



**California Health and Human Services Agency (CalHHS)
988-Crisis Policy Advisory Group Meeting 6
Meeting Summary**

September 18, 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)
- Budge Currier (and delegate: Dr. Jessica Sodhi), Assistant Director, Public Safety Communications California Governor's Office of Emergency Services (CalOES)
- Christine Stoner-Mertz (delegate: Adrienne Shilton), 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)
- Jana Lord, Chief Operating Officer, Sycamores
- Jeff Hebert, 911 Communications Coordinator, San Diego Sheriff's 911
- Kenna Chic, Former President of Project Lighthouse, California Health Care Foundation
- Kirsten Barlow, Vice President, Policy, California Hospital Association (CHA)
- Lee Ann Magoski, Director of Emergency Communications, Monterey

County

- Le Ondra Clark Harvey (delegate: Jay Calcagno), Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)
- Michelle Cabrera, Executive Director, County Behavioral Health Directors Association (CBHDA)
- Peggy Rajski (delegate: Kasey Suffredini), Interim CEO, The Trevor Project
- Phebe Bell, Behavioral Health Director, Nevada County
- Rhyan Miller, Behavioral Health Deputy Director Integrated Programs, Riverside County
- Robb Layne, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)
- Roberto Herrera (delegate: Sean Johnson), Deputy Secretary, Veterans Services Division, California Department of Veterans Affairs (CalVet)
- Shari Sinwelski, Vice President of Crisis Care, Didi Hirsch
- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)
- Susan DeMarois, Director, California Department of Aging (CDA)

POLICY ADVISORY GROUP MEETING PARTICIPANTS (Virtual):

- 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)
- Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)
- Jessica Cruz, Chief Executive Officer, National Alliance on Mental Illness – California
- 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, Certified Medi-Cal Peer Support Specialist, Peer Team Lead, AOT/CARE Court, Telecare Corporation
- Michael Tabak, Lieutenant, San Mateo County Sheriff's Office
- Miguel Serricchio, Executive Vice President, LSQ Funding Group
- Nancy Bargmann (delegate: Lauren Libero), Director, California

Department of Developmental Services

- 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
- Robert Smith, Chairman, Palo Band of Mission Indians
- Sohil Sud, Director, Children & Youth Behavioral Health Initiative (CYBHI) California Health and Human Services Agency (CalHHS)
- 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)
- Jennifer Oliphant, Hope for Tomorrow Program Director, Two Feathers Native American Family Services
- John Boyd, Vice President Behavioral Health and Wellness, Kaiser Permanente, NCAL
- Melissa Lawton, Chief Program Officer, Seneca Family of Agencies
- Ryan Banks, CEO, Turning Point of Central Valley, Inc.

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 Uhrman, Health Management Associates
- Chelsea Snow, Health Management Associates (virtual)
- Jamie Strausz-Clark, Third Sector Intelligence (3Si)
- Kristine Malana, Health Management Associates (virtual)
- 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 Zoom feature functionalities and expectations for 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 encouraged members of the public to sign up for the public comment period.

CalHHS UPDATES

Dr. Anh Thu Bui, Project Director, 988-Crisis Care Continuum, California Health and Human Services Agency provided project updates from CalHHS. The organizing structure of AB 988 was described in tandem with an organization chart that depicted several CalHHS departments and agencies, and their roles in collaboration with the Policy Advisory Group in developing the legislatively required recommendations for the Five-Year Implementation Plan, which will be presented to the legislature in December 2024.

Dr. Bui outlined key recommendations, including the need for a state governance structure to support behavioral health crisis services accessed through 988. Dr. Bui also explained the interdependencies between state departments, agencies, and their federal partners, highlighting collaborations with Substance Abuse and Mental Health Services (SAMHSA), Vibrant, and Centers for Medicare & Medicaid Services (CMS).

Dr. Bui also provided updates on the launch of Geo-Routing and the Medi-Cal Mobile Crisis Benefit Participants requested further clarification on the geo-routing process (e.g., about the participating mobile carriers). Others pointed out the distinction between geo-locating and geo-routing.

CROSS-CUTTING RECOMMENDATION: FUNDING AND SUSTAINABILITY

Betsy Uhrman, Health Management Associates, provided an overview of the organizing framework for the draft AB 988 Five-Year Implementation Plan. She noted that the draft goals, recommendations, activities, and cross-cutting recommendations were developed after months of engagement with community stakeholders. She noted that the five-year timeline assumes

ongoing collaboration and detailed planning among state agencies and departments as well as key implementation partners.

Policy Advisory Workgroup Co-Chairs Chris Stoner-Mertz, CEO of the CA Alliance of Child and Family Services, and Anete Millers, Director of Regulatory Affairs at the California Association of Health Plans (CAHP), were invited to present on recommendations related to funding and sustainability. In their opening remarks, they emphasized that collaboration across state agencies and departments, health plans, and providers is needed to ensure the sustainability of behavioral health crisis services.

Participants joined breakout sessions to review and evaluate the Funding and Sustainability recommendation and implementation activities. Participants were asked to discuss the following questions: Which recommendations need clarification? From a state perspective, what questions remain about the implementation activities? When the groups reconvened, several key themes emerged:

- Include providers in the example of implementation partners (e.g., health plans, behavioral health and state regulatory agencies) that should be part of conversations related to ensuring coverage and reimbursement of essential behavioral health crisis services
- Strengthen the language of the implementation activity related to ensuring proper enforcement of health parity laws.
- Include an activity that emphasizes the need to maximize revenue across payor sources (i.e., public and private).
- Change the language to make clear that the state is building upon – not creating anew – a process and related criteria for when funding from the surcharge fee can be used for mobile crisis teams accessed via telephone calls, texts, or chats made to or routed through 988.

