California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 3: Integration Meeting
Meeting Summary
February 29, 2024 I 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 (December 13th, 2023)

Workgroup Members in Attendance:

- **Andrew Holcomb*,** Emergency Medical Services Administrators' Association of California (EMSAAC)
- **Angela Kranz*,** California Department of Public Health
- **Ben Conway*,** California Department of Justice
- **Casey Heinzen*,** California Department of Health Care Services (DHCS)
- **Connie Moreno-Peraza*,** Director, Madera County Department of Behavioral Health Services and CBHDA
- **Doug Subers*,** California Professional Firefighters
- **Hernando Garzon*,** California Emergency Medical Services Authority (EMSA)

- **Jacqueline Alvarez*,** California Community Colleges
- **Jana Lord*,** Sycamores
- **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)
- **Lee Ann Magoski*,** Monterey County
- **Melissa Lawton*,** Seneca Family of Agencies
- **Michael Tabak*,** San Mateo Sheriff's Office
- **Paul Rains*,** Common Spirits
- **Rebecca Neusteter*,** University of Chicago Health Lab
- **Stephanie Welch*,** California Health and Human Services Agency (CalHHS)
- **Tara Gamboa-Eastman*,** Steinberg Institute
- **Victoria Kelly*,** Redwood Community Services

Project Staff in Attendance:

- **Anh Thu Bui***, California Health and Human Services Agency (CalHHS)
- **Rob Muschler*,** Health Management Associates
- **Heidi Arthur***, Health Management Associates
- **Nick Williams***, Health Management Associates

Workgroup Members Not in Attendance:

- **Christine Gephart,** Department of Developmental Services
- **Corinne Kamerman,** California Department of Health Care Services (DHCS)
- **Elena Lopez-Gusman,** California American College of Emergency Physicians (ACEP)
- **Elizabeth Basnett,** California Emergency Medical Services Authority (EMSA)
- **Keris Jän Myrick,** Inseparable
- **Lei Portugal Calloway,** Telecare Corporation
- **Peter Stoll,** Humboldt County Office of Education
- **Rhyan Miller,** Riverside County Department of Behavioral Health

*Attended virtually

Review of Agenda and Session Objectives
Rob Muschler, Senior Consultant, Health Management Associates, opened the meeting and explained that this is the 988-911 Behavioral Health Crisis Care Continuum Integration Workgroup. He thanked workgroup members and members of the public for joining and provided an overview of Zoom functionality. He then overviewed the meeting objectives and agenda, followed by the Policy Advisory Group and Integration Workgroup membership. He also invited members of the public to sign up for the public comment period and discussed the meeting code of conduct.

Rob provided a brief overview of the overall project, as well as the Workgroup's role in the process. He overviewed the AB 988 Required Recommendation Areas that would be the focus of the Integration Workgroup. He also reminded participants that the workgroups are subject to the requirements of the Bagley-Keene Open Meeting Act.

Overview of Transitions Within the Behavioral Health Crisis Continuum
Rob Muschler overviewed the Transitions in Crisis System graphic that was adapted from the Behavioral Health Crisis Care Continuum Plan (CCC-P). He explained that the graphic is meant to outline the players within the crisis care continuum and identify key points of transition between those players. He noted that the graphic is imperfect, but that it will be used to help focus our discussions over the coming meetings. He explained that the lettered transitions on the graphic – shown as A through F – will be explored by this workgroup. These letters represent points along the continuum where the state may have some role to play in supporting successful transitions. Rob then briefly overviewed a glossary of terms used in the graphic.

Rob overviewed slide 19, which is meant to capture the work of other bodies/groups that may impact the points of transition shown on the graphic. Dr. Anh Thu Bui highlighted several of these related efforts and asked the workgroup to identify any others missing from the slide. Heidi Arthur then briefly overviewed notes from Meeting 1 of the Integration Workgroup, as well as the February 7 meeting of the Policy Advisory Group.

Discussion and Active Listening
Rob Muschler provided an overview of the discussion format. He noted that

today's discussion would focus on the points of transition identified on the graphic as A) Warmlines/County Access Lines & Crisis Hotlines/988 and C) Crisis Hotlines/988 & Mobile Crisis Team Services/Co-Response Models. He explained that vignettes describing successful transition will be used to prompt discussion. Rob added that workgroup members will be asked to identify what levers the state can pull to support that successful outline. He briefly talked through the levers the state can exercise, namely, legislation and regulations, resource stewardship, convener, and oversight and monitoring.

