California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 1: Comprehensive Assessment of Behavioral Health Crisis Services Meeting
Meeting Summary
February 29, 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 summary.

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 (December 13th, 2023)

Workgroup Members in Attendance:

- **Aimee Moulin*,** Department of Emergency Medicine and Department of Psychiatry, UC Davis
- **Alice Gleghorn*,** Phoenix Houses of California
- **Anete Millers*,** California Association of Health Plans (CAHP)
- **Astin Williams*,** California LGBTQ Health and Human Services Network
- **Chad Costello*,** California Association of Social Rehabilitation Agencies (CASRA)
- **Christina Ramirez*,** SHIELDS for Families

- **Don Taylor*,** Pacific Clinics
- **Jana Lord*,** Sycamores
- **Javon Kemp*,** Kern Behavioral Health and Recovery Services (KernBHRS)
- **Jennifer Oliphant*,** Two Feathers Native American Family Services
- **Jessica Jimenez*,** California Department of Public Health
- **Jodi Nerrell*,** Sutter Health
- **Kelsey Andrews*,** Star Vista Crisis Center
- **Le Ondra Clark Harvey*,** California Council of Community Behavioral Health Agencies (CBHA)
- **Lishaun Francis*,** Children NOW
- **Mark Salazar*,** Mental Health Association of San Francisco
- **Maurice Lee*,** Center Point, Inc.
- **Phebe Bell*,** Behavioral Health Director
- **Scott Perryman*,** Sacramento Metro Fire Department
- **Sonia Hwang*,** California Department of Public Health
- **Tara Gamboa-Eastman*,** The Steinberg Institute
- **Taun Hall*,** The Miles Hall Foundation
- **Uma Zykfosky*,** California Behavioral Health Planning Council (CBHPC)

Project Staff in Attendance:

- **Anh Thu Bui***, California Health and Human Services Agency (CalHHS)
- **Betsy Uhrman*,** Health Management Associates
- **Nick Williams***, Health Management Associates
- **Serene Olin*,** Health Management Associates

Workgroup Members Not in Attendance:

- **Andrew Holcomb,** Emergency Medical Services Administrators' Association of California (EMSAAC)
- **Brian Aiello,** California Emergency Medical Services Authority (EMSA)
- **Elizabeth Basnett,** California Emergency Medical Services Authority (EMSA)
- **Erika Cristo,** California Department of Health Care Services (DHCS)
- **Corinne Kamerman,** California Department of Health Care Services (DHCS)
- **Ivan Bhardwaj,** California Department of Health Care Services (DHCS)
- **Lei Portugal Calloway,** Telecare Corporation
- **Miguel Serricchio,** LSQ Group, LLC

- **Tasnim Khan,** Western Health Advantage

*Attended virtually

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. 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

Betsy Uhrman provided additional details 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

Nick Williams, Associate Principal, Health Management Associates, provided an overview of the key takeaways from Workgroup 1's first meeting. He highlighted the three primary questions the group will need to answer according to AB 988 and the accompanying assessment: 1) What are the knowns and unknowns of the state's existing behavioral health crisis system related to existing infrastructure and capacity? 2) What are the highest priority community needs

across the crisis care continuum and which communities and populations are disproportionately impacted? And 3) What are the most substantial gaps nd opportunities for policy and practice?

Nick continued by discussing the current state of existing research in the context of the continuum/CCC-P. He noted that the group is assessing numerous streams of data stemming from recent assessments in California conducted by California Department of Health Care Services (DHCS) and other researchers as well as existing national frameworks. He highlighted some key takeaways from the first meeting, noting the importance of synthesizing the current state of crisis prevention and services, current and future needs of the crisis response system, and solutions to increase the capacity for receiving and stabilizing crises to improve the experience of those seeking out behavioral health services.

Next, Nick discussed the near-, medium-, and long-term priorities across the services that span the crisis care continuum. He noted the key performance indicators to prevent, respond to, and stabilize crisis. He also discussed the indicators of community need, highlighting police contacts, behavioral health diagnoses, suicide rates, school expulsions, and housing status. He also shared additional information on ongoing efforts to inventory existing support services. These included warmlines, hotlines, and crisis receiving and stabilizing services.

