



California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 3: Integration Meeting 5
Meeting Summary
July 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 summary.

Workgroup Members in Attendance:

- **Andrew Holcomb***, EMS Administrator, San Francisco
- **Angela Kranz***, California Department of Public Health (CDPH)
- **Ben Conway***, California Department of Justice
- **Budge Currier***, CalOES
- **Casey Heinzen***, Department of Health Care Services (DHCS)
- **Connie Moreno-Peraza***, Department of Behavioral Health Services of Napa County
- **Corinne Kamerman***, Department of Health Care Services (DHCS)
- **Doug Subers***, California Professional Firefighters
- **Elena Lopez-Gusman***, California American College of Emergency Physicians (ACEP)
- **Hernando Garzon***, California Emergency Medical Services Authority (EMSA)
- **Jacqueline Alvarez***, California Community Colleges
- **Lee Ann Magoski***, Monterey County
- **Michelle Cabrera***, CBHDA
- **Melissa Lawton***, Seneca Family of Agencies
- **Michael Tabak***, San Mateo Sheriff's Office
- **Paul Rains***, Common Spirits

- **Sandri Kramer***, Didi Hirsch
- **Peter Stoll***, Humboldt County Office of Education
- **Victoria Kelly***, Redwood Community Services

Project Staff in Attendance:

- **Allie Franklin***, Health Management Associates
- **Betsy Uhrman***, Health Management Associates
- **Heidi Arthur***, Health Management Associates
- **Noah Evans***, Health Management Associates

Workgroup Members Not in Attendance:

- **Christine Gephart**, Department of Developmental Services
- **Elizabeth Basnett**, California Emergency Medical Services Authority (EMSA)
- **Jana Lord**, Sycamores
- **Keris Jän Myrick**, Inseparable
- **Kim Lewis**, National Health Law Program (NHELP)
- **Lan Nguyen**, County of Santa Clara Behavioral Health Services
- **Le Ondra Clark Harvey**, California Council of Community Behavioral Health Agencies (CBHA)
- **Rebecca Neusteter**, University of Chicago Health Lab
- **Rhyan Miller**, Riverside County Department of Behavioral Health
- **Stephanie Welch**, California Health and Human Services Agency (CalHHS)
- **Tara Gamboa-Eastman**, Steinberg Institute

*Attended virtually

Review of Agenda and Session Objectives

Betsy Uhrman, Associate Principal, Health Management Associates, began the workgroup meeting by explaining Zoom functionality and noting Workgroup 3 Meeting 5 objectives. She then provided an overview on how to submit public comments and discussed the meeting code of conduct.

Review of Workgroup 3 Meeting 4

Betsy Uhrman noted that the previous discussion focused on triage and warm hand-offs from 911 to 988 and coordination between 988 and the continuum of

BH crisis services. She directed the workgroup to the [CalHHS 988 website](#) to review previous workgroup notes and related materials.

The workgroup discussion for meeting 5 focused on recommendations related to two goal areas from the implementation plan framework: Goal B (Statewide Infrastructure and Technology) and Goal D (Integration of 988 and the Continuum of Services). She note that under each goal are a set of recommendations, which describe proposals aimed at guiding state actions relevant to AB988 and/or improvement to the broader crisis care continuum. The final plan will also include a next set of detail in the form of implementation activities, which describe more specific actions that state departments can take to operationalize a given recommendation. In introducing the different goal areas, Betsy Uhrman noted these are still in draft form and are subject to review and refinement by the workgroup and the Policy Advisory Group, among others.

Discussion 1: Statewide Infrastructure and Technology

This goal focuses on the infrastructure and technology need to connect help seekers to the appropriate call/chat/text takers. Workgroup input on the draft recommendation included:

- The recommendations should include mention of mobile crisis dispatch
- The need to consider the policy that supports the rollout and uptake of any technology solutions
- In considering guidance on transfer protocols, there was discussion of the need to provide guidance for calls between 988 Crisis Centers and non-local PSAPs and with mobile crisis dispatch. There was also mention of the need to build upon what exists, including learned best practices.
- Also related to transfer protocols, several workgroup members noted the need to be cognizant of Crisis Center capacity and the potential tension between existing key performance indicators related to length of call, for example, and light case management.
- There was mention of the need to account for the full range of payers. In response, a CalHHS representative noted that parity is a foundational part of the state's vision of an equitably, accessible, high-quality crisis

system that serves all Californians.

