

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

Members Present: Corrine McIntosh Sako, Patricia Wentzel, Elizabeth Kaino Hopper, Mykel Gayent

Absent: Elijah Orr, Katie Houston

BHS Staff: Korlany Roche, Stephanie Kelly, Karisa Hyppolite, Christina Irizarry, Lonje Deschamps, Dawn Williams

Agenda Item

I. Welcome and Introductions

- Introductions:
 - Committee Members
 - CWRT Partners
- Review [MHB Conduct Agreement](#)
- Announcements by CWRT Advisory Committee Members

- Co-chair Sako commenced the meeting at 6:02pm. Members introduced themselves. MHB Conduct Agreement was reviewed and acknowledged.
- Co-chair Sako announced upcoming site visit at 988/WellSpace Health call center scheduled for next Thursday, July 17th at 3pm. Address has been sent to all members and a final email reminder will be sent on Monday.
- Co-chair Sako announced the final meeting of the MHB is scheduled for Wednesday, August 6th at 6pm and all are invited to attend and celebrate; food will be provided.
- The Behavioral Health Commission (BHC) is scheduled to have its first meeting in September and applications to serve on the commission continue to be accepted. If you're interested in serving on the BHC, please visit the Sac County BHS website on the BHC webpage:
<https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Behavioral-Health-Commission/BC-Behavioral-Health-Commission.aspx>
- Co-chair Sako made space to observe a moment of silence for an individual who recently committed suicide. She noted: I do not know his last name and I did not know him, but what I know of him is that his family contacted the Sac Sheriff's Office on Saturday at 11am to inform them that he was suicidal and threatening to take his life. Dispatch told his family that they do not go out to those calls anymore and they have to call 988. His family called 988 and was told they would not go out because he had a weapon. He took his life just before dinner time.
- Although tonight is the final meeting of this advisory committee, the CWRT program will continue to exist and it will be the responsibility of the BHC to monitor and advise. It is my hope that while we celebrate the success stories of 988 and CWRT, that we never lose sight or fight for community members like the individual who committed suicide who deserve to receive care. Thank you for joining me in a moment of silence.

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

- Public Comment #1: You might not have known the individual who committed suicide, but here is a little something you can pass around. That's my daughter; she committed suicide a year ago. I've called the police department many times because she was abusive to me, to her dad, she would bite him and kick him, he's 6'2". She would bite, hit, kick; it's violence. At one point she had a knife, so they wouldn't come out. At what point do we, as a community, have to put an end to this and say no, it's not okay anymore for you to just pick and choose who you can help and who you don't. I'm here today because it's been a year, I lost her a year ago on the 6th. I'm here today because I'm ready to help, I'm not going anywhere. My mouth is not going anywhere. So, take advantage of it because I'm not going anywhere and I'm going to keep fighting for her because she deserves it. How many times did get put out of a mental health hospital because they just were done? They didn't really do their job there. That all needs

to be worked as well; the whole mental health department needs to be looked at too. It's not just the police department, because they turn them away too. They put them back on the street just to have it done again. I don't know how many times my daughter was in and out of mental health hospitals, and she was proud of it; it was like a game. So, I'm here to stay, you can use me, my mouth is not going anywhere.

- Co-chair Sako offered to take public member's contact information and provide information on how to apply for BHC. Public member shared she passes out 988 information constantly. Her [daughter's] dad who lives in Hayward saw signs in a parking lot, "heaven has a new phone number, it's 988." It was everywhere and it was beautiful.

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

a. Requested Action Items Follow Up

b. Recommendation Log

- Noted there were no requested action items.

IV. 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

Terri/988/WSH:

- In a meeting last night with Patricia and her group, we talked a lot about the gap that has been left with the SSO not responding when there are weapons. Last night and today, we need to remember there is this other gap that someone in an involuntary hold space, that we probably need to hold the same space for. Those are two gaps that we have not yet solved. We've been talking about CWRT and we've been talking about weapons but we still have two and I've heard that very clearly the last two days. I want to say that out loud and hear that. As a community doing this work, we want to solve both of those problems. Thank you for sharing and coming forward [community member] and talking about your daughter. We need people like you who can help us.
 - Community member stated it's not hard anymore. I want to help.
- Last month, 988 had a record high of 2,052 calls for Sacramento County. We have put up billboards, right on Consummes in South Sac area off the freeway. There are so many things that influence the number and we've known that we will see more callers than we already are. 157 transfers to CWRT; 6 times aren't able to reach them (as a reminder, they are contacted after; at that moment we just weren't able to make warm transfer); 9 times we needed LE or fire to respond and they did. As you know, Sac City and Sac Fire still respond so we have that protocol. No instances in the last month of when we specifically asked SSO to respond and they refused.
- Shared success story.

