Sacramento County Community Review Commission Ad Hoc Committee Report

Responses to Calls for Service involving a Behavioral Health Component

Submitted for Consideration

May 30, 2023

Revised June 20, 2023

Contents

Executive Summary

The Community Review Commission's top priority for the 2022-23 year was to analyze and evaluate the Sacramento County Sheriff's Office operations, policies, and procedures related to calls for service involving a behavioral health component. Throughout the course of its work, the appointed Committee heard from and worked closely with community members, other County advisory bodies, behavioral health professionals, and both sworn and civilian Sheriff's Office staff. The Committee commends the County for continuing to make significant resource investments in programs, services, and staff to support individuals experiencing a behavioral health crisis and reduce negative impacts that could potentially arise during encounters with law enforcement. Even so, the Committee identified several opportunities for improvement including expanding the co-response model services and staffing, updating training plans for patrol deputies, increasing data collection and transparency, encouraging greater public awareness, and collaborating with County partners to ensure interoperability with alternative crisis response efforts.

History and Background

Area of Focus Selection

In accordance with the Rules and Regulations of the Community Review Commission ("CRC" or the "Commission"), the CRC is tasked with developing an annual review to the Board of Supervisors concerning complaints and public concerns received from the community related to Sacramento County Sheriff's Office ("SSO") operations, policies and procedures[22]. Furthermore, the CRC is tasked with reviewing, analyzing, and, where appropriate, soliciting community input to make recommendations to the Office of Inspector General ("OIG") on SSO operational policies and procedures that affect the community or make recommendations to create additional operational policies and procedures affecting the community[21].

For the purpose of developing its annual review report and bringing forward recommendations for improvement, the 2022-23 CRC identified an initial goal of selecting one to three issues for greater review and analysis, with additional topics to be selected based on the Commission's capacity for further work within each CRC year timeframe.

In October 2022, the Commission reviewed a document compiled by staff that listed the concerns, issues, and topics expressed by CRC members since the Commission began, as well as topics identified by community members through public comment. The list included a total of 19 items for

consideration. The Commission then voted to determine their immediate priorities. The Commission's top priority as determined by the vote, was SSO patrol operations, policies, and procedures occurring in the field surrounding the response to calls for service involving individuals experiencing a mental or behavioral health crisis, including de-escalation and crisis intervention training, collaboration with Wellness Crisis Call Center and response program, and family member interactions.

Ad Hoc Committee Formation

An ad hoc committee (the "Committee") was subsequently established to analyze and evaluate the selected topic. District 2 Appointee Michael Whiteside was appointed and affirmed as the Committee's chairperson, and District 1 Appointee Paul Curtis, District 4 Appointee Michael Martel, and District 5 Appointee Theresa Riviera were added to the Committee's membership. Laura Foster, an analyst with the County's Public Safety and Justice Agency, provided staff support for the Committee.

The Committee held its first meeting on November 16, 2022. The Committee continued to meet periodically over a six-month time span, meeting a total of 14 times before concluding its work on May 23, 2023. To ensure that the Commission remained informed about the Committee's progress, the Committee's chairperson provided monthly updates at each CRC meeting.

Scope of Work

In January 2023, the Committee adopted a descriptive statement, which refined the parameters of the Committee's work. The descriptive statement is as follows:

The ad hoc committee is dedicated to the analysis and evaluation of Sheriff's Office operations, policies, and procedures pertaining to the response to calls for service involving individuals experiencing a mental or behavioral health crisis, including de-escalation and Crisis Intervention Training, collaboration with the Wellness Crisis Call Center and Response Program, and interactions with family members including the practices, data, and procedures related to diversity, equity and inclusion such as language, gender and sexual identity, culture, and ethnicity.

Methodology

Desiring to develop a well-rounded perspective, the Committee sought to gather information pertaining to the selected topic from a wide variety of sources. The Committee's research and exploration efforts included meetings with SSO and County partners, interviews and discussions with community

stakeholders, outreach to other jurisdictions facing similar challenges, reviews of relevant publications, and tours of select SSO facilities. These resources are described below.

Meetings, Presentations, Interviews, and Tours

- An introductory meeting with representatives from SSO and Sacramento County Behavioral Health Services ("BHS"), including Captain Gail Vasquez, Lt. Shane Gregory, Sgt. Alice Murphy, Jennifer Reiman, and Christine Ruiz.
- Discussions with the County's Mobile Crisis Support Teams ("MCST") Mental Health Program Coordinator Jennifer Reiman. Jennifer Reiman and BHS Forensic Behavioral Health Division Manager Nina Acosta also provided the Commission with a presentation about MCST operations at its December 2022 meeting.
- Meetings with members of Family Advocates for Individuals with Serious Mental Illness ("FAISMI"), including Nancy Brynelson, Diana Burdick, Susan Goodman, and Elizabeth Kaino Hopper.
- Presentation on the Sacramento County Adult Sequential Intercept Model by Catherine York, Criminal Justice Cabinet Analyst, at the March 2023 CRC meeting.
- Presentation to and discussion with the Sacramento County Mental Health Board at its March 1, 2023 meeting and Mental Health Board Adult System of Care Committee at its March 28, 2023 meeting.
- Tour of SSO Communications Center and presentation, facilitated and led by Lt. Burk Stearns and Sheriff Communication Dispatchers Anthony Cathey and Gina Simonsma.
- Public comments provided by community members, including Essie and Leila Mohaddess, at Commission meetings. All Commission meetings are recorded and may be viewed online.

