# Sacramento County Mental Health Board Children's System of Care (CSOC) Meeting

# MINUTES - IN PERSON MEETING, HYBRID PARTICIPATION Tuesday, January 28, 2025 2:30 PM - 4:00 PM

Members Present: Corrine Sako, Kesha Harris (Staff: Glenda Basina)

Members Absent: Theresa Riviera

BHS Staff Present: Andrew Wakefield, Rob Kesselring, Melissa Herrera, Sheri Green

# Agenda Item

# I. Welcome and Introductions

- Introductions
- Acknowledgement of Conduct Agreement
- Announcements by MHB CSOC Committee Members

Chair Sako commenced the meeting at 2:31pm, introductions were made and Conduct Agreement acknowledged.

Sheri announced Melissa Herrera as the Children's liaison.

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

No public comment.

III. Presentation and Roundtable Discussion on Pacific Clinics Programs and Services for Sacramento County Youth

Mary and Joanna presented on Pacific Clinics with the attached slides providing overview and information. Joanna spoke on the section about FIT. Has a lot of Hispanic staff to accommodate the population. They have a location in Elk Grove and at South Oak Park/Florin. Sheri mentioned the FIT program is due for procurement. Joanna continued and explained the Diagnosis slide and How to Get Started. Does not have space for walk-in yet. Mary went over the Enhanced Care Management slide. ECM programs work closely with other programs per Joanna. Sac Child/Family Team Facilitation offered since law passed in 2018. Pulls in all supports along with the Child/Family Team for development, placement and mental health. Has transitional housing for 18- 21 years old. Assist with skills and continuing education. In Sacramento with this program for 2.5 years. Has to be connected to child welfare or County approved. Mary on Foster Care/Adoption slide. Doesn't do too much on adoptions. Goal is to work on post-adoptions. Looking at finding alternatives to permanency and connection. Enhanced Intensive Services Foster Care for youth to specialized parents.

Member Harris shared they had a site visit at Rosin for 2-3 hours and asked how vacancies were coming along. Joanna responded that they had 5 interviews this week and doing mass hiring right now. Stacking up clinicians and specialists. Had promotions and internal movement. Mary also shared that they provide different/flexible schedules and giving tools to support staff.

Also looking at staff incentives. Member Harris talked about the lack of male staff and asked if any applicants/recruits were males. Joanne stated yes, seeing males applying though not as many.

Chair Sako on MHB transitioning to Behavioral Health, asked how they would work with substance use treatment. Mary responded that there's a program in the LA region. Still working it and exploring to get more of what can be implemented. A lot of partnering with LA on consultations. Trying to get clinicians on diagnosis. Carries Narcan and kits on site, staff getting trained and giving to community.

Member Harris asked how outreach was coming along. Joanna responded that they've hired someone who's been talking in homeless encampments and churches. Reaching out to various providers. Partnered with La Familia for Spanish speaking communities.

Chair Sako thanked the group for presenting and happy to hear of the follow ups and coordination.

# IV. Presentation and Roundtable Discussion - Division Manager Update

Sheri – Outreach program converted 5% of contract pool to outreach engagement. Board approved and with it is the Suicide Grant. Only 6 months to spend the money and some providers gobbling it up. It can't be spent on humans/staff but it can on podcasts, radios, etc. Providers are getting creative.

BHS contract with Qualtrics, a database company. Getting police department in piloting the program. Critical Incident, a First Responder program; obtain youth info and school notified who then notifies the parents. Critical incident; suicide, destroying their house, etc. Purchase of program in grant dollars is 5 years. Chair Sako asked if one direction First Responder to BH and not back. Sheri confirmed.

Hi-Fidelity Wrap Around, state mandated. All providers doing it so they're in compliance.

Foster youth open enrollment, any family that meets qualification. 3 providers working on it.

Knee deep in contract renewals. Procurement every 5 years. Waiting for guidance from the state on BHSA. Opted for BH Connect, evidence-based difficult. Centers of Excellence. Draft language has 9 months to bring to Fidelity for Centers of Excellence mandates.

Melissa on DBT (additional monies), County grants Round 2. Will be accessing funds for training. River Oak and Capital Stark opted for train the trainer.

Melissa on Eating Disorder Training. Developing and partnering with eating disorder in the area. Plan to roll out training to providers. Offer consultation and support to guide providers. Trained Heartland FSP for family and has 5-6 people/families in treatment. Kaiser had an eating disorder program and we got them. Kaiser has been helpful. A lot of learning and hope it's something we can do in the future.

Rob shared that Melissa is now a Program Planner. Has hired and is training a Program Coordinator to take her place.

Chair Sako asked about complex case foster youths. Mary able to keep them to 60-98 care. A lot of factors. Goal is to get them treatment and in a permanent situation. All providers does the work, CPS as well as SUPT engagement. Finding placement/connections have been helpful. CPS is acting quicker because they have more availability.

Chair Sako asked how MHB can best support. Sheri shared that she's worried of not having infrastructure to support; lots of questions of what is/would be needed, have yet to get answers. Board approved to hire staff. Chair Sako asked if any other counties implemented. Per Sheri, CBHDA is discussing the topic. Requested to put a pin on this until there's more information. Chair Sako to keep as standing item. Sheri grateful for MHB support. It's made a big difference.

