

Sacramento County
Behavioral Health Commission (BHC)
Crisis & Justice Involved Continuum Committee Meeting Minutes
January 8, 2026

Meeting Location

700 H Street
Hearing Room 3, 6th Floor
Sacramento, CA 95814

Attendance			
Behavioral Health Commission (BHC) Members			
Name	Attendance	Name	Attendance
Sarah Weber	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Patricia Wentzel	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Donald Scherschligt	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Corrine McIntosh Sako	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Ryan Raftery	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Judith Mummert	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Melinda Avey	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent		
County Staff to BHC			
Name	Attendance	Name	Attendance
Dr. Ryan Quist, Director	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Kelli Weaver, Deputy Director	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Stephanie Kelly, Division Manager	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Lori Miller, Division Manager	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Anantha Panyala, Division Manager	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Christina Irizarry, Program Manager	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Jacqueline Michael, Program Manager	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Kimberly Grimes, Program Manager	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Korlany Roche, Program Planner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Houa Yang, Program Planner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Janelle Gonzales, Program Planner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Jenny Stoneburner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent

Agenda Item	Discussion
I. Welcome and Introductions Committee Introductions BHS Team Introductions	Stephanie Kelly, Division Manager, called the meeting to order at 4:05pm. Roll call was conducted and a quorum was declared.
II. Discuss Shared Goals	Members discussed shared goals for this committee. <ul style="list-style-type: none"> Commissioner Avey shared she suggested this agenda item – considering incorporating the Sequential Intercept Model (SIM) into these meetings. Commissioner Sako would like to consider establishing a leadership structure first, then roll out pathway to goals. Commissioner Mummert would like to explore the barriers to justice involved individuals receiving mental health and SUPT treatment. Commissioner Rafferty shared understanding more of the boots on the ground experience to identify where there are gaps in the process and where improvements can be made to better serve the community. Commissioner Sako added wanting CWRT to be a standing agenda time to continue monitoring the CWRT program, as well as getting a better understanding of the ROAR (Reentry and Opportunities and Access to Resources) program.

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	<ul style="list-style-type: none"> • Commissioner Rafferty would like to highlight crisis services available to individuals suffering from mental health crises that were recently released from the system. • Commissioner Avey suggested looking at the Intercept Model and areas where we can intervene at crisis to prevent involvement in the justice system. • Commissioner Mummert suggested exploring ways to better identify individuals to expedite things that are barriers to accessing services when they get released. • Stephanie reminded members that future agenda items is an agenda item in itself at the end of each meeting and will be reviewed then as well.
III. Committee Leadership Structure	<p>Committee members discussed leadership structure and agreed on having two co-chairs. Committee members proposed nominations.</p> <p>Commissioner Melinda Avey was nominated for Co-Chairperson and was approved by a unanimous vote:</p> <ul style="list-style-type: none"> • Commissioner Rafferty voted yes. • Commissioner Sako abstained. • Commissioner Scherschligt voted yes. • Commissioner Avey voted yes. • Commissioner Mummert voted yes. • Commissioner Weber voted yes. <p>Commissioner Donald Scherschligt was nominated for Co-Chairperson and was approved by a unanimous vote:</p> <ul style="list-style-type: none"> • Commissioner Rafferty voted yes. • Commissioner Sako abstained. • Commissioner Scherschligt voted yes. • Commissioner Avey voted yes. • Commissioner Mummert voted yes. • Commissioner Weber voted yes.
IV. CWRT Updates Discussion Public Comment	<p>Christina Irizarry, Health Program Manager, and Harjit Singh-Gill (BACS) provided CWRT program updates. The Fiscal Year 25-26 Quarter 1 Report is included as an attachment.</p> <ul style="list-style-type: none"> • In the month of November, there were 276 calls with 99 ending in a mobile response. • Finalizing the bilateral MOU with Sac Sheriff's Office. • Harjit with BACS shared: <ul style="list-style-type: none"> ○ A success story. ○ Jennifer Vallin is the new Associate Director over crisis programs, including CWRT and the Crisis Navigation Program. ○ BACS CWRT is staffed up in the PM shift, adding a 3rd dispatcher in the AM shift on the County side. ○ 19 new team members were hired in January. <p>Member Discussion/Questions</p> <ul style="list-style-type: none"> • Commissioner Sako noted that the calls have doubled. • Christina added CWRT is working closely with WellSpace Health (WSH) 988 to make sure calls that are being responded to are appropriate and working with fire and law enforcement for medical and other safety needs. • Stephanie shared the BACS CWRT has approximately 75% of the CWRT program budgetarily – appreciating that BACS has been able to hire more quickly and staff up more than the County has been able to – as well as covering weekends, holidays and the

