Crisis Care Continuum Plan Update

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CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

December 2, 2022

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WELCOME & OVERVIEW

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VIRTUAL MEETING GUIDELINES

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/discussion

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Agenda

- Welcome & Overview
- Report Back: Community Conversations on Experiences with Crisis Care
- Crisis Care Continuum: Effort Overview & Progress Update
- Adjourn

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Report Back: Community Conversations on Experiences with Crisis Care

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Listening Session

Purpose: An opportunity to learn and broaden our understanding as the State is working on Crisis Care Continuum, grounding in the perspectives of people who are experiencing the system.

- ✓ Understanding the range of CCC experiences through different identity lenses.
- ✓ Learning about opportunities to expand on the strengths (Roses) and improve on challenges (Thorns) so that our crisis care system can better meet the needs of our diverse population.

Participation: Two evenings – 70+ participants, 11 breakouts, 13 hosts and notetakers

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BHTF Goal 2. Uplift constituency voices

Crisis as the entry point for care

Participants shared that often, care was unavailable until a person was in a state of crisis and emphasized the importance of “pre-crisis” preventive care.

- ✓ More needs to be done at the onset of mental health conditions.
- ✓ Autism diagnosis prevents care
- ✓ Lack of resources that fit the eligibility criteria. Son deemed “too-stable”, “not sick enough” to receive services that he needed.
- ✓ For children and youth, awareness in the public school system is important to destigmatize, educate, and promote early intervention.

“Crisis is when you look at your kid and their eyes are blank, staring past you. When you get to the point of calling 911, it has reached a catastrophe.”

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Exacerbating crisis through response

Crisis response, especially when it involves law enforcement, is a dehumanizing experience for vulnerable folks and their families. It can exacerbate the crisis and criminalize those needing help.

- ✓ No matter how well trained and effective a responder is, there is still an element of avoidable trauma that occurs by having law enforcement involved.
- ✓ Hard to know who to call besides law enforcement when in crisis
- ✓ Difficult to see family members misunderstood and mishandled
- ✓ When marginalized and dismissed, it is difficult to advocate for and navigate services

"The ER experience was traumatic because he had been using meth at the time and the combination was overwhelming. At the ER, they had to restrain him and he responded violently and there were consequences to that. At age 35, he will still go back to that experience and remember how he was treated".

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“Mental illness is a family illness!” - Impact on Families

Mental illness impacts whole families, and the role of supportive families and communities cannot be overstated. In addition to family members, other individuals and organizations also provide invaluable support and care.

- ✓ People inherently want to help – but the system is situated in a way that does not allow people within it to help
- ✓ Peer support works and is needed at every level – wellness and recovery specialists, peer-to-peer support, etc.
- ✓ Multi-disciplinary MRT team
- ✓ Autism Society
- ✓ NAMI sharing group

“Community and family resilience were the key to accessing care in all these stories. The systems failed; the person in crisis and their loved ones did not.”

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Navigating a complex system

Self-advocacy and navigation through services is very challenging. It is difficult to know what services are available and who to ask for help.

- ✓ Needs to be far more transparent and accessible. Don't put access to care on the consumers.
- ✓ Inconsistency of care – "Insurance, not need, determines care"
- ✓ There is no cohesive system and people often fall through the cracks
- ✓ We need immediate care for mental health crises to avoid having to go to the hospital, urgent care, and police involvement
- ✓ We need clear statewide standards on who can authorize a hold, who does the discharge plan, etc.

Licensed Psychologist: "If I can't figure this out, how the hell do my clients' families figure this out?"

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Linking crisis to other societal challenges

It is important to consider crisis care in the context of other impactful societal issues and inequities, such as economic forces, gentrification, trauma, racism, lack of housing, and food insecurities.

- ✓ Need more independent living (section 8)
- ✓ We are still dealing with a lot of stigma – mental health is not a bad word – you are a whole person a human being
- ✓ We need holistic recovery programs

"If you treat crisis as an issue only of mental illness or drug use, it lets the system off the hook for deep issues, like housing, that are root causes of crisis."

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Crisis care and inequity

Crisis care and law enforcement responses look different based on race, ethnicity, disability status, and class/neighborhood. It is difficult to find providers and support that align with individuals' cultural, linguistic, and identity experiences and needs.

