



## **California Health and Human Services Agency (CalHHS)**

### **988-Crisis Policy Advisory Group Meeting Summary**

Wednesday, December 13, 2023; 10:00 AM – 3:00 PM PST

#### **Attendees:**

#### **POLICY ADVISORY GROUP MEETING PARTICIPANTS (In-person):**

- **Amanda Levy**, Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)
- **Budge Currier**, Assistant Director, Public Safety Communications California Governor's Office of Emergency Services (CalOES)
- **Chad Costello**, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)
- **Christine Gephart**, Deputy Director Clinical Services, CA Dept. of Developmental Services as alternate for Nancy Bargmann, Director, California Department of Developmental Services
- **Christine Stoner-Mertz**, Chief Executive Officer, CA Alliance of Child and Family Services

- **Erika Cristo**, Assistant Deputy Director, California Department of Health Care Services (DHCS)
- **Kenna Chic**, Health Equity Fellow, State Health Policy, California Health Care Foundation
- **Keris Jän Myrick**, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- **Lan Nguyen**, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department
- **Lee Ann Magoski**, Director of Emergency Communications, Monterey County
- **Lei Portugal Calloway**, Certified Medi-Cal Peer Support Specialist, Peer Team Lead, AOT/CARE Court, Telecare Corporation
- **Melissa Lawton**, Chief Program Officer, Seneca Family of Agencies
- **Michael “Mike” Tabak**, Lieutenant, San Mateo County Sheriff’s Office
- **Michelle Doty Cabrera**, Executive Director, County Behavioral Health Directors Association (CBHDA)
- **Phebe Bell**, Behavioral Health Director, Nevada County
- **Rayshell Chambers**, Commission Member, Mental Health Services Oversight and Accountability Commission (MHSOAC)
- **Rebecca Bauer-Kahan**, Assembly Member (AD-16)/Author of AB 988
- **Robb Layne**, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)
- **Roberto Herrera**, Deputy Secretary, Veterans Services Division, California Department of Veterans Affairs (CalVet)
- **Ryan Banks**, CEO, Turning Point of Central Valley, Inc.
- **Shari Sinwelski**, Vice President of Crisis Care, Didi Hirsch
- **Stephanie Welch**, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)

- **Tara Gamboa-Eastman**, Director of Government Affairs, Steinberg Institute
- **Taun Hall**, Executive Director, The Miles Hall Foundation

**POLICY ADVISORY GROUP MEETING PARTICIPANTS (Virtual):**

- **Anete Millers**, Director of Regulatory Affairs, California Association of Health Plans (CAHP)
- **Bianca Christian**, Associate Therapist, California Coalition for Youth
- **Dr. Jana Lord**, Chief Operating Officer, Sycamores
- **Jennifer Oliphant**, Hope for Tomorrow Program Director, Two Feathers Native American Family Services
- **John Boyd**, Vice President Behavioral Health and Wellness, Kaiser Permanente, NCAL
- **Le Ondra Clark Harvey**, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)
- **Miguel Serricchio**, Executive Vice President, LSQ Funding Group
- **Robert Smith**, Chairman, Pala Band of Mission Indians
- **Susan DeMarois**, Director of California Department of Aging (CDA)

**POLICY ADVISORY GROUP MEETING PARTICIPANTS (Absent):**

- **Ashley Mills**, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- **Brenda Grealish**, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Hernando Garzon**, Acting Medical Director, California Emergency Medical Services Authority (EMSA)
- **Jeff Hebert**, 911 Communications Coordinator, San Diego Sheriff's 911
- **Jessica Cruz**, Chief Executive Officer, NAMI - California
- **Kirsten Barlow**, Vice President, Policy, California Hospital Association (CHA)

## **PROJECT TEAM:**

- Ali Vangrow, Senior Program Analyst, Office of Policy and Strategic Planning, CalHHS
- Anh Thu Bui, MD, Project Director, 988-Crisis Care Continuum, CalHHS
- Betsy Jones, Health Management Associates
- Betsy Uhrman, Health Management Associates
- Brittany Thompson, Health Management Associates
- Jaafar Salim, Health Management Associates
- Jamie Strausz-Clark, Third Sector Intelligence (3Si)
- Justin Letsinger, Health Management Associates
- MaryEllen Mathis, Health Management Associates
- Nicholas Williams, Health Management Associates
- Suzanne Rabideau, Health Management Associates

## **Meeting Summary:**

### **WELCOME, INTRODUCTIONS, AND TECHNOLOGY REVIEW**

Jamie Strausz-Clark, 3Si, convened the meeting and reviewed use of Zoom features and expectations for meeting participants and public observers. Dr. Mark Ghaly, Secretary of CalHHS, delivered an energizing speech about the importance of the Policy Advisory Group. Rebecca Bauer-Kahan, Assembly District 16, called for commitment to mental health care improvements in California and to continue the work of AB 988.

## **MEETING OBJECTIVES, AGENDA, AND LOGISTICS**

Jamie reviewed the meeting agenda and objectives for each agenda item. This meeting of the 988 Policy Advisory Group Meeting had six objectives:

1. Meet Policy Advisory Group members and the project team and lay the foundation for collaboration and productive working relationships.
2. Understand the process for developing the five-year implementation plan:
  - a. How we will build on prior work (the CalHHS Behavioral Health Crisis Care Continuum Plan).
  - b. The Policy Advisory Group's role, composition, timeline, and draft meeting schedule.
  - c. The workgroups, including the role and focus of each workgroup and the opportunity for Policy Advisory Group members to participate.
  - d. The role of CalHHS in developing the five-year implementation plan and how they will consider and address the input of the Policy Advisory Group and workgroups.
3. Discuss, revise as needed, and affirm Policy Advisory Group Charter.
4. Learn more about the workgroups, including which workgroup(s) each Policy Advisory Group member would like to join. Gather Policy Advisory Group members' input to inform the key questions and issues each workgroup should consider addressing in the coming year.
5. Confirm action items and next steps.
6. Hear public comment.

