California Health and Human Services Agency (CalHHS)
Workgroup 2: 988-Crisis Statewide Standards & Guidance
Meeting Summary
February 27, 2024 I Virtual Meeting

Meeting Materials and Recording are available on the
988-Crisis Policy Advisory Group website
Public Zoom chat from the meeting is included as an Appendix to this file.

For additional information and resources, please see the following sites:

- CalHHS Behavioral Health Crisis Care Continuum Plan (CCC-P)
- Presentation on the CCC-P from February 16th, 2023 by Stephanie Welch, the Deputy Secretary of Behavioral Health at CalHHS. (Note: Stephanie's presentation begins at 54:03 and ends at 1:30:30. The Q&A extends until 1:46:30.)

Workgroup Members in Attendance:

- **Alec Smith***, Department of Health Care Services (DHCS)
- **Andrew Holcomb*,** Emergency Medical Services Administrators' Association of California (EMSAAC)
- **Angela Vazquez***, The Children's Partnership
- **Astin Williams***, California LGBTQ Health and Human Services Network
- **Brenda Grealish***, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Casey Heinzen***, Department of Health Care Services (DHCS)
- **Catherine Hess***, California Department of Public Health (CDPH)
- **Darcy Pickens***, California Department of Public Health (CDPH)
- **Diana Gutierrez***, Riverside University Health System (RUHS) Behavioral Health

- **Elizabeth Whitteker***, Molina Healthcare
- **Karla Luna***, Kings View 988 Center
- **Lei Portugal Calloway***, Telecare Corporation
- **Liseanne Wick***, WellSpace Health
- **Mayu Iwatani***, Orange County Department of Education
- **Michelle Doty Cabrera***, County Behavioral Health Directors Association of California (CBHDA)
- **Robert Harris***, Service Employees International Union (SEIU) California
- **Ruqayya Ahmad***, California Pan-Ethnic Health Network (CPEHN)
- **Shari Sinwelski***, Didi Hirsch Mental Health Services
- **Susan Demarois***, Department of Aging (Delegate - Stephanie Blake)
- **Tara Gamboa-Eastman***, The Steinberg Institute
- **Van Hedwall***, San Francisco Suicide Prevention/Felton Institute
- **Yolanda Cruz***, State Council on Developmental Disabilities

Project Staff in Attendance:

- **Anh Thu Bui***, California Health and Human Services Agency (CalHHS)
- **Rob Muschler*,** Health Management Associates
- **Allie Franklin***, Health Management Associates

Workgroup Members Not in Attendance:

- **Budge Currier**, California Governor's Office of Emergency Services (CalOES)
- **Ivy Song**, University of California Davis

*Attended virtually

Welcome and Review of Agenda and Session Objectives

Rob Muschler, Senior Consultant, Health Management Associates, opened the meeting and explained that this is the Statewide Standards & Guidance Workgroup. He thanked workgroup members and members of the public for joining and provided an overview of Zoom functionality. He then provided an overview of the meeting objectives and agenda, followed by the Policy Advisory Group and Standards & Guidance Workgroup membership. He also invited members of the public to sign up for the public comment period and discussed the meeting code of conduct.

Brief Review of Previous Meeting
Rob Muschler provided a brief overview of the overall project, as well as the workgroup's role in the process. He overviewed the AB 988 Required Recommendation Areas that would be the focus of the Statewide Standards and Guidance Workgroup. He also reminded participants that the workgroups are subject to the requirements of the Bagley-Keene Open Meeting Act.

Lastly, Rob provided a brief overview of the previous meeting's agenda and discussion highlights. He noted that the structure of today's session is meant to be responsive to the questions that emerged during meeting 1.

