

BEHAVIORAL HEALTH TASK FORCE LUNCH AND LEARN

Crisis Care Continuum and 988

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

May 17, 2022

VIRTUAL MEETING PROTOCOLS

Thank you for joining us today for this informational Lunch & Learn!

- ✓ This meeting is being recorded and will be available for viewing post meeting
- ✓ American Sign Language interpretation is provided in pinned video
- ✓ Live captioning link is provided in chat

Please note: This is an informational session only and there will not be a Q&A. We will have a follow-up discussion on this topic at the June BHTF meeting.

WELCOME & OVERVIEW

Stephanie Welch, MSW. Deputy Secretary of Behavioral Health, CalHHS

CRISIS CARE CONTINUUM AND 988 PRESENTERS

Update from the Substance Abuse and Mental Health Services Administration (SAMHSA)

John Palmieri, MD, MHA. Acting Director, 988 and Behavioral Health Crisis Team, SAMHSA.

Introduction of the California Office of Emergency Services (CalOES)

Budge Currier. 911 Branch Manager, CalOES

Update from the California Department of Health Care Services (DHCS)

Anh Thu Bui, MD. Medical Consultant, DHCS.

Jim Kooler, DrPH. Special Consultant, DHCS.

Update from CalHHS

Stephanie Welch, MSW. Deputy Secretary of Behavioral Health, CalHHS

Update from the Substance Abuse and Mental Health Services Administration (SAMHSA)

John Palmieri, MD, MHA. Acting Director
988 and Behavioral Health Crisis Team, SAMHSA

A woman with dark, curly hair and a nose ring is looking out a window. The window shows a view of a building and some greenery under a blue sky with clouds. The woman's face is in profile, looking towards the right side of the frame.

988

**SUICIDE
& CRISIS
LIFELINE**

**988 and Crisis Care
Transformation**

**John Palmieri, MD, MHA
SAMHSA**

May 2022

Today's briefing

- America's mental health crisis
- 988 – a transformative moment
- The existing Lifeline
- SAMHSA's actions to date
- What you can do



**TOO MANY PEOPLE
ACROSS THE U.S.
EXPERIENCE
SUICIDAL, MENTAL
HEALTH AND/OR
SUBSTANCE USE
CRISIS WITHOUT THE
SUPPORT AND CARE
THEY NEED**

In 2020
there was approximately
one death by suicide
every 11 minutes

In 2020
for people aged 10–14 and
25–34 years, suicide was the
second leading cause of death

From April 2020 to 2021
over 100,000 people died from
drug overdoses



A transformative moment for the crisis care system in the U.S.



