Intervention



Medication Support



Medication Assisted Treatment



Therapy Rehabilitation Services and Groups



Driving Under the Influence Programs



Linkage to Community Resources





# Treatment & Recovery Services

## What's New?

# Withdrawal Management (WM)

- **Level 3.2 WM**
  - Withdrawal management in a residential setting which includes a variety of supports
  - Two (2) program site within residential treatment facility
  - Sacramento Recovery adding to their services

# Residential Treatment

- **ASAM 3.1 Residential**
  - Structured SUD treatment / recovery services that are provided in a 24-hour residential care setting with patients receiving at least 5 hours of clinical services per week.
- **ASAM 3.5 Residential**
  - 24-hour structured living environments with high-intensity clinical services for individuals who have multiple challenges to recovery and require safe, stable recovery environment combined with a high level of treatment services.
- 2 New providers coming in Nov,  
approximately 38 more beds



# Medication-Assisted Treatment (MAT)

## Narcotic Treatment Programs (NTP)

- For opioid addiction and stabilization including counseling, methadone, other FDA medications, and coordination of care.
- Nine (9) program sites
- Six (6) in-County program sites
- Three (3) out-of-County program sites

## Non-NTP MAT Programs

- Outpatient MAT including a range of FDA SUD medications other than methadone, accompanied by counseling and care coordination for optimal outcomes.
- One (1) program site: Transitions Clinic (Buprenorphine)
  - NEW - Mobile Medicine Teams – MIH (Sac Metro Fire), Sacramento Opioid Response Teams (Sacramento Fire Dept)

# Recovery Residences/Sober Living Environments

24-hour residential drug-free housing for individuals in outpatient or intensive outpatient treatment who need drug-free housing to support their recovery while in treatment.

- Twelve (12) program sites
- Akua Behavioral Health adding to their services



# Perinatal Services

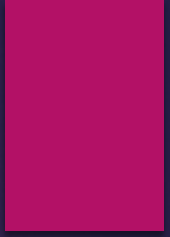
Designed to meet the unique SUD treatment and recovery needs of pregnant and parenting women of minor children.

## A continuum of treatment services:

- Outpatient Treatment
- Intensive Outpatient Treatment
- Withdrawal Management/Detoxification
- Residential Treatment
- Transitional Living
- Care Coordination
- Educational Women's Perinatal Services
- Child Play Care



**NEW** - Going out to competitive bid in few months



# Opioid Settlement Funded Projects



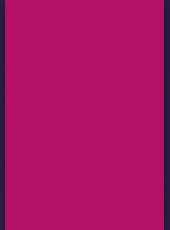


*Harm Reduction Services*

"Hope without limits for all people through Harm Reduction"

