



**Workgroup 2: Statewide
Standards & Guidance**
Meeting 2, February 27, 2024

Webinar: Panelist View

The screenshot displays a Zoom Webinar interface in Panelist View. At the top, a horizontal bar shows six participant thumbnails labeled Participant 1 through Participant 6. Below this, a 2x2 grid of larger thumbnails shows Participant 4, Participant 2, Participant 3, and Participant 1. The bottom toolbar includes controls for Unmute, Start Video, Participants (9), Chat, Share Screen, Record, Show Captions, Raise Hand, Apps, Whiteboards, and a Leave button. A chat window on the right shows a message from Betsy Uhrman to Hosts and panelists: "Hello". Two red arrows point to the Unmute and Start Video buttons in the bottom toolbar.



The “Chat” function will only be available for a specific time during the meeting.

- Attendees can send a chat to the host to sign up for public comment
- The chat function will be open for Workgroup members and Attendees at the end of the meeting



Welcome

Meeting 2 Objectives

1. Learn more about current CA 988 Crisis Center operations and training requirements
2. Discuss expectations for the future of 988 Crisis Centers
3. Confirm action items and next steps
4. Hear public comment

Agenda

1. Review of Agenda and Session Objectives
2. Check-in/Project Updates
3. Brief Review of Previous Meetings
4. Overview of Crisis Center Operations & Training Requirements & Discussion
5. Review of 988 Crisis Center Expectations & Discussion
6. Public Comment Period
7. Next Steps

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



Statewide Standards and Guidance Workgroup Members

- **Co-Chair: Brenda Grealish**, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Co-Chair: Lei Portugal Calloway**, Telecare Corporation
- **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)
- **Budge Currier**, California Governor's Office of Emergency Services (CalOES)
- **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
- **Ivy Song**, University of California Davis
- **Karla Luna**, Kings View 988 Center
- **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



