



Sacramento County Mental Health Board

March 11, 2025

Sacramento County Board of Supervisors
700 H Street, Suite 2450
Sacramento, CA 95814

Re: Recommendations Regarding Sacramento County Behavioral Health Services' Community Wellness Response Team (CWRT)

Honorable Supervisors:

The Sacramento County Mental Health Board's (SCMHB) statutory duties in the Welfare and Institutions Code Section 5604.2(a) include reviewing and evaluating the community's public mental health needs and services and advising the governing body and the local mental health director as to any aspect of the local mental health program.¹ Recommendations in this letter pertain to an innovative program of Sacramento County Behavioral Health Services (BHS), the Community Wellness Response Team (CWRT), that is a behavioral health crisis mobile response program available 24 hours a day, 7 days a week to Sacramento County residents. The CWRT has responded to nearly 1,000 calls for service since its inception in March 2023.

For the past 18 months, the CWRT Advisory Committee has strongly advocated to BHS leadership for a focused and specific marketing and promotion campaign throughout Sacramento County to grow the community's awareness of CWRT, as well as the implementation of interoperability and bi-directionality between 911, 988, and the CWRT. Consistent feedback heard from public testimony at the CWRT Advisory Committee meetings as well as from community outreach efforts is that the majority of Sacramento County residents are unaware of the CWRT, especially those from the Black/African American/of African descent and Hispanic/Latino communities.

In light of the Sacramento Sheriff's Office (SSO) new policy changes to the response to non-criminal mental health calls for services, in which, SSO will only respond to a mental health call for service if a criminal element is present², it is recommended that there be immediate action taken to ensure Sacramento County residents know about the available resource that is the CWRT. Investing in outreach will not only increase program utilization but also strengthen trust between the county and its residents. By ensuring the community is informed, the county can maximize the program's impact and demonstrate its commitment to equitable behavioral health care. With the SSO's implementation of the

¹ https://www.calbhbc.org/uploads/5/8/5/3/58536227/calbhbc_wic_for_mental_health_boards_september_2022.pdf

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<https://agendanet.saccounty.gov/CommunityReviewCommission/Documents/ViewDocument/CRC%201.21.25%20Item%206%20-%20CMP%20CRC.pdf.pdf?meetingId=9451&documentType=Agenda&itemId=440094&publishId=1462721&isSection=false>

policy change of only responding to mental health calls for service if a criminal element is present, there is an even greater urgency to educate our community about the availability of 988 and CWRT – when and how to access it.

Additionally, since September 2023, Behavioral Health Services and law enforcement partners in the County have been having monthly meetings to develop a Memorandum of Understanding (MOU) between involved jurisdictions with the aim of creating a bilateral referral process with the CWRT. Concurrently, the CWRT Advisory Committee identified a member of the SSO that attends and participates in the CWRT Advisory Committee’s monthly meetings and serves as a liaison between the CWRT Advisory Committee and SSO. Sixteen months later, an MOU between SSO and CWRT remains in progress. Meanwhile, most Sacramento County residents remain unaware of CWRT and how it can be accessed by contacting 988 or its direct line at (916) 999-4673.

In addition to decreasing interactions with law enforcement during behavioral health crises, the aim of CWRT is also to reduce the need for emergency room visits and psychiatric hospitalizations for individuals experiencing a behavioral health crisis. This practice is consistent with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Guidelines for Behavioral Health Crisis Care.³ From a fiscal perspective, costs escalate when there is an overdependence on restrictive, longer-term hospital stays, hospital readmissions, and overuse of law enforcement. Furthermore, human tragedies result from a lack of access to care.

Also worthy to note, the first strategy identified in Sacramento County’s Revised Jail Population Reduction Plan is: “Offer behavioral health interventions before and during a crisis to prevent jail admissions and further justice-involvement,” aimed toward the goals of reducing jail admissions and reducing returns to custody.⁴ The CWRT is identified as an element in this strategy. This is only a feasible strategy if the element that is this community resource can be accessed, and it can only be accessed if it is known to the community. Effective communication between the various County agencies and jurisdictions that touch on this issue will benefit from County executive leadership taking an assertive role in ensuring all agencies and jurisdictions have the knowledge necessary to access 988 and CWRT when appropriate.

