



**California Health and Human Services Agency (CalHHS)  
988-Crisis Policy Advisory Group Meeting 5  
Meeting Summary**

August 14, 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)
- Anete Millers, Director of Regulatory Affairs, California Association of Health Plans (CAHP)
- Brenda Grealish, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
- Budge Currier (and delegate: Dr. Jessica Sodhi), 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 (delegate: Adrienne Shilton), Chief Executive Officer, CA Alliance of Child and Family Services
- Erika Cristo, Assistant Deputy Director, California Department of Health Care Services (DHCS)
- Kenna Chic, Former President of Project Lighthouse, California Health Care Foundation
- Le Ondra Clark Harvey (delegate: Jay Calcagno), Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)

- Lei Portugal Calloway, Certified Medi-Cal Peer Support Specialist, Peer Team Lead, AOT/CARE Court, Telecare Corporation
- Nancy Bargmann (delegate: Lauren Libero), Director, California Department of Developmental Services
- Peggy Rajski (delegate: Kasey Suffredini), Interim CEO, The Trevor Project
- Roberto Herrera (delegate: Sean Johnson), 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)

#### **POLICY ADVISORY GROUP MEETING PARTICIPANTS (Virtual):**

- Ashley Mills, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- Doug Subers, Director of Governmental Affairs, California Professional Firefighters
- Keris Jän Myrick, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- Kirsten Barlow, Vice President, Policy, California Hospital Association (CHA)
- Le Ondra Clark Harvey, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)
- Lee Ann Magoski, Director of Emergency Communications, Monterey County
- Michael Tabak, Lieutenant, San Mateo County Sheriff's Office
- Michelle Cabrera, Executive Director, County Behavioral Health Directors Association (CBHDA)
- Miguel Serricchio, Executive Vice President, LSQ Funding Group
- Peggy Rajski, Interim CEO, The Trevor Project
- Rayshell Chambers (and delegate: Kendra Zoller), Commission Member, Mental Health Services Oversight and Accountability Commission

(MHSOAC)

- Rebecca Bauer-Kahan (delegate: Elise Gyore), Assembly Member (AD-16)/Author of AB 988
- Dr. Stacie Freudenberg, Senior Clinical Director, Crisis Intervention
- Susan DeMarois (and delegate: Stephanie Blake), Director, California Department of Aging (CDA)
- Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute
- Taun Hall, Executive Director, The Miles Hall Foundation

**POLICY ADVISORY GROUP MEETING PARTICIPANTS (Absent):**

- 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 – California
- John Boyd, Vice President Behavioral Health and Wellness, Kaiser Permanente, NCAL
- Lan Nguyen, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department
- Melissa Lawton, Chief Program Officer, Seneca Family of Agencies
- Phebe Bell, Behavioral Health Director, Nevada County
- Rhyen 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, Palo Band of Mission Indians

**PROJECT TEAM:**

- Ali Vangrow, Senior Program Analyst, Office of Policy and Strategic Planning, CalHHS
- Hailey Shapiro, CalHHS

- Anh Thu Bui, MD, Project Director, 988-Crisis Care Continuum, CalHHS
- Betsy Jones, Health Management Associates
- 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, 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.

### **COMMUNITY ENGAGEMENT REPORT**

Rob Muschler, Health Management Associates, and Rochelle Williams, Tribal 988 Advisor, Kaufman & Associates provided a summary of themes from 13 focus groups (10 conducted by Health Management Associates and three by Kauffman & Associates) of those with lived experience. Lived experience was defined as those with lived behavioral health experience and/or encounters with the behavioral health crisis system as well as family members who have lost a loved one to suicide. The facilitators utilized the components of the Crisis Care Continuum to guide focus group discussions. Participants were asked about their experiences across the continuum, as well as what they would like to see changed to make the crisis system more accessible, safe, timely, and equitable for all Californians. The final Community Engagement Summary report will be included as an appendix to the Five-Year Implementation Plan, which will be presented to the legislature in December 2024.

Following a review of the data findings, Policy Advisory Group members were invited to share questions and reflections, including:

- In describing the continuum, a member noted that SAMHSA updated their framing of the "three-legged stool" from a "safe place to go" to a "safe place to be."
- When asking about how the facilitators described 988 to the focus group participants, a member noted that careful consideration is needed when describing 988 as an "entry point" to services, especially when community services aren't integrated.
- Public Awareness: It was noted that it is now a legal requirement (per SB-972, passed in 2018) to put information about 988 on student IDs.
- Co-occurring Conditions: There was discussion on including people with Intellectual and Developmental Disabilities (IDD) in the focus groups. The facilitator noted that recruitment efforts targeted people with IDD, but with limited feedback.
- In describing BIPOC representation in the report, one member noted the need for more specificity as to who is represented within BIPOC categories.

## **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 four goal areas: 1) Public Awareness of 988 and Behavioral Health Services, 2) 988 Statewide Infrastructure and Technology, 3) High Quality 988 Response, and 4) Integration of 988 and the Continuum of Services.

