



**California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 5: Data & Metrics Meeting 2
Meeting Summary
July 31, 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:

- **Ashley Metoyer***, UCSD Mobile Crisis
- **Brenda Grealish***, CDCR
- **Casey Heinzen***, Department of Health Care Services (DHCS)
- **David Bond***, Blue Shield
- **Erika Cristo***, DHCS
- **Jana Lord***, Sycamores
- **Jonah Cox***, CDPH
- **Le Ondra Clark Harvey***, California Council of Community Behavioral Health Agencies
- **Kirsten Barlow***, CA Hospital Association

- **Mark Salazar***, Mental Health America SF
- **Michelle Cabrera***, CBHDA
- **Molly Miller***, CA Interagency Council on Homelessness
- **Robb Layne***, CAADPE
- **Tony Kildare***, Yolo County Health and Human Services
- **Tracy Lacey***, (delegate: Elissa Field) CBHDA
- **Ka Ramirez***, DHCS

Project Staff in Attendance:

- **Ali Vangrow***, CalHHS
- **Anh Thu Bui***, CalHHS
- **Hailey Shapiro***, CalHHS
- **Allie Franklin***, Health Management Associates
- **Betsy Uhrman***, Health Management Associates
- **Serene Olin***, Health Management Associates
- **Nicholas Williams***, Health Management Associates

Workgroup Members Not in Attendance:

- **Alec Smith**, DHCS
- **Blanca Gutierrez**, Contra Costa Crisis Center
- **Brandon Jacobs**, RUHS BH
- **Curt Guillot**, CalOES
- **Elizabeth Manley**, University of CT
- **Paul Troxel**, CalOES
- **Rebecca Bauer-Kahan**, CA State Assembly
- **Shauna Simon**, CDPH
- **Tara Gamboa-Eastman**, Steinberg Institute
- **Sarah Fiengold**, Youth for Change
- **Sheree Lowe**, CHA

*Attended virtually

Review of Agenda and Session Objectives

Betsy Uhrman, Associate Principal, Health Management Associates, began the workgroup meeting by explaining Zoom functionality, noting Workgroup 5 Meeting 1 objectives, and introducing the co-chairs. She then provided an

overview on how to submit public comments and discussed the meeting code of conduct.

Review of Policy Advisory Group (PAG) Input and Workgroup 5, Meeting 1

As context for the workgroup conversation, Betsy Uhrman provided an update on the data-related conversation at the [June 26, 2024 PAG meeting](#). When presented with a draft set of performance measures, PAG members shared the following:

- As a general statement, the PAG would like data and metrics to provide accountability and oversight, demonstration of system improvement, key transition points in the system, and the right incentives.
- They raised considerations around confidentiality during a call (e.g., concerns around balancing the needs for data with the considerations around help seeker privacy/trust) as well as following a call (e.g., challenges with gathering post-call measures)
- Time horizon: PAG members encouraged a phased approach to metrics development; metrics can evolve as the crisis system evolves.
- They raised the need to consider how data measurement aligns with those of other state initiatives and measurement strategies (e.g., CYBHI, CalAIM); what 988 Crisis Centers are already required to collect; and what data is already collected/ measured for other purposes
- They noted the importance of context in determining whether a data trend indicates a positive or negative outcome (e.g., a decrease in calls to 988 may indicate an increase in use of warmlines/access lines)
- There was also discussion of how to link our systems more effectively so that data can flow between different actors in the BH continuum

Discussion 1: Identifying Performance Measures – Data Dashboard

Allie Franklin, Health management Associates, led the group in a discussion with the aim of identifying a set of discrete performance measures to be included in a publicly-facing data dashboard. She shared an analysis of the 15 states that have public facing 988 dashboards and discussed which elements are common across states' dashboards. She reviewed results of the PAG survey re: prioritization of metrics and shared a proposed framework for a dashboard

for years 1-3. Workgroup discussion included:

- Workgroup members asked about the intent of the scope of data gathering/ metrics sharing. In response, it was noted that this effort involves looking at the crisis care continuum, broadly, while knowing that AB988 requires a focus on a specific part of the continuum.
- There was a question of how to account for SUD-related contacts. Follow-on comments noted a lack of clarity about what we mean by "crisis" for a person with substance use related issues
- Several members suggested the need to consider data for special populations (e.g., those living with disabilities, youth involved in child welfare).
- The group suggested additional metrics including caller satisfaction with the call, rollover to back-up center rates, more demographic information about the callers, etc. There was a request to learn more about what other states are gathering in this realm.
- It was noted that many more elements are gathered than are reported in a public facing dashboard, as is appropriate.