Jessica/Isaac/BACS:

- Jessica shared staffing updates: we have our NOC, day and swing shifts staffed. Excited for newest manager with experience working in mental health and with youth.
- Jessica shared success story.
- Isaac added there were a total of 216 calls and of these, 136 were by a third party caller. The moment of silence we just had was by a third-party caller, it raises the point for staff of how we are handling the third-party callers; that they need to be taken very seriously because they are our eyes and ears out there. Sometimes when people are in crisis, they are unable to make these calls; and a family member or neighbor or other community member making these calls on their behalf, that it raises what can we do to help these people in crisis... and not to downplay that because we didn't speak to the community member, then it lowers the threshold for which we are to take those calls. So it has allowed us to revamp our systems currently and to make certain that these third party calls, when we get them, that they are valid to the point of we are talking to this family or this community member, and to attach significance to such calls and to enhance our response greatly even if that community member is not willing to talk to us. Jessica, thank you for sharing our success story and explaining some of the work we are doing and continue to do.
 - Co-chair Sako thanked Isaac for highlighting the importance of third party callers and responding to the loved ones' crisis also while they see a community member in crisis.
 - Member Wentzel asked 136 calls to CWRT were from third party callers? Isaac: Yes. Member

Wentzel asked if he is aware of NAMI Sacramento? Isaac: Yes. Member Wentzel wanted to make sure that information about NAMI's family-oriented programs are getting out to the community members and families in crisis. I'm hoping that CWRT is making sure people know about and if there's anything I can do to facilitate that, do presentations to your staff or provide brochures, I'd be happy to do that. I'm the helpline coordinator for NAMI Sacramento, and we have a 9 to 5, Monday through Friday helpline for anyone who wants to call us, we can help them problem solve, get them connected to services and giving information about our programs. Isaac thanked Member Wentzel for the information. It's one of the resources that we give out the most – we are constantly printing resources and providing brief trainings to our staff, especially new staff. NAMI is nationwide and it's in every community.

