

Sacramento County Mental Health Board Adult System of Care Committee

MINUTES – TELECONFERENCE MEETING Tuesday, February 22, 2022 4:00PM – 6:00PM

Attendees: Corinne McIntosh-Sako, Laura Bemis-VC and Ann Arneill (staff, Glenda Basina)
Absentees: William Cho and Loran Sheley

I. Welcome and Introductions, Corrine McIntosh Sako

- Chair Sako convened the meeting at 4:01pm and introductions were made.

II. Update on Sacramento County BHS Implementation of AOT/Laura's Law, Dr. Geoff Twitchell, BHS Forensic Behavioral Health Division Manager

- Dr. Twitchell provided update on AOT Implementation with presentation slides.
- AOT is for population that has not succeeded in voluntary treatment. It's not to be used by everybody. It is highly specific and regulated, more focused on AOT as a specific strategy/mechanism for sub-populations within the community. A lot of compliance monitoring. The consumer has right to a defender appointed by the court. A judge determines if the consumer meets the criteria and may grant the AOT services for up to 180 days (half a year). Extensions can be approved by a judge.
- Timeline: BOS voted on AOT implementation on 5/18/21, community forum held in August 2021, BOS approved implementation in January 2022 and hiring process in February. (Position/referral list for hiring now in hand. Hiring process will take a little bit of time due to severe workforce shortage). Training in April and RFP for FSP in April for a wraparound program specifically designed for the population. AOT services estimated to be in place in July 2022.
- Vice-Chair Bemis asked if hiring for Peer positions. Dr. Twitchell stated yes, thinks this is the most important position because these are the folks with life experience and credibility. Able to connect in a way that builds trust much more effectively/quickly. Looking at having them as a major component and asset for the team; Sr. Peer Specialist and Peer Specialist. Both will be out there connecting/engaging with the folks we're trying to reach.
- Member Arneill asked if the Treatment Advocacy Center will continue providing training. Dr. Twitchell is unsure. This is concerning for Member Arneill. Materials/speaking from their representatives is very derogatory towards clients; demeaning about clients' own ability to identify their own mental illness. Not friendly towards client voice/choice. Hopes to find other organizations that are steeped in client rights in doing the training. Per Dr. Twitchell, the Treatment Advocacy Center is a resource we would use but doesn't believe they would be used for training.

Stated there were a lot of different areas brought up by the community/state needing the community/providers to be trained on and this would be the area where we would get a lot of assistance from the community and folks they know along with the committees' input. There are some things we would need to get folks who are relevant experts and bring them in but there are lots of trainings with friends/families that we can harness some really strong expertise, knowledge-base and personal experience with the community.

- The Mobile Team would consist of an MH Program Coordinator, Sr. MH Counselor, Sr. Peer Specialist, Peer Specialist, a Sr. Office Assistant and a couple of vehicles.
- Chair Sako asked where the teams would be based. Per Dr. Twitchell, they could be based out of East Pkwy but they can be out canvassing the community and responding to requests/referrals received from all over Sac County.
- Member Arneill asked if these would be contract/FSP employees. Dr. Twitchell stated the Mobile Team positions listed will be County employees, working under him and doing engagement, looking at referrals. Once a consumer is identified as needing treatment, the treatment will be the service that's contracted out to a full-service level of care. The Mobile Team will continue to be in contact/check-in with the individual while in treatment
- Member Arneill asked how they will find people. Dr. Twitchell responded that there are people that come to the attention of BHS, the police, any family member. Essentially, anybody making a referral to the program.
- State and County Judicial partners; Judge Lawrence Brown who connects very well with individuals, County Counsel who will be helping with the court process and the Public Defender working with individuals to protect their rights.
- Public Comment 1: On family referral, what is the criteria? Dr. Twitchell stated there's a stringent set of criteria but a family member can contact us and the mobile team will go through criteria and/or meet with individual if person meets the criteria.
- Treatment Model: Competitive RFA to be released, utilizing a community-based organization to provide Full Service Partnership; low caseload for close/continual supervision, medication adherent; crisis intervention/stabilization.
- Chair Sako inquired on the housing component for FSP. Does county have housing? Dr. Twitchell responded that it's a short supply, an area of problem. It will be paid for and will have available.
- Evidence Based Treatment: Cognitive behavioral therapy for psychosis (CBT-p) for symptom management focus. Individual placement/support (IPS) with focus on employment. Integrated dual disorder treatment (IDDT) for simultaneous MH and SUD treatment. Cognitive skills training to improve QOL. Motivational interviewing to address medication, non-adherence, create change and enhance stability. Working with individual where they would want to go to expand functioning.
- Overlap between mental health and legal disciplines; current focus on intersection of mental health and law can be uncomfortable. Rapid changes in legislation.

