



**California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 2: Statewide Standards & Guidance Meeting 4
Meeting Summary
April 9, 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:

- **Alec Smith***, Department of Healthcare Services
- **Angela Vazquez***, The Children's Partnership
- **Astin Williams***, Health Access California
- **Brenda Grealish***, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Budge Currier***, California Governor’s Office of Emergency Services (CalOES)
- **Casey Heinzen***, Department of Healthcare Services
- **Catherine Hess***, California Department of Public Health

- **Darcy Pickens***, California Department of Public Health
- **Diana Gutierrez***, RUHS Behavioral Health
- **Elizabeth Whitteker***, Molina Healthcare
- **Lei Portugal Calloway***, Telecare Corporation
- **Liseanne Wick***, Wellspace
- **Mayu Iwatani***, Orange County Department of Education
- **Michelle Doty Cabrera***, County Behavioral Health Directors Association of California (CBHDA)
- **Shari Sinwelski***, Didi Hirsch Mental Health Services
- **Stephanie Blake***, Department of Aging
- **Tara Gamboa-Eastman***, The Steinberg Institute
- **Yolanda Cruz***, State Council on Developmental Disabilities

Project Staff in Attendance:

- **Anh Thu Bui***, California Health and Human Services
- **Allie Franklin***, Health Management Associates
- **Betsy Uhrman***, Health Management Associates
- **Rob Muschler***, Health Management Associates

Workgroup Members Not in Attendance:

- **Ivy Song**, UC Davis
- **Karla Luna**, Kings View
- **Robert Harris**, SEIU California
- **Ruqayya Ahmad**, California Pan-Ethnic Health Network (CPEHN)
- **Susan Demarois**, Department of Aging
- **Van Hedwall**, San Francisco Suicide Prevention/Felton Institute

*Attended virtually

Welcome and Introduction

Rob Muschler, Senior Consultant, Health Management Associates, opened the meeting and explained that this is the Statewide Standards & Guidance Workgroup. He thanked workgroup members and members of the public for joining and provided an overview of where to find previous meeting materials and Zoom functionality. He then provided an overview of the meeting objectives and agenda, followed by the Policy Advisory Group and Standards & Guidance Workgroup membership. He also invited members of the public to

sign up for the public comment period and discussed the meeting code of conduct.

Workgroup 2 Meeting 3 Review

Rob Muschler provided a summary of Workgroup 2 Meeting 3, during which workgroup members reviewed and refined input from previous meetings. This included deeper exploration of substance use and trauma-informed, culturally responsive services.

Anh Thu Bui reminded the group that there are twelve 988 Crisis Centers now in operation. The objective of these discussions is to both support a system that's working, while also finding ways to improve the system. Another objective is to discuss how to sequence activities over the next five years.

Overview Comprehensive Assessment Approach

Allie Franklin, Health Management Associates, overviewed the discussion structure as well as the topics of focus for today (i.e., IDD, physical health, and non-crisis mental health services). The goal of the discussion was to inform what might become minimum standards for these service areas, and to explore the required skills, trainings, and competencies for the 988 workforce.

Discussion 1 – Intellectual and Developmental Disabilities (IDD)

Allie Franklin solicited feedback from the workgroup members regarding skills, competencies and trainings; measures of progress/success; and resources and supports needed, with reference to the IDD population. She noted that the discussion would build on the input provided during Meeting 3.

- **Skills, Competencies, Trainings:**

- Workgroup members talked about the need to understand co-occurring mental health and developmental disabilities. They also discussed considering other cognitive impairments, such as Alzheimer's and traumatic brain injuries.
- Members noted the need to understand the systems serving this population as well as applicable laws, rights, and benefits.
- The group also noted that the first step in this work should be to identify existing best practices, trainings, and organizations serving

the IDD population.

- Members noted the importance of scenario-based training for crisis center staff, and pre/post assessments.