Written Communications and Documentation

- Many articles and web-based resources, numbered and identified in Appendix A: Articles and Resources. References used throughout the Committee's report are identified in superscript text. Some articles and resources listed in Appendix A are not directly referenced and are considered supplemental to and supportive of the Committee's overall work.
- Communications with other jurisdictions provided by Committee members, including:
    - University of Memphis (Committee Chair Whiteside)
    - City of Sacramento, CA (Committee Member Martel)

    - City of Fresno and Fresno County, CA (Committee Member Riviera)
    - City of San Antonio and Bexar County, TX (Committee Member Curtis)
- Questions and recommendations submitted by FAISMI (Diana and Lorrin Burdick, Nancy and Wade Brynelson, Kaino and Marvin Hopper, Susan Goodman, Susan McCrea, Mary Ann Bernard, and Kathy Day).
- Questions submitted to and responses received from SSO Undersheriff Mike Ziegler through Lt. Dustin Silva.
- Email correspondence with Captain Matthew Tamayo.
- Email correspondence with Inspector General Francine Tournour.

Findings

Interest in the intersection of behavioral health and the justice system is steadily increasing, both for governmental agencies and the community as a whole. Research suggests the following:

- Nearly one in five individuals living in the United States are affected by mental illness in a given year[1].
- Only 41 percent of adults in the United States with a mental illness received services in the past year[1].
- Law enforcement officers are routinely the first responders to individuals living with mental illness[1].
- Up to ten percent of calls for service involve an individual with a serious mental illness[1].
- Calls for service involving a mental illness use 87 percent more resources than calls that do not[1].
- One in five individuals shot and killed by police have a mental illness[2].

Statistics such as these draw attention to the serious issues facing communities and local governments. There has also been intense public scrutiny around law enforcement officers' actions during both critical incidents and routine interactions, locally and nationwide. Crucial conversations and focused analysis on these issues can break down barriers between departments, support program and service delivery improvements, and build positive partnerships. As a law enforcement oversight body, the Community Review Commission is well-positioned to provide a thoughtful and in-depth analysis on the Sacramento County Sheriff's Office response to calls for service involving a behavioral health component.

Countywide Efforts

Over the past several years, the County has sought to improve outcomes for individuals experiencing a mental or behavioral health crisis or condition, particularly as they navigate contact with the justice system. The County has expressed support for the Stepping Up Initiative, developed and annually updates its Sequential Intercept Model ("SIM")[23], and identified improvements in crisis responses as an opportunity to support the County's efforts to reduce the average daily population of its jail facilities[25].

The SIM describes the flow between Intercept 0 (Crisis Care/Respite/Community Response) and Intercept 1 (Law Enforcement/Co-Response), which are both relevant to the Committee's work[23]. The SIM recognizes that there are many methods by which an individual may come to be involved with the County's behavioral health and justice systems and describes the intersections at which people are brought into and, where possible, diverted from further justice system contact.

Divided Stakeholder Interests

Sacramento County's has many passionate, engaged, and knowledgeable stakeholders interested in the topic of behavioral health. Many groups and departments are striving to make advances in improving outcomes for visitors and residents, using a variety of approaches. While there is consensus in many areas, the Committee's independent research and its discussions with community members indicate that there is a large divide amongst stakeholder groups in two notable areas:

- The extent to which a law enforcement officer should be involved in responding to an individual experiencing a behavioral health crisis.
- The extent to which participation in behavioral health treatment and resources should be voluntary.

Role of Law Enforcement in Crisis Response

While there are opinions on both sides of these issues, the Committee recognizes that an individual's state of crisis may, in some cases, be intermingled with a risk to public safety or other criminal activity that necessitates law enforcement involvement. There are also incidents where a person, as a result of a mental health disorder, is determined to pose a danger to themselves, others, or be gravely disabled. For those incidents, peace officers are among those who can authorize an involuntary 72 hold for crisis, evaluation, and crisis intervention ("5150 hold").

It is further recognized that newer resources, such as the 988 Suicide and Crisis Lifeline, are not as well-known as traditional response outlets such as

911 or non-emergency lines operated by a law enforcement agency. Additionally, many calls to 911 or non-emergency lines operated by law enforcement are made by those who witness or observe a situation or behavior, rather than those who are experiencing a crisis themselves. Callers may lack the necessary knowledge or understanding to know which resource to contact. Similarly, callers may have difficulty discerning whether the situation or behavior rises to a public safety risk level requiring law enforcement intervention. Thus, the Committee accepts that 911 and non-emergency lines operated by law enforcement will continue to be contacted to resolve or respond to situations involving individuals experiencing a behavioral health crisis. Therefore, it is essential that law enforcement departments receive an appropriate level of training and are equipped with the necessary resources to respond to these situations in such a way that minimizes, and, where possible, avoids negative outcomes.

Crisis Intervention Training (CIT)

Crisis Intervention Training ("CIT") is a valuable tool for improving outcomes for both law enforcement officers and those who may encounter law enforcement while experiencing a behavioral health crisis. Research indicates that law enforcement agencies requiring CIT are shown to improve officer attitudes and knowledge of mental illness and contribute to reduced officer injuries during mental health crisis calls[11]. Furthermore, officers with CIT are less likely to use any level of force, more likely to use the lowest level of force, and significantly less likely to escalate to higher levels of force when compared to officers without CIT[36].

The Memphis Model is a first responder model for crisis response and considered a best practice in law enforcement[30]. The Memphis Model uses a 40-hour training course centered around the themes of understanding behavioral health, developing empathy, navigating community resources, de-escalation skills, and practical application[30]. The Memphis Model is a Police-Mental Health Collaboration ("PMHC")[30]. Other PMHC approaches include co-responder teams, mobile crisis teams, case management teams, and a tailored approach that blends elements of PMHC programs[30].

SSO offers a co-responder model for some service calls, while providing all its deputies with CIT training with the goal of improving outcomes for all interactions involving a behavioral health component. While adopting a 40-hour training model may be ideal, the Committee recognizes that SSO has resource constraints that may limit the feasibility of implementing such a robust training program for all deputies. The Committee further acknowledges that 40 hours of training cannot and should not be viewed as

a replacement for the extensive education and experience that a behavioral health professional can provide.

