California Department of Health and Human Services

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SPEAKERS

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Betsy Uhrman:

All right. Good afternoon, my name is Betsy Uhrman. I'm with Health Management Associates or HMA. Before we begin, we'd like to welcome you to this informational webinar, and we'll provide a few housekeeping notes. All participants will be on mute throughout the presentation. If you have questions, please submit them at any point using the Q&A feature on zoom. Thank you to those that submitted questions already via the webinar registration form. We've tried to integrate responses to those questions as part of the informational session today.The 988 Crisis Project team is closely reviewing and considering all comments and questions received. Thank you.

I'll note that the PowerPoint slides, and a recording and transcript of the Webinar will be available soon on the CalHHS 988 Crisis Policy Advisory Group website. It usually takes about 7 to 10 days, and we'll share details for where to access that information in the chat. Additionally, we have closed captioning available for this webinar. If you'd like to use this feature, please click on the closed captioning at the bottom of your screen and select “subtitles”.

Today's webinar marks the beginning of a courtesy public comment period for the draft AB 988 5 Year Implementation Plan. In today's webinar, we will provide an overview of AB 988 Miles Hall Lifeline and Suicide Prevention Act, provide an overview of the development of the 5 Year Implementation Plan, including the process for gathering and integrating broad community input, provide an overview and orientation to the goals and recommendations included in the plan, and finally provide an overview of the process for submitting public comment.

I will now turn to Stephanie Welch, Deputy Secretary of Behavioral health at the California Health and Human Services Agency to share some initial remarks about the context for the 5 Year Implementation Plan. Thank you, Stephanie.

Stephanie Welch:

Yes, and good afternoon, everyone. I think we can go to the next slide. So first and foremost, I think, probably while we'll have a lot of people from the public

on this particular webinar, we might have some people who participated in our policy Advisory group, or one of many of our work groups or focus groups, and just wanted to say thank you so much for your dedication, your expertise, your passion for this subject matter, and frankly, for your time. In the past 11 months we've accomplished, I believe, what I have seen in working in this space for a long time the work of probably a couple of years. People have dedicated a lot of their personal and professional time to making these recommendations really heartfelt but also operational, which is really important for us. We wanted to create a plan that we would actually implement, and that sometimes is a lot harder to do because you really have to grapple with difficult technical elements of the work, so deeply appreciative of that. So just wanted to, for our public members who are joining us here for the first time today, let you know that there were a tremendous amount of people involved in developing the content that you're going to learn about today. So there were our advisory group members themselves. There were our crisis work group members: we had 7 different work groups, including a work group that was formulated just to bring peer perspective to the table. We had focused work group participants looking at particular specialty populations, making sure that we were constantly aware of how crisis in particular is experienced by different groups. There were interviews, not only were several of our departments, who are part of our health and human services family engaged, but many departments outside of our agency, who have a lot of passion for this topic, and interest. So also really want to thank the really deep involvement of our implementation partners. So these are individuals who are in the trenches right now. They're already operating 988 Crisis Centers. They're operating county behavioral health services. They're delivering mental health and substance use services on the ground. They're responding to crises like our first responders and our community-based organizations. So really appreciate your engagement. Next slide.

So I wanted to put in context before you drill down to the crisis care continuum, the importance of this Administration's kind of laser focus on wanting to improve the entire behavioral health continuum. And so that is inclusive of going upstream and really trying to prevent the presence of mental health and substance use challenges--really actually to tackle their

potential prevalence to making sure that for those who are experiencing and do experience throughout their lifetime, behavioral health challenges, that they have the supports that they need ongoing in the community to manage their behavioral health conditions. And so we talk about this a lot in the Advisory Group, and frankly, in all of our behavioral health initiatives here in California, about how critical it is to constantly assess the health of this entire continuum. Every piece of the continuum has to be functioning well, in order for all Californians to have access to high quality behavioral health care and what you see below you really are just these critical building blocks that have been supporting behavioral health transformation over the past several years. So everything from the work that we're doing to advance and adapt our Medi-Cal program to the work that's being done to make sure that for those of us Californians, about half of us, who have employer based commercial insurance, that we are getting access to the behavioral health care that we need and deserve, in a timely and effective and high quality way. So we're not going to go through all those in details, but I'm sure you'll have these slides at your disposal after it. So just many, many different things that are happening here in California to build out the entire continuum. Next slide.

But today's focus is really focusing on how and why a healthy behavioral health continuum must include a robust crisis continuum of care. And so we had the opportunity, under the direction of this Administration, to really work on kind of a pre 988 implementation plan. And one of the reasons for this I'll talk about in just a moment, but it really was to make sure we were taking a moment, particularly because it was in the midst of the peak of the pandemic, and pausing and trying to understand, what should the entire crisis care continuum look like? How do we make sure that we have a full vision of services for anyone who's experiencing that crisis? How do we define statewide essential crises, knowing that California is an incredibly diverse state, whether you're looking at where people come and come from or what community they identify with to where they specifically live, in urban, frontier, rural, suburban areas. How do we make sure that we have the level of resources needed, and know what our current investments are and how they best can be used to support this crisis continuum?

