



**California Health and Human Services Agency (CalHHS)**  
**988-Crisis Workgroup 3: Integration Meeting**  
**Meeting Minutes**  
**January 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 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](#) for December 13th, 2023

**Workgroup Members in Attendance:**

- Angela Kranz
- Casey Heinzen
- Christine Gephart
- Connie Moreno-Peraza
- Corinne Kamerman
- Doug Subers
- Elena Lopez-Gusman
- Elizabeth Basnett
- Dr. Hernando Garzon
- Jacqueline Alvarez
- Jana Lord, Sycamores

- Lan Nguyen
- Lee Ann Magoski
- Melissa Lawton
- Mike Tabak
- Paul Rains
- Rebecca Neusteter
- Rhyan Miller RUHS BH
- Stephanie Welch, CalHHS
- Tara Gamboa-Eastman, Steinberg Institute

## **Welcome and Introduction**

Betsy Uhrman, Associate Principal, Health Management Associates, opened the meeting and explained that this group is a subgroup of the 988-Crisis Policy Advisory Group. She thanked group members and members of the public. Betsy Uhrman reviewed meeting logistics and the virtual meeting guidelines for both group members and members of the public.

All group members in attendance introduced themselves using the chat function in Zoom.

## **Level Setting on AB-988 and Workgroups**

Dr. Anh Thu Bui, Project Director, 988-Crisis Care Continuum, California Health and Human Services Agency provided background on the project.

- AB 988 involves a lot of components; today we are focused on the Advisory Groups.
- The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022. It creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month.
- Requires the California Office of Emergency Services (CalOES) to convene a [988 Technical Advisory Board](#), which has been meeting over the past year and is focused on interoperability between 988, 911, and behavioral health crisis services. The Technical Advisory Board is focused on technology standards.

- CalHHS is required by AB 988 to convene a Policy Advisory Group to advise on a set of recommendations for the five-year implementation plan for a comprehensive 988 system by December 31, 2024, that is responsive to all Californians' needs. The 988-Crisis Policy Advisory Group will be using the Crisis Care Continuum Framework that is outlined in the [CalHHS Behavioral Health Crisis Care Continuum Plan](#)
- The Policy Advisory Group will meet six times between February and November 2024.
- CalHHS is expecting a draft implementation plan by September 2024, a public review and comment in October, and a final report presented to the state legislature in December 2024.
- CalHHS is required to report progress on the implementation plan annually to state legislature for five years. This requires an operationalizable plan with goals and data reports that would demonstrate progress over time.
- Technology and policy intersect, and the two advisory groups (CalOES Technical Advisory Board and 988-Crisis Policy Advisory Group) share common goals; there is progress in moving toward a California-specific technology platform for 988
- Supporting the work of the Policy Advisory Group are six workgroups which will be convened to do a deep dive into the content and provide recommendations back to the policy group. Workgroup members will provide expertise and share examples of local, innovative solutions that may be scalable. The workgroups will be sequenced, with three spanning January–April and the remaining three meeting monthly from May–August.
- CalHHS will coordinate and synthesize the work with state partners to develop an actionable plan.
- There are several ways that statewide collaboration will occur, including individualized opportunities, including surveys, focus groups, interviews, and research/data.
- Priority populations for outreach and engagement include: justice-involved populations, BIPOC, LGBTQ+, tribal communities, children and youth, peers, disability rights representatives, families, and others.

Betsy Uhrman provided additional detail regarding the workgroup process.

- The three workgroups launching in January 2024 are focused on different

aspects of the behavioral health crisis care continuum. Workgroup 1, Comprehensive Assessment, will engage members in understanding needs across the continuum; Workgroup 2, Statewide Standards and Guidance, will focus on the point of response; Workgroup 3, Integration, will consider integration within and outside the continuum.

- 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 3**

Heidi Arthur, Principal, Health Management Associates shared that the purpose of the workgroup is to explore three recommendation topics contained in [AB 988 legislation in California statute](#):

- (6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers
- (7) Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services
- (9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner

Heidi Arthur proposed a sequencing for the remaining meetings, with each meeting focused on integration with stakeholders within and outside the behavioral health crisis continuum (i.e., recommendations for community behavioral health referral partner/community gatekeepers; 911 and Emergency System integration; mobile crisis, crisis receiving and stabilization, and community mental health integration).

Heidi Arthur noted that some possible areas of recommendations could include: key considerations, guidance to inform policies, needed resources, and potential barriers to anticipate.

## **Discussion**

Workgroup members offered input as to what should be considered in developing the agenda for the upcoming Workgroup 3 meetings.

