



**988-Crisis
Policy Advisory Group
Meeting 6
September 18, 2024**



Welcome

Virtual PAG Attendees (as of 9/16)

- **Ashley Mills**, CDPH
- **Brenda Grealish**, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Chad Costello**, California Association of Social Rehabilitation Agencies (CASRA)
- **Keris Jän Myrick**, Inseparable
- **Lan Nguyen**, County of Santa Clara Behavioral Health Services
- **Lei Portugal Calloway**, Telecare Corporation
- **Michael Tabak**, San Mateo County Sheriff's Office
- **Rayshell Chambers**, Painted Brain
- **Rebecca Bauer-Kahan**, California State Assembly
- **Sohil Sud**, CYBHI
- **Stephen Sparling**, California Coalition for Youth

September 18 PAG Meeting Objectives

1. Build trust and productive working relationships with each other and the project team.
2. Ground our work (i.e., the work of the Policy Advisory Group) in the lived experiences of people using and/or working in the Crisis Care Continuum.
3. Hear updates from the state relevant to the Policy Advisory Group.
4. Discuss the Draft Five-Year Implementation Plan by:
 1. Providing feedback on the draft recommendations on cross-cutting areas: Funding and Sustainability, Data and Metrics, and Peers.
 2. Learning how Policy Advisory Group input has been considered and addressed in the revised recommendations for Goal areas A-D.
5. Review next steps and action items, including plans for public comment period.
6. Hear public comment.

September 18 PAG Agenda

10:00 Welcome

10:05 Mission Moment

10:15 CalHHS Updates

10:30 Recommendations for Funding and Sustainability

11:45 Break

11:55 Recommendations for Data and Metrics

12:40 Lunch and Public Comment Sign Up

1:10 Recommendations for Peer Support

1:55 Revised Recommendations for Goals A-D

2:30 Next Steps

2:38 Public Comment Period

3:00 Adjourn



Mission Moment

Saurav Thapa, The Trevor Project



The Trevor Project and 988 LGBTQ Youth Specialized Services in California

September 18, 2024



The Trevor Project

TODAY'S PRESENTER

Saurav Jung Thapa, M.A. (he/him)

Senior Federal Affairs Manager, The Trevor Project



THE TREVOR PROJECT 

The Trevor Project Goal



The Trevor Project is the leading suicide prevention and crisis intervention organization for LGBTQ+ young people.

Our goal is to help every LGBTQ+ young person see a bright future for themselves.



The Trevor Project “Why”



Why The Trevor Project works with LGBTQ+ young people.

“LGBTQ+ young people are not inherently prone to higher suicide risk because of their sexual orientation or gender identity. Rather, they are placed at higher risk because of how they are mistreated and stigmatized in society.”



- Creating the 988 Lifeline was a successful mental health coalition effort that had bipartisan support
- Trevor got involved with 988 to ensure LGBTQ+ young people get the help they need
- Contact volume has been higher than anticipated
 - In 2023, we served over 278,000 contacts through 988
- About 10% of all 988 contacts have been routed to LGBTQ youth specialized services

- California by far accounts for the largest number of annual contacts that The Trevor Project serves each year
- For instance in 2023, we served approximately 26,000 contacts in California through Trevor's Classic
- California contacts made up approximately 13% of total contacts

Review of The Trevor Project

When I reached out to 988 and was connected with a Trevor counselor “...it was very helpful. I vented to a counselor and they listened and gave me advice.”

- LGBTQ+ young person in California



Questions?

My email - saurav.jung.thapa@thetrevorproject.org

Thank you!



September is Suicide Prevention Month

- [Suicide Prevention Resources](#) - California Health and Human Services
- [Promote National Suicide Prevention Month - 988 Suicide & Crisis Lifeline](#) (988lifeline.org)
- [Digital Toolkit for Suicide Prevention Month - National Institute of Mental Health \(NIMH\)](#) (nih.gov)
- [Livestream Event: Suicide Prevention in Health Care Settings - National Institute of Mental Health \(NIMH\)](#) (nih.gov)
- [Suicide Prevention](#) (ca.gov)



