



# Wellness Crisis Call Center and Response Team **Community Report-Back**

Sacramento County Department of Health Services  
Behavioral Health Services  
December 2021

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# Agenda

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Welcome, Housekeeping & Community Agreements



Process Overview and Relevant Updates



Findings from Community Stakeholder Workgroup Meetings & Survey



Next Steps, Q&A, & Closing

# Housekeeping

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- Presentation format, Q&A via chat
- If you would like to access a requested interpretation service, please type it in the chat:
  1. Real Time Captioning (RTC)

# Community Comfort Agreements

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- 1. Please use respectful language.** This means no personal attacks, swearing, or criticism of self or others.
- 2. Try to maintain proactive future focus.**
- 3. We aim to speak without offending, and listen without defending.**
- 4. If participants consistently disregard these agreements, they may be asked to leave.**

# “Behavioral Health” working definition

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- A broad term that includes:
  - the promotion of health and wellness
  - resilience, wellbeing, and healing from traumatic experiences
  - prevention, support, and treatment for mental health and/or substance use challenges
  - and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

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# Overview of Process & Updates

# Overall Process

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- Community Listening Sessions and Survey (*October - November 2020*)
- Board of Supervisors Budget Hearings (*June 2021*)
- Community Stakeholder Workgroup (*August 2021*)
- Community Report Back (*December 2021*)
- *Next:* County BHS, Counsel, Risk Management, and Labor Organizations to review input and incorporate recommendations as appropriate and feasible. Mental Health Board Ad Hoc Committee will review for the Recommendations Advisory Committee

# Goals from Previous Community Input Report

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- Safely **de-escalate** crises
- Provide linkages to **accessible and affordable mental health** resources to decrease repeat crises and emergency department visits
- Offer a **response team that does not include law enforcement staffing**
- Ensure the model is **community-based**
- **Decrease criminalization** of mental health and homelessness

# Process Overview

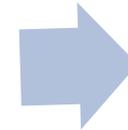
## 1) Community Stakeholder Workgroup

Discuss Topics & Provide Input



## 2) Behavioral Health Services, County Depts., Labor Organizations\*

Review Input, Finalize Program, & Ramp Up



## 3) Launch Wellness Crisis Call Center and Response

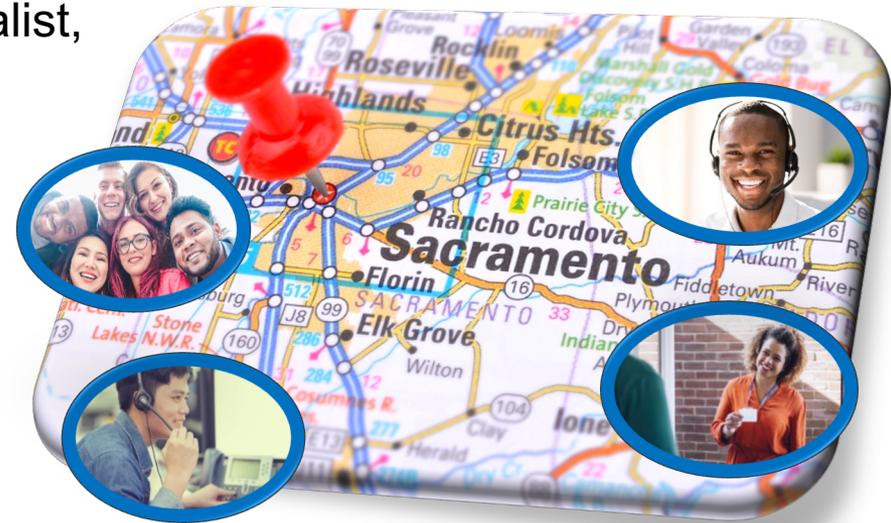
July 2022

**\*Mental Health Board workgroup received input re: Advisory Committee in September 2021, and will present recommendations at the December 15<sup>th</sup> Mental Health Board Meeting**

# Updates

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- Geographic scope
- 988
- Upcoming Employment Opportunities
  - Senior Behavioral Health Peer Specialist,
  - Behavioral Health Peer Specialist,
  - Mental Health Program Coordinator,
  - Senior Mental Health Counselor,
  - Mental Health Counselor,
  - Administrative Services Officer I, II,
  - Senior Office Assistant.