SSO CIT Offerings

SSO provided the Committee with a great deal of information about CIT and related training provided to SSO sworn staff. SB29 (2015) required increasing the instruction hours in Peace Officer Standards and Training (POST) certified academy Learning Domain 37 (People with Disabilities) from six hours to 15 hours. SSO currently teaches 16 hours of classroom instruction (LD 37), including scenarios and presentations from the public which include presentations from community members with mental and physical disabilities. After the 16 hours of classroom instruction, the recruits get an additional 10 hours of scenario (simulation-based) instruction. After the 26 hours of academy training, the recruits must pass a written test and a separate scenario test. At the conclusion of the academy, SSO graduates must complete an additional 24-hour CIT course prior to their new assignments. This means new SSO deputies receive 50 hours of CIT training prior to their first assignment. SSO contracts with the National Alliance on Mental Illness (NAMI) to enhance its training program. Additionally, CIT is interconnected with other topics taught in the academy, including arrest control, firearms, felony vehicle stops, pedestrian stops, etc.

SSO has a laudable history of supporting CIT. SSO started CIT-specific training in 2015 (8-hour course). SSO initially sent its staff to an outside law enforcement agency for CIT from 2015 through 2017. SSO began presenting POST certified CIT classes in 2017. Initially, SSO offered two options, an 8-hour or 24-hour course. SSO ceased teaching the 8-hour course in September 2020 and have since only offered the 24-hour course. This course is offered to lateral (previously employed at another agency) deputy sheriffs. The Committee commends the SSO for its progressive work in this area and appreciates SSO efforts to meet and exceed the requirements of PC 13515.28(a)(1), PC 13515.29(a), and PC 13515.295 which pertain to patrol units. Based on the information provided, the Committee has concluded that, despite strong efforts to provide additional training to newly hired employees, there remain some patrol deputies with fewer than 24 hours of CIT who would benefit from this training.

Standardizing Training Across Service Areas

Sacramento County is also subject to a consent decree aimed at improving conditions for individuals in custody. One of the consent decree requirements included the implementation of training curricula related to mental health. Specially, information provided by SSO staff notes a consent decree

requirement which states: “All jail custody staff shall receive formal training in mental health, which shall encompass mental health policies, critical incident response, crisis intervention techniques, recognizing different types of mental illness, interacting with prisoners with mental illness, appropriate referral practices, suicide and self-harm detection and preventions, relevant bias and cultural competency issues, and confidentiality standards. Training shall be received every two years, at minimum.” Though activities in the jail fall outside the scope of the Committee’s work, it is reasonable to the Committee that this same level of training should be applied across the SSO organization. SSO deputies in patrol units should be equipped, and regularly provided, with the same support and resources as the deputies serving in custodial settings. The identified training disciplines in the consent decree appear to be equally beneficial for improving outcomes for calls to service involving a behavioral health component.

Community Member Training Recommendations

The Committee met and conferred with FAISMI, a community group of dedicated advocates for individuals living with mental illness, who expressed support for training efforts to be expanded to help officers recognize when a person may be experiencing a psychotic episode, regardless of its cause (mental illness, substance use, or another source). FAISMI highlighted the benefits of using scenarios and simulations to practice de-escalation tactics involving an individual experiencing a psychotic episode. It was also important to FAISMI that training be provided specific to the implementation of 5150 holds and best practices surrounding same. The Committee found great value in hearing the experiences of individuals and families whose lives have been impacted by a law enforcement response to a call involving a behavioral health component. The Committee supports efforts for training related to behavioral health to continue to include voices with lived experience whenever possible. The Committee further sees this as having value for reducing stigma around mental illness; mental illness stigma is known to hinder the effectiveness of CIT[30]. FAISMI’s recommendations appeared to be consistent with CIT curriculum used by SSO[27].

Receiving and Responding to Calls for Service

For individuals experiencing a behavioral health crisis where a serious crime has not been committed and there is no significant risk to public safety, the Committee contends that optimal resolution of the call would not involve an individual being arrested and booked into Sacramento County jail facilities. The Committee recognizes that law enforcement agencies face multiple decision points throughout the response process that contribute to different call outcomes.

Resources for Call-Takers and Dispatchers

First, the initial call for service to 911 or to the non-emergency line operated by SSO uses the information provided by the caller to connect them to the most appropriate resource. In 2022, SSO Emergency Dispatchers indicated that it received over 830,000 calls, with more than 260,000 of those calls being placed to 911. SSO further shared that it dispatches approximately 30,000 calls each month.

2-1-1

Calls that are non-emergent in nature may be referred to 2-1-1, which offers community services and information on employment, healthcare, transportation, homelessness, and more[12]. 2-1-1 Sacramento County, a program of Community Link Capital Region, is a free, confidential information and referral service that is available 24 hours a day, seven days a week[12].

988 and Community Wellness Response Team (CWRT)

According to BHS staff, SSO dispatchers have been provided with a list of questions to help identify whether an individual is experiencing a behavioral health crisis. The Committee could not determine the frequency with which this question list is used. The Committee recognizes that call-takers and dispatchers are frequently required to make quick decisions that rely on incomplete and potentially inaccurate information; these first responders must use their experiences and knowledge to make the best possible decision based on the information presently available. It is the Committee's understanding that, in situations where the call-taker's assessment indicates a possible behavioral health crisis without information suggesting that a crime has either been committed or is likely to be committed, callers can be referred to 988. The 988 Suicide and Crisis Lifeline became operational in July 2022 and is operated by Wellspace Health[23]. 988 also can request the services of the Community Wellness Response Team ("CWRT"), formerly known as the Wellness Crisis Call Center and Response Team.

