Sacramento County Mental Health Board
Adult System of Care (ASOC) Meeting

MINUTES – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Tuesday, March 4, 2025
6:00 PM – 7:30 PM

Committee Member	Present	Absent
Brad Lueth (Vice Chair)		X
Laura Bemis		X
Mallika Walsh		X
Melinda Avey		X
Patricia Wentzel (Chair)	X	

Agenda Item

I. Welcome and Introductions

- Introductions
- Acknowledgement of Conduct Agreement
- Announcements by MHB ASOC Committee Members

Chair Wenzel commenced the meeting at 6:18pm, introductions were made, and the Conduct Agreement was acknowledged.

Announcements:
None.

II. Public Comments Relating to the Sacramento County Behavioral Health Services Adult System of Care – Items Not on Agenda

- No public comments were made.

III. Presentation by Emergency Room (ER) Staff

Kristy Lunardelli, Patient's Rights Advocate, and the Emergency Department (ED) staff presented individually on the areas of concern within the ED and connecting patients to mental health services.

- Presenter #1: Shannon Newman, UC Davis Hospital.
  - Shannon Newman addressed the challenges for psychiatric placements from the ED through an SBAR (Situation, Background, Assessment and Recommendation).
  - Situation: Shannon stated there are psychiatric patients experiencing crises, especially those with minor development delays, and are frequently refused admission to private acute psychiatric hospitals. Shannon also stated there is confusion and restrictions regarding the acceptance of out of county Medi-Cal patients by local private psychiatric facilities, which leads to unclear policies and practices. Lastly, due to shortages of Medical Psychiatric Hospitals, medically acute patients are facing significant discrimination.
  - Background: Shannon states that there are barriers that prevent both public and private hospitals from accepting referred patients. These barriers include out-of-county funding, bariatric limits, dialysis needs, wound care needs, intravenous medications, self-inflicted injuries, homelessness, transgender status, conserved patients, Electroconvulsive Therapy, age limits, eating disorders and restrains and intramuscular injections.
  - Assessment: Shannon stated that the fragmented management of Medi-Cal by individual counties

creates significant barriers to accessing mental health services across the state.
    - Recommendation: Revise Medi-Cal Management Structure, Increase Legislative Engagement, Expand Psychiatric Hospital Capacity and Support the Establishment of MedPsych units.
- Presenter #2: James Bourgeois, Vice Chair of Psychiatry at UC Davis Medical Center
    - Dr. Bourgeois claims that the county-to-county interface is an area of concern and claims that there is a lack of responsibility for counties to acknowledge patients. Dr. Bourgeois stated that there is difficulty in getting psychiatric hospitals to accept minor wound care that could be addressed by a nurse. Dr. Bourgeois stated that if there is one area of concern to focus on, it would be for more MedPsych units statewide.
- Presenter #3: Stacy Small, Kaiser Permanente.
    - Stacy echoed the same issues as Shannon and Dr. Bourgeois, stating that a barrier for placements from the EDs are the lack of MedPsych facilities. Stacy stated that another barrier is that there are placements available for those on a voluntary 5150 hold due to the high volume of involuntary 5150 holds in Sacramento County. Stacy claims that the County does not have the levels of care needed to prevent hospitalization, such as the Crisis Residential Program, that is not an option to prevent hospitalization while people are in an acute state or an acute crisis. If someone is accepted, the process is lengthy and can take about 4-5 days for placement.
    - Stacy recommends more partial hospitalization programs, intensive outpatient programs, subacute beds, and residential programs to prevent or reduce lengthy placement periods. If there are other levels of care in the County, the need for involuntary detentions could be reduced. Stacy states that ED's are forced to keep and treat patients who are better suited for a psychiatric health facility.
- Presenter #4: Kacee Holloway, Mercy Hospital of Folsom.
    - Kacee shared a case that involves a 10-year-old who has been in and out of the ED for the last month. This patient has come from another state who had services similar to Alta California Regional Center (ACRC) but when the patient came to California, ACRC would not take any of the information from the original state and is still waiting to get services through ACRC. In the meantime, the patient is not able to be transferred to a psychiatric facility and the ED is now tasked with stabilizing this patient, and many others in similar situations, directly through the ED. This is an area of concern because the ED is not conducive to the needs of those with mental health concerns. The patient has a history of danger to others but there is no ability to support this patient long-term and with every release, they are potentially putting others at risk. Despite creating safety plans, Kacee states that ED's are unable to get the support from the community and expressed a lack of resources that are needed to continue treatment. Kacee claims that there are only two psychiatric facilities that will take a 10-year-old with intellectual inabilities and who is a danger to others, causing long waitlist times.

