



California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 3: Integration Meeting 4
Meeting Summary
April 12, 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.)

Workgroup Members in Attendance:

- **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
- **Doug Subers***, California Professional Firefighters
- **Elizabeth Basnett***, California Emergency Medical Services Authority (EMSA)
- **Jacqueline Alvarez***, California Community Colleges
- **Jana Lord***, Sycamores

- **Lan Nguyen***, County of Santa Clara Behavioral Health Services
- **Lee Ann Magoski***, Monterey County
- **Melissa Lawton***, Seneca Family of Agencies
- **Michael Tabak***, San Mateo Sheriff's Office
- **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:

- **Andrew Holcomb**, EMS Administrator, San Francisco
- **Corinne Kamerman**, Department of Health Care Services (DHCS)
- **Elena Lopez-Gusman**, California American College of Emergency Physicians (ACEP)
- **Hernando Garzon**, California Emergency Medical Services Authority (EMSA)
- **Keris Jän Myrick**, Inseparable
- **Kim Lewis**, National Health Law Program (NHELP)
- **Le Ondra Clark Harvey**, California Council of Community Behavioral Health Agencies (CBHA)
- **Paul Rains**, Common Spirits
- **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 4 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 3

Betsy Uhrman noted that the previous discussion focused on resources and policy changes to meet population needs for behavioral health (BH) crisis services and coordination between 988 and the continuum of BH crisis services. She directed the workgroup to the [CalHHS 988 Policy Advisory Group website](#) to review previous workgroup notes and related materials.

In reviewing input from previous meetings, the group confirmed that in-person response should be used sparingly, and that de-escalation and stabilization are the goal. They also underscored the need for defined thresholds for what necessitates an in-person response. In addition, a workgroup member expressed a desire to see the term “mobile crisis unit” term defined more clearly. They also noted the need for local coordination across 988 Crisis Centers and county behavioral health with respect to the mobile crisis benefit. It was mentioned that California leads the nation in 988 call volume; efforts to realize the ideal system should build upon – and not compromise – progress to date.

Discussion 1: AB988 Areas of Recommendation

Heidi Arthur, Principal, Health Management Associates, solicited workgroup input on the difference between AB988 required areas (6) and (9). It was noted that AB988 envisioned a crisis line that goes beyond suicide prevention. For recommendation area (6), the emphasis is on system integration; for recommendation area (9), the focus is on coordination, including holding space for specific protocols around the law enforcement response.

Discussion 2: Coordination Between 911 and 988

Heidi Arthur introduced the topic of coordination between 911 and 988. In introducing the discussion, she noted that the [CalOES Technical Advisory Board](#) is in the process of drafting 911/988 transfer protocols and addressing the technical components of interoperability. As added context, she provided some

figures comparing the 988 Crisis Centers and the 911 Public Safety Answering Points (PSAPs).

Workgroup members were invited to explore the question of whether there should be a uniform triage response across 911 and 988, and, more specifically, in cases of co-occurring BH and physical health needs. As context, Betsy Uhrman reviewed earlier workgroup input on this topic of 911 and 988 coordination.

- In reviewing previous input, workgroup members noted the need to clarify what constitutes a transfer as well as the need for more clearly established transfer protocols, including for cases that require a co-response with law enforcement.
- It was suggested that the AB988 legislation may presume first party callers when, in fact, there are many second- and third-party callers. Workgroup members noted that our system design needs to account for different call types and different callers.
- Workgroup members noted that people tend to call 911 when a physical response is desired, while, at least historically, people called 988 in search of conversation and connection. One workgroup member expressed that assessing BH risk may require more time than assessing physical risk; 988 calls could come at the end of a string of failed attempts to find human connection, whereas 911 requires an immediate response.
- The workgroup also discussed the need for minimum state standards that allow for regional/local flexibility and variation in coordination and implementation.
 - Workgroup members cited the Local EMS Agency structure as a model that allows for local flexibility while still ensuring quality.
 - One workgroup member suggested requiring a local planning process that brings together stakeholders to determine how best to implement the state guidelines in their jurisdiction.
- Workgroup members agreed that if there is any question of the need for physical health response, call takers should err on the side of response.
- A workgroup member noted that, at present, there is no required triage protocol/criteria for PSAPs to determine when to refer to 988 versus dispatch. As a counterpoint, another workgroup member cited local examples of 911 diversion efforts that include established transfer protocols between 911 and a 988 Crisis Center.

