



**California Health and Human Services Agency (CalHHS)  
988-Crisis Policy Advisory Group Meeting 2  
Meeting Summary**

February 7, 2024, 10:00 am-3:00 pm PST (Hybrid Meeting)

**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)
- **Anete Millers**, Director of Regulatory Affairs, California Association of Health Plans (CAHP)
- **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)
- **Casey Heinzen**, Staff Services Manager, California Department of Health Care Services – *delegate for Erika Cristo*
- **Chad Costello**, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)
- **Christine Stoner-Mertz**, Chief Executive Officer, CA Alliance of Child and Family Services
- **Doug Subers**, Director of Governmental Affairs, California Professional Firefighters
- **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

- **Kenna Chic**, Former President of Project Lighthouse, California Health Care Foundation
- **Keris Jan Myrick**, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- **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
- **Miguel Serricchio**, Executive Vice President, LSQ Funding Group
- **Rayshell Chambers**, Commission Member, Mental Health Services Oversight and Accountability Commission (MHSOAC)
- **Rebecca Bauer-Kahan**, Assembly Member (AD-16)/Author of AB 988
- **Rhyan Miller**, Behavioral Health Deputy Director Integrated Programs, Riverside County
- **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)
- **Susan DeMarois**, Director, California Department of Aging
- **Tara Gamboa-Eastman**, Director of Government Affairs, Steinberg Institute
- **Taun Hall**, Executive Director, The Miles Hall Foundation

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

- **Bianca Christian**, Associate Therapist, California Coalition for Youth
- **Christine Gephart**, Deputy Director, Clinical Services - *delegate for Nancy Bargmann*
- **David Lawrence**, Chief of Housing and County Support, CalVet - *delegate for Roberto Herrera*
- **Elise Gyore**, Chief of Staff, CA State Assemblymember Rebecca Bauer-Kahan - *delegate for Assemblymember Rebecca Bauer-Kahan*
- **Elizabeth Basnett**, Director, California Emergency Medical Services Authority (EMSA)
- **Jeff Hebert**, 911 Communications Coordinator, San Diego Sheriff's 911

- **Kirsten Barlow**, Vice President, Policy, California Hospital Association (CHA)
- **Lan Nguyen**, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department
- **Michelle Doty Cabrera**, Executive Director, County Behavioral Health Directors Association (CBHDA)
- **Michael Tabak**, Lieutenant, San Mateo County Sheriff's Office
- **Robert Smith**, Chairman, Pala Band of Mission Indians
- **Stephanie Blake**, Behavioral Health Specialist, California Department of Aging – *delegate for Susan DeMarois*

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

- **Budge Currier**, Assistant Director, Public Safety Communications California Governor's Office of Emergency Services (CalOES)
- **Jessica Cruz**, Chief Executive Officer, National Alliance on Mental Illness – California
- **Le Ondra Clark Harvey**, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)
- **Phebe Bell**, Behavioral Health Director, Nevada County
- **Robb Layne**, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)

#### **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
- Chelsea Snow, Health Management Associates
- Devon Schechinger, 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, Consultant, 3Si, convened the meeting and reviewed use of Zoom features and expectations for meeting participants and public observers. She thanked 988-Crisis Policy Advisory Group members and members of the public for joining. Dr. Anh Thu Bui, Project Director, 988-Crisis Care Continuum, California Health and Human Services Agency (CalHHS), led the Land Acknowledgement from the City of Sacramento. Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS) welcomed everyone to the meeting and introduced Taun Hall, Executive Director, The Miles Hall Foundation. Ms. Hall grounded the day by sharing her personal story about the life of her son, Miles Hall. Her remarks were directed at the system failures that led to Miles's death and later to the passage of AB 988. She emphasized the significant task ahead for the Policy Advisory Group and the State.

