

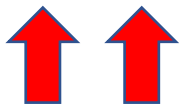


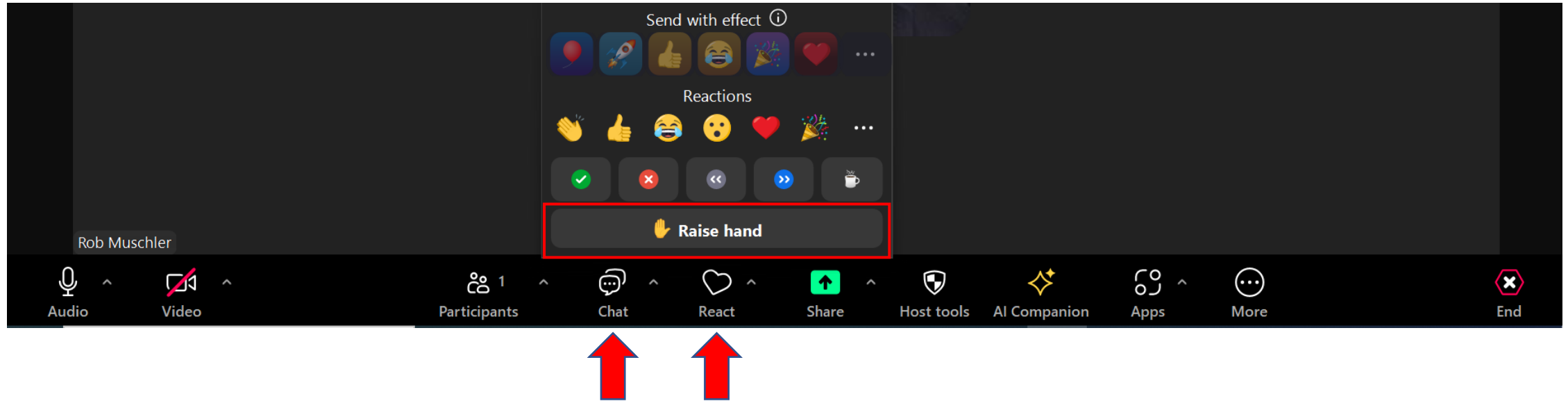
# Work Group 6: Funding and Sustainability

Meeting 1  
May 30, 2024

# Webinar: Panelist View

The screenshot displays a Zoom Webinar interface in Panelist View. At the top, a horizontal bar shows six participant thumbnails, each with a unique color and a white person icon. Below this, a 2x2 grid of larger participant thumbnails is visible, also with colored backgrounds and white icons. The bottom of the screen features a toolbar with icons for Audio, Video, Participants, Chat, React, Share, Host tools, AI Companion, Apps, More, and End. A chat window on the right side is open, showing a message from Betsy Uhrman to Hosts and panelists that says "Hello".





- Workgroup members will be able to utilize the chat function throughout the meeting. Chat messages cannot be seen by non-workgroup members, but they will be captured in the public meeting summary.
- Workgroup members will be asked to use the "raise hand" function when you would like to speak.

# Workgroup 6, Meeting 1 Agenda

1. Review of Agenda and Session Objectives (5 min)
2. Level Setting on AB988 and Workgroups (10 min)
3. Review of AB988 Legislation & Surcharge Codes (15 min)
4. Discussion of Fund Utilization and Criteria (60 min)
5. Public Comment Period (10 min)
6. Next Steps (5 min)

# Work Group 6 Members

- **Co-Chair: Anete Millers**, California Association of Health Plans
- **Co-Chair: Christine Stoner-Mertz**, California Alliance
- Amanda Levy, CA Department of Managed Healthcare (DMHC)
- Amanda Miller-McKinney, Children Now
- Andrea Tolaio, Family Service Agency of the Central Coast
- Casey Heinzen, Department of Health Care Services (DHCS)
- Chad Costello, California Association of Social Rehabilitation Agencies (CASRA)
- Corinne Kamerman, CA Department of Health Care Services (DHCS)
- Curt Guillot, California Governor's Office of Emergency Services (CalOES)
- Diana Vasquez-Luna, CA Department of Finance
- Ivan Bhardwaj, Department of Health Care Services (DHCS)
- Jacob Ruiz, Riverside University Health System
- Jana Lord, Sycamores
- John Boyd, Kaiser Permanente (Northern California)
- Ka Ramirez, Department of Health Care Services (DHCS)
- Kenna Chic
- Kirsten Barlow, California Hospital Association
- Lauren Finke, The Kennedy Forum
- Melissa Lawton, Seneca Family of Agencies
- Michelle Galvan, Optum Public Sector San Diego
- Narges Dillon, Crisis Support Services of Alameda County
- Phebe Bell, Nevada County Behavioral Health Department
- Raven Lopez, County Behavioral Health Directors Association of California (CBHDA)
- Reuben Wilson, Los Angeles County Department of Mental Health
- Ryan Banks, Turning Point of Central California
- Shari Sinwelski, Didi Hirsch
- Stephanie Welch, California Health and Human Services Agency (CalHHS)
- Tara Gamboa-Eastman, Steinberg Institute



