



**Workgroup 3: Integration  
Meeting 2  
February 29, 2024**

# Webinar: Panelist View

The screenshot displays a Zoom Webinar interface in Panelist View. At the top, a horizontal bar shows six participant thumbnails, each with a unique color and a person icon. Below this, a 2x2 grid of larger thumbnails shows four participants. The bottom-left corner features a control bar for the user 'Heidi Arthur', including 'Unmute' and 'Start Video' buttons. The bottom-right corner contains a 'Webinar Chat' window with a message from 'Betsy Uhrman to Hosts and panelists' that says 'Hello'. The Zoom toolbar at the bottom includes icons for 'Participants', 'Chat', 'Share Screen', 'Record', 'Show Captions', 'Raise Hand', 'Apps', and 'Whiteboards', along with a 'Leave' button.





- Workgroup members will be able to utilize the chat function throughout the meeting. Chat messages cannot be seen by non-workgroup members, but they will be captured in the public meeting summary.
- Members of the public will not be able to utilize the chat functionality during the meeting.
- Workgroup members will be asked to use the "raise hand" function when you would like to speak.



**Welcome**



# Meeting 2 Objectives

1. Discuss integration of services within the behavioral health continuum
2. Hear public comment
3. Confirm action items and next steps



# Agenda

1. Review of Agenda and Session Objectives
2. Overview of Transitions within the Behavioral Health Crisis Continuum
3. Review of Workgroup 3, Meeting 1
4. Discussion
5. Public Comment Period
6. Closing and Next Steps

# Policy Advisory Group Members (1)\*

- **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)
- **Bianca Christian**, Associate Therapist, California Coalition for Youth
- **Brenda Grealish**, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
- **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 Stoner-Mertz**, Chief Executive Officer, CA Alliance of Child and Family Services
- **Doug Subers**, Director of Governmental Affairs, California Professional Firefighters
- **Erika Cristo**, Assistant Deputy Director, California Department of Health Care Services (DHCS)
- **Elizabeth Basnett**, Director, California Emergency Medical Services Authority (EMSA)
- **Jana Lord**, Chief Operating Officer, Sycamores
- **Jeff Hebert**, 911 Communications Coordinator, San Diego Sheriff's 911
- **Jennifer Oliphant**, Hope For Tomorrow Program Director, Two Feathers Native American Family Services
- **Jessica Cruz**, Chief Executive Officer, National Alliance on Mental Illness (NAMI) – California
- **John Boyd**, Vice President Behavioral Health and Wellness, Kaiser Permanente, Northern California
- **Kenna Chic**, Former President of Project Lighthouse, California Health Care Foundation
- **Keris Jän Myrick**, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- **Kirsten Barlow**, Vice President, Policy, California Hospital Association (CHA)



\* Note: 988-Crisis Advisory Group members represent diverse expertise, experience (including lived experience), and diversity of thought. For purposes of this list, only members' professional affiliations are indicated.

# Policy Advisory Group Members (2)

- **Lan Nguyen**, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department
- **Le Ondra Clark Harvey**, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)
- **Lee Ann Magoski**, Director of Emergency Communications, Monterey County
- **Lei Portugal Calloway**, Certified Medi-Cal Peer Support Specialist, Telecare Orange County
- **Melissa Lawton**, Chief Program Officer, Seneca Family of Agencies
- **Michael Tabak, Lieutenant**, San Mateo County Sheriff's Office
- **Michelle Doty Cabrera**, Executive Director, County Behavioral Health Directors Association (CBHDA)
- **Miguel Serricchio**, Executive Vice President, LSQ Funding Group
- **Nancy Bargmann**, Director, California Department of Developmental Services
- **Peggy Rajski**, Founder and Interim CEO, The Trevor Project
- **Phebe Bell**, Behavioral Health Director, Nevada County
- **Rayshell Chambers**, Commission Member, Mental Health Services Oversight and Accountability Commission
- **Rebecca Bauer-Kahan**, CA State Assemblymember/Author of AB988, State of California, AD 16
- **Rhyan Miller**, Behavioral Health Deputy Director Integrated Programs, Riverside County
- **Robb Layne**, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)
- **Robert Smith**, Chairman, Pala Band of Mission Indians
- **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
- **Sohil Sud**, Director, Children & Youth Behavioral Health Initiative (CYBHI), California Health and Human Services Agency (CalHHS)
- **Stephanie Welch**, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)
- **Susan DeMarois**, Director of California Department of Aging (CDA)
- **Tara Gamboa-Eastman**, Director of Government Affairs, Steinberg Institute
- **Taun Hall**, Executive Director, The Miles Hall Foundation



