



**988-Crisis
Policy Advisory Group
Meeting 4
June 26, 2024**

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ZOOM ETTIQUETE





Welcome

Virtual PAG Attendees

Ryan Banks, Turning Point of Central California

Susan DeMarois, CA Department of Aging

Lan Nguyen, County of Santa Clara Behavioral Health Services

Miguel Serricchio, LSQ Group, LLC

Shari Sinwelski, Didi Hirsch Mental Health Services

June 26 PAG Meeting Objectives

1. Build trust and productive working relationships with each other and the project team.
2. Ground our work (i.e., the work of the Policy Advisory Group) in the lived experiences of people using and/or working in the Crisis Care Continuum.
3. Prepare for reviewing the DRAFT Five-Year Implementation Plan by understanding the structure of the plan, including how recommendations are being developed and refined and how the Plan will address the AB 988 legislation and the Policy Advisory Group's work.
4. Provide insights on performance metrics to inform development of a data dashboard for the behavioral health crisis continuum.
5. Review and reflect on the emerging recommendations coming out of Workgroup #4 (Communications).
6. Prepare for discussions in August about recommendations for 911/988 handoffs by learning about the latest updates on 911/988 technical integration.
7. Learn recent outcomes from Urban Indian and Tribal engagement.
8. Confirm action items and next steps.
9. Hear public comment.

Public Comment Overview

- We will take comments in the order in which we receive sign-ups
- Sign-ups for public comment open at 12:05 pm and close at 12:50 pm
- If you are a member of the public attending in person and would like to comment, please sign up with Noah Evans
- If you are on Zoom and would like to make a public comment, please send a chat to Devon Schechinger starting at 12:05pm
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, there are two other ways to have your voice heard
 - You may email your written comment to the project email address: AB988Info@chhs.ca.gov
 - If you are on Zoom today, you may put your comment in a chat for Devon Schechinger. We will save the chat and add your comment to the meeting minutes.

June 26 PAG Agenda

- 10:00** Welcome
- 10:15** Mission Moment
- 10:25** Level Setting: Structure of the Five-Year Implementation Plan
- 10:45** Discussion: Data Goals and Performance Metrics
- 11:10** Break
- 11:20** Discussion: Data Goals and Performance Metrics (Continued)
- 12:05** Lunch and Public Comment Sign-Up
- 12:50** Communications Workgroup Outcomes
- 1:40** Latest Updates on 911/988 Technical Integration
- 2:05** Updates on Urban Indian and Tribal Engagement
- 2:35** Action Items and Next Steps
- 2:40** Public Comment Period
- 3:00** Adjourn

Melissa Lawton

Chief Program Officer, Seneca Family of Agencies

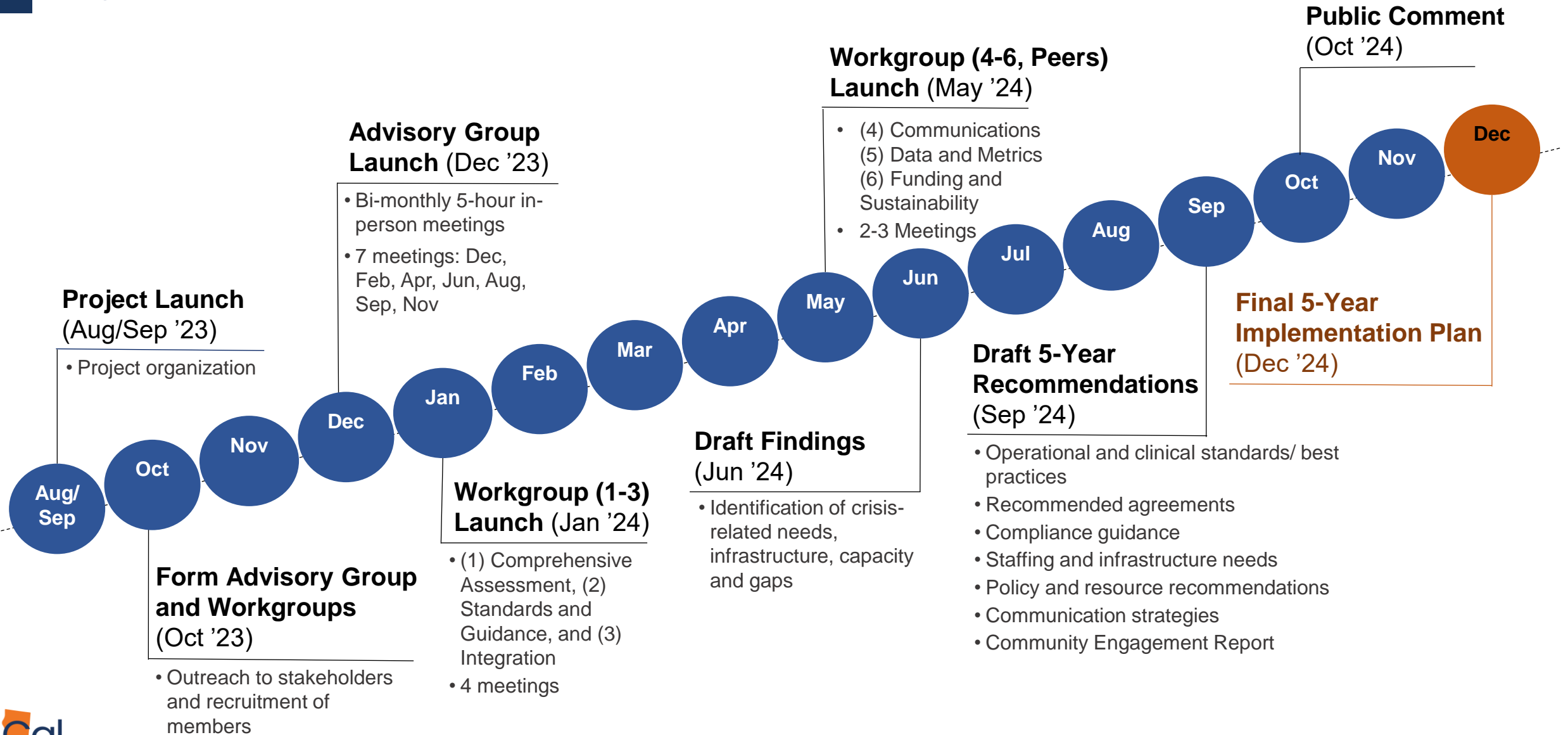


Level-Setting: Structure of the Five-Year Implementation Plan

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

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

Key Milestones



PAG Meeting Schedule

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

988-Crisis Workgroups

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**

Peers
[Added Apr-24]



Five-year Implementation Plan for a Comprehensive 988 System

- Executive Summary
- Background and Introduction
- Key Findings from the Comprehensive Assessment
- Five-year Implementation Plan
 - Pillars/Strategic Goals
 - Recommendations
 - Implementation Activities
- Conclusion
- Appendix
 - Glossary
 - Findings from the Comprehensive Assessment + Chart Book
 - Data Dashboard
 - Community Engagement Report
 - Annual Report Template