The CWRT is intended to be available 24 hours a day, seven days a week and uses clinicians and staff with lived experience to respond to locations throughout the County to provide immediate, 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 and Substance Use Prevention and Treatment providers as appropriate; linking to services; voluntary transport to urgent/emergency resources and accessing alternate response teams or emergency responders when necessary[16]. The CWRT was soft

launched in March 2023 and currently has two teams operating Monday through Friday, 9 am to 3:30 pm[21]. This response schedule overlaps with SSO MCST scheduled hours, leaving weekends and late-night hours without any mobile crisis response options. It is the Committee's understanding that CWRT will expand to 24 hours a day as soon as it is feasible to do so.

It is the Committee's understanding that all 988 and CWRT services require voluntary participation. In developing the CWRT, extensive community engagement efforts were completed by BHS[17]. The input from community stakeholders was mixed regarding law enforcement's role. Overall, the feedback indicated that law enforcement presence should be limited, with many community members noting the importance of including and coordinating with local law enforcement in developing safety and deployment protocols and procedures, defining roles, and establishing coordination and communication protocols[17].

A review of prior meeting minutes from the CWRT Advisory Committee indicated that BHS staff previously consulted with law enforcement at various points throughout the development process; however, the Committee was unable to determine SSO's role in these discussions[20]. The review of CWRT documents also indicated that law enforcement, and individuals with a recent law enforcement employment history, should not be part of the CWRT Advisory Committee[17]. Additionally, the SSO sworn and civilian staff who spoke with the Committee indicated that SSO has not been involved with the development of the CWRT and neither included in, nor aware of, its implementation status. Correspondence from SSO indicated that the CWRT had not yet started; this was provided to the Committee after the CWRT's launch date.

It is the Committee's understanding that law enforcement cannot request the CWRT as a resource that can be dispatched to respond to a call for service. The Committee perceives the lack of SSO involvement with 988 and CWRT to be a missed opportunity to improve service outcomes and identify operational efficiencies. With coordinated planning, SSO communication center call takers and 988 staff will be able to determine and develop protocols for when it is appropriate to refer a caller from 911 to 988, and when it may be necessary to escalate a call from 988 to 911. It would also be beneficial for SSO and its staff to learn more about the CWRT and its role in crisis response, and to be able to request it as a resource when an MCST is unavailable.

Law Enforcement On-Scene Response

When a call-taker or dispatcher's assessment indicates that an SSO deputy should respond to the incident, a patrol unit or MCST may be requested. When MCSTs are unavailable, a patrol deputy will respond to the incident.

Mobile Crisis Support Teams (MCST)

According to its mission statement, MCSTs serve individuals of all ages and diversity in Sacramento County by providing a first response to emergency calls for timely crisis assessment and intervention to individuals experiencing a mental health crisis. MCSTs are collaborations between behavioral health clinicians and law enforcement officers to respond together to emergency calls for individuals experiencing a mental health crisis. Sacramento County has funding for 11 teams, with six currently operating due to a lack of clinicians. Four of the County's 11 authorized MCSTs include SSO deputies: two for the North Division, one for the South Division, and one reserved for the Rancho Cordova Police Department which contracts with SSO for services[18]. Efforts to engage and inform the public about MCSTs are limited to a 2022 brochure and 2020 presentation on the BHS website and a webpage from Rancho Cordova Police Department. The Committee could not locate any reference to MCSTs on the SSO website.

Co-Response Model

CIT programs such as MCSTs have been demonstrated to reduce arrests of individuals with mental illness while increasing the odds that those individuals will receive mental health services. An MCST helps by providing a licensed Mental Health Counselor and law enforcement officer partner to provide a ride-a-long, first response model to emergency calls involving a mental health crisis[18]. The MCST response to emergency calls involving a mental health crisis allows utilization of skills and expertise from both law enforcement and behavioral health to increase diversion of individuals from unnecessary incarceration or hospitalization[18]. Post mitigation of the immediate crisis, MCST utilizes Peer Specialists with lived experience and community resource expertise to provide follow-up engagement and navigation to ongoing mental health services[18].

According to SSO staff, MCSTs assign themselves to calls for service, reading each call that comes into their assigned district and determining if the call has a behavioral health component. Other times, a call-taker or dispatcher will ask an MCST to copy a call to see if it would be beneficial for them to respond. MCST units self-dispatch to approximately 70% of calls, are requested to respond by dispatch 20% of the time, and requested by patrol officers 10% of the time.

Hours of Operation

SSO states that MCST units are on-duty during the time frame that experiences the highest volume for calls, identified in promotional resources as Monday through Friday, 9 am – 7 pm, with follow-up care being provided by BHS on Monday through Friday, 8 am – 5 pm[18]. However, BHS data from 2021 indicates that most calls for behavioral health services occur between noon to 8 pm, seven days a week[19]. The Committee further recognizes that calls for service involving a behavioral health component are received outside of both time windows, indicating a potential service gap.

Deputy Selection and Service Term

Deputies must apply and be selected to become a member of an MCST. Representatives from BHS are included in the selection process. MCST deputies are required to go through the 24-hour CIT POST class if they had not previously taken it. SSO deputies typically stay with an MCST for one to two years, and many have promoted after serving with an MCST. While the turnover rates can create challenges for training, the Committee observed that turnover increases the total number of deputies with at least 24-hours of CIT and contributes to a larger portion of the workforce developing a better understanding of the needs of and empathy toward those experiencing a behavioral health crisis.

SSO MCST Outcomes

SSO shared the following information with the Committee regarding outcomes of MCST calls:

- MCST deputies divert the people they encounter from jail or hospitals approximately 85% of the time.
- MCSTs refer approximately 90% of the people they encounter to BHS for services.
- MCST deputies rarely make an arrest for people that they encounter. Patrol handles any criminal element to the calls.

SSO also shared data regarding MCST calls that resulted in 5150 holds. The data reflects the time period from October to December 2022.

