

Sacramento County
Mental Health Board (MHB) General Meeting Minutes
 March 5, 2025

Meeting Location
 700 H Street
 Sacramento, CA 95814

Attendance			
MHB Members			
Name	Attendance	Name	Attendance
Corrine McIntosh Sako, <i>Chair</i>	☒ Present ☐ Absent	Kesha Harris	☐ Present ☒ Absent
Evan Minton, <i>Vice Chair</i>	☐ Present ☒ Absent	Bradley Lueth	☐ Present ☒ Absent
Patricia Wentzel, <i>Secretary</i>	☒ Present ☐ Absent	Theresa Riviera	☒ Present ☐ Absent
Laura Asay-Bemis	☒ Present ☐ Absent	Supervisor Rosario Rodriguez	☒ Present ☐ Absent
Melinda Avey	☒ Present ☐ Absent	Mallika Walsh	☒ Present ☐ Absent
Mykel Gayent	☒ Present ☐ Absent		
County Staff to MHB			
Name	Attendance	Name	Attendance
Jason Richards	☒ Present ☐ Absent	Chris Costa	☒ Present ☐ Absent

Agenda Item	Discussion
I. Welcome and Introductions	Chair McIntosh Sako called the meeting to order at 6:01 p.m. A quorum was declared, introductions were made, and the Conduct Agreement was acknowledged. Mental Health Board Announcements - Chair McIntosh Sako provided MHB members with their sealed responses from last year's Annual Retreat with the goals/hopes/dreams that they had for the coming year. - Ms. Wentzel announced the upcoming NAMI Walks event in early May. There will be a kickoff luncheon on March 14th. Members were encouraged to reach out to Ms. Wentzel for more information. - Mr. Gayent announced that he is coordinating a Sharing Hope event on June 28th, with more information coming soon. - Ms. Bemis shared that the Journey of Hope event is still recruiting writers and artists. The deadline is March 17th.
II. Public Comment	Public Comment 1: Community member expressed appreciation for Ms. Harris and three Youth Advisory Board members attending the alcove conference and being very involved in this important initiative, which is a Sacramento County innovation project.
III. Consent Matters: Approval of Minutes	Ms. Bemis moved to approve the February General Meeting minutes and Ms. Wentzel seconded the motion. (Ms. Avey and Supervisor Rodriguez abstained. All other members voted Aye.) Motion carried.

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IV. Division of Behavioral Health Services Director's Report	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: • BHS is kicking off a media campaign designed to improve visibility around behavioral health, including who we are, what we do, and how we support the community. Partnerships were highlighted with the Sacramento Kings, Sacramento Rivercats, and Sacramento Republic teams, including kiosks, giveaways, and photoshoots at games. Resources around job opportunities will be available as well. • From December to January, there was an increase in 988 calls, including referrals to the Community Wellness Response Team (CWRT). • The Auburn Oaks project went live on March 4th, which involves transforming Auburn Oaks to a permanent assistive housing site, supporting adults ages 55 years and older. • Safe Stay sites at East Parkway and Stockton Boulevard are both at full capacity, with the HEART team providing stabilization services at both sites, resulting in an increased number of discharges. • Good news was shared that of the 30 new sober living environment beds, 22 of them are already being utilized. • CARE Court went live December 1st, for individuals 18 years and older with schizophrenia or other psychotic spectrum disorders. Court petitions go directly to the courts, then the court sends them to BHS to do assessments. 21 petitions have now been filed, with most being from family members followed by psychiatric facilities. • SB 43 went into effect on January 1st, expanding grave disability criteria to include substance use disorders. • Prop 36 made changes to laws converting some drug related offenses into felonies. Positive conversations are ongoing with courts and the district attorney regarding implementation. • There is currently a shortage of residential treatment beds, primarily because of a lack of providers. More residential beds are coming soon.
V. System Partner Updates	Association of Behavioral Health Contractors Ms. Christie Gonzalez reminded MHB members that a behavioral health clinician cannot compel a client to comply with an involuntary hold, and that this needs to be done by law enforcement.
VI. Mental Health Board Business	Liaison Reports Written liaison reports were provided for the MHSA Steering Committee and Quality Improvement Committee. 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