- **Measures of Progress/Success**

- A workgroup member suggested call takers' level of awareness of available services and confidence as possible measures.
- Other workgroup members suggested utilizing caller satisfaction surveys to assess whether callers felt that they were connected with culturally, community-appropriate resources.
- A workgroup member noted that adverse event outcomes should also be reviewed for disproportionate impact. They noted that approximately half of the people killed by law enforcement have an IDD, so while the population of individuals with IDDs calling 988 may be relatively small, handling it well is important for public safety.
- A member noted the provision of follow-up as a possible outcome. It was also acknowledged that follow-up requires consent and is currently only provided to individuals assessed as being a suicide risk.
- The idea of developing a linkage agreement with regional centers, including, for example, quarterly collaborative case meetings, was also suggested.

- **Resources and Possible Supports Needed**

- Many workgroup members agreed that involving individuals with lived experience in these and future discussions was important. They recommended establishing an advisory group made up of individuals with lived experience, caregivers, and organizations serving this community to support the identification of trainings, outcomes, quality improvement processes, etc.
- A workgroup member noted the need to integrate/align culturally informed trainings. They noted the development of a core curricula, with supplemental trainings for specific communities.
- A workgroup member also asked about the percentage of callers that disclose IDD as a datapoint to explore.

- **Timeline**

- Workgroup members discussed potential sequencing of activities. Below represents a sequencing of general steps/activities:
 - Year 1: Identify existing trainings, best practices, and research.
 - Year 1: Engage other state entities that serve this community.
 - Year 1: Establish an advisory group to provide feedback and monitor progress.
 - Years 2 – 3: Develop outcomes measures and oversight process (as informed by research and information gathered in Year 1).
 - Years 4 – 5: Assess results and support a continuous cycle of improvement.

Discussion 2 - Physical Health

Allie Franklin solicited feedback from the workgroup members regarding skills, competencies and trainings; measures of progress/success; and resources and supports needed, with reference to physical health.

- **Skills, Competencies, Trainings Needed**

- Workgroup members discussed the ability to assess imminent risk. Members discussed the value of crisis counselors having a list of high-risk items that would warrant an in-person response (e.g., lethal substances taken).
- Members also discussed the intersection with our previous SUD discussion, and the need to watch for the physical health related risks of individuals in an SUD crisis (e.g., OD, withdrawal, etc.).
- Several workgroup members emphasized the need for crisis counselors to stay within the scope of their training/expertise and refer to the appropriate entity.
- One workgroup member said crisis center staff will need training to help them assess risk for ambiguous cases.

- **Measures of Progress/Success**

- Members discussed the similarities with the IDD topic as well as with the SUD topic from the previous meetings. They mentioned pre/post training surveys, increased knowledge and confidence of counselors, caller experience/satisfaction, and referrals/resource provided.

- A workgroup member noted that another measure could be established protocols and relationships with local EMS, County behavioral health departments, etc., to support referrals to the most appropriate setting.
- The group also discussed assessing public awareness and expectations around 988.
- **Resources and Possible Supports Needed**
 - The workgroup framed 988 as a front door and navigation to the proper service, not an expert in all areas.
 - Workgroup members also noted the need to support ongoing learning and information sharing given the pace of change (e.g., new drugs of concern, new resources, etc.)
 - One member also flagged the need to consider the health and wellness of the crisis counselors.
- **Timeline**
 - Workgroup members noted the sequence could be similar to that discussed for IDD.

Discussion 3 – Non-Crisis Mental Health Services

Allie Franklin solicited feedback from the workgroup members regarding skills, competencies, and trainings; measures of progress/success; and resources and supports needed, with reference to non-crisis mental health services.

- **Skills, Competencies, Trainings Needed**
 - Workgroup members noted overlap with SUD, physical health, and IDD. Call counselors need to have a basic knowledge of conditions, know what to ask or look out for, and know what resources are available.
 - The point was made that it's important for call counselors to have a firm grasp on symptomology, as some individuals may get mislabeled and, in turn, not get what they need.
 - One workgroup member emphasized the importance of aligning responsibilities and expectations with organizational/staff capabilities, noting that some crisis centers are mental health providers with clinicians on staff, while others are not. They noted

that there could be tiers of expertise that inform what types of calls you take.

- Workgroup members discussed addressing stigma and assumption-making in the trainings for call counselors.

