California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 3: Integration Meeting 3
Meeting Summary
March 22, 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:

- **Angela Kranz*,** California Department of Public Health (CDPH)
- **Andrew Holcomb*,** EMS Administrator, San Francisco
- **Ben Conway*,** California Department of Justice
- **Christine Gephart*,** Department of Developmental Services
- **Connie Moreno-Peraza*,** Department of Behavioral Health Services of Napa County
- **Corinne Kamerman*,** Department of Health Care Services (DHCS)
- **Doug Subers*,** California Professional Firefighters

- **Elena Lopez-Gusman*,** California American College of Emergency Physicians (ACEP)
- **Jacqueline Alvarez*,** California Community Colleges
- **Jana Lord*,** Sycamores
- **Lan Nguyen*,** County of Santa Clara Behavioral Health Services
- **Le Ondra Clark Harvey*,** California Council of Community Behavioral Health Agencies (CBHA)
- **Lee Ann Magoski*,** Monterey County
- **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
- **Tara Gamboa-Eastman*,** Steinberg Institute
- **Victoria Kelly*,** Redwood Community Services

Project Staff in Attendance:

- **Allie Franklin*,** Health Management Associates
- **Betsy Uhrman*,** Health Management Associates
- **Heidi Arthur*,** Health Management Associates

Workgroup Members Not in Attendance:

- **Casey Heinzen,** Department of Health Care Services (DHCS)
- **Elizabeth Basnett,** California Emergency Medical Services Authority (EMSA)
- **Hernando Garzon,** California Emergency Medical Services Authority (EMSA)
- **Keris Jän Myrick,** Inseparable
- **Kim Lewis,** National Health Law Program (NHELP)
- **Melissa Lawton,** Seneca Family of Agencies
- **Rhyan Miller,** Riverside County Department of Behavioral Health
- **Stephanie Welch,** California Health and Human Services Agency (CalHHS)

*Attended virtually

Review of Agenda and Session Objectives

Betsy Uhrman, Associate Principal, Health Management Associates, began the workgroup meeting by explaining Zoom functionality, noting Workgroup 3 Meeting 3 objectives, and introducing Policy Advisory Group members. She then provided an overview on how to submit public comments and discussed the meeting code of conduct.

Review of Workgroup 3 Meeting 2

Betsy Uhrman noted that the previous discussion focused on transitions between warmlines and crisis hotlines/988 and between crisis hotlines/988 and mobile crisis team services and co-response models. She directed the workgroup to the CalHHS website to review previous workgroup notes and related materials.

Discussion 1: Review of Input to Date

Betsy Uhrman discussed the required AB988 Areas of Recommendation and noted that Workgroup 3 Meeting 3 will focus on access to crisis stabilization services and triage as well as recommendations to coordinate between 988 and the continuum of behavioral health crisis services. She also reviewed what the workgroup had discussed on these topics during previous meetings.

- **Recommendations to achieve coordination**
    - One workgroup member noted the importance of "breaking the cycle" to ensure that those in crisis are triaged accordingly and have access to the appropriate facility.
    - The workgroup had a robust discussion on community-based organizations' (CBOs) role in the crisis care continuum. Members commented that CBOs should play an active role in the continuum of care and that these organizations will serve as key partners in developing appropriate workflows. Additionally, workgroup members acknowledged the importance of leveraging CBOs' on-the-ground knowledge and expertise.
    - The workgroup highlighted referral and connection issues across the care continuum. Members acknowledged the need for data and technological solutions (e.g., real time bed registry,

partnerships with 211, city and county dashboards indicating available capacity, etc.).

- o One workgroup member noted the transportation issues for EMS. They recommended additional guidance and alternative transport (other than ambulances) for those in crisis.
- o The workgroup also highlighted the need to adequately coordinate and dispatch mobile crisis response. One workgroup member noted that 988 Crisis Centers are not universally dispatching mobile crisis units. The workgroup recommended a statewide model that can provide simple and easy mobile crisis response.

- **Recommendations to address strategies for verifying the behavioral health crisis services are coordinated for a timely response.**
  - o The workgroup discussed telehealth services as a tool for first responders and mobile assessment teams, highlighting the need for quick assessments to triage effectively and prevent overutilization of emergency departments (EDs).
  - o The workgroup also noted that the distribution and assignment of dispatch cases should be done in a coordinated and equitable way.

