California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 1 Meeting 3
Meeting Summary
April 11, 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:

- **Aimee Moulin***, Department of Emergency Medicine and Department of Psychiatry, UC Davis
- **Alice Gleghorn***, Phoenix Houses of California
- **Anete Millers***, California Association of Health Plans (CAHP)
- **Astin Williams***, California LGBTQ Health and Human Services Network
- **Corinne Kamerman***, California Department of Health Care Services (DHCS)
- **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)
- **Javon Kemp***, Kern Behavioral Health and Recovery Services (KernBHRS)
- **Jessica Jimenez***, California Department of Public Health
- **Jodi Nerrell***, Sutter Health
- **Kelsey Andrews***, Star Vista Crisis Center
- **Kirsten Barlow***, California Hospital Association
- **Mark Salazar***, Mental Health Association of San Francisco
- **Michelle Cabrera***, County Behavioral Health Directors Association of California (CBHDA)
- **Miguel Serricchio***, LSQ Group, LLC
- **Phebe Bell***, Behavioral Health Director
- **Scott Perryman***, Sacramento Metro Fire Department
- **Sonia Hwang***, California Department of Public Health
- **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
- **Allie Franklin***, Health Management Associates
- **Betsy Uhrman*,** Health Management Associates
- **Nicholas Williams*,** Health Management Associates
- **Serene Olin***, Health Management Associates
- **Noah Evans***, Health Management Associates

Workgroup Members Not in Attendance:

- **Andrew Holcomb**, Emergency Medical Services Administrators' Association of California (EMSAAC)
- **Brian Aiello**, California Emergency Medical Services Authority (EMSA)
- **Chad Costello**, California Association of Social Rehabilitation Agencies (CASRA)
- **Christina Ramirez**, SHIELDS for Families
- **Courtnie Thomas**, California Council of Community Behavioral Health Agencies (CBHA)
- **Darrell Hamilton**, Kings View
- **Don Taylor**, Pacific Clinics

- **Jana Lord**, Sycamores
- **Jennifer Oliphant**, Two Feathers Native American Family Services
- **Le Ondra Clark Harvey**, California Council of Community Behavioral Health Agencies (CBHA)
- **Lei Portugal Calloway,** Telecare Corporation
- **Lishaun Francis**, Children NOW
- **Maurice Lee**, Center Point, Inc.
- **Stephanie Welch**, California Health and Human Services Agency (CalHHS)
- **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 of Specific Populations
Serene Olin, Principal, Health Management Associates, provided a summary from the 3rd workgroup in March, 2024. She discussed highlights from the 3rd workgroup, provided an overview of the 4th workgroup's focus areas, specifically, on two populations: youth (and intersections with racial/ethnicity and with LGBTQ+) and older adults (with intersections with IDD, veterans and rural populations).

Discussion 1 – What Exists/Should Exist to Meet the Crisis Needs of Children and Families
Serene Olin prefaced the discussion with an overview of data trends on suicide rates by age and race/ethnicity, and elevated the crisis needs of LGBTQ+ youth. She highlighted what the State of California is doing in response to the crisis needs of youth, including the governor's master plan for children's mental health with the Children and Youth Behavioral Health Initiative (CYBHI) at its core. She also drew attention to a number of programs under CYBHI that have a

specific focus on youth behavioral health crisis, and where state initiatives correspond to the BHCCCP essential crisis services. She noted that currently there is no state-wide data on children's crisis services. What data exists indicate variations in available resources for such services across California. She also highlighted SAMHSA's recommended core principles for managing youth crisis response, including avoiding out-of-home placements where possible, thinking about developmentally appropriate services rather than treating kids as adults, integrating family and youth peer support providers and people with lived experience in planning and evaluation services, and providing culturally and linguistically appropriate equity-driven services. These principles served to ground discussion about what is known and not known about youth BH crisis services across the state.

Serene then solicited feedback from the group on models, partnerships and resources that currently exist or should exist to support the crisis needs of children and their families.