- ✓ Non-English speakers - difficult to find residential treatment providing services in non-English languages (other participants may try to translate)
- ✓ Important to invite tribal governments to crisis continuum conversation.
- ✓ Foster youth and home youth - law enforcement was the only option to call, with differing responses based on gender and race.
- ✓ Need more representation from smaller communities who don't have a big voice

"I'm worried about him going to juvenile justice, worried he will be met with bias and violence when he is in crisis because he is a large Black male. I'm worried he won't get past fifth grade".

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Crisis Care Continuum: Effort overview & progress update

December 2, 2022

Executive summary

- CalHHS has been working with State and external stakeholders to develop the **Behavioral Health Crisis Care Continuum Plan (CCC-P)** to articulate the statewide vision for the future state crisis care system
- Based on preliminary research and stakeholder discussions, CalHHS believes that **California's current crisis care system meets select measures of 988 readiness**[1], but includes geographic variation and opportunities to improve coordination across settings
- The Plan includes **three Strategic Pillars** for the future state crisis care system:
  - Build towards **consistent access statewide**
  - Enhance **coordination across and outside of the crisis care continuum of care**
  - Design and deliver a **high quality and equitable system for ALL Californians**
- Initial implementation considerations to achieve these Strategic Pillars will be **executed over time with near, medium, and long-term milestones** over the next 5 years. The pillars will be measured against metrics that are not yet finalized
- **California has made significant investments in crisis care** over the last few years
- CalHHS **prioritizes inclusion and equity** and will examine best practices and evidence-based strategies to ensure the crisis care continuum meets the needs of diverse populations
- CalHHS has examined the **governance structure outlined in AB-988** as well as approaches used in other states

1. Deterrmined by the 988 Convening Playbook

Source: CalHHS; California AB-988 Mental health 988 Suicide and Crisis Lifeline bill, CalHHS analysis of state budget and funding sources, KFF Health Insurance Coverage of the Total Population 2021, Crisis resource need calculator – Ca , CalHOPE funding CalHHS budget highlights, Vibrant, SAMHSA

Recap: The Behavioral Health Task Force has been involved in shaping the CCC-P

Behavioral Health Task Force (BHTF) overview

Since 2020, the BHTF, including people living with behavioral health conditions, family members, advocates, providers, health plans, counties, and state agency leaders, has **advised the Administration's efforts to advance statewide behavioral health services**

In particular, the BHTF **provided input to planning for 988 and strengthening the Crisis Care Continuum**, including crisis prevention, response and stabilization

BHTF recommendations can help the state ensure timely access to high-quality crisis services for all residents

Key themes from last session with BHTF

Prevention

- Role of multi-tiered support systems in school to support youth mental health
- Investments in BH workforce to build capacity of behavioral health services

Response

- Explore approaches to better serve members of the BIPOC and LGBTQ+ community
- Ensure crisis response systems are culturally and linguistically competent

Stabilization

- Better coordination of care and hand-offs after crisis has been stabilized, with clear communication of care plan

Source: CalHHS website – Behavioral Health Task Force; CalHHS

Recap: Context of the Crisis Care Continuum Project (CCC-P)

More than **1 million individuals attempt suicide** each year nation-wide[1]

More than **4,000 individuals died by suicide in California** in 2020[2]

There are **existing challenges to accessing crisis care**, including capacity, coordination, and coverage

To address existing access challenges, **federal and state stakeholders are prioritizing crisis care:**

- **SAMHSA described a 5-year vision for 988**, following July 2022 launch as new 3-digit number to access National Suicide Prevention Line
- **California AB-988 passed Sept. 30th, 2022,** which requires CalHHS to develop a detailed implementation plan by end of 2023[3]

1. SAMHSA
2. CDPH Data on Suicide and Self Harm
3. AB-988

Source: CalHHS, SAMHSA, DHCS, AB-988

Recap: Objectives of the Crisis Care Continuum Project (CCC-P)

Identify the **state-wide vision for full set of services** for individuals experiencing crisis

Define state-wide **essential crisis services**

Provide a **high-level view of resources required, or current investments** that could be used

Outline a **governance model** to support implementation

Identify a **roadmap** to reach major milestones

Source: CalHHS

CalHHS' 6 strategic priorities drive the transformation of California's behavioral health system