CalHHS Update

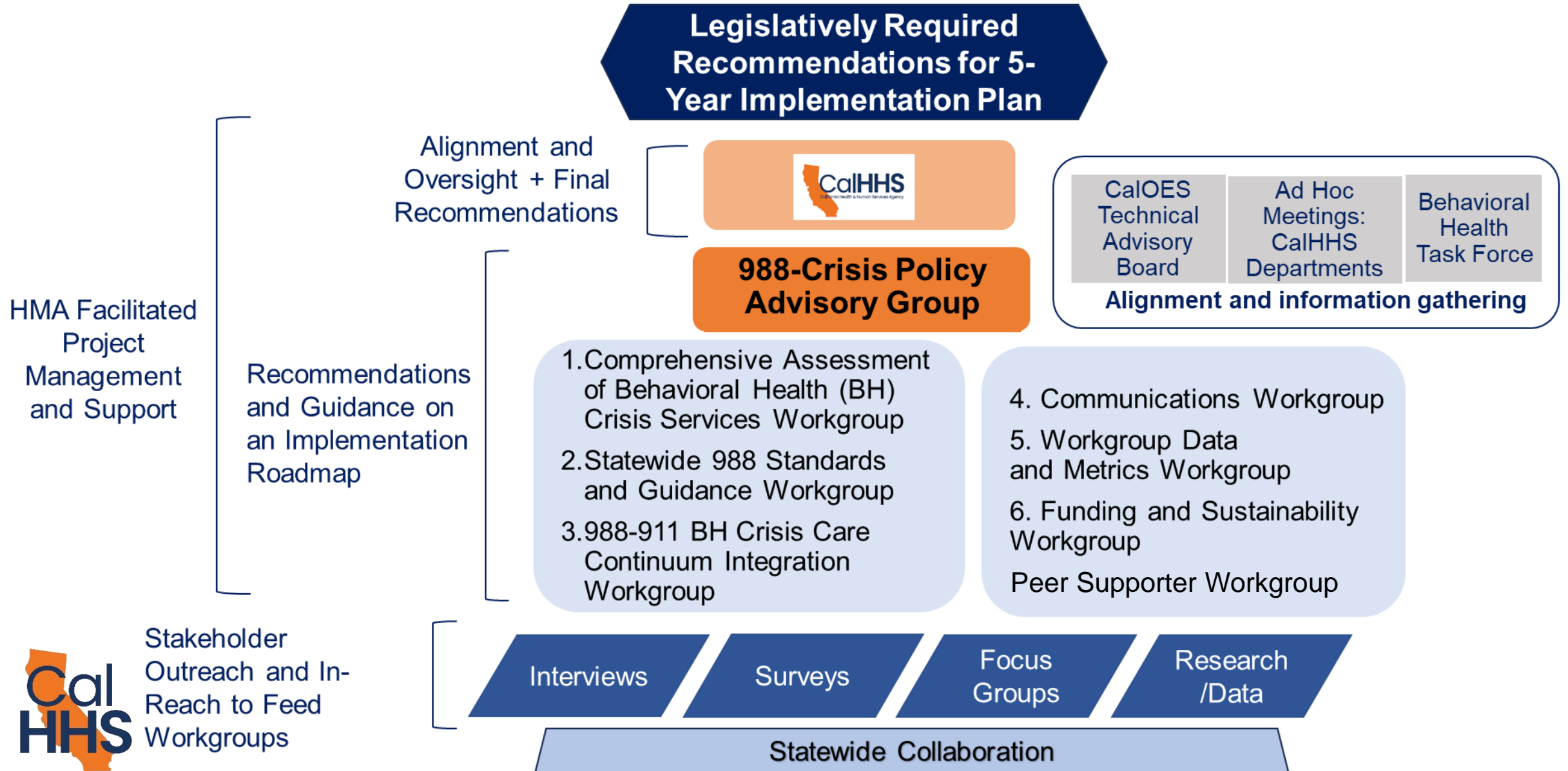


Project Update 988-Crisis Policy Advisory Group

Anh Thu Bui, MD
Project Director, 988-Crisis Care Continuum
California Health and Human Services Agency

Person Centered. Equity Focused. Data Driven.

AB 988 Organizing Structure



AB 988 required recommendation areas:

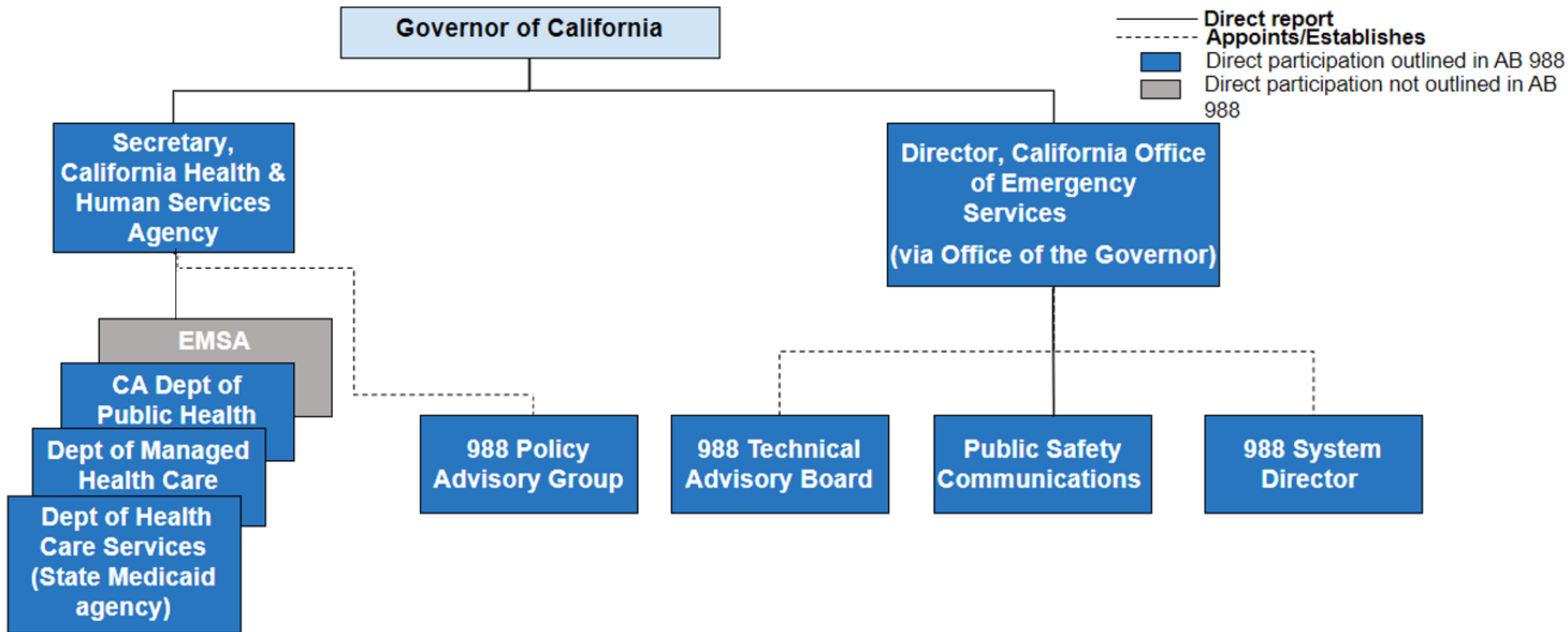
4: A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.