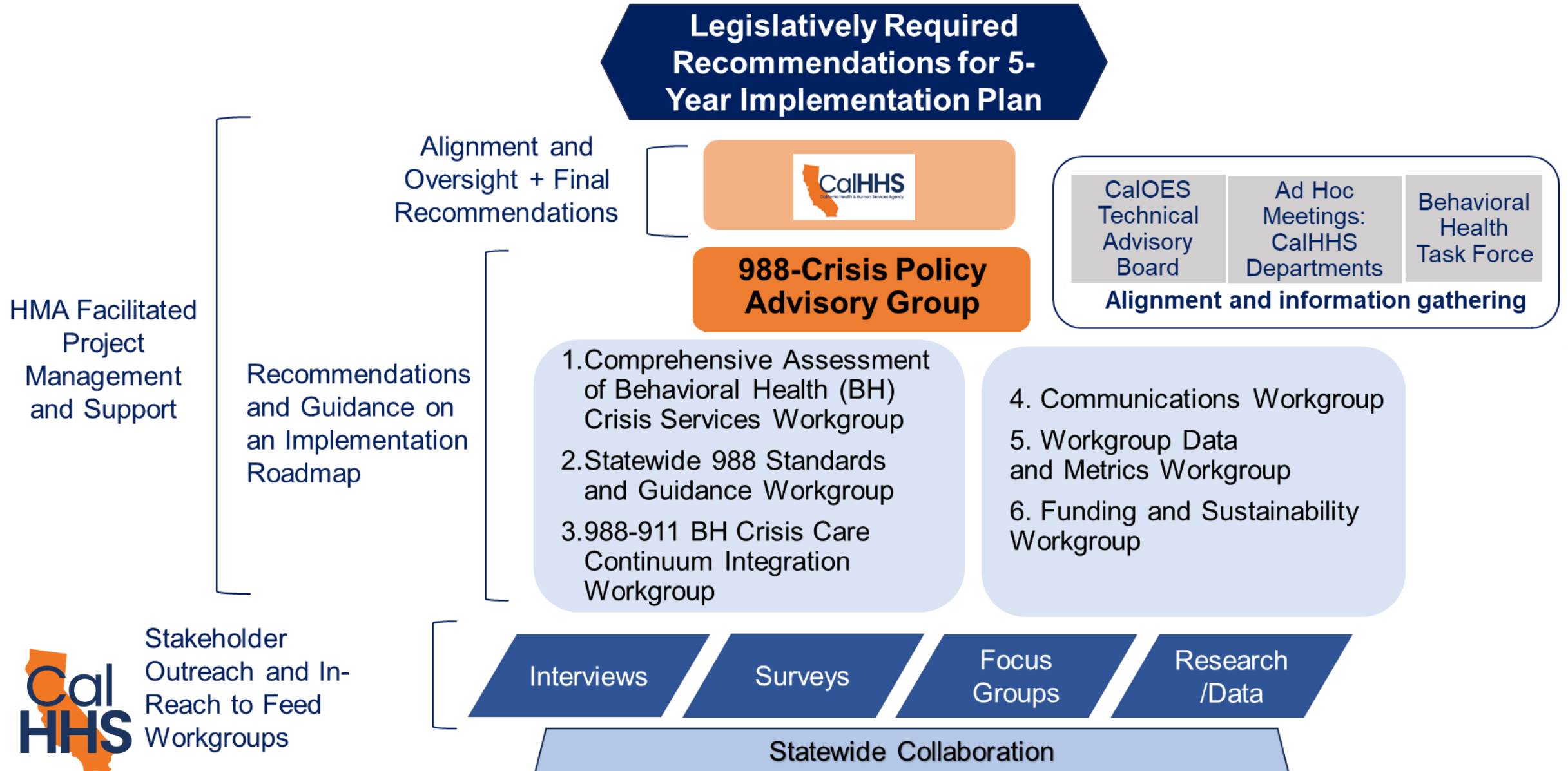
Public Comment Overview

- 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. 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 us 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, 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 once the chat function is re-enabled. We will save the chat and add your comment to the meeting minutes.

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.

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**

Workgroup 2: Statewide 988 Standards and Guidance

- Required Recommendation Areas Per AB 988:
 - (1) Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.
 - (2) Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.
 - (3) 988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week
 - (5) Compliance with state technology requirements or guidelines for the operation of 988

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)

Meeting 1 Focus

Focus: Statewide Standards & Guidance Level-Setting

- Reviewed the interplay between Federal Standards, National Administrator Standards, and State Standards
- Reviewed American Association of Suicidology Accreditation Standards
- Discussed what might be missing from the standards or need clarification

Meeting 1 Discussion Highlights

- Volunteers and Non-Clinical Staff
- Supporting the Wellness of Volunteers and Staff
- Career Pathways (for Peers and Others) and Compensation
- Justice System/911 Diversion
- Implicit Bias Trainings
- Consideration for Communities Negatively Impacted by Current Systems
- Vibrant Trainings/Requirements
- Current Crisis Center Operations and Requirements
- Future Expectations of 988 Crisis Centers

Note: The full meeting summary can be found on the [CalHHS Website](#).



Overview of 988 Crisis Center Operations & Training Requirements

Federal Law

2005

- The National Suicide Prevention Lifeline launched with the number 1-800-273-8255 (TALK)
- Received 46,000 calls in year 1

2020

- The National Suicide Hotline Designation Act of 2020 is signed into law. It requires the FCC to designate 988 as the universal number for a national suicide prevention and mental health crisis hotline
- Text service added to the Lifeline
- Lifeline volume has grown to 3.3M calls, chats, and texts

2022

- 988 goes into effect on 7/16/2022
- 988 Lifeline answers nearly 5 million contacts in its first year

