



**988-Crisis
Policy Advisory Group
Meeting 7
November 20, 2024**



Welcome

*Stephanie Welch,
Deputy Secretary of Behavioral Health, CalHHS*

Building Out California’s Behavioral Health Continuum of Care



BUILDING BLOCKS OF TRANSFORMATION

Community Assistance, Recovery, and Empowerment (CARE) Act	Proposition 1 (Behavioral Health Services Act and Behavioral Health Bond)	Behavioral Health Continuum Infrastructure Program (BHCIP) E.g., Inpatient/outpatient facilities and crisis care mobile units
Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration (BH-CONNECT)	Children and Youth Behavioral Health Initiative (CYBHI) E.g., Wellness Coaches, digital apothecary	BH Quality Improvement/Incentive Programs E.g., CalAIM, BH-CONNECT
BH Workforce Initiatives E.g., Prop 1, BH-CONNECT, Wellness Coaches/CYBHI	988-Crisis Hotline & Crisis Services	BH Parity Compliance, Benefit Analysis, and Alignment
	Medi-Cal Mobile Crisis Services Benefit	Medi-Cal Peer Support Services

A Healthy BH Continuum must include a Robust Crisis Care Continuum

Crisis Care Continuum Plan (CCC-P)



Identify the **state-wide vision for full set of services** for individuals experiencing crisis



Define state-wide **essential crisis services**



Provide a **high-level view of resources required, or current investments** that could be used



Outline a **governance model** to support implementation



Identify a **roadmap** to reach major milestones

Proposed Components of Future State Crisis Care Continuum

Behavioral health crisis systems strive to serve anyone, anywhere and anytime and fall along a continuum:

Preventing Crisis

Community-based preventive

interventions for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, digital-self-help, recovery support services, addressing stigma)



Responding to Crisis

Acute crisis response services, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models



Stabilizing Crisis

Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care



Essential Crisis Services Span the Continuum

 = Near term (by FY 23-24)  = Medium term (by FY 26-27)  = Long term (by FY 28-29)

Preventing Crisis	Responding to Crisis	Stabilizing Crisis	Stabilizing Crisis (cont.)
<div>Peer-Based Warmlines</div> <div>Digital Apothecary<ul style="list-style-type: none">CYBHI digital platform: BrightLife and Soluna</div> <div>*Community Based Behavioral Health Services:<ul style="list-style-type: none">Community-based social servicesSchool-based and school-linked servicesPrimary care clinics and FQHCsOutpatient behavioral health care<ul style="list-style-type: none">CCBHCsUrgent care clinicsTransition clinicsBridge clinicsPeer supportHarm reductionMedication for Addiction Treatment (MAT)Housing servicesEmployment services</div>	<div>Hotlines<ul style="list-style-type: none">Operate 24/7/365Answer all calls (or coordinate back-up)Offer text / chat capabilitiesBe staffed with clinicians overseeing clinical triage</div> <div>*Mobile Crisis Services<ul style="list-style-type: none">Operate 24/7/365Staffed by multidisciplinary team meeting training, conduct, and capability standardsRespond where a person isInclude licensed and/or credentialed clinicians</div>	<div>Crisis receiving and stabilization services<ul style="list-style-type: none">Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the modelOffer on-site services that last less than 24 hoursAccept all appropriate referralsDesign services for mental health and substance use crisis issuesOffer walk-in and first responder drop-off optionsEmploy capacity to assess & address physical health needs</div> <div>Peer Respite</div> <div>In-Home Crisis Stabilization</div> <div>Crisis Residential Treatment Services<ul style="list-style-type: none">Operate 24/7/365</div>	<div>Post-Crisis Step-Down Services, such as (LT)<ul style="list-style-type: none">Partial hospitalizationSupportive housing</div> <div>Sobering Center</div>



AB 988 Legislation: The Miles Hall Lifeline and Suicide Prevention Act (Sept-22)

- Created the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
- Requires the California Governor's Office of Emergency Services (CalOES) to convene a state [988 Technical Advisory Board](#)
- Requires CalHHS to convene a state 988 policy advisory group ([988-Crisis Policy Advisory Group](#)) to advise on a set of recommendations for the **five-year implementation plan** for a comprehensive 988 system by December 31, 2024
 - AB 988 underwent further modifications in [AB 118](#), the trailer bill that incorporates the implementing language of the California State Budget.
 - Requires CalHHS to **post regular updates**, no less than annually, regarding the implementation of 988 on its public internet website, until December 31, 2029



Source: [AB 988, Miles Hall Lifeline and Suicide Prevention Act](#)

■ Virtual PAG Attendees (as of 11/19/24)

- Chris Stoner-Mertz, CA Alliance of Child and Family Services (Adrienne Shilton, delegate)
- Lan Nguyen, Santa Clara County
- Kasey Suffredini, The Trevor Project
- Keris Jän Myrick, Inseparable
- Michael Tabak, San Mateo Sheriff's Office
- Rhyan Miller, Riverside County Department of Behavioral Health
- Chairman Robert Smith, Pala Band of Mission Indians and Chairman of Southern California Tribal Chairman's Association
- Shari Sinwelski, Didi Hirsch Mental Health Services
- Sohil Sud, Children & Youth Behavioral Health Initiative, CalHHS
- Tara Gamboa-Eastman, Steinberg Institute

■ November 20 PAG Meeting Objectives

1. Build trust and productive working relationships with each other and the project team.
2. Learn how the project team addressed PAG feedback in the latest iteration of the draft Five-Year Implementation Plan.
3. Hear about next steps for CalHHS and the role of the PAG.
4. Brainstorm/envision how system partners can help advance the vision for the statewide crisis response system.
5. Report out what we are hearing from community members during the public comment period for the Five-Year Implementation Plan.
6. Hear additional public comments.

■ September 18 PAG Agenda

- 10:00** Welcome
- 10:15** Mission Moment
- 10:30** Share Out: Urban Indian Tribal Engagement
- 10:45** Report Out and Discussion: What's Next
- 11:45** Break
- 11:55** Report Out and Discussion: What's Next (Continued)
- 12:45** Lunch and Public Comment Sign Up
- 1:15** Report Out: How PAG Feedback was Addressed and Other Updates
- 1:30** Report Out: Community Feedback on the Five-Year Plan
- 2:05** Action Items and Next Steps
- 2:08** Public Comment Period
- 2:30** Celebration
- 3:00** Adjourn



Mission Moment

*Christina Irizarry, Health Program Manager,
Sacramento County Behavioral Health Services*



Community Wellness Response Team

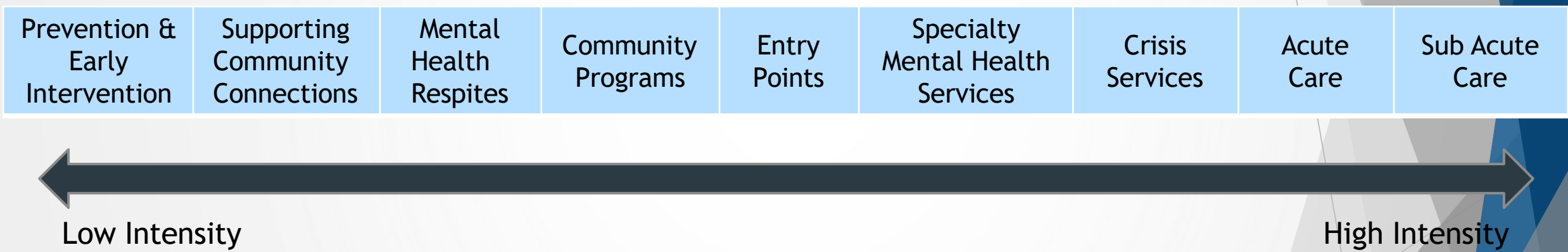
- *Behavioral Health Services
Department of Health Services*

A PARTNERSHIP:



OVERVIEW

Behavioral Health Services Mental Health Continuum



CRISIS CARE CONTINUUM - Crisis Response

Prevention & Early Intervention	Supporting Community Connections	Mental Health Respites	Community Programs	Entry Points	Specialty Mental Health Services	*Crisis Services	Acute Care	Sub Acute Care
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Co-response Crisis Intervention Team (CCIT)	Crisis Receiving for Behavioral Health (CRBH)	Community Wellness Response Team (CWRT)	Sacramento Children's Home The Source (up to age 25)	Mental Health Urgent Care Clinic (MHUCC)	Crisis Residential Programs (CRPs)	BACS Crisis Navigation Program (CNP)	Community Support Team (CST)
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CWRT COLLABORATIVE PARTNERSHIP

Partners:

- ▶ WellSpace Health 988 Suicide and Crisis Lifeline
- ▶ County Behavioral Health Services (BHS)
- ▶ Bay Area Community Services (BACS)



CWRT: BACKGROUND

- ▶ Sacramento County Board of Supervisors voted to approve a 24/7 behavioral health crisis response program in June 2021.
- ▶ Sacramento County BHS dedicated the first year in promoting this exciting new program, in an effort to recruit, hire and onboard approximately 50 full-time positions.
- ▶ Despite hiring efforts, County was unable to staff sufficiently for a 24/7 call center and response team.
- ▶ Sacramento County BHS then partnered with WellSpace Health and Bay Area Community Services (BACS) to ensure CWRT was operational 24/7.
- ▶ In March 2024, CWRT became operational 24/7 and implemented the Medi-Cal Mobile Crisis Benefit.

PARTNERSHIP ROLES

BEHAVIORAL HEALTH CRISIS LIFE LINE	DISPATCH & RESPONSE
<ul style="list-style-type: none">• WellSpace Health 988 Suicide and Crisis Lifeline<ul style="list-style-type: none">• Available 24/7/365• Modality of services: Phone/Text/Chat<ul style="list-style-type: none">• Serves persons of all ages who reside in Sacramento	<ul style="list-style-type: none">• County BHS & BACS<ul style="list-style-type: none">• Available 24/7/365• Modality of services: In-person• Serves persons of all ages who reside in Sacramento

WELLSPACE HEALTH 988 SUICIDE & CRISIS LIFELINE

- Provides 24/7/365 phone, chat, and text coverage throughout the state and nationwide, providing suicide risk assessments by trained counselors, who explores stressors, coping skills, resources; collaborative safety planning, and follow up calls.
- 988 provides warm-transfers as needed to CWRT for callers within Sacramento County in need of an in-person response for any mental health crisis
- 988 gathers necessary demographic, location, and safety information and offers an in-person response (CWRT) to the caller.
- 988 does a warm-handoff with the caller to CWRT Dispatch, who does a further safety screening and dispatches a Response Team to the caller's location.

COMMUNITY WELLNESS RESPONSE TEAM (CWRT)



- Offers 24/7 immediate crisis dispatch & response to individuals in the community: Home, parks, schools - wherever the person is located.
 - County contracted and employed Counselors and Peer Specialists are dispatched to respond immediately.
 - CWRT provides crisis intervention, de-escalation, assessment of needs and risks, creates safety plans, and connects to ongoing services.
 - CWRT provides follow-up services consistent with the Mobile Crisis Benefit.

BEHAVIORAL HEALTH LINK SOFTWARE (BHL)

- ▶ Software utilized to assist in managing the complexity of crisis calls while capturing vital information necessary to ensure we link individuals to the most appropriate care available.
- ▶ This software is used by CWRT Partners (WellSpace, County BHS, and BACS).
- ▶ Communicates between 988 Crisis Call Line → CWRT Dispatch → Response Team
 - In addition to a warm hand off via phone, the software also transfers imperative information to support the caller in not having to retell their story.
 - Provides accurate GPS location of the Caller (when provided)
 - Provides accurate and real time availability and location of the Response Team.
 - Supports ability to identify the distance & travel time between Response Team and the caller.

PROCESS WORKFLOW

BEHAVIORAL HEALTH CRISIS LIFE LINE

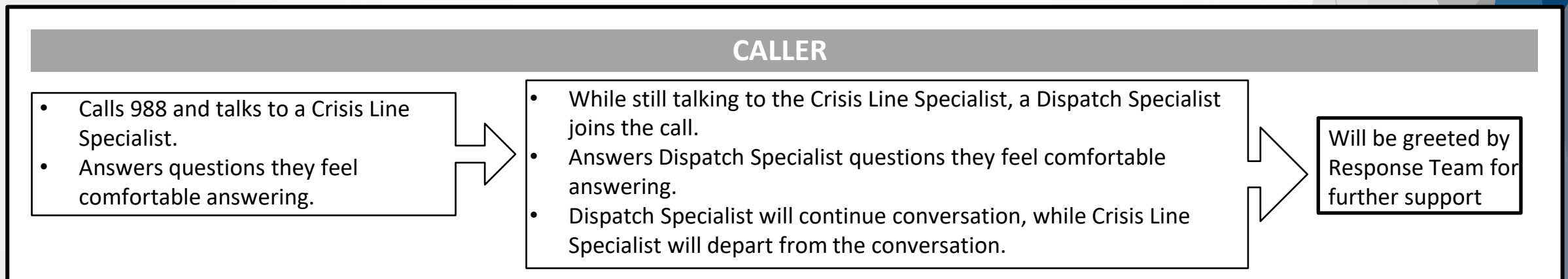
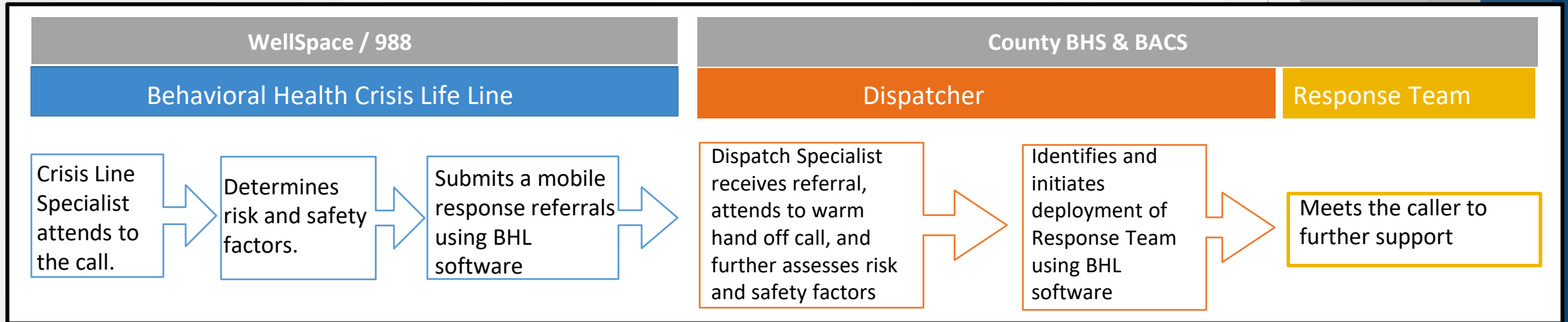
- **WellSpace Health 988 Suicide and Crisis Lifeline**
 - Crisis line specialist attends to the call.
 - If in-person response is needed:
 - Determines risk and safety factors.
 - Submits a mobile response referrals using **BHL software***
 - Conducts a warm hand off via a three way call to the CWRT Dispatcher