1: Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.

2: Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.

8: Statewide and regional public communications strategies informed by the National Suicide Prevention Lifeline and the Substance Abuse and Mental Health Services Administration to support public awareness and consistent messaging regarding 988 and behavioral health crisis services.

California State Governance Structure: AB 988



Draft State Governance Structure: AB 988 implementation

California Health and Human Services Agency (CalHHS)

- Oversees 12 Departments and 5 Offices, including DHCS, DMHC, CDPH, and EMSA.
- Charged with convening the 988-Crisis Policy Advisory Group to advise on the creation of the five-year implementation plan for a comprehensive 988 system and delivering the plan to the California legislature by December 31, 2024.
- Coordination, accountability, engagement
- Annual report on progress

Draft California State Governance Structure

CalHHS Departments' 988 Roles/Responsibilities:

- **Department of Health Care Services (DHCS)**

- California's Medicaid Agency.
- Oversee and provide administrative support to 988 Crisis Centers and staff.
- Oversee clinical behavioral health quality assurance of 988 Crisis Centers.
- Medi-Cal Mobile Crisis Benefit.
- Parity between reimbursement of behavioral crisis services provided by Medi-Cal and commercial health plans.

- **Department of Managed Health Care (DMHC)**

- Issues guidance to commercial plans (Health Maintenance Organizations (HMOs) and some Preferred Provider Organizations (PPOs)) and enforces provisions of the law.
- Parity between reimbursement of behavioral crisis services provided by commercial health plans, health insurance plans, and Medi-Cal.

- **Department of Public Health (CDPH)**

- California's public health department.
- Public 988 communications, public health data collection and surveillance related to 988, suicide and overdose prevention, and population-based prevention.

- **Emergency Medical Services Authority (EMSA)**

- Provides statewide coordination and leadership of local EMS systems.
- Triage to Alternate Destinations/community paramedicine programs.





Draft California State Governance Structure

California Department of Insurance (CDI)

- Issues guidance to insurance companies (indemnity insurance and some PPOs) and enforces provisions of the law.
- Parity between reimbursement of behavioral crisis services provided by commercial health plans and health insurance plans.

California State Governance Structure

California Office of Emergency Services (CalOES)

- California's leadership hub during major emergencies and disasters.
- Verify interoperability between and across 911 and 988.
- Appoint a 988 system director to implement and oversee the policy and regulatory framework for the technology infrastructure, coordination, and transfer of calls between 988, 911, and behavioral health crisis services.
- Establish and convene the **State 988 Technical Advisory Board** to advise on:
 - Recommendations on the feasibility and plan for sustainable interoperability between 988, 911, and behavioral health crisis services, including the identification of any legal or regulatory barriers to the transfer of 911 calls.
 - The development of technical and operational standards for the 988 system that allow for coordination with California's 911 system.
 - The creation of standards and protocols for when 988 centers will transfer 988 calls into the "911" public safety answering points or points (PSAP), and vice versa.

California 988 System for Calls, Chat and Text

The California Office of Emergency Services is creating the CA 988 Contact Handling System (CA 988 CHS). Benefits include:

- Integrated cybersecurity and active system monitoring
- Standards based reliability and availability based on 911 system standards
- Developed based on the specific needs of the 988 counselor and 988 help seeker
- Full interoperability between 911 and 988
 - Transfers from 988 to 911 are on a priority line just like a 911 call
 - Transfers from 911 to 988 are geospatially routed to the correct 988 center based on 911 location
 - Approved information and data from 988 can be sent to the 911 system
 - Reduces workload and response because no need to verbally relay information
 - Direct Chat features are supported between 988 and 911
 - Ability to share videos, photos, and other multimedia data
 - Load sharing between all systems based on rules and requirements

State Responsibilities and Federal Partners

- CalOES reports to the Federal Communications Commission (FCC) annually on how the 911 fee and the 988 fee are being used.
- CalOES works with Substance Abuse and Mental Health Services Agency (SAMHSA) on technology and 988-911 interoperability.
- CalHHS coordinates communication with U.S. Department of Health & Human Services (HHS) and with SAMHSA and the national administrator of the 988 Lifeline.
- DHCS continues to cooperate with SAMHSA on its 988 grants and the crisis set aside in the Mental Health Block Grant.
- DHCS works with Centers for Medicare & Medicaid Services (CMS) on the Medi-Cal Mobile Crisis Services benefit.
- CDPH continues to coordinate with Centers for Disease Control and Prevention (CDC) on its grant for a comprehensive suicide prevention program.
- EMSA continues to coordinate with the National Highway Safety Traffic Administration's (NHTSA's) Office of EMS on integration between 911 & 988.



Project Updates





Updates

Medi-Cal Mobile Crisis Services benefit

- 45 counties implemented Medi-Cal mobile crisis
- 97% of Medi-Cal members

Geo-routing

- Directs phone calls to 988 to a nearby 988 crisis center based on the caller's general location (does not reveal the precise location of help seekers)
- SAMHSA and Vibrant have conducted testing, traffic study, impact analysis
- Geo-routing went live **September 17, 2024**, with two major carriers (T-Mobile and Verizon), and expected to go live with the third carrier in October 2024.

For more information:

- Please email [CHHS AB988Info <AB988Info@chhs.ca.gov>](mailto:AB988Info@chhs.ca.gov)
- Visit [CalHHS's 988 Suicide and Crisis Lifeline Webpage](#)
- [988-Crisis Policy Advisory Group - California Health and Human Services](#)

988 Suicide & Crisis Lifeline

The 988 Lifeline is an easy to remember three-digit number that anyone can call to receive support when experiencing a suicidal, mental health and/or substance use- related crisis. To reach the Lifeline, people can call or text 988 or chat at Lifeline (988lifeline.org). People who are worried about a loved one who may need crisis support may also use 988 to receive guidance and support. This number is in addition to existing national, state-wide, and local call lines for emergency and non-emergency support.

