

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

MINUTES– IN PERSON MEETING HYBRID PARTICIPATION OPTION Thursday, April 25, 2024 6:00 PM – 7:30 PM

Members Present: Patricia Wentzel, Brad Lueth, Laura Bemis, Mallika Walsh.

Members Absent: Melinda Avey

Agenda Item
<p>I. Welcome and Introductions</p> <ul style="list-style-type: none">• Introductions• <u>Acknowledgement of Conduct Agreement</u>• Announcements by MHB ASOC Committee Members <p>Chair Wentzel commenced the meeting at 6:06pm, introductions were made and Conduct Agreement acknowledged.</p> <p>Chair Wentzel shared the NAMI walk on 5/4. Member Bemis shared Mental Health Black Community on 6/11 at Mack High.</p>
<p>II. Public Comments Relating to the Sacramento County Behavioral Health Services Adult System of Care – Items Not on Agenda</p> <p>No public comments.</p>
<p>III. Discussion/Action Item: Establish Committee Co-Chair for 2024 and Public Comment</p> <p>Member Lueth volunteered to be committee co-chair, seconded by Member Walsh. Committee voted and unanimously passed.</p>
<p>IV. Testimony and Q & A from Consumers regarding FSP experiences</p> <p>Chair Wentzel invited Laura who shared her experience being in FSP for 2 years. Rough going. Put in wrong programs consistently. Found County does not have program for her diagnosis, just lumped in. Likes her providers. Not thrilled with management. Sees things that are financially driven rather than care for the client. Frustrated there's no accountability; checks/balances. Only way is to file a grievance but feels retaliated against. If unable to advocate for self, will not get what you need and the possibility of ending up on the street. Wants to see more accountability, checks/balances and monitoring.</p> <p>Member Walsh asked what FSP provider she has. Per Laura, Telehealth Arise. She has complex PTSD and was told no one treats PTSD, just clumped under trauma. Frequency seeing provider lessened. Currently being supported through medication management, which she loves. Working with Erica. Has a case manager and clinician. Case manager just came out of schooling. Worried about housing. Has a chance of getting an eviction making it more difficult for her to find a place.</p> <p>Member Walsh thanked Laura for telling her story.</p>

Member Lueth commented that in his 12 years of experience, people with mh/disability can't ask for services because many of them have anxieties and can't ask. Need to focus on educating people with mental health to ask for services and educating the FSPs too. Commented about how we get someone from hospital, stabilized into crisis res and then just rock the boat with nowhere for them to go. Housing should be part of mental health.

V. Testimony and Q & A from family members and supporters regarding FSPs

Chair Wentzel introduced family members to speak about their loved ones and their experiences with FSPs to help understand. Guests: Susan, Kaino, Nancy and Wade.

Susan is retired and lives at home with adult son, 35. History goes back to junior high school, spent jail time by 18. Diagnosed with schizophrenia. Lived on the streets 5-6 years between jail. Five years ago, came home and has been with her ever since. Very perplexed with FSP. Doesn't have anything remotely close to full service. Someone comes once a month to give him a shot. Has a therapist now. Was always short staffed. In 6-8 months he sees a therapist twice a month. Constant change in therapist. Not much care. Has a case manager and rotating them is not helpful. Caseworker occasionally takes him to AA meetings, medical appointments and expressed frustration because he doesn't take initiative on a lot of things. Doesn't get that he can't take on responsibilities. Telecare is a huge disappointment. Understaffed like everyone else. In addition to schizophrenia, has a variety of mental health challenges; obsessive, depression, anxiety psychotic most of the time. All mental health is not addressed by Telehealth. Feels he's untreated.

Chair Wentzel asked Susan if any plan for housing when she becomes debilitated? Per Susan, she has a trust in place. The frustration is where and who he's going to live with.

Member Walsh thanked Susan for telling her story and shared that she worked in this field as a provider and also worked for FSP as well as Level 4 Services. As a clinician, she understands the nuances. Has since retired. Now working for an organization on the other side and sees a totally different perspective.

Kaino has a daughter to stand in trial. Was in Telecare for a year and put back in jail awaiting placement in state hospital but maybe back in the street. Incompetent to stand trial with lots of people in the house (coed). Bully system, flirtation system in full force. She told them she was unsafe. They quickly got a supervisor in the home, a neutral person. Daughter was told a task to do, not written down nor shown to her. Just told to do which is beyond her capacity. Daughter wanted to complain but was also scared of retaliation. Caseworkers saw her daughter stop engaging with people/family, deteriorated and got put back in jail because she missed court dates. Experienced medication snafu that didn't get to jail. It took 6 weeks to get medication filled and still working on it. Her daughter became belligerent without medication. With psychosis, lived on the streets, keeping a sharp object to try to survive. Very difficult to stay in FSP based on their expectations.

Member Lueth recalled his experience when they went in the hospital, it was a form of discrimination. No one would assess if under a family roof. It seems like pushing people to the streets.

Nancy/Wade – Son in jail for 4 years after being in FSP. Son became romantically involved with a social worker at MHTC. Paid the price on murder charges. She was very helpful but after a year they became romantically involved, which made it very messy. Son was a bright kid and did well in school. Was in first year of college and for several years became more psychotic barricading himself in his room. Sometimes the Sheriff was called to get him in EDAP but Sheriff said they can't keep coming. Son went homeless for 6 months and went to jail after hurting someone. In jail he deteriorated, floridly psychotic. From jail ended up in a treatment center hospital. He agreed during that time for injectable medication. Released and went to board and care. A good turnaround. Went into FSP once out of hospital. They didn't know what to do with the family members nor how to

engage with them. Asked if he can't live with them. Finally saw they were allies and saw progress. Son went back to school but was on steady medication. Son understood that taking advantage of groups gets him out faster so he does it. Constant staff changes. They didn't want people to stay with the same person too long. Bond too strong, not good. Transportation was a big problem. They expected him to take a bus to the community services he had to do. They meant well and glad for people who cared but doesn't think they were accurate in the assessment. Son was not good at practical things like figuring out bus stops/ schedules. His goal was to get off medication and talked with psychiatrist to take it down. Went okay until he had his last dose and asked to change schizophrenic to drug induced psychosis. After, he stopped going. He never went back and deteriorated. Went back to drugs and stopped participating in family. They never knew he had relationship with his clinician for 2 years until sheriff told him he was involved in death of a woman. He was conserved for a while. A Forensic Scientist said he was psychotic when he assaulted. A young man who's ill and needs to be medicated, a danger to others. They released him when they knew he was off medication and they didn't even contact his family. Worst failure to have someone commit a crime like that. They need to engage those people that need to be engaged. As a result of their experience, Nancy/Wade started to pull together a group who experienced the same; family advocates for mh. Has 10-11 members in the group. Problems with Telecare and County chose not to do anything and still chose Telecare. There should be an education plan for people served by FSPs. There needs to be some level of assessing a plan being implemented every 4-6 months. We have family at certain times in crisis that require intervention. It's a life and death matter.

Member Lueth thinks it should be considered that people are at the edge of crisis all the time and that's how it should be treated. Expects his daughter to crash again.

Kaino thanked the committee for taking up the conversation.

Chair Wentzel on Telecare Arise, crisis with housing not supported by Telecare Arise and consequences of filing a complaint for fear of retaliation. Alondra to follow up on this with Allison Williams.

VI. Adjournment

Chair Wentzel adjourned the meeting at 7:36pm.