DISPATCH & RESPONSE

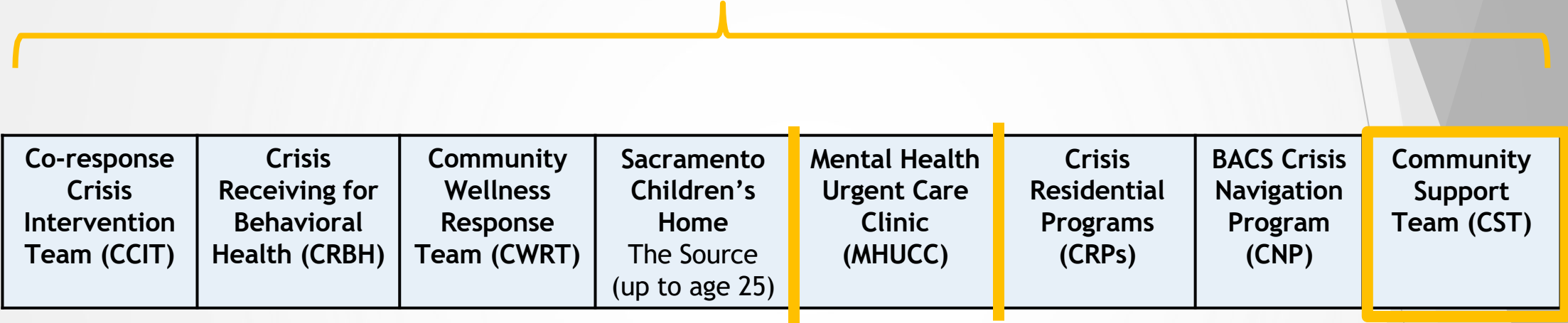
- **County BHS & BACS**
 - Dispatch Specialist receives referral, attends to warm hand off call, and further assesses risk and safety factors.
 - Identifies and initiates deployment of Response Team using **BHL software**
 - Response Team meets the caller to further support.

CWRT PROCESS vs. CALLER EXPERIENCE




CWRT CONNECTION SERVICES

CRISIS CARE CONTINUUM



MENTAL HEALTH URGENT CARE CLINIC (MHUCC)

- Operated by Turning Point Community Programs 
- Walk-in clinic for individuals of all ages experiencing a mental health and/or co-occurring substance abuse crisis
- Services: Assessments, crisis intervention, safety planning, medication support and linkage to ongoing services.
- Hours of Operation: 24/7, 7 days a week
- Location:
 - 2130 Stockton Blvd, Building 300
 - Sacramento, CA 95817
 - (916) 520-2460



COMMUNITY SUPPORT TEAM (CST)

- CST is a collaboration between County and a community-based organization (Cal Voices) to serve Sacramento County residents of all ages experiencing mental health distress.
- CST consists of Sacramento County-employed Counselors and contracted Peer Specialists, who respond to referrals directly from the community to provide community-based assessments, interventions, system navigation, and connection to services.
- CST partners with community partners, including the CWRT, to provide additional follow-up services when navigation support services are indicated to prevent a relapse into crisis.

CO-RESPONSE CRISIS INTERVENTION TEAM (CCIT)

- A partnership with Sacramento County law enforcement agencies to provide a co-response to emergency calls via 911 dispatch for individuals experiencing a behavioral health crisis, with the goal of ameliorating the crisis in the community.
- CCIT consists of:
 - A Crisis Intervention Trained (CIT) Police Officer or Sheriff Deputy
 - A Sacramento County BHS Licensed Senior Mental Health Counselor
 - Follow-up service by a Sacramento County contracted Peer Specialist.
 - Peer Specialists with lived experience and community resource expertise to provide follow-up engagement and navigation to ongoing mental health services via referral process after the resolution of the call for service.

QUESTIONS?



Share Out: Urban Indian and Tribal Engagement

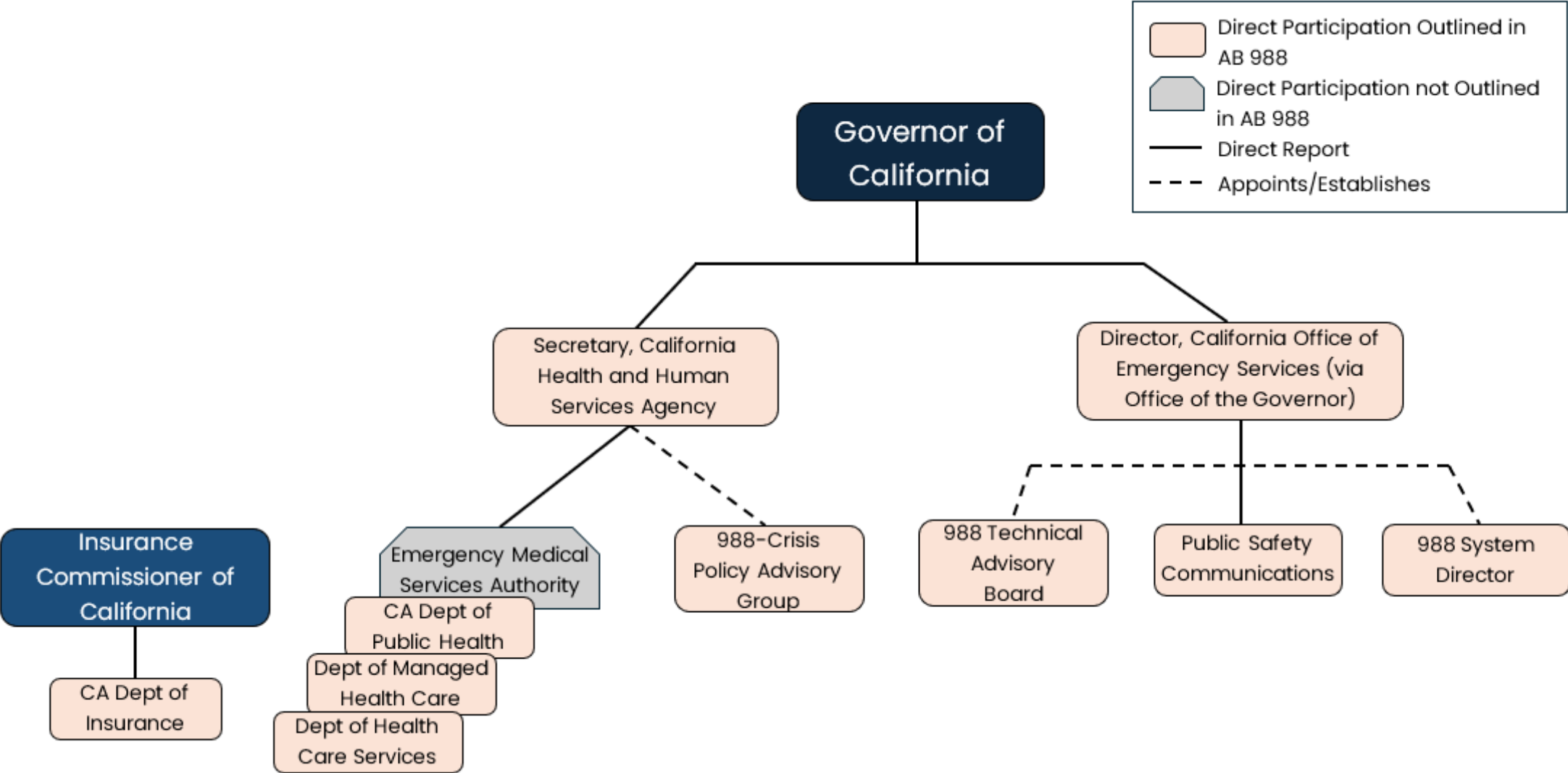
Honorable Chairman Robert Smith, Pala Band of Mission Indians and Chairman of Southern California Tribal Chairman's Association