### **General Considerations**

- Important to consider how public experience will impact 988 utilization
- Need to ensure planning focus and language used is not limited to the mental health (MH) realm; need to consistently address both substance use disorder (SUD) and MH crises
- Calls to 988 that are not individuals calling but are made via “the back door 988 channel” need to be counted as part of the call center service volume
- Need to consider special populations such as people who have developmental disabilities, those who are Deaf and Hard of Hearing, and other groups for whom crisis response demands special accommodation/expertise

### **Specific Considerations: Community Response**

- Community-based organizations (CBOs) need to understand their role in crisis response so that their capacity is optimized to broker culturally competent response to crises experienced by those they represent
- Emergency Departments are also a community connection point for the crisis care continuum
- We need to ensure training for staff and interpreters on de-escalation techniques from a culturally competent approach
- Some crisis systems are not integrated for referrals to CBOs
- State and national initiatives are working toward geo-routing 988 contacts within the next year or two, which would allow routing based on the closest

cell tower

- Need a statewide and a national directory of 988 call centers; to better connect to local resources
- Need to look at the role of community paramedicine and transfer to alternate destination for care at the right place at the right time
- 988 is meant to be the aggregator of multiple responses: homeless response, faith-based orgs included

### **Specific Considerations: 911/988**

- Interest in a “caller’s bill of rights” – what to expect when you call 988 or 911— what people expect and receive is not always the same, any responder (e.g., mobile crisis, EMS) should be trained to engage according to caller’s bill of rights
- Need for bilingual and bicultural response to avoid the 5150 route when in doubt
- 911 and 988 integration – 988 centers are required to operate on principle of least restrictive intervention possible—only 2% are directly transferred to EMS; 60% are with full consent of the person
- CalOES Technical Advisory Board work will dovetail with this integration discussion
- 911 and 988 integration is “technical and process” specific--protocol under development to handoff calls from 911 to 988
- Concerns about co-occurring medical and BH issues being hard to assess for confident handoffs; notes that the importance of responding to co-occurring BH and medical; recommends determining when a hand-off is appropriate and when a simultaneous response would benefit the situation and person
- Discuss the differences between the 911 and 988 systems and how this is communicated to patients, *so we don’t rebuild the 911 system* (e.g., what is the difference between emergency and crisis, and where is the overlap? What is a call system?)
- There is a need to understand Emergency Medical Services (EMS) transportation laws and the barriers that current law presents in enabling EMS transport to Behavioral Health Urgent Cares, Residential Detox, or Sobering Centers

### **Specific Considerations: Mobile crisis and mental health**

- It is important to understand what currently exists and how that integrates with 988 implementation planning. There was mention, for example, that county health departments are required to have a crisis response in place. (Betsy Uhrman noted that Workgroup 1, Comprehensive Assessment, is working to inventory services and needs.)

### **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](mailto:AB988Info@chhs.ca.gov).

There were no public comment sign-ups.

### **Meeting Wrap-Up and Next Steps**

Betsy Uhrman noted that the next meeting of Workgroup 3 will take place on February 29, 2024, 2:00–4:00PM Pacific. The public agenda will be posted on the 988–Crisis Policy Advisory Group website 10 days in advance. Betsy Uhrman thanked everyone for attending and adjourned the meeting.

## **APPENDIX I: PUBLIC ZOOM CHAT**

00:14:45 Betsy Uhrman (HMA) (She/her): Welcome, we will begin closer to 12:03pm.

00:18:38 Brittany Thompson: If you have been confirmed as a workgroup member, we would love it if you could turn on your camera, if you are able.

00:19:47 Brittany Thompson:

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

00:20:52 Brittany Thompson: If you would like to sign up for public comment, please direct message me, Brittany Thompson.

00:20:54 Tara Gamboa-Eastman: Tara Gamboa-Eastman, Steinberg Institute co-sponsor of AB 988

00:21:02 Jo Jo Lee, LPCC - Triton CORE: Hi, This Jo Jo Lee, from UC San Diego Mobile Crisis Team (Triton CORE).

00:21:06 Stephanie Welch, CalHHS: Stephanie Welch, CalHHS

00:21:13 ahenry: Aaron Henry, VP of Growth with Carelon Behavioral Health

00:21:17 Garrett Williams - UCSD PD: Garrett Williams - Communications Sergeant at University of California, San Diego Police Department

00:21:18 Casey Heinzen, CA DHCS: Casey Heinzen, California Department of Health Care Services

00:21:18 Lee Ann Magoski: Lee Ann Magoski, 911 Director, Monterey County, NENA 2nd Vice President

00:21:23 Doug Subers, California Professional Firefighters: Doug Subers, California Professional Firefighters

00:21:23 Connie Moreno-Peraza, Madera County BHS: Hello. Connie Moreno-Peraza, CBHDA rep. Madera County BH Director.