In addition to performance measures, the workgroup discussed population measures related to quantifying impact. To inform this conversation, the workgroup reviewed PAG recommendations and previous workgroup meeting additions related to population metrics. It was noted that the proposed population measures are not connected to any one investment or initiative but rather provide information about the state of behavioral health transformation, broadly. Feedback was given to consider eliminating the measures related to health outcomes and behavioral health related arrests/ incarceration.

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.

Elise Gyore shared the following comment:

“I wanted just to make the point about the mobile crisis teams, there was a questions at the time about knowing what kind of facilities were involved, and whether that was something that was needed as part of 988 vs the continuum of care; I wanted to make the point that as far as 988 goes, because the mobile crisis teams are part of the 988 mandate, knowing who’s able to help somebody, who’s available, might help us to figure out how to better allocate resources to the mobile crisis teams.”

Matt Taylor from Didi Hirsch then shared the following comment:

“My comments are brief, Matt Taylor from Didi Hirsch, obviously one of the 988 call centers handling the largest volume in California and the nation. Just two quick comments, one of slides that was up talked about the large scale population impact by which the 988 system could be assessed and measured, and I just want to comment that of course most of those measures are so outside the control of the 988 centers, and yet whatever data and assumptions are drawn from that, from the level of performance from those measures, will somehow be attributed to the 988 centers, and so that doesn’t feel fully appropriate, and that needs to be fully couched in what’s realistic; the second thing, and this is my final point, is there’s a lot of comments, appropriately, about customer satisfaction; and I would just say that when people reach out to 988, they are by definition reaching out to a crisis de-escalation help line; and so one of the important measures of customer satisfaction, I would argue, is data that is currently being collected, and can be collected more consistently; and that is self-reports that they are X level in risk at the beginning of a contact, and then at Y level of risk at the end of the contact, then that is showing de-escalation; then they have received the service that they have reached out for. And we are currently collecting that kind of data across the California 988 network, and I would encourage that that data be looked at and encourage that it be collected more consistently across all the 12 centers, and possibly publicly reported. Thank you.”

Meeting Wrap-Up and Next Steps

Betsy Uhrman mentioned that the feedback collected in this workgroup meeting will be shared at the upcoming Policy Advisory Group meeting on August 14th.

APPENDIX I: PUBLIC ZOOM CHAT

14:06:09 From Betsy Uhrman (HMA) to Everyone:

AB988Info@chhs.ca.gov

More information about the Policy Advisory Groups and the Workgroups can be found here:

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

14:06:12 From Devon Schechinger to Everyone:

You are welcome to DM me for public comment!

14:42:40 From Mark Salazar - Mental Health America SF to Hosts and panelists:

I wanted to echo stabilization data and return/repeat user contact. Provides a glimpse on effectiveness of services.

14:45:09 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:

Are you speaking about FURS? That funding was restored...

14:47:08 From Kirsten Barlow - CA Hospital Association to Hosts and panelists:

And what do we mean by "crisis" for a person with substance use related issues? Overdose? What else? As a family member, a person with a SUD wanting to access treatment can feel like a "crisis" because timely available care is critical.

14:47:55 From Shauna Simon - CDPH to Hosts and panelists:

Agree with Kirsten

14:48:30 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:

988 funding will allow support for individuals who call in with a mental health and/or SUD issue/diagnosis/crisis etc. For me, the question is about how call center folks are prepared to refer to appropriate MH and SUDs services if needed.

14:48:36 From Mark Salazar - Mental Health America SF to Hosts and panelists:

Would it be possible to have a live count for available beds/space in the facilities count. This would help us better understand system capacity/need.

14:49:55 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:

@Mark, I agree this is ideal. There was lobbying for this while AB 988 was being negotiated. Concerns were raised about county funding/capacity that would support this type of system.

14:51:27 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:

@kristen, 988 operators are trained and provide support for all of these potential situations.

14:52:03 From Mark Salazar - Mental Health America SF to Hosts and panelists:

@Le Ondra. Exactly. We can offer all these services theoretically, but what is our actual capacity. Operators may be sending folks to facilities that have no space or that don't even exist.

