

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

MINUTES – IN PERSON MEETING HYBRID PARTICIPATION OPTION

Monday, January 6, 2025

6:00 PM – 7:30 PM

Members Present: Patricia Wentzel, Brad Lueth, Laura Bemis, Melinda Avey

Members Absent: None

Agenda Item

I. Welcome and Introductions

- Introductions
 - Acknowledgement of [Conduct Agreement](#)
 - Announcements by MHB ASOC Committee Members
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- Chair Wentzel commenced the meeting at 6:00pm, introductions were made and Conduct Agreement acknowledged.
 - No announcements were made by committee members.

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 on Crisis Residential Program

- Presentation on Crisis Residential Program (CRP) by Turning Point (TP) and Capital Star (CS). Please see attached PowerPoint Presentation for reference.
- Christina Irizarry (BHS), Health Program Manager and Randall Freitas (BHS), Mental Health Program Coordinator, introduced themselves and the CRP presenters.
- Leslie Springer, Derrick Bane and Rachelle Veliz of TP introduced themselves and presented on TP's 3 CRPs in Sacramento County, located in South Sacramento, Rancho Cordova, and Rio Linda. Each CRP location has 15 beds. TP presenters reviewed the referral process and types of services offered.
- J'Quaysha Tucker of CP introduced herself and presented on their Transitioned Age Youth (TAY) CRP program, The Stay. The TAY CRP serves young people from ages 18-29 and also has 15 beds. The program focuses on independent living skills. CP reviewed their referral process, services offered, and frequently asked questions. They also provide a daily census email.

Member Comments/Questions:

- Chair Wentzel
 - To what extent can you accommodate people with physical disabilities?
 - TP: We can take wheelchairs if they are ambulatory, and they can have walkers or canes but we make sure they can get in and out of bed and out of the facility. We complete a mobility assessment.
 - There is no alternative for someone who is in a wheelchair?
 - TP: Not that we're aware of. They must be ambulatory. According to licensure, if someone ends up needing more care than we can provide, then it's not a safe situation. Although we try to make it work. The population we serve has a fair amount of co-occurring medical issues that once they're in our care, we need to provide adequate service.
 - Do you accept people with CPAP machine? No
 - Do you do FSP referrals directly from CRP?
 - TP: Yes. We can get it done pretty quickly to complete the LIST. The goal is get them linked

- before they leave.
- Do FSP referrals get priority?
 - TP: It depends, they need a comprehensive plan. FSPs usually respond within a couple of days. Ultimately it is how the Intensive Placement Team processes.
- What is a standard approach to helping people getting housed?
 - TP: We don't provide housing. Our goal is to help guide people to different resources. Housing doesn't meet medical necessity for services alone; however we work with them on what the needs are and coordinate with the receiving provider on housing. They also might choose to not utilize that option, we run into that. We are constantly in conversation with people we serve and try to work out options.
- Do you do CalAIM referrals?
 - TP: Yes, we do Enhanced Care Management (ECM) referrals.
- Do you help people get Medi-Cal if they don't have yet?
 - TP: Yes. Or if people have fallen off or moved to different County.
- Do you also do the SOAR program benefits for social security?
 - TP: Not the SOAR program specifically. People are in varying stages of that process so maybe now they're getting linked with the FSP and they're helping, or they're meeting with their attorney and needing support with that.
- Do you staff 24/7 peers?
 - TP: We don't staff peers to do all of the duties that are tasks that can take up the whole shift. We try to make a distinction to have someone who can connect with everyone.
- Do you think 2 peers is enough staff? Would you like to have more? If you had more money, would you hire more peers?
 - TP: It would be nice to have more but then we'd have to take away positions. Yes, we would have Peers use more of their time in the community like getting Medi-Cal turned on or getting benefits at the office. It's a stimulating environment and it can take up the whole day. Having the ability to engage more in the community would be helpful. Staffing resources are not infinite.
- To what extent do you provide support to individuals with substance use treatment or managing symptoms?
 - TP: The majority of people we serve have substance use concerns. We have physicians that have double board certifications and do a lot of consultation. We coordinate with providers and make sure they have that connection before they leave. We work with methadone clinics, or offer medications for alcohol use disorders, tapering for controlled meds, doctors will look at how to safely taper them, and linking them to ongoing services.
- Do you provide groups?
 - TP: Yes, we provide groups and linkages.
- Are you aware of alternative groups to individuals seeking support for substance use? Do you know about the Buddhist group? There is also a CBT-based one that is online so you'd have to facilitate that one.
 - TP: Yes.
- Do you employ someone who is certified in substance use?
 - TP: Right now, it's hard to get credentialed through QM because substance use treatment doesn't count their years of experience. That's been an ongoing challenge.
- Is that a duplicate number (referring to client served in the PPT presentation)?
 - TP: Yes
- Do you know what proportion you get from ED, CSU referrals vs community?
 - CS: Most referrals come from the hospital or the community. We also get a lot of referrals from FSPs or our community. Our goal this year is to work with Kaiser and do office hours where a Peer would be available to case consult and can transport. Paperwork is a lot and a doctor has to sign off on it, so having a person in place to help facilitate that process is a good idea.
- Do you have a lot of former foster youth?
 - Yes, and we get a lot of referrals from Sac County Jail and the Elk Grove RCCC. We will go to the facility and do a screening to get a referral.
- Member Bemis
 - What's the average length of stay for someone in a CRP?
 - TP: Last Fiscal Year it was 27 days average. It gets skewed because there are folks who stay one or two days, and other people have longer stays like 45 days. We can get an extension to up to 60 days. Christina (BHS) added we can ask for an extension for 30 more days to continue to support individuals who are at risk of returning if they get discharged. Every individual has their own needs.
 - Do you use Peers in your programs at the facilities? What are their job duties?