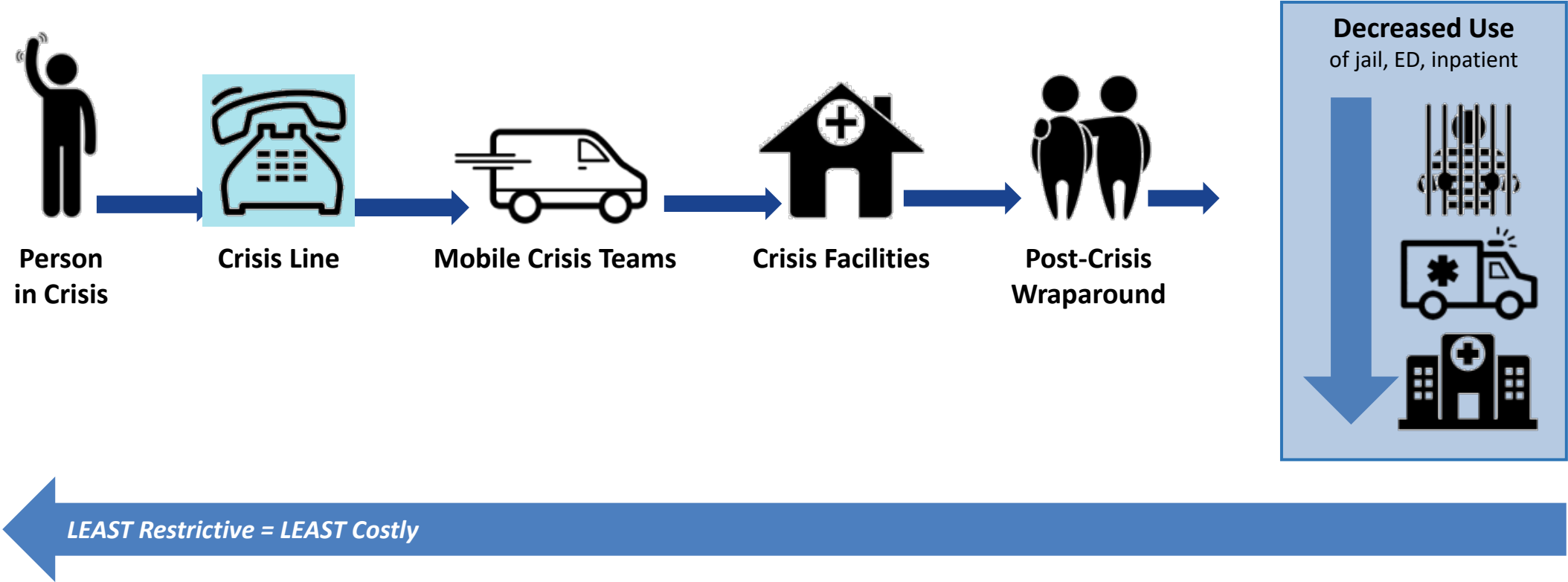
Short-term goal

A strengthened and expanded Lifeline infrastructure to respond to crisis calls, texts, and chats anytime

Long-term vision

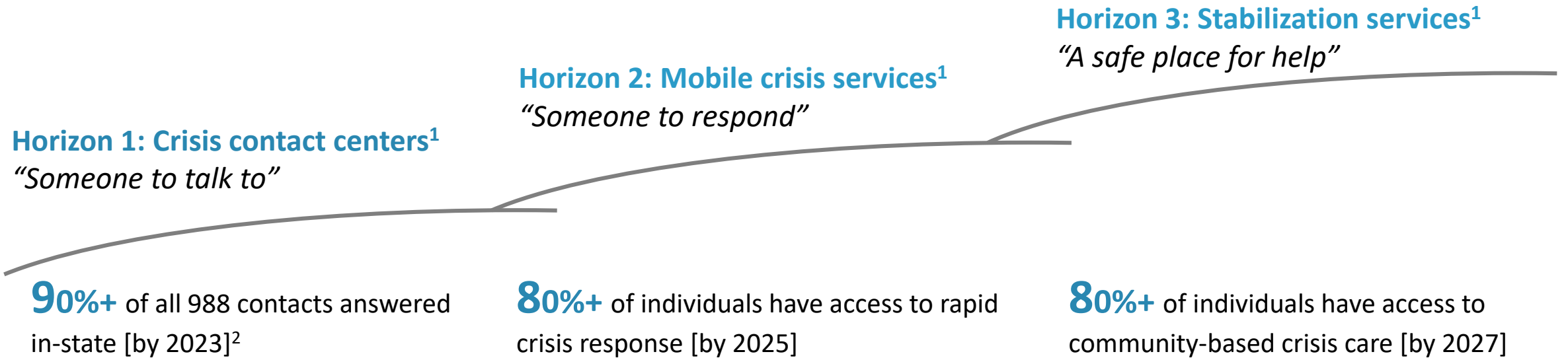
A robust system that provides the crisis care needed anywhere in the country

Crisis Contact Centers as an Essential Component of a Broader Crisis Continuum



Vision for 988 & Crisis Services

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Underlying principles

Provide **“health first”** responses to behavioral health crises and ensure connection with appropriate levels of care

Integrate **lived experiences of peers** and support for **populations at high risk of suicide**, such as Veterans, LGBTQ, BIPOC, youth, & people in rural areas

Advance **equitable access to crisis services** for populations at higher risk of suicide, with a focus on Tribes and Territories

1. Inclusive of intake, engagement, and follow-up

2. Proportion may differ with chat/text vs. calls; “contacts answered” is defined as connected with a trained responder

988 Builds Directly on the Existing National Suicide Prevention Lifeline

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2001

Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

2007

SAMHSA and VA partner to establish 1-800-273-TALK as access point for the **Veterans Crisis Line (VCL)**

2015

Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020

Lifeline began incorporating **texting** service capability in select centers

2021

SAMHSA/VA/FCC are responsible for submitting multiple **988 reports to Congress**

2022

988 fully operational for phone and text in July 2022

2005

National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

2013

Lifeline began incorporating **chat service** capability in select centers

2020

FCC designates 988 as new three-digit number for suicide prevention and mental health crises

2020

National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number

2021

State 988 funding opportunity released, and states are responsible for submitting **planning grants to Vibrant**



Providing 24/7, free and confidential support to people in suicidal crisis or mental health-related distress helps

- National Suicide Prevention Lifeline helps thousands of people overcome crisis situations every day

Proven to work – Lifeline studies have shown that after speaking with a trained crisis counselor, most callers are significantly more likely to feel