I think also one of the things that the plan started to do but certainly this

work with the 988 Advisory Committee's work on the 5 Year Implementation Plan has kind of catapulted, is really understanding what the governance model is. How do we make sure that the systems that are responsible for implementing this work are working together and are clear about what their roles and responsibilities are? And then really to have a plan, to have a roadmap. This is challenging work. I think you'll probably hear that throughout the presentation today: that we that we know that it'll take several years and much time and effort and energy to accomplish what we're going to outline for you today. But if we identify major milestones along the way, things that we can accomplish within the first two years, the third year, the fifth year, we feel like we can keep our eyes on the prize and get to a much better system. So next slide.

So the crisis care continuum plan, really kind of, to simplify it, focused on 3 areas, to set the stage for the 988 planning. One was, we really have to focus on preventing crisis. That community-based preventions and interventions were critical to do things like reduce the risk of suicide, self-harm, etc. How were there things that we could be doing to make sure that crisis was never experienced in the first place? That there are warm lines, that there's peer support, that there are recovery support services, that we address the stigma that's associated with help-seeking. Throughout this process we've all been talking about how traumatizing it is to experience crisis. Our number one focus should always be, as best as we can, to prevent crisis happening in the first place. If crisis does happen, how do we make sure that we have an appropriate response to crisis? Our current 988 crisis response centers as well as various different hotlines that exist, even our dispatchers answer 9-1-1 calls, we've got our county access lines, there's lots of dedicated professionals who are well trained to respond to people in crisis. But how can we improve upon that? How do we make sure that somebody knows how to reach out to the right person, and if all goes well, that that crisis is addressed just in that initial outreach. And then lastly, and really importantly, and I would add to this that it's not just stabilizing crisis, but it's that important warm handoff after the crisis to ongoing services and supports, recognizing that we will never be able to have a robust crisis care system if we don't have a real, true focus on providing the kinds of crisis services that do address and are cognizant of the fact that crisis can be traumatizing. You know, how do

we think about creative ways to make that less of the situation, and frankly, for many, since crisis is the first kind of experience that they may have with accessing mental health or substance use services, how do we make that experience one in which people want to continue with that engagement? Can we use crisis receiving services? Can we use crisis residential services, which are really providing the more home-like environment in the community? How do we support peer respite, sobering centers, etc.? All of this because, just because someone's in crisis doesn't mean they need to be taken to a hospital necessarily, and or some other high level of care. Next slide.

So we had a great group of folks who participate in our behavioral health task force that worked really hard on identifying these elements of a healthy crisis system. And so the group there really worked hard on identifying what they thought were essential crisis services that could span the continuum and that California could build the capacity to have these available for all Californians. So you'll see there that these are really categorized in the 3 areas that I just spoke of. It is a slight oversimplification, I think, in the presentation that you will continue to be a part of today. You will see that drilling down to the details of this is more detailed, but just really quickly to highlight some of the important points.

So preventing crisis. Peer based warm lines, also digital platforms. We've got platforms that are geared towards you. But there are things out there where people just really need to have some contact with people, have some support, and make sure that maybe even they're getting some advice on how to navigate, how to access services in the community. And so really, I think the essential takeaway, with preventing crisis, is making sure that whatever someone might need to help them at that time that they're able to know how to access that. So when we're talking about responding to crisis, this is everything from our existing hotlines: you'll hear about, obviously, our 988 call crisis centers, but there are other hotlines that might be operating at the local level 24/7. Some might have special hours. Some may be tailored for special populations like youth or LGBTQ youth. Some may offer text or chat capabilities. You really needed to inventory, you know what was out there and make sure that it was meeting the needs of Californians. And then responding to crisis also, potentially, while pretty minimally, may involve

mobile crisis services. And so for those of you who are following some of our transformation efforts for Medi-Cal beneficiaries here in the state, we have a Medi-Cal benefit where people can get access to crisis services. That our mobile crisis services, and also for any Californian, we're building the capacity to make sure that that is available to them as well, and has a reimbursement tied back to it to make sure that that whoever is delivering that service can get reimbursed for that service.

