

Sacramento County Mental Health Board
Community Wellness Response Team (CWRT) Advisory Committee
ANNOUNCEMENT – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Tuesday, May 13, 2025
6:00 PM – 8:00 PM

Members Present: Katie Houston, Patricia Wentzel, Elizabeth Kaino Hopper

Absent: Corrine McIntosh Sako, Elijah Orr, Terry Sharp, Mykel Gayent

BHS Staff: Korlany Roche, Stephanie Kelly, Karisa Hyppolite, Emmanuel Amanfor, Arys Scott, Christina Irizarry

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 6:04pm. Members introduced themselves; no quorum was established. MHB Conduct Agreement was reviewed and acknowledged.
- Member Hopper shared reminder that the upcoming Board of Supervisors meeting will discuss combining the Mental Health Board and the Alcohol and Drug Advisory Board for dual representation. This particular committee may or may not stay in existence, so we have the opportunity to write an opinion on how the Board might better serve us.
- Member Wentzel seconded Member Hopper's comment.
- Note that WellSpace Health/988 was not represented in this meeting. Co-chair Houston shared on behalf of WellSpace that there are no changes to the services being provided by 988, despite information that may be circulating. If you have further questions, Terri Galvan will return next month to provide a report.

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

- Public Comment #1: I am a representative from Psynergy. I enjoy coming to these meetings. I learn a lot, and I've been sharing information with our directors and managers. Thank you for being here.

III. Roundtable Discussion: CalMatters.org Article: They Called For Urgent Help with a Mentally Ill Loved One. Why California Police Refused to Help

- Note that article was not distributed to committee members ahead of the meeting. Printed materials were not available so the article was shared via Zoom screen share while Co-chair Houston provided an overview of the article, along with highlights.

Member Discussion/Comments:

- Member Hopper shared that even though Sheriff's policy is to not respond to mental health calls, this gives us an opportunity to expand the community's awareness of 988 and CWRT. Most individuals are not able to connect the two agencies [988 and CWRT] and that folks responding have training and lived experience, with enough time allowed to benefit from de-escalation. I chose this as my opportunity to point out that we're already responding with County and BACS support as a platform to say, even though SSO are not responding to everything, mostly we don't need them until it's a teeny percentage that would benefit from a transport. Patricia was able to report on the piece of the story that focuses on the family member requiring a medical intervention. That is my opinion.
- Co-chair Houston: The stories are the stories we hear of suffering; seeking help is difficult and I'm happy that CWRT/988 have been meeting this need. I'm looking forward to the numbers today because they are increasing. What I noticed from this article is that they don't come out unless there

is imminent harm, what is the criteria for imminent harm? When there's a 5150 need, who's responding for us? Are they coming if this person is danger to self (DTS) and do we have intersectionality between the SSO and BHS so that there is support? I pose that as more for learning and conversation.

- Member Hopper: I'm trying to keep up on the most recent information, and that information comes from the Community Review Commission. Even though it's a small number, it can be a large number of people in Sacramento County that need to be supported and use best practices to create a safe environment and watchful environment. We can do simple things to support people in the home, such as putting over the counter medications in a locked setting and having someone sit with them quietly. This sounds extreme to a lot of families but these are things that are available on a grass roots level. Not sure how to get that message out there, but 988 will find respectful and creative avenues to be able to get support to people nearby. NAMI has done these things for decades. A different alternative is to teach de-escalation within the home environment. Along with first aid training, there are Mental Health First Aid trainings that put that information out there. It's possible for us to do these things, and many people are afraid of involuntary care since there is that long lasting stigma. SSO has showed up if a major criminal activity has occurred with SWAT team; there is a little bit of gap for safe transports.
- Co-chair Houston: I raise the idea of involuntary transport that would require an officer. Do we have relationships with organizations to leverage that?
- Jessica (BACS): We've seen that need also and a large percentage of medical calls that are experiencing a medical call in conjunction with mental health. Regarding substance use, we try to triage if there is a medical need. Shared story about person in crisis due to physical/medical symptoms were impacting mental health. We hope to coordinate; we've had EMT come out and have determined that there's a medical need. Also, clinicians can advocate for the individual if the medical need is apparent.
- Member Hopper: We're not the only county that's dealing with this situation throughout California. I'm part of a networking group, and there are 5 or 6 counties that are openly not transporting and the acting policy is to not go out. In a separate workgroup for grave disability, we actively discuss what it might look like for peaceful restraint training to envision a better way to get transport. Psychiatric technicians are already trained to get someone in an ambulance and use a certain seat belt method. I want to frame this for our county; there are other areas that have begun to answer this question, from a more medical perspective. If anyone has ideas, you can contact me: ekainohopper@gmail.com.

