



California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 1: Comprehensive Assessment of Behavioral Health
Crisis Services Meeting
Meeting Minutes
January 30, 2024
Virtual Meeting

Meeting Materials and Recording are available on the
[988-Crisis Policy Advisory Group website](#)

Public Zoom chat from the meeting is included as an Appendix to this file.

For additional information and resources, please see the following sites:

- [CalHHS Behavioral Health Crisis Care Continuum Plan \(CCC-P\)](#)
- [Presentation on the CCC-P](#) from February 16th, 2023 by Stephanie Welch, the Deputy Secretary of Behavioral Health at CalHHS. (Note: Stephanie's presentation begins at 54:03 and ends at 1:30:30. The Q&A extends until 1:46:30.)
- [988-Crisis Policy Advisory Group Meeting Summary](#) for December 13th, 2023

Workgroup Members in Attendance:

- Alice Gleghorn, Phoenix Houses of California
- Anete Millers, California Association of Health Plans (CAHP)
- Chad Costello, California Association of Social Rehabilitation Agencies (CASRA)
- Christina Ramirez, Shield for Families
- Corinne Kamerman, Department of Healthcare Services
- Dannie Cesena, CA LGBTQ Health and Human Services Network
- Don Taylor, Pacific Clinics
- Elizabeth Basnett, California Emergency Medical Services Authority (EMSA)
- Erika Cristo, California Department of Health Care Services
- Ivan Bhardwaj, Department of Healthcare Services
- Javon Kemp, Kern Behavioral Health and Recovery Services (KernBHRS)
- Jessica Jimenez, California Department of Public Health
- Kelsey Andrews, Star Vista Crisis Center
- Lishaun Francis, Children NOW
- Maurice Lee, Centerpoint, Inc.
- Phebe Bell, Behavioral Health Director
- Sonia Hwang, California Department of Public Health
- Taun Hall, The Miles Hall Foundation
- Tasnim Khan, Western Health Advantage

Welcome and Introduction

Betsy Uhrman, Associate Principal, Health Management Associates, opened the meeting and explained that this is the Comprehensive Assessment of Behavioral Health Crisis Services Workgroup. She thanked workgroup members and members of the public for joining and provided an overview of Zoom functionality. She then overviewed the meeting objectives and agenda, followed by the Policy Advisory Group and Standards & Guidance Workgroup membership. She also invited members of the public to sign up for the public comment period and discussed the meeting code of conduct. All workgroup members in attendance introduced themselves via chat.

Level Setting on AB-988 and Workgroups

Dr. Anh Thu Bui, Project Director, 988-Crisis Care Continuum, California Health and Human Services Agency provided background on the project.

- The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022. It creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month.
- Requires the California Office of Emergency Services (CalOES) State to convene a [988 Technical Advisory Board](#), which has been meeting over the past year and is focused on interoperability between 988, 911, and behavioral health crisis services. The Technical Advisory Board is focused on technology standards.
- CalHHS is required by AB 988 to convene a Policy Advisory Group to advise on a set of recommendations for the five-year implementation plan for a comprehensive 988 system by December 31, 2024, that is responsive to all Californians needs. The 988-Crisis Policy Advisory Group will be using the Crisis Care Continuum Framework that is outlined in the [CalHHS Behavioral Health Crisis Care Continuum Plan](#).
- The Policy Advisory Group will meet six times between February and November 2024.
- CalHHS is expecting a draft implementation plan by September 2024, a public review and comment in October, and a final report presented to the state legislature in December 2024.
- CalHHS is required to report progress on the implementation plan annually to state legislature for five years. This requires an operationalizable plan with goals and data reports that would demonstrate progress over time.

- Technology and policy intersect, and the two advisory groups (CalOES Technical Advisory Board and 988-Crisis Policy Advisory Group) share common goals; there is progress in moving toward a California-specific technology platform for 988.
- Supporting the work of the Policy Advisory Group are six workgroups which will be convened to do a deep dive into the content and provide recommendations back to the policy group. Workgroup members will provide expertise and share examples of local, innovative solutions that may be scalable. The workgroups will be sequenced, with three spanning January–April and the remaining three meeting monthly from May–August.
- CalHHS will coordinate and synthesize the work with state partners to develop an actionable plan.
- There are several ways that statewide collaboration will occur, including individualized opportunities, including surveys, focus groups, interviews, and research/data.
- Priority populations for outreach and engagement include justice-involved populations, BIPOC, LGBTQ+, tribal communities, children and youth, peers, disability rights representatives, families, and others.

