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

Meeting Minutes
April 15, 2021, 6:00 PM – 8:00 PM

Meeting Location
Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Ann Arneill, Jerilyn Borack, Karen Cameron, Genelle Cazares, Ebony Chambers, Laurie Clothier, Shaunda Cruz, Julie Field, Olivia Garcia, Anatoliy Gridyushko, Daniela Guarnizo, Hafsa Hamdani, Erin Johansen, Ellen King, Brenna Lin, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Susan McCrea, Lori Miller, Leslie Napper, JP Price, Ryan Quist, Christopher Williams
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:02 p.m. MHSA Steering Committee members introduced themselves.
II. Agenda Review	The agenda was reviewed; no changes were made.
III. Approval of Prior Meeting Minutes	The March 2021 draft meeting minutes were reviewed and approved with; no changes were made.
IV. Announcements	**Leslie Napper, SC Co-Chair:** I participated in a Safe Black Space webinar facilitated by Ryan McClinton. It was very impactful around the topic of gun violence and mental health. **Ryan McClinton, SC member:** Thank you, Leslie. The webinar contained a discussion on how to recognize the impact of gun violence in our communities of color and how to support those who respond and intervene to this gun violence. This discussion was not narrowly focused through the law enforcement lens, but instead viewed the issue through a community-focused lens. A large number of people put on uniforms and step into the community, so their self-care and well-being is also important. **Kelli Weaver, Adult Mental Health Division Manager:** On Monday, April 19th from 4:00-6:00 pm there will be an Assisted Outpatient Treatment (AOT) panel of individuals with various perspectives on the subject to help the community learn more, hear multiple perspectives, and have an opportunity to ask questions. *See Attachment A - Laura's Law / Assisted Outpatient Treatment Community Input Flyer*. **Jerilyn Borack, SC member:** April is Child Abuse Prevention Month – we should all keep in mind that preventing child abuse is essential to the mental health of our children. If you drive by the Department of Child, Family, and Adult Services building off

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	Bradshaw and Goethe, you can see all the blue pinwheels that serve as a reminder of all the children who are abused and neglected. **JP Price, SC member:** Cal Voices has hired 22 peer crisis counselors to work in conjunction with CalHope Connect on a warm line, (833) 317-HOPE (4673), and chat line, https://www.calhopeconnect.org, that offer safe, secure, and culturally sensitive emotional support for all Californians who may need support relating to COVID-19. There is more information at the CalHope website: https://www.calhope.org. **Lilyane Glamben, ONTRACK Program Resources:** There is an upcoming webinar on Healthy vs. Unhealthy Alliances. Also this week there is a workshop called Get off the Struggle Bus that addresses financial struggle. This is all happening through SOUL SPACE, which is funded by the county and provides hands-on resources to maintain mental health, substance use prevention, financial stability, and emotional wellness through culturally affirming connections, education, and practical supports.
V. Executive Committee / MHSA Updates	**Executive Committee Updates** Leslie Napper provided the update below: SC Meeting Evaluations We would like to remind members and public to submit meeting evaluations. Your feedback lets us know if we are providing all the information you hoped to get at these meetings and helps to drive future conversations. We will have the Zoom Poll feature at the end of the meeting and, for those without access to the poll or who would like to provide written feedback, the SurveyMonkey link will be provided in the chat box at the end of the meeting. **MHSA Updates** Dr. Ryan Quist, Behavioral Health Director, presented the following update: COVID Update: Gov. Newsom announced opening back up on June 15th of this year. Sacramento County has begun talking with providers to make a determination whether to resume provision of in-person services to individuals, based on what would be most clinically beneficial for the individuals being served. We will need to take time with this process to best ensure staff and client safety. Jane Ann Zakhary, Division Manager for Administration, Planning and Outcomes, presented the update below:

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	Draft MHSA Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Program and Expenditure Plan We will post the Draft MHSA Three-Year Plan in early May for 30-day public comment and will bring it before the MHSA Steering Committee on May 20th for collective comment. Please watch your email for additional details.
VI. Report Back on Community/Stakeholder Input for Adult Outpatient Services Transformation	Kelli Weaver, LCSW, Division Manager for Adult Mental Health, and Michael Ameneyro, Program Planner, provided a report back on community/stakeholder input for adult outpatient services transformation. See *Attachment B – Final Report Back Community Stakeholder Input for the Adult Outpatient Transformation*. **Member Questions and Discussion** Do I understand correctly that the redesign would not affect the Full Service Partnerships and the Crisis Continuum? *Yes, that is correct.* When you were talking about the recovery stepping stones, you said something about transferring to other providers. Would you please elaborate further on this? At this time, *we have a three-tiered system. People currently making use of services of low to moderate intensity can need assistance to get higher level services from a Regional Support Team (RST) or from TCORE or to step down to a lower level of care. We have received feedback expressing interest in not having to change providers every time the service level changes. We ultimately want to create a recovery system flexible enough to allow for that. Of course, there will still be times an individual will need to step up into high-intensity services in a full service partnership, but the feedback we received shows there is a desire for people to have service flexibility within their existing programs to the greatest extent possible.* What will contractors be bidding on? Whatever an organization wants to do within the broad guidelines? Or are there specific services you are putting out there? *The requirements for contractor services and applications will be detailed in a Request for Applications (RFA) released by the county, which is specific in terms of scope of work.* Thank you for putting this presentation together. The report looks good, and I want to acknowledge all the work that came from the focus groups and thank you for putting all this content together. In the redesign, it sounds as if the programs would offer a range of service levels within the same program?

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	Yes, as previously mentioned, we plan to have flexibility within the program to serve individuals based on their clinically indicated need. You mentioned clients have more flexibility within the program. Do you mean they would have the opportunity to move around? For example, if they do not like a particular counselor, could they request to have another counselor within the program? *I was speaking primarily about the ability to fluctuate service response. If someone needed services five days a week, the service provider would be able to deliver that as opposed to placing the client into a higher level of care. However, in order to preserve the integrity of the competitive selection process, I cannot go into details about the model or design. The details will be embedded in the RFA released in June.*
VII. Consideration of Assisted Outpatient Treatment (AOT) Part 2 of 2 - *continued from last meeting* • Member Discussion • Public Comment • SC Action	Dr. Quist briefly reviewed the description of Assisted Outpatient Treatment (AOT) and Laura's Law discussed at the March 2021 meeting. He also reviewed the community input received thus far. See *Attachment C – AOT Preliminary Report on Community Input.* The Sacramento County Board of Supervisors will soon have to decide whether to opt out of Laura's Law or implement its provisions. The MHSA Steering Committee is being asked to decide what its recommendation would be regarding using MHSA funds to implement AOT in this county. **Member Questions and Discussion** Often people with severe mental illness have the inability to know they have an illness. How do you go about administering medicine involuntarily when clients do not think they have a problem? *AOT does not allow us to administer medication involuntarily. Judges can encourage individuals to participate in the treatment plan, but cannot order medication.* Is there data that supports AOT effectiveness and success in preventing injury. *There is data collected by California Department of Health Care Services (DHCS) and it concludes that AOT has a number of positive outcomes, including reductions in hospitalizations, reduction in criminal justice involvement, and more stable housing. We see the same outcomes with our Full Service Partnership (FSP) programs.* The outcomes you have seen are exactly the same as FSPs? Are they better or worse? *They are pretty close to the same, as that is the model they are using to deliver the services.*