Overview of 988 Crisis Center Operations and Training Requirements
Allie Franklin, Principal, Health Management Associates, provided a brief overview of the history of the National Suicide Prevention Lifeline, which launched in 2005, to the National Suicide Hotline Designation Act of 2020 which established 988 as the universal number, to 2022 when 988 first went into effect. She commented that although 988 is fairly new, it builds upon thelong history and infrastructure of the suicide prevention crisis line. Allie went on to overview the core functions of 988 Crisis Centers, noting that these represent minimum services requirements to be included in the Lifeline Network. She then briefly discussed the 12 988 Crisis Centers in California and showed a map of their service regions.

Allie then transitioned to talking through data from the Vibrant 988 Broad State Metrics from January 1, 2023 – January 31, 2024. She highlighted the number of calls, texts, and chat received and answered in-state.

- A workgroup members asked about the low in-state answer rate for texts. A member of the workgroup who runs a crisis centers noted that the text/chat in-state answer rate is lower because it is a new service and hasn't historically been a requirement. They added that WellSpace and Didi Hirsch function as back-up centers. Another member added that the goal is to have all the text/chats responded to in-state (versus by overflow crisis centers located outside of California).
- A member noted the relatively small number of texts/chats compared to calls. Building on that question, another member asked if we know the demographics of the text/chatters and whether it's different than the callers. One of the crisis center participants responded that younger

individuals utilize the chat/text more, but that they weren't sure about other demographic differences.
- A crisis center participant noted that text/chat engagements tend to take longer than calls (30 – 45 minutes for text vs. 15 minutes for calls).
- A workgroup member asked if data is kept on callers/texters with intellectual and developmental disabilities. A crisis center participant responded by saying there isn't a singular system used by all centers so it's possible some do, but they weren't sure. They noted that this information could be captured in the call counselors narrative call report as well.

Allie continued the presentation. She noted that a non-scientific questionnaire was sent to and completed by all 12 Crisis Centers. The information captured is meant to provide a better picture of the current operations of centers. Allie overviewed some of the supplemental services provided by the crisis centers.

- A workgroup member asked if mobile crisis "dispatch" also referred to the police. Allie responded that it refers to a "mobile team" that is sent out to address crisis calls, but noting the makeup of the team may vary. A crisis center participant noted that many teams do include police.
- A workgroup member asked for more information on the supplemental service, "bed finding support." Allie explained that this referred to support in finding an available bed/place to go when a mental health crisis requires an overnight stay. The workgroup member asked if a list of the crisis centers offering this service could be provided.

Allie went on to highlight the mix of 988 and non-988 calls received, before moving to discuss the staffing make-up of crisis centers and staff supervision. She noted that crisis centers have more paid staff than volunteers.

- A workgroup member asked if the staffing graph reflects only crisis counselors or all staff. It was clarified that the figures include supervisors and other administrative staff, but that the majority of crisis center staffing is crisis counselors. The member asked if the staffing models could be redone to show just those answering calls.
- Another workgroup member noted that there may be different levels of supervision not captured in the data. For instance, a shift supervisor who isn't directly overseeing callers, but is there to provide support when needed.

Allie then discussed trainings. She gave an overview of the crisis center questionnaire results showing the number of required training hours, and describing current and future training topics. Lastly, Allie gave an overview of the various forms of county collaboration that were submitted in crisis center questionnaire.

Discussion: 988 Crisis Center Expectations

Rob Muschler provided a brief overview of the discussion questions (below).

- Under a system that incorporates more state funding and oversight, what else do we expect our CA 988 Crisis Centers to be able to do?
- What else might the public expect of 988 Crisis Centers?

Rob noted that understanding the current 988 crisis centers is important, but that we're at a transitional moment in which sustainable state funding will support the 988 system and related mobile crisis services. As a workgroup, we want to explore the future expectations for 988 crisis centers, and then have a follow-up discussion on the implications of those expectations. Rob then asked workgroup members for their input.

