

**Recommendations on Wellness
Crisis Call Center and Response
(formerly Alternatives to 911)
Advisory Committee**

Sacramento County Mental Health Board

Approved December 15, 2021

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Summary of Recommendations

In early 2021, the Sacramento County Behavioral Health Services Director, Dr. Ryan Quist, requested that the Mental Health Board consider assuming responsibility for the community advisory function of the County's new behavioral health crisis response program. Following a series of discussions, the Mental Health Board (MHB) voted to recommend to the Board of Supervisors that a subcommittee of the MHB be formed to take on this responsibility. Below is summary of recommendations:

1. The advisory body for the Behavioral Health Services Wellness Crisis Call Center and Response Program (WCCCRP) should be a subcommittee of the Mental Health Board.
 - a. It should be composed of community members and Mental Health Board Members, with diverse community and linguistic representation.
 - b. All committee members, including community members, should have voting privileges.
2. It is recommended that the role of this committee will be to make program recommendations and review outcomes regarding the WCCCRP. The committee will also assist Behavioral Health Services 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 WCCCRP program.
 - a. Should the Board of Supervisors adopt the recommendation to form an advisory body as a subcommittee of the Mental Health Board, additional detail regarding the committee's role and responsibilities will be provided in the bylaws to be drafted by the committee once it is seated.
3. Membership of the committee will be representative of the key groups identified as critical during stakeholder feedback gathering processes with the intent of considering as many of those criteria as possible, including a balance between individuals who have directly experienced mental health and/or substance use needs and their family members/loved ones.
 - a. It is recommended that individuals who currently work or have formerly worked in law enforcement professions are not appointed to the committee.
4. People interested in becoming committee members will complete an application that is reviewed by a selection committee composed of a mental health board

member, community members, and a Board of Supervisors representative or designee.

- a. The application will solicit information about interest, experience, and background.
 - b. The selection committee will review applications, conduct interviews with applicants, and recommend committee members for appointment by the Board of Supervisors.
5. The advisory committee will be included in planning of any external evaluation of the program, and review and provide input on findings from external evaluations.
 6. As a subcommittee of the Mental Health Board, committee actions and recommendations will go to the full Mental Health Board for review and approval.
 7. We recommend adding staff capacity to support the committee and its work. The Mental Health Board is currently supported by a staff member who supports the Mental Health Board and its committees, in addition to other duties. It is anticipated that this committee will generate community interest and necessitate new work through meeting coordination, onboarding new members, fielding questions and comments from the public, etc.
 8. We recommend an expectation is set that the committee will have access to necessary data and information to monitor implementation and outcomes of the program goals and measurements of success.
 9. In order to promote attendance and participation among impacted persons, the following recommendations are made to enhance meeting 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.
 10. We recommend that committee members be provided with a per diem stipend or other compensation for their participation on the advisory committee. Previous research has identified 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.

11. Committee members should be provided with training on the following topics:

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

12. Until this Advisory Committee is seated, we note the need for increased information sharing and recommend the establishment of a process for BHS to regularly share information about the designing and planning process with the Mental Health Board and the broader community.

Background

In early 2021, the Sacramento County Behavioral Health Services Director, Dr. Ryan Quist, requested that the Mental Health Board consider assuming responsibility for the community advisory function of the County's new behavioral health crisis response program. Following a series of discussions and culminating in a Special Meeting on May 19, 2021, the Mental Health Board (MHB) voted to recommend to the Board of Supervisors that a subcommittee of the MHB be formed to take on the community advisory function for the Wellness Crisis Call Center and Response Program (WCCCRP; formerly known as Alternatives to 911), and that the committee include community and MHB members with diverse community and linguistic representation. The planned role for Sacramento County Mental Health Board as an advisory body for the WCCCRP was subsequently affirmed by Dr. Quist.

