

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

Meeting Minutes

July 15, 2021, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Jerilyn Borack, Diana Burdick, Genelle Cazares, Ebony Chambers, Laurie Clothier, Shaunda Cruz, Anatoliy Gridyushko, Daniela Guarnizo, Crystal Harding, Erin Johansen, Evin Johnson, Melissa Lloyd, Ruth MacKenzie, Karly Mathews, Andrew Mendonsa, Susan McCrea, Lori Miller, Arushi Mishra, Noel Mora, Ryan Quist, Koby Rodriguez, Christopher Williams
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:03 p.m. MHSA Steering Committee (SC) members introduced themselves.
II. Agenda Review	The agenda was reviewed; no changes were made.
III. Approval of Prior Meeting Minutes	The May 2021 draft meeting minutes were reviewed and approved with no changes.
IV. Announcements	None.
V. Executive Committee / MHSA Updates	<p>Executive Committee Updates</p> <p>Daniela Guarnizo, Executive Committee member, asked those present to submit post-meeting evaluations and also shared the two updates below:</p> <p><u>MHSA Steering Committee (SC) Membership changes</u></p> <p>Child Welfare - We want to acknowledge Barbara Oleachea for her service to the Steering Committee as an alternate for the Child Welfare seat. Melissa Lloyd, Child Welfare Director, will be stepping into the alternate seat</p> <p>Consumer Transition Age Youth - Arushi Mishra will be a primary member</p> <p>Family Member/Caregiver of an Adult Consumer - Diana Burdick will be an alternate</p> <p>Consumer/Family Member At-Large - Evin Johnson will be the alternate</p> <p><u>MHSA Executive Committee and SC Co-Chair election results</u></p> <p>Congratulations to Koby Rodriguez and Leslie Napper who were elected as the two new members of the MHSA Executive</p>

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	<p>Committee and to Daniela Guarnizo who was elected as the new SC Co-Chair.</p> <p>MHSA Updates</p> <p>Dr. Ryan Quist presented the following MHSA updates:</p> <p><u>COVID-19</u></p> <p>We are not yet out of the clear. We are seeing an increase in the number of coronavirus cases in the Sacramento county region and today Sacramento County revised its recommendation to include that masks are recommended for everyone in spaces where vaccination status of those nearby is unclear, such as restaurants and grocery stores.</p> <p>We still continue to fight this pandemic. I would like to remind everybody to please consider getting a COVID vaccination and to talk about this with the important people in your lives. The great majority of cases we are seeing are in those who are non-vaccinated.</p> <p><u>MHSA Service Provider Workforce Challenges</u></p> <p>Even prior to COVID we had a workforce shortage and many challenges around finding qualified people to provide services within our provider organizations. Since COVID, our providers are experiencing a workforce crisis.</p> <p>Individuals are finding higher paying jobs in places like Kaiser and also finding jobs at some of the app-based mental health service provider platforms you may have seen commercials for. It has become more and more difficult for our providers to keep their programs staffed. This is something I am taking very seriously and identifying as one of our priority areas for trying to work through and find solutions for.</p> <p>A major factor is that our providers cannot afford pay rates as competitive as those of other employers. Therefore, we are looking for strategies to increase those provider rates. It is a brand-new business environment for our part of the economy and the cost of doing business has gone up for our behavioral health providers.</p> <p>The county received some money as a part of the recently passed American Rescue Plan Act (ARPA). I have created a proposal containing an increase for our providers' rates using part of those funds. Although that proposal has not yet been approved, I am trying to be optimistic about that.</p> <p><u>MHSA Revenue</u></p> <p>There is a possibility our MHSA revenue will be higher than originally projected. However, we are still waiting for those numbers to solidify.</p>