00:21:25 Elizabeth.Basnett: Hi, Liz Basnett with the Emergency Medical Services Authority

00:21:26 Corinne Kamerman: Corinne Kamerman, DHCS

00:21:28 Angela Kranz, CDPH SAPB: Angela Kranz, California Department of Public Health Substance and Addiction Prevention Branch

00:21:28 Rebecca Neusteter (she/her): Rebecca Neusteter, Executive Director of the University of Chicago Health Lab, resident of Los Angeles, Principal Investigator of national Inform988 effort

00:21:31 Christine Gephart: Christine Gephart, Department of Developmental Services

00:21:32 Rhyan Miller RUHS BH: Rhyan Miller, Riverside BH Deputy Director-



divisions: DMC ODS, Crisis System of Care, Hospital/ED navigation County wide

00:21:34 Lan Nguyen: Lan Nguyen, Santa Clara County Behavioral Health Services – 988 crisis services

00:21:34 Melissa Lawton (she/her) | Seneca: Melissa Lawton, CPO Seneca Family of Agencies

00:21:43 Jacqueline Alvarez, CCCCCO: Jacqueline Alvarez from the California Community Colleges Chancellor's Office, serving 116 colleges and 1.9 million students.

00:21:47 Elena Lopez-Gusman: Elena Lopez-Gusman, Executive Director, California Chapter American College of Emergency Physicians

00:21:50 Paul Rains: Paul Rains System SVP Behavioral Health Common Spirit Health, provider, consumer, family member, advocate

00:21:51 Christian Gasca, LCSW: Hello from San Diego! My name is Christian Gasca. I use he/his pronouns. I am a Licensed Clinical Social Worker and I am a Triton CORE clinician at UC San Diego.

00:21:52 Hernando.Garzon:Hernando Garzon, MD CMO, Emergency Medical Services Authority (EMSA)

00:22:05 West Anderson (they/them): Assistant Director for Suicide Prevention Service of the Central Coast, answering 988 calls for Monterey, Santa Cruz, and San Benito counties

00:22:11 Meshanette Johnson-Sims, PhD: Hi, Dr. MJ-Sims, Carelon Behavioral Health

00:22:22 mtabak: Good afternoon. I'm Mike Tabak. I'm a Lieutenant with the San Mateo County Sheriff's Office with experience in Crisis Intervention Training and Crisis Co-Response.

00:24:25 Eduardo Caldera, LPCC (he/him/his): Eduardo Caldera, LPCC, crisis clinician at UCSD.

00:30:53 Brittany Thompson: If you would like to send public comment via the project email address, please send it here: [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov)

00:33:58 Brittany Thompson: 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](http://www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf)

00:34:06 Brittany Thompson: [www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS\\_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf](http://www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf)

00:35:02 Emily Wu Truong: Emily Wu Truong, #LadyInGreen, Visual &

Performance Artist, Former representative for the California Mental Health Movement "Each Mind Matters" Initiative via CalMHSA, NAAPIEN Steering Committee Member, Psychiatric & Sexual Assault Survivor

00:35:37 Brittany Thompson: Please see this link for more information about the 2/7 PAG Meeting

00:35:38 Brittany Thompson: <https://www.chhs.ca.gov/wp-content/uploads/2024/01/FINAL-Public-Notice-and-Agenda-PAG-Meeting-02072024.pdf>

00:36:55 Emily Wu Truong: I have already shared my 5150 story caused by 988 nationally via the Wildflower Alliance based in Massachusetts: <https://youtu.be/s84ysd8kB5Y?si=kuXDoMd426dKlkGG>

00:44:29 Brittany Thompson: What key considerations will be critical to our discussion of Community BH Crisis System Planning and Monitoring including integrating other referral partners/community gatekeepers? Is there anything else that we (as a workgroup) need to inform that discussion? Are there existing methods or models that can be adapted to inform our work?

00:49:02 Matt Taylor: Thank you Dr. Bui for noting the high in-state answer rates by the twelve 988 centers within CA --, and in the face of increased volume. As a reminder to all, one of the benefits of the 988 Network is that the 12 988 centers in the state back one another up so that when one center is unable to answer, another CA center will be likely to. In the event no CA center can answer at that moment, the 988 contact rolls into a national level backup network of centers.