Organizing Framework - Key Terms

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

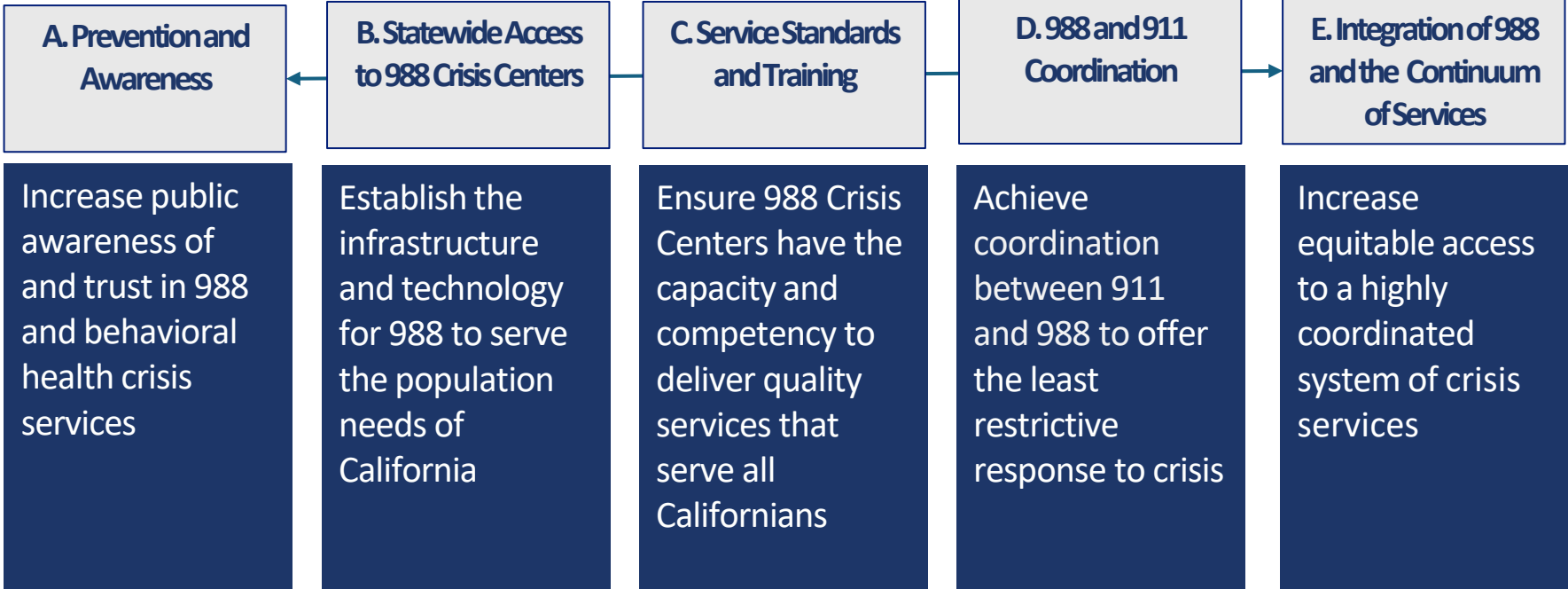
Are we doing the *right things*?

Are we doing *things right*?

Draft Plan Framework

Vision
Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians

Pillars



Cross-Cutting Factors



Mapping the Framework to the 988 Crisis Workgroups

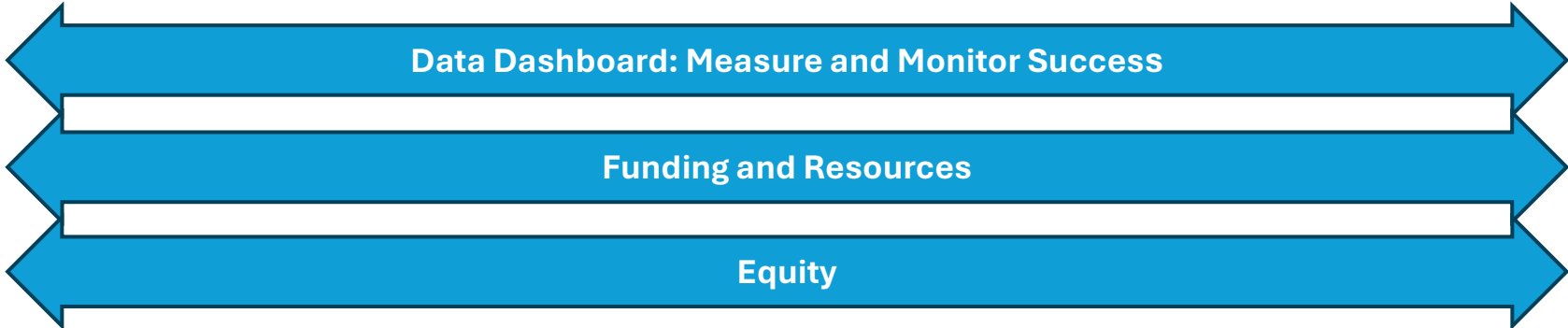
Vision
Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians

Pillars



Workgroup 1, Peer Support Workgroup

- Workgroup 5
- Workgroup 6
- All



Connecting the Pillars and Recommendations

Vision
Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians

Pillars



Increase public awareness of and trust in 988 and behavioral health crisis services	Establish the infrastructure and technology for 988 to serve the population needs of California	Ensure 988 Crisis Centers have the capacity and competency to deliver quality services that serve all Californians	Achieve coordination between 911 and 988 to offer the least restrictive response to crisis	Increase equitable access to a highly coordinated system of crisis services
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What will the recommendations cover?

Comprehensive statewide and regional public communication strategy	State technology requirements 988 infrastructure for call, text, and chat Potential sub-networks Peer Support services	Staffing and training standards Peer support services Operational and clinical standards	988 and 911 protocols	Access to crisis stabilization and triage Connection to mobile crisis services Peer support services Equitable access across the continuum
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← Equity, Funding, Other Resources →

Draft Framework for PAG Discussion

Vision
**Equitable, Accessible, High-Quality
Behavioral Health Crisis System for All Californians**

Pillars

**A. Prevention and
Awareness**

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

**B. Statewide Access
to 988 Crisis Centers**

Establish the infrastructure and technology for 988 to serve the population needs of California

**C. Service Standards
and Training**

Ensure 988 Crisis Centers have the capacity and competency to deliver quality services that serve all Californians

**D. 988 and 911
Coordination**

Achieve coordination between 911 and 988 to offer the least restrictive response to crisis

