

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

**Meeting Minutes**

February 21, 2019, 6:00 PM – 8:00 PM

**Meeting Location**

7001-A East Parkway | [map](#)  
Sacramento, CA 95823  
Conference Room 1

**Meeting Attendees:**

- MHSA Steering Committee members: Christopher Barton, Emily Bender, Jerilyn Borack, Gretchen Bushnell, Karen Cameron, Anatoliy Gridyushko, Daniela Guarnizo, Melissa Jacobs, Olivia Kasirye, Lynn Keune, Ellen King, Susan McCrea, Lori Miller, Paul Powell, Gordon Richardson
- General Public

| Agenda Item                                   | Discussion  |
|---|---|
| <b>I. Welcome and Member Introductions</b>    | The meeting was called to order at 6:05 p.m. MHSA Steering Committee members introduced themselves.   |
| <b>II. Agenda Review</b>                      | The agenda was reviewed; no changes were made.  |
| <b>III. Approval of Prior Meeting Minutes</b> | The January 2019 draft meeting minutes were reviewed and approved with no changes.  |
| <b>IV. Announcements</b>                      | <p><b>Lori Miller:</b> Alcohol and Drug Services is running an anti-stigma campaign for those struggling with opioid use disorder. We are looking for interested parties to share their stories. See <a href="#">Attachment A – Opioid Use Disorder Anti-Stigma Campaign Flyer</a>. There is also a website people can visit for more information: <a href="http://sacopioidcoalition.org">sacopioidcoalition.org</a>.</p> <p>Additionally, Sacramento County Behavioral Health Services (BHS) is the lead agency applying to Round 2 of a Prop 47 grant. This is not MHSA, but we want to keep you informed about systemwide efforts. BHS' project proposal provides an alternative to incarceration that invests in mental health and alcohol and drug treatment. The total amount of Prop 47 grant funding requested is \$6 million over three years (\$2 million/year). See <a href="#">Attachment B – Sacramento County BHS Proposed Proposition 47 Project</a>.</p> <p><b>Ellen King:</b> Last month there was public comment on NAMI and FaithNet. Related to that, next week there will be an Interfaith Town Hall Meeting held at Mosaic Law Synagogue in the Arden Arcade area. Interested parties may RSVP at the NAMI website. See the flyer for additional details (<a href="#">Attachment C – Pathway to a Healthy Mind: Interfaith Town Hall Meeting</a>).</p> |

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| <p><b>V. Executive Committee / MHSA Updates</b></p> | <p><b><u>Executive Committee Updates</u></b><br/>           Gordon Richardson reported that the Executive Committee has decided to cancel the March 2019 MHSA Steering Committee meeting which will allow the Division to use that time to finalize the Annual Update.</p> <p>Executive Committee member Michael Beebe has resigned from the Steering Committee and the Executive Committee, as her new work schedule does not permit her to attend all the meetings. Filling her seat on the Executive Committee will be added to the upcoming Steering Committee elections.</p> <p>At the next meeting in April, nominations can be made to fill the newly vacant Executive Committee seat and also to fill the Steering Committee Co-Chair position behind Sayuri Sion who is approaching the end of her term. The Division will then consult with nominees to confirm their willingness to serve in whichever capacity for which they have been nominated. Following this, an electronic voting poll will be sent to Steering Committee members and alternates. The Executive Committee plans to announce the new Co-Chair and the new Executive Committee member at the May Steering Committee meeting. The transition will take place in June.</p> <p><b><u>MHSA Updates</u></b><br/>           Melissa Jacobs, Acting Behavioral Health Services Director, provided the following updates:</p> <p><b>Foster Family Urgent Response System (FFURS)</b><br/>           The new Prevention and Early Intervention (PEI) funded FFURS program will be a 24/7 mobile response system. The contract, awarded to Sacramento Children’s Home (SCH), was executed this week. SCH is currently in the hiring process and the program is planned to be up and running by late March 2019.</p> <p><b>Adult Outpatient Program</b><br/>           The new Community Services and Supports (CSS) funded Adult Outpatient Program Request for Applications (RFA) was released on January 25, 2019. There was a Mandatory Applicants’ Conference on February 8. Applications are due by March 1.</p> <p><b>Adult Full Service Partnership (FSP)</b><br/>           The RFA for the new CSS-funded Adult FSP will be released within the next two weeks.</p> <p><b>Michael Beebe Acknowledgement</b><br/>           The SC acknowledged Michael Beebe for her longstanding commitment and significant contributions to MHSA. She served many years on the MHSA Steering Committee, as well as</p> |