At the time of the Special Meeting in May 2021, additional details needed to be decided, including the specific composition of the committee members and how the members would be selected. Additionally, before the committee could be formed, the Board of Supervisors needed to formally delegate the responsibility for this role to the MHB. The MHB postponed further action while the Sacramento County Division of Behavioral Health Services (BHS) facilitated Community Stakeholder Workgroups to solicit input about the program, including about the composition of the advisory group. The portion of the stakeholder feedback related to the composition of the advisory group was presented to the MHB at its September meeting.¹

At its October general meeting, the MHB formed an Ad Hoc workgroup to draft recommendations about the WCCCRP Advisory Committee for review and discussion at a Special Meeting of the Mental Health Board. These will incorporate feedback gathered by the MHB earlier in the year, feedback collected during community stakeholder workgroups facilitated by the BHS, and other recommended practices.

This report includes recommendations for consideration by the Board of Supervisors regarding the composition and selection process for WCCCRP Advisory Committee, its operation, and next steps. Also included as Appendices are a draft of the membership application (Appendix A), feedback gathered during community stakeholder workgroups facilitated by the BHS (Appendix B), a timeline of the Mental Health Board's work and actions on this topic (Appendix C), and a listing of relevant meetings attended by Ad Hoc work group members (Appendix D).

¹ The text of the stakeholder feedback is included in Appendix B.

WCCCRP Advisory Committee Overview

As stated in Welfare and Institutions Code Section 5604.2, the duties of the Sacramento County Mental Health Board (MHB) include, “review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.”² As such, the Advisory Committee for the WCCCRP will be a sub-committee of the MHB. Its membership will be broader than existing MHB members due to the intentional inclusion of community members with pertinent lived experience, and these community members will have the same voting rights as the MHB members on this committee.

The County briefly considered involving other boards and commissions in the advisory body process but then withdrew the proposal. One reason they withdrew the proposal was that keeping the advisory body as a subcommittee of the MHB with the inclusion of community members ensured the broadest representation. The Ad Hoc Committee endorsed the decision for that reason and because the boards and commission also were composed of county employees and law enforcement and criminal justice personnel. County employees could have a conflict of interest in terms of governance for oversight of the Wellness Crisis Call Center Program, and law enforcement and criminal justice personnel are explicitly excluded by the Membership Exclusion criteria specified in MHB’s recommendations.

Purpose

The function of this Advisory Committee is to monitor operations, make program recommendations, and review outcomes regarding the WCCCRP. 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 WCCCRP program. Furthermore, until this Advisory Committee is seated, BHS needs to establish a better communication and information sharing process about the designing and planning process to the Mental Health Board.

² The statute further reads, “Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis....” Welfare and Institutions Code section 5604.2 available at

Committee Composition

The WCCCRP 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 Criteria³

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:

- Prioritized Lived Experiences - these experiences have occurred **within the last 10 years**⁴
 - 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

³ Based largely on findings from the BHS Community Stakeholder Workgroups held in August 2021.

⁴ Stakeholder input for the timeframe of lived experience indicated the experience should be somewhat recent but the timeframe was flexible.

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)
 - **Alternative 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 situations⁵**
 - **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).**

⁵ 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).

- **Geographic representation from across the County of Sacramento, including underserved areas.**
 - **Lower socioeconomic status.**
 - **Diversity in education levels.**
- Membership Exclusion Criteria

Most stakeholder feedback received **recommended not including individuals involved in law enforcement or criminal justice (e.g., sheriff, police, probation), law enforcement administration, currently or formerly, on the advisory committee.** Some participants *cited concerns regarding biases and a desire for people who are thinking outside of the cultural status quo.* One stakeholder workgroup participant noted that if an individual has a former law enforcement background, *they should have not served within the last 7-10 years.* **Additional feedback indicated that persons who have familial or intimate partnerships in law enforcement should also be excluded.** Consideration was given to the desire for participation of individuals with lived experience and wanting to center that experience in this advisory committee.

 - For these reasons, it is recommended that persons who currently or have previously worked in law enforcement be excluded from the advisory committee. The Ad Hoc committee discussed law enforcement participation and identified input could be gathered through a consultant relationship to BHS program planning staff rather than membership of this advisory committee
 - Furthermore, the MHB can advise the BHS WCCCRP 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

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 Comfort 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 service system

- Behavioral health treatment methodologies or modalities
- Program evaluation methodology
- Public Policy or Public Administration

Recruitment Process

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.

