

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

Meeting Minutes

January 20, 2022, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Rochelle Arnold, Diana Burdick, Genelle Cazares, Ebony Chambers, Laurie Clothier, Shaunda Cruz, Julie Field, Anatoliy Gridyushko, Crystal Harding, Sharon Jennings, Erin Johansen, Ellen King, Melissa Lloyd, Brad Lueth, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Andrew Mendonsa, Leslie Napper, Ryan Quist, Koby Rodriguez, Christopher Williams
- General Public

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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 November 2021 draft meeting minutes were reviewed and will be revised to include public comment submitted via email.
IV. Announcements	<p>Christopher Williams, SC Member: As previously mentioned at the November meeting, the creation of a new ten-year Student Mental Health and Wellness Plan for Sacramento County has begun. We are in the stakeholder engagement phase and will be hosting six different listening sessions. Everyone is welcome to attend. See Attachment A – Sacramento County Student Mental Health Listening Sessions.</p> <p>Andrew Mendonsa, SC member: The Fentanyl Awareness Virtual Town Hall is scheduled for Thursday January 27 from 5:00-6:30pm. See Attachment B – Fentanyl Virtual Town Hall flyer, Attachment C – 1 Pill Can Kill flyer, and Attachment D – How to Order Naloxone. We are also excited to announce our Let's Talk campaign.</p> <p>Lastly, the Substance Use Prevention and Treatment unit is working with the State of California on a pilot program called Contingency Management and with some of our outpatient providers to provide this service to clients in Sacramento county in hopes to address the Methamphetamine epidemic.</p> <p>Crystal Harding, SC member: I am privileged to serve as a board member for the North Highlands Recreation and Park district. The district received grant funding to develop a new park in the North Highlands/Foothill Farms area, so I encourage anyone who lives in the area to get involved. Parks are aligned</p>

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	<p>with healthy lifestyle, which promotes thriving and wellness. I hope we can figure out a way to incorporate the resources and programs that can enhance what is happening in local communities. I would also like to invite everyone to visit the I Am Sac foundation, which is hosting the Justice and Accountability march here in Sacramento.</p> <p>Ellen King, SC member: OCALI and Ohio Association of Health Plans is having a 10 part series on working with people who have disabilities. This training will help teach how to work with people with disabilities. https://www.ohioslha.org/calendar/improving-outcomes-for-people-with-disabilities-2/</p>
<p>V. Executive Committee / MHSA Updates</p>	<p>Executive Committee Updates Ebony Chambers, SC Co-Chair, requested those present to submit post-meeting evaluations and also shared the updates below:</p> <p><u>MHSA SC Co-Chair Election Results</u> Sharon Jennings has been elected as the newest Co-Chair; she will begin her new role starting next month. Congratulations and welcome!</p> <p>MHSA Updates Dr. Ryan Quist, Behavioral Health Director, provided the following updates:</p> <p><u>COVID-19 Update</u> Just wanted to make sure everybody was aware of how things were going with COVID-19. During our last historically highest peak we were up around 990 COVID-19 cases and we recently hit over 3,700 in our seven-day average. We are beginning to see a decline but it is very important for us to be thoughtful around how we are putting ourselves out there in the world right now. If you have not been vaccinated or received the booster, this is another reminder to take advantage of that opportunity.</p> <p>I would also like to acknowledge our providers are extremely hard hit by COVID-19 as it relates to staff and workforce capacity. They are working diligently to meet the needs of community and are still providing telehealth services where staffing permits, but it has been extremely difficult. Two of the three contracted psychiatric health facilities are closed by public health order due to COVID-19 outbreaks and our third psychiatric health facility is having a hard time accepting admissions due to inadequate staffing. This is affecting our inpatient system. We hope this will resolve soon so we can restart our admissions. Our urgent care may be experiencing limited hours, so if you are going to refer someone to urgent care please check their website beforehand. They are working their hardest to keep normal</p>

