### MINUTES - IN PERSON MEETING HYBRID PARTICIPATION OPTION Tuesday, August 8, 2023 6:00 PM - 8:00 PM

Members Present: Severine Hollingsworth, Kaino Hopper, Michael Gayent, Evan Minton and

Adam Wills (via Zoom). (staff: Glenda Basina)

Members Absent: Corrine McIntosh Sako, Elijah Orr, Alexxandria Paige

### Agenda Item

- Welcome and Introductions
- Introductions:
  - Committee Members
  - System Partners
  - Other Attendees
- Acknowledgement of Conduct Agreement
- Announcements by CWRT Advisory Committee Members
  - Site Visit for CWRT Advisory Committee Members
     Sacramento County Behavioral Health Services Division,
     7001-A East Parkway
     Sacramento, CA 95823
     Monday August 21, 2023
     3:30pm 5:00pm
     RSVP to Glenda Basina, BasinaG@saccounty.gov
  - Site Visit of Wellspace Health's Crisis Receiving Behavioral Health (CRBH) site - TBD

Co-Chair Hollingsworth commenced the meeting at 6:07pm and Member Hopper read a brief description of CWRT. Co-Chair Hollingsworth reminded the group of the meeting's Code of Conduct and introductions were made.

After introductions, Co-Chair Hollingsworth announced the committee's CWRT site visit on Monday 8/21. Reminded the members to RSVP.

 Public Comments related to the Community Wellness Response Team (CWRT) 3 Minutes Per Person)

There were no public comments and Co-Chair Hollingsworth proceeded to introduce the Ryan McClinton for his presentation.

I. Presentation by Public Health Advocates - First Response Transformation Campaign, Ryan McClinton, Public Health Advocates Program Managers

Ryan introduced himself and provided background on Public Health Advocates. Presented slides onscreen; Why FRTC? Public safety no longer isolated from public health and advocating for alternate to First Response. The team consists of PHAdvocates, UC Davis, Equity Advisory Group. Went over research goals; identify and understand, analyze and capture. Technical Assistance; 911 data analysis, public deliberation process, budget advocacy, policy advocacy, implementation learning and sharing.

# II. Presentation by Sacramento County's Homeless Engagement and Response Team (HEART)

Lupe Rosas introduced herself providing background about HEART and presented slides onscreen. HEART is a county-operated program that goes out with clinicians to about 11 shelters and encampments in the City of Sacramento and unincorporated areas, providing linkage and resources to the unhoused communities. Collaborates with communities, Dept of Homeland Services and Housing (DHSH), DHA, Sacramento SAFE, Dept of Community Response (DCR) and others connecting clients to services. At time of contact, introduction, screening and referral linkage, doing detailed assessment for needs. With client acceptance/consent, put into Smartcare system and admitted to outpatient providers; Core or FSP level. Addresses client barriers; not wanting to leave items/pets behind. HEART searches for resources (ie. Find a pet sitter). HEART team to consist of 12 counselors and 10 peers, currently at 11 counselors and 4 peers. Works with Hope Cooperative, Mobile Street Medicine, Pet Help, etc. Co-deployment consists of City & County teams. If client agrees to behavioral health services and meets eligibility, client is referred to Core community outreach (about 11 Cores in Sacramento). HEART provides transportation to first appointment to ensure linkage is sealed. Most Cores have walk-ins available and clients are provided with the information so they can go in at their own time. If assessed for higher level of care, referred to FSPs for intensive services, providing transportation when needed. County team consists of 2 MH counselors and 1 peer that are co-deployed. Also works with AOT and provides referrals to AOT. Have 2 clinicians assigned to 11 shelters throughout Sacramento. If anyone is unhoused that would like mental health services, call 916-875-1720 or email BHS-HeartReferrals.

Member Minton – Asked if this the only county entity that provides this outreach service to encampment and how many counselors? Per Lupe, yes and right now 1 counselor vacancy and in process of hiring 6 peers. Member Minton continued to ask how many would be sufficient for the goal? Lupe responded it takes a community which is the reason for codeployment with system partners.

Member Gayent – With the tiny houses being put in, how will mental health services be put there? Also on 988 calls, how will service be placed for those who just want to talk and not have police sent? Does HEART work with Point In time (PIT)? Lupe responded that HEART goes out to specific encampments as brought about by DSH or DCR and provide services there. HEART is not involved with 988 calls and is also not involved with PIT but provides data. Christie addressed the 988 question stating that 988 is built off of the model of deescalation on the call. Sometimes receives call where a mobile team is not the response. Sampled persons walking on the freeway. 988 or CWRT is unable to stop traffic on a freeway. Very rare instances that emergency response personnel is sent out on a call. It has to do with the scope of the call and emergency response is the last resort.

Member Hopper – Looking for numbers; how many individuals interfaced with and some evidence of whether this is working. Lupe responded that people may perceive that all unhoused individual need high level of care. Not the case. How many seen depends on level of encampment and sampled Stockton Blvd. A rough number encountered maybe 80 people. Encounter is introduction and offer of services. Engagement is the client accepting any type of service offered (water, pet food, BH services, etc.). Maybe 25 will say yes to mental health and be able to link maybe 20. Out of the 20, maybe 1-2 for FSP, high level of care. It's not always about mental health that people are out there. It's a different story for everybody.