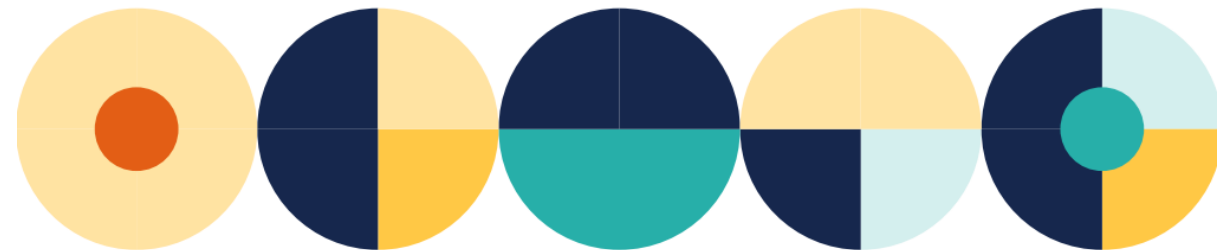
 Text/Chat 988

There are additional national, state-wide, and local call lines for emergency and non-emergency support.

- [988 Suicide and Crisis Lifeline FAQ](#)
- [Relationship between 988 and 911 FAQ](#)
- Additional information regarding 988 can be found on [SAMHSA's 988 Website](#), including answers to [Frequently Asked Questions](#).



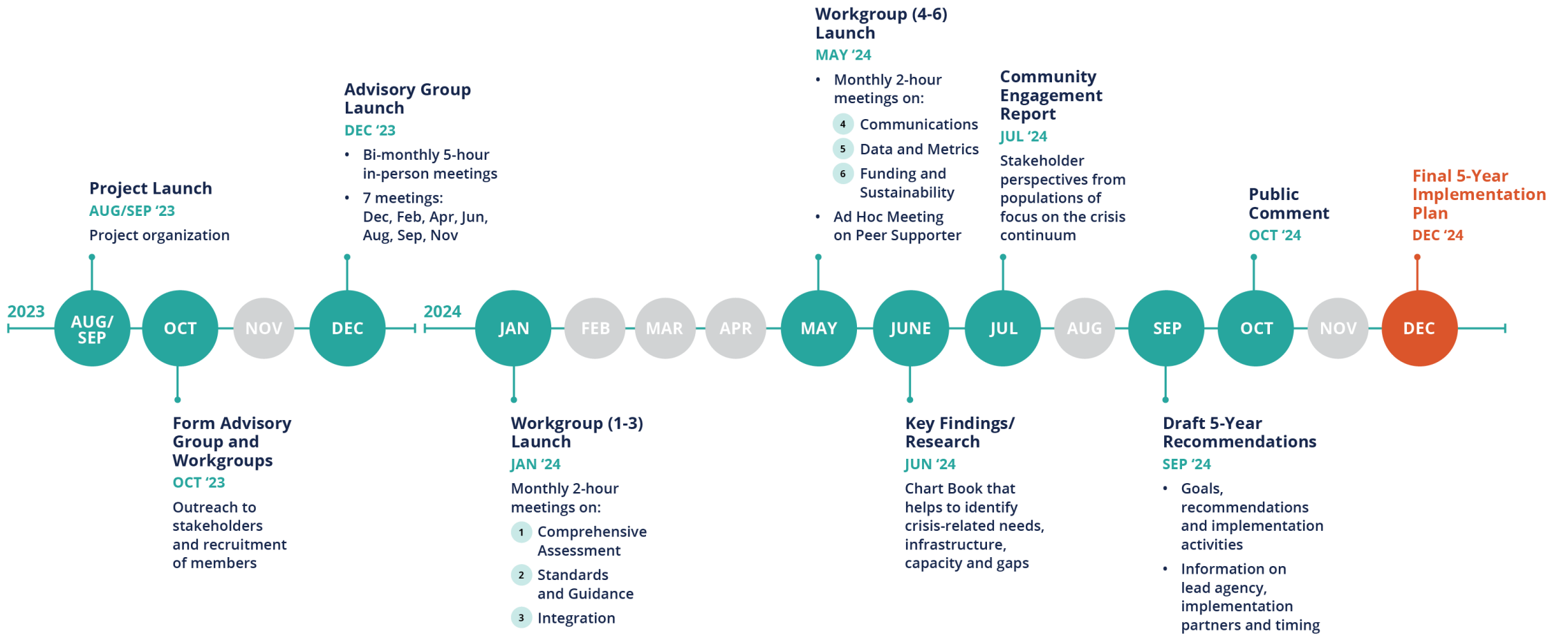
Feedback?





