



**988-Crisis  
Policy Advisory Group  
Meeting 5  
August 14, 2024**



**Welcome**

# Virtual PAG Attendees

**Keris Jan Myrick**, Inseparable

**Le Ondra Clark Harvey**, CBHA

**Lee Ann Magoski**, County of Monterey 9-1-1

**Lei Portugal Calloway**, Telecare AOT/Care Act

**Michael Tabak**, San Mateo County Sheriff's Office

**Michelle Cabrera**, CBHDA

**Nancy Bargmann (delegate: Lauren Libero)**, DDS

**Peggy Rajski**, The Trevor Project

**Phebe Bell**, Nevada County Behavioral Health

**Rhyan Miller**, RUHS BH

**Shari Sinwelski**, Didi Hirsch

**Sohil Sud**, CYBHI, CalHHS Agency

**Stephanie Welch**, CalHHS Agency

# August 14 PAG Meeting Objectives

1. Build trust and productive working relationships with each other and the project team.
2. Ground the work of the Policy Advisory Group in the lived experiences of people using and/or working in the Crisis Care Continuum.
3. Hear outcomes from community engagement—including Urban Indian and Tribal engagement—and use those insights to inform deliberations about draft recommendations to be included in the Five-Year Implementation Plan.
4. Review and provide feedback on the draft recommendations for Goals B-D to be included in the Five-Year Implementation Plan.
5. Confirm action items and next steps.
6. Hear public comment.

# August 14 PAG Agenda

- 10:00** Welcome
- 10:05** Community Engagement Outcomes
- 10:45** Recommendations for Goal D
- 11:45** Break
- 11:55** Discussion: Recommendations for Goal B (Statewide Infrastructure and Technology)
- 12:40** Lunch and Public Comment Sign-Up
- 1:10** Latest Recommendations from Goal C (High Quality 988 Response)
- 2:05** Break
- 2:15** Mission Moment
- 2:30** Action Items and Next Steps
- 2:38** Public Comment Period
- 3:00** Adjourn



# Community Engagement Outcomes

# Community Engagement Overview (1)

- HMA partnered with Kauffman and Associates Incorporated to lead Tribal engagement efforts.
- Kauffman is expert in community engagement and Rochelle Hamilton, Tribal 988 Advisor, was directly responsible for the design and implementation of the Native and Strong Lifeline (a tribal-specific 988 line) in the state of Washington.
- Findings from Kauffman and HMA-led focus groups are integrated throughout this presentation given their close alignment.
- Rochelle will call out areas of particular importance or emphasis from their engagement work, however.



# Community Engagement Overview (2)

## Targeting feedback from:

- A diverse group of individuals with lived behavioral health experience and/or encounters with the behavioral health crisis system
- Families who have lost a loved one to suicide

## Key populations of focus:

- Racial/ethnic diversity (BIPOC, Tribal, etc.)
- Sexual orientation diversity (LGBTQ+, Trans, etc.)
- Age diversity (Youth, Adults, Seniors)
- Geographic diversity (Urban, Rural)
- Other special populations
  - Transition Age Youth (foster)
  - Justice Involved
  - Formerly Unhoused
  - Mothers with Children

Note: Additional interviews, surveys, and information gathering is taking place with county/regional crisis providers, call centers, and emergency response teams as part of the required comprehensive assessment. HMA has also facilitated interviews with advocates for youth and persons with disabilities.



# Lived Experience Focus Group Overview

A total of 13 focus groups were conducted, facilitated by HMA (10) and Kauffman and Associates (3). The matrix below reflects the populations engaged, as well as systems involvement and additional characteristics\*

Group	Mental Health	Substance Use	Justice	Foster	BIPOC
Individuals with Co-Occurring Disorders	X	X	X		X
Individuals with Co-Occurring Disorders	X	X	X		X
Individuals with Co-Occurring Disorders	X	X	X		X
Family Member Who Lost Someone to Suicide	X	X			X
Formerly Unhoused Individuals	X	X	X		X
LGBTQIA+ Individuals	X	X	X	X	X
Mothers with Children	X	X	X	X	X
Older Adults	X	X	X		X
Transitional Age Youth	X	X	X	X	X
Transgender Individuals	X	X			X
Rural/Elder Tribal Members	X	X	X		X
Youth Tribal Members	X	X	X		X
Urban Indian Tribal Members	X	X	X		X

\*Given the correlation between behavioral health conditions and engagement with the criminal legal and foster youth systems, there was strong cross-representation in focus groups. Participants were not asked directly about systems involvement, but many offered this information during the course of the discussions. There was also substantial participation from BIPOC individuals.