<https://dhs.saccounty.gov/BHS/Pages/Wellness-Crisis-Call-Center-and-Response.aspx>

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# Findings from Community Community Stakeholder Workgroup Meetings & Survey

# Overview of Community Listening Sessions & Survey

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- 155 participants responded to questions about:
  1. Community Marketing and Advertising
  2. Training
  3. Implementation
  4. Evaluation
  5. Advisory Committee
  6. Community Resources

# 1. Community Marketing and Advertising

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- Ideas for promoting the Wellness Crisis Call Center and Response Team
- Types of locations and groups which could support advertising
- Recommendations about how to best reach specific ethnic/cultural communities
- Recommendations for images and phrases to include or avoid on advertising materials

# Findings

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- Ideas for promoting the Wellness Crisis Call Center and Response Team
  - Social media
  - Provide presentations on the WCCCRT at various locations (including schools and colleges, community-based organizations and events, community centers, businesses, crisis and respite centers, hospitals, farmer’s markets, and other places where community members tend to gather)

# Findings

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- Ideas for promoting the Wellness Crisis Call Center and Response Team
  - Website presence
  - Traditional media, including television (TV), newspapers, and radio stations
  - Flyers about the WCCCRT, promotional materials, or “swag”
  - Billboards, including both print and digital billboards with images and in multiple languages

# Findings

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- Types of locations and groups which could support advertising
  - Community-Based Organizations and Neighborhood Associations, including community centers, behavioral health organizations, Community Incubator Lead organizations with the Black Child Legacy Campaign, affordable housing and homeless advocates, and grassroots community groups
  - Faith-based, religious organizations and ethical value communities

# Findings

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- Types of locations and groups which could support advertising
  - Medical institutions and behavioral health facilities
  - Law Enforcement
  - Services for people experiencing homelessness
  - Professional Organizations
  - Support groups (e.g., for a variety of topics ranging from LGBTQIA+ to aging and dementia)
  - Libraries and educational institutions from pre-kindergarten to colleges
  - County and City departments
  - Employment agencies
  - Jails and prisons
  - Public transportation stations
  - Supermarkets, marketplaces, and swap meets
  - Cafes, parks, and recreational venues
  - Beauty and nail salons and barber shops
  - Adult day care centers for seniors

# Findings

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- Recommendations about how to best reach specific ethnic/cultural communities
  - Advertise in **community-based, culturally specific newsletters** and **cultural/ethnic fraternity and sorority group councils**
  - Outreach to impacted neighborhoods via “**word of mouth**” and “**pop up events**”
  - Participate in collaborative events, with emphasis on in person or Zoom presentations to **community and neighborhood organizations**, prioritizing those of Black, Indigenous, People of Color (BIPOC) and Asian-American Pacific Islander (AAPI)
  - Use **celebrities and social media influencers** (local and beyond, representing the different cultural communities of Sacramento), as well as **music and videos** to advertise

# Findings

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- Recommendations for images and phrases to include or avoid on advertising materials
  - Use **graphics** that look inviting and **affirming symbols** (e.g., rainbows).
  - Images should include persons **representing the community/people of color/marginalized communities**
  - Use **community friendly** language that provides a clear understanding of this service, including when to access it and what response people can expect when they call.
  - Use a **memorable image** that people can remember and associate with the WCCCRT (consider a mascot or a character).
  - Images should be inclusive across socioeconomic statuses
  - Do not use any law enforcement personnel or imagery associated with law enforcement
  - Do not use doctors' coats or imagery associated with medical institutions
  - Use safe symbols and words that convey “we are there to help, not harm”

## 2. Training

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- Categories of Training
  - Mental Health, Substance Use-Related, and Clinical Skills
  - Crisis De-escalation and Suicide Intervention
  - Peer Training
  - Working with specific populations
  - Program Operations
  - Community Resources

# Findings

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- Mental Health, Substance Use-Related, and Clinical Skills with emphasis on trauma informed care (TIC) and vicarious trauma training and complex trauma.
  - Mental Health First Aid
  - Assisted Outpatient Treatment (AOT)
  - Substance Use and Abuse
  - Ethics, Boundaries and Co-Dependency
  - Motivational Interviewing and Dialectical Behavioral Therapy.
  - Communication skills

# Findings

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- Crisis De-escalation and Suicide Intervention
  - Risk assessments, suicide risk assessments, safety planning, and 5150 process.
  - Suicide intervention and prevention
- Peer Training
  - Mental health, substance use, self-care training to peers

# Findings

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- Working with specific populations
  - Training on cultural competence and cultural responsiveness as it relates to the impact of racialized trauma on the individual experiencing a crisis
  - Faith-based cultures.
  - Unique needs of specific age ranges
  - Marginalized populations such as immigrant and refugees, commercially sexually exploited children, individuals who experience human trafficking, sexual harassment, and cyberbullying

# Findings

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- Working with specific populations (continued)
  - Veterans
  - Domestic Violence
  - LGBTQ Populations
  - How to work with interpreters as well as training for interpreters on how to best assist callers experiencing a crisis.
  - How to work with individuals living with disabilities

