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
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
America’s Mental Health Crisis

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
The Opportunity of 988

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

- Person in Crisis
- Crisis Line
- Mobile Crisis Teams
- Crisis Facilities
- Post-Crisis Wraparound

DECREASED USE of jail, ED, inpatient

LEAST Restrictive = LEAST Costly
Vision for 988 & Crisis Services

Horizon 1: Crisis contact centers
“Someone to talk to”

90%+ of all 988 contacts answered in-state [by 2023]

Horizon 2: Mobile crisis services
“A safe place for help”

80%+ of individuals have access to rapid crisis response [by 2025]

Horizon 3: Stabilization services
“A safe place for help”

80%+ of individuals have access to community-based crisis care [by 2027]

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
2001
Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers.

2005
National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK.

2007
SAMHSA and VA partner to establish 1-800-273-TALK as access point for the Veterans Crisis Line (VCL).

2013
Lifeline began incorporating chat service capability in select centers.

2015
Disaster Distress Helpline was incorporated into Lifeline cooperative agreement.

2020
FCC designates 988 as new three-digit number for suicide prevention and mental health crises.

2020
Lifeline began incorporating texting service capability in select centers.

2020
National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number.

2021
SAMHSA/VA/FCC are responsible for submitting multiple 988 reports to Congress.

2021
State 988 funding opportunity released, and states are responsible for submitting planning grants to Vibrant.

2022
988 fully operational for phone and text in July 2022.
The Lifeline’s Impact to Date

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
How The Lifeline Works

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

2.4 Million Calls
1.1 Million Chats
0.1 Million Texts
Snapshot of the Lifeline Network

Lifeline Centers
Mar 01, 2022 – Mar 28, 2022

Networks
- Local
- Local + Backup
- Local + Chat/Text
- Local + Backup + Chat/Text
- Chat/Text

Answered Contacts
- 2500
- 5000
- 7500
**Current Lifeline In-State Answer Rates**

**7 states** with Lifeline answer rates above 90 percent

<table>
<thead>
<tr>
<th>State</th>
<th>Routed</th>
<th>Answer Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ</td>
<td>2,883</td>
<td>92%</td>
</tr>
<tr>
<td>DC</td>
<td>551</td>
<td>90%</td>
</tr>
<tr>
<td>MS</td>
<td>904</td>
<td>90%</td>
</tr>
<tr>
<td>MT</td>
<td>618</td>
<td>97%</td>
</tr>
<tr>
<td>NC</td>
<td>4,248</td>
<td>90%</td>
</tr>
<tr>
<td>ND</td>
<td>283</td>
<td>93%</td>
</tr>
<tr>
<td>RI</td>
<td>268</td>
<td>99%</td>
</tr>
</tbody>
</table>

**14 states** with Lifeline answer rates between 80-90%

<table>
<thead>
<tr>
<th>State</th>
<th>Routed</th>
<th>Answer Rate</th>
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</thead>
<tbody>
<tr>
<td>AR</td>
<td>996</td>
<td>87%</td>
</tr>
<tr>
<td>CA</td>
<td>21,237</td>
<td>86%</td>
</tr>
<tr>
<td>KS</td>
<td>1,255</td>
<td>82%</td>
</tr>
<tr>
<td>MD</td>
<td>2,985</td>
<td>80%</td>
</tr>
<tr>
<td>MO</td>
<td>2,556</td>
<td>84%</td>
</tr>
<tr>
<td>MN</td>
<td>2,409</td>
<td>87%</td>
</tr>
<tr>
<td>NE</td>
<td>883</td>
<td>84%</td>
</tr>
<tr>
<td>PA</td>
<td>4,370</td>
<td>86%</td>
</tr>
<tr>
<td>SD</td>
<td>232</td>
<td>83%</td>
</tr>
<tr>
<td>TN</td>
<td>2,859</td>
<td>84%</td>
</tr>
<tr>
<td>VA</td>
<td>3,888</td>
<td>83%</td>
</tr>
<tr>
<td>VT</td>
<td>339</td>
<td>83%</td>
</tr>
<tr>
<td>WI</td>
<td>3,387</td>
<td>88%</td>
</tr>
<tr>
<td>WV</td>
<td>767</td>
<td>89%</td>
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**21 states** with Lifeline answer rates between 65-80%

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

**9 states** with Lifeline answer rates below 65%

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

*Indicates state that has passed legislation creating a 988 cell phone fee
SAMHSA Investments to Improve Local Capacity

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
Additional Resources that Support 988 and Crisis Services

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

And you can email questions to us at 988Team@samhsa.hhs.gov
Resources

- 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](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](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
CalHOPE

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.

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

Warm hand off to treatment services
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.
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!
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/