# Domains of Inquiry

HMA and Kauffman 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

## Preventing Crisis

Exploring topics related to preventing crisis, including public awareness, communications and messaging across different populations and constituencies and other resources and supports to help avoid needed access to crisis services.



## Responding to Crisis

Exploring perspectives and experiences related to equitable access and culturally responsive crisis response services including Crisis Lines (like 988 and or other suicide or mental health crisis hotlines) as well as mobile crisis response teams.



## Stabilizing Crisis

Exploring perspectives and experiences related to equitable access and culturally responsive crisis receiving and stabilization services, including emergency departments, crisis stabilization units, sobering centers, peer respite and crisis residential facilities.



# Lived Experience Focus Groups – Cross-Cutting Themes

## Cross-Cutting Themes

- Participants expressed the need for empathetic, understanding staff/volunteers across the crisis care continuum.
- Participants consistently noted the importance of employing individuals with lived experience across the crisis system.
- Historical mistreatment and divestment in particular communities pose a challenge to engagement in the crisis system (including calling 988).
- Participants also expressed the importance of being connected to culturally-specific service options (as possible).

*“Crisis responders and workforce need to treat every individual with empathy, dignity, and a sense of urgency ...it could be a life and death situation for the person affected.”*

*“Trust is a big issue... People need to be able to trust you. Once you’ve built the trust, people will start to reach out.”*

*“If you haven’t been through what I’ve been through, how can you help me through?”*

*“Lots of therapists have cultural competency, but it’s not the same as looking at someone of your own race and culture and understanding them.”*

# Lived Experience Focus Groups – Preventing Crisis

- Most participants were unaware of the 988 Suicide & Crisis Line but felt like it could have helped them during crisis. There was also a lack of awareness expressed about other prevention services and how to access them. *Note: Younger participants seemed to have greater awareness about 988.*
- Tribal participants advocated for the creation of a tribal-specific 988 line.
- Participants recommended broad communications strategies like commercials, billboards, social media ads, etc., but more so talked about the importance of lower-tech strategies that meet people where they are. Examples included flyers/posters at treatment centers, courthouses, jails/prisons, WIC officers, etc., and direct outreach.
- Participants recommended engaging trusted messengers to help spread the word and address barriers. They mentioned community and faith-based organizations, individuals with lived experience, and representatives from specific communities.
- Participants also agreed that using stories and testimonials would be most effective.

*“I needed a number. I needed help before I relapsed, but I had no one to reach or reach out to.”*

*“We need an education campaign launch focused on the spirit of love and deserving of care, like the COVID period of masking campaigns like ‘wear your mask to protect your grandma.’”*

*“It should feel like a [Narcotics Anonymous] meeting. [Speakers could say], I have 30 days clean, I feel like myself again, and then talk about their background and situation. I had no one to turn to but there is hope.” – A participant describing a potential commercial.*

*“Put information in DCFS offices, WIC, and welfare offices. Places where people go - libraries, grocery stores, hospitals.”*

*“Word of mouth is the best Indian advertising!”*

*“It’s important that the people who need the help know – and more importantly believe – that the help being offered is real. It can’t just be words or empty promises.”*

*“A non-native person might not understand, and we would want to talk to someone with experience.”*

# Lived Experience Focus Groups – Responding to Crisis

- Participants noted that stigma, fear, mistrust, and past trauma are all barriers to calling for help. This was especially true for historically marginalized communities.
- Participants expressed concerns about privacy and confidentiality when calling the line, as well as resistance to answering too many identifying questions.
- There was substantial concern expressed about law enforcement’s involvement in crisis response. Several groups expressed that law enforcement should never respond, while others noted that law enforcement was important in some instances but should not be the default.
- Participants felt that individuals with specialized trainings and/or lived experience were best positioned to respond to someone in crisis.
- Several groups – and notably the Tribal groups – talked about limited access to technology and cell phone service as barriers, as well as challenges with the routing of in-person responses.

*“There’s a reason so many of us are scared to reach out for help.” – LGBTQIA+ individual*

*“I know a lot of people feeling suicidal wouldn’t want their parents to know and they could be judged or get in trouble for reaching out for help”.*

*“I needed more of a compassionate ear, without the fear of cops showing up.”*

*“If someone walked up with a shirt and glasses, not a uniform, the person would be more likely to listen and work with you. When an officer comes, it can get out of hand.”*

*“A lot of us don’t want to call the cops, ever.” – TAY Youth*

*“[Crisis response] reminds me of a hostage situation where they’ll send out a negotiator specially trained to deal with that type of situation, not just police or an ambulance. Have a mental health crisis expert come out first to address the situation without it escalating further.”*

# Lived Experience Focus Groups – Stabilizing Crisis

- Participants felt that crisis stabilization services needed to be timelier and more accessible.
- Participants felt that crisis stabilization services were too short in duration.
- Participants consistently described negative experiences at hospitals and the need for alternate destinations during crises.
- There was varied input about the use of 5150 holds. While many described holds as restrictive, unhelpful, and even dehumanizing, others felt that it was a better outcome than being arrested.
- Participants also talked about difficulties connecting to long-term treatment services following crisis stabilization. They recommended improving linkages to care and co-locating services when possible.
- Several participants felt that peer-run crisis stabilization and treatment services were empowering and impactful.
- Participants described housing and employment as foundational to long-term stabilization.

