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

Meeting Minutes
October 15, 2020, 6:00 PM – 8:00 PM

Meeting Location
Webinar and phone conference

Meeting Attendees:
- MHSA Steering Committee members: Eduardo Ameneyro, Ann Arneill, Rochelle Arnold, Emily Bender, Genelle Cazares, Ebony Chambers, Laurie Clothier, Daniela Guarnizo, Hafsa Hamdani, Erin Johansen, Lynne Keune, Ellen King, Melissa Lloyd, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Susan McCrea, Leslie Napper, JP Price, Ryan Quist, Koby Rodriguez, Christopher Williams
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:00 p.m. MHSA Steering Committee members introduced themselves.
II. Agenda Review	The agenda was reviewed; no changes were made.
III. Approval of Prior Meeting Minutes	The September 2020 draft meeting minutes were reviewed; no changes were made.
IV. Announcements	**Leslie Napper**: Agile Group, led by Michael Craft, is offering free Youth Mental Health First Aid training for community members and providers. There is a cultural perspective incorporated that includes African American and Brown youth. If anyone is interested or has family/caregivers interested in attending these trainings, please reach out to me. Additionally, Disability Rights California, California's advocacy and protection agency for people with disabilities, including mental health issues, has released its new advocacy platform. **Ryan McClinton:** I want to remind community stakeholders that Behavioral Health Services has two upcoming virtual meetings on the subject of Alternatives to 911 Calls. We want as many people as possible to take part in that discussion and offer their experiences to create a useful alternative to 911 calls.
V. Executive Committee / MHSA Updates	**Executive Committee** Ebony Chambers, Steering Committee Co-Chair, asked that all meeting attendees submit meeting evaluations. Meeting feedback is appreciated, as it helps shape future meeting agendas. **MHSA Updates** Dr. Ryan Quist, Behavioral Health Director, and Jane Ann Zakhary, Division Manager, provided the following updates.

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	Mental Health Response Alternatives to 911 As discussed at the Board of Supervisors Budget meeting, BHS is having conversations and working with the Sacramento County Executive's office and Sheriff's Department to get some 911 dispatch referrals routed to behavioral health response alternatives. Additionally, there has been interest for the Division to look at the Crisis Assistance Helping Out On The Streets (CAHOOTS) program model focused on non-law enforcement response in situations in which there are behavioral health crises. We have been in communication with them and it has been very helpful to hear their perspective and how they have been approaching this for the past 20 years. There will be more to come on this. Crisis Residential Programs The Capital Star Crisis Residential Program on Marconi Avenue and Turning Point Crisis Residential on Viking Drive in Rancho Cordova are very close to opening. We hope to share more specifics regarding both of these programs when we meet next month. Project Homekey Funding has been released for a state project called Homekey. Mercy Housing, a local affordable housing developer, was able to successfully apply in partnership with the City of Sacramento to be awarded Homekey funds for a new 100 unit affordable housing apartment complex, planned to be located in South Sacramento very close to the South Sacramento DMV. We have been able to partner with that project to have 40 dedicated apartments for MHSA-eligible clients. This will be coming online quickly, much faster than is usual for housing developments, and we plan to be leasing those apartments in February 2021. No Place Like Home (NPLH) Round Three of the NPLH state application process is expected to be released this month. In anticipation, we had a local process to prepare for this and are currently reviewing applications that, if submitted and successful, would enable us to partner on two additional housing developments containing NPLH units dedicated for our clients. Those applications are due to the state in January 2021 and we hope to be able to announce if we have been awarded sometime in the late spring or early summer of next year. Crisis Navigator Program The Crisis Navigator Request for Applications was released today. This program will focus on connecting with psychiatric hospitals and emergency departments and looking at our crisis continuum in a more creative and responsive way.

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<tr><th>Agenda Item</th><th>Discussion</th></tr>
<tr><td></td><td><u>Public Health Update</u>
In the state’s COVID-19 color coding system; we have improved from being a purple-coded county to a red-coded county. Thank you to everyone for your safe and careful practices around masks and social distancing. We have since eased up on some restrictions. Our current goal is to go from red to orange by Halloween.

This is probably the most important year of your life to get a flu shot. We do not want to overburden our health system with people suffering from COVID-19 and flu.</td></tr>
<tr><td>VI. Budget Discussion</td><td>Dr. Quist provided a presentation on Sacramento County’s Behavioral Health Services’ (BHS) budget. See Attachment A – Behavioral Health Services Fiscal Year 2020-21 Budget Discussion.

Budget transparency is important. The BHS budget is tied to economic indicators that have been affected by COVID-19.

