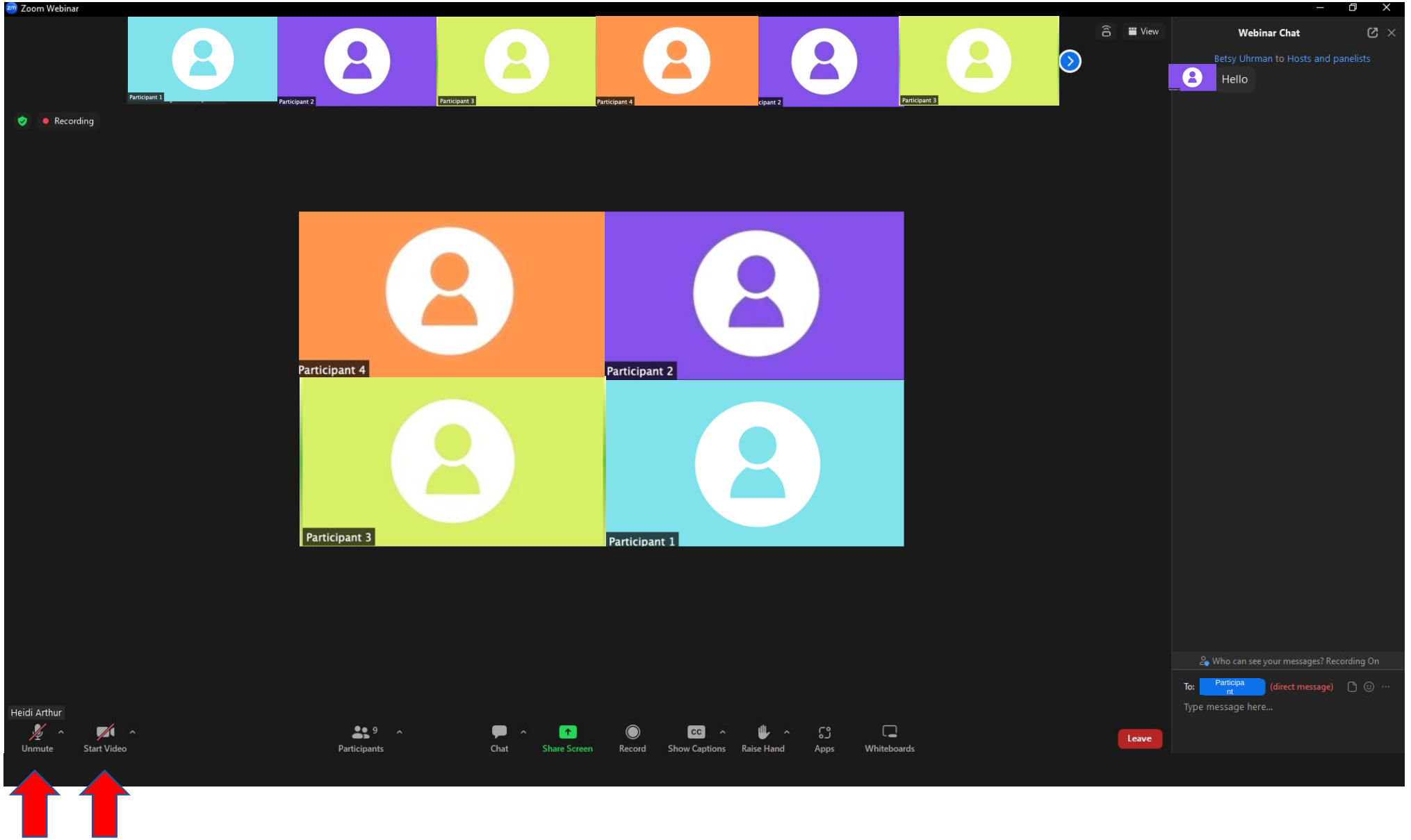
Workgroup 3: Integration

July 30, 2024

Webinar: Panelist View



Webinar View: Attendee

- Workgroup members will be able to utilize the chat function throughout the meeting. Chat messages will be captured in the public meeting summary.
- Workgroup members will be asked to use the "raise hand" function when you would like to speak.