*“Faster response time would build confidence in the system.”*

*“It’s a cycle of input and output... People in crisis need stabilization and they need more than 3 to 5 days. They need to be connected somewhere to get them into services that will break the cycle.”*

*“It was dehumanizing, but I couldn’t process it or communicate at the time. You’re asking for help, but they don’t want to help.”*

*“A 5150 is more embarrassing in the short term, but it’s better in the long run. You’re not being locked up or charged.”*

*“At the age of 40, I went in and out of mental hospitals, jails, other facilities, but once I got connected with [dual diagnosis program], that all changed.”*

*“I’ve seen lots of people get forced out with no place to go. People have a set time, but not everyone gets connected to what they need in that time period. You can’t kick people back to the street because then you start the cycle again.”*

# Utilizing Lived Experience Findings

- HMA and Kauffman are developing a community engagement report that will align with the feedback presented on the previous slides, with additional details and quotes to better capture and reflect the richness of the feedback offered.
- Feedback from the lived experience focus groups will also be used to inform recommendations and will be integrated into the five-year implementation plan.
- There is a public comment period planned for October where additional community feedback will be solicited.
- The state is also exploring opportunities for ongoing shareholder and community engagement.



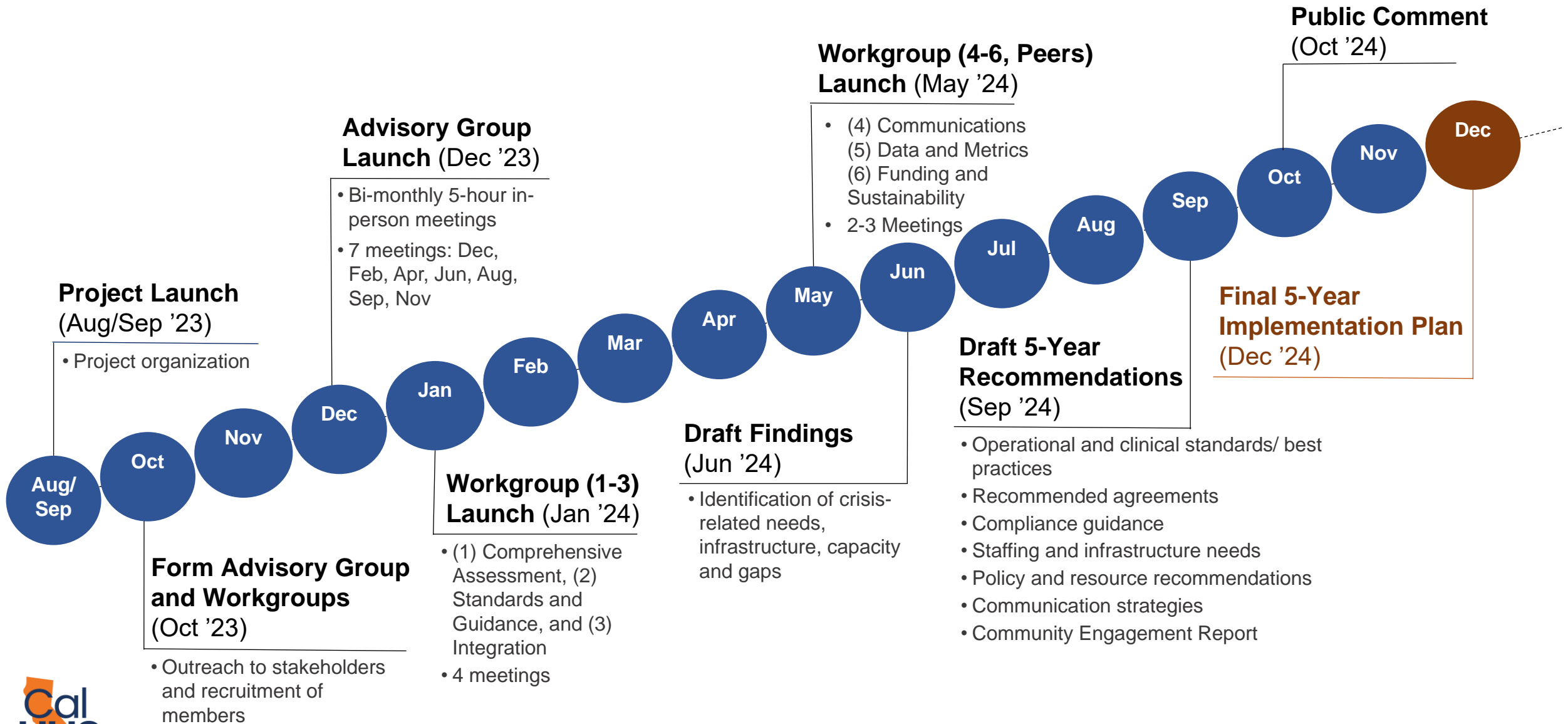
# Level-Setting: Structure of the Five-Year Implementation Plan