Level-Setting: Structure of the Five-Year Implementation Plan

Key Milestones



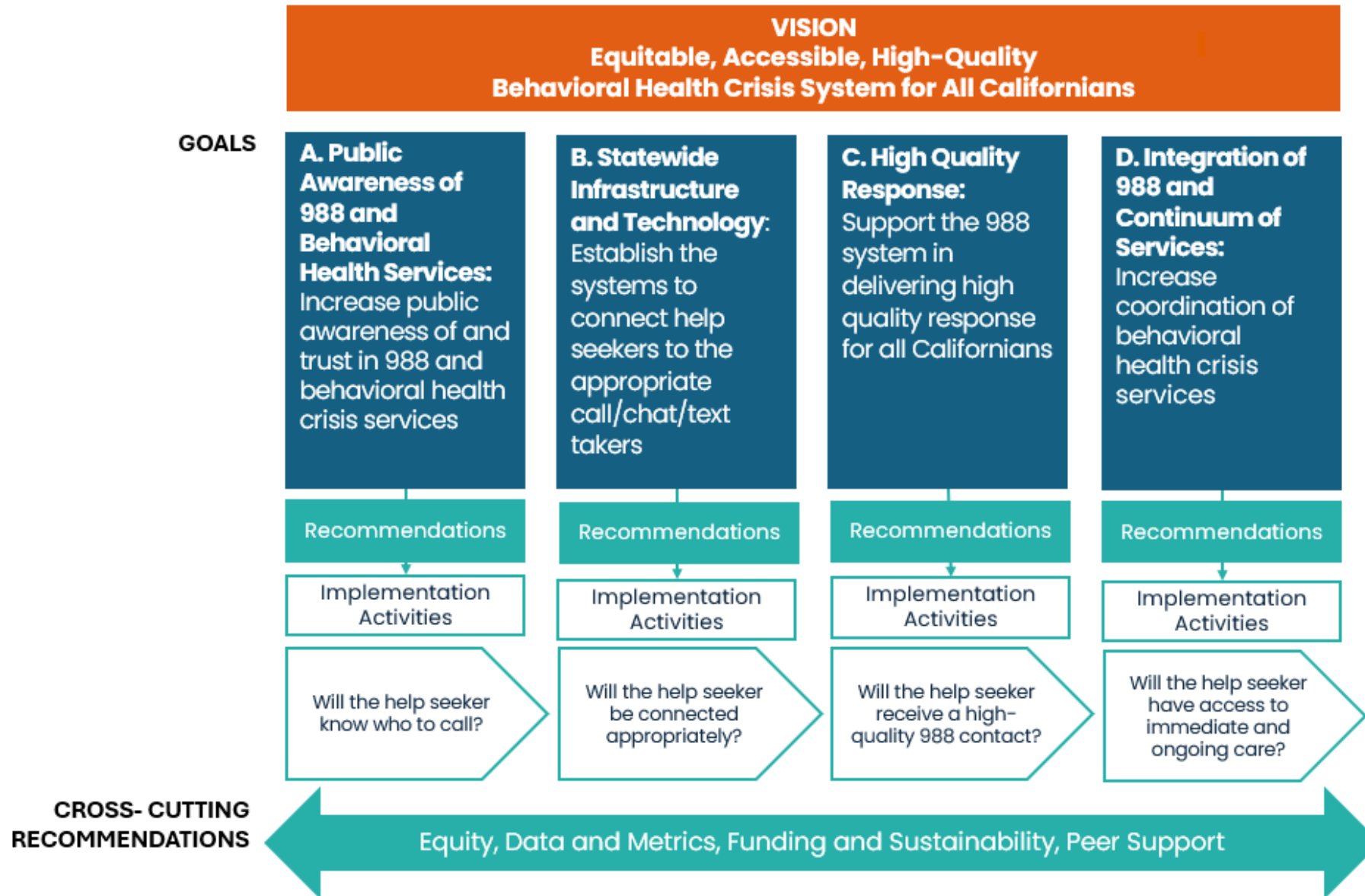
988 5-Year Implementation Plan

- The focus of the Plan is on the integration of 988 Crisis Lines into the Crisis Care Continuum in alignment with AB 988 and related funding
- The plan and the work over the last months have highlighted key issues and areas across the continuum that need to be resolved over the five-year planning period and beyond
- The draft implementation activities focus on areas where the state has responsibility and accountability for coordinating behavioral health transformation efforts – at various stages of development – at a statewide level
- To get to a next level of detail on implementation activities will require time, resources, and ongoing discussion

Overview of Engagement and Input (So Far)

- Six (6) public 988-Crisis Policy Advisory Group Meetings (43 members)
- Twenty-one (21) public meetings of seven Workgroups (140 members)
- Thirteen (13) focus groups with populations with lived experience or otherwise impacted by crisis services (90 participants)
- Over eighty-five (85) interviews with PAG members, community groups and advocacy organizations, county behavioral health departments, tribal community members, 988 Crisis Centers and other crisis-related service partners (e.g., hospital emergency department, mobile crisis team, crisis stabilization unit, sobering center, peer respite, law enforcement, secondary and post secondary orgs)

Organizing Framework (1)





Cross-Cutting Recommendation: Funding and Sustainability

Funding and Sustainability: AB988 Required Areas

AB 988 Required Recommendation Topic (13): Procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988 system consistent with Section 53123.4 and Section 251a of Title 47 of the United States Code.

AB 988 Required Recommendation Topic (14): Strategies to support the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant to Sections 1374.72 and 1374.721 of the Health and Safety Code, including, but not limited to:

(A) To the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and federal grants.

(B) Coordinating with the Department of Insurance and Department of Managed Health Care to verify reimbursement to 988 centers for behavioral health crisis services by health care service plans and disability insurers, pursuant to Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185a).

Funding and Sustainability: Workgroup Co-Chair Reflections (Chris Stoner-Mertz and Anete Millers)

Context: The Workgroup met on three occasions (May, June, and August).