Rob gave workgroup members time to read the first vignette found on slide 25 and then asked the group: Which levers can the state utilize to support a successful outcome? He also drew attention to an excerpt from the CCC-P that outlined possible areas for state intervention.

- A workgroup member asked to review the CCC-P graphic again. They asked about the flow of the chart and if it was intended to reflect how the state wanted the system to flow. They also noted that several counties have integrated 911-988 and mobile crisis systems which aren't fully captured. The workgroup member continued and suggested grouping county access lines/211 in with 988 and adding hospital emergency departments as a part of crisis receiving and stabilization. Rob acknowledged that the graphic is imperfect and is not intended to reflect the State's goals. He added that there is a great deal of local nuance that cannot be captured in a single graphic, so local tailoring might be required. Another workgroup member agreed that tailoring the graphic to the local context would be important.
- A workgroup member, referencing the vignette, noted that same-day access was clearly helpful to addressing the individual's needs. Another workgroup member agreed that the timeliness is great but noted that it was unrealistic. They continued by noting that we should think about the larger connection to social services and other systems (e.g., housing, income benefits, etc.), not just the response.
- A workgroup member noted that the scenario assumes resources like transportation and insurance coverage are in place.
- A workgroup member appreciated the language about peer-support specialists and noted their importance in building trust and support services.
- A workgroup member asked if, in the scenario, the woman would have to

explain their situation twice (once to 211 and again to 988). They asked if the state might be able to support infrastructure for data/information sharing to improve the user experience.
- A workgroup member noted the soup kitchen worker's ability to identify the potential crisis and asked about the possibility for training to help others with this kind of identification.
- A workgroup member noted that the scenario doesn't include references to other social service resources they might have available or potential family connections.

Rob reminded the group that the focus of the discussion was ways the state could make the 211 to 988 transition successful. He added that another way to frame the discussion could be: "What assumptions does the scenario make that are supporting its success?"

- A workgroup member noted that, often, there are no shelter spots available or there's not a case worker ready to provide support.
- Going back to the information transfer, a workgroup member noted some warm handoff connections between 988 and 211. They added that there were some obstacles for 988-911 but noted that there is a Technical Advisory Board (TAB) formed to work through some of these challenges. A workgroup member that participated on the TAB added that the technology is still in production.

Rob asked if there was more regionalized planning that the state could support or convene.

- A workgroup member agreed, commenting that the state could establish the structure whereby the local government could convene stakeholders and develop a regional flow chart based on local resources.

Rob gave workgroup members time to read the second vignette found on slide 27 and then asked the group: Which levers can the state utilize to support a successful outcome? He also drew attention to an excerpt from the CCC-P that outlined possible areas for state intervention.

- A workgroup member noted that a child in foster care is eligible for Medi-Cal and so is hopefully enrolled. They also mentioned other supports that are hopefully in place – connections to other mental health services, ongoing case coordination, etc. They noted that – ideally – they're

engaging the child's ongoing provider during this crisis.

- A workgroup member noted the the Family Urgent Response System (FURS) program, as well as other foster youth-specific programs that exist. Another workgroup member noted that, in several counties, the behavioral health crisis teams engage FURS. They added that this is another reason why local planning is needed. Another workgroup member highlighted the importance of FURS and 988 integration.
- A workgroup member noted that scenario assumes a relationship between the 988 center and a mobile crisis resource. They continued that in their rural county, the 988 crisis center is not local, so they're not sure how they would know what resources are actually available.
- A workgroup member noted that the scenario could be an ideal situation of how the pieces work together, but not all counties have similar resources. However, the state could encourage community providers and 988 to work with the county behavioral health departments and existing mobile response programs in place.
- A workgroup member noted that this scenario helps to show some of the silos within the system. The state could support counties, providers, Managed Care Plans, and others to better align care so as not to duplicate efforts. Another workgroup member added that the state should create universal protocols for engaging foster youth.

Heidi Arthur asked about potential preventative efforts the state could support to avoid or prevent crisis and ways to avoid repeat crises.