CalHHS strategic priorities

1. Create an **equitable pandemic recovery**
2. Build a **healthy California** for all
3. Integrate **health and human services**
4. **Improve the lives** of the most vulnerable
5. Advance the **wellbeing of children & youth**
6. Build an **age-friendly state** for all

Source: CalHHS

The CCC-P will follow CalHHS' guiding principles

Focus on equity

Actively listen

Use data to drive action

See the whole person

Put the person back in person-centered

Cultivate a culture of innovation

Deliver on outcomes

Source: CalHHS

Proposed components of future state Crisis Care Continuum

BH crisis systems strive to serve anyone, anywhere and anytime and fall along a continuum:

Preventing Crisis

Community-based preventive interventions for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, digital-self help, recovery support services, addressing stigma[1])

Responding to Crisis

Acute crisis response services, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models

Stabilizing Crisis

Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care

1. There are many ongoing efforts across the state focused on stigma reduction that contributes to prevention

Source: CalHHS

Select synthesis of current state of crisis care in CA based on publicly available sources

Existing crisis infrastructure & investments

37

counties have "sufficient" mobile crisis capacity from 2022 DHCS report

5+

state-wide hotlines and warmlines from the State of California & interviews with the DHCS

$2.2B

authorized for behavioral health care continuum infrastructure in 2021 from BHCIP

16

counties have "sufficient" crisis stabilization capacity from 2022 DHCS report

81+

county / local hotlines and warmlines from the State of California, external resources, and interviews with the DHCS

13

988 crisis centers based on the 988 Implementation Plan for California

Source: RI Crisis Resource Need calculator State of California, interviews with the DHCS, 988 Implementation Plan for California, BHCIP, NASMHPD 988 Convening Playbook: States, Territories, and Tribes, DHCS Assessing the Continuum of Care for Behavioral Health Services in California, and 988 Planning Grants

Preliminary insights based on national guidance documents & stakeholder input

- According to readiness metrics outlined by NASMHPD, DHCS, and the 988 Implementation plan, California **meets 988 readiness standards within** the 988 crisis centers
- There is room for **improved coordination** across diverse state / local crisis activities, including among call lines based on insights from the DHCS, the 988 Implementation Plan, 988 Planning Grants, and SAMHSA
- There is **geographic variation** in crisis care approaches, access, and quality across CA according to the DHCS and the 988 Implementation Plan

State agencies and external stakeholders engaged (as of Dec 2, 2022)

Plan is being developed with input from both internal (12+ state agencies) and external stakeholders (10+ external entities), in addition to Behavioral Health Task Force meetings that extend invitations to Task Force members and the general public

State agencies and departments

- California Department of Aging
- CDPH California Department of Public Health
- Department of Corrections and Rehabilitation, State of California
- CDSS California Department of Social Services
- DHCS
- EMSA California Emergency Medical Services Authority
- Department of Managed Health Care
- MHSOAC Mental Health Services Oversight & Accountability Commission
- CalVET
- Cal OES Governor's Office of Emergency Services
- Office of the California Surgeon General
- Office of Youth and Community Restoration

External stakeholders

- Alliance for Children & Families
- cbhda County Behavioral Health Directors Association California
- cbha California Council of Community Behavioral Health Agencies
- California Hospital Association
- Didi Hirsch Mental Health Services
- The Education Coalition
- CASRA California Association of Social Rehabilitation Agencies
- Steinberg Institute
- NAMI National Alliance on Mental Illness
- CAADPE California Association of Alcohol and Drug Program Executives
- California Consortium for Urban Indian Health

Sources: CalHHS

Department discussions and areas of input: Observations by departments (1/2)