Examples include the following:

- Immigrant and refugee communities (such as Sacramento Valley/Central California office of the Council on American-Islamic Relations, CAIR-SV/CC)
- Faith communities (such as Sacramento Area Congregations Together, Sac ACT)
- Language, Culture and Disability communities (such as Cal Voices, Disability Rights California)
- Culturally-specific/equity-focused behavioral health service providers and organizations (such as ONTRACK, Safe Black Space, Public Health Advocates, Mending Feelings)
- BHS Cultural Competence Manager
- Behavioral Health Racial Equity Collaborative

Application and Screening Process

The process to select committee members will use an application to screen candidates and include the following topics and questions⁶:

- Professional backgrounds and job title, and lived experiences.
- Why do you want to serve on the WCCCRP Advisory Committee?
- What are your goals for serving on the WCCCRP 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 receive⁷ and screen applications, and that 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 WCCCRP Advisory Board Ad Hoc

⁶ A draft of application to the Application is included as Appendix A of this report.

⁷ The specific County entity to receive applications is to be determined.

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.

Committee Operations

- 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.

Resources

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, we recommend adding staff capacity to support the committee and its work.

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).

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.

Compensation

Previous research⁸ 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. The Board of Supervisors has the ability to approve stipends and other compensation for advisory board members it appoints for expenses incurred while conducting official county business. We recommend that committee members be provided with a per diem stipend or other compensation for their participation on the advisory committee.

Training

- 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.

⁸ 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>.

Next Steps

The establishment of the WCCCRP as a subcommittee of the MHB first has to be approved by the Board of Supervisors. Once the Mental Health Board adopts these recommendations, they will be submitted to the Board of Supervisors along with the following:

- A request to the Board of Supervisors to create the WCCCRP Advisory Committee as a subcommittee of the MHB, with community members participating in the WCCCRP Advisory Committee.
- A request that the Board of Supervisors delegate approval for WCCCRP Advisory Committee to draft its own bylaws, with the MHB reviewing but without the need for the Board of Supervisors to review.
- A request that the Board of Supervisors review and appoint candidates recommended by the WCCCRP Advisory Committee.
- A request that the Board of Supervisors approve funding to support the work of this committee, including staffing, training, and compensation for committee members.
- A draft of the relevant MHB Bylaws that would need to be amended to add the WCCCRP Advisory Committee as a subcommittee of the Mental Health Board.

In addition, Sacramento County Division of Behavioral Health Services should develop a framework and process to communicate to the public the following information about the planning process:

- Principles, vision, and values that are being used to guide the planning process
- High level milestones and timeline
- Stakeholder outreach engagement information

Appendix A - Draft Advisory Committee Application

APPLICATION FOR APPOINTMENT TO THE SACRAMENTO COUNTY MENTAL HEALTH BOARD – WELLNESS CRISIS CALL CENTER AND RESPONSE PROGRAM ADVISORY COMMITTEE

PLEASE PRINT OR TYPE

Name:		
Mailing Address:		
PLEASE NOTE THAT ADVISORY COMMITTEE MEMBERS MUST LIVE IN SACRAMENTO COUNTY		
Supervisorial District in which you live:		
Do you live in an incorporated city? Yes No	If Yes, which city?	
Home phone number:	Work phone number:	
Cell phone number:	E-mail address:	
Preferred Way To Be Contacted:	<input type="checkbox"/> Email	<input type="checkbox"/> Call <input type="checkbox"/> Text

The Wellness Crisis Call Center and Response Program Advisory Committee will meet once a month for two hours. Meeting times will be held in the evening. Do you have the time to commit to attending most meetings?

Yes No

The Wellness Crisis Call Center and Response Program Advisory Committee asks for a commitment of at least 12 months (one year). Do you agree to make that commitment?

