

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

Members Present: Corrine McIntosh Sako, Katie Houston, Patricia Wentzel, Mykel Gayent, Terry Sharp, Elijah Orr

Absent: Elizabeth Kaino Hopper

BHS Staff: Korlany Roche, Stephanie Kelly, Dawn Williams, Karisa Hyppolite, Emmanuel Amanfor, Lonje Deschamps

**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 6:03pm. Members introduced themselves; quorum was established. MHB Conduct Agreement was acknowledged.
- Member Wentzel announced the upcoming NAMI walk on May 3<sup>rd</sup>. For more information, visit the website [NAMI Sacramento - Support for Mental Health](#).
- Emmanuel Amanfor introduced himself as the new Division Manager over Continuous Quality Improvement (CQI), overseeing the Data & Analytics Team, Quality Management and Cultural Competency units.

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

- No public comments were made.

**III. Presentation and Roundtable Discussion: M.H. First**

- The presentation started late due to committee taking a brief recess while waiting for system partner to arrive. The meeting resumed at 6:18pm
- Adam Jordan Wills provided a presentation on the M.H. First program. Slides can be found at the following link: [Mhfirst Program Overview 2025 - Google Slides](#)
- Presentation had intermittent interruptions by presenter's youth son, who was present.
- Mr. Wills shared that the M.H. First program was created by the Anti Police-Terror Project (APTP). Noted that 50% of people murdered by police and/or die in police custody are in the midst of a mental health crisis. Program was launched in 2020 with first site being housed in Transitions Clinic in Oak Park.
- Program achievements shared (items in red on slide 5): Supplying food, trainings for EMS and first responders, trained a similar program to BACS/CWRT in Oakland, mandatory comprehensive training, free training for the community, quarterly trainings on a sliding scale for non-profits, weekend advice line and response team, we've trained people to be a MH first responder, quarterly healing portals through transformative justice healing center, administer Narcan, non-911 dispatch, peer driven hiring process, and providing substance use treatment and support. Noted that almost all staff are volunteers.
- Reviewed team members, including an EMT/Nurse or trained volunteer, crisis interventionist, safety liaison and on call team member.
  - Chair Sako noted that CWRT responds in a two-person team, whereas this program has a 3-person team, with the third prong being the safety liaison for MhFirst. Adam added the role of the safety liaison is to manage safety or answer questions of the citizens. If EMT or police show up, the safety liaison team member will liaison with them. Adam shared that the program doesn't call

- law enforcement – it assess situations on a case by case basis. If someone has a firearm, aggravated or violent, they assess the safety of that situation on a case by case basis.
- Chair Sako: does that safety liaison have any specific training different from the crisis interventionist or trained volunteer? Adam: All program staff go through the same training, which is an all-day training, totaling about 8-12 hours. Topics include security perimeter concerns, basic community security concerns, how we liaison with other organizations (authority or not).
- Sacramento County awarded the program with the CalMHSA Prevention and Early Intervention Grant, which allowed the program to expand hours of operation and continue to build community relationships. Grant funds were also used to put on a music festival, called “No Stigma No Shame,” which was a 12-hour event that featured bands, poets, DJs, etc., to promote de-stigmatization of mental health.
- Program operates on the Good Samaritan law. Noted that volunteers do not give diagnoses or administer medication.
- Reviewed the process of a call from first contact to follow up. Highlighted harm reduction model of the program.

