

Sacramento County Mental Health Board
Community Wellness Response Team (CWRT) Advisory Committee
ANNOUNCEMENT – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Tuesday, January 14, 2025
6:00 PM – 8:00 PM

Members Present: Corrine McIntosh Sako, Elizabeth Kaino Hopper, Patricia Wentzel, Elijah Orr, Terry Sharp (staff: Korlany Roche)
 Absent: Katie Houston, Mykel Gayent

| 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 <p>• Chair Sako commenced the meeting at 6:03pm. Members introduced themselves and established quorum.</p> <p>• No announcements were made.</p> |
| <p>II. Public Comments related to the Community Wellness Response Team (CWRT)</p> <ul style="list-style-type: none"> • No public comments were made. |
| <p>III. Discussion Item: CWRT Advisory Committee (Re-)Orientation</p> <ul style="list-style-type: none"> • Chair Sako reviewed the CWRT Advisory Committee (AC) Orientation (see attached PDF slide deck). • Reviewed duties of the local behavioral health board, MHB Conduct Agreement, CWRT fact sheet, quality assurance, overview of CWRT AC, AC bylaws, and next steps that include creating an orientation packet for the AC. • Chair Sako requested recommendations on other items to include in the orientation packet. The goal is to create a process for longevity that is resource dependent. <ul style="list-style-type: none"> ○ No other feedback provided. • Chair Sako will connect offline to schedule a site visit of WellSpace Health/988 call center. • Terri (WellSpace) acknowledged that Sacramento has a first of its kind, unique, citizen-led committee. The success and longevity of the committee is because members are here and committed to this board, which is a huge foundational part of what we're doing. |
| <p>IV. Presentation and Roundtable Discussion: CWRT Marketing and Communication Plan</p> <ul style="list-style-type: none"> • Elizabeth Zelidon (Ely) (BHS), Public Information Officer (PIO), provided an update on the CWRT marketing and communication plan. • Reviewed CWRT January 2025 Report (see attached Report): overview, items completed, next steps. <p>Member Questions/Comments:</p> <ul style="list-style-type: none"> • Chair Sako <ul style="list-style-type: none"> ○ The billboard was live in December? On Calvine and 99? Do you have a graphic or image of what the billboard looked like? <ul style="list-style-type: none"> ▪ Ely: Yes, it was live in December. With analytics, we'll get screenshots of what it looked like live. ○ With other items needing to be pushed back, when does the 3 month time period begin? <ul style="list-style-type: none"> ▪ Starting today, which would mean efforts will continue to mid-April. ○ We met in November to discuss this marketing plan, is there a reason why it was less of a priority in the last 2 months? How can we be sure this won't fall off the priority list? <ul style="list-style-type: none"> ▪ Ely: Due to the holidays, staff taking time off, and other projects that had to be prioritized, the next effort was delayed. We had some urgent Department projects that took priority in a different direction. Starting this month, this marketing project is the top priority. We are also |

