California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 5: Data & Metrics Meeting 1
Meeting Summary
May 17, 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*,** DHCS
- **Blanca Gutierrez*,** Contra Costa Crisis Center
- **Brandon Jacobs*,** RUHS BH
- **Brenda Grealish*,** CDCR
- **Curt Guillot*,** CalOES
- **David Bond*,** Blue Shield
- **Jonah Cox*,** CDPH
- **Mark Salazar*,** Mental Health America SF
- **Molly Miller*,** CA Interagency Council on Homelessness

- **Robb Layne*,** CAADPE
- **Shauna Simon*,** CDPH
- **Tara Gamboa-Eastman*,** Steinberg Institute
- **Tony Kildare*,** Yolo County Health and Human Services
- **Tracy Lacey*,** (delegate: Elissa Field) CBHDA
- **Ka Ramirez*,** DHCS

Project Staff in Attendance:
- **Ali Vangrow*,** CalHHS
- **Anh Thu Bui*,** CalHHS
- **Hailey Shapiro*,** CalHHS
- **Allie Franklin*,** Health Management Associates
- **Betsy Uhrman*,** Health Management Associates
- **Serene Olin*,** Health Management Associates
- **Nicholas Williams*,** Health Management Associates

Workgroup Members Not in Attendance:

- **Ashley Metoyer,** UCSD Mobile Crisis
- **Casey Heinzen,** Department of Health Care Services (DHCS)
- **Elizabeth Manley,** University of CT
- **Erika Cristo,** DHCS
- **Kirsten Barlow,** CA Hospital Association
- **Paul Troxel,** CalOES
- **Rebecca Bauer-Kahan,** CA State Assembly
- **Sarah Fiengold,** Youth for Change
- **Sheree Lowe,** CHA

*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 5 Meeting 1 objectives, and introducing the co-chairs. She then provided an overview on how to submit public comments and discussed the meeting code of conduct.

Review of Workgroup 5 Meeting 1

Betsy Uhrman noted that the aspiration of this workgroup was to build on the conversations that led up to it, including ideas on data and metrics suggested by attendees of the Policy Advisory Group meeting last December. Allie Franklin spoke on using data and metrics to answer the questions of how much the 988 crisis care system is doing, how well it's doing it, and if anybody is better off because of it.

Discussion 1: Identifying Metrics – System Efficiencies/Population Outcomes

Serene Olin discussed the required AB988 Areas of Recommendation and noted that Workgroup 5 Meeting 1 will focus on the question of how to use data and metrics to help us know that we're on the right track to building a robust behavioral health crisis system. Allie Franklin showed various states' dashboards showing their data on behavioral health crisis call center data, and spoke to the different points of emphasis in data visualization. Serene emphasized the importance of sharing data on the 988 crisis care service in a way that's easily understood and relevant to a broad audience, proxy measures to help us track progress, and the importance of being able to disaggregate data.

- **Quantifiable goals that would demonstrate system efficiencies and population outcomes**
    - One workgroup member suggested tracking individuals that call 988 multiple times, focusing on groups whose calling of 988 is increasing or decreasing, looking at similarities in the data with the sorts of health insurance and plans people in these groups have, and if there could be more front-end mental health wellness support.
    - Another suggested people experiencing homelessness as a key population to focus on, from which more calls might come.
    - A member mentioned that at CCJBVH, an organization that works with justice-involved youth who come in through crisis, data is gathered on 1) how calls are responded to, 2) connection to services, and 3) following up to see utilization of services.
    - The idea that different populations may have different metrics of

success for varying basic functions was mentioned, such as school attendance, graduation rates, behavioral-type issues and welfare involvement for the group of children and youth.

- o The importance of being able to discern within the data between an increase in call volume because of increased awareness of services versus a rise in crisis incidents within the population was brought up.
- o One workgroup member made the points that public health research is difficult because you can't know what would happen if someone doesn't call, that de-escalating someone from crisis is a win that remains undiminished by the caller having another crisis down the line, that data should be used to track connecting people to ongoing follow-up care, and that events (such as presidential elections) can have a big impact on crisis care service call volume.

Discussion 2: Identifying Metrics – How Much, How Well, What's Missing

- Allie Franklin introduced Discussion 2 by showing a table of suggestions given prior to the meeting by Policy Advisory Group members and others regarding data and metrics, read through them, and initiated conversation along the questions of how data can be used to answer how much 988 crisis care services are doing, how well they're doing it, and what's missing.
  - o One workgroup member mentioned using data to analyze the differences in services offered across centers, such as the varying levels of interest across call centers for advice calls (when someone calls on someone else's behalf), and the outcome differences that result.
  - o Another member mentioned length of a call as a metric for how much did we do, and looking at data to examine how meaningful length of call is for repeat callers.
  - o Qualitative data on callers' perceptions of how well they felt supported during the call was mentioned.
  - o The idea of measuring decreases in 911 call volume resulting from increased diversion to 988 was brought up as a possible

metric/indicator of success.

- o Someone said some warmlines are tracking their transfer rate to 988, holding a low percentage as a sign of success, and suggested using a metric of 988 centers' transferring calls to lower-level-of-care warmlines as a metric/indicator of success.
- o The importance of understanding public perception of 988 was discussed, and the idea of gathering data to measure public perception from callers.
- o It was mentioned that MHS uses net promoter scores, assigned if your caller promotes the crisis care service to a family member or friend; this has to be collected through after-the-fact surveys, but is a good sign that things are working.
- o Self-assessments of distress on the part of callers after the call was brought up.
- o The question was posed of whether conversation should be broadened beyond Behavioral Health to include people living with DDID, dementia, traumatic brain injuries, autism, as well as the question of what services exist for those.
- o Gathering data surrounding people in foster care was brought up in the context of being able to better support their needs.
- o Someone made the point that we have to ask ourselves how many data-gathering questions are really worth it, and are askable in a non-intrusive, non-disrespectful way to a caller in a state of crisis.