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|   | <p>various MHSA workgroups and subcommittees. She was involved in helping to design new MHSA programming as far back as 2006 and was also involved in campaigning for MHSA before its passage in 2004.</p>  |
| <p><b>VI. DRAFT MHSA Fiscal Year 2018-19 Annual Update Presentation</b></p> | <p>Julie Leung and Jane Ann Zakhary presented an overview of the DRAFT MHSA Fiscal Year 2018-19 Annual Update. See <a href="#">Attachment D – DRAFT MHSA Fiscal Year 2018-19 Annual Update Overview</a> and <a href="#">Attachment E – DRAFT MHSA Fiscal Year 2018-19 Annual Update</a>.</p> <p>The Draft Annual Update was posted on February 4 and will remain posted until March 6 for the 30 day public review and comment period.</p> <p>In addition, the Draft Annual Update will be presented to the Cultural Competence Committee and their comments will be collected next week.</p> <p>At the close of the 30 day posting, the Mental Health Board will meet in this room to provide their collective comment and will conduct a Public Hearing to gather the public’s comments and close the public comment period.</p> <p>As a reminder, in November 2017 the Board of Supervisors took action to dedicate \$44 million in MHSA funding over 3 years to fund/expand mental health treatment services and supports for individuals living with a serious mental illness, who may have co-occurring substance use disorders and are at risk of homelessness or experiencing homelessness.</p> <p>The Board asked the Division to work with the Steering Committee to convene workgroups to develop a recommendation to expand MHSA programs for individuals living with serious mental illness, who may have a co-occurring substance use disorder and are experiencing homelessness, as well as a recommendation for PEI programming for foster youth.</p> <p>This resulted in the Steering Committee’s support of recommendations/actions contained within this Annual Update.</p> <p>The overview (linked above as Attachment E) summarizes and provides highlights of the Draft Annual Update. In the top right corner of each slide in this presentation there is a box displaying the page number that corresponds to the page in the Draft Annual Update where this material is discussed in greater detail.</p> <p><i>[The presentation to the Steering Committee was detailed and closely followed Attachment D, which summarized the Draft Annual Update. The following points are highlights from each of the MHSA components. For full detail, please see Attachment E – DRAFT MHSA Fiscal Year 2018-19 Annual Update.]</i></p> |

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**Community Services and Supports (CSS)**

The CSS component is the largest of the MHSA funding components. CSS provides mental health treatment services and supports for adults living with a serious mental illness and for children and youth living with a serious emotional disturbance and their families.

In Fiscal Year 2016-17, the implemented Full Service Partnership (FSP) programs—high intensity programs with flexible supports providing housing subsidies and other types of assistance—served 1,889 unduplicated partners. The implemented General System Development (GSD) programs providing moderate intensity services served 13,270 unduplicated partners.

*CSS Full Service Partnership FY2016-17 Outcomes*

During FY2016-17, Sacramento County's implemented FSP programs continued to deliver positive impacts for partners:

- Psychiatric hospitalizations decreased over 59%,
- Arrests decreased by 60%,
- Incarcerations decreased by almost 45%,
- Incarceration days decreased by over 53%,
- Homeless occurrences decreased by 72%,
- Homeless days decreased by over 90%,
- ER visits for psychiatric reasons decreased by almost 68%,
- ER visits for medical reasons decreased by almost 75%,
- Employment rates increased by almost 1%, and
- A majority of FSP clients were connected with their primary care doctor.

*CSS Housing Program Accomplishments*

At any given time about 660 households with approximately 760 formerly homeless individuals living with a mental illness are housed, thanks to MHSA funding.

We have dedicated units across 8 permanent supportive housing developments throughout Sacramento County with a 9th development in the pipeline.

We are also exploring opportunities to expand the housing program (such as through the No Place Like Home initiative and Housing Choice Vouchers).

**Prevention and Early Intervention (PEI)**

The PEI component provides funding for programs and activities that are designed to prevent mental illness from occurring or becoming more severe and disabling. It also provides funding for outreach programs that link individuals to treatment and support, and for stigma and discrimination reduction programs.