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

Increase equitable access to a highly coordinated system of crisis services

Cross-Cutting Factors

Data Dashboard: Measure and Monitor Success

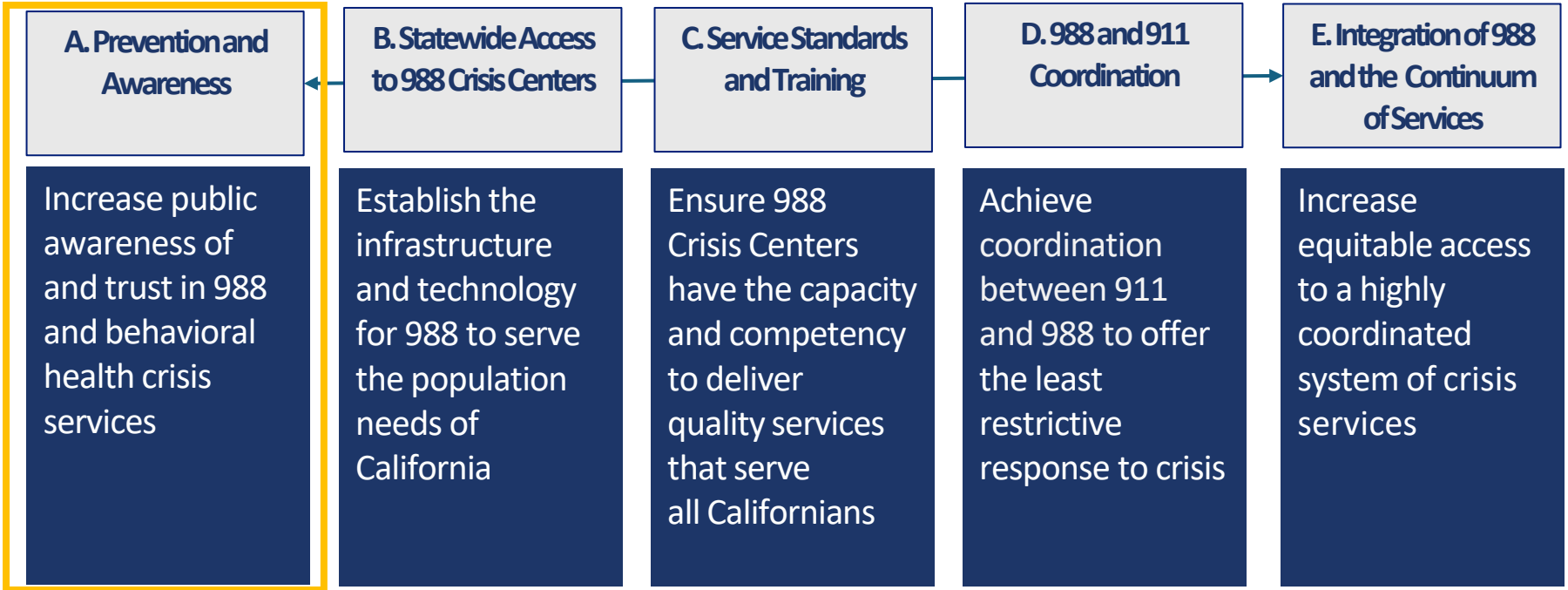
Funding and Resources

Equity

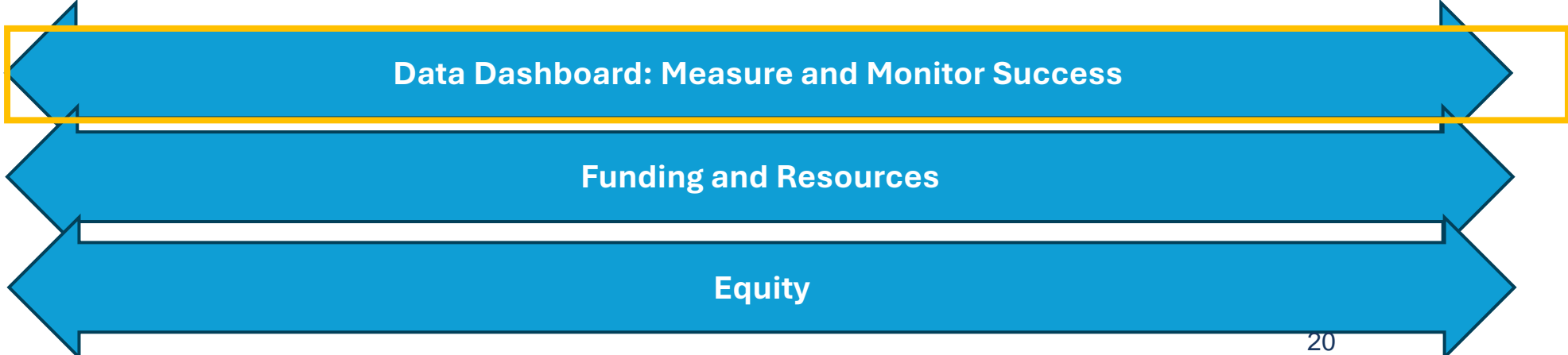
Focus of 6/26 PAG

Vision
Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians

Pillars



Cross-Cutting Factors





Discussion: Data Dashboard *(Workgroup 5)*

Workgroup 5: AB988 Required Areas

AB 988 Required Areas

(10) Quantifiable goals for the provision of statewide and regional behavioral health crisis services, which consider factors such as reported rates of suicide attempts and deaths.

(11) A process for establishing outcome measures, benchmarks, and improvement targets for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.

Workgroup 5 Members

***Co-Chair, Kirsten Barlow**, CA Hospital Association*

***Co-Chair, Robb Layne**, CAADPE*

Alec Smith, DHCS

Ashley Metoyer, UCSD Mobile Crisis

Blanca Gutierrez, Contra Costa Crisis Center

Brenda Grealish, CDCR

Brandon Jacobs, RUHS BH

Casey Heinzen, DHCS

Curt Guillot, CalOES

David Bond, Blue Shield

Elizabeth Manley, University of CT

Erika Cristo, DHCS

Jonah Cox, CDPH

Mark Salazar, Mental Health America SF

Molly Miller, Interagency Council on Homelessness

Paul Troxel, CalOES

Rebecca Bauer-Kahan, CA State Assembly

Sarah Feingold, Youth for Change

Shauna Simon, CDPH

Sheree Lowe, CHA

Tara Gamboa-Eastman, Steinberg Institute

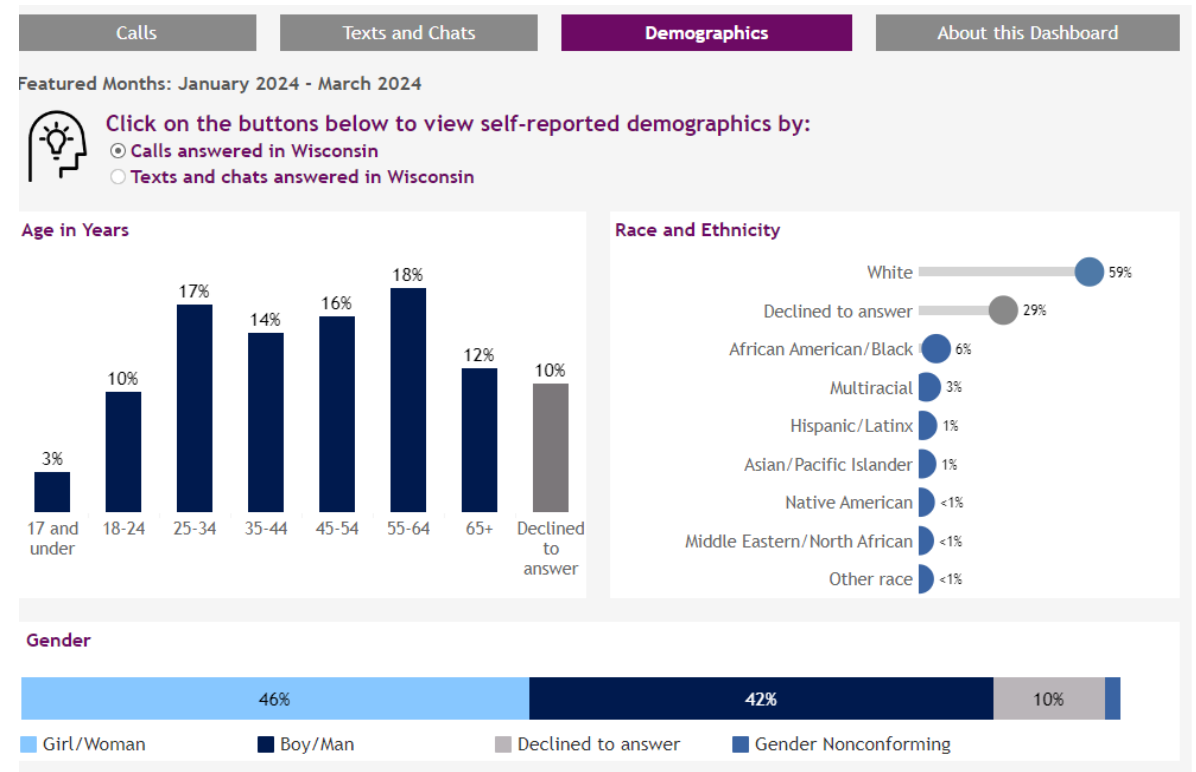
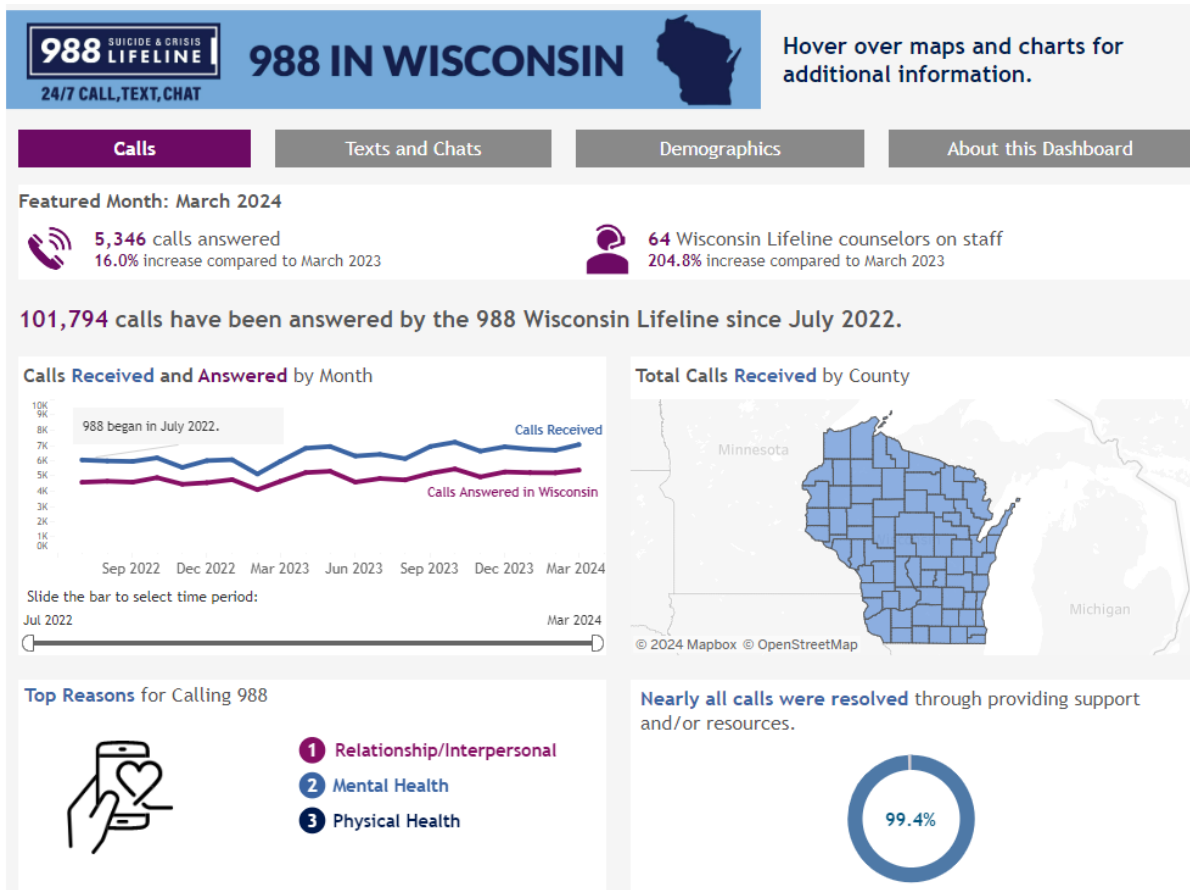
Tony Kildare, Yolo County Health and Human Services