#### Member Discussion/Comments:

- Harjit (BACS)
  - Where does funding come from?
    - APTP finally became a non-profit after 12 years. Our organization has gotten big, especially around George Floyd incident, that people sent us so much money that our fiscal sponsor got weird. So we became our own non-profit. M.H. First is a project of the APTP, which was originally an organized committee around the Oscar Grant campaign. Currently it is mostly volunteers and funding has been difficult.
  - How many staff do you have?
    - One paid, full-time staff in Sacramento. Oakland has an entire building that M.H. First shares with the APTP program. I’m unsure of the total number of employees overall. I get paid per diem as a trainer but never been a paid employee.
  - Do you have any licensed staff?
    - We have two doctors who are licensed. The creator of M.H. First, my wife who is an RN and a CNA. We have nurses, therapists, and psychiatrists, all within the support structure to call and ask if we’re unable to get a hold of one, we can get another.
  - What’s your process of consultation for higher risk calls?
    - On a case-by-case basis. I’m not sure what high risk is. I look at the safety and risk for myself and the other individual. Unless there is a weapon involved or a threat, my risk factor is different from others. For volunteers, it is a personal assessment of what level of risk and what you’re willing to deal with.
- Member Wentzel
  - M.H. First operates in Sacramento 7pm-7am Friday, Saturday and Sunday?
    - When we had the dream sessions in Sacramento, we canvassed and saw quite a few organizations that had mental health response during the day, 9-5 or 8-6pm. The times when they had the least amount of help were after 7pm and on the weekends. So our hours became 7pm-7am, Friday, Saturday and Sunday. Especially before MHUCC and CWRT went 24 hours, they didn’t have any of those hours.
    - CWRT is doing a fantastic job and we’ve been able to concentrate on our healing portals and our trainings, while CWRT has been picking up on calls. I will respond if needed, at any time. I’m mostly working at a grocery store – I tried to put in a resume with the County but kept getting switched around.
    - Chair Sako shared that BACS has been hiring up and maybe that’s something to consider.
  - Is the program still answering phones?
    - Currently we’re on a hiatus due to restructuring, we had to let go our volunteer coordinator. We still have one employee in Sacramento, and we are trying to set up volunteers. The majority of our staff have been working for the last 5 years and are needing a break.
- Member Gayent
  - What is the involvement of Peers?
    - From the creation into the enactment. I, myself, am a Peer. Peers are infused throughout the whole program. We had Peers in the dream session, as volunteers. We’ve also responded to our Peers when they’ve called us.
- Member Sharp
  - General question, I was speaking to a community member and asked whether CWRT responders are culturally competent. I haven’t been introduced to them [BACS], but my experience is that these organizations have high expectations for hiring, so how do you not miss out on him [Adam] when he’s super qualified for that role? And he’s already doing it for free to some degree, so you miss out on that. She asked me that question and I didn’t have the information to back it up, but for him to be here and for us to be in this space, how many people are like him that you skip over and how do you avoid missing that?
    - Adam: from my experience, it’s because I’ve been a chef for 15 years. I have more satisfaction

with mental health work more than cooking. It's hard for me to find work in this field because my resume says chef. I've applied to a couple of organizations, and they've said I only have volunteer. Even though I've been a paid trainer for the past 5 years, I've trained in mental health response but I can't do mental health response. I'd love for that to be answered.

- Member Sharp: I'm on the ground level, I receive services from organizations, I'm constantly around clientele that these people serve WellSpace, BHS, and I'm taking on a role with the Room & Board operator to manage a home because we're trying to open up a home in Stockton. I'm trying to invest in myself and make the best of it. I noticed that the hiring is the hardest part. The service coordinators, housing specialists, the place where people are housed, the housing conditions, the issue we're speaking on now is bigger than just this. Your resume doesn't reflect these things and you get overlooked and your volunteer work doesn't get appreciated, unless you get put under a magnifying glass right now. This is something we can take away.
- Harjit (BACS): I can respond about our agency. Our requirement is that BACS hires Peers at every level of our organization, not just with our behavioral health response team, but with fiscal and quality assurance team, leadership and nursing, we look for that and we prioritize that. Our requirements are listed on our website, if anyone is interested in a position with us. You get screened in and then it's an interview process with any other position. Our requirements are a bit more than other agencies because we tend to be on the higher end of the pay scale so we're trying to recruit folks with more experience.
- Member Sharp: I don't want anyone to take that as a slight, it's just something to think about. There's not a clear answer. Also since we're in this space and we're talking about hiring, I've been advocating for a lot of people within spaces and it's hard to find accountability. If we have a housing coordinator who has a reputation for certain things or a housing operator who isn't top of their job, the clients they're speaking to stay silent because they roll with the punches. It doesn't have to be answered now, it could be an email later.
- Co-chair Houston requested we wrap up this agenda item in the interest of time.
- Chair Sako
  - How can the community connect with the program?
    - On any of our social media platforms, including Facebook, Instagram – handle is MHFirst\_Sac, email [MHFirst\\_Sac@gmail.com](mailto:MHFirst_Sac@gmail.com) or visit APTP.org.

#### **IV. Discussion Item: Recommendation Log Review & Requested Action Items Follow Up**

##### **a. Requested Action Items Follow Up:**

- i. **Connect with County PIO for additional flyer picture options and send to AC for review. (Christina)**
- ii. **Look into peak calls as a reportable item. If so, determine frequency. (Karisa)**

##### **b. Recommendation Log**

- i. **N/A**

Stephanie/BHS

- Provided optional graphics (3) for the CWRT flyer. Committee members provided feedback.
  - Majority of members gravitated toward the graphic of the image of the man with his head in his hands; sharing that the graphic breaks the stigma of seeking help and shows what it could look like for someone to be in crisis.
  - Member Wentzel provided feedback on grammatical edits. She appreciated the work gone into the flyers.
  - Terri (WSH) provided feedback on adding the WSH logo for the flyer and brochure.
  - Stephanie thanked the AC for the feedback and shared the changes will be made and the recommended flyer will be posted on the webpage.

