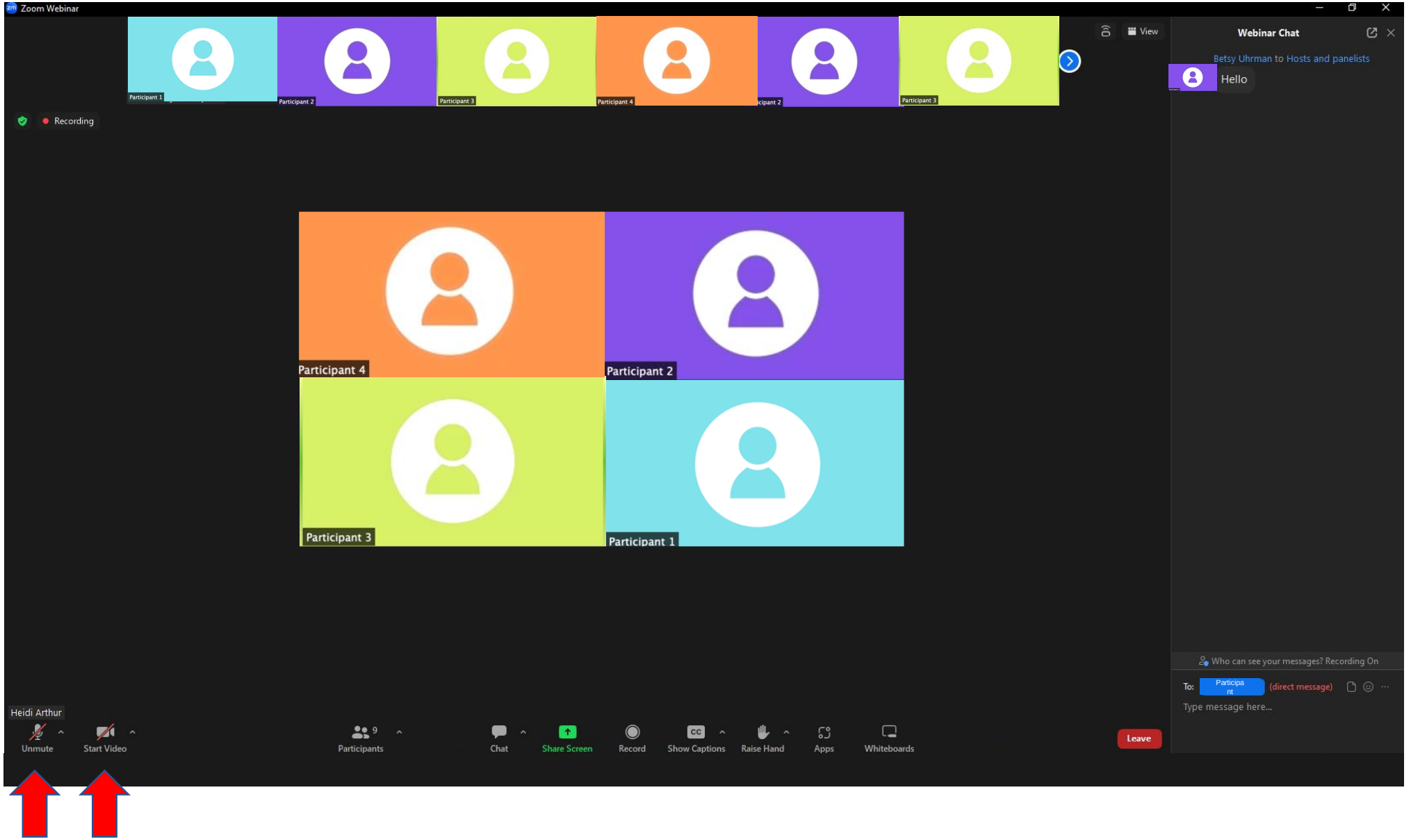
Workgroup 1: Comprehensive Assessment of the Behavioral Health Crisis Services System

Meeting 2
February 29, 2024

Webinar: Panelist View



Webinar View: Attendee

The chat is available for workgroup members.

Note that the chat transcript will be included in the meeting summary, which will be posted on the CalHHS 988 Policy Advisory Group website.