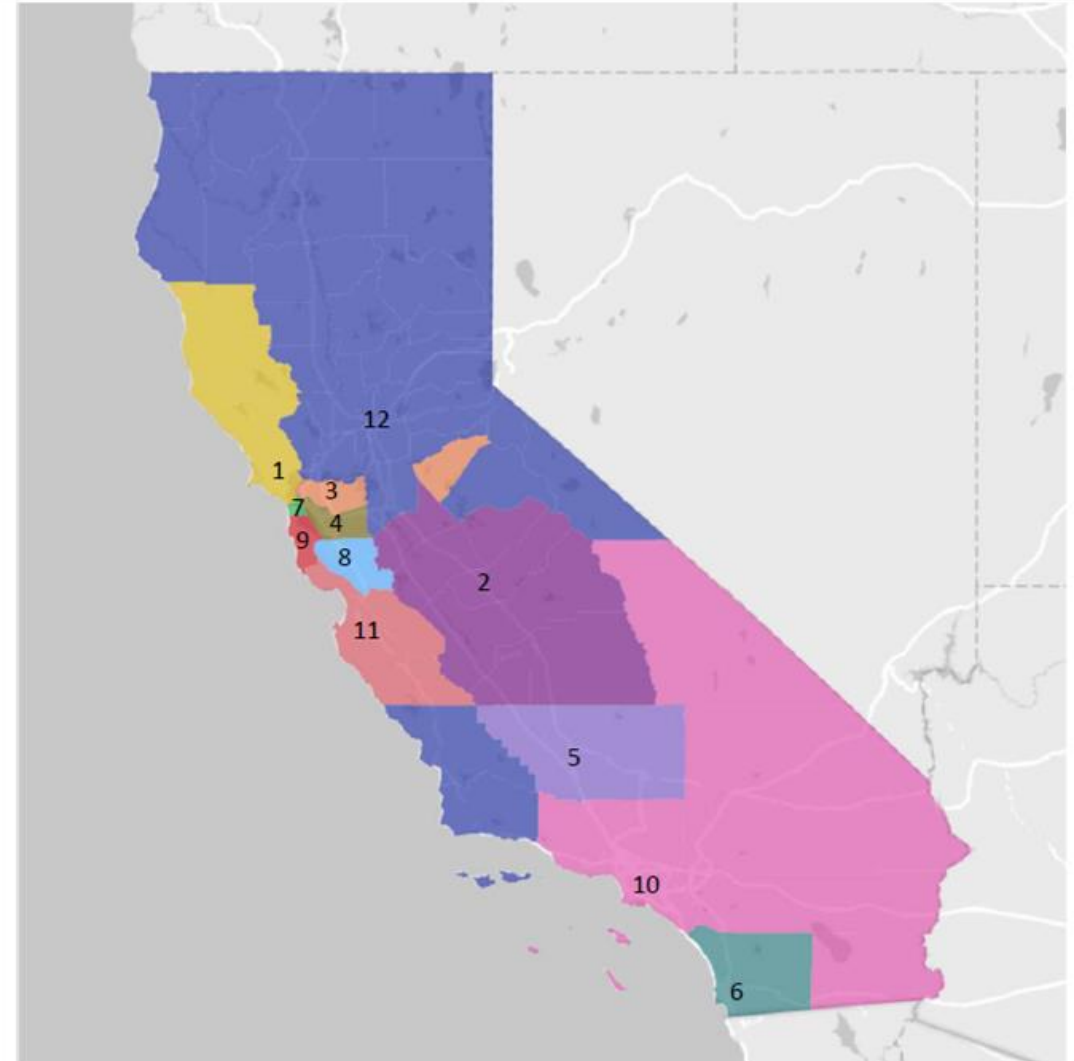
Core Functions of 988 Crisis Center Services

Below are the core functions of a 988 Crisis Center. These represent the minimum services that all Crisis Centers must offer to be included in the Lifeline Network:

- Safety/Risk Assessment
- Safety Planning
- De-escalation
- Active Rescue
- Support

California 988 Crisis Centers/Regions

1	Bucklew Suicide Prevention Program
2	Central Valley Suicide Prevention Hotline – Kings View
3	Contra Costa Crisis Center
4	Crisis Support Services of Alameda County
5	Kern Behavioral Health & Recovery Services Hotline
6	Optum
7	San Francisco Suicide Prevention Felton Institute
8	Santa Clara County Suicide and Crisis Services
9	StarVista
10	Suicide Prevention Center - Didi Hirsch Mental Health Services
11	Suicide Prevention Service of the Central Coast
12	WellSpace Health