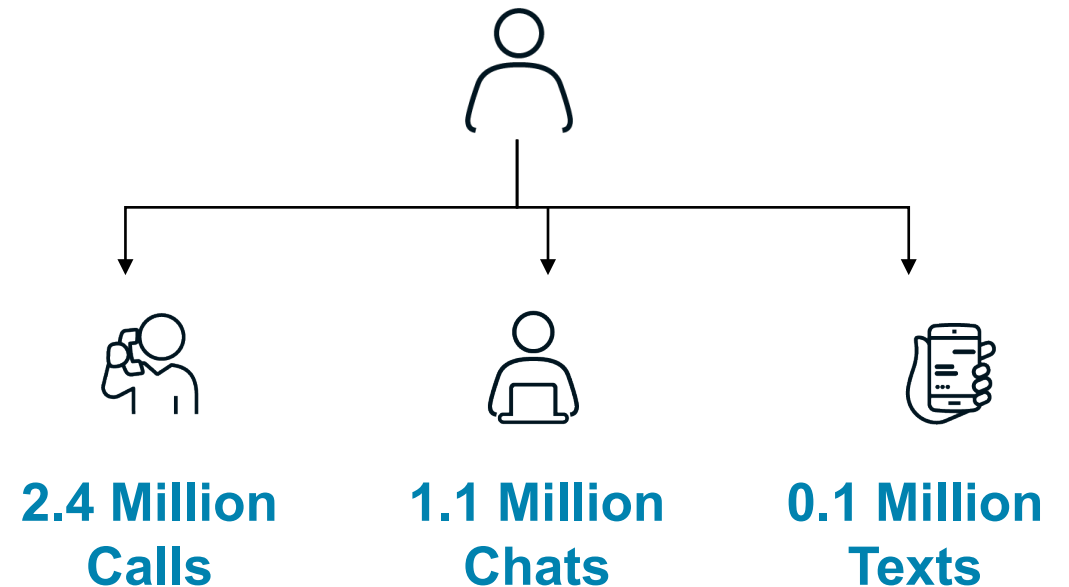
- less depressed
- less suicidal
- less overwhelmed
- more hopeful

In FY21, the Lifeline received roughly **3.6 million contacts**

People who **call the Lifeline** are given three options:

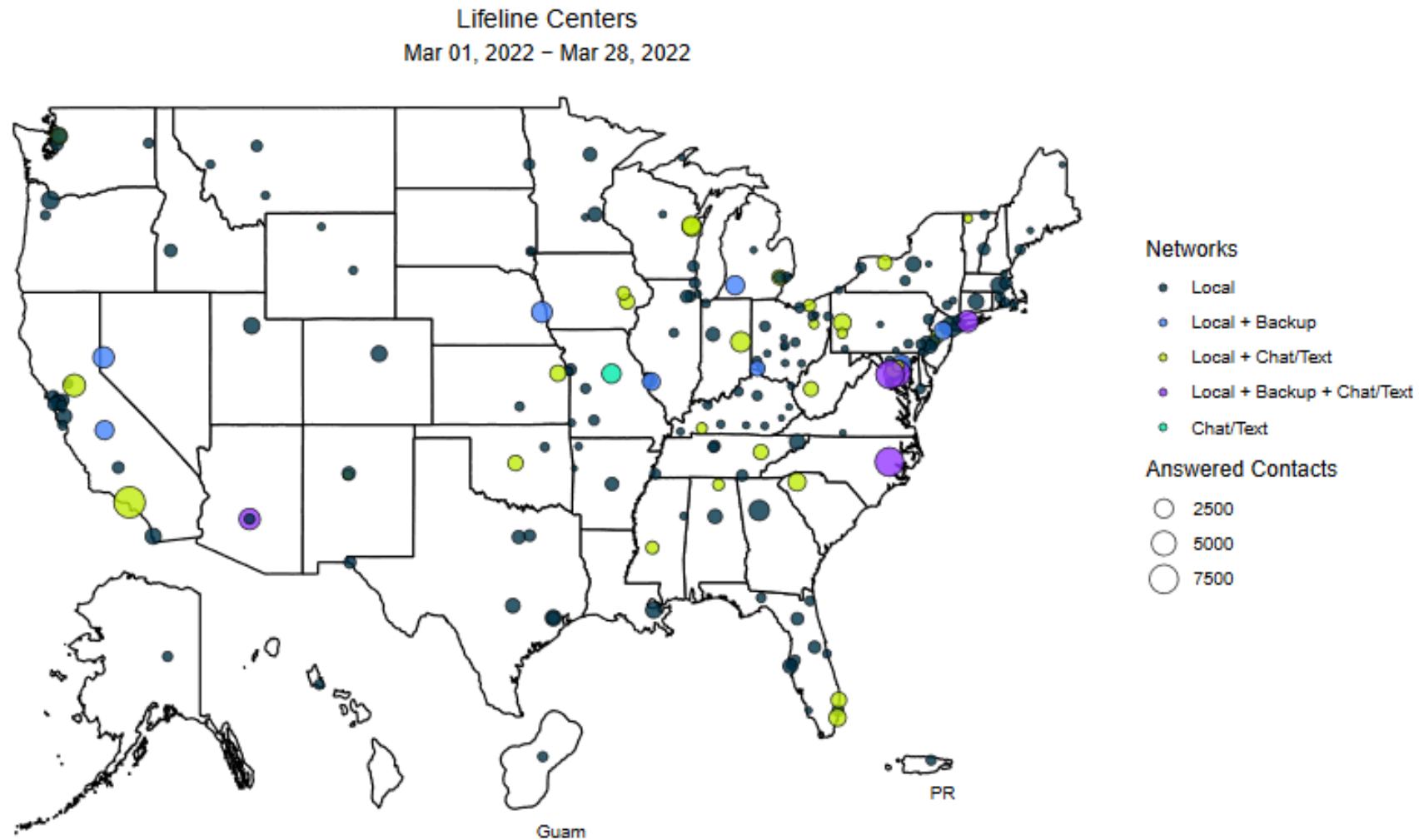
- **Press 1** to connect with the **Veterans Crisis Line**
- **Press 2** to connect with the **Spanish Subnetwork**
- **Remain on the line** and be connected to a **local crisis center**; if local crisis center is unable to answer, the caller is routed to a national backup center