Member Wills – Asked how far towards capacity and if still looking for more camps/people? Can he refer people to HEART? Per Lupe, the key response is are they unhoused and want mental health services. If so, send them to HEART. Member Wills asked if anyway to streamline referring someone that he'll probably not see again and doesn't have a phone? Lupe suggests for Member Wills to email her to discuss finding a solution.

Public Comment 1 – How many referrals are made to substance-use treatment? Per Lupe, HEART refers to System of Care but they want to talk directly with the client for consent. Client is provided their phone number to call. No data on how many are referred.

## III. Presentation by Edelman on CWRT Marketing Plan, Edelman Representatives

#### a. Questions from Committee Members & Members of the Public

Kirsta Long introduced herself, naming the individuals with her and provided background on Edelman and the work they've done with/for Sacramento County in the last 10 years; Stop Stigma, research, connecting with community, knowing individuals being helped and learning how to reach out through multiple channels. Last year started to work with Department of Homeless Services. Now to dive in and work with CWRT.

Sara Ortega provided background and experience on her 10-year work with the Sacramento County.

Lily Eng introduced herself being the new person on the account. Lily spoke about the slides onscreen; creating awareness and mentioned a couple of initiatives Edelman has worked on; getting the word out on Safe Stay community for the homeless, working with SacBee on stories and, ABC10 and CBS to get the word out about the program for people to know. The other is the Stop Stigma campaign. Mentioned the importance of having diverse speakers, communicating with audiences with several languages and communities. This is important due to stigma of mental illness impacts how its communicated; important for communities/families to understand. This is how they build awareness and publicize. CWRT is now their project with the County. Edelman took notes with the County and listened. From the County's work 2.5 years ago, Edelman is now in the phase of working on marketing. Alondra spoke a little about the project timeline, provided CWRT update and introduced a few CWRT/BACs staff to speak on their experiences and goals for the program.

Member Hopper – Thought she would see a logo and a framework on plan to distribute word about 988 connected to CWRT. Asked if the Stop Stigma campaign is Edelman's plan for CWRT. Asked Edelman where CWRT is at now on marketing. Kirsta invited Alondra with the answer and mentioned CWRT is still in the infrastructure building stage and Edelman's been getting engaged in the last couple of months to understand the survey/research. They've put together a message framework. Now the roll-out plan is what's underway, seeing all elements to promote and distribute information. Alondra confirmed it all just started. Learned about messaging and media marketing. Was ahead of themselves with showing the logo earlier. Need to involve the community of this work. Sarah inserted that

with speaking with communities, they learned that colors drew different reactions from different cultural communities and this is where their head is with the logo.

Co-chair Hollingsworth – Upset and concerned. Expected something from Edelman. Been talking about marketing for four months and taxpayers paid for the campaign but where is it? Per Kirsta, Edelman has just been in contract and working earnestly on this project for less than 2 months and perhaps the contracting process was included in the 4 months.

Public Comment 2 – Appreciates the program. As member of the Disability Commission wants to make sure all accessibility concerns are taken into consideration. Invites them to talk with the commission about Title 24 ADA programs for mental health services.

IV. Update from BHS on CWRT Program
Implementation, Including Data & Response Outcomes
7/27/23 CWRT Program Update here:
<a href="https://dhs.saccounty.gov/BHS/SiteAssets/Pages/Community-Wellness-Response-Team/CWRT%20Timeline%20July%202023.pdf">https://dhs.saccounty.gov/BHS/SiteAssets/Pages/Community-Wellness-Response-Team/CWRT%20Timeline%20July%202023.pdf</a>

#### a. Questions from Committee Members & Members of the Public

Karen Sprague spoke on the update: Hired a new MH clinician in July. Now have 4 teams to respond. Another hiring offer to a MH clinician, making 5 when he comes on board. Offers to 4 peer specialists and 3 more interviews this week. Still losing/competing for pool of people but 988/BACs are also hiring. Alexis spoke on splitting teams. Starting September, hours of operation to expand (7:30am to 8:00pm). Whether with logo or not, CWRT shows up eager to help in people's dark moments.

Co-Chair Hollingsworth – Asked if there's been an increase of calls and if people are getting used to calling 988 and asking for CWRT? Alondra responded it's increased for CWRT. Christie also confirmed a large uptick in general. Noticed with callers that they're quick to say where they're at and what's happening and if able to come out. The name CWRT doesn't directly come out of their mouths, but agents/specialists are able to know what they're asking for and callers are aware of the service. Alexis provided numbers on the calls received for CWRT. Alondra added that calls for CWRT come from the city and county and CWRT goes to them.

### v. Public Comment Related to Items Not on The Agenda

No public comment relating to items not on the agenda.

### VI. Adjournment

Co-Chair Hollingsworth adjourned the meeting at 8:10pm and gave the following reminders pertaining to the committee meetings and for members to be present physically.

Meetings held 2<sup>nd</sup> Tuesday of each month from 6pm – 8pm

Next meeting scheduled for Tuesday September 12, 2023