- A workgroup member noted that suicide prevention is the top public concern addressed, but that lots of other call types are now coming in. With 988 becoming more known, the question is what other trainings need to be done or referrals to be made.
- A workgroup member proposed the transition from volunteer to an all paid staff model. The member also noted that the big unanswered question is the connection to mobile crisis.
- A workgroup member raised that culturally responsive care should be integrated. They noted that Vibrant has an options training on the topic, but that this should be made into a requirement. They also noted that they would like to see a mobile crisis response where the caller would be asked if they wanted a police response.
- A workgroup member noted the standards for crisis centers need to connect back to the function that we are asking them to perform. They added that the current structure is built off the existing suicide prevention hotline model, which utilized lots of volunteers. If in the future crisis centers move toward more clinical services, those will require conversations about the connections to other systems and paid staffing.

Another workgroup member agreed, noting that paid staffing would allow for additional quality assessment and performance management as well.

- A workgroup member noted the need for warm handoffs and the connection to mobile crisis teams. They acknowledge some bed finding support but said that it's just starting and needs additional resourcing. They also noted the increased call volume as calls are diverted from 911.
- Another workgroup members noted that we need to ask what's a training issues vs a system issue? They noted that counselors are trained on using the most collaborative, least disruptive intervention possible. They noted that counselors are stuck making really difficult decisions because resources are not available outside of law enforcement, however. The member also expressed that they'd like to see the discussion shift from paid staff vs volunteer to what skills/competencies are needed.
- Another member commented that we can do implicit bias trainings, but we need systems to divert from a police response when appropriate.
- A workgroup member noted more standardized workforce development. As an example, some type of state certification, where call counselors would need to pass an exam.
- A workgroup member commented that we need to determine the outcomes we want to see and the additional activities we expect to then inform standards and guidance.
- A workgroup member commented that volunteers are supervised, real time by lead staff. They also added that volunteers also come with lived experience, which can make them the best individuals to provide this type of suicide prevention service. We may want the lines to do additional things, but suicide prevention is still the core. They added that in San Francisco, they do not have a choice other than to call law enforcement since there is only one mobile crisis team and they can be slow to respond. The goal it to get someone who is suicidal help as quickly as possible.
- A workgroup member noted that everyone needs to be trained or retrained on substance use. They added that ensuring everyone has equitable access to services is also important, regardless of health insurance.
- A workgroup member expressed a need to identify the tiers of services, and what excellence looks like at each tier. As example, what does it look

like for the basic functions of a crisis center. Then as we branch out from there, there needs to be different discussions than just adopting additional trainings. If you're advertising that 988 center doing clinical SUD services, as an example, that's a difference conversation about standards. Will they bill insurance? If so, there are criteria that flow from that. If we want them to dispatch, what agreements do they need to have in place? What screening tools are being used? Start with the basic building blocks and build tiers of service from there.

- A workgroup member noted that need to transparency with callers. For example, we did this screening, and I may need to call the police. Focus on mitigating the harm for that person. A crisis center participant noted that the counselor stays on the line as they connect with mobile crisis or the police. Hotlines don't just transfer calls, and they work hard to support these responses to mitigate harm. Another crisis center participant added that it's a very small percentage – less than 1% - of calls where law enforcement is contacted.

Allie summarized the themes from the discussion and teed up future discussions, which will further focus on what is expected of the 988 crisis line and what skills/competencies might need to be added.

Public Comment Period

Rob Muschler shared instructions for how to make public comment and said that comments can also be submitted at any time via email at AB988Info@chhs.ca.gov. No members of the public signed up for comment.

Meeting Wrap-Up and Next Steps

Rob Muschler shared that materials for this meeting would be uploaded to the CalHHS website on the 988-Policy Advisory Group webpage. He added that materials for review would be distributed in advance of the next meeting, which will be held on March 20 from 9:00 – 11:00am PT.