There is good news in that no major budget cuts are expected for this fiscal year (FY2020-21). However, after that time period the outlook is uncertain. BHS is projecting significant upcoming cuts in funding, although it may be possible these could be offset to some degree by additional funding opportunities (e.g., emergency federal dollars).

Because the fiscal outlook is so uncertain, it is necessary to prepare contingency plans. No decisions will be made in the immediate future regarding how much and where to cut from our budget. However, BHS is seeking input on this subject from this committee and the community to aid in future planning decisions.

Member Questions and Discussion
Have mid-year cost settlement reports been used to better anticipate costs, understanding they would be somewhat estimated? As providers we are all facing state mandated salary increases of approximately 8% in January, so our current invoices are not reflective of our annual costs and I am curious as to whether that was considered as well.
Our cost report methodology is governed by the state. We are monitoring invoices and update our projections around how fast the money is being spent on a monthly basis.
To answer your second question, so long as you are invoicing us at cost then that is what you need to be doing. If the 8% increase is in your budgets, they may have been included in our projections, but we will double check that.

I appreciate the transparency and information.</td></tr>
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	I have 2 questions. For the delay cut, estimating how long is the delay acceptable? Also, if you are constantly spending, then can you afford a delay cut? *Making dramatic cuts all at once is inadvisable when we do not know what the fiscal landscape will be. We have considered the strategy of making cuts to both the Community Services and Supports (CSS) and the Prevention and Early Intervention (PEI) budgets for next year with the potential of a second, smaller cut to each the following year. Next year, if revenue is coming in higher than projected, perhaps we would be able to avoid making those additional cuts.* What impact does Senate Bill 803 have on peer services billing and has its impact on peer services been taken into consideration? *Yes, thank you, we should have covered that during announcements. SB 803 is the peer certification bill that recently passed. That means there will be separate Medi-Cal billable services for peers. However, that does not automatically turn on. We still need to get a waiver from the Feds in order to begin billing using that mechanism. We hope for implementation in early 2022. However, that does not mean we cannot bill Medi-Cal for our peer work now. This is still an opportunity for us to bill and try to obtain additional federal funds. It is not always exactly one for one but still more federal revenue then we would receive otherwise.* Evenly distributing cuts is the less difficult and less controversial way to go about it. But what I am worried about is the impact on innovation and particularly not being lost in the times we are in right now. Maybe there can be a way to evaluate organizations who have created innovative strategies in the past nine months in response to people's mental health as it relates to racial justice which might be a good metric to put in there. Thank you for the presentation. Will whatever decision is made affect the PEI unspent funds? *Those PEI funds are being administered by CalMHSA and are already encumbered. So this will not impact them.* Something I have heard from people in the community is that many mental health providers, including physicians and psychiatrists, do not have any after hours on-call services. My concern is that all sorts of things can happen after hours. Doing a small amount of prevention after hours could reduce the load both on the emergency rooms and on inpatient crisis intervention.

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	Considering that we are anticipating services may be cut across the board, I am wondering if Behavioral Health could reach out to Medi-Cal service providers and also the people who serve those with commercial insurance. That is my concern and my suggestion. *Thank you. Another bill recently passed that promotes parity in behavioral health and specifically within private health insurance policies. Private policies will be required to serve certain diagnoses in behavioral health. We hope our private insurance partners will be able to provide levels of service that help prevent individuals from developing more significant needs that would result in them becoming a Medi-Cal consumer and needing our services. This bill affects us only indirectly, but we are very excited about it and happy it passed.* I think programs helping children to heal from childhood trauma should be preserved and less likely to be cut. Generational trauma is real and if left unhealed can be passed down from generation to generation. It is not present in my immediate family, but I have seen it in others, including distant relatives. **Public Comment** **Stephanie Ramos:** To clarify, regardless of projected increases in revenue, the issue is that we are over spending? *We are currently intentionally overspending and revenue projections are showing a significant drop beginning next year.* **Robin Barney, consumer advocate:** What if some of the programs are not doing well and other programs are doing exceptionally well? We are talking about taking a reduction and distributing it evenly, but maybe we want to take a look at the programs that have not been performing well compared to the ones that are doing great. If we take the money from the programs that are doing great, aren't we going to hurt them? *I come from a background where we have strong value on quality improvement and research and evaluation. So that is exactly how I would like to make those decisions, but the problem is we would have to come to a consensus rather quickly around what those metrics would be. I think it would be very hard for us to decide which outcomes would drive this decision making. I am open to a conversation to establish some sort of metric to decide how these cuts could be distributed.* **Garland Feathers, consumer advocate:** I feel good about the idea of metrics to measure outcomes of current interventions. I just want to be certain there is consumer representation with everything we are doing with the idea of "Nothing about us, without us."

