



Sacramento County Behavioral Health Commission

May 14, 2026

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

Re: Recommendations Regarding Sacramento County's Behavioral Health Coordinated System of Crisis Care

Honorable Supervisors:

The Sacramento County Behavioral Health Commission's (SCBHC) statutory duties in the Welfare and Institutions Code Section 5604.2(a) include reviewing and evaluating the community's public behavioral health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health or substance use disorder evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities and advising the governing body and the local behavioral health director as to any aspect of the local behavioral health program.¹ Recommendations in this letter pertain to the funding of core programs located in our local Behavioral Health Coordinated System of Crisis Care - specifically 988-WellSpace Health, Community Wellness Response Team (CWRT), Mental Health Urgent Care Clinic (MHUCC), and Crisis Receiving for Behavioral Health (CRBH).²

These recommendations have been informed by the following sources:

- Systematic evidence review, including existing guidelines for best practices (cited)
- Consultations with stakeholders
 - Christie Gonzales, WellSpace Health Chief Operation Officer (4/01/2026)
 - Stephanie Kelly, Sacramento County Behavioral Health Services Division Manager (5/06/2026)
 - Review of Sacramento County Behavioral Health Services Community Listening Sessions (cited), Sacramento County Health and Human Services Coordinating Council 2/19/2026 meeting, and Sacramento County Public Safety and Justice Agency 4/23/2026 Community Input Webinar
- Site visits
 - WellSpace Health 988 Call Center

¹ <https://www.calbhbc.org/legislation-mhb-wic.html>

²

<https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Services-Act-Committee/MHSA-SC-2025/MA-MHSA-SC-2025-04-17--Att-A-BHS-Crisis-Continuum-of-Care-Overview.pdf>

- WellSpace Health Crisis Receiving for Behavioral Health (CRBH)
- Sacramento County Behavioral Health Services Community Wellness Response Team (CWRT) program

Behavioral Health Coordinated System of Crisis Care

The Substance Abuse and Mental Health Services Administration (SAMHSA) released the *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care*³ to establish a framework to transform behavioral health crisis care systems and reduce the impact of substance use and mental illness on communities throughout the United States. Recognized as National Best Practices, these guidelines are built upon three foundational elements that are essential within an integrated crisis care system:

- 1) Someone to Contact: Services like the 988 Suicide and Crisis Lifeline provide immediate, accessible support,
- 2) Someone to Respond: Services like CWRT deliver rapid, on-site interventions to de-escalate crises and connect individuals to care and other community-based supports that provide crisis prevention and postvention care, and
- 3) A Safe Place for Help: Emergency and crisis stabilization services that support on-demand crisis care and crisis-related supports in a variety of community settings, such as the Sacramento County Mental Health Urgent Care Clinic⁴ and WellSpace Health's Crisis Receiving for Behavioral Health.⁵

SAMHSA envisions that these collective elements integrate to establish a seamless *system of systems* that can serve "anyone, anywhere, at anytime" in order to provide a local Behavioral Health Coordinated System of Crisis Care (BHCSCC) that offers high quality behavioral health care for individuals at all levels of acuity that can support wellness, promote safety, and avoid unnecessary care in both healthcare and law-enforcement institutional settings.⁶ In Sacramento County, 988-WellSpace Health is the "Someone to Contact," CWRT is the "Someone to Respond," and the Mental Health Urgent Care Clinic (MHUCC) and WellSpace Health's Crisis Receiving for Behavioral Health (CRBH) are the "Safe Places for Help."

In addition to decreasing interactions with law enforcement during behavioral health crises, another aim of the local Behavioral Health Coordinated System of Care is to reduce the need for emergency room visits and psychiatric hospitalizations for individuals experiencing a behavioral health crisis. Again, this practice is consistent with the SAMHSA's National Guidelines for Behavioral Health Crisis Care.⁷ In addition to addressing social costs, local behavioral health coordinated systems of care reduce financial costs associated with emergency services, incarceration, hospitalization and homelessness. Crisis Care Services in Phoenix, AZ were estimated to reduce inpatient spending by \$260 million in 2016, preventing \$37 million in costs to the emergency room⁸. From a fiscal perspective, costs

³ <https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf>

⁴ <https://www.tpcp.org/program/urgent-care/>

⁵ <https://www.wellspacehealth.org/services-and-programs/crisis-system/>

⁶ <https://library.samhsa.gov/sites/default/files/model-definitions-pep24-01-037.pdf>

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

⁸ <https://crisisnow.com/wp-content/uploads/2020/02/CrisisNow-BusinessCase.pdf>

escalate when there is an overdependence on restrictive, longer-term hospital stays, hospital readmissions, and overuse of law enforcement.

In addition to Behavioral Health Services and Public Health, it is worthy to note how our local Behavioral Health Coordinated System of Crisis Care touches on other county departments, including Public Safety. In response to the Mays Consent Decree, Sacramento County developed a Jail Population Reduction Plan (JPRP), which was approved by County Board of Supervisors in 2022 and has been updated every six months. The first strategy identified in Sacramento County's 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.⁹ Our local Behavioral Health Coordinated System of Crisis Care - including 988-WellSpace Health, CWRT, the Mental Health Urgent Care Clinic, and WellSpace Health's Crisis Receiving for Behavioral Health, are identified as a key elements in this strategy and they are located Intercept 0 and Intercept 1 in the Sacramento County Adult Sequential Intercept Model.¹⁰

Someone to Contact: 988 – WellSpace Health

As the Sacramento region's National Suicide Prevention Hotline crisis center since 1953, WellSpace Health is a key partner in our region's behavioral health crisis response system, alongside Sacramento County Behavioral Health Services, the Sacramento County Sheriff's Department, and the Sacramento Metropolitan Fire District. The National Suicide Prevention Hotline, now known as 988 Suicide and Crisis Lifeline, is a talk/text/chat hotline available 24/7/365 for people in a suicidal or mental health crisis. 988 operates under the purview of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) who contracts with Vibrant Emotional Health to create and manage a national network of crisis network providers like WellSpace Health. A recent research study published in the Journal of the American Medical Association found that U.S. youth suicides fell 11% in the first years after the launch of the 988 Suicide and Crisis Lifeline.¹¹ The decline was most pronounced in states with the highest call volumes, underscoring the value of easier crisis access.

An accredited Suicide Prevention and Crisis Services provider, WellSpace Health operates the 988 Suicide and Crisis Lifeline for 32 of California's 58 counties, including Sacramento, and it also provides support to California's 11 other crisis centers when necessary as a statewide backup center. Sacramento County has a defined and operationalized relationship with WellSpace Health to support the bilateral referral process between 988 and CWRT in handling mental health crisis calls for service and meet the needs of the community. 988 also interfaces with Sacramento Sheriff's Office-911 Communications, Sacramento Metro Fire, and Emergency Medical Services (EMS).

Someone to Respond: Community Wellness Response Team (CWRT)

⁹ <https://oce.saccounty.gov/content/dam/oce/documents/archive/JPRPStatusReptJanJune2025.pdf>

¹⁰

<https://oce.saccounty.gov/content/dam/oce/documents/archive/Sacramento%20Adult%20SIM%20-%20Sep%202024%20Update.pdf>

¹¹ <https://jamanetwork.com/journals/jama/article-abstract/2848066>

The CWRT Program is a collaboration between Sacramento County, WellSpace Health, and Bay Area Community Services (BACS) that offers a streamlined process to provide 24/7 crisis support via phone, text, chat, and in-person mobile crisis support to any child, youth, transition age youth (TAY), adult and older adult and their support persons within Sacramento County. The goals of CWRT are to: 1) safely de-escalate crises, 2) provide linkages to accessible culturally responsive behavioral health resources to decrease repeat crises and emergency department visits, 3) offer a response team that meets the cultural, ethnic and language needs of the community and does not include law enforcement staffing, 4) ensure the model is community-based, and 5) decrease criminalization of mental health and homelessness. CWRT collaborates with partnering law enforcement and emergency medical services agencies on a bilateral referral process to best serve the Sacramento County community.¹²

Currently, Sacramento County BHS staffs a CWRT program that operates during the day shift. This county-operated CWRT has three teams operating during the day shift and costs approximately \$2 million annually for staff labor (program coordinator & response teams) and the behavioral health crisis management software (Behavioral Health Link; BHL). This budget does not include fleet transportation or safety equipment (S. Kelly, personal communication, May 6, 2026).

The majority of Sacramento County's CWRT mobile crisis response program is operated by BACS with an annual budget of \$5.4 million. BACS' CWRT program is fully staffed, with 11 teams that operate 24/7/365.