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

a. Requested Action Items Follow Up

b. Recommendation Log

Korlany/BHS

- Reminder that CWRT flyer and brochure are published on the webpage.
- Provided the committee members printed flyers and brochures (75) for each committee member.
- Provided the committee members 2 boxes of BHS resource cards (business card size).
- Provided the committee with designs for CWRT stickers; solicited feedback and opinions on which ones to print. Will submit printing request and bring back possibly by next meeting.
 - Co-chair Houston: Since we're short on members, do we want to hold off on feedback until the next meeting? Christina: We can wait to receive feedback. The turnaround time for printing will be quicker since we're doing it in-house.
 - Member Wentzel: Some of the print is so small, which may not be meaningful. Maybe just say call/text/phone support and in person support is available. It's a mouthful and a long phrase to put on a sticker.
 - Member Hopper agreed. What's here is not that different than what's available for 988. We keep hearing that people are tired of dealing with people over the phone. The in-person part is missing. Patricia is a real champion for how materials grab people at every reading level that is also simple and understandable.
 - Member Wentzel: My impression is that young people aren't picking up the phone to call, it's either to chat or text. It's important to cover all the modalities that support is available.
 - Co-chair Houston: I like design #2.
 - Stephanie: We can start working on the feedback provided to incorporate and bring back for further feedback from other members next time.
 - Member Hopper: Please express my deep gratitude for the work that is done here.

Karisa/DAT/BHS

- Reviewed zip code data for March 2025.
 - Karisa asked whether the committee preferred to see this data monthly.

- Member Wentzel asked if it was on the CWRT Dashboard.
- Stephanie: Our internal dashboard has location information, which we monitor to – because there is PHI it's not on the external. We could post this type of zip code report in addition to the dashboard, but not as part of interactive piece. What is the frequency of interest in reviewing by the AC?
- Member Wentzel: It's great to see that County is tracking to see where additional resources are needed and tracking patterns where particular response is needed. I'm guessing you're also looking at the concentration of areas, such as rural. I found it interesting to look at the information and that the responses are widespread throughout the county. I appreciate the data but feel like I don't need to see it every month. Maybe a 3 or 6 month report and compare it against previous months.
- Christina: We're looking and trying to understand the data and how that can inform our programs. Currently, we're working with Public Health to correlate data on hospitals and EDs admission due to suicide attempts or suicide ideation. We're trying to explore and make meaning of the data. Ely (PIO) also wants to emphasize areas where we can target outreach. We're trying to make a narrative of what the data is showing us. We are working on things in the background that is intentional and meaningful. Member Hopper: I remember being interested in this to look at whether we are not responding because the teams aren't in the city and the city has it covered, or is it because they just don't know about us. That in part, came from Terry Sharp and that the best way to distribute information is to have it come from the people inside the community. That way, our people can call and get a healthy, helpful response. That was my motivation for asking these bigger questions. I'm a part of NAMI and there are some people that are not aware. I'm thrilled that these are things you are already capturing and partnering with therapeutic hospital settings to get the bigger picture.
- Member Wentzel: I realize 988 doesn't always collect demographic data.
- Stephanie: I believe they now have geo-location capability. We have a quarterly report for this program and I believe we can add that information – Emmanuel, is that something that can add?
- Emmanuel (BHS): Yes. We met internally to see if we can add this to the reporting. We are looking at the trends and seeing how often the calls are going out. We've discussed the variables to include and continue to work on the reporting.
- Co-chair Houston: Is this all of the zip codes? Karisa: The map shows all 63 zip codes, however the table only shows the mobile responses. I just wanted to clarify that this will be added to the quarterly report to show trends?
- Emmanuel: Yes.