People who **text/chat the Lifeline** are currently connected to crisis centers equipped to respond to texts and chats



Snapshot of the Lifeline Network

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Current Lifeline In-State Answer Rates

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7 states with Lifeline answer rates above 90 percent

State Rate	Routed	Answer
AZ	2,883	92%
DC	551	90%
MS	904	90%
MT	618	97%
NC	4,248	90%
ND	283	93%
RI	268	99%

14 states with Lifeline answer rates between 80-90%

State Rate	Routed	Answer
AR	996	87%
CA	21,237	86%
KS	1,255	82%
MD	2,985	80%
MO	2,556	84%
MN	2,409	87%
NE	883	84%
PA	4,370	86%
SD	232	83%
TN	2,859	84%
VA	3,888	83%
VT	339	83%
WI	3,387	88%
WV	767	89%

21 states with Lifeline answer rates between 65-80%

State Rate	Routed	Answer
CT	1,699	77%
DE	332	73%
GA	4,519	67%
HI	838	66%
IA	1,334	70%
ID	864	75%
IN	2,650	78%
KY	1,781	68%
LA	2,195	68%
MA	3,907	68%
ME	404	67%
NH	650	78%
NJ	3,517	78%
NM	1,290	70%
NV	1,538	76%
OK	1,456	76%
OR	2,899	77%
SC	2,588	76%
UT	1,987	78%
WA	4,110	69%
WY	236	68%

9 states with Lifeline answer rates below 65%

State Rate	Routed	Answer
AK	583	55%
AL	2,182	63%
CO	3,727	38%
FL	7,779	62%
IL	7,032	22%
MI	4,918	54%
NY	10,918	63%
OH	4,855	58%
TX	11,255	44%

*Indicates state that has passed legislation creating a 988 cell phone fee

SAMHSA Investments to Improve Local Capacity

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Announced \$282M to help transition Lifeline to 988

- \$177 million to strengthen and expand the existing Lifeline network operations, back-up center workforce, and telephone/chat/text infrastructure
- \$105 million to build up staffing across states' local crisis call centers

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SAMHSA Blog

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Press Announcements

Statements

Logo Use Guidelines

HHS Announces Critical Investments to Implement Upcoming 988 Dialing Code for National Suicide Prevention Lifeline

Monday, December 20, 2021

American Rescue Plan Funding Will Support State Efforts to Transform Suicide and Mental Health Crisis Care

Today the Department of Health and Human Services, through its Substance Abuse and Mental Health Services Administration (SAMHSA), will make critical investments in suicide prevention and crisis care services, announcing \$282 million to help transition the [National Suicide Prevention Lifeline](#) exit disclaimer icon from its current 10-digit number to a three-digit dialing code – 988.

In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. Converting to this easy-to-remember, three-digit number will strengthen and expand the existing Lifeline network, providing the public with easier access to life-saving services. The Lifeline currently helps thousands of people overcome crisis situations every day. The 988 dialing code will be available nationally for call, text or chat beginning in July 2022.

Additional Resources that Support 988 and Crisis Services

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SAMHSA:

- 988 State and Territory Cooperative Agreement (12/22)
- Community Mental Health Services Block Grant – 5% Crisis Services set-aside
- Certified Community Behavioral Health Center (CCBHC) grant
- Zero Suicide Grant
- Garrett Lee Smith Youth Suicide Prevention (GLS) Grant
- Rural Emergency Medical Services Grant
- State Opioid Response (SOR) Grant & Tribal Opioid Response (TOR) Grant
- Tribal Behavioral Health Grant (Native Connections)
- State Transformational Technology Initiative Grants (TTI-NASMHPD)
- Governors Challenges to Prevent Suicide Among Service Members, Veterans, and their Families

CMS:

- Medicaid/CHIP Waivers – 1915 and 1115
- Medicaid/CHIP State Plan Amendments
- CMS State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services (\$15M for 20 states)

SAMHSA Technical Assistance:

- Suicide Prevention Resource Center
- Center of Excellence for Integrated Health Solutions
- National and Regional Mental Health Technology Transfer Centers
- GAINS Center for Behavioral Health and Justice Transformation
- National Child Traumatic Stress Network

