Meeting Minutes

May 21, 2020, 6:00 PM – 8:00 PM

Meeting Location

Webinar and Phone Conference

Meeting Attendees:

MHSA Steering Committee members: Ann Arneill, Emily Bender, Michelle Callejas, Ebony Chambers, Daniela Guarnizo, Hafsa Hamdani, Erin Johansen, Lynn Keune, Karly Mathews, Ryan McClinton, Lori Miller, JP Price, Ryan Quist, Gordon Richardson, Christopher Williams

Agenda Item		Discussion
I.	Welcome and Member Introductions	The meeting was called to order at 6:05 p.m. MHSA Steering Committee (SC) members introduced themselves.
II.	Agenda Review	The agenda was reviewed; no changes were requested.
III.	Approval of Prior Meeting Minutes	The February 2020 draft meeting minutes were reviewed; no changes were requested.
IV.	Announcements	None.
V.	Executive Committee / MHSA Updates	Executive Committee Update Daniela Guarnizo, Executive Committee member, provided the following update on behalf of the Executive Committee: Meeting format Based on feedback received last month, we decided to move to a new virtual meeting format, Zoom. It already seems to be going more smoothly and we thank the County staff for being responsive in this matter MHSA Updates Julie Leung, Acting MHSA Program Manager, presented the following updates: May is Mental Health Month As May is Mental Health Month, we would like to direct you to Sacramento County's Stop Stigma website, www.stopstigmasacramento.org, and also to the state's Each Mind Matters website, www.eachmindmatters.org. Both websites have information related to Mental Health Month along with resources and information related to how to take care of yourself during the COVID-19 pandemic.

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	MHSA Program Update The Prevention and Early Intervention (PEI) program The Source is a 24/7 program providing immediate phone response; mobile in-person crisis intervention; triage; mediation, and follow-up services. This program formerly served youth up to age 21 and their families. To better meet the needs of the full youth population it will now serve youth up to age 26 and their families.
	CalMHSA Assignment of Funds At last month's SC meeting, the motion was made and seconded to commit 3% of local PEI funding to sustain CalMHSA statewide project activities. SC members and alternates subsequently voted via SurveyMonkey and this motion passed.
	Dr. Ryan Quist, Behavioral Health Director, presented the updates below: <u>African American Trauma-Informed Wellness Program</u>
	Behavioral Health Services (BHS) staff held the first meeting with Sierra Health Foundation regarding the African American Trauma-Informed Wellness Program. This meeting included the Ad Hoc Taskforce that provided feedback during the planning process for this program. The meeting was productive and we are moving forward as quickly as we can.
	Behavioral Health Services COVID Update Presentation
	As discussed in last month's updates, BHS services are adapting to meet the needs of the current environment. Telephone and telehealth services have increased, with in-person services still available if needed. The county has worked with the federal government to create more flexibility in Medi-Cal billing practices. Through Project Roomkey, isolation sites have been created for homeless individuals with COVID-19 or at risk.
	We are seeing increased community need in response to stressors in the environment: job loss, isolation, and disease. County and contracted providers report seeing increased levels of acuity, anxiety, and depression. Also, recent state policy changes have resulted in an increase in individuals being released to our community from the justice system, many with behavioral health needs requiring services. Further, we expect we will see an increase in the number of Medi-Cal eligible individuals (due to job losses) within the people seeking help.
	These impacts are happening even as there are projected decreases to BHS funding streams. Our major funding sources are 1991 realignment and 2011 realignment. These are derived from sales tax and vehicle license fees, both of which are down

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		and projected to be down for a while. MHSA revenues are also tax based and also expected to be below previous projections.
		BHS is looking at potential solutions to mitigate these problems. One idea we are currently studying and want the SC to think about is looking at opportunities to leverage Medi-Cal in MHSA programs that have not billed up to this point. This would cut local costs for those programs in half by allowing federal matching dollars to make up some of our budget shortfall. This would change the program services to some extent, but not as much as a drastic cut would.
		Remembering that May is Mental Health Month, I want to emphasize the importance of letting people know that behavioral health services are available and personally reaching out to others who are isolated at this time.
		See <u>Attachment A – Behavioral Health Services COVID Update</u> <u>Presentation</u> .
VI.	Executive	Julie Leung provided the following background:
	Committee Nomination for One (1) Co Chair)	The MHSA Steering Committee elects two (2) Co-Chairs to serve staggered two-year terms. The Co-Chairs facilitate MHSA Steering Committee (SC) meetings and are seated members of the MHSA SC Executive Committee.
		The Executive Committee is a 6-member committee charged with developing the MHSA Steering Committee meeting agendas. Executive Committee members also step in to help facilitate meetings when a Co-Chair is absent. The Committee is comprised of the two Co-Chairs, the Mental Health Director, and three (3) elected Steering Committee members.
		One of the Co-Chairs, Emily Bender, is terming out. The MHSA Steering Committee is asked to put forth nominations for this Co-Chair position with emphasis on Consumer and/or Family Members.
		See <u>Attachment B – MHSA Steering Committee Co-Chair Nominations</u> .
		Emily Bender spoke regarding Co-Chair and Executive Committee duties and what a positive experience it had been.
		Co-Chair nominations submitted at this meeting: Ebony Chambers Daniela Guarnizo Hafsa Hamdani JP Price