Discussion 2: Integration of 988 and the Continuum of Services

This goal focuses on increasing equitable access to a coordinated system of behavioral health crisis services. Workgroup input on the draft recommendation included:

- Workgroup members raised a question about the scope of the term “ongoing care,” noting the need for any recommendations to account for the funding for ongoing care.
- Collaboration and Coordination: Coordination should include behavioral health and cross-system partners, including, but not limited to private sector plans, managed care plans, etc.
- Community-based crisis response: A workgroup member noted the need to clarify and confirm the interrelationship between 988 and mobile crisis dispatch
- Places to Go:
 - Need to formalize recommendations for 988 follow-up care
 - Need for appropriate services available for those not well served by ED or call alone
- Peer Supports:
 - There are good examples at the county level of leveraging the peer support specialist benefit to improve the quality of response.
 - (Related to “Places to Go”) The need for more peer-focused respite centers or other options with lower barriers to entry for those in crisis. To this point, there was a suggestion to look to other states for examples.

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.

Matt Taylor registered for public comment and said the following:

“Well, I’m just very appreciative of the work of this group and, you know, I raised my hand before Sandri was able to join and in my part of the reason for raising my hand is because it did seem that there was a pretty robust question about the lack of current standards or guidance or examples about decision thresholds for when 911 could warm transfer to 988 and that’s certainly true to a large measure, but I did just want to highlight the fact that Didihirsch services has a 911 diversion project in place with LA County and so there are clear decision thresholds for them to use and to decide whether to transfer a call over to us. And I just would encourage that maybe this group could get those materials from Sandri as well as like the enhanced MOU that could be considered for other 911 operators across the state in terms of their relationship with 988 and then because there is good data about that but I think a big part of the challenge is also the training that goes along with constantly keeping the 911 operators informed about the 988 because there is good data on that, but a big part of the challenge is also the training that goes along with constantly keeping the 911 operators informed about the centers and what the decision threshold would be for transfer so it is a big lift for sure because the number of dispatch centers there are across the state.

“And the other thing is that, back to the question about medical decisions: so as you know, most of the 911 centers would use as their baseline threshold, you know, the very prompt initial prompt questions that are asked of the individual including whether they have taken any actions to harm themselves at the moment. And that then would lead into a conversation such as, you know, are you having difficulty breathing? Are you in a panic? Are you losing consciousness? Have you taken pills? Things like that. So, as 988 operators are obviously not medical doctors, but they do that sort of initial screening right at the beginning about the physical and proximal safety of the individual. And that would be part of the decision threshold for whether they would immediately engage 911 or a PSAP.

“Otherwise, I would say the additional thresholds would be the self-rated intent. The self-rated risk intent that the callers say for themselves. So 988 counselors at several points during the intervention, certainly at the beginning and certainly at the end, but it could be more work with the individual so they can assess their own level of risk and that would be part of the decision threshold, also whether or not there would be a transfer over to 911.”

APPENDIX I: PUBLIC ZOOM CHAT

13:59:05 From Mike Tabak - San Mateo Sheriff's Office to Hosts and panelists:

Good afternoon. Apologies, but my camera is not working for some reason.

14:00:27 From Michelle Cabrera (she/her) to Hosts and panelists:

Thanks! good to be here

14:01:20 From Betsy Uhrman to Everyone:

Welcome. We'll give it another minute or two as people join the virtual room.

Thank you for being here.