- The point was made that a staff member at a 988 Crisis Center likely would not make a warm hand-off to police or fire, but rather would continue to provide emotional support and de-escalation while the shift coordinator mediated between police or fire.

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.

Matt Taylor registered for public comment and said the following:

“Well, I’m just very appreciative of the work of this group and, you know, I raised my hand before Sandri was able to join and in my part of the reason for raising my hand is because it did seem that there was a pretty robust question about the lack of current standards or guidance or examples about decision thresholds for when 911 could warm transfer to 988 and that’s certainly true to a large measure, but I did just want to highlight the fact that Didi Hirsch services has a 911 diversion project in place with LA County and so there are clear decision thresholds for them to use and to decide whether to transfer a call over to us. And I just would encourage that maybe this group could get those materials from Sandri as well as like the enhanced MOU that could be considered for other 911 operators across the state in terms of their relationship with 988 and then because there is good data about that but I think a big part of the challenge is also the training that goes along with constantly keeping the 911 operators informed about the 988 because there is good data on that, but a big part of the challenge is also the training that goes along with constantly keeping the 911 operators informed about the centers and what the decision threshold would be for transfer so it is a big lift for sure because the number of dispatch centers there are across the state.

“And the other thing is that, back to the question about medical decisions: so as you know, most of the 911 centers would use as their baseline threshold, you know, the very prompt initial prompt questions that are asked of the individual including whether they have taken any actions to harm themselves at the moment. And that then would lead into a conversation such as, you know, are

you having difficulty breathing? Are you in a panic? Are you losing consciousness? Have you taken pills? Things like that. So, as 988 operators are obviously not medical doctors, but they do that sort of initial screening right at the beginning about the physical and proximal safety of the individual. And that would be part of the decision threshold for whether they would immediately engage 911 or a PSAP.

“Otherwise, I would say the additional thresholds would be the self-rated intent. The self-rated risk intent that the callers say for themselves. So 988 counselors at several points during the intervention, certainly at the beginning and certainly at the end, but it could be more work with the individual so they can assess their own level of risk and that would be part of the decision threshold, also whether or not there would be a transfer over to 911.”

Meeting Wrap-Up and Next Steps

Betsy Uhrman mentioned that the next and final workgroup meeting will take place on July 30 from 1:00–3:00 PM PST.

APPENDIX I: PUBLIC ZOOM CHAT

13:59:05 From Mike Tabak – San Mateo Sheriff’s Office to Hosts and panelists:

Good afternoon. Apologies, but my camera is not working for some reason.

14:00:27 From Michelle Cabrera (she/her) to Hosts and panelists:

Thanks! good to be here

14:01:20 From Betsy Uhrman to Everyone:

Welcome. We'll give it another minute or two as people join the virtual room.

Thank you for being here.