- Co-chair Sako: I heard from 988 there were 157 transfers to CWRT and Isaac shared they received 216 calls; does that stand to reckon that the difference would be directly HOPE line calls? Isaac shared of those calls, 75 came through the HOPE line and 80 of those calls were self-initiated. Co-chair Sako asked to clarify that the self-initiated calls are through the HOPE line; does BACS have a separate number? Isaac shared that based on outreach, he believes people are calling in straight through the [HOPE] line. Co-chair Sako stated her understanding is that the only direct line is the HOPE line. Christina stated yes, that is the only direct line aside from 988. We will need to consult and try to reconcile those numbers because Karisa works directly with 988 to make sure that our numbers align, and they just recently reconciled those, and Karisa will present data shortly.
- Member Gayent asked ever since SSO stopped sending people out, how often is CWRT going out and not being able to help in a situation where it is dangerous? What happens then because families are still looking for help. I have a family member that's having issues and they come out multiple times. It's my granddaughter, they've taken her a couple of times and she'd be released inside the 72 hours. The last couple of times, they'll come see her and even though no one is in danger, they'd take her and the family wants her out. There's nothing they can do because they don't want her out on the street. What I want to know is what are they doing about it? Stephanie responded that it's not often, there are very few. We have shared with the Community Review Commission and with Fire as well, that there are gaps but those situations are infrequent and that most of the time when they respond is when individuals have access to a weapon. So it's not very often, but to Isaac's point, if all we can do is work with a third party for whatever reason, then we will work with the supports whether that's providing skills for them or resources. For specific tracking, there's not an ability to track that within our EHR and we'd have to do a manual dive. Christina shared it's very rare, and often times when there is a need, the team is very good at trying to get individuals to go with them voluntarily. But if there is an ask to track that, we can start doing that manually.
- Member Gayent shared he read recently about the new bill with plans to take away Planned Parenthood and attacking Medicaid. Something that pinched my nerve is that I read that they're talking about not helping the LGBTQ community and especially youth. What I read is that if there is a call, no one is to go out; not that we're doing that currently but I would just like to get an idea if we are aware of that and if that does come to fruition, how would we handle that? If that's taken away, what would we do with that? Terri stated that LGBTQ+ line with 988, that specific line has been discontinued. The Trevor Project who had that line is still in existence and many in the community know about the Trevor Project and they're still accessible and they're able to serve that community, and they have not gone away and they they're not going away. They are still a well-regarded resource to the LGBTQ youth and the community. Likewise, 988 isn't going anywhere. Just like when you call 988 and you can press 1 for the veteran's line and 2 for Spanish, it was 3 for the LGBTQ specific line, that isn't an option but we're still there. As a consortium of 12 988 centers throughout California, we are working together to increase our training, to step into that space so that there is no lack of services for the community. Should they want to continue to call 988 and receive our services or continue to call the Trevor Project if they're comfortable with that. It is a change and that's unfortunate but we are covering that and there's nothing that I've heard that states we have to change anything with what we're doing. Member Gayent requested to have a conversation with Terri, while I don't represent that population per se, we all represent the community and it's disturbing to think they will lose a necessary support from us. Terri shared we have stepped in and hope that there is no gap but that specific line is no longer with 988.
- Member Wentzel shared Christina came to the ASOC meeting last night and just wanted to refer to that; I asked if CWRT could start tracking the number of calls from SSO so that we can articulate whether that's a big problem, small problem or no problem; we have no ability to track that. And also that if CWRT Dispatcher or team feels that they would have called for the SSO and they aren't doing that, I'd like to see that policy change. I would like to see us call every time we need LE response so that we can say definitely they responded. Because sometimes they are respondent, and sometimes they are not. It's not consistent, and if we don't call them, even though the caller may have said they called 911 and they told me to call you, I say that we need to call them too and say we have a crisis situation that we need SSO support for, and we would like to talk to the Sheriff, sergeant, watch commander or whoever is in charge, about whether we can get SSO support on this call. I think it's important for us to

reach out to SSO and not just assume they're not going to come because they're not being consistent about their deployment as far as I can tell from 988 and Fire.

