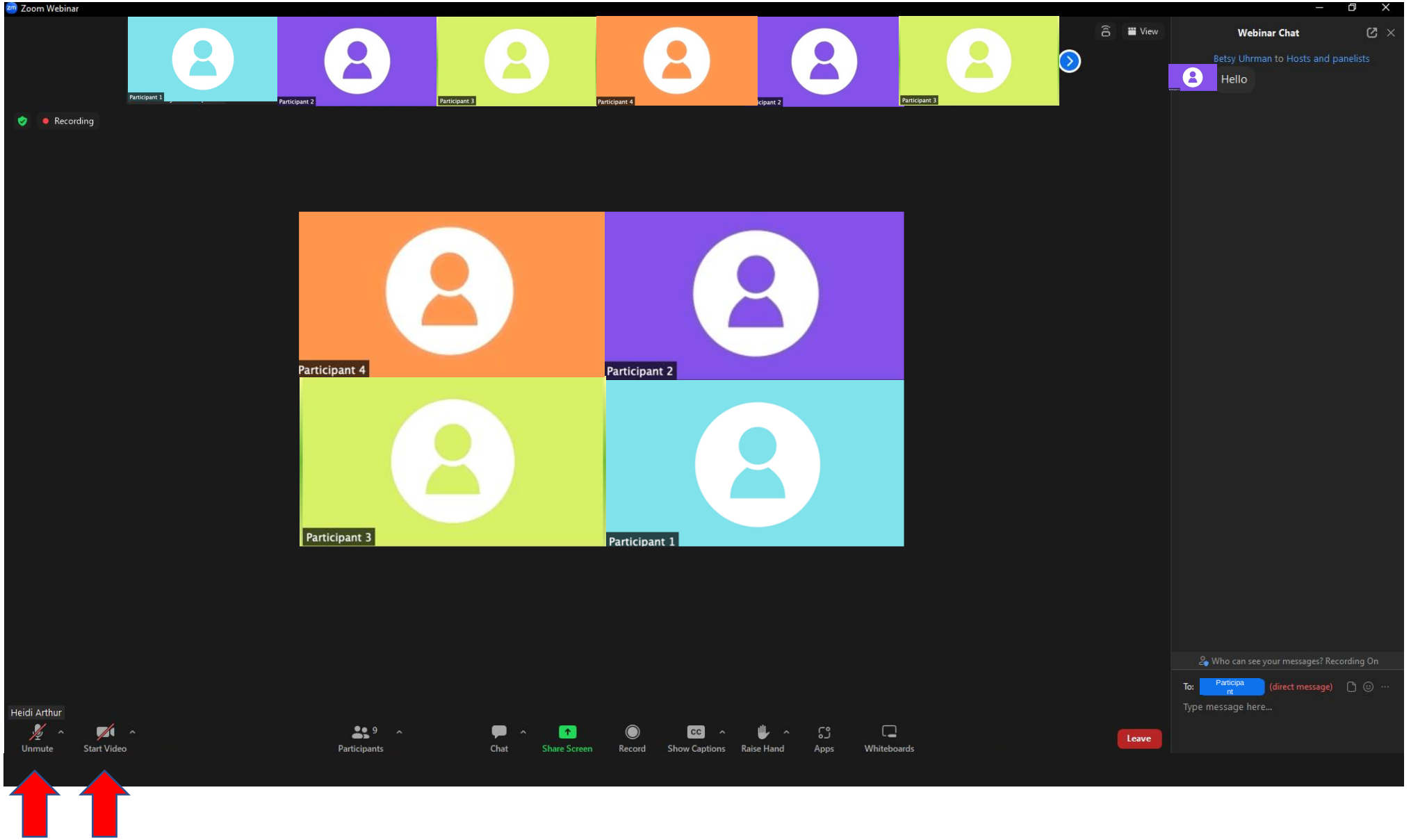
Workgroup 2: Statewide Standards & Guidance

Meeting 3, March 20, 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 3 Objectives

1. Provide updates on Workgroup 2-related efforts
2. Confirm what we've heard to date
3. Operationalizing what we've heard
4. Confirm action items and next steps
5. Hear public comment

Agenda

1. Review of Agenda and Session Objectives
2. Check-in/Project Updates
3. Brief Review of Previous Meeting
4. Review AB988 Areas of Recommendation & What We've Heard
5. Operationalizing What We've Heard
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
- 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