# Workgroup 3 (Integration) Members

- **Co-Chair, Lan Nguyen**, County of Santa Clara Behavioral Health Services
- **Co-Chair, Doug Subers**, California Professional Firefighters
- **Angela Kranz**, California Department of Public Health (CDPH)
- **Ben Conway**, California Department of Justice
- **Casey Heinzen**, Department of Health Care Services (DHCS)
- **Christine Gephart**, Department of Developmental Services
- **Connie Moreno-Peraza**, Director, Madera County Department of Behavioral Health Services and CBHDA
- **Corinne Kamerman**, Department of Health Care Services (DHCS)
- **Elena Lopez-Gusman**, California American College of Emergency Physicians (ACEP)
- **Elizabeth Basnett**, California Emergency Medical Services Authority (EMSA)
- **Hernando Garzon**, California Emergency Medical Services Authority (EMSA)
- **Jana Lord**, Sycamores
- **Andrew Holcomb**, EMS Administrator, San Francisco
- **Jacqueline Alvarez**, California Community Colleges
- **Keris Jän Myrick**, Inseparable
- **Kim Lewis**, National Health Law Program (NHELP)
- **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
- **Peter Stoll**, Humboldt County Office of Education
- **Rebecca Neusteter**, University of Chicago Health Lab
- **Rhyan Miller**, Riverside County Department of Behavioral Health
- **Stephanie Welch**, California Health and Human Services Agency (CalHHS)
- **Tara Gamboa-Eastman**, Steinberg Institute
- **Victoria Kelly**, Redwood Community Services



# Public Comment Overview

- All comments—whether written or spoken—will be shared with the Workgroup in the meeting minutes.
- We will take comments in the order in which we receive sign-ups.
- If you are on Zoom and would like to make a public comment, please raise your hand at any point throughout the discussion. We will then write down your name and call on you to speak during the public comment period.
- Each person will have 2 minute to speak. If you have a condition that may require an accommodation (such as additional speaking time), please notify the project team and we will do our best to provide that accommodation.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, you may email your written comment to the project email address: [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov).