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		Staff will confirm the nominations. All SC Members and Alternates will have an opportunity to vote on the nominations via online survey. The result will be shared at the next MHSA Steering Committee meeting.	
VII.	California Mental Health Services Authority Statewide Prevention and Early Intervention Project – Each Mind Matters: Directing Change Program and Film Contest	Jeremy Wilson, CalMHSA Program Director, reported on the annual Directing Change Program and Film Contest. This contest is for young people who develop their own 60 second Public Service Announcements (PSAs) regarding mental health topics. See Attachment C - Each Mind Matters: Directing Change Program and Film Contest . Four of the 21 films created by Sacramento County students for	
		 this year's contest were presented: "Reach" from Franklin High School "You are You" from Franklin High School "Finding the Light" from Elk Grove High School "Changed" from Pleasant Grove High School 	
		All films are available for use on social media. If you have other opportunities to put them on air as a PSA definitely utilize them. If you have an opportunity to be a judge that would be great. You can also be connected as an adult advisor. Once these films have been developed, many of the young people are hired by cities or other organizations to develop more PSAs targeting young people. It is a great way to tap into their passion and develop their talents.	
		Member Questions and Discussion	
		I want to reiterate how amazing Directing Change is every year. It is always one of my favorite events from Each Mind Matters. They did a wonderful job in hosting the award ceremony live on FaceBook this year. It is normally held in Los Angeles at the Ace Theater with over 1,400 students. This year it was done live online and they still found celebrities to come and share their experiences and award the winners. Also, being a judge is awesome. You can view the films or sign	
		up to be a judge by going to the Directing Change website at www.directingchangeca.org .	
VIII.	MHSA Innovation (INN) Project 5: Forensic Behavioral Health Multi-System Teams Overview • Member Discussion	Julie Leung and Monica Rocha-Wyatt, MHSA Program Planner, presented an overview of the Draft MHSA INN Project 5 Plan: Forensic Behavioral Health Multi-System Teams. See Attachment D – Draft MHSA INN 5 Plan: Forensic Behavioral Health Multi-System Teams. This was developed in accordance with the Forensic Behavioral Health Workgroup recommendation supported by the SC in January 2020. The INN 5 Draft Plan was posted May 18, 2020 for a 30-day period of public comment and	

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SC Collective Comment	review, which will conclude at a Public Hearing conducted by the Mental Health Board on June 17, 2020.	
	Member Questions, Discussion, and Collective Comment	
	Consider partnering with Sacramento Employment and Training Agency (SETA) for employment supports. Specific employment agencies have not been called out in the plan, although it is hoped that service providers will partner with employment agencies. We could consider SETA.	
	Is there a certain acuity that allows them to qualify? If so, how is that assessed? The acuity is not solely dependent upon the symptoms, but includes the level of support they would need to help them reintegrate into the community. For individuals who meet medical necessity, especially mental health services, it will be for individuals who are coming out of jail or involved in multiple systems. The framework is mental health and all the things surrounding that.	
	I support the use of the Child and Family Team approach in this project. Our agency and a number of other child and youth serving agencies in Sacramento have had success with this model generally. It seems particularly effective with engaging the justice-involved populations.	
	Given the over representation of people of color in the adult justice system, will staffing be culturally responsive to the population served or criteria put in place to determine who may be cultural brokers in this process? This is important and will be looked at carefully in implementation.	
	This is an excellent proposal. Both the justification of its need and the effectiveness of the intervention are well researched. I have three questions:	
	First, how are clients identified for eligibility and who does the referral for services? This was discussed at length by the workgroup and we expect more than one referral path. Referrals may come through the public defender; the police department; etc. Clearly having struggles and a lack of support systems might be a justification for a referral.	
	Second, how are you measuring client satisfaction? It is standard for our contracted providers to provide a consumer satisfaction survey.	

