



**Workgroup 3: Integration  
Meeting 3  
March 22, 2024**

# Webinar: Panelist View

Zoom Webinar

Recording

Participant 1 Participant 2 Participant 3 Participant 4 Participant 2 Participant 3

Participant 4 Participant 2 Participant 3 Participant 1

Webinar Chat

Betsy Uhrman to Hosts and panelists

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Type message here...

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Heidi Arthur

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Participants 9

Chat Share Screen Record Show Captions Raise Hand Apps Whiteboards



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



**Welcome**



# Meeting 3 Objectives

1. Review and discuss emerging recommendations
2. Discuss key transition points within the crisis care continuum
3. Hear public comment
4. Confirm action items and next steps



# Agenda

1. Review of Agenda and Session Objectives
2. Review AB988 Areas of Recommendation and Early Recommendations
3. Discuss Key Transition Point: Mobile Crisis
4. Public Comment Period
5. Next Steps

# Policy Advisory Group Members (1)\*

- **Amanda Levy**, Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)
- **Anete Millers**, Director of Regulatory Affairs, California Association of Health Plans (CAHP)
- **Ashley Mills**, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- **Bianca Christian**, Associate Therapist, California Coalition for Youth
- **Brenda Grealish**, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Budge Currier**, Assistant Director, Public Safety Communications California Governor's Office of Emergency Services (CalOES)
- **Chad Costello**, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)
- **Christine Stoner-Mertz**, Chief Executive Officer, CA Alliance of Child and Family Services
- **Doug Subers**, Director of Governmental Affairs, California Professional Firefighters
- **Erika Cristo**, Assistant Deputy Director, California Department of Health Care Services (DHCS)
- **Elizabeth Basnett**, Director, California Emergency Medical Services Authority (EMSA)
- **Jana Lord**, Chief Operating Officer, Sycamores
- **Jeff Hebert**, 911 Communications Coordinator, San Diego Sheriff's 911
- **Jennifer Oliphant**, Hope For Tomorrow Program Director, Two Feathers Native American Family Services
- **Jessica Cruz**, Chief Executive Officer, National Alliance on Mental Illness (NAMI) – California
- **John Boyd**, Vice President Behavioral Health and Wellness, Kaiser Permanente, Northern California
- **Kenna Chic**, Former President of Project Lighthouse, California Health Care Foundation
- **Keris Jän Myrick**, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- **Kirsten Barlow**, Vice President, Policy, California Hospital Association (CHA)



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

# Policy Advisory Group Members (2)

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



# Workgroup 3 (Integration) Members

- **Co-Chair, Lan Nguyen**, County of Santa Clara Behavioral Health Services
- **Co-Chair, Doug Subers**, California Professional Firefighters
- **Angela Kranz**, California Department of Public Health (CDPH)
- **Ben Conway**, California Department of Justice
- **Casey Heinzen**, Department of Health Care Services (DHCS)
- **Christine Gephart**, Department of Developmental Services
- **Connie Moreno-Peraza**, Department of Behavioral Health Services of Napa County
- **Corinne Kamerman**, Department of Health Care Services (DHCS)
- **Elena Lopez-Gusman**, California American College of Emergency Physicians (ACEP)
- **Elizabeth Basnett**, California Emergency Medical Services Authority (EMSA)
- **Hernando Garzon**, California Emergency Medical Services Authority (EMSA)
- **Jana Lord**, Sycamores
- **Andrew Holcomb**, EMS Administrator, San Francisco
- **Jacqueline Alvarez**, California Community Colleges
- **Keris Jän Myrick**, Inseparable
- **Kim Lewis**, National Health Law Program (NHELP)
- **Le Ondra Clark Harvey**, California Council of Community Behavioral Health Agencies (CBHA)
- **Lee Ann Magoski**, Monterey County
- **Melissa Lawton**, Seneca Family of Agencies
- **Michael Tabak**, San Mateo Sheriff's Office
- **Paul Rains**, Common Spirits
- **Peter Stoll**, Humboldt County Office of Education
- **Rebecca Neusteter**, University of Chicago Health Lab
- **Rhyan Miller**, Riverside County Department of Behavioral Health
- **Stephanie Welch**, California Health and Human Services Agency (CalHHS)
- **Tara Gamboa-Eastman**, Steinberg Institute
- **Victoria Kelly**, Redwood Community Services



