CalHHS

988-Crisis Policy Advisory Group Meeting

Meeting #2

February 7, 2024

Person-Centered. Equity Focused. Data Driven.

ZOOM ETTIQUETE

Welcome

- ✓ Land Acknowledgement
- ✓ Opening Remarks

Land Acknowledgment

Wilton Rancheria

https://wiltonrancheria-nsn.gov/

Land Acknowledgment

City of SACRAMENTO

Land Acknowledgement

Please rise for the opening acknowledgements in honor of Sacramento's Indigenous People and Tribal Lands.

To the original people of this land.
The Nisenan people, The Southern Maidu, Valley and Plains Miwok, Patwin Wintun peoples, and the people of the Wilton Rancheria, Sacramento's only Federally recognized Tribe.

May we acknowledge and honor the Native people who came before us and still walk beside us today on these ancestral lands by choosing to gather together today in the active practice of acknowledgement and appreciation for Sacramento's Indigenous People's history, contributions, and lives.

Thank you.

Stephanie Welch

Stephanie Welch
Deputy Secretary of Behavioral Health
California Health and Human Services Agency

Taun Hall

Taun Hall
Executive Director
The Miles Hall Foundation

988-Crisis Policy Advisory Group Members

Amanda Levy, Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)

Anete Millers, Director of Regulatory Affairs, California Association of Health Plans (CAHP)

Ashley Mills, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)

Bianca Christian, Associate Therapist, California Coalition for Youth*

Brenda Grealish, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)

Budge Currier, Assistant Director, Public Safety Communications California Governor's Office of Emergency Services (CalOES)

Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)

Christine Stoner-Mertz, Chief Executive Officer, CA Alliance of Child and Family Services

Doug Subers, Director of Governmental Affairs, California Professional Firefighters

Elizabeth Basnett, Director, California Emergency Medical Services Authority (EMSA)

Erika Cristo, Assistant Deputy Director, California Department of Health Care Services (DHCS)

Dr. Jana Lord, Chief Operating Officer, Sycamores

Jeff Hebert, 911 Communications Coordinator, San Diego Sheriff's 911

Jennifer Oliphant, Hope for Tomorrow Program Director, Two Feathers Native American Family Services

Jessica Cruz, Chief Executive Officer, NAMI - California

John Boyd, Vice President Behavioral Health and Wellness, Kaiser Permanente, NCAL

Kenna Chic, Health Equity Fellow, State Health Policy, California Health Care Foundation

Keris Jän Myrick, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)

Kirsten Barlow, Vice President, Policy, California Hospital Association (CHA)

**Joining remotely*

988 Crisis Policy Advisory Group Members (continued)

Lan Nguyen, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department

Le Ondra Clark Harvey, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)

Lee Ann Magoski, Director of Emergency Communications, Monterey County

Lei Portugal Calloway, Certified Medi-Cal Peer Support Specialist, Telecare Orange County

Melissa Lawton, Chief Program Officer, Seneca Family of Agencies

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

Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association (CBHDA)

Miguel Serricchio, Executive Vice President, LSQ Funding Group

Nancy Bargmann, Director, California Department of Developmental Services

Phebe Bell, Behavioral Health Director, Nevada County

Rayshell Chambers, Commission Member, Mental Health Services Oversight and Accountability Commission (MHSOAC)

Rebecca Bauer-Kahan, CA State Assemblymember/Author of AB988, State of California, AD 16

Rhyan Miller, Behavioral Health Deputy Director, Riverside County

Robb Layne, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)*

Robert Smith, Chairman, Pala Band of Mission Indians*

Roberto Herrera, Deputy Secretary, Veterans Services Division, California Department of Veterans Affairs (CalVet)**

Ryan Banks, CEO, Turning Point of Central Valley, Inc.

Shari Sinwelski, Vice President of Crisis Care, Didi Hirsch

Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)

Susan DeMarois, Director of California Department of Aging (CDA)

Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute

Taun Hall, Executive Director, The Miles Hall Foundation

**Joining remotely*
*** David Lawrence joining remotely on behalf of Roberto Herrera*

Review Meeting Agenda

Objectives

1. Hear public comment.
2. Build trust and productive working relationships between Advisory Group members and with project team members.
3. Affirm revised Policy Advisory Group charter.
4. Share updates relevant to Advisory Group members:
    A. Workgroup membership, timelines, and areas of focus
    B. Stakeholder engagement.
5. Inform the comprehensive assessment by gathering Advisory Group input on access to, equity within, and coordination across the components of the Crisis Care Continuum
6. Confirm action items and next steps.

Agenda

10:00 Welcome and Introductions

10:35 Review Meeting Agenda, Key Themes, and Process Updates

10:40 Key Themes and Process Update

11:10 Affirm Revised Charter

11:25 Presentations: Crisis Care Continuum & Comprehensive Assessment

12:00 Public Comment Sign-up Period, LUNCH

12:45 Breakout Sessions to Discuss Crisis Care Continuum

1:35 Break

1:45 Debrief Breakout Sessions

2:35 Action Items and Next Steps

2:38 Public Comment Period

3:00 Adjourn

Public Comment Overview

- We will take comments in the order in which we receive sign-ups
- Sign-ups for public comment open at 12:00pm and close at 12:45 pm
- If you are a member of the public attending in person and would like to comment, please sign up with Chelsea Snow
- If you are on Zoom and would like to make a public comment, please send a chat to Brittany Thompson starting at 12 pm
- 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 Brittany Thompson. We will save the chat and add your comment to the meeting minutes.

Key Themes and Process Updates

Challenges and Opportunities

- Focus on Equity
- Transparency and Building Trust with Communities
- Alignment and Collaboration with First Responders
- Centering peers and peer-based services in crisis system design
- Roles and Responsibilities
- Mental Health Parity
- Build access and ensure that the crisis system is accessible to all Californians

Responding to Crisis

988 911 COMPARISON	
988	**911**
12 California 988 centers (about 1000 staff)	450 Public Safety Answering Points (PSAPs)
340,000 contacts during the first year of 988 implementation	27 million 911 calls per year

Preventing Crisis – Hotlines & Warmlines Available in CA

Scope	Warmlines	Hotlines
National	• 8+ major national warmlines, including the TeenLine • Largely operated by non-profits with private funding • Volume ranges from 10k – 75k+ conversations annually by line	• 5+ major national hotlines, including the **NSPL** which operates via 12 **988 Lifeline Centers in CA** • Operated and funded by mix of non-profit, for-profit, and federal gov. entities • Volume ranges from 150k – 2.4M national crisis contacts / calls annually by line
State-wide	• 2+ state-wide warmlines, including CalHOPE • Operated by gov / non-profit entities; funded by federal (e.g., CCP), state, and private sources • Annual call volume ranges from 20k – 60k by line	• 2+ statewide hotlines, including the Friendship Line (which operates as both a crisis line and a warmline) & the CA Youth Crisis Line • Operated by a non-profit organizations and funded by State of CA as well as private donors • Annual call volume ranges from 15k – 300k by line
County/Local	• 6+ county / local warmlines • Operated by county governments and non-profits; funded through public and private sources • Annual call volume can be up to 100k+ in certain counties	• 75+ county / local crisis lines • Most lines run by counties and other operate as non-profits; some lines re-direct calls to lifeline centers • Annual call volume can be up to 55k+ in certain counties