Tracy Lacey, CBHDA

Dashboard Examples: Wisconsin

[Crisis Services: 988 Suicide & Crisis Lifeline Data Dashboard | Wisconsin Department of Health Services](#)

The WI dashboard has tabs for calls, texts and chats, demographics and a tab describing the technical notes re: data collection, updates, etc.



Dashboard Examples: Arizona

[AZ600 Statewide Dashboard | Tableau Public](#)

34,327

30-Day Statewide Crisis Call Volume

98.6%

Statewide Answer Rate

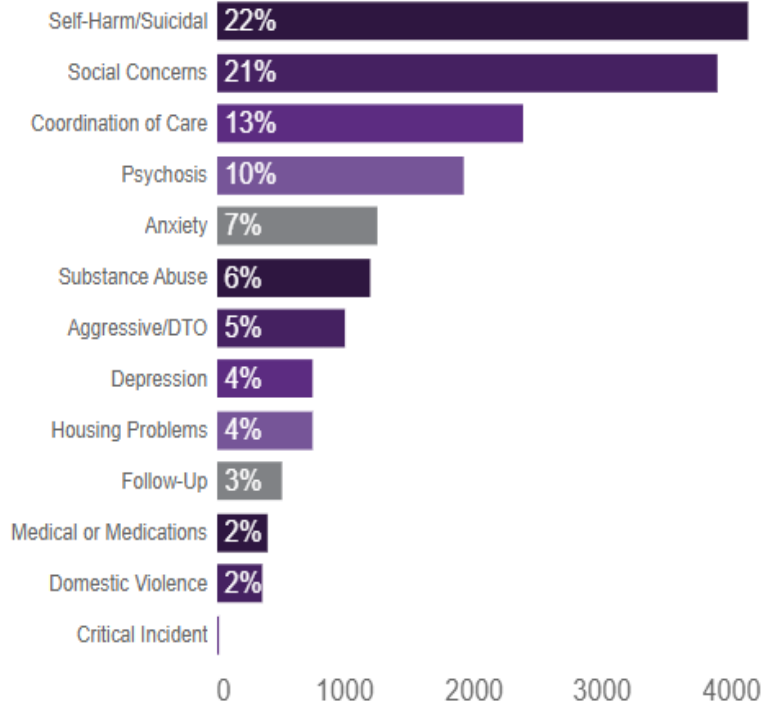
9 seconds

Statewide Average Speed of Answer

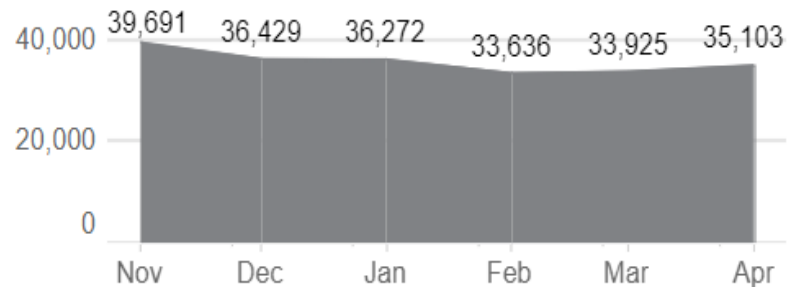
88%

Statewide Stabilization Rate

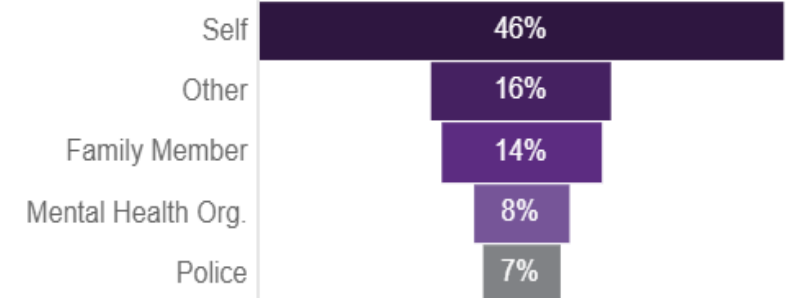
Reasons for Calling



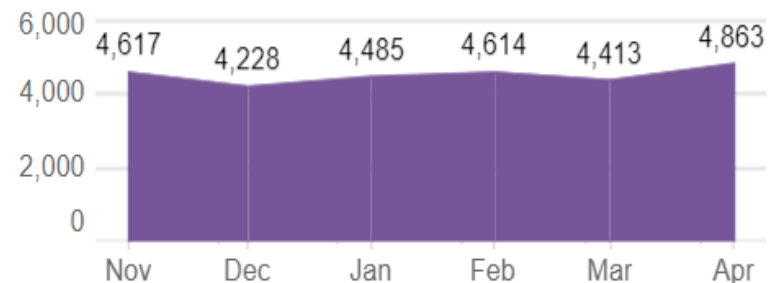
Statewide Crisis Volume by Month



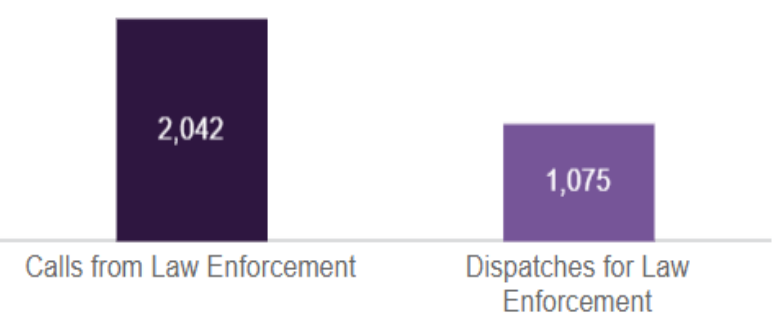
Top 5 Referral Sources



Mobile Team Dispatch Volume by Month



Law Enforcement Collaboration



Workgroup 5 Co-Chair Reflections (Kirsten Barlow and Robb Layne)

- Workgroup 5 met in May 2024; the next meeting is slated for July 31. Input from today's PAG conversation will shape the discussion for that second meeting, which will focus on identifying a discrete set of metrics to be included in a state dashboard.
- A challenge of measurement: Crisis services operate in a complicated ecosystem, with multiple players and partners; many factors can contribute to crisis services outcomes
- The workgroup utilized components of the Results Based Accountability (RBA) framework to guide its conversation about a data dashboard.
 - The RBA model hinges on three questions: How much did we do? How well did we do it? Is anyone better off? These question encompass both effort and effect.
- The group reviewed dashboards from other states as reference for what we can develop in California. Where we're looking for guidance from the PAG is which metrics to prioritize.
 - Which metrics effectively communicate progress and impact?
 - Which metrics are correlated with our desired results?

Data Dashboard: How much? How well?

How much did we do?

How well did we do it?