And then, lastly, talked about it before, but again, this is one of those areas, and you can see here I didn't do a good job kind of describing the colors here, but moving across the continuum, you can see that the pink, or what I guess the peachy color, are things that we feel like we can do right now. And considering we're now almost at the end of 2024, these are things that we've been working on a lot, and I can pretty much attest to the fact that we are investing in all of those things. The medium term are things that we hope to make available for all Californians in the future are in the light blue box, but it really is stabilizing crisis where we have a significant amount of investments to make, and and that potentially might take several years to realize in order to make sure that those who are experiencing crisis have a positive experience. So things like investing in peer respite, investing in in-home crisis stabilization invested in crisis residential treatment. Post-crisis step down services from a hospital, a hospitalization. Again, with a really critical eye of focusing on how do we make sure that even though this person has experienced crisis and they've needed to access some pretty intensive crisis services, how do we keep them engaged in services? How do we continue to help them so that there isn't a future crisis? Next slide.

So I take the time just to describe what we learned in the Crisis Care Continuum Plan because it really set the tone for the next phase, which is the phase you're going to spend the majority of today talking about. For one, we needed to be grounded in the fact that while it's really important to build out our 988 crisis care continuum, we never want to lose sight of the fact that we should be preventing crisis, and that we should be serving people with appropriate community-based care if they do experience crisis. But the incredible opportunity that was given to us with the passage of AB 988 which is the Miles Hall Lifeline and Suicide Prevention Act, was to really take the time to comprehensively develop a plan that the state can operationalize, to do

everything in our power to try to respond to crisis if it does occur, in the least traumatic and most effective way. And so some of the things that that legislation created for us to get to that point was, for one, this incredible opportunity to have a behavioral health crisis services fund, excuse me, via surcharges on a telecom access line. So I bet most people who are participating today have a cell phone, if not several. There's a very, very minimal tax that is paid that goes into this fund that gives us a sustained resource that's protected and dedicated just to supporting this work. We also do a ton of work, and they are a critical partner that you'll hear about today through the California Governor's office of emergency services, or what we call Cal OES, and Cal OES has been convening a technical advisory board. And one of the things you'll learn today is how incredibly technical these elements are. Recall that people are calling in, texting in, chatting on their computers in, to these 988 Crisis Centers to get high quality crisis supports. That technically is challenging, and the Technical Advisory Board has been a great partner in developing a roadmap on how to make sure that we have the technical capacity to respond to the needs of Californians if they want to utilize this resource.

The legislation also requires our agency, the California Health and Human Services Agency, to convene a statewide 988 Policy Advisory Group. This is the set, and this group is required to advise on a set of recommendations for a 5 year implementation plan to achieve a comprehensive 988 system by December 1st 2024. And this is what you're going to be spending your time with us learning about. And 988 went even further to make modifications. In AB1118, which is a trailer bill that implements the language of the California State budget. And then we also have the requirement to post regular updates on how we're doing, frankly, for the rest of this decade until December 31, 2029, on achieving those milestones in this 5 Year Plan.

So your input on this plan is very important. The team here is going to walk you through it. Again, I think what I would just leave you with in your thinking through as you hear these things, does this reflect something that as a Californian or an individual who represents a constituency of Californians, is this going to work for you? Is this going to support and assist you? And then I'll put on my administration hat and my, trying to make sure that, do the recommendations make sense? Can we implement them? Are they

achievable within the time? Because we wanted to really make a plan that could be operationalized. And we want you to hold us to actually putting it into place. And so that's my other suggestion for all of you in the time that you are going to have with the team today. So thank you for giving me so much time to talk about the work that we've been doing, and I will pass you back over to Betsy and the team to talk about the plan. Thank you.

Betsy Uhrman: Thanks so much, Stephanie. Thanks for that really helpful context.

We are now going to transition to talking about the development of the 5 Year Implementation Plan. So the focus of the plan is on the integration of 988 into the crisis care continuum, as Stephanie described in alignment with the aspirations and mandates in AB 988.

I want to note that the plan does not attempt to answer every question or delve into all of the operational details of which we know there are many. Instead, the plan really functions as an outline of how state departments and agencies along with key implementation partners can work together to coordinate behavioral health transformation at a statewide level. Per AB 988, CalHHS is required to develop recommendations for a 5 Year Plan to be presented to the Legislature in December of 2024, in just next month. As mentioned earlier, and visualized here, the process involved the active engagement of a broad Cross section of stakeholders. CalHHS worked in collaboration with state departments and agencies and state advisory boards, including Cal OES, the Department of Health Care Services, Emergency Medical Services Authority, the Department of Managed Healthcare, and the Behavioral Task force to name a few, to really ensure alignment across State Level Behavioral health efforts. AB 988, as Stephanie mentioned, also required the creation of an advisory group now known as the 988 crisis Policy Advisory Group, represented in this visual in the orange rectangle at the center, to advise CalHHS on the development of recommendations. The 43 Member Policy Advisory Group has met on 6 occasions since December of 2023, with another meeting scheduled for November 20th 2024 at the Allenby Building in Sacramento and also online. The public is encouraged and welcome to attend.