Close collaboration with legal partners. Maintain scope of practice regarding expertise.

- Dr. Twitchell hears the concern and is focused to keeping client as the focus and having a voice in their lives is essential.
- New legislation impacting AOT eligibility - SB 507. New law requires a finding that the person either is unlikely to survive safely in the community without supervision and their condition is substantially deteriorating or needs AOT to prevent a re-lapse/deterioration likely to result in grave disability or serious harm to the person or others.
- Future updates/considerations. Training/education, court process, legislative impacts, inviting MHB to continue holding ongoing meetings with family, consumer and advocacy partners.
- Member Arneill commented to be careful about language used about clients when talking about this program. "Treatment resistant" is a treatment advocacy way of talking about this program but could also be for people whose voice/choice haven't been respected by BHS or fit their needs so they haven't participated in the system. We should be sure to think of clients in most positive way we can. Chair Sako agrees. If no shelter, it's a primary drive to satisfy. All know there's lack of housing. Chair also asked about continuing to evaluate the program even when it's rolled out and is there an advisory/oversite body for the program. Per Dr. Twitchell, DHCS does it with data collection and would put it up the chain to Ryan.
- Member Arneill requested for the powerpoint for details.
- Public Comment 2. Questioned evaluation and process for determining how successful the program is as it rolls out. Also, appreciates vocabulary and using terminology that honors an individual, particularly working with an individual for their goals for treatment but thinks there are individuals with anosognosia and do not understand they need help. Want to stop the suffering of everyone in relation to this. Doesn't find the treatment advocacy center is anti-client. Hope this could be brought to the table. There should be an oversite committee for AOT because of the difficulty in coming to agreement around how it's to be designed/implemented and to partner with the different agencies to ensure individuals involved have their voice/choice and assistance to take advantage of services offered. Family members of individuals with serious mental illness and experience with incarceration are represented in whatever way a program may be evaluated/overseen by a committee. Recommends an oversite committee and wants to work with MHB for partnership. Dr. Twitchell responded there will be standards complied with, a data to be set up and looking how best to engage on all sectors. From there, understand what needs to be shifted/changed. We want to continue to have perspectives represented and keeping the client and community as the focal point.
- Guest Speaker Tiffanie Synott responded to public comments regarding eligibility and process and stated she would be happy to present to the group the legal lens, eligibility under the laws, if helpful.

III. Presentation by Sacramento County's Public Defender's Office on their Pretrial Support Project (PTSP) Program for Criminal Justice-Involved Individuals, Tiffanie Synnott, Sacramento County Supervising Public Defender