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	I wonder if we have enough information. I would like to see outcomes and costs before making a decision if we should spend MHSA funding to support AOT. *Here is a link to a DHCS report that provides review of the outcomes that are associated with AOT:* https://www.dhcs.ca.gov/Documents/CSD_KS/Laura's%20Law/Laura's-Law-Legislative-Report-2018-19.pdf How many AOT clients would the county pay for exactly? Other counties that have it have very few people in the program because it is so expensive. Would there be a limit to how much money would be earmarked for that? *With any MHSA program we typically want a subcommittee of this group to help shape the design of the program. So the architecture of this program is still a conversation we can have as a committee. There are two main components that involve a lot of funding. One, outreach and engagement with individuals to participate in the program. Two, the actual services for the program. We already have Community Support Teams that provide engagement and FSP programs so I could envision a program that builds off the two existing services and add clinicians to provide assessments and interact with the court system.* If we were to vote Yes, the funding would come from the CSS component of money. So would we have to reduce funding for existing CSS programs? *The law requires us to not cut any voluntary services to fund AOT. We would need to invest something new in this area. Currently we do have funds in our MHSA account to support this expansion. We are consuming the funds faster than they are being provided to us. We would need to look down the road to doing cuts somewhere in the system.* Can the county implement for a year as a pilot and opt out later if it does not work? *Yes, the county will have the opportunity to change its mind each new fiscal year.* There was mention about a person being transported for being non-compliant. But the thing is, if someone does not meet the criteria they cannot just be admitted to the hospital. I think that is a fear of a lot of people thinking they will somehow lose their civil rights when they are well. So to clarify, someone will not just be transported to the hospital unless they meet the criteria of being a danger to self or others. Can you expand on this topic for me?

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	From my understanding the criteria for qualification was very narrow so I am wondering if this has changed. Additionally I am wondering if the AOT program would be able to address individuals who end up in jail. *That is an area for us to figure out to some extent. My understanding from speaking with directors in other counties is that you are correct. Clients are transported to a hospital for an assessment and the criteria for admission has not changed. The link to the DHCS report provided above also shares key highlights, developments and outcomes from other existing AOT counties which may help answer your other question.* The vote to implement in the stakeholder survey seems to indicate a strong community commitment in favor. For the criteria to be in this program, is it only for individuals who had violent offenses? Or is it for any mental health consumers with repeat hospitalizations? So if someone is found to be a danger to themselves they can qualify to be put on AOT? As a mental health consumer, a past peer supporter, and a current student of social work, I do not think involuntary treatment is a long-term solution that actually works. I am also worried the criteria can be biased and biased towards communities of colors and gender. I think these issues can be solved with more community based originations that are more accessible and more appealing to individuals in the mental health community, maybe by providing services that can help them find mental health services, food, housing services, and more. Also, if AOT were to come into effect, I think it should come out of the law enforcement budget, not the mental health budget. *It is not just for violent offenses; it also includes a number of possibilities, including a history of psychiatric hospitalizations/incarcerations and/or acts/threats of serious violent behavior towards themselves or others. There are specific criteria in the law defining who is eligible. Typically, qualification would be based on history of prior hospitalization. If someone is currently a danger to themselves or others, they already meet the criteria to be psychiatrically hospitalized.* The criteria is very narrow. The history of hospitalization is also time limited. My concern is that Sacramento County does not exclude people. Can we improve on the program in addition to what the law determines? I am the SC representative for adult providers, so I reached out to my peers who do AOT in other counties to ask them about outcomes with respect to full service partnerships. I think the outcomes are similar but in their opinion these services are for folks that are not successful in FSP. So they need another level