If we continue to shift down this visual, given the breadth and complexity of issues covered in AB 988, CalHHS convened 7 work groups to solicit expertise and community perspectives on specific topics and required areas per AB 988. These work groups included comprehensive assessment of behavioral health crisis services, statewide 988 standards and guidance, 988-9-1-1 behavioral health crisis care continuum integration, data and metrics, communications, funding and sustainability, and peer support. Each workgroup met virtually on 2 to 4 occasions between January and August of this year and all meetings, as was true of the Policy Advisory Group as well, were open to the public with an opportunity for public comment. Finally, if we move to the bottom of the screen, the shapes at the bottom in blue are intended to represent a range of efforts to solicit and integrate feedback from community members via interviews, surveys, focus groups as well as drawing on data research, relevant research and data.

We mentioned the crisis policy Advisory Group and just say a bit more. The Policy Advisor Group provided critical input in the development of these 5 Year Implementation Plan recommendations. The recommendations were developed through an iterative process. They emerged from the Policy Advisory Group and work group discussions, really relying on findings from community engagement activities, available data input provided through public comment, and the experience and expertise of our Policy Advisory Group and work group members. These draft recommendations and implementation activities were also reviewed on numerous occasions by the state agencies and departments with responsibility and or a key role in implementation.

Just to say, a touch more on the Policy Advisory Group, per AB 988, the Policy Advisory Group was charged with helping to make recommendations for a five-year implementation plan. CalHHS selected policy Advisory Group and workgroup members based on the membership requirements in AB 988, which you can see on the left side of the screen, and with an eye towards ensuring representation from individuals with lived experience, and communities that have been historically disenfranchised. As you can see at the right, Policy Advisory Group members hold multiple identities and more than a dozen of the Policy Advisory Group members self-identified as a person with lived experience.

This and the next slide include a listing of Policy Advisory Group members organized alphabetically by first name. We would like to take this opportunity to again really thank them for their time and contributions to date over the past year, and certainly in the years leading up to it.

We mentioned that there was additional community engagement that provided critical inputs into the plan, so just want to say a bit more on that topic. Over the past year CalHHS undertook a robust community engagement process. Activities included, as you'll see on the slide, 21 public meetings of 7 work groups totaling 140 members, 13 focus groups with populations with lived experience and those otherwise impacted by crisis services (another 90 participants), over 85 interviews with Policy Advisory Group members, crisis related providers, community groups, advocacy organizations, county behavioral health providers and departments, tribal community members, 988 Crisis Centers and other service partners, including but not limited to hospital emergency departments, mobile crisis teams, crisis stabilization units, law enforcement and educational institutions.

Community engagement activities are described in greater detail in the community engagement report which was posted on the 988 Crisis Policy Advisory Group today, along with the Draft 5 Year Plan, and those activities really sought to gather input and perspectives from a broad cross section of individuals, organizations and systems connected to the crisis care continuum. The state intentionally sought feedback from individuals with lived experience, with behavioral health system as well as family members who lost a loved one to suicide, 988 Crisis Centers, county regional crisis providers, emergency response teams and advocates. The state sought out targeted feedback from populations of focus that were identified in the crisis care continuum plan by the Behavioral Health Task Force and based on state and national research. Together, these activities provided invaluable input and insights for the policy Advisory Group as it developed and refined its recommendations.

This slide summarizes some of the key process milestones since the project launch in late summer of 2023. As you can see at the right, we are moving toward a December 2024 deadline to submit the 5 Year Implementation Plan to the state legislature. We'll share more about the public comment period

as we close out the webinar, but want to take this opportunity to appreciate your participation today and feedback at this important point in our process.

Having discussed the broader context for the plan as well as the development process, I'm happy to pass it over to Dr. Antu Bui, project director for the 988 crisis care continuum, who will describe the implementation plan in greater detail. Thank you Anh Thu.

Dr. Anh Thu Bui:

Good afternoon. Thank you so much. It's an honor to present the draft plan, which attempts to summarize and consolidate the work of so many amazing, passionate people over the past year, whom Stephanie already named in her opening remarks. I do want to thank again everyone who has contributed. You represented health and human services, first responders and emergency systems, behavioral health services, education, justice, peers, family, people with lived experience, and you advocated for multiple communities in California. A big thank you.

A lot of work went in this past year, and the draft plan sketches out a way for us to all work together across the state. The details of how the system can work will be further informed by your feedback and your uplifting of local solutions and innovations will help us to continue to move the work forward. So many thanks again for joining today, and we look forward to hearing your input and working with you further. Next slide, please.

I just want to provide a brief context of where we are today with 988 and some of the other key components of crisis response that Stephanie had outlined earlier. So 988, as you may already know, builds on the legacy system of the National Suicide Prevention Lifeline, which has been in operation for 20 years. This is a national system which is operated and administered by the Substance Abuse and Mental Health Services Administration, SAMHSA, and its contractor, Vibrant Emotional Health.

