



Workgroup 2: Statewide Standards and Guidance

Meeting 1
January 30, 2024



Welcome

Meeting 1 Objectives

1. Meet 988-Crisis Workgroup members and the project team and lay the foundation for collaboration and productive working relationships
2. Learn more about the workgroup scope and deliverables
3. Engage in discussion to identify priorities
4. Confirm action items and next steps
5. Hear public comment

Agenda

1. Review of Agenda and Session Objectives (5 minutes)
2. Level Setting on 988 and Workgroups (10 minutes)
3. Level Setting on Statewide Standards & Guidance (20 minutes)
4. Discussion (60 minutes)
5. Public Comment Period (20 minutes)
6. Closing and Next Steps (5 minutes)

Policy Advisory Group Members (1)*

- Amanda Levy, Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)
- Anete Millers, Director of Regulatory Affairs, California Association of Health Plans (CAHP)
- Ashley Mills, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- Bianca Christian, Associate Therapist, California Coalition for Youth
- Brenda Grealish, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
- Budge Currier, Assistant Director, Public Safety Communications California Governor's Office of Emergency Services (CalOES)
- Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)
- Christine Stoner-Mertz, Chief Executive Officer, CA Alliance of Child and Family Services
- Erika Cristo, Assistant Deputy Director, California Department of Health Care Services (DHCS)
- Hernando Garzon, Acting Medical Director, California Emergency Medical Services Authority (EMSA)
- Dr. Jana Lord, Chief Operating Officer, Sycamores
- Jeff Hebert, 911 Communications Coordinator, San Diego Sheriff's 911
- Jessica Cruz, Chief Executive Officer, NAMI - California
- John Boyd, Vice President Behavioral Health and Wellness, Kaiser Permanente, NCAL
- Kenna Chic, Health Equity Fellow, State Health Policy, California Health Care Foundation
- Keris Jän Myrick, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- Kirsten Barlow, Vice President, Policy, California Hospital Association (CHA)
- Lan Nguyen, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department



* Note: 988-Crisis Advisory Group members represent diverse expertise, experience (including lived experience), and diversity of thought. For purposes of this list, only members' professional affiliations are indicated.

Policy Advisory Group Members(2)

- Le Ondra Clark Harvey, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)
- Lee Ann Magoski, Director of Emergency Communications, Monterey County
- Lei Portugal Calloway, Certified Medi-Cal Peer Support Specialist, Telecare Orange County
- Melissa Lawton, Chief Program Officer, Seneca Family of Agencies
- Michael “Mike” Tabak, Lieutenant, San Mateo County Sheriff’s Office
- Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association (CBHDA)
- Miguel Serricchio, Executive Vice President, LSQ Funding Group
- Nancy Bargmann, Director, California Department of Developmental Services
- Phebe Bell, Behavioral Health Director, Nevada County
- Rayshell Chambers, Commission Member, Mental Health Services Oversight and Accountability Commission
- Rebecca Bauer-Kahan, CA State Assemblymember/Author of AB988, State of California, AD 16
- Robb Layne, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)
- Robert Smith, Chairman, Pala Band of Mission Indians
- Roberto Herrera, Deputy Secretary, Veterans Services Division, California Department of Veterans Affairs (CalVet)
- Ryan Banks, CEO, Turning Point of Central Valley , Inc.
- Shari Sinwelski, Vice President of Crisis Care, Didi Hirsch
- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)
- Susan DeMarois, Director of California Department of Aging (CDA)
- Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute
- Taun Hall, Executive Director, The Miles Hall Foundation

Statewide Standards and Guidance Workgroup Members

- Alec Smith, Department of Healthcare Services
- Angela Vazquez, The Children's Partnership
- Astin Williams, Health Access California
- Brenda Grealish, Council on Criminal Justice and Behavioral Health (CCJBH)
- Budge Currier, California Governor's Office of Emergency Services (CalOES)
- Casey Heinzen, Department of Healthcare Services Catherine Hess, California Department of Public Health
- Darcy Pickens, California Department of Public Health
- Diana Gutierrez, Riverside University Health System (RUHS) Behavioral Health
- Elizabeth Whitteker, Molina Healthcare
- Ivy Song, University of California Davis
- Karla Luna, Kings View 988 Center
- Lei Portugal Calloway, Telecare Corporation
- Liseanne Wick, Wellspace
- Michelle Doty Cabrera, County Behavioral Health Directors Association of California (CBHDA)
- Robert Harris, Service Employees International Union (SEIU) California
- Ruqayya Ahmad, California Pan-Ethnic Health Network (CPEHN)
- Shari Sinwelski, Didi Hirsch Mental Health Services
- Van Hedwall, San Francisco Suicide Prevention/Felton Institute

Public Comment Overview

- All comments—whether written or spoken—will be shared with the Workgroup in the meeting minutes.
- We will take comments in the order in which we receive sign-ups
- If you are on Zoom and would like to make a public comment, please send a chat to Devon Schechinger.
- Each person will have 2 minute to speak. If you have a condition that may require an accommodation (such as additional speaking time), please notify Devon and we will do our best to provide that accommodation.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, 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 Devon Schechinger. We will save the chat and add your comment to the meeting minutes.