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	I am willing to have a conversation regarding the use of metrics, but we would first need to have a difficult conversation about which specific metrics to use. That difficulty is one of the reasons I purposely started with evenly distributing the cuts across the board. **Lilyane Glamben, ONTRACK Program Resources:** Earlier today I was on a call with several individuals who are California Reducing Disparities project grantees, in fact they are audience members tonight for the first time at this meeting. So it is great they are learning more about MHSA tonight. I'm wondering if you have been tracking telehealth? I have a lot of issues of its effectiveness in diverse communities, and the availability of telehealth services is often less expensive than in person services. Is it true in terms of behavioral health services and are you seeing any cost savings that you are tracking that would be meaningful towards our budget evaluation? *We went to video telehealth as well as telephone services very quickly at the beginning of COVID-19. Thank you to all our providers for being resilient in making those moves. We have been looking at it closely and our Quality Improvement and Research and Evaluation team is performing a study around telehealth.* *I think there are times in which it is clinically appropriate, which is wonderful. We are seeing some reductions of no-shows and some populations who really enjoy it. We also know some people are less able to access those services due to lack of technology and connectivity.* *Sometimes it is not clinically appropriate. One of the stories that sticks with me is a story about a LGBTQ youth who was literally hiding in their closet in order to access their services because they did not want their family members to hear what was going on during their session. So we know in this isolation time, there may not always be a confidential environment for people to access services.* *So sometimes, it is clinically appropriate and other times it is not. From the county perspective, I don't think we have any cost savings around telehealth because we have covered provider costs in making it available.* **Erin Johansen:** I would like to provide additional input on this topic. When we looked into telehealth prior to COVID-19, telehealth doctors are not cheaper than in-person doctors. Sometimes they are more expensive. During COVID-19, we are actually using more staff because we are sending case management staff out to connect with the clients so they can do telehealth with their doctors and provide them with the equipment

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	to make it happen. I do not think telehealth is a costs savings tool, but I think it is useful and we should continue to use it. **Lilyane Glamben:** I appreciate the insights about the County's values and priorities regarding the clinical appropriateness of telehealth. Thank you. **Dr. Diane Wolfe:** Is there a role for the community to lobby the Board of Supervisors to provide some extra money for mental health? *The county will also be experiencing a very significant revenue shortfall. This deficit will be a problem for a lot of county departments.* **Graciela Medina:** What can the county do to avoid all those projected cuts? *It is a revenue issue. We cannot increase the amount coming to us from the usual funding sources (sales tax, vehicle license fees, or income tax), so the only option we have is to advocate strongly for relief from the state and advocate for the passage of the Heroes Act at the federal level, which would give funding to counties and other local jurisdictions to make up for lost revenue. We need more money coming in to avoid these cuts.*
VII. General Steering Committee Comment	None.
VIII. General Public Comment	**Robin Barney:** I implore everyone to really give this conversation some thought, especially around the expenditures of the MHSA funds and how we want to see them spent for the greater good in times of hardship. Hopefully when this committee reunites, we will have ideas and do brainstorming around this. **Garland Feathers:** Please do not get overly invested in the idea of measurable outcomes. It can be misleading in terms of effectiveness; there are many intangibles. It is treatment with dignity and respect that should be invested in. And again, “Nothing about us without us.” **Lilyane Glamben:** Two things. First, I had hoped Gulshan could be here tonight to speak about the tragic shooting that occurred within the Afghan community last night and the powerful response that Muslim American Society – Social Services Foundation (MAS-SSF) is taking to address the community’s stress and trauma. Second, is there an update regarding the progress of the African-American Trauma-Informed Wellness RFA?

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	The contract with Sierra Health Foundation has been executed and the program is continuing to move forward. We will check on its current status. **Ebony Chambers:** There is a lot to consider. We encourage people to send additional comments to mhsa@saccounty.net and if anything occurs to you while filling out the meeting evaluation, there is space for comment there as well. **Leslie Napper:** Are we anticipating any action items regarding the budget discussion? What are the next steps? *The SC Executive Committee will discuss this when we meet to create the next SC meeting agenda and today's presentation will be given by BHS to the upcoming meetings of the Mental Health Board and the Alcohol and Drug Advisory Board.*
IX. Adjournment / Upcoming Meetings	The meeting was adjourned at 7:40 p.m. Upcoming meetings will be held on • November 19, 2020 • December 17, 2020

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.net.

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