- **Measures of Progress/Success**

- The workgroup echoed the same items discussed under physical health (e.g., knowledge, caller experience, connection to resources/referrals, etc.).
- A workgroup member noted that – once minimum standards are set – the first step should be the completion of a readiness assessment to better understand crisis centers' ability to handle certain types of mental health (and other) calls. The workgroup member also noted the need to establish the oversight and accountability structure for centers.
- A possible measure of success mentioned was the degree to which a call counselor can de-escalate the situations and refer to the least restrictive/most appropriate level of care.

- **Resources and Possible Supports Needed**

- A member noted that clinicians could be made available to callers, but that this would require additional funding.
- A member also noted that they felt that the voices of people with serious mental illness, as well as those with justice involvement, should inform this work.

- **Timeline**

- The workgroup discussed defining the expectations for crisis centers, the accountability structure, and conducting a readiness assessment as Year 1 activities.

Where We Go From Here

Rob Muschler thanked workgroup members for their participation, outlined the next steps, and overviewed additional opportunities for engagement.

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.

No one registered for public comment.

APPENDIX I: PUBLIC ZOOM CHAT

09:58:50 From Betsy Uhrman to Hosts and panelists:

Welcome. We will begin a few minutes after 9am.

10:01:36 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

getting my coffee but will be on camera shortly.

10:03:13 From Betsy Uhrman to Everyone:

Here's the website Rob mentioned:

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

10:04:39 From Dr. Stacie Freudenberg - The Trevor Project to Hosts and panelists:

Betsy- it looks like the link goes to a page that doesn't exist.

10:05:32 From Betsy Uhrman to Everyone:

It works when I click on it... let's try again:

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

10:05:45 From Dr. Stacie Freudenberg - The Trevor Project to Hosts and panelists:

That worked for me- thank you!

10:06:11 From Betsy Uhrman to Everyone:

All comments and questions outside of this meeting are welcome and can be directed to AB988Info@chhs.ca.gov

10:09:43 From Betsy Uhrman to Everyone:

For those joining as members of the public, please use the raise hand function if you'd like to make a comment during the public comment period (around 10:40AM).

You can also share comments via email at AB988Info@chhs.ca.gov

10:10:43 From Michelle Cabrera - CBHDA to Hosts and panelists:

Is this summary available somewhere?

10:11:24 From Devon Schechinger to Everyone:

Michelle, yes! All meeting summaries can be found on the Cal-HHS website!

10:11:27 From Betsy Uhrman to Everyone:

The meeting summary from meeting 3 is available here:

<https://www.chhs.ca.gov/wp-content/uploads/2024/04/Workgroup-2-Meeting-3-Summary-03.20.24.pdf>

10:12:08 From Michelle Cabrera - CBHDA to Hosts and panelists:

I am asking for the slides being presented now, which are different, it seems?

10:12:19 From Michelle Cabrera - CBHDA to Hosts and panelists:

The slides seems more detailed

10:13:50 From Betsy Uhrman to Everyone:

Thank you. Those will be posted to the CalHHS 988 website in the next few days.

10:17:03 From AnhThu Bui - CalHHS to Hosts and panelists:

Please continue to provide feedback toward the recommendations for a 5-year implementation plan to CalHHS at AB988info@chhs.ca.gov

10:25:35 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

I don't want to forget to provide these resources but they should be known by crisis teams. Some regional centers have contracts with National START Programs - these are prevention crisis services. Understanding the regional center systems - do they have crisis prevention services? do they have forensic services for court involved

10:26:22 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

TBI is actually a qualifying condition for regional center under 5th category

10:27:25 From Angela Vazquez - The Children's Partnership to Hosts and panelists:

Long COVID neurological and neuropsychiatric symptoms might be worth documenting. "Brain fog" and cognitive dysfunction is one of the most common symptoms, and CDC data estimates that over 7% of Californians are experiencing Long COVID.

10:28:14 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

Great resource for training: <https://centerforstartservices.org/training-professional-development>

10:29:23 From Allie Franklin to Hosts and panelists:

Thank you, Yolanda, for this link

10:29:30 From Liseanne Wick - WellSpace to Hosts and panelists:

Also important to know that Vibrant currently has already provided trainings in this area for a 988 centers and that included those with lived experiences.

