

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

April 17, 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	Patricia Wentzel	Brad Lueth/Keisha Harris
Mental Health Director	x Ryan Quist	x Jane Ann Zakhary
Service Provider - Children	Laurie Clothier (River Oak)	Mary Sheppard (Uplift Family Svcs)
Service Provider - Adults	x Marilyn 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 Melissa Jacobs	Mary Parker
Education	x Christopher Williams	Brent Malicote
Department of Human Assistance	Julie Field	Carmen Briscoe
Substance Use Prevention and Treatment	Lori Miller	x Kimberly Grimes/Pamela Hawkins
Cultural Competence	x Lakshmi Malroutu	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	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	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 March 2025 draft meeting minutes were reviewed. No changes were made.
IV. Announcements	<p>Melissa Jacobs, SC Member: The Sacramento County Adult and Aging Commission meetings are held every fourth Wednesday of each month. The next meeting will be a hybrid meeting held on April 23, 2025. For those interested in attending, the meeting information is below.</p> <p><u>Adult and Aging Commission Meeting</u> When: Wednesday, April 23, 2025 Time: 2:00PM to 4:00PM Location:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>If attending in-person</u> 9750 Business Park Drive, Ste. 104 Conference Room 1, Sacramento, CA 95827 (free parking available; ring bell if door is closed)</p> </div> <div style="width: 45%;"> <p><u>If attending virtually</u> Zoom Link</p> </div> </div> <p><u>Announcements from the Public:</u> Greta This year, Journey of Hope will pair local artists and writers to share stories of hope and recovery, to give others insight, inspiration, understanding, strength, and connection, and to raise awareness. Stories were due April 14, 2025, and will be distributed to artists April 25, 2025.</p>
V. Executive Committee / MHSA Updates	<p>Executive Committee Updates: None</p> <p>MHSA Updates: Ryan Quist, Behavioral Health Director and SC Member:</p> <ul style="list-style-type: none"> • <u>April Observances</u> <ul style="list-style-type: none"> ○ Stress Awareness Month ○ National Child Abuse Prevention Month ○ National Alcohol Awareness Month

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	<ul style="list-style-type: none"> ○ Day of Silence is held every year on the 2nd Friday of April. Student led observance with the purpose of bringing awareness to the bullying of LGBT students by taking a vow of complete silence for the whole day in representation of silencing the LGBT+ community. Day is sponsored by the GLS Education Network. ● Sacramento County Behavioral Health Services (BHS) recently launched the Hey Neighbor Campaign, a partnership with the California Mental Health Services Authority (CalMHSA) as part of our PEI Statewide Projects initiative. This statewide effort aims to raise awareness about behavioral health resources and services available through County Behavioral Health Plans while also promoting employment opportunities within Behavioral Health Services. ● The campaign debuted in collaboration with the Sacramento Kings at select home games, where ribbons were illuminated in Sacramento County colors, BHS was highlighted on the jumbotron, and a large-scale mindfulness exercise engaged 17,000 attendees. Moving forward, we are expanding our partnerships to include the River Cats and Sac Republic FC to continue fostering community engagement and mental health awareness. ● Sacramento County BHS completed the DRAFT Annual Update Fiscal Year 2025-2026 presentation to the Mental Health Board on April 2, 2025. The next step in the approval process is securing approval from the Board of Supervisors by June 30, 2025. Once this step is completed, we will transition into planning for the Behavioral Health Services Act (BHSA). The Department of Health Care Services (DHCS) has finalized Modules 1 and 2 of the BHSA County Policy Manual, which outlines the allowable uses of funds within the newly structured BHSA funding pots. Our team is currently conducting a deep dive into these finalized modules to ensure a thorough understanding of allowable use of funds. Additionally, we are mapping our existing programming into these funding categories to ensure proper alignment. This foundational work will position us well as we begin the planning process with a clear knowledge base of how our existing programming will operate under BHSA. ● DHCS has released a draft of Module 3, which provides some guidance on the Integrated Plan (IP). As we transition into the new BHSA planning framework, it's important to note that our focus is no longer limited solely to BHSA funds—it now encompasses the entire behavioral health budget and the full array of behavioral health services. This expanded scope comes with increased reporting requirements and greater transparency. ● To ensure alignment, we have structured the past few months of the MHSA Steering Committee agendas around a thorough review of MHSA and behavioral health funding components. This approach has helped establish a shared understanding of the various funding mechanisms supporting behavioral health services in Sacramento County. Our focus has been on bringing everyone up to speed on the full spectrum of care we deliver, ensuring a strong foundation for the work ahead. ● We recently welcomed a new member to our BHS Executive Team, Emmanuel Amanfor. Over the past few weeks, he has joined us to lead the Continuous Quality Improvement Team, which encompasses the Quality Management and Data Analytics Team, as well as the Cultural Competence and Ethnic Services Team.