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	and they are getting really good results with AOT for those folks that are difficult to engage. I have also heard from other communities the cost savings with in patient hospitalizations are significant as well. In future years that might help us pay for funding AOT. Staff receive special training to engage AOT clients. You still cannot put an AOT client in jail, you cannot hospitalize them against their will unless they meet the same criteria as everyone else. My interest in this is benevolent, that it does not get caught up in the bureaucracy and does not exclude people because the criteria is too narrow. People need to get training to engage this population because it is very needed. We do not have enough mental health services – everyone knows that. I was on the Mental Health Board from 2008-14 as a family member and was part of the ad-hoc committee that did a thorough study on this subject, producing a 99 page paper. What we discovered was that AOT/Laura's Law targets a small population not reached by other programs. I think this is very important to underline. There are people out there not getting reached and this gives us a tool to save lives. I am passionate about AOT because of all of my research and being a family member and hearing other people's stories. I think it is a very necessary tool for Sacramento county and I stand as an advocate. I think AOT helps to reduce stigma because it can reach that very small percentage of mentally ill individuals who can turn violent and help them before they act out. In the Laura's Law case, people's hands were tied. The person who killed Laura Wilcox had a concerned family member who was in law enforcement and who still could not get help for their relative. This could give our community the ability to stop people in such a case before they act out. I think reaching people before they act out is a better reduction of stigma; even though they make up a very small percentage of mentally unstable we do not want that to be the picture of all mentally ill people. As mentioned last month, the report completed in 2012 still has a lot of information and is included in this month's information packet (see *Attachment D - 2012 MHB Ad Hoc Committee Feasibility Study*). We need to know what is going on before making this very important decision. In regards to financing, I think we should build on what we already have. I do not think we should spend a lot, but whatever we do spend from MHSA funds would be very well spent. Other AOT counties are using their funds successfully, and Sacramento County should also get on board to use this wonderful tool. How will AOT address implicit bias against people of color (POC) and other marginalized groups?

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	I think we would have to approach that just as we do with all of our services, as something we all have to battle every day. I recognize this is a smaller population that is a critical need. We often focus on the most critical need area but we miss so much impact for the folks who do not fall into that critical need spectrum. Is there any data about racial demographics of those who have benefited from AOT? My concern is rooted in how this will impact those who are under or misdiagnosed, especially communities of color who often end up criminalized and put into harmful situations because of that dynamic. *The DHCS report includes data on race and ethnicity.* We are asking for a SC action on this item, but we are having another focus group/panel discussion on Monday. I am concerned about this action item being decided before the Monday meeting, as it feels as if we are putting the cart before the horse. I have done a lot of research on AOT, I am a mental health consumer and probably fit the criteria at one point in my life. AOT does provide benefits to those who participate, however it is only a privileged few. I do not think it is quite equitable and am concerned about that. I have not seen anything that addresses this issue of inequity regarding who is being served. Given that we are talking about mental health consumers who deal with homelessness and individuals with high utilizations of hospitals and jail systems, we know demographic numbers show those individuals are often people of color, yet numbers being served in AOT do not reflect that. Sacramento county currently has amazing resources. We have systems in place with our recent PEI awarded grants that provide service to people in the ethnic communities who have a hard time connecting or staying in treatment. We now have services more responsive to meeting people exactly where they are. We also have upcoming Innovation dollars that are forensic focused and support people coming out of the jail cycle with services that best benefit them from a forensic perspective that AOT would also serve. If participants would be accessing our FSPs, what is the difference in the services from FSP to AOT? Why only serve a privileged few - why not give the FSPs the tools and investment to do more for the greater community? Why do we not have any front door services for the families who are clearly traumatized through their adult children and what they are going through? We should fill our gaps before we think about implementing AOT at this time. I suggest the Steering Committee opt out at this time and consider what we have to offer now and look at possibilities for those programs to expand and become stronger. We also have a mental health court; why do we need another system for a court to compel or order people to a

