

Community Wellness Response Team (CWRT) “Advisory Committee”
Proposed Structure and Bylaws¹

BACKGROUND

The Community Wellness Response Team (CWRT) receives calls from community members requesting behavioral health services or when they are experiencing a mental health crisis. Clinicians and staff with lived experience can be dispatched to respond immediately to locations throughout the County. These Call Center and Response Teams staff provide immediate, 24/7 crisis intervention and de-escalation services, assess needs and risks, and create safety plans. This includes identifying and leveraging individual strengths and natural supports; coordinating with existing Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) providers as appropriate; linking to services; voluntary transport to urgent/emergency resources and accessing alternate response teams or emergency responders when necessary.

CWRT Goals:

- Safely de-escalate crises
- Provide linkages to accessible culturally responsive behavioral health resources to decrease repeat crises and emergency department visits
- Offer a response team that meets the cultural, ethnic and language needs of the community and does not include law enforcement staffing
- Ensure the model is community-based
- Decrease criminalization of mental health and homelessness

According to ARTICLE VIII (Committees), Section 3 of the [Mental Health Board Bylaws](#), which were adopted by the Sacramento County Board of Supervisors on February 15, 2022:

“There shall be a Behavioral Health Services Community Wellness Response Team (CWRT; formerly known as Wellness Crisis Call Center and Response Program) Advisory Committee composed of Mental Health Board Members and community members with diverse community, ethnic, cultural, and linguistic representation. All members shall have voting privileges. The purpose of this committee is to make programmatic recommendations to the Behavioral Health Director and the Board of Supervisors about the CWRT that will be submitted to the Mental Health Board for review and approval, review outcomes regarding the CWRT, and other responsibilities as described in the CWRT Advisory Committee bylaws.

The CWRT Advisory Committee shall have nine (9) seats. There will be a purposeful overrepresentation of community members to Mental Health Board members. Of these nine seats, three (3) shall be filled by current Mental Health board members and six (6) shall be filled by community members.

¹ Inspired by the Denver STAR Advisory Committee’s Proposed Structure and Bylaws: <http://dashrco.org/starcharter/>

A selection committee will receive and screen applications and conduct interviews. The selection committee will be composed of:

- One Mental Health Board member. Initially, the Mental Health Board Member will be selected by the Mental Health Board CWRT Advisory Board Ad Hoc committee. Subsequent Mental Health Board representatives to this committee will be appointed by the Chair with concurrence of the Mental Health Board.
- The Board of Supervisors representative to the Mental Health Board, or their designee.
- Two community members selected by the Mental Health Board member and the Board of Supervisors member.

Once seated, the advisory committee will draft bylaws to further clarify and define its duties and responsibilities. The advisory committee will review initial defined measurements of success and goals for the program, review outcomes compared to stated goals, and make relevant recommendations. The advisory committee will be included in planning of any external evaluation, and review and provide input on findings from external evaluations. Committee actions and recommendations will go to the full Mental Health Board for review and approval.”

ARTICLE I: NAME

Section 1: Name

The name of this body is further referenced as the Community Wellness Response Team Advisory Committee for now as a placeholder for what the name may eventually be.

ARTICLE II: MEMBERSHIP

Section 2: Composition

The CWRT Advisory Committee shall have nine (9) seats. There will be a purposeful overrepresentation of community members to MHB members. Of these nine seats, three (3) shall be filled by current MHB members that meet specific qualifications and six (6) shall be filled by community members that meet specific qualifications, which are described in more detail below.

Community Membership Qualification Criteria²

Community members of this committee will be representative of the key groups described below, to the extent possible. A diverse set of appointments should result from considering as many of these demographic categories as possible, including a balance between individuals who have directly experienced mental health and/or substance use needs and their family members/loved ones:

² Based largely on findings from the BHS Community Stakeholder Workgroups held in August 2021.

- Prioritized Lived Experiences - these experiences have occurred within the last 10 years³
 - People with behavioral health lived experience: individuals who have directly experienced mental health and/or substance use needs, also known as peers.
 - People who have been involved with the criminal justice system: individuals who have been arrested and/or formerly incarcerated, and especially individuals who have been arrested or incarcerated while they were experiencing a behavioral health crisis/illness.
 - People who have previously or are currently experiencing homelessness.
 - People who are living with disabilities, including individuals with developmental disabilities (e.g., intellectual, physical), cerebral palsy, deafness, blindness, etc.; including deaf community members and community members with other disabilities who have experienced police encounters and/or who have experienced homelessness.
 - Survivors of intimate partner violence, also including people who have experienced human trafficking, elder abuse, and/or Commercial Sexual Exploitation of Children (CSEC).
 - Family members and caregivers of people with lived experience with behavioral health needs and/or incarceration, and family members/loved ones of people who have experienced homelessness or elder abuse.
- Consideration also given to the following types of experiences (Paid or Volunteer)
 - Advocacy organizations (e.g. related to homelessness, behavioral health, racial equity, and public health)
 - Behavioral health provider (e.g., psychiatrist, lead from respite center, provider that operates a support line, specialist in de-escalation)
 - Crisis Services and Disaster Relief
 - Medical organization (e.g., emergency department, or other point of entry into behavioral health services)
 - Behavioral health policy and administration.
- Demographics
 - Specific efforts to represent or overrepresent those that have been the most impacted by law enforcement responses to mental health situations⁴

³ Stakeholder input for the timeframe of lived experience indicated the experience should be somewhat recent but the timeframe was flexible.