SAMHSA 988 Playbooks & External Partners

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988 PLAYBOOKS

- Holistic view of readiness for implementation of 988 for:
 - states, territories, tribes
 - crisis contact centers
 - public safety answering points (PSAPs)
 - behavioral health providers
- Created with external partners across critical sectors
- Publishing on NASMHPD Website
 - www.nasmhpd.org

SNAPSHOT OF EXTERNAL PARTNERS



ONE-STOP-SHOP FOR 988 RESOURCES

- URL: www.samhsa.gov/988
- ABOUT 988
- PARTNER TOOLKIT
- DATA
- LIFELINE HISTORY
- MORE TO COME OVER TIME

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health
Services Administration

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Home » Find Treatment » 988 Suicide and Crisis Lifeline

Find Treatment

- Alcohol, Tobacco, and Other Drugs
- Overdose and Drug Use
- Behavioral Health Treatment and Services
- Behavioral Health Treatment Services Locator
- Disaster Distress Helpline
- Implementing Behavioral Health Crisis Care
- Mental Health and Substance Use Disorders
- SAMHSA's National Helpline
- 988 Suicide and Crisis Lifeline**
- 988 Key Messages
- Lifeline Timeline
- 988 FAQs
- 988 Partner Community
- Early Serious Mental Illness Treatment Locator
- Recovery and Recovery Support
- Buprenorphine Practitioner & Treatment Program Locator
- Opioid Treatment Program Directory
- Substance Abuse and Mental Health Prevention
- Veterans Crisis Line
- Drug-Free Workplace

988 Suicide and Crisis Lifeline

The resources and information on this page are designed to help states, territories, tribes, mental health and substance use disorder professionals, and others looking for information on understanding the background, history, funding opportunities, and implementation resources for strengthening suicide prevention and mental health crisis services. 988 goes live on all devices on July 16, 2022.

Need Support Now?

If you need suicide or mental health-related crisis support, or are worried about someone else, please call or text **1-800-273-8255** or visit the [National Suicide Prevention Lifeline](#) chat to connect with a trained crisis counselor.

About 988

In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America.

- [FY 21 Appropriations Report to Congress](#)

988 Partner Toolkit

Moving to an easy-to-remember 3-digit code will provide greater access to life-saving services.

- [Key Messages](#)
- [Frequently Asked Questions](#)
- [988 Factsheet \(PDF | 860 KB\)](#) (available in [Spanish PDF | 396 KB](#))

The Data: Urgent Realities

In 2020, the U.S. had one death by suicide every 11 minutes. Suicide is a leading cause of death for people aged 10-34 years.

- [SAMHSA's National Survey on Drug Use and Health \(NSDUH\)](#)
- [CDC's Suicide and Self-Harm Injury Data for the U.S. | National Center for Health Statistics](#)

The Lifeline

There is hope. Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works. The Lifeline helps thousands of people overcome crisis situations every day.

- [The Lifeline's History](#)

988 Newsroom

- [HHS Announcement of Critical Investments to Implement Upcoming 988 Dialing Code for National Suicide Prevention Lifeline](#)
- [988 State and Territory NCOI Pre-Application Informational Webinar](#)

Partners

- [Federal Communications Commission](#)
- [U.S. Dept. of Veterans Affairs](#)
- [The U.S. Surgeon General](#)
- [Centers for Disease Control and Prevention](#)

PARTNER TOOLKIT ASSETS AS OF APRIL

- FACT SHEET (English and Spanish)
- KEY MESSAGES
- FAQs (Adding others as needed over time)
- E-NEWSLETTER TEMPLATE
- LOGOS & BRAND GUIDANCE
- SAMPLE RADIO PSA SCRIPTS
- 988 SLIDE DECK

The screenshot displays the SAMHSA 988 website interface. At the top, a navigation bar includes links for 'Find Treatment', 'Practitioner Training', 'Public Messages', 'Grants', 'Data', 'Programs', 'Newsroom', 'About Us', and 'Publications'. Below this, a breadcrumb trail reads 'Home > Find Treatment > 988 Suicide and Crisis Lifeline > 988 Key Messages'. A sidebar on the left contains a 'Find Treatment' menu with categories such as 'Alcohol, Tobacco, and Other Drugs', 'Overdose and Drug Use', 'Behavioral Health Treatment and Services', 'Behavioral Health Treatment Services Locator', 'Disaster Distress Helpline', 'Implementing Behavioral Health Crisis Care', 'Mental Health and Substance Use Disorders', 'SAMHSA's National Helpline', '988 Suicide and Crisis Lifeline', '988 Key Messages', '988 Timeline', '988 FAQs', '988 Partner Community', 'Early Serious Mental Illness Treatment Locator', 'Recovery and Recovery Support', 'Buprenorphine Practitioner & Treatment Program Locator', 'Opioid Treatment Program Directory', 'Substance Abuse and Mental Health Prevention', 'Veterans Crisis Line', and 'Drug-Free Workplace'. The main content area features a header image with the '988 SUICIDE + CRISIS LIFELINE' logo and a woman's face. Below the header, the '988 Key Messages' section explains the purpose and vision of the Lifeline. A 'Need Support Now?' box provides contact information: 'If you need suicide or mental health-related crisis support, or are worried about someone else, please call or text 1-800-273-8255 or visit the National Suicide Prevention Lifeline's chat to connect with a trained crisis counselor.' The 'About 988' section notes that Congress designated the new 988 dialing code in 2020 and that the U.S. will transition to using the 988-dialing code on July 16, 2022. The '988 Partner Toolkit' section highlights that moving to an easy-to-remember 3-digit code will provide greater access to life-saving services, with links to 'Frequently Asked Questions', '988 Factsheet (PDF | 860 KB) (available in Spanish PDF | 390 KB)', and 'Need for 988'.

