



California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 1 Meeting 3
Meeting Summary
March 19, 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 summary.

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:

- **Alice Gleghorn***, Phoenix Houses of California
- **Andrew Holcomb***, Emergency Medical Services Administrators’ Association of California (EMSAAC)
- **Anete Millers***, California Association of Health Plans (CAHP)
- **Chad Costello***, California Association of Social Rehabilitation Agencies (CASRA)
- **Christina Ramirez***, SHIELDS for Families
- **Elizabeth Basnett***, California Emergency Medical Services Authority (EMSA)

- **Erika Cristo***, California Department of Health Care Services (DHCS)
- **Ivan Bhardwaj***, California Department of Health Care Services (DHCS)
- **Jana Lord***, Sycamores
- **Jessica Jimenez***, California Department of Public Health
- **Jodi Nerrell***, Sutter Health
- **Kelsey Andrews***, Star Vista Crisis Center
- **Le Ondra Clark Harvey***, California Council of Community Behavioral Health Agencies (CBHA)
- **Lishaun Francis***, Children NOW
- **Mark Salazar***, Mental Health Association of San Francisco
- **Scott Perryman***, Sacramento Metro Fire Department
- **Tara Gamboa-Eastman***, The Steinberg Institute
- **Taun Hall***, The Miles Hall Foundation
- **Uma Zykfosky***, California Behavioral Health Planning Council (CBHPC)

Project Staff in Attendance:

- **Anh Thu Bui***, California Health and Human Services Agency (CalHHS)
- **Betsy Uhrman***, Health Management Associates
- **Nick Williams***, Health Management Associates
- **Serene Olin***, Health Management Associates
- **Allie Franklin***, Health Management Associates

Workgroup Members Not in Attendance:

- **Aimee Moulin***, Department of Emergency Medicine and Department of Psychiatry, UC Davis
- **Astin Williams***, California LGBTQ Health and Human Services Network
- **Corinne Kamerman***, California Department of Health Care Services (DHCS)
- **Don Taylor***, Pacific Clinics
- **Javon Kemp***, Kern Behavioral Health and Recovery Services (KernBHRS)
- **Jennifer Oliphant***, Two Feathers Native American Family Services
- **Maurice Lee***, Center Point, Inc.
- **Miguel Serricchio**, LSQ Group, LLC
- **Phebe Bell***, Behavioral Health Director
- **Sonia Hwang***, California Department of Public Health
- **Tasnim Khan**, Western Health Advantage

*Attended virtually

Welcome and Introduction

Betsy Uhrman, Associate Principal, Health Management Associates, opened the meeting by explaining the workgroup's objectives and making introductions as needed. She noted the protocols for the workgroup, which included Zoom functionality, the session's objectives and agenda, workgroup members, instructions for public comment, and the code of conduct for the meeting.

Context for Crisis Response and Stabilization Needs

Serene Olin, Principal, Health Management Associates, provided a summary from the 2nd workgroup in February, 2024. She discussed highlights from the 2nd workgroup, provided an overview of the 3rd workgroup's focus areas, and discussed data regarding behavioral health (BH) related emergency department (ED) visits. She noted that the 3rd workgroup meeting was intended to focus on crisis response and crisis stabilization; specifically, this workgroup was designed to focus on mobile crisis services and crisis receiving and stabilization services.

Discussion I: Context for Crisis Response & Stabilization Needs

Serene Olin provided an overview of the Crisis Care Mobile Unit (CCMU) Program Grant, the state's investment in building out the crisis care continuum, and a foundation for the Medi-Cal Mobile Crisis Response benefit. She highlighted the distribution of CCMU teams across California, workforce issues, and common mobile crisis unit response resolutions, highlighting opportunities for diversion. She also shared data from EMSA's Alternative Destination pilots as an example of other types of mobile crisis response teams, in this case, community paramedics who work with BH providers to address the needs of local health care systems and could be optimized for local implementation.

First, the workgroup discussed other models of Mobile Crisis Response across the state, which include:

- Community paramedicine programs that work closely with various local systems including public health, the VA, fire department, private ambulatory care providers, with funding from the city, grants and fees.
- Peer pairs co-response models (first level triage) that partner with law enforcement, community mental health organizations, the fire

department and social services who serve as back-ups (West Hollywood, Long Beach).