Discussion Themes:

- Discussions focused on the 988 surcharge, including its governing legislation/codes, the use of surcharge dollars, and potential criteria to receive funding, as well as a review of procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and mechanisms for reimbursement. The Workgroup also identified key issues and opportunities related to funding and sustaining the crisis response system, including reimbursements for crisis services.
 - Conversations also included a review of draft recommendations and implementation activities, with an eye toward *naming the key areas of focus/inquiry for the next five years.*
- Workgroup members emphasized the need to connect conversations about funding for 988 to other behavioral health transformation efforts at the state level.
- Workgroup conversations stressed the need for bi-directional technical assistance for both providers and health plans (e.g., understanding of crisis service codes, billing requirements, and coverage obligations on both the plan and provider sides).
- Related to workgroup efforts: CalHHS has been meeting with representatives from DHCS, DMHC, the California Association of Health Plans, community-based organizations, and county representatives to explore challenges and opportunities, and for the state to assist in providing information about billing pathways for crisis service reimbursement. This work is a high priority of CalHHS and will continue past the development of the implementation plan.

Funding and Sustainability: Recommendations and Implementation Activities

E.2. The state should implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity

| | Implementation Activities | State Lead(s) | Implementation Partners |
|--------|---|------------------|-------------------------|
| E.2.a. | Convene state entities, organizations and implementation partners (e.g., California health plans, behavioral health and state regulatory agencies) to seek pathways to ensure coverage and reimbursement of essential behavioral health crisis services from payors | CalHHS | DMHC DHCS |
| E.2.b. | Maximize reimbursement of crisis services by health plans through training and technical assistance for health plans, counties and providers | DMHC, DHCS | CDI |
| E.2.c. | Establish a process to ensure revenue from the 988 surcharge is not used to supplant existing federal, state, or local funding | CalOES CalHHS | DHCS |
| E.2.d | Establish a process and related criteria for when funding from the surcharge fee can be used for mobile crisis teams accessed via telephone calls, texts, or chats made to or routed through 988 | TBD | TBD |

Funding and Sustainability: Discussion Questions

1. Which—if any—of these recommendations need clarification and why?
2. This five-year implementation plan is focused on recommendations where the state has a leadership role (i.e., there will be other things that have to happen that the state will not be leading). Keeping that in mind, what—if any—additional questions would the state need to answer in the future?



Break



Cross-Cutting Recommendation: Data and Metrics

Data and Metrics: AB988 Required Areas

AB 988 Required Recommendation Topic (10): Quantifiable goals for the provision of statewide and regional behavioral health crisis services, which consider factors such as reported rates of suicide attempts and deaths.

AB 988 Required Recommendation Topic (11): A process for establishing outcome measures, benchmarks, and improvement targets for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.



Data and Metrics: Workgroup Co-Chair Reflections (Kirsten Barlow and Robb Layne)

Context: The Workgroup met on two occasions (May and July)

Discussion Themes: In thinking about how to use data to monitor and demonstrate system improvement, workgroup discussions highlighted:

- Don't reinvent the wheel. Where possible, we should leverage existing data, including what 988 Crisis Centers are required to collect,
- Don't let perfect be the enemy of the good. Data standards and measures should evolve as the system evolves.
 - A future state goal, for example, relates to linking our systems so that data can flow between different actors in the BH continuum (e.g., schools, hospitals, primary care providers...)
- An initial set of measures for a publicly facing dashboard should focus on what would be helpful for the public to know and understand (as distinct from what service providers and funders may need and want in the course of implementation)
- Related to the above, any publicly facing dashboard should be presented in ways that are accessible and understandable to the public
 - Consistent with discussions around public awareness and communication strategies, data can be a tool to build trust in the 988 system

Data and Metrics: Recommendations and Implementation Activities

E.3. The state should establish data systems and data standards to support monitoring of 988 and crisis system performance

| | Implementation Activities | State Lead(s) | Implementation Partners |
|--------|---|----------------|--|
| E.3.a. | Create a data dictionary based on state data and community input that defines state and community crisis services | CalHHS | DHCS |
| E.3.b. | Develop and maintain a dashboard that tracks performance of 988 Crisis Centers, including contact volume (incoming contacts), answer rate, number of transfers to 911/emergency response from 988 and % of calls resolved without need to transfer or dispatch emergency services | CalHHS | CalOES DHCS EMSA 988 Crisis Centers |
| E.3.c. | Determine possible population level outcome measures to support assessment the broader crisis care continuum | CalHHS CDPH | DHCS CalOES |

Data and Metrics: Discussion Questions

1. Which—if any—of these recommendations and implementation activities need clarification and why?
2. This five-year implementation plan is focused on recommendations where the state has a leadership role (i.e., there will be other things that have to happen that the state will not be leading). Keeping that in mind, what—if any—additional questions would the state need to answer in the future?



Lunch and Public Comment Sign Up

Breakouts will begin at 1:15PM

Public Comment Sign Up

- Members of the public who would like to make a public comment at the end of the meeting may sign up at this time
- Visit the welcome desk where you can sign up with Ethan Norris. If you are participating remotely, you may send your request to Kristine Malana.
- We will note the time you signed up and call names in the order in which we received the sign ups.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, there are two other ways to have your voice heard
 - You may email your written comment to the project email address:
AB988Info@chhs.ca.gov
 - If you are on Zoom today, you may put your comment in a chat for Kristine Malana. We will save the chat and add your comment to the meeting minutes.