- A workgroup member responded that well-established child welfare programs with therapy and wellness planning would be important. They added that youth mentors are also a great resource and available in a number of counties.
- A workgroup member noted that a planning process specific for foster youth and foster care with a child-family planning team would be important. For non-foster youth, they noted the need to determine how the different funding systems work together.
- A workgroup member noted that there should be standard protocols followed for after a crisis to prevent future crises. They added that the state could also support schools in connecting to higher acuity services.
- A workgroup member noted that, looking at required recommendation area 7, there's a population health perspective related to this vignette.

How can we anticipate the needs for services resulting from traumatic events, like the death of a parent and sibling? They added that there's a gap in how research can help to document this need for crisis services.

- A workgroup member added that it can be very difficult to locate community-based resources when there's no uniformity to websites. Does every county have a mobile crisis unit? How are the resources and services mapped? Where is information located and how is it shared? It would be helpful if the state offered guidance regarding the structure, organization, and centralization of resource data by county.
- A workgroup member noted EMS mobile crisis services and the need to consider how teams interoperate and the expectation for expedient access and intervention. Another member noted that there are no state-level training requirements for EMS regarding behavioral health crisis. They added that they are trained in using Narcan, but not much else, so it would be important to build that base of knowledge if they're going to be serving in this type of mobile crisis response. They also commented that it would be valuable to crosswalk education and training requirements across a variety of professions touching the crisis system. The initial commenter responded that there are specific programs where staff receive more robust training in crisis response, which could potentially be expanded to other EMS staff.
- A workgroup member noted that all licensed mental health professionals are trained in crisis and suicidality, but that training does vary by discipline, so more and more consistency would be valuable.
- A workgroup member flagged that peer support or support from a mental health professional could also be provided via telehealth. They could help to evaluate via telehealth while the mobile team is enroute.
- A workgroup member flagged that EMS and law enforcement response increases the likelihood of involuntary treatment or a child going to the emergency department or hospital. They noted that the goal of crisis response and mobile crisis services is keeping kids out of institutions and maintaining an integrated setting, if possible. Another member agreed and noted that there are counties that do crisis and non-crisis responses to prevent hospitalization and focus on intervention. They noted a program in Madera County where interventions are done by peer support specialists.
- A workgroup member commented that if the state could support

technology that would help mobile crisis teams identify opening/availability of various mental health and substance use services that would help to streamline the process.

- A workgroup member noted that, in their county, they have three different mobile crisis units based on population and level of need. These teams meet monthly to discuss the workflow and how to coordinate responses. These teams meet monthly to discuss workflow and how to coordinate responses.
- A workgroup member noted the Medi-Cal mobile crisis benefit and asked whether mobile teams respond to everyone and if there are related billing or reimbursement issues. A member that operates a mobile crisis program noted that they respond to everyone. They work with the health plans and there are also some other small pockets of funding available, but they noted that responses do go uncompensated at times. They added that the current encounter rate is also insufficient to cover the costs. A member added that the rate is intended to cover the service, as well as transportation and downtime, but it does not and is making operations challenging. Another workgroup member flagged that this organization's contract might be broader, and that they weren't sure if this type of universal response, regardless of insurance, was available in other counties.

Public Comment Period

Rob Muschler 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.

A member of the public stated:

"Thank you so much I appreciate it. Great discussion – really good work being done – I wanted to just say that first of all. I have a lot of comments so in order to stay within two minutes I'm just going to quickly highlight them. First one is I do believe that it is important for us to create some careful guidelines around follow up care. I mean even in the two vignettes mentioned, and it was also mentioned by several of the workgroup members, follow up care is extremely important. And it shouldn't just be the one time, it should be further follow up. And the guidelines around that for 988 centers hasn't truly been fleshed out yet

so I really would like to see some work on that.

Which actually leads into a second thing I would love the state to promote more: our systems navigators. On the crisis side of things, when we refer people out to the various resources, great resources out there, but people – it's challenging – if you need to be on hold for an hour or if you need to make ten different phone calls to get a result it's very disheartening. And we're already often dealing with people with some cognitive impairment, so I think that's really important.

Finally, to echo what's been said already, we badly need solid technology dashboards in order for us to really be able to see what mobile response teams are available, what beds are available, and crisis stabilization units. [We need to] recognize that it's not just the counties but a lot of the different cities – we see that in LA quite a bit – are lifting their own teams. How do we avoid that from being a put together patchwork system? So that's my comment, thank you."