14:52:18 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:

Agree

14:52:36 From David Bond – Blue Shield to Hosts and panelists:
Available beds is likely county by county.

14:52:46 From David Bond – Blue Shield to Hosts and panelists:
LA has a system but San Diego does not, for example.

14:52:53 From Kirsten Barlow – CA Hospital Association to Hosts and panelists:
A bed registry type of thing may be incorporated into BH-CONNECT if we follow the guidelines from CMS on the 1115 waiver

14:53:01 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:
@David- yes exactly

14:53:52 From Betsy Uhrman (HMA) to Everyone:
Here is the data Kirsten is referring to: Department of Justice –
<https://openjustice.doj.ca.gov/data>

14:54:01 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:
Good point, Kirsten, that would be amazing and would require agreement from multiple parties

14:54:23 From Mark Salazar – Mental Health America SF to Hosts and panelists:
We should track satisfaction data, during follow-up. Gives insight if training or operations are meeting the expectations of callers.

14:54:35 From Serene Olin to Hosts and panelists:
From Kirsten: CCJBH dashboards
Project Background – Council on Criminal Justice and Behavioral Health (ca.gov)

14:54:48 From Serene Olin to Hosts and panelists:
Public Health Meets Public Safety Data Visualization | Tableau Public

14:54:59 From Serene Olin to Hosts and panelists:
Department of Justice –
<https://openjustice.doj.ca.gov/data>

14:55:09 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:
@Mark, My understanding is that there is follow up data collection from the 988 call centers- it came up in a different workgroup

14:56:40 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:
But always room for improvement as there isn't 100% penetration with follow up calls

15:03:09 From Betsy Uhrman (HMA) to Everyone:
Elise Gyore – Thank you for raising your hand. We have added you to the list for public comment.

15:06:44 From Michelle Cabrera (she/her) to Hosts and panelists:
Does the % of calls without need of transfer or dispatch include mobile crisis?

15:11:31 From Kirsten Barlow – CA Hospital Association to Hosts and panelists:
Many PAG members participated in this coalition:
<https://www.behavioralhealthaction.org/>
The blueprint identified 6 potential outcomes for BH in California:

<https://www.behavioralhealthaction.org/blueprint/vision/>

15:11:54 From Betsy Uhrman (HMA) to Everyone:

Shared by Kirsten Barlow: Many PAG members participated in this coalition:

<https://www.behavioralhealthaction.org/>

The blueprint identified 6 potential outcomes for BH in California:

<https://www.behavioralhealthaction.org/blueprint/vision/>

15:12:06 From Nicholas Williams to Everyone:

AB988 Plan should include: (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 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.

15:14:23 From Nicholas Williams to Everyone:

53123.4 The expenditure and outcomes report shall include, but is not limited to, the following:

- (1) The total budget.
- (2) Number and job classification of personnel.
- (3) The number of individuals served.
- (4) The outcomes for individuals served, if known.
- (5) The health coverage status of individuals served, if known.
- (6) Beginning July 1, 2025, to the extent feasible and consistent with paragraph (11) of subdivision (b) of Section 52123.3, measures of system performance, including capacity, wait times, and the ability to meet demand for services.

(7) Beginning January 1, 2030, to the extent feasible and consistent with paragraph (11) of subdivision (b) of Section 52123.3, the amount billed to and reimbursed by Medi-Cal or other public and private health care service

15:15:27 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:

Thank you, Nicholas.

15:16:20 From Michelle Cabrera (she/her) to Hosts and panelists:

Recommend that functional status also hard to measure

15:16:21 From Nicholas Williams to Everyone:

Of course. Here is the full #7 from above: Beginning January 1, 2030, to the extent feasible and consistent with paragraph (11) of subdivision (b) of Section 52123.3, the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers.

15:16:48 From Michelle Cabrera (she/her) to Hosts and panelists:

Life expectancy not related to BH typically. Research shows individuals dying prematurely due to unmet physical health needs.

15:17:06 From David Bond - Blue Shield to Hosts and panelists:

988 performance metrics by month are available here:

<https://www.samhsa.gov/find-help/988/performance-metrics>

15:17:52 From Michelle Cabrera (she/her) to Hosts and panelists:

What about access to outpatient services?