### **REVIEW MEETING AGENDA, KEY THEMES, AND PROCESS UPDATES**

After a brief pause, Ms. Strausz-Clark provided an overview of the meeting objectives and agenda. She invited members of the public to sign up for the public comment period and addressed the meeting code of conduct. As a brief team-building exercise, Ms. Strausz-Clark read aloud a series of prompts and encouraged members to stand if the statement resonated with them.

Dr. Bui was then invited to provide some key themes and process updates relevant to the Policy Advisory Group and AB988. She began with remarks that included some of the challenges and opportunities within the California crisis care continuum, including the need to focus on issues of access and equity; the need for transparency in the system to build trust within communities; the need to align and collaborate with first responders; the need to center services with peers and peer-based services; and the need to ensure parity in mental health services. Dr. Bui also provided a baseline comparison between 988 and 911 to show the relative nascency of 988 when compared to 911 as well as some important facts about California and county warmlines and hotlines.

She also reviewed the project structure and process updates, including the interplay between the work of the 988 Technical Advisory Board, the 988-Crisis Policy Advisory Group, and the six workgroups that have been formed as part of the project. Dr. Bui further shared some of the takeaways from the first three workgroup meetings, which took place the last week of January and first week of February, as well as other ways community stakeholders will be engaged in work relevant to AB988 in the coming year. At the end of the presentation, Ms. Strausz-Clark prompted time for a formal “Question and Answer” period. Advisory Group members highlighted the desire for the project team to re-circulate dates from the first three workgroups, to develop an acronym list, and request a review of all documents in Policy Advisory Group members’ folders at the beginning of meetings. Ms. Strausz-Clark noted changes from the Charter that was presented at the December meeting – including callouts of different planned avenues for stakeholder engagement, key project milestones, and additional details on membership and selection criteria (inclusion of “gender identity, sexual orientation, age”). The Policy Advisory Group affirmed the revised charter.

### **PRESENTATIONS: CRISIS CARE CONTINUUM & COMPREHENSIVE ASSESSMENT**

Dr. Bui provided information on the Comprehensive Assessment of Behavioral Health Crisis Services, which is one of the required areas of AB988, and the Crisis Care Continuum Plan (CCC-P), a foundational document for the work of AB988 that was developed by CalHHS and partners in 2023. Three research questions that will drive the Comprehensive Assessment were reviewed: (1) What are the knowns and unknowns of the state’s existing behavioral health crisis system including service capacity and infrastructure? (2) What are the highest priority community needs across the California crisis care continuum? (3) What are the most substantial gaps and opportunities for policy and practice across the California crisis care continuum for preventing, responding, and stabilizing crisis?

Dr. Bui shared some of the potential barriers to the assessment, including time pressure, a large, complex, and fast-changing system, and lack of clear definitions. She also shared some key opportunities from which to build upon, including the CCC-P and other recent reports and data sources as well as the diverse voices of those in the room. Dr. Bui presented several other slides,

including the Essential Crisis Services diagram, that showcases three of the pillars of the California crisis care continuum model: preventing crisis, responding to crisis, and stabilizing crisis as well as a table that highlighted potential indicators that the Project Team was reviewing as part of the Comprehensive Assessment.

Ms. Strausz-Clark then opened the floor to another “Question and Answer” period. Advisory Group members raise several points including the need to focus on eminent crisis, the need to connect with what’s coming out of the Children and Youth Behavioral Health Initiative (CYBHI) to inform the Assessment, a recommendation to use the Crisis Now Calculator to help assess the number of mobile crisis teams that may be needed, and the need for peer services. Members also highlighted that Mental Health Equity in California is inclusive of both Mental Health and Substance Use Disorders and that only counting those in the current Medi-Cal system is insufficient to determine the needs of those without Medi-Cal. Advisory group members also shared that it would be helpful for the group to understand the significance of gaps in access in commercial insurance. Further discussing indicators from Dr. Bui’s presentation, Advisory Group members noted that providing average talk time, call answer rate, and call abandonment rates from call centers may also be helpful. Advisory Group members also discussed the need to break out data geographically and consider where resources are most needed to create clearer pathways from mobile crisis response to stabilization.