So California has 12 of these centers that are part of this national 988 network. These 12 centers answer the highest volume of 988 calls in the country. One out of 10 calls to 988 originate from California in 2024.

The next part of the crisis response system that I want to sketch out for you are the mobile crisis response teams. So from the state perspective, we have

funded about 400 teams so far via the Behavioral Health Continuum Infrastructure program. Also, we, the State, has supported the Medi-Cal mobile crisis benefit, and as of September of this year it is implemented in 45 counties, serving 97% of Medi-Cal members. This does not, of course, account for all the community-based crisis response that exists in the state. There are many that are supported by cities and local jurisdictions. So there's a lot more work to be done which we're proposing in the plan, and I'll share with you some details in a little bit.

On the other side of the system, I want to point out for you the 9-1-1 system, highlighting the fact that there are 450 public safety answering points that answer about 27 million 9-1-1 calls per year. This is important as we think through the roles of the 2 systems, both in terms of how they're organized and funded, and the needs versus the capacity in the 2 systems, right, where 9-1-1 has been in existence since 1968, and 988 is only 2 years old. So, for example, one common question that has come up is, what do we do about diverting behavioral health related calls from 9-1-1 to 988, where help seekers could be better served. So if we think about it, what we know is that about 5 to 15% of 9-1-1 calls are behavioral health related. So if you just look at the volume that I've got there on the slide, that is really a very large volume compared to what we are doing in 988 in terms of current volume and capacity of the centers that we have now. We also have the question of how to connect the systems, because there's variability in terms of technology and resources. So one of the solutions being considered by California is what's called the California 988 contact handling system. We are building the first state-based 988 system that will allow for full interoperability with 9-1-1, and you will hear a bit more details about this shortly.

I just want to highlight for you just some of the components of a large crisis system with 988 as a new entry point. So there's lots of work to be done with the state's role being fairly new, given that only 10 states in the country have passed 988 surcharge legislation. So I do want to emphasize that 988 is currently a national network, and the roles and responsibilities between federal and state partners are still being worked out. What you see in the draft plan that we have put out for public review is really focused on what other needs are for Californians, and how we, as a state, can work to meet

those needs. Next slide, please.

So in terms of overall needs, over the course of the last year we've heard loudly from the Policy Advisory Group, related work groups and other community partners who have put feedback into our vision for crisis services as initially described in the crisis care continuum plan. They have repeatedly stressed the importance of building an equitable, accessible, high quality crisis system that can serve the needs of all Californians, regardless of where we live or what kind of insurance plan we have. So this future state vision really serves as the North Star for subsequent discussions, and the goals and recommendations which I'll describe in a little bit more detail. Next slide, please.

So building on the desired future state described in the previous slide, we heard these following foundational principles for a comprehensive 988 system. They are: That all Californians, regardless of insurance coverage, location or other factors, should have timely access to quality crisis care. Californians should have timely access to 9, 8, 8 through phone text and chat 24/7 with contacts answered whenever possible in state by 988 Crisis Centers with knowledge of how to connect with local resources. Individuals in crisis should have access to timely therapeutic and appropriate care (and reduce unnecessary law enforcement involvement where possible). An individual seeking help should be connected to a crisis care continuum that prioritizes community-based support and focuses on preventing further crises and trauma. All right next slide, please.

So keeping the principles in mind, I'm going to walk you through the organizing framework of the plan. So you heard that there were 14 different requirements that we had to address in the plan, so it's been organized into 4 major goals as well as cross-cutting recommendations. We're going to focus today at the recommendation level, which is what you see there in the middle of the chart. So these are statements developed by the policy Advisory group and work groups about potential state actions relevant to AB 988, and the crisis care continuum. And the next level of detail after the recommendations are the implementation activities. You will see them in the draft plan in table format. So these are the things that the State, given its structure and discussion among core departments and implementation partners have identified as necessary in order to operationalize the

recommendations. Certainly implementation activities would depend on resources, staffing, and the approval process for upcoming state fiscal years. So we do encourage you to read and comment on the draft plan, which will include a more extensive discussion of each recommendation. I do want to orient you to the bottom arrow at the bottom of the chart here, which really frames how the plan has been organized from the vantage point of the help seeker. So we want to answer these fundamental questions. Will the help seeker know who to call? Would the help seeker be connected appropriately? Will the help seeker receive a high quality 988 contact? And will the help seeker have access to immediate and ongoing care? What you will see is that the plan drafts out the activities that the State could play a role in shaping 988 to be established as an essential part of the crisis system. Next slide please.

Alright. So the implementation activities describe what core state departments and implementation partners have identified as necessary to actionalize the recommendations. The plan sets ambitious goals for achieving a comprehensive 988 system in the state. In order to make this vision a reality, it is essential that the state departments and agencies have the authority and resources necessary to fulfill the roles and responsibilities outlined in AB98 and the implementation plan. There will be a next iteration of the plan with a more detailed description of the state governance structure for AB 988 implementation. This next iteration will be available on November 26 for a second round of public comment.