Welcome

Meeting 2 Objectives

1. Share how findings from the comprehensive assessment could be used to inform policy recommendations across AB988
2. Gather input from workgroup members on focus questions for the Comprehensive Assessment
3. Gather input from workgroup members on who we should be meeting with and gathering information from as part of qualitative methods

Agenda

1. Review of Agenda and Session Objectives (5 mins)
2. Review of Workgroup Meeting 1 (10 mins)
3. Overview Comprehensive Assessment Approach (15 mins)
4. Discussion (60 mins)
5. Public Comment Period (20 mins)
6. Next Steps (5 mins)

Policy Advisory Group Members (1)*

- **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
- **Erika Cristo**, Assistant Deputy Director, California Department of Health Care Services (DHCS)
- **Elizabeth Basnett**, Director, California Emergency Medical Services Authority (EMSA)
- **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, National Alliance on Mental Illness (NAMI) – California
- **John Boyd**, Vice President Behavioral Health and Wellness, Kaiser Permanente, Northern California
- **Kenna Chic**, Former President of Project Lighthouse, 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)

* Note: 988-Crisis Advisory Group members represent diverse expertise, experience (including lived experience), and diversity of thought. For purposes of this list, only members' professional affiliations are indicated.

Policy Advisory Group Members(2)

- **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
- **Peggy Rajski**, Founder and Interim CEO, The Trevor Project
- **Phebe Bell**, Behavioral Health Director, Nevada County
- **Rayshell Chambers**, Commission Member, Mental Health Services Oversight and Accountability Commission
- **Rebecca Bauer-Kahan**, CA State Assemblymember/Author of AB988, State of California, AD 16
- **Rhyan Miller**, Behavioral Health Deputy Director Integrated Programs, 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
- **Sohil Sud**, Director, Children & Youth Behavioral Health Initiative (CYBHI), California Health and Human Services Agency (CalHHS)
- **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

Comprehensive Assessment Workgroup Members

Co-Chair, Phebe Bell, Nevada County Behavioral Health

Co-Chair, Chad Costello, California Association of Social Rehabilitation Agencies (CASRA)

Aimee Moulin, Department of Emergency Medicine and Department of Psychiatry, UC Davis

Alice Gleghorn, Phoenix House of California

Andrew Holcomb, EMS Administrator, San Francisco

Anete Millers, California Association of Health Plans (CAHP)

Astin Williams, Health Access California

Christina Ramirez, SHIELDS for Families

Corinne Kamerman, California Department of Health Care Services (DHCS)

Don Taylor, Pacific Clinics

Elizabeth Basnett, California Emergency Medical Services Authority (EMSA) (Delegate - Brian Aiello)

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

Ivan Bhardwaj, California Department of Health Care Services (DHCS)

Jana Lord, Sycamores

Javon Kemp, Kern Behavioral Health and Recovery Services

Jennifer Oliphant, Two Feathers Native American Family Services

Jessica Jimenez, California Department of Public Health (CDPH)

Jodi Nerrell, Local Mental Health Engagement, Mental Health & Addiction Care, Sutter Health

Kelsey Andrews, Star Vista Center

Le Ondra Clark Harvey, California Council of Community Behavioral Health Agencies (CBHA) (Delegate – Courtnie Thomas)

Lishaun Francis, Children NOW

Mark Salazar, Mental Health America (MHA)

Maurice Lee, Center Point, Inc

Miguel Serricchio, LSQ Group, LLC

Scott Perryman, Sacramento Fire Department

Sonia Hwang, California Department of Public Health (CDPH)

Tara Gamboa-Eastman, Steinberg Institute

Tasnim Khan, Western Health Advantage

Taun Hall, The Miles Hall Foundation

Uma Zykfosky, California Behavioral Health Planning Council (CBHPC)

