



**California Health and Human Services Agency (CalHHS)
988-Crisis Policy Advisory Group Meeting 4
Meeting Summary**

June 26, 2024 | 10:00AM-3:00 PM PST (Hybrid Meeting)

Attendees

POLICY ADVISORY GROUP MEETING PARTICIPANTS (In-Person)

- Amanda Levy, Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)
- Ashley Mills, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- 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
- Elizabeth Basnett (delegate: Brian Aiello), Director, California Emergency Medical Services Authority (EMSA)
- Erika Cristo, Assistant Deputy Director, Department of Health Care Services
- Jana Lord, Chief Operating Officer, Sycamores
- Jeff Hebert, 911 Communications Coordinator, San Diego Sheriff's 911
- John Boyd (delegate: Kelly Jordan), 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)
- Lan Nguyen, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department
- Lei Portugal Calloway, Lei Portugal Calloway, Certified Medi-Cal Peer Support Specialist, Peer Team Lead, AOT/CARE Court, Telecare Corporation
- Melissa Lawton, Chief Program Officer, Seneca Family of Agencies
- Michael Tabak, Lieutenant, San Mateo Sheriff's Office
- Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association (CBHDA)
- Nancy Bargmann (delegate: Christine Gephart), Director, California Department of Developmental Services
- Peggy Rajski, Founder and Interim CEO, The Trevor Project
- Phebe Bell, Behavior Health Director, Nevada County
- Rayshell Chambers, Commission Member, Mental Health Services Oversight and Accountability Commission (MHSOAC) (Kendra Zoller supporting)
- Rhyan Miller, Behavioral Health Deputy Director Integrated Programs, Riverside County Department of Behavioral Health
- Roberto Herrera (delegate: David Lawrence), Deputy Secretary Veterans Services Division, CalVet
- Robb Layne, Executive Director, California Association of Alcohol and Drug Program Executives, Inc (CAADPE)
- Ryan Banks, CEO, Turning Point of Central Valley
- Dr. Stacie Freudenberg, Senior Clinical Director, The Trevor Project
- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)
- Susan DeMarois (delegate: Stephanie Blake), Director, California Department of Aging
- Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute
- Taun Hall, Executive Director, The Miles Hall Foundation

POLICY ADVISORY GROUP MEETING PARTICIPANTS (Virtual):

- Anete Millers, California Association of Health Plans

- Ryan Banks, Turning Point of Central California
- Susan DeMarois, CA Department of Aging
- Miguel Serricchio, LSQ Group, LLC
- Shari Sinwelski, Didi Hirsch Mental Health Services
- Le Ondra Clark Harvey, Chief Executive Officer, California Council of Community Behavioral Health Agencies (CBHA)
- Susan DeMarois, Director, California Department of Aging

POLICY ADVISORY GROUP MEETING PARTICIPANTS (Absent):

- Anete Millers, Director of Regulatory Affairs, California Association of Health Plans (CAHP)
- Doug Subers, Director of Governmental Affairs, California Professional Firefighters
- Jennifer Oliphant, Hope for Tomorrow Program Director, Two Feathers Native American Family Services
- Jessica Cruz, Chief Executive Officer, National Alliance on Mental Illness – California
- Keris Jan Myrick, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- Kirsten Barlow, Vice President, Policy, California Hospital Association
- Lee Ann Magoski, Director of Emergency Communications, Monterey County
- Rebecca Bauer-Kahan, Assembly Member (AD-16)/Author of AB 988
- Robert Smith, Chairman, Pala Band of Mission Indians
- Dr. Sohil Sud, Director, Children & Youth Behavioral Health Initiative (CYBHI)
- Stephen Sparling, California Coalition for Youth

PROJECT TEAM:

- Ali Vangrow, Senior Program Analyst, Office of Policy and Strategic Planning, CalHHS
- Hailey Shapiro, CalHHS
- Josie Baca, Staff Service Analyst, CalHHS
- Anh Thu Bui, MD, Project Director, 988-Crisis Care Continuum, CalHHS
- Betsy Uhrman, Health Management Associates
- Jamie Strausz-Clark, Third Sector Intelligence (3Si)
- Nicholas Williams, Health Management Associates

- Noah Evans, Health Management Associates
- Devon Schechinger, Health Management Associates (virtual)
- Rob Muschler, Health Management Associates (virtual)

Meeting Summary

WELCOME

Jamie Strausz-Clark, Consultant, 3Si, convened the meeting and reviewed use of Zoom features and expectations for meeting participants and public observers. She thanked the 988-Crisis Policy Advisory Group (Policy Advisory Group) members and members of the public for joining. Ms. Strausz-Clark provided an overview of the meeting objectives and agenda. She also invited members of the public to sign up for the public comment period.