APPENDIX I: PUBLIC ZOOM CHAT

13:57:55 From Justin Letsinger - Health Management Associates to Everyone:
Hello everyone and welcome! We are glad you could make it. We will be getting started in just a few minutes.
14:02:46 From Justin Letsinger - Health Management Associates to Everyone:
If you are a confirmed workgroup member, please turn on your camera if you are able.
14:04:46 From Justin Letsinger - Health Management Associates to Everyone:
If you would like to make a public comment during this meeting's public comment period, please raise your hand and your name will be taken down and added to the public comment list in the order in which it was raised.
14:06:20 From Justin Letsinger - Health Management Associates to Everyone:
If you would like to send public comment via the project email address, please submit it to: AB988Info@chhs.ca.gov
14:14:36 From Betsy Uhrman - Health Management Associates to Hosts and panelists:
CalHHS website: https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/#workgroups-meeting-1
14:19:01 From Anh Thu Bui - California Health and Human Services Agency (CalHHS) to Hosts and panelists:
In addition to surveying the CA 988 crisis centers, the project team also requested and obtained current training standards and curriculum from Vibrant Emotional Health which currently serves as the national 988 Lifeline administrator.
14:19:44 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:
Will those training and curriculum be shared with the standards workgroup?
14:24:22 From Justin Letsinger - Health Management Associates to Everyone:
If you have been confirmed as a workgroup member, please turn on your camera if you are able.
14:29:39 From Alec Smith - Department of Healthcare Services to Hosts and panelists:
Abandoned In-State: Number of "Received" calls that disconnect prior to being engaged by a counselor at a state or territory's
center(s). Disconnection may happen for a number of reasons, including

but not limited to: the person reaching out changes their
mind about seeking care at that moment; the person no longer feels they have privacy or safety in their environment; or there is a
random technical service interruption, which may occur due to internet instability, carrier glitches, etc.
14:32:52 From Liseanne Wick - Wellspace to Hosts and panelists:
Plus just the process of texting and chatting takes longer than a direct phone conversation.
14:38:01 From Yolanda Cruz - State Council on Developmental Disabilities to Hosts and panelists:
I just ask because this may help with accommodations or understanding why someone may taking so long to communicate
14:38:05 From Liseanne Wick - Wellspace to Hosts and panelists:
Vibrant.org
14:39:52 From Van Hedwall - San Francisco Suicide Prevention/Felton Institute to Hosts and panelists:
Rob we at SFSP could help in answering those FAQ questions if needed
14:40:04 From Justin Letsinger - Health Management Associates to Everyone:
After the meeting, follow up questions and suggestions can be submitted to the project email address: AB988Info@chhs.ca.gov
14:40:56 From Robert Harris - SEIU California to Hosts and panelists:
I am concerned about IDD folks who are more likely to be injured by the police
14:43:26 From Shari Sinwelski - Didi Hirsch Mental Health Services to Hosts and panelists:
I want to underscore what Allie said in terms of the fact that dispatch is only one way that centers may be interfacing with MCOT. Other centers may be doing warm transfers, referrals, etc. I think most if not all of the centers are doing something.
14:44:32 From Van Hedwall - San Francisco Suicide Prevention/Felton Institute to Hosts and panelists:
Also we should talk about 911 diversion
14:44:34 From Shari Sinwelski - Didi Hirsch Mental Health Services to Hosts and panelists:
There was a MCOT workgroup of the 988 centers where a survey was done that got into the details of this more specifically and showed a lot of relationships between 988 centers and MCOT teams in their community.

14:46:38 From Van Hedwall - San Francisco Suicide Prevention/Felton Institute to Hosts and panelists:

Call Centers also have MOU's with local facilities usually

14:51:46 From Liseanne Wick - Wellspace to Hosts and panelists:

and then a 24hr Supervisor being available on call

14:54:46 From Liseanne Wick - Wellspace to Hosts and panelists:

and there are ALSO the training requirements of AAS, ICH, Joint Commission, and other accreditation bodies for crisis centers of course

14:55:57 From Ruqayya Ahmad to Hosts and panelists:

are these optional?

14:56:05 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:

Is this content publicly available?

14:56:23 From Allie Franklin - Health Management Associates to Hosts and panelists:

Yes

14:56:55 From Ruqayya Ahmad to Hosts and panelists:

would the orange trainings be optional or required?