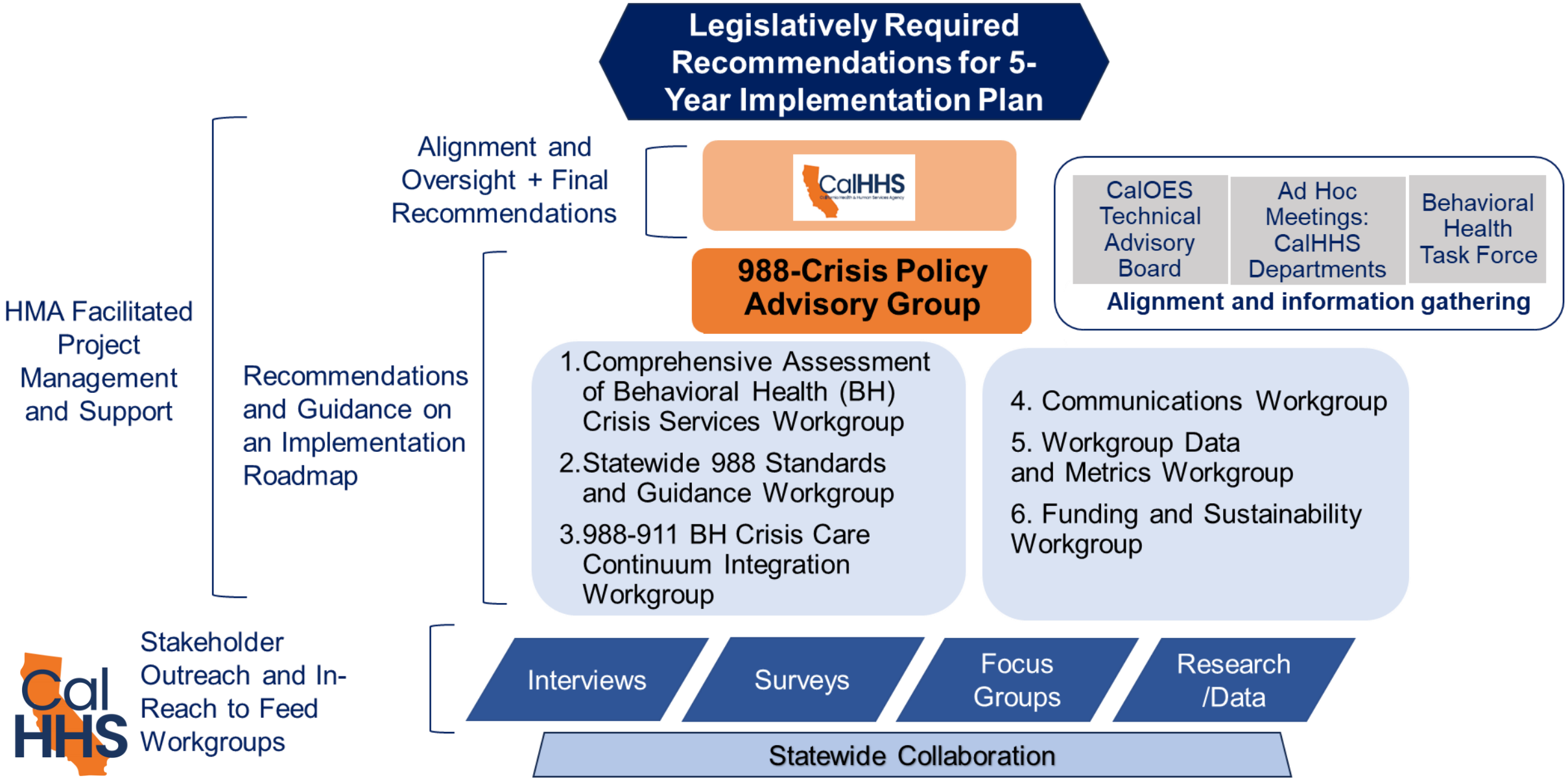
Public Comment Overview

- **All comments—whether written or spoken—will be shared with the Workgroup 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
- 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