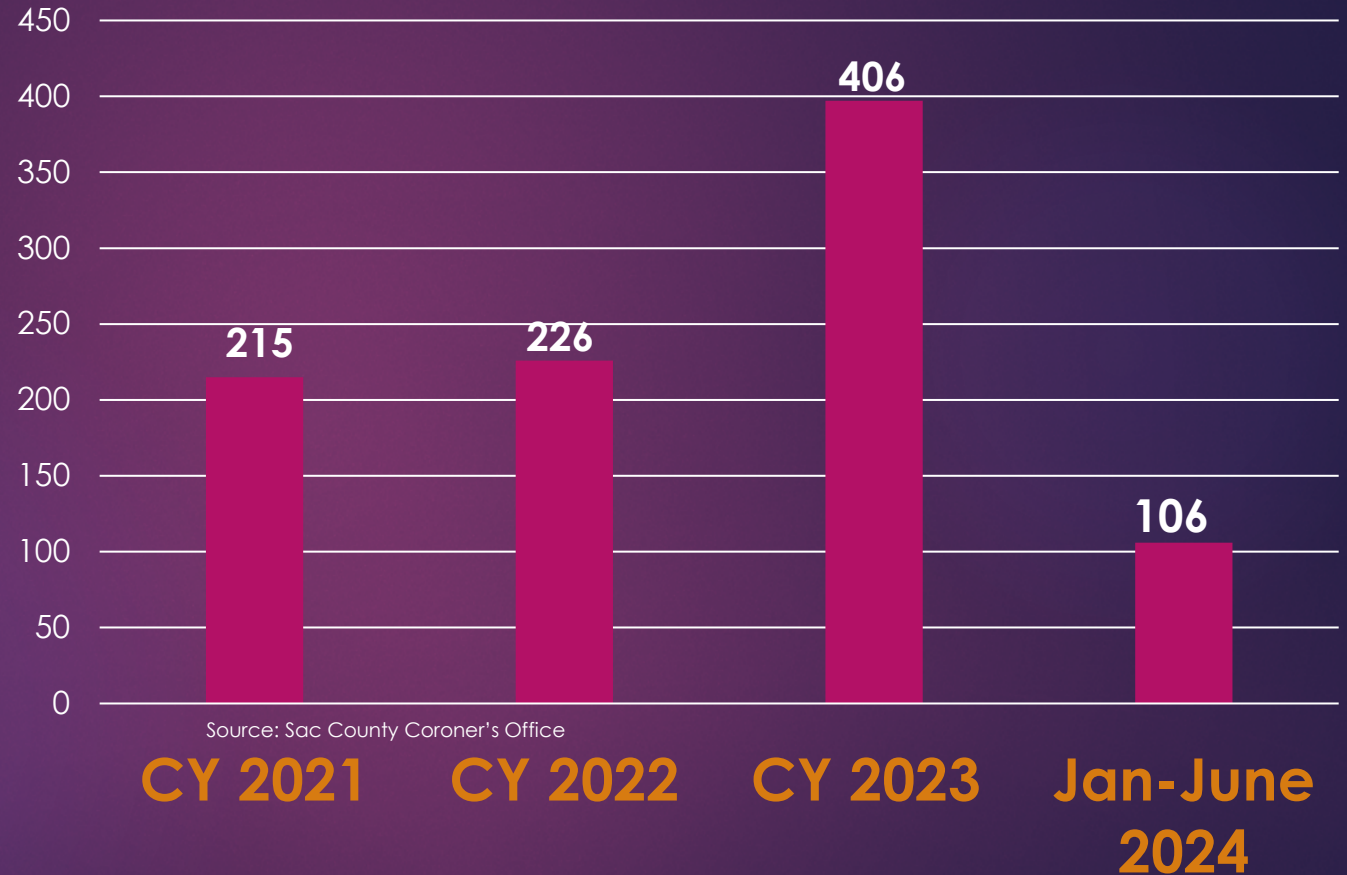






# 2024 Data: Highest Overdose Deaths

# Fentanyl Related Deaths By Year



2024: 142 Deaths



# Meth Intoxication Deaths within Sacramento County

Calendar Year 2021	Calendar Year 2022	Calendar Year 2023
250	280	342





# Information on Substances

# The New Methamphetamine

## What is 'super meth'?

Super meth is a methamphetamine produced in Mexican drug labs with a unique construction. The drug is 93% pure, and the high produced from it can last 24 hours. Mexican drug cartels are mass producing this substance with cheaper ingredients, making production costs low. The result is a much more potent drug, which treatment specialists say users are struggling to kick. It's being called, "the most potent form of methamphetamine we have ever seen in our history," saying it is "more than the human brain can handle." Sam Quinones, Reporter

<https://www.newsnationnow.com/health/super-meth-faq-questions-drugs/>  
February, 2023

# ▶ What is Fentanyl?

## ▶ Fentanyl Facts

A SYNTHETIC OPIOID IS **50X** STRONGER THAN HEROIN AND **100X** STRONGER THAN MORPHINE.

- PRIMARILY MANUFACTURED IN CHINA, MEXICO, AND INDIA.
- YOU CAN'T SEE IT. YOU CAN'T TASTE IT. YOU CAN'T SMELL IT.

PHARMACEUTICAL FENTANYL

- USED FOR MEDICAL PURPOSES IN A CONTROLLED ENVIRONMENT AND A VERY PRECISE DOSAGE IS PRESCRIBED.
- USED FOR ANESTHESIA, ADVANCED-STAGE CANCER, AND SEVERE PAIN

ILLICITLY MANUFACTURED FENTANYL

- ILLEGALLY SOLD WITH NO OVERSIGHT OR QUALITY CONTROL AND VARIES IN POTENCY
- MIXED WITH OTHER ILLEGAL DRUGS TO INCREASE POTENCY AND ADDICTION
- USED TO PRESS PILLS THAT LOOK LIKE PRESCRIPTION MEDICATION



# Xylazine- What is it?

- ▶ Xylazine, a non-opioid veterinary tranquilizer not approved for human use, has been linked to an increasing number of overdose deaths nationwide in the evolving drug addiction and overdose crisis.
- ▶ Research has shown xylazine is often added to illicit opioids, including fentanyl.
- ▶ People report using xylazine-containing fentanyl to lengthen its euphoric effects.
- ▶ Also known as “tranq,” xylazine is a central nervous system depressant that can cause drowsiness and amnesia and slow breathing, heart rate, and blood pressure to dangerously low levels.
- ▶ Taking opioids in combination with xylazine and other central nervous system depressants—like alcohol or [benzodiazepines](#)—increases the risk of life-threatening overdose.

# What is NARCAN?

- ▶ FDA approved , safe for all ages
- ▶ Narcan/Naloxone is a medicine that rapidly reverses an opioid overdose/fentanyl poisoning.
- ▶ It reverses and blocks the effects of opioids.
- ▶ Quickly restore normal breathing within 2-8 min.
- ▶ Has no effect on someone who does not have opioids in their system.