- looking at how to promote in ways that media partners will work with us. We are actively looking at other ideas that we weren't able to make happen in December.
- Christina (BHS): This is definitely a priority and we are actively working with Ely on timelines with the understanding there is pressure to materialize the plan. We are looking at outreach efforts, connecting with organizations and providing presentations. In the meantime, we are doing outreach, boots on the ground. With our outreach efforts, there are organizations requesting for, and looking at, partnering with us. There are more areas to cover where we haven't made connections in the past. We are also looking at marketing materials/swag – we've got additional funding to leverage through our Cultural Competency unit and will be using other grant funding to hand out.
 - Part of AC duties is advising and making recommendations. Perhaps CWRT needs its own PIO because of the needs and the impact that it's having on the community. What steps can we take as a committee to make that happen?
 - Ely: We have two PIOs for the Department, which is great. I'm not certain how to propose a third.
 - Christina: What I would appreciate from the AC is if you're hearing things from word of mouth, to find out what's not working and why. If there's feedback where we can improve, please let us know.
 - Chair Sako: That's how Terry got here; he came from an organization that didn't know about CWRT. There has been continuous feedback and missed opportunities – because people don't know about CWRT. How come the County isn't making more of an effort to tell us/the community?
 - Christina: There is an active effort to engage the community. Any suggestions to reach more is appreciated.
 - Chair Sako: The Black community does not know about this program. The Black community needs this program, and has the biggest health disparities. Previous meetings have a wealth of information on our feedback on marketing – you can read the minutes.
 - Member Sharp:
 - What is PIO?
 - Public Information Officer. We do media, presentations for the Board, ribbon cutting, etc.
 - Member Orr:
 - Is the program not connected with non-profits?
 - Christina: There are some organizations, such as schools and school districts, that we want to connect with. With turnover, information gets lost and that requires education and re-education. We are looking at how we are maintaining our relationships and taking a deeper dive with where our partnerships are. There have been requests from the community and folks come to us and ask us to present. Again, any recommendations are welcomed.
 - What in your data collection have you identified as the most prevalent way of getting the message across that works the most?
 - Ely: We're having a quick turnaround to look at the data and analytics to see if it's effective. Turnaround time is usually 3 months and we're looking at materials to see how much traction there is. Since this is an awareness campaign, lobby posters are great. There's targeted marketing for specific organizations to see what we need to focus on. Right now, we're focusing on getting people to our website and to get the information out. In 3 months, we will think about where to focus our efforts.
 - The general outreach part is great, but also we've been in this community for awhile. I would've thought that we would've done the general part already.
 - Ely: I'm also new to Department, I'm starting to learn about the programs and where the gaps are.
 - Christina: We are just coming into the middle of the conversation. Even though things are getting postponed, we are being intentional.
 - Terri (WellSpace): Vibrant has some materials that are compliant with 988 aligned. Will get those to Ely.
 - Karisa (BHS): When I read the 3 months push out, my heart dropped. Is this negotiable, who prioritizes deliverables? Can there be discussion around moving up that timeframe?
 - Ely: The efforts have started – the remaining will start immediately and the timeframe will be for January through April. We'll have better analytics in 3 months.
 - Karisa: So are you all ramping up outreach efforts now and we're looking at increased analytics in 3 months?
 - Ely: Yes, we're ramping up the awareness now. And within the 3 months, we will complete the items. At the end of 3 months, we're going to continue to the efforts for another 3 months.
 - Karisa: Radio 97.5 KDEE is a great resource for the Black community.
 - Ely: We'd have to do an RFP for selecting a radio station, and to see what money we have available for radio ads and sponsors.
 - Stephanie (BHS): We want to make sure we're hearing from the AC – I'm hearing that there are clear concerns from the AC that County BHS is not prioritizing the marketing and advertising of the CWRT. We would also like to see an increase in knowledge of the CWRT and more calls transferred our way.

Fortunately, the slow ramp up has allowed us to be able to respond to all requests thus far and we want to continue to build trust in the community that we will respond when requested. We don't want to promise something we can't deliver, and we also want everyone who could benefit from the program to know about CWRT. We want to reach underserved communities and we want them to be aware we are here – we welcome your help in advocating for additional marketing funds. We also welcome additional strategies we haven't taken in reaching communities that would benefit from our program. As Christina shared, we are reaching out to organizations and groups to provide presentations – if there are points of contacts you recommend, please let us know.

