California Health and Human Services Agency (CalHHS)
988-Crisis Policy Advisory Group Meeting 3
Meeting Summary
February 24, 2024 I 10:00AM-3:00 PM PST (Hybrid Meeting)

Attendees

POLICY ADVISORY GROUP MEETING PARTICIPANTS (In-Person)

- Amanda Levy, Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)
- Ashley Mills, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- Brenda Grealish, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
- Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)
- Christine Gephart, delegate for Nancy Bargmann, Director, California Department of Development Services
- Christine Stoner-Mertz, Chief Executive Officer, CA Alliance of Child and Family Services
- Doug Subers, Director of Governmental Affairs, California Professional Firefighters
- Erika Cristo, Assistant Deputy Director, Department of Health Care Services
- Dr. Hernando Garzon, delegate for Elizabeth Basnett, Director, California Emergency Medical Services Authority (EMSA)
- Jana Lord, Chief Operating Officer, Sycamores
- Jennifer Oliphant, Hope for Tomorrow Program Director, Two Feathers Native American Family Services

- Kenna Chic, Former President of Project Lighthouse, California Health Care Foundation
- Kirsten Barlow, Vice President of Policy, California Hospital Association
- Lei Portugal Calloway, Certified Medi-Cal Peer Support Specialist, Peer Team Lead, AOT/CARE Court, Telecare Corporation
- Melissa Lawton, Chief Program Officer, Seneca Family of Agencies
- Michael Tabak, Lieutenant, San Mateo Sheriff's Office
- Phebe Bell, Behavioral Health Director, Nevada County
- Rayshell Chambers, Commission Member, Mental Health Services Oversight and Accountability Commission (MHSOAC) (Kendra Zoller supporting)
- Robb Layne, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)
- Roberto Herrera, Deputy Secretary Veterans Services Division, CalVet
- Ryan Banks, CEO, Turning Point of Central Valley, Inc.
- Shari Sinwelski, Vice President of Crisis Care, Didi Hirsch
- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)
- Stephen Sparling, California Coalition for Youth
- Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute
- Taun Hall, Executive Director, The Miles Hall Foundation

POLICY ADVISORY GROUP MEETING PARTICIPANTS (Virtual):

- Jeff Hebert, 911 Communications Coordinator, San Diego Sheriff's 911
- John Boyd, Vice President Behavioral Health and Wellness, Kaiser Permanente, NCAL
- Lan Nguyen, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department
- Le Ondra Clark Harvey, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)
- Lee Ann Magoski, Director of Emergency Communications, Monterey County
- Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association (CBHDA)
- Miguel Serricchio, Executive Vice President, LSQ Funding Group

- Paul Troxel, delegate for Budge Currier, Assistant Director, California Governor's Office of Emergency Services (CalOES)
- Rhyan Miller, Behavioral Health Deputy Director Integrated Programs, Riverside County
- Stephanie Blake, delegate for Susan DeMarois, Director, California Department of Aging
- Dr. Stacie Freudenberg, The Trevor Project

POLICY ADVISORY GROUP MEETING PARTICIPANTS (Absent):

- Anete Millers, Director of Regulatory Affairs, California Association of Health Plans (CAHP)
- Jessica Cruz, Chief Executive Officer, National Alliance on Mental Illness – California
- Keris Jan Myrick, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- Rebecca Bauer-Kahan, Assembly Member (AD-16)/Author of AB 988
- Robert Smith, Chairman, Pala Band of Mission Indians
- Dr. Sohil Sud, Director, Children & Youth Behavioral Health Initiative (CYBHI)

PROJECT TEAM:

- Ali Vangrow, Senior Program Analyst, Office of Policy and Strategic Planning, CalHHS
- Hailey Shapiro, CalHHS
- Josie Baca, Staff Service Analyst, CalHHS
- Anh Thu Bui, MD, Project Director, 988-Crisis Care Continuum, CalHHS
- Betsy Jones, Health Management Associates
- Betsy Uhrman, Health Management Associates
- Ethan Norris, Health Management Associates
- Jamie Strausz-Clark, Third Sector Intelligence (3Si)
- Nicholas Williams, Health Management Associates
- Noah Evans, Health Management Associates
- Devon Schechinger, Health Management Associates (virtual)
- Rob Muschler, Health Management Associates (virtual)

Meeting Summary

WELCOME

Jamie Strausz-Clark, Consultant, 3Si, convened the meeting and reviewed use of Zoom features and expectations for meeting participants and public observers. She thanked the 988-Crisis Policy Advisory Group (Policy Advisory Group) members and members of the public for joining. Ms. Strausz-Clark provided an overview of the meeting objectives and agenda. She also invited members of the public to sign up for the public comment period.