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	<p>The MHSA Three-Year Plan the Steering Committee just reviewed and discussed at the May meeting will be going to the county Board of Supervisors either at the end of August or at the beginning of September. Unfortunately, the financial data within that report is based on the projections we had at the time the report was written.</p> <p>We still do not have confirmed updated estimates on what our MHSA revenue is going to be, but we do anticipate having that information very soon. I want to be transparent about the fact that when the MHSA Three-Year Plan goes before the Board of Supervisors we should be getting that new information about revenue.</p> <p>Our current plan is that the existing MHSA Three-Year Plan will go to the Board of Supervisors for approval. We still need to have an approved Three-Year Plan. However, we are not locked into that plan for all three years—we are able to make updates throughout the course of those three years.</p> <p>In other words, if we are thinking of making any changes going forward based on new information, we can still have those conversations.</p> <p><u>Proposed Budget Increase for MHSA Programs</u></p> <p>There is a related topic I suggest we begin thinking about. Just short of a year ago, we thought revenue for all behavioral health services was going to go down. So the Steering Committee started conversations about contingency plans as to how MHSA programming should be adjusted as a result of a reduction in revenue.</p> <p>As a collective group, you recommended if revenue decreased we would implement an across-the-board percentage cut to all MHSA programs rather than cutting specific MHSA programs entirely. So all of our MHSA funded programs would face a similar cut. The very good news is we did not need to execute that plan.</p> <p>Based on this new information regarding increased revenue and the situation that our providers are facing in terms of workforce shortage as a result of not being able to pay competitive rates for staff with a growing need for behavioral health services, I am suggesting an agenda item for next month. I propose next month we come back and have a conversation about whether or not we want to use the same logic to instead implement an across-the-board <i>increase</i> in MHSA program budgets, in order to get resources out to our communities as quickly as possible.</p> <p>Were we to design a new program for the expected increase in MHSA funds, it would take 12 months to go through the competitive bidding process. I propose getting these resources out to our providers to increase the amount of resources</p>

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	<p>available to our community and help address the behavioral health needs within the community.</p> <p>Please think about this and come prepared to provide feedback on this topic next month.</p> <p><u>Proposed Prevention and Early Intervention (PEI) programs</u></p> <p>There is another proposal we submitted asking that some ARPA funds be used to fund time-limited PEI programs to address needs within the community, as was done previously with MHSA funding. The focus of these PEI programs would be on diverse communities and those particularly and disproportionately impacted by the challenges we are experiencing as a result of COVID.</p> <p><u>Continued Funding of Innovation Programs</u></p> <p>One final thing we need to think about in the context of the budget is that our Innovation programs Mental Health Urgent Care Clinic and the Mercy San Juan Crisis Stabilization Unit utilize time-limited Innovation funding.</p> <p>If we wish to have these programs continue operations after the time-limited funding ends, we will need to replace that funding with something other than Innovation dollars (i.e., funds from Community Services and Support or Prevention and Early Intervention, as appropriate). So that is something else we need to keep in our mind as we start talking about budget again.</p>
<p>VI. MHSA Prevention and Early Intervention (PEI) Program Presentation – Time-Limited Community-Driven PEI Grants</p>	<p>Alex Trac, MHSA Program Planner, provided context and introduced the CalMHSA and the grantee presenters.</p> <ul style="list-style-type: none"> • Michael Helmick and Candice Medina, CalMHSA (administrative entity for grants) See Attachment A – Time-Limited Community-Driven PEI Grants overview presentation. • Lupita Rodriguez, Health Education Council (grantee) See Attachment B – Health Education Council: Peers Helping Peers presentation and Attachment C - Peers Helping Peers handout. • Ali McGill, NorCal Services for Deaf & Hard of Hearing (grantee) See Attachment D - NorCal Services for Deaf & Hard of Hearing: Peace of Mind handout. • Muamong Vue, Hmong Youth & Parents United (grantee) See Attachment E - Hmong Youth & Parents United presentation. • Orooj Shahid, Tarbiya Institute (grantee) See Attachment F – Tarbiya Institute presentation and Attachment G – Tarbiya Chaplaincy Handbook.