Work Group additions

* SAMHSA/ Vibrant Requirement

Across the Continuum: Collect data on client profile/demographics and type of crisis

Preventing Crisis	Responding to Crisis	Stabilizing Crisis
<p>Peer-Based Warm Lines</p> <ul style="list-style-type: none"> Number of warmlines Call volume Types of calls Transfer rates/volume between warm lines and 988 [reduced need for transfer] Links to social services (e.g., housing) <p>Community-Based Behavioral Health Services</p> <ul style="list-style-type: none"> Percentage of people connected to outpatient services following discharge from hospital or ED for MH/SUD <p>Digital Apothecary</p> <ul style="list-style-type: none"> Number of web visits, downloads of digital tools <p>Other Social Indicators</p> <ul style="list-style-type: none"> E.g., Social Connectedness 	<p>Hotlines</p> <ul style="list-style-type: none"> Contact Volume* (Call, Text, Chat) <ul style="list-style-type: none"> Repeat Callers/Frequency Answer Rate* Abandonment Rate* (less than 5%) Average Contact Time/Length* Average Speed to Answer* (95% within 20 sec) Ability to respond in caller's preferred language Post Call <ul style="list-style-type: none"> Center Follow Up Rate Contact Referral Utilization Contact Experience/Satisfaction (e.g., Net Promoter Scores) Reduced levels of distress immediately following the call Rates for Involuntary Detentions (5150 Holds) <p>Mobile Crisis</p> <ul style="list-style-type: none"> Number and type of mobile crisis teams by county, ratio to population Presence of dispatch protocols Average in-person response times Referrals (linked) Medi-Cal Mobile Crisis Data to be Collected: demographic information, crisis location, response time, disposition of encounter, law enforcement involvement, information about follow up check-in 	<p>Crisis Receiving and Stabilization Services</p> <ul style="list-style-type: none"> Number/type of facilities per county/region Percentage of referrals accepted Time to access/distance from population base Reduced hospitalizations and readmissions Reduced Emergency Department visits



Data Dashboard Table Discussion Questions

1. Are there critical *state-level* performance metrics that you think are missing? Why are they critical?
2. Considering the purpose of the state data dashboard, which of these performance metrics do you think are the most meaningful at a *state level*?



Lunch and Public Comment Sign Up

Breakouts will begin at 1:10PM

Public Comment Sign Up

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



Discussion: Pillar A: Prevention and Awareness (*Workgroup 4*)

Workgroup 4: AB988 Required Recommendations

AB 988 Required Area	How It's Being Addressed
<p>(8) Statewide and regional public communications strategies informed by the National Suicide Prevention Lifeline and the Substance Abuse and Mental Health Services Administration to support public awareness and consistent messaging regarding 988 and behavioral health crisis services.</p>	<ul style="list-style-type: none">• DHCS Communications Plan (end of June 2024)• CDPH Research• Workgroup 4

Workgroup 4 (Communications) Members

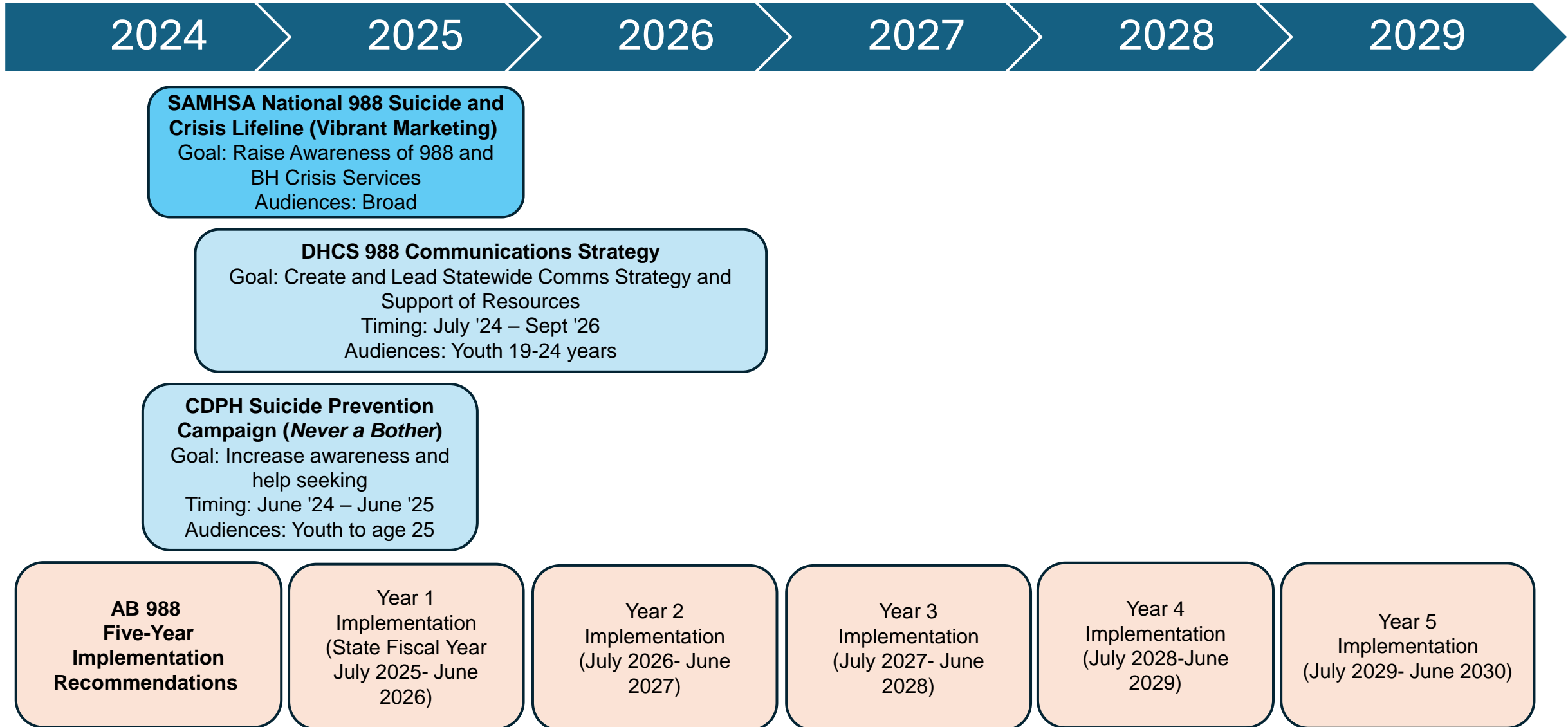
- **Co-chair - Ashley Mills**, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- **Co-chair - Kenna Chic**, Former President of Project Lighthouse
- **Adrienne Shilton**, VP of Public Policy and Strategy, California Alliance of Child and Family Services
- **Angela Vasquez**, Policy Director, The Children's Partnership
- **Ariella Cuellar**, Communications Specialist, California LGBTQ Health & Human Services Network
- **Chrissy Corbin**, Health Program Specialist, California Department of Public Health (CDPH)
- **Christie Gonzales**, Director of Behavioral Operations, WellSpace
- **David Grady**, Regional Manager, State Council on Developmental Disability, Central Coast at State of California
- **Debra Roth**, Senior Legislative Advocate, Disability Rights
- **Elizabeth Basnett**, Director, California Emergency Medical Services Authority (EMSA)
- **Hernando Garzon, MD**, Medical Director, California Emergency Medical Services Authority (EMSA)
- **Ivan Bhardwaj**, Acting Medi-Cal Behavioral Health Chief, California Department of Health Care Services (DHCS)
- **Jennifer Oliphant**, Hope For Tomorrow Program Director, Two Feathers Native American Family Services



Workgroup 4 (Communications) Members (Continued)

- **Jevon Wilkes**, Executive Director, California Coalition for Youth
- **Jeanine Gaines**, Director of Partnerships, The Social Changery
- **John Donoghue**, Program Manager, County of Santa Clara Behavioral Health Services
- **Julie Kornike**, Director of Marketing and Communications, Didi Hirsch
- **Katherine Katcher**, Justice Policy Lead, Yurok Tribe
- **Kenyon Jordon**, Volunteer and Training Coordinator, Buckelew Programs
- **Kiran Savage-Sangwan**, Executive Director, California Pan-Ethnic Health Network (CPEHN)
- **Lishaun Francis**, Senior Director, Behavioral Health, Children Now
- **Mayu Iwatani**, Manager of Mental Health and Wellness, Care Coordination, Orange County Dept of Education
- **Michael Tabak**, San Mateo Sheriff's Office
- **Miguel Serricchio**, Executive Vice President, LSQ Funding Group
- **Miriam Goldblum, MD**, (psychiatrist, family member)
- **Stephen Sparling**, California Coalition for Youth
- **Tara Gamboa-Eastman**, Director of Government Affairs, Steinberg Institute
- **Taun Hall**, Executive Director, The Miles Hall Foundation