A Safe Place for Help: Sacramento County Mental Health Urgent Care Clinic and WellSpace Health's Crisis Receiving for Behavioral Health

Sacramento County Mental Health Urgent Care Clinic

The Sacramento County Mental Health Urgent Care Clinic (MHUCC) provides services on a voluntary, walk-in basis to Sacramento County residents of all ages who are experiencing a mental health and/or co-occurring substance abuse crisis, regardless of their ability to pay. MHUCC is an alternative to emergency departments for those in crisis or experiencing an urgent mental health need and seeking mental health care, and a warm hand-off process has been identified for law enforcement to utilize the MHUCC as a diversion point.¹³ Turning Point Community Programs (TPCP) is the contracted provider of MHUCC. In 2025, the MHUCC reduced its hours of operation from 24/7/365 to Monday-Friday 8am to midnight and Saturday-Sunday 8am-8pm due to underutilization.

WellSpace Health's Crisis Receiving for Behavioral Health (CRBH)

WellSpace Health's Crisis Receiving for Behavioral Health (CRBH) is a 24/7, voluntary, short-term, facility designed for adults experiencing a mental health or substance use crisis. Operating as a diversion from hospital emergency rooms or jail, it offers a safe and dignified space for up to 23 hours of recovery, stabilization, and supportive services. Referrals are frequently initiated through the 988 Suicide and Crisis Lifeline or direct referral by

¹² <https://dhs.saccounty.gov/BHS/Pages/CWRT/Community-Wellness-Response-Team.aspx>

¹³

<https://dhs.saccounty.gov/BHS/SiteAssets/Pages/Community-Wellness-Response-Team/BHS%20Resources%20for%20LEA%20-%20Mobile%20PDF.pdf>

community partners. A warm hand-off process has also been identified for law enforcement to utilize CRBH as a diversion point, with the admission time totaling three minutes (as opposed to a two-hour average process for jail admission).¹⁴

CRBH currently receives support with referrals from law enforcement partners; however, that level of support is contingent upon sustained awareness and outreach to law enforcement partners to ensure individual officers know about CRBH's existence, efficiency, and effectiveness. According to the California Health Care Foundation (CHCF), effective law enforcement partnerships are built on clear policies and procedures that support diversion to crisis stabilization centers. Policies that mandate officer use of crisis stabilization centers for individuals arrested for non-violent intoxication-related offenses have proven effective, particularly when championed by jail administrators. Facilities with such policies have seen jail admissions decrease by 25% to 30% and processing times reduced to under 10 minutes (compared to one to three hours for jail bookings).¹⁵ At CRBH, the admission time for law enforcement partners is three minutes.

Funding Concerns

In its Behavioral Health Services Act (BHSA) Update for the Behavioral Health Commission presented at the 11/19/2025 BHC meeting¹⁶, it was reported that BHS decided to sunset its \$915,000 annual contract with Wellspace Health for its Suicide and Crisis Lifeline, effective 7/01/2026, in order to permit Sacramento County to fully fund all Medi-Cal programs without any additional County General Funds in light of Sacramento County's projected \$101 million structural budget deficit for Fiscal Year 2026-27.

Under BHSA, early intervention is the responsibility of each county. This includes the interoperability between 988, CWRT, and other core programs in our local behavioral health coordinated systems of crisis care. However, BHS has cut this funding in Sacramento County, as part of the sunseting of their \$915,000 annual contract with Wellspace Health. Without this disbursement and without additional funding to cover early intervention services, 988 operators will no longer be able to seamlessly transfer callers to other services. Instead, they will have no other choice than to "give another phone number to the caller in crisis and wish them luck" (C. Gonzales, personal communication, April 1, 2026). This would create unnecessary barriers to accessing appropriate care for individuals in crisis at their greatest moment of need, in addition to having unintended consequences on the local health system such as an increase in ambulance off-load times, emergency department utilization, and jail admissions.¹⁷

¹⁴

<https://dhs.saccounty.gov/BHS/SiteAssets/Pages/Community-Wellness-Response-Team/BHS%20Resources%20for%20LEA%20-%20Mobile%20PDF.pdf>

¹⁵ <https://www.chcf.org/wp-content/uploads/2025/11/BlueprintForSoberingCare.pdf>

¹⁶

<https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Behavioral-Health-Commission/2025-Mtgs/MA-BHS-BHC-2025-11-19--BHSA-Update-presentation.pdf>

¹⁷

<https://steinberginstitute.org/samhsa-cuts-threaten-life-saving-california-behavioral-health-services/#:~:text=Grantees%20could%20be%20forced%20to,jails%2C%20or%20on%20the%20streets.>

Furthermore, the Sacramento Sheriff Office's (SSO) decision to not respond to behavioral health calls means that 988 operators must stay on the phone longer to keep people safe. This means more staffing – and thus more funding – is needed in order to ensure safety of callers while also meeting 988 Key Performance Indicators (KPIs) to ensure quality service and efficiency.¹⁸ According to the Sacramento County's most recent Jail Population Reduction Plan, the number of CWRT referrals from 988 continue to increase, averaging 267 referrals per month, which represents a 1,068% increase from the 2023 baseline of 15 per month.

In addition to sustaining necessary funding for "someone to call" and "someone to respond," there is also concern for sustaining appropriate funding for "a safe place to go." Patients' acuity levels are increasing. More than half of CRBH patients at any time are using substances, and the majority have a current or past mental health condition. Many are also struggling with untreated physical health concerns.¹⁹ Sustainability of the CRBH program using Medi-Cal billable services leaves an approximate 35% funding gap, due to 24/7 safety requirements that are not billable, such as nurse rounding overnight. Sacramento County BHS plan for financial partnership with CRBH is unclear, as unconfirmed potential sources cited include realignment dollars or opioid-settlement funds.

California Health Care Foundation's (CHCF) Blueprint for Sobering Care - Sobering Centers Explained: An Environmental Scan in California (2025) has recommended best practices for funding "a safe place for help" like the Crisis Receiving for Behavioral Health (CRBH): "The funding landscape for sobering centers has evolved significantly over time. While the CalAIM (California Advancing and Innovating Medi-Cal) Community Supports framework now offers reimbursement opportunities through Medi-Cal managed care plans, this alone is typically insufficient for sustainable funding. Two primary options for financial sustainability have emerged: (1) securing dedicated local government funding that fully covers operational costs or (2) developing a diverse mix of funding streams and reimbursable services supported by strong local backing. CHCF recommends that financial partnerships between law enforcement and crisis stabilization centers be created, in the form of cost-sharing agreements to reinvest savings from reduced bookings and averted criminal justice processes."²⁰

Recommendations

In light of the critical nature of the current situation, it is imperative that Sacramento County secure its investments, strengthen the foundation of its crisis continuum, and continue expanding its coordinated behavioral health crisis system of care. Sacramento County 988 calls have increased 53% and are expected to continue to rise. This does not include the number of texts and chats from Sacramento County.

988 resolves the majority of crisis calls either on the phone or through connection with CWRT and an in-person, community response. The average need for a law enforcement response is less than 1%, limiting the need for calls to result in a law enforcement response. 988 also receives behavioral health calls diverted from 911. Pilot programs are demonstrating success with the calls that are diverted, resolving crises at Intercept 0. 988

¹⁸ https://988lifeline.org/wp-content/uploads/2019/02/CallCenterMetrics_final.pdf

¹⁹ WellSpace Health CRISIS Program Update, April 2026

²⁰ <https://www.chcf.org/wp-content/uploads/2025/11/BlueprintForSoberingCare.pdf>

completes safety plans and offers follow-up for high-risk callers, increasing safety and reducing the need for additional law enforcement contact.²¹

Sacramento County must remain proactive in protecting and strengthening these vital services, which are recognized as priorities across behavioral health, public health, public safety, and the broader Sacramento community. Achieving SAMHSA Best Practices - and meeting the needs repeatedly identified through community stakeholder workgroups²² - will require ongoing coordination, shared responsibility, and sustained support among key system partners.