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 2 Summary

- Provided an overview of 988 Crisis Center operations and training requirements
  - Additional Vibrant training materials were provided after the meeting
- Discussed future 988 Crisis Center expectations

AB988 Required Recommendations

AB 988 Required Recommendations	How It's Being Addressed
(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.	SAMHSA is working on issuing an updated 988 quality plan (previous guidelines from 2020)
(2) Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.	California is working with the 988 Lifeline Administrator (Vibrant) and SAMHSA on federal-state partnership for 988. Vibrant is also working on updating the Network Agreement that they have with each 988 crisis center.
(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	Focus of Workgroup 2.
(5) Compliance with state technology requirements or guidelines for the operation of 988	CalOES is working on a state-based platform and other AB 988 requirements for 988-911 interoperability. CalHHS, DHCS, CalOES have been discussing state requirements/guidelines.

AB988 Language

(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.

AB 988 Areas for Review & What We've Heard To Date

Centering Our Work

- We are at the half-way point of our workgroup meeting sequence.
- This offers us an opportunity to reflect back some of what we're heard thus far and key in on areas for deeper discussion.

What We've Heard To Date (1)

Categories of What We've Heard
Vision & Service Philosophy
Scope of Crisis Centers
Crisis Counselors & Training
Outcomes

What We've Heard To Date (2)

Are there any edits?

What We've Heard
Vision & Service Philosophy 988 Crisis Centers should: • Be available 24/7 through phone, text, and chat to all Californian's • Continue to serve as a place to call/connect for individuals in crisis • Serve as a connector and navigator to other resources (warm transfers are to a limited group of resources) • Connect callers to the least restrictive form of response available • Strive to reduce police involvement when possible and appropriate • Provide services in a culturally-responsive, trauma informed way • *Perhaps there is a better word than connector (open to ideas and input)*

What We've Heard To Date (3)

Are there any edits?

What We've Heard

Scope of Crisis Centers

- The state should define the scope of services of 988 Crisis Centers
- 988 Crisis Centers should be prepared to handle callers with substance use, mental health, IDD, and physical health needs
- 988 Crisis Centers should – at a minimum – coordinate mobile crisis dispatch (if not dispatch directly)
- Calls, texts, and chats should be responded to by 988 Crisis Centers in California whenever possible, in a timely manner
- Service standard goal that every call be answered in a timely manner 90% within 20 seconds (current standard) and all calls answered (one proposed standard) – need clear definition about 100% standard – *likely need further discussion on this – need to ensure that there is an appropriate balance of confidentiality and safety.*
- Links to services for people experiencing homelessness
- Note: do Crisis Centers need additional information about crisis services for people with IDD and other disabilities
- Crisis Centers to receive additional information about supporting callers with cognitive issues such as dementia, or traumatic brain injury (and ensure that resource directories include support resources for these callers)

What We've Heard To Date

Are there any edits?

What We've Heard
Crisis Counselors & Training The state should develop: • Standards that define minimum requirements for Crisis Counselors and core competencies • Training standards, informed by the 988 Crisis Centers scope of services and the roles of Crisis Counselors. In developing training standards, the state should be cognizant of what is already required by Vibrant. • Need standard measurements for competencies (beyond training hours completed) **Outcomes** • The state should develop standards for the oversight and monitoring of 988 Crisis Centers

AB988 and What We've Heard To Date

What areas of the required recommendation need additional definition and/or focus?

AB 988 Required Recs	What We've Heard
(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	**Vision & Service Philosophy** 988 Crisis Centers should: • Be available 24/7 through phone, text, and chat to all Californian's • Continue to serve as a place to call/connect for individuals in crisis • Serve as a connector to other resources • Connect callers to the least restrictive form of response available • Strive to reduce police involvement when possible and appropriate • Provide services in a culturally-responsive, trauma informed way **Scope of Crisis Centers** • The state should define the scope of services of 988 Crisis Centers • 988 Crisis Centers should be prepared to handle callers with substance use, mental health, and physical health needs • 988 Crisis Centers should – at a minimum – coordinate mobile crisis dispatch (if not dispatch directly) • Calls, texts, and chats should be responded to by 988 Crisis Centers in California whenever possible
(3) 988 infrastructure, staffing, and training standards	**Crisis Counselors & Training** The state should develop: • Standards that define minimum requirements for Crisis Counselors and core competencies • Training standards, informed by the 988 Crisis Centers scope of services and the roles of Crisis Counselors. In developing training standards, the state should be cognizant of what is already required by Vibrant. **Outcomes** • The state should develop standards for the oversight and monitoring of 988 Crisis Centers