Code of Conduct

- Presume positive intentions
- Ask from a place of inquiry
- Be present and stay engaged
- Be brief and brilliant
- Be respectful and courteous
- ***Anything else?***

Workgroup Member Introductions

In the chat...

- Affiliation
- (Optional) Other Perspectives/Lenses You Bring to this Process



Context Setting

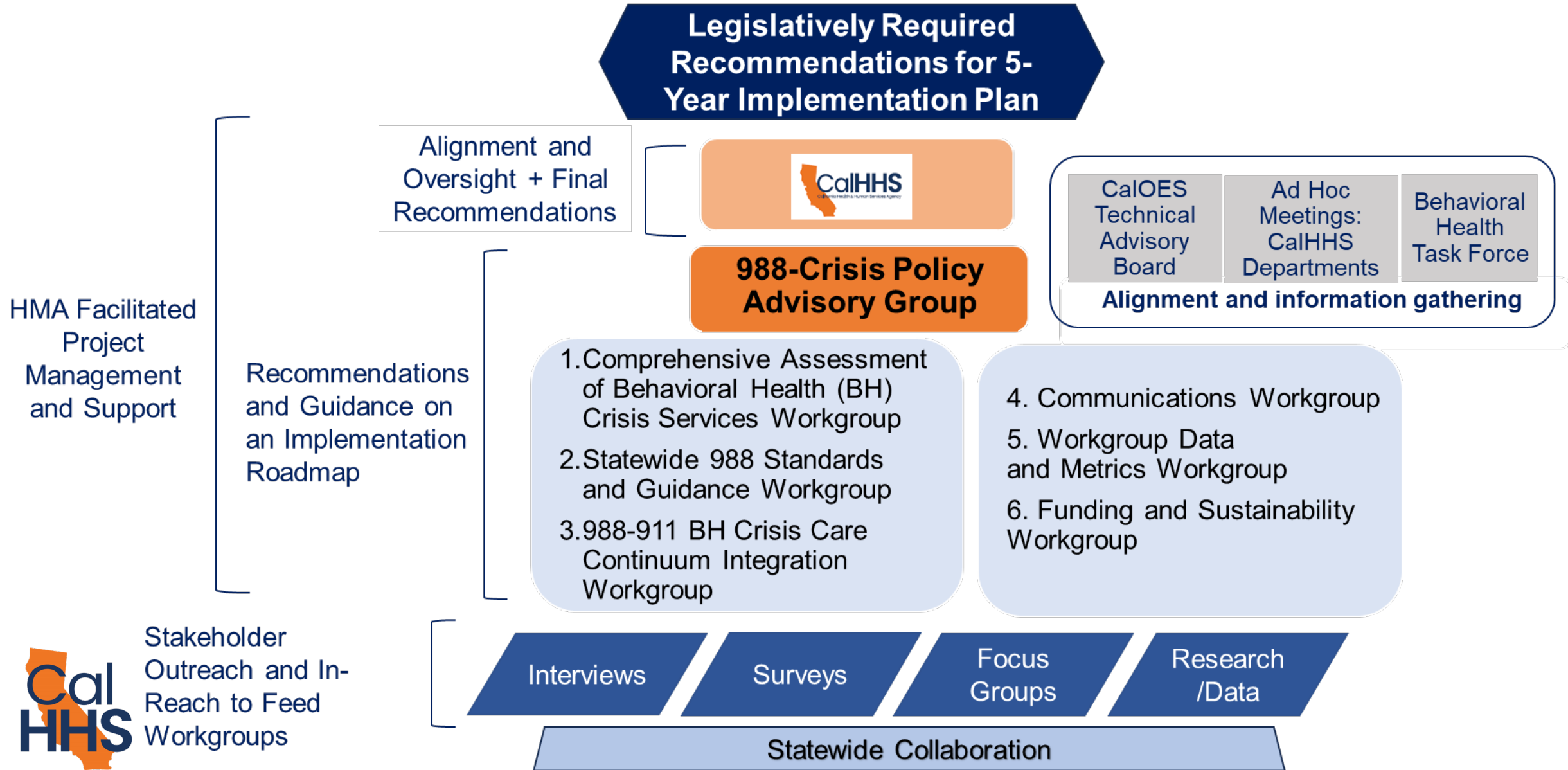
✓ **AB 988: The Miles Hall Lifeline and Suicide Prevention Act**

Big Picture - 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
 - AB 988 underwent further modifications in AB 118, the trailer bill that incorporates the implementing language of the California State Budget.