1. WHAT HAPPENS ON JULY 16?
2. IS THE SYSTEM READY?
3. WHAT SHOULD WE EXPECT?
4. IS SAMHSA ENGAGED IN A CAMPAIGN?

The screenshot shows the 988 website interface. At the top, there is a navigation bar with links: Find Treatment, Practitioner Training, Public Messages, Grants, Data, Programs, Newsroom, About Us, and Publications. Below this is a breadcrumb trail: Home > Find Treatment > 988 Suicide and Crisis Lifeline > 988 Key Messages. A sidebar on the left contains a 'Find Treatment' section with a red header and a list of categories: Alcohol, Tobacco, and Other Drugs; Overdose and Drug Use; Behavioral Health Treatment and Services; Behavioral Health Treatment Services Locator; Disaster Distress Helpline; Implementing Behavioral Health Crisis Care; Mental Health and Substance Use Disorders; SAMHSA's National Helpline; 988 Suicide and Crisis Lifeline; 988 Key Messages (with sub-links for Lifeline Timeline, 988 FAQs, and 988 Partner Community); Early Serious Mental Illness Treatment Locator; Recovery and Recovery Support; Buprenorphine Practitioner & Treatment Program Locator; Opioid Treatment Program Directory; Substance Abuse and Mental Health Prevention; Veterans Crisis Line; and Drug-Free Workplace.

The main content area features a header image with the 988 logo and a woman's face. Below the header is the '988 Key Messages' section, which includes a sub-section 'Need Support Now?' with text: 'If you need suicide or mental health-related crisis support, or are worried about someone else, please call or text 1-800-273-8255 or visit the National Suicide Prevention Lifeline's chat to connect with a trained crisis counselor.' Below this is the 'About 988' section, which states: 'In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline's (1-800-273-8255) network of over 200 locally operated and funded crisis centers across the country. On July 16, 2022, the U.S. will transition to using the 988-dialing code, and it is a once-in-a-lifetime opportunity to strengthen and expand the existing Lifeline.' A '988 Partner Toolkit' section follows, with text: 'Moving to an easy-to-remember 3-digit code will provide greater access to life-saving services.' and links to 'Frequently Asked Questions', '988 Factsheet (PDF | 860 KB) (available in Spanish PDF | 390 KB)', and 'Need for 988'.

Thank you!



And you can email questions to us at

988Team@samhsa.hhs.gov

- National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit
 - Serves as the main paper for crisis services
- Crisis Services: Meeting Needs, Saving Lives
(https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001?referer=from_search_result)
- National Association of State and Mental Health Program Directors (NASMHPD)
- <https://www.nasmhpd.org/content/tac-assessment-papers>

Introduction of the California Governor's Office of Emergency Services (CalOES)

Budge Currier. 911 Branch Manager, CalOES

Update from the California Department of Health Care Services (DHCS)

Anh Thu Bui, MD. Medical Consultant, DHCS

Jim Kooler, DrPH. Special Consultant, DHCS



Crisis Care Continuum and 988

Behavioral Health Task Force
5/17/2022

CalHOPE

**Warm hand off to
treatment services**

CalHOPE Support:

Crisis counseling via chat,
phone, virtual, and in-person
Focused on highest-risk communities

CalHOPE Peer Warm Line

CalHOPE Web:

Links to resources, including apps

CalHOPE Media:

Broad and targeted messaging

CalHOPE Layers of Intervention and Support

CalHOPE addresses the stress and anxiety that people may feel due to isolation, health challenges, economic uncertainty, food insecurity and other negative consequences of the COVID-19 pandemic.

Lifeline Crisis Call Centers

- » In 2020, about 1 out of 8 calls to the National Suicide Prevention Lifeline originated in California.
- » 13 Lifeline call centers in California
- » 312,261 calls, chats, and texts answered in 2021
- » Between January 1 and November 30, 2021, Lifeline reported state answer rates ranging from 52% to 98% with an average answer rate of 83%.
- » California achieved a Lifeline in-state call answer rate of 90% in the Jan-March 2021 quarter and has existing 24/7 in-state Lifeline call coverage.