Crisis Center KPIs – Calls

KPIs for Calls in CA														
	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Average
Routed	27,716	25,008	27,837	27,936	30,498	28,493	28,879	30,099	31,017	30,957	29,060	29,893	30,003	29,030
Received	27,716	25,008	27,837	27,936	30,498	28,493	28,879	30,099	31,017	30,957	29,060	29,893	30,003	29,030
Answered In-State	24,260	21,786	24,340	25,166	27,649	25,762	25,911	26,775	27,404	26,969	24,994	25,025	26,018	25,543
In-State Answer Rate	88%	87%	87%	90%	91%	90%	90%	89%	88%	87%	86%	84%	87%	88%
Abandoned In-State	3,387	2,977	3,247	2,664	2,782	2,660	2,802	3,199	3,377	3,717	3,761	3,860	2,924	
In-State Abandon Rate	12%	12%	12%	10%	9%	9%	10%	11%	11%	12%	13%	13%	10%	
Flowout to Backup	69	245	250	106	67	71	166	125	236	271	305	1,008	1,061	
Rollover Rate to Backup of Calls	0.2%	1.0%	0.9%	0.4%	0.2%	0.2%	0.6%	0.4%	0.8%	0.9%	1.0%	3.4%	3.5%	
Average Speed to Answer	00:37	00:37	00:36	00:32	00:30	00:30	00:30	00:30	00:31	00:35	00:38	00:39	00:27	

Crisis Center KPIs – Texts

KPIs for Texts in CA														
	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Average
State Demand	6,808	6,432	7,215	7,076	8,222	7,387	8,837	9,332	9,518	9,492	8,933	9,405	9,240	8,300
Received	3,705	3,732	5,522	5,136	6,190	5,676	7,112	7,294	7,165	7,514	7,126	7,563	7,483	6,248
Answered In-State	572	565	1,104	1,212	1,465	1,559	1,860	2,016	1,583	2,335	2,728	2,467	2,427	1,684
In-State Answer Rate	15%	15%	20%	24%	24%	27%	26%	28%	22%	31%	38%	33%	32%	27%
Abandoned In-State	1	0	8	6	6	8	5	4	10	7	6	4	10	
In-State Abandon Rate	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Flowout to Backup	3,132	3,167	4,410	3,918	4,719	4,109	5,247	5,274	5,575	5,172	4,392	5,092	5,046	
Average Speed to Answer	00:20	00:22	00:26	00:24	00:20	00:19	00:18	00:15	00:16	00:15	00:14	00:15	00:20	

Crisis Center KPIs – Chats

KPIs for Chats in CA														
	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Average
State Demand	6,955	5,792	6,301	6,256	6,492	6,150	5,245	4,721	4,852	3,940	3,686	2,515	3,175	5,083
Received	3,587	3,162	4,717	4,361	4,692	4,706	4,404	3,618	3,802	3,580	3,566	3,245	3,165	3,893
Answered In-State	511	481	882	976	1,038	1,124	1,143	1,010	905	1,229	1,343	1,039	1,064	980
In-State Answer Rate	14%	15%	19%	22%	22%	24%	26%	28%	24%	34%	38%	32%	34%	25%
Abandoned In-State	4	3	10	10	9	20	7	8	6	5	15	2	128	
In-State Abandon Rate	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	
Flowout to Backup	3,072	2,678	3,825	3,375	3,645	3,562	3,254	2,600	2,891	2,346	2,208	2,204	1,973	
Average Speed to Answer	00:11	00:10	00:10	00:11	00:09	00:08	00:08	00:07	00:09	00:07	00:07	00:07	00:05	

Crisis Center KPIs – Call Demand

CA Lifeline Calls Routed by Network													
Network	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024
LGBTQ*	NA	NA	NA	NA	NA	NA	1,729	2,362	2,819	2,793	2,555	2,886	3,242
NSPL	27,716	25,008	27,837	27,936	30,498	28,493	28,879	30,099	31,017	30,957	29,060	29,893	30,003
Spanish	1,120	997	1,150	1,088	1,232	1,059	1,135	1,409	1,915	1,739	1,661	2,107	1,536
VA	6,594	6,036	7,291	7,126	7,687	7,724	7,318	7,647	7,823	7,294	7,304	7,429	7,099
Total	35,430	32,041	36,278	36,150	39,417	37,276	39,061	41,517	43,574	42,783	40,580	42,315	41,880

* The LGBTQI+ Youth Subnetwork launched July 3, 2023.