14:06:12 From Betsy Uhrman to Everyone:

Email for additional comments and questions: AB988Info@chhs.ca.gov

988-Crisis Policy Advisory Group website:

<https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group>

14:21:19 From Michelle Cabrera (she/her) to Hosts and panelists:

I would only flag that there's no formal oversight of those non-county BH mobile crisis response teams, so that might need to be an additional recommendation

14:22:41 From Michelle Cabrera (she/her) to Hosts and panelists:

I raised that only to point out it would be hard to tell if a mobile crisis team not affiliated w/ Medi-Cal is in fact compliant

14:22:52 From Michelle Cabrera (she/her) to Hosts and panelists:

Without another process to review/oversee that

14:23:29 From Allie Franklin to Hosts and panelists:

Thank you, Michelle, for bringing this up

14:41:57 From Betsy Uhrman to Everyone:

AB988 text:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB988

14:42:40 From Michelle Cabrera (she/her) to Hosts and panelists:

I was referencing the federal law, Betsy

14:42:45 From Michelle Cabrera (she/her) to Hosts and panelists:

Happy to drop that in the chat

14:44:48 From Peter Stoll - Humboldt County Office of Education to Hosts and panelists:

I apologize for being late - had a school crisis that I was assisting...Thank you.

14:45:13 From Betsy Uhrman to Everyone:

Peter thanks for joining

14:46:52 From Michelle Cabrera (she/her) to Hosts and panelists:

<https://www.congress.gov/bill/116th-congress/senate-bill/2661/text>

15:01:39 From Betsy Uhrman to Everyone:

Speaker order – Michelle, Rebecca, Jana

15:08:56 From Betsy Uhrman to Everyone:

Speaking order: Doug, Tara

15:10:39 From Michelle Cabrera (she/her) to Hosts and panelists:

I was thinking a facsimile of the LEMSA but for BH Crisis, Doug

15:11:39 From Michelle Cabrera (she/her) to Hosts and panelists:

It was law enforcement I was referring to, not mobile crisis

15:11:43 From Michelle Cabrera (she/her) to Hosts and panelists:

In Mono

15:12:08 From Michelle Cabrera (she/her) to Hosts and panelists:

In some counties, BH is the largest employer/public department :)

15:14:08 From Michelle Cabrera (she/her) to Hosts and panelists:

Agree it's a great template and would highlight that the EMSA/LEMAs don't have deep BH expertise, which is why I think a parallel process/structure could be useful for BH crisis continuum, grounded within our local BH public safety net to ensure that public accountability

15:16:30 From Michelle Cabrera (she/her) to Hosts and panelists:

That consistency will only happen if we establish 988 call center consistency

15:17:17 From Michelle Cabrera (she/her) to Hosts and panelists:

Each call center has different capabilities as it relates to MH and SUD services, mobile crisis, and connection to the local community

15:18:18 From Betsy Uhrman to Everyone:

Matt Taylor – thank you for raising your hand. We will add you to the public comment list.

15:27:25 From Betsy Uhrman to Everyone:

We will shift to public comment in about 15 minutes. For those that are joining as members of the public, please use the raise hand function if you want to make a comment.

15:33:44 From Betsy Uhrman to Everyone:

Speaking order: Sandri Kramer

15:41:32 From Sandri Kramer Didi Hirsch to Hosts and panelists:

LAPD has this great checklist that gives examples of when a person should call 911. It is very helpful and designed in such a way that it is easy to stick up on a refrigerator in anyone's house and easy to understand.

15:42:54 From Sandri Kramer Didi Hirsch to Hosts and panelists:

At our (LA County's) Alternative Crisis Response workgroup, we are creating protocols for on-the-scene interactions and hand-offs between mobile response teams and law enforcement.

15:45:46 From Angela Kranz – CDPH to Hosts and panelists:

Thank you Michelle for calling attention to the importance of 911 for life-saving

interventions in the case of an overdose. I'm wondering whether the call scripts gather information about co-occurring needs or if there's a risk that callers are funneled into specific pathways (for example, if the primary concern is suicide but there is also a MH/SUD need - would the caller also receive MH/SUD resources?)

15:46:58 From Michelle Cabrera (she/her) to Hosts and panelists:

If the caller is connected to county BH mobile response it would be both MH and SUD

15:47:42 From Angela Kranz - CDPH to Hosts and panelists:

Great to hear, thank you

15:51:29 From Ben Conway - Deputy Attorney General to Hosts and panelists:

My apologies, but I need to log off early to attend to an unexpected matter. Thank you all and see you 7/30.