- **SUD Medication Access**
    - One workgroup member said there are almost no places where individuals under 18 have access to medication for substance use disorders (SUDs). Another responded that Pinnacle has begun serving most counties in California in the last 6 months so this may change; but another commented that even so, there can be serious stigma and consequences associated with individuals under 18 reaching out for SUD medication.
- **Placement Challenges**
    - A lack of capacity and accountability when it comes to the state's ability to place youth with conditions significantly affecting their behavioral health was discussed.
- **Commercial Insurance**
    - The problem of people with commercial insurance, who should have coverage, not actually having access was brought up, and the inability to access certain BH resources for youth; cases where families give up custody to access BH care through the welfare system was given as an extreme example.
- **Family Support**
    - The need to support adults in the homes of children in crisis was

mentioned, as adults in these cases may have issues of their own. Respite services for family members of children and youth in crisis was also brought up as something that can be of critical importance in these situations.

- **Models of Success**
    - Several programs specific to youth were called out by members, including youth-centered, family-centric programs like
        - MHSA funded Early Psychosis Program
        - Children's Wraparound
        - Partnership Health Plan's model of engaging with complex cases and persisting until individuals received what they were in need of.
    - The new mobile crisis benefit launched in January in most counties applies to children and youth as well, and they're being integrated into the benefit.
    - Population-specific examples include The Trevor Project, need to lift up issues pertaining to BH specific to LGBTQ+ and black youth as these groups are disproportionately affected by BH crises.
    - Questions as to how children and families will be directed arise in reference to virtual service platforms the state has launched to meet some of these needs.

Discussion 2 – Crisis Services for Older Adults

Allie Franklin, Principal, Health Management Associate, reviewed data on the suicide rates of older adults, including veterans and those in rural areas. She walked through the master plan for aging, with a crisis care continuum starting with prevention. Allie then solicited input from the workgroup regarding what general services were known of today with respect to someone to call, someone to come, and somewhere to go, for older adults, inclusive of intersections with IDD, veterans, and rural populations.

- **Prevention**
    - A member brought up the importance of building resilience, and creating a social network and a sense of purpose for older adults, things they may feel they lack as they conclude their working years and enter retirement.
    - One reason given for the importance of prevention, in keeping older adults in lower levels of care, was that if an older adult is sent to an

outpatient psychiatric facility, a frequently voiced problem is that there is nowhere for them to be sent to from there.

- **Stigma, Exclusion and Inaccessibility**
    - One member spoke to the huge issue of stigma regarding older people, and particularly veterans, which can be deadly.
    - A workgroup member spoke to the fact that in many cases individuals with a mental health diagnosis, an SUD diagnosis, or who are taking certain medications such as methadone, are not welcomed into nursing homes. Diagnoses can exclude individuals from services. Provider incentives are needed to develop more capacity to treat special populations.
    - Another member identified the fact that California has not made policies that effectively help older people maintain housing who are lower income as a major factor behind the overrepresentation of older adults in the homeless population. SSI and social security are insufficient for the cost of living in California.
    - One member said elderly immigrant populations frequently do not use health services because of the lack of transparency surrounding cost, and their legitimate concerns over going into medical debt.
    - The importance was underscored of 'someone to come' for older adults who may not easily be able to transport themselves to facilities where they can receive services, and who may face challenges accessing resources due to a lack of familiarity with certain technologies.

- **Models and Measures of Success**
    - One member highlighted respite programs for the caregivers of older adults (especially those with IDDs) as being really important for preserving these valuable individuals from burn-out. CR Elder Wellness Program was also highlighted. A few strains of Enhanced Care Management, focused on older adults at risk of higher levels of care, were said to be successful and worthy of support. Meals on Wheels was suggested as a possible partner for BH services, due to their mobility and established relationships of trust with older adults. HHS was acknowledged as a leader in its space from the outset.

    - A suggested metric of success was that of increasing easy access to outpatient facilities, increasing access to specialty care, and to delivery systems.
- **Parity and Equity issues**
    - Roughly half of California is covered by Medi-Cal and half is covered by commercial insurance; the county is the driver for Medi-Cal, and the landscape as far as what's available to commercial insurance-holders can be more bleak. State and federal policy influence the differences in what's available, and the resource distribution is very patchwork. The system as of now fails to adequately ensure everything people really need, and to support the 50% of people with commercial insurance.
- **Scarcity of Programs and Eligibility for Care**
    - One workgroup member said the reason health programs cherry-pick certain individuals rather than advertise themselves broadly is scarcity. Individuals often need to meet specific criteria to fit a given program, and those requirements change for a given program over time, even within the space of a year. Programs that specialize in populations with complex needs are needed.
- **BH Provider Participation in health plans**
    - Another member said 60% of BH providers are not participating in the insurance-funded BH system and only take out-of-pocket payment. The case was made for bringing this capacity into the system, in order to lessen the number of people in crisis.