Note - in this table, “NSPL” is inclusive of calls that concluded in the local network, as well as the National-Backup subnetwork.

988 Crisis Center Questionnaire

- To support our collective learning, the project team asked the 12 CA 988 Crisis Centers to respond to a set of questions aimed at understanding their operations and training requirements.
- We received responses from all 12 Crisis Centers and are grateful for their timely support.

Note: The questionnaire included open-ended questions. Due to differences in how Crisis Centers responded, some response have been omitted from the data.

Supplemental Services Provided by CA Crisis Centers

Below are supplemental services – i.e., services in addition to those core functions described previously – provided by CA 988 Crisis Centers:

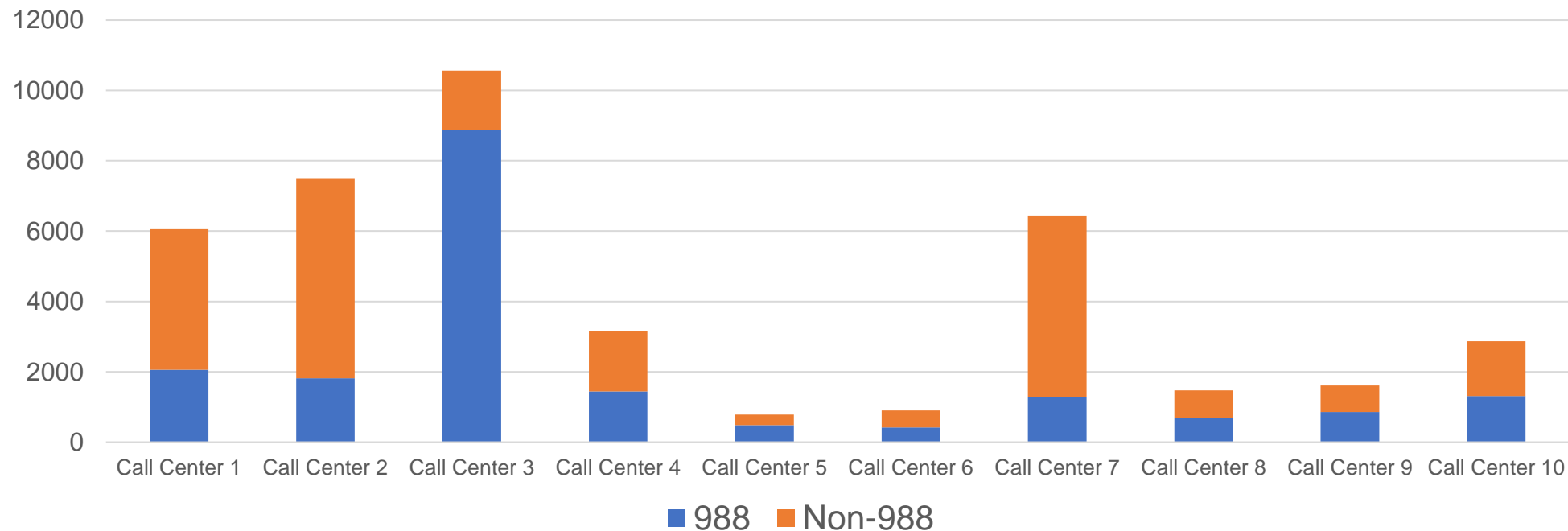
- Crisis Call Follow-up Contacts (100%)
- Dispatch Mobile Crisis (33%)
- Bed Finding Support (17%)

Examples of “other” services identified

- 988 Text and Chat
- 988 Spanish Line
- Local text/crisis lines (e.g., Korean Crisis Line, Drug & Alcohol Relapse, Elder/Child Abuse, Grief)
- National text crisis lines (e.g., Teenline, National HIV Nightline, National Text/Chat)
- 211
- Community Education
- Emergency Department Follow-up