Report Out and Discussion: What's Next



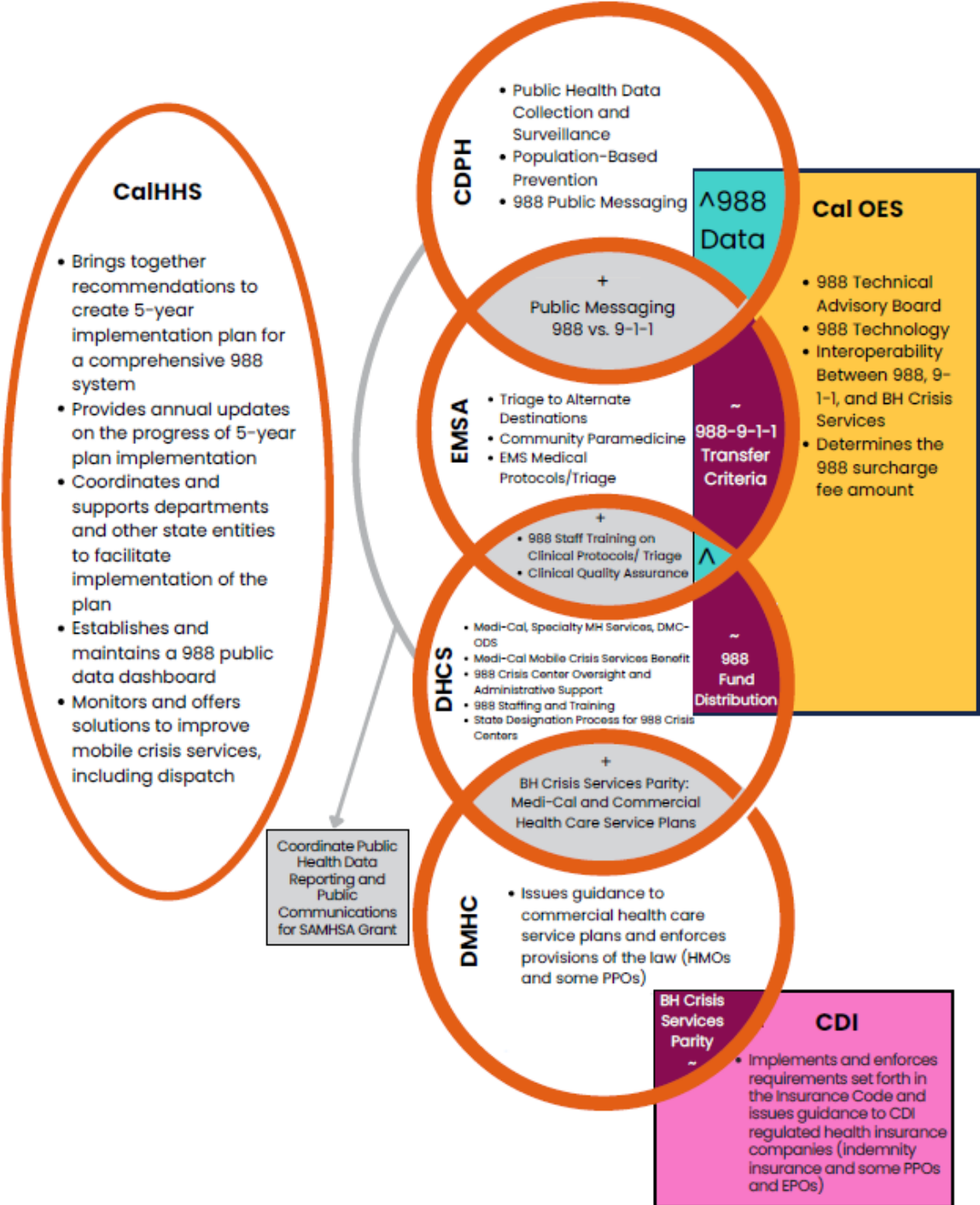
AB 988 requires CalHHS to recommend, “a state governance structure to support the implementation and administration of BH crisis services accessed through 988.”





Proposed California State Governance Structure for AB 988 Implementation

Areas of Overlap
+ EMSA and CDPH: Public Messaging: 988 vs. 9-1-1
+ DHCS and EMSA: 988 Staff Training on Clinical
+ DMHC and DHCS: BH Crisis Services Parity: Medi-Cal and Commercial Insurance
~ Cal OES and EMSA: 988-9-1-1 Transfer Criteria
~ Cal OES and DHCS: 988 Fund Distribution
~ CDI and DMHC: BH Crisis Services Parity
^ Cal OES, DHCS, EMSA, CDPH: 988 Data
----- DHCS and CDPH: Coordinate Public Health Data Reporting and Public Communications for Grant





The governance framework involves intensive coordination among federal, state, and local partners

- The leadership role of states in implementing 988 is relatively new. As of October 2024, only 10 states have passed legislation to establish a 988 surcharge fee.
- The Plan functions as an outline of how state departments and agencies, along with implementation partners, can work together to coordinate behavioral health transformation efforts at a statewide level.
 - The implementation activities represent what the state, given its structure and discussion among core departments and implementation partners, have identified as necessary to operationalize the recommendations.
 - Implementation activities are subject to change and will depend on available resources, staffing, and approval processes over upcoming state fiscal years.



CalHHS and other state partners recommend that CalHHS engage in the following activities:

- Post annual updates on the progress of the plan's implementation on its website after it is submitted and receives legislative approval. Progress updates should include, but not be limited to, the status of mobile crisis services, behavioral health crisis parity, and 988-crisis system data as required in AB 988, GOV 53123.3(c)).
- Coordinate and support departments and state entities named in AB 988 to facilitate implementation of the plan.
- Engage with other state entities and system partners to support the implementation of the plan.
- Monitor and offer solutions, as needed, to issues that arise during implementation.
- Establish and manage a public-facing 988 data dashboard (see implementation activity E.3.b).
- Monitor and offer solutions to improve mobile crisis services, including dispatch, in relation to 988 and the broader crisis continuum (see recommendation area D, recommendation B.1, and implementation activity E.2.f).
- Connect the five-year implementation plan recommendations and ongoing implementation activities with other behavioral health initiatives such as Proposition 1, CalAIM, and behavioral health parity work.

<p>Role in AB 988 Implementation</p>	<ul style="list-style-type: none"> Public 988 communications, public health data collection and surveillance related to 988, suicide and overdose prevention, and population-based prevention
<p>Year 1 Implementation Priorities (July 1, 2025 – June 30, 2026)</p>	<ul style="list-style-type: none"> Coordinate state behavioral health crisis communications strategies, informed by the 988 Suicide and Crisis Lifeline and the Substance Abuse and Mental Health Services Administration (SAMHSA) (A.1) 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, CalHOPE Red Lin, and other warmlines) (A.2) Monitor the success and impact of communications strategies (A.3)

Role in AB 988 Implementation	<ul style="list-style-type: none"> • Issues guidance to commercial plans (Health Maintenance Organizations (HMOs) and some Preferred Provider Organizations (PPOs) and enforces provisions of the law. • Parity between reimbursement of behavioral crisis services provided by commercial health plans, health insurance plans, and Medi-Cal.
Year 1 Implementation Priorities (July 1, 2025 – June 30, 2026)	<ul style="list-style-type: none"> • Implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity (E.2) <ul style="list-style-type: none"> • Support training and technical assistance for health plans, counties, and providers, including development of a tool related to billing and reimbursement processes • Gather information from system partners to support enforcement of the law



Update to the Policy Advisory Group

Role in AB 988 Implementation	<ul style="list-style-type: none">• Provides statewide coordination and leadership of local EMS systems• Triage to Alternate Destinations/Community Paramedicine programs
Year 1 Implementation Priorities (July 1, 2025 – June 30, 2026)	<ul style="list-style-type: none">• Develop more options or expand existing options for transporting individuals in crisis to a safe place to be (D.4)• Support as an Implementation Partner on recommendations across Goal A (Communications), Goal B (Infrastructure and Technology), and Goal C (High-Quality Response) and other activities listed in Goal D (Integration)



Role in AB 988 Implementation	<ul style="list-style-type: none">• Oversee and provide administration support to 988 Crisis Centers and staff• Oversee clinical behavioral health quality assurance of 988 Crisis Centers• Parity between reimbursement of behavioral crisis services provided by Medi-Cal and commercial health plans• DHCS is additionally implementing the Medi-Cal Mobile Crisis Benefit, and will facilitate coordination between 988 and mobile crisis dispatch
Year 1 Implementation Priorities (July 1, 2025 – June 30, 2026)	<ul style="list-style-type: none">• Support 988 Crisis Centers in meeting current national standards (C.1)• Establish state-specific standards for staffing and training to equip 988 Crisis Centers to respond to suicide, mental health, and substance use-related 988 contacts (C.2)• Initiate development of a process to review, designate, and re-designate California's 988 Crisis Centers (C.3)• Implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity (E.2)• Support CalHHS and other core departments across other goal areas as an implementation partner