In presenting the organizing framework, Ms. Uhrman also noted:

- The Implementation Plan is grounded in recommendations by the Policy Advisory Group to the State (via a set of "should" statements).
- The focus of the Plan is on the integration of 988 Crisis Lines into the Crisis Care Continuum in alignment with AB988 and related funding.

- The plan and the work over the last months have highlighted key issues and areas across the continuum that need to be resolved over the 5-year planning and beyond.
- The draft implementation activities focus on areas where the state has responsibility and accountability for coordinating behavioral health transformation efforts – at various stages of development – at a statewide level.
- To get to the next level of detail on implementation activities will require time, resources, and ongoing discussion.

**DISCUSSION: Goal D: Integration of 988 and Continuum of Services**

Ms. Uhrman then introduced the discussion related to Goal D. She reminded the attendees that each goal accounts for a subset of the 14 required areas included in AB988. In reviewing the draft recommendations and implementation activities for this goal area, Policy Advisory Group members were asked to consider whether any recommendations need clarification, whether any priority recommendations were missing, and whether the recommendations help advance the state’s vision of an equitable, accessible, high-quality crisis system.

Policy Advisory Group members suggested the following:

- There are a variety of terms included in the current draft that would benefit from definitions. These include equity, access, peer support, cross-sector partners, etc.
- For the recommendation related to promoting collaboration: The emphasis should be more on this than evaluating the current connections; the implementation activities should describe what follows from any evaluation. There was also a suggestion to acknowledge that in-person support resources are limited, especially in high-acuity situations.
- Related to connecting help seekers to community-based crisis service response: There was a suggestion to broaden the definition of mobile crisis to include other field-based crisis services.
- Related to safe places to be:

- Identify resources that exist between acute care and low-acuity needs, with an emphasis on connecting help seekers to the least instructive resources relative to their needs.
- Ensure payers' responsibilities are clear to consumers and referring providers.
- Frame future responses to avoid defaulting to ER visits, particularly in rural areas.

### **DISCUSSION: Goal B: Statewide Infrastructure and Technology**

Nicholas Williams, Health Management Associates, then introduced the discussion related to Goal B. He noted that this goal considers the foundational technology and infrastructure necessary to route and transfer calls. As was the case for Goal D, Policy Advisory Group members were asked to consider whether any recommendations need clarification, whether any priority recommendations were missing, and whether the recommendations help advance the state's vision of an equitable, accessible, high-quality crisis system.

Policy Advisory Group members suggested the following:

- As was the case for Goal D, Policy Advisory Group members highlighted some words and phrases that would benefit from definitional clarity (e.g., interoperability, geo-routing, geo-location).
- There was a suggestion to shift language to be more focused on consumer outcomes.
- Regarding the technology platform:
  - The platform needs to evolve to meet needs of both help seekers and call takers and innovations and learnings from the field.
  - The state should explore how to use the technology data reporting and collection.
  - The activities should include training.
- Regarding transfer guidance:
  - Ensure protocols are evidence-based and do not unintentionally or inadvertently perpetuate disparities.
  - Clarify how mobile crisis team dispatches should be handled; different approaches may be needed for different communities.
  - Guidance is needed on transfers between 988 and other lines, considering the scope and preparedness for diverse crisis situations.

### **DISCUSSION: Goal C: High-Quality 988 Response**

Ms. Uhrman led the discussion related to Goal B. She noted that this goal seeks to answer the question, “will the help seeker receive a high-quality 988 contact?” Policy Advisory Group members were asked to consider whether any recommendations need clarification, whether any priority recommendations were missing, and whether the recommendations help advance the state’s vision of an equitable, accessible, high-quality crisis system.

Policy Advisory Group members suggested the following:

- Consider reorganizing the recommendations – combining Key Performance Indicators with staffing and separating recommendations specific to quality.
- Include mechanisms for consumer feedback in the evaluation process.
- Regarding staffing:
  - Align staffing needs, qualifications, and oversight with the shifting scope of responsibilities in 988 centers
  - Involve staff in baseline assessments of staffing needs
  - Address cultural competency and standards consistency
- Regarding designation:
  - Establish California-specific standards for designation processes.
  - Explicitly state the authority to remove designation
  - Include technical assistance as part of state support for Crisis Centers

### **MISSION MOMENT:**

Four staff members from Didi Hirsch’s 988 Crisis Center joined the meeting in the afternoon to share firsthand reflections of their experiences as Crisis Counselors. Participating on the panel were:

- Anelisa Rodriguez, Spanish Bilingual Program Coordinator
- April Wilkner, Chat/Text Counselor
- Carlos Vazquez, Crisis Shift Supervisor
- Dino Alzadon, Chat/Text Program Coordinator

The panel discussion begins at minute 3:37 in the meeting recording available on the [CalHHS 988-Crisis Policy Advisory Group website](#).

### **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](mailto: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.