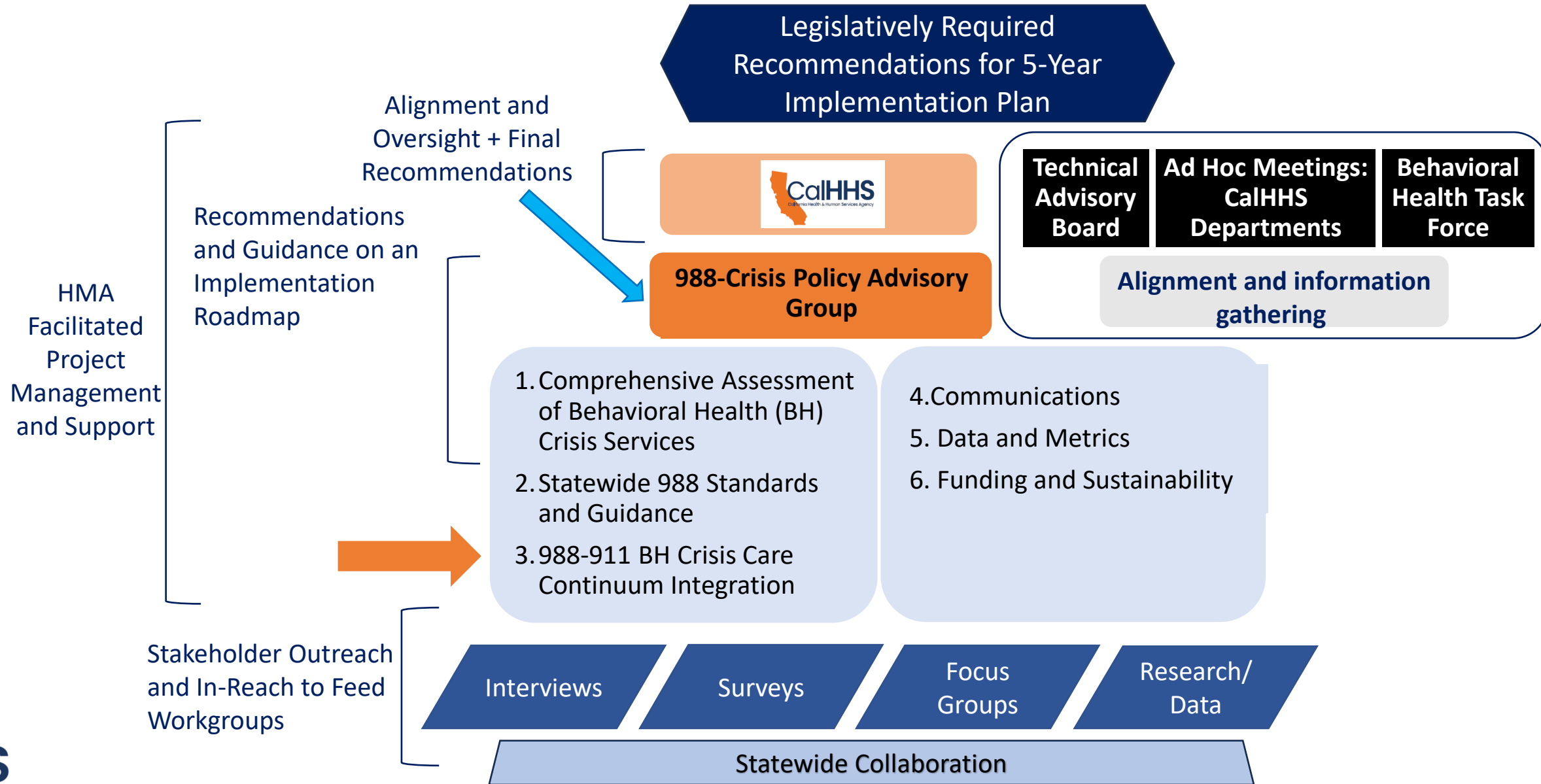
# Code of Conduct

- Presume positive intentions
- Ask from a place of inquiry
- Be present and stay engaged
- Be brief and brilliant
- Be respectful and courteous