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

Jessica/BACS:

- Shared success story.
- Vacancies: we have 18 out of 24 Care Coordinators. We have two supervisors and one new program manager, Isaac. We have 3 hires pending and two recently started. There is a lot of training and onboarding at the moment.
- We are tracking the number of calls redirected from SSO; there were 11 for the month of April, which is a reduced amount since they made their first announcement. It has been helpful to know that SSO calls 988 directly.
 - Christina: BACS and County teams are tracking these calls manually, since they are coming in from the HOPE line. It takes our dispatchers off the line, and the calls have declined in number over time.
 - Member Hopper: It's helpful to see the calls redirected from SSO.
 - Member Wentzel: Are you tracking how many times your team asks for or would ask for SSO and not getting it?
 - Jessica: Not on our end.
 - Member Wentzel: Are you tracking times you declined to go out because of safety?
 - Jessica: We can look into how we track that.
 - Stephanie: We're still trying to stay on the line to support, even if we can't respond in person due to safety. And yes, we have dispositions by call type.
 - Karisa: It's a component on the dashboard.
 - Member Wentzel: If the Sheriff stands on his position, and we have a situation where a response was needed and was not available because of the SSO policy...if someone can

come up with an alternative, to expect what the number of calls would be, and quantifying that would be helpful. I know that 988 is tracking that (the times they are calling SSO and SSO refuses to respond).

- Stephanie: We're trying to track that across our system.

Karisa/DAT/BHS

- Shared dashboard for the month of March. April dashboard will be posted on or around the 15th of the month. Highlighted new descriptions page that was published and reviewed definition for lethal means.
 - Co-chair Houston: The descriptions are really helpful.
 - Member Wentzel: Is there a place that indicates if we call an ambulance and someone is medically transported? Or is transport only when our teams transport?
 - Karisa: One transport was to UC Davis, this transport is for any reason.
 - Member Wentzel: I don't know if any circumstances arise on regular basis where the team determines medical transport is appropriate and an ambulance is needed. Just to differentiate whether it was a medical concern.
 - Jessica: It doesn't happen often; we let them know to contact EMS or we do it on their behalf. I can look into it further to ensure we are capturing that.
 - Stephanie: There are disposition options for higher level to medical. Transport data should be specific to CWRT transporting – not EMS.
 - Member Wentzel: Just like how you're trying to quantify when SSO is not responding, it would be helpful to quantify when EMS is responding to draw a complete picture of how we're serving the community.
 - Stephanie: They [EMS] are interested in partnering with us. On a side note, they are also interested in partnering with our CCIT teams.
 - Member Wentzel: Does Metro Fire ever ask and call CWRT for a response?
 - Christina: I haven't heard of that recently.
 - Stephanie: They are interested in partnering. Their MIH (Mobile Integrated Health) program has access to a physician.
 - Jessica: I haven't heard of instances where Fire will reach out.
 - Member Wentzel: Chief Perryman has been helpful to NAMI where people who have been frustrated trying to get help from the SSO. Scott has been willing to give his cell number to get transport to respond to their situations.
 - Christina: With our pilot with Sacramento PD, we are including Sac Fire in those discussions around how to dispatch calls appropriately.
 - Member Hopper: Thank you for this very detailed, intricate report of how completely the effort is to serve Sacramento residents, and coordinating with BACS, etc to make this happen. I love that any questions we are having, you are already thinking about and have information to share. We really appreciate all the work being done.
 - Co-chair Houston: I like the dashboard and being able to expand it. Pretty user friendly and doing it on an iPad which is pretty non-functional.

Christina/BHS:

- County CWRT is in the process of potentially hiring one Mental Health Counselor and in the interview process with the Peer position.
- County will be mirroring BACS training model where staff (Dispatcher and Responder) will be cross trained to ensure coverage needs and to be more fluid across roles. Will start this training model in June.
- Extended MOU with Folsom PD for the pilot due to having a slow start and wanting to gather more data. Will provide a report/presentation at the next AC meeting.
- Maintaining CWRT/LE bilateral meetings (monthly), as well as ongoing discussion with Folsom PD on upcoming pilot to start July 1st.
- By the end of the fiscal year, we will have wheelchair ramps installed in two of our vehicles to be more ADA compliant. Other two vehicles will have partitions separating the driver and passenger for safer transport.
- Also got new shirts (blue polos), which was a collaboration with BACS to be more visible and easily identifiable by the community. Each staff member received 5 shirts.

VI. Adjournment

Next CWRT Advisory Committee Meeting Scheduled for Tuesday June 10, 2025 6pm-8pm

- Co-chair Houston adjourned the meeting at 7:32pm.
- Attachments referenced in this meeting were emailed to Co-chair Houston.

VII. Requested Action Items from AC Committee Meeting

1. Feedback regarding CWRT stickers: add in-person response and more accessible.
2. DAT will include zip code data to quarterly report.