Update to the Policy Advisory Group

Role in AB 988 Implementation	<ul style="list-style-type: none">• Verify interoperability between and across 911 and 988.• Appoint a 988 System Director to implement and oversee the policy and regulatory framework for the technology infrastructure, coordination, and transfer of calls between 988, 911, and behavioral health crisis services.• Establish and convene the State 988 Technical Advisory Board (TAB) to advise on the creation of standards and protocols for when 988 centers will transfer 988 calls to the 911 PSAPs, and vice versa.<ul style="list-style-type: none">• The TAB will meet publicly through 2028; meetings are open to the public (next meeting is November 21, 2024, at 10AM)
Year 1 Implementation Priorities (July 1, 2025 – June 30, 2026)	<ul style="list-style-type: none">• Put in place the technology to route 988 contacts safely and efficiently anywhere in California (B.1), for example:<ul style="list-style-type: none">• Support creation and implementation of the CA 988 Contact Handling System (CHS) within the 988 Crisis Centers and provide associated technical guidance and training• Further develop and support Customer Relationship Management (CRM) solutions to connect help• Promote coordination and communications across state technology implementation partners to ensure alignment of technology, policy, and practice (B.2)• Support development of data systems and data standards to support monitoring of 988 and crisis system performance (E.3)



988 State Suicide and Behavioral Health Crisis Services Fund

■ 988 State Suicide and Behavioral Health Crisis Services Fund

- AB 988 established the 988 State Suicide and Behavioral Health Crisis Services Fund
- The 988 surcharge fee is set at \$0.08 per telecom access line per month for calendar years (CY) 2023 and 2024.
- Starting CY 2025 it may increase to a cap of \$0.30 per line per month
- The fee is determined annually through the state budget process and the fee calculation process
- The 988 surcharge fee for calendar year 2025 is posted on the [California Department of Tax and Fee Administration](#) website as \$0.08
- CalOES and DHCS are working with CalHHS to provide a written explanation of the 988 surcharge fee process and the funding process for 988 Crisis Centers



***Cal* OES**

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Surcharge Overview

988 State Suicide and Behavioral Health Crisis Services Fund

November 20, 2024

California Statutes and the FCC

- The following statutes apply to the 988 Surcharge Process. Nothing in this presentation implies an authoritative source for funding authority or is an interpretation of the statutes and is offered for information purposes only.
- [Gov Code § 53123.1 - 53123.6](#)
- [Revenue and Tax Code § 41001-41176](#)
- [Federal Communications Commission \(FCC\) and 988 Fees](#)

Authorized Use of 988 Surcharge Funds

GC § 53123.4 (b) (2) The revenue generated by the 988 surcharge shall, to the extent not prohibited by Section 251a of Title 47 of the United States Code and any applicable rules or regulations adopted by the Federal Communications Commission and in compliance with subdivision (b) of Section 41136 of the Revenue and Taxation Code, be prioritized to fund the following:

- A. First, the 988 centers, including the efficient and effective routing of telephone calls, personnel, and the provision of acute behavioral health services through telephone call, text, and chat to the 988 number.
- B. Second, the operation of mobile crisis teams accessed via telephone calls, texts, or chats made to or routed through 988 as specified under Section 4(a)(2)(B) of Public Law 116-172.

Requirements for Entities Requesting Funding

GC § 53123.4 (d) The office shall require an entity seeking funds available through the 988 Fund to annually file an expenditure and outcomes report. The report shall include, but is not limited to, the following:

- 1) The total budget.
- 2) Number and job classification of personnel.
- 3) The number of individuals served.
- 4) The outcomes for individuals served, if known.
- 5) The health coverage status of individuals served, if known.
- 6) Beginning July 1, 2025, measures of system performance, including capacity, wait times, and the ability to meet demand for services.
- 7) Beginning January 1, 2030, the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers.
- 8) The number of individuals who used the service and self-identified as veterans or active military personnel, if known.



9-8-8 Surcharge

- The 9-8-8 surcharge was set at \$0.08 for 2023 and 2024 by state statute.
- For 2025 and beyond, the fee must be calculated:
 - Budget requests are sent to Department of Finance for eligible expenditures of the 9-8-8 surcharge.
 - The CA State Legislature approves the budget, which sets the revenue that must be generated from the 9-8-8 surcharge.
 - Access line service providers send number of access lines to Cal OES.
 - 9-8-8 surcharge is based on the budget and number of access lines.
 - Letter is sent by Cal OES to CDTFA by October of each year.

9-8-8 Surcharge and the Fund Condition Statement FY 2024-25

BEGINNING BALANCE	-	\$24,728	\$13,153
Adjusted Beginning Balance	-	\$24,728	\$13,153
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4140505 Suicide and Behavioral Health Telephone Surcharge	\$24,506	44,276	44,276
Total Revenues, Transfers, and Other Adjustments	\$24,506	\$44,276	\$44,276
Total Resources	\$24,506	\$69,004	\$57,429
EXPENDITURE AND EXPENDITURE ADJUSTMENTS			
0530 Secretary for California Health and Human Services Agency (State Operations)	-	5,500	-
0690 Office of Emergency Services (State Operations)	-	9,632	9,648
0690 Office of Emergency Services (Local Assistance)	-	20,280	20,280
4260 State Department of Health Care Services (State Operations)	-	773	728
4260 State Department of Health Care Services (Local Assistance)	-	19,000	12,500
7600 California Department of Tax and Fee Administration (State Operations)	78	666	622
Less funding provided by General Fund (State Operations)	-300	-	-
Total Expenditures and Expenditure Adjustments	-\$222	\$55,851	\$43,778
FUND BALANCE	\$24,728	\$13,153	\$13,651
Reserve for economic uncertainties	24,728	13,153	13,651



9-8-8 Surcharge Calculation Example

Description	Ref.	Amount
Authorized Budget Expenditure	B1	\$43,778,000
Revenue Needed for Next Budget Year	B2	\$43,778,000
<u>Estimated Number of Access Lines</u>	<u>B3</u>	<u>46,513,154</u>
Surcharge Per Month	B4	\$0.08
Projected Annual Revenue	B5	\$44,652,627

Note: The table shows an estimated number of access lines

988 Program: Funding Overview

Ivan Bhardwaj | Division Chief
Chief, Medi-Cal Behavioral Health – Policy Division
California Department of Health Care Services

State Budget Process

- **The California Department of Finance (DOF) describes the state budget process on their [website](#), which explains:**
- In the Spring of each year, DHCS develops and submits a Budget Change Proposal (BCP) to DOF in the fall of the same calendar year.
 - If approved by DOF, the BCP is submitted for inclusion in the Governor's January Budget.
- **The Governor's Budget is released by January 10 each year, followed by budget hearings that take place from January through June.**
 - » Based on updated financial forecasts, the May Revise may prompt renewed budget negotiations and adjustments to the BCP.
 - » Once the budget is passed, the Governor signs it into law by June 30, incorporating approved BCPs into the state budget plan.
 - » Funding for approved proposals becomes available at the start of the new SFY on July 1.

Administrative Entity

- DHCS contracts with an Administrative Entity (Advocates for Human Potential, Inc.) who is responsible for:
 - Sub-contracting with 988 Crisis Centers.
 - Allocating funds from AB 988 and SAMHSA.
 - Coordinating with, and remitting payment to, each 988 Crisis Center.
 - This includes reimbursing 988 Crisis Centers on a cost basis and determining the appropriate funding source to be used for payment.

Distribution of AB 988 Funds

The funding of 988 Crisis Centers encompasses both fixed and variable allocations.