⁴ There is a large body of research demonstrating the disproportionate impact of law enforcement encounters on communities of color. A 2021 study found that “police have disproportionately killed Black people at a rate of 3.5 times higher than White people, and have killed Hispanic and Indigenous people disproportionately as well” (GBD 2019 Police Violence US Subnational Collaborators). Harm extends beyond those immediately involved in the interactions. For example, a 2018 study found that police killings of unarmed black Americans have adverse effects on mental health among black American adults in the general population (Bor, J., et al). For example, a 2019 study found that African American and Latino/a/x adolescents’ the viewing of online traumatic interactions with individuals from their ethnic group and law enforcement, including images or viral videos of people being beaten, arrested, detained, or shot by a police officer was found to have a significant association with both PTSD and depressive symptoms. Additionally, girls reported higher PTSD and depressive symptoms than boys (Tynes, B. M., et al).

- Age groups, including transition age youth (e.g. ages 14-25), adults, and older adults, including youth with current or former experience in the foster system
 - Gender, including individuals who identify as transgender and a diversity of gender identities.
 - Sexual orientation, including lesbian, gay, bisexual, and/or queer identified individuals.
 - Race, ethnicity, and culture, including Asian American and Pacific Islander, Black, Native American or Indigenous, and Latinx/Hispanic/Latino communities.
 - Language, including people who speak Spanish and American Sign Language (ASL).
 - Geographic representation from across the County of Sacramento, including underserved areas.
 - Lower socioeconomic status.
 - Diversity in education levels.
- Consideration was given to the desire for participation of individuals with lived experience and wanting to center that experience in this advisory committee. Therefore, it is recommended that prioritization of an individual's lived experience in the areas noted above be considered in nomination for CWRT Advisory Committee Membership, regardless of one's background.
 - In addition, it is recommended that BHS CWRT program planning staff and emergency response system partners such as fire, law enforcement, and paramedics/EMS/EMT be in active consultation for effective interoperability and bi-directionality of the CWRT program.
 - Furthermore, the MHB can advise the BHS CWRT program planning staff on the role of law enforcement/911 dispatch communication and collaboration built-in to the program.
 - Mental Health Board Member Qualification Criteria

Prioritization of lived experience is recommended for all members of the CWRT Advisory Committee, including those serving in MHB member seats. Differing perspectives are important to have represented, and it is equally important to ensure that the MHB members selected to serve on this advisory committee have a demonstrated history of following the Mental Health Board Conduct Agreement, working collaboratively with other Board members as well as community members, and being aligned with the values of the MHB.

In addition, the following criteria will be evaluated for Mental Health Board members: Knowledge and/or experience the following areas:

 - Sacramento County Government structure and process
 - Sacramento County behavioral health services system
 - Behavioral health treatment methodologies or modalities
 - Program evaluation methodology
 - Public Policy or Public Administration

Section 3: Recruitment

There will be an engaged recruitment effort that includes multiple methods of outreach including connecting with cultural leaders and trusted community members and groups to seek input and ideas of how to distribute the applications and generate interest.

Application and Screening Process

The process to select committee members will use an application to screen candidates and include the following topics and questions:⁵

- Professional backgrounds and job title, and lived experiences.
- Why do you want to serve on the CWRT Advisory Committee?
- What are your goals for serving on the CWRT Advisory Committee?
- What are your thoughts around equity/inclusion and how it applies to the work of this committee?

It is recommended that a selection committee will receive submitted applications from identified Sacramento County Behavioral Health Services staff that provides support to this advisory committee, and screen applications.

The selection committee will be composed of:

- One Mental Health Board member. Initially, the Mental Health Board Member will be pulled from the Mental Health Board CWRT Advisory Board Ad Hoc committee. Subsequent Mental Health Board representatives to this committee will be appointed by the Chair with concurrence of the MHB.
- The Board of Supervisors representative to the Mental Health Board, or their designee.
- Two community members selected by the Mental Health Board member and the Board of Supervisors member.

The selection committee will conduct a brief Zoom interview for applicants. Successful applicants will be recommended to the BOS for appointment.

Section 4: Additional members

Members to the advisory committee shall be added through a nomination process. Individuals may be self-nominated. Requirements for nominations will include that they live in Sacramento and individuals will be prioritized based on lived experience and identities necessary to shape a

⁵ A draft of application to the Application is included as Appendix A of this report.

diverse committee and in accordance with the composition criteria outlined above. Positions will be filled in accordance with gaps in county district representation with at-large seats filled thereafter. Current members of the advisory committee will review and approve applications in consultation with Behavioral Health Services and formal offers will be extended to those who meet the needs of the advisory committee. Individuals who are invited to join the advisory committee shall file a formal acceptance of membership to the committee. The CWRT Advisory Committee application shall live with Sacramento County Behavioral Health Services (SCBHS).