Discussion 2: Access to Crisis Stabilization and Triage
- **988 and Warmlines/County Access Lines**
  - o **What should the process look like for smooth transfers?**
    - ▪ Workgroup members noted the importance of integrating 988 and county access lines. One member advocated for a process for live transfers, while others called for bidirectional communication protocols.
  - o **What are the minimum standards?**
    - ▪ One workgroup member commented on the need for a statewide protocol for smooth transfers at the local level, noting the absence of a one-size-fits-all model.
  - o **What does success look like?**
    - ▪ One workgroup member commented that 988 centers must adhere to strict federal guidelines and that any warm

transfer could impact key performance indicators. Further, this workgroup member noted that success is often determined by confirmed linkages established through follow-up communication.

- Other workgroup members commented on the need for timely response and the need for handoffs conducted in the appropriate language and cultural context.

o **What resources and support are needed?**

- One workgroup member commented on how key performance indicators focused on timely responses might inadvertently inhibit warm handoffs due to the time and resources involved.

- **988 Mobile Crisis/Dispatch**
  o **What should the process look like for smooth transfers?**
    - Workgroup members commented on the need for additional technological solutions and processes for cases where mobile response teams cannot be dispatched directly. Members noted the challenges presented by the variety of local response and mobile response teams (e.g., those in crisis repeating their stories when their calls are transferred, medical professional support, wait times, etc.)
    - The workgroup commented on Crisis Centers' effectiveness, noting that, given the high call resolution rate, in-person response need not be the default to assisting those in crisis.
  o **What are the minimum standards?**
    - One workgroup member commented that the state should consider localities to share updated mobile crisis information via a shared directory.
    - Another workgroup member called for a standard definition for "in-person response," noting that counties have different standards and thresholds for linking mobile crisis response to other forms of care and that CBOs often receive different instructions from county to county.
  o **What does success look like?**

- The workgroup agreed that there should be an emphasis on minimizing multiple transfers and reducing long wait times.
- One workgroup member commented on the need for ongoing communication between 988 and mobile crisis units.
- Another workgroup member noted that overutilization of EDs should be considered as well and that medical necessities should be considered while providing the appropriate level of care.
  - o **What resources and support are needed?**
    - One workgroup member noted that a shared, real-time dashboard would enable the sharing of information on wait times and the callers assigned to handle cases.
- **988 and Crisis Stabilization**
  - o **What should the process look like for smooth transfers?**
    - The workgroup highlighted the need for additional technological support to enable facilities to schedule follow-up calls at the point of evaluation.
    - One workgroup member noted that law enforcement is currently the only entity that can provide transportation for those in crisis. They called for more flexible connections between facilities so that law enforcement is not the only reliable source of transportation. Further, they noted that mobile crisis teams are often dispatched into the field and will need to call upon other law enforcement resources.
  - o **What does success look like?**
    - One workgroup member called for more adequate acceptance and denial criteria.
    - Another member commented on the idea of "second response" and sustained support beyond the initial calls to 911 or 988. They noted that long term support can be contingent on following up with patients experiencing crisis.
  - o **What resources and support are needed?**
    - One workgroup member commented on the competing

challenges between hospital rules and policies and managed care rules and authority. These challenges can make transfers and hospital relationships difficult. Further clarity and coordination is needed across the hospital system, managed care plans, and providers.
- Another workgroup member commented on the need for additional crisis residential units for less reliance on CSUs.

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 comment sign-ups.

Meeting Wrap-Up and Next Steps

Betsy Uhrman mentioned that the next workgroup meeting will be held on April 12 from 1:00-3:00 PM PST.

APPENDIX I: PUBLIC ZOOM CHAT

14:01:34 From Betsy Uhrman - Health Management Associates to Everyone:
Welcome. We'll get stated shortly.

14:13:35 From Allie Franklin - Health Management Associates to Hosts and panelists:
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

14:29:38 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:
Sharing this recent CA story that is relevant to the work we are doing here today. It just highlights how important it is for the right professionals respond to these calls. https://www.washingtonpost.com/nation/2024/03/14/ryan-gainer-autistic-teen-police-shooting/

14:30:39 From Sandri Kramer - Didi Hirsch Mental Health Services to Hosts and panelists:
And if you talk about alternate vehicles, you also need to talk about systems to dispatch those. In LA County, a much heralded therapeutic van program is about to be halted because of this precise issue. ($4 million later).