01:00:03 Elena Lopez-Gusman, CalACEP: Having EDs on the bottom line also implies that the only access point for patients to EDs is 911 (or now 988). Many patients walk in behavior health crisis and the ED could be also a connection point

01:00:34 Betsy Uhrman (HMA) (She/her): Raised hands (order): Tara, Connie, Rhyan, Doug. Thank you.

01:08:35 Betsy Uhrman (HMA) (She/her): Raised hands (following Doug): Elena, Jo Jo. Thank you.

01:10:09 Brittany Thompson: What key considerations will be critical to our discussion of recommendations for 911 and Emergency System Integration? Is there anything else that we (as a workgroup) need to inform that discussion? Are there existing methods or models that can be adapted to inform our work?

01:13:25 Rhyan Miller RUHS BH: I will not pretend to understand EMS transportation laws but we have been told over the last few years many of our

EMS responders would love to transport to our BH Urgent cares, SUD Residentials Detox or Sobering Center but cannot due to laws that they must transport to ED/Hospital. I have also heard there is some type of waiver some have but only for Medi-Medi patients (so very few of our population of response).

01:17:07 Rhyan Miller RUHS BH: To selfishly add to Jo Jo's statement: Using the Inland Empire as an example, 988 calls ring to an operator in Los Angeles which causes a host of issues, if any room in the workgroup to discuss later that would be great, if a different workgroup just let me know.

01:17:13 Elena Lopez-Gusman, CalACEP: That used to be the case but recent legislation now allows local EMS agencies to apply to take 911 callers to behavioral health and sobering center alternate destinations, rather than the ED

01:18:26 Lee Ann Magoski: The recommendation for 911 and Emergency System Integration needs to have a discussion about reality of current 911 processes and the idea of transferring calls. There are 420+ 9-1-1/PSAPS in California and each of us can do things differently based on the agencies that the center provides service to. This is not solely a technology issue.

01:18:38 Rhyan Miller RUHS BH: @Elena Lopez-Gusman, CalACEP would you mind emailing me the link to that so I can share/press for change? RMiller@ruhealth.org or here is fine too!

01:20:04 Elena Lopez-Gusman, CalACEP: I'm happy to email you the link but I'll also note for the group that it was first authorized by AB 1544 in 2020 and reauthorized by AB 767 enacted last year

01:20:11 Jo Jo Lee, LPCC - Triton CORE: thank you very much Matt! That's a very exciting news!

01:20:13 Lan Nguyen: 988 call routing by area codes and 6 rings/30 seconds limitations are the reason why local 911 agencies will only transfer call to a backline of their local 988 centers. I would like to have this as one of the topic for discussion in this workgroup, if possible.

01:20:28 Rhyan Miller RUHS BH: Reacted to "I'm happy to email y..." with heart emoji

01:21:41 Betsy Uhrman (HMA) (She/her): We are capturing comments in the chat. Thank you for your input here.

01:22:09 Jacqueline Alvarez, CCCCCO: Can you please share the pending legislation information focused on geo routing?

01:22:39 Emily Wu Truong: Could this group propose an amendment to the 5150 law that the government pay for 5150s when patients are involuntarily

hospitalized against their will? I was very coherent during my 5150, & no one from USC Arcadia Hospital shared with me what my patient's rights were. They also wrote in false information in patient's records.

01:23:02 Rebecca Neusteter (she/her): Replying to "Could this group pro..."  
<https://www.padilla.senate.gov/wp-content/uploads/MIR23D92.pdf>

01:23:26 Lan Nguyen: Thank you, Matt!

01:24:09 Emily Wu Truong: I filed a complaint with Vibrant Emotional Health & they told me that to obtain information from them - I would need to get a court order or subpoena.

01:24:12 Rebecca Neusteter (she/her): Replying to "Could this group pro..."  
<https://www.dailynews.com/2024/01/09/la-county-supervisors-want-congress-to-fix-broken-suicide-and-crisis-hotline/>

01:25:00 Lee Ann Magoski: In an effort to be inclusive, I would like to educate that 9-1-1 Dispatchers or Telecommunicators is the appropriate reference. Not operators. As of 2021 Dispatchers are considered First-Responders in California.

01:25:01 Emily Wu Truong: Replying to "Could this group pro..."  
I've reached out to Alex Padilla, but no one from his office has not reached out to me.

01:25:07 Rebecca Neusteter (she/her): Replying to "Can you please share..."  
Apologies, responses to this question were posted below Emily's chat.