- Tiffanie Synnott doing a lot around Holistic Defense; an aggressive legal advocacy dealing also with issues a client may have. Changing approach not only focusing on the charges but also focusing on the person. Holistic defense Harvard law reduces incarceration by 16%. Saves county money and reduces recidivism.
- Mental health Diversion law signed by Gov. Brown 2018 where people did not have to plead guilty to get mental health treatment. Gatekeeper was changed to the court rather than the District Attorney. The judge with mental health diversion decides whether somebody meets the eligibility/requirement. The burden is put on the Defense Attorney to go to the judge. Sacramento County was the number one county in the state to lead the mental health diversion program. It has grown so much that the county has started a new resource for this targeted population of misdemeanor, mental health diversion called a jail-diversion program, a one-stop shop, at G Street for clients to go for treatment. Based on new law of January this year, if somebody is not competent to stand trial, they shall be given misdemeanor mental health diversion and if not qualified for this, they shall be considered for Laura's Law and if not qualified for Laura's Law, then case is dismissed.
- Huge success with MMHD with decrease in recidivism, less jail and people linked to services. The public defender's office started a social worker department with social workers helping to identify individuals, linking them to the continuum of care and case managing the individuals as they're going through the criminal justice process. With the success, the State asked Sacramento County if we can do it for felons and gave a grant of about \$4M to divert 32.5 people in 3 years. A forensic component of care for felony diversion program was created through collaboration of all partners and launched Empower Diversion in 2021. Focused on forensic clientele with mental health, substance use treatment, food, clothing, transportation, medication, peer support and housing to support them in their needs. Within 6 months of receiving the state grant, state goal was met. State then offered more money to do the same with incompetent to stand trial and help train other counties throughout the state.
- Dept. of State Hospital funding through June 2023. Expanding/doubling program for capacity of 100 people. Partnered with Department of Behavioral Health to bill Medical. Funding through medical and grant. Non-DSH client receive treatment through private sectors.
- Expungement - record modification unit. Criminal record impacts entire life; employment, education, housing, supporting kids/family. Partnered with DHA and used legal statutes/laws to clear records to get into housing and services. BOS granted a growth request for July 2022 for more staffing to help with record clearing in the county.
- Juvenile Delinquency – Received a grant for Juvenile Trauma court, focused on kid and trauma, not just the charges. Built in educational attorney, dependency/delinquency attorney. This specialized attorney coordinates for one case plan, not multiple case plans. Families/kids respond better with someone in community that works as a mentor connecting kids to resources, taking the stress off of the family. Also contracted with UC Davis for their specialized pediatric program that focused

on trauma. They evaluate youths for PTSD, resiliency and monitors youth to make sure they are making progress towards resiliency. Program funding ends in 2023. Looking now for funding.

- Pre-Trial Support Project. Meet clients in booking for a 45-minute interview for needs assessment, identifying needs in custody. All needs identified coordinated with defense attorney and social worker for link to MH provider before release. Collaboration with every justice partner and agency. With all working on the plan, there's control of release, resulting in public safety as well as public safety for the client so the client feels that somebody has listened/addressed their needs, and feel safe when they're released. Support continues for the clients once released; ensure warm handoff and stabilization. If felon in mental health diversion, they're supported for 2 years and misdemeanor with mental health diversion, support is for 1 year.
- New support in March 2022 - Listen, learn and improve. Ongoing access to food, clothing, mentorship, cell phones, transportation and employment/job skill training. Exodus Project was selected as the community-based provider subject to board approval. All clients needing support will be linked to Exodus Project.
- Expansion Needed – 4% of jail population, make up 18% of bookings. Targeting in on the 654 individuals with 50% that have serious mental health illness according to correctional health data. Entering into an MOU with Conflict Panel to share resources with them and support the community in custody.
- Chair Sako asked if any consistent funding from Sacramento County. According to Tiffanie, the pre-trial from last year, they will consistently have the 2 social workers, \$125k for CBO and 2 law students. 80% to 90% of grant funding received is not a benefit to the Public Defender's office, it is to provide support/services to the client.
- Member Bemis asked why still have mental health court? Tiffanie responded that the law is mental health diversion and mental health court is the district attorney having the ability to use their discretion to dismiss cases. This recently shifted with Judge Brown having cases now with choice of mental health court or mental health diversion. This is all being navigated right now with strong feelings for both sides and a lot to work out. Either no plea and get diverted or plead guilty and do the time. There's an incentive for the DA to get the plea. If that person doesn't get treatment/doesn't do well, then with a plea no need to trial the case. With diversion, if person does not do well, they can still face their criminal trial. There are Probation Officers with mental health treatment court and no PO or supervisor for mental health diversion. Strong feelings from community on these two sides questioning why have POs when people haven't pled guilty. The initial reason for diversion was because of state hospitals with clients on growing wait list, getting people stuck in custody longer.
- Public Comment 3: Congratulates Tiffanie on the exciting programs. Have members of their group who have children incarcerated. Everything has a waiting list, not enough capacity. Very valuable. Tiffanie stated they have an email for the community members with loved ones in custody. Their pre-trial team can go out to assess/meet with their loved-ones. From there, figure out what's going on and what support they need to convince DA/judges to let them out.
- Public Comment 4: Appreciates all the work and the clearly, explained information. Has daughter incarcerated and living with severe mental illness. Asked whether or

not from initial contacts with the person would these be the services and would services be automatic? Or would this be a choice moment where she can decide whether or not to use these services. Tiffanie responded that they had limited resources the first 2 years and prioritized people based on where they were in jail; 3 west (outpatient mental health) and 8 west (individuals struggling mental health). Also targeted female population to try and get them out of custody because they didn't have the same opportunities as males. Ideally they want to and try to see everybody. There are times clients doesn't want to speak with them but continues to follow up with them should they change their mind. Very little say no.