- » **Assembly Bill (AB) 988 (Stats. 2022, Ch. 747) mandates that surcharges be established to support the 988 funding structure and 988 Crisis Centers.**
- » The Emergency Telephone Users Surcharge Act, CA Revenue & Taxation Code dictates that:
 - » The California Governor's Office of Emergency Services (Cal OES) is the Administering Organization for the fund and responsible for determining the surcharge rate for the calendar year by each October 1st.
 - Surcharge amounts to be effective on January 1st of the following year through December 31st.
 - The amount of surcharge is currently set at \$0.08 for each access line/retail transaction for calendar year 2023 and 2024.
 - The surcharge amount shall not exceed thirty cents (\$0.30)/month.
 - The approved costs and available balance are derived from the Governor's Budget.
 - DHCS has already distributed \$19M in AB 988 funds since FY 2023-24

Federal Grant Funds

- DHCS has supported 988 Crisis Centers through multiple federal grant awards, including:
 - **Cohort I 988 Grant:** \$14.5M from April 30, 2022 – April 29, 2024
 - **MHBG CRRSAA:** \$20M from November 1, 2021 – February 29, 2024
 - **Cohort II 988 Grant:** \$61M (anticipated) from September 30, 2023 - September 29, 2026
- SAMHSA grant funds are used to support:
 - Improving 988 services by increasing capacity through recruitment, training, and a statewide communications plan;
 - State operations, administrative services, and funding CA 988 Crisis Centers.

Allocation Methodology

- **Present Allocation Methodology:**

- DHCS identified the percentage of 988 Crisis Center expenses based on the actual expenses of each 988 Crisis Center in February 2024 and allocated available SAMHSA funds for SFY 2024-25.

- **Future Allocation Methodology:**

- DHCS and its Administrative Entity are working with existing 988 Crisis Centers to augment SFY 2024-25 allocations.
- DHCS and its Administrative Entity, in consultation with 988 Crisis Centers and other stakeholders, will develop a methodology to support future funding needs, including consideration of federal performance requirements and other factors.

Questions?



Contact us at 988@dhcs.ca.gov



Break



Lunch and Public Comment Sign Up

■ 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
 - If you are on Zoom today, you may put your comment in a chat for Devon Schechinger. We will save the chat and add your comment to the meeting minutes.



Report Out: PAG Feedback and Other Updates

AB 988 Project Structure

Legislatively Required Recommendations for Five-Year Implementation Plan

Alignment and
Oversight and Final
Recommendations

Recommendations
and Guidance on an
Implementation Plan

Community Outreach
and Information
Gathering to Feed
Workgroups



988-Crisis Policy Advisory Group

Cal OES
Technical
Advisory
Board

Behavioral
Health
Task Force

Ad Hoc
Meetings:
CalHHS
Department

Alignment and Information Gathering

1. Comprehensive Assessment of Behavioral Health (BH) Crisis Services Workgroup
2. Statewide 988 Standards and Guidance Workgroup
3. 988-911 BH Crisis Care Continuum Integration Workgroup

4. Data and Metrics Workgroup
 5. Communications Workgroup
 6. Funding and Sustainability Workgroup
- Ad Hoc:* Peer Supporter Workgroup

Interviews

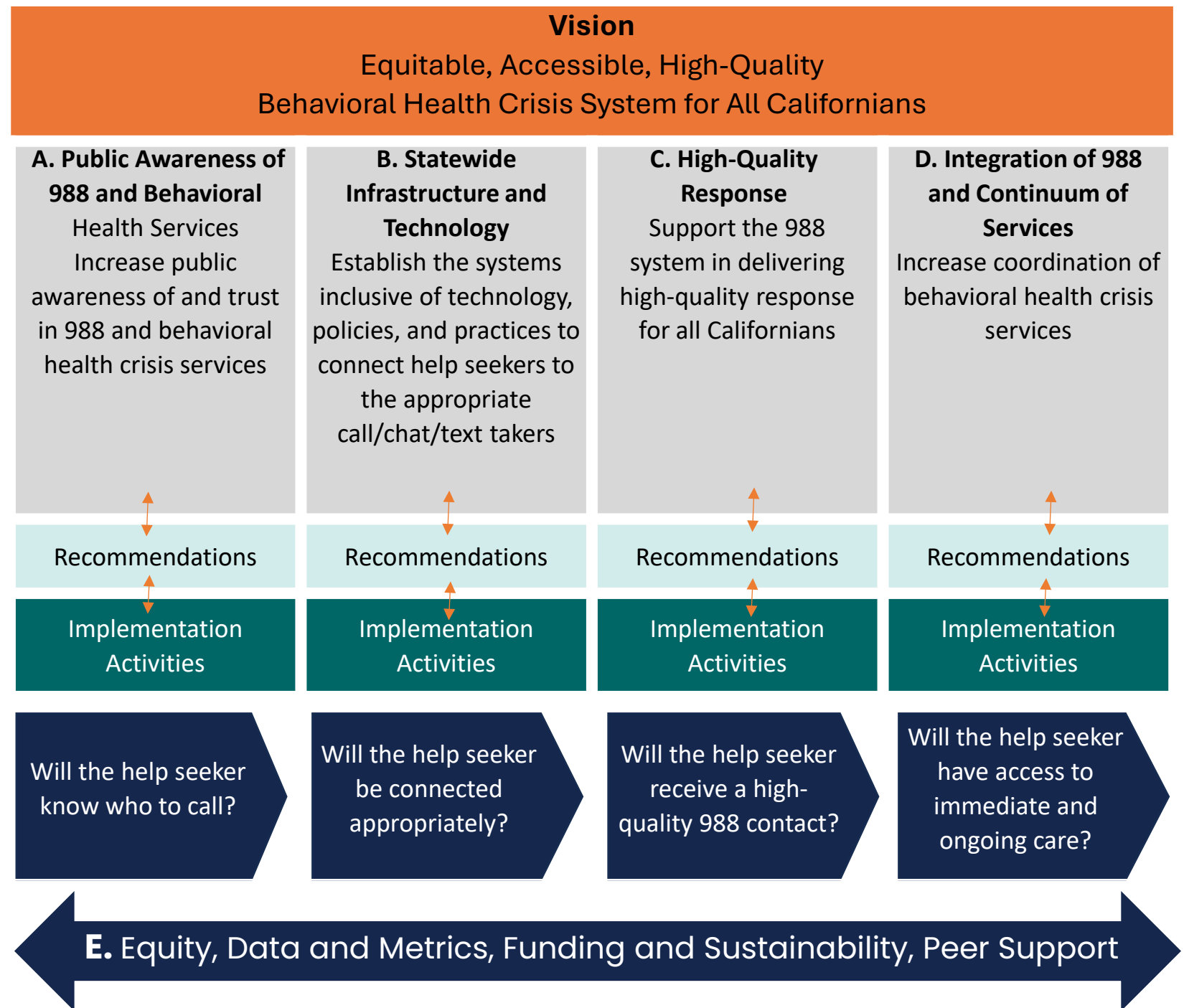
Surveys

Focus Groups

Research/Data

Statewide Collaboration

Organizing Framework



■ Updates and Integration of PAG Feedback Since Sept-24

- Drafted several new sections
 - Executive Summary (sent to PAG on 11/20)
 - Governance (sent to PAG on 11/20)
 - Conclusion (incorporated into public comment version posted on 11/04)
- Updates to the Chart Book
 - More information and data points on community needs and services across the crisis care continuum
- General updates
 - Incorporated more feedback from focus groups and interviews including additional information and details in Equity recommendations
 - Further described the community engagement process and how recommendations were developed in partnership with the PAG and workgroups; and how activities were further developed and vetted by state entities (including changes to state leads, implementation leads and time periods)
 - Lifted ongoing efforts by the state to build the crisis care continuum (from prevention to stabilization) and emphasized the importance of prevention and accessible outpatient services where possible