As such, the BHC recommends that the County Board of Supervisors implement the following actions at its June 2026 Budget Hearing:

- 1) It is recommended that Sacramento County Behavioral Health Services utilize BHSA Early Intervention funding to restore the \$915,000 annual contract for 988 WellSpace Health. It is recommended that BHSA Early Intervention funding also be used to restore MHUCC to 24/7/365 operation, as well as to increase support to CRBH. Prioritizing these Behavioral Health Coordinated System of Crisis Care programs with BHSA Early Intervention Funding aligns with the expenditure guidelines and requirements of the BHSA due to its targeted outreach for programs focusing on high risk of crisis and mental health/substance use disorder, as well as aligning with BHSA's efforts to expand mobile crisis and crisis response.²³
- 2) It is recommended that the Sacramento County BHS-staffed CWRT Call Center be consolidated into the existing 988 call center as an opportunity to achieve increased operational efficiencies, reduce unnecessary duplication, and support a more fiscally sustainable crisis continuum through budget-neutral or cost-saving approaches where feasible. Much of the work currently performed by the CWRT Call Center is already being handled through 988 operations, and any additional functions not presently covered by 988 could potentially be incorporated into its scope at a fraction of current expenditure.
- 3) It is recommended that Sacramento County work with law enforcement partners to develop clear diversion and referral guidelines for utilization of the Mental Health Urgent Care Clinic (MHUCC) and Crisis Receiving for Behavioral Health

²¹ WellSpace Health CRISIS Program Update, April 2026

²²

<https://dhs.saccounty.gov/BHS/Documents/Virtual-Meetings/Alt-to-911-community-response/RT-BHS-Community-Input-on-Mental-Health-and-Quality-of-Life.pdf>,

<https://dhs.saccounty.gov/BHS/Documents/Virtual-Meetings/Wellness-Crisis-Call-Center-and-Response/Report-Back/RT-BHS-WCCCR-Community-Stakeholder-Report.pdf>, <https://www.youtube.com/watch?v=KEddne1wAL4>

²³

<https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.2.0/7-bhsa-components-and-requirements>

(CRBH) in appropriate mental health and substance use crisis situations, with the goal of increasing diversion to behavioral health crisis services while reducing jail bookings. It is also recommended that reductions in bookings and other justice system impacts associated with these diversions be tracked and that related cost savings be reinvested to sustain and strengthen MHUCC and CRBH services and other programs within Sacramento County's Behavioral Health Coordinated System of Crisis Care. This recommendation comes directly from the best practices shared by CHCF.

Sincerely,

Sarah Weber
Sacramento County Behavioral Health Commission, Chair

cc: Ryan Quist, PhD, Behavioral Health Director
Chevon Kothari, Deputy County Executive, Health and Human Services
Tim Lutz, Director, Health Services
Kelli Weaver, Deputy Director, Behavioral Health Services
Stephanie Kelly, Division Manager, Adult Mental Health, Court/Justice, Crisis Services
Lori Miller, Division Manager, Substance Use Prevention and Treatment
Behavioral Health Commission Members

Attachment:
WellSpace Health CRISIS Program Update, April 2026
CWRT Quarterly Report FY25-26 Q3 Final



WellSpace Health CRISIS Program Update

Someone to Call

2024 988 Sacramento Calls:	16,115
2025 988 Sacramento Calls:	27,737
2-year resolution average:	93%
Calls resolved w/o transfer to <u>emergency services or CWRT</u>	
2025 Pilot Diversion Calls (2 partners):	859
Average emergency intervention:	Less than 1%

Someone to Respond

Total Referrals to CWRT since inception	3,878
6-month monthly referral average	243
Emergency Intervention 1-year average:	15 per month
Number of "No Response" from the Sheriff's Department:	37
March 25 – March 26	

Somewhere Safe to Go – Lowest Barrier 24/7/365

CRBH 5-year totals	
Individuals	4,386
Episodes	16,380
Average Successful Episodes (all referral sources)	89%
Average discharge to Higher Level of Care	4%
Average percent of LE Drop-Offs	10%

Average CRBH to Treatment at discharge percent	10%
Average direct connection to service at discharge	30%
Average occupancy rate – 16 pods/chairs	70%

CRISIS Trends

CRBH

Unduplicated patients increased 47% between 2024 and 2025. 2026 is trending upward.

Sustainability of the CRBH program using billable services leaves an approximately 35% funding gap, due to 24/7 safety requirements that are not billable, such as nurse rounding overnight.

An increasing number of patients are arriving during evening shifts. 15 – 20% arrive between 10:00 pm and 5:00 am.

Patients' acuity levels are increasing. More than half of patients at any time are using substances, and the majority have a current or past mental health condition. Many are also struggling with untreated physical health concerns.

Law Enforcement participation increases as the Leadership Team is available to train and bring awareness about the program to all patrol officers through their chain of command.

988

Sacramento County 988 calls have increased 53% and are expected to continue to rise. This does not include the number of texts and chats from Sacramento County.

The sustainability of community engagement, our 30-day follow-up program, and interoperability between CWRT and 988 are all new challenges we face with our Sacramento County grant ending on June 30th. All of these elements contribute to a high-functioning system that mitigated some of the risk created with the Sheriff Department's policy change.

Sequential Intercept

988 and CRBH serve as important partners in the Sacramento County Adult Sequential Intercept Model.

CRBH

CRBH serves as an option for LE to reduce the number of community members who are at risk of law enforcement involvement for SUD and MH crises. This provides the opportunity for immediate treatment and connection to resources at Intercept 0.

CRBH also serves as an important safety provider to reduce progression between Intercept levels. Any person referred in crisis can be reconnected with diversion court, probation, or advocates to resume their case plan.

988

988 resolves the majority of crisis calls either on the phone or through connection with CWRT and an in-person, community response. The average need for a law enforcement response is less than 1%, limiting the need for calls to result in a law enforcement response.

988 also receives behavioral health calls diverted from 911. Pilot programs are demonstrating success with the calls that are diverted, resolving crises at Intercept 0. 988 completes safety plans and offers follow-up for high-risk callers, increasing safety and reducing the need for additional law enforcement contact.

“Air Traffic Control”

988 currently manages the flow of crisis calls from the community and 911 partnering agencies. These calls are triaged and handled by our crisis counselors, connected with CWRT, CRBH, or emergency services depending on the risk and needs of callers. High-risk callers who have been de-escalated are offered follow-up calls within 24 hours, which provide an additional opportunity to further guide the caller to a connection with ongoing care.

Impact

988

Thank you, Hope, for sharing good suggestions to find a therapist; it helped. Al, thank you for getting me out of the hole I was finding myself in, and thank you, Serenity, for helping when I was actually suicidal. I ended up in such an improved place. You helped me make a safe environment and find strategies to get there.

CRBH

Mark is an unhoused 70-year-old who has a history of heroin use. He engaged with the CRBH program for both sobering services and mental health support. Mark’s involvement with the criminal justice system created significant barriers to accessing treatment facilities and other community resources. He often shared his feelings of hopelessness and frustration related to these challenges. Through ongoing collaboration with the CRBH multidisciplinary team, Mark was successfully referred to Thrive. With Thrive’s support, he was placed in stable housing, marking a major step forward in his recovery journey.

Community Wellness Response Team

Quarterly Report
Third Quarter (January – March 2026)
FY 25/26



Division of Behavioral Health Services

Data Analytics

Prepared by: Karisa Hyppolite

Peer reviewed by: Maria DeOcampo, Melissa Dollar, Lien Lam

Program Description

The Community Wellness Response Team (CWRT) is comprised of mental health counselors, and peers with lived experience. The team receives mobile response requests from the HOPE Line, as well as the 988 Suicide and Crisis Lifeline via WellSpace Health Sacramento. WellSpace and the HOPE Line triage each call, then transfer to CWRT those they believe may benefit from in-person de-escalation, crisis assessment, and safety planning services. CWRT's crisis response services include identifying and leveraging individual strengths and natural supports, transporting (if necessary) to emergency resources, and/or contacting Co-Response Crisis Intervention Teams, or other emergency responders (also if necessary).

Data for this report is gleaned from two systems – Behavioral Health Link (BHL) and SmartCare. BHL is CWRT's dispatch system. SmartCare is the County's electronic health record and billing system.