Department	DHCS	Department of Managed Health Care	Department of Corrections and Rehabilitation	CalVet	DDS
Summary of department observations and inputs	• **Growing crisis-related efforts** (e.g., CalHOPE, Friendship Line, FURS) • Draft **essential services are consistent with Medi-Cal coverage** • **Existing challenges remain** (e.g., coordination between hotlines and warmlines, counties, contact centers)	• Draft **essential crisis services are largely consistent with parity law**[6] • **Prevention-focused services** are covered less consistently through commercial plans	• Opportunity to improve training and clarify roles of **public safety partners** • Opportunity to facilitate **linkages to housing** through community partnerships • Beneficial to include **peers with lived experience in the justice system in crisis response**	• **Progress in ensuring access to BH resources for veterans** • Enhance understanding of veteran-specific issues among crisis providers working with veterans • **Beneficial to consider intersectionality** within the veteran community	• Individuals with I/DD may be at **increased risk of experiencing a mental health crisis** • First responders and BH providers have an **opportunity to enhance training with I/DD** • Potential to improve services through **training**, **strategic partnerships**, **advocates & individuals with lived experiences**
How inputs integrate into the CCC-P Blueprint	• Draft **essential crisis services** available by 2030 • **Insight on crisis related efforts and current coordination challenges are publicly available**	• Draft **essential crisis services** available by 2030 • Potential approaches to **ensuring insurance coverage** for crisis services	• Approach to **connect crisis services** to other systems • Approach to **tailor crisis services for system-involved individuals**	• Approach to **tailor crisis services for the veteran population**	• Approach to **tailor crisis services for the I/DD population**

1. Meetings on 8/25/22, 9/1/22, 9/8/22 and 9/21/22; 2. Meeting on 10/7/22; 3. Meeting on 9/16/22 with the Council on Criminal Justice and Behavioral Health (CCJBH); 4. Meeting on 10/4/22; 5. Fact Sheet developed by CalHHS in July 2022 synthesizing meeting with DDS 6. Parity law applies to fully-insured insurance products and not self-insured products

Source: Summaries of meetings with CA Departments on the Crisis Care Continuum Plan (CCC-P); inputs into CCC-P from CalHHS

Department discussions and areas of input: Observations by departments (2/2)

Department	CDPH	EMSA	CAL OES	CDSS	California Department of Aging
Summary of department observations and inputs	• Potential for existing public health related **efforts in CA to be siloed** from one another • Opportunity to increase **social services** (e.g., food / housing supports) and other prevention efforts **to reduce the incidence of BH crises** • **Beneficial for the 988 workforce to reflect CA diversity** (e.g., language)	• **Variability in how PSAPs assign first responders** (e.g., EMS, law enforcement) to BH crises • **Growing efforts to integrate EMS into the crises care continuum** • **Opportunity to strengthen partnerships between EMS and county BH services**	• Current efforts to establish **911/988 interoperability** and **988 technology platforms** • Opportunity to develop **formalized processes to transfer misdirected calls** (e.g., public contacts 988 when 911 is needed) • **Beneficial to train** PSAPs to better understand which 988 crisis center **deploy mobile crisis**	• Opportunity to develop programs similar to The **Family Urgent Response System (FURS)** for other groups • Helpful to include **trauma-informed training for crisis care providers** • Opportunity to create forums where regions could **share various local innovations**	• **Training considerations** for crisis providers supporting older adults are evident • Opportunity to further utilize **The Friendship Line** • Opportunity to incorporate **access to care-giving and in-home services** as part of out-patient care
How inputs integrate into the CCC-P Blueprint	• **Approach to emphasize prevention** in the overall crisis care continuum • Approach to **equitable and appropriate care** for specific populations groups	• Approach to ensure **coordination within crisis systems** • Insight on **efforts in flight** and **current challenges**	• Approach to a **technology platform** • Approach on how to ensure **coordination** within crisis systems	• Approach to **tailor crisis services for individuals involved in the foster care system** • Insight on how **Family Urgent Response System (FURS) can be used as an innovation**	• Approach to **tailor crisis services** for older adults • Potential for **The Friendship Line to be a model for the state**

1. Meetings on 8/25/22, 9/1/22, 9/8/22 and 9/21/22; 2. Meeting on 10/7/22; 3. Meeting on 9/16/22 with the Council on Criminal Justice and Behavioral Health (CCJBH); 4. Meeting on 10/4/22; 5. Fact Sheet developed by CalHHS in July 2022 synthesizing meeting with DDS 6. Parity law applies to fully-insured insurance products and not self-insured products

Source: Summaries of meetings with CA Departments on the Crisis Care Continuum Plan (CCC-P); inputs into CCC-P from CalHHS

Strategic prioritization of the plan will shift over time, with initial focus on building consistent access statewide