# Desired Outcomes of the Future CA Crisis System: PAG and Workgroup Input

The Future State... (Adapted from the CCC-P)	Characterized by...
<b>Consistent statewide access</b>	<ul style="list-style-type: none"> <li>▪ Increased capacity, affordability, and range of services</li> <li>▪ Connecting people in crisis to immediate and ongoing care</li> </ul>
<b>High quality services</b>	<ul style="list-style-type: none"> <li>▪ An array of essential crisis services across the continuum</li> <li>▪ A comprehensive strategy for data measurement and quality of care that is inclusive of all populations and geographies</li> </ul>
<b>Coordination across and outside the continuum</b>	<ul style="list-style-type: none"> <li>▪ Offering the least restrictive responses to crisis</li> <li>▪ Robust formal and informal community-based partnerships</li> </ul>
<b>Serves the needs of <i>all</i> Californians</b>	<ul style="list-style-type: none"> <li>▪ Services that are culturally and linguistically responsive</li> <li>▪ Services that are person- and family-centered</li> <li>▪ Services that are delivered regardless of insurance/payer source</li> </ul>

# Key Milestones



# PAG Meeting Schedule

#	Topics	Date
1	<ul style="list-style-type: none"> <li>• Orientation to the Process and Workgroups</li> <li>• Relationship Building</li> </ul>	12/13/23
2	<ul style="list-style-type: none"> <li>• Grounding in CCC-P and Comprehensive Assessment Approach</li> <li>• Breakouts on Access, Equity, Coordination</li> </ul>	2/7/24
3	<ul style="list-style-type: none"> <li>• Information from Comprehensive Assessment</li> <li>• Draft recommendations for Standards and Guidance and Integration</li> </ul>	4/24/24
4	<ul style="list-style-type: none"> <li>• Discussion of Data, Goals and Metrics</li> <li>• Draft recommendations for Communications</li> </ul>	6/26/24
5	<ul style="list-style-type: none"> <li>• Discussion of Community Engagement</li> <li>• Continued discussion of other emerging recommendations</li> </ul>	8/14/24
6	<ul style="list-style-type: none"> <li>• Review draft 5-year implementation plan</li> <li>• Review finance and sustainability, peers, governance</li> </ul>	9/18/24
	<b>PUBLIC COMMENT PERIOD</b>	10/1-30/24
7	Final Advisory Meeting and review of the Plan	11/20/24

## 988 5-Year Implementation Plan

- 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 a next level of detail on implementation activities will require time, resources, and ongoing discussion

# Organizing Framework – Foundational Principles

1. All Californians, regardless of insurance coverage, location, or other factors, should have access to quality crisis care.
2. Californians should have access to timely 988 through phone, text and chat 24/7 with calls answered, whenever possible, in state by 988 Crisis Centers with knowledge of how to connect with local resources
3. Individuals in crisis should have access to timely therapeutic/appropriate care (and reduce unnecessary law enforcement involvement where possible)

