

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

**Meeting Minutes**

March 18, 2021, 6:00 PM – 8:00 PM

**Meeting Location**

Webinar and phone conference

**Meeting Attendees:**

- MHSA Steering Committee members: Ann Arneill, Rochelle Arnold, Jerilyn Borack, Michelle Callejas, Genelle Cazares, Ebony Chambers, Laura Clothier, Julie Field, Olivia Garcia, Anatoliy Gridyushko, Daniela Guarnizo, Hafsa Hamdani, Erin Johansen, Brenna Lin, Ruth MacKenzie, Susan McCrea, Lori Miller, Leslie Napper, JP Price, Ryan Quist, Koby Rodriguez, Christopher Williams, Rosemary Younts
- General Public

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<b>I. Welcome and Member Introductions</b>	The meeting was called to order at 6:02 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 February 2021 draft meeting minutes were reviewed and approved with no changes.
<b>IV. Announcements</b>	<p><b>Koby Rodriguez:</b> I would like to share my condolences for the tragic murders of the Asian American Pacific Islander (AAPI) siblings in Atlanta, Georgia. I think it is critical for people who sit in positions of management to check in with their AAPI staff members. They are probably struggling during these times, whether they are caring for themselves, their parents, or someone in their family. We should also be thoughtful about these processes. White supremacy is pervasive and the same forces that murder Blacks are the same forces that do this to AAPI, Trans, and people who live with disabilities. I think it is very important to have solidarity during these times. On that note, in two weeks will be Trans Day of Visibility so it is important to uplift our community members and all of their identities and honor our Trans community members.</p> <p><b>Ebony Chambers:</b> Here is a <a href="#">Zoom Link</a> for a listening session scheduled next week for the AAPI community to have a safe space to share as another opportunity and layer of support. We offer this opportunity to grieve our losses together and find strength in solidarity. We will also hold time to develop calls for action for our communities, our country, and ourselves. We unite not only in grief, but also in purpose.</p> <p><b>Leslie Napper:</b> I would also like to show love and support to our AAPI friends and family. It is also important to mention this is</p>

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	<p>also Women’s History month. Let us honor all our wonderful leaders and the path they have paved for us all.</p>
<p><b>V. Executive Committee / MHSA Updates</b></p>	<p><b>Executive Committee Update</b></p> <p>Ebony Chambers, Steering Committee (SC) Co-Chair, presented the two updates below:</p> <p><u>Steering Committee Membership</u></p> <p>We are excited to have two new members join the Steering Committee. I would like to welcome Brenna Lin and Chezia Tarleton who will both be in alternate seats representing Consumer – Adults.</p> <p><u>Black History Month</u></p> <p>I also want to echo what Leslie just mentioned, to celebrate Women's History Month during March and recognize all the amazing pioneers, especially those in the Mental Health and Human Services industry and many more who have made a positive impact for us all.</p> <p><b>MHSA Updates</b></p> <p>Dr. Ryan Quist, Behavioral Health Director, presented the following update:</p> <p><u>COVID-19 Vaccination Information</u></p> <p>On March 11, there was a Health Care Information Notice that provided new guidelines for COVID-19 vaccines. The updated criteria include people with a range of significant physical or behavioral disabilities, which include people with serious mental illness or serious substance use disorder, who are now eligible for the COVID-19 vaccine. This new information is directly a result of advocacy from our behavioral health community, so thank you for all who have reached out. I would also like to point out we should continue to prioritize COVID-19 vaccines to those individuals whose wellbeing requires in person care versus those who can still benefit from Telehealth who do not necessarily need to receive in person care. The Notice states providers should ensure individuals meet those criteria for the vaccine.</p> <p>I would also like to thank the ongoing work and support from our Public Health Department for continuing to support those in our behavioral health system.</p> <p>Leslie Napper provided an addendum to this update:</p> <p>California Department of Public Health put out a notice in March stating that in order to protect confidentiality, verification documentation of the diagnosis or type of disability is not required but instead anyone meeting the eligibility requirements</p>