Completed November 2022

CalHHS

9-8-8 Technical Advisory Board (TAB) Year One

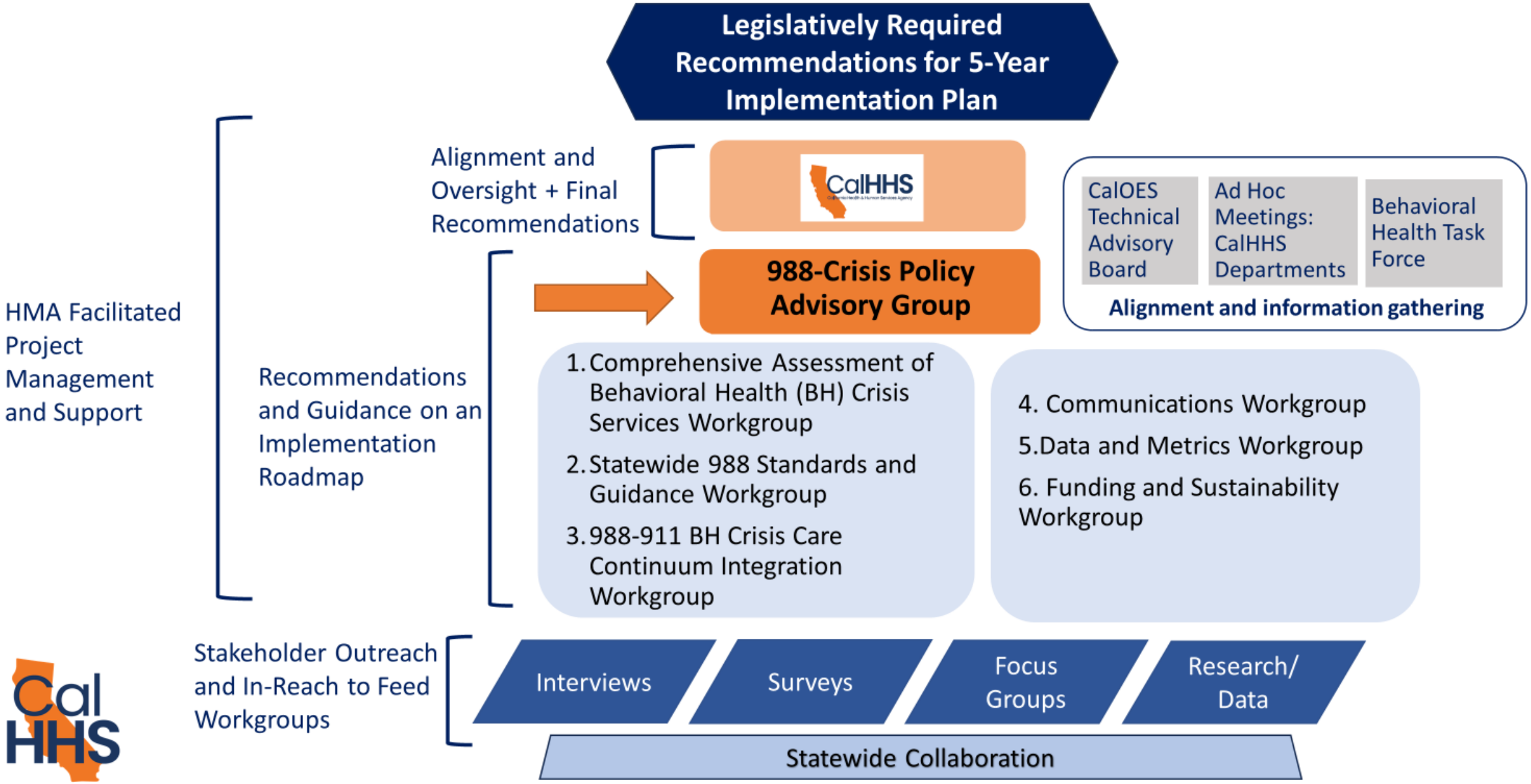
- Board was formed in November 2022, meets quarterly
- 3 working groups:
  - Best Practices
  - 9-8-8 and 9-1-1 Interface
  - Accessibility & Equitable Access
- Making significant progress on protocols for transfers between 9-8-8 and 9-1-1, and vice versa.
- Approved technical funding policy that governs the Cal OES portion of the 9-8-8 surcharge
- Directed 9-8-8 TAB Chair to draft letter to the FCC supporting **geospatial call routing** for 9-8-8 calls, chats, and texts

Cal HHS

9-8-8 Technical Advisory Board (TAB) Year One (continued)

- Making significant progress on the recommendations needed for interoperability between 9-8-8 and 9-1-1 as directed by GC Section 53123
- Cal OES, with input from 9-8-8 TAB members, has completed the technical requirements to 9-8-8 Call Handling System and Customer Relationship Management software for all 9-8-8 contacts, including calls, chats, and texts
- Discuss interaction and compliance with **SAMHSA requirements for national 9-8-8 system**
- Facilitated opportunity for **CalHHS to provide updates related to 9-8-8**
- More information available at www.caloes.ca.gov/988

988-Crisis Project Structure



Process Update – 988-Crisis Workgroups

#1 Comprehensive Assessment of BH Crisis Services

- 7
- 12

#3 988-911 BH Crisis Care Continuum Integration

- 6
- 7
- 9

#5 Data and Metrics

- 10
- 11

#2 Statewide 988 Standards and Guidance

- 1
- 2
- 3
- 5

#4 Communications

- 8

#6 Funding and Sustainability

- 4
- 13
- 14

Process Update – 988-Crisis Workgroups (continued)

The first three Workgroups launched in January, with the remaining three launching in late spring. This phased approach helps to ensure that insights, recommendations, and questions from Phase 1 inform Phase 2 discussions.

Phase 1: January - April

1. Comprehensive Assessment of BH Crisis Services
2. Statewide 988 Standards and Guidance
3. 988-911 BH-CCC Integration

Phase 2: May - August

4. Communications
5. Data and Metrics
6. Funding and Sustainability

Process Update – 988-Crisis Workgroups 1-3

Launch Meetings (Week of January 29, 2024)

Focus on level-setting:

- What should be explored or considered through this workgroup process?
- What is in scope for discussion?
- What existing resources should inform our discussions?

Meeting recordings, presentation materials, and summaries will be posted on the CalHHS website.