- Of the 5150 encounters, approximately 98% of them were taken to the emergency department.
- Of the MCST 5150 encounters, approximately 6% were admitted to the Mental Health Treatment Center's Intake Stabilization Unit.
- Of the 54 encounters where a 5150 application was initiated, only 2% were hospitalized.

The outcome information shared strongly supports the value of MCSTs as a first response option for calls involving a behavioral health component. The Committee expects that similar outcomes could be anticipated if operational hours for MCSTs were extended. SSO was unable to provide the Committee with outcome data for patrol units.

Limitations and Challenges

As noted, Sacramento County has been unable to fill all its funded MCSTs, primarily due to a behavioral health workforce crisis. Sacramento County's Mental Health Board recently issued recommendations to the Board of Supervisors aimed at addressing the behavioral health workforce crisis, including increased compensation and flexible work schedules[28]. SSO further notes that it is also unable to fill all its available deputy positions, citing a negative public impression of the law enforcement profession and difficulties for candidates in clearing background processes. The Committee recognizes that these recruitment challenges will take time, careful planning, and intentional outreach to fill the vacancies for behavioral health clinician and SSO deputy positions.

It is also clear to the Committee that MCSTs require skilled, passionate behavioral health professionals who are comfortable interacting with law enforcement to deliver optimal results. The Committee is aware that BHS falls outside of its scope to analyze SSO operations, policies, and procedures. However, given the uniqueness of the clinician role in MCSTs compared to other Senior Mental Health Counselor positions, the Committee suggests that it may be beneficial for BHS to consider whether a stand-alone job classification is appropriate, with its own compensation schedule. It was suggested to the Committee that SSO could consider hiring its own clinicians to support MCST operations. The Committee considers there to be significant benefits to SSO retaining its partnership with BHS operationally; this partnership provides co-responder teams with resources from both SSO and BHS and ensures cross-agency accountability by maintaining separate employment and supervisory structures. Thus, at this time, the Committee would not support hiring behavioral health specialists from within SSO without oversight from BHS.

The BHS MCST Coordinator also described the challenges associated with keeping all the law enforcement contacts from each jurisdiction up to date with changes in resource availability and other vital information. For SSO, as MCSTs are part of patrol operations, the BHS MCST Coordinator must regularly exchange information with the Lieutenants and Captains of each patrol division operating an MCST, which changes somewhat frequently due

to turnover from promotions and retirements. The BHS MCST Coordinator identified that operations would be simplified if SSO had a single leadership point of contact who could communicate with and support MCST units and ensure that all patrol units are apprised of new and changing resources.

Resources for Responding Deputies

For individuals experiencing a behavioral health crisis, there are several County resources that SSO patrol units can offer or provide. A summary of the primary resources is outlined below.

Law Enforcement Consult Line

The Law Enforcement Consult Line is a designated line available 24 hours a day, seven days a week for officers responding to 911 calls in the community on clients who may be experiencing a behavioral health crisis[23]. The Law Enforcement Consult Line began in 2016 and was temporarily discontinued during the COVID-19 State of Emergency but has now reopened.

Sacramento County Mental Health Treatment Center (MHTC)

The MHTC provides short term comprehensive acute inpatient mental health services, 24 hours a day, seven days a week for adults 18 and older experiencing a mental health crisis and/or condition[23]. The County's Intake Stabilization Unit (ISU), adjacent to the MHTC campus, provides up to 23-hour crisis stabilization and intensive services in a safe environment[23]. The ISU responds to hospital emergency department staff and law enforcement calls, provides direct access from the MCSTs and SB82 triage navigator program, and receives adults and minors that have been medically cleared for crisis stabilization services[23]. Law enforcement officers are encouraged to call the ISU through the Law Enforcement Consult Line to consult on these clients for resource assistance they might need to work with the client. Officers may bring clients directly from the community for mental health services and crisis stabilization to the ISU if the client meets Welfare & Institutions Code 5150 criteria of Danger to Self (DTS), Danger to Others (DTO) or Gravely Disabled (GD)[23]. An individual with elevated medical needs may not be eligible for the MHTC and would instead be redirected to a local hospital network's emergency department. As of April 2023, 25 beds in the MHTC are reserved for involuntary 5150 holds. This is a recent development and a significant increase from the five beds previously reserved for these services. The expansion of access to the MHTC reflects the County's efforts to implement its County's Jail Population Reduction Plans, specifically Plan #2[25].

Crisis Receiving for Behavioral Health (CRBH)

Formerly known as the Substance Use Respite & Engagement (SURE) Program and operated by WellSpace Health, CRBH is available 24 hours a day, seven days a week at 631 H St., behind the Main Jail[23]. CRBH provides short-term (4-12 hour) recovery, detox, and recuperation from effects of acute alcohol/drug intoxication or behavioral health crisis[23]. CRBH is staffed by healthcare professionals to provide medical monitoring, substance use disorder counseling, and connections to supportive services and transportation to service partner or home after completion of short-term recovery[23]. Clients are referred for services by partner agencies, including law enforcement partners[23]. The capacity is currently 20, with a goal to expand to 40[23]. The CRBH is part of the County's Jail Population Reduction Plans as Plan #1[25]. Use of the CRBH requires voluntary participation.