## Workgroup 3: Integration

# Project Structure



## Workgroup 3: 988/911 BH-CCC Integration

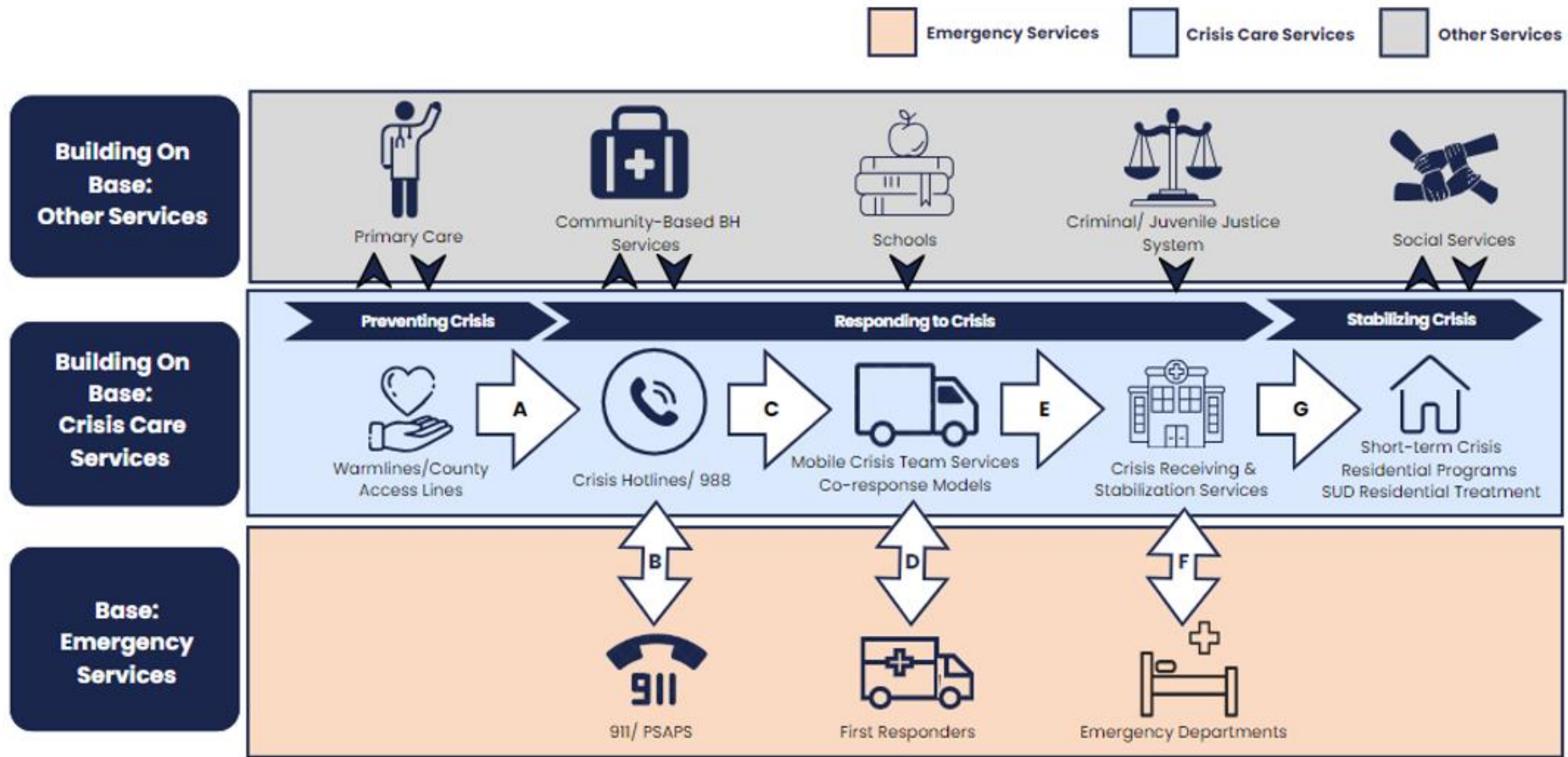
Required Recommendation Areas Per AB 988:

- (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

# Reminder: Workgroup Communication

- Meetings of the Workgroup shall be open to the public and are subject to [Bagley-Keene Open Meeting Act](#) requirements
  - Not allowed: A chain of communications involving contact from member A to member B who then communicates with member C or when a person acts as the hub of a wheel (member A) and communicates individually with the various spokes (members B and C)