- Peer-clinician co-response in partnership with CIT-trained law enforcement (Santa Barbara County)
- Certified Community Behavioral Health Clinics and Street medicine, which uses EMTs and the fire department, with funding from grants (Wellspace health, Sacramento city and county).
- Mobile integrated health teams where the city and fire department pair with a nurse practitioner or physician's assistant and work with providers within and outside of the current 911 systems (Los Angeles County).
- The role of medical expertise to support field-based stabilization (through medication dispensation and other services), which may be outside the scope of BH providers.

Workgroup members emphasized the importance of building community relationships, coordination, training, and blending funding sources (e.g., city, grants, Prop 47, MHSA, fees, etc.). Workgroup members also highlighted the need to address transportation issues, including payment for alternative destination transport and cross-county-line transport. Workgroup members noted legislative efforts underway, including [SB1180](#) and [AB2700](#).

Second, the workgroup provided suggestions for getting information on Crisis Response Models in:

- Geographically rural or difficult to access areas
 - BHCIP awardees may have data on services for this population
 - Two-peer co-response models, leveraging telehealth for LPS (e.g., Riverside county)
- Underserved populations
 - Children and youth in rural areas: [Humboldt County to see new psychiatric facility for children and teens – Times-Standard](#)
 - Family Urgent Response System for foster youth as a potential model: <https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/furs/inffast>

Workgroup members noted a need for regional models for children and youth crisis care and the role of peers from underserved and/or marginalized communities as ways to address unmet need.

Discussion 2: Input from Workgroup on Crisis Stabilization Facilities

Allie Franklin, Principal, Health Management Associates, began this portion of the workgroup by noting the different types of facilities that are commonly known to assist with stabilizing crisis. These categories were broken down by timeframe (e.g., 24 hours or less, up to 72 hours, 24 hours +, etc.). She also highlighted the different models of person-centered crisis stabilization, noting that these services fall within one of three categories: non-licensed crisis stabilization facilities, facilities that serve Medi-Cal beneficiaries, and facilities for underserved or specialized populations.

First, the workgroup discussed additional information gathering for Models of Crisis Response across California:

- Crisis Stabilization Units
 - Workgroup members recommend additional datapoints on the following:
 - The number of crisis residential beds statewide
 - County discharge data from hospitals
 - The number of commercial insurance plans paying for crisis stabilization
 - Using EQRO reports as a source for timely follow up to hospital admissions
 - Understanding the administrative and documentation burden as barriers to increased supply
 - The number of CSUs that have closed and the reasons why this has occurred
 - Bed capacity's effectiveness compared to respites or alternative settings
 - EmPATH/Psych Emergency Services (PES)
 - The workgroup recommended gathering a list of EmPATH services statewide.
 - Sobering Centers
 - The workgroup raised questions regarding the feasibility of the current funding model.
 - The workgroup noted that Santa Barbara County recently added a sobering center
 - The workgroup also discussed additional funding streams

- (e.g., MCPs under Community Supports [member specific], counties [non-member specific who are Medi-Cal eligible, and Prop 47])
- Behavioral Health (BH) Urgent Care Centers/Mental Health Urgent Care Centers
 - The workgroup noted Sacramento County’s Mental Health ER and Placer County’s MHUCC.
 - The workgroup also discussed funding streams for these facilities (e.g., Medi-Cal and MHSA).
 - Peer Respite
 - The workgroup discussed the national directory for these services listed at the National Empowerment Center
 - The workgroup noted the partnership between BH contracts for BH Respite beds under Community Supports in Solano County. These beds are used as a step down from CSU/EDs and mobile crisis drop offs.
 - The workgroup also discussed these services’ roles for families, noting NAMI programs funded by the state and county.
 - Crisis Residential Treatment Services
 - The workgroup discussed the capacity considerations for these facilities, noting that 100% occupancy should not be the goal.
 - Further, the workgroup discussed in-home and family caregiver support, co-response teams’ capability to provide post-crisis visits, and missing licensing categories that can help effectively triage those in crisis.

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.

There were no public comments during this workgroup meeting.