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	<p>hours, but it has become difficult to maintain staff for normal hours.</p> <p><u>MHSA Expansion</u> Last Tuesday, January 11, the Board of Supervisors (BOS) approved:</p> <ol style="list-style-type: none"> 1. The MHSA expansion as recommended by this Committee, which included a 10% increase in rates to service providers, along with a 7% increase in capacity for services. The BOS also approved the expansion of FSP funding for both existing and new FSP providers, as well as three County Peer Manager positions to assist with implementation of peer certification in Sacramento County. 2. Assisted Outpatient Treatment (AOT) budget to begin implementation. We will begin hiring County staff responsible for the outreach and engagement with community members who are referred for AOT. There is also budget for community based organizations to provide services. We will begin the RFA process with community based organizations to deliver those services. Finally, this included positions for our court partners in our Public Defenders office as well as County Counsel. They will be responsible for submitting the petition when it is appropriate for individuals to be referred for AOT by the court. 3. Behavioral health funds provided by the state help Behavioral health implement CalAIM initiatives related to payment reform and documentation redesign. The BOS approved new positions for us to begin that work. 4. That board letter also approved the addition of enhanced care management to our contract providers in both mental health and substance use disorder contracts. This exciting new initiative will further promote integration of services to include physical healthcare. Enhanced care management will give specific funding and staff to our contract providers to assist our consumers in linking them to physical healthcare and support their access to healthcare. It can be anything from helping them attend appointments to finding their local pharmacy and helping them get their medications. There is a range of different activities that will be available to help them. That board letter approved both our ability to sign a contract with the managed care plans who are responsible for funding those services as well as authority to revise our contracts with our providers so they will have the funding and staffing in order to do these exciting new activities. This is the beginning of the

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	<p>process. It went into effect January 1, as part of the statewide CalAIM initiative.</p> <p>5. The BOS also approved the American Rescue Plan Act. There were a number of initiatives in healthcare services, but the one I would like to highlight provides specific funding for the Substance Use Respite and Engagement center (SURE), which is a program run by WellSpace. This provides a place for individuals to go when they are intoxicated on any type of substance and wait it out and help that get out of their system. This is an exciting program with a lot of support and collaboration with the City of Sacramento.</p> <p>6. We received authority to execute a relationship with UC Davis to implement an additional substance use program at the hospital. We are excited about that partnership as well.</p> <p><u>Innovation (INN) Project 5: Forensic Behavioral Health Multi-System Teams</u> The contract has been awarded to El Hogar Community Services and will begin delivering services February 15, 2022.</p> <p>Jane Ann Zakhary, BHS Administration, Planning and Outcomes Division Manager, presented the following updates:</p> <p><u>No Place Like Home (NPLH) – Round 4 Application</u> We received approval from the BOS to submit another competitive application for a 37 NPLH-unit project: On Broadway apartments. The application was submitted by the deadline of January 19, 2022 and the State is expected to announce awards in June 2022. We feel we are well positioned for award this round because the project was able to secure some of the other development financing needed, which should elevate our scores.</p> <p><u>System Wide Procurement Schedule</u> As mentioned last year, we announced that Behavioral Health was implementing a regular procurement schedule for programs across the system. In the coming months you will see a competitive bidding process come out for the Prevention and Early Intervention Supporting Community Connections programs. You can sign up to receive updates on the Contractor Bidding Opportunity page. https://dhs.saccounty.gov/Pages/Contractor-Bidding-Opportunities.aspx</p> <p><u>Adult Outpatient Services Transformation</u> In December, Community Outreach Recovery Empowerment (CORE) Program released its second round request for letters of interest. The deadline for applications is 5 p.m. PST on January 27, 2022. More information can be found on our Contractor</p>