01:25:47 Rebecca Neusteter (she/her): Reacted to "In an effort to be i..." with thumbs up emoji

01:26:01 Jacqueline Alvarez, CCCCCO: Replying to "Can you please share..."  
I see it. Thank you.

01:26:14 Elena Lopez-Gusman, CalACEP: The pilot you are mentioning in Stanislaus county led to the bills i previously referenced

01:27:28 Emily Wu Truong: I'm working on creating a support group directory for immigrants who mostly speak East Asian languages.

01:28:13 Emily Wu Truong: Replying to "I'm working on creat..."  
My understanding is that this kind of directory does not exist yet.

01:31:46 Matt Taylor: Jacqueline, one example of pending legislation related in part to geo-routing of 988 is CA Congressman Cardenas' 988 Local Response Act of 2023. See:

[https://cardenas.house.gov/imo/media/doc/988\\_geo-routing\\_bill.pdf](https://cardenas.house.gov/imo/media/doc/988_geo-routing_bill.pdf)

01:32:06 Jacqueline Alvarez, CCCCCO: Reacted to "Jacqueline, one exam..." with thumbs up emoji

01:32:59 Suzanne Rabideau: Thank you all for sharing resources. We are

compiling a resource document for all workgroups that will be sharing in the near future.

01:33:42 Jo Jo Lee, LPCC – Triton CORE: Replying to "I'm working on creat..."  
Emily, not for support group but I know the below organization has created a directory for individual therapy. <https://www.asianmhc.org/>

01:33:43 Angela Kranz, CDPH SAPB: Is it possible for this workgroup to revisit/standardize the guidance to staff answering 988 calls to lower the risk of unwanted outcomes?

01:34:43 Emily Wu Truong: If anyone wants to reach out to me, here is my contact info: [emilywutruong168@gmail.com](mailto:emilywutruong168@gmail.com)

LinkedIn: @emilywutruong

Instagram & Facebook: @emilywspeaks

01:36:28 Emily Wu Truong: Replying to "I'm working on creat..."

Hi Jo Jo, I am aware of that organization. I believe that group mostly helps the 2nd generation AANHPI English-speaking community.

01:36:51 Emily Wu Truong: Replying to "I'm working on creat..."

I have been part of their virtual conference 1x before to moderate their peer panel several years ago.

01:37:04 Matt Taylor: Another example of pending 988 geo routing legislation is the 988 Lifeline Location Improvement Act of 2023 by Sen. Barasso (R-WY) and Sen Lujan (D-NM). See:

[https://www.barrasso.senate.gov/public/\\_cache/files/022beb00-8e3b-4cef-9f76-66e0c4252c6c/12.13.23-988-lifeline-location-improvement-act-signed.pdf](https://www.barrasso.senate.gov/public/_cache/files/022beb00-8e3b-4cef-9f76-66e0c4252c6c/12.13.23-988-lifeline-location-improvement-act-signed.pdf)

01:37:46 Jacqueline Alvarez, CCCCCO: Reacted to "Another example of p..." with thumbs up emoji

01:43:57 Jo Jo Lee, LPCC – Triton CORE: Reacted to "I have been part of ..." with thumbs up emoji

01:44:01 Connie Moreno-Peraza, Madera County BHS: We need to ensure Training for staff and interpreters on de-escalation techniques from a culturally competent approach. Thank you.

01:44:36 Matt Taylor: Given the nature of this workgroup, here is 988 Lifeline information (national, publicly available) on when 988 counselors may engage law enforcement. [https://988lifeline.org/wp-content/uploads/2023/05/Why-might-the-988-Suicide-Crisis-Lifeline-utilize-any-sort-of-intervention-that-may-involve-police\\_.pdf](https://988lifeline.org/wp-content/uploads/2023/05/Why-might-the-988-Suicide-Crisis-Lifeline-utilize-any-sort-of-intervention-that-may-involve-police_.pdf)

01:46:18 Matt Taylor: And this is the suicide safety assessment standards for

988 centers: [https://988lifeline.org/wp-content/uploads/2023/02/FINAL\\_988\\_Suicide\\_and\\_Crisis\\_Lifeline\\_Suicide\\_Safety\\_Policy\\_-3.pdf](https://988lifeline.org/wp-content/uploads/2023/02/FINAL_988_Suicide_and_Crisis_Lifeline_Suicide_Safety_Policy_-3.pdf)

01:47:58 Justin Letsinger: <https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/> Includes links to Workgroup Meeting documents, such as meeting notes and video recording

01:50:02 Eduardo Caldera, LPCC (he/him/his): Thank you @Matt Taylor!  
Appreciate the resources