Discussion

Serene Olin, Principal, Health Management Associates, opened the discussion portion of the meeting, noting that this meeting would be focusing on the ongoing effort to inventory the current state of the behavioral health crisis system in California.

First, Serene asked the group about the knowns and unknowns of crisis centers.

- One workgroup member commented on the potential for county access lines to become 988 crisis lines. However, the member noted the need for further policy changes to allow these transitions to take place.
- Another workgroup member highlighted the need to understand the differences between existing crisis lines and their current capacity. Further, these services may need more assistance to scale up their

services to meet the expectations for a crisis center.

- Other workgroup members noted existing compliance standards for county crisis lines applicable to each county in California. They highlighted the importance of understanding how crisis lines operate in the same capacity to build on the existing infrastructure and avoid any duplication of services.
- Finally, workgroup members discussed the need to include additional data points that could address the current research gaps. These included datapoints on who is and who is not calling 911 during crisis, how managed care services are addressing behavioral health, and emergency room visits.

Next, Serene asked the workgroup about who should be included in additional outreach to discuss crisis center operations (in addition to the 12 existing crisis centers across California).

- Workgroup members offered their connections to additional warm and hotlines that serve the needs of specific populations.
- A workgroup member noted the needs of rural Californians and that this effort should emphasize that population.

Serene asked the workgroup about the knowns and unknowns of responding to crisis, particularly for "someone to come and somewhere to go."

- One workgroup member highlighted the mismatch between existing services and when they are needed most, noting that mobile crisis options may not always be readily available.
- Another workgroup member discussed the lack of a standard definition for mobile crisis centers, encouraging the group to consider the Medi-Cal definition as the baseline for building capacity.
- Workgroup members offered additional considerations on how those experiencing crisis move through the crisis care continuum. These included:
    - The difficulty of screening for health insurance coverage when someone is experiencing a crisis.
    - The role of law enforcement and hospital systems in California.
    - The churn of alternative crisis services coming on board and phasing out rapidly.

    - Virtual staffing as a potential solution to address workforce and budget shortfalls.
    - The need to effectively triage those experiencing crisis so that existing resources are not overburdened.

Finally, Serene asked the workgroup about the best methods to gather insights on promising policies and practices, as well as pain points, in providing consistent and coordinated access to crisis care.

- Workgroup members discussed the need to address the standards for Lanterman-Petris-Short (LPS) Certification.
- Another workgroup member highlighted the need to maintain patient autonomy during crisis and the associated liability and ethical considerations. Also, they proposed that the workgroup consider the need to improve the quality of behavioral health services.

Key meeting takeaways included suggestions to:

1. Focus the comprehensive assessment on a place to call, someone to come, and somewhere to go while acknowledging the importance of prevention (e.g., warm lines)
2. Take a system view to identifying and understanding where the true pain points are, including understanding how an individual flows through these services.
3. Inventory of services and capacity needs to account for the overlay of other variables such as other existing crisis lines, housing availability, community-based residential options, etc.
4. Identify benchmarks or standards for key services (e.g., crisis call center, mobile crisis response) to understand current gaps and identify pathways to support provider achievement of standards.

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 stated:

“Thank you very much. It's Jason Friesen. I really appreciate the opportunity. I'm a California paramedic.

And also I run a nonprofit technology organization called Trek Medics and we are working with mobile crisis response teams in multiple counties right now in California.

And I just wanted to mention in terms of the known unknowns. On the dispatch side, there's - we find time and time again - that there's not a lot of attention paid to the technology that's being used and this is for many reasons: oftentimes the teams are small and they can handle it with you know, off the shelf technologies, but one of the things that we continue to see is that because many of the people involved in mobile crisis response come from the clinical background that tends to be a focus of the operations and understandably so because that's their expertise.

And while I understand that a lot of the mobile crisis response teams are trying to maintain their independence from law enforcement, EMS, and fire, and understandably so.

It is often useful to understand that mobile crisis response teams are in essence a different form of an EMS system.

And so there could be a lot more effort put into the actual logistics of managing multiple teams. Going out at various locations, various incidents, different volumes.

And what it takes to actually successfully manage multiple teams. And all of these different locations. And so I would really encourage to the groups here that are managing these teams and are looking at dispatch.

To have very fruitful conversations with their counterparts in law enforcement and EMS about how logistics of response actually work.