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	diversion treatment service when we have something already in place? There is a definite need, but with all due respect, with all these great programs in place I do not feel we are compelled to implement AOT. I want to reinforce what Leslie has mentioned about alternatives to implementing AOT. I urge the Steering Committee not to support spending MHSA funds on this. I do believe there are people in need of mental health treatment and encouragement to receive mental health treatment and we do have alternatives. Dr. Quist has spoken about our FSP's and we can use FSPs. He mentioned relentless engagement teams that are out there. I encourage us to continue to use those relentless engagement teams to try and get people who are in need of treatment and placed into treatment. There are a number of ways we can do that. I have completed a position paper on this which is included within the community feedback paper with citations to all these methods identified. There is the Listen Empathize Agree and Partner (LEAP) method to get people involved. Motivation enhancement is available and has been documented to work. Peer support programs have also been documented as a way to reach out to people and get them to agree to be involved. Cognitive behavioral approach has been successful. Asking people about their goals also works. Instead of trying to persuade people they are sick, asking them what they want to achieve and working on that as a way to get them into treatment is successful. NAMI has done a paper working on recovery-oriented engagement which has four different programs that are successful in doing that. There are a number of alternatives that we can use. I urge us to consider any of these alternatives as a possibility to get people engaged in treatment and use those instead of implementing a coercive way of getting people into treatment. MHSA funds are supposed to be used on recovery-based services. A coercive program is inherently not recovery-based and it is therefore inappropriate to use MHSA funds on that type of a program. I think the fact that AOT is in the court system is already stigmatizing. I also agree the funding should come out of county money and should not take away from people who already need the services from MHSA. I would also like to share a law coming out of Arkansas that mandates for people who are deaf to receive services in their own language which is ASL. That law does not marginalize the people who need the services and that is where I would like to draw a connection to AOT, where they are placing a mandate for people to provide treatment. This is an emotionally charged conversation. Concentrating on the data, what I am seeing in the DHCS report is that the program is effective. Looking at the community input, I see 73%

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	of the community members present voted to implement AOT. As I understand from this presentation, we do have available funding and would not be supplanting or taking any other programs off the table. So if this will not be supplanting other programs we can consider all of the alternatives people are suggesting while also implementing the AOT program. We can also implement it for a year and take a look at it then to see if it is working and cost effective. If it is not, then we can vote to opt out. The data looks positive, so why not give it a try and see if it is an effective program for our community? What question is the county asking us to consider tonight? *The question is whether there is an appetite for MHSA SC to recommend AOT be funded with MHSA dollars.* Daniela Guarnizo moved that the Steering Committee vote on whether or not to utilize MHSA funds to implement Assisted Outpatient Treatment if the county decides to opt in. Susan McCrea seconded. **Public Comment** **Diana Burdick**, family member: At one point we went through this whole process and we were told there was going to be a pilot program for AOT. So I am surprised we are here going through this process again and did not see that pilot program. Additionally, one of the persons spoke about going to court being stigmatizing. I think becoming homeless can be stigmatizing. My adult son is mentally ill. He receives no aid, aside from me providing some money once in a while, but he sleeps outside because he is delusional and will not accept other help. Regarding the comment made about ethnicity and mental illness, there is a full range of diversity of homeless people in Rancho Cordova. In regards to MHSA funding, I thought the money was for severely mentally ill individuals. If a person who is delusional and does not understand they are ill does not qualify, I do not understand what "severely mentally ill" means. **Andrea Crook**, Cal Voices: I am disheartened by the vote on the table and feel it is premature to determine whether to fund this through MHSA. The vote should be either to opt in or opt out. I hope we will opt out. I believe this is a civil rights violation and counties who do not opt out will be on the wrong side of history. There is a thing called sanism, in addition to racism and all the other ism's. We will continue to fight for our civil rights. It is important to note that both of the directors from the peer run organisms operating in Sacramento County have pleaded to opt out. I am also concerned about the community input data reviewed earlier stating 73% want AOT. That data looks large, but only 25% of those respondents were individuals with lived