Summary

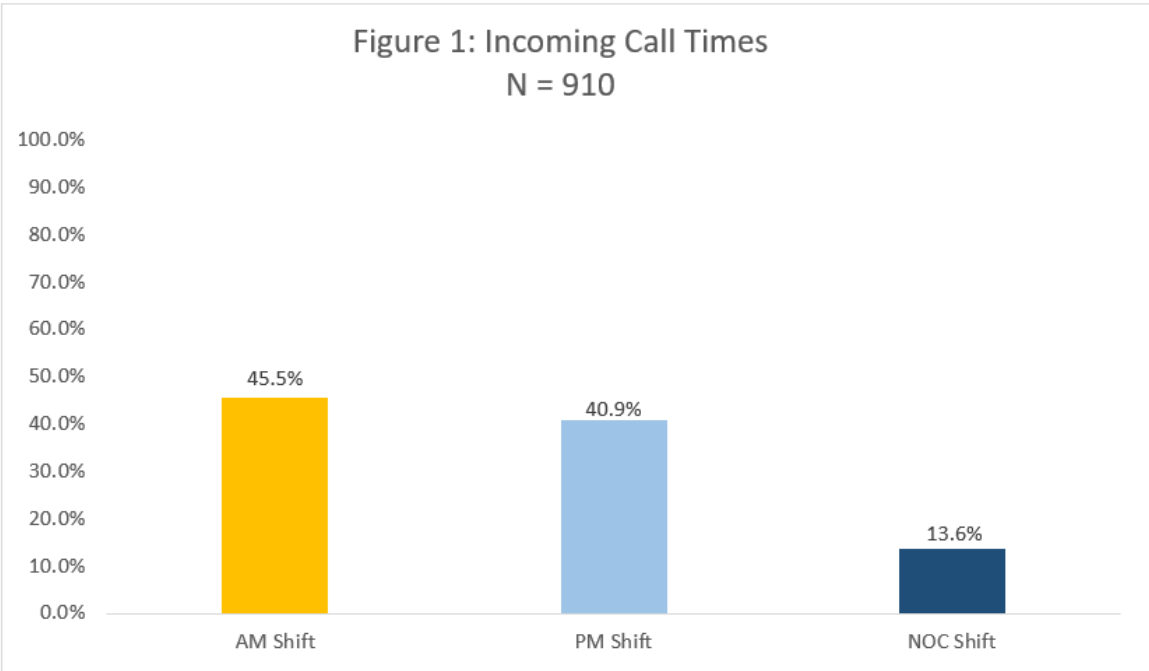
- CWRT received 910 calls during the quarter
- 46% of calls were received during the AM shift (7am – 3pm)
- 152 calls were resolved telephonically, 306 calls were canceled or a warm hand-off, and 452 required a mobile response
- Response time for 68% of dispatches was under an hour
- CWRT provided transport for 98 help seekers
- The average time on site was 71 minutes (This is an average for only 289 of 452 mobile responses. See page 6 for further detail.)
- 36% of mobile responses were resolved within the community without emergency medical, emergency psychiatric, or law enforcement response
- Of the reported demographics, the most frequent is White/Caucasian, not Hispanic, housed, non-veteran, adult male

Call Source

During the quarter, the Community Wellness Response Team received a total of 910 calls. The majority of calls (658 calls) came from the 988 Suicide & Crisis Lifeline, which is managed by WellSpace Health for Sacramento County. The additional 252 calls came from the HOPE Line.

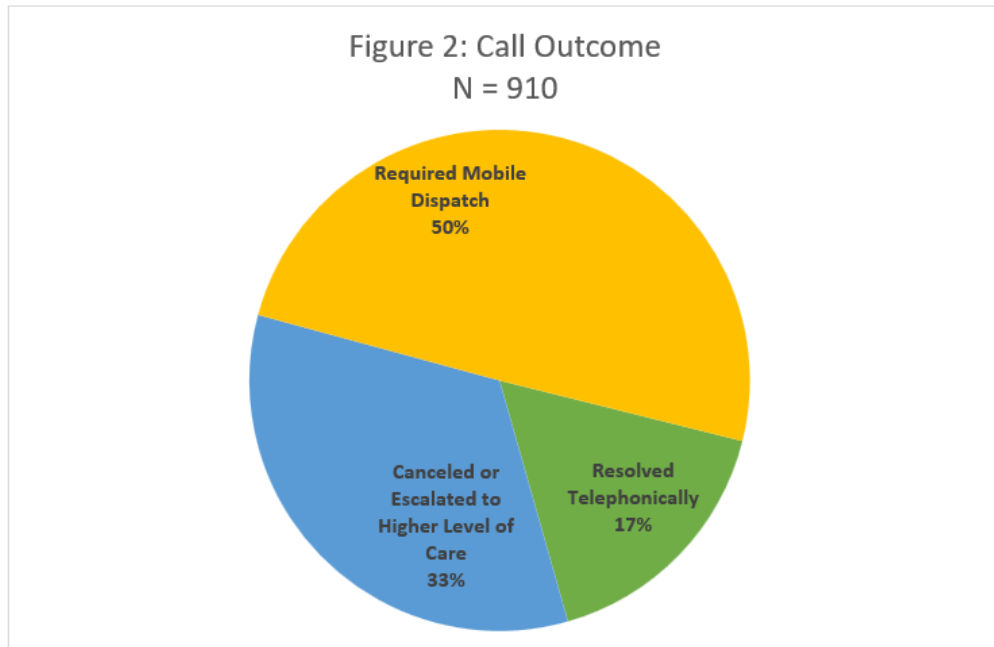
Call Times

CWRT operates in three shifts (AM, PM, and NOC) 24 hours a day, 7 days a week (including holidays). A slightly larger percentage of incoming calls were received during the AM shift than during the PM shift. The NOC shift received 14% of the quarter's calls. Incoming call times ranged from 12:00am to 11:59pm.

