

Sacramento County
Mental Health Board (MHB) General Meeting Minutes
June 3, 2025

Meeting Location
700 H Street
Sacramento, CA 95814

Attendance			
MHB Members			
Name	Attendance	Name	Attendance
Corrine McIntosh Sako, <i>Chair</i>	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Kesha Harris	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Evan Minton, <i>Vice Chair</i>	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Bradley Lueth	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Patricia Wentzel, <i>Secretary</i>	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Theresa Riviera	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Laura Asay-Bemis	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Supervisor Rosario Rodriguez	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Melinda Avey	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Mallika Walsh	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Mykel Gayent	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent		
County Staff to MHB			
Name	Attendance	Name	Attendance
Jason Richards	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Jennifer McLaren covering for Chris Costa	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent

Agenda Item	Discussion
I. Welcome and Introductions	<p>Chair McIntosh Sako called the meeting to order at 6:11 p.m. A quorum was declared, introductions were made, and the Conduct Agreement was acknowledged.</p> <p>Mental Health Board Announcements</p> <ul style="list-style-type: none"> No announcements were made.
II. Public Comment	<p>No verbal public comments were made.</p> <p>Two written public comments were received prior to the meeting, and are included below at the request of the MHB Chair.</p>
III. Consent Matters: Approval of Minutes	<p>Ms. Avey moved to approve the May General Meeting minutes and Ms. Asay Bemis seconded the motion. (Chair McIntosh Sako abstained.) Motion carried.</p>
IV. Division of Behavioral Health Services Director's Report	<p>Dr. Ryan Quist, Behavioral Health Director, provided a written report on the status of Behavioral Health Services (BHS). He also provided verbal updates and answered questions as follows:</p> <ul style="list-style-type: none"> Dr. Quist highlighted several observances and holidays, as included in the Director's Report (Handout #3), including Pride Month, Men's Health Month, Father's Day, Juneteenth, and International Day Against Drug Abuse and Illicit Trafficking, among others. The MHSA Annual Update will go to the Board of Supervisors for approval on June 10th. New Behavioral Health Bridge Housing projects were opened including Building Hope and Grow Florin.

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	<ul style="list-style-type: none"> A new HEART collaboration called Wellness Without Walls (W3) is underway, including a mobile team offering medication evaluation and support.
V. System Partner Updates	No updates were made.
VI. Mental Health Board Business	<p>Liaison Reports A written liaison report was provided for the MHSA Steering Committee.</p> <p>Committee Reports Members were referred to the Mental Health Board Meetings webpage for MHB Committee Meeting minutes: https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Board/BC-Mental-Health-Board-Meetings-2024.aspx</p> <p>Committee and Workgroup Updates</p> <ul style="list-style-type: none"> Chair McIntosh Sako noted that the Behavioral Health Commission (BHC) Ad Hoc Committee has completed its work, resulting in the approval of the BHC by the Board of Supervisors. Please see Item VII below for further information. MHB members expressed a preference to continue meeting through August, for continuity until the BHC's inaugural meeting in September.
VII. Discussion Item – Update on Behavioral Health Commission	<p>Dr. Quist provided an update on the BHC, which was approved by the Board of Supervisors on May 20, 2025, as follows:</p> <ul style="list-style-type: none"> 22 member seats: <ul style="list-style-type: none"> 1 Board of Supervisors member 1 Director of Homeless Services and Housing member 5 Consumer members – one from each District 5 Family Members of Consumers – one from each District 10 Public Interest members – two from each District <ul style="list-style-type: none"> Existing MHB and ADAB members may apply to be appointed to the BHC, subject to District recommendations and approval by the Board of Supervisors. BHC members may fall under more than one category. The approved bylaws specify that 50% of the members must be Consumers or Family Members at any given time. This will be tracked internally to ensure compliance with applicable law. Staggered 3-year terms, with a term limit of 2 consecutive full terms. <ul style="list-style-type: none"> Members who have reached the term limit are eligible for re-appointment after a one-year break. Promotes diversity and opportunity to serve. Initial Committees <ul style="list-style-type: none"> Executive Committee (approves General Meeting agendas and acts on behalf of the BHC in emergencies) Adult Prevention and Treatment Committee Children, Youth, and Family Prevention and Treatment Committee