# Public Comment Overview

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

# Code of Conduct

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

*Note: Meetings of the Workgroup are open to the public and are subject to [Bagley-Keene Open Meeting Act](#) requirements*

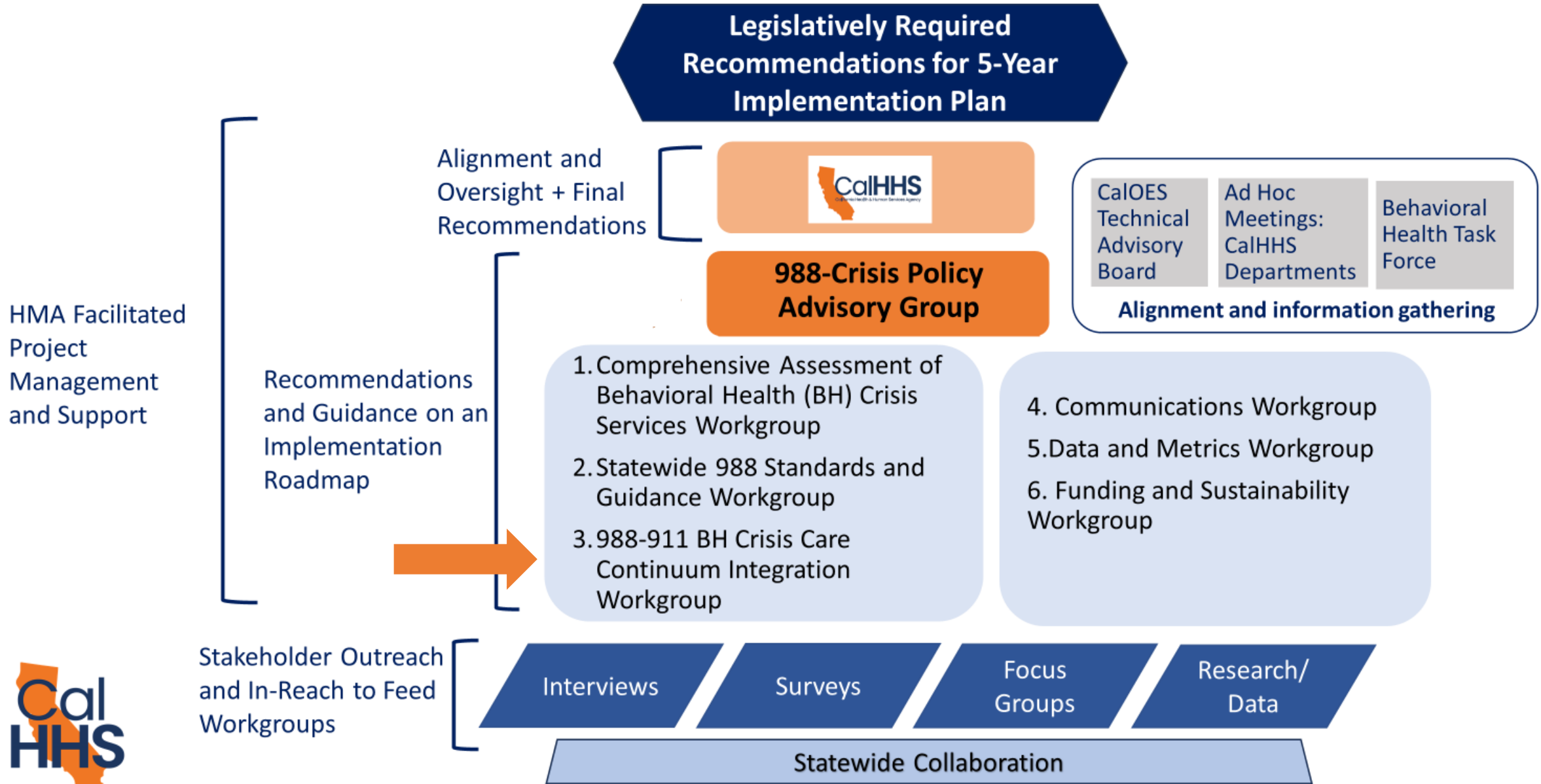


## Workgroup 3: Integration

# PLACEHOLDER FOR VISION/DESIRED OUTCOMES

Insert content based on what is developed at March 15 core team