Karisa/DAT/BHS

- Chair Sako shared that she was informed that BHS will not have the previous month's data until later this month but hoping Karisa will give us peak call data times, if that was something the team was able to pull.
- Karisa shared that the overall total number of calls for March was 190; 154 of those calls came from 988 and the remaining 36 came from the HOPE line.
- Peak calls were a separate item which references back to the beginning planning stages when we hoped to have our own dispatch call center before we partnered with 988. We received data from law enforcement agencies on how many mental health calls they received from their jurisdiction, which

didn't capture all of the data due to many systems not set up to flag mental health calls. This report out on peak calls was solely for planning purposes. Moving forward after implementation, I reported out on calls and mobile responses by shift in the monthly and quarterly report, and will continue to report that out.

- Karisa then shared that our new CWRT Dashboard is now available on the [CWRT webpage](#). The Dashboard reflects data for the month of February. This item is slated under discussion item number 5.
- Stephanie shared one of the reasons why our data will be delayed is because Karisa has done a wonderful job of creating the Dashboard we've been requesting that is interactive and will provide a lot more data – which takes time to compile. The Dashboard will be ready around the 15<sup>th</sup> of the month each month.

## **V. Discussion: CWRT Program Implementation, Including Data & Response Outcomes**

### **a. 988/WellSpace Health**

### **b. Bay Area Community Services (BACS)**

### **c. Sacramento County Behavioral Health Services CWRT**

#### **i. Outreach/Promotional Efforts Update (Christina)**

#### **ii. Marketing & Communication Plan Update**

#### **iii. Outreach**

#### **iv. Brochure**

#### **v. CWRT Fact Sheet**

#### **Karisa/DAT/BHS**

- Shared the CWRT Dashboard and provided a tutorial on the interactive features, available on the [CWRT webpage](#) to the community; welcomed feedback and questions.
  - Members thanked Karisa for creating the dashboard. Members noted the wonderful colors, functionality and accessibility, and proud that we have this to offer to our community. The data presentation and trend lines are also helpful.
  - Terri asked if DAT is collecting zip codes or areas that we're responding to. Yes, we have the code data. We have a map component for internal use; it is HIPAA protected. There could be an option to have it on a pdf which could show the distribution of responses throughout the county, which would be a handout.
  - Stephanie added we will look into whether we could compile that by zip code. We've been wanting more data for a long time so greatly appreciate Karisa's work on the dashboard. The data will be available around the 15<sup>th</sup> of the month to review the previous month's data.
  - Chair Sako noted that this lift happened at the same time that the calls have significantly increased, which is impressive. I love the colors, the functionality, the accessibility. Really proud that we have this to offer the community, grateful for all the hard work that went into making this happen.
  - Of those 190 calls, do we know how many resulted in mobile response?
    - Karisa: 90 calls. Stephanie: Confirmed it's been high since the Sheriff policy change, but noted it was also high in August. Helpful to note the patterns over time.

#### **Terri/988/WellSpace Health:**

- In March, we totaled 1,826 calls. Transferred 154 callers to CWRT compared to 117 the month before. Last March it was 81, so we almost doubled. 12 unable to connect with CWRT over that time, with that call volume, it was still a small percentage. 16 emergency interventions that we initiated, still less than 1% which left the vast majority resolved. Another field we're reporting on is whether we've made calls to the Sheriff and they did not respond, we had 4 of those where we thought they would respond but they didn't, so we went a different route.
  - Chair Sako asked what that other route would be?
  - Terri: it is either Fire or EMS. They've been responsive and we've worked together to manage the situations. We're still calibrating because we still think there are calls that should go to them (Sheriff).
- Shared success story.

#### **Harjit/BACS:**

- Noted he will be present next month in person to introduce the new BACS CWRT Manager.
- Shared success story.
- Staffing: actively working on new staffing model, increasing number of teams to ensure coverage.

Currently model is 1 team every shift on Sunday, Monday, Friday and Saturday, in addition to 2 teams every shift on Tuesday, Wednesday and Thursday.

- Recruitment: in March, new PM started, and NOC shift supervisor started. Hired 3 care coordinators and pending hiring. For recruitment, 19 people being screened, 16 that are telephone interviews and 6 others are in person interviews.