For the *Personal Stor*y portion of the agenda, Sacramento Fire Battalion Chief Scott Perryman provided information about the Sacramento Mobile Integrated Healthcare (MIH) model, which pairs an advanced-level practitioner with a paramedic to respond to behavioral health calls and proactively contact high utilizers of the 911 system. The overall goals of MIH include addressing the root causes of health challenges, improving patient case management, maximizing the capacity of the system to meet patient demand, and reducing inappropriate emergency department (ED) utilization.

Battalion Chief Scotty Perryman was awarded the Distinguished Service Medal by the California State Emergency Medical Services Authority (EMSA) for his leadership and efforts in providing services through the MIH program. He helped create an MIH collaborative where all MIH units throughout the state can share and learn from each other.

RECOMMENDATIONS FRAMEWORK

Betsy Uhrman, Health Management Associates, was then invited to provide some updates relevant to the Policy Advisory Group. Ms. Uhrman shared some themes from previous Policy Advisory Group and Workgroup conversations about desired outcomes for a future crisis system. She also shared an organizing framework for the Five-Year Implementation Plan, which will be presented to the Policy Advisory Group in draft form at its September meeting. She explained that the proposed organizing framework takes the 14 different required areas from the AB988 legislation and groups them into five pillars: 1) Public Awareness and Messaging, 2) 988 Statewide Access, 3) 988 Operational and Training Standards, 4) 988 and 911 Coordination, and 5) 988 and the Continuum of Services.

DISCUSSION: WORKGROUP 1: COMPREHENSIVE ASSESSMENT

Ms. Strausz-Clark then introduced the discussion related to the Comprehensive Assessment. She reminded the attendees that Workgroup 1 has been meeting since January 2024 to advance the Comprehensive Assessment, required recommendation area 12 from AB988 ("Findings from a comprehensive assessment of the behavioral health crisis services system that takes into account infrastructure projects that are planned and funded. These findings shall include an inventory of the infrastructure, capacity, and needs for all of the following: 1) Statewide and regional 988 centers, 2) Mobile crisis team services, including mobile crisis access and dispatch call centers, 3) Other existing behavioral health crisis services and warm lines, and 4) Crisis stabilization services").

Policy Advisory Group members and Workgroup 1 Co-Chairs, Phebe Bell, Behavioral Health Director, Nevada County, and Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies, then shared some reflections from the workgroup process including:

- Despite significant investments to build local- and county-level crisis care service capacity, California currently lacks a comprehensive, accessible statewide behavioral health crisis care continuum; services vary based on payor source and geography.
- Workgroup 1 prioritized assessing resources around "someone to contact, someone to respond, and somewhere safe to go" as part of the required Comprehensive Assessment.
- The Comprehensive Assessment aims to improve understanding of individual experiences within the behavioral health crisis service continuum and to suggest enhancements. For example, they noted that there is a strong understanding of demographic disparities in suicide risk, self-harm rates, behavioral health-related emergency department visits, and hospitalizations, but have less insights into underserved groups' access to behavioral health crisis services and consumer experience, and outcomes.

Following those opening remarks, Policy Advisory Group members were asked to reflect on the data included in the draft AB988 Chart Book, which was shared in advance of the meeting. Ms. Strausz-Clark brought the full group back

together for a formal debrief. In terms of areas for additional data collection, Policy Advisory Group members suggested the following:

- Landscape view of the available number, location, and services in California.
- More data focused on the prevalence of mental health and substance use disorders (since the scope of AB988 is broader than suicide).
- More data on certain high-risk, adult populations, including the unhoused and people who use substances.
- Additional qualitative data on warm line and crisis lines.
- Data related to opportunities for diversion, particularly for first responders.
- Data on Lanterman-Petris-Short (LPS) Act 5150 holds (e.g., who can evaluate and report on a hold, how many holds have been initiated, etc.).
- Data on consumer satisfaction responses related to experience and quality of care.
- Available data, across categories, from Medi-Cal Managed Care, Medicare, and commercial insurance.