14:06:12 From Betsy Uhrman 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>

14:21:19 From Michelle Cabrera (she/her) to Hosts and panelists:

I would only flag that there's no formal oversight of those non-county BH mobile crisis response teams, so that might need to be an additional recommendation

14:22:41 From Michelle Cabrera (she/her) to Hosts and panelists:

I raised that only to point out it would be hard to tell if a mobile crisis team not affiliated w/ Medi-Cal is in fact compliant

14:22:52 From Michelle Cabrera (she/her) to Hosts and panelists:

Without another process to review/oversee that

14:23:29 From Allie Franklin to Hosts and panelists:

Thank you, Michelle, for bringing this up

14:41:57 From Betsy Uhrman to Everyone:

AB988 text:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB988

14:42:40 From Michelle Cabrera (she/her) to Hosts and panelists:

I was referencing the federal law, Betsy

14:42:45 From Michelle Cabrera (she/her) to Hosts and panelists:

Happy to drop that in the chat

14:44:48 From Peter Stoll – Humboldt County Office of Education to Hosts and panelists:

I apologize for being late – had a school crisis that I was assisting...Thank you.

14:45:13 From Betsy Uhrman to Everyone:

Peter thanks for joining

14:46:52 From Michelle Cabrera (she/her) to Hosts and panelists:

<https://www.congress.gov/bill/116th-congress/senate-bill/2661/text>

15:01:39 From Betsy Uhrman to Everyone:

Speaker order – Michelle, Rebecca, Jana

15:08:56 From Betsy Uhrman to Everyone:

Speaking order: Doug, Tara

15:10:39 From Michelle Cabrera (she/her) to Hosts and panelists:

I was thinking a facsimile of the LEMSA but for BH Crisis, Doug

15:11:39 From Michelle Cabrera (she/her) to Hosts and panelists:

It was law enforcement I was referring to, not mobile crisis

15:11:43 From Michelle Cabrera (she/her) to Hosts and panelists:

In Mono

15:12:08 From Michelle Cabrera (she/her) to Hosts and panelists:

In some counties, BH is the largest employer/public department :)

15:14:08 From Michelle Cabrera (she/her) to Hosts and panelists:

Agree it's a great template and would highlight that the EMSA/LEMAs don't have deep BH expertise, which is why I think a parallel process/structure could be useful for BH crisis continuum, grounded within our local BH public safety net to ensure that public accountability

15:16:30 From Michelle Cabrera (she/her) to Hosts and panelists:

That consistency will only happen if we establish 988 call center consistency

15:17:17 From Michelle Cabrera (she/her) to Hosts and panelists:

Each call center has different capabilities as it relates to MH and SUD services, mobile crisis, and connection to the local community

15:18:18 From Betsy Uhrman to Everyone:

Matt Taylor - thank you for raising your hand. We will add you to the public comment list.

15:27:25 From Betsy Uhrman to Everyone:

We will shift to public comment in about 15 minutes. For those that are joining as members of the public, please use the raise hand function if you want to make a comment.

15:33:44 From Betsy Uhrman to Everyone:

Speaking order: Sandri Kramer

15:41:32 From Sandri Kramer Didi Hirsch to Hosts and panelists:

LAPD has this great checklist that gives examples of when a person should call 911. It is very helpful and designed in such a way that it is easy to stick up on a refrigerator in anyone's house and easy to understand.

15:42:54 From Sandri Kramer Didi Hirsch to Hosts and panelists:

At our (LA County's) Alternative Crisis Response workgroup, we are creating protocols for on-the-scene interactions and hand-offs between mobile response teams and law enforcement.

15:45:46 From Angela Kranz - CDPH to Hosts and panelists:

Thank you Michelle for calling attention to the importance of 911 for life-saving interventions in the case of an overdose. I'm wondering whether the call scripts gather information about co-occurring needs or if there's a risk that callers are funneled into specific pathways (for example, if the primary concern is suicide but there is also a

MH/SUD need - would the caller also receive MH/SUD resources?)

15:46:58 From Michelle Cabrera (she/her) to Hosts and panelists:

If the caller is connected to county BH mobile response it would be both MH and SUD

15:47:42 From Angela Kranz - CDPH to Hosts and panelists:

Great to hear, thank you

15:51:29 From Ben Conway - Deputy Attorney General to Hosts and panelists:

My apologies, but I need to log off early to attend to an unexpected matter. Thank you all and see you 7/30.