14:56:55 From Anh Thu Bui - California Health and Human Services Agency (CalHHS) to Hosts and panelists:

The materials from Vibrant is not public, but they have given permission for CalHHS to share within this workgroup.

14:57:07 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:

Thank you, Anh Thu!

14:58:00 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:

Noting that two of the 12 call centers are county operated (Kern & Santa Clara)

15:01:25 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:

To answer the question on the earlier slide, what I didn't learn is what folks are being trained to do, what standards the call centers are being held to, and whether there is any quality monitoring/oversight tied to adherence to those standards (provided they exist). Or, does Vibrant rely on the accreditation entities as a proxy for quality oversight? If it's the latter, it would be helpful to understand those minimum criteria.

15:04:31 From Yolanda Cruz - State Council on Developmental Disabilities to Hosts and panelists:

I would love to see 988 staff being trained alongside the 40 hour training through crisis intervention teams.

15:04:38 From Betsy Uhrman - Health Management Associates to Everyone:

Discussion questions: Under a system that incorporates more state funding and oversight, what else do we expect our CA 988 Crisis Centers to be able to do?

What else might the public expect of 988 Crisis Centers?

15:05:50 From Ruqayya Ahmad to Hosts and panelists:

yes!

15:06:14 From Angela Vazquez - The Children's Partnership to Hosts and panelists:

+1 to Astin's reflections

15:09:15 From Angela Vazquez - The Children's Partnership to Hosts and panelists:

I have a hard time entrusting a volunteer making a real-time assessment to what a weapon includes. We see all the time 911 being called and police being dispatched on people of color for everyday objects that when held by a Black boy in distress becomes a weapon in the eyes of non-Black officers/dispatchers/call operators

15:12:22 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:

I am glad Liseanne mentioned substance use disorders. If we expect the call centers to field SUD calls, then more specific training/quality standards should be incorporated for SUD.

15:15:53 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:

Agree Shari that there's a ton of value in paraprofessionals, but there's a difference between paid/unpaid paraprofessionals, given that employment brings with it a greater ability to hold people accountable and to oversee quality.

15:17:59 From Liseanne Wick - Wellspace to Hosts and panelists:

yes michelle- currently most centers offer training on SUD so counselors have a basic understanding. Also would need to consider addressing the considerable variances on how one gains admission for inpatient private/public SUD treatment across the state.

15:18:44 From Liseanne Wick - Wellspace to Hosts and panelists:
and managed care
15:18:56 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:
It's also a matter of upholding equity. If we want a more diverse call center workforce that reflects our community, then we should consider the value of compensated work.
15:20:41 From Tara Gamboa-Eastman - The Steinberg Institute to Hosts and panelists:
To Angela's point, I think we need to allow ambulances to do transport to crisis facilities statewide. Currently, this is only allowed in a few counties as part of a pilot. Until this is fixed, the default response is going to be a police response.
15:21:17 From Angela Vazquez - The Children's Partnership to Hosts and panelists:
@Tara interesting policy question - I'd like to learn more about why the restriction on ambulance transport exists.
15:21:24 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:
Often, ambulances are reluctant to do transfers unless folks are on an involuntary hold due to liability concerns.
15:24:06 From Liseanne Wick - Wellspace to Hosts and panelists:
Keep in mind the callers/chat/text visitors are the ones who dictate what the needs and concerns are
15:25:31 From Betsy Uhrman - Health Management Associates to Everyone:
Please note here in the chat any ideas re specific skills or competencies.
15:27:07 From Lei Portugal Calloway - Telecare Corporation to Hosts and panelists:
As mentioned, the CalMSA state peer certification includes expertise in 17 Core Competencies, Scope of Practice and Code of Ethics. To become certified, one must take an 80-hour peer training and pass an exam
15:28:49 From Lei Portugal Calloway - Telecare Corporation to Hosts and panelists:
*CalMHSA
15:29:13 From Angela Vazquez - The Children's Partnership to Hosts and panelists:
I am not suggesting that volunteers are fundamentally different from paid professionals - but rather that we pay those who would otherwise be volunteers because systemically it's part of building and rescuing our system

