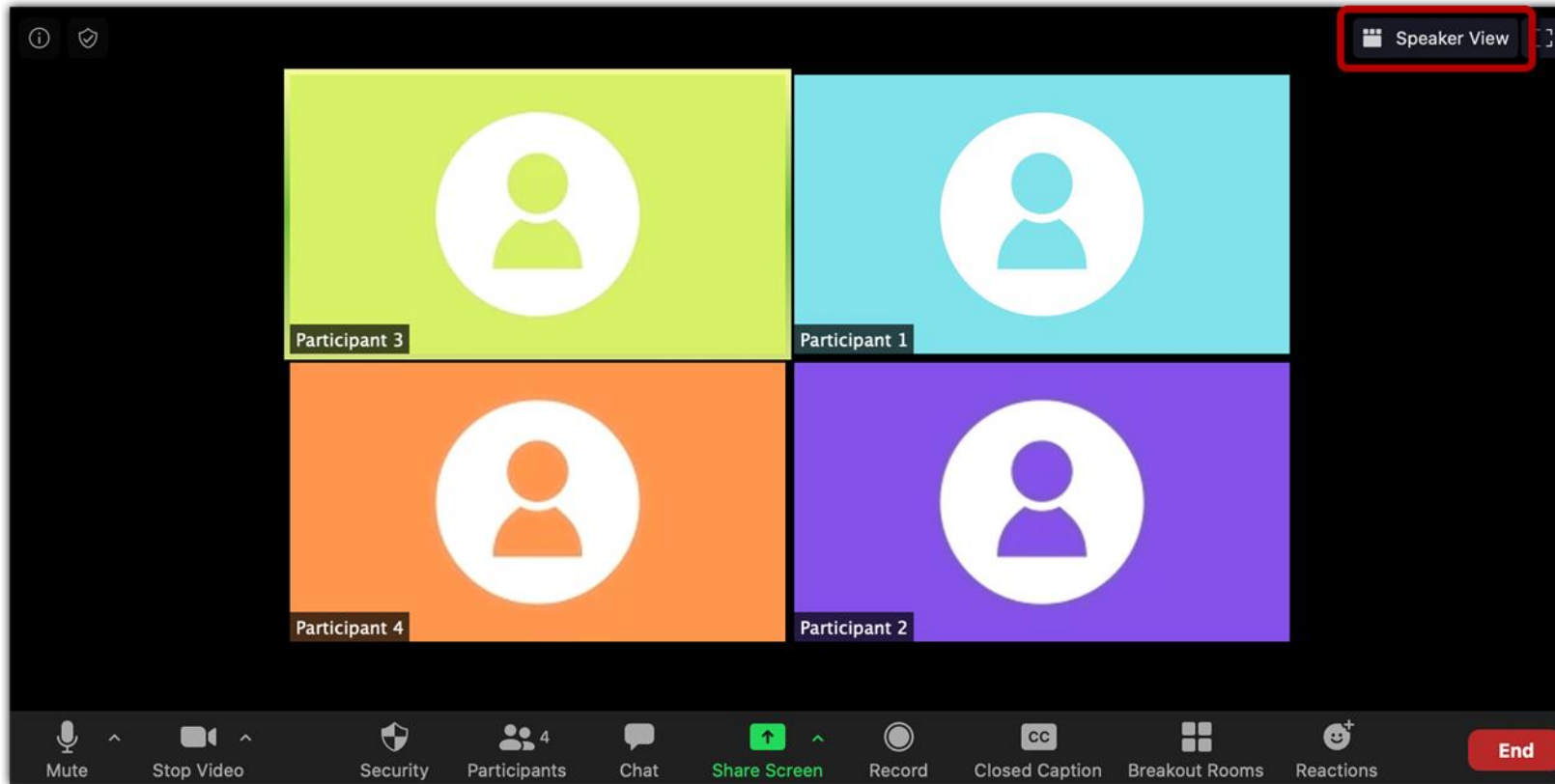




988-Crisis Policy Advisory Group Launch Meeting

ZOOM ETIQUETTE: 988-CRISIS POLICY ADVISORY GROUP MEMBERS





Welcome

- ✓ Land Acknowledgement
- ✓ Opening Remarks

Land Acknowledgement



[Wilton Rancheria Website](#)