Support for Lifeline Call Centers

- » \$20M one-time investment of State General Fund to build call center capacity for 988 implementation
- » \$4.3M per year Mental Health Services Act funding
- » \$14.48M SAMHSA grant to DHCS
 - » Support 13 California Lifeline Crisis Centers to maintain and expand the workforce to respond to anticipated increase in Lifeline call volume due to 988 implementation.
 - » Technology platform, chat/text
 - » Key performance indicators

Crisis Care Mobile Units (CCMU) Project: Support and expand behavioral health mobile crisis and non-crisis services.

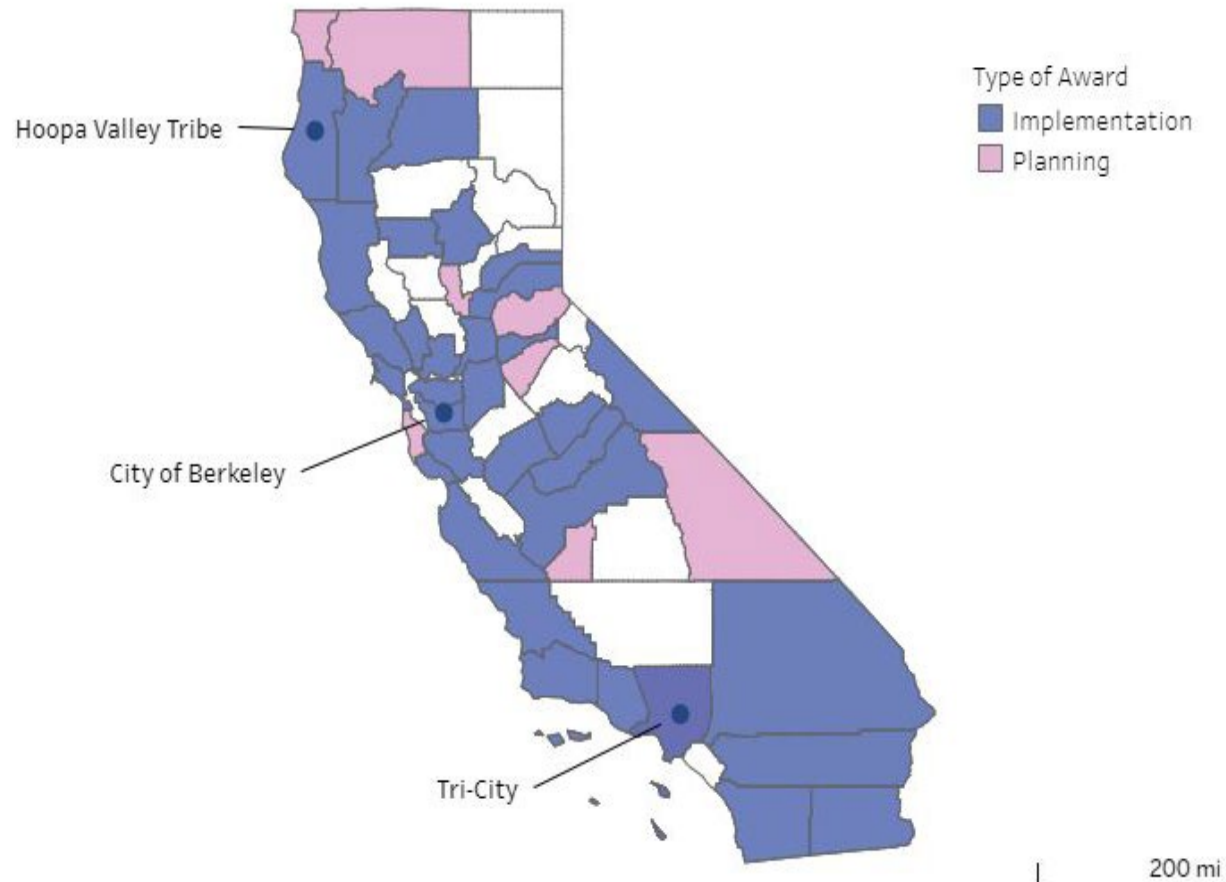
- » Grants to implement or expand CCMU programs.
- » Provides funding for infrastructure and some direct services to create or enhance mobile behavioral health crisis services.
- » Prioritizes services for individuals 25 years old and younger.
- » Funded through [Behavioral Health Response and Rescue Project \(BHRRP\)](#) and the [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#)
 - » BHRRP: \$55 million
 - » BHCIP: \$150 million

CCMU Project Impact

- » **\$160 million** awarded through two funding rounds*
- » **51** county, city, or tribal entity behavioral health authorities received funding.
 - » **10** planning grants
 - » **41** implementation grants
- » **130** new CCMU teams.
- » **107** enhanced CCMU teams.

