

Sacramento County Mental Health Board
Community Wellness Response Team (CWRT) Advisory Committee
ANNOUNCEMENT – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Tuesday, February 11, 2025
6:00 PM – 8:00 PM

Members Present: Katie Houston, Elizabeth Kaino Hopper, Patricia Wentzel, Mykel Gayent, Terry Sharp (staff: Korlany Roche)

Absent: Corrine Sako McIntosh, Elijah Orr

Agenda Item

I. Welcome and Introductions

- Introductions:
 - Committee Members
 - CWRT Partners
 - Review [MHB Conduct Agreement](#)
 - Announcements by CWRT Advisory Committee Members
-
- Co-chair Houston commenced the meeting at 6:06pm. Members introduced themselves; quorum was established. MHB Conduct Agreement was acknowledged.
 - Co-Chair Houston acknowledged the submission of a written public comment.
 - Co-Chair Houston announced BHS agreed to implement a Request Log to improve the effectiveness of this committee. Request having a report out of requests as a standing item each month to align efforts of AC and BHS staff, and assisting with efficiency and transparency. Will be included at the end of each set of meeting minutes and maintain a running log for tracking purposes.

II. Public Comments related to the Community Wellness Response Team (CWRT)

- Public Comment #1: Represents Psynergy programs – Lynda reported she is here to learn more and understand what this committee does. Psynergy serves 150 residents in Sacramento and the majority of our clients are conserved, so the 5150 conversation doesn't affect us. I am concerned about welfare checks requested from the home. Most people don't know how to report a crime in progress with somebody who is not well. It would be helpful to have a better understanding of what that looks like more. We are in communication with our BHS liaison, Heidi Allen with IPT. We've confirmed that our psychiatrists are not allowed to write holds. In general, I have more questions and am here to learn more.
- Written Public Comment: Member Hopper read on behalf of Maryann Bernard.

III. 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)

- Co-chair Houston reviewed the draft of MHB letter of recommendations regarding Sacramento County BHS' CWRT. See attached draft MHB letter.

Member Discussion/Comments:

- Member Wentzel
 - There are things we might want to add to this letter due to SSO's recent policy change. For example, recommend that CWRT be designated as first responders and paid in accordance with that designation; they will need to be able to operate like first responders – so we can rely on them to fill the gap with the SSO new policy.
 - We need to point out a gap in service when a call has gone to 988 and there is the unexpected occasion to return that call to law enforcement or 911 dispatch in the course of a 988 conversation. I don't think there's any formal mechanism in place currently. I am aware that Fire is happy to respond to those calls.
 - Teri (WellSpace): currently there is no way to refer callers directly to 911. They have to call 911 or we call on a separate line on behalf of the client. But cannot transfer.
 - Possibly include something to address the need for training of 911 dispatchers to ground them in the differences of 988 and CWRT and when to refer a caller to 988 or CWRT. These types of calls could be clogging up the system and callers would be telling their story 3 times by the time they

finally get transferred to the correct place. Then there's the additional delay to get 988 to process that call to CWRT. The biggest factor is the 911 dispatcher, and we need to make sure the 911 dispatchers who would be fielding these calls are adequately trained in how to distinguish when these calls should go to 988 or CWRT.