Yes No If no, why not?:

VOLUNTARY INFORMATION: Responding to the questions below is voluntary. The Advisory Committee is seeking broad representation to reflect our diverse community.

THE FOLLOWING INFORMATION IS BEING ASKED TO WITH THE INTENTION TO OVERREPRESENT THOSE THAT HAVE BEEN THE MOST IMPACTED BY LAW ENFORCEMENT RESPONSES TO BEHAVIORAL HEALTH SITUATIONS.

Please check any of the prioritized inclusion criteria areas with which you identify (these experiences have occurred within the last 10 years):

- Have behavioral health lived experience** (directly experienced mental health and/or substance use needs)
- Family member / Caregiver of someone who directly experiences mental health and/or substance use needs**
- Have been involved in the criminal justice system (arrested / formerly incarcerated)**
 - Have been arrested / incarcerated while experiencing a behavioral health crisis**
- Have previously or currently experiencing homelessness**
- 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)
- Survivor of intimate partner violence** (also includes people who have experienced human trafficking, elder abuse, and/or Commercial Sexual Exploitation of Children (CSEC).
- Family member / caregiver of someone who has experienced incarceration or homelessness**

APPLICATION FOR APPOINTMENT TO THE SACRAMENTO COUNTY MENTAL HEALTH BOARD – WELLNESS CRISIS CALL CENTER AND RESPONSE PROGRAM ADVISORY COMMITTEE

Consideration also given to the following experiences (paid or volunteer) – please check all that apply:

- Advocacy organizations** (e.g. related to homelessness, behavioral health, racial equity, and public health)
Please describe: _____
- Behavioral health provider** (e.g., psychiatrist, lead from respite center, provider that operates a support line, specialist in de-escalation)
Please describe: _____
- Alternative Crisis Services and Disaster Relief**
Please describe: _____
- Medical organization** (e.g., emergency department, or other point of entry into behavioral health services)
Please describe: _____
- Behavioral health policy or administration**
Please describe: _____

Demographics & Backgrounds – please check all that apply:

What Race/Ethnicity do you identify as?

- Asian/Pacific Islander/Native Hawaiian
- Black/African American/African descent
- Hispanic/Latina/o/x
- Native American/Indigenous
- White/Caucasian
- Multiracial
- Other: _____
- Prefer not to state

- Youth Representatives (up to age26)
 - Youth with current or former experience in the foster care system
- Older Adults (65 and up)

- Male
- Female
- Transgender
- Non-binary
- Other gender identity (Please describe: _____)

- Lesbian
- Gay
- Bisexual
- Queer

Do you speak any language(s) in addition to English (please note this includes American Sign Language)? If yes, what language(s):

- No (*English only*) Yes: I also speak _____

Are you currently, or have you ever, received any of the services listed below? Yes No

- Substance Use Treatment • Probation Services • Domestic Violence Services • Child Protective Services (CPS)
- Mental Health Services

Are you currently, or have you ever, received any of the services listed below? Yes No

- Headstart • Home Visitation Services • Child Care Benefits (Child Action) • Cash Aid (CalWORKs) • Food Benefits (CalFresh) • Medical Benefits (Medi-Cal) • Birth & Beyond Family Resource Center Services

APPLICATION FOR APPOINTMENT TO THE SACRAMENTO COUNTY MENTAL HEALTH BOARD – WELLNESS CRISIS CALL CENTER AND RESPONSE PROGRAM ADVISORY COMMITTEE

In answering the following questions, identify the manner and extent of your experience. As applicable, provide any specific experience you may have related to being impacted by law enforcement responses to behavioral health situations, reducing disparities, and/or improving outcomes for individuals experiencing behavioral health crises. Attach additional pages if needed.

Are you, or have you ever, been employed in the field of law enforcement or criminal justice (e.g., sheriff, police, probation, district attorney), including direct service and administrative roles? YES NO

If yes, please explain:

Do you have familial or intimate partnerships with anyone who is, or has ever, been employed in the field of law enforcement or criminal justice (e.g., sheriff, police, probation, district attorney), including direct service and administrative roles? YES NO

If yes, please explain:

Why do you want to serve on the Wellness Crisis Call Center and Response Program Advisory Board?