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	<p>will be asked to sign a self-attestation that they meet the criteria for high-risk medical conditions or disabilities.</p> <p>Julie Leung, Acting MHSA Program Manager, provided the two updates below:</p> <p><u>Innovation 5: Forensic Behavioral Health Multi- System Teams Request for Application (RFA)</u>  The Forensic Behavioral Health Multi-System Teams RFA was released late February and posted to the Department of Health Services Contractors' Bidding Opportunity webpage. We held the mandatory applicants conference this past Tuesday. More information to come, as the application process is still in progress.</p> <p><u>Sacramento County MHSA Program Review</u>  The Sacramento County MHSA Program Review was originally scheduled to be completed in February, but has been postponed due to COVID-19. The Department of Health Care Services recently notified us that the program review is now scheduled for May 4 and they have modified the review process. They will review our Fiscal Year 2017-18, 2018-19, 2019-20 Three Year Program and Expenditure Plan and our 2019-20 Annual Update.</p>
<p><b>VI. MHSA Prevention and Early Intervention Program Presentation – Suicide Crisis Line and Emergency Department Follow-Up/Postvention Services</b></p>	<p>Bernice Zaborski, Mental Health Program Coordinator provided context and introduced Dr. Liseanne Wick, Director of Suicide Prevention and Crisis Line Services at WellSpace Health who presented an overview of the MHSA Prevention Program Suicide Crisis Line and Emergency Department Follow-Up/Postvention Services program. See <a href="#">Attachment A - Suicide Crisis Line Emergency Department Follow-Up Services presentation</a>.</p> <p>In FY 2019-20, the Suicide Crisis Line supported over 47,000 callers. You can reach the Suicide Crisis Line at:</p> <p style="padding-left: 40px;">Hotline: 916-368-3111  Crisis Chat by Text: Text HOPE to 916-668-ICAN (4226)</p> <p><b>Member Questions and Discussion</b></p> <p>I want to commend you for your whole person approach. I feel a decade ago we were just focusing on the illness and I am glad you have acknowledged the needs of the individual and how meeting those needs is important for them to heal and achieve wellness.</p> <p>This program is extremely valuable. Mercy San Juan is one of the more recent hospitals where WellSpace has begun this program; annually we have over 1,600 individuals who present with suicidal ideation or attempts. Our team has been excited for</p>

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	<p>this program and we applaud Dr. Wick and her team for all the positive outcomes this program brings.</p> <p><i>We have been doing this for 10 years with over 900 referrals to the Emergency Department (ED) follow up program and that includes over 8,000 contacts with patients, post discharge. Out of 933 individuals, we have only had 10 re-attempts. To me that is still 10 too many, but they all received the support they needed and many still reached out to us for ongoing support.</i></p> <p>How many clients are served per month? How many staff does the program have?</p> <p><i>Our staffing consists of 3 full time individuals working on the ED follow up program. Even with this small team, we want the program to be used more. Hospitals are very big systems, so a lot of education is necessary for there to be even more utilization.</i></p> <p>Thank you for your hard work with this program. Suicide has touched me personally, as my daughter committed suicide in 2010. Unfortunately, there was no program like this at the time but I am glad to hear there is one now.</p> <p>Thank you for your ongoing work in this area. These are amazing outcomes and so needed here!</p> <p>What is the process for educating providers to fill out the follow up documents? Are there certain providers or centers that you find are less able to adopt to the inclusion of the additional forms that are needed.</p> <p><i>I wouldn't say there are specific providers; however, more frequent contact helps to keep us in the front of their minds to make referrals.</i></p> <p>What hospitals do you have partnerships with and how do you find solutions to the challenges you shared?</p> <p><i>We partner with all the local hospitals except Kaiser. I have made several attempts to engage with them. Currently we are serving Sutter, Dignity and UC Davis, which handle the vast majority of ED visits for suicidality. Challenges vary, but in many cases we can address them through education and training.</i></p> <p>Thank you for programs like this. When you save the life of someone, you also save the life of their family as well. My granddaughter at 17 became ill both physically and mentally. She became suicidal, and there was a team like yours that followed up with her from the hospital who also helped my family. Sacramento County provided additional follow up services from different providers as she improved. Now she is a successful 18 year old freshman in college and the important thing is she is alive. Thank you for making a difference.</p>