Cross-Cutting Recommendation: Peer Support



Peer Support: Workgroup Co-Chair Reflections (Rayshell Chambers and Keris Myrick)

Context: The Workgroup met on two occasions (June and August)

Discussion Themes:

- Conversations focused on opportunities to integrate peer supporters across the crisis care continuum to support person-centered, culturally responsive care
- The group adopted a broad interpretation of the term “peers,” including, but not limited to Medi-Cal Certified Peer Supporter (CPS)
- Workgroup discussion themes included:
 - Like any behavioral health provider, peer supporters need:
 - Clearly defined roles/responsibilities
 - Supervision that facilitates the peer supporter operating at the top of the scope of their practice
 - Opportunities for career advancement
 - All members of multi-disciplinary teams should be trained on the roles/responsibilities of peer supporters
 - Organizations should establish mental health-friendly structures to support all staff—including peer supporters—such as post-event debrief protocols and ongoing training
 - A peer supporter should not be expected to be everything to everybody
 - The value of peer supporters should continue to be articulated through research, stories (qualitative research), and testimonials to increase buy-in and utilization across systems

Peer Support: Recommendations and Implementation Activities

E.3. Peer support should be integrated across the crisis care continuum to support person-centered, culturally responsive care

| | Implementation Activities | State Lead(s) | Implementation Partners |
|--------|--|---------------|-------------------------|
| E.4.a. | Increase awareness of the availability of peer support in behavioral health crisis services | CalHHS | DMHC |
| E.4.b. | Drawing on best practices from California and nationally, explore opportunities for increased engagement and integration of peer roles in settings across the crisis care continuum | CalHHS | DMHC |
| E.4.c. | Gather and share information on billable Peer Supporter roles/activities and other funding/reimbursement opportunities (e.g., through commercial insurance, Medi-Cal managed care, and Medicare) | CalHHS | DMHC |
| E.4.d. | Gather and share state- and county-level data and information on the current state of peer supports to inform ongoing system design and improvement | CalHHS | CaIOES |
| E.4.e. | Promote increased uptake of existing training and supervision resources for Peer Supporters (e.g., clinical, peer, and co-supervision) | CalHHS | |

Peer Support: Discussion Questions

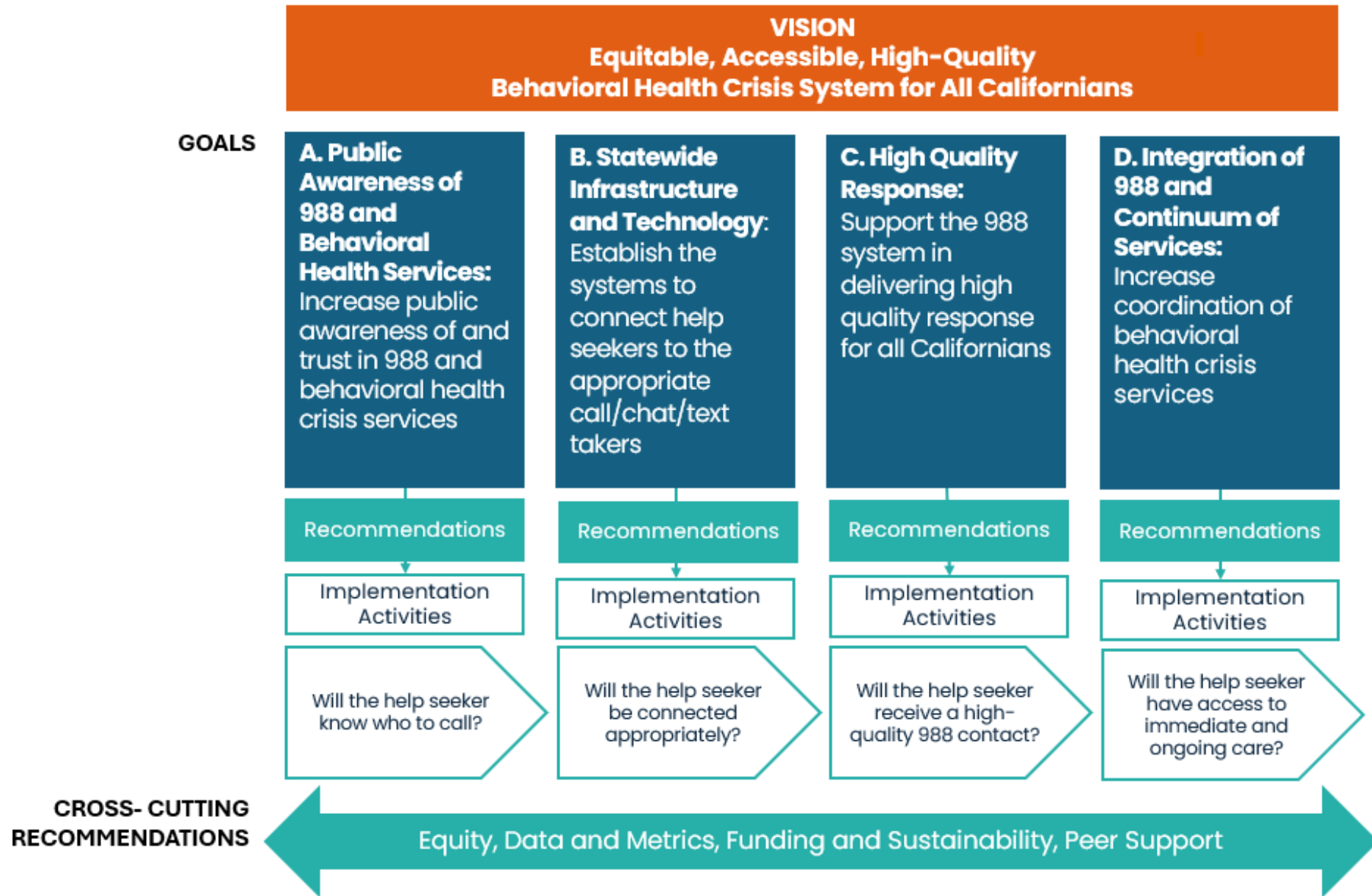
1. Which—if any—of these recommendations need clarification and why?
2. This five-year implementation plan is focused on recommendations where the state has a leadership role (i.e., there will be other things that have to happen that the state will not be leading). Keeping that in mind, what—if any—additional questions would the state need to answer in the future?