To our knowledge, SSO is the only law enforcement agency in California to implement a change in policy and procedures on their response to non-criminal mental health calls to date; however, there is no question that other law enforcement agencies may follow suit. Regardless of the change in SSO policies and procedures for non-criminal mental health calls, it is imperative that the CWRT be scaled up in order to account for an increase in volume and acuity in calls for services.

Recommendations

In light of the critical nature of the current situation, the MHB recommends that Sacramento County implement the following actions within 90 days of this letter’s date to address the sudden gap in interventions that result from the change in SSO policy:

1. We recommend that the Board of Supervisors direct the Deputy County Executive for Public Safety and Justice (PSJA) to:
 - a) Ensure that all public safety agencies under their oversight have the information necessary to make effective use of 988 and CWRT including how to access those services and how to decide which service to use, and
 - b) That they work with other law enforcement jurisdictions in Sacramento County to ensure they are aware of these resources and the procedures for accessing them, regardless of the location of the emergency within the County boundaries.

³ <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

⁴ <https://dce.saccounty.gov/Public-Safety-and-Justice/Documents/ATT%201%20-%20JPRP%20Annual%20Report%203.27.24.pdf>

2. We recommend that the Board of Supervisors direct Behavioral Health Services to develop a Targeted Outreach Plan for 988 and the CWRT program and request monthly updates from staff on this plan:
 - a) Allocate a Public Information Officer dedicated exclusively to the CWRT to design and implement an outreach plan that prioritizes underserved neighborhoods and includes multilingual materials.
 - b) Allocate funding for increased outreach and dedicate additional resources specifically for modern, culturally and linguistically diverse and relevant outreach strategies, including digital campaigns, printed materials, and community events, specifically related to the CWRT.
 - c) Pilot a community engagement campaign.
 - i. Launch a six-month pilot campaign to raise awareness of the program, leveraging partnerships with existing contracted organizations, other local organizations, schools, and faith-based groups.
 - ii. Include information on how to access CWRT on all Sacramento County outgoing communication (i.e., social media pages, County Supervisors' newsletters, etc.)
 - iii. Evaluate the campaign's success based on metrics such as community engagement and increased calls to the program.

3. We recommend that Behavioral Health Services reevaluate the role of SSO Co-Responder Crisis Intervention Teams (formerly Mobile Crisis Response Teams) that include an officer and a BHS clinician⁵ and reallocate the clinical positions to CWRT.
 - a) These teams should be made available to respond to calls in coordination with Emergency Medical Services (EMS) and Metro Fire if they are to continue as functioning units partly funded by BHS.
 - b) If clinicians are no longer being dispatched to mental health calls and needed to facilitate 5150's due to the new SSO polices, they should be reallocated to CWRT where they can utilize their unique skill set or be offered positions in other BHS programs immediately.
 - c) If SSO is not going to disband the Co-responder Crisis Intervention Teams in light of their own policies to not respond to mental health calls, we recommend that the Board of Supervisors ask SSO to explain exactly what they are using those teams for and under what circumstances they will be deployed.

For the sustainability of CWRT, the MHB recommends that Sacramento County begin to implement the following actions within 180 days of this letter's date:

4. We recommend that the Board of Supervisors direct Behavioral Health Services to focus efforts on developing and finalizing Memorandum of Understandings (MOUs) between law enforcement jurisdictions in incorporated areas of Sacramento County with the aim of creating a bilateral referral process between 911 and 988, as 988 serves as dispatch for the CWRT.
 - a) In addition, we recommend that the Board of Supervisors direct Behavioral Health

Services to consult with the Albuquerque Community Safety (ACS) department in Albuquerque, New Mexico on their successful implementation of a program very similar to CWRT and to learn how such a model can be implemented in Sacramento County.⁶