- Co-chair Sako asked is this a requested item for us to follow up? Member Wentzel stated there's no CWRT AC to follow up so I just wanted to make that point. I know the system isn't set up to track it and it's hard to track these things manually, but I really think the public wants us to do that. Stephanie stated it's not a high number so it wouldn't be a problem. We do track dispositions so you've seen the ones where there are weapons involved, and it wouldn't be hard to look through those. Member Wentzel: My understanding is that there are times when the team won't go out because of violence but not necessarily a weapon. So those are the ones that we need to make sure to call and say to LE that we need you there, whatever protocol you have that applies to those situations so that we're maximizing our opportunity to have an effective and appropriate response. Because what I hear is that involuntary transfers are not happening and there are deaths as a consequence. Co-chair Sako added she knows that it's a small number but that one could be the individual who committed suicide or someone's daughter. Member Wentzel: I feel compelled to be that voice for those families. Christina shared she conveyed that to Stephanie and will create a log and working with BACS to make sure it's uniform. Since that conversation, I've updated the guide and workflow for when LE doesn't not respond and sent a draft for Stephanie to review. Stephanie stated it is our common practice to call LE in these circumstances, but we are making sure it is clearly outlined in writing so there is consistency.
- Co-chair Sako asked for things that needed clarification. She saw on Turning Point Community Programs' website that starting July 1st they will start advertising 988 and CWRT since they are the contract/operator for the Behavioral Health Urgent Care Clinic. But on their website, it shows BACS CWRT, so I was wondering if there has been a change that CWRT is now all BACS? Christina stated we will look into that; it might have been a glitch since we were going back and forth with the advertisement with a quick deadline.
- Co-chair Sako shared she was informed that The Source previously used to respond to youth and now have gone back to their standard operating model which is providing support to current and former foster youth and resource families. The Source was a big partner amongst the services in the community and I suspect it had to do with budget? Christina shared that data wasn't showing a lot of in person response, given that most calls are resolved over the phone. There was a small percentage, less than 2% in the last year [of in person response], given that there wasn't a high need of in person response and now we have CWRT, we went back to the original model. Stephanie added we don't want to lose folks as partners, but even the level of crises weren't high so going back to the original model focusing on foster youth and families made sense. We'd like to have a uniform messaging to the community with CWRT. Christina added The Source has a workflow that they can do warm transfers to us if there is a request for that. If you feel it's appropriate to leverage them as a resource, we can do that as well.
- Co-chair Sako: As a follow up that is kind of related, I brought up at the last meeting that there is confusion or misinformation that welcome homes won't be responded to. Is there an update or response to that? Terri stated she needs to go back into her emails to find where that originated. Co-chair Sako stated it was Foster Hope located in Citrus Heights from their PD person, Erin Brown.
- Co-chair Sako: In the behavior health services director's report that gets included in the agenda packet for the MHB meetings, under crisis continuum, it says that as of July 1st, CRPs will be a pooled contract. Can you clarify is that crisis response programs? Christina clarified it is Crisis Residential Program. CRPs are not directly related to CWRT but a program that CWRT can refer into.
- Co-chair Sako: Going live with Sacramento City Fire/Co-Response Crisis Intervention Team (CCIT) on July 1st. This collaboration involves a senior mental counselor riding with a paramedic to respond to mental health calls within Sacramento City limits. Can you share more about that and how community members can access that? Stephanie: CCIT receives calls through 911; typically to date that program has been running for about 10 years now and it's primarily with our LE partners that has been the model. With the policy changes with SSO and calls being reassigned, we were looking into and interested in a partnership with Fire. We heard that Sac Fire got an increase in calls and they were willing to try that out; they also don't do 5150 applications, so we will have clinicians for that. Co-chair Sako: what's the likelihood that would spread into the unincorporated county areas? Stephanie: we have had discussions with Metro Fire and they are interested. They haven't been able to dedicate a vehicle for that, but they have their Mobile Integrated Health (MIH) team, and they are interested. We'll continue to have discussions. Co-chair Sako: my understanding is that, while I didn't know him, what I know of him is that he was located in the Antelope area and that's an unincorporated area of Sacramento County and that could have been a program to benefit him. Stephanie: We are continuing conversations with our partners in these areas so CCIT can respond. They've expressed interest in that partnership.

Christina/Korlany/BHS:

- Shared our MOU with Sacramento PD pilot was implemented as of July 1st. As mentioned in the

previous meeting, how we are able to coordinate with the previous pilot, we have continued meetings to iron out glitches from first call to end of call and to make sure things are seamless.

- Public Health was able to get an extension of their grant funding to \$125,000 (*correction: \$100,000*) to leverage and support the 988/CWRT marketing campaign. It was originally \$25,000. We met internally as a smaller group to iron out that we don't run into any red tape.
- Korlany shared potential partnership with Sac Regional Fire with potential opioid settlement funding for marketing of nationwide campaign of 911/988 and could leverage to market CWRT/988. More education around the difference between 911 and 988 and the types of responses we can provide.
 - Co-chair Sako: That's great. We heard that there wasn't a separate bucket for money for promotions and really leveraging existing buckets that are there and tying it with other causes.

Karisa/Data Analytics/BHS

- For the month of June there were a total of 179 calls, and 157 of those calls came from 988. The remaining 22 came from HOPE line. 63 calls were local responses.
- Shared dashboard for the month of May is live on [CWRT page](#); reviewed calls, responses and dispositions.
 - Co-chair Sako: Are we tracking any qualitative data on the "Caller Cancelled? Karisa: Sure, in our dispatch system there is a field for the dispatcher to annotate the call and details, so there is qualitative data there. But it is in free form summary so it's not possible to mine, it would require someone to read through every single summary, but it is there and recorded.
 - Member Wentzel: Regarding the "time spent on call," you're offering this information in averages, is there a lot of variability in the amount of time spent on calls? What is the range; is it from 5 minutes to 5 hours? How well does the average represent the totality of the calls? Karisa: There is a range but the deviance is not that great.
 - Member Gayent: I'm impressed with the reporting and responses. Am I missing where we are tracking vets? Are they [help seekers] offering up that they are vets? Is there any tracking for that? Karisa: Our system to record the calls and dispatch, BHL, has a field for dispatchers to record military status. That isn't a mandatory field, and it's up to the caller's discretion to report that information. It is something that I can incorporate into the reporting in terms of demographics. Member Gayent: I represent this community and while working with them, I know they will have more questions. I'm getting to provide a presentation and would like to make sure I have all the information.
 - Co-chair Sako thanked Karisa and expressed gratitude for her work on the dashboard.