# Public Comment Overview

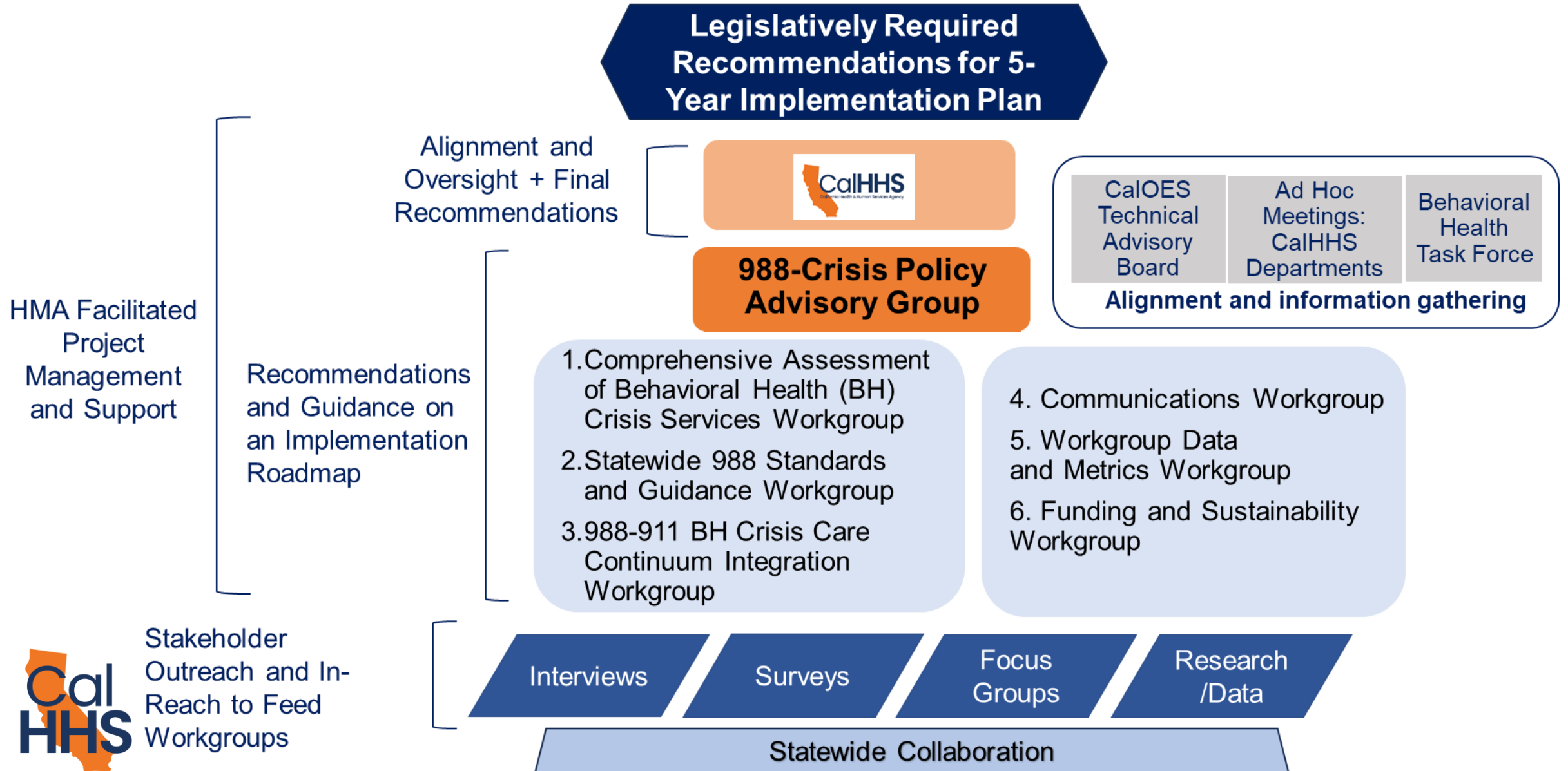
- All comments—whether written or spoken—will be shared with the Work Group in the meeting minutes.
- We will take comments in the order in which we receive sign-ups.
- If you are on Zoom and would like to make a public comment, please raise your hand at any point throughout the discussion. We will then write down your name and call on you to speak during the public comment period.
- Each person will have 2 minute to speak. If you have a condition that may require an accommodation (such as additional speaking time), please notify the project team and we will do our best to provide that accommodation.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, you may email your written comment to the project email address: [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov).