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	<ul style="list-style-type: none"> • Judah Joslyn and Julie Strathdee, Trans & Queer Youth Collective (grantee) See Attachment H - Trans & Queer Youth Collective presentation. • Dr. Gina Warren, Neighborhood Wellness Foundation (grantee) See Attachment I - Neighborhood Wellness Foundation presentation.
VII. General Steering Committee Comment	<p><i>[Via chat, many SC members expressed their thanks and appreciation for the presentations and the work done by the presenting organizations, in addition to the comments below].</i></p> <p>Lori Millier, via chat: I wonder what all of you are seeing with regard to substance use and how substance use is being addressed. I would love to have a conversation and partner with all the organizations represented and will be reaching out.</p> <p>Jerilyn Borack, via chat: We will be considering how to help our youth in the juvenile court systems using these resources in our community.</p> <p>Crystal Harding, via chat: The meeting evaluation survey questions should have N/A as an available option.</p>
VIII. General Public Comment	<p>Angelina Woodberry, Adult Consumer Advocate Liaison: These were wonderful presentations and kudos to all the groups out there making such a difference. Grassroots activities like this affect people much more than large programs do because they act on a more intimate level and can address needs larger programs cannot. It is very important for MHSA to continue to fund programs like these.</p> <p>Orooj Shahid, Tarbiya Institute (via chat): This is such important work! Thank you!</p> <p>Muamong Vue, Director of Youth and Family Development, HYPY (via chat): On behalf of HYPY, thank you so much for having us here tonight. I can be reached at muamong.vue@hypu.org.</p> <p>Candice Medina, CalMHSA (via chat): Amazing job Sacramento County PEI grantees! You are all so inspiring in the work you do!</p> <p>Mary Ann Bernard (comments submitted via chat): The recent Budget Act (AB 134) gives you until next year to submit your three year plan. I suggest asking County Counsel for advice, but it makes sense to postpone once again, in light of the fact you do not have current budget information and you do have</p>

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	<p>tremendous need. Here is the operative language in the Budget Act that just passed, AB 134: Welfare & Institutions Codes Section 5847:</p> <p><i>(h) (1) Notwithstanding subdivision (a), a county that is unable to complete and submit a three-year program and expenditure plan or annual update for the 2020–21 or 2021–22 fiscal years due to the COVID-19 Public Health Emergency may extend the effective timeframe of its currently approved three-year plan or annual update to include the 2020–21 and 2021–22 fiscal years. The county shall submit a three-year program and expenditure plan or annual update to the Mental Health Services Oversight and Accountability Commission and the State Department of Health Care Services by July 1, 2022.</i></p> <p>Under the terms of MHSA. PEI is not about "mental health" or "mental wellness" for all. It is about stigma and discrimination, and stopping "mental illness" (i.e., diagnosed conditions) from becoming "severe mental illness" (i.e., serious diagnoses that are disabling, as defined in WIC 5600.3). This specifically includes relapse prevention for individuals who have existing severe mental illnesses, under WIC 5840(c), last clause. There was a scandal a few years ago when it discovered that PEI money was being used indiscriminately to promote mental "health" for the general public. See https://mentalillnesspolicy.org/states/california/mhsa/californias-mental-health-service-act-a-ten-year-10-billion-bait-and-switch-pdf.html. There was a very critical state audit that led to MHSOAC adopting more stringent regulations. It looks like Sac County is doing what created the scandal a few years ago--using PEI to promote "mental wellness" instead of preventing severe mental illness. Please stop.</p> <ol style="list-style-type: none"> 1. If I understood correctly at the last meeting I attended, MHSA 2021 expenditures were projected to exceed anticipated receipts. Is that correct? 2. If the answer to #1 is yes, was that calculation based on anticipated revenues that did not take into account actual revenues received on or after April 15, 2021? 3. If the answer to #2 is yes, has the foregoing calculation been updated at any time since April 15, 2021 to take into account actual 2021 tax revenues? If so, please provide those calculations and the dates of the actual revenue receipts on which they were based. 4. Regardless of your previous answers, please re-calculate the amounts by which actual MHSA revenues exceed (or are less than) projected expenditures in 2021 only, using the latest available data on actual revenues, in each of the following MHSA categories: PEI and CSS. 5. Regardless of your answer to the foregoing questions, are your MHSA revenue and expenditure projections still

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	<p>based on the assumptions used as the basis for the projections resulting in the MHSA surplus discussed in the following Sacramento Bee article: https://www.sacbee.com/news/local/article233715057.html</p> <p>Also, how many No Place Like Home housing projects does Sacramento County have, either in process or actually built? What are their names, and where are they located? Thank you. I will look forward to hearing from you.</p> <p>Jane Ann Zakhary (via chat): <i>Mary Ann, I will reach out to you tomorrow so we can talk through your questions.</i></p>
IX. Adjournment / Upcoming Meetings	<p>The meeting was adjourned at 8:06 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> • August 19, 2021 • September 16, 2021

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.