For the *Personal Story* portion of the agenda, Seneca Family of Agencies Director Melissa Lawton shared two experiences working as an EMT/first-responder in which, through coming into escalated situations with the right tools, she was able to respond appropriately to these situations with mobile crisis response, keep families from being pulled apart by the system, and prevent situations from becoming further escalated. Both of the young individuals involved in these situations experienced positive outcomes that could have turned out very differently. She spoke about the activities of her organization, shared some of her personal background, and made the point that a crisis is determined by the person who is in it.

RECOMMENDATIONS FRAMEWORK

Betsy Uhrman, Health Management Associates, was then invited to provide some updates relevant to the Policy Advisory Group. Ms. Uhrman shared some themes from previous Policy Advisory Group and Workgroup conversations about desired outcomes for a future crisis system. She also shared an organizing framework for the Five-Year Implementation Plan, which will be presented to the Policy Advisory Group in draft form at its September meeting. She explained that the proposed organizing framework takes the 14 different required areas from the AB988 legislation and groups them into five pillars: 1) Public Awareness and Messaging, 2) 988 Statewide Access, 3) 988 Operational

and Training Standards, 4) 988 and 911 Coordination, and 5) 988 and the Continuum of Services.

Jamie Strausz-Clark then opened the floor to questions. Workgroup members brought up whether the report will speak to what the role of the 988 center is in the crisis continuum, if outpatient services will start being talked about as a core component of prevention as opposed to just as a follow-up to crisis, the importance of establishing regular built-in opportunities to revisit the report, the challenges with realizing the goal of a payer-blind behavioral health system, and the hesitancy behavioral health provider nonprofits feel about promoting the 988 service to their constituency when they don't oversee the call receivers and wonder to what degree quality can be ensured.

DISCUSSION: WORKGROUP 5: DATA DASHBOARD

Ms. Strausz-Clark then introduced the discussion related to the Data Dashboard. She reminded the attendees that Workgroup 5 met in May of this year to discuss the data and metrics, a required recommendation area from AB988. Robb Layne, Executive Director of California Association of Alcohol and Drug Program Executives, posed the questions of how we use goals that are measurable, and how do we see that they're achievable. He spoke about discussion of Results Based Accountability (RBA) in the workgroup, an approach to metrics dealing with the questions of how much did we do, how well are we doing it, and is it making everybody's lives a little bit better. He suggested breaking down the data of who uses behavioral health care by insurance type and county, in order to understand gaps and move toward a world in which people can receive the care they need regardless of where they live and the insurance they're on.

He showed Wisconsin's data dashboard, then expressed the hope that California would do better in focusing on outcomes-based measurements. Jamie Strausz-Clark then invited attendees to each write down 5 metrics listed on the presented slide that they thought were most important for the state to include on a California dashboard. Advisory group members were then invited to respond.

- One advisory group members spoke to the fact that the world is not payer agnostic, and emphasized the importance of building out the pieces that need to be filled in in order for the plans discussed in the data

and metrics conversations to more strongly correspond to reality; other members seconded the importance of establishing something operational now.