WORKGROUPS 2 AND 3 DISCUSSION INTRODUCTION

The next set of discussions centered on early recommendations emerging from Workgroups 2 and 3, each of which met on four occasions between January and March 2024. As a preface to sharing the recommendations, Ms. Strausz-Clark noted that:

- These represent early recommendations that surfaced through the 12 workgroup engagements between January and April and informed by early learnings from the Comprehensive Assessment.
- The five-year timeframe for the Implementation Plan recognizes that operationalizing recommendations will take time.
- Some of the recommendations are foundational and build on things that are already happening while others are more aspirational and may take longer for us to realize.
- Activities will be sequenced to continue our progress toward a crisis system that meets the needs of all Californians, while maintaining what's working right now within the system.

WORKGROUP 2: STATEWIDE STANDARDS AND GUIDANCE

Workgroup 2 discussions focused on AB988 required recommendation area 3

of AB988 legislation ("988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week").

Policy Advisory Group members and Workgroup 2 Co-Chairs, Brenda Grealish, Executive Officer, Council on Criminal Justice and Behavioral Health and Lei Portugal Calloway, Peer Team Lead at Orange County AOT, Telecare Corporation, shared some reflections from the workgroup process including:

- The existing 988 system is built upon the National Suicide Prevention Lifeline. AB988 provides a stable source of funding to enable California to extend its focus beyond the national network. Workgroup 2 was tasked with considering the kinds of statewide, minimum standards to realize this broader vision of a comprehensive 988 system.
- Workgroup 2 discussions highlighted the need to better understand the expectations of 988 crisis centers and related accountability and oversight mechanisms.
- The workgroup explored competencies that may be expected (e.g., SUD, physical health, intellectual and developmental disabilities (IDD), and non-crisis mental health) and the potential skills, trainings, outcomes, and resources that would support success. The workgroup discussed overlapping approaches across these areas (e.g., basic knowledge about various conditions, appropriate questions to ask and conditions to look out for, and how to refer and connect individuals to necessary services). There was agreement around the need for more standardization across 988 crisis centers.
- The workgroup discussed the need to embed culturally informed approaches into this work. This may involve supplementing core training curricula with tailored information and resources.

In smaller group discussions, Ms. Strauz-Clark asked Policy Advisory Group members to review the recommendations and provide input on what to change, prioritize, and/or build out further. Following the small group discussion, Ms. Strausz-Clark brought the full group back together for a formal debrief. Workgroup members provided overall reactions related to the early recommendations as well as specific additions and modifications. General reactions included:

- In presenting recommendations, more context is needed to further

emphasize how the early recommendations build upon existing standards.
- Varying experiences with 988 Crisis Centers across different regions, highlighting differences in local practices and referral processes.
- Need for connectivity between 988 Crisis Centers and existing benefit systems, particularly regarding insurance coverage and eligibility.
- Need to confirm the scope of services offered by 988 Crisis Centers and the need for clarity and alignment related to their roles and responsibilities.
- Need for clear guidance and training for 988 Crisis Center call takers to ensure effective crisis response and referrals.
- Need to account for compassion fatigue and burnout among crisis counselors.
- There are standards on the medical side we could learn from as it relates to triage.

In terms of specific additions or modifications to the early recommendations, Policy Advisory Group members shared:

- While there was agreement across groups to clarify authority, oversight and governance, there were differing ideas about the sequencing for establishing systems of oversight (relative to the order of implementation for other recommendations).
- Modify recommendations to specify the need for guidance to assess the level of risk.
- In describing training standards, also include the process to determine adequate supports and training for IDD.
- Related to the recommendation around defining the scope of 988 Crisis Centers, this should include an assessment of crisis center operations for what is in scope and out of scope. Regardless of geography, the caller should know what to expect when they call 988.

WORKGROUP 3: 988-911 BH Crisis Care Continuum Integration

Workgroup 3 discussions focused on three AB988 required recommendation areas:

- (6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.
- (7) Resources and policy changes to address statewide and regional

needs in order to meet population needs for behavioral health crisis services.

- (9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner.

In reminding the Policy Advisory Group about the required areas, Ms. Strausz-Clark noted that recommendations emerging from the CalOES Technical Advisory Board (TAB) process will have implications for several of the above AB988 areas, particularly as it relates to technological requirements and interoperability between 988 and 911.