And all of the different nuances and like I said the known unknowns. It's very simple to say that you want to send the right response team to the right location at the right time.

That's what in technology we would call the happy trail. But what about all the other things that happen that are going to disrupt that flow, especially as you scale up in terms of teams and call volume.

And so that's all. Thank you very much."

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 March 19, 2024, from 11:00 AM – 1:00 PM PDT.

APPENDIX I: PUBLIC ZOOM CHAT

10:59:52 From Betsy Uhrman - Health Management Associates to Everyone:

Thank you to all who are joining. We will begin shortly.

11:00:37 From Justin Letsinger - Health Management Associates to Everyone:

If you have been confirmed as a workgroup member, please turn on your camera if you are able.

11:04:37 From Uma Zykfosky - California Behavioral Health Planning Council (CBHPC) to Hosts and panelists:

Yes!

11:07:29 From Justin Letsinger - Health Management Associates to Everyone:

If you would like to make a public comment during this meeting's public comment period, please raise your hand and your name will be taken down and added to the public comment list in the order in which it was raised.

11:08:00 From Justin Letsinger - Health Management Associates to Everyone:

If you would like to send public comment via the project email address, please send it to: AB988Info@chhs.ca.gov. Public comment sent to the project email address will be added to the Meeting Summary that is posted to the website.

11:14:56 From Anh Thu Bui - California Health and Human Services Agency (CalHHS) to Justin Letsinger - Health Management Associates(direct message):

Justin, can you or a HMA team member send a panelist link to Le Ondra Clark Harvey and Courtnie Thomas at CBHA? see email sent to AB988info box. Thanks. I'll forward to your HMA email now.

11:27:29 From Tara Gamboa-Eastman - The Steinberg Institute to Justin Letsinger - Health Management Associates(direct message):

Hey Justin — It looks Le Ondra was sent a public link (she's a workgroup member). Could someone send her the right link? I guess no one has responded to her emails

11:28:31 From Justin Letsinger - Health Management Associates to Tara Gamboa-Eastman - The Steinberg Institute(direct message):

Thanks for the heads up, I've been alerted and we're working to get her

moved over

11:28:39 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Justin Letsinger - Health Management Associates(direct message):

I'm here now! Thank you!

11:29:37 From Scott Perryman - Sacramento Metro Fire Department to Hosts and panelists:

It would be interesting to see what the stats are now that we are out of the COVID times in regards to LGBTQ and non LGBTQ school ages. Those COVID years were abnormalities.

11:29:44 From Justin Letsinger - Health Management Associates to Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA)(direct message):

Sorry about that! Hopefully it wasn't too distracting - we'll be sure to have the accesses corrected before the next meeting.

11:36:03 From Betsy Uhrman - Health Management Associates to Everyone:

We have two discussions scheduled for the next hour: 1) someone to call and 2) someone to come and someone to respond. We'll dedicate roughly 30 minutes to each discussion. For workgroup members, please use the raise hand function to participate in the discussion.

11:36:46 From Betsy Uhrman - Health Management Associates to Everyone:

For members of the public, please use the raise hand function if you would like to make a comment during the public comment period later in the meeting.

11:39:10 From Justin Letsinger - Health Management Associates to Everyone:

Speaking order:

Le Ondra Clark Harvey

Alice Gleghorn

Phebe Bell

Uma Zykfosky

11:39:44 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Counties have very specific requirements from DHCS for what happens for each crisis call- including screening, triage and scheduling appointments

within specific timeframe depending on urgency. Compliance with these requirements is audited by the state.

11:40:03 From Tara Gamboa-Eastman - The Steinberg Institute to Hosts and panelists:

I would also maybe encourage us to not focus on warm lines and prevention services for this study. It's critical to the crisis continuum as a whole, but with limited resources I would encourage focusing on crisis call centers, mobile crisis, and crisis facilities

11:41:14 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Alice, I agree. 988 centers have standards set by SAMHSA. I think we have to look at both and figure out where the gaps are and what assistance is needed to get crisis call centers etc to meet the criteria.

11:41:45 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Tara, I agree- this would be the assessment work that needs to happen to determine what is appropriate and what is not.