15:18:01 From David Bond - Blue Shield to Hosts and panelists:

Evaluation studies and data is available here: <https://988lifeline.org/research-and-evaluation/>

15:18:06 From David Bond - Blue Shield to Hosts and panelists:

data

15:18:19 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:

Thank you, David.

15:19:29 From David Bond - Blue Shield to Hosts and panelists:

re: suicide attempts - we could potentially capture attempts that result in accessing health care. But this leaves out attempts that do not result in a healthcare encounter

15:19:32 From Kirsten Barlow - CA Hospital Association to Hosts and panelists:

I agree with Brenda. Keep the list short for a public facing "dashboard"

15:19:32 From Anh Thu Bui - CalHHS to Hosts and panelists:

Here's link to the state-based monthly reports <https://988lifeline.org/our-network/>

15:19:50 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:

And here are some FAQs: <https://www.samhsa.gov/find-help/988/faqs>

15:20:22 From Betsy Uhrman (HMA) to Everyone:

From Dr. Anh Thu Bui: Here's link to the state-based monthly reports

<https://988lifeline.org/our-network/>

15:21:03 From Betsy Uhrman (HMA) to Everyone:

From LeOndra Clark Harvey - And here are some FAQs:

<https://www.samhsa.gov/find-help/988/faqs>

15:21:07 From Michelle Cabrera (she/her) to Hosts and panelists:

Does that mean we don't have a measure for functional status?

15:21:48 From Kirsten Barlow - CA Hospital Association to Hosts and panelists:

Agree with Michelle about needing to make sure people have access to care as soon as they have symptoms -- that would prevent crisis. One example of how to word that is in the BHA blueprint: Reduce the delay from the onset of symptoms to engagement in treatment for mental health and substance use disorder needs.

15:24:00 From Michelle Cabrera (she/her) to Hosts and panelists:

Like a CHIS questoin

15:24:19 From Michelle Cabrera (she/her) to Hosts and panelists:

*question

15:24:36 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:
To answer the questions about if there is customer satisfaction data collected or follow up, there is. 988 call centers track: routes, calls answered, calls abandoned, speed to answer and callers are followed up with.

15:27:03 From Devon Schechinger to Elise Gyore all panelists:
Hi Elise, we're ready for your public comment!

15:27:04 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:
Perhaps a presentation or FAQ documents from call centers would be helpful to level set and help us build off of the same information as we move forward? Just a suggestion as I've noticed some of the same questions coming up across various workgroups.

15:27:59 From Robb Layne - CAADPE to Hosts and panelists:
Agree with @Le Ondra. I second a presentation or FAQ.

15:28:21 From Michelle Cabrera (she/her) to Hosts and panelists:
I think a presentation and better level setting on 988 would be great! Thanks Le Ondra. This request has been made before. I also want to note that call disposition and customer satisfaction surveys are different. It would entail having a third party caller survey.

15:30:11 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:
@Michelle, no problem! There are no laws/rules about customer satisfaction surveys etc, but I agree that a third party is a best practice. I will certainly check to see who handles the customer satisfaction surveys etc for call centers.

15:30:36 From David Bond - Blue Shield to Hosts and panelists:
Michelle - These third party evaluations are done through Columbia University - Maddie Gould is the primary investigator for Lifeline evaluations

15:30:57 From David Bond - Blue Shield to Hosts and panelists:
includes the surveys your are referencing

15:31:10 From David Bond - Blue Shield to Hosts and panelists:
you are

15:31:11 From Michelle Cabrera (she/her) to Hosts and panelists:
@David - are these publicly available?

15:31:54 From David Bond - Blue Shield to Hosts and panelists:
Absolutely. she publishes widely - lots through the AAs publications but lots of other academic journals.

15:32:09 From Le Ondra Clark Harvey, Ph.D., CBHA CEO to Hosts and panelists:
Thank you, David. 988 call centers follow up is multi-pronged including their own follow up, and follow up from the 3rd party entity as well.

15:32:34 From David Bond - Blue Shield to Hosts and panelists:
I posted a link to some of the evaluations earlier in the chat string

15:33:21 From David Bond - Blue Shield to Hosts and panelists:

Agree with Matt! -

15:33:25 From Michelle Cabrera (she/her) to Hosts and panelists:

Thanks Matt!