V. Discussion Item – CWRT Advisory Committee Members' Reflections for the Incoming Behavioral Health Commission

- Note that Member Sharp joined the meeting in person at 6:40pm; Member Sharp introduced himself.
- Co-chair Sako introduced this discussion item as time for the AC to share reflections on their time serving on this committee, what they would like to "hand off" to whoever will be picking up looking at CWRT on BHC as everything will be recorded in the minutes and accessible via the public webpage to codify their successes, challenges, growth points, hope and dreams, etc. Welcomed members of the public to join in the discussion.
- Member Sharp shared he found it challenging after awhile. Being on the ground level and then on this level [at this committee], I thought my relevance would be just my perspective and that it would be impactful, where I encounter people where the solutions are being created. As much as I feel like my perspective brings value, I also think about what else can I gain from it. Because what can I do here? It's becoming not so much as a priority; I don't see my relevance, since it takes a village to fill gaps.
 - Co-chair Sako: Do you feel like you and/or your lived experience has been valued through this committee?
 - Member Sharp: I feel like I didn't know to navigate for that to be a possibility.
 - Co-chair Sako: Do you know what would have helped that to be a possibility or what would have made you feel valued?
 - Member Sharp: It's not that I'm not feeling valued, it's what value do I actually bring. I would have to navigate how my experience relates to the context of the meeting. A lot of the time, these meetings are structured and even when I've studied, I couldn't establish how my experience brings value to what we're discussing. Until my community can validate me to a level of professional experience, I can't come into these spaces and speak to these things.
 - Member Gayent: With the people that you're helping and dealing with, has there been any discussion that we've had here that you take back to the constituents and show them, this is what they're talking about, this is what we can do? In my perspective, that's what you gain and take that information back to your community. They can throw some questions to you that you can bring back to the committee.
 - Member Sharp: What I have been doing is involving myself in the extent of bringing resources to them and making them aware. When I look at the barrier of where they're at and wanting services, the people that have the worst mental illness want the least amount of resources.

They don't trust anything, but they'll talk to me. Right now I'm doing a social media campaign to create interest points for these discussions, but the question is, what are the interest points because no one wants to hear it. I'm trying to find another way to get people involved. The challenge for me is creating an interest point because I know what it is to not care. I speak their language and want them to care; how do we get there? The value is, when I reach out, there's an appropriate relationship to be had. I didn't want to overextend what I wanted to do and keep myself reserved.

