Our Mission

Our Vision

To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

Our Values

Respect, Compassion, Integrity • Client and/or Family Driven • Equal Access for Diverse Populations • Culturally Competent, Adaptive, Responsive and Meaningful • Prevention and Early Intervention • Full Community Integration and Collaboration • Coordinated Near Home and in Natural Settings • Strength-Based Integrated and Evidence-Based Practices • Innovative and Outcome-Driven Practices and Systems • Wellness, Recovery, and Resilience Focus

Nov	/embe	r 21, 2024, Meeting Minutes				
Time: 6:00-8:00 PM Location: Virtua			Ily (Zoom) and phone conference			
Meeting Attendees - General Public and MHSA Steering Committee members:						
Stakeholder Group		Primary		Alternate		
Mental Health Board	х	Patricia Wentzel	x	Brad Lueth/Keisha Harris		
Mental Health Director	х	Ryan Quist	х	Jane Ann Zakhary		
Service Provider - Children		Laurie Clothier (River Oak)		Mary Sheppard (Uplift Family Svcs)		
Service Provider - Adults	x	Marlyn Sepulveda (Hope Cooperative)		Alexis Bernard (Turning Point)		
Service Provider - Older Adults	x	Genelle Cazares		Cindy Xiong		
Law Enforcement		Corey Jackson		Laura Mueller		
Senior and Adult Services	x	Heidi Richardson		Mary Parker		
Education	х	Christopher Williams		Brent Malicote		
Department of Human Assistance	х	Julie Field		Carmen Briscoe		
Substance Use Prevention and Treatment		Lori Miller	х	Kimberly Grimes/Pamela Hawkins		
Cultural Competence	х	Lakshmi Malroutu		Jessie Armenta		
Child Welfare	x	Melissa Lloyd		Kim Pearson		
Primary Health		Andrew Mendonsa	х	Noel Vargas		
Public Health		Olivia Kasirye		Staci Syas		
Juvenile Court		Andi Mudryk		Sarah Davis		
Probation	х	Lynsey Semon		David Linden		
Veterans		Rochelle Arnold		Michael Restivo		
Consumer - TAY		Vacant		Vacant		
Consumer - TAY		Vacant		Vacant		
Consumer - Adult		Christeana Zamora		Vacant		
Consumer - Adult		Clarissa Laguardia		Chezia Tarleton		
Consumer - Older Adult		Janet Green		Vacant		
Consumer - Older Adult	х	Sharon Jennings		Vacant		
Family Member/Caregiver of Child age 0-17 Yrs	x	Chris Marzan		Vacant		
Family Member/Caregiver of Child age 0-17 Yrs		Vacant		Vacant		
Family Member/Caregiver of Adult age 18-59 Yrs		Susan McCrea- <i>LOA</i>		Ellen King		
Family Member/Caregiver of Adult age 18-59 Yrs	х	Ryan McClinton	х	Diana Burdick		
Family Member/Caregiver of Older Adult age 60+ Yrs		Vacant		Vacant		
Family Member/Caregiver of Older Adult age 60+ Yrs	х	Anatoliy Gridyushko		Vacant		
Family Member/Consumer At-large		Vacant		Evin Johnson		

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:00p.m. MHSA Steering Committee (SC) co-chairs and members introduced themselves.
II. Agenda Review	The agenda was reviewed. No changes were made.
III. Review of Prior Meeting Minutes	The October 2024 draft meeting minutes were reviewed. No changes were made.
IV. Announcements	 Heidi Richardson, SC Member: Sacramento County Senior and Adult Services (SAS) and our consultant, Pear Street Consulting, are working on The Local Age and Disability-Friendly Action Plan (LADAP). The full draft action plan is posted for public comment until Friday, December 13, 2024, and can be viewed at Final Draft Action Plan. Comments can be submitted via the website form or via email at mk.pearstreetconsulting@gmail.com. Chris Marzan, SC Member: The Community Assistance, Recovery, and Empowerment (CARE) Act aims to provide community-based mental health services and support for individuals living with untreated schizophrenia or other psychotic disorders. The goal is to prevent restrictive conservatorships or incarcerations by creating a court-ordered CARE plan or agreement for up to 12 months. To learn more visit <u>CARE Act Court</u>. The Department of Health Care Services (DHCS) invites Californians to provide public comments on the first set of directions to counties on their behavioral health transformation. Comments will be accepted on the Behavioral Health Transformation Policy Manual Module 1 from November 8 through December 2, 2024. The final document will provide guidance to counties in developing their new integrated behavioral plan as required by Proposition 1. To streamline the process of engaging and incorporating public feedback, DHCS developed a digital tool that will allow the public to submit their comments more easily. For public comment-related inquires, email <u>BHTPolicyFeedback@dhcs.ca.gov</u>.
	Announcements from the Public None.
V. Executive Committee / MHSA Updates	 Executive Committee Updates: Chris Williams, SC Executive Member and Co-Chair: The past few months, the focus of the steering committee has been on educating the community and partners around the MHSA Continuum of Care and services currently being offered to ensure everyone has the same foundational information as we enter into the new Behavioral Health Services Act era.