■ Updates and Integration of PAG Feedback Since Sept-24

Goal	Relevant Changes
A. Public Awareness	<ul style="list-style-type: none">• Added community input as part of the development process (A2) and as part of metrics (A3)• Added numerous state and community implementation partners across implementation activities (all activities)• Added activity to anticipate and evaluate communication campaigns impact to crisis service capacity (A1e)
B. 988 Infrastructure and Technology	<ul style="list-style-type: none">• Further defined systems as inclusive of technology, policies and practices to connect help seekers to resources and stressed a focus on alignment (B2)• Added additional information on the CA 988 CHS and its capabilities
C. High Quality 988 Response	<ul style="list-style-type: none">• Delineated a difference between 988 Crisis Centers needs to meet current national standards from yet-to-be-developed future statewide standards (C1)• Emphasized the desire that futures standards should build on national standards and best practices to ensure trauma informed, person-centered and culturally responsive care (C2)• Embedded cultural competence as part of future state statewide standards (C2d)• Added additional language for ongoing assessment of 988 services including but not limited to training, performance, and quality as well as coverage and designation and re-designation (C3b)

■ Updates and Integration of PAG Feedback Since Sept-24

Goal	Relevant Changes
D. Integration	<ul style="list-style-type: none">• Added in additional language to provide context on existing efforts by the state to create a comprehensive crisis care continuum• Added in additional state and community entities as implementation partners• Added coordination and referrals in addition to connection (D2)• Added in a new activity to evaluate and propose strategies to support coordination between 988 and community-based response (led by CalHHS) (D2d)• Modified language in D3 to focus on policy recommendations intended to increase equitable access to crisis receiving and stabilization facilities (D3b)• Added in information about the possibility of expanding existing transportation options and some examples and data relevant to those options (D4)

■ Updates and Integration of PAG Feedback Since Sept-24

Goal	Relevant Changes
E1. Equity	<ul style="list-style-type: none">• Added into Recommendation E1 that the state should prioritize adaptive/tailored services for equitable access due to access due to physical, intellectual/developmental disability in addition to unique cultural and/or linguistic needs• Added in specific populations of focus relevant to awareness and issues of access (A1)• Added in cultural competence as part of future 988 standards (C2d)• Added in cultural competence as part of crisis response recommendation (D2)• Added additional context and summarized information gathered from workgroup conversations and from community engagement process on equity (E1)
E2. Funding and Sustainability	<ul style="list-style-type: none">• Revised the introduction of the funding and sustainability section (E2)• Added a specific implementation activity to maximize reimbursement of commercial health plans (E2b) to differentiate with activity to maximize Medi-Cal reimbursement of crisis services (E2c) and another activity across all payor sources (E2d)• Added activity to clearly communicate the process for funding of 988 Crisis Centers (E2e)• Added activity to determine the process and related criteria for how the surcharge fee can be used for mobile crisis teams access via telephone calls/texts/chats made to or routed through 988 (E2f)

■ Updates and Integration of PAG Feedback Since Sept-24

Goal	Relevant Changes
E3. Data and Metrics	<ul style="list-style-type: none">• Revised the introduction of the data and metrics section (E3)• Revised activity to focus on a process for determining methods and measures to monitor, evaluate, and communicate the performance of the crisis system in the context of California's broader behavioral health transformation effort (E3a)
E4. Peer Support	<ul style="list-style-type: none">• Added in language to clarify the need to increase both consumer and provider awareness of peer support in BH crisis services (E4a)• Further defined peer support to include peer provided, peer-operated and family peer supports (E4d)• Broadened training and supervision resources to support the ongoing development and advancement of peer supporters overall (E4e)



Report Out: Community Feedback on the Five-Year Implementation Plan

Public Comment Schedule and Update

November 4, 2024	Draft Plan and Draft AB 988 Community Engagement Report posted on PAG website Informational Webinar – <i>258 registrants, 185 attendees</i>
November 14, 2024	Deadline for Initial Public Comment – <i>30+ written comments received</i>
November 26 – December 10, 2024	Additional Public Comment Period
December 2024	Submission of the Five-Year Implementation Plan to the State Legislature

■ Summary of Public Comment (Nov-24)

The following slides include a summary of public comments by Plan Goal and Cross-Cutting Recommendation. There were several recurring comments that are pertinent across the entirety of the Plan; they include:

- Requests to add specific implementation partners (e.g., CBOs, counties, mobile crisis teams, peer supporters, etc.) to select implementation activities
- Specific questions on how the state will operationalize a given implementation activity
- Requests to expand the list of who is mentioned as a Population of Focus and suggestions as to how best support that population
- Requests to modify the timeline to extend an activity beyond the period specified in the draft
- Requests for details on specific activities to be carried out to minimize unnecessary law enforcement involvement

Summary of Public Comment (Nov-24)

Goal	Public Comments
A. Public Awareness	<ul style="list-style-type: none">• Leverage the marketing strategy for 988 and behavioral health crisis services as an opportunity to not only educate, normalize, and destigmatize behavioral health conditions, in general, but also SMI, severe SUD and co-occurring SMI/severe SUD disorders,• Recommend specific tactics to meaningfully engage trusted messengers• Need for differentiated strategies that consider the linguistic and cultural needs of different communities (e.g., communities of color, youth, justice-involved, older adults, etc.)
B. 988 Infrastructure and Technology	<ul style="list-style-type: none">• Need for integrated, streamlined, easy-to-use platform that can quickly connect help seekers to the relevant resource nearest to their location• Elevate the need for ongoing training on transfer processes• Elevate the need for memorandum of understanding (MOU) templates to lay the groundwork for data-sharing across agencies• Specify how technology planning efforts will address the unique technological needs of sub-populations (e.g., youth)• Specify how the technology will assist with minimizing unnecessary law enforcement involvement in crisis response

Summary of Public Comment (Nov-24)

Goal	Public Comments
C. High Quality 988 Response	<ul style="list-style-type: none">• Recommend specific mention of workforce needs, including how to address workforce recruitment, training, and retention of the workforce• Recommend making clear the need for training that elevates the unique needs of populations (e.g., youth, older adults, Individuals with Developmental Disabilities, LGBTQIA+ youth, BIPOC communities, and Native populations, amongst others)• Request for more information on how the State plans to expand language access and establish standards for cultural and linguistic responsiveness• Recommend the designation process account for input from local mental health agencies and other local providers• Recommend the Plan further describe how to build system capacity to accommodate the anticipated increase in call volume
D. Integration	<ul style="list-style-type: none">• Need to better coordinate mobile crisis response with 988 Crisis Centers and other key points across the crisis care continuum• Need for formalized partnerships to create seamless referral processes that connect help seekers to the least restrictive, most appropriate level of care• Request for information on funding mechanisms to sustain and expand supports following a crisis

Summary of Public Comment (Nov-24)

Goal	Public Comments
E1. Equity	<ul style="list-style-type: none">• Request for implementation activities (to mirror the format of the other goals and cross-cutting recommendations)• Recommendations of specific strategies and tactics to embed health equity• Recommendations to adopt specific equity metric (also see E.3, Data and Metrics)
E2. Funding and Sustainability	<ul style="list-style-type: none">• Request for a comprehensive plan around the sustainability of the <i>entire</i> crisis continuum• Requests to describe health plans' obligation to cover emergency behavioral health services, inclusive, but not limited to 988• Need for technical assistance for providers on billing best practices and timely reimbursement mechanisms across all payors

Summary of Public Comment (Nov-24)

Goal	Public Comments
E3. Data and Metrics	<ul style="list-style-type: none">• Suggestions of specific metrics related to both output and outcomes (at the individual and system levels)• Request for data that is disaggregated by geography, race/ethnicity, socio-economic status and insurance coverage• Need for regular, community-driven feedback to ensure that services remain responsive• Make clear the commitment to upholding data privacy standards
E4. Peer Support	<ul style="list-style-type: none">• Expand on language to include:<ul style="list-style-type: none">• Process for identifying barriers and challenges to activities provided by peer specialists that have not been historically reimbursable activities from Medi-Cal• Process for identifying resources to best support peers• Assessment of current peer hiring practices