Revised Recommendations for Goals A-D

Please refer to the handout for updated recommendations and implementation activities

Organizing Framework (2)



Goals A-D: Draft Plan Reflects Revisions Based on the August PAG Meeting (1)

A. Public Awareness of 988 and Behavioral Health Services: Increase public awareness of and trust in 988 and behavioral health crisis services

Changes include...

- Added an early implementation activity related to assessing existing state campaigns and communications initiatives to determine where and when communicating about 988 may be appropriate or effective
- Added language related to priority audiences (“with an emphasis on those not reached through national campaigns and/or those at greatest risk...”)
- Added an activity related to ongoing review and updating of communications messages

Goals A-D: Draft Plan Reflects Revisions Based on the August PAG Meeting (2)

B. Statewide Infrastructure and Technology:
Establish the systems to connect help seekers to the appropriate call/chat/text takers

Changes include...

- Added references to technical assistance and training related to the rollout of a technology platform
- Added language related to utilizing technology to support connection of help seekers to community-based crisis response
- Added an activity to explore how technology can support uniform data collection and inform service quality
- Added an activity to explore the development of a Native line/dial pad option
- Added language to reflect the need to continually update and evolve the infrastructure to reflect the needs of the system and help seekers

Goals A-D: Draft Plan Reflects Revisions Based on the August PAG Meeting (3)

C. High Quality

Response: Support the 988 system in delivering high quality response for all Californians

Changes include...

- Reorganized recommendations to differentiate between activities to support 988 Crisis Centers in meeting *current* national standards and activities to establish *additional* state-specific standards
 - The latter recommendations, and related activities, recognizes the evolving role of 988 Crisis Centers and the need for clarity related to the scope of services
- Added language to implementation activities to indicate that oversight and monitoring and designation and re-designation also includes support and technical assistance

Goals A-D: Draft Plan Reflects Revisions Based on the August PAG Meeting (4)

D. Integration of 988 and Continuum of Services: Increase coordination of behavioral health crisis services

Changes include...

- Added language to highlight the role of cross-sector partners
- Added results-oriented language to the activities related to evaluation and assessment (e.g., D.2.c. Assess gaps in locally operated community-based crisis response capacity *and identify strategies to address gaps*)
- For the recommendation related to safe places to be, split implementation activities to distinguish between policy recommendations to identify potential barriers to entry for consumers and policy recommendations to minimize barriers for county and community providers



Action Items and Next Steps

Upcoming PAG Meetings

| # | Meeting Dates (10am-3pm) | Location |
|---|-----------------------------|--|
| 7 | November 20, 2024 | In-Person, Allenby Building, Sacramento |

Community Engagement Period

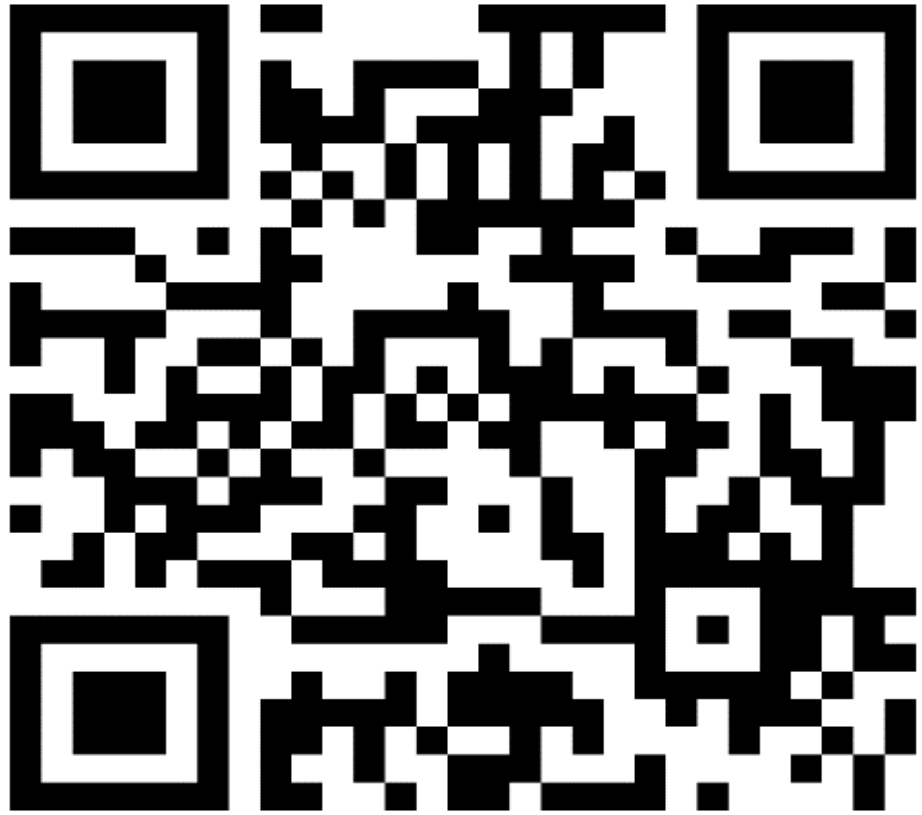
We will update the draft implementation plan based on PAG input. Any PAG member written comments should be submitted **by end of day Friday, September 20**, to

AB988Info@chhs.ca.gov

- The public webinar will take place the *week of October 14* will focus on:
 - The Process for the Plan's Development, including how input was gathered and organized into recommendations
 - The Recommendations, including key rationale for why the recommendations were made by the Policy Advisory Group, and how the state intends to implement those recommendations
 - A moderated QA will take place via Chat to curate questions
- Participants will be invited to submit written comments at the Webinar. The Community Engagement Period will last 10 business days and will then close.

PAG Meeting 6 Evaluation Form

Please share your input!





Public Comment Period



Adjourn