# Findings

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- Program Operations
  - Decision Trees/Situational Procedures
  - Non-Violent Responses, Warm Hand-Offs, Closing Services
  - Informed Consent and Mandated Reporting
  - Grievances and Legal Rights
  - Patient/Disability Rights

# Findings

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- Program Operations (continued)
  - Safety and Defensive Driving
  - Situational Awareness
  - Medication Side Effects and Reactions
  - Program Outcomes
  - Law Enforcement Coordination and Safety Protocols
  
- Community Resources
  - Familiarity with existing community resources and ability to access and/or conduct warm hand-offs to them

# 3. Implementation

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- Risk Levels and Law Enforcement Involvement
- Community Resources
- Medical and Psychiatric Emergencies
- Peers

# Findings

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- Risk Levels and Law Enforcement Involvement
  - Limiting law enforcement involvement
  - Behavioral health as response lead
    - Co-response
    - Law enforcement on standby
  - Defining risk levels
    - Early referrals to behavioral health assessments
    - Safety

# Findings

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- Risk Levels and Law Enforcement Involvement
  - Defining risk levels (continued)
    - Threat of danger to property
    - Firearms
    - Criminal activity
    - Nuanced approach
  - 911
  - Bias

# Findings

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- Community Resources
- Medical and Psychiatric Emergencies
- Peers

## 4. Evaluation

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- Methods of gathering feedback about the program
- Recommended groups to gather feedback from
- Other notes and considerations
- Suggested information to obtain
- Recommended outcomes to track

# Findings

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- Methods of gathering feedback about the program:
  - A phone call
  - An online survey at the end of a call or in person service
  - Creating an App
  - Quarterly listening sessions

# Findings

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- Recommended groups to gather feedback from:
  - Recipients of program services
  - Family members and support persons, especially those who were with the individual receiving program services
  - Providers linked to the caller

# Findings

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- Other notes of consideration:
  - Incentivize individuals to provide feedback or take a survey by offering gift cards or through community based organizations
  - Being mindful of culturally and linguistically responsive ways of obtaining feedback
  - Be informed of the grievance process

# Findings

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- Suggested information to obtain:

## Demographics:

- Level of satisfaction
- Part(s) of service that was most important
- Were needs met
- How did services work
- Was there coordination with other resources
- What more could be done
- How can services improve

# Findings

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- Recommended outcomes to track:
  - Crisis Call Center Services
    - Descriptive call metrics: Call volume, average speed of answer, average delay, average length of call, caller hang up rate, percentage of calls resolved by phone
    - Number of response teams dispatched
    - Number of individuals connected to a crisis or hospital bed
    - Number of first responder-initiated calls connected to care
  - Crisis Response Team Services
    - Number served per 8-hour shift
    - Average response time
    - Percentage of calls responded to within time increments (e.g., 1 hour, 2 hours)
    - Longest response time
    - Percentage of responses resolved in the community

# Findings

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- Recommended outcomes to track:
  - Both Crisis Call Center and Crisis Response Services
    - Service was easy to access
    - Community feels safe with this alternative approach
    - Services are responsive to the community's defined needs
    - Reduction in law enforcement calls related to behavioral health needs
    - Reduction in hospitalization and incarcerations
    - Successful navigation to behavioral health services

# 5. Advisory Committee

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- Recommended types of experiences and backgrounds
  - Lived experiences
  - Family members
  - Work experience
  - Representatives from other Commissions and Advisory Boards
  - Demographics and backgrounds
- Questions from Community Stakeholders
- Other Community Input

# Findings

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- Individuals with lived experiences in:
  - Behavioral health services
  - Being arrested and/or formerly incarcerated
  - Experiencing homelessness
  - Living with disabilities
  - Surviving intimate partner violence

# Findings

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- Family Members:
  - Family and caregivers of people who have lived experience

# Findings

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- Work Experience:
  - Advocacy organizations
  - Behavioral health providers
  - Alternative Crisis Services and Disaster Relief
  - Medical organizations

# Findings

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- Representatives from other Commissions and Advisory Boards:
  - Adult and Aging Commissions
  - Alcohol and Drug Advisory Board
  - Disability Advisory Commission
  - First Five or Children’s Coalition
  - Human Services Coordinating Council
  - In-Home Supportive Services Coordinating Council
  - Mental Health Board
  - Public Health Advisory Board
  - Youth Commission
  - A Commission or Board that addressed housing and outreach

# Findings

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- Demographics and Backgrounds:
  - Age groups
  - Gender
  - Sexual orientation
  - Race, ethnicity, and culture
  - Language
  - Geographic representation
  - Immigrant and refugee communities
  - Faith communities

# Findings

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- Stakeholders asked the following:
  - How will members be selected?
  - What are the expectations of the committee?
  - What is the maximum number of members?
  - How can people be engaged in a culturally appropriate way?
  - What is the composition of similar advisory bodies and does that match what this community has been advocating for?