- Yes. We have 2 peer support staff at each of our locations. They are like the welcoming committee into the program and helping individuals with the transition because people are coming from different settings, so that they can feel safe. They act as a liaison when there's a disagreement or request that members have. Peer staff do a good job with communicating and coaching. They have similar job duties as our staff but in the role of a peer and building the relationship.
 - How do you do documentation so Peers get reimbursed for Medi-Cal?
 - We complete a bundled note and bill a day rate that includes the Peer services. If we were allowed to bill for Peers separately to draw down more Medi-Cal, that would be great.
 - You do all the cooking?
 - CS: We have a coach who does the cooking and she also teaches independent living skills and runs groups. We run groups and focus on budgeting and nutrition.
 - Have you thought about doing a link about a rolling database on your website that shows availability of beds? This is currently being done in Los Angeles. It is called SBAT (Services and Bed Availability Tool).
 - TP: No, but that is a great idea.
 - Do you get referrals from Youth Help Network of The Source?
 - CS: Yes we get referrals from Youth Help Network. The Source, not as much.
 - Do you guys have much interaction with the Community Wellness Response Team?
 - TP/CS: We've gotten one or two referrals from the ED but we need to track people down because we need the physician's report.
 - Do you offer substance use treatment with youth?
 - We offer AA and NA groups twice a week. We also offer a harm-reduction intervention that is done one-on-one but have also done them in groups.
 - Stay also has 2 peers? If you had the funding would you have more peers?
 - CS: Yes, and yes.
- Member Leuth
 - What is the reason for 15 clients?
 - TP: It is mainly due to Medi-Cal regulations, but it also allows us to have a home-like facility.
 - If someone gets 5150, can they get referred straight to CRP?
 - TP: If they don't need to be kept on a hold. The EDs will call to see if they have bed availability
 - There is an increase in mental health issues in young adults, do you see yourself expanding more? 15 beds is not enough.
 - CS: Possibly in the future, we're fairly new.
 - Are you at capacity most of the year?
 - CS: We are usually around 13 or 15 beds for the last year. The first year we struggled to meet census but our outreach specialist has done great work with spreading information about our program.
 - If you don't have a bed for someone who is 26, do you refer to another?
 - CS: If we are at capacity or the young person is out of our age range, then we will coordinate and exchange referrals with other CRPs and pick up where they left off.
- Member Avey
 - Are you drug Medi-Cal certified?
 - TP: No, we are only certified to provide Medi-Cal mental health services.
 - What is short-term therapy?
 - TP: We have social workers and counselors that provide short-term therapy that is based on a person's stage of change. We also use Motivational Interviewing to help people identify where they're at and where they'd like to be.
 - Do you work with outpatient substance use treatment providers in the area? Do you transport them? Is that done daily?
 - TP: Yes, especially appointments for their Medication Assisted Treatment, getting linked to ongoing counseling services and through System of Care, formerly Substance Use Prevention and Treatment. It's based on the need, the request and desire is of the person being served.
 - What percentage of clients have co-occurring substance use?
 - TP: About 90%.
 - Don't you have to be drug Medi-Cal certified to provide substance use counseling?
 - TP: Not drug Medi-Cal but Medi-Cal. It would be nice to have someone and to integrate further, but we can't credential them based on the QM standards.