Process Update – 988-Crisis Workgroups 1-3, Meeting 1 Key Take-Aways

Workgroup 1: *To be discussed later in the agenda*

Workgroup 2: Statewide Standards and Guidance

- Members would like to see an organized system/standards regarding self-care support for call center staff
- The discussion surfaced different perceptions of needs and gaps among call centers and non-call center participants
- There was robust discussion around qualifications for call center staff (volunteers, clinical staff, peer support specialists); issues related to pay equity and workforce were raised
- One participant summed up the purpose of this workgroup noting that the work ahead is about understanding the national standards as the floor/minimum and determining if California wants to set the bar higher

Process Update

Workgroup 3: Integration

- Work involves ensuring services for prevention, response, and stabilization are integrated, both within the safety net and across all payors and geographies
- Considerable discussion of differentiating between 911 and 988; need to align with the work of CalOES Technical Advisory Board
- Elevate the role of CBOs, including homeless services, faith-based organizations, as referral partners/community gatekeepers
- Need to look at the role of community paramedicine and transfer to alternate destination for care at the right place at the right time

Process Update – Stakeholder Engagement Activities

- **Formal Ways to Gather Input on Needs:** Surveys, key informant interviews, and focus groups
- **In-Reach to Existing Forums and Associations:** Professional associations, forums, advisory bodies, and other pre-existing convenings
- **Outreach to Specific Populations**
- **988-Crisis Public Advisory Group (PAG) and Workgroups:** Regular public meetings to gather input and discuss issues from leaders who represent key constituencies relevant to the BH Crisis System

Process Update – PAG Meeting Topics

Topics	Date
• Orientation to the Process and Workgroups • Relationship Building	12/13/23
• Grounding in CCCP and Comprehensive Assessment Approach • Breakouts on Access, Equity, Coordination	2/7/24
• Discussion of 988 standards, guidance and technology • Information/recommendations from Workgroups 1, 2, 3	4/24/24
• Approach to integrating 988/911 along the continuum (informed by Comprehensive Assessment)	6/26/24
• Discussion of data, goals and metrics • Discussion of Communications informed by Stakeholder Outreach Report) • Review information/recommendations from workgroups 4,5,6	8/14/24
• Funding and sustainability • Review draft 5-year implementation plan	9/18/24
Public Comment Period	10/1-30/24
Final Advisory Meeting and review of the Plan	11/20/24

Affirm Revised Policy Advisory Group Charter

Updates Made Since Dec 13 PAG Meeting

- Callout of different, planned avenues for stakeholder engagement
- Mention of key project milestones
- Additional detail on membership and selection criteria (inclusion of “gender identity, sexual orientation, age”)
- Expanded description of PAG member roles and responsibilities

Affirmation

Please affirm the charter via hand raise, tipping table tent, or electronic hand raise

Crisis Care Continuum Plan and Comprehensive Assessment Framework

988-Crisis Policy Advisory Group
2/7/2024 Meeting

Anh Thu Bui, MD
Project Director, 988-Crisis Care Continuum
California Health and Human Services Agency

Comprehensive Assessment of BH Crisis Services

(12) Findings from a comprehensive assessment of the behavioral health crisis services system that takes into account infrastructure projects that are planned and funded. These findings shall include an inventory of the infrastructure, capacity, and needs for all of the following:

(A) Statewide and regional 988 centers.

(B) Mobile crisis team services, including mobile crisis access and dispatch call centers.

(C) Other existing behavioral health crisis services and warm lines.

(D) Crisis stabilization services.

Comprehensive Assessment: Research Questions

1. **Infrastructure and Capacity Inventory:** What are the knowns and unknowns of the state's existing behavioral health crisis system including service capacity and infrastructure? What data or reporting might be needed for the future that could help to address unanswered questions?

2. **Needs Assessment:** What are the highest priority community needs across the California crisis care continuum? Which communities and populations are disproportionally impacted? What are recommendations for near-term action steps and longer-term action steps to meet those needs?

3. **Gaps Analysis:** What are the most substantial gaps and opportunities for policy and practice across the California crisis care continuum for preventing, responding, and stabilizing crisis?

Comprehensive Assessment: Potential Barriers

- The size and complexity of current system
- The lack of clear and consistent definitions and metrics in assessing the system
- A fast-changing behavioral healthcare landscape that makes it difficult to capture the “current state” as a snapshot in time
- Time pressure to have the comprehensive assessment to inform the work of the Policy Advisory Group

What We Can Build On for the Comprehensive Assessment

- Drawing from recent and relevant reports and information, including the Crisis Care Continuum Plan, that raise up key themes and potential areas of opportunity and investment
- Diverse voices from the community, including Workgroup and Policy Advisory Group members, and others who we are engaging in this process who can help identify resources and known gaps and inequities within the system

Research to Inform the Comprehensive Assessment

Research and Literature Reviews:

- Crisis Care Continuum Plan (CalHHS)
- Assessing the Continuum of Care for Behavioral Health Services in California (DHCS)
- Other state and independent research studies and reports (e.g., CDPH, RAND Corp, National Council, SAMHSA)
- Reports on needs and state/county investments in the crisis continuum

Qualitative Research:

- Surveys
- Key Informant Interviews
- Focus Groups and In-Reach (Lived Experience, Populations of Focus)
- Workgroup 1: Comprehensive Assessment

Quantitative Research:

- Claims Data
- Data dashboards (e.g. HCAI)
- Public Data

Essential Crisis Services Span the Continuum – Will Achieve Over Time

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

Preventing Crisis

1. Peer-based warmlines

2. Community-based behavioral health services, such as:

- Community-based social services
- School-based and school-linked services
- Primary care clinics and FQHCs
- Outpatient BH care
  - CCBHCs
  - Urgent care clinics
  - Transition clinics
  - Bridge clinics
- Peer support
- Harm reduction
- Medication for Addiction Treatment (MAT)
- Housing services
- Employment services

3. Digital apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)

Responding to Crisis

1. Hotlines

- Operate 24/7/365
- Answer all calls (or coordinate back-up)
- Offer text / chat capabilities
- Be staffed with clinicians overseeing clinical triage

2. Mobile Crisis Services

- Operate 24/7/365
- Staffed by multidisciplinary team meeting training, conduct, and capability standards
- Respond where a person is
- Include licensed and/or credentialed clinicians

Stabilizing Crisis

1. Crisis receiving and stabilization services

- Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the model
- Offer on-site services that last less than 24 hours
- Accept all appropriate referrals
- Design services for mental health and substance use crisis issues
- Offer walk-in and first responder drop-off options
- Employ capacity to assess & address physical health needs

2. Peer respite

3. In-home crisis stabilization

4. Crisis residential treatment services

- Operate 24/7/365

5. Post-crisis step-down services, such as (LT)

- Partial hospitalization
- Supportive housing

6. Sobering center

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. September 13th BHTF meeting, DHCS: Existing California Medicaid Policies, proposed Medi-Cal Mobile Crisis Benefit, CalHHS

Definitions

From DHCS Behavioral Health Information Notice: Medi-Cal Mobile Crisis Services Benefit Implementation

Behavioral Health Crisis: Refers to any event or situation associated with an actual or potential disruption of stability and safety as a result of behavioral health issues or conditions. A crisis may begin the moment things begin to fall apart (e.g., running out of psychotropic medications or being overwhelmed by the urge to use a substance they are trying to avoid) and may continue until the beneficiary is stabilized and connected or re-connected to ongoing services and supports.[1]

From AB 988:

Behavioral Health Crisis Services: Means the continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment needs of those with a mental health or substance use disorder crisis that are wellness, resiliency, and recovery oriented. These include, but are not limited to, crisis intervention, including counseling provided by 988 centers, mobile crisis teams, and crisis stabilization services.2

1. National Council for Mental Wellbeing, “Roadmap to the Ideal Crisis System” (2021) p. 14.
2. California Legislative Information, "ARTICLE 6.3. Miles Hall Lifeline and Suicide Prevention Act [53123.1 - 53123.6]" (2022)