Code of Conduct

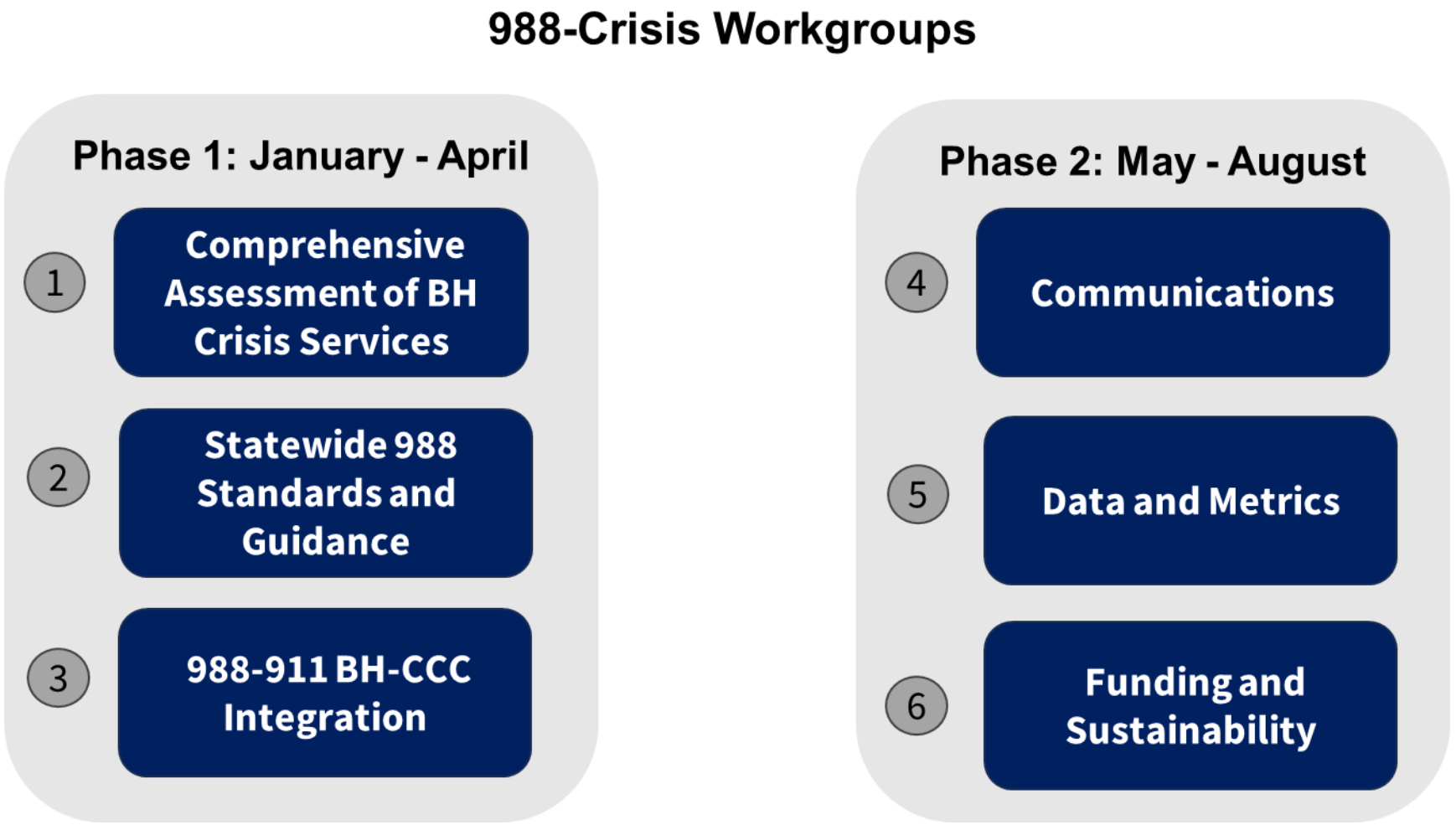
- Presume positive intentions
- Ask from a place of inquiry
- Be present and stay engaged
- Be brief and brilliant
- Be respectful and courteous

AB 988 Organizing Structure



AB 988 Workgroups

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



Workgroup 1: Comprehensive Assessment of the Behavioral Health Crisis Services System

- Required Recommendation Areas Per AB 988:
  - (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.
  - (7) Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services

Reminder: Workgroup Communication

- **Meetings of the Workgroup shall be open to the public and are subject to Bagley-Keene Open Meeting Act requirements**
  - Not allowed: A chain of communications involving contact from member A to member B who then communicates with member C or when a person acts as the hub of a wheel (member A) and communicates individually with the various spokes (members B and C)

Review: Purpose and Approach

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?