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	experience. The numbers of black and brown individuals were dismal. There was lack of representation. A vote to approve AOT is a vote to divert critical mental health resources to AOT programs regardless of any community needs. AOT is antithetical to the recovery model and prioritizes the very fail first approach California voters rejected when they passed the MHSA law. It takes away local control and further stigmatizes mental health clients and discourages clients from seeking services for fear of being ordered into services. Please opt out and please do not fund with MHSA. **Lois Cunningham**, family member: Our current legal system says this to a worried parent of a loved one with mental illness who lacks insight: "*Sorry there is nothing we can do; they are not gravely disabled if they can find shelter and live out of cardboard boxes and eat out of garbage cans."* *"But officer, I was told if I lock out my adult child they will get help."* *"Sorry, there is nothing we can do."* The archaic LPS law enforcement and civil rights advocate protect this undignified lifestyle by saying we cannot force them into treatment, force them to stop eating out of garbage cans. This has been the mantra for over two decades and we all know it is not working. AOT is just another tool to help some individuals get into treatment with court oversight. Our most vulnerable need the community's help. We are talking about a small percentage of the seriously mentally ill who have gone through the revolving door of hospitalizations, homelessness, and incarceration. AOT wants to be the doorstop and stop the stigma via outreach, encouraging mental health services, and creating a personal treatment plan, not one size fits all. I can understand the reluctance of the County's mental health facilities. It is less expensive to treat on a volunteer basis than to have courts dictate treatment plans. However, this is a small percentage of the seriously mentally ill who are still human beings and not to be ignored just because they cannot say the words "I need help". **Lilyane Glamben**, ONTRACK Program Resources: I was very much on the opt-out spectrum until I spoke with my step mother, who launched and oversees AOT in Los Angeles County. Feel free to contact me at lglamben@getontrack.org or 916-285-1804 if you would like me to put you in touch with her. **Sandena Bader**, Cal Voices**:** I am a current family member of a person who is currently in an AOT program in another county. The program he has been in for three and a half years has been very frustrating for my family from the beginning. He has never been in a mental health court. He lived on the streets for 4 to 5

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	months. The only thing they would do is bring his medication to him, and as long as the family was there to help with transportation and provide groceries the program did not do anything. It got very frustrating. A few months after his homeless stint, we could not have him around the house anymore. The family completely stepped back and we found out that was when the program kicked in, which has been very helpful. We are staying at a distance. I do not believe MHSA funds should be used to pay for this because that money should go to enhancing the FSPs. **Angelina Woodberry**, Cal Voices: I feel this vote is premature. The vote should be whether or not to recommend Sac County to Opt in or opt out. Not whether or not it should be funded with MHSA dollars. As Dr. Quist said both FSP and CST is currently doing a lot of the work that AOT would do and is having similar results. I do not feel there is a need to add an additional element of having the courts overseeing that. I think this group is more than capable of making that recommendation and I urge you to do so. **SC Action** Vote results: • 6 Yes, support utilization of MHSA funds for AOT • **13** **No**, do not support utilization of MHSA funds for AOT • 1 Abstention *[SC members briefly discussed other possible motions, but decided that as no other action items had been placed in the agenda and the meeting had exceeded the allotted time it would be improper to take further action this evening].* **Leslie Napper:** Thank you everyone for the opportunity to have this discussion. We also have the opportunity to share our commentary at the Board of Supervisors meeting.
VIII. General Steering Committee Comment	**Daniela Guarnizo:** I know Dr. Quist will be clear in his report to the Board of Supervisors. However, I think for the record we should also be clear in tonight's meeting minutes regarding the exact motion voted upon, as well as the fact that the SC did not vote at this time taking a position on whether or not AOT should be implemented in Sacramento County.
IX. General Public Comment	**Lilyane Glamben**, ONTRACK Program Resources: In regards to the presentation on the Adult Outpatient Services Transformation, I would like to make sure the input received from the community about engaging community based organizations is embedded. There is much to be said about what community based organizations can offer in terms of having trusted

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	relationships with the community and make sure it is respectfully implemented with that lens. **Andrea Crook**, Cal Voices: I would like to know who would be doing the presentations at the AOT community panel discussion on Monday. Who are the presenters and how were they selected? Additionally, I would like to thank Leslie Napper for modeling such grace with such a difficult discussion. This is a very heated topic and I appreciate the way you hold all participants in unconditional high regard. Thank you.
X. Adjournment / Upcoming Meetings	The meeting was adjourned at 8:28 p.m. Upcoming meetings will be held on • May 20, 2021 • June 17, 2021

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 Anne-Marie Rucker one week prior to each meeting at (916) 875-3861 or ruckera@saccounty.net.