

Sacramento County

Department of Health Services, Behavioral Health Services

Mental Health Services Act (MHSA) Steering Committee

Our Mission

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

Our Vision

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

January 16, 2025, Meeting Minutes		
Time: 6:00-8:00 PM		Location: Virtually (Zoom) and phone conference
Meeting Attendees - General Public and MHSA Steering Committee members:		
Stakeholder Group	Primary	Alternate
Mental Health Board	x Patricia Wentzel	Brad Lueth/Keisha Harris
Mental Health Director	x Ryan Quist	Jane Ann Zakhary
Service Provider - Children	x Laurie Clothier (River Oak)	Mary Sheppard (Uplift Family Svcs)
Service Provider - Adults	Marlyn Sepulveda (Hope Cooperative)	x Alexis Bernard (Turning Point)
Service Provider - Older Adults	x Genelle Cazares	Cindy Xiong
Law Enforcement	Corey Jackson	Laura Mueller
Senior and Adult Services	x Melissa Jacobs	Mary Parker
Education	x Christopher Williams	Brent Malicote
Department of Human Assistance	Julie Field	Carmen Briscoe
Substance Use Prevention and Treatment	x Lori Miller	Kimberly Grimes/Pamela Hawkins
Cultural Competence	Lakshmi Malrouth	x Jessie Armenta
Child Welfare	x Melissa Lloyd	Kim Pearson
Primary Health	Andrew Mendonsa	Noel Vargas
Public Health	x Olivia Kasirye	Staci Syas
Juvenile Court	Andi Mudryk	Sarah Davis
Probation	x Lynsey Semon	David Linden
Veterans	x Rochelle Arnold	Michael Restivo
Consumer - TAY	Vacant	Vacant
Consumer - TAY	Vacant	Vacant
Consumer - Adult	Christeana Zamora	Vacant
Consumer - Adult	x Clarissa Laguardia	Chezia Tarleton
Consumer - Older Adult	x Janet Green	Vacant
Consumer - Older Adult	x 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- LOA	Ellen King
Family Member/Caregiver of Adult age 18-59 Yrs	Ryan McClinton	x Diana Burdick
Family Member/Caregiver of Older Adult age 60+ Yrs	Vacant	Vacant
Family Member/Caregiver of Older Adult age 60+ Yrs	x Anatoliy Gridyushko	Vacant
Family Member/Consumer At-large	Vacant	Evin Johnson

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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 November 2024 draft meeting minutes were reviewed. No changes were made.
IV. Announcements	<p>Patricia Wentzel, SC Member: The Sacramento County Sheriff’s Office has announced a change to how deputies will approach mental health calls. A recent ruling from the Ninth Circuit Court of Appeals held law enforcement officers liable for the death of a man in mental distress. Due to this, deputies will no longer be responding to mental health emergency calls if they do not involve a criminal element. They will respond when a crime is in process, when a crime has been committed or when someone is at risk of injury or death. But not when the only person experiencing a mental health crisis is at risk of injury or death. This policy change has many implications for the care of individuals who are in a mental health emergency. Additionally, it will impact how firefighters and countywide crisis intervention teams respond making it imperative that everyone be able to refer people to the Community Wellness Response Team (CWRT). This team can be reached through 988, however there is a delay if individuals go this route because they conduct a screening process. There is a direct dispatch number 916-999-4673.</p> <p>Lori Miller, SC Member:</p> <ul style="list-style-type: none"> • Cultural Observances: • January is the Substance Abuse and Mental Health Services Administration’s (SAMHSA) first annual Substance Use Disorder Treatment Month. This is a time to highlight nationwide efforts to support recovery, raise awareness about substance use disorders (SUD), and advocate for accessible, effective treatment options. • January is Mental Health Wellness Month, a time to reflect on how we care for our mental health, and adopt practices that foster resilience, emotional well-being, and a positive mindset. • January 11, 2025, is National Human Trafficking Awareness Day and raises awareness of the persistent issue of human trafficking. Though the entire month of January has been recognized as National Slavery and Human Trafficking Prevention Month, this day is specifically dedicated to raising awareness and prevention of the illegal practice. • January 21, 2025, is National Day of Racial Healing, and provides an opportunity for people and organizations to come together in their common humanity and take collective action to create a more just and equitable world. Participants are encouraged to engage in activities, events or strategies that promote healing and foster engagement around issues of racism, bias, inequity and injustice in our society.