- Chair Sako: We have myself and co-chairs that help facilitate the meeting – we don't need your help in being heard. We have an invested community member in Karisa and she helped inform early efforts. I highly value Karisa's feedback and input. If I felt like it wasn't helpful, I would have interrupted. Karisa, I'm so sorry you were so rudely interrupted.
- Stephanie (BHS): Apologies – I did not mean to interrupt. I am having some tech issues, apparently – I've tried to jump in a few times and doesn't appear anyone has heard me. I thought I was responding during a pause.
- Member Sharp: I met Corrine through the IAmSac foundation, and they were scrutinizing her. I connected with her, and a lot of people feel like this is a token thing - that it's a mandate that County has to implement. There's a lot of skepticism around how genuine the efforts are. Room & Board operators have constant mental health situations, so we expect quality over quantity. I know a guy's family called 911 and they didn't know about 988. He was having a mental health episode. 988 is critical and people need it, and it was found that the CWRT was not available. I'm trying to start my own organization. It looks like the County is saying they're trying just to say they're in compliance. \$2 million budget but where is it being spent? That's something to consider.
- Member Orr: From the community standpoint, when we hear we have a billboard, it should be going in other communities. We have people in Del Paso Heights and Oak Park and the Black community is suffering. We aren't quick to look at the County for resources. It needs to be brought back to our community – to our faces. Put it right in the 'hood, right on Grand Avenue, Broadway, and Del Paso Blvd.
 - Chair Sako: The County uses that billboard because it was free. We've been hearing what the community has been saying for awhile in this meeting. Here in this space, we have the luxury of speaking about this program. The community is losing trust with the County on this program. And that can be seen by the community as not important, that it's performative. Part of our role here is accountability and that's what we're doing here.
- Member Hopper: I would like to point out that LatinX communities are experiencing parallel situations to other members of the community. It's important the County understands that you have active board members, connections with people and with real people. I propose a practical in between step; let's work on a flyer, I'm willing to do that as an AC board member. If we have an approved flyer that connects 988 with CWRT, those are the two words that need to be tagged together for our County. Even though I'm talking to a person, it's helpful to follow up with a visual handout. It needs phone numbers and that it's an alternative response when it's not a public safety issue. We had an opportunity with the Substance Use Board; we had an issue that we needed to publicize. County was overworked so we asked them to have it consistently printed. Members did the delivery and got the word out that way, while we waited for approval of the requirements for social media. If we can make use of the word of mouth process, that is the urgent need on my part. The other thing is, I'm curious about what happened with the logo discussion.
 - Ely: The flyer can be done quickly; this is on the top of the list and to get that translated into different languages. For logos, we have a new logo policy that was mentioned in the last meeting. The form was completed and it is being forwarded for approval.
- Member Wentzel: I appreciate there are varying priorities, but I make the observation that lives are either being saved or lost. By delaying the efforts, you're literally choosing to put lives in danger that might be saved by this program. I'd like to stress that, I'm disappointed that there has been delays in this project. What needs to be done, is it now needs to be done expeditiously and well without further delays.
 - Chair Sako: I agree, I would like to retain confidence.
- Member Orr: It needs to be more of a collaboration with the board here and using our connections. Media team, please don't hesitate to coordinate with us or set a motion that we focus on one aspect. If it's hard to get information out to organizations, it's not hard for us, that's why we come here. Please utilize your resources, just like we're trying to utilize our resources with the County. We can figure out what we want and pass a motion eventually.

V. 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. 1/10/24 CWRT Program Update here:

<https://dhs.saccounty.gov/BHS/SiteAssets/Pages/CWRT/Community-Wellness-Response-Team/CWRT%20Monthly%20Update%20-%20January%202025.pdf>

Karisa/Christina/BHS:

- Karisa reviewed the monthly update for December. See above link to the program update.
 - Chair Sako: The one firearm being present – was that correlated to the success story about LEA co-response who cleared the scene? In that narrative, what was indicated that a co-response was needed?
 - Karisa: In speaking with the supervisor, the call did occur during PM shift. She didn't mention that it was a co-response. Firearm was locked away and wasn't part of an active threat. Didn't convey it was a life-threatening situation. Eventually I would like to correlate the mobile disposition.
 - Christina: Details on the success story were omitted for HIPAA, there was probably concern of DTO. From what I recall, the individual stated that harm was being done to them and that mother was the perpetrator. There was a GD aspect – the individual was connected to Alta. LE determined the scene was secure.
- Christina shared two success stories and reviewed the total number of teams.
- Christina provided an update on Folsom PD pilot. We are in the process of launching, getting Board approval, with a start date of April. We learned we needed to get Board approval to execute the MOU. Sacramento PD expressed interest in developing an MOU similar to Folsom.
 - Deputy Carlos Rodriguez (Sheriff's Department) shared case law that will shift how they support the community. Received bulletin on 9th circuit decision (federal). Encourages us to not use unnecessary force in a non-criminal matter for someone who meets criteria for 5150, danger to self or gravely disabled. This is still trickling down, so we don't have a policy yet in response to the decision, but we are shifting our response to avoid bringing injury to individuals. The case was back in 2023 called Scott V. Smith and the decision was made in May 2024. The training bulletin is the Sheriff's decision on what we will respond to. We will not respond to a crisis situation unless there is a mitigating factor – a crime is being committed or risk to others; significant exigency would have to be approved by the lieutenant or watch commander. They will have to approve a call for service where individuals would be a danger to self or gravely disabled. That would impact welfare calls as well. I work in CIT and respond to these types of calls; my role is safety and security. The counselor is bringing in services where BACS or CWRT would respond to where violence is a risk.
 - Christina: Discussions are ongoing above me until written policies are out.
 - Member Wentzel: This shows a need to have CWRT connected to 911. Who's going to respond instead of wrestling individuals into an ambulance?
 - Deputy Rodriguez: There are scenarios where there isn't a criminal component, and that wouldn't apply. If officers determine it is DTS/GD, we can place them on a hold only if we are able to gain voluntary consent for transport. We've changed what we're responding to, but don't have a specific policy written yet.
 - Christina: Some agencies won't be changing their practice until they have written policies. We want folks to be aware.
 - Member Hopper: That would negate the SB43 modernized definition of GD?
 - Deputy Rodriguez: It wouldn't supersede our response. It is all on premise of getting voluntary consent, which illustrates the need for a non-LEA response. We want to avoid tragic outcomes.
- Christina: Regarding outreach, as mentioned earlier, we are reaching out to school districts, meetings with internal partners, DHA on working with immigrants and crisis response and looking at how BHS can provide specific assistance. We are also looking how we can further support the older adult population with DFCAS.

Terri/WellSpace:

- For December, there were 1,292 calls, 80 referred to CWRT, 1,210 were resolved, and 2 welfare checks that were required.
- Regarding outreach efforts: we completed 1 ASIST training for WellSpace Health staff and community members. We are starting to have broad community members participate. There is one scheduled next week, and we have people from La Familia, Sacramento Native American Center, and Community Against Sexual Harm. We had a community event at the Salvation Army, and trying to do outreach in the Oak Park area. We are spending our limited outreach time in underserved communities.
- Shared success story.

Harjit/BACS:

- We are building out our teams, and still hiring. During the holidays, there were no applicants, and now I have candidates in every single listing. We are excited about interviews, excited to have folks in the pipeline.
- Chair Sako: You mentioned being intentional about hiring the right person for this program.

- Harjit: Yes, we've been specific in talking about this program and what it looks like going out on a call. Making sure that people know what they're getting into.
- How is retention going?
 - I can get that for next month. Our retention is good – we work really hard to keep folks. We're careful about burning people out.
 - Christina: BACS has retained very well. We've been able to maintain teams and have been steady with 10 teams. With unsuccessful attempts to hire, we've been able to use those funds to infuse with BACS so they can hire more staff.

Member Questions/Comments:

- Chair Sako: Feedback from AC members you'd like to share?
 - Member Hopper: Through several support group networks, I had the opportunity to work with a family member who was 90y/o with a 60y/o adult offspring. The 60y/o had developmental and intellectual disability. They heard of 988 but only for suicide prevention. I told them 988 can be a pathway to crisis response, and that 988 can explore other distresses and link you to CWRT. It was difficult to find the difference with CWRT and I was able to describe the type of help. The biggest compliment to 988 and CWRT is that they came out and were very helpful, super patient with someone who had developmental and intellectual disability. It took them time to trust them, describe the options, and engage to reduce the distress. It was such a thrill to hear that this underserved population was able to call and get a culturally competent response. That's huge for me to know there wasn't a barrier. To know that someone connected to Alta Regional, I feel confident that we can continue to recommend this in different communities. In my outreach, I will make sure that Alta Regional gets the information.
 - Member Sharp: I didn't know 988 and CWRT were the same thing until I called. I'm in a halfway house and we had a mental health issue, it was ongoing for days. I called 988 and I had an experience where the staff was confrontational, dismissive, and ended up hanging up on me when I tried to de-escalate the situation. I was calling to try to de-escalate the other individual, but there are other people on parole and probation where I don't want to put people in an uncomfortable space. I called back and was lied to about how the phone system works. The one time I needed to use 988, it was a terrible experience. The situation resolved itself through fire response, but I feel like there should've been more competence with the call center. 911 dispatchers would have responded better.
 - Member Wentzel: We're having 988 operators screen calls, needing people to agree to services before they get passed on to CWRT. It's still happening, and I'm not sure why. When people are asking for CWRT services, 988 staff screens the calls for threats of safety but they're asking individuals to consent as well. They're supposed to let the call through to CWRT, instead there is 988 staff making the decision. The call should be handed off to the dispatcher who's in a better position to assess and determine whether the call warrants a response.
 - Terri: There is a deeply held training and belief for 988, that of consent. Our training material is that people are consenting to the services. With the warm transfers to mobile units, in the history of suicide prevention lines, it stands against that. It's a division from what we have done for 50 years and what we're training people at every aspect is that we're getting consent. When we train people, it's difficult and that's where that inconsistency is.
 - Wentzel: Let CWRT make that decision because it's a community based response, that explains why there's tension.
 - Member Orr: They're already doing stuff without their consent.
 - Member Hopper: I want to emphasize the point that Patricia makes. It's either life or death, so why was it put on the back burner. Can we get 988 connected to Sacramento? We'll have much better opportunities to respond differently to situations that are heartbreaking. If we're going to make this program vital, we need to hear when it doesn't go right or when it will go to 911. This is life and death.
- Chair Sako: Any items you'd like to bring forward next month? There was a request for having the actual responders attend one of these meeting to hear from them.
 - Member Hopper: There could be some insights shared with us about how they think the program is working in areas that could be improved and with the clients that they're attending to. I was married to a first responder and burnout is a real thing, compassion fatigue and moral injustice. It would be nice to hear their experience for the people that are hired to do compassionate responding. Have they discovered best practices or tips and tools that they would like to share with one another that isn't being shared? Are there areas of the program that could be improved? How are they feeling about going in with a person that they're attending to and also supporting the natural support people in that environment? Are there simple, practical tips to help de-escalate? Harjit brought up retention; what are the appropriate ways to de-program before going home or is there a safe network of people doing the same thing? What is that experience like for them and do they have the supports that they need? These topics are brought up in the MTAC meetings, and I find it helpful to learn what the overarching agencies are hoping will happen. There are 14 counties represented in that meeting.
 - Chair Sako: For next month, can we have Karen or other people join?

- Christina will follow up.
- Member Sharp: Since I came home I wanted to be active in the community. You have to be careful of who's in power. Kaino is talking about flyers, I have all the time. If there are issues with getting materials out, I have minor connections with people that run events which is the perfect opportunity to give information and educate. I don't know who's willing to, since they spoke on trust issues with the community, I'm here and I know I can hold people accountable. Best approach is to give people a run for their money. If there's a situation where this qualifies for a call, you won't gain their trust but if there's an ulterior way to market, it could work. Where's the money going? If you have to make the call and call them, they will have to spend the money and hire more people.
- Chair Sako: On the webpage, there is a fact sheet. That is the one pager and any member of the public can duplicate it or print it out and pass to organizations. I have left these at coffee shops, public restrooms. There are ways we can be program ambassadors, and each month we can continue to do so, whether our partners take us up on or not.
- Chair Sako: I also requested a map of responses. Is CWRT being accepted as a response? This is an important data point.
- Chair Sako: I would like to reiterate that we are here and want to be partners. We want to be utilized for the strengths that we bring and you know how to get in touch with us.
- Chair Sako: I would like to remind folks from the October meeting - Dr. Anh Thu Bui from the 988 policy advisory group provided us with information on what's happening with 988 on the State level. We were told there was a meeting in November and an invitation was put out to the County to present. I had time in my schedule to hear what's happening, and I happened to see Christina presenting on CWRT. To stumble upon it without it being known was a missed opportunity to partner and because it's all of us together. This AC can be leveraged for the strengths that it does bring especially when it comes to bringing awareness to this program.
 - Member Hopper: You're our go-to person, so please let us know. You're our face for Sacramento, we want to know that.