Big Picture – AB 988 Organizing Structure



Crisis Care Continuum Framework

The 988-Crisis Policy Advisory Group will be using the Crisis Care Continuum Framework that is outlined in the CalHHS Behavioral Health Crisis Care Continuum Plan.



- 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

Launch of 988-Crisis Policy Advisory Group

- **Key Milestone:** CalHHS, with input from the Policy Advisory Group, will provide a five-year implementation plan for a comprehensive 988 system to the legislature by December 31, 2024
- **Charge of the Policy Advisory Group:** To advise CalHHS in developing recommendations for the five-year implementation plan as described in AB 988
- **Charge of the Workgroups:** To inform the Policy Advisory Group's development of recommendations
- **Launch Meeting:** December 13, 2023
 - Orientation to the process for developing the five-year implementation plan
 - Discuss Policy Advisory Group Charter
 - Gathered input to inform key questions and issues for workgroups
- **Anticipated Meeting Dates (10am-3pm)**
 - February 7
 - April 24
 - June 26
 - August 14
 - September 18
 - November 20



988-Crisis Workgroups (1)

14 Requirements 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: 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.

988-Crisis Workgroups (2)

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.

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.

988-Crisis Workgroups (3)

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.

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)

AB988 Workgroups (1)

AB 988 Workgroups

#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

AB 988 Workgroups (2)

- The first three Workgroups will launch in January, with the remaining three launching in late spring. This phased approach helps to ensure that insights, recommendations, and questions from Phase 1 inform Phase 2 discussions.

988-Crisis Workgroups

Phase 1: January - April

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

Phase 2: May - August

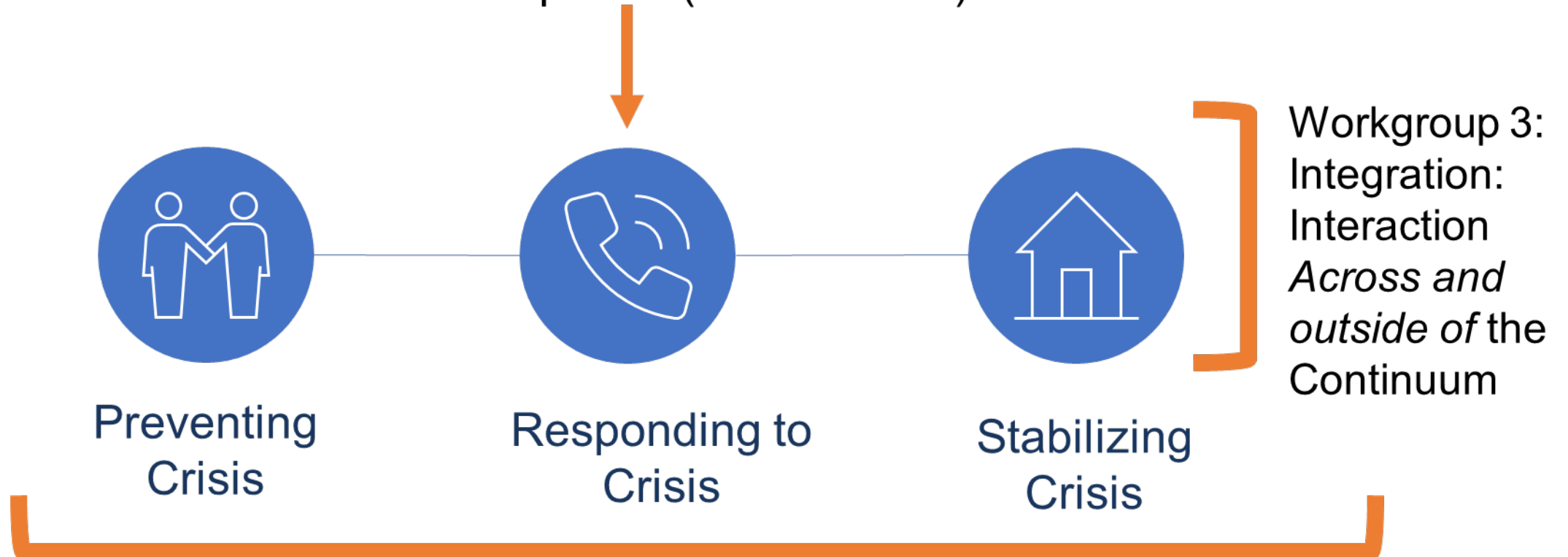
- 4 Communications
- 5 Data and Metrics
- 6 Funding and Sustainability