14:39:25 From Paul Rains - Common Spirits to Hosts and panelists:
It would be good to have whatever tele services are available can be made available to mobile teams in the field

14:41:02 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:
Agree w/Paul's comment

14:42:47 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:
Another +1 to Paul's comment

14:43:24 From Elena Lopez-Gusman - California American College of Emergency Physicians (ACEP) to Hosts and panelists:
State law requires recognition of 5150s that do not have "wet" signatures. I'll pull the statute

14:43:24 From Devon Schechinger to Everyone:
The 988-Crisis Policy Advisory Group website with links to previous workgroup meetings and relevant materials can be found here:

https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/#workgroups-meeting-2

14:43:25 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:

Also, think we should be clear to define what we mean in using terms like "timely" and "coordinated"

14:44:34 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:

👍

14:46:03 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Maybe turn video off

14:47:14 From Elena Lopez-Gusman - California American College of Emergency Physicians (ACEP) to Hosts and panelists:

The last sentence of Welfare and Institutions Code section 5150(e) states "A copy of the application shall be treated as the original."

14:47:51 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:

Please include the higher education system on the list of partners that can access a potential technology dashboard. At the California community colleges, we provide many of these services to students and access to real time data would be amazingly helpful.

14:48:13 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Great point, Jacqueline

14:50:46 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:

+1 to Tara's comment

14:55:49 From Sandri Kramer - Didi Hirsch Mental Health Services to Hosts and panelists:

Agreed Lan. In essence, 988 centers are very different from Access lines. That doesn't mean they can't be integrated but it is a complex issue.

14:56:07 From Tara Gamboa-Eastman - Steinberg Institute to Hosts and panelists:

Local landscapes will vary, but to the extent that there can be statewide protocols for smooth transfers, that would be ideal for ensuring equal access to care across the state

14:56:46 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

Agree. We shouldn't water down the strong guidelines/standards that are in place for the centers.

14:56:53 From Paul Rains - Common Spirit to Hosts and panelists:

    I may be able to share a transfer MOU we have with one of our referral sources.

14:57:17 From Betsy Uhrman - Health Management Associates to Everyone:

    Paul, please do share. We welcome any resources or examples from any and all workgroup members.

14:58:26 From Paul Rains - Common Spirit to Hosts and panelists:

    Please provide contact information

14:58:50 From Sandri Kramer - Didi Hirsch Mental Health Services to Hosts and panelists:

    Realistically, we cannot have MOUs with every single community partner/CBO. That seems too cumbersome to me. Perhaps this is something that can be "covered" under state guidelines for warm transfers.

14:59:19 From Lan Nguyen - County of Santa Clara Behavioral Health Services to Hosts and panelists:

    There is recommended MOUs samples provided by 988 Suicide and Crisis Lifeline. CA's 988 centers are also finalizing their own MOU recommendation with mobile crisis teams

15:01:27 From Devon Schechinger to Everyone:

    Hi, all, please email AB988Info@chhs.ca.gov

15:03:45 From Lee Ann Magoski - Monterey County to Hosts and panelists:

    I have to drop off due to a conflict. Thanks

15:07:03 From Heidi Arthur - Health Management Associates to Everyone:

    We welcome all of your input. The correct email for materials and additional comments: AB988Info@chhs.ca.gov

15:09:36 From Betsy Uhrman - Health Management Associates to Everyone:

    We will move to public comment around 2:40pm. For those joining as members of the public, if you would like to make a spoken comment, please use the raise hands function. If you prefer to comment in writing, please send your comment to AB988Info@chhs.ca.gov. All comments will be included in the meeting summary. Thank you.

15:11:55 From Sandri Kramer - Didi Hirsch Mental Health Services to Hosts and panelists:

    Wow--who knew there was a technical warmline as well! That was informative for me Curt!

15:15:01 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:

    Agreed that would be trauma-informed care. We do not want to re-traumatize the person in crisis.