- Member Arneill commended Tiffanie on the range of groups identified and needs met. Also on her resourcefulness in getting all the grants, ability to maximize staffing/resources and the amount of services brought to the people underserved and in need of services. Impressed with what she's done for the community.
- Chair Sako asked if there's a way for the committee to best support the work being done for the folks with behavioral health needs as far as recommending budget allocation. Tiffanie said last year their growth request was denied by the county but hundreds of community members called in and the BOS voted to support the program. Not sure of what will happen this year and welcomes any support. The BOS is always interested in hearing from the committee and the community. Chair Sako also asked for Tiffany's thoughts on the Mays Decree, the monitoring report with the numbers reported of jail population with mental health and only a small number are open to a BH provider in the community. Tiffanie responded that we as a system have to look at what we're doing, how we're processing/engaging people and at what point the engagement/linkage is happening. Need more resources to touch people.
- Member Arneill stated the need to be in touch with Tiffanie when the budget comes around to support any budget proposal to fund her program.
- Tiffanie mentioned the idea, recently proposed to the County, of having a discharge receiving center close to the jail to give the person food, clothing, hotel voucher, bus tickets or just allow them to stay there until the bus comes.
- Member Arneill inquired about the Forensic Innovation Project and if Tiffanie was linked to it. Tiffanie responded that she does not know if the program is up yet. Member Arneill stated it's a \$9M project to get people coming out of the jails into a 1-stop program, to meet all their needs. According to Tiffanie, she sat on the RFP and El Hogar was awarded the contract. She understands they're starting really slow and this was the last she's heard of it. She doesn't know it as a resource their social workers could refer into but if it is, she would love it. Tiffanie mentioned the Department of State Hospitals have come in to the county for outpatient services housing 60, taking our room/boards away from the limited resources we have. It's an issue and we have nobody talking about it. Desperately need them right now with the impact of the Department of State Hospitals. Member Arneill stated the status/report on the Forensic Innovation Project need to be put on the agenda. Chair Sako agreed to look into it.
- Tiffanie stated if the committee needed help with the AOT/Laura's Law, she can send the powerpoint that can walk them thru the criteria on the legal side of it.

IV. Review of Quarterly SMI data for individuals detained in Sacramento County jails, provided by DHS in response to the County's obligations pursuant to the Mays Consent Decree, Adult System of Care Committee members

- **Chair Sako** on a quick review of the quarterly FMI data for individuals detained in sac county jails and DHS's response to the County's obligation pursuant to the Mays Consent Decree; information that can be found on Sac Sheriff webpage. Chair Sako pulled up the most recent report (Jan 26, 2022): 3354 inmates detained. Went through the average length of stay. 80% presentenced with mental health and 88% presentenced with severe mental illness. Hearing about what the Public Defense office is able to provide for folks, we need a lot more with such a demand in the system. 65% of the jail population received some sort of mental health services during incarceration. Of those, only a small number were open to BH provider in the community and most were closed to services. And this maybe where the term "treatment resistant" comes in. There could be lots of reasons why they're not open, maybe because of interactions with the jail by treatment providers, making them not likely to be open to services in the community. Sandy Damiano to present at next month's committee meeting on what type of services are offered to individuals in the jail.

V. Public Comment, Members of the Public

- Public Comment 5: Overwhelming thank you for having the meeting open to the public, although had difficulty finding it. It has helped educate her and appreciates everyone's work including the speakers this afternoon. Member Arneill informed that this meeting is held on the 4th Tuesday of the month and also posted on the website 3 days before the meeting.

VI. Adjournment, Corrine McIntosh Sako

- Chair Sako invited everyone to the March 22nd meeting at 4pm, thanked the members and adjourned the meeting at 6:05pm.