# Code of Conduct

- Presume positive intentions
- Ask from a place of inquiry
- Be present and stay engaged
- Be brief and brilliant
- Be respectful and courteous

*Note: Meetings of the Work Group are open to the public and are subject to [Bagley-Keene Open Meeting Act](#) requirements*

# AB 988 Organizing Structure





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

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

# 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]*

# Workgroup 6: AB988 Required Areas

AB 988 Required Areas	How It's Being Addressed
<p>(13) Procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988 system consistent with Section 53123.4 and Section 251a of Title 47 of the United States Code.</p>	<ul style="list-style-type: none"><li>• CalOES has developed procedures and processes</li></ul>
<p>(14) Strategies to support the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant to Sections 1374.72 and 1374.721 of the Health and Safety Code, including, but not limited to:</p> <ol style="list-style-type: none"><li>1. To the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and federal grants.</li><li>2. Coordinating with the Department of Insurance and Department of Managed Health Care to verify reimbursement to 988 centers for behavioral health crisis services by health care service plans and disability insurers, pursuant to Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185a).</li></ol>	<ul style="list-style-type: none"><li>• Focus of WG 6</li><li>• Workstream being formed to review insurance coverage and billing pathways</li></ul>



# Timing of Implementation

- An outcome of our work – in conjunction with the work of the Policy Advisory Group, other Work Groups, the 988 Project Team, and others – is the creation of a Five-Year Implementation Plan.
- The implementation timeframe reflects an understanding that change does not happen overnight.
- Activities will be sequenced to continue our progress toward a crisis system that meets the needs of *all* Californians, without overwhelming the system during the process.

# Input from Previous Discussions: PAG Dec-23 Meeting

- Raised questions about the current system and what gaps exist
- Would like to identify ways to bring the greatest amount of resources to the 988 system
- Would like to understand opportunities for federal funding and insurance reimbursement
- Would like to better understand the services that will be funded with the AB988 surcharge

# Input from Previous Discussions: Workgroups 1-3

- Un/underfunded segments of the crisis continuum
- Shifting funding landscape with Prop 1
- Lack of clarity around AB988 surcharge utilization
- Limited visibility into the resources that are available to people who have commercial insurance coverage and challenges related to parity
- Difficulties with connecting CA residents to crisis resources when there are such wide variations between residents with Medi-Cal versus private insurance or self-pay plans



## Surcharge Utilization – Legislative Guidance

# Surcharge Utilization (1)

- AB988 Required Recommendation Area (13) offers important guidance regarding how surcharge dollars can be used.
- Below is the recommendation area language, with references to California and US codes that will be provided on the next slides.

(13) Procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988 system consistent with **Section 53123.4 and Section 251a of Title 47 of the United States Code.**



# Surcharge Utilization (2)

## California Code, Government Code - Section 53123.4 ([Excerpt](#)):

- (a) The 988 State Suicide and Behavioral Health Crisis Services Fund is hereby established in the State Treasury.
- (b)(1) The fund shall consist of the revenue generated by the 988 surcharge assessed on users under [Section 41020 of the Revenue and Taxation Code](#), which revenue shall be used solely for the operations of the 988 center and mobile crisis teams, as defined in the American Rescue Plan Act of 2021 (Section 1947(b)(2) of [Public Law 117-2](#)). The fund shall also consist of any other appropriations made to it by the Legislature.
- (2) The revenue generated by the 988 surcharge shall be prioritized to fund the following:
- (A) First, the 988 centers, including the efficient and effective routing of telephone calls, personnel, and the provision of acute mental health services through telephone call, text, and chat to the 988 number.
  - (B) Second, the operation of mobile crisis teams accessed via telephone calls, texts, or chats made to or routed through 988, as specified under Section 4(a)(2)(B) of [Public Law 116-172](#).

# Surcharge Utilization (3)

## California Code, Government Code - Section 53123.4 (Excerpt):

- 3) Money in the fund shall not be subject to transfer to another fund or to transfer, assignment, or reassignment for another use or purpose outside of those specified in this article.
  - (4) 988 surcharge revenue in the fund shall be available, upon appropriation by the Legislature, for the purposes specified in this article
  - (5) The revenue generated by the 988 surcharge shall be used to supplement, not supplant, federal, state, and local funding for 988 centers and behavioral health crisis services
  - (6) The revenue generated by the 988 surcharge may only be used to fund service and operation expenses that are not reimbursable through Medicaid federal financial participation, Medicare, health care service plans, or disability insurers.