Workgroup 3, Meeting 5 Agenda

1. Welcome and Agenda Review
2. Process Update
3. Discussion of Emerging Recommendations
4. Public Comments
5. Action Items and Next Steps

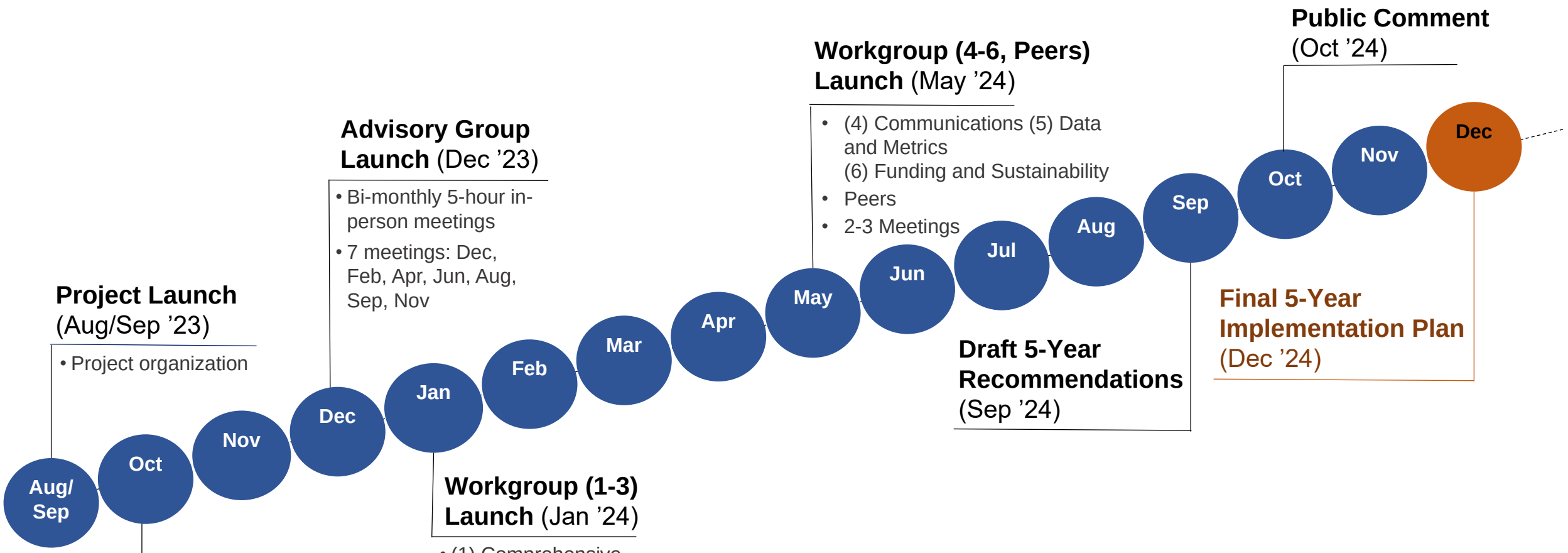
Workgroup 3 (Integration) Members

- **Co-Chair, Lan Nguyen,** County of Santa Clara Behavioral Health Services
- **Co-Chair, Doug Subers,** California Professional Firefighters
- **Andrew Holcomb,** EMS Administrator, San Francisco
- **Angela Kranz**, California Department of Public Health (CDPH)
- **Ben Conway,** California Department of Justice
- **Casey Heinzen,** Department of Health Care Services (DHCS)
- **Christine Gephart**, Department of Developmental Services
- **Connie Moreno-Peraza,** Department of Behavorial Health Services of Napa County
- **Corinne Kamerman**, Department of Health Care Services (DHCS)
- **Elena Lopez-Gusman**, California American College of Emergency Physicians (ACEP)
- **Elizabeth Basnett,** California Emergency Medical Services Authority (EMSA)
- **Hernando Garzon,** California Emergency Medical Services Authority (EMSA)
- **Jana Lord,** Sycamores
- **Jacqueline Alvarez,** California Community Colleges
- **Jessica Cruz,** NAMI
- **Keris Jän Myrick,** Inseparable
- **Kim Lewis,** National Health Law Program (NHELP)
- **Le Ondra Clark Harvey,** California Council of Community Behavioral Health Agencies (CBHA)
- **Lee Ann Magoski,** Monterey County
- **Melissa Lawton,** Seneca Family of Agencies
- **Michael Tabak**, San Mateo Sheriff's Office
- **Paul Rains,** Common Spirits
- **Peter Stoll**, Humboldt County Office of Education
- **Rebecca Neusteter**, University of Chicago Health Lab
- **Rhyan Miller**, Riverside County Department of Behavioral Health
- **Dr. Stacie Freudenbeg,** Sr. Clinical Director**,** The Trevor Project
- **Stephen Sparling,** CalYouth
- **Stephanie Welch,** California Health and Human Services Agency (CalHHS)
- **Tara Gamboa-Eastman,** Steinberg Institute
- **Victoria Kelly,** Redwood Community Services