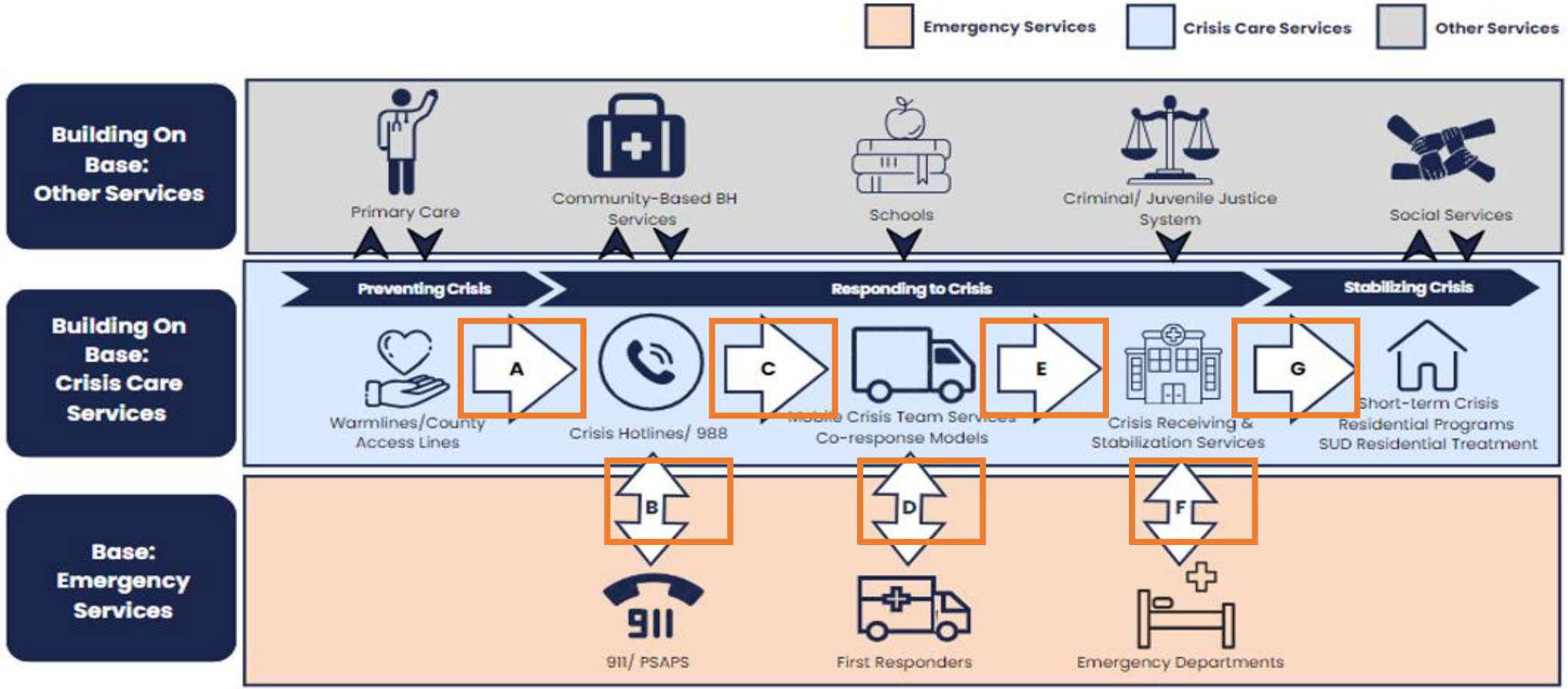
# Transitions in Crisis Systems: CCC-P Graphic



Adapted from the California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 25



# Workgroup 3 – Areas for Focus



Adapted from the California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 25

## Workgroup 3: 988/911 BH-CCC Integration continued

### Key Terms

- **PSAPS** – Public Safety Answering Points
- **SUD** – Substance Use Disorders
- **Warmline** - A service, often peer-run, that offers callers emotional support
- **Crisis receiving or stabilization services** - Provide short-term (under 24 hours) observation and crisis stabilization services in a home-like, nonhospital environment
- **Emergency and Crisis**
  - **Emergency:** A serious, unexpected, and often dangerous situation requiring immediate action
  - **Crisis** – A time of intense difficulty, trouble, or danger that can be experienced *both immediately and over time*

# Other Efforts Addressing These Intersections

Intersection	Related Effort
A. Warmline/County Access Lines, Harm Reduction Programs, Digital Apothecary & Crisis Hotlines/988	CalHOPE, CYBHI
B. Crisis Hotlines/988 & 911/PSAPs	CalOES Technical Advisory Board
C. Crisis Hotlines/988 & Mobile Crisis Team Services, Co-Response Models	DHCS Medi-Cal Mobile Crisis
D. Mobile Crisis Team Services, Co-Response Models & First Responders	Community Paramedicine (AB 1544, EMSA)
E. Mobile Crisis Team Services, Co-Response Models & Crisis Receiving & Stabilization Services, In-House Crisis Stabilization, Sobering Centers	
F. Crisis Receiving & Stabilization Services, In-House Crisis Stabilization, Sobering Centers & Emergency Departments, Hospital, Including Psychiatric	
G. Crisis Receiving & Stabilization Services, In-House Crisis Stabilization, Sobering Centers & Short-Term Crisis Residential Programs, SUD Residential Treatment	DHCS Treatment Atlas list of SUD treatment programs



## Notes Workgroup 3, Meeting 1 (Jan-24)

*Focused on level-setting: What should be explored or considered through this workgroup process?*