#### Stephanie/Korlany/BHS:

- Stephanie shared the Awareness Campaign Report. She briefly reviewed the bullet points and highlighted the Evaluation section. Stephanie listed ideas for the next phase, including bus wraps, radio ads, working with CHIA, posting in high traffic places (CRCs, food banks), collaborate with CHIP and targeted outreach in partner building, working with DHA for distribution for all Medi-Cal recipients, local Sac State newspaper, and utilizing Sac State interns.
  - Chair Sako added that two of the Supervisor's newsletters talk about CWRT and promoting 988. Supervisor Kennedy has it posted on his Facebook page.
  - Member Orr shared it is great that CWRT is reaching out to the local sports teams. It would be helpful to get into college students that are around the area, such as Sac State and city colleges. With upcoming season of football, it would be a great place to promote. I have a deep connection with the athletics department at Sac State, if needing to connect. We could have 988 reach out and put a banner there. It is also basketball season so it will have a lot of attention.
- Stephanie shared ongoing outreach with school districts and collaborating with Sacramento County Office of Education.
  - Member Orr asked whether school outreach is specifically for 988 and CWRT.
  - Yes, the school outreach is focused on promoting 988 and CWRT.
- Korlany shared the BHS Resource Cards are posted on the CWRT website. BHS team is revamping the cards to ensure font is bigger and legible; will distribute those when they are finalized and available.
- Korlany shared the CWRT brochure; welcomed feedback and input.
- Korlany shared the CWRT Fact Sheet is published on the CWRT webpage, which is also translated into the threshold languages.
- Korlany shared updates on Folsom PD pilot, Sacramento PD pilot, and tabletop scenarios with Folsom PD.
  - Terri added the tabletop scenarios were based on the NENA (National Emergency Number Association) standards for 988/911 dispatch interoperability guide.
- Chair Sako shared that the MHB youth advisory committee conducted a site visit of the Welcome Homes for foster youth, with a new provider coming in called Foster Hope. They had some knowledge of 988 and CWRT but not a lot, so I offered to help make the connection and linked them to Stephanie and Christina and it sounds like there is a plan to present.
- Chair Sako added that Dr. Quist talks about CWRT being age agnostic, which is inclusive of all ages. Where is The Source in these conversations about interoperability and bidirectionality because they serve the youth population? Are they involved and if not, thoughts of having them involved? Stephanie: They do take direct calls from the community. The contract was up for re-bid and will primarily focus on serving foster youth and families moving forward; however, they will respond or link to CWRT anyone who calls them directly. Since CWRT serves all ages, we want to ensure the community knows where to go when experiencing a BH crisis without confusion so that is the messaging.
- Member Gayent asked to what degree is the faith community aware of CWRT?
- Terri: relatively low, based on a meeting earlier with substance use providers – maybe 3 people knew about 988 and could explain to someone what 988 is.
- Member Gayent added he is happy to bring information and resources into these communities, and would like to get more of an audience with local pastors.
- Terri noted that WellSpace has an outreach person who would be happy to be there.
- Terri added that another place where people can learn about 988 is the VA, which puts out a lot of information on the veteran's line and we've gotten 988 on their marketing.
- Terri asked whether the County uses mail? It could be a cost effective way for marketing. Stephanie confirmed we have mail capability. If there is an event or opportunity to present, please let us know.
- Members provided input and feedback on targeted outreach:
  - Resource Fair at Sac State
  - Member Orr noted the increased viewers with posting reels and leading to increase traffic on website. There are tons of social media that you can pay for advertisement. Can pay influencers since they have a large number of followers.
  - Connecting with Los Rios.
  - Papa Roach is a local band and they did a PSA for 988 in the middle of a concert.
  - Sacramento Reddit has 221,000 members, might be a good place to post information.
  - Reaching older adult population; how to talk about stigma.
  - Radio stations like 97.5 can reach older population.

#### Member Comments/Discussion:

- Chair Sako noted she has seen the cuts and layoffs that are happening on the federal level with SAMHSA, and is concerned about when that's going to trickle down and impact County. Is it realistic to ask for some funding updates at next month's meeting for projections, or is it too early to tell? Stephanie: We don't expect any changes in funding for this program next Fiscal Year.

**VI. Adjournment**

**Next CWRT Advisory Committee Meeting Scheduled for Tuesday May 13, 2025 6pm-8pm**

- Co-chair Houston adjourned the meeting at 8:01 pm.
- Attachments referenced in this meeting were emailed to Chair Sako.

**VII. Requested Action Items from AC Committee Meeting**

1. Zip code data on pdf (Karisa)
2. Flyer and Brochure posted on the CWRT Webpage