

# Sacramento County Mental Health Board Adult System of Care Committee

## MINUTES – TELECONFERENCE MEETING Tuesday, August 23, 2022 4:00PM – 6:00PM

Attendees: Corinne McIntosh-Sako, Laura Bemis, William Cho and Ann Arneill (staff, Glenda Basina)

Absentees: None

**I. Welcome and Introductions, Corrine McIntosh Sako**

- Chair Sako convened the meeting at 4:00pm and introductions were made. Announced Loran Sheley resigned from the MHB.

**II. Conduct Agreement, Laura Bemis, Secretary**

- Vice Chair Bemis read the Conduct Agreement

**III. Presentation on the Usage of Pronouns and Gender Inclusive Language as Essential to Mental Health, Mary Nakamura, LCSW & Ajna Glisic, LMFT – Sacramento County Behavioral Health Services Cultural Competence & Ethnic Services Program Managers**

- Mary and Ajna introduced themselves. Provided background and evolution in BHS of gender affirming language and use of pronouns. Began with fields on the Avatar system for electronic health record of sexual orientation and gender data as well as prevention and early intervention funded programs requiring specific gender data. Cultural Competence Committee developed recommendations for implementations back in April 2021. Ajna provided background on April 2021 gender identity/sexual orientation in Avatar. Received feedback to include practices and collected data from LGBTQ+ community and advocates; strictly data collection from Avatar and discussion with clients and training needs. Feedback was rich and complex and included use of pronouns. Shared some feedback: “Two-spirits” considered neither men/women in tribes and can be a third and fourth gender. Translating all gender/categories may not exist for all in terms and languages. Feedback from advocates: Use of pronouns may feel comfortable using gender. From providers: Paternal support are not involved and important to include family. Addressing youths directly without use of pronouns. Would love to have training/conversations with LGBTQ. This gives the importance on complex use of pronouns for everyone. Mary emphasized use of correct pronoun gives and shows respect. Can be offensive/harassing if wrong pronoun is used for one if identified incorrectly. Some prefer to use their name instead of pronouns. Some cultures have gender neutral pronouns. Important to identify person with their correct pronoun. Also, respecting one when in the process of changing name. Mary suggested the link: [mypronouns.org](http://mypronouns.org).
- Member Arneill asked if changes were made to Avatar. Yes, per Mary and it went live fall of 2021. Member Arneill asked to send what the categories are. Mary will provide after the meeting. Member Arneill also commented with all the options/categories, training for staff to sensitively ask the questions is priority in establishing rapport; a skill to be developed.
- Public Comment 1: Asked if in doubt best to use the person’s name, is this true? Mary responded yes or introduce your name and announce your pronouns then continue to ask their name and their pronouns.
- Chair Sako thanked Mary/Ajna for their presentation. Mary to send list to the group.

**IV. Presentation on WellSpace Health’s Substance Use Respite and Engagement (SURE) Center for Sacramento County residents with behavioral health needs, Christie Gonzales, WellSpace Health Director of Behavioral Operations**