■ Welcome – Dr. Mark Ghaly, MD, MPH



Secretary

California Health and Human Services Agency



■ Welcome – Rebecca Bauer Kahan



Assembly Member (AD-16)/Author of AB 988
California State Assembly



Meeting Logistics

- ✓ Review Meeting Agenda
- ✓ Public Comment Process

Objectives

1. Meet 988-Crisis Policy Advisory Group members and the project team and lay the foundation for collaboration and productive working relationships.
2. Understand the process for developing the five-year implementation plan.
3. Discuss, revise as needed, and affirm Policy Advisory Group Charter.
4. Learn more about the workgroups, including which workgroup(s) each Policy Advisory Group member is interested joining.
5. Confirm action items and next steps.
6. Hear public comment.

TIME	TOPIC
10:00 am	Technology Review
10:05 am	Welcome
10:35 am	Logistics: Review Meeting Agenda and Public Comment Process
10:50 am	Presentation: Review the Recommendation Process for the Five-Year Implementation Plan
11:25 am	Affirm Policy Advisory Group Charter
11:50 am	Breakout Group Logistics
12:00 pm	Lunch Break, Sign up for Public Comment Opens
12:45 pm	Workgroups Begin/Public Comment Sign Up Closes
2:00 pm	Break
2:10 pm	Debrief Breakouts
2:35 pm	Action Items and Next Steps
2:40 pm	Public Comment Period
3:00 pm	Adjourn





Bagley-Keene Basics

✓ California Health and Human Services Agency

“

The Purpose of The Bagley-Keene Open Meeting Act

It is the public policy of this state that public agencies exist to aid in the conduct of the people's business and the proceedings of public agencies be conducted openly so that the public may remain informed.

”

■ What bodies are covered?

- Definition of a “state body”
 - Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings
 - A multimember body that exercises any authority of a state body delegated to it by that state body
 - A multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body, and if the advisory body so created consists of three or more persons

■ Definition of a "meeting"

- A meeting includes any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate on any item that is within the subject matter jurisdiction of the state body.

■ A meeting also includes...

- **Serial Communications**

- For example:
- “chain” communications: A texts B, then B texts C, etc.
- “hub and spoke”
- Communication: A texts B, then A texts C, then A texts C, etc.

- **Of Any Kind**

- Including in-person, by phone, text, or email

- **Directly or Through Intermediaries**

- For example, through staff or lobbyists

■ Meeting Exception

- A member may have individual contact or conversations with any other person (unless it's part of a serial meeting).
- A majority of the body may be present at social events, meeting of other public bodies, and public conferences, but may not discuss board business outside of a properly notice board meeting.

■ What notice is required?

- The state body must provide 10 days advance written notice of a meeting
- Notice must be posted on the agency's website and provided to anyone who requests it
- The meeting notice must include an agenda with a brief description of the items to be acted on or discussed

Public Access and Participation

- Meetings must be open and public (with some limited exceptions)
- Meetings must be accessible as required under the ADA
- Public records distributed by staff or members to members of the state body prior to or during a meeting, pertaining to any item to be considered during the meeting, must be made available to the public at the meeting
- Members of the public must be provided the opportunity to directly address the state body on the items on the agenda

Remote Meeting Rules Effective January 1 (SB 544)

- Rules for advisory bodies:
 - The agenda, which is to be posted at least 10 days before the meeting, must include information on how the public can observe the meeting remotely, and must also identify a primary physical meeting location for the public to attend in person if they wish.
 - In addition, the body must provide notice to the public at least 24 hours before the meeting that identifies any members who are participating remotely. There is no requirement to disclose these members' locations.



■ Remote Meeting Rules Effective January 1 (SB 544) (Cont'd)

- At least one staff member of the body must be present at the primary physical meeting location, and the agenda must be posted at the location.
- Members who are participating remotely must be visible on camera, unless it is technologically impracticable to do so (e.g., insufficient bandwidth). If a member of the body does not appear on camera due to challenges with internet connectivity, the member must announce the reason for their nonappearance.
- The members who participate remotely must be listed in the minutes of the meeting.



■ Bagley-Keene Open Meeting Act in Full

- You can find the complete text of the Bagley Keene Open Meeting Act at California Government Code § 11120, et seq.
- The text is available online on the California Legislative Information website, using the following link:
- [Link to Website for Bagley Keene Open Meeting Act at California Code](#) .