CalHHS

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 Needs Assessment, RAND Corp Studies, National Council and SAMHSA guidance)
- Inventory of state/county facilities and investments in the crisis continuum, including information from DHCS, CDPH and other partners on relevant programs, services and initiatives

Qualitative Research:

- Provider Survey
- Key Informant Interviews (Providers, State Agencies, and Payers)
- Focus Groups and In-Reach (Lived Experience, Populations of Focus)
- Workgroup Input (Workgroups 1, 2, 3)

Quantitative Research:

- Data dashboards: HCAI, BHCIP grants, 988 Crisis Center Reports, CalAIM, CDPH
- Claims/Utilization Data (e.g., T-MSIS)
- Other Public Data on Needs

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

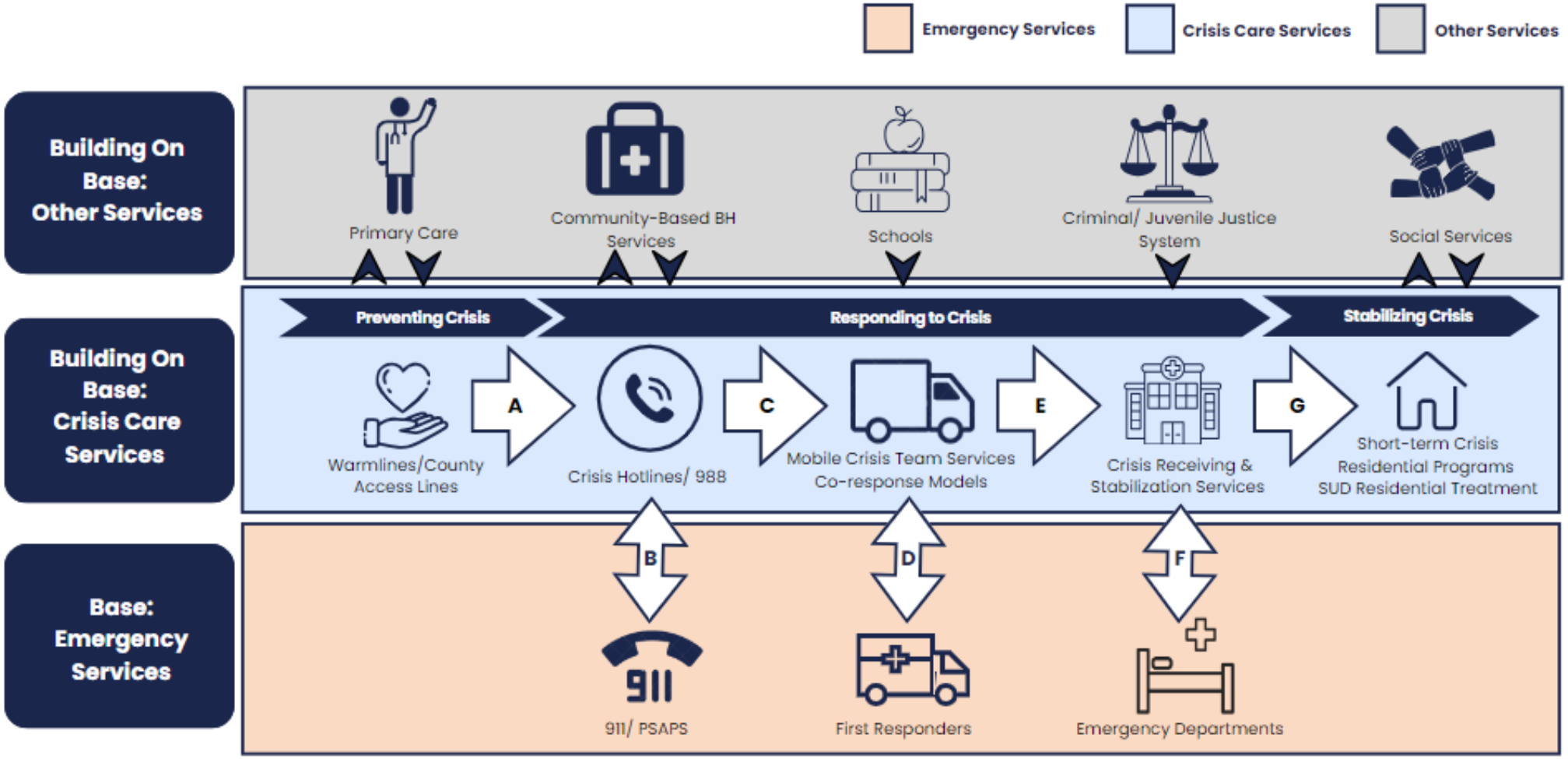
Response

- 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

Transitions in Crisis Systems



Adapted from California Health and Human Services Agency, “Behavioral Health Crisis Care Continuum Plan” (2023), page 25.

Essential Crisis Services Span the Continuum

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

Preventing Crisis

Peer-Based Warmlines

Digital Apothecary

- CYBHI digital platform: BrightLife and Soluna

Community Based Behavioral Health Services:

- 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

Responding to Crisis

Hotlines

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

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

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

Peer Respite

In-Home Crisis Stabilization

Crisis Residential Treatment Services

- Operate 24/7/365

Post-Crisis Step-Down Services, such as (LT)

- Partial hospitalization
- Supportive housing

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

CalHHS
California Health & Human Services Agency

Potential Indicators/Counts

Preventing Crisis	Responding to Crisis	Stabilizing Crisis
Peer-Based Warm Lines • # of warmlines • Call volume • Types of calls	**Hotlines** • Call Volume, Call Answer Rates, Time to Answer, Talk Time, Abandonment Rate • Types of crisis: suicide, MH and SUD • Referrals	**Crisis Receiving and Stabilization Services** • 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
 	
Other Social Indicators
• E.g., Social Connectedness
	Mobile Crisis
	• Types of mobile crisis teams
	• Dispatch protocols and rates
	• Average in-person response times
	• Number of mobile crisis teams by county, ratio to population
	• Referrals
		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

Community Needs: Summary Data from 911

27 million 911 calls annually in California
(11% of all calls nationally)

Between 1.35-4.0 million calls are behavioral health related annually

(5-15% of all 911 calls)