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	<p><i>What you have shared is very much what happens with the teens that come through our program. We not only support the child, but also the parents.</i></p> <p>I can see why patients actively being discharged may fall through the cracks. They may want you to reach out to them first. I'm glad for the work you do, thank you.</p> <p><i>We make that first contact within 24-48 hours for approximately 98% of the individuals we serve. We think it is vital to make that first contact quickly and support our consumers.</i></p> <p><b>Public Comment</b></p> <p>I have Kaiser medical insurance and now I understand why my loved one was not recommended to WellSpace. God bless – keep knocking on Kaiser's door.</p> <p>Is there a webpage to learn more about this program?</p> <p><i>We do not have a webpage but you can always contact my business line: 916-368-3118 or email <a href="mailto:lwick@wellspacehealth.org">lwick@wellspacehealth.org</a> I will be happy to talk with you about it anytime.</i></p> <p>Thank you for your presentation. I also wanted to mention you have a team of trained volunteers that help to support the crisis line. Thank you so much to your volunteers as well.</p>
<p><b>VII. Consideration of Assisted Outpatient Treatment (AOT)</b>  <i>Part 1 of 2 - To be continued next meeting</i></p>	<p>Dr. Quist provided background and context on Assisted Outpatient Treatment (AOT) and Assembly Bill 1421, also referred to as Laura's Law which was signed into law in 2002 (See <a href="#">Attachment B – Assisted Outpatient Treatment</a>).</p> <p>In December 2020, Assembly Bill 1976 went into law requiring Counties to either implement AOT or opt out by July 1, 2021. Counties are required to submit their decision to the State by May 1<sup>st</sup>; however, Sacramento County has been granted an extension until July 1<sup>st</sup>. There will be a report based on the public comment we receive that will go to the Board of Supervisors (BOS) to recognize the community feedback. There is also a survey (See <a href="https://forms.gle/7oqz6o42mgGdBhqP9">https://forms.gle/7oqz6o42mgGdBhqP9</a>) for individuals to provide written public comment. Ultimately, the BOS will decide to either implement or opt out, so please continue to provide your feedback for them to review.</p> <p>One question that many community members have asked is whether our MHSA system has enough funding to support this. There are multiple ways to possibly implement AOT, whether it be a new standalone program or a streamlined version that builds on our current capacity to fund services within existing programs that we already have.</p> <p>Tonight we begin a conversation so next month we can come back to get a sense if the committee would be interested in using</p>

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	<p>MHSA funding for AOT (if the community supports/BOS decides to implement). If that were the case, we would have more conversation on what that program would look like.</p> <p><b>Member Questions and Discussion</b></p> <p>[Question read from chat] In which hospitals would these AOT services be placed?</p> <p><i>AOT is an outpatient service. Depending on program design, it could be possible for a court-ordered assessment to occur within an inpatient environment, but we do not have any programs designed. We are starting a conversation about whether Sacramento County should or should not implement AOT. Only if it is determined that the collective will of the community is in favor of that would we go to the next step of determining the details of implementation.</i></p> <p>If Laura’s Law were to be implemented in Sacramento County, would MHSA dollars be the only option to fund it? If so, does that mean that if it were implemented the next step would be determining which existing MHSA programs to defund? Is there any additional funding from the state?</p> <p><i>The law requires that AOT cannot be funded by removing/diverting funding from existing voluntary services. In talking with County executives, it is not clear whether there are any available dollars at this time. There is no additional funding coming from the state.</i></p> <p>If the County did decide to implement or to opt out, would that decision be permanent? If not, is there a set schedule or cycle to revisit it?</p> <p><i>There is no schedule to revisit whatever decision is made and the decision we make this year is not binding. The County could change its mind further down the road.</i></p> <p>I will not go into all of my reasons at this time, but I am opposed to AOT. I specifically oppose spending MHSA funds on it because the Mental Health Services Act requires recovery-oriented services. That is the foundation of its programs. If you look at the definition of recovery provided by Substance Abuse and Mental Health Services Administration (SAMHSA), it talks about self-direction and self-determination being the foundation of recovery. As AOT is based on coercion, it is not a recovery-oriented program and I do not believe it is appropriate to use MHSA funds for that purpose.</p> <p>I also think Sacramento County should opt out at this time, reserving the option to opt in later. We just heard a presentation from WellSpace that seemed to be showing positive numbers,</p>