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|             | <p>In FY 2016-17, approximately 7,400 individuals were served across the PEI programs, more than 22,000 individuals received universal screenings and more than 18,000 callers accessed the Suicide Crisis Line.</p> <p><b>Workforce Education and Training (WET)</b><br/> The WET component has the goals of recruiting, training and retaining staff reflective of our diverse communities. WET funding was time-limited funding, now exhausted, and is currently sustained with CSS component funding.</p> <p>Highlights of current WET programming include two high schools implementing behavioral health curricula; Mental Health First Aid training and Youth Mental Health First Aid training for community and system partners; Mental Health Interpreter Training; and Wellness Recovery Action Plan (WRAP) Training.</p> <p>Note that WET is a time limited component. Once the funds are exhausted, any activities in this component are sustained with CSS funding.</p> <p><b>Innovation (INN)</b><br/> The INN component is a unique component providing funding to test new and or improved mental health approaches, with the goal of increasing access, quality of services, or promoting interagency collaboration. INN projects are limited to terms of 5 years or less of INN funding, although successful projects may be sustained with CSS or PEI component funding (based on the component funding requirements and system needs).</p> <p>INN Project 1, the Respite Partnership Collaborative (RPC), was a community-driven collaborative committed to establishing and supporting a continuum of mental health respite services and supports. It spanned five years and concluded in June 2016. With MHSA Steering Committee support, all eleven mental health respite programs originating through the project were transitioned to sustainable MHSA funding after the INN project ended.</p> <p>INN Project 2 is the Mental Health Crisis/Urgent Care Clinic, which opened in November 2017. It adapts the urgent care medical model to provide crisis response care for individuals experiencing a mental health crisis. This adaptation focuses on crisis program designation, direct access to ongoing mental health care, serving all ages, and a medical clearance screening pilot.</p> <p>Desired outcomes include: creating an effective alternative for individuals needing crisis care; improving the client experience; reducing unnecessary or inappropriate psychiatric hospitalizations, incarcerations and emergency room visits; and</p> |

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|             | <p>improving care coordination across the system of care. Our preliminary findings have shown this to be a successful venture.</p> <p>INN Project 3 is the Behavioral Health Crisis Services Collaborative, which was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in May 2018. This project was developed as a result of local community planning that included discussions here at the Steering Committee. The project is a public/private partnership with Dignity Health and Placer County. The intent is to establish integrated adult crisis stabilization services at a co-located facility next to Mercy San Juan hospital emergency department campus in northeastern Sacramento County. The project will also include a resource center linking individuals to mental health treatment and other needed resources. We anticipate implementing this project at the end of this fiscal year.</p> <p><b>Capital Facilities and Technological Needs (CF/TN)</b><br/>       CF/TN combines two activities into one component. Sacramento County, like many other counties, approached implementing the two activities separately. The <i>Capital Facilities</i> Project was completed in 2015 and was the renovation of the three buildings at the Stockton Blvd complex that house the APSS Clinic, Peer Partner Program, and the Mental Health Crisis/Urgent Care Clinic (INN Project 2).</p> <p>The <i>Technological Needs</i> Project began in FY 2010-11. This project furthers the County's efforts in achieving federal objectives of meaningful use of electronic health records (EHR) to improve client care. We are currently moving into the final phases of project implementation.</p> <p>Note that CF/TN is a time limited component. Once the funds are exhausted, any activities in this component are sustained with CSS funding.</p> <p><b>Member Discussion, Questions and Collective Comment</b><br/> <i>The SC discussed the Annual Update and the following questions and discussion points were addressed:</i></p> <p>The FSP array reflects a remarkable change in the amount of services available, particularly for Adults. That system was suffering when MHSA was passed, so these programs represent a significant development.</p> <p>It is great to see the prudent reserve has been reduced, and matching the SB192 law by staying under 33%. It is good to see the unspent funds released to the community. The question regarding the size of the unspent fund balance is still appropriate, as there are still \$100 million dollars in total unspent funds. Given the laws recently passed, it would be helpful for the</p> |