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	<p>Bidding Opportunity page. https://dhs.saccounty.gov/Pages/Contractor-Bidding-Opportunities.aspx</p> <p>There will be a virtual overview meeting, open to everyone, held on Tuesday January 25, 2022 from 3:00-4:30 p.m. this meeting will also be recorded and published on the web page for those who are unable to attend. https://dhs.saccounty.gov/BHS/Pages/Adult-Outpatient-Services-Transformation.aspx</p> <p>Julie Leung, Acting MHSA Program Manager, presented the following update.</p> <p><u>MHSA Fiscal Year 2022-23 Annual Update Timeline</u> We plan to post the Annual Update in April for a 30 day period of public review and comment and will come before you at your April meeting to present the Annual Update and receive your collective comment. The Mental Health Board will conduct the public hearing in May after which we will go to the Board of Supervisors for approval and submit to the State by June 30, 2022.</p>
<p>VI. Behavioral Health Services Equity Update</p>	<p>Mary Nakamura, LCSW, Cultural Competence and Ethnic Services / Workforce Education and Training Health Program Manager provided a presentation regarding the Behavioral Health Services Equity Update.</p> <p>See Attachment E - Behavioral Health Services Equity Update.</p> <p>Member Questions and Discussion [Many SC members praised the presentation and all the work performed by the Division and community.]</p> <p>I wonder how much is attributed to the county not hiring people of color? How many folks apply and how many are interviewed and hired.</p> <p><i>That's a great question, and those are some of the things we are looking at when we do our analysis. The County application process is through an online service, I believe we do have the ability to perform some analytics to see how many people applied and who applied. I believe there is some demographics level analytics in that information.</i></p>
<p>VII. MHSA Innovation Project 3: Behavioral Health Crisis Services Collaborative Presentation and</p>	<p>Jane Ann Zakhary provided context. Innovation Project 3, the Behavioral Health Crisis Services Collaborative, is a four year Innovation project currently in its fourth year. It would be possible to extend the project, as Innovation projects can be funded up to five years with Innovation funding. This agenda item includes a presentation by the provider, Dignity Health, after which the SC would be asked to take action on whether or not this Project</p>

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<p>Consideration for 1-Year Extension</p> <ul style="list-style-type: none"> • Member Discussion • Public Comment • SC Action 	<p>should be extended for an additional year. Jane Ann then introduced three presenters from Dignity Health:</p> <ul style="list-style-type: none"> • Shelly Schlenker, Chief Advocacy Officer • Celeste Sweitzer, Division Director for Behavioral Health • Wayne Soo Hoo, Quality Director <p>The presenters provided an overview of Dignity Health, program operations at the Crisis Stabilization Unit (located in Carmichael at the Dignity Health Mercy San Juan Medical Center campus) and the services the broader Dignity Health network and the Catholic hospitals that are part of that network (including San Juan Medical Center) do and do not provide.</p> <p>See Attachment F – INN Project 3 Behavioral Health Crisis Services Collaborative presentation.</p> <p>After the presentation, Jane Ann thanked the presenters and asked the SC to consider taking a vote as to whether or not the Behavioral Health Crisis Services Collaborative should be extended for another year.</p> <p>Conflict of Interest Recusals Co-Chair Ebony Chambers requested SC members with a conflict of interest to recuse themselves from the conversation and vote on this SC action item. SC members Genelle Cazares, Crystal Harding, and Erin Johansen recused themselves.</p> <p>Member Questions and Discussion SC members engaged in a difficult and thoughtful discussion. Some SC members expressed appreciation about the work done at the CSU itself. However, many were concerned about extending funding for Dignity Health, stating that it has discriminatory practices and does not provide culturally competent medical services to LGBTQ patients at all locations, including Mercy San Juan Medical Center. Several SC members suggested that the current services be transferred to another provider at the end of the contract term. Another view expressed multiple times was in regards to the need to preserve valuable services, at the least until a replacement service provider could be arranged.</p> <p>Motion Koby Rodriguez moved that the SC <u>not</u> extend the contract between Sacramento County and Dignity Health. Ebony Chambers seconded the motion.</p> <p>Public Comment Dr. Diane Wolfe, psychiatrist: It seems this has been a tremendously successful project. If you do not want to continue with the current provider, then it seems so important that you be</p>