If 5% of these *BH related* calls were diverted to a 988 crisis call center, there would be an additional **67,500-200,000 calls annually** from the current level

Community Need: Other Indicators

- 6-10% of police contacts involve a person with a serious mental illness (Psychiatric Services, 2016)
- In 2021, patients with behavioral health diagnoses accounted for over 2.1 million Emergency Department (ED) treat and release visits in California (about 1/5 of all ED visits (HCAI 2021-2022)
- In 2021, people with behavioral health diagnoses accounted for 1.2 million Inpatient (IP) hospitalizations in California, which is approximately one third of all IP hospitalizations (3,557,587) HCAI 2021-2022)
- In 2021, California's suicide rate was 10.6 deaths by suicide per 100,000 population, with the highest rates among white, middle-aged men and American Indian and Native Alaskans and that during the COVID-19 pandemic, LGBTQ+ high school students were about 4 times more likely to attempt suicide compared to non-LGBTQ+ identifying students

Inventory of Existing Support: Preventing Crisis

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

Preventing Crisis

Peer-Based Warmlines

Digital Apothecary
- CYBHI digital platform: BrightLife and Soluna

Community Based Behavioral Health Services:
- 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

Scope	Warmlines
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
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
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

Completed November 2022

Inventory of Existing Support: Responding to Crisis

= Near term (by FY 23-24) = Medium term (by FY 26-27) = Long term (by FY 2

Responding to Crisis

Hotlines

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

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

Scope	Hotlines
National	• 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+ 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	• 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

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Inventory of Existing Support: Responding to Crisis continued

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

Responding to Crisis

Hotlines

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

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

- 30 Counties have submitted implementation plans to DHCS and are implementing the Medi-Cal mobile crisis services benefit
- As of December 2022, 37 had indicated they had some mobile response with lots of variability in what the response looked like
- More than $2.2 billion investment from the state in real estate and mobile crisis infrastructure through the Behavioral Health Continuum Infrastructure Program