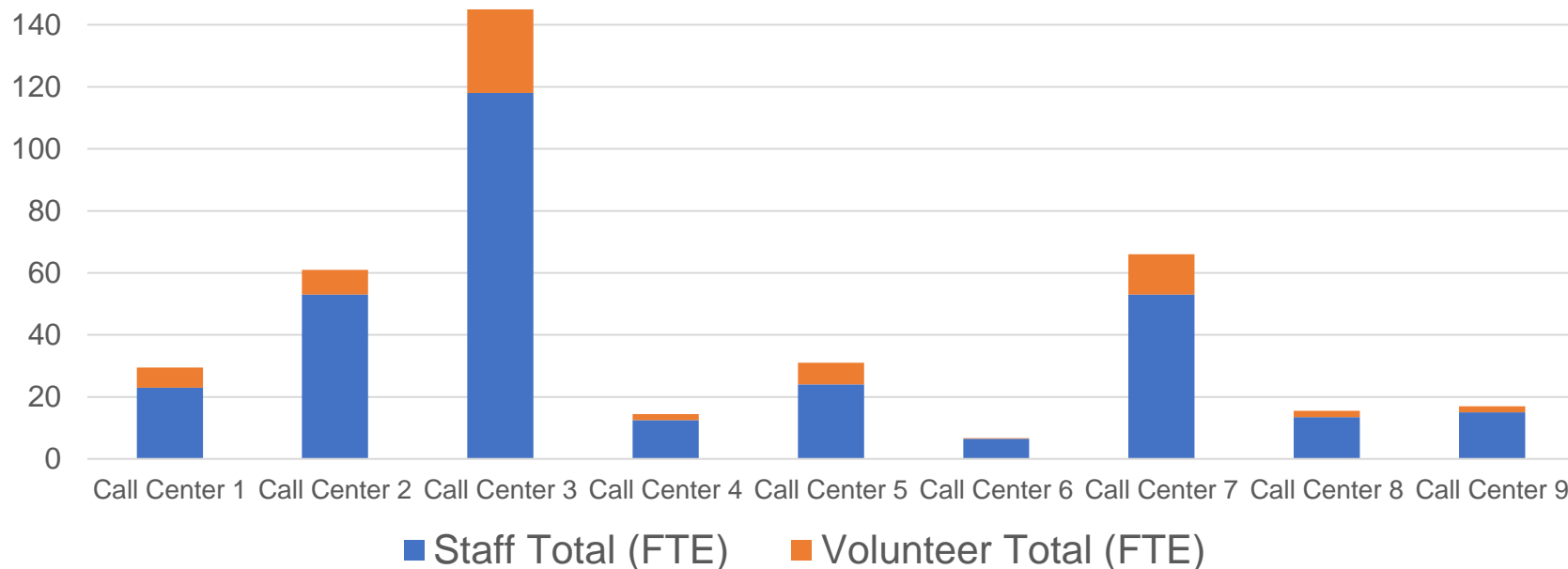
Non-988 Routed Calls

- As reflected on the previous slide, CA 988 Crisis Centers also receive non-988 routed call (e.g., local crisis lines).
- Most Crisis Centers receive more non-988 routed calls than those routed through the network. The data below was calculated based on narrative responses and the 988 Broad State Metrics Report provided by Vibrant. The data is imperfect but provides an approximate picture of the ratio of 988 to non-988 calls, by Center.



Staffing Models

- 11 of 12 CA 988 Crisis Centers operate with a mix of paid staff and volunteers (with the 12th employing all their call counselors).
- The total number of workers (paid staff + volunteers) at Crisis Centers ranges from 7 on the low end to 145 on the high (*average of 43*).
- All Crisis Centers rely on more paid staff than volunteers to support operations.