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	<p>ready to transition it to another provider when their funding ends. Can that be done between now and the end of the year or would you need to extend it so can you successfully get another provider for the services? It sounds as if you may have to move it to a different hospital, as it is currently based at Mercy. It has been such a good program with such good outcomes –do not let it die. It needs to be transitioned to another provider.</p> <p>Angel, community member, she/her/hers: I am calling to oppose this no-cost extension for Dignity Health. Residents in Sacramento County deserve services that serve all individuals. Dignity Health is not prepared to serve the transgender and gender nonconforming community and their services continue to perpetuate harm on our community. Mental health services have to be inclusive of all identities and failing to properly serve a marginalized community can perpetuate harm. With all due respect to the presenters, if we are aiming for equity in serving the most marginalized we should not be funding a healthcare provider that is not providing equitable services at all of their locations. Trans—and especially black trans—individuals face enough obstacles in their day-to-day lives. A hospital should not add to that. Providing gender-affirming care, such as hysterectomies, is essential to supporting mental health.</p> <p>Alexis Sanchez, she/her/hers: I wanted to thank you and echo some of the thoughtful comments from some of the steering community members. As a taxpayer, I am very mindful of when the money that we pay for services does not fully serve the whole community. I think especially when it comes to mental health services we have to be wary of funding providers that are not able to provide culturally humble care to every member of the community.</p> <p>M, they them theirs: I am transgender and a former survivor of a psychiatric facility at Dignity Health. I am calling to oppose this no-cost extension for Dignity Health. During my stay at what was supposed to be a healing and stabilizing experience, Dignity Health staff callously disrespected my gender identity, misgendered me, did not call me by my chosen name, did not have accurate medical form that reflected my gender identity, and refused my request for safe accommodations. This experience left me with scars. I do not think that Dignity Health is prepared to serve the transgender and gender nonconforming community and their services continue to perpetuate harm on community members. I know this firsthand. You know residents of Sacramento County deserve services that serve all individuals and you know mental health services has to be inclusive of all identities. Period. I hope you consider opposing this. Thank you.</p>

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	<p>Rosemary Younts, community member: I am now speaking as a community member, but as many of you know that I was with this project when the first seed was planted. It is truly a unique program serving a lot of people who would otherwise go without mental health care, serving all people who need this care. I think the patient satisfaction surveys show that the program itself is culturally competent. I am just saddened to see that medical procedures are being pitted against access to mental health care when we continue to face such a mental health crisis in this community. It took three years just to get this program up and operating. Three years prior to that other health systems along with Dignity Health talked about the project with the county and Dignity Health was the only one that stepped up to provide these services. It is achieving what it was intended to achieve. I would urge we continue this project for another year as we address whatever else we need to address.</p> <p>Trina Hatler, TCORE Program Director: TCORE serves up to 700 folks with severe and persistent mental health challenges in the community and we interface consistently with the Crisis Stabilization Unit. We have been able to decrease people’s time in crisis settings and get them back to our clinic for outpatient services and get them assessed quicker and out into the community faster. For the people in our program that it has benefited directly, it has been a great link to decrease crisis time and increase their community involvement.</p> <p>Victoria, community member: This is my first time at this meeting. I am a Sac State student and in an internship with the Supporting Community Connections program and we work directly with LGBTQ populations. It is upsetting to hear that this massive entity has these policies that really affect the lives of the people I work with at every level. Going through their non-discriminatory practices, they do not do this and do not do that, but this presentation directly contradicts that. I would love to pull out a list resources with my clients and say these are all places you can go to, but if this were to move forward I could not do that with some of these hospitals or resources. Although this stabilization unit is doing well, it would be better to move it to a different provider who does not have these policies that contradict what they presented here tonight. Going into the field of social work, it is really disheartening to hear that these policies are still happening in 2022 and if we keep going that way it will allow more entities to keep doing that, so I urge you to vote No.</p> <p>Robin Barney, Cal Voices, she/her/hers (via chat): I understand Dignity Health is a Catholic hospital that stands behind its religious beliefs, which is okay but is not in alignment with the beliefs of our community as a whole. Everyone deserves equal treatment, regardless of race, creed, color, or gender. Dignity</p>

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	<p>Health is not prepared to assist our gender specific community and for that reason I am opposed to the continuance of the program. Also the BIPOC community has not benefited from this program, which may be due to the location. I would like to see a program in the South side, which would greatly benefit our community at large.</p> <p>Scott Zeller, MD (via chat): Does this close the program or merely end the Innovation grant funding?</p> <p>Motion Clarification Motion made was to <u>not</u> extend the Dignity Health contract past December 2022; therefore, a Yes vote = Do not extend the contract and a No vote = Extend the contract.</p> <p>SC Action Motion passed.</p>
<p>VIII. General Steering Committee Comment</p>	<p>Leslie Napper: We have had to make some really hard decisions. This is probably one of the hardest for me. I was involved with the beginning of this project and was really excited about this program and I really believe in the work of the Sisters of Mercy and our history and I am saddened that we had to make such a choice. Equity and inclusiveness is really important.</p> <p>As difficult as this decision was to make and knowing that we really need a CSU in north Sacramento, I hope this will be a learning lesson for all of our providers. I am probably going to cry a little bit tonight because I do not know what our Plan B is going to be to serve our community better, but I hope we can work together to figure that out. That includes Dignity Health.</p> <p>Ebony Chambers: I agree this has been a difficult discussion and dialogue and encourage all to find grounding activity this evening that works best for them in a sense that we all seek to be as trauma informed and supportive as possible when we are having difficult conversations. As a committee member, I request that we come back to this conversation next month around what the next steps will be, knowing this is a critical need for our community.</p> <p>We do not want this service removed from our community. I think we are being thoughtful and intentional about no longer funding organizations and supporting practices that are not inclusionary of all of our community. Again, I request we come back and talk about what the transition plan could look like and where our funding stands for continuing a program such as this, so we can open it up for a provider to step in with no lapse in services.</p>