Meeting Wrap-Up and Next Steps

Rob Muschler noted that the next meeting of Workgroup 3 will take place on March 22, 2024, 1:00 – 3:00pm 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

13:59:45 From Justin Letsinger to Everyone:

Hello everyone and welcome. We will be getting started in just a few minutes.

14:01:41 From Justin Letsinger to Everyone:

If you have been confirmed as a workgroup member, please turn on your camera if you are able.

14:08:41 From Justin Letsinger to Everyone:

If you would like to make a public comment during this meeting's public comment period, please raise your hand and your name will be added to the public comment list in the order in which it was raised.

14:09:23 From Justin Letsinger to Everyone:

If you would like to send public comment via the project email address, please send it to: AB988Info@chhs.ca.gov. Public comment sent to the project email address will be added to the Meeting Summary that is posted to the website.

14:11:16 From Justin Letsinger to Everyone:

For more information about Workgroups and the Policy Advisory Group, including links to documents, meeting notes and video recordings, please see this link: https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/

14:18:07 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Might just be me, but Heidi's sound goes in and out periodically

14:18:18 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:

I'm experiencing the same, Le Ondra.

14:18:19 From Anh Thu Bui - California Health and Human Services Agency (CalHHS) to Hosts and panelists:

that was happening for me too, but now it sounds ok

14:20:26 From Heidi Arthur-Health Management Associates to Hosts and

panelists:

Apologies for my audio… only happens in large meetings, and IT has not been able to figure out the issue (though they did try--I thought it was resolved:(

14:22:34 From Michelle Cabrera (she/her) to Hosts and panelists:

Is 211 classified as "social services" or another point on the flowchart?

14:23:55 From Heidi Arthur-Health Management Associates to Hosts and panelists:

we were thinking of the shelter and the food pantry as social services and 211 as an access line.

14:28:57 From Chris Stoner-Mertz | CA Alliance & Catalyst Ctr | she/hers to Hosts and panelists:

Sorry to be off camera - finishing lunch

14:30:28 From Michelle Cabrera (she/her) to Hosts and panelists:

One more comment on the graphic - I would recommend that hospital EDs are considered part of "crisis receiving and stabilization"

14:31:41 From Michelle Cabrera (she/her) to Hosts and panelists:

Often, folks need to be medically screened prior to transfer to BH crisis services. This is because some medical conditions can resemble psychiatric conditions (e.g. UTIs can trigger psychosis) or in instances where there are no services for crisis receiving/stabilization beyond hospitals (like in our rural communities)

14:33:47 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:

+1 to Michelle's comment: "One more comment on the graphic - I would recommend that hospital EDs are considered part of "crisis receiving and stabilization"

14:34:27 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Great point, Kim! The illustration of how the entire system is involved ongoing is a great suggestion.

14:37:02 From Michelle Cabrera (she/her) to Hosts and panelists:

Agree with Rebecca and Kim's comments re: enrollment in Medi-Cal and access to social services

14:37:34 From Angela Kranz - California Department of Public Health to Hosts and panelists:

Would the person be asked to share their situation twice, with both the 211 and the 988 call center staff (in addition to the soup kitchen worker)? I wonder if that might cause frustration. Is there infrastructure for data/information sharing between 211 and 988?

14:39:33 From Michelle Cabrera (she/her) to Hosts and panelists:

Such a great point, Angela! Thinking of the consumer experience

14:43:07 From Michelle Cabrera (she/her) to Hosts and panelists:

Melissa's point speaks to broader training on MH First Aid or similar training/tools

14:45:06 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:

And Medicaid does/can provide resources for transportation, which we should be thinking about as well

14:45:39 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Love the focus on transportation, Rebecca. It is a game changer… And, who pays for transportation etc? Lots of blanks to fill in.

14:48:11 From Michelle Cabrera (she/her) to Hosts and panelists:

Medi-Cal managed care plans are responsible for the transportation benefit for Medi-Cal beneficiaries, but I'm guessing the individual would need to be Medi-Cal enrolled, which they may not be if they're unhoused to the earlier conversation.