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|             | <p>Steering Committee to see reassurance that these unspent funds will be expended within the legal time limits and will not be at any risk for reversion.</p> <p><i>Many factors contribute to the unspent funds balance. We have to be mindful in our planning regarding the CSS component that we have sufficient funds available to sustain the other components when their funds run out.</i></p> <p><i>When revenues went up faster than expected, the unspent funds balance increased. In response to this, the Division came to the SC with a three-phased approach to expand programming, beginning in 2014. New programs were bid out, contracts were awarded and expanded contracts were amended. Service providers then hired staff and needed time to implement. This contributed to our unspent fund balance. With the Board of Supervisors' action in November 2017, we started a very aggressive expansion of services to support people who are homeless or at risk of homelessness within our MHSA target population.</i></p> <p><i>Through these expansion efforts, you can see that budgeted expenditures exceed incoming revenues and the unspent funds balance is reduced each year.</i></p> <p>The data on the FSPs is excellent. I recommend the Division include past years' data in the plan update to see if outcomes are changing over time and see if the trends are still positive.</p> <p>Are MHSA program outcomes discussed in the report? If not, how are we measuring the success of MHSA programs, other than simply numbers served?</p> <p><i>You will find outcomes information included within the Annual Update in both the CSS and PEI component sections. Some of these were highlighted in the presentation. You will also find client level success stories in shaded text boxes for almost every CSS and PEI program. We continue to look for new ways within the mental health system to track outcomes outside our system (e.g., hospitalizations, incarcerations, etc.). You should see even more outcomes reported on in the future.</i></p> <p>On slide 23, there are outcomes listed for CSS FSPs. They show a decrease in arrests and a decrease in incarcerations. Does that include both adult populations and juvenile populations? If it includes both, is there a way to break that data out separately?</p> <p><i>The data is inclusive of both, although most of the individuals served by FSPs are adults. Data is included from the Juvenile Justice Diversion and Treatment Program (JJJDP) and for a small number of Transition Age Youth (TAY) served in the adult FSPs. A new TAY FSP just became operational a few months ago and outcome data from that will be shown in future years.</i></p> |

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|             | <p><i>The FSP tables in the Draft Annual Update compile data across multiple programs, but in the final version of the update we can show the data broken down by program.</i></p> <p>Table B on page 34 of the Draft Update, Ethnicity and Gender by Age Group, shows gender broken down into Female, Male, and Unknown/Not Reported. For the past few years we have been collecting data on other genders. When will we start to see the other genders identified in the draft plan?</p> <p><i>We are collecting data differently within the PEI programing and also looking at how we provide data to the state as well. The plan is to see if we can provide a more detailed breakdown in this update or, if not this year, then in the FY 2019-20 Annual Update.</i></p> <p>Penetration rates are not a measure of MHSA programing, so the table on page 30 showing them seems out of place. If there were comparable measures, that would be better or maybe the table could be an attachment to the update rather than embedded within.</p> <p>The Permanent Supportive Housing (PSH) FSP section of the update shows there will be an expansion soon, rolling out later in this fiscal year (FY18/19). How many people will that new program serve and which agency will administer it?</p> <p><i>We have not completed the competitive bidding process for that new program. More detail will be shared as it becomes available.</i></p> <p>One of the outcomes was improvement in employment rates for participants in FSPs and showed an improvement under 1%. We should think about how much latitude we have to try to improve employment outcomes for our clients.</p> <p>As an FYI for the SC, there has been a recent change in the law regarding youth who may not be competent to stand trial for acts that would be crimes if committed by adults. Prior to this change, services were available only if the youth in question qualified as developmentally delayed. The law now specifically allows the court to order youth into mental health services that might improve a mental health condition contributing to an inability to understand what goes on in the legal system. The legislature recognized that things like PTSD and other disorders can inhibit youths' ability to contribute to their own defense, relate to their attorneys, and handle the trauma inherent to the courtroom. I hope this area of need can be addressed in future updates to our MHSA plan.</p> <p>Many programs call themselves trauma informed. We should have a large group of people at the county level who can serve the Medi-Cal population and who are certified trauma therapists.</p> |

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|  | <p><i>Jane Ann and Julie thanked the SC for their thoughtful feedback and collective comment. Feedback, questions and collective comment regarding the Annual Update have been noted and will be included and addressed as public comment and considered for future updates.</i></p> <p>The MHSA SC expressed general overarching support for the Draft Sacramento County MHSA Fiscal Year 2018-19 Annual Update.</p> |
| <b>VII. General Steering Committee Comment</b> | None.   |
| <b>VIII. General Public Comment</b>            | <p><b>Sandra Marley:</b> Regarding the Innovation component Project 3, the Behavioral Health Crisis Collaborative, I am really hopeful on that. I hope we can continue getting updates relating to it throughout the year and information on any volunteering opportunities. I appreciate all that you have done. Thank you.</p>  |
| <b>IX. Adjournment / Upcoming Meetings</b>     | <p>The meeting was adjourned at 7:54 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> <li>• <del>March 21, 2019</del> <i>canceled</i></li> <li>• April 18, 2019</li> <li>• May 16, 2019</li> </ul>   |

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 Darlene Moore one week prior to each meeting at (916) 875-7227 or [mooreda@sacounty.net](mailto:mooreda@sacounty.net).