DOJ Bagley-Keene Guide

- A hand guide to the Bagley Keene Open Meeting Act, prepared by the California Department of Justice, is available on their website. You can find the guide using the following link:
- [Link to Website for California Department of Justice BAGLEY-KEENE Guide](#)



Public Comment Overview

- We will take comments in the order in which we receive sign-ups
- Sign-ups for public comment open at noon and close at 12:45 pm
- If you are a member of the public attending in person and would like to comment, please sign up with Jaafar
- If you are on Zoom and would like to make a public comment please send a chat to Brittany Thompson starting at 12 pm
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, there are two other ways to have your voice heard
 - You may email your written comment to the project email address: AB988Info@chhs.ca.gov
 - If you are on Zoom today, you may put your comment in a chat for Brittany Thompson. We will save the chat and add your comment to the meeting minutes.



988-Crisis Policy Advisory Group Meeting

December 13, 2023

Anh Thu Bui, M.D.
Project Director, 988-Crisis Care Continuum
Public Health Administrator

■ Topics

- CalHHS Strategic Behavioral Health Priorities
- Behavioral Health Crisis Care Continuum Plan
- AB 988 Legislation and Requirements
- 988-Crisis Policy Advisory Group Overview
- 988-Crisis Workgroups Overview
- Information Gathering



CalHHS Strategic Behavioral Health Priorities

Behavioral Health Transformation Goals

- CalHHHS Strategic Priorities
- Create an Equitable Pandemic Recovery
- Build a Health California for All
- Integrated Health and Human Services
- Improve the Lives of the Most Vulnerable
- Advance the Well-being of Children & Youth
- Build an Age-Friendly State for All



CalHHS Behavioral Health Priorities

- Reduce stigma, misinformation, and discrimination
- Reduce delay to access treatment
- Reduce disparities in utilizing services among BIPOC and LGBTQ+ communities and increases access to culturally responsive care;
- Reduce individuals in prisons and jail with mental health and substance use disorders
- Increase high-quality community care placements
- Reduce homelessness and housing insecurity
- Increase satisfaction and trust in quality of services received





Behavioral Health Crisis Care Continuum Plan

Behavioral Health Crisis Care Continuum Plan

- The Strategic Pillars for the future 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
- Near-, medium-, and long-term milestones over the next five years
- Prioritize inclusion and equity and explores best practices and evidence-based strategies to ensure the crisis care continuum meets the needs of diverse populations.

Components of Future State Crisis Care Continuum

- Behavioral health 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)



- 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

Essential Crisis Services Span the Continuum

	Preventing Crisis	Responding to Crisis	Stabilizing Crisis
Near term (by FY 23-24)	<p>Near Term (by FY 23-24)</p> <p>1. Peer-based warmlines</p>	<p>Near Term (by FY 23-24)</p> <p>1. Hotlines</p> <ul style="list-style-type: none"> • Operate 24/7/365 • Answer all calls (or coordinate back-up) • Offer text / chat capabilities • Be staffed with clinicians overseeing clinical triage 	<p>Medium Term (by FY 26-27)</p> <p>1. Crisis receiving and stabilization services</p> <ul style="list-style-type: none"> • 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 <p>2. Peer respite</p> <p>3. In-home crisis stabilization</p>
Medium term (by FY 26-27)	<p>Medium Term (by FY 26-27)</p> <p>1. Community-based behavioral health services, such as:</p> <ul style="list-style-type: none"> • 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 <p>2. Digital Apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)</p>	<p>Medium Term (by FY 26-27)</p> <p>1. Mobile crisis services</p> <ul style="list-style-type: none"> • 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 	<p>Long Term (by FY 28-29)</p> <p>4. Crisis residential treatment services</p> <ul style="list-style-type: none"> • Operate 24/7/365 <p>5. Post-crisis step-down services, such as (LT)</p> <ul style="list-style-type: none"> • Partial hospitalization • Supportive housing <p>6. Sobering Center</p>
Long term (by FY 28-29)			

Near term (by FY 23-24)

Medium term (by FY 26-27)

Long term (by FY 28-29)