Given the number and pace of questions, Dr. Bui was unable to provide her full presentation on the Crisis Care Continuum Plan before lunch but did provide a quick review of three strategic priorities that emerged from the CCC-P: access, coordination, and equity, which were the strategies discussed in the two afternoon breakout sessions: “Access” and “Coordination”. Notably, the theme of “equity” was embedded in both sessions.

## **BREAKOUT SESSIONS**

After the lunch break, attendees separated to attend one of two breakout sessions and participate in discussion topics.

## **ACCESS BREAKOUT SESSION**

Ms. Strauz-Clark, facilitator for the Access Breakout Session, welcomed participants and ask members to re-introduce themselves (both in-person and virtual). Advisory Group members were asked to focus the discussion on Strategic Priority #1: Enhance System Capacity across the Crisis Care Continuum, specifically, stabilizing a crisis.

Advisory Group members identified several components of the existing crisis stabilization infrastructure including peer respite; in-home crisis stabilization and residential treatment services; sobering centers; primary care and prescribed medications; short-term residential therapy; emergency departments; education, and other community-supports. While the focus of the discussion was intended to be on crisis stabilization, many Advisory Group members found it challenging to respond without emphasis on or reference to prevention. This prompted discussion of the current state of preventive services and recognition that improvements could be made to keep individuals out of the crisis system. That led to a robust discussion on potential changes to the system, including strategies to improve the quality of experience within system and to build in systemic equity to the benefit of all Californians. Advisory Group members identified opportunities to increase equitable access to and quality of existing stabilization services in the near-term including transportation assistance, expanding the workforce pipeline, community education in prevention and stabilization, and pay equity.

Throughout the discussion, members who had experience in the system shared their personal journeys to inform discussion on system improvements. Members recognized the importance of capitalizing on people's strengths in overcoming crisis. They also identified key factors to ensure access for all Californians: inclusion of people with disabilities; supporting other payers; language access; defining a crisis; addressing federal policies for provider reimbursements; and funding stabilization. The need for and access to peer support, especially considering it is not currently a statewide benefit, was a topic of much discussion among Advisory Group members. Members stated that peer support is especially important when considering transparency in the system, further highlighting its importance in building cultural concordance.

## **COORDINATION BREAKOUT SESSION**

Betsy Uhrman, Associate Principal with Health Management Associates, welcomed the Coordination Breakout Session group by asking members to re-introduce themselves (both in-person and virtual attendees). Advisory Group members were then asked to focus the discussion on Strategic Priority #2: Enhance Coordination across and outside the Crisis Care Continuum, specifically, “responding to a crisis”.

Ms. Uhrman began by asking the group to share the features and some examples of existing equitable and person-centered partnerships engaged in responding to a crisis, both formal and informal. Group members shared aspects of a formal partnership, which would likely include having regular and continuous meetings, funding for shared resources, and involve MOUs/joint protocols. The facilitator prompted the breakout group to consider what informal partnerships look like. Several workgroup members provided responses indicating that informal partnerships can be the result of an incident, such as ad hoc or responsive meetings, and often depend on the encounter. Generally, these informal partnerships tend to build relationships naturally, making referrals and connections that are more individualized. Other examples of formal existing equitable person-centered partnerships included city partnership; county behavioral health clinicians embedded in Public Safety Answering Points (PSAP) dispatch centers; pilot programs in school settings; pairing with caregiver peers in mobile response; and family urgent response systems in mobile response. Examples discussed of informal existing equitable partnerships included counties addressing the needs of the commercially insured and justice alternatives that may occur before or at the point of a crisis. In considering informal partnerships, members highlighted that it is important to know who the key stakeholders are.