Meeting Wrap-Up and Next Steps

Betsy Uhrman shared that materials for this meeting would be uploaded to the CalHHS website on the 988-Policy Advisory Group webpage. She added that materials for review would be distributed in advance of the next meeting, which will be held on April 11, 2024, from 1:00 PM – 3:00 PM PDT.

APPENDIX I: PUBLIC ZOOM CHAT

10:59:24 From Brittany Thompson, Health Management Associates to Everyone:

Welcome everyone. We will get started in just a few minutes.

11:02:15 From Brittany Thompson, Health Management Associates to Everyone:

As a reminder, please keep yourself muted while you are not talking. This will help cut down on background noise.

11:06:31 From Brittany Thompson, Health Management Associates 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.

11:15:52 From Betsy Uhrman - Health Management Associates to Everyone:

For those that would prefer to send a public comment via email, the address is: AB988Info@chhs.ca.gov

11:23:10 From Jana Lord - Sycamores to Hosts and panelists:

For the "paramedicine" model - what were the roles on these teams?

11:26:01 From Anh Thu Bui CA HHS to Hosts and panelists:

Thanks, Jana. The project team can take down clarifying questions for the community paramedicine pilot and provide more info in a follow-up document, either FAQ or email back to the workgroup.

11:26:28 From Jodi Nerrell - Sutter Health to Hosts and panelists:

Are there examples of CCBHCs Mobile Response teams?

11:27:22 From Andrew Holcomb - Emergency Medical Services Administrators' Association of California (EMSAAC) to Hosts and panelists:

Andrew Holcomb Andrew.holcomb@sfgov.org

11:27:37 From Allie Franklin - Health Management Associates to Hosts and panelists:

Thank you, Andrew.

11:33:04 From Scott Perryman - Sacramento Metro Fire Department to Hosts and panelists:

The model similar to community paramedicine which fits under the MIH umbrella is Advanced Provider MIH. It is an Advanced Provider (PA/NP) paired with a paramedic. This model is working very well and it is currently in operation in LA City, LA County, Beverly Hills, and Metro Fire in Sacramento. The challenge is cost recovery since the current EMS model is they (ambulance companies) only get paid when they transport. I'm happy to connect you with any of the current agencies doing MIH. There is great data available also.

11:33:20 From Kirsten Barlow - California Hospital Association to Hosts and panelists:

Another non-Medi-Cal response team for the list: Los Angeles Fire Department has "advanced provider response units" who include an EMS advanced provider (NP or PA) and an LAFD firefighter or paramedic. As mentioned in recent news coverage:

The units are capable of treating and assessing voluntary and involuntary mental health patients, provide emergency care, and write prescriptions.

11:33:33 From Mark Salazar - Mental Health Association of San Francisco to Hosts and panelists:

MHASF has similar imbedded peer/clinician co-response model with Marin BHRS providing coordinated peer support and case management in conjunction with clinicians.

11:35:06 From Kirsten Barlow - California Hospital Association to Hosts and panelists:

The LAFD model is funded as follows: Public-private funding from Cedars Sinai, Kaiser Permanente, Providence Health & Services Southern California, and the Los Angeles Fire Department Foundation.

<https://www.lafd.org/news/lafd-partners-hospitals-expand-innovative-advanced-provider-response-units>

11:40:34 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Great suggestion, Kirsten.

11:41:01 From Allie Franklin - Health Management Associates to Hosts and panelists:

Agreed. Very helpful suggestion

11:41:10 From Betsy Uhrman - Health Management Associates to Everyone:

Speaking order: Kirsten, Jana, Tara, Lishaun

11:43:06 From Jodi Nerrell - Sutter Health to Hosts and panelists:

May also want to consider reviewing the CARESTAR Foundation pre-hospital care awardees. One example is Sutter Coast in Del Norte County which was a recipient and working with Del Norte County BH/LEMSA on a pre-hospital crisis response.

11:46:20 From Tara Gamboa-Eastman - The Steinberg Institute to Hosts and panelists:

A place where it may be helpful to look is the recent final evaluation of SB 82 which funded crisis care.

11:47:01 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Tara agree

11:47:08 From Betsy Uhrman - Health Management Associates to Everyone:

Speaking order: Kisten, then Tara

11:48:04 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Great points, Alice. Consistent w/the "No Wrong Door" philosophy, ERs will always be an option, but having other open doors is so helpful.