Betsy Uhrman provided additional detail regarding the workgroup process.

- Each workgroup will include members from the Policy Advisory Group and other stakeholders who respond to a call to participate. Each workgroup will also include stakeholders with professional expertise; knowledge of/experience with a particular community or population; diversity in race, ethnicity, gender, disability status, geographic representation; AND Lived experience.
- Workgroup members should make an effort to attend the meetings; meeting attendance supports the continuity of conversations and the building of collaborative relationships.
- Like the 988-Crisis Policy Advisory Group, the workgroups are subject to the requirements of the [Bagley-Keene Open Meeting Act](#).

Level Setting on Workgroup 1: Comprehensive Assessment of Behavioral Health Crisis Services

Betsy Uhrman provided an overview of the Miles Hall Lifeline and Suicide Prevention Act outlined in the AB 988 legislation that would be the focus of this workgroup's efforts. Recommendation areas are 7, which reads, "Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services," and 12, which states, "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: statewide and regional 988 centers; mobile crisis team services, including mobile crisis access and dispatch call centers; other existing behavioral health crisis services and warm lines; and crisis stabilization services."

She further added that the focus is on identifying the knowns and unknowns of the state's existing behavioral health crisis system across the crisis care continuum. Betsy explained that today's discussion would be used to identify topics of discussion for future workgroup meetings. Lastly, she noted possible areas for recommendation.

Suzanne Rabideau, Principal, Health Management Associates, provided a brief overview of examples of planned activities in support of the comprehensive assessment, gathering data, and compiling information into a cohesive summary with recommendations. Furthermore, she described the workgroup's focus on addressing what needs to be considered and assessed to inform resource and policy change to create a set of recommendations to support a five-year implementation plan for a comprehensive 988 system. She further added that the focus is on identifying the knowns and unknowns of the state's existing behavioral health crisis system across the crisis care continuum, with consideration to populations of focus and gaps analysis. Suzanne explained that today's discussion would be used to identify topics of discussion for future workgroup meetings. Including looking across and outside of continuum of care, more specifically, at preventing crisis, responding to crisis, and stabilizing crisis. With regard to preventing crisis, it is imperative to consider peer-based warmlines and community-based behavioral health services. When

responding to crisis, services and programs such as hotlines and mobile crisis centers are key factors. Finally, when receiving and stabilizing crises, essential services include peer respite, residential treatment services, step down services, and sobering centers. She also highlighted some examples of known needs, such as ongoing collaboration between 911 and 988, as well as gaps in pathways for commercial payers to bill/pay for commercial insurance.

Discussion

Suzanne Rabideau provided a brief overview of the discussion questions (below), with regard to Preventing Crisis.

- What do we need to highlight about what is known about the current BH crisis system?
- What needs to be uncovered about the current behavioral health crisis system?
- What do you think we need to prioritize in the assessment to inform the 5-year implementation plan?

Workgroup members provided the following input and/or issues that need to be considered:

- A workgroup member commented on the complexities of and lack of access to quantifiable information. For instance, there is no claims data in Medi-Cal but rather upstream prevention work that is steering people away from a state of crisis.
- Another workgroup member noted a successful prevention strategy was to conduct proactive visits to clients that had previously experienced a crisis and met them in their home and built a relationship with them. When/if that client experienced a future crisis, crisis teams were able to respond and deescalate much faster having already established a relationship with the individual.
- One of the most critical forms of crisis prevention, one workgroup member highlighted, was to have access to an adequate network of basic mental health services.
- Providing services before the crisis happens, especially to high-risk populations, another workgroup member noted, is what came to mind when they focus on prevention.
- One workgroup member described how the LGBTQIA+ community more acutely feel disengaged with the crisis line due to experiences such as being misgendered during a time of crisis. There are alternative resources available, the member noted, such as "Trans Lifeline," and could be a great source from which to draw best practices and examples.