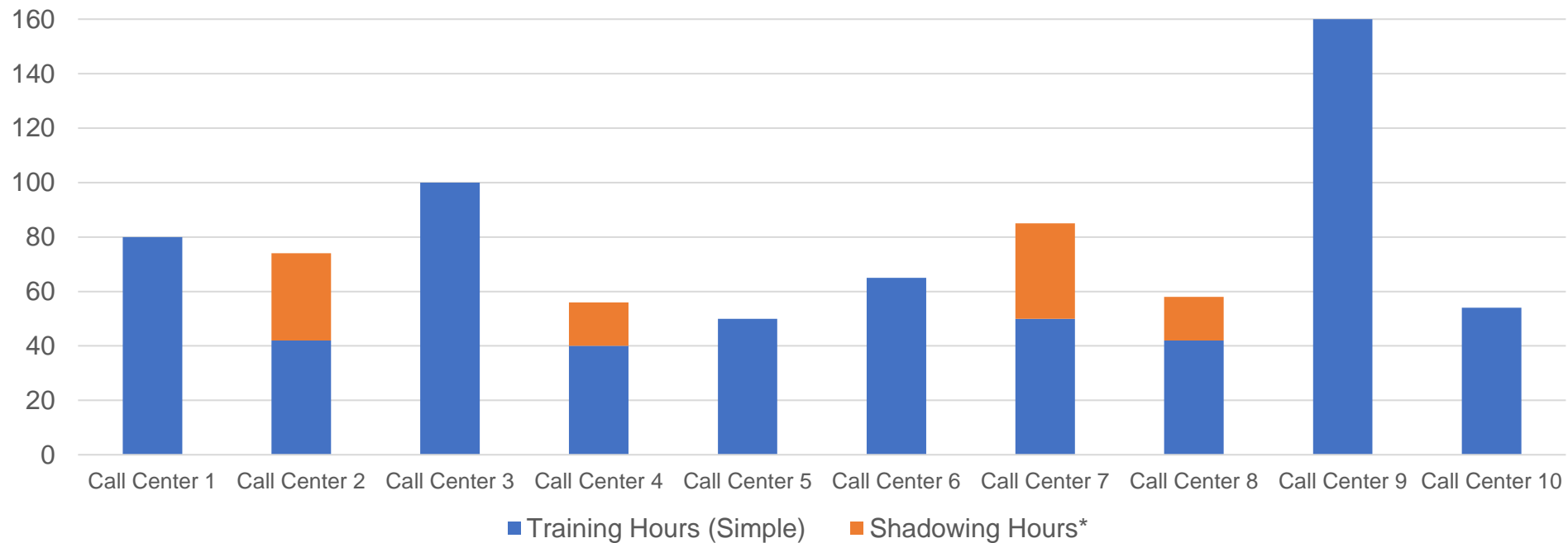


Staffing Supervision

- The supervision ratios (i.e., the number of workers overseen by each supervisor) are similar for most Crisis Centers.
- 70% of Crisis Centers who provided their supervision ratio had a ratio at or below 1 supervisor for every 10 workers (the highest ratio is 1:05).
- The lowest ratio was 1 supervisor for every 16 workers.

Trainings Provided

- The questionnaire asked for the number of hours of training provided to staff. Responses ranged from 160 on the high-end to 40 hours on the low end.
- In addition to classroom/online trainings, Crisis Centers reported a range of 16 to 35 hours of call shadowing/apprenticeship*



*Note: Several Centers mentioned shadowing but did not provide separate hours requirements. So, it is likely that the training hours for several centers are inclusive of shadowing.

Training Requirements

Vibrant Required Trainings (Online)*

Fundamentals of Crisis Counseling

Essential Skills in Crisis Counseling

Assessing Safety and Suicide Risk

Imminent Risk of Suicide

DHCS Training Requirements**

The general training topics that the state capacity building grant (expires end Feb 2024) requires include trauma-informed care, substance use disorders, behavioral health crisis, culturally and linguistically responsive care, access for persons with disabilities and ADA compliance, HIPAA and privacy/consent, referral to resources.