Discussion then moved to responding to the facilitator’s next question: In the ideal crisis care continuum, what kinds of partnerships will we need to improve crisis response? Some members suggested creating more structure at the local level to coordinate across crisis systems of care and creating more partnerships that build the behavioral health workforce pipeline. It was suggested that enhanced partnerships could improve the data collected and shared throughout the continuum and that partnerships to create, test, and



deploy innovative digital solutions were promising. It was acknowledged that partnerships require clarity in roles and responsibilities during a crisis response.

## **DEBRIEF**

After the breakout sessions concluded, Ms. Strausz-Clark brought the larger Advisory Group back together for a formal debrief. Volunteer members and facilitators summarized the breakout session's salient points and takeaways, including the need for prioritizing transparency and quality in the system, building trust – especially through peer supports and a quality user experience, investing in the workforce, and mental health apps and platforms. Requested action items from the meeting were reviewed, they included:

- A request to circulate dates of future Workgroup meetings in a follow-up email to members
- A request to provide a list of acronyms that are used in presentation documents and other commonly used terms
- Facilitator will provide an orientation to what is in the member packet at the beginning of each meeting
- A request to disseminate deadlines established for Workgroup activities
- A request to provide a set of definitions to use throughout the project and in project products
- A request to share out member contact information
- A request to include slide presentation printouts for meeting participants

## **PUBLIC COMMENT PERIOD**

Ms. Strausz-Clark 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](mailto:AB988Info@chhs.ca.gov). No public comments were submitted in-person or virtually.

## **MEETING CONCLUSION AND NEXT STEPS**

The project Team shared that materials for this meeting would be uploaded to the CalHHS website on the 988-Policy Advisory Group webpage. Ms. Strausz-Clark added that materials for review would be distributed in advance of the next meeting.

## **ADDITIONAL MATERIALS AND RESOURCES**

- 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 \(December 13th, 2023\)](#)

## Appendix

### Public Zoom Chat

No public comments were received via Zoom chat during the meeting. Below are the chats from each breakout session.

### Access Breakout Session Zoom Chat:

12:57:30 From David Lawrence - CalVet to Jamie Strausz-Clark (she/her)(direct message):

Hi Jamie,

12:58:06 From David Lawrence - CalVet to Jamie Strausz-Clark (she/her)(direct message):

I'm actually a guest attending on behalf of Dep SEc Roberto Herrera so I'm taking copious notes but have never participated with this group before

12:59:49 From Elise Flynn Gyore, Assm Bauer-Kahan to Jamie Strausz-Clark (she/her)(direct message):

Maybe a community based meetings for those struggling with mental health? Similar to AA meetings? This would be after immediate stabilization to support people staying on their meds, talk through experiences, and foster a peer community support network?

13:00:01 From Jamie Strausz-Clark (she/her) to Kirsten Barlow, CA Hospital Assoc.(direct message):

Hi Kirsten. I see your hand; I'll call on you momentarily

13:00:09 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

no problem

13:05:18 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

Please add: Partial hospitalization programs (PHP) and intensive outpatient treatment (IOT) are relevant for both MH and SUD stabilization once an acute episode is stabilized.

Broad comment: Need to ensure we get more precise with our

language. What is considered a "crisis" and when is a crisis considered to be "stabilized"?

13:09:57 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

Please add under "Emergency departments" (EmPATH units, behavioral health navigators)

13:12:49 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

I think we're moving on, so I just wanted to confirm you received my addition above for emergency departments.

13:14:17 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

Should we mention prescribed medications? They can be critical

13:15:06 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

"Prescribed medications, when appropriate"

13:15:09 From Suzette Toscano to Jamie Strausz-Clark (she/her)(direct message):

For Youth, CFS offices

13:17:46 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

Add these to the list of services for which mental health plans and managed care plans must demonstrate they have an adequate network of providers, including with time and distance and timeliness standards.

13:19:49 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

CHA recommends DHCS issue a BH Information Notice that explains (and encourages) the mental health plans' ability to contract with and reimburse mental health PHP/IOT providers when they meet the requirements of "Day Treatment Intensive."