Mental Health Urgent Care Clinic (MHUCC)

The MHUCC is a walk-in clinic at 2130 Stockton Boulevard, Building 300, in Sacramento for individuals experiencing a mental health and/or co-occurring substance abuse crisis, available 24 hours a day, seven days a week[22]. The MHUCC is a client-centered program that focuses on providing immediate relief to individuals and families in distress[23]. The program intends to avert psychiatric emergency room visits and involuntary hospitalizations. The goal of MHUCC is to foster recovery for individuals and families through the promotion of hope and wellness[23]. As a walk-in clinic, the MHUCC welcomes anyone experiencing mental health-distress regardless of age and ability to pay[22]. This program is funded by the Sacramento County Division of Behavioral Health Services through the voter-approved Proposition 63, Mental Health Services Act (MHSA)[23]. It is designed to provide a safe space for individuals and families, peer support and on-the-spot counseling, crisis interventions, psychiatric evaluations and clinical assessments, referrals and linkages to community resources, and brief medication management services (excluding controlled substances)[23]. The MHUCC is part of the County's Jail Population Reduction Plans as Plan #3[25]. Use of the MHUCC requires voluntary participation.

Additional Resources

There are many additional County resources available to individuals experiencing a behavioral or mental health condition or crisis that are not initiated by law enforcement. These are described in the SIM inventory[23] and on the County's Mental Health Services webpage[15].

Underutilization of Available Resources

Discussions with SSO and BHS staff indicated that recent changes in the availability and use of resources has created some confusion, and many deputies may be unaware of some or all available resources. SSO indicated that MCST deputies are aware of and make frequent use of resources, but resources are underutilized by patrol units. The Committee further recognizes that the CRBH and MHUCC may have lower utilization rates as participation is voluntary; when offered this option as an alternative to incarceration, some individuals may still decline services, resulting in a jail booking. The Committee was unable to determine the extent to which booking alternatives were offered and declined.

As part of its Jail Population Reduction Plans, the County has formed the Law Enforcement Coordination for Booking Alternatives Working Group ("Working Group")[25]. The Working Group includes representatives from the County's Public Safety and Justice Agency, Social Services Agency, Probation Department, SSO, and Sacramento Police Department. The Working Group recently met with BHS partners to determine what types of webpages and documentation would be helpful to inform patrol units about new resources, and how best to notify law enforcement agencies when changes occur. As the Working Group is designed to be a temporary effort, it is unclear to the Committee how SSO will continue to partner with BHS long-term to remain apprised of resource changes and developments.

Availability of Data

The Committee found it difficult to obtain data on calls for service involving a behavioral health component. SSO informed the Commission that it uses a mental health flag in its records system, which can be added to the call record by the responding officer before it is closed out. The Committee was unable to determine whether the mental health flag is being applied consistently by all SSO staff. SSO also noted that mental health flags would not be found in historical data before the flagging system was implemented. The Committee could not determine whether, and to what extent, call data is being analyzed to realize organizational needs, identify potential service gaps, and implement data-informed decisions. As SSO did not provide data on call outcomes associated with patrol units as they did with MCST units, the Committee's data analysis efforts were severely limited. Given the high interest levels among County partners and the community, expanded access to aggregated data surrounding these calls would be beneficial for developing plans to improve service levels and justifying associated funding needs.

Recommendations

Recommendations for the Office of Inspector General

Pursuant to the CRC's founding resolution and its rules and regulations, recommendations from the Commission are to be submitted to the OIG[22]. All recommendations by the Commission must include thorough analysis and documentation to support the recommendation. The Findings provided earlier in this report were developed to meet this requirement.

The Committee provided a preliminary draft of its recommendations to the Community Review Commission at its May 16, 2023 meeting. Based on feedback from the Commission and community members, the Committee conducted supplemental research and updated its recommendations accordingly. Additionally, a draft of the Committee's report was submitted to the OIG prior to publication; feedback received from the OIG was considered, accepted, and incorporated into the final version of this report.

Based on the aforementioned Findings, the Committee identified seven recommendations for the Commission to consider submitting to the OIG.[a]

1. The Committee recommends the Inspector General provide the Community Review Commission with periodic updates on the status of all recommendations submitted to the Inspector General by the Commission. Updates should be shared at the December and June CRC meetings each year; any updates shared in June will be reflected in the Commission's annual report.
2. The Committee recommends the Sheriff's Office, working with the Department of Health Services, develop a plan to expand operation of Mobile Crisis Support Teams to 24 hours a day, 7 days a week.
3. The Committee recommends the Sheriff's Office establish a leadership position within the Sheriff's Office's to coordinate and support Mobile Crisis Support Teams. This position should:
    a. Oversee deputies assigned to Mobile Crisis Support Teams to ensure consistency of operations;
    b. Serve as the liaison to the Department of Health Services' Mental Health Program Coordinator; and
    c. Regularly communicate with patrol units to ensure that all deputies are informed about available behavioral health resources and support services.
4. The Committee recommends the Sheriff's Office increase public visibility of Mobile Crisis Support Teams by developing and maintaining

[a] On May 30, 2023, the Community Review Commission voted whether to accept each of the Committee's recommendations. All recommendations were accepted.

a dedicated page on the Sheriff's Office website. The Committee further recommends the Sheriff's Office consider other ways to improve visibility, such as placing identifying markers on vehicles used by Mobile Crisis Support Teams, sharing information on social media, and distributing materials at community events.

5. The Committee recommends the Sheriff's Office provide all patrol deputies and dispatchers with formal training in mental health, which shall encompass mental health policies, critical incident response, crisis intervention techniques, recognizing different types of mental illness, interacting with individuals with mental illness, appropriate referral practices, suicide and self-harm detection and preventions, relevant bias and cultural competency issues, and confidentiality standards. Training should be received every two years, at minimum. Initial training offerings should include at least 24 hours of Crisis Intervention Training. It is further recommended for training to include information and simulation exercises on how to recognize and respond to a person experiencing a psychotic episode, how and when to implement 5150 holds, and testimonies from individuals and/or family members with lived experience navigating a behavioral health crisis.
6. The Committee recommends the Sheriff's Office improve its public data sharing efforts regarding responses to calls involving a behavioral health component. Specifically, the Committee requests Sheriff's Office to annually provide, at minimum, the following information:
    a. Number of total calls for service
    b. Number of calls for service responded to by Sheriff's deputies ("responded calls")
    c. Number of calls for service referred to 988
    d. Number of responded calls identified as involving a possible behavioral health issue or concern ("flagged calls")
    e. Number of responded calls resulting in uses of force
    f. Number of flagged calls resulting in uses of force
    g. Number of flagged calls resulting in an individual being transported to each of the following:
        i. County jail facility
        ii. Emergency department
        iii. Sacramento County Mental Health Treatment Center
        iv. Crisis Receiving for Behavioral Health
        v. Mental Health Urgent Care Clinic
    h. Number of Mobile Crisis Support Teams
    i. Number of deputies assigned to Mobile Crisis Support Teams within the past year
    j. Number of responded calls involving Mobile Crisis Support Teams
    k. Average number of hours per week staffed with Mobile Crisis Support Teams