- We need to revise the letter.
- Member Hopper
 - Pointed to section of the letter quoting that this team is identified as the first strategy as the County's jail reduction plan to prevent jail involvement. Would it be wise to include a step to create more detail that includes behavioral forensic strategies in the 5 steps. We need to educate people who are in law enforcement. SSO made a public announcement and said just call 988, your problems will be solved. We have been connected to people who are in law enforcement and they are not always aware of all the programs we have to offer. This small addition to one of the 5 steps would be helpful to have definitively covered in terms of outreach. It's compatible with the 16-month work that we've tried to create and create this warm handoff and continuum of care. If they're serious about handing off calls, they need to include training on 988 and CWRT can do, what they can't do, and at what point. Training needs to include what a crime looks like. I would like it mentioned about what that is, and to work on the task of making that one of the first strategies to work on reducing jail population.
 - Added comment about first responders: I don't know what that would look like to collaborate or with the co-response teams. I don't know what those are going to look like and that could become a resource in connection with our first responders. Investigated about their training and to try to get an idea of what that would look like. My understanding is that some of the co-response teams were formerly CIT trained, they were able to secure public safety and de-escalate individuals. They have been successful with how they use hostage negotiation training and was able to place someone on a 5150. Would offer to include that this is what we are expecting to happen as first responders. Maybe I can ask that be on a later agenda item so that we don't leave people in distress and discriminated against when they need medical care. We need first responders who know the difference and are equipped with the tools to talk someone down when they are in the throws of a mental health crisis and possibly in the middle committing a crime which contributes to reducing jail population.
- Member Wentzel motioned to table the letter to next month's meeting to revise it to reflect some of the comments this evening; Member Hopper seconded. No public comment on motion. Unanimous vote to table the item was called and approved.
- Member Wentzel would like to move on this quickly because this item demands a quick response. Motioned to hold an emergency/ Ad Hoc meeting to discuss this item. This is an urgent situation before the next MHB meeting in March when this letter would go to them for approval. Member Hopper seconded and agreed. Co-Chair Houston made note of the request for an emergency meeting and will follow up.
- Co-chair Houston asked if the committee members still stand on making the recommendations before the next meeting.
 - Member Wentzel: yes, a lot of the items have to deal with outreach and more intensive efforts with certain communities, that perhaps have been overlooked. This goes into something more specific and more timely. We have to get the system working that we're sending people to so those gaps in service need to be addressed as soon as possible. I don't know to what extent that Eric Jones recognizes the points that the issues facing the system and the intent to change with the policy.
- Harjit (BACS): one of the objectives for CWRT is to reduce ER visits and that's worth considering if you want to address that. Along with law enforcement, we are also trying to reduce ER visits and hospitalizations. The lower the severity of the treatment need, the better. From a fiscal side, it's also cheaper to look at it from this perspective. We're also a part of a solution for that hospital visit reduction.

IV. 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-%20February%202025.pdf>

Karisa/Stephanie/BHS:

- Karisa reviewed the monthly update for January. See above link to the program update.
 - 44 calls cancelled; 25 were cancelled because caller requested that response was not needed. No additional information beyond the caller's request.

- Reviewed zip codes analysis for January. See attachment.
 - Member Hopper: this is very helpful. Reason for request was to get a better picture of which communities we're reaching and which communities where we can distribute resources.
- Member Wentzel: does CWRT track requests for welfare checks to LEA?
 - Karisa: out of the 44 canceled, 4 that were escalated to LEA. Cancelled reason was denoted to refer to LEA, but cannot confirm what the team selects for welfare checks. These calls were for dispatch.
 - I run NAMI helpline and received anonymous email from CWRT member who indicated that they were requesting welfare checks because SSO were refusing to do that. Are we tracking how many times we're asking for a welfare check and what the response is? Stephanie: We will do welfare checks, but have not been tracking the number of requests coming in – I know they have increased of late and we are looking at tracking.
 - Could it arise when we do our follow up calls? Stephanie: Welfare checks are intended to be timely; however, it definitely helps to follow-up at the follow-up contact.
 - It's hard when we have one agency refusing and everyone else is agreeing.
- Member Gayen: since SSO is backing away from responding to MH calls, we have other agencies around but is there communication between these other agencies?
 - Member Wentzel: they have jurisdictions and they won't operate without coordinating.
 - I understand about jurisdictions but somewhere the slack has to be tightened and 988 and CWRT won't be able to do that.
 - Member Wentzel: I don't think other agencies would be willing to step into that breach.
- Stephanie
 - Attached to agenda packet: data from June and compared last month's data to June. There was a jump in 988 calls, highest is usually around 1,300 range – this month was 1660. Transferred calls to us have jumped also.
 - Also attached to the agenda packet: documentation around promotional and marketing efforts for FY23-24 and FY24-25, along with plans for moving forward. We're putting together estimates for additional marketing efforts – we would have to go to the Board for additional funding to support.
 - We took questions that were in the minutes from last month to ask direct-staff and provided a survey to staff. Out of 12 responses, we put into themes shown throughout in the attachment. Feel free to review and let us know if there are more questions you'd like to ask – we're happy to take them back to the team and create additional surveys.
 - Co-Chair Houston: What is being done with logo?
 - Stephanie: it's included in my response to Corrine – that it was submitted as a request, but denied. Messaging is that the County wants to ensure consistent messaging around using County logo to instill trust. There were suggestions for other strategies that could be used to review.
 - We requested more complete demographic information in the monthly update. Thank you for following up on each of those items.
 - Stephanie: would like to revisit the HOPE line vs 988 discussion. We have seen an increase to the HOPE line and would like to remind this AC that the HOPE line is reserved for justice partners, and as a last effort if someone is struggling with getting a CWRT response via 988.. We aren't built out to have call center that supports long screenings and support over the phone – we are staffed for dispatchers to review the screening by 988 in order to promptly dispatch teams. So, we're asking for support from the AC, so we can ensure a timely response to callers. We're continuing to staff up our dispatchers but not to the level of a call center.
 - Co-Chair Houston: do you have data for calls that go to the HOPE line? Stephanie: 24 calls last month. I think I read some communication about the confusion so just wanted to make sure the messaging is consistent.
 - I would also like to acknowledge and appreciate Kaino's sharing community comments to the Board. Hearing what's most important to the community is really helpful. And thank you for taking the time to make and share those comments.
 - Member Gayen: I have 988 materials and have more coming. I keep some in my car because I don't think there's enough. Those of us on the board, we should be able to make ourselves able to disseminate information.
 - Member Wentzel: I appreciate the CWRT dispatchers are not up to capacity to handle large number of calls. The issue that I hear is that the plan is not great because 988 calls that warrant a CWRT response do not always get there. 988 really needs to train on how to discern between someone who is in a psychotic crisis or in a situation where they don't want to cooperate. What I hear is persistent. It's helpful for me to understand the culture at 988 which leads to that response happening. But those calls should be going to CWRT. We need to take that into account by changing the triaging at 988 or changing the process to sending calls to CWRT. It's not okay where someone is in a psychotic crisis and they are being denied a service, where that individual could end up in an LE response and could also end up deadly. It could have been a CWRT response instead. Denying those calls is a problem when we have all those calls going to 988.
 - Stephanie: Thank you – we appreciate timely feedback so the correct staffing can be addressed and provided additional training.
 - I made a comment to the Supervisors. One of my recommendations is to look at a model similar to