# Organizing Framework - Key Terms

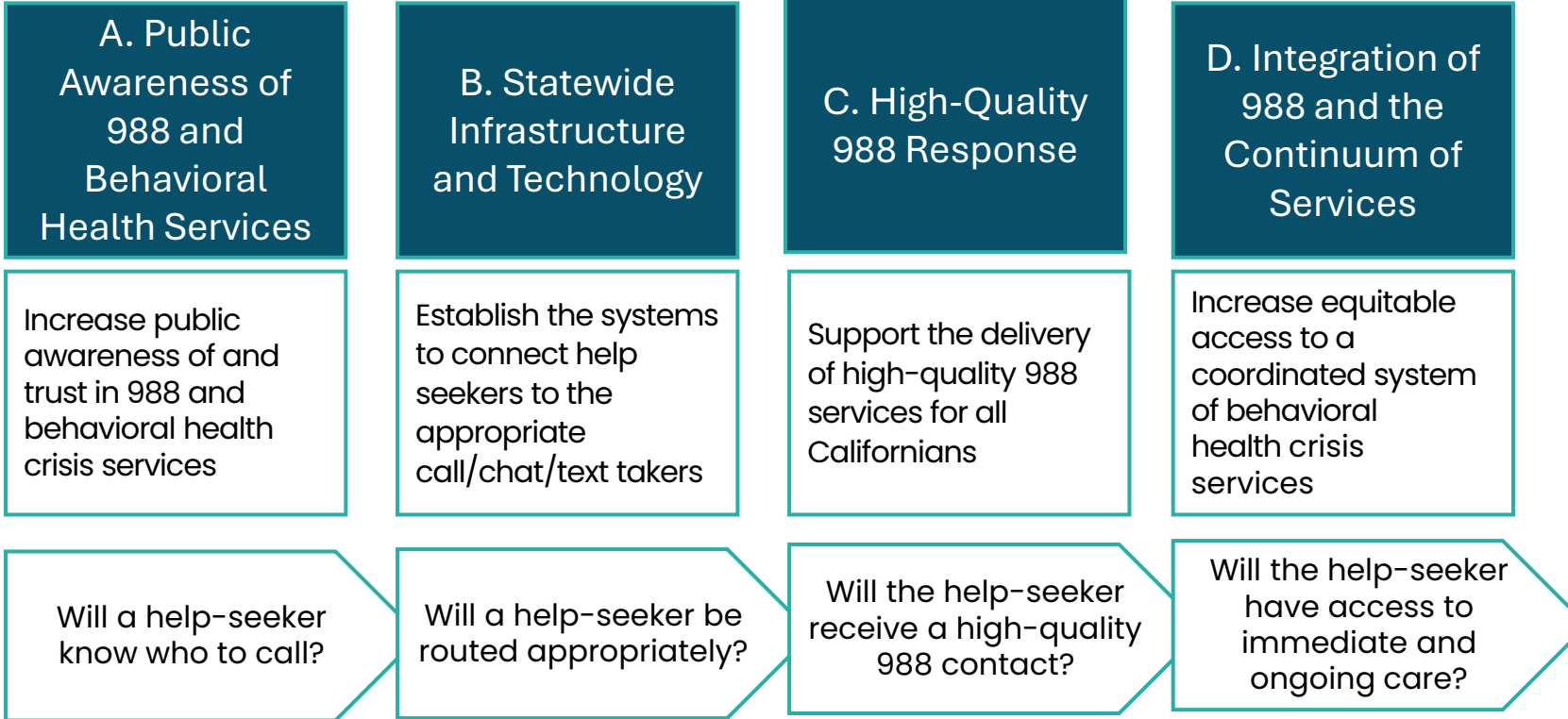
- **Goals** = Describe the necessary components to realize an equitable, accessible, high-quality crisis system for all Californians
- **Recommendations** = Describe proposals aimed at guiding state actions relevant to AB988 and/or improvement to the broader crisis care continuum
- **Cross-Cutting Factors** = Key considerations that should be reflected in each of the pillars and/or implementation activities.
- **Implementation Activities** = Describe more specific actions that *state departments* can take to operationalize a given recommendation

Are we doing the *right things*?

Are we doing *things right*?

**VISION**  
**Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians (1)**

**GOALS**



**CROSS CUTTING FACTORS**



**VISION**  
**Equitable, Accessible, High-Quality**  
**Behavioral Health Crisis System for All Californians (2)**

**GOALS**

**A. Public Awareness of 988 and Behavioral Health Services**

Increase public awareness of and trust in 988 and behavioral health crisis services

**B. Statewide Infrastructure and Technology**

Establish the systems to connect help seekers to the appropriate call/chat/text takers

**C. High-Quality 988 Response**

Support the delivery of high-quality 988 services for all Californians

**D. Integration of 988 and the Continuum of Services**

Increase equitable access to a coordinated system of behavioral health crisis services

**RECOMMENDATIONS**

A.1. The State should coordinate state behavioral health crisis communications strategies, informed by the 988 National Suicide and Crisis Lifeline and the Substance Abuse and Mental Health Services Administration

A.2. The State should engage key partners in developing and disseminating statewide and regional communications strategies regarding behavioral health crisis services including 988 and other support lines (e.g., 211, County Access Lines, Warmlines)

A.3. The State should monitor the success and impact of communication strategies.