14:48:36 From Michelle Cabrera (she/her) to Hosts and panelists:

It is also not consistent/reliable which is where state oversight/monitoring assistance could help

14:53:58 From Chris Stoner-Mertz | CA Alliance & Catalyst Ctr | she/hers to

Hosts and panelists:

Agree, Michelle. A regional approach to mapping is really important

14:55:31 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

I think we have to also have some system wide controls/standards etc. A highly disparate system (as we have today) is not a full solution. Lots to work out here…

14:56:10 From Michelle Cabrera (she/her) to Hosts and panelists:

Agreed @Le Ondra. For example, what can we expect as the public at a minimum from our 988 call centers and other partners.

14:58:16 From Michelle Cabrera (she/her) to Hosts and panelists:

To clarify, counties are already subject to oversight/monitoring via DHCS related to county access lines and timely access/network adequacy @Heidi

15:02:02 From Heidi Arthur-Health Management Associates to Hosts and panelists:

It sounds as if the recommendations relate to additional expectations for social health attention during BH crisis response

15:05:18 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Excellent point, Tara

15:09:13 From Chris Stoner-Mertz | CA Alliance & Catalyst Ctr | she/hers to Hosts and panelists:

The integration of FURS and 988 is really important. And to Kim's point, there should like be other supports for foster youth depending on whether they are in a county foster home or an Foster Family Agency program, in terms of hand off after a crisis intervention.

15:09:33 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Agree 100%, Chris

15:12:30 From Michelle Cabrera (she/her) to Hosts and panelists:

What's available in terms of EPSDT, the Medi-Cal benefits is the same, but how those benefits look and how they're accessed might be different. This is similar to how not all geographies can support level I Trauma or Burn Unit services. Not all counties even have a hospital! This is a function of market-based healthcare.

15:12:52 From Paul Rains - Common Spirit Health to Hosts and panelists:

There are likely many variations on these scenarios but one thing we might consider if developing algorithms with 988 at the center, there may need to be contingencies that provide as many alternatives as possible in any given region or area. There will no doubt be situations where a generic algorithm would not be sufficient.

15:13:58 From Kim Lewis - National Health Law Program (NHELP) to Hosts and panelists:

+1 Chris (this doesn't/shouldn't depend on county resources).

15:14:47 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Agree to call centers at the center, Paul. We have to leverage what we have.

15:18:48 From Michelle Cabrera (she/her) to Hosts and panelists:

There are existing requirements through both EPSDT and Medi-Cal - specific to children/youth in foster care.

15:18:51 From Kim Lewis - National Health Law Program (NHELP) to Hosts and panelists:

Intensive care coordination is a specialty mental health service. Crisis planning is part of that service. Foster youth are a specific target for these services.

15:19:02 From Michelle Cabrera (she/her) to Hosts and panelists:

What Kim said!

15:20:06 From Michelle Cabrera (she/her) to Hosts and panelists:

+1 to Chris' comments. Schools are not subject to the same level of requirements to ensure the foster youth's behavioral health needs are met.

15:20:32 From Michelle Cabrera (she/her) to Hosts and panelists:

The school services should be integrated/understood, but are not the anchor

15:20:45 From Paul Rains - Common Spirit Health to Hosts and panelists:

Sorry, just can't stop noticing the graphic for the Mobile Crisis Team Services looks like a delivery truck.

15:21:29 From Stephanie Welch - California Health and Human Services Agency (CalHHS) to Hosts and panelists:

Wellness Coaches - https://hcai.ca.gov/workforce/initiatives/certified-wellness-coach/

15:21:47 From Angela Kranz - California Department of Public Health to Hosts and panelists:

Looking back at Required Recommendation #7 (resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services), I'm thinking about how a population health perspective relates to this vignette. How can we anticipate the need for services resulting from traumatic events such as these? There's a bit of a methodological gap in how research can help to document the need for crisis services.

15:22:22 From Michelle Cabrera (she/her) to Hosts and panelists:

@Angela - this should also be a part of the child's child welfare and Medi-Cal supports - part of what's already expected.

15:23:18 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:

My understanding is that not every county currently has a behavioral health services program. It can be challenging to locate resources when their is no uniformity to the websites. Does every county have a mobile crisis unit? How are the resources/services being mapped? Where is that information located and will it be shared? It would be helpful if the state can provide guidance with structure, organization, and a centralized database of resources by county.

