

Sacramento County Mental Health Board Adult System of Care Committee

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

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

Absentees: Loran Sheley

Agenda Item
<p>I. Welcome and Introductions, Corrine McIntosh Sako</p> <ul style="list-style-type: none">• Chair Sako convened the meeting at 4:01pm and introductions were made.• Chair Sako read the recently approved Conduct Agreement.
<p>II. Presentation by Sacramento County Department of Health Services, Primary Health Division - Adult Correctional Health Program on Behavioral Health Services Provided Within Sacramento County Jail Facilities, Andrea Javist, LCSW – MH Manager and Stephanie Kelly, MS, LMFT, Health Services Administrator, Adult Correctional Health</p> <ul style="list-style-type: none">• Andrea and Stephanie introduced themselves.• Andrea provided an overview on mental health services at the Sacramento jails; main jail (booking facility where most are housed) and RCCC branch.• UCD has been providing psychiatry and behavioral sciences in the county jails since 1978.• Program Structure; administration, outpatient program acute psych unit (17 bed) intensive outpatient program, enhanced outpatient (main jail and RCCC) and jail based competency treatment program (RCCC: 32 male beds/12 female beds)• Most common MH diagnoses; Psychotic Disorders (schizophrenia, schizoaffective disorder), Mood disorders, Depressive disorders, anxiety Disorders, Adjustment Disorder, Substance Abuse/Use Disorders and Borderline Personality Disorder.• Multidisciplinary team includes psychiatrists, psychiatric nurse practitioners, clinical social workers psychologists, registered nurses.• Outpatient Program is entry point for services, provides triage and crisis intervention services to the general inmate population. Referral sources; medical team, self-referrals, sheriff custody staff, community providers, family members and court/attorney.• Outpatient program services provided; assessment, crisis intervention, suicide prevention, initial referral to acute, intensive outpatient, enhanced outpatient program, medication therapeutic/supportive services, discharge planning and coordination of care.• Acute Psychiatric Unit (APU) 17 bed LPS, must meet criteria. Voluntary or involuntary, located at the Main Jail, 24/7 staffing, emergency medication, therapeutic interventions, Riese and Certification hearings, daily physician evaluations.• Inpatient Treatment Goals; stabilization, therapeutic interventions, patients return to general population or step down to a mental health program• Intensive Outpatient Program (IOP): Treatment Team consisting of psychiatrists, LCWS and MSWs, step-up from general population and a step-down from APU.

- Treatment includes individual therapy, medication evaluation and monitoring, group activities: symptom management, recreation/leisure, coping skills/adjusting to incarceration, socialization, substance abuse, discharge planning and wellness education.
- Enhanced Outpatient Program (EOP) new program currently serving subset of patient population. Based on case management model of care, patients are assigned to one of three levels of care based on functional impairment and ability to independently manage mental health symptoms: Intensive – diagnosed with serious mental illness, moderate – may be diagnosed with SMI, moderate impairment, general population diagnosed with MH disorder and exhibit stabilization or partial remission of MH symptoms. Can function independently.
- EOP Services Provided; ongoing clinical case management by social worker, individual and group counseling, coordination of care crisis intervention, suicide prevention, initiation referral, medication evaluation, discharge planning and coordination.
- Jail Based Competency Treatment program contract with state hospitals, serve as regional program for norther cal. Multidisciplinary team, provide restoration treatment to patients found incompetent to stand trial; treatment includes individual therapy, group competency education, group activities.
- Contact information; 916-874-5222 ACH-mental health Main Number. ACH-Inmate Patient Care Line, Non-emergency number 916-875-9782
- Chair Sako questioned timeframe from when entry and referral of services. Andrea responded that at intake process, referral is made and depending on type of care needed, priorities are made. Wait times for IOP or acute is a struggle due to bed availability. Complicated to contracting out due to safety/security issues. Looking to opportunities to expand the number of beds. On breakdown of jail populations, either no mental health or didn't want the services. 65% (majority of peopled are those cycling through) of population connected to MH services. The SMI population takes up 27% and also service 38% that doesn't have SMI. Chair Sako asked if there are opportunities for services in the community for those who haven't been sentenced. Also, how long are people waiting for care? According to Andrea, there is a waitlist. A lot are ORD or signed and released and connected/linked with community.
- Member Bemis asked for her to explain Riese (petition to court to involuntary medicate a patient to stabilize psychiatric symptoms).
- Public Comment 1: Appreciates time/presentation. Was incarcerated at main jail in the midst of Covid. A short stay and majority cycles out in less than 7 days. Asks how many people gets discharge planning? Experience reflects differently; what is being cared for and what does it equal out for them? Andrea appreciates the concerns and knows there's a lot of challenges. It's a work in progress.
- Public Comment 2: Report shows number of training staff protocols to work for in the Mays Consent Decree. Absence of urgency and improving care. Asked for comments. Stephanie responded it's a day to day process and there is progress and doesn't know if it'll be wrapped up in the next report but definitely moving in the right direction. Progress reports published twice a year. Everyone is aware of Mays Consent Decree. Patients on LPS conservatorship released are transferred to MHTC if this is the appropriate place for them.
- Public comment 3: Presented wonderful treatment/services at the main jail. Asked what the case load is for each of the workers. Sees people falling in the

cracks. Andrea confirmed 60 caseworkers.