Operationalizing What We've Heard

Operationalizing What We've Heard (1)

- We'd like to solicit deeper input on how we might operationalize some of the key things we've heard. This input will help to inform the **accountability and oversight structure** that the state could put forth to support this expansion.
- For each identified service component, we'll discuss:
  - Skills, Competencies, Trainings Needed
  - Proposed Measures of Progress/Success
  - Resources/support needed to close the gap between current offerings and future state
  - What needs to happen first? What should be phased in over time?
- Areas identified for today's discussion include:
  - SUD Capable (e.g., screenings, referral to treatment, base knowledge, etc.)
  - Mobile Crisis Triage and Dispatch
  - Culturally Responsive, Trauma-Informed Approaches to Service

Operationalizing What We've Heard (2)

Definition of SUD Capable: Screening, able to recognize signs (and differentiate from MH disorders), referral to care, other?

Understand the effects of opioids and solutions.
Standardized trainings across centers
Referral to care (info referral already happens)
Not screening, but listening for needs during the course of the call (maybe brief screening?).

Proposed Component	Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
SUD Capable	• Understand effects of opioids • Understanding drug induced psychosis • Understanding of different types of responses, based on needs • Supporting family members who may call • Supporting individuals calling about third parties • Value neutral • Risk Assessment • Promoting harm reducing behaviors • Stigma reduction	• Pre/post-test of knowledge, awareness, confidence. Measured verbally (not just written). E.g., scenarios/call recordings, etc. • Caller satisfaction • More SUD resources provided (pre/post-trainings)	• Identify existing sources of trainings (Vibrant and others) • Screening tools through Medi-Cal? • Consider pros/cons of screening tools (balancing needs)

What needs to happen first? What should be phased in over time?

- Addressing risk of death first

Proposed Component	Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
Culturally Responsive and Trauma Informed	• Terminology • Understanding of racial trauma • Understanding the use of accommodations and how that works on the line • Culturally-specific resources • Intersectionality • Linguistic access • Counselors with experience with active/passive suicide intent and attempts • Historical trauma • Mirroring language and tone (discussing more like peers) • Understanding the types of communication needs of people with disabilities such as facilitated communication • Understanding of communication/non-verbal communications and possible calls from family/third parties. Help paras know how to respond • Understanding implications of sensory needs of individuals with disabilities • Understanding different types of disabilities and how they can lead to crisis calls • Understanding scripting as indication of potential crisis • Baseline vs more specialized trainings.	• Caller feedback • Staff surveys • Amount of culturally-competent partnerships made • Incident reporting • Wait times for interpretation/ accommodation services • Community awareness of the 988 service • Caller demographics vs community demographics • Assessing skills verbally (scenarios, calls, etc.) • Comfort of counselors asking about and listening for culturally specific needs and concerns	• How to navigate HIPAA when asking about lived experience of staff • Specific line/number for specialized care (e.g., push #3 for LGBTQIA+ line). – Could advocate to SAMHSA/Vibrant for this. • Get additional information on sub-networks/triage tree (LGBT, Veterans, Spanish speaking) • Need for native line in CA? Line in Washington currently. • Yolanda can provide list of trainings/trainers • Explore other ways to ask risk assessment questions in way that doesn't turn off caller • How to not complicate calling process – consider capacity (right now, specialty lines are answered nationally). Wait times concerns. • Better understand who does/can/should answer specialty lines (shared identity vs competency).

What needs to happen first? What should be phased in over time?

- All of this should be sprinkled across all work (not its own training, but building in throughout)
- Prioritize hiring of counselors who reflect community and identify culturally-responsive resources
- Understanding use of accommodations to ensure access to all

Things to happen later in implementation plan?

- Spread out some trainings to not overwhelm counselors (or dissuade counselors from joining).

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. Narges Dillon

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: April 9, 9-11AM Pacific**

Adjourn