15:23:55 From Michelle Cabrera (she/her) to Hosts and panelists:

@Jacqueline - the Medi-Cal mobile crisis services benefit is brand new (started Jan 2024), so it's just getting off the ground

15:24:28 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:

@Michelle, is there a link where I can learn more on this effort.

15:24:40 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Agree- this was my point. Use what we have and leverage up and out.

15:24:56 From Lan Nguyen - County of Santa Clara Behavioral Health Services to Hosts and panelists:

Curently, a statewide resource directory available to 988 centers are hosted by 988 crisis center in Contra Costa county.

15:26:30 From Michelle Cabrera (she/her) to Hosts and panelists:

Important that counties' primary role/responsibility is to Medi-Cal beneficiaries - we have not discussed the more than half of Californians who are covered by private insurance. Mobile crisis is a Medi-Cal benefit. We're encouraging counties to try to bill commercial insurance, but that's brand new as well.

15:27:51 From Justin Letsinger to Everyone:

If you would like to make a public comment during this meeting's public comment period, please raise your hand and your name will be added to the public comment list in the order in which it was raised.

15:29:56 From Anh Thu Bui - California Health and Human Services Agency (CalHHS) to Hosts and panelists:

@Jacqueline Alvarez here's the website on the Medi-Cal mobile crisis services benefit https://www.dhcs.ca.gov/Pages/CalAIM-Mobile-Crisis-Services-Initiative.aspx

15:30:20 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:

Thank you.

15:30:30 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

All licensed mental health professionals are trained in crisis and suicidality (mandated by university and discipline accreditation programs

and these folks are mandated reporters who have to have minimum standards and licensing boards also have additional requirements etc), BUT it is accurate that the training varies per discipline. So, social workers may have different requirements than psychologists etc. Regardless, more is better and I agree, Michelle, that more is needed indeed.

15:33:07 From Stephanie Welch - California Health and Human Services Agency (CalHHS) to Hosts and panelists:

thanks folks - transitioning to phone. In route to a meeting

15:34:22 From Michelle Cabrera (she/her) to Hosts and panelists:

Apologies for the broad statement - the requirement for training on suicidality is new under AB 1436 started in 2021. I don't think it's widely known how new that education requirement is - and our understanding is that several BH professions (maybe not all) are not trained in BH crisis, but happy to dig more on that!

15:35:25 From Lan Nguyen - County of Santa Clara Behavioral Health Services to Hosts and panelists:

Santa Clara County also has a low level of crisis/acuity mobile response program called TRUST

15:36:22 From Michelle Cabrera (she/her) to Hosts and panelists:

State structure and support for local BH crisis continuum planning would be ideal

15:36:31 From Connie Moreno-Peraza - Department of Behavorial Health Services of Napa County to Hosts and panelists:

Just a follow up: The grant I mentioned is called CCMU, Crisis Care Mobile Units, funded by CalAIM BHCIP by DHCS-AHP. It has been a great opportunity to focus on prevention, early intervention, education about resources, etc. Connie

15:38:15 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:

Thinking on the recommendations from the Vera article, having some type of mobile crisis response team in every county sounds like a great state investment that should serve all Californians and not just Medi-Cal beneficiaries.

15:38:40 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Agree, Jacqueline

15:39:41 From Paul Rains - Common Spirit Health to Hosts and panelists:

DOuble agree

15:46:15 From Justin Letsinger to Everyone:

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15:50:20 From Chris Stoner-Mertz | CA Alliance & Catalyst Ctr | she/hers to Hosts and panelists:

I think Jana and Victoria's comments reflect overall providers experience (though slightly different in different locales). This issue could certainly fall under the "Resource Stewardship" in terms of how the state can participate and support efforts in getting services to those requiring crisis services.

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

If we do not want a patchwork then the state needs to fund/prioritize the gaps in the quilt!

15:52:54 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Agree w/Chris

15:53:05 From Justin Letsinger to Everyone:

After the meeting, follow up questions and suggestions can be submitted to the project email address: AB988Info@chhs.ca.gov

15:53:18 From Justin Letsinger to Everyone:

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15:53:47 From Michelle Cabrera (she/her) to Hosts and panelists:

Thanks all!