What are your goals for serving on the Wellness Crisis Call Center and Response Program Advisory Board?

What are your thoughts around equity/inclusion and how it applies to the work of this committee?

Employment Experience:

Community Experience & Affiliations:

APPLICATION FOR APPOINTMENT TO THE SACRAMENTO COUNTY MENTAL HEALTH BOARD – WELLNESS CRISIS CALL CENTER AND RESPONSE PROGRAM ADVISORY COMMITTEE

County Boards/Commissions/Committees on which you have served:

Other experience you feel would be helpful in making this appointment:

References: Please list three references with telephone numbers.

Name	Telephone Number
1.	
2.	
3.	

DATE: _____ SIGNATURE: _____

Send completed application to TBD
 Sacramento County Mental Health Board
 7001-A East Pkwy STE 400
 Sacramento, CA 95823

Questions? Please call (916) 875-6482 or e-mail Jason Richards
 at richardsja@saccounty.net

Applicants appointed to the WCCCRP Advisory Board, a subcommittee of the MHB, will be required to complete and file a Statement of Economic Interests (Form 700).

Appendix B - Behavioral Health Services Community Stakeholder Workgroup Feedback on Committee Composition

Wellness Crisis Call Center and Response Community Stakeholder Workgroup Preliminary Advisory Committee Recommendations

Context

The introductory presentation to the community noted that the Advisory Committee for the Wellness Crisis Call Center and Response would be a sub-committee of the Mental Health Board (MHB), that its membership would be broader than existing MHB members, and that its function would be to review outcomes and make program recommendations.

Participants responded to the following questions via breakout groups and a follow up survey:

1. What types of experiences and backgrounds would you recommend be included on the Advisory Committee?
2. What other important considerations should be factored in the selection of the Advisory Committee members (e.g., demographics reflect the diversity of Sacramento County)?

Preliminary Findings

Participants recommended that the following types of experiences and backgrounds be included on the Advisory Committee:

Lived Experiences

Note that participants indicated that it is important to consider the timeframe of the lived experiences, and to seek people who, for example, have these experiences within the last 10 years or so (time frame flexible).

1. People with the **behavioral health lived experience**. This refers to individuals who have directly experienced mental health and/or substance use needs, also known as peers.
2. People who have been involved with the criminal justice system. This refers to individuals who have been **arrested and/or formerly incarcerated**, and especially for individuals who have been arrested or incarcerated while they were experiencing a behavioral health crisis/illness.
3. People who have previously or are currently **experiencing homelessness**.

4. People who are **living with disabilities**, including individuals with developmentally disabilities (e.g., intellectual, physical), cerebral palsy, deafness, blindness, etc. Some people specifically recommended including deaf community members and community members with other disabilities who have experienced police encounters and who have experienced homelessness.
5. **Survivors** of intimate partner violence. Some participants also mentioned including people who have experienced human trafficking, elder abuse, and/or Commercial Sexual Exploitation of Children (CSEC).

Family Members

6. **Family members and caregivers of people with lived experience** with behavioral health and/or incarceration. Some participants also mentioned loved ones of people who have experienced homelessness or elder abuse.

Work Experience

Participants recommended representation from people with the following types of work experience (either paid or volunteer).

7. **Advocacy organizations** (e.g. related to homelessness, behavioral health, racial equity, and public health)
8. **Behavioral health provider** (e.g., psychiatrist, lead from respite center, provider that operates a support line, specialist in de-escalation)
9. **Alternative Crisis Services and Disaster Relief**
10. **Medical organization** (e.g., emergency department, or other point of entry into behavioral health services)

In addition to the above, other types of work experience that at least one participant noted include mental health policy and business.