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VII. Presentation – BHS & System Partners’ Responses to Non-Criminal Mental Health Crises	BHS representatives and system partners provided a presentation on BHS and partner responses to non-criminal mental health crises. Presenters included WellSpace Health, Metro Fire, Family Advocates for Individuals with Serious Mental Illness, and Community Wellness Response Team - Bay Area Community Services. Chair McIntosh Sako noted that representatives from the Sacramento County Sheriff’s Department were invited to attend this meeting, but did not attend. Themes included: • Behavioral health clinicians are not equipped to compel a client into a vehicle to receive treatment or to address the issue of a client with a weapon. They are dependent upon law enforcement to assist in these circumstances. • Law enforcement staff are not equipped to address behavioral health issues with clients in crisis and have expressed fear of losing their jobs. • Response teams which involve both behavioral health and law enforcement staff were noted as being helpful. • Paramedics from the Fire Department can take clients to the hospital, but they cannot compel a client to comply with an involuntary hold. Success has been increased through the availability of respite centers, the urgent care clinic, and other related programs. • Family members of individuals with serious mental illness shared stories about their loved ones. Members advocated for law enforcement assistance for individuals with behavioral health issues, early intervention to provide help before things get worse, and involuntary treatment if needed. Recommendations included a review of legal authority to see if the Sheriff’s position is warranted, reallocating funding away from the Sheriff’s Department to others (e.g., BHS, Fire Department) who are performing the responsibilities that the Sheriff is unwilling to perform, and support for involuntary treatment programs. • Full text of Mr. Wade Brynelson’s presentation (included at the request of the MHB Chair): ○ The Sacramento County Sheriff has decided to stop responding to mental health calls when requested unless a crime is being or has been committed based on the Ninth Circuit Court of Appeals decision in the Scott v Smith case from Las Vegas. The court determined that two deputies who caused a mentally ill individual’s death by sitting on his legs and back used unreasonable and unconstitutional force and therefore denied them qualified immunity. We believe the immunity issue is behind the Sheriff’s policy. ○ We have several concerns and recommendations that we think that you, as the Mental Health Board, should take to the Sacramento County Board of Supervisors, which has budgetary responsibility for the Sheriff’s Office. ○ First, the Sacramento County Counsel and the State Attorney General should review this case and decide if the Sheriff’s new policy is appropriate given the law and the facts of the case. A number of attorneys, including one in our group, have reviewed this case as well as