B.1. The technology should be in place to route contacts safely and efficiently anywhere in California including to mobile crisis dispatch

B.2. The State should develop guidance and related policy to connect and transfer help seekers to the appropriate call/text/chat support, including for transfers between 988 and 911 and between 988 Crisis Centers and other crisis service access points and

*B.3. Placeholder - The State should explore development of a dedicated 988 tribal line/dial pad option*

C.1. The State should establish a process for assessing the clinical quality of the 988 service consistent with the state's vision and federal mandates

C.2. The State should create baseline standards for staffing and training at 988 Crisis Centers to ensure person-centered, culturally responsive assistance to a range of behavioral health crisis

C.3. The State should have a process to review and designate California 988 Crisis Centers

D.1 The State should promote collaboration and coordination of state, county and regional behavioral health and cross sector partners to connect individuals in behavioral health crises to immediate and ongoing care

D.2. The State should support connection of 988 help seekers to timely and effective community-based responses, including mobile crisis dispatch when appropriate

D.3. The State should assist communities in expanding available facilities and services that stabilize crisis and support quality services during and after a behavioral health crisis

*D.4. Placeholder - Transport*





# Discussion: Goal D Recommendations (Integration)

# Goal D: AB988 Required Areas

## Increase equitable access to a coordinated system of behavioral health crisis services

**AB 988 Required Recommendation Topic (6):** Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.

**AB 988 Required Recommendation Topic (9):** Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner.

# Goal D: Recommendations and Implications Activities (1)

## Increase equitable access to a coordinated system of behavioral health crisis services

D.1 The State should promote collaboration and coordination of state, county and regional behavioral health and cross sector partners to connect individuals in behavioral health crises to immediate and ongoing care

D.2. The State should support connection of 988 help seekers to timely and effective community-based responses, including mobile crisis dispatch when appropriate

D.3. The State should assist communities in expanding available facilities and services that stabilize crisis and support quality services during and after a behavioral health crisis

D.4. *Placeholder* - Recommendation about transporting individuals in crisis to a safe place to go

# Goal D: Recommendations and Implications Activities (2)

**D.1. The State should promote collaboration and coordination of state, county and regional behavioral health and cross sector partners to connect individuals in behavioral health crises to immediate and ongoing care.**

	Implementation Activities
D.1.a	Evaluate how 988 Crisis Centers currently coordinate with 911 Public Safety Answering Points (PSAPs), County Behavioral Health, Emergency Medical Services (EMS) and others in the system
D.1.b.	Support the development and updating of resource directories to ensure 988 Crisis Centers have information on local response and safe places to go
D.1.c.	Align coordination efforts with technology solutions ( <i>See Goal Area B1</i> )

# Goal D: Recommendations and Implications Activities (3)

## D.2. The State should support connection of 988 help seekers to timely and effective community-based response, including mobile crisis dispatch when appropriate

	Implementation Activities
D.2.a	Identify mechanisms to build and sustain 24/7 Medi-Cal Mobile Crisis Teams
D.2.b	Identify mechanisms to build and sustain 24/7 all payer Mobile Crisis Teams
D.2.c	Assess gaps in locally operated community-based mobile crisis services
D.2.d	Propose a process and/or structure to support connection and coordination with mobile crisis services

# Goal D: Recommendations and Implications Activities (4)

## D.3. The State should assist communities in expanding available facilities and services that stabilize crisis and support quality service during and after a behavioral health crisis

	Implementation Activities
D.3.a	Establish an inventory of existing services/facilities that stabilize crisis including entry and exclusion criteria and funding sources
D.3.b.	Develop policy recommendations to address potential barriers to entry, including costs, financial sustainability and benefits of implementing such policy
D.3.c.	Build on Behavioral Health Continuum Infrastructure Program (BHCIP), California Advancing and Innovating Medi-Cal (CalAIM) and other initiatives to increase the availability of alternative models including Peer Respite, Sobering Centers, and traditional Crisis Residential Treatment Programs

## Goal D: Table Discussion Questions

1. What—if any—of these recommendations need clarification and why?
2. This five-year implementation plan is focused on recommendations where the State has a leadership role (i.e., there will be other things that have to happen that the State will not be leading). Keeping that in mind, what—if any—priority recommendations are missing from this list?
3. To what extent do these recommendations get California closer to the goal of increasing equitable access to a coordinated system of behavioral health crisis services?



# Break 1





# **Discussion: Goal B Recommendations (Statewide Infrastructure and Technology)**

# Goal B: AB988 Required Areas

## Connect help seekers to the appropriate call/chat/text takers

**AB 988 Required Recommendation Topic (2):** Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.

**AB 988 Required Recommendation Topic (3):** Compliance with state technology requirements or guidelines for the operation of 988.