Establishing a Statewide 988 Communications Strategy



Workgroup 4 Co-Chair Reflections (Kenna Chic and Ashley Mills) (1)

- Workgroup 4 met on two occasions in May and June 2024. Workgroup discussions were informed by presentations from CDPH and DHCS.
 - CDPH provided an overview of best practices in public health communications; campaign examples included the current, statewide “Never a Bother” youth suicide prevention campaign
 - DHCS provided an update on the development of a statewide 988 communication strategy in line with SAMHSA’s 988 partner toolkit and DHCS’ Disparity Impact Statement.
- The first meeting focused on messaging and methods to reach populations that may be reluctant to use 988. Conversations emphasized:
 - Being as transparent as possible about what to expect when calling 988, including making clear what situations would warrant law enforcement involvement
 - Actively address/mitigate concerns around data privacy and confidentiality
 - Use words and images that help to normalize help-seeking behavior
 - Messages and channels of communication should be consistent but population specific
 - Leverage virtual platforms and physical locations where people regularly frequent
 - Uplift the voice of lived experience (consistent with ethical storytelling policies)
 - Get the buy-in of trusted community messengers, including community-based organizations

Workgroup 4 Co-Chair Reflections (Kenna Chic and Ashley Mills) (2)

- The second meeting included a review of draft recommendations to be included in the five-year implementation plan
 - Recommendations focus on what is needed to enable coordination and alignment of different communications efforts.
 - The recommendations do not address specifics related to communications messaging and methods, since those topics would be covered in the formative research phase of any communications campaign
- While our workgroup focused on communications strategy, there was recognition that building trust extends to how we communicate, design, and operationalize the crisis system
 - This links to previous PAG and workgroup conversations related to statewide operational and training standards
 - Highlights the need for mechanisms for feedback, including a state process for hearing complaints and grievances

Pillar A: Early Draft Recommendations for Workgroup Consideration

DRAFT Recommendation	Detail
<p>1) Align and coordinate state behavioral health crisis communications strategies including goals, audiences and measurements.</p>	<ul style="list-style-type: none"> a) Identify priority audiences for 988 communications strategies, with an emphasis on populations not reached through national campaigns and/or those populations at greatest risk b) Define the goals and objectives of the communications strategy to provide clarity about how and when to use 988, what to expect when someone contacts 988, and what 988 can and can't do
<p>2) Engage key partners in developing and disseminating statewide and regional communications strategies regarding behavioral health crisis services.</p>	<ul style="list-style-type: none"> a) Develop a comprehensive statewide strategy for communicating 988 and behavioral health crisis services, increasing public awareness, and supporting behavior change, including willingness to seek help. b) Uplift the voice of lived experience consistent with ethical storytelling policies c) Engage community-based organizations (CBOs) as vehicles for developing and delivering locally tailored messages
<p>3) Determine key messages, forums, and spokespeople/trusted messengers, segmented by priority audience.</p>	<ul style="list-style-type: none"> a) Develop a strategy that leverages community settings where people regularly frequent (e.g., schools, healthcare settings, and Regional Centers) b) Leverage formative research message testing and community engagement to ensure targeted messaging accounts for language and cultural needs and norms of the priority audiences
<p>4) Monitor the success and impact of the communications strategies</p>	<ul style="list-style-type: none"> a) Establish metrics to evaluate the extent to which communications strategies lead to changes in awareness, perception, and behavior b) Establish a state level process for complaints and grievances

Pillar A. Prevention and Awareness Table Discussion Questions (1)

1. To what extent do these recommendations ensure that 988 communications are coordinated, equitable, and effective? What, if any additional elements need to be in place?
2. What are other communications strategies that could help us do a better job of reaching diverse communities? Acknowledging that there are many other factors beyond communications that play a significant role in building trust and transparency, what are some additional communications strategies that could support our goals of building trust and ensuring transparency?



Update on CalOES Technical Advisory Board

Budge Currier, CalOES

*Jeff Hebert, CalOES Technical Advisory Board
Member*



Realities of the California 988 system for Calls, Chat, and Text

- Integrated cybersecurity and active system monitoring
- Standards based Reliability and availability based on 911 system standards
- Developed based on the specific needs of the 988 counselor and 988 help seeker
- Full interoperability between 911 and 988
 - Transfers from 988 to 911 are on a priority line just like a 911 call
 - Transfers from 911 to 988 are geospatially routed to the correct 988 center based on 911 location
 - Approved information and data from 988 can be sent to the 911 system
 - Reduces workload and response because no need to verbally relay information
 - Direct Chat features are supported between 988 and 911
 - Ability to share videos, photos, and other multimedia data
 - Load sharing between all systems based on rules and requirements
- Integrated Customer Relationship Management solution that interfaces with:
 - Registry of available community resources
 - Mobile Dispatch software
 - Data sources that provide critical information
 - Visibility of location and availability of resources
- Cloud based technology enables automated integrations and streamlined upgrades
- Fully compliant with state statute and federal guidelines

9-1-1/988 TRANSFER/HANDLING CRITERIA - DRAFT

Policy: To provide the best service possible to address the needs of callers experiencing a mental health crisis, it is necessary for 9-1-1 Public Safety Answering Points (PSAPs) and 988 Lifeline centers utilize standards and protocols that provide guidance on when 988 centers will transfer calls received on 988 to 9-1-1, and vice versa.

Procedures

- PSAP Transfer Criteria
- 988 Center Transfer/Emergency Services Notification Criteria
- Transfer Process from 9-1-1 to 988
- Information To Be Provided When a Transfer or Notification Occurs



Plan for Urban Indian and Tribal Engagement

*Rochelle Hamilton, Tribal 988 Advisor
Kauffman and Associates*



Kauffman and Associates Incorporated



KAUFFMAN
AND ASSOCIATES INCORPORATED

We Do Work That Matters

988

**California Tribal Voices
Tribal Engagement Update**

Rochelle Hamilton, MSc, Ehattesaht First Nation

TODAY'S MINI PRESENTATION OVERVIEW

- Why is *SHE* here? Introduction and background
- Why tribal engagement is crucial
- How we have been engaging the tribes at KAI
- Current findings
- How we plan to continue to engage the tribes

BACKGROUND

- Woman from the Ehattesaht Nation
- Some experience with Tribal 988
- Currently the Tribal 988 Advisor for Kauffman and Associates
- Along with my incredible all-Native team in Washington , we were responsible for the design and implementation of the Native and Strong Lifeline, the first Tribal 988 in the country
- This Native and Strong Lifeline is operated by an all-Native staff from the Tribal Crisis Counselors to the Director of Tribal Services
- We were able to successfully design a system which embedded cultural healing and understanding within it
- This service continues to grow in Washington and has proven itself to be an excellent example of what happens when we include culture and tradition in our behavioral health systems



WHY ENGAGE THE TRIBES?