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	<p>NOC shift. She also requested WSH 988 be added to this agenda item to provide updates.</p> <ul style="list-style-type: none"> • Terri Galvan (WSH/988) shared that she can provide data/numbers on a monthly basis in arrears. • Harjit offered to provide any information at the request of the committee. • Stephanie shared that BHS has a CWRT Dashboard on the webpage for additional data points and that a presentation on the Dashboard could be provided if interested. Commissioners agreed training on the Dashboard would be helpful. • Commissioner Weber asked how many calls were canceled due to a weapon? Christina shared this data is provided on the webpage in the Dashboard. • Commissioner Avey added that the committee can explore which data points to include in the agenda item for program updates. • Commissioner Sako would like to consider adding CWRT program updates as a standing agenda item. • Commissioner Rafferty asked to define a call that was canceled. Stephanie explained the reason could be the caller left, no longer wanted services or unable to locate. Commissioner Rafferty highlighted importance of noting whether the crisis was resolved or declined when the call was dispositioned as canceled. Stephanie shared that declined/refused services was its own disposition. • Commissioner Avey suggested spending time to understand the crisis components and services overall, which would be the first opportunity to divert someone from the criminal justice system. • Commissioner Sako shared that she was seeing more advertisements around town, which is exciting. Stephanie highlighted the efforts and push for marketing.
<p>V. CARE Court Updates Discussion Public Comment</p>	<p>Jacquenette Michael, Health Program Manager, along with County Counsel, Andrew Crouse, provided a presentation on CARE Court updates. The presentation slide deck is included as an attachment.</p> <p>Member Discussion/Questions</p> <ul style="list-style-type: none"> • Commissioner Mummert asked how many people have been through CARE court this last year. Jacquenette shared that there is also a CARE Dashboard on the BHS webpage sharing many data areas regarding those included in CARE. Noted that CARE Court is still new, and therefore BHS is still fine tuning the Dashboard. • Commissioner Sako asked to clarify the 101 petitions that were filed with the court. Andrew shared there were 118 CARE petitions filed and 28 were approved. • Commissioner Weber asked how many people are eligible under SB 27. Jacquenette shared the inability to provide this data historically, as it was not part of the legislation previously; however, BHS intends to track moving forward. • Andrew added in 2025 for CARE petitions, only one was dismissed that had bipolar disorder and could've been eligible under this new law. • Commissioner Rafferty asked if there's a process for someone that is incompetent to stand trial and has felony charges. Andrew explained there is a pathway for felony charges to be referred. For people sent away to restoration, there is no mechanism through the criminal court. • Andrew added in penal code 1370, there is a new procedure where criminal court can send a defendant to a state hospital. Before a case gets dismissed, the court will need to rule out Mental Health

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	<p>Diversion, and the judge can look at Assisted Outpatient Treatment and CARE Court.</p> <ul style="list-style-type: none"> • Commissioner Scherschligt asked to clarify the definition for engagement in treatment – is there a standard definition? Jacquenette explained it is not specifically outlined. If the treatment team determines that they are engaged in treatment, it is enough to not require. • Commissioner Rafferty shared a question brought up at the general meeting regarding individuals coming back from state hospitals. Hospitals are making independent referrals to CARE Court but are not sharing information with criminal court. There are a lot of privacy issues and feels like we are doing duplicative work, resulting in delaying treatment. Is there a way to improve communication? Commissioner Scherschligt added these are valid points of concern. He suggested there may be opportunities with the Public Defender's Office for their counterparts to share information. Jacquenette added where BHS is in spaces with the Department of State Hospitals, she will share that feedback to increase communication.
<p>VI. Presentation: Inpatient Beds Discussion Public Comment</p>	<p>Anantha Panyala, Division Manager, provided a presentation on Acute Psychiatric Bed Capacity. The presentation slide deck is included as an attachment.</p> <p>Member Discussion/Questions</p> <ul style="list-style-type: none"> • Commissioner Weber asked if there is a surplus in acute beds or are clients getting discharged. Anantha clarified they are waiting for beds to become available. There is a surplus of acute beds but shortage of subacute beds. • Commissioner Sako asked whether individuals are receiving some kind of care while waiting for subacute beds, since we strive to keep people in the least restrictive care. Anantha explained that individuals receive the most appropriate care. • Commissioner Sako asked how facilities are being monitored in terms of staffing ratios. If the County is continuing to contract with these facilities, how are they being monitored? Anantha shared that the acute psychiatric facilities are licensed through the California Department of Public Health (CDPH) and there are licensing requirements. Our contract says they have to be in good standing with the licensing board. • Commissioner Rafferty asked what the difference between Sacramento Behavioral Healthcare Hospital and the Mental Health Treatment Center (MHTC) is. Anantha explained the MHTC is a Psychiatric Health Facility (PHF) while Sacramento Behavioral Healthcare Hospital is an acute psychiatric hospital. • Commissioner Rafferty asked why people waiting for conservatorship evaluations for months cannot be moved if there is a surplus of acute beds. He added that part of the MHTC closed. Commissioner Sako shared there is a log jam. Anantha shared we added 48 beds in the 3 contracted PHFs, holding 16 beds each. Commissioner Sako added that the other half of MHTC is where the Mental Health Urgent Care Clinic is. • Commissioner Sako asked when the second Mental Health Urgent Care Clinic will open. Stephanie shared there is no timeline currently since it is early in the development. • Commissioner Rafferty asked what is subacute. Anantha explained they are locked facilities and individuals must be on an LPS conservatorship to qualify. Commissioner Sako added that subacute is lower level of care.