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 at any point throughout the discussion. We will then write down your name and call on you to speak during the public comment period.
- Each person will have 2 minute to speak. If you have a condition that may require an accommodation (such as additional speaking time), please notify the project team and we will do our best to provide that accommodation.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, you may email your written comment to the project email address: AB988Info@chhs.ca.gov.

Key Milestones



988-Crisis Workgroups

Phase 1: January - April

1. Comprehensive Assessment of BH Crisis Services
2. Statewide 988 Standards and Guidance
3. 988-911 BH-CCC Integration

Phase 2: May - August

4. Communications
5. Data and Metrics
6. Funding and Sustainability

Peers
[Added Apr-24]

August 27, 1-3PM

August 6, 1-3PM

988 Policy Advisory Group Meeting Schedule

#	Topics	Date
1	• Orientation to the process and Workgroups • Relationship building	12/13/23
2	• Grounding in CCCP and Comprehensive Assessment Approach • Breakouts on Access, Equity, Coordination	2/7/24
3	• Information from Comprehensive Assessment • Draft recommendations on Standards and Guidance and Integration	4/24/24
4	• Discussion of Data, Goals and Metrics • Draft Recommendations for Communications (Pillar A)	6/26/24
5	• Update on Community Engagement, including Tribal Engagement • Continued discussion of emerging Recommendations (Pillars B-D)	8/14/24
6	• Review draft 5-year implementation plan	9/18/24
	PUBLIC COMMENT PERIOD	10/1-30/24
7	Final Advisory Meeting and review of the Plan	11/20/24