**Additional Vibrant training offerings included on the next slides*

***Some of these requirements are satisfied via Vibrant trainings*

Vibrant Required Trainings – Additional Detail

Vibrant Required Trainings (Online)*	Overview
Fundamentals of Crisis Counseling (1 – 2 hours)	<ul style="list-style-type: none"> • What is crisis counseling • What are the core competencies of effective crisis counselors • How crisis counselors’ motivations and beliefs impact crisis counseling o • Why self-care and stress management are essential for crisis counselors
Essential Skills in Crisis Counseling (1.5 – 2 hours)	<ul style="list-style-type: none"> • Why it is important to connect with and actively engage people in crisis • How to actively listen to someone in crisis • How to ask clarifying questions effectively • How to collaboratively develop a plan for moving forward
Assessing Safety and Suicide Risk (2 hours)	<ul style="list-style-type: none"> • Why attitudes and feelings about suicide impact crisis conversations • How to ask about suicide • How to assess safety during crisis conversations using the Lifeline’s model • How to develop a safety plan
Imminent Risk of Suicide (2 hours)	<ul style="list-style-type: none"> • Understanding what imminent risk is and responding according to the Lifeline’s Suicide Safety Policy • Recognizing the most effective ways of supporting individuals who may be at imminent risk • How to determine whether emergency service intervention is warranted and steps to take when necessary

Note: The project team will provide the full Crisis Counselor Curriculum Guide, as well as a Training Requirements FAQ to Workgroup members following today’s session.

Additional Vibrant Training Offerings (*Currently Available**)

Online Trainings	Simulations	Practice Activities
Crisis Conversations on Chat and Text	988 Direct	Cultivating Self-Awareness
Substance Use and People in Crisis	988 Third Party	Understanding Expressions of Anger
Individuals Familiar to the 988 Lifeline	988 Veteran	The Language You Use
Just In Time Crisis Counseling Training: DDH Call Centers	Crisis Conversation Skill Builders	Moving Forward After Challenging Interactions
Just In Time Crisis Counseling Training: DDH Text Centers	988 Familiar Individual	

**Source: 988 Lifeline Training Courses, Simulations, and Practice Activities (Vibrant, February 2024)*

Additional Vibrant Training Offerings (*Upcoming**)

Online Trainings	Simulations	Practice Activities
Unconscious Bias	LGBTQIA+ Individuals	Asking About Suicide
Violence and Threat Assessment		Transitioning to a Plan
Follow-up		
Teenagers		
Individuals with Mental Health Concerns		
Individuals with LGBTQIA+ Identities		
Intimate Partner Violence		

Additional Topics for Upcoming Training Resources (*Courses, Simulations, Webinars, and/or Guidance Documents*)

- Resources and Referrals
- Third Party
- Crisis Conversations With Young Adults
- Crisis Conversations With Children
- Supporting Rural Communities
- Supporting People With Intellectual and Developmental Disabilities
- Crisis Counseling With First Responders
- Crisis Counseling With Asian Americans and Pacific Islanders
- Crisis Counseling With Refugees
- Crisis Conversations With Older Adults
- Working Effectively With Tribal Populations

**Source: 988 Lifeline Training Courses, Simulations, and Practice Activities (Vibrant, February 2024)*

Collaboration with County BH Agencies

- Crisis Centers were also asked about any collaborative agreements that exist with their County Behavioral Health Agencies. Below are excerpts of several responses:
 - We are a part of the County Behavioral Health Agency
 - We administer the County's 24/7 Substance Use Crisis/Access Line
 - We cover the 24/7 Crisis/Access Line afterhours, overnights, weekends, and holidays
 - We collaborate around mobile crisis (with several Centers dispatching directly)
 - We provide 911 diversion services
 - We provide by-phone follow-up services for patients discharging from County Hospital



Discussion

- **What is something new you learned or something that resonated with you?**
- **What *didn't* you hear that you were expecting to hear?**
- **What's missing from this discussion?**



988 Crisis Center Expectations

Core Functions of 988 Crisis Center Services continued

Below are the core functions of a 988 Crisis Center (as shown previously).

- Safety/Risk Assessment
- Safety Planning
- De-escalation
- Active Rescue
- Support

With AB 988, the State of California will provide sustainable funding to 988 crisis centers and related mobile crisis services.

Discussion 1

- **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?**

Discussion 2

- **How would these changes in expectations impact staffing, training, and infrastructure requirements?**
- **What statewide standards and monitoring of 988 crisis services should be required for ongoing funding?**



Public Comment Period

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 - If you are on Zoom today, you may put your comment in a chat.
- 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. Brandy Gadino



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 20, 9-11AM Pacific**



Adjourn