11:49:52 From Nicholas Williams - Health Management Associates to Hosts and panelists:

Thank you for all these great resources and comments in the chat. We are following all leads!

11:50:20 From Tara Gamboa-Eastman - The Steinberg Institute to Hosts and panelists:

FYI Steinberg Institute is sponsoring AB 2700 (Gabriel) that would allow ambulances to take folks to alternative destinations. Feel free to follow up with anyone who's interested in learning more. tara@steinberginstitute.org

11:51:43 From Brittany Thompson, Health Management Associates to Everyone:

If you are a member of the public, and 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.

11:51:54 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Alice, I agree- including those w/lived experience to accompany emergency responders can make a difference

11:53:55 From Nicholas Williams - Health Management Associates to Hosts and panelists:

Noting that this is an imperfect model set up -- and just a way to organize some of our conversation today

11:54:32 From Kirsten Barlow - California Hospital Association to Hosts and panelists:

The Humboldt County/Mad River Hospital BHCIP grant I mentioned to serve their rural community:

<https://www.times-standard.com/2023/06/26/new-mental-health-center-in-arcata-to-come-in-2026/>

11:56:58 From Chad Costello - California Association of Social Rehabilitation Agencies (CASRA) to Hosts and panelists:

Peer respite listing from National Empowerment Center

11:57:04 From Chad Costello - California Association of Social Rehabilitation Agencies (CASRA) to Hosts and panelists:

<https://power2u.org/directory-of-peer-respites/>

11:59:16 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Sacramento County/Turning Point has a Mental Health ER available for crises

11:59:56 From Uma Zykfosky - California Behavioral Health Planning Council (CBHPC) to Hosts and panelists:

Crisis residential programs that specifically serve as step-down.

12:01:34 From Jodi Nerrell - Sutter Health to Hosts and panelists:

Partnership HP contracts for BH Respite beds under Community Supports, in Solano Co which is utilized as a step down from CSU/EDs and mobile crisis drop offs.

12:03:42 From Lishaun Francis – Children Now to Hosts and panelists:

One parent group example: United Parents, unitedparents.org

12:04:25 From Mark Salazar – Mental Health Association of San Francisco to Hosts and panelists:

A project we work on regarding stabilization partners with ZSF General Psychiatric to provide peer support and support groups on the unit and post-discharge support

as well community-based support and services.

12:05:54 From Kirsten Barlow – California Hospital Association to Hosts and panelists:

I have a list of Empath and Empath-like facilities from Scott Zeller. Who should I email it to?

12:06:13 From Alice Gleghorn – Phoenix Houses of California to Hosts and panelists:

some hospitals pay for medical respite beds in the community- some counties pay for short term MH crisis beds in the community as well as formal CRT programs

12:06:39 From Brittany Thompson, Health Management Associates to Everyone:

AB988Info@chhs.ca.gov

12:07:57 From Alice Gleghorn – Phoenix Houses of California to Hosts and panelists:

I think timely follow up to hospital admissions is in EQRO reports

12:08:29 From Uma Zykfosky – California Behavioral Health Planning Council (CBHPC) to Hosts and panelists:

Yes Alice is right – that is in EQRO reports.

12:08:52 From Le Ondra Clark Harvey – California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@lishaun- yes, the payment is so important

12:09:26 From Le Ondra Clark Harvey – California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Scott- 100%- the administrative burden is critical

12:09:27 From Jodi Nerrell – Sutter Health to Hosts and panelists:

Could also look at the # of CSUs that had closed their doors and reasons for why that occurred.

12:11:11 From Kenna Chic – Project Lighthouse to Hosts and panelists:

Might also be interesting to examine how effective beds are compared to respites/alternative settings. Sometimes there might be an assumption that beds are the best path and they may not be for that particular situation

12:11:47 From Chad Costello – California Association of Social Rehabilitation Agencies (CASRA) to Hosts and panelists:

Agree with Kenna

12:11:50 From Le Ondra Clark Harvey – California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Kirsten- yes, yes, yes

12:14:21 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Jodi N- Many CSUs opened with state funding which required a 20 year service commitment- even if they are underutilized and creating massive financial losses- staying open does not translate to being successful.