Workgroup 3: AB988 Areas of Recommendation

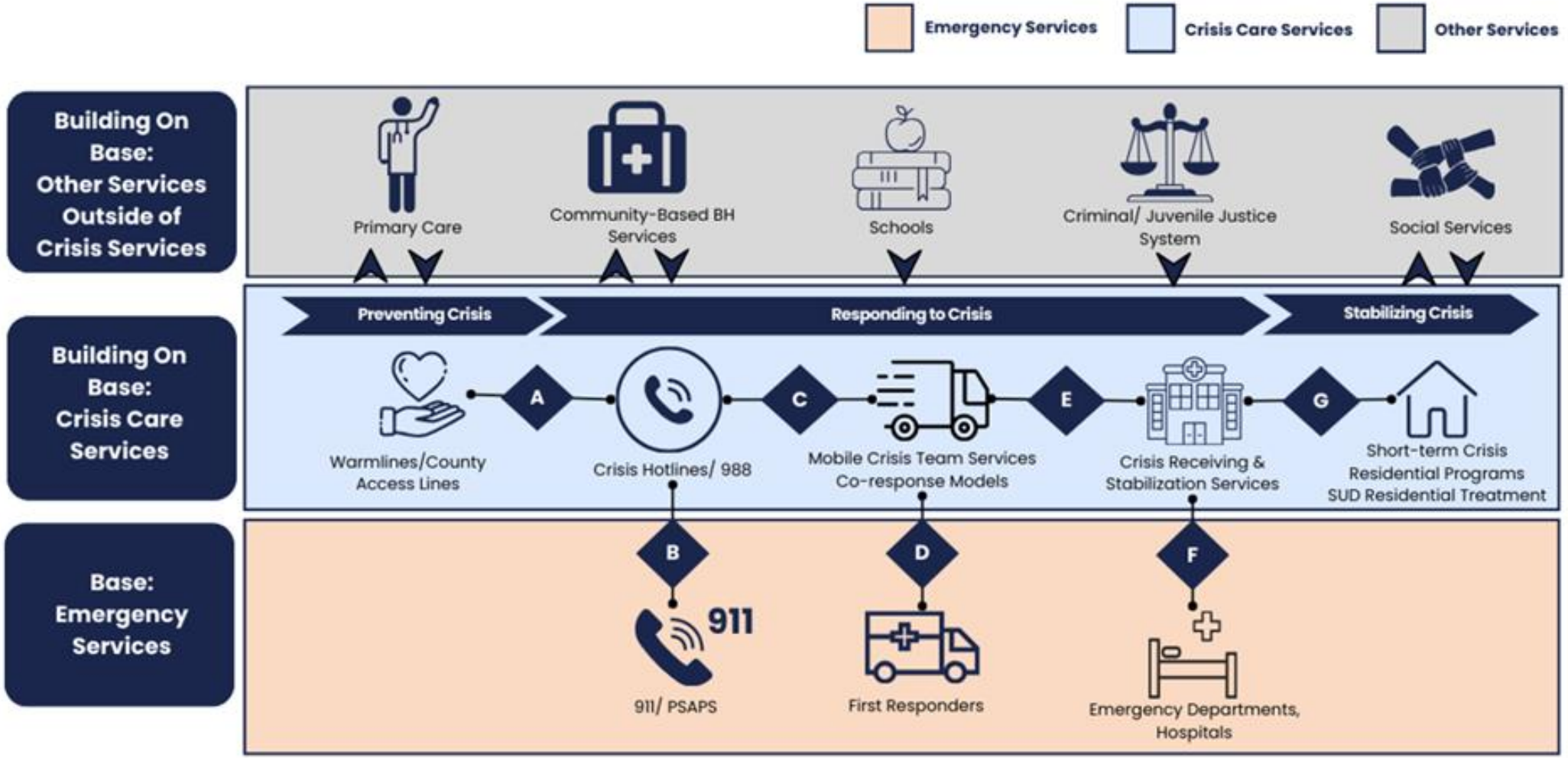
Workgroup 3: AB988 Required Recommendations

AB 988 Required Recommendations	How It's Being Addressed
(6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.	• Workgroup 3 • CalOES Technical Advisory Board
(7) Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services	• Ongoing
(9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner	• Workgroup 3

Workgroup 3: Key Terms

- **PSAPS** – Public Safety Answering Points
- **SUD** – Substance Use Disorders
- **Warmline** - A service, often peer-run, that offers callers emotional support
- **County Hotlines and Access Line –**All counties are required to operate Substance Use Disorder (SUD) and mental health crisis intervention and access/service referral lines 24 hours/day, 7 days/week. Services screening, assessment, referral, etc.
- **Crisis receiving or stabilization services** - Provide short-term (under 24 hours) observation and crisis stabilization services in a home-like, nonhospital environment
- **Emergency and Crisis**
  - **Emergency:** A serious, unexpected, and often dangerous situation requiring immediate action
  - **Crisis** – A time of intense difficulty, trouble, or danger that can be experienced *both immediately and over time*

Behavioral Health Crisis Continuum: Transitions in Crisis Care (non-exhaustive)



Adapted from the California Health and Human Services Agency, "Behavioral Health Crisis Care Continuum Plan" (2023), page 25

Activities since Workgroup 3, Meeting 4

- Two Policy Advisory Group Meetings (April and June)
- Launch of next set of workgroups
  - Communications (completed)
  - Data and Metrics (final meeting on July 31)
  - Funding and Sustainability (final meeting on August 27)
  - Peers (final meeting on August 6)
- Development and Iteration of an Organizing Framework for the Implementation Plan
- Ongoing work of the CalOES Technical Advisory Board