⁵ <https://dhs.sacounty.gov/BHS/Pages/Co-Response%20Crisis%20Intervention%20Team.aspx>

⁶ <https://www.cabq.gov/acs>

- i. “When residents call 9-1-1, dispatchers assess the situation and send ACS responders to calls that don’t require police or fire. By focusing on non-criminal and non-medical emergencies, ACS ensures residents receive the right response at the right time. This approach complements the work of police and fire, freeing them to address emergencies requiring their expertise while ACS provides focused care and connects residents to meaningful resources.”⁷
 - ii. CWRT Advisory Committee has built a relationship with the Albuquerque Community Safety department and its representatives presented at the 8/13/2024 CWRT Advisory Community meeting.⁸ It is recommended that this relationship be leveraged, as its Director Jodie Esquibel and Deputy Director of Policy and Administration Adam Erhard have expressed their willingness to continue collaborating with CWRT Advisory Committee, as well as consult with Sacramento County BHS.⁹
 - iii. Specifically, we recommend that Sacramento County place BHS-trained staff in SSO dispatch center(s) to screen 911 calls for service involving a mental health emergency and assign those calls as appropriate to either a 988 or CWRT response as Albuquerque is doing with great success.
5. We recommend that the Board of Supervisors direct Behavioral Health Services to increase the compensation provided to CWRT staff to reflect their status as first responders if we are to retain staff and expand the service. Even with the current minimal community awareness of CWRT, there has already been a significant increase in the number of CWRT calls for service and we are less than only two months into the change in SSO policy.¹⁰ CAHOOTS, a civilian crisis response program in Eugene, Oregon answered nearly 17,000 calls for service in 2022.¹¹ There is no reason to believe that the CWRT might not eventually be called upon to respond to a similar number of calls in our community.
 6. We recommend that Behavioral Health Services allocate a Health Program Manager position within BHS dedicated exclusively to overseeing the CWRT to increase program service coordination and improve program outcomes.
 - a) The current BHS Health Program Manager position that oversees the CWRT also oversees the multitude of programs that make up the BHS Crisis Continuum of Care. CWRT has needed more focused attention and the increase in calls for service will only grow demand.
 - b) The BHS Health Program Manager dedicated solely to CWRT will oversee management, administrative and/or supervisory duties related to the CWRT including, but not limited to, staff supervision, program development and implementation, program monitoring and evaluation, program service coordination and coordination with 988 and local law enforcement agencies and dispatch centers.

In conclusion, there is an urgent need to educate our community about the availability of 988 and the Community Wellness Response Team (CWRT) - how these resources can be accessed and when they can and should be used. There is also an urgent need to dedicate increased focused attention and funding to the CWRT so that the mental health clinicians and peer support specialists working in these programs can be classified as first responders and compensated as such for recruitment and retention. Lastly, it is imperative that we build out a behavioral health mobile crisis response program that is

⁷ <https://www.cabq.gov/acs/services/overview>

⁸ <https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/2024-MHB/2024-MHB-CWRT/MN-MHB-CWRT-Mtg-2024-08-13.pdf>

⁹ Jodie Equibel jodieesquibel@cabq.gov; Adam Erhard aerhard@cabq.gov

¹⁰ <https://dhs.saccounty.gov/BHS/SiteAssets/Pages/CWRT/Community-Wellness-Response-Team/CWRT%20Monthly%20Update%20-%20February%202025.pdf>

¹¹ <https://whitebirdclinic.org/cahoots/>

accessible and sustainable in order to better protect those experiencing behavioral health crises and those responding to their calls for help.

If you have any questions, I can be reached at corrine@drcorrinemcintosh.com or (916) 202-1890.

Sincerely,

A handwritten signature in cursive script that reads "Corrine McIntosh Sako, Psy.D., LMFT".

Corrine McIntosh Sako, Psy.D., LMFT
Sacramento County Mental Health Board, Chair

cc: Ryan Quist, PhD, Behavioral Health Director