Section 5: Terms

The term of each member of the Community Wellness Response Team Advisory Committee shall be for one calendar year and is eligible for two additional one-year reappointments. Ideally, these appointments shall be equitably staggered so that approximately one-third of the appointments expire in each year. Terms shall end on December 31.

Section 6: Attendance

A member who is absent, whether it be excused or unexcused from five (5) Advisory Committee meetings in any twelve-month period shall be deemed to have automatically resigned from the Advisory Committee. In such event, the member's status will be noted at the next scheduled Advisory Committee meeting and shall be recorded in the meeting's minutes. The Chairperson shall, without further direction from the Committee, apprise the Mental Health Board of the member's resignation and request the appointment of a replacement.

Section 7: Term Limits

No member shall serve more than three (3) consecutive one-year appointments with the exception that if a member has been appointed to a partial term of one-half years or less, then they may be appointed to two full one-year terms. As of the date of adoption of these bylaws, any member serving a third one-year appointment shall be terminated at the end of that period of service and a new appointment shall be made. When one year has elapsed following a former member's service on the Advisory Committee, of whatever duration that service was, they may become eligible for appointment again.

ARTICLE III: COMMITTEE OPERATIONS

Section 1: Community Wellness Response Team (formerly known as [Wellness Crisis Call Center & Response Team Advisory Committee's Purpose](#)) The function of this Advisory Committee is to monitor operations, make program recommendations, and review outcomes regarding the CWRT. This Advisory Committee will also assist BHS with transparency and provide connection to the community. As such, this committee needs to be consulted to provide input whenever contracted or external evaluations are conducted about the CWRT program.

Section 2: Duties Outlined for Committee

- Accountability and ensuring fidelity of the CWRT to its Purpose and Goals
- Public outreach and awareness about CWRT
- Reviewing and advising on RFPs. This still needs to be defined and determined with SCBHS

Section 3: Purpose of Meetings

All members of the advisory committee shall be required to attend all meetings unless otherwise unable due to reasonable circumstances. The advisory committee will have three main functions of their meetings with concurrent meeting with SCBHS:

- Data and evaluation tracking for the CWRT
- Qualitative tracking and ensuring fidelity to the CWRT purpose and goals
- Public awareness, updates, and receiving input regarding CWRT program
- Aligning with SCBHS

Section 4: Officers

This advisory committee shall identify a Chair and a Vice-Chair; alternatively, two committee members may each serve as Co-Chairs of the committee

Section 5: Meeting Schedule

- The committee will have one two-hour meeting per month on a set day and time to be determined by majority vote of committee
- Meeting Accessibility and Reducing Barriers to Participation
 - In order to promote attendance and participation among impacted persons, the following recommendations are made to enhance accessibility:
 - Hold meetings during evening hours
 - Retain options for remote meeting participation
 - If in-person meetings are resumed:
 - Provide funding for travel such as mileage reimbursement or transportation passes, mileage.
 - Provide childcare.
- The committee will determine the focus of each meeting, to be determined by committee members
 - For example, the first meeting of each quarter (January, April, July, and December) may be focused on data tracking and evaluation in coordination with SCBHS; the second meeting of each quarter (February, May, August, November) may be focused on the qualitative perspective of the program and ensuring its adherence to its purpose and goals; etc.

Section 6: Committee Staffing and County Support

Currently, the Mental Health Board has a staff member who supports the Mental Health Board and its committees. It is anticipated that this committee will generate a great deal of interest and necessitate new work through meeting coordination, onboarding new members, fielding

questions and comments from the public, etc. Therefore, SCBHS staff are expected to support the committee and its work.

Section 7: Training

Advisory committee members will be provided training to equip them in providing their service to this County. Important training topics that have been identified include, but are not limited to:

- Communication and collaboration; decision making and reaching consensus (for MHB and committee)
- Trauma-informed
- Public meetings/Brown Act and other related legal rules and responsibilities of Committee members.
- An overview of the Behavioral Health Services system, existing services, challenges (e.g., policies, practices, barriers) and any relevant upcoming plans.
- Implicit bias training.

Section 8: Data and information access

The committee will have access to necessary data to monitor implementation and outcomes of the program goals and measurements of success.

- This includes reports about BHS-collected data provided on a routine basis, the specific contents and frequency of which will be determined at a future date.
- This also includes assistance with linkage and coordination to other County departments that may have relevant data (for example, certain types of emergency call volume).

Section 9: Compensation

Previous research⁶ has identified that a key consideration when convening and maintaining a community advisory body for health care systems is demonstrating that members' time and expertise is valued through compensation. SCBHS has committed to approving stipends and other compensation for advisory board members it appoints for expenses incurred while conducting official county business that is equivalent to compensation for other advisory board members (i.e., MHSA Steering Committee). This committee will determine by majority vote at what frequency and the manner in which stipends will be disbursed.

⁶ See for example "Best Practices for Convening a Community Advisory Board" Center for Health Care Strategies, December 2019 <https://www.chcs.org/media/Community-Engagement-Infographic-12.17.19.pdf>.