Details to follow

Strategic priorities

	1 Build towards consistent access statewide ***(details to follow)***	2 Enhance coordination across and outside the continuum	3 Design and deliver a high quality and equitable system for ALL
Potential considerations for implementation	A **Availability:** Enhance system capacity across the care continuum B **Affordability:** Ensure continuity of care through coverage across all payors C **Appropriateness:** Ensure services meet the needs of diverse populations D **Awareness:** Educate communities on how to prevent, respond and stabilize crises	A **Technology infrastructure:** Identify and develop technology infrastructure to enable system-wide interoperability B **Partnerships:** Ensure robust formal and informal partnerships across components of the crisis care continuum and related systems	A **Measurement strategy:** Develop a data strategy that is inclusive of populations and geographies B **Quality & equity strategy:** Develop a quality-of-care strategy, including an equity-focused measurement framework

Source: CalHHS

California has made sizable investments in crisis prevention and response services, providing more than $1.6B* over the last few years

$1.4B

To add qualifying **community-based mobile crisis intervention services** as a Medi-Cal covered benefit, **this includes federal match**

$205M

Granted to support and expand **behavioral health mobile crisis and non-crisis services**

$43M

Granted **$13M to CalHOPE,** including the statewide **peer warmline,** base allocation and added **one-time $ 30M for 3 years** to support continued services.

$20M

For a **one-time investment of State General Funds** to build 988 crisis center capacity for 988 implementation

$15M

Granted by SAMHSA to the **DHCS for communities to enhance contact center readiness**

$7.5M

Granted in **FY 2022-2023, with $6M ongoing**, to support equipment for transferring calls between the 988 National Suicide Prevention Lifeline and the 911 system

$4M

Provided per year by the **Mental Health Services Act** funding

*This includes federal reimbursement for Medi-Cal Mobile Crisis services

Source: California Budget Summary for FY 2022-2023

Essential crisis services span all steps of the continuum and will likely be rolled out based on existing infrastructure

= Near term (by FY 23-24) = Medium term (by FY 26-27) = Long term (by FY 28-29)

Preventing Crisis

1. **Peer-based warmlines**
2. **Community-based behavioral health services, such as:**
   - Community-based social services
   - School-based and school-linked services
   - Primary care clinics and FQHCs
   - Outpatient BH care (e.g., CCBHCs, urgent care clinics, transition clinics, bridge clinics)
   - Peer support
   - Harm reduction
   - Medication for Addiction Treatment (MAT)
   - Housing services
   - Employment services
3. **Digital apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)**

Responding to Crisis

1. **Hotlines**
   - Operate 24/7/365
   - Answer all calls (or coordinate back-up)
   - Offer text / chat capabilities
   - Be staffed with clinicians overseeing clinical triage
2. **Mobile crisis services**
   - Operate 24/7/365
   - Staffed by multidisciplinary team meeting training, conduct, and capability standards
   - Respond where a person is
   - Include licensed and/or credentialed clinicians

Stabilizing Crisis

1. **Crisis receiving and stabilization services**
   - Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the model
   - Offer on-site services that last less than 24 hours
   - Accept all appropriate referrals
   - Design services for mental health and substance use crisis issues
   - Offer walk-in and first responder drop-off options
   - Employ capacity to assess & address physical health needs
2. **Peer respite**
3. **In-home crisis stabilization**
4. **Crisis residential treatment services**
   - Operate 24/7/365
5. **Post-crisis step-down services, such as (LT)**
   - Partial hospitalization
   - Supportive housing
6. **Sobering center**

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. September 13th BHTF meeting, DHCS: Existing California Medicaid Policies, proposed Medi-Cal Mobile Crisis Benefit, CalHHS

Potential metrics corresponding to essential crisis services

= Near term (by FY 23-24) = Medium term (by FY 26-27) = Long term (by FY 28-29)

Preventing Crisis

1. Peer-based warmlines
   - % of calls to peer-based warmline answered within 20 seconds
2. Community-based behavioral health services, such as:
   - HEDIS measure (% of people connected with outpatient following a discharge)
3. Digital apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)
   - # of web visits and downloads of digital apothecary services

Responding to Crisis

1. Hotlines
   - In-state call answer rate
   - Time to answer
   - Dropped call rate
2. Mobile crisis services
   - Average in-person response time