For today I want to highlight the departments and agencies that have been working closely together to build out the implementation plan. So in the slide you have the California Department of Public Health, you have the California Department of Health Care Services, the California Department of Managed Healthcare, the Emergency Medical Services Authority, and the California Office of Emergency Services. I do want to acknowledge that there have been several state departments that contributed to and reviewed the plan, and will continue to help us in this work, and they include the California Department of Insurance, the California Department of Aging, the California Department of Developmental Services, the California Department of Social Services, the Department of Rehabilitation, and others. And next slide, please.

So let's get into the recommendations. So the first recommendation set

focuses on public awareness of 988 and behavioral health services. This goal and related recommendations and activities focus on the question, will the help seeker know who to call?

So, as you can see in this slide there are 3 recommendations. With recommendation A1, the Policy Advisory Group recommends a closely coordinated communications effort so that the key state implementation partners will assist existing efforts, develop communication goals, identify key audiences and leverage best practices, and research informed resources from national, state and community partners. With recommendation A2, this reflects feedback on engaging key partners to help communicate and build trust in the system. Trust is essential to ensure equitable and accessible services. We have heard from workgroup members and interview participants and focus groups that stigma, fear, mistrust, and past trauma can inhibit the use of 988 and other behavioral health services. Recommendation A3 speaks to the need for the State to continue to review and adjust communication efforts as the 9 8 system develops and or as crisis services are added, changed or integrated. Next slide, please.

So for goal B, addressing statewide infrastructure and technology: this focuses on the question, will the help seeker be connected appropriately. So to ensure that California's 988 system has the necessary infrastructure and technology to meet the needs of large and diverse populations is a really complex undertaking, and new features, like chat and text, have continued to place staffing and technology demands on California's 988 Crisis Centers. And related to questions that we have received thus far regarding technology, interoperability and georouting, I want to kind of highlight a few points around the technology. So georouting is determined by the Federal Government. So, as you may have heard recently, the Federal Communications Commission, the FCC, voted on October 17th to require that all calls to the 988 suicide and crisis lifeline be routed by wireless carriers to local call centers. So what that means is I'll give my own example. I have a 619 area code. When it was routed by area code, I would have been routed to the call center in California that takes the 619 area code, and that's the one in San Diego. However now I am in Oakland, and so with georouting, what that means is that the information from my phone to the carrier will allow 988 to route me to the physically closest 988 center, and that's the one in

Oakland. I think it holds tremendous potential, right, in terms of connecting help seekers to local resources. However, it behooves us as a state to think through the technical infrastructure and the human resources that we need to manage the different volumes and the additional contacts that the technology will bring forth. So we need to think through supporting the implementation of the California 988 contact handling system which I mentioned earlier. This is a state-based technological platform to manage and route 988 calls, texts, and chats. This work is now being done with guidance from the Cal OES Technical Advisory board and based on the specific needs of 988 Crisis counselors and 988 help seekers. Once it is implemented, this system will provide full interoperability between 988 and 9-1-1 with reliability and availability based on next generation 9-1-1 standards. Alright, so that was B1. With recommendation B2, the intention is that Cal OES and its implementation partners will work together to develop guidance, practices and policies to ensure that help seekers are routed quickly and appropriately. So there's 9-1-1, 988, as well as other crisis service access points and helplines that need to be integrated.

Okay, next slide, please. With the next goal in terms of high quality response, we focus on the question, will the help seeker receive a high quality 988 contact? So today, California's 12 Crisis Centers, in alignment with SAMHSA standards, provide empathetic listening, emotional support, crisis de-escalation, and referrals to local resources. This is to support individuals experiencing suicidal thoughts and other mental health crises. Thus far studies have shown that 95 to 98% of 988 calls are resolved over the phone contact itself, and that most 988 callers report feeling less depressed or suicidal after calling.

Recommendation C1 focuses on how the state can support 988 Crisis Centers in meeting current national standards. We need to do this to prepare for meeting future statewide standards. So we need to assess the current national training standards in order to determine what additional training and supports might be necessary for us to tailor our services to meet the needs of all Californians. Recommendation C2 then builds on national standards and best practices and focuses on establishing state-specific standards for staffing and training so that we can support 988 centers to be able to respond to suicide, mental health, and substance use

related 988 contacts. So this is for the future system that we want to build.

To some of the questions that came through registration for this webinar regarding trainings for specific populations: this recommendation is where it's suggested that we need to establish baseline, statewide staffing and training standards. Right now, actually, the state does not have oversight of staffing and training standards yet, except for certain limited contractual requirements which will expire, I believe, in September 2026. So again, it behooves us to think through what are some things that we need to think through as a state in order to have ongoing standards that will meet the needs of all Californians, including substance use challenges and intellectual and developmental disorders among other needs.