with people who are by virtue of their lived experience and community relationships who can provide the culturally responsive care we want for Californians.
15:29:27 From Angela Vazquez - The Children's Partnership to Hosts and panelists:
Resourcing- not rescuing*
15:30:24 From Allie Franklin - Health Management Associates to Hosts and panelists:
For Discussion, what specific skills and capabilities are needed for the future state?
15:30:41 From Lei Portugal Calloway - Telecare Corporation to Hosts and panelists:
CalMHSA also offers approved vendors offering Specialization Trainings for: Parent, Caregiver and Family peers, Peers in Crisis Care, Peers in Justice Involved and Peers for Unhoused
15:31:25 From Diana Gutierrez - RUHS Behavioral Health to Hosts and panelists:
We have a local call center (not currently in the network) that has a robust student intern program both Bachelors and Masters level that has been working very well and keeping the call center staffed better than a volunteer based approach
15:36:27 From Shari Sinwelski - Didi Hirsch Mental Health Services to Hosts and panelists:
It seems that this conversation should start with what services are expected from this line. And then how do we train for them.
15:37:13 From Shari Sinwelski - Didi Hirsch Mental Health Services to Hosts and panelists:
and what are the definitions of those services. When we say clinical services, what do we all agree that means, etc.?
15:37:21 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:
@Shari - agreed!
15:37:26 From Mayu Iwatani - Orange County Department of Education to Hosts and panelists:
I agree with Shari. That would be helpful and then in addition to the competency, how standardized across the various call centers should the use of tools be for example, all using the Stanely-Brown Safety Planning, etc.
15:39:07 From Liseanne Wick - Wellspace to Hosts and panelists:

Agreeing with Shari. The clients we serve nationally as well as in CA are the ones whose needs we are meeting and that is our starting place and biggest voice.

15:42:55 From Justin Letsinger - Health Management Associates to Everyone:

If you would like to make a public comment during this meeting's public comment period, please raise your hand and your name will be taken down and added to the public comment list in the order in which it was raised.

15:42:55 From Astin Williams - CA LGBTQ HHS Network to Hosts and panelists:

Thanks van :)

15:43:24 From Justin Letsinger - Health Management Associates to Everyone:

If you would like to send public comment via the project email address, please send it to: AB988Info@chhs.ca.gov

15:45:11 From Justin Letsinger - Health Management Associates to Everyone:

Public comment sent to the project email address will be added to the Meeting Summary that is posted to the website.

15:47:22 From Liseanne Wick - Wellspace to Hosts and panelists:

sorry- I need to do a consult for my team- will be back.

15:48:53 From Brenda Grealish - Council on Criminal Justice and Behavioral Health (CCJBH) to Hosts and panelists:

So, if I'm understanding everyone's feedback correctly, it seems that the call center response options could be as follows: 1) services provided by the call center staff (phone triage and referrals to community-based services), which is what has been traditionally provided to date, but could enhance based on additional competencies to strengthen the existing efforts (e.g., SUD, cultural), 2) behavioral health only mobile crisis dispatch and 3) co-responder BH / LE dispatch, 4) LE only dispatch 5) other options. Based on this, the call center staff should know how to make the decision between these different response options and provide the services listed in #1.

15:49:44 From Michelle Doty Cabrera - County Behavioral Health Directors Association of California (CBHDA) to Hosts and panelists:

Brenda - that's not quite how I heard it but happy to connect offline

15:50:01 From Brenda Grealish - Council on Criminal Justice and Behavioral Health (CCJBH) to Hosts and panelists:

Sounds good, Michelle..thanks!

15:52:25 From Yolanda Cruz - State Council on Developmental Disabilities to Hosts and panelists:

Ensuring that we look at training and resources on ID/DD