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	<p>there are recently funded PEI programs reaching out to people who were not previously being reached, and the new Innovation program for Forensic Behavioral Health will be rolling out soon. All of these pieces are happening along with a current discussion about Alternatives to 911 for behavioral health calls. I encourage the SC to recommend opting out from Laura's Law at this time to see whether these things make a positive difference and look at revisiting this question again in one year. I also do not see how we can afford this during this time of pandemic.</p> <p>Is there any sense of the budget of an AOT program for a county of our size?</p> <p>I very much respect those preceding comments opposing AOT, but as a Full Service Partnership provider I can say that in the last eight years we had two clients for whom it would have been very useful. In the counties in which AOT is applied, it is applied very judiciously. There are very small numbers of clients referred to AOT. We may need more time to think about how we should approach this, and it may be best to avoid using MHSA funds, but I do think we should carefully consider whether we need some amount of AOT in our community. It is a tool that can save lives.</p> <p>Has a needs assessment been done in Sacramento County to determine whether it is something that is desirable?</p> <p><i>Dr. Quist: I am here to listen to the SC and community's thoughts on this, not to take a position on this debate, but I can say that BHS has received a great deal of very consistent and passionate advocacy in favor of seeing AOT implemented in Sacramento County.</i></p> <p>I was unable to attend either of the recent virtual focus groups on AOT, but understand that attendance was weighted toward county staff and service providers. I want to make it clear that I have no wish to disparage the opinions of county staff who were there or their commitment to the mental health community. I honor them for their interest in attending. However, I am concerned we may not be reaching all the family members and community members who would like to speak to this issue.</p> <p><i>Dr. Quist: We advertised those meetings very broadly and had over two hundred people register to attend. Due to the number of people who signed up for those sessions, there was not enough time to schedule public comment. I provided the same presentation I gave tonight and people then had the opportunity to fill out the survey. The survey is still open and provides room for people to let us know what they think at length. This discussion is ongoing and anyone interested in this is asked to fill out the survey.</i></p>

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	<p>I am a family member and a strong advocate for AOT/Laura's Law. Our county considered this before, in 2012 when I was on the Mental Health Board. At that time, Care+ was the alternative program. However, during recent presentations Dr. Quist detailed Care+ as only being a conservatorship program. Speaking as a parent of someone who was in conservatorship, I can say it is not easy to get someone help.</p> <p>There are people who cannot be reached by other programs. I would strongly consider this since it saves lives and is a safeguard for our community. If someone in our community is a danger, this tool can prevent them from doing something that would create more stigma than AOT could possibly create and can also get them the help they need. I do not believe MHSA money should be used, but we should allow existing Full Service Partnerships to help people referred to AOT.</p> <p>How will a final decision be made for the county regarding AOT/Laura's Law?</p> <p><i>Dr. Quist: This decision will ultimately be made by the Sacramento County Board of Supervisors (BOS), which has constituents on both sides of this issue. They are looking to me for a recommendation as Behavioral Health Director, but my core values will not allow me to make a recommendation one way or the other without first receiving input from the community. The Mental Health Board met on this issue last week, we had two virtual focus group presentations this week, there is the online survey and this meeting, and we will be bringing this topic back to next month's SC meeting. The reason we will be discussing it again here is I am being asked if MHSA funds can be used for this and I want to ask you if there is any appetite for that. I will write a letter to the BOS summarizing the feedback we receive and my recommendation based on that input. At that point the BOS will either accept my recommendation or make their own decision based on other factors.</i></p> <p>Could you tell us about the feedback thus far?</p> <p><i>I am not prepared to speak to that while the public comment period is still open, so I will defer for now. I will say there are strong, passionate opinions on both sides.</i></p> <p>Is the BOS decision contingent on whether we approve MHSA dollars for AOT? Or could they decide to move forward with this even if the recommendation is to move forward with AOT without MHSA funds?</p> <p><i>They want to know whether the recommendation is to move forward with AOT (regardless of funding) and also whether MHSA funds can be used for it. So those are separate questions.</i></p>