# 988-Crisis Project Structure

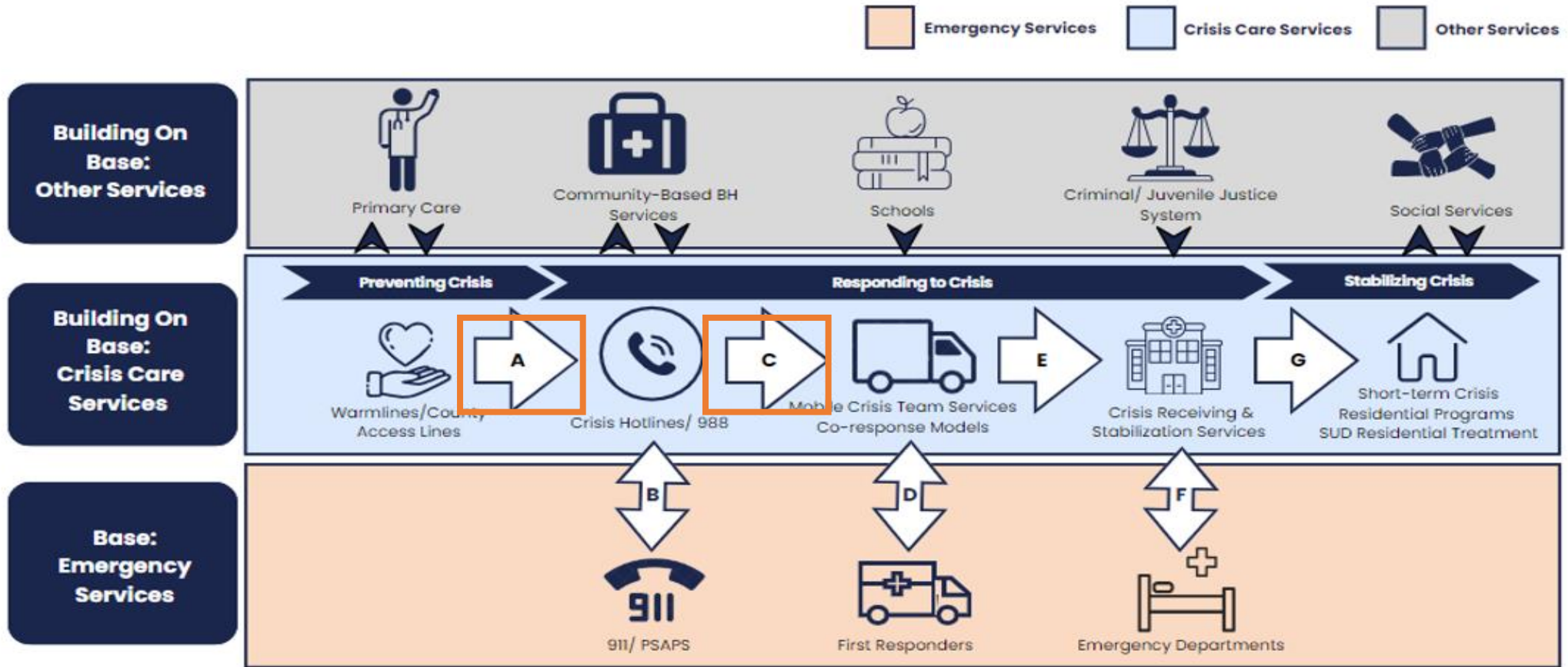


## Workgroup 3: 988/911 BH-CCC Integration

Required Recommendation Areas Per AB 988:

- (6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers
- (7) Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services
- (9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner

# Refresher: Workgroup 3, Meeting 2



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



# Other Efforts Addressing These Intersections

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



# Workgroup 3, Meeting 2 Discussion Notes

## Topics raised included:

- The impact of social health issues on crisis (e.g., people seeking ED care for a bed)
- The value of county led BH Crisis planning, such as sequential intercept mapping to plan BH continuum that is geographically responsive and reflects needs of population, based on assets in the community
- The importance of county level clarification of the entities accountable for each population (e.g., a foster care agency's cm /Child and Family Team/FURS team, etc. For prompt follow-up from the right system/provider)
- The importance of school-based care including attention to on-going care after hours, during summer, holidays
- The importance of ensuring equitable access to BH crisis care services regardless of insurance status/service coverage
- The need for BH crisis training, even for BH professionals; BH Crisis can be a subspeciality of focus for state attention to training across disciplines

## Opportunities highlighted included:

- The State can play a role in facilitating convening and information sharing about resources available in each county
- County access lines can be integrated with 988, with the level of attention given to 911 and 988 integration, in order to streamline the crisis response, address social health crises, and optimize access to available shelter beds and other resources that are unique to each county (especially local navigators/CHWs/peers, ECM, and flexible local arrangements, hotel rooms, medication)
- County dashboards can support visibility into available inpatient beds and outpatient slots



## **Review AB988 Areas of Recommendation**

**1) Review of Early Recommendations**

**2) Access to Crisis Stabilization and Triage**

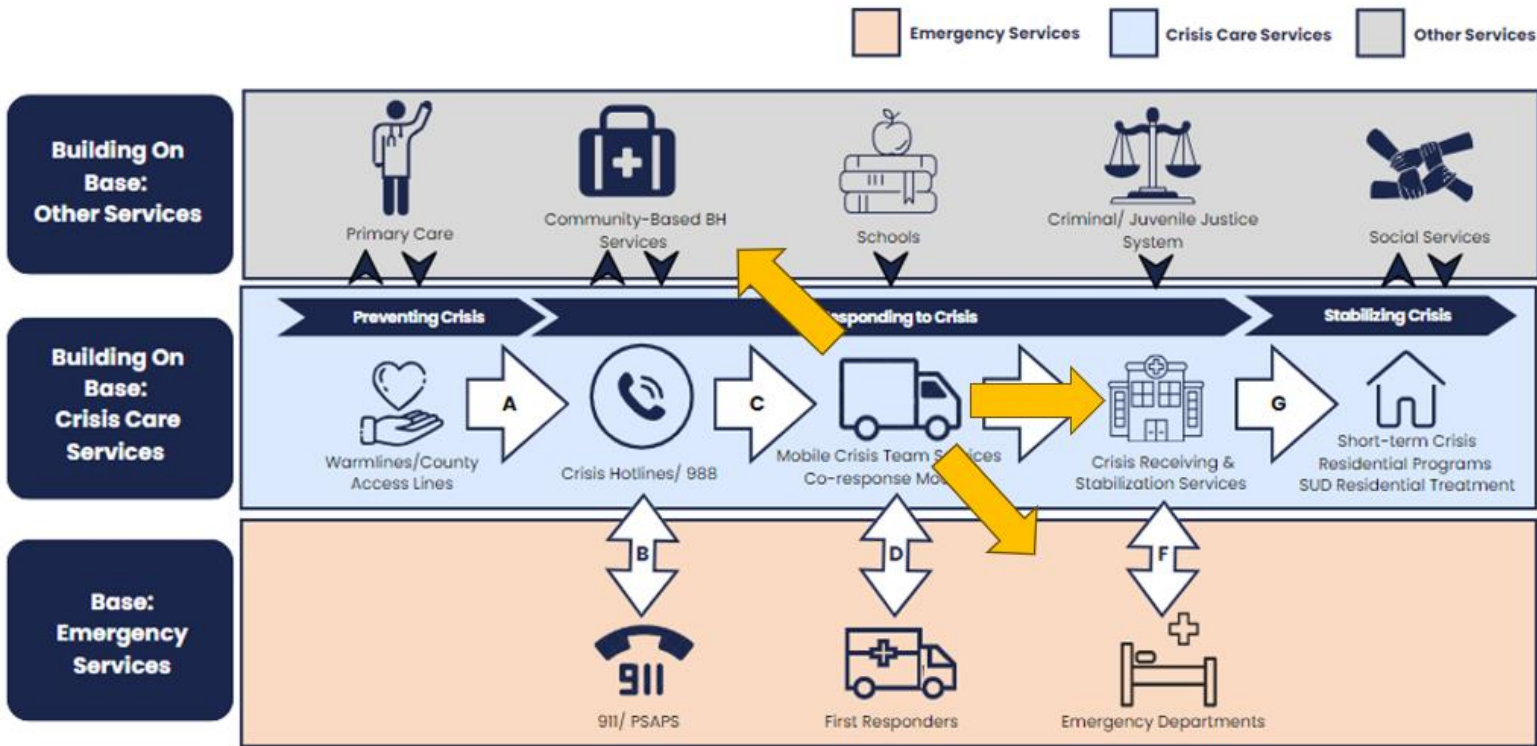
# Workgroup 3: AB988 Required Recommendations