Potential Indicators/Counts

Preventing Crisis	Responding to Crisis	Stabilizing Crisis
Peer-Based Warm Lines (C) • # of warmlines • Call volume • Types of calls	**Hotlines (A)** • Call Volume, Call Answer Rates, time to answer • Types of crisis: suicide, MH and SUD • Referrals	**Crisis Receiving and Stabilization Services (D)** • Number of facilities per county/region • % referrals accepted • Time to access/distance from population base
Community-Based Behavioral Health Services • % people connected to outpatient services following discharge from hospital or ED for MH/SUD **Digital Apothecary** • E.g. CYBHI digital platform • # web visits, downloads of digital tools	**Mobile Crisis (B)** • Types of mobile crisis teams • Dispatch protocols and rates • Average in-person response times	**Other Stabilization Services** • Definitions, operations, availability (time to access, distance from population base) ○ Peer respite ○ In-home crisis stabilization ○ Crisis residential treatment services ○ Sobering centers ○ Post-crisis step-down services, e.g. partial hospitalization, supportive housing

Workgroup 1: Comprehensive Assessment

Workgroup Charge: What does the workgroup need to consider and assess to inform **resource and policy changes** to support a five-year implementation plan for a comprehensive 988 system?

- Which aspects of the BH crisis system need more investigation, data collection, and discussion?
- What aspects of the comprehensive assessment must be prioritized?

Workgroup 1 Meeting Takeaways (1/30/2024)

Prevention:

- Broad category, difficult to measure esp. within Medi-Cal
- Highlight need for adequate network of primary care and BH care across payor types
- Uplift innovative community-based programs
- Consider telehealth, screening/prevention, warmlines

Response:

- To understand crisis response and future need and related demand in the system, we need to understand and draw in data from EMS, law enforcement (e.g., how many 911 calls are BH related), county crisis lines, schools
- As 988 call volume rises, we need to understand triage and linkage across the crisis care continuum and across payor types

Stabilization:

- Current challenges with existing crisis stabilization services
- Need to explore solutions to increase capacity (e.g., alternative destinations, step-down services)
- Improve help seekers' experiences within the crisis system (for youth, LGBTQ+) and ensure parity

Comprehensive Assessment Timeline

COMPREHENSIVE ASSESSMENT TIMELINE

TASKS	JAN	FEB	MAR	APR	MAY	JUNE
DEFINE KEY TERMS WITHIN THE CRISIS CARE CONTINUUM AS IT RELATES TO PREVENTING, RESPONDING TO, AND STABILIZING CRISIS	✓	✓				
REVIEW KEY REPORTS AND LITERATURE RELATED TO NATIONAL AND STATE CRISIS CARE CONTINUUM SYSTEMS	✓	✓				
REVIEW OF AVAILABLE STATE/COUNTY DATA ON INDICATORS OF CRISIS NEED	✓	✓	✓			
COMPLETE A STATE INVENTORY OF CRISIS INFRASTRUCTURE AND CAPACITY (E.G. INFORMANT INTERVIEWS AND PROVIDER SURVEYS)			✓	✓		
ANALYZE AND SYNTHESIZE NEEDS AND SERVICES DATA, INCLUDING ESTIMATES FOR COMMERCIAL/NON-MEDI-CAL POPULATIONS					TBD	
TRIANGULATE AND CONTEXTUALIZE INFORMATION ACROSS DATA TO HIGHLIGHT REGIONAL/ POPULATION NEEDS, GAPS IN INFRASTRUCTURE AND OPPORTUNITIES TO IMPROVE THE CRISIS CARE CONTINUUM THROUGH RECOMMENDATIONS					✓	✓
DRAFT REPORT AND FINDINGS FOR POLICY ADVISORY GROUP						✓

Crisis Care Continuum Plan and Preview Breakout Discussion

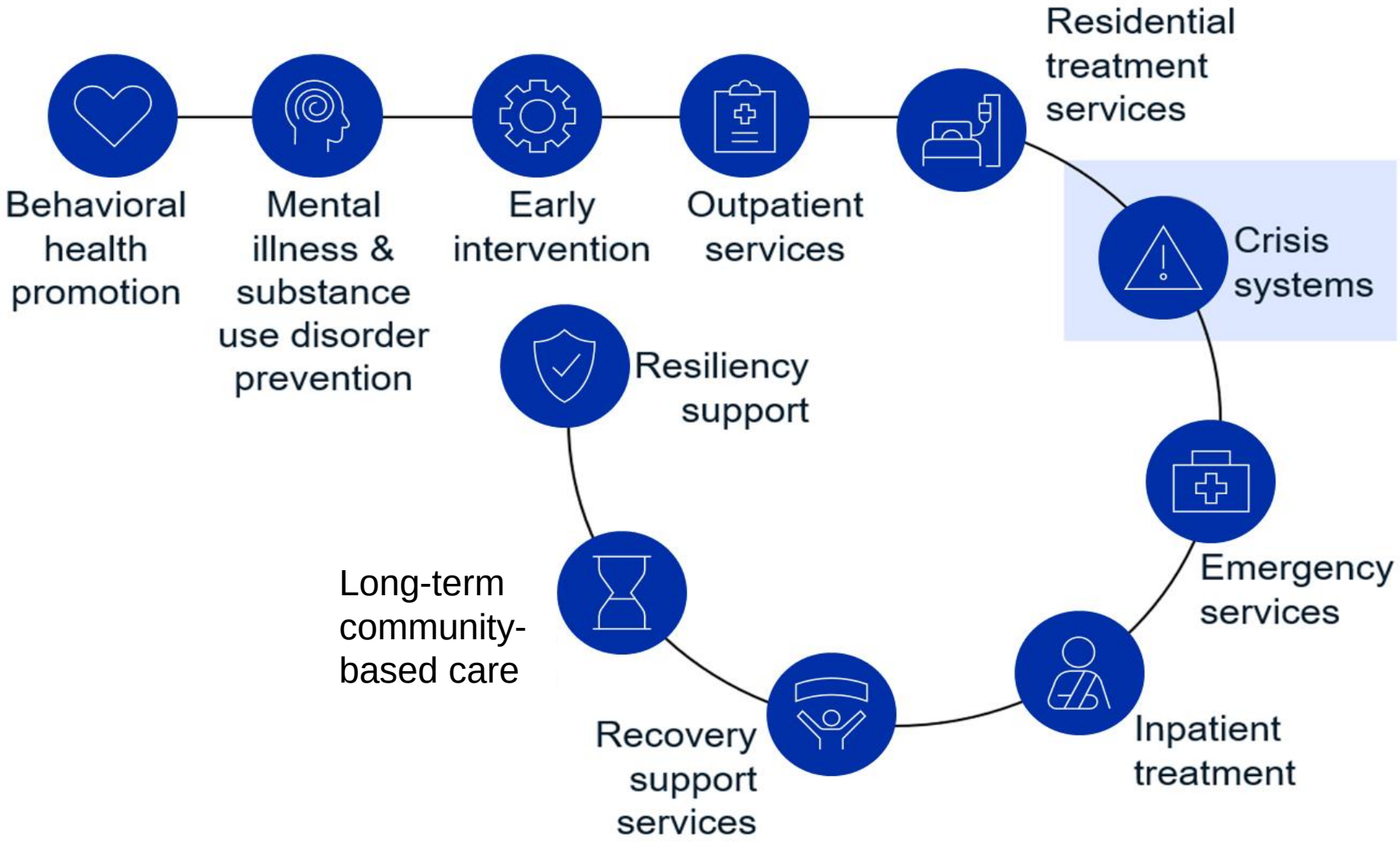
988-Crisis Policy Advisory Group
2/7/2024 Meeting

Anh Thu Bui, MD
Project Director, 988-Crisis Care Continuum
California Health and Human Services Agency

Objectives of the 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

The Behavioral Health Continuum of Care



California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 20.