# Findings

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- Other Community Input:
  - Recruitment
  - Accessibility of meetings
  - Screening candidates
  - Trainings/Education
  - Committee operations
  - Voting ability

# Findings

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- Stakeholder Quote:
  - “The County and this committee can work on making this a partnership rather than a hierarchy. This will hopefully help build trust and allow clients to voices their voices without intimidation.”

# 6. Community Resources

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- Additional Community Resources in Existing Categories
  - Assistance with Medi-Cal Enrollment
  - Counseling
  - Crisis Services
  - Housing
  - Linkage to Services
  - Mental Health Respite Services
  - Peer Support
  - Phone Services
  - Substance Abuse Treatment
  - Suicide Bereavement Support
  - Suicide Prevention
  - Support Groups/Training
  - System Navigation

# 6. Community Resources

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- New Resource Categories and Additional Community Resources
  - Assistance with benefit enrollment
  - Employment services
  - Elderly services/resources
  - Food, water & other survival needs
  - Medical care
  - Medication
  - Warming/Cooling Centers and Cleaner Air Centers
  - Resources for Pets (for those that are experiencing homelessness)
  - Transportation (including transportation to shelter)
  - Interim Care Access
  - Community Based Conflict Management
  - Legal Services
  - Childcare
  - COVID-19 Resources/Bereavement
  - Stress management
  - Financial Services
  - Cultural brokerage
  - Black, Indigenous, and other People of Color (BIPOC)
  - Immigration
  - Resources for people with disabilities that require special accommodations
  - Services for disabled Parents with able bodied children
  - Respite for Caregivers
  - Technology

# 6. Community Resources

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- Additional Specific Populations of Focus

## Racial/Ethnic/Linguistic Populations

- Asian American/Native Hawaiian/Pacific Islander
- Black/African American/Of African decent
- East Asian populations (including Hmong)
- Latinx/Latina/Latino
- Middle Eastern/North African/South Asian
- Middle Eastern or Arabic Speaking
- Native Americans and Indigenous Communities
- Russian Speaking/Slavic Community
- Afghan
- Iranian
- Indian
- American Sign Language

## Age-specific Populations

- Children
- Youth / Transition Age Youth (TAY)
- Adults

# 6. Community Resources

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- Populations Based on Specific Experiences

- Deaf or hard of hearing
- Faith-based
- Families and/or Caregivers, Parents/Caregivers of Youth, Youth who are parents, New parents
- Caregivers of Disabled and/or Older Adults
- Current and Former foster care youth
- Formerly incarcerated individuals
- Incarcerated youth and adults
- Immigrants/DACA and Refugee populations
- LGBTQ
- People experiencing homelessness
- People living with disabilities and/or cognitive/developmental delays
- Perinatal
- Survivors of Abuse (including intimate partner violence, domestic violence, elder abuse, etc.)
- Veterans

# Next Steps

**1) Community Stakeholder Workgroup**

Discuss Topics & Provide Input



**2) Behavioral Health Services, County Depts., Labor Organizations\***

Review Input, Finalize Program, & Ramp Up

**3) Launch Wellness Crisis Call Center and Response**

July 2022

**\*Mental Health Board workgroup reviewed input re: Advisory Committee and will present recommendations at the December 15<sup>th</sup> Mental Health Board Meeting**

# Next Steps to Prepare for Launch

Phase  
1

**1/22:** Evaluate Emergency Response call data to identify peak call times to inform the program staffing model; identify key geographic placement of the response teams

**1/22:** Develop response type protocols/workflows influenced from community input

**1/22:** Create job descriptions and recruitment material for WCCCRT employment

**3/22:** Develop a training plan based on recommendations from the community input

Phase  
2

**4/22:** Identify space for the Wellness Crisis Call Center and Response Team

**5/22:** Research technological solutions for a 24/7 call center and response model

**6/22:** Develop a marketing strategy influenced by community input to ensure program outreach and communication

**6/22:** Expand the Mental Health Urgent Care Clinic to a 24/7 operation

**6/22:** Develop a strategy for coordinating services with Community Based Organizations as recommended in the community input sessions

Go  
Live

**7/1/22:** Tentative Program Go Live

**7/22:** The Mental Health Board created an Ad Hoc Committee to integrate previous and on-going community input in the composition and charge of the new Advisory Committee that will review outcomes and make program recommendations to ensure the program meets the needs of the Sacramento County community

# Q & A

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Please type any  
questions in the chat

Thank you!