Ms. Strauz-Clark noted that the key consensus from the breakout session was the need to define the specific crisis services provided and clarify funding responsibilities. She also emphasized the importance of funding crisis prevention, to both mitigate crisis and reduce costs.

CROSS-CUTTING RECOMMENDATION: DATA AND METRICS

Ms. Strauz-Clark then introduced Policy Advisory Workgroup Co-Chairs Robb Layne, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE), and Kirsten Barlow, Vice President, Policy, California Hospital Association (CHA) to present on recommendations for data and metrics.

Mr. Layne and Ms. Barlow provided a thematic summary of the two Workgroup 5 (Data and Metrics) meetings. In discussing a possible publicly facing dashboard, they emphasized the importance of including evergreen, publicly available data, rather than time-limited information. They acknowledged the five-year timeline, stressing the need to communicate both current data and future plans. Since the dashboard is intended for families, they underscored the need to focus on relevant, practical metrics that can be easily understood by those utilizing the behavioral health crisis system.

The Policy Advisory Group was then invited to review the Data and Metrics recommendation and implementation activities, focusing on two questions: Which recommendations or activities need clarification and why? Given the state's leadership role in this five-year plan, what additional questions should the state address moving forward? Themes from the Policy Advisory Group discussion included:

- Include an implementation activity that emphasizes the need to situate the data strategy in the context of behavioral health transformation efforts.
- The implementation activity that includes sample dashboard measures should also include mention of transfers between 988 and 911 (and vice versa) as well as average wait times.
- Consider how to capture and report on data related to the quality of the 988 service from the user perspective.
- When sharing data about the crisis system, there is a need to acknowledge that there are many factors outside of the behavioral health system (e.g., social drivers of health) that impact behavioral health outcomes.
- Any data gathering should account for what information is already collected, including what 988 Crisis Centers are required to collect.
- There is a need to clarify whether the data-related activities as described

in the Implementation Plan are specific to 988 Crisis Centers or encompass the broader crisis system.

- Suggested adding phrases like "including but not limited to" and "for example" in the implementation plan, as we cannot create an exhaustive list of possible data measures.

CROSS-CUTTING RECOMMENDATION: PEER SUPPORT

Ms. Strauz-Clark introduced Policy Advisory Workgroup Co-Chairs Rayshell Chambers, Commission Member, Mental Health Services Oversight and Accountability Commission (MHSOAC), and Keris Myrick, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs), to present on recommendations and associated implementation activities for peer support.

Ms. Chambers and Ms. Myrick reflected on the role of peers within multidisciplinary teams and the specific functions they perform. They emphasized the need to establish clear standards for peer roles in the crisis continuum. While there is already a substantial body of research on peer supporters, they advocated for continuing and advancing this research to further develop and refine their role.

Policy Advisory Group members then reviewed the recommendation and implementation activities, which focus on how to integrate peer support across the crisis care continuum to provide person-centered, culturally responsive care. They also addressed the key discussion question: Given that this five-year implementation plan highlights areas where the state plays a leadership role, what additional questions should the state consider? Policy Advisory Group members provided the following input:

- For the implementation activity related to building awareness, specify the audiences (e.g., consumers and providers).
- For the implementation activity related to training, shift the language so that the activity is not limited to the promotion of existing training resources.
- Training and supervision, including coaching and mentoring should aim to ensure that peers are operating at the top of their scope of practice.
- Make clear in the glossary or elsewhere the distinction between peer-operated and peer-supported services.

- Clarify the use of terms, for example, noting that peer support refers to peer-to-peer, family-to-family, caregiver-to-caregiver, and youth-to-youth interactions.

REVISED RECOMMENDATIONS: GOALS A-D

Ms. Uhrman presented the updated recommendations and implementation activities for goals A-D and described how they were updated in response to feedback from Policy Advisory Group members at the August meeting.

Revisions addressed key points, including clarifying state leads, implementation partners, and adding necessary definitions and acronyms. Key changes to each goal area include but are not limited to:

- Goal A: Added an activity to assess existing state campaigns to refine communication and messaging around 988.
- Goal B: Emphasized the need to leverage technology tools to support aims related to data and metrics.
- Goal C: Changed the recommendations to further differentiate between current standards and future, state-specific standards.
- Goal D: Emphasized the need to link 988 with the broader behavioral health crisis continuum.

Policy Advisory Group members were encouraged to share feedback; comments included:

- Goal B: Statewide Infrastructure and Technology
 - A question was posed about creating a dial-pad option for tribes. Rochelle Williams of Kaufman & Associates, Inc. shared that tribal leaders are interested in establishing a statewide 988 line for Native communities, both on and off reservations, similar to Washington’s model.
 - Another member suggested that the plan should make mention of how AI technology could assist with quality improvement, tools, training, and data analysis (accounting for data privacy concerns).
 - The Policy Advisory Group discussed the between geo-routing and geo-location (the latter being more precise).
 - There was a suggestion that community input should inform state decisions regarding the adoption and rollout of new technology tools.
- Goal C: High-Quality 988 Response: In describing the designation

process, make clear how the state will ensure that decisions about network adequacy and coverage are informed by the needs of the specific community.

- As a general statement, the plan narrative should include more references to substance use disorder (SUD) crises.

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 noted that CalHHS would host an informational webinar in mid-October, followed by an opportunity for members of the public to provide comments on the draft plan. She added that materials for review by the Policy Advisory Group would be distributed in advance of the next meeting, slated for November 20, 2024.