- Advisory group members also spoke to challenges with conducting follow-up in other tele-health services due to confidentiality.
- It was brought up that promoting 988 is challenging when it's really two different services behind one phone number – a phone line and mobile crisis response, and with the lack of clarity as to whether or not you'll get the latter if you call, someone in crisis might freak out and the thought and not use the service.
- Advisory group members stressed the importance of not reinventing the wheel, and seeing what CalAim and other pre-existing California initiatives are doing with data and metrics.
- Another member made the point that call centers can't simply determine on their own whether or not they'll engage in follow-up with callers – there are requirements in place: 988 centers have to be accreditate by the American Center of Suicidology and are accordingly bound by certain principles, including a threshold criteria a caller has to meet.
- The question of whether we're primarily measuring crisis prevention or stabilization was raised. A number of advisory group members spoke to the difficulty in interpreting whether certain data trends indicated positive or negative outcomes without comprehension of the factors, and the consequent importance of contextualizing data (within the dashboard and otherwise).
- Advisory group members discussed how follow-up can come from a number of sources that are not 988 centers, but rather other agencies: they can be connected to their PCP, case manager or resources in schools, all of which can be measured in data. This gave rise to some conversation about the tech question of how can we link our system more effectively to one another so behavioral health providers can gain access to hospital records. Along with this the point was made that definitions have to be standardized for terms across health entities for data to be meaningfully transferable.
- Robb Layne made the point that the public will be more interested in outcomes-based data, but perhaps an alternate internal-facing dashboard dealing with the processes behind these outcomes could be helpful for health care professionals in understanding what's going on.

- The point was made that having access to culturally and linguistically responsive services reduces the population level suicide rate, and that because this may be higher on the list of drivers than other factors, it could be a helpful item to build a metric around. This could allow interventions that are making a difference but are currently not visible in the high-level data more apparent at the state level.
- A few advisory group members argued for an expansion of what is typically regarded as the goals of the 988 centers – one for the encompassing of the fact that people experiencing homelessness and those with severe disabilities are vastly overrepresented in the crisis care system, the other to acknowledge that 45% of calls in the crisis care system come from schools, and if engagement means no more than keeping a kid in school on a given day, that’s a victory.
- Also discussed were the lack of standardization across 988 centers’ mandate to make follow-up calls to people who communicated suicidal ideation within the past 24 hours, and that it has been beneficial for other telehealth providers to bifurcate their incoming calls into the categories of low/mid risk, and high imminent risk, with two very different price tags.

DISCUSSION: WORKGROUP 4: COMMUNICATIONS

The next set of discussions centered on recommendations emerging from Workgroups 4, which met in May and June of 2024. Betsy Uhrman presented a visual showing local and national efforts to build awareness for suicide prevention, mentioning campaigns by DHCS, SAMHSA and CDPH. Co-chairs Kenna Chic and Ashley Mills presented on the topics of workgroup 4, including:

- Embedding transparency – being clear about what the involvement of 911 would look like if at all within 988 response.
- The importance of doing a lot of focus group testing in order to assess varying levels of stigma across different populations toward 988, in an effort to reach historically marginalized communities that are far less likely to utilize the service.
- Lifting the voices of people with lived experience with storytelling: sharing both those who have had positive and negative experiences so everyone feels as though they’re being heard.

Ms. Strausz-Clark then invited the advisory group members to look at an early draft of the recommendations for workgroup 4 consideration, built around the

goal encompassed in the project structure's Pillar A: how do we organize ourselves in a manner consistent with our objective of facilitating trust? She then asked the advisory group to what extent these recommendations ensure 988 communications are coordinated, equitable and effective, and what are other community strategies that could help us do a better job of reaching diverse communities?

Ms. Strausz-Clark divided the attendees into four groups (3 in-person, 1 virtual) to discuss these questions, and then brought them back together to report out.

- Ms. Strausz-Clark reported on the group she oversaw, which talked about defining the goals and objectives of communications strategies to provide clarity on when to use 988 and how to differentiate it from 911, leveraging care plans to address questions about access (such as who's paying for it, what insurance you have, and coordination with commercial insurers), messaging for the sight-impaired, tech solutions that can help us track and measure modeled after user experience tracking with 911, and giving people the opportunity to adapt messaging to the needs of their community – giving them the ability to consolidate and shared stories of lived experience along with this.
- Betsy Uhrman shared that her group spoke on the need to make the implicit explicit and call out coordination with national, conversation about the need for consistent messaging at all levels of the system and how that can be done, the question of are we communicating 988 or the crisis services more broadly, potentially employing a phased approach with messaging to help people understand what 988 is, transparency, and as part of that, sharing positive stories.
- An advisory group member reported that her group discussed scope issues with 988 versus 911 and particularly educating the public on scenarios when they should absolutely call 911, decision tree tools associated with the fact that in some cases 988 call centers and the crisis care continuum are the same thing and in others they're not, the importance of having a backup number to call if you need help but are getting brick-walled by the call rollover challenges 988 centers currently can experience, communication tools tailored to different audiences including first responders and school personnel who need to know about 988 for it to properly function, concern about geolocation tracking specifically in bipoc communities, and the need address the fact that

there are different rules for people with commercial insurance and Medi-Cal because, for example, the county prioritizes Medi-Cal.

