

Sacramento County Mental Health Board
Community Wellness Response Team (CWRT) Advisory Committee
ANNOUNCEMENT – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Tuesday, July 9, 2024
6:00 PM – 8:00 PM

Members Present: Corrine Sako, Katie Houston, Kaino Hopper, Severine Hollingsworth, Elijah Orr, Sarina Rodriguez, Mykel Gayent (staff: Korlany Roche)
 Absent: Adam Wills

Agenda Item
<p>I. Welcome and Introductions</p> <ul style="list-style-type: none"> • Introductions: <ul style="list-style-type: none"> - Committee Members - CWRT Partners • Review MHB Conduct Agreement • Announcements by CWRT Advisory Committee Members <ul style="list-style-type: none"> • Chair Sako commenced the meeting at 6:05pm. Introductions were made and Chair Sako acknowledged the MHB Conduct Agreement. • Chair Sako forwarded email to members regarding NAMI event that will be held next Wednesday, 7/14/24 to celebrate the 2 year anniversary of 988 going live. Chair Sako is registered and hopefully there will be a recorded webinar for folks to view. • Chair Sako announced the Albuquerque Community Safety Department will be presenting at next month's meeting on their community crisis model that uses 911 dispatch to deliver appropriate responses from community based organizations.
<p>II. Public Comments related to the Community Wellness Response Team (CWRT)</p> <ul style="list-style-type: none"> • Public Comment #1: I'm on the workgroup for regional implementation of SB43. We are organizing a small subgroup to talk about what it would look like on the ground for end users. We are exploring how LE and EMS might interact with the public and other parts of the system to effectively implement SB43. If someone at this table or know someone, I'm inviting people to this meeting. We would like representatives who can represent different constituencies. The meeting will be convened in late August. The hospital council will be convening but Al Rowlett and I will be providing them with a list of people to invite. SB43 passed but the counties were given 2 years for implementation, with the latest implementation being 2026. BOS approved Sacramento to implement in 2025. I'm on the MHB so Corrine can forward my information if you'd like to reach out to me so I can put you on the contact list.
<p>III. Discussion/Action Item: Consider Nomination to CWRT Advisory Committee to a Mental Health Board Member Seat</p> <ul style="list-style-type: none"> • Co-chair Houston stated we've had this position open since April and have had two applicants since that time and we've interviewed them. A nomination was put up for Patricia Wentzel for the Board to vote. We would like the other person to be considered a candidate when another position becomes available and to be put at the top of the list. • Co-chair Houston motioned to approve Patricia Wentzel for the MHB member seat. A unanimous vote to approve Patricia Wentzel was called. • Chair Sako stated this needs to go to the full MHB to ratify.
<p>IV. Discussion/Action Item: Consider Nomination to CWRT Advisory Committee to a Community Member Seat</p> <ul style="list-style-type: none"> • Community member introduced himself as a mental health consumer for 37 years. He is the

chairman of a local organization, ABLE, and helps support his temple. He would like to help others by using his knowledge and community connections, especially with the Southeast Asian community.

- Chair Sako stated the group was unable to bring to consensus to a nomination and wishes to table this item for a future meeting. Schedules have allowed the group enough time to reach consensus.
- Chair Sako motioned to table this item, with a second by member Gayent. A unanimous vote to table this item until August was called.
- No public comments were made at this time.

V. Presentation: CWRT Budget Update

- Stephanie Kelly, BHS, Division Manager, provided a presentation on the CWRT Budget.
- Provided high level overview of the CWRT budget, including the total amount for fiscal year 2024-25.
- Stephanie provided clarification on Realignment, which are local dollars often used for required funds such as for local hospitals and children's mental health. Realignment is separate from MHA funds, which is also a local dollar that will soon be BHA.
- Regarding Medi-Cal, we've entered services into the EHR and once we get certified, all the claims will go out and we can retroactively bill.