- Member Gayent: I see value in you, the value you have to this committee. I wouldn't to see you not continue this. You're right where you need to be. When it comes to impact, for me, what I try to do and try to help. My day is successful is I help one person. I'm not worried about the masses right now because I'm trying to get who I can get. At the same time, we make connections all over so that we know who to connect them to. Keep coming back.
 - Co-chair Sako: I found you to be invaluable serving this committee. It stands out to me in the meeting where you said in the program that I'm in, I don't see flyers of 988 and CWRT. With you being on the ground, in the streets, the policies and procedures can feel familiar in our face but there are those being served in the programs, that there is a dissonance and you've helped to shorten that. I'm glad that you're here and that you stay involved in all kinds of ways.
- Member Hopper: My reflection has to do with making sure we have a wide variety of people with different backgrounds and different areas of stakeholders, have an interest in 988, and that we somehow create an encouraging voice to look for similarities and recognize that this is a program that is supposed to help people to avoid criminal justice systems. I would encourage this committee to continue to recognize the challenges of serving the community where individuals are needing to be placed on a hold, and may inadvertently break the law, to where the response is they get taken to jail instead of a hospital or receiving an assessment. The committee has an opportunity to have a non-law enforcement response and a wide range of types of responses, including a phone call, person to person. Also recognize that the correct avenue for individuals may be to get, for example, repeat callers to a medical professional who can do a deeper assessment looking at the whole person. I come from a privileged background where I'm okay with coming to a meeting, and bringing this resource to multiple kinds of communities, having the right voice tell people about it through their communities. The whole entire goal is to help figure out how severe it is and be brave enough to take a person for that deeper, skilled assessment. I'm particularly proud of this board because there was big efforts right off the bat to collaborate with 911 and officers, we've had multiple meetings where they were stakeholders also; that helped broaden the gap and help to understand the limitations there might be. We've really figured out a way to push on through challenges so that we have some kind of safety response when those situations present themselves. Much of the information, as this program was being built as it was launched and improved, WellSpace and BACS have been tremendous with bringing different information on what we can do and what we can't do. Also, the interconnectivity with this committee and other mental health committees, as well as Public Health's Community Health in Action committees, that they are not just siloed, that there is an attempt to piece this program into the sphere of other kinds of services. I feel that people that came to this board and County staff have been extremely educational about what their limitations are, and feel honored that the people who have been here are open-minded and entertained many of our questions. I never felt there was any judgment, but just a willingness to say how do we get some help out there to people in person and how can we keep making it better? That was the first installment of my reflection, I will be writing the rest.
 - Co-chair Sako reflected on hearing the theme of the importance of partnerships and relationships.
- Member Wentzel: While I haven't served in this committee for a long time, but in the time that I have been participating, I would like to share that it's a terrific program. The people that are running it at all levels are dedicated and enthusiastic and open to hearing from the public on how things can be improved that benefits the community. It's important that CWRT doesn't disappear and fall off the radar of the BHC and the program deserves ongoing attention and support from the BHC.
- Member Hopper: I would like to add that my understanding of the new BHC is a blending of behavioral health connected to substance use/misuse. Since the beginning of this committee, we did take on this holistic view of not having to separate it out and I really appreciate that. I'd like to emphasize that as we're going into this combined, new commission that it's all behavioral health, working together collectively and not having to look at what came first, or as a branch, be a reason to not deliver services. I'm very proud of this committee, from the get-go, if there's suspected substance, that we would still respond. I think that we've been a behavioral health committee, and whoever ends up on this particular subcommittee, I really encourage that continued thought process that if there's something going on interrupting this person's quality of life, we're going to face it and not use shame, blame, or questions to find a loophole to not deliver services. My biggest concern is that the attitude we've shared here, that if there's something wrong, we're going to go address it, that it continues into forward, especially since this committee will be connected to a criminal justice continuum.
- Member Gayent: I would like to piggyback on Member Hopper's comment on the pairing of behavioral health and AOD, as a person who has lived experience in SUD, personally it's great that we put them together. They don't just go together, they meld together. I've used substances to overcome that not

knowing I have any mental health disorder. I fought my SUD for quite awhile and it was a hard road, but once I got a diagnosis and some training, it became clear to me the way to overcome the disorder was to concentrate on my lived experience. Personally, I think this is a great pairing. They're going to gain a whole lot more with a bigger impact by being together. I just hope the personalities don't get in the way.