State Investments in the Behavioral Health Continuum of Care

California's Behavioral Health Continuum of Care



Prevention



Early Intervention



Outpatient Care



Crisis Care



Inpatient Care



Community Residential Care

BUILDING BLOCKS

Children & Youth BH Initiative \$4.7 Billion	BH Infrastructure Program \$2.2 Billion	BH Workforce Initiative \$1 Billion	BH Parity and Benefit Alignment
Medi-Cal Transformation \$10 Billion	BH Bridge Housing \$1.5 Billion	Older Adult BH Initiative \$50 Million	DSH BH Diversion \$600 Million



AB 988: The Miles Hall Lifeline and Suicide Prevention Act

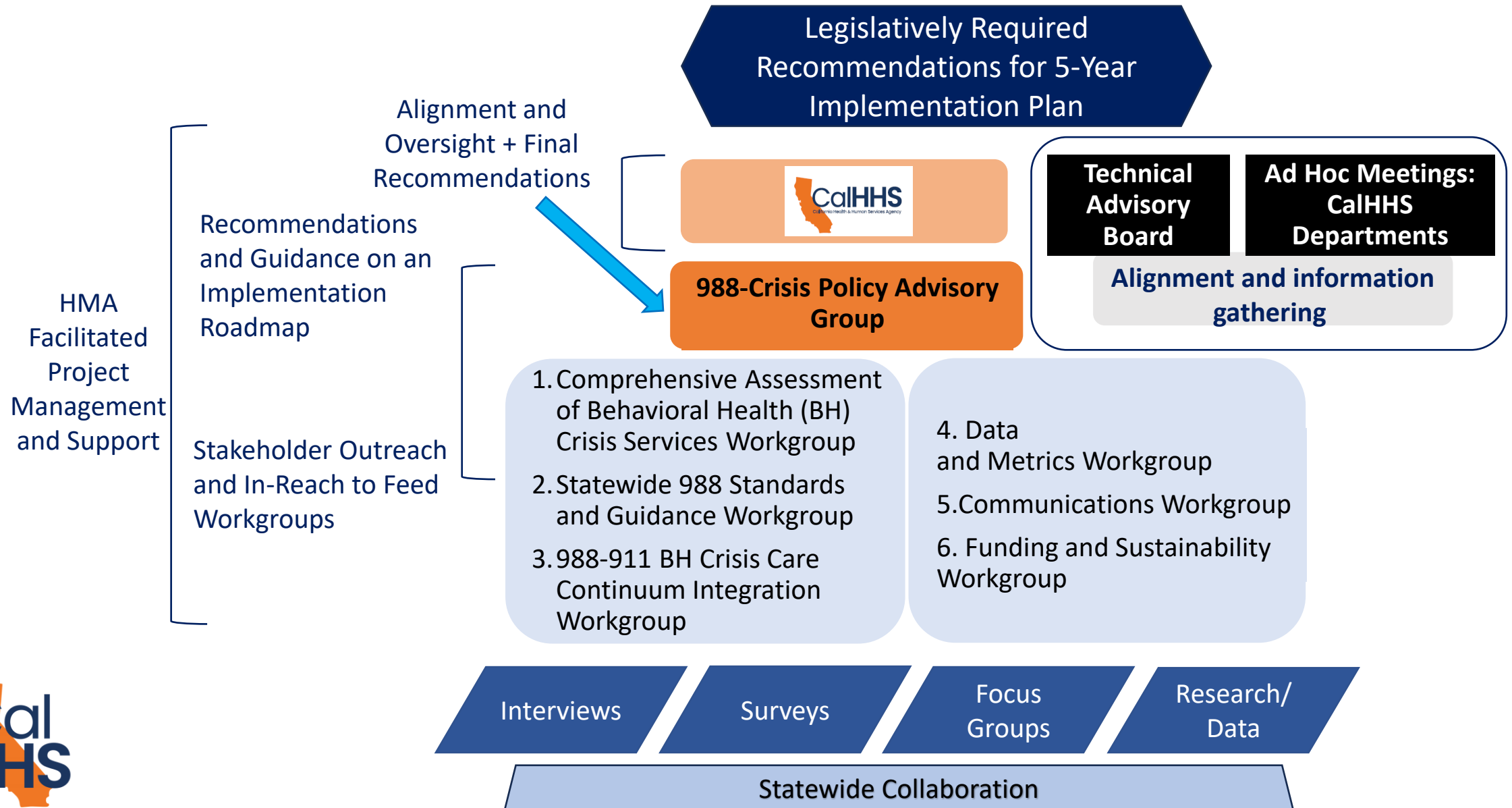
AB 988 Legislation

- The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022:
 - Creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
 - Requires the California Governor's Office of Emergency Services (CalOES) to convene a state 988 Technical Advisory Board
 - Requires CalHHS to convene a state 988 policy advisory group (988-Crisis Policy Advisory Group) to advise on a set of recommendations for the five-year implementation plan for a comprehensive 988 system by December 31, 2024