- Presenter #5, Jerry Gorman, Methodist Hospital.
    - Jerry stated that Methodist Hospital is a small urban hospital located in South Sacramento. Jerry stated that there are currently only 29 beds, 9 of which are dedicated to behavioral health concerns. 87% of patients are Medi-Cal recipients, so most of the patients have lower income. Jerry states that there are far too few psychiatric hospitals for minors. There are a handful of patients with substance use conditions which increases the number of suicide or psychosis. These patients are often too acute to transport and often find themselves having to detox in the ED for 28-48 hours; reducing the number of available beds.
    - Jerry recommends a step-down program where patients can detox and receive other services which can allow for bed space to be more available. Due to a lack of movement in the LPS bed community, it is often requested to hold hearings while a patient is in the ED but Jerry stated that this is inappropriate and that these hearings were not designed to be completed in the ED.

Board Member Comments/Questions:

- Chair Wentzel
    - Chair Wentzel acknowledged Shannon's SBAR discussion and the difficulties that the ED's face when trying to board patients due to the IMD exclusions. Chair Wentzel explained that the IMD exclusion limits Medi-Cal's ability to pay for care for someone who is in a psychiatric hospital with more than 16 beds.
    - Chair Wentzel asked Stacy why is it that CalAIM has forced a large population of Kaiser Permanente Medi-Cal patients to no longer have access to Kaiser Permanente contracted facilities above the

outpatient level need of care. Stacy clarified that someone with Kaiser Medi-Cal would have been able to have access to all Kaiser services (partial hospitalization programs, residential treatment programs and other contracted services) are no longer covered with those who are on CalAIM and those patients will have to refer back to the County for anything considered moderate or severe; anything above an outpatient program is no longer covered through Kaiser.

- Chair Wentzel asked Stacy when there is a patient with a developmental disability, is ACRC a helpful resource? Stacy answered by stating that ACRC does its best at supporting but it does not have crisis stabilization programs or access to residential programs and there is a lengthy waitlist for services. Stacy states they ACRC does a great job at communicating with ED's and tries to provide mental health supports but they do not have many resources for placements and the ones they do have take weeks. ACRC is currently unable to meet the needs of those patients.
- Chair Wentzel asked Kacee with situations as the one discussed in the presentation, do families tend to utilize Child Protective Services (CPS) for support? Kacee stated that due to the stigma around CPS, families do not tend to utilize CPS for mental health service needs, but Kacee emphasized that the ED tries to educate families on the types of supports offered through CPS. However, even in the instances where CPS is utilized, the wait times are still lengthy especially with patients that are a danger to others.

IV. Public Comment regarding hospitalization

- Jennifer Harn
  - Jennifer stated that she was placed on a 5150 hold in March 2024 in Santa Cruz county and was transferred to Heritage Oaks Facility. At the time, Jennifer said she was not aware of her rights, specifically that she was not required to stay the full 72 hours that is typical for those on a 5150 hold. After speaking with her social worker, she was informed of her rights and then was made aware of the WIC and CCR violations at the facility she was held at.
  - Based on the violations, Jennifer recommends that psychiatric hospitals increase efficiency in staff communication, physicians or psychiatrists be present at all times, patient's rights posted in each patient room, and more access to outdoor activities.

V. Update and discussion on Sheriff's policy regarding MH calls for service

- **No updates were given at this time.**

VI. Adjournment

- Next Meeting will be April 7, 2025, from 6:00pm- 7:30pm
- Chair Wenzel adjourned the meeting at 7:50pm