Stabilizing Crisis

1. Crisis receiving and stabilization services
   - % of referrals accepted
2. Peer respite
   - Time to access peer respite
   - Distance of peer respite from population base
3. In-home crisis stabilization
   - Time to access in-home crisis stabilization staff
4. Crisis residential treatment services
   - Time to access crisis residential treatment services
   - Distance of crisis residential treatment services from population base
4. Post-crisis step-down services, such as (LT)
   - % of patients with engagement provided w/in 30 days of discharge
4. Sobering centers
   - Time to access crisis sobering centers
   - Distance of sobering centers from population base

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. NASHMPHD 988 Convening Playbooks, expert interviews

Depending on context, several options exist for local implementation

Local implementation options for crisis service offerings:

Option	Description	Example
Full continuum of care	Fully integrated crisis care continuum for responding to and stabilizing crises (e.g., MCTs for crisis response, CSUs for stabilization)	San Francisco
Partial continuum, with focus on rapid crisis response	Deploy MCTs but use alternative approaches evidenced-based or community-defined approaches to deliver on the baseline service model[1] for stabilizing crises (e.g., in-home crisis stabilization, peer-respite	Santa Clara County
Partial continuum, with focus on crisis stabilizing services	Use alternative evidenced-based or community-defined approaches to deliver on the baseline service model for responding to crisis (e.g., co-response, virtual BH support); CSUs for stabilizing crises	Nevada County
Alternative continuum	Deliver all the components of the baseline service model using alternative, evidenced-based or community-defined approaches across the continuum (e.g., co-response, virtual BH support, in-home crisis stabilization, peer-respite)	N/A

Source: Expert interviews, DHCS, CalHHS

Options for scale of crisis service management:

Sub-county models

County-level models

Regional / county partnerships

Counties will be encouraged to do local implementation planning

CalHHS is prioritizing embedding equity into crisis care service delivery

NOT EXHASTIVE

Synthesis of potential approach described in the 988 Convening Playbook for States, Territories, and Tribes

Understand the **historical trauma and cultural divide** that has created distrust in current systems

Assess crisis intervention outcomes and **how they vary** between groups within a region

Assess **social and economic conditions that impact health** and examine policies and systems that influence those social and economic conditions

Integrate health equity into crisis systems using proven tools and frameworks

Potential populations who may benefit from tailored services[1]

LGBTQ+ individuals	System-impacted youth
Older adults	Veterans
Deaf or hard of hearing	Individuals with intellectual / developmental disabilities
Diverse language needs	Immigrant populations
Racial & ethnically diverse populations	Tribes & native populations

1. 988 Convening Playbook States, Territories, and Tribes, , NASMHPD Addressing unique needs of diverse populations , Improving the Quality of Mental Health Care for Veterans , The Trevor project -Youth Risk Behavior Surveillance — United States, Suicide prevention resource center , Veteran and Military Mental Health Issues , National institute of mental health, Refers to Youth Involved with the Juvenile Justice System