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<b>VIII. General Steering Committee Comment</b>	None.
<b>IX. General Public Comment</b>	<p><b>Diana Burdick</b>, family member: None of the programs the county has right now can help my son. He does not understand he has a problem. I have called many resources and they have sent someone to meet with him once, because I finagled him into meeting, but that is where it ends. One meeting. However, he was jailed once and the judge ordered him to go to counseling sessions and report back to the court and he did it for that duration. Call it the black-robe effect or whatever you want, people respect that authority. How can we know this will not work unless we try?</p> <p>Sacramento County has many services, but they do not reach the people in the streets who are delusional and accept no help. My son is not getting food stamps or any type of aid; he is just out there. I am going broke on rainy days trying to get him a room, somewhere that will accept him. Someone earlier suggested we wait a year to make this decision. Check back with me in a year to see if my son is still alive.</p> <p>What would you do to save your child? Where would you stop? There are people out there who do not understand they are sick. We need to address that problem.</p> <p><b>Lorin Burdick</b>, family member: We have been dealing with this for years, watching our son's decline, physical and mental. From her point of view, she is watching her child die in front of her. People like him cannot make rational decisions. You have to force him to get help. On his own, he will not. His mother has offered many times to give him housing. He will not accept it; his paranoia will not let him live with other people. As a result, he is on the street. Even providing a few nights of hotel rooms for him in a month is a financial strain for us. He does not believe he has a problem. He thinks everybody else does. He has been out there for years and is looking pretty bad these days. We are absolutely powerless to get him help.</p> <p>Talk with people in other counties that have AOT. They can tell you it works.</p> <p><b>Laura Byrd</b>, family member: I want to acknowledge the family that just spoke and the difficulties experienced. I think everyone's situation is different. I already spoke about a granddaughter who bounced back quickly from suicidality. I also have a son who spent more than ten years with mental health issues. He went to prison without them and came out with them. Prison is terrible for mental health and has the worst services to deal with it. After he came out, he ended up at Napa. I have another son who was hit</p>

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	<p>by a car years ago and received a traumatic brain injury (TBI) which caused TBI-related mental health issues. My family's struggles are varied and no solution fits every situation. As a mother you are never done. However, my position on AOT is different.</p> <p>This could be a slippery slope, especially if the hospitals of choice become state hospitals. For many mentally ill people, they are life sentences. This could also negatively affect people of color. We all know Sacramento County is very different from many other California counties, in good ways and bad. I see the value of filling this gap in services, but I also see the danger of unintentional misuse for my community. Finally, I am with the Sacramento chapter of the NAACP and this did not come to us. Mental health is one of our focus areas, especially since the events of 2020. If the focus groups were tilted toward county staff and provider staff, it should be kept in mind that providers see things differently than consumers and loved ones, and even more so when those consumers and loved ones are people of color. It is important to get that valuable feedback from all of us.</p> <p><b>Lilyane Glamben</b>, ONTRACK Program Services: My stepmother is the supervisor for Laura's Law/AOT in Los Angeles County and has worked in mental health there for over 30 years. She would be happy to speak to anyone interested on this subject. This is a complex decision and there are a lot of moving parts and programs like the new Forensic Behavioral Health Program and Alternatives to 911 being talked about to take into consideration. I regret we are being forced by state deadlines to make this decision so quickly. As a person of color myself, I agree the value of this could depend on how it is done and how and who it is targeted to.</p> <p><b>Dr. Liseanne Wick</b>, WellSpace Health: Does the SC have any plans to have further conversation regarding the Alternatives to 911 number or 988?  <i>The SC Executive Committee, which plans the agendas for SC meetings, can discuss that question when we meet next.</i></p> <p><b>Lois Cunningham</b>, family member: I do not understand why we are questioning use of MHSA funds for mental health services. Some counties use a combination of MHSA, general funds, and Medi-Cal. The fact that we are questioning whether MHSA can pay for it tells me the county does not want to find other funding for it.</p> <p>AOT has been around for a while and so has this conversation. As mentioned earlier, the MHB considered this in 2012 and I was there. I was also there when this was brought up in 2018-19.</p>

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	<p>Now we are talking about it again. If it does not pass, we will come back.</p> <p>My son is a law school graduate diagnosed with schizoaffective disorder. He has insight into his condition and I have supported his personal journey toward mental health recovery. Unfortunately, last year he started using drugs while I was in chemotherapy. There was no violence, but he could no longer live with me and I was granted a three-year restraining order. He could snap and my life would be in danger. So now he is on the streets and our community is at risk. This is the revolving door tragedy that keeps on giving. My son would do well with AOT and outreach and even better with court oversight. We are at a crossroads and here have the opportunity to use AB 1976 as just another mental health tool. It is not a life sentence. It is a compassionate tool to help our most vulnerable, who are our sons and daughters. Thank you.</p> <p><i>[Leslie Napper thanked everyone present for coming and the family members present for sharing their stories. She expressed hope that everyone would return at the April 2021 meeting when this would be further discussed. She also encouraged everyone to fill out the survey].</i></p>
<b>X. Adjournment / Upcoming Meetings</b>	<p>The meeting was adjourned at 8:13 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> <li>• April 15, 2021</li> <li>• May 20, 2021</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 Anne-Marie Rucker one week prior to each meeting at (916) 875-3861 or [ruckera@saccounty.net](mailto:ruckera@saccounty.net).