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

California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 21.

Summary of Findings from the CCC-P

CalHHS believes that California's current crisis care system **meets select measures of 988 readiness**[1], but geographic variation exists and there are opportunities to improve coordination across settings

The Plan includes **three Strategic Priorities** for the future state crisis care system:

1. Build towards **consistent access statewide**
2. Enhance **coordination across and outside of the crisis care continuum of care**
3. Design and deliver a **high quality and equitable system for ALL Californians**

- Initial implementation considerations to achieve these strategic priorities will be executed over time with **near-, medium-, and long-term milestones** over 5 years
- CalHHS **prioritizes inclusion and equity** and continues to examine best practices and evidence-based strategies to ensure the crisis care continuum meets the needs of diverse populations

1. NASMHPD, 988 Convening Playbook: States, Territories, and Tribes

Crisis Services Continuum

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

Preventing Crisis

1. **Peer-based warmlines**
2. **Community-based behavioral health services, such as:**
   - Community-based social services
   - School-based and school-linked services
   - Primary care clinics and FQHCs
   - Outpatient BH care
     - CCBHCs
     - Urgent care clinics
     - Transition clinics
     - Bridge clinics
   - Peer support
   - Harm reduction
   - Medication for Addiction Treatment (MAT)
   - Housing services
   - Employment services
3. **Digital apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)**

Responding to Crisis

1. **Hotlines**
   - Operate 24/7/365
   - Answer all calls (or coordinate back-up)
   - Offer text / chat capabilities
   - Be staffed with clinicians overseeing clinical triage
2. **Mobile Crisis Services**
   - Operate 24/7/365
   - Staffed by multidisciplinary team meeting training, conduct, and capability standards
   - Respond where a person is
   - Include licensed and/or credentialed clinicians

Stabilizing Crisis

1. **Crisis receiving and stabilization services**
   - Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the model
   - Offer on-site services that last less than 24 hours
   - Accept all appropriate referrals
   - Design services for mental health and substance use crisis issues
   - Offer walk-in and first responder drop-off options
   - Employ capacity to assess & address physical health needs
2. **Peer respite**
3. **In-home crisis stabilization**
4. **Crisis residential treatment services**
   - Operate 24/7/365
5. **Post-crisis step-down services, such as (LT)**
   - Partial hospitalization
   - Supportive housing
6. **Sobering center**

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. September 13th BHTF meeting, DHCS: Existing California Medicaid Policies, proposed Medi-Cal Mobile Crisis Benefit, CalHHS

CCC-P Priorities

CALHHS ENVISIONS A FUTURE CRISIS SYSTEM DRIVEN BY 3 STRATEGIC PRIORITIES:

1

Build toward consistent access statewide

- Geographic variation in the availability of services
- Varying approaches to coverage of crisis care across public and private insurance

2

Enhance coordination across and outside of the continuum

- Clear definition of roles and responsibilities
- Accountable public entity to bring stakeholders together to establish common goals, protocols, agreements

3

Design and deliver a high-quality and equitable system for ALL Californians

- Need to understand current needs, disparities, and experiences for consistent quality standards and target outcomes
- Population-based approach that is inclusive and culturally relevant

California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 4.

Implementation Considerations for CCC-P Strategic Priorities

1

Build toward consistent access statewide

- Assess the current state of care and outline steps to increase capacity, affordability, and range of services to meet diverse needs and increase community awareness

2

Enhance coordination across and outside of the continuum

- Engage partners at the state and county levels to develop protocols, core quality and training standards, and technology infrastructure
- Establish robust formal and informal coordination of care (e.g. across counties, BH service providers, 911/988, hospitals, first responders, public health, public safety, schools)

3

Design and deliver a high-quality and equitable system for ALL Californians

- Develop a comprehensive strategy for data measurement and quality of care that is inclusive of all populations and geographies

California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 6.

Implementation Considerations for CCC-P Strategic Priorities (continued)

1

Build toward consistent access statewide

1A Availability: Enhance system capacity across the care continuum

1B Affordability: Ensure continuity of care through coverage across all payors

1C Appropriateness: Ensure services meet the needs of diverse populations

1D Awareness: Educate communities on how to prevent, respond to and stabilize crisis

2

Enhance coordination across and outside of the continuum

2A Technology Infrastructure: Identify and develop technology infrastructure to enable system-wide interoperability

2B Partnerships: Ensure robust formal and informal partnerships across components of the crisis care continuum and related systems

3

Design and deliver a high-quality and equitable system for ALL Californians

3A Measurement strategy: Develop a measurement strategy that is inclusive of populations and geographies

3B Quality of Care and Equity Strategy: Develop a quality of care crisis services strategy, including an equity-focused measurement framework

California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 46.

Community-Level Considerations

- **Type of geographies that exist in CA:**
  - Counties: population size (large, medium, frontier) and type of geography (urban, rural)[1]
  - Tribal Communities (federally recognized tribes, urban Indian population centers)
- **Populations of Focus from CCC-P:**
  - LGBTQ+ Youth
  - Individuals with intellectual and/or developmental disabilities
  - Individuals who are deaf or hard of hearing
  - Veterans
  - American Indian/Alaska Native and other native populations
  - Individuals with specific language needs
  - Older adults
  - System impacted youth
  - BIPOC
- **Others:** rural communities, unhoused individuals, justice-involved, college aged students, law enforcement, medical professionals, active military, perinatal population

1. California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 37.

Group Discussion

Implementation Considerations for Strategic Priorities

1

Build toward consistent access statewide

1A Availability: Enhance system capacity across the care continuum

1B Affordability: Ensure continuity of care through coverage across all payors

1C Appropriateness: Ensure services meet the needs of diverse populations

1D Awareness: Educate communities on how to prevent, respond to and stabilize crisis

2

Enhance coordination across and outside of the continuum

2A Technology Infrastructure: Identify and develop technology infrastructure to enable system-wide interoperability

2B Partnerships: Ensure robust formal and informal partnerships across components of the crisis care continuum and related systems