988-Crisis Policy Advisory Group

Project Structure



Meeting Times and Possible Locations

#	Anticipated Meeting Dates (10am-3pm)	Location
1	December 13, 2023	In-Person, California Endowment in Sacramento
2	February 7, 2024	In-Person, Allenby Building in Sacramento
3	April 24, 2024	In-Person, Allenby Building in Sacramento
4	June 26, 2024	In-Person, Allenby Building in Sacramento
5	August 14, 2024	In-Person, TBD
6	September 18, 2024	In-Person, Allenby Building in Sacramento
7	November 20, 2024	In-Person, Allenby Building in Sacramento



988-Crisis Workgroups

14 Requirements per AB 988 (1-6)

- **1:** Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.
- **2:** Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.
- **3:** Compliance with state technology requirements or guidelines for the operation of 988.
- **4:** A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.
- **5:** 988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week.
- **6:** Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.

14 Requirements per AB 988 (7-10)

- **7:** Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services.
- **8:** Statewide and regional public communications strategies informed by the National Suicide Prevention Lifeline and the Substance Abuse and Mental Health Services Administration to support public awareness and consistent messaging regarding 988 and behavioral health crisis services.
- **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.
- **10:** Quantifiable goals for the provision of statewide and regional behavioral health crisis services, which consider factors such as reported rates of suicide attempts and deaths.



14 Requirements per AB 988 (11-12)

- **11:** A process for establishing outcome measures, benchmarks, and improvement targets for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.
- **12:** Findings from a comprehensive assessment of the behavioral health crisis services system that takes into account infrastructure projects that are planned and funded. These findings shall include an inventory of the infrastructure, capacity, and needs for all of the following:
 - A: Statewide and regional 988 centers.
 - B: Mobile crisis team services, including mobile crisis access and dispatch call centers.
 - C: Other existing behavioral health crisis services and warm lines.
 - D: Crisis stabilization services.



14 Requirements per AB 988 (13-14)

- **13:** Procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988-system consistent with Section 53123.4 and Section 251a of Title 47 of the United States Code.
- **14:** Strategies to support the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant to Sections 1374.72 and 1374.721 of the Health and Safety Code, including, but not limited to:
 - A: To the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and federal grants.
 - B: Coordinating with the Department of Insurance and Department of Managed Health Care to verify reimbursement to 988 centers for behavioral health crisis services by health care service plans and disability insurers, pursuant to Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185)



AB 988 Workgroups – For Discussion

#1 Comprehensive Assessment of BH Crisis Services Workgroup

7
12

#3 988-911 BH Crisis Care Continuum Integration Workgroup

6
7
9

#5 Data and Metrics Workgroup

10
11

#2 Statewide 988 Standards and Guidance Workgroup

1
2
3
5

#4 Communications Workgroup

8

#6 Funding and Sustainability Workgroup

4
13
14



Workgroup 1: Comprehensive Assessment of BH Crisis Services

- Required Recommendation Areas Per AB 988:
 - (7) Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services.
 - (12) Findings from a comprehensive assessment of the behavioral health crisis services system that takes into account infrastructure projects that are planned and funded. These findings shall include an inventory of the infrastructure, capacity, and needs for all of the following:
 - (A) Statewide and regional 988 centers.
 - (B) Mobile crisis team services, including mobile crisis access and dispatch call centers.
 - (C) Other existing behavioral health crisis services and warm lines.
 - (D) Crisis stabilization services.

Workgroup 2: Statewide 988 Standard and Guidance

- Required Recommendation Areas Per AB 988:
 - (1) Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.
 - (2) Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.
 - (3) 988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week
 - (5) Compliance with state technology requirements or guidelines for the operation of 988

Workgroup 3: 988/911 BH-CCC Integration

- Required Recommendation Areas Per AB 988:
 - (6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers
 - (7) Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services
 - (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 4: Communications

- Required Recommendation Areas Per AB 988:
 - (8) Statewide and regional public communications strategies informed by the National Suicide Prevention Lifeline and the Substance Abuse and Mental Health Services Administration to support public awareness and consistent messaging regarding 988 and behavioral health crisis services.

