

**Sacramento County  
Behavioral Health Commission (BHC)  
Crisis & Justice Involved Continuum Committee Meeting Minutes  
February 5, 2026**

**Meeting Location**  
700 H Street  
Hearing Room 3, 6<sup>th</sup> Floor  
Sacramento, CA 95814

<b>Attendance</b>			
<b>Behavioral Health Commission (BHC) Members</b>			
<b>Name</b>	<b>Attendance</b>	<b>Name</b>	<b>Attendance</b>
Judith Mummert	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Patricia Wentzel	<input checked="" type="checkbox"/> Present <input 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
Melinda Avey	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Ryan Raftery	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
<b>County Staff to BHC</b>			
<b>Name</b>	<b>Attendance</b>	<b>Name</b>	<b>Attendance</b>
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 type="checkbox"/> Present <input checked="" 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 type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Jenny Stoneburner	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent

<b>Agenda Item</b>	<b>Discussion</b>
<b>I. Welcome and Introductions</b> Roll Call and Declaration of a Quorum	Co-chair Avey called the meeting to order at 4:01pm. BHC Committee members and BHS staff provided introductions. Roll call was conducted and a quorum was declared.
<b>II. Meeting Minutes Review</b> Review and approve January 8, 2026 meeting minutes	Co-chair Scherschligt reviewed the January 8, 2026 meeting minutes. BHC Committee members provided edits.  Commissioner Sako motioned to approve the minutes with the edits provided; Commissioner Raftery seconded the motion. A unanimous vote was called: <ul style="list-style-type: none"> <li>• Commissioner Raftery voted yes.</li> <li>• Commissioner Sako voted yes.</li> <li>• Commissioner Scherschligt voted yes.</li> <li>• Commissioner Avey voted yes.</li> <li>• Commissioner Mummert voted yes.</li> <li>• Commissioner Wentzel abstained.</li> </ul>
<b>III. CJIC Purpose, Scope, and Operating Framework</b>	Co-chair Avey reviewed a draft of the CJIC purpose, scope and operating framework. The draft document includes the Committee Purpose, Membership and Participation, Framework, Meeting Structure, and Intended Outcomes.

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	<p><b>Member Discussion/Questions</b></p> <ul style="list-style-type: none"> <li>• Commissioner Sako highlighted being intentional about including the community and public as active participants and partners to the committee. Commissioner Wentzel agreed. Co-chair Avey offered to include a statement in the meeting agenda to make it explicitly clear that the community and public are welcome to attend and participate.</li> <li>• Commissioner Sako noted that the Sequential Intercept Model works well for the justice-involved population but not for all individuals experiencing a crisis, and would like to see some balance with the framework to include a more holistic approach. Commissioner Wentzel agreed that the framework fails to address both justice-involved and crisis populations; suggested to include a model for crisis in the framework.</li> <li>• Commissioner Sako asked how action items will be decided. Co-chair Avey: it will be a collaborative process, and Commissioners will lift what they think is important.</li> <li>• Commissioner Sako asked whether CWRT/988 will be included as a partner update or standalone agenda item. Co-chair Avey: it will continue to be a standalone agenda item.</li> <li>• Commissioner Wentzel asked whether there is an opportunity to hear about CARE Court, Respite and AOT. Co-chair Avey: we can include that in the agenda.</li> <li>• Co-chair Avey noted that this meeting may need to be extended to two hours to cover all agenda items.</li> <li>• Commissioner Sako appreciated the operational definitions but was not sure how we would measure these as an advisory committee. Co-chair Avey: this would be a work in progress. Commissioner Wentzel added they are more like goals rather than outcomes. Co-chairs Avey and Scherschligt agreed.</li> </ul>
<p><b>IV. Sequential Intercept Model Overview</b> Discussion Public Comment</p>	<p>Catherine York, Management Analyst II, with Criminal Justice Planning &amp; Coordination, provided a presentation on the Adult Sequential Intercept Model (SIM). The presentation slide deck is included as an attachment.</p> <p><b>Member Discussion/Questions</b></p> <ul style="list-style-type: none"> <li>• Commissioner Sako noted that the CWRT dashboard shows call data and is a month in arrears, in addition to disposition of calls that CWRT responds to.</li> <li>• Co-chair Avey asked whether there was interest in starting at the zero intercept. Commissioner Mummert: Yes.</li> <li>• Commissioner Raftery asked whether there is tracking of people getting released from hospitals. Catherine: We're working on it; we currently can only track people with IST since they tend to go to the state hospitals.</li> <li>• Co-chair Avey would like to agendize this topic to discuss further.</li> <li>• No public comments were made.</li> </ul>
<p><b>V. CWRT/988 Program Updates</b> Discussion Public Comment</p>	<p>Terri Galvan, WellSpace Health/988, provided updates:</p> <ul style="list-style-type: none"> <li>• There were 2,219 calls in January; 207 calls were transferred to CWRT; 16 were not able to warmly transfer for whatever reason. 988 had to initiate active rescue or emergency intervention on 21 calls; remainder of calls were resolved over the phone.</li> <li>• 988 attempted to engage with SSO twice; one time SSO responded and the other time they did not.</li> </ul>