Albuquerque where the dispatch center is staffed by people who are qualified to discern whether a call should go to 988 or CWRT. Otherwise we have this problem of calls that don't fit under 988 protocol and shove it into a slot that it's not meant to go in. I would like to know if there is someone looking at a model in response to what's happening with SSO. That is the most sensible and effective model to pursue. We need to look at innovating and not having to reinvent the wheel when other places are doing it better than we are. I would bring that to your attention, this conversation needs to be around how we can make it better. Co-Chair Hopper shared that Albuquerque came to speak with us and I like their model.

- Terri: As we work through this, a lot of challenges in the beginning were with third party callers. With success stories and over time, we've been training and have been responsive to the AC's feedback. We didn't have the initial protocol and that has changed. The other challenge is that we're tying up dispatchers with calls and triage and given the system we have, it is more efficient to come through us. That way dispatchers can dispatch and not tie up the line with calls. We've been making really good strides in making changes to our process to make it more efficient.
- Stephanie: the intention of 988 is the alternative to 911. Agree with looking at the model and getting people services they need. Identify the need and resources.
- Terri: we will screen for suicide risk and that does take time. You are correct that there can be a lag time in order to do this.
- Member Wentzel: you're a key with a particular lock and not everyone has the right lock. Situating someone at dispatch to identify the call needs to go to 988 or CWRT. Otherwise someone has to tell their tale multiple times, which is a traumatic, upsetting, crisis oriented tale. In the case of third party callers, the individual is deteriorating or escalating and people don't call 911 lightly. So I think it's incumbent upon the system to do as much as we can to be responsive without making them jump through 16 hoops, that are life saving services.
- Member Hopper: Agreed with Member Wentzel. Thanked Stephanie for sharing the marketing efforts record log – very helpful. Would like to bring back focus on two main resources from public comment and what I learned from my research. What we used to call CIT now called CCIT, the clinician and officer co-response; this resource is now available. I would like to lift the comment from Linda Koffman that we have houses and a few residential facilities that have clients that may need a response. These people are already trained and know the difference and know how to de-escalate. When they need that call and need access to an assessment immediately, can we get immediate access to County staff that can do 5150 certifications and provide a safe transport? Two other counties in CA have a model with ambulance companies and get trained to these calls. There is a lot of value in the public comment; easier access to Sacramento County staff who is licensed to do 5150 assessment provide safe transport would be helpful. Those are the main criteria that fall outside of what CWRT can do and keep it non-criminalized. We need immediate solutions and some kind of stop gap. We need to support those who need housing and get the 5150 involuntary without losing their housing.

Harjit/BACS:

- Staffing: 16 full-time staff, with 17 pending. 50 people being screened for this role across all of our programs. We are continuing to work on this program and move up toward staffing levels that are set forth in next year's budget.
- Member Wentzel: how frequently do we know if there's been an increase in CWRT calls to see if we need to increase the number of teams we're fielding or not?
 - Harjit: CWRT teams are under a lot of pressure to perform more calls than they have been in the past. I'm in the office more in the AM shift, probably remains on the low end of responses which might be due to outreach.