Workgroup #3 Reflections (From Apr-24 PAG)

- Our approach needs to account for different calls (MH and SUD) and callers (first, second- and third-party callers)
- Efforts to advance coordination across the continuum need to account for…
  - The many options for routing services and multiple intersections points
  - Variation by geography and by population
  - Identifying and building upon the existing public agency system, including county BH and EMS
  - Leveraging and growing the capacity of local, trusted community-based organizations (CBOs)
  - Minimizing the number of times a person is asked to share the same information
- There was interest in statewide minimum standards that allow for regional variation and flexibility
  - Look to existing models – e.g., EMSA and Local EMS Agencies – as examples of state and localized responses
  - Consider the value of sequential intercept mapping to plan the local behavioral health continuum
- In-person response should be used sparingly, and that de-escalation and stabilization are the goal
- Minimum standards should address such areas as:
  - What warrants a warm hand-offs (whether in-person, telephonic)
  - What warrants an in-person response
  - What warrants co-response from law enforcement
  - When to engage emergency medical response

Workgroup #3 Reflections (From Apr-24 PAG, Continued)

- In thinking about coordination between 911 and 988, it is important to acknowledge – and design for – the different premises of each system:
  - Someone calling 911 typically expects a physical response; for 988, at least historically, the caller is looking for a relational response
  - A call to 988 could be at the end of a string of failed attempts to find human connection and may require more time; a call to 911 needs to be efficient and more immediate
  - If there is any question on physical health response, should err on the side of response (this can be different from BH)
- Workgroup members provided input on potential metrics and questions related to funding and sustainability; these comments were noted and will be brought to Workgroups 4-6 for discussion

Discussion: Goals B and D

Implementation Plan Organizing Framework - Key Terms

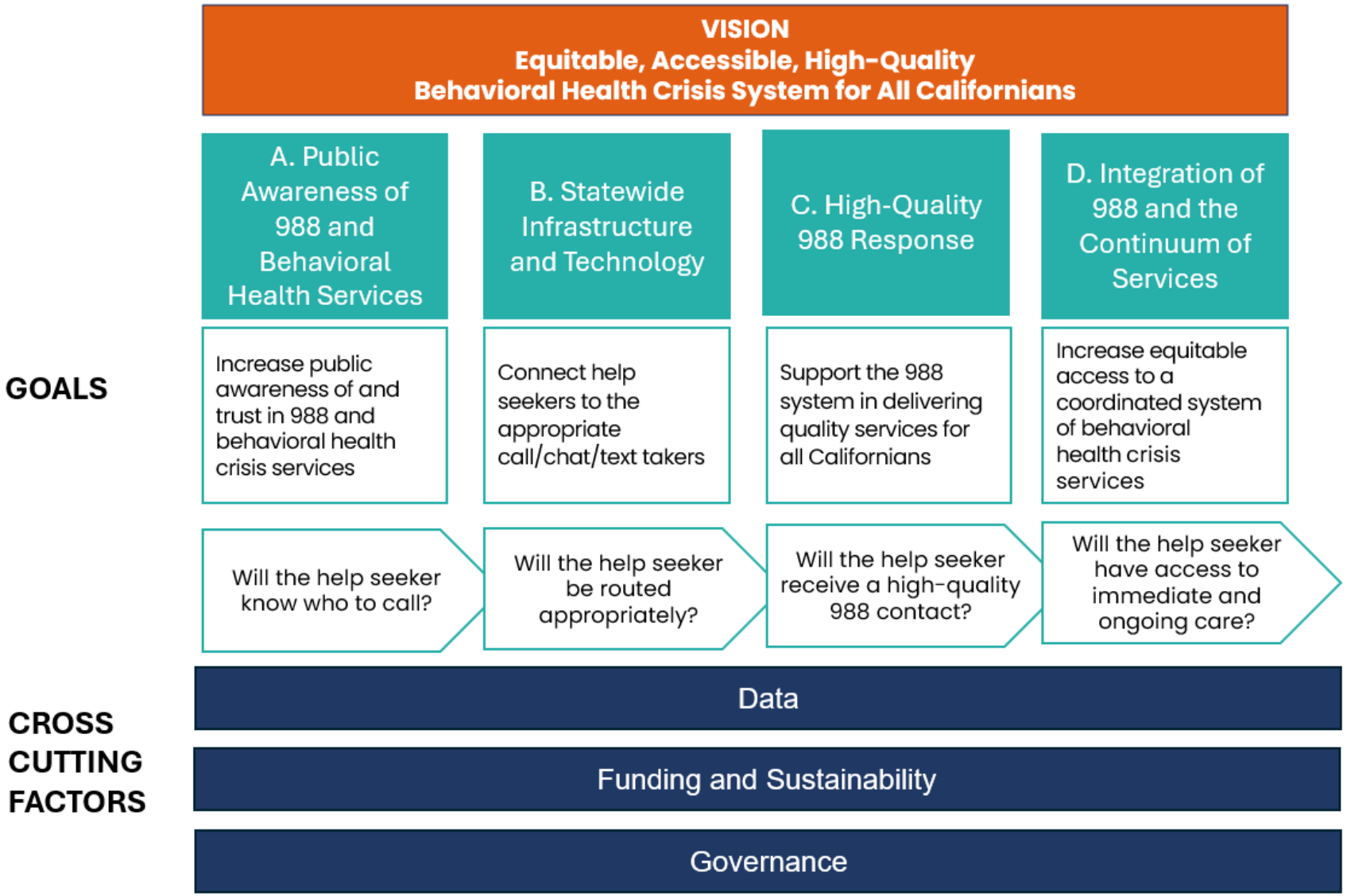
- **Goals** = Describe the necessary components to realize an equitable, accessible, high-quality crisis system for all Californians
- **Recommendations** = Describe proposals aimed at guiding *state actions* relevant to AB988 and/or improvement to the broader crisis care continuum
- **Cross-Cutting Factors** = Key considerations that should be reflected in each of the pillars and/or implementation activities.