IV. Discussion About Results of FSP Survey

- Chair Wentzel reported she was not well equipped to discuss the survey results today. Chair expressed that although the FSPs were enthusiastic about offering to help, she shared frustrations regarding the survey in that the respondents were anonymous so the results were not useful. Six out of 13 programs responded.

V. Adjournment

- Chair Wentzel plans for this committee to meet in February. The ad hoc meeting on the behavioral health commission is continuing to meet and there is currently no resolution on that subject. The MHB will continue to operate for the time being.
 - Members discussed changing the meeting dates for February and March due to Member Bemis' schedule conflict.
 - Chair Wentzel proposed to meet on February 4th and March 4th pending room and staff availability.
 - For February's meeting, Chair Wentzel proposed to start looking at the way Peers are being used throughout the adult programs. For example, how many peers, what are the wages, what are the barriers to using and implementing the use of Peers in the workforce, and what kinds of jobs are being offered. Chair will ask Kelli Weaver about how to get that information.
- Chair Wentzel adjourned the meeting at 7:25pm.

CRISIS RESIDENTIAL PROGRAMS (CRPs)

Presented by :

Leslie Springer, LCSW Regional Director, Turning Pont Community Programs
J'Quaysha Tucker, LMFT, LPCC, Program Director, Capital Star TAY CRP



The STAY[™]



CRISIS RESIDENTIAL PROGRAMS



CRISIS RESIDENTIAL PROGRAMS

The **Crisis Residential Programs** provide short-term crisis stabilization services on a voluntary basis to Sacramento County residents ages 18+. Services are provided in a home-like, residential setting as an alternative to, or step down from, inpatient psychiatric hospitalization.

CRISIS RESIDENTIAL PROGRAMS

- TPCP operates three **Crisis Residential Programs** in Sacramento County:
 - South Sacramento
 - Rancho Cordova
 - Rio Linda
- All three programs are co-ed and can serve up to 15 adults at a time.
- The facilities are Medi-Cal Certified, licensed by DSS Community Care Licensing, and hold a Social Rehabilitation Program Certification through DHCS.





REFERRAL PROCESS

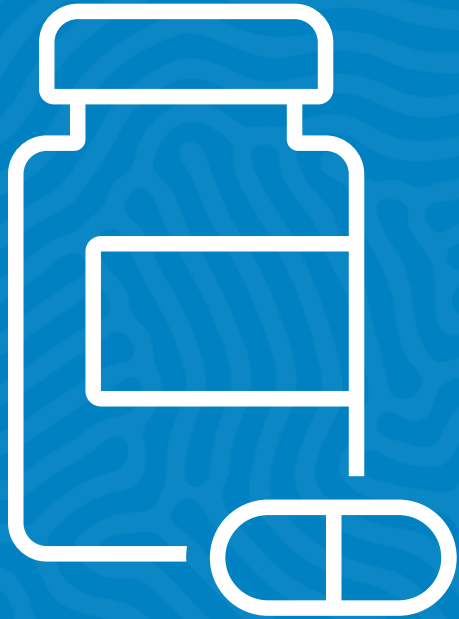
- All referrals to TPCP **Crisis Residential Programs** are processed through our centralized intake team.
- Referrals come from Inpatient Psychiatric Hospitals, Outpatient Providers, the Crisis Stabilization Unit, the Mental Health Urgent Care Clinic, and Emergency Departments.
- Referrals are reviewed and screened to ensure eligibility criteria are met.