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	<ul style="list-style-type: none"> <li>• CRBH is 100% full during high points and 80% during low points. Repeat clients served over time have decreased significantly. Approximately 50-55% in-house are brand new clients.</li> <li>• Great partnership with law enforcement, Fire/EMS and we receive a lot of referrals from community partners and hospitals. We served approximately 1300 unduplicated clients this last fiscal year.</li> <li>• We are working on 988/911 interoperability. Diverted 874 calls from 911 back to 988; currently working on MOUs on bilateral referral process.</li> <li>• Shared success story.</li> </ul> <p>Harjit Singh-Gill, BACS, shared staffing updates:</p> <ul style="list-style-type: none"> <li>• Jennifer Vallin, Associate Clinical Director, will start representing BACS next month at this Committee.</li> <li>• NOC shift has 1 team Friday-Monday and 2 teams Tuesday, Wednesday, Thursday.</li> <li>• Swing shift (PM) has 2 teams Friday-Monday and 4 teams Tuesday, Wednesday, Thursday.</li> <li>• Day shift (AM) has 2 teams Sunday-Friday and 4 teams Tuesday, Wednesday, Thursday.</li> <li>• Shared two success stories.</li> </ul> <p>Christina Irizarry, Health Program Manager, provided updates on the CWRT program:</p> <ul style="list-style-type: none"> <li>• Reviewed quarterly numbers: Last FY Quarter 2 October-December 279 calls. This FY has jumped up to 844 calls that were transferred from 988 to CWRT. There were 159 responses in last FY's Quarter 2, and this FY there were 287 responses.</li> <li>• Noted that last FY with the CWRT Advisory Board, there was a lot of marketing developed with outreach and social media, which helped contribute to the increase in awareness resulting in an increase in calls.</li> </ul> <p><b>Member Discussion/Questions</b></p> <ul style="list-style-type: none"> <li>• Co-chair Avey requested a handout of CWRT/988 data updates for each meeting.</li> <li>• Co-chair Avey noted that Health and Human Services Coordination Council will be providing presentation on 988/CWRT and crisis response for the community on February 19<sup>th</sup> at 6:30pm.</li> <li>• Commissioner Sako added there is a CWRT toolkit circulating online that has marketing and outreach materials. Christina added the toolkit was created by a workgroup developed through Community Health in Action (CHIA). Co-chair Avey requested a review of the toolkit during the agenda section of crisis response.</li> <li>• Commissioner Sako requested updates on the MOU with SSO. Korlany shared the MOU with SSO is in the final draft version and will begin routing for signatures shortly, hoping for execution within the next month or so. Terri added SSO has been involved in the process and making referrals/transferring calls, but we are now formalizing the process through the MOU.</li> <li>• Commissioner Sako would like to uplift and suggest this committee do some research on SAMHSA's Crisis Response System as part of this board's charge.</li> <li>• Commissioner Wentzel would appreciate hearing more about third party callers and family members; there are frustrated family members that can't get help when they call 988. Terri shared 988 talks to a lot of third party callers and we can discuss more.</li> </ul>

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	<ul style="list-style-type: none"> <li>No public comments were made.</li> </ul>
<b>VI. SUPT Updates</b> Discussion Public Comment	<p>Kimberly Grimes, Health Program Manager, provided updates for SUPT:</p> <ul style="list-style-type: none"> <li>The team has made significant progress in outreach efforts to increase our residential capacity. We now have new residential facilities for SUPT, including 13 for men and 9 for women, which allows for quicker placements.</li> <li>Currently, there are 92 individuals in custody who meet the medical criteria for residential services, but they are not yet ready for release. We have worked hard to place individuals within 2 days once notified that they are ready for release. This week, we successfully placed 5 individuals ready for release—4 men and 1 woman.</li> <li>We have also increased the number of sober living beds available and collaborated with Behavioral Health Bridge Housing to secure additional funding, enabling us to provide more providers and beds. We have a total of 70 BHBH SLE beds. At present, there are 3 open BHBH beds at St. Martin's in the Galt area, 11 SLE open beds at Monarch in Sacramento.</li> <li>We also have some family SLE beds available with St. John's and VOA.</li> </ul> <p><b>Member Discussion/Questions</b></p> <ul style="list-style-type: none"> <li>No member questions.</li> <li>No public comments were made.</li> </ul>
<b>VII. Discuss Future Agenda Items</b>	<p>BHC committee members discussed and prioritized future agenda items:</p> <ul style="list-style-type: none"> <li>Co-chair Avey would like to start with a broad overview of the Crisis Continuum in Sacramento County as a discussion item; will focus that discussion on where to dive deeper.</li> <li>Commissioner Sako would like to keep CWRT as its own standing agenda item and to have more time dedicated to look at program evaluation.</li> <li>Co-chair Avey noted drug testing and IST as topics of interest.</li> <li>Commissioner Raftery would like to know how long it's taking individuals to connect to services, whether leaving MHTC or jail; how quickly it can be done and how it's being done. Commissioner Wentzel noted that County keeps metrics on that and suggested a presentation by the Data Analytics team would be helpful for both SUPT and mental health.</li> <li>Commissioner Mummert would like to explore the Veterans population and availability of Board &amp; Cares, switching people over to Medi-Cal to receive services, in addition to residential treatment for sex registrants and arson offenders.</li> <li>Commissioner Sako would like to receive updates from Public Health on emergency room visits for youth and whether this topic is being addressed in the Youth Committee. Co-chair Avey added determining where one committee begins and ends.</li> <li>Co-chair Avey would like to see more system partner updates.</li> <li>Co-chair Avey would like to extend this meeting by one half hour and will add to the agenda as an action item for the next meeting.</li> </ul>

Agenda Item	Discussion
<b>VIII. Public Comment</b> Public comments on matters not on the posted agenda (3 minutes per person)	<ul style="list-style-type: none"> <li>Public Comment #1 – Asked whether this meeting will be recorded and what the relationship is with this committee to the BHC and the 3-year plan to Prop 1. Public commenter asked whether this committee will oversee the implementation of the plan. BHC committee members responded that minutes to this meeting will be posted and available within 1-2 weeks. Additionally, the integrated plan was developed by BHS and the process has ended.</li> </ul>
<b>IX. Adjournment</b>	Co-chair Avey adjourned the meeting at 5:39pm.