- A member expressed a desire to see any available data, if it is collected, how many times people call 911 when in fact they are experiencing a mental health crisis.
- Another member explained that paramedics collect data in the field on behavioral health primary impressions, and that this data is readily available.

Workgroup members provided the following input and/or issues that need to be considered with regard to responding to a crisis:

- A crisis system has been in existence, prior to 988 and mobile crisis teams, there is viable data in these systems from which to collect. Data on triage lines, for one example.
- Paramedics have limitations as to where they can take patients experience a behavioral health crisis, such as psychiatric urgent care or respite care. It's important for paramedics to have more than one option to take a patient to for mental health issues, explained one workgroup member.
- One outstanding gap that would be good to get a handle on is to identify what it would take for existing county crisis lines to be admitted to the national suicide prevention lifeline. It's important for the state to set standards to meet the requirements of the federal prevention lifeline.
- Another member explained the difficulties experienced by the unhoused population. In particular, if alcohol or drugs are involved, the most important factor in stabilizing and/or responding to a crisis is to house that individual, rather than arresting them.

Workgroup members provided the following input and/or issues that need to be considered with regard to stabilizing crisis:

- Some gaps to highlight and areas where more data would prove useful, noted one workgroup member, are crisis stabilization units and the 24-hour limitations, as well as quantifying the need from patients in the ER that could potentially be diverted.
- Separating youth versus adults for facilities is very important with regard to ER stays and exposure to possible trauma. Data needs to be collected on demographics in order to identify key indicators for subsets of various populations, explained one workgroup member.
- A lack of capacity, beds, long wait times, often plague facilities, one workgroup member noted, particularly for the LGBTQIA+ population. Safety is often a concern when accessing a facility and collecting data on this would be important to collect.

Public Comment Period

Betsy Uhrman 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

A member of the public spoke about their experience trying to navigate the 988 system and the difficulty attaining a patient's rights advocate to acknowledge the trauma they experienced and attribute to an interaction with the 988 system. They spoke to a connection between the 988 system and an increase in psychiatric detentions/5150 holds.

Meeting Wrap-Up and Next Steps

Betsy Uhrman shared that materials for this meeting would be uploaded to the CalHHS website on the 988-Policy Advisory Group webpage. She added that materials for review would be distributed in advance of the next meeting, which will be held on Thursday, February 29, 2024 from 11:00 AM-1:00 PM.

APPENDIX I: PUBLIC ZOOM CHAT

00:31:12 Betsy Uhrman, HMA (she/her): Thank you for joining. We are going to wait another minute or two before we get started.

00:36:23 Brittany Thompson: AB988Info@chhs.ca.gov

00:36:53 Allenby Building: Scott Perryman

00:37:06 Lishaun Francis (she/her), Children Now: Lishaun Francis, Children Now-how youth needs can be incorporated into this system

00:37:09 Kelsey Andrews: Kelsey Andrews from StarVista Crisis Center

00:37:09 Christina Ramirez: Christina Ramirez-SHIELDS for Families (South LA)

00:37:18 Alice Gleghorn: Alice Gleghorn, Phoenix House California

00:37:18 Erika Cristo (DHCS): Erika Cristo, DHCS Behavioral Health

00:37:20 Tara Gamboa-Eastman: Tara Gamboa-Eastman, Steinberg Institute Co-Sponsor of AB 988

00:37:20 Ivan Bhardwaj (DHCS): Ivan Bhardwaj, Chief of Medi-Cal Behavioral Health Policy Division at the California Department of Health Care Services

00:37:22 phebe bell: phebe bell, Nevada county behavioral health director

00:37:22 Javon Kemp, Kern County: Good afternoon, Javon Kemp, Kern County

00:37:30 Dannie Cesena (He/They - Tongva Land): Dannie Cesena (he/they) Director of CA LGBTQ Health and Human Services Network

00:37:32 Sonia Hwang, CDPH: Sonia Hwang, California Department of Public Health

00:37:32 Don Taylor (he/him): Don Taylor, Pacific Clinics

00:37:38 Anete Millers, CAHP: Anete Millers, California Association of Health Plans (CAHP)

00:37:39 Chad Costello, CASRA: Chad Costello, California Association of Social Rehabilitation Agencies

00:37:40 Allenby Building: Scott Perryman - Battalion Chief/PA-C - Sacramento Metro Fire

00:37:41 Corinne Kamerman: Corinne Kamerman, DHCS, Crisis Care Section

00:37:43 Carolina A: Carolina Ayala, The Happier Life Project

00:37:55 mlee: Maurice Lee, CEO Center Point, Inc.