12:15:22 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Please add Santa Barbara County for Sobering Centers

12:15:40 From Jodi Nerrell - Sutter Health to Hosts and panelists:

Placer County opened MHUCC called LOTUS for MH crises 1.5 yr ago. Accepts LE drop offs, walk ins and ED step downs.

12:16:00 From Kirsten Barlow - California Hospital Association to Hosts and panelists:

Given our shared sentiment that a "bed" or "facility" are not the only or even best options for step down, hope that we're placing first episode/early psychosis programs on the list. They're a best kept secret. Lots of missed opportunities to refer young people to their services when seen in hospital EDs and elsewhere.

12:16:44 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

I would not refer to Sobering as an "outpatient" level of care as they do not meet criteria for outpatient and are not certified

12:17:47 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Most Sobering also must be voluntary

12:18:57 From Jodi Nerrell - Sutter Health to Hosts and panelists:

Sobering centers funded through MCPs under Community Support. The MHUCC in Placer was funded by local health systems, MHSOAC INN funding

12:19:01 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Some MCP fund Sobering Centers (but only for their members). Some counties fund as well for non MCP members who are MediCal eligible

12:19:24 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Santa Barbara has county funding as well as Prop 47

12:19:25 From Nicholas Williams - Health Management Associates to Everyone:

That is where our (few) data points come from.

12:19:43 From Kenna Chic - Project Lighthouse to Hosts and panelists:

<https://www.chcf.org/publication/sobering-centers-explained/>

12:19:46 From Kenna Chic - Project Lighthouse to Hosts and panelists:

This was from 2021

12:19:53 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Right- various funding sources. So, I think we keep them on the list because some are funded in a way that makes them eligible to be included

12:21:05 From Alice Gleghorn - Phoenix Houses of California to Hosts and panelists:

Uma is right- it is not a feasible model

12:24:07 From Le Ondra Clark Harvey – California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Bus Test Express is a transportation company that retrofits buses to provide mobile crisis and has some options that could be utilized as a CSU.

12:28:40 From Kirsten Barlow – California Hospital Association to Hosts and panelists:

Is this the part of the continuum (>72 hours) where a category related to in-home and family and caregiver support could be included?

12:29:34 From Alice Gleghorn – Phoenix Houses of California to Hosts and panelists:

CRTs can do way beyond 72 hours. There are both step down and step up possibilities, but often flow is into CRT from CSU or hospital, and then into long term MH residential or supported housing stepping down, or back home with family support.

12:30:50 From Le Ondra Clark Harvey – California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Chad, agree with your comments about capacity

12:31:28 From Chad Costello – California Association of Social Rehabilitation Agencies (CASRA) to Hosts and panelists:

We could be missing a licensing category(ies) in the current range of options. For instance folks get stuck in ERs because they can't be medically cleared into A, B or C. Becomes more of an issue as the population ages.

12:33:47 From Kirsten Barlow – California Hospital Association to Hosts and panelists:

Strongly encourage that our work products acknowledge Olmstead least restrictive setting requirements. Does anyone know what, if any, state regulatory agency has oversight around this in terms of people with behavioral health needs?

12:33:52 From Alice Gleghorn – Phoenix Houses of California to Hosts and panelists:

Co-response teams can do post crisis visits to create rapport and a level of connection that can be beneficial if there is another escalating situation later on. Santa Barbara teams spent up to 50% of their time on this type of visit

12:35:08 From Betsy Uhrman – Health Management Associates to Everyone:

For public attendees, please use the raise hand function if you'd like to make a public comment. We'll be opening public comment in about 5 minutes.

12:35:29 From Alice Gleghorn – Phoenix Houses of California to Hosts and panelists:

Most CSUs are Voluntary and NOT LPS certified (and NOT locked)

12:36:02 From Le Ondra Clark Harvey – California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Kirsten- agree and it's a pipeline issue because people get stuck at the facility and others can't get into services because beds are not clear

12:36:18 From Kirsten Barlow – California Hospital Association to Hosts and panelists:

Good point Alice. The California Bridge program's navigators do lots of outreach after they connect with people in the ER

12:37:41 From Betsy Uhrman - Health Management Associates to Everyone:
<https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/>