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	<ul style="list-style-type: none"> Anantha added we are aware people are waiting in jails. The numbers used to be 28-30 at any given time, but now we have about 10 people waiting. We have been trying to move them quickly.
VII. Drug Testing	<p>BHC Members discussed drug testing.</p> <ul style="list-style-type: none"> Commissioner Mummert shared this is a requirement by law but no one has talked about how to fund it. Probation used to help but can no longer do the testing. She added the All Rise practice indicates drug testing has to be random, observed, and conducted twice weekly. Benefits include having higher graduation rates, where results detected 80% of drug use versus 30% doing once weekly. We are missing usage and would like for this committee to help solve this. Can we have places for testing, access, transportation, etc.? Commissioner Avey asked about the cost of drug testing. Kimberly Grimes (SUPT) shared it depends, but the standard use is a 12-vial cup, which can range from \$15-20 per test. Kimberly added DCFAS used to conduct testing. Commissioner Avey asked to clarify that there is currently no funding for this initiative and would like to discuss ideas of where to get funding. Commissioner Mummert is not sure if Probation can seek the funding, but welcome to all ideas. Commissioner Rafferty added that Probation is restricted to grants and shared examples of where individuals come across funding issues to pay for drug testing. Commissioner Mummert shared the law is applicable for adult treatment courts and Probation is beyond capacity. Diversion has over 800 individuals in treatment courts. She would like to invite Probation representatives and put on the agenda. Commissioner Rafferty shared it is difficult to obtain funding for all Mental Health Diversion instead of only treatment courts. Some people would be deleted after testing positive. Commissioner Mummert added individuals would be deleted after not participating in treatment. Commissioner Rafferty shared that the requirements are different for collaborative courts and mental health diversion, so looking for funding will be challenging. There is no easy answer, the purpose of this commission is to put ideas out there. Commissioner Mummert stated drug addiction is most frequently a co-occurring disorder. Commissioner Rafferty added we started co-occurring court for that reason and utilizing the BQIP (Brief Questionnaire for Initial Placement) to identify co-occurring disorders, but treatment hasn't caught up with that. Commissioner Mummert would like to keep the discussion going and add as an agenda topic. She also added the committee could possibly develop a recommendation. Commissioner Sako raised point of consideration for reviewing the BHC's mandate in that we review the community's services and facilities and that we then make recommendations to the Behavioral Health Director and Board of Supervisors. I suggest we stay within our scope and consult with County Counsel to make sure of the legal requirements and that we also lift voices from SAMHSA. Commissioner Avey added she believes writing a recommendation falls within the scope of what we're doing. Stephanie noted this discussion topic will be added to future agenda items per request.

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VIII. Discussion: Future Agenda Topics	<p>BHC Members discussed future agenda topics.</p> <ul style="list-style-type: none"> • Commissioner Mummert would like to continue discussing Drug Testing and inquire about Probation representatives attending this meeting. • Commissioner Mummert would like to add an ongoing agenda item for a SUPT report. • Stephanie shared that CWRT will also be on the future agenda per Committee member request and requested other agenda items of interest from the committee. • Commissioner Avey shared she and Commissioner Scherschligt will work together on a draft agenda. • Stephanie expressed interest in using this time for all members and participants to request agenda items.
IX. Public Comment Public comments on matters not on the posted agenda (3 minutes per person)	<p>No public comments were provided.</p>
X. Adjournment	<p>Due to the next meeting falling on a County holiday, BHC Members agreed to reschedule for Thursday, February 5th from 4:00pm-5:30pm. BHS staff will confirm the meeting location based on availability.</p> <p>Stephanie adjourned the meeting at 5:31pm.</p>