

To: Sacramento County Board of Supervisors

We write to express our recommendations for the development and funding of a mental health crisis response team. We had an informative presentation from Behavioral Health Services Director Ryan Quist on the current state of this issue, along with public comment and discussion. We were moved by the urgency and implications of the proposed solutions, and we hope that you are too.

Like many regions in the USA, Sacramento does not have an adequate system to meet the needs of people experiencing acute crises or quality of life violations. Communities are forced to turn to law enforcement and emergency services, but neither of which are ideal or appropriate first responders for these incidents. In fact, law enforcement response is associated with increased likelihood of harm to a person experiencing a mental health crisis. In 2015, 23% of the 1,099 fatal police shootings in the USA were people with mental illness, and these people were unlikely to have firearms and more likely to be killed at home¹. The Substance Abuse and Mental Health Services Administration (SAMHSA) states that it is “unacceptable and unsafe” for law enforcement agencies to serve as the de facto crisis response system².

In response to this ubiquitous predicament, and the recent demonstrations regarding police violence and racial injustice throughout our country, there have been increased discussions around alternative models for crisis response. Most law enforcement agencies lack the staffing, training, and other resources to respond to these citizens’ needs in a compassionate and effective way. Law enforcement has historically filled this void in the absence of alternatives, but as an institution it is not designed or incentivized to fill this role in an optimal manner. Furthermore, law enforcement presence can be triggering, escalating, or re-traumatizing to many community members, especially those in crisis.

In the course of our discussion, these deficits were named and there was ubiquitous and strongly vocalized support for non-law-enforcement approaches to these crises. Sacramento County’s Mental Health Urgent Care provides a low-barrier, peer-involved resource, but is a stationary location with limited hours. The Sheriff’s mobile crisis unit operates with Sheriff’s deputies, and is currently understaffed, with limited hours and scope. HOPE Cooperative collaborates with the Sheriff’s mobile crisis unit, providing case management and follow up psychiatric care, but does not provide independent, non-law-enforcement crisis response. Mental Health First (MH1st) was named as a leader in this space. MH1st is a community-based organization of health professionals and peers, operational since 2019, and a current grant recipient from Sacramento County. Their stated purpose is to “interrupt and eliminate the need for law enforcement in mental health crisis first response by providing mobile, peer support, de-escalation assistance, and non-punitive and life-affirming interventions”³. They have a dedicated cohort of volunteers, training protocols, a vehicle, and communications infrastructure. They have already done the hard work of community building and have drawn upon the

best aspects of other successful and cost-saving models of community-based crisis response, including Oregon's much-lauded CAHOOTS program, and the STAR program in Denver, CO. These organizations, and specifically MH1st, are conducting their work in line with the crisis response guidelines published by SAMHSA².

These established community resources are using their expertise, lived experience, infrastructure, and social capital to thoughtfully address this glaring deficit in our current mental health system. It is unfathomable that the county would either "reinvent the wheel" by creating a new separate organization or creating a law-enforcement-based entity to fill this role. These non-law-enforcement crisis response models have the potential to save lives and have been proven to save money⁴. Our county deserves this type of community-responsive, cost-effective innovation.

We strongly recommend the Board of Supervisors and Behavioral Health Services act swiftly to establish and fund such an entity or consortium of entities to fill this role. This should be designed in collaboration with several key stakeholders, prominently including the community leaders and organizations already doing this work and impacted community members, particularly those who are marginalized by our current system.

Mental health crisis is not a crime, and therefore crisis response belongs in the hands of the caring community members, not law enforcement.

Our primary recommendations for the new crisis response system:

- 1) It should be based in best practices and the guidance provided by SAMHSA (executive summary attached), and specifically should
 - a. Subscribe to the principles of trauma-informed care,
 - b. Be easily accessible, mobile, and available 24/7,
 - c. Should not involve law enforcement officers, law enforcement vehicles, or anyone carrying weapons as the primary responders to mental health crisis calls.
- 2) It should be predominantly peer lead and operated, community-based, and representative of the community it serves.
- 3) Planning and implementation should be conducted with partnership and oversight from affected community members, specifically, but not limited to, those who have experienced mental health crises, experienced law-enforcement crisis response, those identified as LGBTQA, Black, indigenous and people of color, people with disabilities, people who use substances, and people who are experiencing homelessness.

Thank you for your thoughtful consideration.

References:

1. Saleh AZ, Appelbaum PS, Liu X, Scott Stroup T, Wall M. Deaths of people with mental illness during interactions with law enforcement. *Int J Law Psychiatry*. 2018;58:110-116.
2. National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit. Substance Abuse and Mental Health Services Administration. April 23rd 2020. Accessed at <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>
3. "MH First Sacramento". Anti-Police Terror Project. 2019. Accessed at <https://www.antipoliceterrorproject.org/mh-first-sac>
4. "What is CAHOOTS?". White Bird Clinic. Sept 29th 2020. Accessed at: <https://whitebirdclinic.org/what-is-cahoots/#:~:text=In%202017%2C%20the%20CAHOOTS%20teams,the%20police%20non%2Demergency%20number.>

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