*Remaining funding currently allocated to future CCMU activities.

CCMU Awardees



Overview: Medi-Cal Mobile Crisis Services Opportunity

Mobile crisis teams offer community-based intervention to individuals in need wherever they are, including at home, work, or anywhere else in the community where the person is experiencing a behavioral health crisis.



Under the American Rescue Plan Act (ARPA), **states are eligible for an 85% enhanced Federal Medical Assistance Percentage (FMAP)** for qualifying mobile crisis services for 12 quarters between April 2022 and April 2027.



DHCS intends to **submit a State Plan Amendment (SPA)** that establishes a new Medi-Cal mobile crisis benefit, effective as soon as January 2023.



DHCS envisions that its mobile crisis service will align with the state's other efforts to **support individuals experiencing a behavioral health crisis.**



DHCS is **designing a mobile crisis services benefit** to ensure all Medi-Cal members have access to coordinated crisis care 24 hours a day, 7 days a week, 365 days per year.

Thank you!

The bottom of the slide features a decorative graphic consisting of several overlapping, wavy horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. These bands create a sense of movement and depth, framing the bottom of the white space.

Update from CalHHS

Stephanie Welch, MSW. Deputy Secretary of Behavioral Health
CalHHS

Systemic Change to Behavioral Health Care

- This **Administration**, similar to the leadership demonstrated in the **Legislature**, is deeply committed to transforming the Behavioral Health Care System.
- Transforming the behavioral health system will ultimately create **generational change** so **ALL Californians** have access to high quality, culturally responsive and easily accessible behavioral health care.
- **Critical investment** is needed to **build new behavioral health capacity** and **reduce fragmentation** in the behavioral health system - both for mental health and substance use disorders. Much of this is driven by **decades of stigma**, where behavioral health was not considered a core component of the health system.

Systemic Change to Behavioral Health Care

Behavioral Health Assessment confirmed that there are capacity challenges across the continuum. The report calls out the **NEED** for

- A **comprehensive** approach to **crisis services**
- More **community-based living options**, from housing to long-term residential, for people living with serious mental illness and/or a substance use disorder
- More **treatment options for children and youth** with significant needs as well as efforts to prevent behavioral health conditions
- Services and strategies that **advance equity** and address disparities
- Addressing related **housing, economic and physical health issues** especially for individuals who are **justice-involved**

[Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications](#)

Key Initiatives Underway

- California Advancing and Innovating Medi-Cal and Providing Access and Transforming Health (PATH)
- Behavioral Health Continuum Infrastructure Program and Community Care Expansion Fund
- Behavioral Health Bridge Housing
- Children and Youth Behavioral Health Initiative
- Community-Based Alternatives to State Hospitalization and Incarceration
- Healthy CA Workforce for ALL – Care Economy Investments
- Medi-Cal Community-Based Mobile Crisis Services
- Extension of CalHOPE a crisis counseling assistance and training program
- Opioid Response Efforts – MAT Expansion, Provider Training, Youth Fentanyl Prevention, etc.

CalHHS Role

CalHHS will develop a plan to support connections between prevention efforts like hotlines and peer support services, 9-8-8 mental health crisis call centers, and mobile crisis response at the local level.

- Building off of existing planning efforts, develop a blueprint with an implementation roadmap by the end of 2022
- Seek stakeholder input from diverse perspectives on the behavioral health crisis system, including state agencies, local jurisdictions, providers, consumers, caregivers, and family members, with a particular focus on individuals from underserved communities, communities of color, LGBTQ+, and youth.
- BHTF will provide a forum for vetting and disseminating draft materials

CalHHS Role – Blueprint and Roadmap

- Identify the state-wide vision for full set of services for individuals experiencing crisis (interactions among 988, 911, Medi-Cal mobile crisis response, crisis receiving facilities, long term crisis residential services)
- Articulate state-wide minimum standards and metrics
- Define models / prototypes of how state-wide services could be implemented locally, recognizing different models will be needed in different counties/communities
- Provide a high-level view of resources required, or current investments that could be used, to support implementation of a robust crisis care response system.
- Outline a governance model to support future implementation, and
- Identify approaches to reach major milestones (“the how to”), including what would be needed in terms of legislative authority, funding and approximate timing – a roadmap over several years of capacity building efforts.

Next Steps

- Launch CalHHS Blueprint Development (roughly 6 months)
- Participate in SAMHSA Gains Center Policy Academy on the 911/988 Nexus
- Develop Basic Informational Tools on California's Status and Progress

Next Behavioral Health Task Force Meeting

- June 14, 2022, 10am – 3pm
- Focus on Crisis Care Continuum and 988, with brief CYBHI update
- Email BehavioralHealthTaskForce@chhs.ca.gov to sign up for the BHTF listserv and send any questions/comments

Thank you for joining us today!

For information about the Behavioral Health Task Force, please visit the CalHHS website <https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/>