Public Comment Period

Allie Franklin 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.

No one registered for public comment.

Meeting Wrap-Up and Next Steps

Betsy Uhrman made note of the upcoming Policy Advisory Group meeting on April 24th.

APPENDIX I: PUBLIC ZOOM CHAT

14:01:38 From Betsy Uhrman to Everyone:
Welcome! We will get started in two minutes.
14:07:53 From Betsy Uhrman to Everyone:
Please direct any questions or comments to the following email: AB988Info@chhs.ca.gov>
In addition, more information as well as meeting summaries from previous sessions, can be found here: https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group
14:09:57 From Betsy Uhrman to Everyone:
Apologies. I forgot to mention that Phebe Bell and Chad Costello are serving as co-chairs for this workgroup. They will help to bring input and ideas from this workgroup back to the full 988-Crisis Policy Advisory Group at its next meeting on April 24. Thank you Phebe and Chad!
14:17:32 From Betsy Uhrman (HMA) to Everyone:
Note that we will post these slides, along with the meeting recording and meeting summary, next week.
14:19:24 From Nicholas Williams to Hosts and panelists:
We're going to start discussion in just 1 min (and can go back) as needed
14:25:33 From Kirsten Barlow - CHA to Hosts and panelists:
Facility-based SUD services are tracked by the state, including an indication of whether they can treat adolescents.
https://data.chhs.ca.gov/dataset/sud-recovery-treatment-facilities
14:26:45 From Alice Gleghorn - Phoenix House to Hosts and panelists:
Phoenix House has youth SUD outpatient that includes MAT and both LA and Orange County have been very supportive of MAT expansion for youth.
14:27:09 From Allie Franklin to Hosts and panelists:
Thank you for these, Kirsten and Alice.
14:28:02 From Uma Zykfosky - CBHPC to Hosts and panelists:
I also want to highlght breaking down the term “youth” a bit since issues of MH or SUD are different and responses different for younger youth versus older.
14:29:15 From Jodi Nerrel - Sutter Health to Hosts and panelists:
Need to expand PHP/IOP offerings for kids
14:30:12 From Uma Zykfosky - CBHPC to Hosts and panelists:
Interesting also that highest suicide rates intersect TAY populations so finding where to call for TAY is critical.
14:30:13 From Scott Perryman - Metro Fire of Sacramento to Hosts and panelists:
Well said Miguel, the parents also need resources and how to help their child. Both short term and long term.

14:31:35 From Michelle Cabrera (she/her) to Hosts and panelists:

Co-occurring IDD is definitely a major issue with children/youth

14:32:23 From Michelle Cabrera (she/her) to Hosts and panelists:

We still have those complex care forums under CDSS for child welfare involved youth

14:32:58 From Michelle Cabrera (she/her) to Hosts and panelists:

Yes, respite is important

14:34:41 From Aimee Moulin - Department of Emergency Medicine and Department of Psychiatry to Hosts and panelists:

100% agree @kristenbarlow the patients we often find fall through the gaps and have no place that will accept them are adolescents with mental illness and/or substance use disorders

14:43:51 From Michelle Cabrera (she/her) to Hosts and panelists:

We also have the new PRTF facility type coming on line. Where we will have challenges is ensuring the full continuum is available, meaning that in the vein of the RAND analysis, we cannot look at inpatient LOC in isolation of step-downs.