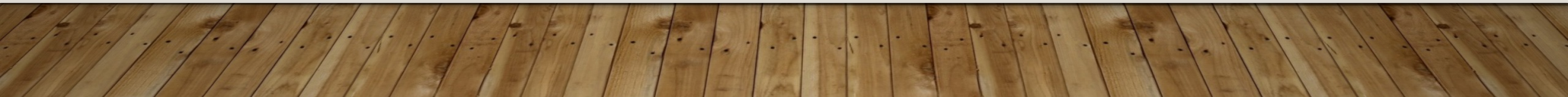
VI. Adjournment

Next CWRT Advisory Committee Meeting Scheduled for Tuesday February 11, 2025 6pm-8pm

Chair Sako adjourned the meeting at 8:13 pm.



COMMUNITY WELLNESS RESPONSE TEAM (CWRT) ADVISORY COMMITTEE





I. Duties WIC 5604.2

The local behavioral health board shall: (WIC 5604.2(a))

1. Review and evaluate the community's public **behavioral** health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health **or substance use disorder** evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
2. **(A)** Review any county agreements entered into pursuant to Section 5650. **(B)** The local **behavioral** health board may make recommendations to the governing body regarding concerns identified within these agreements.
3. **(A)** Advise the governing body and the local **behavioral** health director as to any aspect of the local **behavioral** health program. **(B)** Local **behavioral** health boards may request assistance from the local patients' rights advocates when reviewing and advising on **mental health or substance use disorder evaluations or services** provided in public facilities with limited access.
4. **(A)** Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **((B)** Involvement shall include individuals with lived experience of mental illness,

**SACRAMENTO COUNTY MENTAL HEALTH BOARD
CONDUCT AGREEMENT**

1. Be mindful of others; no monopolizing or cross talk.
2. Be open minded and objective with a proactive future focus
3. Be mindful of other members' feelings and be empathetic
 - a. **Trust Intent, Name Impact:** each participant should be trusted to have the group's best interest at heart but must also be made aware of the effect their statements have on other members of the group
4. Practice active listening; give full attention to the speaker
 - a. **Make Space, Take Space:** each participant must be sure to make space for other's opinions but also take opportunities to share opposing opinions and be heard
5. Focus On Issues
6. Use Person-First Language
7. No Personal Attacks or Criticism (of Self or Others)
8. Limit the Use of Acronyms—"When in doubt, spell it out."
9. Adhere to time limits and be brief and to the point
10. Listen respectfully and make decisions based on evidence
11. Use respectful language and no swearing
12. Agree to have a discussion where everyone is heard
13. Be Present & Actively Participate:
 - a. Have Your Camera On (as much as possible)
 - b. Silence cell phones
 - c. Give attention to task at hand
14. Practice Cultural Humility: don't assume your culture and values are the norm
15. Co-Chairs will determine course of action consistent with this Board's bylaws if any rules are consistently disregarded.

CWRT Program

Community Wellness Response Team (CWRT)

The Community Wellness Response Team (CWRT) responds 24/7 to calls from 988 for individuals who may benefit from in-person crisis intervention, assessment of needs and risks, and safety planning. CWRT identifies and leverages individual strengths and natural supports; coordinates with existing Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) providers as appropriate; provides voluntary transportation to urgent/emergent resources and links to ongoing services.



Who is eligible to participate?

CWRT provides services for participants who are:

- Dealing with a crisis related to one's mental health and/or substance use.
- Assessed by 988 Crisis Specialist and determined appropriate for CWRT.
- Unlikely to de-escalate safely in the community without in-person support.