AB-988 can help expand crisis care services in California

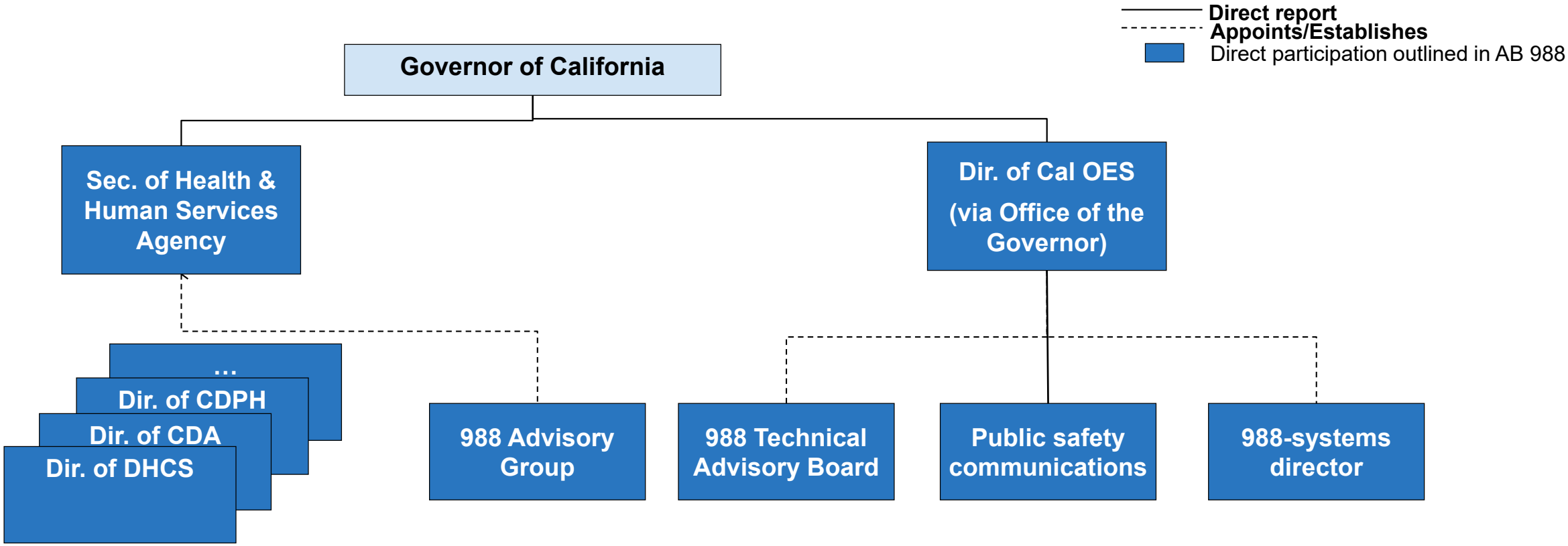
- In September 2022, Governor Gavin Newsom signed the **Miles Hall Lifeline Act (AB-988)** into law as one of many recent steps to **ensuring and expanding services for Californians experiencing a behavioral health crisis**
- The Assembly Bill 988 (AB 988) **provides a framework and funding mechanism** for the 988 Suicide and Prevention Lifeline in California, including:
  - Starting in 2023, **establishing a 988 surcharge** at $0.08 per access line per month. Starting in 2025, establishing a surcharge based on a specified formula that is not greater than $0.30 per access line per month
  - **Requiring health plan and insurer coverage of 988 center services** when medically necessary and without prior authorization
- AB 988 includes a **preliminary description of state-level agency roles and responsibilities** across CalHHS, DHCS, CalOES[1], and newly formed advisory bodies
- Based on CalHHS discussions and analysis of other state crisis system infrastructure, the **State may look to examples from other jurisdictions** to inform open questions on:
  - Decision rights, meeting cadence, and additional to roles and responsibilities
  - Role of additional sectors and agencies, including at the county or local level in their crisis care system governance structures

1. California Governor's Office of Emergency Services

Source: AB-988 Mental health: 988 Suicide and Crisis Lifeline law, Behavioral Health System Redesign – Washington state New York State 988 Implementation Plan Report

Synthesis of preliminary roles and responsibilities based on review of AB-988 and relevant bills from other states

Preliminary depiction of roles and responsibilities based on draft AB 988



Source: AB-988 Mental health: 988 Suicide and Crisis Lifeline law; Washington state legislation to implement 988, New York State 988 Implementation Plan Report Implementation of the 988 Hotline – Virginia Department of Behavioral Health and Developmental Services

Potential next steps

- **Continue to syndicate** Crisis Care Continuum Plan with state and external stakeholders and finalize by December 2022
- **Address funding sustainability** regarding sources of recurring funding
- **Publish the Plan** in January 2023
- **Disseminate contents** of the Plan
- **Map method of leveraging the Plan** to address duties assigned to CalHHS as part of AB-988
- Begin to **develop detailed implementation plan**

Source: Discussions with CalHHS

Next Behavioral Health Task Force Meeting

- December 13, 2022, 10am – 3pm

  Meeting topic: Current Efforts related to Substance Use Disorders

- Email BehavioralHealthTaskForce@chhs.ca.gov to sign up for the BHTF listserv and send any questions/comments

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Thank you!

For resources and more information regarding our behavioral health initiatives:

CalHHS Crisis Care Continuum – Plan webpage

Behavioral Health Task Force webpage

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