13:21:26 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

Prohibit mental health plans and managed care plans from requiring prior authorization or a contract for crisis stabilizing services to be covered and reimbursed. This is an important part of parity with how medical crises

are managed by payors.

13:23:29 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

An example of the comment above is that we have hospitals establishing EmPATH units in their emergency departments, but they're being told by the mental health plans that they will not cover the crisis stabilization services provided to Medi-Cal beneficiaries unless the hospital gets into the county's network by responding to an RFP.

13:24:44 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

Another example is that we have psychiatric hospitals that have opened crisis residential programs, but local county mental health plan declining to contract with them despite high demand in the community.

13:27:26 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

SB 855 requires commercial plans to cover many of these services, but we need regulatory agencies to ensure they make them available and that commercial plans start participating in the development of more capacity instead of relying on government funded programs to create access to everyone in the community.

13:35:09 From Kirsten Barlow, CA Hospital Assoc. to Jamie Strausz-Clark (she/her)(direct message):

That comment should go on the opportunities

### **Coordination Breakout Session Zoom Chat:**

12:48:23 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : the audio sounds crunchy to me. is that only on my end?

12:49:59 From Nicholas Williams to Michelle Cabrera (she/her)(Direct Message) : hmm. sorry. Let me check.

12:57:49 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : I'm not seeing the materials being described now in my emails or attached to the calendar

13:02:14 From Nicholas Williams to Michelle Cabrera (she/her)(Direct Message) : Yes, we'll send them out. Apologies. This is a little side

conversation before the exercise.

13:02:32 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : Reacted to "Yes, we'll send them..." with [thumbs up]

13:03:54 From Nicholas Williams to Michelle Cabrera (she/her)(Direct Message) : You can see the whiteboard, yes?

13:04:00 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : Yes

13:04:17 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : Can you put the question in the chat?

13:04:31 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : The way the screen share is working, the question is not viewable

13:06:13 From Nicholas Williams to Michelle Cabrera (she/her)(Direct Message) : better?

13:06:51 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : Yes

13:13:59 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : Who is Melissa with?

13:14:48 From Nicholas Williams to Michelle Cabrera (she/her)(Direct Message) : Seneca, I think

13:14:59 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : Sounds right. Thanks

13:32:40 From Claudia Chavez- Pala Band to Nicholas Williams(Direct Message) : I am having issues with the communication. Can I put my comments here to you?

13:32:54 From Nicholas Williams to Claudia Chavez- Pala Band(Direct Message) : Reacted to "I am having issues w..." with [Thumbs Up]

13:33:38 From Michelle Cabrera (she/her) to Nicholas Williams(Direct Message) : Regional Centers for IDD as well

13:36:40 From Claudia Chavez- Pala Band to Nicholas Williams(Direct Message) : My name is Claudia Chavez, and the Director of Pala Social Services. We have a mobile crisis (Tuchily Healing Hearts Tribal Mobile Crisis Response Team) here for Native American living in this reservation. We are hoping to one day expand to our surroundings. We have team with Indian Health Clinic for 988, and we are also working with Housing for prevention of

youth suicide and homelessness. We are working with courts. We also want to collaborate and partner with others.

13:39:55 From Claudia Chavez- Pala Band to Nicholas Williams(Direct Message) : Thank you. My mic is not working and I am having hard time hearing. Maybe it's on my end.

13:40:34 From Claudia Chavez- Pala Band to Nicholas Williams(Direct Message) : Peer experience is very valuable.

13:46:33 From Brittany Thompson : To Zoom participants, we will need about 10 minutes to get the room set back up for share-out. We will resume at around 1:55pm. thank you!

13:55:34 From Brittany Thompson : Thank you for your patience, everyone!

14:09:40 From Brittany Thompson : Noting to room facilitation that we cant hear you

14:47:35 From Brittany Thompson : Thank you all so much for your engagement and your patience. We appreciate you all joining.

14:47:52 From Nicholas Williams : thanks to all our online folks!