# Surcharge Utilization (4)

Section 251a of Title 47 of the United States Code ([Excerpt](#)):

## (2) USE OF 9–8–8 FUNDS

A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State, a political subdivision of a State, an Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) is expected to incur that are reasonably attributed to—

**(A)** ensuring the efficient and effective routing of calls made to the 9–8–8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and

**(B)** personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and mental health crisis hotline.



## Discussion of Fund Utilization & Criteria

# Discussion of Fund Utilization & Criteria (1)

For the remainder of the session, we'll explore the following two discussion questions:

- **Discussion 1:** Based on the parameters outlined in the legislation and applicable codes, how could funds be best utilized to ensure an effective, equitable, and accessible crisis response system?
- **Discussion 2:** What criteria should be considered in order to receive 988 surcharge dollars?

# Discussion of Fund Utilization & Criteria (2)

**Discussion 1:** Based on the parameters outlined in the legislation and applicable codes, **how could funds be best utilized to ensure an effective, equitable, and accessible crisis response system?**

- 988 as front door to crisis system – need to ensure system has capacity to respond
- Staffing and training costs
- Special populations – children/youth and system involved children/youth (connection to Medi-Cal initiatives)
- Medi-Cal – maximize and leverage wherever possible
- Ensure commercial reimbursement and regulation across the crisis continuum
- Data collection can be a barrier to accessing crisis services (want to limit what call centers collect).
- Leverage tech solutions – shared from call center to county-operated dispatch. Visibility into the queue.
- 988 volume changes month-over-month. Need to consider volume projections and consider other service expectations (e.g., follow-up, 911 diversion, text/chat).
- Difference in funding model between 988 and mobile (lump vs fee)
- Medi-Cal recipients
- Pros/cons for adding centers
- Costs to promote and education about 988 access and supports (allowable?)
- 988 as backstop – how to we access other dollars and support insurance reimbursement. Use existing avenues first.
- Technology costs – equipment needed for each counselor & connection to new 988 platform & other service lines being answered (tech for mobile as well).
- 40% of mobile are not Medi-Cal (Nevada) – reimbursements and consider building in loss like 911.
- Travel costs for mobile crisis
- Costs related to have mobile teams ready to response

# Discussion of Fund Utilization & Criteria (3)

## Discussion 2: What criteria should be considered in order to receive 988 surcharge dollars?

- Deeper connectivity of 988 to locales (rural in particular).
- Current 988 data focused on imminent risk (no demo or location info)- will have more geo-routing associated with the system.
- Some callers will end calls if they feel too many “intrusive” questions are asked. – thoughtful approach to what data needs to be collected by crisis counselors
- Center receiving 988 surcharge funds must meet SAMHSA/ Vibrant requirements and be a designated 988 center
- Measure volume of calls/ chats/ texts/ outbound follow up volume/ referrals (and mobile crisis) visits offered/ projected to receive for the purposes of planning \$\$\$\$
- Capacity for “front door” role to reduce need for multiple transfers
- Staffing Crisis Centers with local resources – credible messengers who respond to calls to ensure that crisis counselors know the communities that they serve
- Explore feasibility of County Access lines becoming eligible to serve as 988 centers (including 24/7 availability to answer the calls- connectivity within the Vibrant system) for areas where more support needs are identified
- Measure volume coming into and **through** 988
- File an annual expenditure report to CAL OES per regulations
- Budget, number of individuals *(enter required elements from the law....)*
- Ability to meet performance expectations (KPI’s) for the service offered (time to answer/ abandonment rate/ answer rate, time to response – for Mobile crisis).



# Public Comment Period



# Public Comment Guidelines

- All comments—whether written or spoken—will be shared with the Workgroup in the meeting minutes.
- If you prefer, you may email your written comment to the project email address: [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov)
- Each speaker is allocated 2 minutes to speak unless adjusted by the meeting facilitator.
- A speaker may not share or relinquish any remaining time they have not used to another speaker.
- Speakers may share one time during the public comment period.
- If time in the agenda remains after all individuals who signed up to speak have been called, the facilitator may invite other members of the public to raise their hand to speak. The facilitator will call individuals in the order they raise their hand.
- Speakers shall be civil and courteous in their language and presentation. Insults, profanity, use of vulgar language, or gestures or other inappropriate behavior are not allowed.
- Speakers should not ask questions of Workgroup members or ask Work Group members to respond to their comments directly.

# Public Comment Sign-Ups

1. Howard Goldman



# Next Steps

## Next Steps and Meeting

- All information from today's meeting will be posted on the CalHHS website on the 988-Policy Advisory Groups webpage: [Link to Website for CalHHS 998 Crisis Policy](#)
- **Next Meeting of the Workgroup: July 29, 1-3PM Pacific**



**Adjourn**