Policy Advisory Group members and Workgroup 3 Co-Chairs, Lan Nguyen, County Suicide and Crisis Services Manager, County of Santa Clara Behavioral Health Services, and Doug Subers, Director of Governmental Affairs, California Professional Firefighters, shared some reflections from the workgroup process including:

- Our approach needs to account for different types of calls (e.g., mental health and substance use disorders) and callers (e.g., first, second- and third-party callers).
- Efforts to advance coordination across the continuum needs to account for, among other things: the many options for routing services and multiple intersection points, variation by geography and by population; the work of existing public agency systems, including county behavioral health and emergency medical services; the capacity of trusted community-based organizations (CBOs), etc.
- There was interest in statewide minimum standards that allow for regional variation and flexibility.
- In-person response should be used sparingly, and de-escalation and stabilization are key goals.

- In thinking about coordination between 911 and 988, it is important to acknowledge and design for the different premises of each system. For example, someone calling 911 typically expects a physical response; for 988, at least historically, the caller is looking for more of a relational response.
- The workgroup raised several considerations related to policy recommendations; in some cases, further exploration will fall outside the timeline of the development of this implementation plan (e.g., triage to alternate destinations).

Ms. Strauz-Clark asked Policy Advisory Group members in their smaller group discussions to review the recommendations and provide input on what to change, prioritize, and/or build out further. Following the small group discussion, Ms. Strausz-Clark brought the full group back together for a formal debrief. Workgroup members provided overall reactions related to the early recommendations as well as specific additions and modifications, including:

- Consistent with the desired outcomes reviewed earlier in the day, several groups voiced the principle that everyone should have the same/similar experience with 988, regardless of where they live or what type of insurance they may have.
- Groups highlighted the importance of integrating oversight into the system from the beginning to ensure quality assurance and effectiveness.
- Discussions noted the complexity of the system due to various providers, counties, and regulations and the need to make clear the role of commercial insurers as critical partners. Some discussions also elevated the need to invest in local county and provider infrastructure and capacity to enable billing to multiple payers.
- There was discussion across groups on electronic health records and information sharing challenges, and the need for technological advancements to improve data sharing and continuity of care. For example, several groups highlighted the need for a data system that could track the insurance type of 988 callers, as well as prior utilization.
- The group discussed the need for clear protocols and access to resources for effective crisis response and follow-up care.
- There were some seeming redundancies with the recommendations reviewed in the previous discussion (see Workgroup 2).

- There is a need for specific guidance related to triage to alternate destinations (including accounting for recent legislation).

UPDATE ON COMMUNITY ENGAGEMENT

Nicholas Williams, Health Management Associates, noted that, in parallel with ongoing engagement with state and county agencies, 988 crisis centers, contracted behavioral health providers, hospitals, first responders, and crisis relevant providers, the project team is engaging individuals with lived experience or impacted by suicide, family members, and other populations of focus. Methods for gathering additional information include key informant interviews, focus groups, and in-reach events. Mr. Williams shared that a questionnaire will be distributed to gather perspectives as well as to solicit volunteers to participate in a series of focus groups in spring 2024.

PLAN FOR URBAN INDIAN AND TRIBAL ENGAGEMENT

Related to the discussion of community engagement, Holly Echo-Hawk, Senior Behavioral Health Advisor, Kauffman and Associates, Inc. described the Tribal and Urban Indian Engagement Plan (which will inform the Five-Year Implementation Plan). In her framing remarks, Ms. Echo-Hawk shared that California has the largest population of Native people in the United States (723,225 American Indians of sole and mixed race); across the state, there are 109 federally recognized tribes, 60 non-federally recognized tribes, and 100 separate reservations or rancherias. She shared that there is great diversity of tribes across California. For the Engagement Plan, Kauffman and Associates, Inc. will partner with California Rural Indian Health Board (CRIHB), California Consortium for Urban Indian Health (CCUIH), and Native Dads Network (NDN) to follow up from Tribal 988 Summits and conduct three regional focus groups with the aim of elevating the voices of Native end users.

PUBLIC COMMENT PERIOD

Ms. Strausz-Clark shared instructions for how to make public comment and said that comments can also be submitted at any time via email at AB988Info@chhs.ca.gov. No public comments were submitted in-person or virtually.

MEETING CONCLUSION AND NEXT STEPS

The project Team shared that materials for this meeting would be uploaded to

the CalHHS website on the 988-Policy Advisory Group webpage. Ms. Strausz-Clark added that materials for review would be distributed in advance of the next meeting.