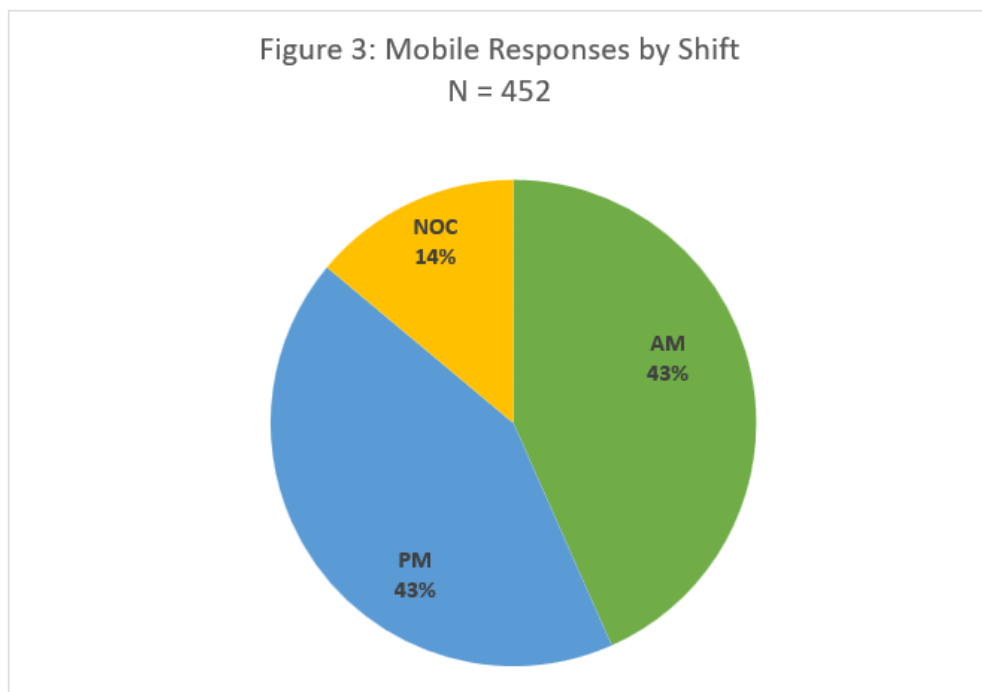


Call Response

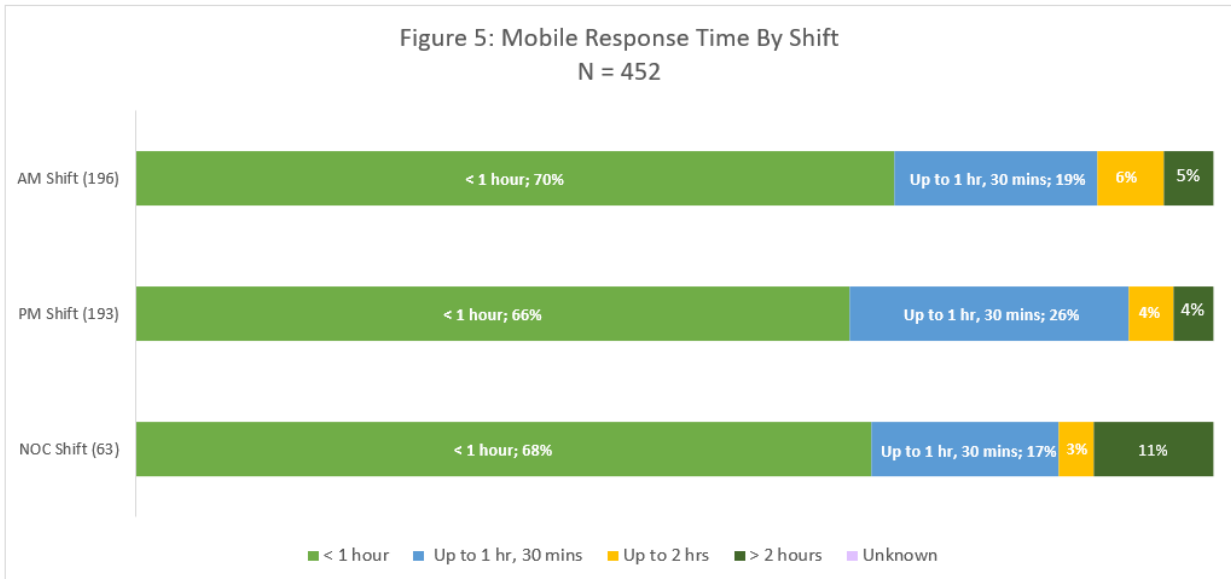
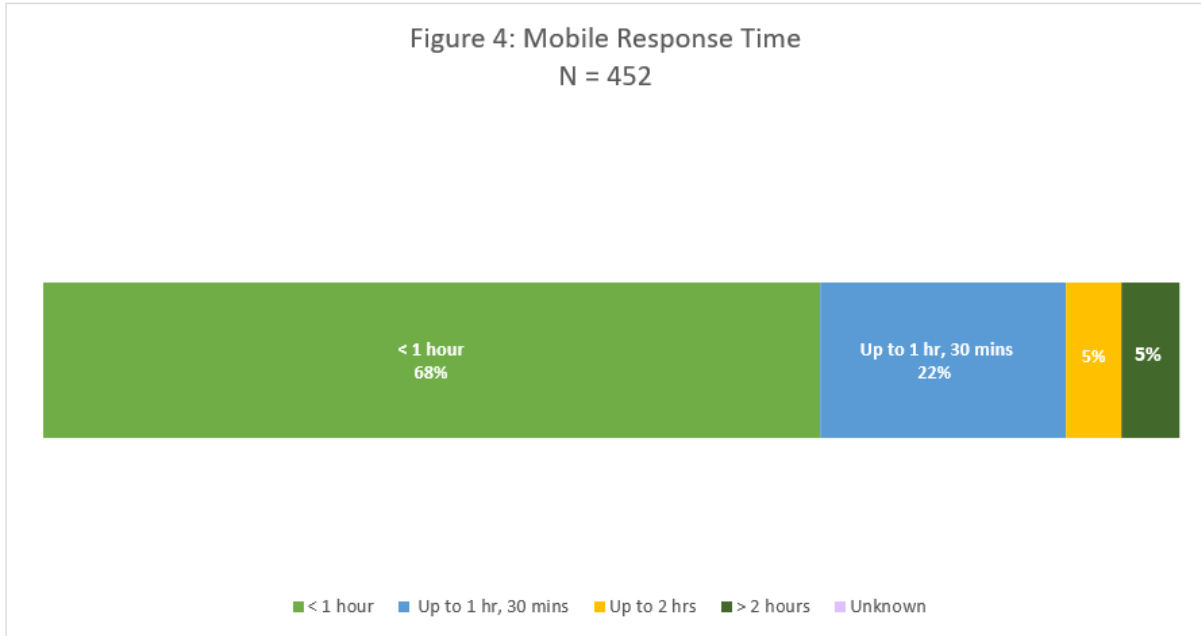
CWRT was able to resolve 152 calls (17%) over the phone. Another 306 calls (33%) were canceled or escalated to a higher level of care. The remaining 452 calls (50%) required mobile response.



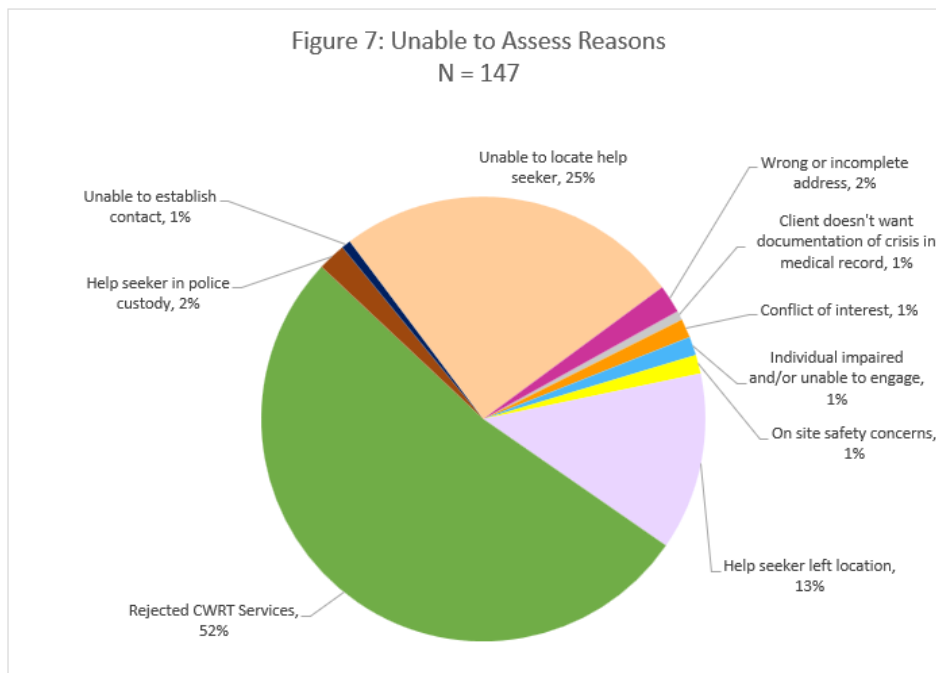
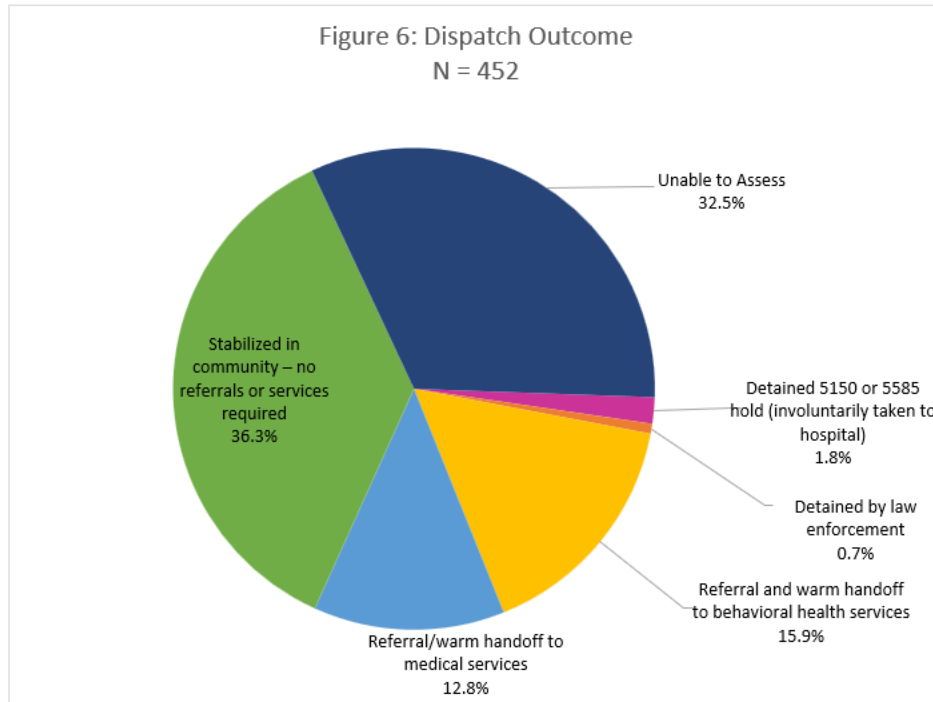
Of the 452 mobile responses, there was an even split of 43% across the AM and PM shifts (196 and 193 mobile responses respectively), and 63 (14%) during the NOC shift.