Okay, and then finally, with recommendation C3, it is recommended that the state should develop a process to designate and redesignate 988 Crisis Centers in the state. So we need to understand the current role of 988 centers in suicide prevention and connecting help seekers to needed services, and think through the varying needs across the state regarding how existing crisis systems and services are organized and delivered and the possibility of needing additional 988 centers who can understand and help connect help seekers to local services. Okay, next slide, please.

So goal D, integration of 988 and the continuum services, seeks to address the question, will the help seeker have access to immediate and ongoing care? So behavioral health crises encompass a wide range of situations with many different potential points of entry into the continuum of care and possible transitions. So properly connected and coordinated crisis services can offer timely services in the least restrictive manner, reduce unnecessary use of emergency departments and hospitals, and reduce unnecessary law enforcement involvement in mental health and substance use crises.

Recommendation D1 focuses on the need to coordinate from the initial point of contact through ongoing care in order to help providers determine when and how they should involve other providers in crisis situations. Then in recommendation D2 it's recognized that the coordination of community-based crisis response and its interconnection to 988 and other places to call is a very key part of a comprehensive 988 crisis system. Recommendation D3 focuses on activities to ensure that there is a menu of options available to help seekers, including highlighting state investment in, for example, peer

respite services, sobering centers, in additional crisis residential treatment facilities. It lays out coordination of existing efforts, including pilot projects and other initiatives, to advance the development of resources that can be used to coordinate real-time availability of programs, services and facilities for individuals in crisis. In D4, we highlight the need for more transportation options for those experiencing a behavioral crisis. This was a need that was elevated multiple times in the policy advisory group and work groups. Next slide, please.

In terms of cross-cutting recommendations that are equity, funding and sustainability, data and metrics, and peer supports, these are areas that impact all the activities within each of the previously mentioned 4 goal areas. So in equity, I just want to highlight that we envision an equitable behavioral health crisis system that can serve anyone anywhere and anytime so that the state should prioritize inclusion and equity in crisis care, service delivery for populations that may be at higher risk for behavioral crisis, experience discrimination and prejudice, and need either adaptive or tailored services for equitable access due to physical, intellectual and developmental disability or unique cultural and linguistic needs.

In terms of funding and sustainability, we really need to think through strategies to support sustainable crisis system. AB 988 contributes to the system's fiscal sustainability by providing a dedicated funding source for 988 and for mobile crisis teams access through 988, though AB 988 makes it clear that the state would distribute surcharge funds to first the 988 Crisis Center, and we have a process to do that. We don't yet have a process for mobile crisis team access to 988 so more work is needed to develop a transparent funding process and a way to communicate that information to everyone. We also need to think through reimbursing crisis services beyond the initial 988 contact that is essential for the financial sustainability of California's crisis system. Because all individuals with all insurance types use the crisis system, it's important that all types of insurance reimburse for behavioral crisis services. Okay, next slide, please.

In terms of data, a number of questions surface for this webinar related to data, and where we're at now is, it is recommended that the State should establish data system and standards to support monitoring 988 and the crisis system performance. So it's recommended that we build a public

facing data dashboard in order to provide accountability into how well the system is functioning. Obviously, more work needs to be done here, so the implementation activities will outline the various partners that need to come together to create this data dashboard. And then in terms of peer support, which is a cross-cutting recommendation because peer supports need to be integrated across the entire crisis care continuum in order for us to create a person-centered, culturally responsive and recovery oriented care system. Next slide, please.

So here's an example of how a given recommendation translates into a set of implementation activities. So the state, given its structure and discussion among core departments and implementation partners, identified these activities as necessary to operationalize a particular recommendation. For each activity, the plan denotes the state lead or leads as well as the implementation partners and the projected timeline over the course of 5 years. So as with any multi-year plan, just want to highlight that the activities are subject to change depending on resources, staffing, and the approval process for upcoming state fiscal years. So in this slide you see an example set of implementation activities for recommendation C2, which focuses on establishing state specific standards for staffing and training in order to equip 988 centers to respond to suicide, mental health and substance use related 988 contact. So this recommendation really builds on national standards and best practices right to ensure trauma informed, person-centered and culturally responsive care. It is recommended that the state should establish state-specific standards for staffing and training. So these are the implementation activities listed. So C2a says, we need to identify mechanisms to aid 988 centers with contact volume projections and growth forecasting. This is led by DHCS, certainly with implementation partners. This is not an all-exhaustive list of implementation partners. This is just the beginning, but we are mapping out when this work should begin as soon as possible within the first 2 years. And you can see the next set the next set of activities, really, then, thinking about the scope of services for 988 centers in order to move toward our future vision for a high quality crisis system. Next activity, you can see, how do we align staffing standards with the evolving scope of services? So again, adjusting as we go along and thinking through the statewide training standards, so that 988 centers and crisis counselors

can address behavioral health crises inclusive of suicide, mental health and substance use challenges and building cultural competence in the services provided. And finally, how do we establish a process for state level monitoring as well as support in order to help the crisis centers meet state and national quality standards. Okay, next slide, please.