11:43:01 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Great point about dual roles, Phebe

11:46:56 From Betsy Uhrman - Health Management Associates to Everyone:

The initial results of that informal survey of the 12 existing Crisis Centers was covered during the recent Workgroup 2 meeting. Those slides and the meeting notes will be available later next week at on the CalHHS 988 Policy Advisory Group website (along with materials from this session).

11:47:52 From Justin Letsinger - Health Management Associates to Everyone:

For more information about Workgroups and the Policy Advisory Group, including links to documents, meeting notes and video recordings, please see this link: https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/

11:47:55 From Anh Thu Bui - California Health and Human Services Agency (CalHHS) to Hosts and panelists:

Please send information that might help with the Comprehensive Assessment to AB988Info@chhs.ca.gov

11:48:01 From Aimee Moulin - Department of Emergency Medicine and

Department of Psychiatry to Hosts and panelists:

We should be able to get a broad view of ED visits from HCAI data. But would not give details on what occurred during the visit and if it is someone who could captured by the 988 system

11:48:44 From Justin Letsinger - Health Management Associates to Everyone:

Speaking order:

Christina Ramirez

Phebe Bell

Javon Kemp

11:48:55 From Justin Letsinger - Health Management Associates to Everyone:

Tara Gamboa-Eastman

11:49:17 From Betsy Uhrman - Health Management Associates to Hosts and panelists:

The survey that Serene and I referenced was the 12 988 Crisis Centers.

11:49:28 From Nicholas Williams - Health Management Associates to Everyone:

Thank you, Mark. Anh Thu shared with us about your exciting work!

11:51:16 From Chad Costello - California Association of Social Rehabilitation Agencies (CASRA) to Hosts and panelists:

Didi Hirsch operates Teen Line - FYI

11:55:17 From Justin Letsinger - Health Management Associates to Everyone:

For those of you who would like to take a closer look at the CCC Plan, please see this link: www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf

11:58:15 From Aimee Moulin - Department of Emergency Medicine and Department of Psychiatry to Hosts and panelists:

I think an important question is also when the mobile crisis is available

11:58:17 From Don Taylor - Pacific Clinics to Hosts and panelists:

there are a number of crisis response services in place prior to 988… the counties should have that info of services that have their own lines in addition to 988. Example: Pacific Clinics has run youth mobile crisis for decades in Santa Clara County and most calls continue to come from oour line outside of 988.

12:01:15 From Uma Zykfosky - California Behavioral Health Planning Council (CBHPC) to Hosts and panelists:

Agree with Aimee and also scale of mobile crisis relative to geographic area covered.

12:02:22 From Scott Perryman - Sacramento Metro Fire Department to Justin Letsinger - Health Management Associates(direct message):

Great point Aimee. To follow up on that, what is the back up when Mobile Crisis is busy during peak times? There might be enough teams during slower times but what about spikes?

12:02:42 From Betsy Uhrman - Health Management Associates to Everyone:

Speaking order: Jana Lord, Michelle Cabrera, Astin Williams

12:03:08 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Aimee, yes. With call centers there is a 24 hour back up so calls are always answered. This is a major consideration- capacity must be studied for all players.

12:03:15 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Need to revise the minimum staffing requirements for CSUs so they are financially viable for counties to implement/operate. Virtual staffing should be allowable for some of the clinical staffing requirements. Initial models for stabilization centers focused on peer staffing in comfortable home-like settings- existing CSU requirements do not support this model, are often underutilized, and are a financial drain on the county funder r county staff.

12:05:04 From Justin Letsinger - Health Management Associates to Scott Perryman - Sacramento Metro Fire Department(direct message):

Hi Scott, it looks like you accidentally sent this as a direct message to me. Please resend to "Hosts and Panelists"

12:05:45 From Scott Perryman - Sacramento Metro Fire Department to Hosts and panelists:

Great point Aimee. To follow up on that, what is the back up when Mobile Crisis is busy during peak times? There might be enough teams during slower times but what about spikes?

12:06:22 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Scott, yes. It will take some time for counties to get up to speed so

thank you for calling that out, Michelle.

12:07:41 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Someone to Come- some counties have leveraged law enforcement resources in creating co-response teams, however I believe the proposed funding restricts funding if law enforcement is involved. I strongly believe funding should be allowed for the behavioral health staffing regardless if they partner with LE, EMT, Peer certified or other staffing models. Refusing funding for established effective models makes no sense.