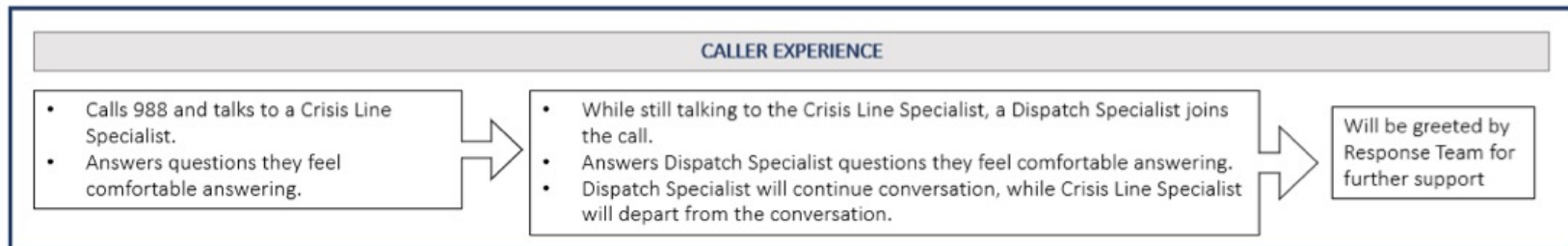


| When to call 988 | When to call 911 | When to call 211 |
|---|--|---|
| <ul style="list-style-type: none">• Public is <u>not</u> in immediate danger.• May become a danger to self, others, and/or gravely disabled.• Self or support person to a community member dealing with a Behavioral Health crisis in the Sacramento area. | <ul style="list-style-type: none">• Anyone in immediate danger.• Direct/Immediate threats to others' lives.• Reported crime that requires some level of investigation.• Medical or health emergency. | <ul style="list-style-type: none">• Housing and Utility Issues.• Food banks.• Veterans' Services. |



What does a 988 call look like?

- The process begins when a community member calls 988 in the Sacramento area.
- A 988 Crisis Specialist provides interventions and assessments over the phone and determines if the caller is in need of an in-person response.
- Following the assessment, the 988 Crisis Specialist calls CWRT Dispatch with the community member on the line.
- The CWRT dispatch staff then completes the dispatch assessment and dispatches a CWRT to respond.





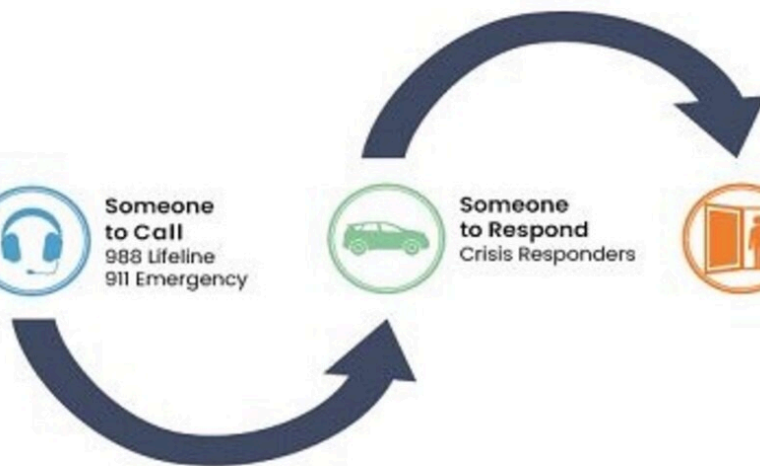
**Someone
to Call**
988 Lifeline
911 Emergency



**Someone
to Respond**
Crisis Responders



**Somewhere
to Go**
Crisis Stabilization Clinic



QUALITY ASSURANCE

- 988 Call Center

Terri Galvan, WellSpace Health Deputy Chief of CRISIS Programs – Oversees 988 Call Center; terri.galvan@wellspacehealth.org, (916) 233-4919

- Community Wellness Response Team (CWRT) - Responders

Christina Irizarry, Sacramento County Behavioral Health Services Health Program Manager, Crisis Continuum of Care, Oversees CWRT; [irizarryC@saccounty.gov](mailto:christina.irizarry@saccounty.gov), (916) 662-1542

Harjit Singh Gill, Bay Area Community Services (BACS) Regional Vice President; [HSGill@bayareacs.org](mailto:HSgill@bayareacs.org), (916) 461-5157

CWRT ADVISORY COMMITTEE

- Subcommittee of the Mental Health Board
- 9 Members
 - 3 MHB Members, 6 Community Members
- Prioritized Lived Experience

PRIORITIZED LIVED EXPERIENCE

THE FOLLOWING INFORMATION IS BEING ASKED WITH THE INTENTION TO OVERREPRESENT THOSE THAT HAVE BEEN THE MOST IMPACTED BY LAW ENFORCEMENT RESPONSES TO BEHAVIORAL HEALTH SITUATIONS.