Most participant groups indicated that they did not recommend including individuals involved in law enforcement or criminal justice (e.g., sheriff, police, probation). Some participants cited concerns regarding biases and a desire for people who are thinking outside of the cultural status quo. One participant noted that if an individual has former law enforcement background, they should have not served within the last 7-10 years. Another

participant noted that law enforcement could be involved to help identify areas that could be diverted to an alternative response.

Representatives from other Commissions and Advisory Boards

11. Adult and Aging commission
12. Alcohol and Drug Advisory Board
13. Disability Advisory Commission
14. First Five or Children's Coalition
15. Human Services Coordinating Council
16. In-Home Supportive Services Coordinating Council
17. Mental Health Board
18. Public Health Advisory Board
19. Youth Commission
20. A Commission or Board that addresses housing and outreach

Demographics and Backgrounds

Participants expressed that it was important that the demographics of the Advisory Committee mirror the demographics of Sacramento County. They recommended specific efforts to reflect the diversity of Sacramento County for the demographics below. Some participants expressed that specific demographics who have been the most impacted by law enforcement responses to mental health situations should be represented or overrepresented.

- **Age groups**, including transition age youth (e.g. ages 14 -24), adults, and older adults. A participant noted that youth with current or former experience in the foster system could be included.
- **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, Indigenous, and Latinx/Hispanic/Latino communities.
- **Language**. A few participants specifically noted including people who speak Spanish and American Sign Language (ASL).

In addition, some participants recommended ensuring representation in the following areas:

- **Geographic representation** from across the County of Sacramento, including underserved areas.
- **Immigrant and refugee communities**
- **Faith communities**

Participants also posed questions and shared other comments, which are compiled below.

Questions from Community Stakeholders

1. How will the Advisory Committee members be selected?
2. Are there any expectations of the Advisory Committee aside from making recommendations?
3. What is the maximum number of members on the Advisory Committee?
4. How can we reach out to people to engage them in this process in a culturally appropriate way?
5. What are the compositions of other similar advisory bodies, and does that match what this community has been advocating for?

Other Community Input

Some participants shared the following comments and recommendations:

- Recruitment should be proactive and intentional to ensure representation from the key groups described earlier.
 - Question: How will we get representation from people with lower socio-economic status on this committee? "Barriers include working late and other barriers to get to the committee and provide feedback. Belief now is that they can't say anything due to the price they will have to pay. Help these individuals have a voice and show them they are valued and get to use it."
- Make meetings as accessible as possible.
 - Maintain the option to join meetings virtually (e.g., via Zoom).
 - Offer compensation for members' time and energy.
- Use a survey to screen Advisory Committee candidates and include the following questions:
 - Professional backgrounds and job title, and lived experiences. A participant noted the importance of diversity in education levels.
 - What is your purpose on being on the committee/why would you like to be on the committee? What are your overall outcomes/hopes/interests of being on this committee?

- What are your thoughts around equity/inclusion and how it applies to the work of this committee?
- Provide trainings/education for Advisory Committee members, to include:
 - An overview of the Behavioral Health Services system, existing services, challenges (e.g., policies, practices, barriers) and any relevant upcoming plans.
 - Implicit bias training.
 - Legal rights and rules for Committee members.
 - Training on decision making and reaching consensus.
- Committee Operations
 - Encourage County Behavioral Health Services to attend and listen, and ensure the Advisory Board recommendations reach decision makers.
 - "The County and this committee can work on making this a partnership rather than a hierarchy. This will hopefully help build trust and allow clients to voice their voices without intimidation."
 - "Ensure Members feel like their voices are being heard and valued. One way to ensure voices are being heard is to include a bylaw or procedure regarding recommendations being considered within a certain amount of time."
 - "Make sure that what happens in this committee is taken back to the already established commission and relevant bodies so they stay informed about the decisions being made and allow everyone to work collaboratively."
- Ensure voting ability for all Advisory Committee members. Ensure committee decisions are honored; there is concern about whether this committee's recommendation need approval from the broader MHB.
 - "Look at model from the respite model collaborative for help about how to inform these processes."