12:07:43 From Jodi Nerrell - Sutter Health to Hosts and panelists:

Would be helpful to have data from existing mobile crisis response teams related to #'s of holds issued, ED/JAL diversions; level of follow up support if imbedded as part of the response.

12:08:30 From Betsy Uhrman - Health Management Associates to Everyone:

Speaking order: Astin Williams, Scott Perryman, Alice Gleghorn

12:09:42 From Don Taylor - Pacific Clinics to Hosts and panelists:

I second what Michelle shared re: commercial payers. there is a lower incentive right now to cover given the counties covering much of the service cost no matter what. regulations really need to enforce health plans playing their share.

12:11:02 From Phebe Bell - Behavioral Health Director to Hosts and panelists:

agreed on the private insurance issue - its a big deal. we started our mobile crisis jan 1 and more than half our calls are private insurance and we are not being paid

12:12:46 From Michelle Cabrera (she/her) to Hosts and panelists:

Can we move away from "alternative destinations" language? It implies that hospital EDs are inappropriate places and they're necessary infrastructure for behavioral health crisis.

12:13:06 From Uma Zykfosky - California Behavioral Health Planning Council (CBHPC) to Hosts and panelists:

Agree as well with Don and Phebe. I wonder if a survey could be made of someone like Kaiser who have 24/7 lines that respond to behavioral health. Since that includes both M/C and commercial, we may get a bit of a sample of the complexity of building a public funded 988 system for all.

12:13:19 From Jodi Nerrell - Sutter Health to Hosts and panelists:

In addition to Sobering Centers, looking at additional Community Supports such as Medical/BH Respite as low-threshold option

12:14:24 From Uma Zykfosky - California Behavioral Health Planning Council (CBHPC) to Hosts and panelists:

I am wondering about Michelle Cabrera's comment—do all the mobile teams not run by County behavioral health being included in this data meet the Mobile crisis standards. Are we collecting apples and oranges?

12:14:41 From Kirsten Barlow to Hosts and panelists:

Someone to Come: I agree with Alice's note about acknowledging that law enforcement and EMT/paramedics are part of response to crisis calls. While we all understandably want to move away from an automatic law enforcement response, there are instances in which law enforcement and paramedics must be involved -- even if just for purposes of transporting a person who needs to travel to a location in the community to access stabilizing treatment and services.

12:14:47 From Michelle Cabrera (she/her) to Hosts and panelists:

Agree @Scott - often those resources are not sustainable because funding is not consistent or is limited. Commercial plans still do not cover many of these so-called alternative destinations and even Medi-Cal is only a partial payer given the IMD exclusion.

12:14:53 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Appreciate the comments made by Astin about the populations who are hesitant to call 988. This speaks to the need for crisis response to be able to be culturally responsive.

12:16:28 From Phebe Bell - Behavioral Health Director to Hosts and panelists:

to add to alice's comments, if we want to repurpose the existing csu's that are underutilized to what is actually needed, (and we should do this), we also need to look at sb 82 funding that stood up many of them which is very inflexibile in allowing changes in usage

12:17:07 From Michelle Cabrera (she/her) to Hosts and panelists:

@Alice - you are correct - the new benefit cannot be used to pay for law enforcement teams.

12:18:08 From Phebe Bell - Behavioral Health Director to Hosts and panelists:

im having a hard time hearing - is that just my end?

12:19:33 From Betsy Uhrman - Health Management Associates to Everyone:

It seemed my audio was bad. I was noting that we are closely tracking comments and will bring those comments that are pertinent to other workgroup conversations (e.g., Statewide 988 standards and guidance, triage and warm hand off across the continuum, and funding and sustainability).

12:19:56 From Michelle Cabrera (she/her) to Hosts and panelists:

I do want to note that, like with EMS/medical emergencies, law enforcement may need to respond to a behavioral health crisis if there is a public safety aspect to that crisis, e.g. weapons or an unsafe situation that requires law enforcement to keep the public at bay. Ideally, we would see the role of law enforcement as less direct responder and more supporting role, as they do with medical emergencies.

12:21:09 From Michelle Cabrera (she/her) to Hosts and panelists:

To @Maurice's point about alternative destinations, whether insurance covers something matters tremendously. Counties do not have sustainable, adequate funding to pay for a payer agnostic network of alternate destinations currently.