Here's another example. This is an area we received lots of questions via the webinar registration form. So this is regarding parity funding and sustainability questions about the surcharge fee funding process. So, for example, activity, E2a refers to a crisis reimbursement work group that will be meeting to discuss pathways to ensure coverage for behavioral health crisis services across payers. Some of the work has already started with robust engagement from state and implementation partners. The rest of the activities you may see outline specific state leads so in terms of commercial health plan reimbursement you have DMHC in the lead, whereas maximizing Medi-Cal reimbursement for crisis services you'll see DHCS in the lead, and then CalHHS needs to really look at all payer system. So we have a plan for looking at how each of the state departments and agencies can take the lead in the work as well as engaging the implementation partners to make sure the work gets done. Okay, next slide, please.

I lost myself a little bit. Okay in terms of data metrics. This is an area where there were also many other questions. So if you look at recommendation E3, this says that the state should establish data system and data standards to support monitoring of 988 and crisis system performance. So with that recommendation, we broke down into actionable activities so that CalHHS really needs to convene state entities to look at methods and measures to evaluate as well as communicate the performance of the crisis system. Activity E3b talks about the need to develop and maintain a publicly facing data dashboard that tracks the performance of 988, and it lists some example measures that are there. Keeping in mind that we really don't want to make people collect more data--we have a lot of data, 988 centers collect at least 200 data points at this point, monthly and quarterly--so we really want to think about what are the data points that would help us think through and understand how well our system is doing. And then what are some other population level outcome measures as well as quantifiable goals that we need to think through as a state that would help us

understand how well the broader crisis care continuum is doing. Okay, next slide, please.

So in terms of next steps with our implementation plan, once approved by the state legislature and pending available resources, we will work toward implementation and improvement of the plan over a 5 year timeline. The 5 year timeline is slated to begin July 1st 2025. We are developing a governance section that will address the roles and responsibilities of the different entities responsible for implementation activities. CalHHS recognizes that we have a role in coordination, accountability and transparency and community engagement. So we will continue to work on communicating these activities in the form of an annual progress report on the 988 implementation activities. If the plan was approved by the state legislature, we will hopefully have our first report by the end of year one, which will be June 30th of 2026. And I think this is it. I'm going to hand it over to Betsy for the next steps.

Betsy Uhrman:

Thank you, Dr. Bui, and thank you all for joining. As we begin to wrap up we'll just share some next steps. I do first want to note and appreciate all of the questions that are coming in through the Q&A function on Zoom. We are tracking all of those questions as a project team to see where and how we may make sense to include those of the plan. I'll note that the plan may not answer all the questions, but even in those cases we do see these questions as important for really surfacing and elevating, shining a light on areas where state and communities have work ahead, so thank you very much.

In terms of upcoming milestones, just wanted to note a few important dates to keep in mind. November 14th is the close of the initial public comment period. We're asking that you please submit a written public comment via the email inbox, AB988info@chhs.ca.gov. As mentioned earlier, the final policy advisory group meeting will take place on November 20th from 10am to 3pm at the Allenby Building in Sacramento as well as virtually. Members of the public are welcome to attend and encouraged to attend. As has been our practice, there will be a period near the end of the day for designated public comment. As Dr. Bui mentioned, we are going to have an additional

public comment period between November 26th and December 10th. The majority of the plan is available today on the 988 Crisis Policy Advisory Group website. The version that will be available on November 26th will include a few additional components, specifically an executive summary, a section describing the state governance structure and an accompanying chart book with key data and other resources. So again, the majority of the plan is available today for your review and your comment, and we welcome your comments and feedback. Finally, as mentioned earlier, we are working towards a December deadline to submit the 5 Year Implementation Plan to the state legislature.

Just a few words about public comment. Again, initial public comment period will extend from November 4th to 14th. Please send your written comments to the AB 988 info email address. Comments typed in a Word or PDF document are welcome and can be included as an email attachment, and we ask that you please note in your comments the corresponding page number and location on the page in the report. Finally, we do want to be sure that we are aware of and tracking great local innovations and accomplishments, so do ask you in your comments if you have examples to please share those.

Finally, we just mentioned that the recording and transcript as well as the implementation plan draft and the community engagement report are available on the 988 Crisis Policy Advisory website. We will have the transcript and recording and these slides in the next couple of days, but the plan and the community engagement report are already available in the informational webinar section of the website. So as you click on the link and scroll down, you'll find those resources linked in the informational webinar section. So with that we are ready to close out the informational webinar. Thank you again for your presence and participation. Really grateful you're here, wishing you a good rest of the day. Thank you very much.