14:44:06 From Michelle Cabrera (she/her) to Hosts and panelists:

FSPs are a requirement of MHSA funding

14:49:52 From Kirsten Barlow - CHA to Hosts and panelists:

Can't see everyone's affiliation on the call today, but might show this chart to other organizations not on today's call with C&Y expertise for their suggestions (The Alliance, CCBHA, Children Now, NHELP)

14:51:01 From Allie Franklin to Hosts and panelists:

Great idea for increased stakeholder engagement, Kirsten

14:51:59 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and panelists:

We have been funding wellness centers at our schools through mhsa as a first level "place to go" and those will now be a part of cybhi work i think so hopefully keep growing and expanding. They are a great resource for school aged youth having a behavioral health crisis during the school day

14:52:02 From Betsy Uhrman (HMA) to Everyone:

Kirsten, Thanks for raising this. I'll also mention that representatives from the CA Alliance, CCBHA, and the others you mentioned are represented on Policy Advisory Group and the Workgroups

14:54:20 From Kirsten Barlow - CHA to Hosts and panelists:

To further Phebe & Michelle's earlier mentions of MHSA-funded, suggest going to some already published resource for specific examples of services available today.

https://mhsoac.ca.gov/wp-content/uploads/PEI-Report_Draft_V3_01.03.23_ADA.pdfhttps://static1.squarespace.com/static/5ab2d59489c1724bd8a2ca78/t/5db0e444e9ccfd0e16da61d1/1571873897909/NAMI+2019+MHSA+Re

pt_04+complete.pdf
14:54:38 From Kirsten Barlow - CHA to Hosts and panelists:
Sorry 2 different links:
https://static1.squarespace.com/static/5ab2d59489c1724bd8a2ca78/t/5db0e444e9ccfd0e16da61d1/1571873897909/NAMI+2019+MHSA+Rept_04+complete.pdf
14:54:50 From Kirsten Barlow - CHA to Hosts and panelists:
https://mhsoac.ca.gov/wp-content/uploads/PEI-Report_Draft_V3_01.03.23_ADA.pdf
14:55:09 From Allie Franklin to Hosts and panelists:
Thank you, Kirsten!
14:58:58 From Betsy Uhrman (HMA) to Everyone:
For those joining as members of the public, we will turn to the public comment period around 2:40PM. Please use the raise hand function if you'd like to make a comment. You can also direct comments or questions to AB988Info@chhs.ca.gov
15:02:17 From Kenna Chic to Hosts and panelists:
Other thoughts to offer on the youth space: Family involvement is definitely important for many reasons, especially because youth are likely to be in a family environment that they cannot easily change. At the same time, LGBTQ and BIPOC youth may not be in environments where their family members are as ready to be involved in or trusting of the behavioral health system. We need to continue highlighting and creating pathways for family involvement in behavioral health care while recognizing that there are youth who would not engage in or would not be able to engage in BH care if their parents had to be involved. With the passage of AB 665, there is real opportunity to address youth BH and minor consent. We need to ensure that there are more upstream care approaches that allow youth to explore BH care on their own up to a certain point. Happy to connect further or raise up my comments during public comment!
15:02:51 From Kirsten Barlow - CHA to Hosts and panelists:
For prior conversation, addition in Leadership & Oversight category:
Enhance state efforts on plan accountability by including the availability of crisis, residential, and inpatient MH & SUD services in the state's timely access and network adequacy standards (both Medi-Cal and Knox Keene plans).
15:03:24 From Serene Olin to Everyone:
thank you Kenna for your important points.
15:04:06 From Serene Olin to Everyone:
Kirsten - thank you for your suggestions about state role/efforts on plan accountability.
15:04:30 From Nicholas Williams to Hosts and panelists:
Noting that we have the wrong citation in there!
15:06:22 From Mark Salazar - California and CalHOPE Warm Lines to Hosts and

panelists:

Thank you Nicholas. MHASF doesn't operate the Friendship Line. MHASF operates the California Peer Run Warm Line.

15:07:21 From Michelle Cabrera (she/her) to Hosts and panelists:

Again, the RAND report was unique to the adult population.