Jared Goldman, General Counsel of CalHHS, introduced and reviewed Bagley-Keene rules. Jamie also introduced the process and rules for public comments, for both virtual and in-person participation. Dr. Anh Thu Bui, Project Director, 988-Crisis Care Continuum, CalHHS, shared a personal story to provide connection to the work of the Policy Advisory Group. Dr. Bui presented the recommendation process for the five-year

implementation plan for a comprehensive 988 system, highlighting the crisis care continuum and objectives of AB 988, as well as the workgroups that will focus on the required recommendation topics.

### **DISCUSSION: POLICY ADVISORY GROUP CHARTER**

Jamie introduced discussion plans to generate ideas for potential recommendations for the Policy Advisory Group Charter. Recommendations from the members of the Policy Advisory Group included:

- Adding implementation of key milestones to the charter
- Including stakeholders from the community, specifically engaging youth voices, considering the range of youth ages, and implementation of youth input in the process (i.e., adding youth liaisons to the workgroup)
- Considering how crisis center members can contribute outside of the workgroups
- Analyzing groups that have elevated risk of suicide and considering targeted approaches driven by data and statistics
- Providing other stakeholders outside of the Policy Advisory Group to be included in workgroups

### **BREAKOUT SESSIONS**

After the lunch break, attendees dispersed to attend sessions and participate in discussion topics. After breakout sessions concluded, participants came together to debrief their breakout sessions as project team leads provided brief summaries of each workgroup.

#### ***Workgroup 1: Comprehensive Assessment of Behavioral Health Crisis Services***

In Workgroup 1, participants expressed an interest to see further emphasis on peer support, connectivity of the system, regional differences for learning, measurement of capacity to report data, and SUD prominence. Questions raised during this discussion included learning what data currently exists and identifying what is

needed, identifying indicators for a healthy Crisis System, and how to measure prevention in the Crisis System. Concerns expressed included the need for more shared understanding, vocabulary, and definitional clarity in talking about “crisis,” as well as ensuring the assessment is looking at the whole system, rather than just Medi-Cal eligible.

### ***Workgroup 2: Statewide Standards and Guidance***

In Workgroup 2, participants identified that level-setting should be an early-stage priority to ensure shared understanding among members of the current state. Such level-setting discussions should include current federal and state standards that apply to all call centers, activities/lessons learned from other states, and the process to maintain call center status. The group also identified certain components to address, including the scope of the discussion, core functions, standards related to call volume, response times, minimum time spent on calls, staffing standards (with emphasis on funding, representation, and workforce pipeline), leveraging technology for access and engagement and processes for measuring progress.

### ***Workgroup 3: 988-911 Behavioral Health Crisis Continuum Integration***

In Workgroup 3, participants discussed the need to understand the intersection between 911 and 988 and build the relationships, protocols, and guidance across the continuum so that they are responsive and addresses the needs of the community; better understand how funds will be distributed between the call centers; and how to build trust as it is critically important to upstream services, as well as addressing biases built into the system. The group also identified the connection to the data workgroup and the importance of data collection and sharing to address disparities in timeliness and access of services by geographical areas.

#### ***Workgroup 4: Communications***

In Workgroup 4, participants agreed that “communications” is an umbrella term that covers a range of needs and activities such as raising public awareness about 988, the 988 user experience, and the broader crisis continuum. After additional discussion, it was suggested that the communications plan should include the following strategies: provide targeted, population-based messaging, to reach people where they are (both physically and virtually), leverage trusted community leaders, and proactively seek community input to mitigate community fear and mistrust.

#### ***Workgroup 5: Data and Metrics***

In Workgroup 5, participants discussed that they would like data and metrics to provide accountability and oversight, demonstration of system improvement, key transition points in the system, and the right incentives. While not specific to the Data and Metrics Workgroup, participants wanted to see improvement in the timeliness of the system (such as answering all 988 calls) and increased data sharing. Questions raised by participants included the use of technology/AI to better streamline data collections, how to classify substance use crises appropriately, and how to ensure that all health plans are meeting their responsibilities to provide essential behavioral health crisis services. Concerns expressed by participants included leveraging sufficient resources, balancing needs for data with clients/customers and the need for privacy/trust, and ensuring that 988 is welcoming in hopes that people return.

#### ***Workgroup 6: Funding and Sustainability***

Workgroup 6 focused on sources and uses of funding, highlighting the need to understand how the system is currently funded and identify the gaps and ways to bring the greatest amount of resources to the 988 system including federal funding and insurance reimbursement. The workgroup identified basic topics that would be helpful to provide, such as how AB 988 fee is funded and the services that will be funded.



## **DEBRIEF BREAKOUTS**

Participants reconvened to debrief from their breakout discussions as project team leads provided brief summaries of each workgroup. The breakout discussions identified the need to develop a shared understanding of standards, context, and scope of the work; implement best practices, protocols, and alignment across the system; address the biases built into the current crisis response system that contributes to the fear and mistrust among many communities; and design a data strategy that articulates the purpose of the data collected and how it will be used to measure broader health outcomes and impact.

## **PUBLIC COMMENT PERIOD**

There were no public comment sign-ups in person or virtually.

## **MEETING ADJOURNED**