Are we doing the ***right things***?

- **Implementation Activities** = Describe more specific actions that *state departments* can take to operationalize a given recommendation

Are we doing ***things right***?

Implementation Plan Organizing Framework (*Draft*)



B: Statewide Infrastructure and Technology Intro

Soliciting input on 911 / 988 TRANSFER/HANDLING CRITERIA-DRAFT

CalOES Technical Advisory Board (TAB) is seeking input on 911 / 988 TRANSFER/HANDLING CRITERIA -DRAFT

Please review the draft criteria and direct any comments to AB988Info@chhs.ca.gov by August 9, 2024.

Note: The TAB is meeting again on August 22, 2024

B: Statewide Infrastructure and Technology

Connect help seekers to the appropriate call/chat/text takers

Draft Recommendation	Workgroup Input
1) The technology should be in place to route contacts safely and efficiently in California	• Mobile crisis dispatch not listed here – do we need to consider that functionally as part of the system build out? (At present: When crisis center seeks help from 911, request for support happens behind the scenes; distinct from psych model dispatch - in LA County example, happens through county access line) • Consider technology necessary to make transfers from 988 to mobile crisis dispatch – incl. counites where calls "ping-ponged" due to geolocation issues • Make sure people in crisis get connected to local resources (geolocation) – need for companion policy conversation that considers nuances that have come up at federal level • Tech under design does everything that we're talking about with no limitations; need to consider policy that supports this (988 dispatch always transferred to 988 center?) • Opportunities for co-location (PSAPs and 988 Crisis Centers)
2) The state should develop guidance to CONNECT and transfer help seekers to the appropriate call/text/chat support, including for transfers between 988 and 911 and between 988 and other lines (e.g., 211, County Access, and Warmlines)	• How to account for when a response is needed; consider things in addition to crisis response • Build upon what exists, including learned best practices • At national level, there are overall best practices; locally, practice to connect eligible calls to mobile response (not officially in the contract) • Also, guidance for calls *between* 988 Crisis Centers and non-local PSAPs (tech piece) • Add mobile crisis dispatch • Need to consider the 50% of Californians who have private commercial insurance • Managed Care Plans (MCP) are another important entity (along with commercial) • Need to be cognizant of Crisis Center capacity (tension between KPIs and "mini case mgmt.")
3) The state should explore development of a dedicated Tribal line/subnetwork	*Not for discussion at this workgroup. Under consideration through Tribal Engagement workstream.*