- **If we all do our parts, what should we be expecting to see at population-level outcomes?**
  - o Someone noted that there may be specific outcomes associated with particular groups, such as the justice-involved, foster youth, and people experiencing homelessness, that should be examined.
  - o The importance of looking at trends in potential 911 call volume decreases associated with 988 call volume increases was reaffirmed.
  - o One workgroup member suggested the metric of whether callers are able to speak with call receivers in the language they're most familiar with.

- o Another said that the success of 988 could be understood through being able to associate with its activities any decrease/positive change in some component of long-term mortality in the state.
- o Measuring improvement in people's willingness to talk about mental health, and measuring consequential increases in accessing services was also suggested.
- o Someone suggested tracking the number of applications for 988, the effectiveness of funding for these services, and the level of local participation/desire to get involved with the federal 988 program as indicators of success.
- o One workgroup member expressed the desire to see all 58 counties share matrixes/data pools as opposed to just isolated numbers in their data sharing, so that more insights could be gathered from it.

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 July 13th, following the next Policy Advisory Group meeting in June.

APPENDIX I: PUBLIC ZOOM CHAT

14:06:32 From Betsy Uhrman to Everyone:

AB988Info@chhs.ca.gov

More information about the Policy Advisory Groups and the Workgroups can be found here:

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

14:18:10 From Betsy Uhrman to Everyone:

For those joining as members of the public, welcome! If you would like to make a comment during the public comment period (around 2:40pm), please use the raise hand function and we will include your name on the list in the order it was received.

14:22:46 From Anh Thu Bui - CalHHS to Hosts and panelists:

https://www.dhs.wisconsin.gov/crisis/988-data-dashboard.htm

14:28:40 From Allie Franklin to Hosts and panelists:

https://clearimpact.com/wp-content/uploads/2022/05/RBA-Ebook-Updated-FINAL.pdf

14:29:10 From Nicholas Williams to Everyone:

Arizona Dashboard

https://public.tableau.com/app/profile/crisis.network/viz/AZ600StatewideDashboard/AZ600StatewideDashboard

14:29:42 From Nicholas Williams to Everyone:

OK Dashboard

https://public.tableau.com/app/profile/crisis.network/viz/OKPublicDashboard/OKDashboard

14:30:05 From Nicholas Williams to Everyone:

OH Dashboard https://mha.ohio.gov/research-and-data/dashboards-and-maps/dashboards/tableau-resources/crisis-services-dashboard

14:30:30 From Nicholas Williams to Everyone:

SD Dashboard https://www.helplinecenter.org/9-8-8/data/

14:31:52 From Betsy Uhrman to Everyone:

Are these the right measures to measure population outcomes?

14:32:47 From David Bond - Blue Shield to Hosts and panelists:

Reduction in ER utilization.

14:34:04 From Brenda Grealish - CDCR to Hosts and panelists:

Monitoring of 5150 holds

14:34:10 From Jonah Cox - CDPH to Hosts and panelists:

People calling in to seek guidance on helping others.

14:34:20 From Brenda Grealish - CDCR to Hosts and panelists:

CCJBH's work in this space: https://www.cdcr.ca.gov/ccjbh/public-health-meets-public-safety-phmps/project_background/

14:35:00 From David Bond - Blue Shield to Hosts and panelists:
improved access to follow up services after emergency intervention.

14:36:27 From Betsy Uhrman to Everyone:
Brandon, Brenda, then Tony

14:36:46 From David Bond - Blue Shield to Hosts and panelists:
Possible to connect individuals utilizing 988 with state coroner/death reporting systems to

14:37:39 From Mark Salazar - Mental Health America SF to Hosts and panelists:
I would say reduced in hospitalizations and readmissions.

14:37:54 From David Bond - Blue Shield to Hosts and panelists:
Possible to connect individuals utilizing 988 with state coroner/death reporting systems to identify relevant connections?

14:39:46 From Betsy Uhrman to Everyone:
CCJBH's work in this space: https://www.cdcr.ca.gov/ccjbh/public-health-meets-public-safety-phmps/project_background/

14:39:46 From Mark Salazar - Mental Health America SF to Hosts and panelists:
Conduct a self-addressed distress level pre/post call.

14:40:58 From Brandon Jacobs - RUHS BH to Hosts and panelists:
Thanks, Brenda. I think that's where I was going with the SODH and connecting to resources.

14:41:25 From Allie Franklin to Hosts and panelists:
Tony, then Jonah

14:41:49 From Allie Franklin to Hosts and panelists:
then David

14:43:27 From Brenda Grealish - CDCR to Hosts and panelists:
To Tony's point - our data visualization also has Child Maltreatment substantiation rates and high school incompletion rates: https://public.tableau.com/app/profile/ccjbh/viz/PublicHealthMeetsPublicSafetyDataVisualization/Home

14:55:47 From Brenda Grealish - CDCR to Hosts and panelists:
I have to step away for a minute, but 5150 data might fit under the responding to crisis..

14:55:55 From Mark Salazar - Mental Health America SF to Hosts and panelists:
I would add transfer rates/volume between warm line and 988 to help determine best usage of services

14:56:14 From David Bond - Blue Shield to Hosts and panelists:
Is there a measure of reduction in 911 volume? (or increase in 911 capacity/capability as a function of redirection to 988?)

15:00:25 From David Bond - Blue Shield to Hosts and panelists:
Apologies. - I have to jump but will return if I can.