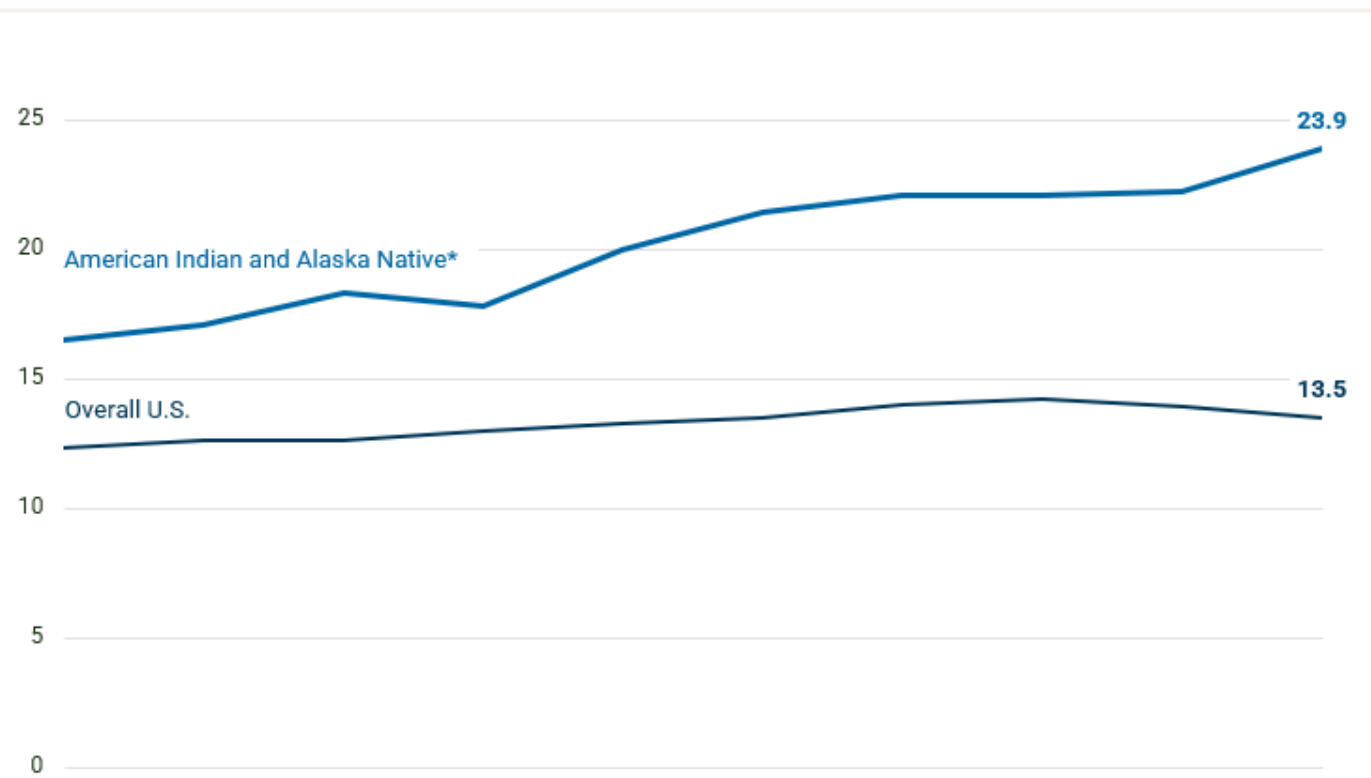


- We have been here since time immemorial and are still here
- We are eager and ready for the opportunity to have our voices heard and to put our recommendations into action
- It is our responsibility to honor the government-to-government relationship

WE ARE DYING AT AN ALARMING RATE...

Suicide Prevention Resource Center | sprc.org

Suicide Rates Among American Indian and Alaska Native Populations in the U.S., 2011-2020



...BUT WE REALLY DON'T WANT TO



- *“I don’t want to end my life today. I want to keep living. I’ve got things I want to do.”—Zachary Blackowl*

WE KNOW WHAT WE NEED AND SCIENCE DOES TOO!

- *“Culturally relevant comprehensive public health approaches to suicide prevention are needed to address systemic and long-standing inequities among AI/AN persons” (Stone D, 2015)*



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KAUFFMAN
AND ASSOCIATES INCORPORATED

CURRENT TRIBAL ENGAGEMENT

- KAI is tasked with conducting 3 focus groups with tribal end-users in mind to add the tribal voice to the 5-year plan
 - The first group was for the rural/elder tribal population and was conducted on the territories of a remote Northern California tribe.
 - The second conducted yesterday, was for the tribal youth population which was done here, in Sacramento and hosted by the Native Dads Network (NDN)
 - The final focus group will be for the urban Indian population and will be hosted by Inner-Tribal Treatment in the Pauma Valley, July 11th.



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KAUFFMAN
AND ASSOCIATES INCORPORATED



WE HAD QUESTIONS, THEY HAD ANSWERS

Our goal in these focus groups was to find out about experiences through the tribal lens regarding the following:

Experiences During Crisis Response- Equitable Access

Experiences as part of Crisis Stabilization

Prevention- public awareness and messaging

EARLY FINDINGS

RURAL AND ELDER POPULATIONS



Concern that non-Native resources don't know the area; and when reaching out to County, they felt people were very judgmental



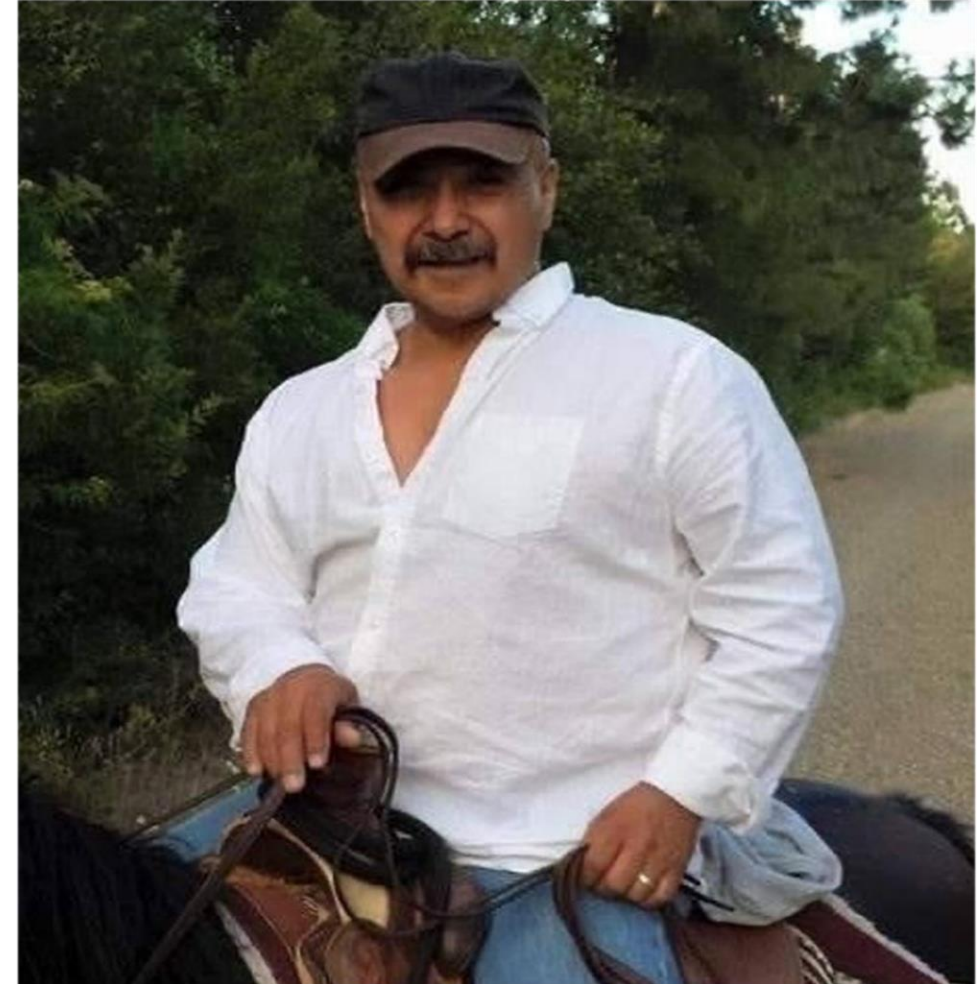
There are "dead" cell phone areas here, but people can usually text/chat.



The only service provider that can cover most of the area is Verizon and many people in the community cannot afford a Verizon service plan.



Remoteness of the community: Sometimes outside help can take 2 hours to several days to arrive, if at all



RURAL AND ELDER POPULATION

- Some addresses in the area are not “real” addresses and do not come up on GPS. For example, there are known landmarks on the tribal lands, but these are not known to outside responders. (This is common in remote tribal communities)

- Trust issues due to historical trauma and more recent experiences make it difficult to trust that reaching out would be beneficial.

- The participants discussed that they all believe that the young people of the tribe were falling through the cracks due to not having enough youth services and residential facilities for youth to go when in crisis.

- Although the focus was on our elders, their focus was our young people

FOCUS GROUP SUGGESTIONS AROUND 988

- *“Training the 12 call centers is not enough, it’s only checking the box.”*
- *“There is too much staff turnover to do quality training on tribes due to staff changes.”*
- Opening of more facilities for a place to go after the crisis, especially for young people.
- Need to have spiritual healers involved in mobile crisis response development.
- Need more tribal staff embedded in 988 for rapport building and connection.
- Opening a tribal specific 988 call center in California staffed by tribal people.
- *“Training for staff (not just elementary sheet of script, but the de-escalation part “*
- Hold a Tribal 988 Conference once a year for the tribes to collaborate.
- Follow up program to check back in with callers and offer resources.
- Getting the data tracking process set up for type of call, de-escalation, etc. To help inform tribes of how many callers per year so they can offer the appropriate resources.
- Need more connections with clinicians online, tele-med, etc.