- Public comment 4: A number of people brought in jail with lifestyle problems; exposing themselves. For sure doesn't belong in a jail setting. Andrea unable to answer for those coming in with misdemeanors, not tracked. Best to ask the sheriff.
- Public comment 5: There are ongoing assessment for those in danger to others. For patient greatly disabled/restored competency return. Where would they go? Are they segregated from general population? Andrea responded that people are assessed. People are put in IOP or EOP if no bed. In terms of housing decision, made by custody.
- Presentation slide to be sent to Dr. Sako to distribute.
- Public comment 6: Shared that WCCCRT is in the works receiving calls from community for someone experiencing MH needs and community recourses without a police. Has current community support team 8-5, Monday to Friday that goes out with MH services.

III. Report back on meeting with Los Angeles County Reentry Health Advisory Collaboration & meeting with PHAB & Dr. Amy Barnhorst, UC Davis Vice Chair of Community Mental Health, Corrine McIntosh Sako

- Still working on the goal of monitoring and making appropriate recommendations regarding behavioral health services provided to justice system-involved individuals in Sacramento county jails.
- Ms. Zuniga presented RHAC to three Sacramento Board of Supervisors and informed of the Roberts-Woods-Johnson grant of \$25k.
- Shared resources on whole person care. 11-member advisory group of formerly incarcerated individuals for feedback.
- Care first, Jails last. 114 recommendations developed/approved by a multidisciplinary group of community advocates and community members.
- Chair Sako can provide report if anyone is interested.
- Invited to participate in meeting with Sacramento PHAB. Dr. Barnhorst oversees UC Davis jail psychiatric services in jails. Sacramento County lacks subacute beds. Lots of programming. If more beds, can decompress acute facilities. Individuals in Murphy's Conservatorship are harder to place. Reiterated the importance of housing.

Presentation by Family Advocates for AOT in Sacramento County, Nancy and Wade Brynelson

- Family advocates for AOT in Sacramento County with presentation slides. Provide input. Co-chair group of family members that has been advocating for Outpatient treatment. Family members of loved ones with severe mental illness. Hopes AOT will support them.
- Eric Smith, a graduate of AOT/Laura's Law, spoke about his experience of AOT which saved his life. If not for AOT would be cycling through jail or dead. Eric suffered from anosognosia; prevents perceived reality. Grateful to the Treatment Advocacy Center and AOT for those with SMI, that need it. Ask for support of advocacy center and AOT.
- Success criteria – implementation should be evidence-based, clear from the outset and the basis for ongoing monitoring and periodic evaluation; consultation

resources, employ culturally and linguistically competent and equitable program approaches, establish success criteria for AOT program staffing, contracting, budget, staff training, and procedures.

- Oversight committee – representation from variety of stakeholders.
- Concerns/Recommendations – continued negativity about AOT. Not wholeheartedly understood or supported and focus continues to address opponents’ concerns. Public statements discrediting Treatment Advocacy Center without reference to evidence, potential for underutilization of judicial process and reliance on voluntary full-service partnership; danger of family members falling through the cracks. Need for additional knowledge skills, training to service those with severe mental illness, need for more understanding of legal requirements of AOT. Request for Tiffanie Synnot to present to the full MHB board.
- Where do we go from here? Wants to partner with BHS and advisory bodies and pertinent agencies to make Sacramento County AOT program a model for the state/nation by supporting as many people with SMI as possible to be treated, healed and lead full lives. Establish success criteria and oversight committee.
- Chair Sako inquired on the County he went through AOT. Eric responded, Bain, Texas. AOT meetings had free breakfast, had a nice waiting area. They don’t feel dehumanized or criminals. Relationship with judge as well as treatment team was huge/valuable. There was no punitive action. Judge used authority for wheels of motion towards success.
- Member Arneill support recommendation for success criteria and ongoing monitoring for the program.
- Public comment 1: Supports the Brynelson’s for oversight body for folks to be involved as stakeholders in this process.
- Public comment 2: As a family, has concerns. Has a kid in jail in another state. About success criteria mentioned in the presentation would like to see it a little deeper on data information. The black community has been left behind. Would like more data to see whose receiving the services. Also would like to know where information is being put out. How is community learning about AOT? The black community does not know, only a handful of people benefiting from this. Those that need this is just not one community. Doesn’t have any black families coming out on this issue. Would like to see more involvement in all communities as a whole. The Brynelson’s shares the same concerns and understands it’s a big problem. Want to exert the County to implement this that people do know about it and can access it. The various county programs need to be integrated.
- Public comment 3: Understands serving those with mental illness and providing peers support. Had a son with schizophrenia and seeks support for family advocacy and AOT

V. Public Comment, Members of the Public

- Public comment 1: Mother of severely mentally ill, also counseled for MH and got to understand the population and shared her experience on those needing. Encourages the use of AOT. Stick with the model, do it right to save lives.
- Public comment 2: Thanks everyone who presented. Extends invitation to share their contact information for Family Advocates of Sacramento. Hopes to attract people to the concept in tool of treatment as described by Eric.
- Member Bemis asked Eric about anosognosia. What got him to accept treatment

besides the black robe effect? Per Eric, the black robe was a great contributor. It was a well thought out concept. Never felt threat of punishment. A judge thoughtfully working with providers for his good. Never a cookie-cutter approach, a team collaborating for the benefit of each person based on their needs.

VI. Adjournment, Corrine McIntosh Sako

- Chair Sako adjourned the meeting at 5:58pm and thanked all presenters, public, county staff and everyone who joined the meeting. Next meeting is April 26th.