- Work involves ensuring services for prevention, response, and stabilization are integrated, both within the safety net and across all payors and geographies
- Considerable discussion of differentiating between 911 and 988; need to align with the work of CalOES Technical Advisory Board
- Elevate the role of CBOs, including homeless services, faith-based organizations, as referral partners/community gatekeepers
- Need to look at the role of community paramedicine and transfer to alternate destination for care at the right place at the right time



# Notes from PAG Meeting 2 (2/7/24): Coordination Across and Outside the Continuum

- Distinguishing between formal and informal partnerships
  - Formal partnerships may take the form of regular meetings, Memorandum of Understanding (MOUs), data sharing agreements, joint protocols, etc.
  - Informal partnerships may take the form of ad hoc meetings, one-off referrals
- Examples of existing partnerships included: County behavioral health clinicians embedded in PSAP dispatch centers, behavioral health providers co-located in school settings, deployment of trained peers in mobile response
- What kinds of partnerships will we need to improve crisis response?
  - Mechanisms at the local level to coordinate across partners and systems of care
  - Clarity around roles and responsibilities of different stakeholders
  - Capacity for closed loop referrals/feedback loop



# Discussion and Active Listening

# Meeting Discussion Preview

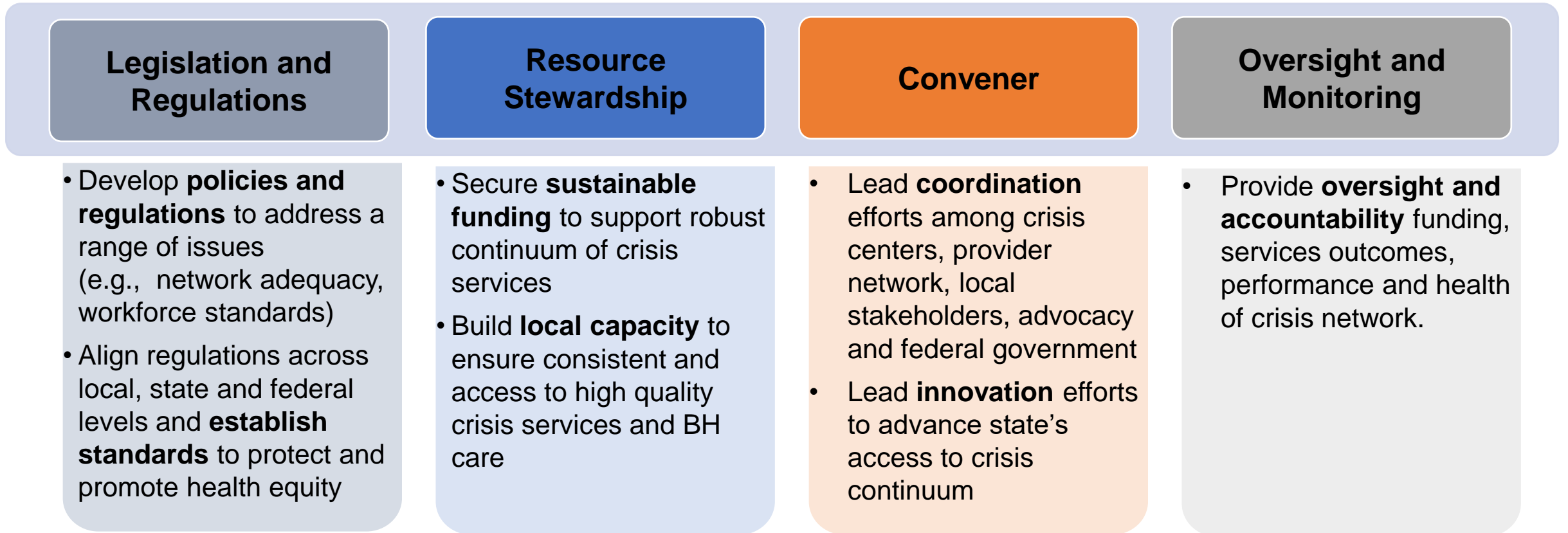
- Today we will focus on the intersections between Warm/Access Lines & 988 Crisis Centers (A) and 988 Crisis Centers & Mobile Crisis Services (C) and explore how the state can support success at these intersections.
- To help guide our discussion, we're going to utilize a series of vignettes. These vignettes will describe a scenario in which the components of the crisis system identified worked in tandem to address the needs of an individual.