l. Percentage of sworn staff with at least 24 hours of Crisis Intervention Training

The Committee further recommends that information on call counts (a, b, c, d, and j), use of force (e and f), and transportation to a secondary location or facility (g) include demographic data of the persons involved, including race, ethnicity, language spoken, and whether a language line, intradepartmental translation, or similar service was requested, to the extent feasible.[b]

7. The Committee recommends that a representative from the Sheriff's Office meet with the Chair(s) and staff of the Community Wellness Response Team Program Advisory Committee on a quarterly basis to share resources and information, identify potential gaps in the County's mobile crisis response efforts, and discuss opportunities for collaboration where appropriate.

Recommendations for the Community Review Commission

The Committee recognizes that its work, while extensive, did not reach some of the intended areas identified in its descriptive statement. Specifically, the Committee was unable to explore the extent to which the SSO operations, policies, and procedures reflect a commitment and responsiveness to topics and concerns pertaining to diversity, equity and inclusion, and belonging (DEIB) in the areas of language, gender and sexual identity, culture, and ethnicity, among others. The Committee also recognizes that DEIB concerns are not exclusive to calls involving a behavioral health component and affect many other services provided by SSO staff. To encourage the Commission to undertake future work on this topic, the Committee respectfully offers an eighth recommendation for the Commission's consideration.

8. At the July 2023 Community Review Commission meeting, the Committee recommends the Commission discuss the potential formation of an ad hoc committee to conduct dedicated outreach to Sacramento County's diverse communities. The ad hoc committee should survey or otherwise engage in meaningful conversations with groups of Sacramento County residents representing a variety of backgrounds, cultures, ethnicities, and languages spoken. The committee's goals would be to develop a shared definition of diverse communities, identify each group's areas of concern involving the Sheriff's Office, assess the perception of the quality of services

[b] On June 20, 2023, the Commission voted to revise Recommendation #6 to include a request for the Sheriff's Office to provide demographic data.

provided to each group by Sheriff's Office employees, and recommend ways for the Sheriff's Office to improve community relations with each group.

Acknowledgments

The Committee and its support staff would like to express their sincere gratitude for everyone who contributed to the Committee's efforts to analyze and evaluate this important topic. Without help from many community members, behavioral health professionals, and SSO deputies, dispatchers, and leadership, this report would not have been possible. Thank you for contributing to the conversation around the intersection of Sacramento County's behavioral health and justice systems and supporting the work of the Community Review Commission in its first complete year of service. The Committee is confident that current and future collaborations will produce meaningful and positive outcomes for all.

Appendix A: Articles and Resources

1. BJA – Bureau of Justice Assistance (n.d.). Learn about the issues and facts related to Police-Mental-Health. https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/learn-about-the-issues-transcript.pdf
2. Burke, M. (2021). *Policing mental health: Recent deaths highlight concern over officer response.* https://www.nbcnews.com/news/us-news/policing-mental-health-recent-deaths-highlight-concerns-over-officer-response-n1266935
3. CIT International (2019). *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.* https://www.citinternational.org/bestpracticeguide
4. Commission on Peace Officer Standards and Training (n.d.). *The Crisis Intervention Team*. https://post.ca.gov/crisis-intervention-team
5. Compton, M. T., Bakeman, R. Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., Stewart-Hutto, T., D'Orio, B. M., Oliva, J. R., Thompson, N. J., & Watson, A. C. (2014). *The Police-based Crisis Intervention Team (CIT) Model: II. Effects on Level of Force and Resolution, Referral, and Arrest.* https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201300108
6. Criminal Justice Coordinating Center of Excellence (n.d.). *Crisis Intervention Team*. https://www.neomed.edu/cjccoe/cit/
7. Franz, S. & Borum, R. (2011). *Crisis Intervention Teams May Prevent Arrests of People with Mental Illnesses.* https://www.tandfonline.com/doi/abs/10.1080/15614263.2010.497664
8. International Association of Chiefs of Police Law Enforcement Policy Center (2018). *Responding to Persons Experiencing a Mental Health Crisis.* https://www.theiacp.org/sites/default/files/2021-07/Mental%20Health%20Crisis%20Response%20FULL%20-%2006292020.pdf
9. Mental Health America (2017). *Position Statement 59: Responding to Behavioral Health Crises.* https://mhanational.org/issues/position-statement-59-responding-behavioral-health-crises
10. NAMI – National Alliance on Mental Illness (2022). *988: Reimaging Crisis Response.* https://www.nami.org/Advocacy/Crisis-Intervention/988-Reimagining-Crisis-Response
11. NAMI California (n.d.). *Crisis Intervention Teams (CIT) Programs.* https://namica.org/blog/crisis-intervention-teams-cit-programs/