D: Integration of 988 and the Continuum of Services (1)

Increase equitable access to a coordinated system of behavioral health crisis services

Draft Recommendations
1) The State should promote collaboration and coordination of state, county and regional behavioral health partners to connect individuals in behavioral health crises to immediate and ongoing care.
2) The State should support connection of 988 help seekers to timely and effective mobile crisis dispatch
3) The State should assist communities in expanding available facilities and services that stabilize crisis and other places to go during and after a behavioral health crisis
4) PLACEHOLDER – Triage to Alternate Destinations
5) Peer supports should be integrated across the crisis care continuum to support person-centered, culturally responsive care

D: Integration of 988 and the Continuum of Services (2)

Increase equitable access to a coordinated system of behavioral health crisis services

Draft Recommendation	Workgroup Input on State Considerations
1) The State should promote collaboration and coordination of state, county and regional behavioral health partners *AND CROSS-SYSTEM PARTNERS* to connect individuals in behavioral health crises to immediate and ongoing care.	- Include private sector plans, providers, etc. , also MCPs - Statement could be read specific to 988 or *broader BH crisis systems at local level [**the latter - per previous PAG meetings**]* - "Ongoing care" – Get the immediate piece. With ongoing care, where does that end? (Need to account for funding for ongoing care)
2) The State should support connection of 988 help seekers to timely and effective mobile crisis dispatch	
3) The State should assist communities in expanding available facilities and services that stabilize crisis and other places to go during and after a behavioral health crisis	- Include private sector plans, providers, etc. , also MCPs - Get appropriate services available for those not well served by ED or call alone. EMS does 400K transports to BH crises annually throughout the state. Some will need ED evaluation, some could be managed by 988 Crisis Centers on the call, and some subset would be well served by BH visit (mobile integrated health unit or brick and mortar) Under Goal C – formalize recommendations/requirements for 988 follow-up care

D: Integration of 988 and the Continuum of Services

Increase equitable access to a coordinated system of behavioral health crisis services

Draft Recommendation	Workgroup Input on State Considerations
4) PLACEHOLDER – Triage to Alternate Destinations (TAD)	- Ensure that BH training and requirements are adequate to support scaling of TAD (CO is an example); will require partnership with BH expertise (Note: EMSA regulations exist for how local EMS agencies can stand up TAD; there is an existing curriculum for BH) - Need to be mindful of different premise for 911 and 988; there will be some overlap, and rigor around current law relates to 911 callers - Look at promising models of "BH Campuses" (see Orange County)
5) Peer supports should be integrated across the crisis care continuum to support person-centered, culturally responsive care	- Draw on examples already in place in counties across the state to effectively use peers and family partners (e.g., Madera), leverage existing Peer Support Specialist training - Opportunity to create space for interns (practicum hours) - Value of infrastructure for senior peer specialist level role to provide support - More peer-focused respite centers (*links to recommendation #3*) – lower barrier for those in crisis (see other states for examples)

Next Steps

Moving Forward

- Feedback gathered from this Workgroup will be shared with CalHHS, who will in turn engage their state partners in review.
- Feedback gathered will also be shared with the Policy Advisory Group for further review and input. The Workgroup Co-Chairs will support this effort at the August meeting.
- The outcome of the state and Policy Advisory Group review processes will be a set of recommendations that will inform the development of the Five-Year Implementation Plan.

Other Ways to Stay Involved

- Attend upcoming Policy Advisory Group meetings
  - August 14 (California Community Foundation, Los Angeles)
  - September 18 (Allenby Building, Sacramento)
  - November 20 (Allenby Building, Sacramento)
- Consider attending other Workgroups as members of the public:
  - Peers (August 6, 1-3PM)
  - Funding and Sustainability (August 27, 1-3PM)
- Continue to share your thoughts and perspectives at AB988Info@chhs.ca.gov.

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. XX

Adjourn