**AB 988 Required Recommendation Topic (5):** 988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week.

**AB 988 Required Recommendation Topic (7):** Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services.

# Goal B: Recommendations and Implications Activities (1)

## Connect help seekers to the appropriate call/chat/text takers

B.1. The technology should be in place to route contacts safely and efficiently anywhere in California including to mobile crisis dispatch

B.2. The State should develop guidance and related policy to connect and transfer help seekers to the appropriate call/text/chat support, including for transfers between 988 and 911 and between 988 Crisis Centers and other crisis service access points and helplines

B.3. *Placeholder - The State should explore development of a dedicated 988 tribal line/dial pad option*

## Goal B: Recommendations and Implications Activities (2)

### B.1. The technology should be in place to route 988 contacts safely and efficiently anywhere in California (including to mobile crisis dispatch)

	Implementation Activities
B.1.a.	Deploy the state technology platform to the 988 Crisis Centers and provide associated training
B.1.b	Continue to build the technology platform to enable system interoperability and enhance coordination across the crisis care continuum
B.1.c.	Provide the Customer Relationship Management (CRM) and/or mobile crisis dispatch tool to support connection of help seekers to community-based crisis response
B.1.d.	Implement improvements to the technology based on geo-routing rulemaking

## Goal B: Recommendations and Implications Activities (3)

**B.2. The State should develop guidance and related policy to connect and transfer help seekers to the appropriate call/text/chat support, including for transfers between 988 and 911 and between 988 Crisis Centers and other crisis service access points and helplines**

	Implementation Activities
B.2.a.	Provide feedback on transfer criteria between 911-988 developed by the CalOES TAB 911/988 Interface Working Group
B.2.b.	Develop guidance for transfers between 988 and other lines (e.g., 211, County Access Lines, Warmlines)
B.2.c.	Develop guidance for transfers between 988 and mobile crisis dispatch lines

## Goal B: Table Discussion Questions

1. What—if any—of these recommendations need clarification and why?
2. This five-year implementation plan is focused on recommendations where the State has a leadership role (i.e., there will be other things that have to happen that the State will not be leading). Keeping that in mind, what—if any—priority recommendations are missing from this list?
3. To what extent do these recommendations get California closer to the goal of connecting help seekers to the appropriate call/chat/text takers?



# Lunch and Public Comment Sign Up

*Breakouts will begin at 1:10PM*

# Public Comment Sign Up

- Members of the public who would like to make a public comment at the end of the meeting may sign up at this time
- Visit the welcome desk where you can sign up with Noah Evans. If you are participating remotely, you may send your request to Devon Schechinger.
- We will note the time you signed up and call names in the order in which we received the sign ups.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, there are two other ways to have your voice heard
  - You may email your written comment to the project email address:  
[AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov)
  - If you are on Zoom today, you may put your comment in a chat for Devin Schechinger. We will save the chat and add your comment to the meeting minutes.





# Discussion: Goal C Recommendations (High-Quality 988 Response)

# Goal C: AB988 Required Areas

## Support the 988 system in delivering quality services that serve all Californians

**AB 988 Required Recommendation Topic (1):** Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.

**AB 988 Required Recommendation Topic (5):** 988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week.

# Goal C: Recommendations and Implications Activities (1)

## Support the 988 system in delivering quality services that serve all Californians

C.1. The State should establish a process for assessing the clinical quality of the 988 service consistent with the state's vision and federal mandates

C.2. The State should create baseline standards for staffing and training at 988 Crisis Centers to ensure person-centered, culturally responsive assistance to a range of behavioral health crisis

C.3. The State should have a process to review and designate California 988 Crisis Centers

# Goal C: Recommendations and Implications Activities (2)

## C.1. The State should establish a process for assessing the clinical quality of the 988 services consistent with the state's vision and federal mandates

	Implementation Activities
C.1.a.	Examine the current 988 network's capacity to meet existing key performance indicators
C.1.b.	Identify mechanisms to aid with call volume projections and growth forecasting
C.1.c.	Establish baseline standards for 988 Crisis Center performance
C.1.d.	Develop guidance for 988 Crisis Centers to utilize during various behavioral health crises including suicide, mental health, and substance use-related 988 contacts

# Goal C: Recommendations and Implications Activities (3)

## C.2. The State should create baseline standards for staffing and training at 988 Crisis Centers to ensure person-centered, culturally responsive assistance

	Implementation Activities
C.2.a.	Evaluate existing training standards for 988 Crisis Counselors
C.2.b.	Establish statewide training standards for 988 Crisis Centers that are responsive to the diverse needs of California help-seekers
C.2.c.	Evaluate existing staffing needs and identify mechanisms to assess future staffing needs to support the core requirements of 988 Crisis Centers
C.2.d.	Determine best practices and provide resources to 988 Crisis Centers to mitigate compassion fatigue and burnout among crisis counselors