TYPES OF SERVICES OFFERED

- A safe and discreet home-like environment for treatment
- Food, clothing, shelter, and overall support with returning to community living
- Psychiatric medication evaluation and support with utilizing medications as a tool for recovery
- Crisis intervention, group and individual sessions, and case management, geared toward stabilization and community re-entry
- Integrated care that recognizes the complex needs of persons served – referrals, linkages and coordination of care with mental health, substance use, and medical services in the community



Integrated Substance Use Disorder Treatment at CRP



Assistance in establishing care with methadone clinics and methadone administration on site

Medications for alcohol use disorders (naltrexone, vivitrol, acamprosate, etc)

PRNs for substance withdrawal symptoms (clonidine, zofran, NSAIDs, etc)

Tapering schedules for controlled medications such as benzodiazepines or opioids

Suboxone initiation, titration and maintenance (including sublocade)

Integrated Substance Use Disorder Treatment at CRP

-continued-

Short-term therapy, case management, groups, and 24/7 staff support through a recovery and motivational interviewing perspective

Assistance in establishing ongoing outpatient care




Resources and linkages to self-help supports in the community

Harm-reduction strategies, including naloxone and fentanyl test strips at discharge



LIVING SITUATION

(Includes all discharges - duplicated)

Living Situation at Intake	Living Situation at Discharge	
 <p>308 Homeless</p>	<p>Became Housed: 123 Temporarily Housed: 81</p>	<p>Remained Homeless: 47 Higher Level of Care: 9 Out of County: 3 Unknown: 45</p>
 <p>24 Temporarily Housed</p>	<p>Became Housed: 7 Remained Temporarily Housed: 8</p>	<p>Homeless: 1 Higher Level of Care: 1 Out of County: 1 Unknown: 6</p>
 <p>120 Housed</p>	<p>Remained Housed: 80 Temporarily Housed: 23</p>	<p>Became Homeless: 4 Higher Level of Care: 3 Unknown: 10</p>

NUMBER OF CLIENTS SERVED

July 1, 2023 – June 30, 2024

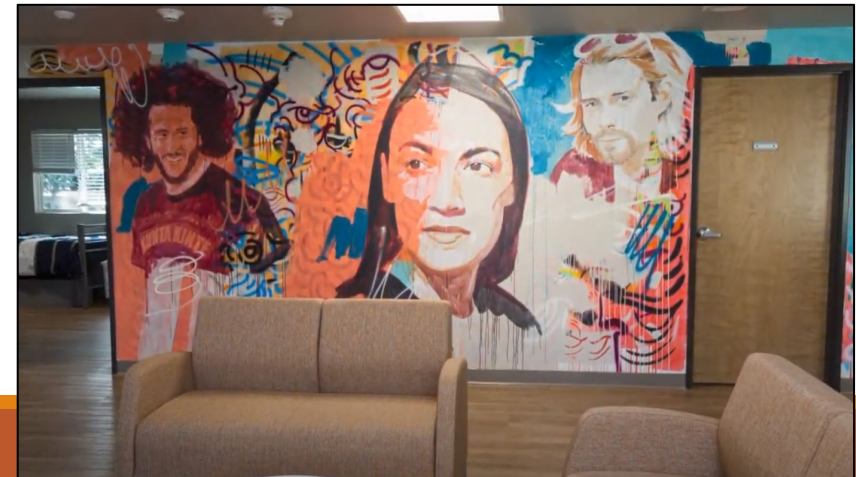
The Crisis Residential Programs were privileged to serve **479** individuals during the 23/24 fiscal year.



Welcome to...

The STAY™

Crisis Residential Program - Sacramento, CA





The STAY™

The Stay is a 15-Bed crisis residential program serving Transition-Aged-Youth (TAY), ages 18-29 who are experiencing a behavioral health crisis and are in need of stabilization before returning to the community. Services provided include: medication management, coaching, case management, mentoring, peer advocacy, individual therapy, and individual/group rehabilitation.

