

Sacramento County Mental Health Board
Community Wellness Response Team (CWRT) Advisory Committee
ANNOUNCEMENT – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Tuesday, March 12, 2024
6:00 PM – 8:00 PM

Members Present: Corrine Sako, Kaino Hopper, Mykel Gayent, Sarina Rodriguez, Katie Houston, Severine Hollingsworth, Elijah Orr (staff: Korlany Roche for Kari Wilson)

Absent: Evan Minton, Adam Wills

Agenda Item

I. Welcome and Introductions

- Introductions:
 - Committee Members
 - CWRT Partners
- Review [MHB Conduct Agreement](#)
- Announcements by CWRT Advisory Committee Members

Chair Sako commenced the meeting at 6:11pm. Introductions were made and Chair read the Conduct Agreement. Just cause exemption established for Member Rodriguez.

Chair announced that March marks the one year anniversary of CWRT being in operation.

Member Orr announced motion to nominate himself as co-chair. Chair acknowledged the motion and will add to the agenda for next month's meeting for discussion and take it to vote.

Alondra/CWRT announced that CWRT is 24/7 as of March 1st.

I. Public Comments related to the Community Wellness Response Team (CWRT)

- No public comments.

I. Discussion: CWRT Program Implementation, Including Data & Response Outcomes

a. Sacramento County Behavioral Health Services CWRT

b. 988/WellSpace Health

c. Bay Area Community Services (BACS)

d. 3/8/24 CWRT Program Update here:

<https://dhs.saccounty.gov/BHS/SiteAssets/Pages/Community-Wellness-Response-Team/CWRT%20Timeline%20February%202024%20Final.pdf>

Alondra/CWRT shared:

- CWRT has been in operation for one year.
- 988 ads should be appearing throughout the community. We are currently focused on radio ads and transit shelter ads to see how well they do in terms of reach. Member Hollingsworth asked if there is a way to share graphics or media with the community. CWRT will consider flyers and other types of media. Alondra will share flyers when they become available.
- February CWRT data: in the last year, we've received 199 calls: 161 required mobile dispatch and 38 calls were resolved over the phone. Dispositions: 101 calls were stabilized in the community, 5 unable to assess, 1 detained 5150 or 5585 (involuntarily taken to the hospital), 2 detained by law enforcement, 1 other, 4 referral/warm hand-off to behavioral health services, and 2 referral/warm hand-off to medical services. Dispositions are from March 2023 – December 2023. This data field was discontinued after December 2023. Follow-up outcomes: 2 client hospitalized, 1 client incarcerated, 4 connected – no follow up needed, 54 connected – no additional follow up needed (connected to services), 2 left message with collateral contact, 31 left voicemail, 28 no answer, 3

unknown. Follow-up outcomes are from June 2023 – February 2024. This data was not collected prior to June 2023.

- In February, there were 28 calls versus the 25 listed. This information will be corrected on the website. That will put the total number of calls to 201 received.
- Starting April 1st, CWRT will be in the County's EHR, SmartCare, and should be able to gather disposition and outcomes better.

Terri/WellSpace Health shared 988 data:

- Statewide efforts to improve interoperability of technology.
- February data: Total of 1,477 calls; 78 calls were referred to CWRT. There were 64 missed opportunities. There is a trend showing that as the hours increased, the missed opportunities decreased. CWRT does well in comparison to the statewide average of transfer rates to mobile teams, which is 3-4%. We expect the numbers to increase with advertising.
- Shared success story of older adult male who felt disconnected since the beginning of the pandemic. He felt supported through 988 and better connected.
- Follow up from last month: for Spanish-speaking callers, the 988 lifeline website has a Spanish-speaking 988 system where callers can directly connect. For in-house staff, they can use the Language Line and patch in an interpreter. For deaf and hard of hearing, the 988 lifeline website can be navigated to video/phone and text/chat options that are available to anyone. New advertising will show ways that the line is accessible and in different languages.

Member Comments:

- Chair Sako asked CWRT and WellSpace to describe the process of when a call goes into 988. When a call comes in from a community member to 988, a risk assessment is completed and two questions are asked. Throughout the call, if it is determined that caller is a good candidate for CWRT and they are not in imminent risk, 988 will offer CWRT as a resource and will make a warm transfer, patch them over, give information that is useful for dispatch, let the caller know that CWRT is available as an option. The software allows the available team to provide an ETA using GPA and they let the individual know they can stay on the line until the team arrives. BACS and County share one software for dispatching. Once the team goes out, they de-escalate the situation. Regarding law enforcement involvement, County is partnering with local LE agencies to develop a bi-directional referral process and create an MOU.
- Member Houston asked about who is using the text and chat feature on the 988 website. Member Houston shared her daughter tried all 3 approaches and provided feedback. She felt overwhelmed with the chat feature because there was a survey and a lot of questions. She liked the phone feature with being able to talk to someone. The text feature she thought was cool but liked the phone option better because she could be with someone right away. Terri stated a great feature of the website is that anyone can choose how to contact 988.
- Terri shared 988 is doing outreach at Samuel Jackman Middle School from 3-5pm as part of a larger community group.
- Alondra shared CWRT will be participating in a NAMI event and will do a presentation on April 8th, which is their general meeting at 7pm over Zoom.
- Member Caino shared once she gets the announcement for the NAMI event, she will forward to the group.
- Chair Sako asked about the issue around third-party callers, which keeps coming up. For contact, there was a report of a third party caller regarding her adult son who was experiencing a manic episode. The 988 operator said they would not dispatch to CWRT unless the individual experiencing the crisis provided consent. We are wondering how many families and individuals are experiencing this. Terri shared she was able to follow up within the hour. Traditionally for 988, suicide prevention services is based on voluntary participation and consent. However, the organization is shifting their fundamental way of how they approach services through training and re-training. They are working to remove the barrier of consent in order to dispatch to CWRT. 988 is predominantly accessed by first party callers, so they do not get as many third-party callers. Alondra also recommended reaching back out to CWRT with details of the case so they can follow up and address any concerns.
- Member Houston asked once the call goes to CWRT, how does consent work? CWRT will serve anyone who wants to be served, and it also depends on the situation. CWRT takes third-party callers, and we support the family and the third party. They take in as much information as possible to determine whether a mobile response is appropriate. Terri added we do not want to show up without being intentional and the community not knowing what we're about.
- Member Orr asked what happens with third-party callers and law enforcement. Alondra shared a call from an officer with a caller who was going to jump and they called CWRT to be back-up. They also had a CIT team that showed up, but CWRT was called to show up and be support. Member Orr asked how do we bridge the gap between CWRT and law enforcement? We are creating an MOU to determine the appropriate calls to transfer and working through those barriers. We do not want to outpace CWRT's availability, which will require a lot of briefings, trainings and presentations to spread the message, and we also have CIT teams in the field.

- Member Orr asked how many response teams are going out in the field? Stephanie shared there are 19 out of 33 County staff hired and 14 out of 22 for BACS. County staff is available during the AM and PM shifts from 7:00am-8:30pm while BACS covers the rest and weekends.
- Member Orr asked how CWRT teams are offered on the call? 988 provides the caller with an explanation of the function of the team and that they cannot guarantee that the team will go out, but that the resource is available.
- Member Houston asked if we are just serving Sacramento and how do we find out about other counties' 24/7 teams? Yes, we are serving only Sacramento. There is a directory on camobilecrisis.org with a list of counties and their 24/7 crisis call center.
- Various members shared success stories and students and friends that have called in and have been helped through de-escalation. Members shared gratitude to all partners.
- Member Hollingsworth shared it would be interesting to see the types of causes for calls, whether it's due to substance use, mental health or co-occurring. Alondra will check with Data and Analytics Team. We also have Narcan in our cars.
- Member Hollingsworth asked if CWRT provides transport to CRBH. Yes, but we mainly do transport to MHUCC since they are voluntary. There is a transporter available through 988 to take a person from CRBH to MHUCC. 988 will try to get a transporter if that service is available.
- Member Houston asked whether the program will be impacted in terms of funding if Prop 1 passes. Chair Sako emailed Ryan and Kelly but have not heard back. How much of MHSA dollars for crisis care will be affected? Stephanie shared that the CWRT program itself is not funded by MHSA, and ongoing funding is not through MHSA as well. We're prepared to look at the funding if Prop 1 passes. There will be immediate changes but we will go through our community input process if there are any changes to the program. Next Tuesday is when we're supposed to hear the results.

II. Presentation on Sacramento Sheriff's Office Training and Policies Regarding Welfare Checks and 5150's

Chief Deputy Matt Petersen presented:

- Question regarding SB43 and law enforcement's involvement on implementation. Matt shared he is not sure how much of an impact this bill will have on operations. It is likely more down the road in terms of court mandated treatment and we won't be much involved.
- Shared training that deputies receive specific to mental health. Academies involve 40 hours of training, which includes one block on disabilities (intellectual disabilities, mental illness, substance use, LPS) that is 16 hours, and the other 24 hours is another block focused on CIT (stigma, substance use, strategies to reduce stigma, how to identify symptoms of PTSD, effective coping strategies, etc.). We utilize contracted doctors to provide trainings which makes up the formal classroom teaching. Through the 6 month academy, they are also provided with field-based training. Starting with jails, they receive a minimum 8 hours of suicide prevention training. When deputies go out to patrol, then it is a minimum 4 month in-field training program, with several sessions focused on how to manage situations.
- There is a new class we are sending people to on how to manage non-criminal barricade situations. We are currently sending managers, supervisors, and training officers who will then train down to their teams.
- Regarding policies, we utilize a company called Lexipol, which is founded by attorneys, to help keep their policies updated. They create best practices for policies. They are working on updating their policies on mental illness commitment, how we handle voluntary evaluation, providing transportation, working through resources, there are sections on how to confiscate firearms.
- Updating the CIT incident policy which goes through all steps of de-escalation, how clinicians diffuse situations.
- Copies of all policies are available on the website: sacsheriff.com. Training materials may also be posted on the website.
- Member Hollingsworth asked if they have considered training with someone from NAMI. Matt is unsure and can confirm. As a profession, we are working on breaking down the stigma internally and talking about mental health with officers.
- Member Kaino shared that outreach can be done to NAMI and they can provide law enforcement training. Doug Smith speaks to mental illness and substance use overlap.
- Member Orr shared it could be helpful to have CWRT as a resource to provide trainings to the Sheriff's department.
- Member Orr asked how are policies distributed to officers? We are in the middle of implementing getting the old ones out and the new ones in. They are not changing a lot about current practices, but otherwise they will be emailed to officers who would then log in and acknowledge they reviewed the policies. With big changes, those are highlighted during briefings.
- Member Orr asked how often are officers taking trainings on mental health? All of the existing

officers are trained and the new officers that are onboarding get trained. All officers will be mandated to take 24 hours of training every 2 years to keep their certification. They also provide a 40 hour train the trainer.

- Member Rodriguez asked is there is any part of training for new or existing officers on recognizing signs of non-verbal autism spectrum, non-verbal deaf-mute, or someone who is trying to communicate but they are on the spectrum. This is covered on the course with disabilities.
- Member Kaino shared that SAMHSA has listed substance use in the same category as mental illness and there is a new policy for officers to look for SMI and try to get individuals into treatment rather than arrest. Sometimes if there is any evidence of substance use, officers will choose not to go into mental health issues. Matt shared it has been their culture that they would not drop off at MHTC if individuals are under the influence because it is ingrained in the police culture. However that is shifting, especially since COVID while they were trying to avoid taking people to jail. They are now looking for ways to avoid jail.
- Matt shared there is a list of questions that is front loaded for the officers when calls come in from dispatch for mental health. Chair Sako requested that Matt bring the list next time.
- Member Hollingsworth asked if the bi-directional referral will happen? Yes, it will happen. We are currently working on the process with partners and will share the draft MOU as soon as it is available.
- Chair Sako asked if CWRT teams are authorized to issue 5150s? Yes, but we are a voluntary program and cannot involuntarily transport. If the person is willing to be transported voluntarily, they will take them to MHTC. CWRT has an agreement with MHTC to do so.
- Member Kaino shared that other counties provide voluntary transportation for 5150. Is that something we can explore? A potential problem operationally is how it would look when CWRT calls for a 5150 but law enforcement can take awhile because they have other priority calls. Member Rodriguez stated having a contract with non-emergency medical transport would be helpful so that it does not impact law enforcement. Alondra shared we don't have many involuntary requests, most calls individuals choose to be transferred to MHUCC and MHTC since they are going voluntarily. We also have the mobile integrated healthcare unit (CC109) through Metro Fire that can provide 5150s as well as minor medical treatment in the field.
- Members thanked Matt for his presentation.
- Chair Sako opened up opportunity for members of the public to speak:
 - Public Comment 1: He learned about this group through Member Sako. Thanked everyone for their efforts. Asked how are you assured that recommendations you receive from Lexipol are the best for community outcomes, which is one of the criticisms from the academic community? What level of review or processes is there before you adopt policies? Matt shared their process for developing policies, which includes Lexipol sending a template draft, which then goes to subject matter experts in the department. They compared language to current policies, then it goes up to review and approval. What level of mental health aspects are reflected in performance evaluations and reviews? Performance evaluations are not a real strength of the department, we are doing consistent performance evaluations which we implemented last year and started doing them again. We do a lot of review and post-complaints, body cams are really helpful in seeing what the officers are doing. We are evolving as we review, retrain and discipline. Member Gayent commented that we also do not want to over-evaluate.

III. Adjournment

- Next CWRT Advisory Committee Meeting Scheduled for Tuesday, April 9, 2024 6pm-8pm
- Chair Sako adjourned the meeting at 7:53pm.