Workgroup 5: Data and Metrics

- Required Recommendation Areas Per AB 988:
 - (10) Quantifiable goals for the provision of statewide and regional behavioral health crisis services, which consider factors such as reported rates of suicide attempts and deaths.
 - (11) A process for establishing outcome measures, benchmarks, and improvement targets for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.

Workgroup 6: Funding and Sustainability

- Required Recommendation Areas Per AB 988:
 - (4) A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.
 - (13) Procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988 system consistent with Section 53123.4 and Section 251a of Title 47 of the United States Code.
 - (14) Strategies to support the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant to Sections 1374.72 and 1374.721 of the Health and Safety Code, including, but not limited to:
 - A: To the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and federal grants.
 - B: Coordinating with the Department of Insurance and Department of Managed Health Care to verify reimbursement to 988 centers for behavioral health crisis services by health care service plans and disability insurers, pursuant to Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185)



Proposed Workgroup Meeting Sequence

Workgroup	Month for Launch
Comprehensive Assessment of BH Crisis Services	January launch
Statewide 988 Standards and Guidance Workgroup	January launch
988/911 BH-CCC Integration	January launch
Communications	March launch
Data and Metrics	March launch
Funding and Sustainability	March launch

■ Workgroup Membership

- Each workgroup will include members from the Policy Advisory Group and other stakeholders who respond to a call to participate
- Each workgroup will include (not mutually exclusive)
 - Professional expertise
 - Knowledge of/experience with a particular community or population
 - Diversity in race, ethnicity, gender, disability status, geographic representation
 - Lived experience



Information Gathering

Information Gathering for the Comprehensive Assessment of BH Crisis Services

- As we work on the comprehensive assessment of the BH crisis services system, we want to hear your ideas on sources of information that we might draw upon to help inform this work, including, reports, databases, surveys, etc., as well as key stakeholders to help support the development of our recommendations
- Members may submit their suggestions throughout the day by writing them on a post-it note, including their name and email address, and affixing it to the flip chart on the wall
- Policy Advisory Group members participating by Zoom may submit their suggestions (plus name and email address) via chat to Brittany Thompson

For more information:

- Visit the CalHHS [988 Suicide and Crisis Lifeline Webpage](#)
 - 988 Suicide & Crisis Lifeline
 - The 988 Lifeline is an easy to remember three-digit number that anyone can call to receive support when experiencing a suicidal, mental health and/or substance use related crisis. To reach the Lifeline, people can call or text 988 or chat at Lifeline (988lifeline.org). People who are worried about a loved one who may need crisis support may also use 988 to receive guidance and support. This number is in addition to existing national, state-wide, and local call lines for emergency and non-emergencies
 - There are additional national, state wide, and local call lines for emergency and non-emergency support
 - 988 Suicide and Crisis Lifeline FAQ
 - Relationship between 988 and 97 FAQ
 - Additional information regarding 988 can be found on SAMHSA's 988 Website, including answers to Frequently Asked Questions
- Please email questions and feedback to AB988Info@chhs.ca.gov

988 Suicide & Crisis Lifeline

The 988 Lifeline is an easy to remember three-digit number that anyone can call to receive support when experiencing a suicidal, mental health and/or substance use-related crisis. To reach the Lifeline, people can call or text 988 or chat at Lifeline (988lifeline.org). People who are worried about a loved one who may need crisis support may also use 988 to receive guidance and support. This number is in addition to existing national, state-wide, and local call lines for emergency and non-emergency support.

[Text/Chat 988](#)

There are additional national, state-wide, and local call lines for emergency and non-emergency support.

- [988 Suicide and Crisis Lifeline FAQ](#)
- [Relationship between 988 and 911 FAQ](#)
- Additional information regarding 988 can be found on [SAMHSA's 988 Website](#), including answers to [Frequently Asked Questions](#).