A Young Person (YP) at the Stay experience residential treatment around an average of 30 days while they interact, gain community resources, develop coping strategies, and engage in daily group activities.



Referral Based Program

- YP must meet admission criteria in order to be considered.
- If YP meets one of our exclusionary criteria, it may result in YP being denied entry into CRP.



Crisis Residential Program

REFERRAL CHECKLIST

Admission Criteria

- | | |
|---|---|
| <input type="checkbox"/> Sacramento County Resident | <input type="checkbox"/> Target Pop. Diagnosis |
| <input type="checkbox"/> Ages 18-29 | <input type="checkbox"/> Medi-Cal/Medi-Cal eligible/uninsured |
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Willingness to participate |
| <input type="checkbox"/> Referral must be voluntary | |

Exclusionary Criteria

- | | |
|---|---|
| <input type="checkbox"/> Registered Sex Offender | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Conviction of Arson | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> Conviction for Drug Trafficking | <input type="checkbox"/> Out of County Medi-Cal (some exceptions) |
| <input type="checkbox"/> Unable to Ambulate Independently | <input type="checkbox"/> Unable to Self-Manage Medical Condition |
| <input type="checkbox"/> Has active Tuberculosis (TB) | |

Documents Needed for Referral




- | | |
|---|----------------------------------|
| <input type="checkbox"/> CRP Referral Form | <input type="checkbox"/> LIC 602 |
| <input type="checkbox"/> TB results OR proof of placement | |
| <input type="checkbox"/> Tentative Discharge Date (Inpatient) _____ | |
| <input type="checkbox"/> CRP Referral Checklist | |

*FAX DOCUMENTS NEEDED FOR REFERRAL TO (916) 244-2751

Referral Fax Line: (916) 244-2751 • Referral Phone Line: (916) 890-3000

Referral Documents

CRP Referral Form

  		Date of Referral:
Client Name: _____		Client ID #:
DOB: _____		
Please describe the current symptoms and behaviors that necessitate referral for Crisis Residential Services:		
Based on your assessment and knowledge of the client's current symptoms and situation, what are the current mental health treatment needs? (Treatment needs must meet medical necessity; although environmental factors contribute to crises, housing and substance abuse issues alone do not meet medical necessity.)		
What is the estimated length of stay needed to stabilize symptoms? Up to 14 days 15-30 days		
Current Mental Health Diagnosis per DSM V Primary Diagnosis: Diagnosis 2: Diagnosis 3: Diagnosis 4: Diagnosis 5: Source of Diagnosis: Date of Diagnosis:	Conservatorship? Yes, Contact info: No	Source of Income SSI SSDI GA None Other:
Current Medication(s) (psychiatric & medical) 1. 2. 3. 4. 5.	Name of support person(s) in the community 1. 2.	
Please describe any history of assaultive/aggressive/violent/threatening behavior and date of last occurrence:		
Name of Client's Primary Care Physician		
Client Living Situation Where does the client sleep at night? Is their living situation temporary even though it's more than one night? Where did they sleep before being hospitalized? Board and Care Homeless Respite (Abiding Hope, TLCS, etc.) Temporary Shelter With Family/Friend (Couch Surfing) Emergency Shelter Uninhabitable Space (i.e. under bridge) Hotel/Motel House/apartment Room and Board Supported housing Unknown Other:	Co-occurring Substance Use: Yes No Please describe any substance use or abuse challenges and date of last occurrence:	
Please describe any cultural/language/spiritual accommodations or needs:		
I have discussed this referral with the client and client agrees with referral: _____ Please INITIAL		
Referral Source Staff Name:	Referring Hospital/Program Name:	Referral Source Phone Number:

Please fax this completed referral form, along with records, and LIC 602 form to: Referral Fax Line: (916) 244-2731; Capital Star Phone Line: (916) 890-3000