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	That is my concern. I am a member of the Quality Improvement Committee and it does not seem as if satisfaction surveys are useful instruments in measuring client satisfaction.
	Third, in the staffing section it looks like there is allocation for 19.5 professional staff and two peer staff in the drop in center. Two peer staff does not seem like a lot for 150 clients. I would like you to go back and look at the staffing pattern.
	How would you educate or teach the public about mental health, so when someone is having a mental breakdown or anxiety attack they will be able to deal with the situation or be referred to the right resources rather than being put in jail? This is a good question. Something we strive to do across programs is to provide education and awareness to the community at large about mental health.
	What is the process from here to implementation? Has a service provider already been selected, or what is the plan? Consistent with MHSA requirements, this plan is posted for 30 days for public review and comment and we are currently in this posting period. The Mental Health Board will conduct a public hearing at the close of posting period on June 17, 2020. Then we will finalize the plan and take it to the Board of Supervisors and Mental Health Services Oversight and Accountability Commission (MHSOAC) for their approval. Once approved, we will issue a competitive bid process to select a provider.
	Could the selected provider have some flexibility around staffing? We will consider that.
	Will peers be trained? If the staff don't happen to meet the ethnic or religious background of the client, is there some sort of training that can be provided? The provider will be expected to provide training. We value the peer perspective and the lived experience they bring to their work.
	SC Members expressed support to move this project forward.
	Public Comment Donielle Prince: Is this plan for adults who are released after having been in the juvenile justice system, not the adult system? Also, while involved with the team, are they in a residential mental health facility from which they are later released, or are they working with the team while independently housed? The program targets adults 18+ years old. Regarding housing, it would depend on the person's housing situation and needs. The expectation is the person being released from jail or the mental

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		health facility would be released with immediate access to housing and housing supports. If the person is already independently housed, or already has housing identified, we would support that.	
IX.	General Steering Committee Comment	Erin Johansen: Regarding Dr. Quist's presentation, when Medi-Cal is added to a MHSA program it is not exactly a one-for-one match because additional staff are needed to do the Medi-Cal billing. I want to be sure we consider that	
		Gordon Richardson: I commend Dr. Quist and the County for their timely, decisive, and effective response to preserve the provider network during the pandemic. As explained in the presentation, we expect some beneficiaries are already experiencing or will experience increased symptoms in the coming weeks and the County has taken a significant step toward preserving the network of providers so we will be ready for the future.	
		Building on what Erin said, her point regarding Medi-Cal match is well taken. However, when it comes up in the future I hope the SC will consider supporting Ryan's recommendation that we leverage our MHSA funds by providing Medi-Cal eligible services. It is a good response in light of what we are facing.	
		JP Price: Thank you for switching this to Zoom. I appreciate the work put in to making this happen. This has been a much more pleasant experience compared to last month.	
X.	General Public Comment	Robin Barney, Adult Family Advocate Liaison with Cal Voices: We are continuing with the peer empowerment ceremony. It will be held June 19 on Zoom and a "save the date" flyer will be released shortly. We will collect nominations online for the conference awards as well, so please be sure to submit your nominations. We are also looking forward to our speaker, who will be delivering a wonderful message.	
		Second, the support groups that were held at Sutter Psychiatry have been changed to Zoom meetings. They are still on the 2 nd and 4 th Wednesday of each month. We have also included extra meetings on those off weeks. Feel free to sign up to join the groups.	
		Donielle Prince, mental health in schools coalition: There are models in other counties where schools are primary sites where the mental health struggles of students and their families can be addressed. Our vision is to see this model take hold in Sacramento County. School sites are ideally suited for increasing community mental health access, reducing stigma, teaching coping and resilience skills to help address mental health	

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		struggles, and intervening before young people experience mental health crises. Given this vision, we advocate for making Sacramento County a model of access to comprehensive culturally relevant school based mental health and mental wellbeing services. Tonight we wanted to introduce ourselves to the Steering Committee and we look forward to attending future meetings to help advocate and support community mental health access that prioritizes including schools and funding and policies related to mental health support. We would appreciate the opportunity to be put on the agenda of a future meeting so we can present on our full vision and the research that supports it. Garland Feathers, consumer and provider: Read from prepared statement. See

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.