10:29:38 From Michelle Cabrera - CBHDA to Hosts and panelists:

For the note taker - my recommendation was to include individuals with IDD as part of my suggestion for further engagement.

10:30:26 From Michelle Cabrera - CBHDA to Hosts and panelists:

Thanks - it can be tempting to rely solely on caregivers.

10:31:56 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

Some pre-post surveys; possible scenario based training

10:36:20 From Liseanne Wick - WellSpace to Hosts and panelists:

We only follow up with verbal consent of the caller/visitor.

10:36:25 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

Not sure if it is possible but develop a linkage agreement (MOU) with regional centers to have a quarterly collaborative to review those that have accessed 988 services and share outcomes, with a release of information from the person calling.

10:36:25 From Michelle Cabrera - CBHDA to Hosts and panelists:

Crisis de-escalation is a great overall indicator.

10:37:14 From Budge Currier - CalOES to Hosts and panelists:

It may be helpful to dedicate staff during specific times each week in the center for follow up while ensuring confidentiality based on consent.

10:40:12 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

I wonder if the state can look into DOJ funding around 988 and possibly adding a position under Regional Center that can be housed in a 988 center to provide more TA to those in crisis with ID/DD

10:43:19 From Liseanne Wick - WellSpace to Hosts and panelists:

Ask Vibrant about what % of callers disclose IDD?

10:47:48 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

Do any of you attend the crisis Jam

10:48:52 From Mayu Iwatani - Orange County, Crisis Response Network to Hosts and panelists:

This is another great group that provides training around suicide prevention for diverse population.<https://concept.paloalto.edu/course/Suicide-Risk-Assessment-and-Intervention-for-a-Diverse-Population>

10:49:31 From AnhThu Bui - CalHHS to Hosts and panelists:

Yes, thanks for flagging the weekly 988 Crisis Jam @Yolanda -- lots of great resources there <https://talk.crisisnow.com/learningcommunity/>

10:52:29 From Kenna Chic to Hosts and panelists:

+1 @ Michelle's comment on including individuals with lived experience. Good places to start might be connecting with disability rights organizations in CA, such as Disability Rights CA

10:54:46 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

Independent living centers and transition programs can also be accessed for representation of people with lived experience

10:56:45 From Angela Vazquez - The Children's Partnership to Hosts and panelists:

So sorry all I have to jump off for another meeting. Thanks for the discussion today.

10:57:14 From Devon Schechinger to Everyone:

Thank you for joining us, Angela!

10:57:43 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

How about something like what law enforcement do where resources come into their briefing room before they start their shift?

10:58:53 From Brenda Grealish - CCJBH to Hosts and panelists:

Could also consider keeping ongoing conversations with the 988 teams to make sure they're getting the support they need and to learn from them what is working well and what could be improved.

11:03:42 From Yolanda Cruz - Sequoia Regional Manager to Hosts and panelists:

Knowledge of IDD, empathy and compassion, technology aspects when communicating with someone using facilitated communication, etc.

11:04:16 From Betsy Uhrman to Everyone:

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11:12:31 From Rob Muschler to Hosts and panelists:

Is that a list that could be shared, Dr. Stacie?

11:12:48 From Dr. Stacie Freudenberg - The Trevor Project to Hosts and panelists:

Let me check on that for you, Rob.

11:12:53 From Mayu Iwatani - Orange County, Crisis Response Network to Hosts and panelists:

I'm wondering if "taken something" would show active intent and at that point would escalate the response regardless of what was taken. It may be hard to know what is dangerous or not for someone as there could be other health conditions.

11:18:07 From Liseanne Wick - WellSpace to Hosts and panelists:

And MCT's typically won't take a suicide in progress or overdose.