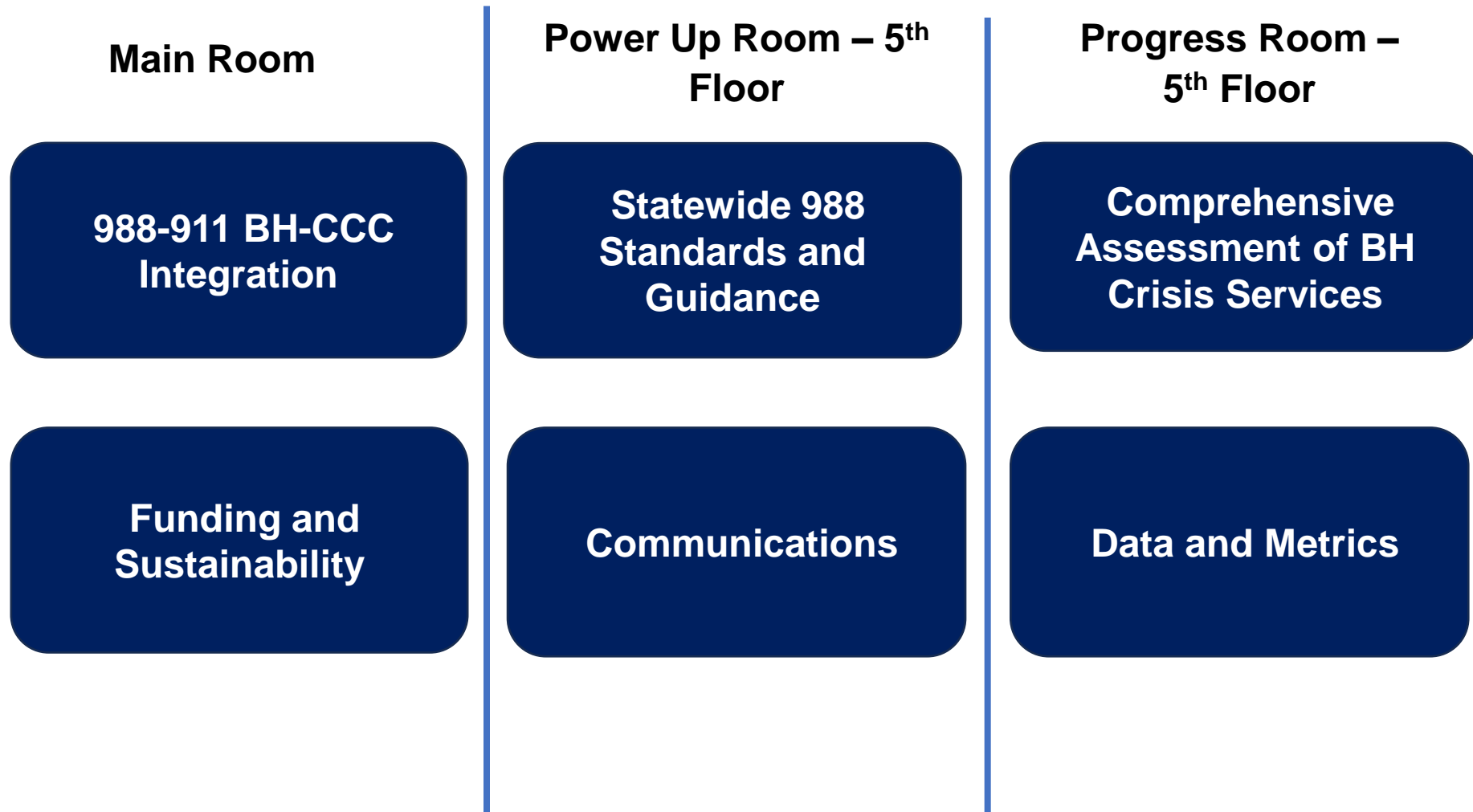
Policy Advisory Group Charter



Breakout Logistics

Workgroup Logistics

AB988 Workgroups Diagram





Debrief on Breakouts



Action Items and Next Steps

Action Items and Next Steps

- All information from today's meeting will be posted on the CalHHS website on the 988-Policy Advisory Groups webpage: [Link to Website for CalHHS 998 Crisis Policy](#)
- Members of the Policy Advisory Group should submit their Workgroup Interest Form by December 22 to jaafar.salim@chhs.ca.gov
- A separate form will be shared on the CalHHS list serve and posted on the Policy Advisory Group page to invite others who may be interested in serving on a workgroup
- Workgroups 1, 2, 3 will be scheduled for January
- Next Meeting of the Advisory is February 7, 2024





Public Comment Period



Adjourn