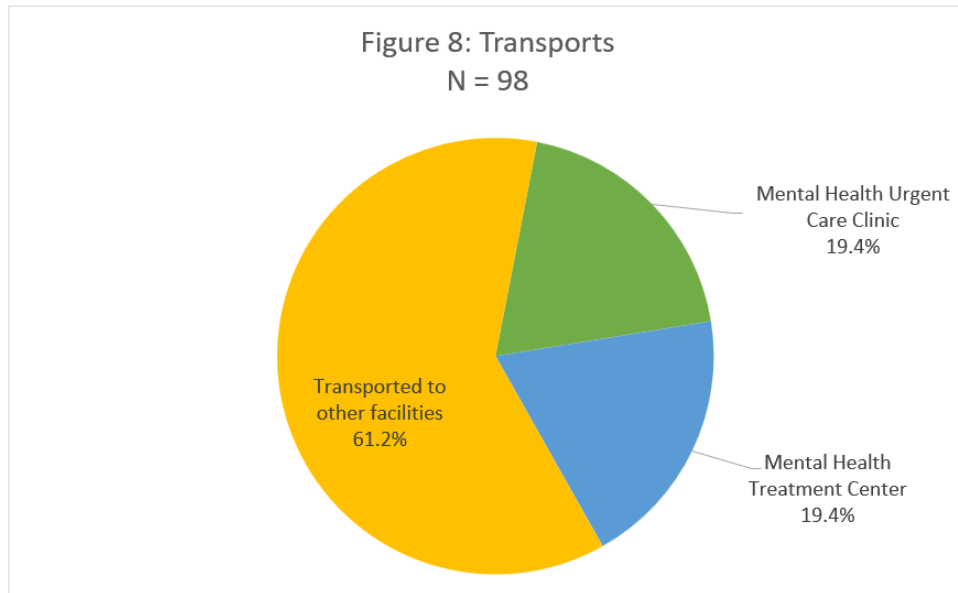
Call response time is measured from the time CWRT receives a call, to the time the call is dispositioned as arrived on-site. Response time ranged from 1 minute to 3 hours & 45 minutes, with an average of 56 minutes.



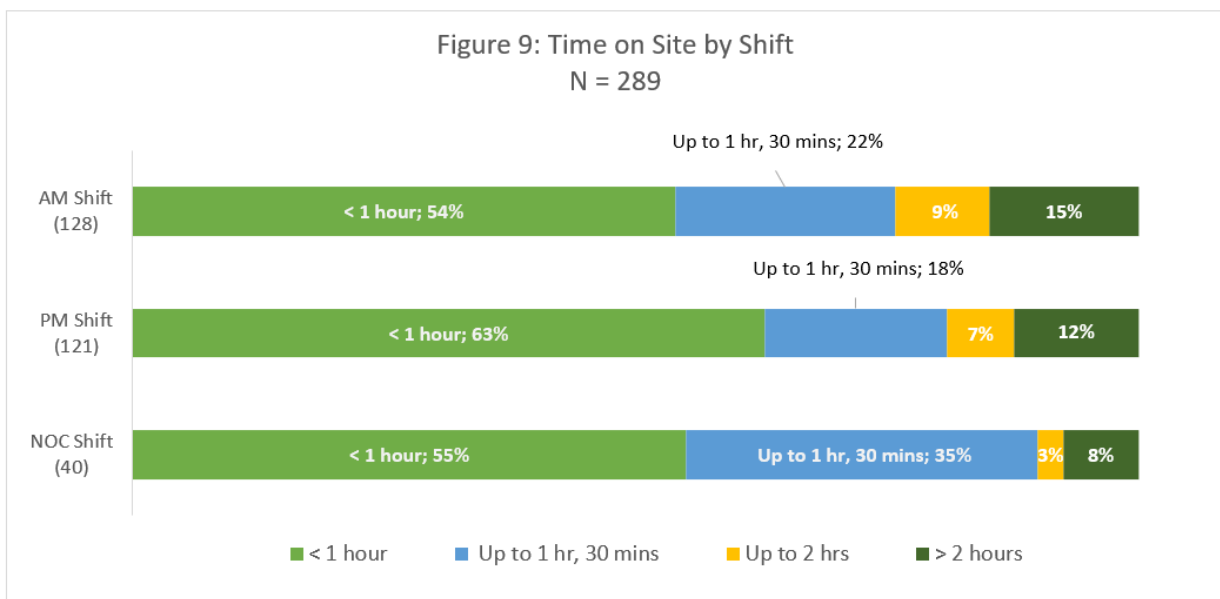
Of 452 mobile responses, 36% (164 mobile responses) were stabilized in the community. One hundred and forty-seven mobile responses (147 or 32.5%) were dispositioned “unable to assess”. The most prevalent unable to assess reason was “client rejected CWRT services” once the response team arrived. A combined 130 mobile responses were split between referrals and warm handoffs to behavioral health, and medical services (72 and 58 respectively). Figure 6 illustrates percentages of dispatch outcomes, and Figure 7 – percentages of unable to assess reasons.



There were 98 transports during the quarter - of which, 19% (19 transports) were to the Mental Health Urgent Care Clinic (MHUCC).

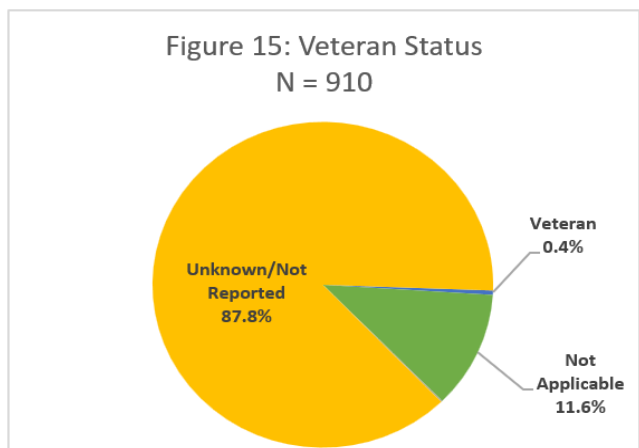
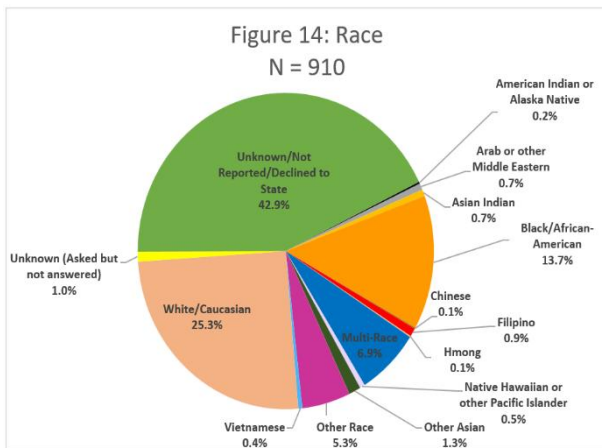
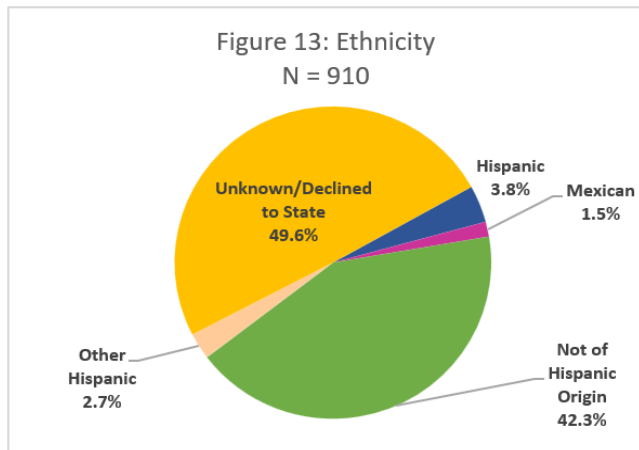
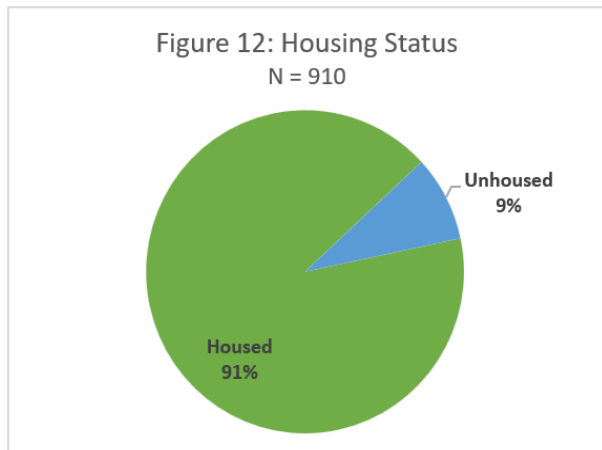
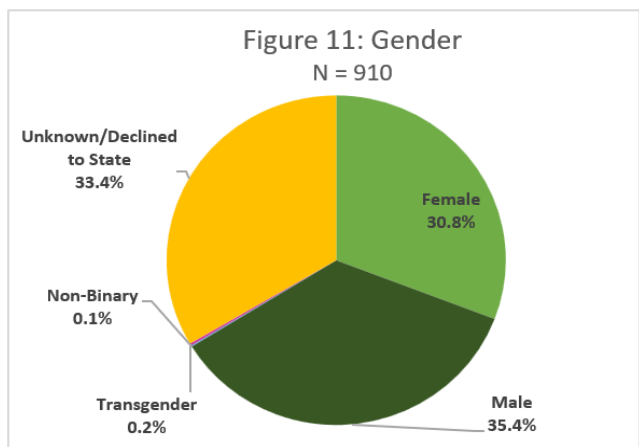
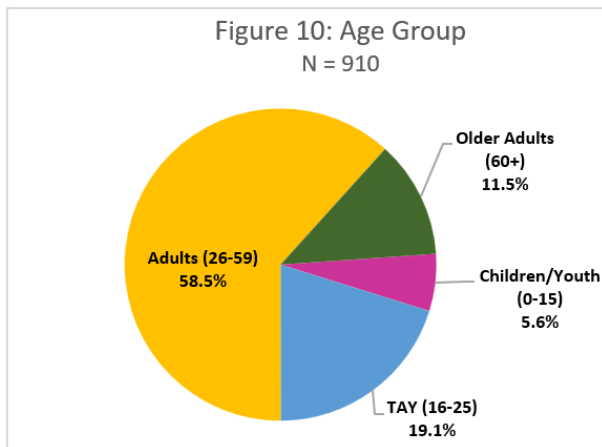