11:21:33 From Michelle Cabrera - CBHDA to Hosts and panelists:

Maybe we can use public education/communications to help educate the public about when to call 911 vs 988

11:22:42 From Brenda Grealish - CCJBH to Hosts and panelists:

A couple overall points of reflection: 1) as I review my notes from the last meeting and today, some of the information gathered for SUD, cultural competence, IDD and physical health could apply across the board (e.g., surveying system users as a measure of progress/success) while some are truly unique to the topic (e.g., tailored knowledge based on the different presenting needs) and 2) we didn't do this brainstorming/operationalizing exercise for mental health (mild, moderate and serious mental illness), so not sure if that was already addressed somewhere and I missed it or if it was missed.

11:25:49 From Brenda Grealish - CCJBH to Hosts and panelists:

Oops...didn't realize MH was up next! :-)

11:26:02 From Budge Carrier - CalOES to Hosts and panelists:

I have to drop for another call. Great conversation and I am looking forward to the outcome of this conversation.

11:26:26 From Betsy Uhrman to Everyone:

For those joining as members of the public, please use the raise hand function if you'd like to make a comment during the public comment period (around 10:40AM). You can also share comments via email at AB988Info@chhs.ca.gov

11:28:43 From Allie Franklin to Hosts and panelists:

Michelle then Brenda

11:30:00 From Liseanne Wick - WellSpace to Hosts and panelists:

SAMHSA refers to it as the "988 Suicide & Crisis Lifeline"

11:35:26 From Dr. Stacie Freudenberg - The Trevor Project to Hosts and panelists:

What about NAMI?

11:35:32 From Michelle Cabrera - CBHDA to Hosts and panelists:
+1 on the Peer voices

11:35:35 From Liseanne Wick - WellSpace to Hosts and panelists:
NAMI?

11:35:42 From Brenda Grealish - CCJBH to Hosts and panelists:
That's great, Rob, thanks!

11:36:01 From Michelle Cabrera - CBHDA to Hosts and panelists:
CalVoices, CAMPRO, etc

11:36:19 From Dr. Stacie Freudenberg - The Trevor Project to Hosts and panelists:
NAMI: <https://www.nami.org/Home>

11:36:49 From Betsy Uhrman to Everyone:
Jessica Cruz, National Alliance on Mental Illness (NAMI), is on the Policy Advisory Group.

11:37:13 From Liseanne Wick - WellSpace to Hosts and panelists:
and assumptions

11:37:16 From Michelle Cabrera - CBHDA to Hosts and panelists:
Again, families and caregivers are excellent resources, but we need to ensure we're including individuals with lived experience of mental health and SUD conditions

11:37:36 From Michelle Cabrera - CBHDA to Hosts and panelists:
These two groups can have very different desired outcomes

11:38:16 From Brenda Grealish - CCJBH to Hosts and panelists:
+1 to Michelle's comment - both are different and both are important

11:39:22 From Stephanie Welch - CalHHS to Hosts and panelists:
Agree, we agree but appreciate the reminder specific to SUD lived experience - both from individuals/peers and families and caregivers

11:44:52 From Lei Portugal Calloway - Telecare to Hosts and panelists:
Agree with you both, Brenda and Michelle, and really want to remind that are definitely differences between peers professionals, families, those with Lived Experience (different than being a peer professional) and Clinicians without LE

11:47:50 From Peggy Rajski - The Trevor Project to Hosts and panelists:
988 priority emphasis in on improving geo routing and ability to connect to mobile support where possible and if appropriate.

11:50:27 From Kenna Chic to Hosts and panelists:
Have to head out for my next meeting. Thank you so much! See you on April 24

11:50:41 From Allie Franklin to Hosts and panelists:
Thank you for being here, Kenna

11:50:58 From Betsy Uhrman to Everyone:
The public notice and zoom link for the next Policy Advisory Group will be posted on the CalHHS website by end of day April 12.

11:51:17 From Betsy Uhrman to Everyone:

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

11:52:02 From Brenda Grealish - CCJBH to Hosts and panelists:

Thank for the great job organizing and facilitating these discussions!

11:52:03 From Peggy Rajski - The Trevor Project to Hosts and panelists:

Thank you everybody for your efforts and valuable thought partnership!

11:52:05 From Dr. Stacie Freudenberg - The Trevor Project to Hosts and panelists:

Thank you all!