Discussion: What's Next

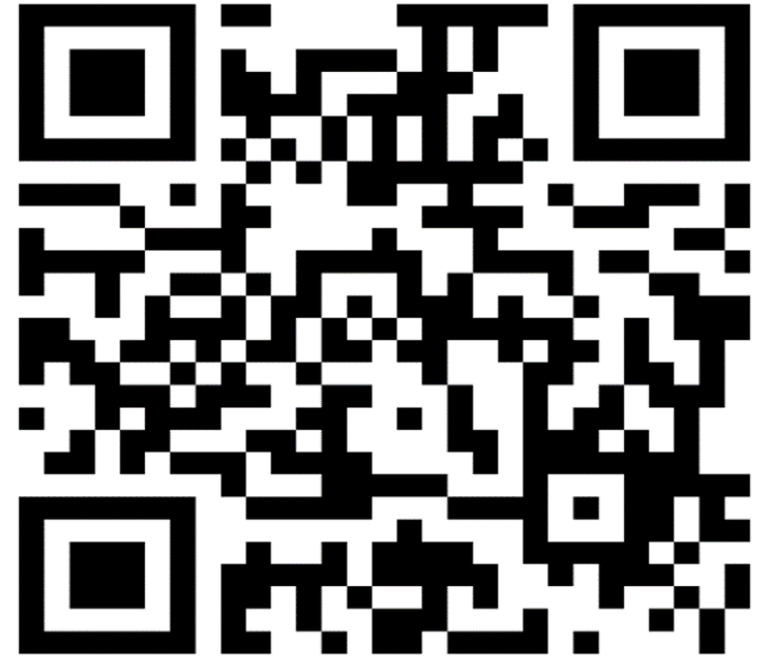
What are specific actions that your organization and/or network that you represent on the Policy Advisory Group can take to advance the vision for the crisis care continuum?



Action Items and Next Steps

Action Items and Next Steps

- Final Public Comment Period (November 26 – December 10)
 - Updated materials to be posted on the CalHHS 988-Crisis Policy Advisory Group website
- Cal OES Technical Advisory Board will continue to meet through the end of 2028; meetings are open to the public
 - Next meeting is tomorrow, November 21, at 10AM
- PAG members, please complete the PAG Meeting 7 evaluation





Public Comment Period

Public Comment Guidelines

- We will call names in the order in which we received the sign ups.
- Be prepared to complete your comment within **two minutes or less (if a different time allotment is needed it will be announced by the facilitator)**. There will be a timer on the screen to help you keep track of time. The facilitator reserves the right to limit the time for comment.
- Policy Advisory Group members will listen but not respond.
- If you have a written version of your comment, please send it to the project email address: AB988Info@chhs.ca.gov
- 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
 - If you are on Zoom today, you may put your comment in a chat for Devon Schechinger. We will save the chat and add your comment to the meeting minutes.

Public Comment Sign-Ups

1. Briana Tucker (Virtual)
2. Lauren Finke (In-Person)

Megan Thee Stallion *x Never a Bother* Influencer Collaboration



| 11/2024



Never a Bother

Created with youth, for youth, Never a Bother is a campaign to prevent youth suicide in California.

In this campaign, we're reminding youth and young adults experiencing thoughts of suicide that they're **never a bother** when reaching out to friends, trusted adults, counselors, and other types of support.

Learn about the warning signs of suicide, crisis resources, and how to support yourself or a friend at www.neverabother.org

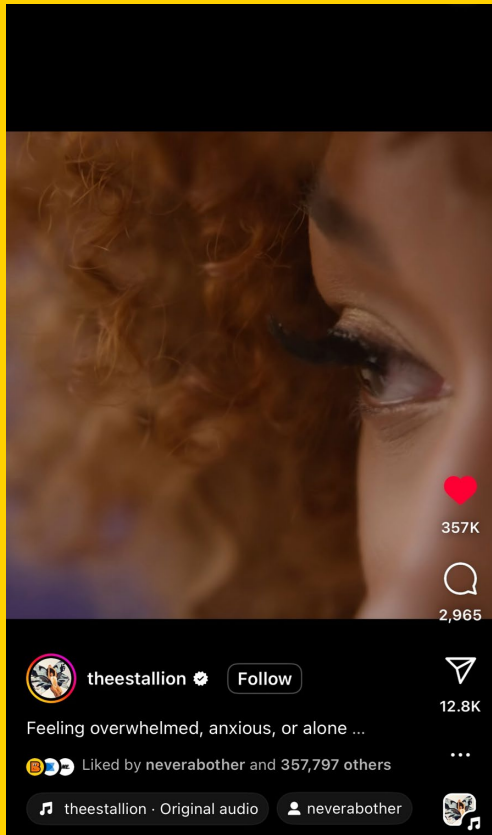


On World Mental Health Day 2024, musician, philanthropist, and entrepreneur Megan Thee Stallion let youth know they are *Never a Bother*.

[Megan Thee Stallion interview with Billboard Magazine](#)

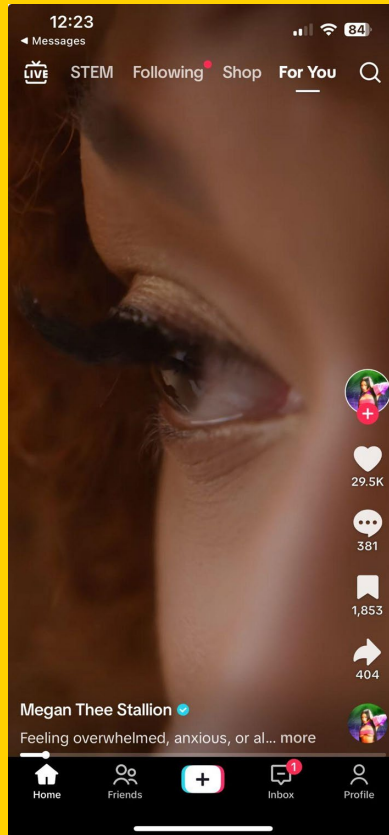


Oct. 10th Instagram + TikTok



[Post on Instagram](#)

**Never
Bother**



[Post on TikTok](#)

Instagram

- 4.4M+ Views
- 347K Likes
- 2.9K+ Comments
- 13K+ Shares
- 10K+ Saves
- 2.5M+ Accounts Reached

TikTok

- 251K+ Views
- 19K+ Likes
- 323 Comments
- 305 Shares
- 1,192 Saves

Notable Coverage

People

ENTERTAINMENT > MUSIC > RAP & HIP HOP

Megan Thee Stallion Felt Like ‘Such a Burden’ When She Was in ‘Dark’ Place — and Wants to Change That for Others (Exclusive)

The Houston rapper partnered with the California Department of Public Health for the Never a Bother campaign in October

By [Daniela Avila](#) | Published on October 31, 2024 09:00AM EDT

COMMENTS



Megan Thee Stallion attends the Vanity Fair Oscar Party in March 2022 in Beverly Hills. PHOTO: ARTURO HOLMES/FILMMAGIC

billboard

Megan Thee Stallion Tells Youth They’re ‘Never a Bother’ in New Mental Health Initiative

Grammy winner partners with California Department of Public Health for suicide prevention campaign.

By Gail Mitchell
10/10/2024



REVOLT

SHOWS WATCH LISTEN SOCIAL JUSTICE EXCLUSIVES NEWS CREATORS SUBSCRIBE



Kevin Mazur/Contributor via Getty Images

NEWS

Megan Thee Stallion takes part in suicide prevention campaign for World Mental Health Day

The Houston star partners with California’s “Never a Bother” initiative to bring awareness to those in need.

BY JON POWELL / 10.10.2024

VIBE

Megan Thee Stallion Joins Campaign For Youth Suicide Prevention

DeMicia Inman

Thu, October 10, 2024 at 11:05 AM PDT · 2 min read



Megan Thee Stallion is amplifying a campaign with a good cause. In honor of National Mental Health Day, recognized on Oct. 10, the [Houston rapper](#) has

THE SOURCE

msn

yahoo!life

Aol.

Never a Bother



Adjourn