AB 988 Required Recommendations	How It's Being Addressed
<p>(6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers</p>	<p><b>Access to crisis stabilization:</b> Focus for Today</p> <p><b>Response to warm handoffs from 911 and 988 call centers:</b></p> <ul style="list-style-type: none"> <li>• <i>CalOES Technical Advisory Board</i></li> <li>• <i>Discussion of Workgroup 3, Meeting 4 (April 12)</i></li> </ul>
<p>(7) Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services</p>	<ul style="list-style-type: none"> <li>• Workgroup 3 Discussions (ongoing)</li> </ul>
<p>(9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner</p>	<ul style="list-style-type: none"> <li>• <b>Workgroup 3 Discussions (ongoing, focus for today)</b></li> </ul>

# Discussion 1: AB 988 Required Recommendation (9)

Required Recommendation (9)	Early Workgroup Input
<p>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 suicide and behavioral health contacts and services as an</p>	<p><b>Access to crisis stabilization and triage</b></p> <p><b>Meeting 1:</b></p> <ul style="list-style-type: none"> <li>• 988 is meant to be the aggregator of multiple responses: homeless response, faith-based orgs included</li> <li>• Community-based organizations (CBOs) need to understand their role in crisis response so that their capacity is optimized to broker culturally competent response to crises experienced by those they represent</li> <li>• We need to ensure training for staff and interpreters on de-escalation techniques from a culturally competent approach</li> <li>• Some crisis systems are not integrated for referrals to CBOs</li> <li>• State and national initiatives are working toward geo-routing 988 contacts within the next year or two, which would allow routing based on the closest cell tower; Need a statewide AND a national directory of 988 call centers; to better connect to local resources</li> <li>• It is important to understand what currently exists and how that integrates</li> </ul>
<p>What are your reactions to the early input? Which should be the focus for the immediate term (next 1-2 years)?</p>	

# Discussion 2: Access to Crisis Stabilization and Triage (1)



From AB988 Recommendation (9): “...and achieving statewide provision of crisis services, when appropriate, to respond to individuals in crisis in a timely manner.”

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

# Discussion 2: Access to Crisis Stabilization and Triage (2)

**Access to crisis stabilization and triage might involve multiple stakeholders and essential services within and outside the crisis continuum.**

1. What does success look like?
2. How would we know (from a measurement perspective)?
3. What resources and support (policies, partnerships, oversight) are needed to realize success?
  - Mobile crisis to the community system
  - Mobile crisis to alternate destination (e.g., urgent care, substance use treatment, sobering center, withdrawal management services)
  - Mobile crisis to crisis stabilization
  - Mobile crisis to hospitalization



# Public Comment Period



# Public Comment Guidelines

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

# Public Comment Sign-Ups

1. XX [Populated during the meeting]



# Action Items and Next Steps

# Action Items and Next Steps

- All information from today's meeting will be posted on the CalHHS website on the 988-Policy Advisory Groups webpage: [Link to Website for CalHHS 998 Crisis Policy](#)
- Remaining meetings: April 12, 1-3PM
  - Note: We may schedule an additional meeting of Workgroup 3 later in the spring. The Project Team will confirm any additional meetings at the April 12 meeting.



**Adjourn**

## Workgroup 3: 988/911 BH-CCC Integration (2)

### Key Terms

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