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VI. BHS Crisis Continuum of Care Overview	<p>Overview of the BHS Crisis Continuum of Care</p> <p>Christina Irizzary, Health Program Manager presented an overview of the BHS Crisis Continuum of Care. See Attachment A – BHS Crisis Continuum of Care Overview.</p> <p>Member Questions, Discussion, and Collective Comment:</p> <p>What do you mean by Continuum of Care?</p> <p><i>A continuum, in this context, refers to the range of crisis services available, from early intervention and outreach to more intensive levels of care, including hospitalization. In our presentation, we highlighted the continuum beginning with prevention and outreach, leading up to in-person crisis response as the highest level of immediate intervention.</i></p> <p><i>We want to ensure that individuals are aware of the full spectrum of crisis support available, including respite care—an option that is sometimes overlooked. Respite provides individuals with a temporary space to step away from stressors without requiring an in-person crisis response. Those who may not feel safe or comfortable staying at home but do not require hospitalization can utilize respite services as a supportive alternative.</i></p> <p><i>Ensuring individuals receive the most appropriate level of care is a priority. All our crisis services serve as access points to Sacramento County’s Mental Health Plan and other community resources. It is expected that providers are well-informed about the continuum of care for both mental health and substance use disorder (SUD) services, as well as current community resources. Crisis response teams engage directly with individuals, assess their needs, and work to connect them with the most suitable services.</i></p> <p><i>Many of our providers maintain strong partnerships with organizations offering additional programs, ensuring that clients can be linked to a broad network of support. Some programs even remain engaged with individuals until their first appointment to promote a smooth transition into ongoing care. BHS is committed to strengthening these connections, minimizing gaps, and ensuring individuals not only receive services but are successfully integrated into a supportive system that aids them in their wellness journey.</i></p> <p>If they determine that a higher level of care is needed, they can then make the appropriate referral to a residential program. Is this correct?</p> <p><i>That is correct, and it is a great example. If someone engaged in the Crisis Navigation program may benefit from additional support, they could go to one of our crisis residential programs instead of returning home immediately. This step can serve as an intermediary option, or they may be connected directly to our Community Outreach Recovery Empowerment (CORE) or Flexible Integrated Treatment (FIT) providers.</i></p>