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	<ul style="list-style-type: none"> • Sacramento County Substance Use and Prevention Treatment Services (SUPT) announced that Sacramento County has seen a decrease of 50% in deaths due to fentanyl overdoses and poisonings at the end of 2024. This is a higher percentage than surrounding Counties, and across the nation. SUPT wants to thank everyone that is a part of the comprehensive support system and their coordinated efforts because lives are being saved. • Safer Sacramento has a page on their website specifically for Older Adults that can be found HERE. If there is anything that is not being represented, or something individuals would like to see added please contact Lori Miller and she would be happy to add it to the site. • SacCounty Healthy Beginnings is an innovative project focusing on prenatal substance exposure. There are a few free trainings being offered. More information can be found on the flyer. See Attachment A – Healthy Beginnings Training Flyer 24-25. • SUPT’s newest initiative is a youth social media project. They are excited to have youth voices represented in this work and have gained some traction with the initiative. If interested, more information can be found on their Instagram page, SacHealthyBeginnings. <p><u>Announcements from the Public</u> None.</p>
V. Executive Committee / MHSA Updates	<p>Executive Committee Updates: None</p> <p>MHSA Updates: Ryan Quist, Behavioral Health Director, and SC Member: <u>MHSA Program Updates</u></p> <ul style="list-style-type: none"> • The California Senate Bill (SB) 43 was signed into law late 2023 and went 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, a co-occurring mental health disorder, and/or a severe substance use disorder. SB 43 also expands the definition of “basic needs” to include a person’s ability to obtain necessary medical care, personal safety, food, weather appropriate clothing, and/or shelter • 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. The CARE program is available to individuals aged 18 and older who are diagnosed with a schizophrenia spectrum or other psychotic disorders, 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

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	<p>without supervision. CARE Court went live on December 1, 2024, in Sacramento County. To get into the program, a petition must be filed with the Sacramento Superior Court. The Sacramento Superior Court provides support for individuals wanting to file a petition through their self-help center, where individuals can receive legal technical assistance on how to file. A list of individuals who are qualified to file a petition includes family members, first responders, and behavioral health providers. In the first month, there were 10 referrals, resulting in five petitions to the court in December. BHS is closely monitoring the progress of these cases through the court system. In January, the Sacramento Superior Court received 14 referrals, which resulted in between 8-10 petitions. We are observing a significant increase in participation in the CARE Court program. CARE Court cannot compel individuals into treatment or take medications. To learn more, visit Community Assistance, Recovery and Empowerment (CARE).</p> <p>Jane Ann Zakhary, BHS Division Manager</p> <ul style="list-style-type: none"> As we approach our ten-year anniversary, we’re excited to announce a new name for the Mobile Crisis Support Team (MCST) – transitioning from the MCST to the Co-response Crisis Intervention Team (CCIT) to better reflect our unique role and services. When originally named, “Mobile Crisis” best represented this program; however, with the introduction of the Medi-Cal Mobile Crisis benefit and the addition of other mobile crisis teams within BHS, such as the Community Wellness Response Team, we recognized the need for a name that better reflects this program’s role. Our new name, Co-response Crisis Intervention Team, captures the collaborative nature of our work, emphasizing the critical partnership between mental health clinicians and law enforcement as we respond to emergency calls for service. This change not only highlights our co-response approach, but also reinforces our commitment to providing immediate, integrated crisis services within the continuum of crisis response teams to our community. We’re excited about this evolution, and we look forward to continuing to collaboratively make a positive impact in the communities we serve!” BHS has added a Behavioral Health Services Act (BHSA) page on the MHSA page. It can be found on the right side. To learn more visit HERE.
VI. Youth and Family Mental Health Overview	<p>Behavioral Health Services – Older Adult Services Presentation Christina Irizarry, LMFT, Crisis Continuum Health Program Manager, Lori Miller, LCSW, SUPT Division Manager, and Allison Williams, LCSW, Adult Continuum of Care Health Program Manager</p> <p>See Attachment B – Behavioral Health Services – Older Adult Services.</p> <p><u>Member Questions, Discussion, and Collective Comment:</u></p> <p>There are many older veterans and surviving spouses of veterans who may not have access to federal VA healthcare and mental healthcare resources. Is there a contact list of resources we can obtain to assist these individuals?</p>