00:38:16 lei portugal calloway, CMPSS, Peer Team Lead: Lei Portugal Calloway, AOT Peer Team Lead, Medi-Cal Certified Peer Support Specialist/Family Peer, SME with CalMHSa and Grant Reviewer with SAMHSA

lpcalloway@telecarecorp.com

00:38:44 Taylor (she/her) – StarVista Crisis Center: Taylor Coutts, Program Manager – StarVista Crisis Intervention and Suicide Prevention + 988 Services, StarVista Crisis Center

00:39:31 Taun Hall: Taun Hall – Executive Director– The Miles Hall Foundation – Family Member

00:41:21 Lishaun Francis (she/her), Children Now: Reacted to "Taun Hall – Executiv..." with

00:41:28 Taylor (she/her) – StarVista Crisis Center: Reacted to "Taun Hall – Executiv..." with

01:08:18 Betsy Uhrman, HMA (she/her):Prevention: What is known about the current behavioral health crisis system? What needs to be uncovered about the current behavioral health crisis system? What do you think we need to prioritize in the assessment to inform the 5–year implementation plan?

01:17:15 Anh Thu Bui CA HHS: <https://www.calhope.org/> 2 mobile apps launched by CYBHI: BrightLife and Soluna provide free, safe, and confidential mental health support for young people and families across the state

01:23:30 Betsy Uhrman, HMA (she/her):RESPONDING TO CRISIS: What do we need to highlight about what is known about the current BH crisis system? What needs to be uncovered about the current behavioral health crisis system? What do you think we need to prioritize in the assessment to inform the 5–year implementation plan?

01:31:11Elizabeth.Basnett: We can send the community paramedicine and triage to alternate destination data

01:31:56 Betsy Uhrman, HMA (she/her):For those that want to weigh in, but may prefer in writing, please use this chat feature. Comments in the chat will be integrated into the meeting summary. Thank you.

01:32:18 Anh Thu Bui CA HHS: Reacted to "We can send the comm..." with

01:44:08 Betsy Uhrman, HMA (she/her):STABLIZATION:

What do we need to highlight about what is known about the current BH crisis system?

What needs to be uncovered about the current behavioral health crisis system?

What do you think we need to prioritize in the assessment to inform the 5–year implementation plan?

01:45:11 Betsy Uhrman, HMA (she/her):For those members of the public on the call: Please direct message Devon Schechinger if you would like to make a public comment. Thank you!

01:51:20 Ivan Bhardwaj (DHCS): I will return shortly

01:56:09 phebe bell: i totally agree alic. csu's are a great example - it is the only underutilized program in our system due to rigid requirements. and we are locked into doing it (at a big financial loss) for 30+ years due to the requirements of sb 82 grant funding

01:57:37 phebe bell: the rand bed study is helpful with that too - for example it looks like we need more acute beds because they are full - but really the beds are full of people who need to be stepped down to sub-acute care and the bed shortage is really there. So it has to be a system flow look, not just a point in time look

01:58:01 Chad Costello, CASRA: Reacted to "the rand bed study i..." with

02:01:01 Betsy Uhrman, HMA (she/her):What else should we be considering for future workgroup discussions?

02:01:52 Christina Ramirez-SHIELDS: Thinking about how we could uncover where there have been too many restrictions on services that are needed: We could ask agencies (CBOs) they know their communities and the resources they wish that they could provide, but haven't been able to because of funding, medi-Cal or governing body restrictions

02:02:15 Betsy Uhrman, HMA (she/her):Reacted to " Thinking about how ..." with

02:02:34 Chad Costello, CASRA: Reacted to " Thinking about how ..." with

02:09:07 Chad Costello, CASRA: Need to start with an agreed upon taxonomy/program definitions before we start counting things. This may also help to add clarity to the conversation around what is missing in terms of program type.

02:14:14 Brittany Thompson: AB988Info@chhs.ca.gov

02:15:04 Brittany Thompson:
<https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/>

02:17:52 Alice Gleghorn: Thank you