Member Comments/Questions:

- Chair Sako:
 - Inquiry about budget came from the knowledge that many of the funds originally allocated for the program were one-time funds, such as ARPA.
 - Grants are time limited, CCMU to 2025 and CRISES ends in 2027. Hoping with Medi-Cal draw, it'll replace the grant funding since we're getting increase in calls.
 - When the program was approved, it had a \$15million budget. What happened to the other \$7million?
 - What I can tell you is that originally, some of the funds were used to fund the call center which is now 988. Now we have a local call center and we're building that out which will take time.
 - How are doing budget wise?
 - Given the Medi-Cal number, we are wanting to build out a call center that can dispatch, and so we need enough staff to be on the phones. That's not an immediate need. Hopefully as this program becomes well known we would like to respond and respond timely. And we would like to increase funds.
- Member Hollingsworth:
 - What is included in supplies and services?
 - Equipment, one-time purchases, computers, phones, staff coming on board, ongoing subscription and data, and trainings. Overhead is folks, all across county programs, HR. Services are ongoing services, vendors, telephonic, BHL, folks who come in to provide trainings.
 - How many people are on payroll?
 - That will be in further report out. There are 26 FTEs positions filled.
- Questions members would like to request data brought back:
 - How much has been spent and how much has been allocated.
 - A deeper look and a comparison and the cost if there was a LE response in place of this response. Is this saving money in the long run? These people are getting de-escalated in the home, which reduces workload in other areas. A comparison/contrast. Is it cost beneficial or not?
 - Do you feel we're at a place where we can compare or do we need to look at longitudinal projection?
 - Alondra shared our staff is small, it would be better to project. It would be beneficial to look at what we need to break out. MCST, it's a little complicated. When you provide an intervention and prevent someone from going to ER or Jail, you can imagine that would save time, and getting people care will move them out of using those resources instead of calls coming from 911. Instead of saving money, we can compare salaries.
 - Chair Sako: Albuquerque's community response team may be able to provide some information on this.
 - How much in ARPA funds were allocated this previous FY?

- Stephanie: I haven't seen ARPA as part of this program.
- Interested to see what is missing and what needs to be added. If we need to go back to the Board to request more funds. As we continue to advertise and build trust with the community and we continue to grow and will need more teams and call center staff.

VI. Discussion: CWRT Program Implementation, Including Data & Response Outcomes

a. Sacramento County Behavioral Health Services CWRT

b. 988/WellSpace Health

c. Bay Area Community Services (BACS)

d. 7/8/24 CWRT Program Update here:

<https://dhs.saccounty.gov/BHS/SiteAssets/Pages/Community-Wellness-Response-Team/CWRT%20Monthly%20Report%20June%202024.pdf>

Alondra/BHS:

- We had 28 calls from the HOPE line. Our dispatchers are taking calls from both lines. We have two dispatcher positions for AM and PM shift for Senior Mental Health Counselors. We have one vacancy for the PM shift.
- We are building a new dashboard and can talk more about calls. Hopefully we can share in August. We will have more robust data.
- Also looking at demographics, zip codes, ethnicities. We receive data 3 ways.
- Member Rodriguez asked if they collect data on wait times. We're looking at how to identify that unique caller, which are unduplicated. Looking at number of calls dropped. These are different calls from the HOPE line.
- We do get some calls that are more appropriate for 211, so we have to identify if this is a call for a crisis.
- Created one-pager and distributed to members.
- Shared success story.

Terri/WellSpace:

- 1,359 calls connected with CWRT 65 times, and had no missed opportunities. We are now moving into the arena of CWRT dispatch being busy and we're waiting. Getting calls now from HOPE line we may need more teams to go out. Currently we have 10 teams, we're getting calls from 988 and HOPE line.
- We're just starting to have conversations about how to track other data.
- When we do a warm transfer, they know they're going to CWRT versus HOPE line they are having to direct callers. Our process is still the same. We use a part of the system that goes to Sac county when we connect with the system so they have the data.
- We do 30 days of follow up for 988.
- Shared success story.

Harjit/BACS:

- Harjit shared success story.
- Our CORE programs are responsible for services. We're required to have after hours crisis response and we wouldn't want our staff to shirk their responsibilities and put more work on CWRT staff. We want our CORE clients calling our CORE provider after hours to get support from the providers so we can follow up. Same with our forensic FSP that is open 7 days a week. So we have our support team set up to help clients.