15:07:45 From Stephanie Blake California Department of Aging to Hosts and panelists:

FYI- Institute on Aging operates Friendship Line

15:08:42 From Betsy Uhrman (HMA) to Everyone:

Kirsten, I imagine your previous point in the chat about leadership and oversight applies here. (Enhance state efforts on plan accountability by including the availability of crisis, residential, and inpatient MH & SUD services in the state's timely access and network adequacy standards (both Medi-Cal and Knox Keene plans))

15:09:07 From Kirsten Barlow - CHA to Hosts and panelists:

Yes

15:10:43 From Kirsten Barlow - CHA to Hosts and panelists:

Older adults are a target population in MHSA programs counties have funded for many years. Suggest perusing the county's 3-year plans for examples to see if any of them are "crisis" oriented targeting older adults.

https://www.dhcs.ca.gov/services/MH/Pages/MHSA-Three-Year-Plan-and-Annual-Update.aspx

15:11:34 From Kenna Chic to Hosts and panelists:

https://www.uhc.com/news-articles/medicare-articles/personal-determinants-of-health

15:11:34 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and panelists:

harm reduction efforts through access to means types of conversations are also needed - access to guns is a big part of the picture.

15:12:32 From Michelle Cabrera (she/her) to Hosts and panelists:

Thanks for lifting up all the MHSA funded programs for older adults. Really shifting landscape with Prop 1 given that prevention funding will be moving to CDPH/statewide level.

15:12:38 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and panelists:

agree on both fronts Uma!

15:13:04 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and panelists:

big parts of our county still don't have cell access or internet access

15:14:17 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and panelists:

I really want to underscore what Aimee is saying, aging people with SMI are

super challenging to find a placement for
15:17:52 From Jodi Nerrel - Sutter Health to Hosts and panelists:
Additional Older Adult FSPs are needed and provide amazing wrap around support and opportunities to strengthen social connectedness.
15:18:05 From Kirsten Barlow - CHA to Hosts and panelists:
Under funding, or leadership/oversight for this slide and the last one: The State could develop provider incentives to develop more capacity to treat special populations (e.g., youth, older adults, medically complex).
15:19:40 From Michelle Cabrera (she/her) to Hosts and panelists:
FSPs are largely funded via MHSA and realignment. All counties have FSPs.
15:22:00 From Stephanie Blake California Department of Aging to Hosts and panelists:
CDA oversees Caregiver Resource Centers. There is more information on them here:
https://www.aging.ca.gov/Providers_and_Partners/Caregiver_Resource_Centers/ and https://www.caregivercalifornia.org/
15:26:24 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and panelists:
we funded our meals on wheels program to do depression screenings
15:28:16 From Uma Zykfosky - CBHPC to Hosts and panelists:
Adding El Hogar Senior Link PEI program as a model in addition to the FSP.
15:28:40 From Stephanie Blake California Department of Aging to Hosts and panelists:
In relation to services for Older Adults (sorry I was too slow to raise my hand): There are 33 Area Agencies on Aging (that cover all 58 counties) that provide support & resources for older adults and family caregivers.
https://aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/
15:29:30 From Allie Franklin to Hosts and panelists:
Thank you, Stephanie
15:31:32 From Stephanie Blake California Department of Aging to Hosts and panelists:
Oh one more. Additionally, there are the Aging & Disability Resource Connection (ADRCs) that provide services through locally contracted agencies. These are intended to have a No Wrong Door approach.
https://aging.ca.gov/Providers_and_Partners/Aging_and_Disability_Resource_Connection/
15:34:56 From Uma Zykfosky - CBHPC to Hosts and panelists:
Agree with Michelle 100%. We don't want to inadvertently incentivize having a crisis to get help.
15:35:06 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and panelists:
yes!
15:36:09 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and

panelists:

yes agreed! Great work HHS with that more broad view

15:36:47 From Phebe Bell - Nevada County Behavorial Health Director to Hosts and panelists:

I'm super sorry - i have to jump off to deal with something but thanks for a great conversation-

15:37:29 From Serene Olin to Everyone:

thanks Phebe - appreciate the contributions

15:44:23 From Michelle Cabrera (she/her) to Hosts and panelists:

Crisis systems could come together to map resources like sequential intercept mapping (from the justice involved system)

15:45:09 From Uma Zykfosky - CBHPC to Hosts and panelists:

Last thought — that a call will be for either MH or SUD from a public perspective (caller) perspective. Complicated.

15:45:55 From Betsy Uhrman (HMA) to Everyone:

Email for additional comments and questions: AB988Info@chhs.ca.gov

988-Crisis Policy Advisory Group website: https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group

15:46:05 From Scott Perryman - Metro Fire of Sacramento to Hosts and panelists:

Thank you all. Excited about what has been accomplished