В	HS Updates:	
Ryan Quist, Behavioral Health Director, and SC Member:		
•	Cultural Observances	
	 November is National Family Caregivers Month, a time to recognize and honor family caregivers across the country. It is important for BHS to acknowledge the many family caregivers who often provide some of the most important support to individuals with severe mental health challenges. These individuals often go unrecognized, and this is an opportunity for us to show our appreciation and celebrate their efforts and the work that they do. To learn more visit <u>Caregiver Action Network</u>. 	
	 November 1, 2024-November 2, 2024, is Dia de los Muertos, which celebrates and honors the memories of departed family and friends. 	
	 November 17, 2024-November 23, 2024, is Hunger and Homelessness Awareness Week. This annual program aims to draw attention to the issues surrounding hunger and homelessness in the United States. Individuals are encouraged to volunteer, donate, and educate others about these issues as well. 	
	• November 19, 2024, is International Men's Day and celebrates worldwide the positive value men bring to the world, their families, and communities. This day highlights positive role models and raises awareness of men's well-being.	
	 November 20, 2024, is Transgender Day of Remembrance (TDOR). TDOR is an annual observance that honors the memory of the transgender people whose lives were lost in acts of anti-transgender violence. 	
	 November 13, 2024-November 19, 2024, is Transgender Awareness Week. People and organizations around the country participate in Transgender Awareness Week to help increase understanding about transgender people and the issues members of the community face. 	
	 November 23, 2024, is International Survivors of Suicide Loss Day, an event in which survivors of suicide loss come together to find connection, understanding, and hope through their shared experience. 	
•	California's Community Assistance, Recovery, and Empowerment (CARE) Act aims to provide community-based mental	
	health services and support for individuals living with untreated schizophrenia or other psychotic disorders. The goal is to prevent restrictive conservatorships or incarcerations by creating a court-ordered CARE plan or agreement for up to 12 months. CARE Court goes live on December 1, 2024, in Sacramento County. The CARE program is available to individuals aged 18 and older who are diagnosed with a schizophrenia spectrum or other psychotic disorder, currently experiencing behaviors and symptoms associated with severe mental illness (SMI), unable to stabilize through existing voluntary	
	treatment, and unlikely to survive safely in the community without supervision. CARE Court cannot compel individuals into treatment or take medications. To learn more, visit <u>Community Assistance, Recovery and Empowerment (CARE)</u> .	
•	The California Senate Bill (SB) 43 was signed into law late 2023 and will go into effect January 1, 2025. SB 43 expands the definition of "grave disability" to include those individuals who are unable to care for their basic needs for health and	
	safety due to a severe substance use disorder or a co-occurring mental health disorder and severe substance use disorder. SB 43 also expands the definition of "basic needs" to include a person's ability to obtain necessary medical care,	

Agenda Item	Discussion
	 personal safety, food, weather appropriate clothing, and/or shelter. Recognizing the challenges with implementation, counties were permitted to defer implementation for up to two years. Andrea Crook, MHSA Program Manager The Behavioral Health Transformation Policy Manual Module 1 was emailed out via MHSA World. If you did not receive the email, please contact <u>mhsa@saccounty.gov</u> to ensure you are receiving our updates and announcements. Pamela Hawkins created flyers providing self-care ideas for providers and behavioral health professionals. These flyers are posted in the chat for individuals to review and/or save.
VI. Youth and Family Mental Health Overview	Behavioral Health Services Screening and Coordination (BHS-SAC) Program Presentation Tory Ross, BHS Program Manager and LaVonne Ricks, BHS Health Program Coordinator
	See <u>Attachment A – Behavioral Health Services Screening and Coordination (BHS-SAC) Program</u>
	Member Questions, Discussion, and Collective Comment:
	Who can be referred using the Substance, Use Disorder universal referral form Anyone can submit a referral. Referrals can be submitted by calling the call center at 916-875-1055.
	This was presented to the Mental Health Board (MHB) and recommendations were provided. Are those recommendations being taken into consideration as the BHS-SAC call center is being rolled out? <i>Yes, the recommendations submitted by the MHB are being implemented behind the scenes. Some may take a little longer to implement, but we're diligently working to ensure all recommendations are included as BHS-SAC call center goes live.</i> <u>Comment</u> None.
VII.	African American/Black/African Descent (AA/B/AD) Ad Hoc Committee and Co-Production Competencies Presentation Doretha Williams-Flournoy, A Church for All, Alondra Thompson, Sacramento BHS, and Ryan McClinton, Public Health Advocates
	See Attachment B – <u>AA/B/AD Ad Hoc Committee and Co-Production Competencies Presentation</u>
	Member Questions, Discussion, and Collective Comment: If an organization wants to start doing co-production, what are the next steps and how can they measure where they are with the community?

Agenda Item	Discussion
	An assessment is a great place to start to help an organization understand their strengths and challenges areas. There is an assessment tool called the Self-Assessment Modification for Antiracism Tool (SMART) Tool that a former co-chair helped develop. This assessment tool breaks down what it looks like to have an assessment in core domain areas (especially in behavioral health) and includes a scoring process that launches the co-production standards presented today. Another tool is this presentation, which includes a standard set of domains created by CIBHS and the County that can be provided to any team or staff wanting to look at co-production.
	<u>Comment</u> An example of what co-production can look like is what BHS has done. BHS has been utilizing focus groups to build out our Community Wellness and Response Team (CWRT). Additionally, BHS created an advisory committee to this program that consists of community members and Mental Health Board members. These individuals meet monthly to discuss how the program is going and what suggestions are being made from community members to strengthen the program. Co-production is used to ensure community voices are being heard and ensures our programs remain sustainable and beneficial to those they are created for.
VIII. General Steering Committee Comment	None
IX. General Public Comment	None
X. Adjournment/ Upcoming Meetings	Upcoming Meetings: • January 16, 2025 • February 20, 2025 (in-person/virtual hybrid)