- During Meetings 3 and 4 we'll discuss the intersections between other players in the crisis system.

# Roles of State Behavioral Health Authorities

Our discussion will focus on the state levers of influence. For each successful vignette we'll ask, which levers the state can utilize to support the successful outcome?



We will also utilize descriptions of the various intersections from the CCC-P that outline areas for potential state action as a starting point for discussion.

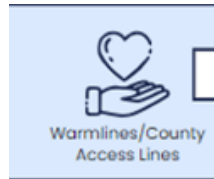




# Vignette #1 (*Note: Not a real case*)



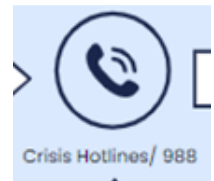
- Anita is a 62-year-old unhoused woman who tells a staff member at a church soup kitchen that she is “ready to be done with all of this”. Her belongings were taken by another resident at the shelter where she is staying, and she says she has “just had it”.



- The soup kitchen worker does not have access to a clinician for support but is aware that the 211 line can provide information related to the shelter system.

- Together, they called 211. The 211-operator identified that Anita required a suicide risk assessment and transferred the call to 988.

- Anita enjoyed talking with the 988 crisis counselor and agreed to a follow-up referral for mental health care and case management support.



- The 988 Crisis Counselor referred Anita to a nearby mental health organization for a same day intake for mental health treatment. The community mental health center’s Peer Support Specialist provided Anita with peer support when she arrived at the agency. This included helping Anita identify that her priorities are getting a new roommate at the shelter and obtaining some dry, clean clothes.

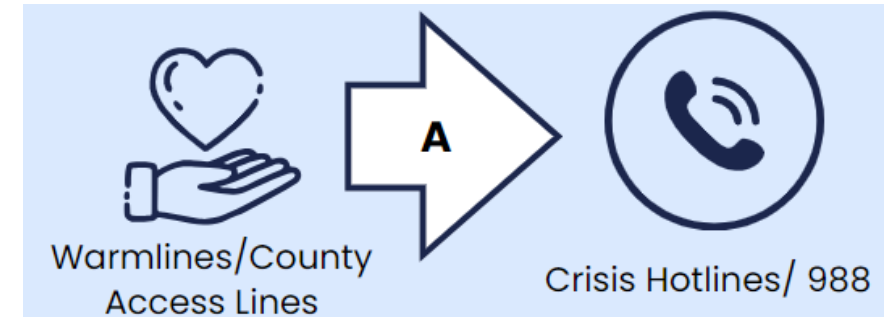


- The mental health organization obtained the necessary consents to coordinate with Anita’s caseworker at the shelter who reassigned her to a new roommate that night. Together they also arranged for Anita to visit a nearby thrift store for some new clothes.

- With reminders from her assigned Peer, Anita is able to keep her follow-up appointments for ongoing mental health treatment. She is prescribed medication to treat her Major Depression and accepted a part time position at the Thrift Store where she received clothes.

# Vignette #1

Which levers can the state utilize to support a successful outcome?



Legislation and Regulations

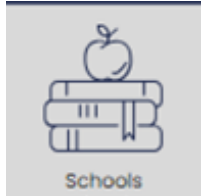
Resource Stewardship

Convener

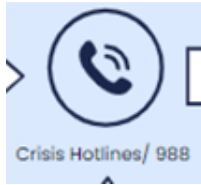
Oversight and Monitoring

**From CCC-P: A. From warmlines/county access lines to hotlines/988:** Each of California's 85+ warmlines and county access lines individually initiate warm handoffs to crisis hotlines if crisis counseling is required by an individual caller. Currently there is **no formal state level guidance or standard for emergency transfers**, resulting in different approaches taken across warmlines. CalHHS asserts there is an opportunity to **establish standard protocols for warm handoffs**; CalHOPE has begun this work by standardizing its operations as a warmline. Standardization may also be helpful to increase warmline access and availability. **Standard protocols could also be applied to county-operated and/or funded 24/7 access lines** (although in some cases, county access lines also operate as crisis hotlines). In addition, California residents have access to both 311 (which provides options to connect to a wide variety of nonemergency services) and 211 (which provides information about and access to social services such as food, housing, job training, after-school programs). These lines may be overwhelmed, resulting in delayed responses and individuals turning to hotlines when not in crisis.