Appendix C - Timeline of Mental Health Board Activity on Wellness Crisis Call Center and Response/Alternatives to 911 Program

December 2020	Mental Health Board submitted recommendations to the Board of Supervisors on the proposed Behavioral Health Services Alternatives to Law Enforcement Response.
February 2021	Behavioral Health Services Director requested the Mental Health Board consider taking on the community advisory function for the new behavioral health Alternatives to 911 program.
March - May 2021	The Mental Health Board held continued discussion and formed an ad hoc work group to gather stakeholder input and report back to the Mental Health Board. At its May 2021 general meeting, the Mental Health Board determined a special meeting was warranted to fully discuss the issue.
May 19, 2021	Mental Health Board held a special meeting on recommendations related to the Mental Health Board's role in the development and operation of a Community Advisory Board for the proposed Sacramento County Alternative to 911/Behavioral Health Crisis Response Program. The following recommendations were approved: <ul style="list-style-type: none"> ● Mental Health Board should be the Community Advisory Board for the Behavioral Health Crisis Response/Alternatives to 911 Program ● Recommended to create a specific subcommittee of the MHB for this purpose that would include MHB and public/community members. ● The committee would have diverse community and linguistic representation.
June - August 2021	On June 8, 2021, BHS announced it would facilitate community stakeholder workgroups to gather input related to program design and implementation, and about the composition and charge of the community advisory committee for the program as a subcommittee of the Mental Health Board. It was noted that the recommendations on the subcommittee composition would be provided to the Mental Health Board for further action. The Mental Health Board postponed further action on the topic until after the Workgroups concluded so feedback could be considered.

	Behavioral Health Services facilitated Community Stakeholder Workgroups held during August 2021 - Mental Health Board members attended.
September 2021	Feedback from Community Stakeholder workgroups related to the community advisory committee was presented to the Mental Health Board during its September 2021 General meeting. ⁹
October 2021	The Mental Health Board formed an Ad Hoc work group to develop recommendations on the WCCCRP advisory committee.
December 2021	Ad hoc work group presented recommendations to the Mental Health Board for discussion and approval on December 15, 2021.

⁹Shown in Appendix B.

Appendix D - Meetings Attended by Ad Hoc work group

- 8/09/21, 8/16/21, 8/20/21, 8/23/21 - Sacramento County Behavioral Health Services' WCCCRP Community Stakeholder Workgroup Meetings
- 10/12/21 & 11/18/21, A Convening On Alternative Mental Health Crisis Responses from Interrupting Criminalization
- 10/20/21 Taking the Call: A National Conference Exploring Innovative Community Responder Models - presented by the U.S. Department of Justice's Bureau of Justice Assistance and Office of Justice Programs, The Council of State Governments Justice Center, and the University of Cincinnati
- Innovative Community Responder Models: one of the biggest takeaways was the importance of building and engaging community in order to build trust. They are the experts, they have a PhD. in experience – they are the subject matter experts. Don't resource them without compensating for their time . Not performative, or decoration, that it's at the core.
- 11/05/21, CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Crisis Care Continuum Teleconference
- 11/17/21, 11/18/21, & 12/1/21 - Sacramento Black Community Mental Health and Criminal "Justice" Real Talk - a virtual public event focused on mental health and policing in Sacramento's Black communities. Some of the panelists for session one - where community members shared their experiences involving law enforcement and behavioral health included Ryan McClinton, a community activist and Public Health Advocate; Donetta Jefferson, a community member with experiences in Sacramento County Jail; Tamara Lacey, a community member whose grandson is dealing with mental illness and incarceration; Stevante Clark, community activist; Keke Brown, ONTRACK Soul Space Empowerment Advocate; and Tifanei Ressler Moyer, co-founder of Decarcerate Sacramento. Panelists for session two were officials from the City and the County including the Sacramento mayor's office, the Sacramento County Sheriff's Office, the Sacramento Police Department, public defender's office, Behavioral Health Services, and community activists. Session three consisted of a presentation on the importance of collective impact to bring people together in a structured way to achieve social change, facilitated by Junious Williams, Jr.

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