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	<p>Ryan McClinton: I recognize there are hard discussions about how we prioritize our wellness and care. I think that is the charge that we all stepped into. We have to be willing to have that harder discussion on what is the best path forward, to ensure that our community continues to get the care, safety, and services provided that are needed. I was encouraged to join this board and this body because I saw this as an opportunity to change the way that business as usual has been and to have a greater impact on improving equity outcomes, inclusion, and diversity of our programs and providers throughout our county. One of the things I appreciate about this body is that it has thoughtful intentional conversations and follow up actions that are taken in the interest of our community as a whole and keeping in mind how we move forward together. We never want to see helpful services completely go away. What we should be mindful of in the decision made tonight is that it did not end the contract that was in place. We are not saying we should get rid of a program or a service. The contract was scheduled to end at the end of this year, so we should be looking at what future Innovation project can continue and grow these services. I implore all SC members to consider how we can uplift equitable and inclusionary services across our community and thank everybody for being willing to have this conversation tonight.</p> <p>Crystal Harding (via chat): Is it possible for Dignity to reapply, be involved, and collaborate with next steps, lessons learned, data, how to address gaps, and how to build and evolve? Three years is a very short time overall in the midst of pandemic crisis.</p> <p>Dr. Quist: These were difficult conversations. I appreciate how much respect was shown in having these conversations in terms of not attacking each other and in being supportive of where others were coming from. I know that can be difficult when people disagree. This was a respectful conversation representing different perspectives, so I appreciate that and thank you.</p> <p>To briefly answer some of the questions asked in the chat, this leaves us with project funding through the end of December 2022. We will be working on what it looks like after that time.</p>
<p>IX. General Public Comment</p>	<p>Mary Ann Bernard: I am a Sacramento County resident, a retired public lawyer with over 30 years experience advising boards at the federal and state and local level, and have a severely mentally ill son and am active in groups advocating for the most seriously mentally ill. That group crosses all lines of race and sexual preference. I have several times called your attention to the \$89 million MHSA surplus and to the fact that</p>

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	<p>Sacramento County is in violation of MHSA Section 5813.5 (f) of the Welfare and Institutions Code. That mandates (meaning it requires and it is not a choice) that MHSA fund programs for severely mentally ill individuals who are either on their way into local jails and in need of diversion or on their way out of our local jails and in need of relapse prevention. That is what we do these days with severely mentally ill people. Mostly, we put them in jail.</p> <p>Because of unconstitutional conditions in Sacramento County jails, the county is under court order and the ACLU is being very restive about this. They have gotten good direction from the court of appeals and yet it seems nothing is being done. Instead this body gave a first a seven percent and then a ten percent “raise” (I put that word in quotation marks) to your MHSA contractors as if they were employees, which they are not. This was done so they could pay for hypothetical costs due to COVID. In both instances these motions were introduced by SC members who are recipients of MHSA funds and therefore have conflicts of interest.</p> <p>Rosa Flores: I am the senior programs manager for Latino Coalition for a Healthy California. I am also a Midtown resident and I wanted to introduce myself because this is the first meeting that I am attending. I acknowledge the main topic tonight is of utmost importance and am profoundly impressed by the representation and leadership on this committee. I also want to offer that tension can often be used for growth, so I appreciate the incubator you are creating and look forward to engaging more actively in future meetings.</p>
X. Adjournment / Upcoming Meetings	<p>The meeting was adjourned at 9:02 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> • February 17, 2022 • March 17, 2022

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@sacounty.gov.