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	<p><i>Additionally, the assessment process plays a crucial role in ensuring individuals receive appropriate care. It is not only about evaluating their long-term needs but also addressing their immediate support requirements. If a higher level of care is necessary, we can refer them to a program that aligns with their specific needs.</i></p> <p><i>Regarding 988, peer responders are sometimes dispatched depending on the situation. However, if two peers are sent, it is required that a clinical professional be available 24/7 via telehealth. If a clinical assessment is needed, the responders can reach out to their clinical contact at any time. Sending peer responders helps maximize resources, but I recognize the gaps you mentioned. I would welcome a broader discussion on this. If you would like to meet and explore solutions together, I would welcome the opportunity.</i></p> <p><i>Christina Irizarry</i> <i>IrizarryC@saccounty.gov</i> <i>916-662-1542</i></p> <p><u>Public Comment:</u> Hafsa Hamdani</p> <p>If you are in the hospital ER, can you call the Crisis Navigation Access Point telephone number to request a referral? <i>Referrals are provided by hospital or emergency department staff.</i></p> <p>How many hospitals are aware of this number? <i>The level of awareness depends on the hospital, and while I don't have a full list of names on hand, this information can be incorporated into the meeting minutes. Hospitals are educated on this process, but at times, reeducation may be necessary, particularly when new staff come on board. This feedback is helpful, and if there's a specific hospital you have in mind, feel free to contact me so we can ensure additional training is provided. There is a Memorandum of Understanding (MOU) in place with Kaiser South, and Bay Area Community Services (BACS) regularly conducts presentations and works to maintain relationships with them. In terms of turnaround time, referrals are not typically processed on the same day.</i></p> <p>Greta</p> <p>When communicating this information to the public, is there a way to streamline access for consumers rather than requiring them to go through the ER, which may or may not be aware of the resources presented today? Could additional training help improve awareness? Similarly, could peer providers be given a comprehensive list of contacts and resources, ensuring they have direct access to this information?</p>

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	<p>I also noticed that the website does not display well on my Android device. Are there alternative ways for individuals to access this information? Is there a mailing list we can join?</p> <p>Overall, it feels like these pieces don't fully connect in a way that ensures consumers receive this information before reaching a crisis. Right now, the only direct pathway seems to be through the ER, followed by navigating a complex bureaucratic process. Are there efforts to make this information more accessible upfront?</p> <p><i>Yes, I am more than happy to present this information in different forums. If there are specific programs individuals want to learn more about, I can facilitate connections with program managers so they can present in relevant spaces.</i></p> <p><i>Regarding information sharing, we have the Crisis Continuum Providers sheet. See Attachment B – Crisis Continuum Providers Sheet (shared in the chat), which is available to the public, providers, and on our website.</i></p> <p><i>I believe what you're asking, Greta, is how community members can access information about these programs beyond attending presentations. Many of our programs invest in marketing efforts, such as Community Wellness Response Team (CWRT), and we are part of the Hey Neighbor campaign mentioned earlier. Public outreach is happening for individual programs, and we also distribute physical handouts to ensure accessibility.</i></p> <p><i>You raise an important point, many individuals may not have access to technology, and this is something we are actively working on. We aim to expand outreach efforts by providing physical copies of materials to the community. Additionally, we recognize that our website could be more user-friendly, and BHS is working on improving its design to enhance accessibility and navigation.</i></p> <p><i>For a 5150 mental health call, Law Enforcement Officers (LEOs) will respond if there is a safety component involved. If no immediate safety risk is present, they may utilize other available resources.</i></p> <p><i>Response protocols vary and are determined on a case-by-case basis. Once a call is received, officers assess the situation to determine the most appropriate course of action.</i></p> <p>Diana Burdick</p> <p>I have been attending the Sheriff's Community Review Commission meetings, which take place on Tuesdays. Their next meeting is scheduled for Tuesday, May 27, 2025, 6:00 PM at 700 H Street.</p> <p>I strongly encourage you all to attend, as Undersheriff Ziegler will be providing an update on the department's new policy regarding their decision not to respond to most mental health-related calls. If you truly want to understand what is happening, this meeting will be an important opportunity to hear directly from law enforcement.</p> <p>For anyone interested in this policy change, I highly recommend attending. This is a public meeting, and comments are allowed.</p>

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VII. General Steering Committee Comment	None
VIII. General Public Comment	None
IX. Adjournment/ Upcoming Meetings	Upcoming Meetings: <ul style="list-style-type: none">• May 15, 2025• June 26, 2025 (in-person/virtual hybrid)