15:15:04 From Tara Gamboa-Eastman - Steinberg Institute to Hosts and panelists:

    Yes, but I think this group needs to set up the processes for how to integrate

these different mobile crisis teams into our network

15:17:28 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:

Sorry I'm in a loud public environment listening in.

15:18:05 From Allie Franklin - Health Management Associates to Hosts and panelists:

No worries. Thank you for your input in the comments

15:22:21 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Rebecca- yes! Over 90% of calls are addressed by 988 call centers.

15:23:07 From Paul Rains - Common Spirit to Hosts and panelists:

Success-persons are directed to the appropriate level of care, not default to ED's

15:23:27 From Sandri Kramer - Didi Hirsch Mental Health Services to Hosts and panelists:

That is an excellent point Rebecca. We don't want to give that perception. The vast majority of 988 contacts do not require an in-person response.

15:23:47 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@Sandri- yes

15:26:20 From Jacqueline Alvarez - California Community Colleges to Hosts and panelists:

To elaborate a little on the Trauma-Informed Response, when possible collect as much information upfront and share that information when a handoff occurs so the person in need of help isn't triggered by having to retell the same story. Technology could be helpful here too with data collection and information sharing. If possible, have one application/form for access to multiple human assistance services.

15:27:23 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

@jacqueline- yes

15:29:55 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:

Agree with Jacqueline's point. Also, some people finding being locked in a psychiatric facility as more destabilizing than jail

15:30:42 From Christine Gephart - Department of Developmental Services to Hosts and panelists:

@jacqueline - agree and additionally, early in the process recognition of special needs including intellectual disability and language/communicative barriers

15:31:26 From Sandri Kramer - Didi Hirsch Mental Health Services to Hosts and

panelists:

I have a question: Can crisis stabilization place include (peer) respite centers?

15:32:30 From Tara Gamboa-Eastman - Steinberg Institute to Hosts and panelists:

+1 for Jana's point

15:32:46 From Le Ondra Clark Harvey - California Council of Community Behavioral Health Agencies (CBHA) to Hosts and panelists:

CSUs are different than respite centers. I believe this is a licensing difference in terms of facility types

15:33:15 From Betsy Uhrman - Health Management Associates to Everyone:

Include: Urgent care, sobering centers, withdrawal management centers...

15:35:04 From Lan Nguyen - County of Santa Clara Behavioral Health Services to Hosts and panelists:

Currently, most CSUs are only providing a bed for an individual in crisis 23 hours 59 minutes. Clients are self referred and screened over the phone. Can we look into whether length of care could be longer and criteria for care could be more flexible

15:35:59 From Sandri Kramer - Didi Hirsch Mental Health Services to Hosts and panelists:

Yes--I love the idea of a crisis/BH campus design. You can have traditional 23 hour ones, respite centers, detox centers, etc. These are very efficient models; not sure how doable these are throughout the state.

15:36:21 From Betsy Uhrman - Health Management Associates to Everyone:

Lan, noting this same comment related to length of stay - and barriers it creates - came up in Workgroup 1

15:36:55 From Paul Rains - Common Spirit to Hosts and panelists:

We have a missing level of care. That is crisis residential care. Some parts of the state have developed this level of care (San Diego Co and Alvarado Parkway Instiitute)

15:39:10 From Connie Moreno-Peraza -Director, Madera County Depa to Hosts and panelists:

Madera County got another CalAIM BHCIP Round 5 grant to build these on the same campus as other PH, DSS, Corrections, departments. It's going to be a Multi-Service Center. We also have the hospital near by and not too far from our 1st 128 bed psychiatric hospital, River Vista. We are blessed. Connie

15:39:34 From Rebecca Neusteter - University of Chicago Health Lab to Hosts and panelists:

https://www.milbank.org/quarterly/opinions/from-crisis-to-care-improved-second-response-to-mental-health-crises/

15:39:40 From Sandri Kramer - Didi Hirsch Mental Health Services to Hosts and panelists:

@Lan - we need better sustainability models for short-term crisis residential. We just closed one of our sites because it became too expensive.

15:40:08 From Betsy Uhrman - Health Management Associates to Everyone:

Resource from Rebecca Neusteter:

https://www.milbank.org/quarterly/opinions/from-crisis-to-care-improved-second-response-to-mental-health-crises/

15:45:44 From Devon Schechinger to Everyone:

Thank you, everyone!