LIC 602

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING	
PHYSICIAN'S REPORT FOR COMMUNITY CARE FACILITIES For Resident/Client Of, Or Applicants For Admission To, Community Care Facilities (CCF).			
NOTE TO PHYSICIAN: The person specified below is a resident/client of or an applicant for admission to a licensed Community Care Facility. These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients. THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE. The information that you complete on this person is required by law to assist in determining whether he/she is appropriate for admission to or continued care in a facility.			
FACILITY INFORMATION (To be completed by the licensee/designee)			
NAME OF FACILITY:		TELEPHONE:	
ADDRESS: NUMBER	STREET	CITY	
LICENSEE'S NAME:		TELEPHONE:	FACILITY LICENSE NUMBER:
RESIDENT/CLIENT INFORMATION (To be completed by the resident/authorized representative/licensee)			
NAME:		TELEPHONE:	
ADDRESS: NUMBER	STREET	CITY	
NEXT OF KIN:		PERSON RESPONSIBLE FOR THIS PERSON'S FINANCES:	
PATIENT'S DIAGNOSIS (To be completed by the physician)			
PRIMARY DIAGNOSIS:			
SECONDARY DIAGNOSIS:			LENGTH OF TIME UNDER YOUR CARE:
AGE:	HEIGHT:	SEX:	WEIGHT:
IN YOUR OPINION DOES THIS PERSON REQUIRE SKILLED NURSING CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TUBERCULOSIS EXAMINATION RESULTS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> NONE			DATE OF LAST TB TEST:
TYPE OF TB TEST USED:		TREATMENT/MEDICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	
OTHER CONTAGIOUS/INFECTIOUS DISEASES: A) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:		TREATMENT/MEDICATION: B) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	
ALLERGIES C) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:		TREATMENT/MEDICATION: D) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	

LIC 602 (7/11) PAGE 1 OF 3



What happens once The STAY receives a referral?

- Intake Specialist has 24 hours to process the referral and reach out to the referring party if any information is missing/incomplete. Completed documentation is due within 72 business hours.
- If the referral shows that YP meets criteria, a clinician will reach out to the referred party to complete a screening to assess for willingness to participate and confirm responses on CRP referral form
- If YP is approved for admission, clinician will schedule an intake within 24 hours that will take place at The STAY CRP.
 - If we are at capacity, referrals are still encouraged, but admission acceptances are only valid for 24 business hours. After that time has lapsed, a new referral is required.

What can a YP expect at CRP?

Please enjoy a short video about the STAY!



FAQs

What if my client just got out of jail and is not connected to any services?

That is okay! As long as the client is willing to participate in services and meets eligibility criteria, we are more than happy to support. The referring party should provide documentation on housing plans.

Can undocumented youth be referred?

Yes! We still require the same documentation, with the exception of a SSN.

Do you accept Kaiser?

We accept Kaiser Medi-cal, but we do not accept commercial primary insurance plans. Commercial insurance can be secondary, but not primary, including Tri-Care as a primary.

Can a TB test be read at CRP?

Absolutely. Please document somewhere in the referral when the TB test was placed and the date it should be read.

Are dietary restrictions accommodated?

Yes! We just ask that those needs are discussed during the initial screening.

Does The STAY allow smoking?

No. The STAY is a smoke-free facility. This policy is shared during the initial screening.

What types of linkages do you provide to residents?

During the first 48 hours after intake, the Resource Specialist meets with the resident to identify any immediate needs, such as PCP linkage, employment support, education goals, clothing/food resources, government assistance, identification documents, and ongoing behavioral health care linkage. The Resource Specialist also has the ability to support the resident with starting the process of housing linkage. The resident and Resource Specialist meet at least weekly to ensure these needs are met

Additional Information about CRP:

Visit us at: <https://www.starsinc.com/sac-crp/>

At the bottom of the page, under “About Referrals,” click the hyperlinks. For a successful referral please include:

1. CRP Referral Checklist
2. LIC 602 completed by a physician
3. CRP Referral Form

Fax these forms to **(916) 244-2751**



For any Questions or to Consult about a Possible Referral, please call. To be added to the daily census email for bed availability, email Pricilla Sanchez at psanchez@starsinc.com

The Capital Star Crisis Residential Program is located in Sacramento near Marconi Ave. and Watt Ave.

The STAY



Call us at (916) 890-3000