3

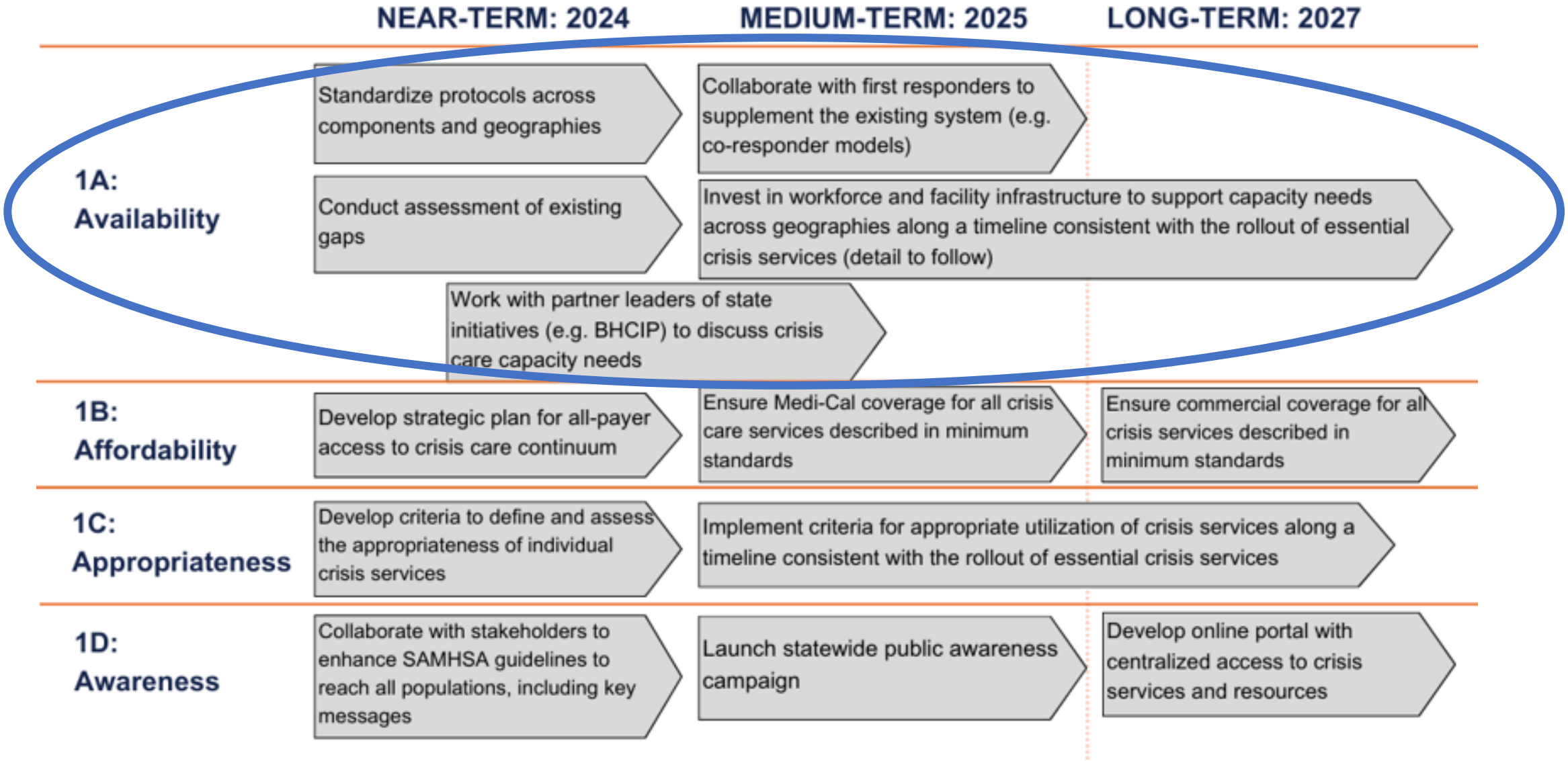
Design and deliver a high-quality and equitable system for ALL Californians

3A Measurement strategy: Develop a measurement strategy that is inclusive of populations and geographies

3B Quality of Care and Equity Strategy: Develop a quality of care crisis services strategy, including an equity-focused measurement framework

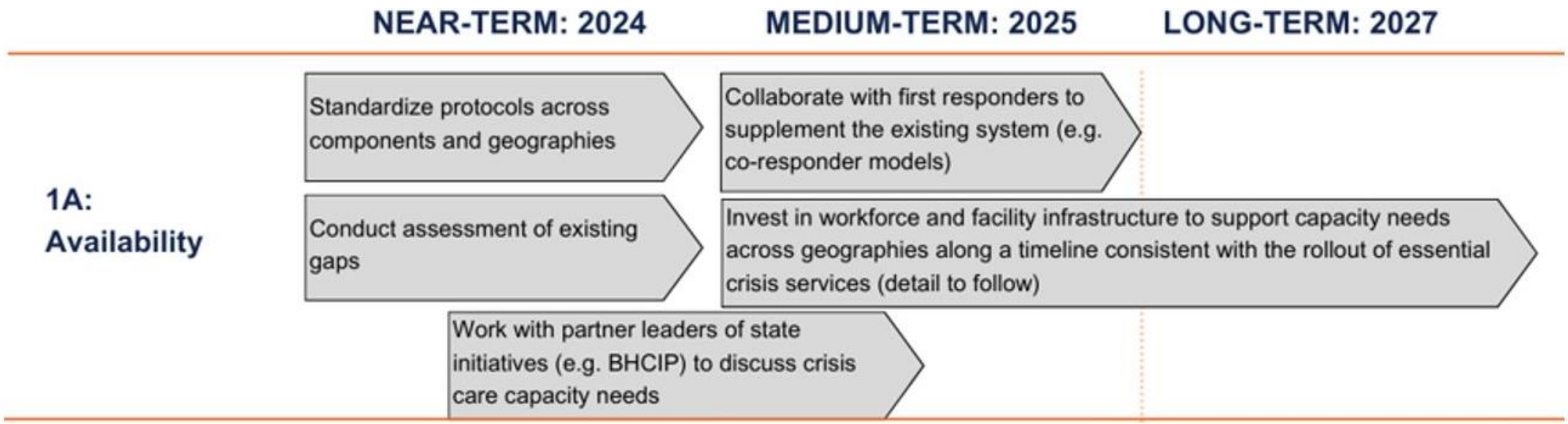
California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 46.

Potential Implementation Roadmap-- Strategic Priority 1A: Support a Consistent Minimum Level of Access Statewide



California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 46.

Strategic Priority 1A: Availability



Preventing crisis **Responding to crisis** Stabilizing crisis

1) What are the components (i.e., services, programs, and evidence-based and/or community-defined practices) of the existing crisis response infrastructure?

Equity Definitions

SAMHSA defines behavioral health equity as follows:

- Behavioral health equity is the right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location, to access high-quality and affordable healthcare services and support.
- Advancing behavioral health equity means working to ensure that every individual has the opportunity to be as healthy as possible. In conjunction with access to quality services, this involves addressing social determinants of health—such as employment and housing stability, insurance status, proximity to services, and culturally responsive care—all of which have an impact on behavioral health outcomes.

Substance Abuse and Mental Health Services Administration, "Behavioral Health Equity," (2023).

CalHHS Guiding Principles: Equity

FOCUS ON EQUITY

We must be a leader in the fight for equity and strive to create programs that address persistent and systemic inequities. The COVID-19 pandemic showed us how so many people are far behind and that the distance to make up to achieve equity is driven by historical, deep seated structural factors of racism, sexism and other forms of discrimination. In order to create a state where all of us can have a chance to thrive based on our efforts and hard work, we cannot allow certain groups and individuals to be disadvantaged because of the color of their skin, gender identity, sexual orientation, age or disability. We will seek to lift all boats, but some boats need to be lifted more.