12. National Resource Directory. *2-1-1 Sacramento County.* https://nrd.gov/resource/detail/18687046/2-1-1+Sacramento+County
13. National Sheriffs' Association (2019). *Mental Health: Tools and Other Resources.* https://www.sheriffs.org/mental-health-tools-and-other-resources
14. O'Connell, Kevin (2022). *Sacramento Jail Study.* https://dce.saccounty.gov/Public-Safety-and-Justice/Documents/Reports_Resources/O%27Connell_SacramentoJailStudy.pdf
15. Sacramento County Behavioral Health Services (n.d.). *Mental Health Services.* https://dhs.saccounty.gov/BHS/Pages/Mental-Health-Services.aspx
16. Sacramento County Behavioral Health Services (n.d.). *Wellness Crisis Call Center and Response Team Program Description.* https://dhs.saccounty.gov/BHS/Documents/Virtual-Meetings/Wellness-Crisis-Call-Center-and-Response/WCCCRT%20Program%20Description%20-%20Final%20-%20Public%20R1.pdf
17. Sacramento County Behavioral Health Services (2021). *Sacramento County Wellness Crisis Call Center and Response Team Community Stakeholder Input*. https://dhs.saccounty.gov/BHS/Documents/Virtual-Meetings/Wellness-Crisis-Call-Center-and-Response/Report-Back/RT-BHS-WCCCR-Community-Stakeholder-Report.pdf
18. Sacramento County Behavioral Health Services (2022). *Mobile Crisis Support Teams.* https://dhs.saccounty.gov/BHS/Documents/Provider-Forms/Brochures/BR-Mobile-Crisis-Support-Team-brochure-English.pdf
19. Sacramento County Behavioral Health Services (2022). *Peak Times of Mental Health Calls Summary.* https://dhs.saccounty.gov/BHS/Documents/Virtual-Meetings/Wellness-Crisis-Call-Center-and-Response/Peak%20Times%20of%20Mental%20Health%20Calls%20Summary%20Final%205.19.22.pdf
20. Sacramento County Behavioral Health Services (2023). *Mental Health Board Meetings – 2023*. https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Board/BC-Mental-Health-Board-Meetings-2023.aspx
21. Sacramento County Behavioral Health Services (2023). *Program Implementation Updates, Friday, April 28, 2023.* https://dhs.saccounty.gov/BHS/SiteAssets/Pages/Community-Wellness-Response-

Team/CWRT%20Timeline%20Visual%20for%20Posting%20%204.2023.pdf

22. Sacramento County Community Review Commission (2022). *Community Review Commission Rules and Regulations.* https://sccob.saccounty.gov/Documents/CommunityReviewCommission/Rules_and_Regulations.pdf
23. Sacramento County Criminal Justice Cabinet (2022). *Sacramento County Adult Sequential Intercept: Criminal Justice-Behavioral Health Partnerships.* https://dce.saccounty.gov/Public-Safety-and-Justice/CriminalJusticeCabinet/Documents/SacramentoAdultSIM-WorkingDraft.pdf
24. Sacramento County Mental Health Board (2022). *Recommendations Regarding Behavioral Health Services Provided to Individuals Detained in Sacramento County Jails.* https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/MHB-Reports-and-Workplans/RT-MHB-2022-Behavioral_Health_Services_In_Sacramento_County_Jails.pdf
25. Sacramento County Public Safety and Justice Agency (2022). *Jail Population Reduction Plans.* https://dce.saccounty.gov/Public-Safety-and-Justice/Documents/Reports_Resources/JailPopulationReductionPlans.pdf
26. Sacramento County Sheriff's Department (n.d.). *Operations Order 7-11: Mentally Disturbed Person – 5150 Welfare and Institutions Code.* https://www.dropbox.com/scl/fo/q0qinzwfvvxg3dbwgjyra/h/Operations%20Orders/7-11%20Mentally%20Disturbed%20Person.pdf?dl=0&rlkey=zbll5ft2zr99raw6j6bf4ypik
27. Sacramento County Sheriff's Department (n.d.). *Regulation 1081 Minimum Standards for Legislatively Mandated Courses: Crisis Intervention Training for Academy.* https://www.dropbox.com/sh/w94an8drvin7hq4/AABuO__1BbSu-IBi7KLSDXTwa?dl=0&preview=CRISIS+INTERVENTION+-+24+HOURS_ECO-12302019.pdf
28. Sako, M. C. (2023). *Recommendations to Address Behavioral Health Workforce Crisis.* https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/2023-MHB/2023-MHB-General/MHB_BH_Workforce_Crisis_Recommendations.pdf#search=mobile%20crisis

29. SAMHSA - Substance Abuse and Mental Health Services Administration (2022). *Intercept 1: Law Enforcement*. https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1
30. Sanabria, L. (2022). *What is CIT or "The Memphis Model"? Is it Enough?* https://www.accessibility.com/blog/what-is-cit-or-the-memphis-model-is-it-enough
31. Seidman, L. (2023). *L.A. Promised Mental Health Crisis Response Without Coups. Why Isn't It Happening?* http://casra.org/docs/la-promised-response-without-police_042023.pdf
32. Serafin, M. (2021). *Law Enforcement Response to Mental Health Needs: How Do We Measure Improvement?* https://www.wilder.org/articles/law-enforcement-response-mental-health-needs-how-do-we-measure-improvement
33. Treatment Advocacy Center (n.d.). *Research Weekly.* https://www.treatmentadvocacycenter.org/evidence-and-research/research-weekly
34. University of Memphis (2007). *Crisis Intervention Team Core Elements.* https://citinternational.org/resources/Pictures/CoreElements.pdf
35. Vasilogambros, M. (2019). *Police Train to Be 'Social Workers of Last Resort'*. https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2019/05/31/police-train-to-be-social-workers-of-last-resort
36. Willis, T., Kern, L. J., Hedden, B. J., Nelson, V., Comartin, E., & Kubiak, S. (2023). *The Impact of Crisis Intervention Team (CIT) Training on Police Use of Force.* https://www.tandfonline.com/doi/abs/10.1080/10509674.2023.2182863?journalCode=wjor20&