The time each response team spends on site, providing in-person crisis intervention, is recorded in SmartCare billing. The figure below excludes 163 mobile responses that did not result in on-site crisis intervention, due to 147 unable to assess upon arrival, 3 unknown time on site, and 13 non-billable responses for other reasons. The average time on site, irrespective of shift, is 71 minutes, with a range of 8 minutes to 7 hours and 15 minutes. Across all shifts, time on site was less than an hour for 53% of mobile responses.



Demographics

The following charts reflect the demographics of 910 callers.



Zip Code Analysis

During the quarter, CWRT's 452 mobile responses covered 47 of Sacramento County's 63 zip codes - representing 75% of the county's areas. The figures below show a county map of zip code locations, a bar chart of mobile responses by zip codes, and a corresponding table of counts and percentages. Mobile responses were dispatched to the following seven zip codes (95608, 95670, 95811, 95815, 95823, 95825, and 95828) 18 or more times each. The average dispatch frequency to all 47 zip codes is 10 times, and the median frequency is 11 times. The top five frequencies are 22, 21, 20, 19, 18 times per zip code. For visual reference, these zip codes are outlined with red rectangles on the map, chart, and tables below.

Figure 16: County Map of Zip Codes

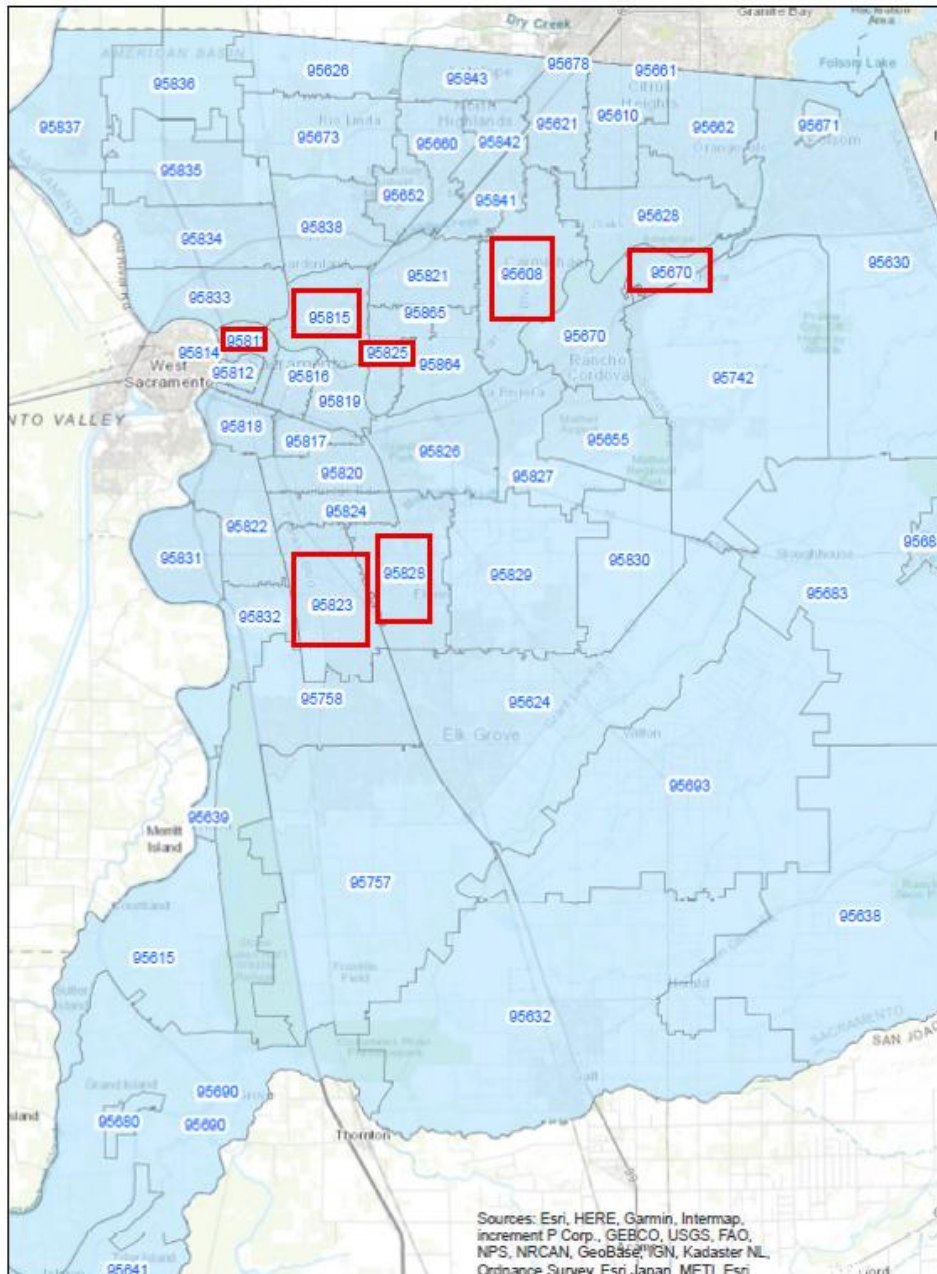


Figure 17: Mobile Responses by Zip Codes Bar Chart

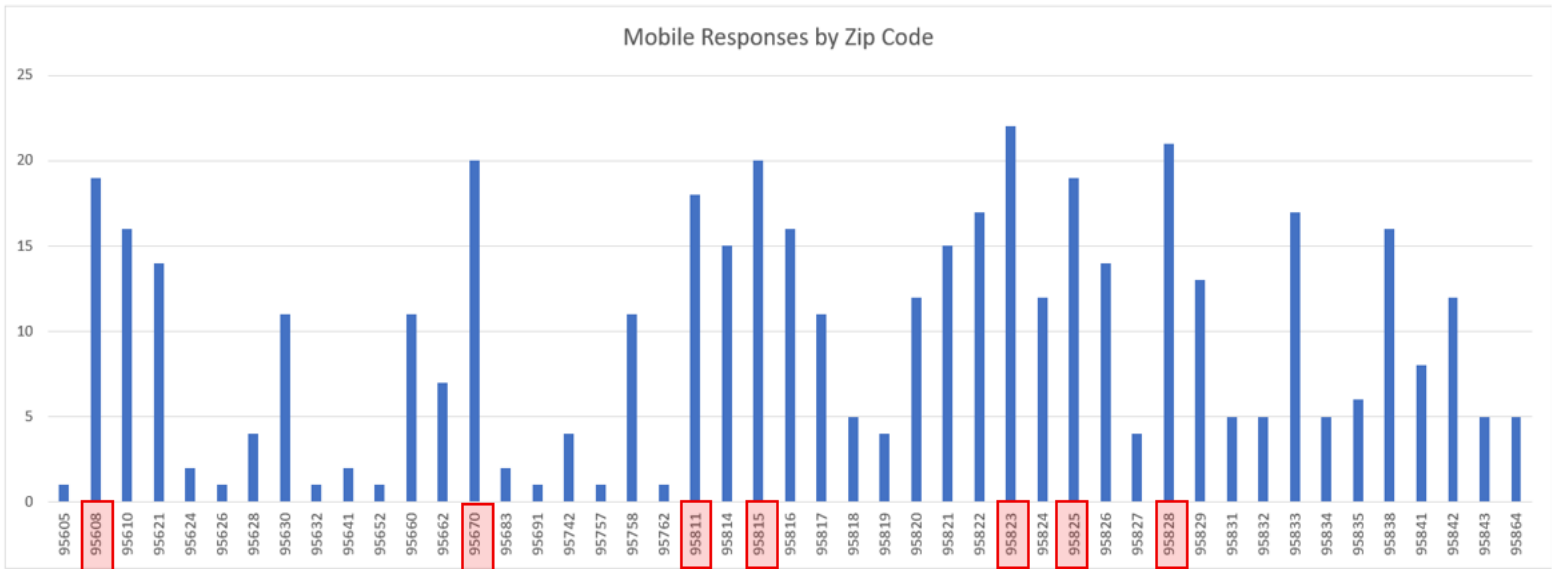


Figure 18: Mobile Responses by Zip Code Table

Mobile Responses by Zip Code					
N = 452					
Zip Code	#	%	Zip Code	#	%
95605	1	0.2	95817	11	2.4
95608	19	4.2	95818	5	1.1
95610	16	3.5	95819	4	0.9
95621	14	3.1	95820	12	2.7
95624	2	0.4	95821	15	3.3
95626	1	0.2	95822	17	3.8
95628	4	0.9	95823	22	4.9
95630	11	2.4	95824	12	2.7
95632	1	0.2	95825	19	4.2
95641	2	0.4	95826	14	3.1
95652	1	0.2	95827	4	0.9
95660	11	2.4	95828	21	4.6
95662	7	1.5	95829	13	2.9
95670	20	4.4	95831	5	1.1
95683	2	0.4	95832	5	1.1
95691	1	0.2	95833	17	3.8
95742	4	0.9	95834	5	1.1
95757	1	0.2	95835	6	1.3
95758	11	2.4	95838	16	3.5
95762	1	0.2	95841	8	1.8
95811	18	4.0	95842	12	2.7
95814	15	3.3	95843	5	1.1
95815	20	4.4	95864	5	1.1
95816	16	3.5			

Mobile responses in two of the most frequent zip codes (95608 and 95815) occurred almost evenly across the AM and PM shifts. In two other frequent zip codes (95811 and 95823), mobile responses occurred mostly during the AM shift. The three remaining frequent zip codes (95670, 95825, and 95828) received most of their mobile responses during the PM shift.

Figure 19: Mobile Response Frequency by Zip Codes and Shifts Table

Zip Code	AM	NOC	PM	Grand Total
95605			1	1
95608	8	2	9	19
95610	5		11	16
95621	7	3	4	14
95624			2	2
95626		1		1
95628	2	1	1	4
95630	3	2	6	11
95632	1			1
95641		2		2
95652		1		1
95660	8		3	11
95662	5		2	7
95670	5		15	20
95683	1		1	2
95691	1			1
95742	3		1	4
95757			1	1
95758	6	2	3	11
95762			1	1
95811	9	3	6	18
95814	4	3	8	15
95815	8	2	10	20
95816	2	7	7	16
95817	7		4	11
95818	2		3	5
95819	3		1	4
95820	8	1	3	12
95821	9	2	4	15
95822	9	2	6	17
95823	15	2	5	22
95824	4		8	12
95825	7	1	11	19
95826	3	2	9	14
95827	3		1	4
95828	6	6	9	21
95829	5	2	6	13
95831	3		2	5
95832	1	1	3	5
95833	10	4	3	17
95834	2	2	1	5
95835	4		2	6
95838	3	4	9	16
95841	4	1	3	8
95842	5	3	4	12
95843	3		2	5
95864	2	1	2	5
Grand Total	196	63	193	452

Figures 20 - 22 below show mobile dispositions by zip codes. Referrals and warm handoffs to behavioral health services, and to medical services occurred most frequently in the 95811 and 95833 zip codes, respectively. Stabilization in community occurred most frequently in the 95823 zip code, and unable to assess in 95670.

Figure 20: Mobile Dispositions by Zip Codes Table

Mobile Disposition	Zip Code Count