Countywide Narcan Distribution Program

Opioid Dashboard on the Opioid Coalition  
Website: [www.Sacopioidcoalition.org](http://www.Sacopioidcoalition.org)





# How to Administer Narcan

## Deploying the nasal spray kit

**1 PEEL** back the package to remove the device.



## Deploying the nasal spray kit



Do not press plunger until you are ready to administer the dose

**2 PLACE** the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.



## Deploying the nasal spray kit



**3 PRESS** the plunger firmly to release the dose into the patient's nose.



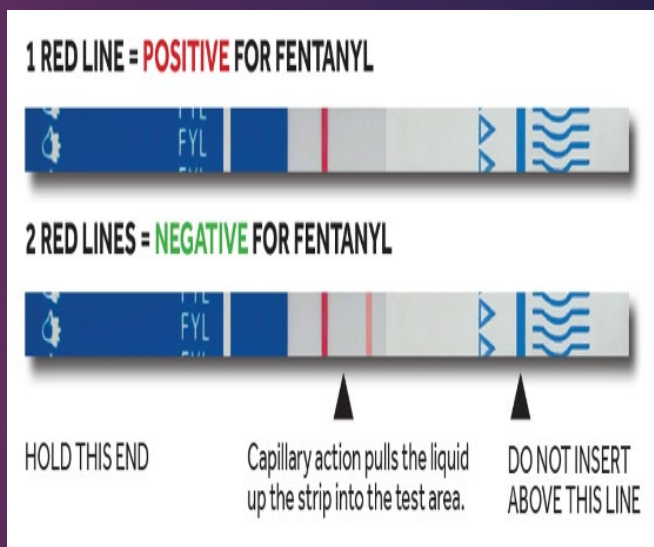
# Fentanyl Test Strips

What are fentanyl test strips?

- Fentanyl test strips are small strips of paper that can detect the presence of fentanyl in different drugs (such as cocaine, methamphetamine, and heroin) and drug forms (pills, powder, and injectables).

Sacramento County and DHCS Provide Free Fentanyl Test Strips

- The newest initiative from the Substance Use Prevention and Treatment (SUPT) team is Safer Sacramento. The website speaks to issues with all the trending substances, free Narcan and Fentanyl test strips, processing grief, a grief support group, a page for youth, and a page for reaching out to diverse communities. For more information, visit: [www.SaferSacramento.com](http://www.SaferSacramento.com)
- To request free fentanyl test strips, complete the online application located on the [DHCS website](#). The application includes instructions, as well as terms and conditions of receiving fentanyl test strips from DHCS.



# Questions?

Substance Use  
Prevention and  
Treatment (SUPT)

- Main Line: (916) 875-2050
- System of Care for SUPT:  
(916) 874-9754 or (888) 881-4881

Pamela Hawkins,  
LCSW, Health  
Program Manager

- Office Phone (916) 875-9850
- Cell Phone (916) 639-0588
- [hawkinsp@saccounty.gov](mailto:hawkinsp@saccounty.gov)

Lori Miller, LCSW,  
Division Manager

- Office Phone (916) 875-2046
- [MillerLori@saccounty.gov](mailto:MillerLori@saccounty.gov)

Thank You!





# MENTAL HEALTH URGENT CARE CLINIC

Iffat Raufi: Program Director Mental Health Urgent Care Clinic

Leslie Springer: Regional Director for TPCP Crisis Continuum

Diana White: Chief Operations Officer Turning Point Community Programs



# MENTAL HEALTH URGENT CARE

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The **Mental Health Urgent Care Clinic** provides services on a voluntary, walk-in basis to Sacramento County residents of all ages who are experiencing a mental health and/or co-occurring substance abuse crisis.

# MENTAL HEALTH URGENT CARE

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- Individuals and families must be able to consent to treatment to be admitted to MHUCC services.
- When individuals and families have an immediate mental health and/or co-occurring substance use need and do not require urgent or emergency medical care, the Mental Health Urgent Care Clinic is an alternative therapeutic environment that can provide behavioral health services and link individuals to the care and resources needed to stabilize.
- The Clinic is a voluntary outpatient program but does not provide on going services.







# ACCESSIBILITY TO THE CLINIC

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- The MHUCC is accessible to both Sacramento County residents and the system partners.
- Law Enforcement Officers can bring individuals not presenting any imminent threat and not in need of medical treatment.
- The MHUCC is accessible to Crisis Navigation Program, MCST, CWRT and CST.

## MENTAL HEALTH URGENT CARE

# GOALS

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1

Create alternatives for those in crisis seeking mental health care;

2

Improve the client experience in achieving & maintaining wellness;

3

Reduce psychiatric hospitalizations and/or incarcerations;

4

Reduce emergency department visits for urgent mental health needs;

5

Improve care coordination across the system, including linkages to other needed resources & timely access to mental health services.

# TYPES OF SERVICES OFFERED

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- A safe space for individuals and families
- Peer and family support
- Psychiatric medication evaluation (*excluding controlled medications*)
- Integrated co-occurring mental health and substance use crisis assessment
- Crisis intervention and problem solving to avert the need for inpatient hospitalization
- Referral and linkage to on-going services and community supports





# LANGUAGE CAPACITY

ARABIC	DARI	HMONG
FARSI	VIETNAMESE	GERMAN
PUSHTO	MANDARIN	SPANISH
TAGALOG	URDU	HINDI
RUSSIAN	UZBEK	FRENCH

INTENTIONAL USE OF GENDER AFFIRMING LANGUAGE



# NUMBER OF CLIENTS SERVED

November 28, 2017 - August 30, 2024

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The MHUCC has been privileged to serve  
**22,495** individuals and families