Member Questions/Comments:

- Chair Sako:
 - What is a call cancelled?
 - We lose the call or if they hang up. Sometimes they call back. For 988, if we put everything in motion and they later decide they don't want it.
 - What is the timeframe for follow up for BACS?
 - WellSpace is trying to follow up within 24 hours. We let the individuals know to expect

- a call from no caller ID.
 - Out of the 50 mobile response last month, 31 were stabilized, 4 were referred, 2 hand off to medical, 0 to MHUCC. 0 detained, 0 MHTC, 0 refused, 0 arrests. The success story indicated the person was transported to MHUCC. We can date success story and ensure the success story is from the month we're reporting out on.
 - Noted that these updates on the website and they should be posted by the 5th of the month.
 - Continue to see 988 advertised in the libraries and restrooms. Kaiser South Sac has a digital billboard and it had 988 Sac County advertised. The billboards can track impressions
 - Is Sac PD utilizing 988 or CWRT?
 - Allison (Sac PD): Wellspace coming into our trainings twice a year, it's been helpful to introduce 988 and all that it brings to our department. Not widespread in our department yet. Services that CWRT provides, to be honest, it's not well known in the department. There is room for education. Opportunity to help us out with educational response that we provide. There is a time to do that for our new officers, for our officers that go out day to day, that's the best way our officers learn. It's a huge benefit to us to have a different kind of response.
 - Alondra: we all met and talked about our services and how we can talk to help each other. There's apprehension with officers about determining safety and when to call when safety is a concern.
 - DR. Quist did reach out to this AC co-chairs with an invitation to begin participating with UC Davis with seed money to have discussions for us to participate in that.
- Member Rodriguez
 - Is Medi-Cal happening during the inquiry? Initially we can ask over the phone. 988 never asks for insurance.
- Member Hollingsworth
 - Do you have data on the follow up?
 - Those are the dispositions. We try to attempt within 72 hours. 988 also does follow up. If it was a big crisis, would the team go back out in person? The team will call and determine whether in person is appropriate.
 - What is the benefit of calling either number?
 - HOPE line came about from benefit. We have 10 teams and 988 is a complete intervention and we're providing an intervention and providing mobile if they need it. Recommend that everyone call 988.
 - Do you do a triage – data wise – for substance use disorder or dual diagnosis.
 - Our questionnaire looks at MH and SUD. If there are services that will benefit the individual, we will link. We have data for that.
 - Out of the 94 calls, how many did you call back and answered and said you were great?
 - That's something new that we're looking into – who did they get linked to.
 - Are Sac County providers mandated to promote 988? Any progress on that? As a taxpayer, I would like to see that 988 is advertised in their establishment.
 - Depends on scope of services. Most of our providers are required to provide 24/7 crisis response. We provide a wide array of services and then we have our crisis continuum and prevention and early intervention so it depends on what we're paying them to do.
 - Kelly is the 988 community outreach specialist. I'm happy to make a list if there's a need for class or training on 988 support.
- Member Kaino
 - I'm volunteering at NAMI and also let people know about 988. And letting people know about CWRT and how to get them directly. I did not realize there was a direct line to CWRT using the HOPE line. We send them your way. And I'm glad you're getting calls and we are delivering that line separately.
 - I don't have the advantage of being in a work environment so I take the flyer everywhere I go.
- Member Gayent
 - Are you following complaints?
 - We don't have surveys yet but we get complaints by email and through this committee. This seems like a good way to get all the data through a survey. When doing the focus groups, we were looking at how to get feedback besides through a survey. People will call in and provide positive feedback or feedback that could

enhance the program. We're looking at ways that will not take away from that person's time. Maybe QR codes.

- Through NAMI, I am promoting 988.
- Houston – appreciated the one-pager and infographic. This is a really great aid. 988 is also successful in sharing the various options to call in and access the line.

VII. Adjournment

**Next CWRT Advisory Committee Meeting Scheduled for Tuesday August 13, 2024
6pm-8pm**

Chair Sako adjourned the meeting at 7:44 pm.