- Rob Muschler concluded the report-out by reviewing the zoom group's discussion topics: the need for more coordination around infrastructure and IT needs, room to cater to geographical needs even if eventually greater standardization is required, marketing tools to reach targeted populations (faith based and community based events being a more effective means of communications in parts of central California, versus social media being more effective in other places, for example), leveraging existing information such as the myriad customizable tools SAMHSA has already developed, the complaints and grievances section on the 988 national site, having a sufficiently robust call center that it can handle a large wave of calls in an emergency like Covid, being mindful of reaction in certain communities (such as bipoc communities) toward the prospect of police dispatch from 988, and using the perspectives of those who will be using the services in an intentional way.

CalOES PRESENTATION

Ms. Strauz-Clark introduced the next discussion on CalOES, to be led by Budge Currier and Jeff Hebert, who chair the 988 Technical Advisory Board, responsible under statute for handling technical issues associated with the crisis service. She noted that August 22nd will be their next meeting in Sacramento, and these can be joined virtually as well.

Budge Currier presented on the updates of the CalOES efforts since the last meeting: in collaboration with SAMHSA and Vibrant, CalOES was able to make sure the technical solution it designed and built complies with the state statute, and has the ability to be interoperable with 911. Testing began early March, the demonstration finished in May, and the legal agreement process is currently being completed. He explained that if you called 988 today and needed emergency services, you would be sent to a queue, but thanks to CalOES' technological solution, calls that have already been identified as emergencies are sent to the top of the queue. CalOES is now working out the question of when should calls move back and forth between the two systems. He noted that the document describing the latest results of these efforts on CalOES.ca.gov/988.

Jeff Hebert then spoke about his experiences answering tens of thousands of 911 calls while working for 29 years in the San Diego Sheriff's Office. He noted that 30% of call to 911 are misdials and hangups, which PSAPs (911 call receiving centers) are required to respond to. His work with the 988 project has been motivated by the desire to see the effect 988 has on 911 services be positive as opposed to negative. He spoke about a question under discussion: how to get a 911 call receiver the info they need to be able to take a call and make the decision that the best place for that call to go is a 988 crisis center. Applying whatever guidelines they develop to all 450 PSAPs across the state will be challenging because all of them are a little different from each other.

URBAN INDIAN AND TRIBAL ENGAGEMENT

Ms. Strausz-Clark introduced Rochelle Hamilton, who then gave a presentation on urban Indian and Tribal engagement. Rochelle Hamilton shared her tribal name and that she is a descendent of a tribe in Washington State where she calls home. She is a Tribal advisor for Kauffman Associates Incorporated, and in Washington the group was responsible for the development of the country's first Tribal 988, "Native and Strong Lifeline." She's proud of how well it has succeeded. Operated by an all Native staff, it constitutes a system that has culture and healing embedded within it, and continues to grow.

She spoke about how Tribes have been here from time immemorial, and are ready and eager to have their voices heard. Unfortunately, Tribal people die by suicide at an alarming rate – she doesn't know of a person who hasn't been impacted by suicide. She shared the story of Zachary Blackowl as a case study of what powerful results can come from someone having a positive experience with 988. In a video she showed, Zachary talked about a dark time in his life after his mother had passed away in which he decided to reach out for help, and having a really positive connection with the 988 service, has become an advocate and goes to various locations to speak about his experience and encourage other young people to use it. She shared that 988 counselors should know where the tribe they're working with is, know the other area tribes, know available tribal resources, understand historical trauma and trust, barriers of Native life, and understanding substance use and calling while under the influence.

PUBLIC COMMENT PERIOD

Ms. Strausz-Clark 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 public comments were submitted in-person or virtually.

MEETING CONCLUSION AND NEXT STEPS

The project Team shared that materials for this meeting would be uploaded to the CalHHS website on the 988-Policy Advisory Group webpage. Ms. Strausz-Clark added that materials for review would be distributed in advance of the next meeting.