Referral and warm handoff to behavioral health services	72
95608	1
95610	3
95621	1
95630	1
95660	1
95670	3
95742	1
95758	2
95811	7
95814	1
95815	5
95816	3
95817	5
95818	1
95820	1
95821	2
95822	2
95823	1
95824	3
95825	4
95826	3
95827	1
95828	6
95829	2
95831	1
95833	2
95834	1
95838	2
95843	1
95819	3
95641	1
Referral/warm handoff to medical services	58
95608	4
95610	3
95621	1
95630	1
95662	2
95670	2
95742	1
95811	2
95814	4
95815	3
95816	1
95820	2
95821	2
95822	2
95823	2
95824	3
95825	1
95826	1
95828	3
95829	2
95831	1
95833	5
95835	2
95838	3
95841	1
95832	2
95683	1
95691	1

Figure 21: Mobile Dispositions by Zip Codes Table Continued

<input checked="" type="checkbox"/> Stabilized in community – with referrals or services required	164
95608	8
95610	3
95621	9
95624	1
95626	1
95628	2
95630	6
95660	8
95662	2
95670	3
95742	2
95757	1
95758	5
95811	4
95814	2
95815	4
95816	3
95818	2
95820	6
95821	6
95822	6
95823	11
95824	4
95825	9
95826	7
95827	2
95828	8
95829	7
95831	1
95833	5
95834	1
95835	2
95838	5
95841	5
95842	3
95843	3
95864	1
95819	1
95832	2
95762	1
95683	1
95632	1

Figure 22: Mobile Dispositions by Zip Codes Table Continued

Unable to Assess	147
95608	6
95610	7
95621	3
95624	1
95628	2
95630	2
95660	2
95662	3
95670	12
95758	4
95811	5
95814	8
95815	8
95816	8
95817	4
95818	2
95820	2
95821	4
95822	7
95823	7
95824	2
95825	5
95826	3
95827	1
95828	4
95829	2
95831	2
95833	5
95834	1
95835	1
95838	6
95841	1
95842	9
95843	1
95864	3
95832	1
95605	1
95641	1
95652	1
Detained 5150 or 5585 hold (involuntarily taken to hospital)	8
95816	1
95817	2
95820	1
95821	1
95823	1
95834	2
Detained by law enforcement	3
95630	1
95835	1
95864	1
Grand Total	452

Per data alerts from Sacramento County Public Health (SCPH), an influx of emergency room visits for suicidal ideation or attempted suicide, occurred across the course of 14 days during the quarter. Among individuals ages 10 to 24, these ER visits occurred 167 times, and 59 times for adults ages 25 and older. This influx occurred across multiple zip codes, but most frequently in 8 zip codes (95624, 95630, 95632, 95660, 95823, 95825, 95828, 95838). Zip codes 95823, 95825, and 95828 were also frequent zip codes for CWRT mobile response. Zip code specific counts were not supplied by SCPH, due to HIPPA regulations around small datasets.

Conclusion

During the quarter, CWRT received 910 crisis calls – 658 from WellSpace 988, and 252 from the HOPE Line. Near half of those calls (414 calls or 46%) were received during the AM shift. Fifty percent of calls (458 calls) were resolved over the phone, escalated to a higher level of care, or canceled. Response time, from the moment a call was answered until arrival on site, was under an hour for 68% of dispatches. Thirty-six percent (36%) of those mobile responses were stabilized within the community, without need for additional emergency medical, psychiatric, or law enforcement response. The average time on site was 71 minutes, and CWRT transported 98 help seekers to the Mental Health Urgent Care Clinic and other facilities. Demographics are self-reported by the caller. Of the demographics we were able to gather, the most frequently reported was White/Caucasian, not Hispanic, housed, non -veteran, adult male. Sacramento County Public Health reported, by zip codes, influxes of emergency department visits specifically for people experiencing suicidal ideations or suicide attempts. Among those zip codes, are three (95823, 95825, and 95828) where CWRT’s mobile response team also experienced a higher frequency of utilization, in comparison to other zip codes.

In comparison to the second quarter, the number of calls increased by 3%, and the need for mobile responses increased by 57%. Awareness and utilization of the Community Wellness Response Team continue to grow.