Workgroups Level-Setting

Workgroups 1-3 and Components of the Future State

Workgroup 2: Statewide Standards and Guidance:
Point of Response (Call Centers)



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

Workgroup Roles and Meeting Attendance

- This is not an oversight or voting group. The goal is to generate ideas, discuss solutions, and form recommendations that will go to the Policy Advisory Group.
- Meeting attendance is critical to support the continuity of conversations and the building of collaborative relationships.
- If a Workgroup member needs to miss a meeting, they should alert the Facilitator as soon as possible.

Workgroup Communication

- **Meetings of the Workgroup shall be open to the public and are subject to [Bagley-Keene Open Meeting Act](#) requirements**
 - A chain of communications involving contact from member A to member B who then communicates with member C or when a person acts as the hub of a wheel (member A) and communicates individually with the various spokes (members B and C)
- **Internally:** In the interest of streamlining communications, the Project Team will communicate directly with Workgroup members. If a Workgroup member would like to communicate with the rest of the Workgroup, they should send the project team an email for distribution to the larger group.
- **Externally:** Participants of the Workgroup should not represent themselves as speaking for the Workgroup unless directed to do so. This working rule in no way restricts individual participants, in their capacity as citizens, from interacting with elected officials, the media, or community organizations.



Statewide Standards & Guidance Workgroup Level-Setting

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 Purpose, Scope, and Limitations

AB988 Recommendation Areas

- (1) Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards.
- (2) Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.
- (5) Compliance with state technology requirements or guidelines for the operation of 988.

AB988 Recommendation Area

- (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

Our Charge: What California-specific standards or guidelines for 988 Call Centers would support statewide access to a comprehensive 988 system for ALL Californians?



Workgroup 2: Future Meeting Topics

From the AB988 Legislation, we know we need to discuss California-specific 988 Call Center standards/guidance related to:

- Infrastructure
- Staffing
- Training

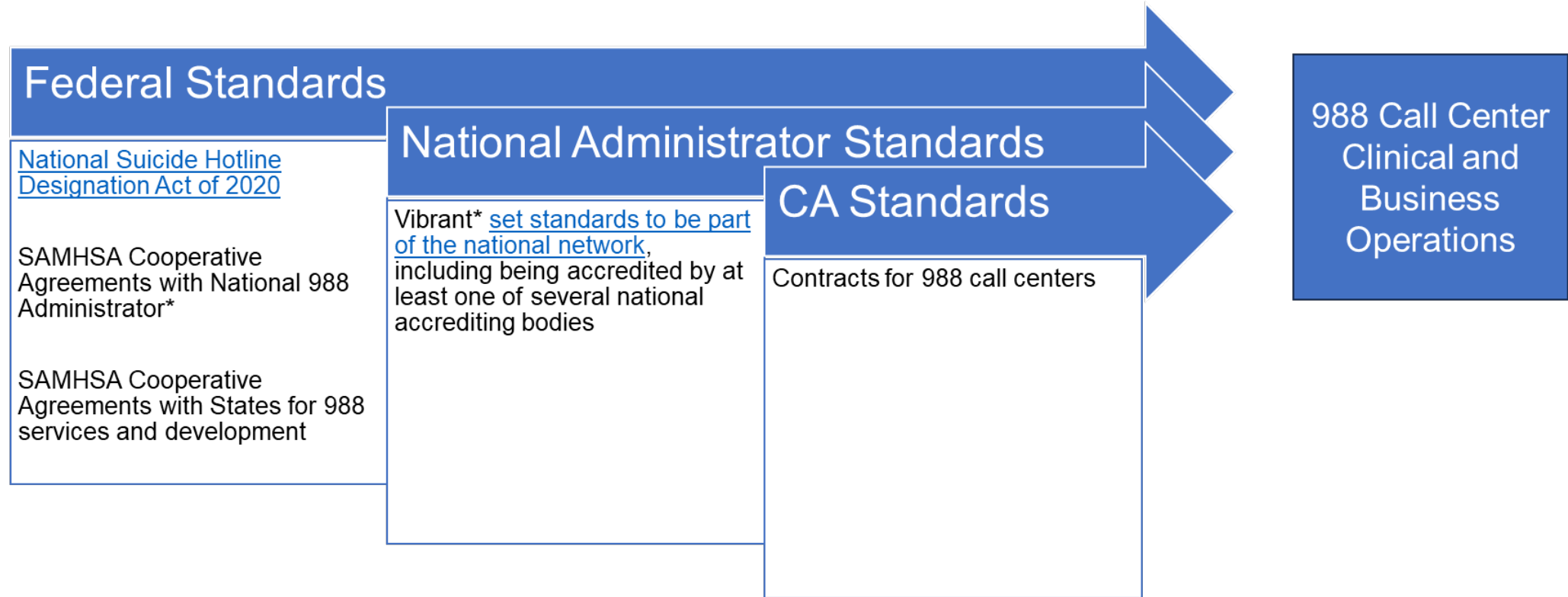
Additional areas for discussion – and more specific topics that will fall under those outlined above – will be informed by our discussion today.