## Vignette #2 (Note: Not an actual case)



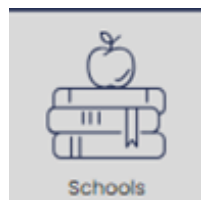
- Leo, a 15-year-old, was recently placed into a foster home after his only parent and younger sibling died in an auto accident. He was in the accident but walked away with no major physical injuries. There are no other family members who are willing to take him into their home or have a home that is a safe place for him to live.



- Leo is enrolled in a new school and has struggled with the adjustment. He has had several outbursts that have concerned his counselor at the school based mental health center. After one such incident, his school counselor called the 988 Crisis Hotline in order to obtain additional support.



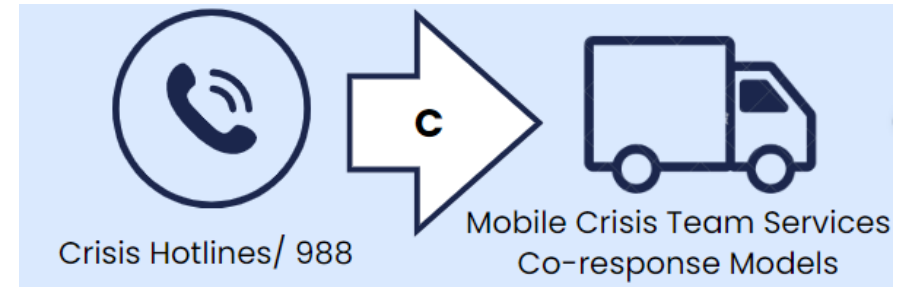
- The 988 crisis center counselor assessed that a mobile crisis team was necessary; the mobile crisis team arrived quickly and engaged Leo in suicide risk assessment.
- They determined that the most appropriate follow-up would be with his school based mental health counselor. The counselor is already collaborating with Leo's foster parents and his child welfare worker.



- The mobile crisis team provided the school-based mental health counselor with resources for psychiatric support and a safety plan that they designed with Leo in order to avoid future crises.

## Vignette #2

Which levers can the state utilize to support a successful outcome?



Legislation and Regulations

Resource Stewardship

Convener

Oversight and Monitoring

**From CCC-P: C. Hotlines to mobile crisis response:** Mobile crisis teams are largely operated and initiated by county-run hotlines in the state. California's SAMHSA 988 Planning Grant details current gaps in referrals from hotlines. CalHHS is exploring opportunities to address gaps by **establishing standards for protocols for triage processes, safety considerations, and public safety engagement, incentivizing partnerships** (such as partnerships between the 988 crisis centers and county-operated mobile crisis teams) and exploring approaches for **location-tracking technology**.



# Public Comment Period

# Public Comment Guidelines

- All comments—whether written or spoken—will be shared with the Workgroup in the meeting minutes.
- If you prefer, you may email your written comment to the project email address: [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov)
- Each speaker is allocated 2 minutes to speak unless adjusted by the meeting facilitator.
- A speaker may not share or relinquish any remaining time they have not used to another speaker.
- Speakers may share one time during the public comment period.
- If time in the agenda remains after all individuals who signed up to speak have been called, the facilitator may invite other members of the public to raise their hand to speak. The facilitator will call individuals in the order they raise their hand.
- Speakers shall be civil and courteous in their language and presentation. Insults, profanity, use of vulgar language, or gestures or other inappropriate behavior are not allowed.
- Speakers should not ask questions of Workgroup members or ask Workgroup members to respond to their comments directly.

# Public Comment Sign-Ups

1. Sandri Kramer



# Action Items and Next Steps



# Action Items and Next Steps

- All information from today's meeting will be posted on the CalHHS website on the 988-Policy Advisory Groups webpage: [Link to Website for CalHHS 998 Crisis Policy](#)
- Remaining meetings
  - March 22, 1-3PM
  - April 12, 1-3PM



**Adjourn**