No questions/comments from the public.

# V. Adjournment – Next CSOC Meeting Scheduled for Tuesday 2/25/25 2:30pm

Chair Sako reminded the group of the next meeting and adjourned the meeting at 3:56pm

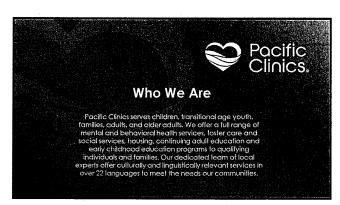


Agency and Sacramento Region Overview

Sacramento County Mental Health Board Presentation January 28, 2025



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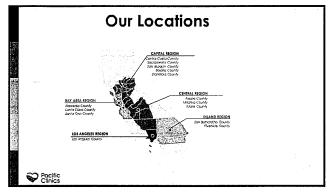
### **SERVICES AT A GLANCE FOR SACRAMENTO**



- Flexible Integrated Treatment
- Foster Care and Adoptions
- Child and Family Team
- Facilitation

  Transitional Housing Program
- Enhanced Care
- Management
  Complex Care E-ISFC/Emergency E-ISFC





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# Sacramento Flexible Integrated Treatment (FIT)

Flexible Integrated Treatment (FIT) is a short-term outpatient mental health program that provides Medi-Cal eligible children, youth and their families with individualized outpatient mental health services in the office, their home, community, and school.

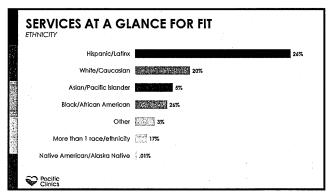
Our FIT team is made up of a diverse group of clinicians, behavioral specialists, psychiatrists, and peers tailored to reflect the community we serve.

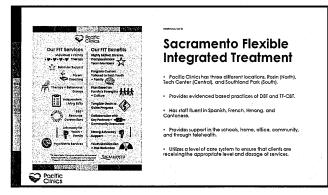
Each client's treatment is unique and is built upon the family's strengths, values and culture. Support offered by the FIT program include, therapy, behavioral support, medication management, advocacy, therapy groups, and family support.

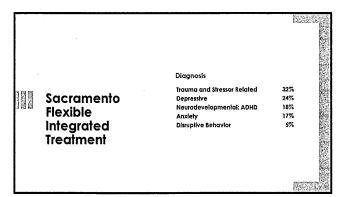
Community resources, such as housing funds, are also provided to help meet the identified needs of the family.

Pacific Clinics

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# Sacramento Flexible Integrated Treatment FIT How to get started: Call or email us directly at 916-633-5550 or sacfit@pacificclinics.org Contact Sacramento Access at (916) 875-1055 and request PC FIT services. Come into a location during walk-in hours. o Tech Center-9343 Tech Center Drive, #200, Sacramento CA 95826 Tuesdays 3:00pm-5:30pm and Wednesday 10:00am-12:00pm o Rosin Court-3840 Rosin Court, #100, Sacramento CA 95838 Thursday 9:00am to 5:30pm



# Enhanced Care Management

A Medi-Cal Benefit that provides intensive, on-the-ground services to Medi-Cal members. Designed to address both clinical and non-clinical needs to those with the most intense needs.

Assessment and Care Managemen Health Promotion

Member and Family Supports

Care Coordination

Transitional Care

Referral to Community and Social Supports

Pacific Clinics

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### Sacramento Child and Family Team Facilitation

Established in 2018

CFT Specialists provide high fidelity team facilitation for youth and caregivers in the child welfare system for the following needs:  $\frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{2} \left( \frac{1}{2} \right) \left$ 

- Care Plan Development
- Placement Stability
- Transition Care
- Emancipation



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# Sacramento Transitional Housing Placements for Non-Minor Dependents

Established 2021

Housing program for young adults aged 18-21 in the child welfare system to increase independent living skills and decrease negative outcomes including homelessness. Services provided:

- Housing
- Financial Literacy
- Activities of Daily Living
- Employment Support
- Continuing Education



# Sacramento Foster Care and Adoption Services

Over 30 years as a provider

Recruit and train Resource Parents to provide safe, trauma-informed homes to youth in the foster care system.

- Youth ages up through 21
- Newly detained youth, youth with multiple placements, youth stepping down from a higher level of care.
- Currently 15 active Resource Parent homes with kids in care
- · Currently 23 youth in care



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# Sacramento Complex Care and Innovative **Models of Care**

Established 2023

Specialized Resource Parents for youth in child welfare with complex care needs. Families are trained in an evidenced informed therapeutic and trauma focused approach. Services are provided by the parents and a learn of individuals to support a corrective attachment experience and increase well-being and permanency.

Emergency Enhanced Intensive Services Foster Care

- Short term placement up to 60 days for youth with placement instability and immediate safety concerns identified.
- Enhanced Intensive Services Foster Care
  Longer term placement up to 12 months for youth with placement insecurity and no long-term care placements identified.