For more information: CalHHS Principles & Strategic Priorities

Breakout Group Instructions

- Breakout groups will meet for 60 minutes
- For those in the room, breakout group assignments can be found on your nametags
- PAG members participating via Zoom will be directed to the breakout room
- Each breakout group to identify a volunteer to present in the debrief (5 minutes)
- Members of the public are invited to join breakout groups in listening mode

Lunch and Public Comment Sign Up

Breakouts will begin at 12:45 pm

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 Chelsea Snow. If you are participating remotely, you may send your request to Brittany Thompson.
- 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 Brittany Thompson. We will save the chat and add your comment to the meeting minutes.

Break/Transition

Main Session will begin at 1:55 pm

Breakout Group Discussion Handout

Breakout Group 1: Access

Implementation Considerations for Strategic Priorities (continued)

1

Build toward consistent access statewide

1A Availability: Enhance system capacity across the care continuum

1B Affordability: Ensure continuity of care through coverage across all payors

1C Appropriateness: Ensure services meet the needs of diverse populations

1D Awareness: Educate communities on how to prevent, respond to and stabilize crisis

2

Enhance coordination across and outside of the continuum

2A Technology Infrastructure: Identify and develop technology infrastructure to enable system-wide interoperability

2B Partnerships: Ensure robust formal and informal partnerships across components of the crisis care continuum and related systems

3

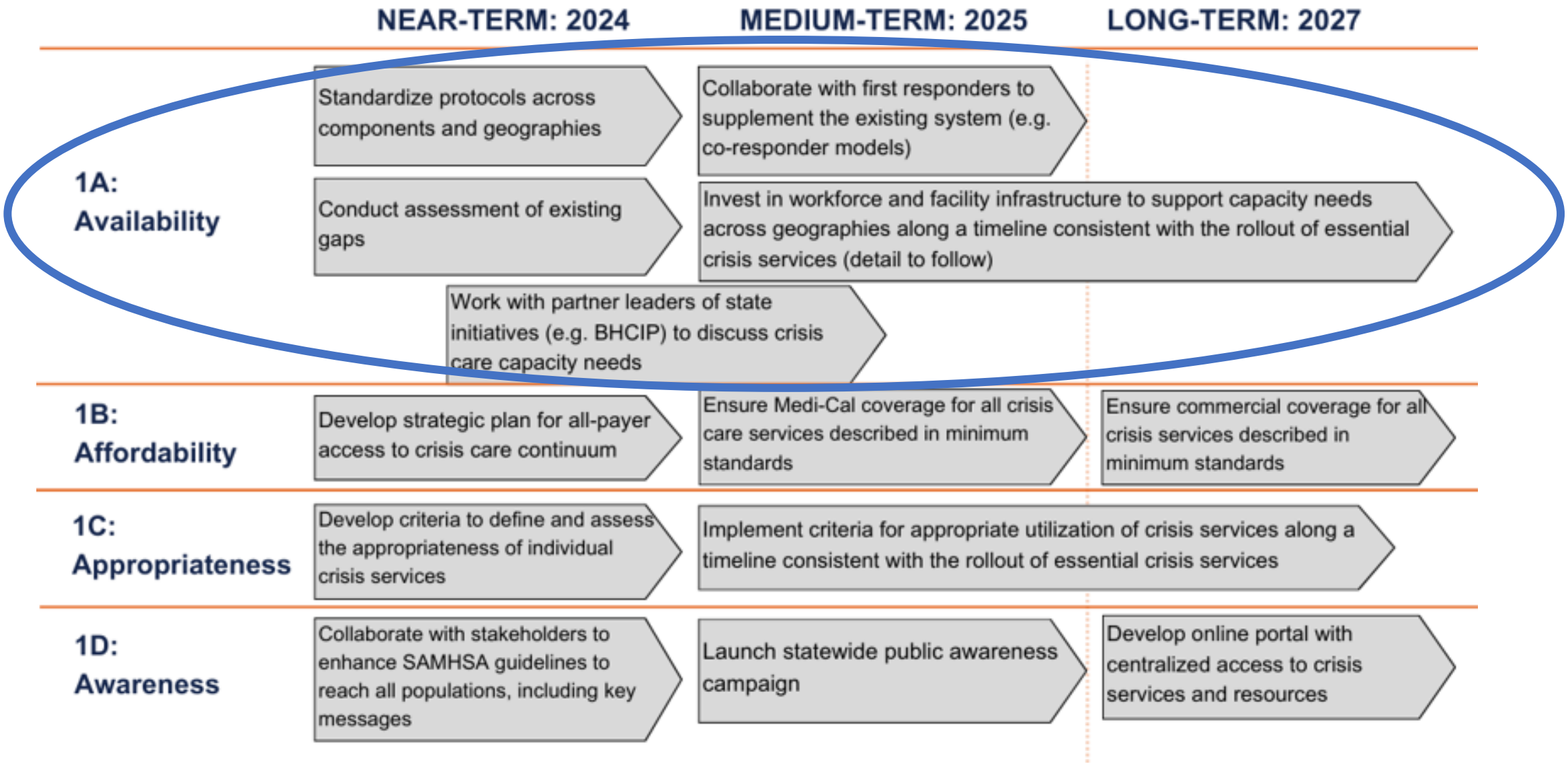
Design and deliver a high-quality and equitable system for ALL Californians

3A Measurement strategy: Develop a measurement strategy that is inclusive of populations and geographies

3B Quality of Care and Equity Strategy: Develop a quality of care crisis services strategy, including an equity-focused measurement framework

California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 46.

Potential Implementation Roadmap



California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 46.

Breakout Group 2: Coordination

Implementation Considerations for Strategic Priority 2

1

Build toward consistent access statewide

1A Availability: Enhance system capacity across the care continuum

1B Affordability: Ensure continuity of care through coverage across all payors

1C Appropriateness: Ensure services meet the needs of diverse populations

1D Awareness: Educate communities on how to prevent, respond to and stabilize crisis

2

Enhance coordination across and outside of the continuum

2A Technology Infrastructure: Identify and develop technology infrastructure to enable system-wide interoperability

2B Partnerships: Ensure robust formal and informal partnerships across components of the crisis care continuum and related systems