Please check any of the prioritized inclusion criteria areas with which you identify (these experiences have occurred within the last 10 years):

- Have behavioral health lived experience** (directly experienced mental health and/or substance use needs)
- Family member / Caregiver of someone who directly experiences mental health and/or substance use needs**
- Have been involved in the criminal justice system (arrested / formerly incarcerated)**
 - Have been arrested / incarcerated while experiencing a behavioral health crisis**
- Have previously or currently experiencing homelessness**
- Living with disabilities** (including individuals with developmental disabilities (e.g., intellectual, physical), cerebral palsy, deafness, blindness, etc.; including deaf community members and community members with other disabilities who have experienced police encounters and/or who have experienced homelessness)
- Survivor of intimate partner violence** (also includes people who have experienced human trafficking, elder abuse, and/or Commercial Sexual Exploitation of Children (CSEC).
- Family member / caregiver of someone who has experienced incarceration or homelessness**

PRIORITIZED LIVED EXPERIENCE

Demographics & Backgrounds – please check all that apply:

What Race/Ethnicity do you identify as?

- Asian/Pacific Islander/Native Hawaiian
- Black/African American/African descent
- Hispanic/Latina/o/x
- Native American/Indigenous
- White/Caucasian
- Multiracial
- Other: _____
- Prefer not to state

- Youth Representatives (up to age26)
 - Youth with current or former experience in the foster care system
- Older Adults (65 and up)

- Male
- Female
- Transgender
- Non-binary
- Other gender identity (Please describe: _____)

- Lesbian
- Gay
- Bisexual
- Queer

CWRT ADVISORY COMMITTEE BYLAWS

“There shall be a Behavioral Health Services Community Wellness Response Team (CWRT; formerly known as Wellness Crisis Call Center and Response Program) Advisory Committee composed of Mental Health Board Members and community members with diverse community, ethnic, cultural, and linguistic representation. All members shall have voting privileges.

The purpose of this committee is to make programmatic recommendations to the Behavioral Health Director and the Board of Supervisors about the CWRT that will be submitted to the Mental Health Board for review and approval, review outcomes regarding the CWRT, and other responsibilities as described in the CWRT Advisory Committee bylaws.

CWRT ADVISORY COMMITTEE BYLAWS – ARTICLE III: COMMITTEE OPERATIONS

Section I: The function of this Advisory

Committee is to monitor operations, make program recommendations, and review outcomes regarding the CWRT. This Advisory Committee will also assist BHS with transparency and provide connection to the community. As such, this committee needs to be consulted to provide input whenever contracted or external evaluations are conducted about the CWRT program.

CWRT ADVISORY COMMITTEE BYLAWS – ARTICLE III: COMMITTEE OPERATIONS

Section 2:

Duties Outlined for Committee

- Accountability and ensuring fidelity of the CWRT to its Purpose and Goals
- Public outreach and awareness about CWRT
 - Reviewing and advising on RFPs.

CWRT ADVISORY COMMITTEE BYLAWS – ARTICLE III: COMMITTEE OPERATIONS

Section 3: Purpose of Meetings

All members of the advisory committee shall be required to attend all meetings unless otherwise unable due to reasonable circumstances.

The advisory committee will have three main functions of their meetings with concurrent meeting with BHS:

- Data and evaluation tracking for the CWRT
- Qualitative tracking and ensuring fidelity to the CWRT purpose and goals
- Public awareness, updates, and receiving input regarding CWRT program
 - Aligning with BHS

NEXT STEPS:

- Brown Act
- Robert's Rules of Order
- Schedule Site Visit of WellSpace/988 Call Center

CWRT January 2025 report

Overview: Ely suggests we push the awareness efforts out three additional months as most items on this plan were not completed.

Items completed: Billboard, [CalVoices video and interview](#).

Next Steps:

- Have CWRT fill out the new logo request document
 - Ely to submit to directors for approval
- Obtain December - January website analytics from DTECH
- Obtain billboard analytics for December 2024
- Lobby Poster scheduled for February
- Could add another Billboard for March
- Schedule a date to record CWRT team and capture photos
 - These will be used for a social media campaign: videos, static posts, reels
- Work with team to create a 1-page flyer that will be shared with clients
- Work with Christina on SC News Story (Success story)
- Work with Christina to work on media pitch
 - Follow a staff member, share data, need a client
 - Client success story