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	<ul style="list-style-type: none"> ○ Crisis and Justice Involved Continuum Committee <ul style="list-style-type: none"> ▪ The BHC may create additional ad hoc committees. ▪ BHS welcomes the BHC in actively encouraging community member discussions and presentations to encourage community diversity and inclusion in committee discussions. • Disclosure of lived experience: <ul style="list-style-type: none"> ○ BHC members will only be required to disclose their consumer or family member status at the time of application, to ensure compliance with applicable law. ○ Members will not be required to disclose their lived experience at BHC meetings, but they may choose to do so if they wish. • Transition Plan: <ul style="list-style-type: none"> ○ The MHB and the Alcohol and Drug Advisory Board (ADAB) will be dissolved, and the BHC will convene with an estimated inaugural meeting in September 2025. ○ MHB members recommended evening meetings the 3rd or 4th Wednesday evening of the month, with location to be determined.
VIII. Discussion Item – Review and Discuss Draft of MHB Letter of Recommendations Regarding Treatment Needs for Individuals with Serious Mental Illness Incarcerated in Sacramento County Jails	<p>MHB members discussed the possibility of drafting a letter of recommendations regarding treatment needs for individuals with serious mental illness incarcerated in Sacramento County jails. Members decided to defer this item for consideration by the new BHC, due to time limitations. Members will discuss other items to recommend for consideration by the new BHC at a future MHB meeting.</p>
IX. Adjournment	<p>Chair McIntosh Sako adjourned the meeting at 7:49 p.m.</p>

Written Public Comment #1

Good evening,

I work as a Mental Health discharge planner for one the local Emergency Rooms and unfortunately, we have consistently seen a steady flow of jail patients that have been released from jail, placed on a 5150 hold by jail staff, and then sent to our ER for psychiatric and/or medical treatment. Unfortunately, our ER does not have an LPS designated psych unit and therefore are utilizing bed meant for someone in a medical emergency. Given the chronically shortage of beds at psych hospitals and a multitude of exclusionary criteria for admission, these patients are held for several days/weeks waiting to access treatment. Meanwhile all can offer is medication stabilization and daily check ins with the psych units because we do not offer therapy/group counseling because we do have an LPS designated psych unit. Furthermore, SCMHTC has mentioned before they have been inundated with drop offs/referrals from jail and at one point about 50% of their occupied beds were all from jail. Its my understanding that the county jail has their own licensed psych ward, yet there appears to be a push to empty out the jail thus increasingly creating competition for non-jail patient referrals, longer wait times for admissions, and possibly a financial burden on the tax payer.

Thank you for taking the time to read my statement,

Gildardo Castillo
Mental Health Referral Coordinator
Phone: 916-734-3991
Fax: 916-734-3940
Active on TigerText



Written Public Comment #2

Dear Sacramento County Mental Health Board Members,

I write to express my deep gratitude for your service in your roles in representing Families and Supporters of Persons Living with Mental Health Challenges & Illnesses, and Persons who Seek Mental Health Services for themselves, and The Public at large.

Being able to attend these meetings both in person and by hybrid has greatly informed and expanded my capacity to be a Supporter for the Help Seekers in my personal life. As a Volunteer with NAMI Sacramento, an agency that focuses on free access to education and support for people & their networks of supporters and the service providers on how to live better with mental illness, I find these Mental Health public meetings to be a foundational. As a member of Family Advocates of Individuals with Serious Mental Illness, I continue to urge expanding services for those most impaired by their untreated symptoms.

I now look forward to the unification of services for addiction and mental illnesses under the upcoming Behavioral Health Advisory Board/ Commission as a way to more effectively reach and treat these conditions when they occur separately and more importantly when a Help Seeker needs and wants concurrent care.

At the same time, I also appreciate these current MHBoard Members for asking difficult questions over the past few years on how to prevent criminalization of people with behavioral health issues.

I hope the new Behavioral Health Advisory Board/ Commission will bravely address the needs of our Sacramento residents who are the hardest to reach and treat, who have the most difficult time gaining and sustaining recovery.

For some people living with these highest level of symptoms that impair insight and decision making, I urge a consideration and embrace of a medical psychiatric facility stay—even if sent involuntarily— rather than waiting for criminalization of extreme symptoms to be treated inside our criminal justice system. This is the last frontier of treatment to be explored and solved in ways that respect the individual with the impairing symptoms without creating extreme negative outcomes by criminalization.

Sheriff Cooper has pointed out a fertile-gap in service-care through his new policy to not respond to mental health calls, and now to not support diversion programs. His actions are still not the problem for families like mine: the problem is not have realistic, ongoing behavioral health care for the people whose symptoms have spun them past the point of seeking help. They deserve treatment that brings insight back and follows them for as long as it takes to be as independent as is reasonable given their level of illness.

For families like mine, the current SCMH Board Members have bravely edged into services for the category of severity I speak of. Questions on data collection and evidence based solutions of care for those most severely and seriously mentally ill while avoiding criminal incarceration were brought forward. I hope all of you continue the work you've started—hopefully by applying for positions on the Behavioral Health Advisory Board / Commission.

Please don't forget those whom Prop 1 and previous legislation have intended to serve.

Sincerely and Gratefully,

Kaino Hopper

Family Advocates of Individuals with Serious Mental Illness —co-founder and member

National Alliance on Mental Illness Sacramento— volunteer on Helpline and member

Parent of person living with SMI

E. Kaino Hopper

MFA Design

cell: 916-204-3138