“WHAT SHOULD 988 COUNSELORS KNOW ABOUT WORKING WITH YOUR TRIBAL COMMUNITY?”

- “*At least know where X (tribe) is!*”
 - Knowing other area tribes
- Knowing available tribal resources
 - Historical trauma and trust
 - Barriers of Native life
- Understanding substance use and calling while under the influence - training staff.
 - Understanding Historical trauma and how people respond to crisis/trauma (some may cry, some may laugh)

References

- Stone D, Trinh E, Zhou H, et al. Suicides Among American Indian or Alaska Native Persons — National Violent Death Reporting System, United States, 2015–2020. MMWR Morb Mortal Wkly Rep 2022;71:1161–1168.



CONTACT INFORMATION



*Pssst...
Call or
email me!*

- Rochelle Hamilton, MS (Ehattesah First Nation/she/her)
 - Tribal 988 Advisor, Kauffman and Associates
 - Behavioral Health Transformation
 - O: 415-523-4794 • C: 425-315-2119
 - E: rochelle.hamilton@kauffmaninc.com



Action Items and Next Steps

Upcoming PAG Meetings

#	Meeting Dates (10am-3pm)	Location
5	August 14, 2024	In-Person, California Community Foundation, <u>Los Angeles</u>
6	September 18, 2024	In-Person, Allenby Building, Sacramento
7	November 20, 2024	In-Person, Allenby Building, Sacramento

988-Crisis Workgroups: Remaining Meetings

Workgroup 3: 988-911 BH-CCC Integration

- Tuesday, July 30, 1-3PM (*Additional meeting*)

Workgroup 5: Data and Metrics

- Wednesday July 31, 1-3PM

Workgroup 6: Funding and Sustainability

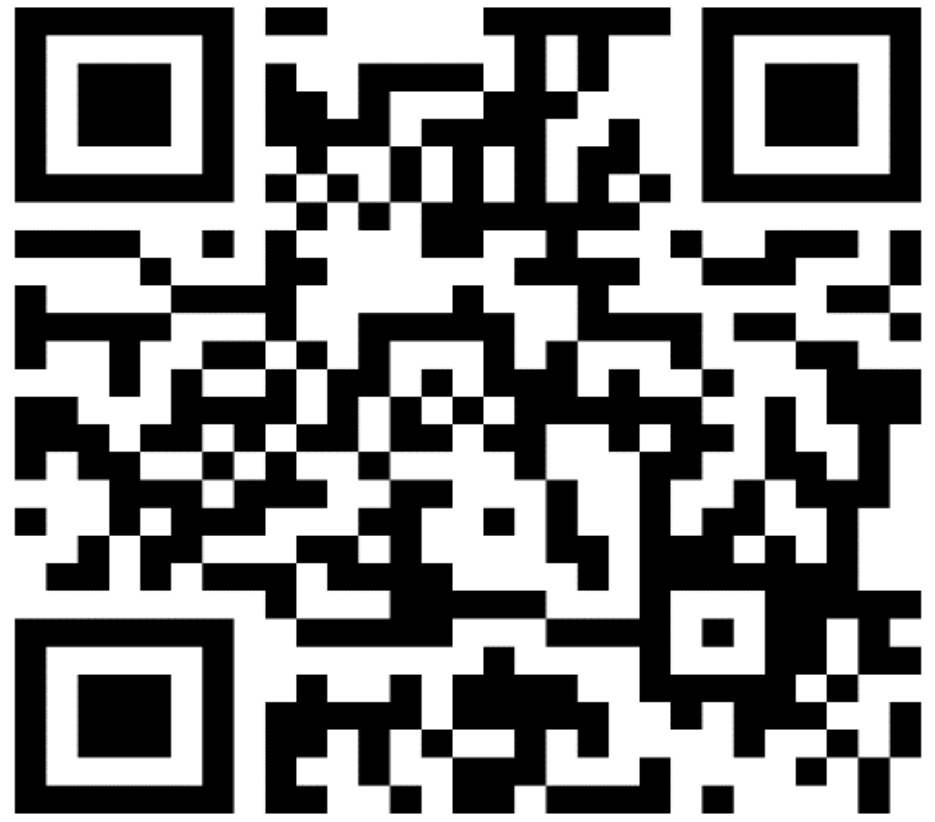
- Monday, July 29, 1-3PM
- Tuesday, August 27, 1-3PM

Workgroup: Peers (*Note: Additional Workgroup as of Apr-24*)

- Tuesday, August 6, 1-3PM

PAG Meeting 4 Evaluation Form

Please share your input!



Opportunity for Public Comment: CA Department of Insurance

- MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY IN HEALTH INSURANCE REG–2021–00008: The proposed regulations will implement, interpret, and make specific the provisions of Insurance Code sections 10144.4, 10144.5, 10144.51, 10144.52, 10144.53, and 10144.57, which also provide the rulemaking authority for this action.
- The Commissioner will hold a public hearing to provide all interested persons an opportunity to present statements or arguments, either orally or in writing, with respect to these regulations, as follows: Date: July 10, 2024, 10AM
- All persons are invited to submit written comments on the proposed regulations during the public comment period. The last day of the public comment period will be July 10, 2024. Please direct all written comments to the following contact person:

Sarah Sullivan, Attorney III

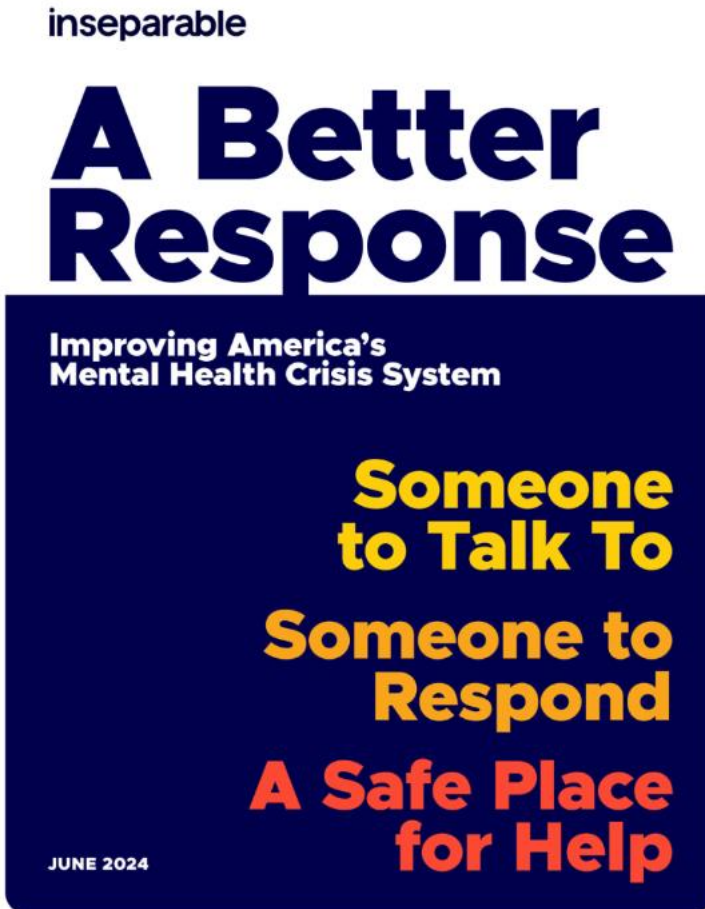
Health Equity and Access Office

300 Capitol Mall, Suite 1700 Sacramento, CA 95814

Phone: (916) 492–3645

Email: CDIRegulations@insurance.ca.gov

Recommended Reading: New Report from Inseparable



A Better Response: Improving America's Mental Health Crisis System

The Better Response report features effective policy solutions states can adopt to ensure that people experiencing a mental health emergency receive the appropriate care they need when they need it. The policy recommendations are organized under the following five areas designed to help states reimagine their crisis response systems:

- Establish sustainable financing
- Ensure system accountability
- Build system infrastructure
- Develop workforce capacity
- Promote a culture of service



Public Comment Period



Adjourn