Agenda Item	Discussion
	another decision by this court, <i>Perez v City of Fresno</i>, in which the officers maintained their qualified immunity because they were acting at the direction of a paramedic. These attorneys believe that our Sheriff has misunderstood the significance of the <i>Scott v Smith</i> case. This provides the grounds for our recommendation. ○ Second, the Board of Supervisors, who have responsibility for the Sheriff's budget, should transfer needed funding from the Sheriff's office to support the operation of Crisis Intervention Teams and Community Wellness Response Teams (CWRT) to backfill the responsibilities that the Sheriff's office is refusing to perform. Also, the Sheriff's Office should reimburse the Fire Department for responding to medical emergencies involving mental health for which they are not paid. ○ Third, the Board of Supervisors should transfer funding from the Sheriff's office for any additional staff and costs needed to implement SB 43, CARE Court, and AOT in the absence of the Sheriff's responses. ○ Fourth, your board and the Board of Supervisors should review the dispatch system for 911, 988, and CWRT, so it can be better coordinated and more efficient, ○ Finally, the Board of Supervisors should work to ensure that officer training and supervision be strengthened to ensure that unreasonable force is never exerted in this community and never with those experiencing mental illness.
VIII. Discussion/Action Item: Review and Take Action on Draft of MHB Letter of Recommendations Regarding Sacramento County Behavioral Health Services' Community Wellness Response Team (CWRT)	Chair McIntosh Sako provided an overview of the draft MHB Letter of Recommendations Regarding Sacramento County Behavioral Health Services' Community Wellness Response Team (Handout #11). The draft was prepared by the CWRT Advisory Committee for submission to the Board of Supervisors if the MHB approves. • County Counsel made recommendations on the following parts of the letter: ○ Item #1: A request by the MHB to the Board of Supervisors that the state attorney general issue an opinion as to the legality to policies and procedures is likely outside the scope of the MHB. This would fall under the purview of the Sheriff's Review Commission. County Counsel also assists that Commission, and they have created a committee to explore the legality of the Sheriff's decision. The State Attorney General's office does not provide legal opinions as to the direction of local boards, but may do so at the request of the Sheriff's Office if they choose to. ○ Item #7: The Board of Supervisors may not have the ability to redefine a first responder since it is defined by state government code. • Ms. Avey expressed concerns about the CWRT program having the capacity to deal with the increase in services as recommended. • Dr. Quist suggested that Recommendations 4 and 6 are very similar to each other around improved processes related to collaboration, and suggested that they be combined to increase the focus between 911 and 988. Concerns were expressed

Agenda Item	Discussion
	around the idea of behavioral health providers being characterized as first responders, because of difficulties recruiting for positions co-responding with law enforcement and likely even more difficulties recruiting for positions responding without law enforcement. • Ms. Wentzel spoke about Recommendation #2 as a provider with the NAMI resource referral line, noting that many people including police officers are not aware of crisis response services, including CWRT and 988. • Chair McIntosh Sako agreed with Ms. Wentzel, noting that individuals cannot seek help from services that they don't know exist. • Ms. Riviera advocated for increased focus on 988 in public information campaigns, so that people know they can reach out to 988 who can then refer them appropriately to CWRT. • Mr. Gayent advocated for hardcopy snail mail distribution for increasing visibility for behavioral health options such as 988 and CWRT. • Ms. Avey advocated for increasing community knowledge about CWRT in addition to 988, and recommended that this be a focus of the recommendations. • BHS Deputy Director Kelli Weaver discussed existing efforts and rationale for marketing the 988 and CWRT programs. • Mr. Gayent reminded members that the CWRT committee is ongoing and can make continuing recommendations. Chair McIntosh Sako moved to amend and approve the recommendation letter as follows: Approve Recommendations 2, 3, 5, and 8. Combine recommendations 4 and 6, with the addition of a bilateral referral process between 911 and 988. Delete the first paragraph of Recommendation 7, and keep everything after 7(a). Modify Recommendation 3 to include 988 (this was a friendly amendment by Ms. Wentzel, accepted by Chair McIntosh Sako). Ms. Wentzel seconded the motion. Votes were as follows: • Ms. Riviera: Aye • Ms. Avey: No • Supervisor Rodriguez: Abstain • Ms. Wentzel: Aye • Chair McIntosh Sako: Aye • Mr. Gayent: Aye • Ms. Walsh: Aye • Ms. Asay-Bemis: Abstain Ms. Avey made a substitute motion to table this item until after the CWRT Committee revises the recommendations to include the feedback as noted. Ms. Riviera seconded the substitute motion. Votes were as follows: • Ms. Riviera: Abstain • Ms. Avey: Aye • Supervisor Rodriguez: Abstain • Ms. Wentzel: No • Chair McIntosh Sako: No • Mr. Gayent: No • Ms. Walsh: No

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	- Ms. Asay-Bemis: No Public Comments: - Public Comment #1: Community member advocated for passage of the recommendations as discussed, due to the urgency of the issues. The substitute motion was voted on first and did not pass. The primary motion was voted on second and passed. Motion carried.
IX. Adjournment	Chair McIntosh Sako adjourned the meeting at 8:35 p.m.