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	<p><i>For substance use resources, if individuals cannot be served through the VA, they should start with the BHS-SAC call center. This call center can direct them to appropriate mental health and substance use resources. Additionally, veterans can use any of the resources listed on their website [insert website link here].</i></p> <p>Given that loneliness can be a risk factor for substance use among older adults, I want to share my experience volunteering with Cal Voices Warmline. Older adults would call in just to have someone to talk to when they had no one else. Are warmlines included as a resource when offering support to older adults?</p> <p><i>Yes. Additionally, for older adults going through a crisis, all outpatient programs offer 24/7 crisis lines and intervention support. These services can dispatch additional escalated support if needed. If the situation escalates and an individual calls 988, they will be connected to the CWRT. The CWRT can meet individuals at their location of choice, provide crisis resources, and link them to services. The priority is to manage whatever crisis the individual may be experiencing.</i></p> <p>Does a person need to be a BACS client to use the laundry and showers, or can someone receiving mental health services through Sacramento County also access these facilities?</p> <p><i>Anyone in the community can access the wellness centers, which offer various groups and activities. If individuals wish to participate in activities at multiple sites, they are more than welcome to do so. They can attend whichever center they feel most connected to.</i></p> <p>Is there a central location where individuals can go to be directed to services? How is the general public made aware of these services?</p> <p><i>The easiest single point of entry is the new BHS-SAC call center, where individuals can be linked to necessary services. Another point of entry is the Community Support Team, which can meet individuals in the community in person, wherever they are. Additionally, the Community Wellness Centers offer walk-in services, where peers work directly with individuals to connect them to the supports, they need or to a mental health plan if they meet specialty mental health criteria. We are also working to improve the website to better highlight the services we provide.</i></p> <p><u>Comment</u> None.</p>
VII.	<p>Innovation 7: Community-Defined Wellness Practices for African American/Black/African Descent (AA/B/AD) Unhoused – Phase 1 Report Presentation Neeki Gilani, MHSA Program Planner</p> <p>See Attachment C – Innovation 7: Community Defined Wellness Practices for AA/B/AD Unhoused – Phase 1 Report Presentation.</p>

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	<p><u>Member Questions, Discussion, and Collective Comment:</u></p> <p>Was bus riding training available for individuals needing to learn to ride the bus with the bus passes? <i>That was not provided in this research. When distributing the RT passes, if someone did not know how to use them, we verbally explained the process. Additionally, individuals can call SacRT Customer Service at 916-321-BUSS (2877) for assistance.</i></p> <p>Can physicals be offered as a medical intervention? <i>Yes, we would love to see more physicals being offered as a basic medical intervention.</i></p> <p>Are existing resources known to the community? Was any literature handed out during your visits? <i>Yes, we provided resources at both the encampment visits and the focus groups. For example, at one of our focus groups there was a discussion about there being a police alternative for mental health emergencies because they may not be appropriate for an emergency room. After the discussion ended, I shared the resource 988, and the mental health urgent care clinic. To ensure everyone had the resources, I asked everyone to put them in their phone for future reference.</i></p> <p><u>Comment</u> None.</p>
VIII. General Steering Committee Comment	None
IX. General Public Comment	None
X. Adjournment/ Upcoming Meetings	<p>Upcoming Meetings:</p> <ul style="list-style-type: none"> • February 20, 2025 (in-person/virtual hybrid) • March 20, 2025