# Goal C: Recommendations and Implications Activities

## C.3. The State should establish a process to review and designate California 988 Crisis Centers

	Implementation Activities
C.3.a.	Develop a state-level process to designate 988 Crisis Centers
C.3.b.	Develop a process to continually assess the overall capacity of the 988 Crisis Center network to ensure adequate network coverage
C.3.c.	Establish a process to expand current operations of existing 988 Crisis Centers and/or designate additional centers to meet network coverage needs
C.3.d.	Establish a process for state-level monitoring and support to meet state and national quality standards

## Goal C: Table Discussion Questions

1. What—if any—of these recommendations need clarification and why?
2. This five-year implementation plan is focused on recommendations where the State has a leadership role (i.e., there will be other things that have to happen that the State will not be leading). Keeping that in mind, what—if any—priority recommendations are missing from this list?
3. To what extent do these recommendations get California closer to the goal of supporting the 988 system in delivering quality services to all Californians?



# Break 2





# Mission Moment: Didi Hirsch

# Mission Moment Panelists

- **Anelisa Rodriguez**, Spanish Bilingual Program Coordinator
- **April Wilkner**, Chat/Text Counselor
- **Dino Alzadon**, Chat/Text Program Coordinator



# Action Items and Next Steps

# Upcoming PAG Meetings

#	Meeting Dates (10am-3pm)	Location
6	September 18, 2024  Topics: <ul style="list-style-type: none"><li>- Finance and Sustainability</li><li>- Governance</li><li>- Peers</li></ul>	In-Person, Allenby Building, Sacramento
7	November 20, 2024	In-Person, Allenby Building, Sacramento

Draft Plan for PAG Review Distributed in Advance

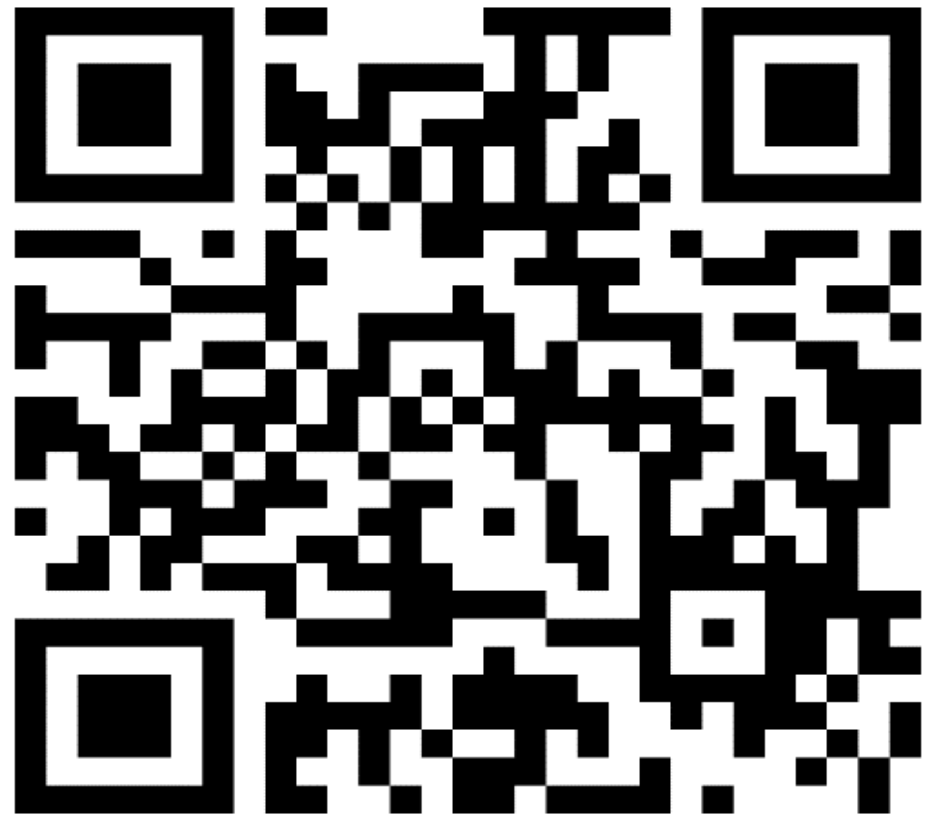
# 988-Crisis Workgroups: Remaining Meetings

## **Workgroup 6: Funding and Sustainability**

- Tuesday, August 27, 1-3PM

# PAG Meeting 5 Evaluation Form

**Please share your input!**





# Public Comment Period



**Adjourn**