- Christie thanked the committee and shared her PowerPoint presentation. Introduced herself and provided background on WellSpace. Talked about Crisis Receiving for Behavioral Health (CRBH) program which transitioned away from the name Substance Use Respite and Engagement (SURE). CRBH staffed 24/7 with healthcare professionals providing medical monitoring, SUD counseling and connections to supportive services. Clients transported to and from CRBH directly by authorized referral partners and WellSpace health mobile response teams. A sobering center and safe place to recuperate while under alcohol/drug intoxication, not treatment. Short term recovery/recuperation (4-12 hours) from effects of drug/alcohol and/or mental health crisis. During Covid, individuals intoxicated not wearing mask and thought the space was good. Received approval/funding and opened doors October 2020. WellSpace made commitment to be open 24/7. Medically monitored with nurses on staff. Actual center with bed/reclining chair and access to dignity amenities; water, coffee, light snacks (cup noodles, yogurt, cheese sticks), a shower area, sweats, underwear for fresh change of clothes. It's not a shelter. While at the center, SUD counselor on site. On mental health services, hard for lay person to distinguish one who's high versus having a mental health episode? Difficult to weed out. Incorporated Mental Health Clinicians to serve in a full spectrum and this is where the new name came in. Chair Sako asked how it's funded. Christie responded that she has a slide coming up and stated peer support is fundamental for connection. Center is located on 7<sup>th</sup> and H, does not allow walk-in or make a line outside. Provides transportation upon exiting the program. Transportation a barrier to getting services so transportation is provided by WellSpace. They will get them and bring to the clinic. After someone has been referred to them once, can self-refer. It's a place to crash, rest and springboard to next level/step. Encompasses of full spectrum of services, counselor, nurse, case manager, transportation staff member 24/7 for intake. Member Bemis asked how many people the center serves at a time. 20 per Christie. Since October, have never been full at a time. Chair Sako asked why. Christie thinks it is the outreach/education, knowing this is an option in the community. A crisis receiving space with minimal intake; blood/heart vitals and visual, oriented enough for medical clearance to take to the backspace for work in respite rooms. Covid not a disqualifier for receiving services. Christie shared some metrics 10/1/20-6/30/22; 982 patients with 3000 encounters means certain population that uses service more than once. 641 people came in once. 126 people came in 2x, etc. identifying their drug/alcohol uses, gender, race and age. At end of stay, discharge on sober, safety and self-discharge. Transported back to original pick up. Christie made a shout out to SUPT that came on board as a funding source and allowed direct placement to treatment. No restrictions for CRBH. 3-minute intake. Used by PD for nuisance call. Now have authorized organizations for referrals. Chair Sako asked about EMTs emergency personnel. Per Christie, it's a matter of statute. Local EMT opted for assess/refer program and can refer to another program which CRBH is listed. Funding partners are City of Sacramento, Sacramento County BHS/SUPT and MediCal (CalAIM). No one turned away. Chair Sako thanked Christie for the presentation.
- Public Comment 2: Asked if a person can be referred independent of whether or not they have healthcare. Per Christie, eligibility is anyone, anywhere in Sacramento County. If family member calls, they're not a location. Must be an authorized partner but those in the know can refer to them.
- Public Comment 3: Asked what number to call. Christie provided program number 916-469-4714. If authorized partner, press 1. Also asked if issue with language access to translation services. Per Christie, so far haven't had issue with language. And asked if someone calls 911, PD may call them and have them pick up individual.
- Public Comment 4: Commented that the presentation was great and would love to do a tour and will be calling soon. Asked the age group. Christie said adults only 18+ and 24-hour stay. Average stay has been 4-12 hours. Also asked how long a person needs to be out before they can come back. Christie responded that the center is not a shelter. They may call 90 minutes after release and that would be okay.
- Chair Sako thanked Christie and commented they may be contacted to present to the full

Mental Health Board.

**V. Presentation on the Bidirectional Relationship Between Oral Health and Behavioral Health for Sacramento County Residents**, Katie Andrew, LIBERTY Dental Plan Director of Government Affairs

- Katie shared PowerPoint presentation, introduced herself and provided information on Liberty Dental plan. Stated there's a connection between behavioral health and oral health. Behavioral health conditions affected by oral health problems, maybe due to medications and side effects causing dry mouth, tooth decay and tooth loss. SUD co-occurring and mental health found to make worse of poor oral health; impact of pain, appearance and quality of life. Making connection of BH and oral health; comprehensive case management, address social determinants, community outreach and engagement strategies; use of teledentistry to triage member needs. Some opportunities, leveraging medical dental referral and navigation system (MDRAN) connecting those experiencing behavioral health issues to dental care. Asian Health Services in Oakland, pilot program, BH screening for direct referral to dental care. Member Arneill spoke about her talks with clients throughout the years with no access to dental care and teeth in bad shape and when accessed to care, dentist just pulls teeth giving bad ability to chew unlike those with good health insurance. What's being done to bring up quality of access/service to dental care so this doesn't happen? Per Katie, through provider relations team monitoring/tracking data, provides counseling to providers in moving membership for better service. Also there's confusion in the community of identifying whether they have dental benefits. MediCal members have dental benefits.
- Public Comment 5: When you have MediCal service, it's different. Timeliness to service is poor, with a long wait period. Sampled Liberty provider cleaning only 1 tooth per appointment. Clients with MediCal does not have good service. A whole lot to be done to make people worthy of good service and when this happens, people just switch providers. Per Katie, when quality/level of service is poor, the plan needs to be notified. Contact her. Chair Sako has her contact information.
- Chair Sako thanked Katie for the presentation and planting seeds for collaboration.

**VI. Public Comment (3 minutes per person)**, Members of the Public

- Public comment 6: Appreciates the presentations, priceless and amazing. Thanks all the speakers today.

**VII. Adjournment**, Corrine McIntosh Sako

- Chair Sako thanked the presenters, committee and staff. Reminded that meetings are on the 4<sup>th</sup> Tuesday, 4-6pm and the next meeting is on September 23. Adjourned the meeting at 5:59pm.