Inventory of Existing Support: Stabilizing Crisis

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

Stabilizing Crisis	
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	**Peer Respite** **In-Home Crisis Stabilization** **Crisis Residential Treatment Services** • Operate 24/7/365 **Post-Crisis Step-Down Services, such as (LT)** • Partial hospitalization • Supportive housing **Sobering Center**

What We Have Inventoried:

- 63 total licensed Crisis Stabilization facilities (24 of the 58 counties) as of August 2023
- 1,781 SUD Recovery Treatment Facilities certified by DHCS
- 648 certified and approved residential mental health programs
- 41 LPS designated outpatient clinic or CSU facilities (19 of the 58 counties)
- 66 Licensed mental health rehab centers (MHRCs) and Psychiatric health facilities (PHF) (31 of 58 counties)
- No approved Children's Crisis Residential Programs (CCRPs) at this time.

Going Deeper on Knowns and Unknowns

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?

Purpose: Develop recommendations on ***resources and policy changes*** to address statewide and regional needs to meet population needs for behavioral health crisis services

Responding to Crisis: Someone to Call

Nature and Scope of 988 Crisis Centers and Access Lines/988 Crisis Centers

What We Know

12 988 Crisis Centers in California

- Significant effort and investment to build capacity for the 988 Crisis Centers
- Call Volume, Call Answer Rates, Time to Answer, Talk Time, Abandonment Rate

County Crisis & Access Lines

- Every county has one
- Variation in how County Crisis and Access Lines operate
- Variation in their relationship with 988 Crisis Centers

What We Don't Know

- County Crisis & Access line operations (call volume, answer rates, time to answer, talk time, abandonment rate?)
- What are the similarities and differences between County Crisis & Access Lines and 988 Crisis Centers?
- What relationships exist between County Access Lines and 988 Crisis Centers, and other crisis service providers?

Discussion 1

1. What can be added to knowns and unknowns for *someone to call*?
2. Who should we be surveying/talking to about Crisis Center operations, ***in addition to*** the twelve existing 988 Crisis Centers across the state?
   - Are there specific county and other warm or hotlines for specific populations of focus that we should be reaching out to?
3. What are some suggested methods to get information about their scope of operations?

Responding to Crisis: Someone to Come

What We Know

Someone to Come

- Medi-Cal Mobile Crisis Benefit: 30 Counties have approved implementation plans
- Many counties already have some mobile crisis response
- 988-mobile crisis dispatch coordination is locally determined

What We Don't Know

- What other types of mobile crisis response models exist?
- Do commercial plans pay for mobile crisis?
- What would be helpful to support a seamless experience from a 988 call to a mobile crisis response?

Responding to Crisis: Somewhere to Go

What We Know

Somewhere to Go

- Stabilization services following an initial crisis generally unavailable
- Crisis stabilization units serve some people >23 hours due to difficulty finding alternative care for safe discharge
- More options for specific populations are needed (e.g., LGBTQ, children, IDD, etc)
- Low-threshold engagement supports are generally not available (e.g., sobering centers, peer respite)

What We Don't Know

- Triage to Alternative Destinations (TAD)
- Where are the gaps in transition and coordination in care from 988 to stabilization services?
- What's working? What's not?

Discussion 2

1. What can be added to knowns and unknowns for *someone to come* and *somewhere to go*?
2. How best to gather insights on promising policies and practices, as well as pain points, in providing consistent, coordinated, and equitable access to crisis care?
3. Who else should we talk to get to some of this information? Some of the groups we're going to be talking with includes:
    - Consumer/Advocacy Groups/Lived Experience
    - County Behavioral Health
    - Health Plans
    - First responders: EMS, Law Enforcement, Fire Department
    - Hospital Emergency Departments
    - CBOs: Crisis Providers for children, transition aged youth, adult, special populations

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
- 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 Workgroup members to respond to their comments directly.

Public Comment Sign-Ups

1. Jason Friesen

Action Items and Next Steps

Action Items and Next Steps

- 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: March 19, 11-1 PM Pacific**

Adjourn