Terri/988/WellSpace Health:

- In January, there were 1,666 calls, with 104 referrals total to CWRT. Nice increase from last month. Couple of instances we were not able to make direct warm transfers 8 times, but CWRT follows up and were able to catch those people. We did 4 welfare checks – those are people that needed the response. We called emergency services on behalf of the person in crisis.
- Shared success story.
- Co-Chair Houston: regarding CWRT call data, does this include chat and text function? Terri: this only include calls.
 - Can CWRT be accessed through chat or text? Terri – we call. It will go back to a phone line.
- Christie (WellSpace): offered to round out data in light of SSO announcement. With 1,666 calls and the 4 welfare checks, that is 1% of the total, a very small number proportionately. Those are 4 lives that 988 and CWRT can't respond to, those duties that are allocated to LE in our community. If there is someone on Highway 80 about to run into traffic, 988 and CWRT cannot shut down the freeway. If someone is on a bridge, CWRT cannot drive out there with lights and sirens. Lastly, there is a storyline in the community that 988 can geolocate, 988 does not know that. 988 knows that you're pinging off towers. Only LE can specifically locate. 988 is dedicated to having a true mental health response – there are still roles for LE to play that we really want to highlight to this body and our community

members. It's a 4-legged stool, CWRT, Fire, EMS. There is a leg there for LE and we don't want you all to lose sight.

- Co-Chair Houston: is there no way that 988 can send calls back to 911?
 - Terri: we call and ask for welfare checks through SSO. Patricia was asking about interoperability for 988 to transfer back to 911. My understanding is that callers are calling 911 and being told to call 988. And now 911 is transferring callers to 988. Some calls are getting lost in between 911 and 988. Then they call 988 and then 988 assesses they need an LE response or EMS response, 988 does contact 911 and we stay on the line with the caller and have a team member calling so we have both on the line.
 - Member Wentzel: for calls for welfare checks, do you keep track of which LEA is responsible for doing the welfare checks? CWRT members are saying that they can't get welfare checks from SSO. Do we know if those 4 welfare checks were made for Sac County or other agencies? Terri: I can know that but it's an evolving process. Member Wentzel: we might want to track that.
- Member Hopper: concern is that there were 4 welfare checks in January and whether they got the proper response, we do not know. My understanding is if they're in the SSO's territory, that they won't do welfare checks for mental health. The example for the person on the freeway is that they'll respond because it's a crime in progress. We need data points on welfare checks in the home and see that a welfare check needed to be done but that SSO didn't respond because there was no crime in progress. That would be an interesting category to figure out; is there zero calls or once a month, to determine whether or not there are things that CWRT and 988 couldn't deal with. I'm assuming that not all 4 calls were a crime in progress.
 - Terri: Christie spoke about it; it's important to understand that many times we don't get a location from someone who is at imminent risk and they disconnect from us. We are required from law enforcement to locate the person (people who are suicide in progress. LE has the ability to do that.
- Member Sharp: regarding the 4 calls, is the data clear enough to show individual people or are they repeats? Can you see what parts of the population might need other services? Is the data clear in that sense so you can provide other services?
 - Terri: our system that we use today is unable to tease the data in that way and we're doing the best we can to provide information at this critical time. I can take a deeper dive into the data.
- Member Wentzel: has 988 seen a growth in calls since SSO change? Terri: I can't tell that yet, there was a blip last week and the numbers for January were higher.
- Member Wentzel: do you have a way to track the calls being transferred from 911 to 988? Terri: it is a clunky way, but yes. At this point, we're not getting a lot of calls. Currently, they are just showing up as a call.
- Christie: as part of interoperability, the State published a 5 year plan on how 988 and 911 will have interoperability. It's a helpful plan but the trust level between 911 dispatchers and 988 system will need to be worked on at this macro level. Christie can provide copy of the Plan.
 - Member Gayent: is it supposed to be interoperable in 5 years? Christie: yes. The state of CA has 12 call centers with over 500 peace apps. It's a giant political protocol-level conversation.

V. Adjournment

**Next regular CWRT Advisory Committee Meeting Scheduled for Tuesday March 11, 2025
6pm-8pm
Ad Hoc CWRT Advisory Committee to occur Monday, February 24, 2025, 6pm-7pm.**

Co-chair Houston adjourned the meeting at 8:04 pm.

VI. Requested Action Items from AC Committee Meeting

1. Attach template for Recommendation/Request Log for review – see attached. Additional section "Action Items" can also be utilized for the purpose of tracking recommendations/request from the AC.
2. Request to discuss utilizing CCIT as a resource.
3. Look into reason for call cancellations – common reasons.
4. Look into ability to track number of Welfare Check requests.
5. Christie with WSH will provide a copy of the 5 year 911 & 988 interoperability plan.