3

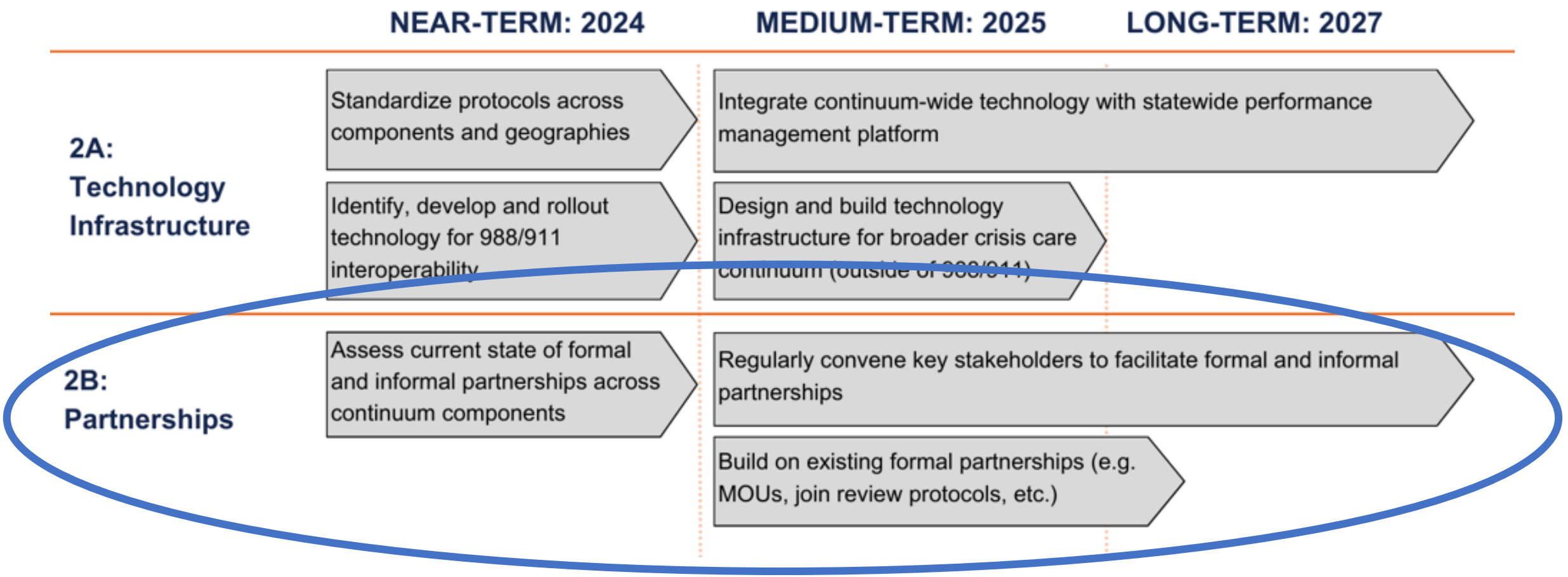
Design and deliver a high-quality and equitable system for ALL Californians

3A Measurement strategy: Develop a measurement strategy that is inclusive of populations and geographies

3B Quality of Care and Equity Strategy: Develop a quality of care crisis services strategy, including an equity-focused measurement framework

California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 46.

Potential Implementation Roadmap-- Strategic Priority 2: Enhance Coordination Across and Outside of the Continuum



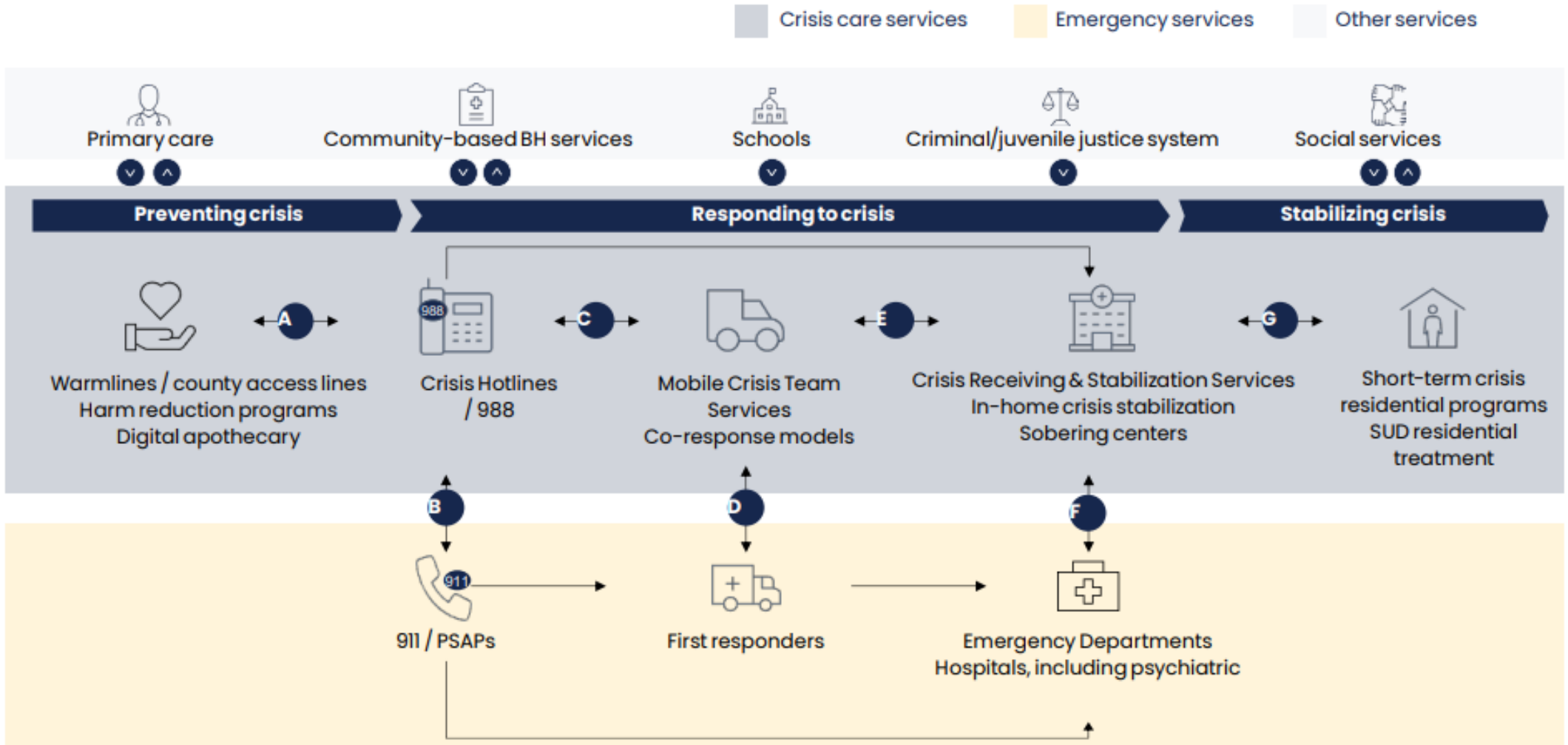
California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 53.

Enhance Coordination Across and Outside the Continuum

- Partnerships among crisis service operators can improve system effectiveness across each component of the crisis care continuum (preventing, responding to, and stabilizing crisis) by:
  - Aligning individuals to appropriate care
  - Improving coordination
  - Facilitating cross-entity decisions
- Formal partnerships can include establishing regular and continuous meetings, finding funding for shared resources (e.g. training programs, and establishing formal contracts)

California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 54.

Transitions in Crisis Care (non-exhaustive)



Source: 988 Implementation Guidance Playbooks, SAMHSA National Guidelines for Crisis Care, DHCS, CalHHS, expert interviews

California Health and Human Services Agency, "Behavioral Health Crisis Care Continuum Plan" (2023), page 25.

Debrief: Crisis Care Continuum

Action Items and Next Steps

Upcoming PAG Meetings

#	Meeting Dates (10am-3pm)	Location
3	April 24, 2024	In-Person, Allenby Building in Sacramento
4	June 26, 2024	In-Person, Allenby Building in Sacramento
5	August 14, 2024	In-Person, TBD
6	September 18, 2024	In-Person, Allenby Building in Sacramento
7	November 20, 2024	In-Person, Allenby Building in Sacramento

Public Comment Period

Adjourn

For more information or to be added to the AB988 Mailing List, please email AB988Info@chhs.ca.gov

https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/