- Co-chair Sako: This is bittersweet, the idea for this subcommittee was the reason why I applied to serve on the MHB in the first place. One of the very first votes that I was able to do as a MHB member was to vote in support of the MHB taking this on as an advisory committee and being part of the ad hoc committee that worked to ensure that there was community involvement and transparency, with that community trust being the main ingredient of making the program successful, of it reaching the folks that needed it. There was a lot of attention and intention went into the creating the application form, the bylaws, with retaining fidelity to the community stakeholder feedback. Thinking back to the first meeting with other founding members was back in October 2022 and how are we here in July 2025. I'm so very proud of what this advisory committee has accomplished. I'm so appreciative and grateful to all system partners, 988/WSH, BACS, and County for putting up with my passion, tenacity, fierce advocacy. Again, for me the intention was to do right by the community but that was my driving value. The mom in me felt a sense of ownership and responsibility to this advisory committee and I'm so excited to see it grow and become a part of this other thing and to be part of the crisis continuum and justice involved committee of the BHC. It's another level to affect system change at a greater capacity which is what alternatives to 911 should be. I'd also like to go on record calling for Stephanie last month and asking for recommendations on how we can keep the pulse on this program? Of having it be a standing item for the crisis continuum and justice involved committee to monitor the data and response outcomes, to not take the finger off the pulse of this program because it is so innovative and so important. We've also heard to track vet calls and calls that get refused for service by SSO and continue the work toward building out a comprehensive crisis response.
- Stephanie (BHS): My thoughts as you all went around is that this is all very impressive. I remember when this was just an idea. We worked... and continue to work with our law enforcement partners to look at what the dream of building out a continuum that would include a behavioral health response, and we are so thrilled to be a part of it. To really make something happen together is just wonderful. I want to thank each of you because you were part of helping to develop it and keeping it going. I'm so lucky that I get to do what I'm passionate about and I thank you all for choosing to do what you do, to come here as a volunteer serving the community, and I admire that. We really need the voice of everyone we can get because we build programs based on community input. You each have your own life experiences and we want to hear your voice because that's needed and that's how we know how best to serve. Thank you so much for all your hard work and contributions.
- Terri (WSH): I just want to say how proud I am to be a part of this. We serve 28 other counties and what you guys have been able to do long before I came along was just something that has been a model that we talk to other counties about. You guys have been able to accomplish something that other communities have not been able to accomplish. Our partnership is the way that we work together and putting all of these people all together and meeting so regularly and caring about this so deeply, is you. I do believe this will carry into it's next life into the next environment because of that, and I think it's going to have more of an impact; this has been unique and what you guys were able to do here because you wanted to. I've been very proud to be a part of this.
- Christina (BHS): Thank you for welcoming me with open arms, I know the transition was not easy. I'm very honored to be a civil servant. As Stephanie said, your voices are really important, each and every one of you. I've thoroughly enjoyed this and I just want to end with, we're not done. The tone feels like it's coming to an end even though this meeting is coming to an end, but we're not done. I have a lot of energy and a lot of fight and I'm not done, I know that our partners are not done, and I hope to see you all in the future.
 - Co-chair Sako: Is it okay now this committee sunsets, is it okay to continue to reach out and share things that are happening?
 - Christina: Yes.
- Jessica (BACS): I joined pretty late but I appreciate how welcoming everyone has been and more so it brings me back more to the administrative side but also taking me back to the community side. To see the impacts that we can see but also the work that needs to be done. Also bridging the gap of the community want, need, and service and the administrative red tape, detangling and how eye opening that can be. But the fact that we were able to have this program and 988 that was brought by the community, pushed by the community and meant to serve the community. If anyone has stories, I'm happy to take those and thank you for offering me the opportunity to be here.
- Member Gayent: Thank you for twisting my arm, I've been here for two years and welcoming me and everyone else. I feel very comfortable and confident that the meeting is being run properly. I've been in situations where are arguments, and I'm thankful that everyone is here for the same reason and that is to be here for the community.
- Community Member: I want to thank you for having me here tonight and letting me share. I really appreciate it and I look forward to working with you all in the future because I'm not going anywhere. Whether with or without you I'm not going anywhere so I'd rather be here with you.
- Member Hopper: For the record I would like to continue what people are expressing about our

appreciation for the leadership you've provided, Corrine, as our chairperson here, it's been innovative, you've brought new ideas, new speakers, many different kinds of stakeholders, and the meetings are run accurately. It's clear you have a heart for this and you have a heart for each person that is here. We did have some moments where it took a bit of moderating on your part and it was very admirable, I appreciate the knowledge base you bring, the advocacy, passion and compassion that you've extended to each and one of us.

- Member Sharp: Yup, I like you, you're cool. I think of certain people in this space like Judge Brown, he's meant to be where he's at. I didn't know this was your thing, I thought it was just something you were a part of.
- Co-chair Sako: This is our thing, and you helped build it. There were many meetings you weren't here and your absence was felt. I remember thinking, where is Terry?
- Member Sharp: I appreciate that, and I appreciate you for inviting me. That was cool, that was dope of you for thinking of me for it.
- Co-chair Sako: In looking back through the program updates, the program went live two years ago in March. From a three month period from April through July 2023, there were a total of 53 calls to CWRT, 46 of those there was a response and 7 of those were resolved over the phone; that was over a 3 month period. Now to what we got tonight, which was triple that in one month.
- Member Wentzel: I appreciate your leadership and Katie's. She was an important mover in this program and I appreciate your presence Terry. It's always good to have lots of different voices at the table and different perspectives.
- Co-chair Sako: I thank you all. Yes, this AC sunsets but the program does not. The program will keep going and keep going strong, and the BHC will know where to find advice and guidance.

VI. Adjournment

- Co-chair Sako adjourned the meeting at 7:55pm.