12:22:09 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Thank you, Maurice, for your comments about the continuum of care needed to reduce relapse etc. It will take a system approach which means all system partners need to be trained in cultural competence/sensitivity. Thank you also for calling out the $… We sometimes get in our corners lobbying for our particular group to get $… it will take the ability to share resources and funding for the good of those who need services.

12:22:31 From Betsy Uhrman - Health Management Associates to Everyone:

Jason Friesen - thank you for raising your hand. We will move to public comment around 12:30pm and will call on you then.

12:25:19 From Betsy Uhrman - Health Management Associates to Everyone:

Speaking order: Michelle Cabrera, Phebe Bell

12:25:25 From Justin Letsinger - Health Management Associates to Everyone:

If you would like to make a public comment during this meeting's upcoming public comment period, please raise your hand and your name will

be taken down and added to the public comment list in the order in which it was raised.

12:27:04 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Keep in mind that in most counties across the state, Law Enforcement are designated as 5150 authorities

12:27:59 From Kirsten Barlow to Hosts and panelists:

RE terminology around "alternate destinations," it doesn't mean hospital ERs are never an appropriate place for people experiencing a BH crisis. To the contrary, it's where nearly everyone goes or is transported today. CSUs often require patients to be taken first to an ER to be medically screened/cleared first before being seen at a CSU. Studies show that patients and families would prefer somewhere else to go - not to a noisy, chaotic, and busy emergency room. Most of the thousands of Californians brought to hospital ERs on 5150 holds are found not to meet criteria for involuntary treatment, do not have an emergency primary care need, nor are they admitted to inpatient psych care or transferred to another health facility for overnight care. Most are evaluated, stabilized, and released. Additionally, alternate destination is a term used in California statutes. If folks want a broader term of art for what might occur in the community before an ER sees individuals, you could use the term "prehospital" care.

12:28:13 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Michelle C., agree that law enforcement needs to respond if there is a public safety concern

12:30:56 From Don Taylor - Pacific Clinics to Hosts and panelists:

when a hold is in place, there becomes transportation challenges... many counties require ambulance or police to transport when involuntary (perhaps state or fedral requirement?). it would be worth exploring what other safe modes of transportation there could be. this requirements impacts the crisis experience and transportation resources.

12:31:31 From Chad Costello - California Association of Social Rehabilitation Agencies (CASRA) to Hosts and panelists:

Great point Phebe

12:32:32 From Michelle Cabrera (she/her) to Hosts and panelists:

And to add to Phebe's point - better access to upstream outpatient BH treatment

12:32:48 From Michelle Cabrera (she/her) to Hosts and panelists:

Emphasizing access and coverage across payers

12:34:06 From Chad Costello - California Association of Social Rehabilitation Agencies (CASRA) to Hosts and panelists:

I used to drive folks on holds to the psych hospital - not aware of any state or federal law prohibiting this - maybe I'm wrong?

12:35:04 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Laws prohibiting your ability to transfer, Chad? Depends on your position and affiliation I believe.

12:36:37 From Uma Zykfosky - California Behavioral Health Planning Council (CBHPC) to Hosts and panelists:

To not develop a 988 system that incenvitizes unnecessary 5150 holds, seems like we need to link 988 to a variety of low barrier entry points to the care system. So that would involve looking careful at DMC and MHP regulatory constraints that serve as doors that block quick response to a person seeking help by making the critical first call.

12:39:01 From Nicholas Williams - Health Management Associates to Everyone:

And keep sending and sharing the resources!

12:39:02 From Kirsten Barlow to Hosts and panelists:

@Chad that's great! I'm not aware of any legal prohibition or limitations on how people are transported. I think it's often an erroneous assumption that only an ambulance or law enforcement can do the transport. Unfortunate, especially when some have policies requiring restraints be used 100% of the time for people on holds.

12:39:24 From Justin Letsinger - Health Management Associates to Everyone:

If you would like to send public comment via the project email address, please send it to: AB988Info@chhs.ca.gov. Public comment sent to the project email address will be added to the Meeting Summary that is posted to the website.

12:39:38 From Betsy Uhrman - Health Management Associates to Everyone:

Please send resources and comments here: AB988Info@chhs.ca.gov