Some *Possible* Areas for Recommendations

- Key considerations
- Guidance to inform policies
- Needed resources
- Potential barriers to anticipate

Current Standards Overview – 988 Call Centers

Context setting – the current landscape of standards for CA 988 Centers



**Note: We recognize that there is an ongoing standards review process being conducted by SAMHSA that will impact what is required of the national administrator and thus ultimately 988 call centers.*

Current Accreditation Standards Utilized in CA (1)

Currently, all California 988 Call Centers are accredited by the American Association of Suicidology (several call centers are accredited by other bodies as well).

American Association of Suicidology Standard Categories

<i>Sections</i>	<i>Components</i>
Area 1: Administrative and Operational Structure	Component 1: Governance Component 2: Program Management Component 3: Accountability Component 4: Physical Plant Component 5: Technology Component 6: Cultural Competence
Area 2: Screening, Training and Monitoring of Crisis Workers	Component 1: Screening Component 2: Planned Curriculum Objectives, Content and Bibliography Component 3: Planned Curriculum Methodology Component 4: Pre- and Post-Evaluation of Trainees Component 5: Qualification of Trainers Component 6: Monitoring Crisis Workers
Area 3: General Service Delivery	Component 1: Telephone Response Component 2: Walk-in Service Component 3: Outreach Services (Mobile Crisis Outreach Team) Component 4: Follow-Up Component 5: Record Keeping Component 6: Internet Services (Online Emotional Support)

Current Accreditation Standards Utilized in CA (2)

American Association of Suicidology Standard Categories (Continued)

Sections	Components
Area 4: Services in Life-threatening Crises	Component 1: Lethality Assessment Component 2: Rescue Services Component 3: Victims of Violence or Traumatic Death Services Component 4: Suicide Survivor Services Component 5: Community Education
Area 5: Ethical Standards and Practice	Component 1: Code of Ethics Component 2: Records Security Component 3: Confidentiality Component 4: Rescue Policies and Ethics Component 5: Advertising and Promotional Methods
Area 6: Community Integration	Component 1: Consumers Component 2: Emergency Resources Component 3: Resource Data Component 4: Resource Collaboration
Area 7: Program Evaluation	Component 1: Evaluation Planning Component 2: Outcome Measures and Objectives Component 3: Evaluation Content and Scope Component 4: Implementation



Discussion and Active Listening

Discussion Preview

- **Beginning our conversation and informing our future work together....**
 - Given that all the CA 988 Call Centers are using the American Association of Suicidology standards, consider using that as a basis for exploring where we need to go with standards for CA 988 centers – to address the needs of ALL Californians.
- **Discussions 1 – 3: Staffing, Training, Infrastructure**
 - What might be missing from the standards to ensure a crisis response for all Californians and their diverse needs?
 - Are there standards areas where additional clarification or detail would be valuable?
 - What do we need to think about from a person and family-centered perspective?
- **Discussion 4:**
 - Is there anything else that we (as a workgroup) need to inform our discussions?
 - What else is on your mind that we need to consider for our work going forward?



Note: This discussion will inform the topics that the workgroup will explore further in subsequent meetings, as well as what additional research and data gathering HMA will conduct.

Discussion #1 - Staffing

- **What might be missing from the standards to ensure a crisis response for all Californians and their diverse needs?**
- **Are there standards areas where additional clarification or detail would be valuable?**
- **What do we need to think about from a person and family-centered perspective?**

Discussion #2 - Training

- **What might be missing from the standards to ensure a crisis response for all Californians and their diverse needs?**
- **Are there standards areas where additional clarification or detail would be valuable?**
- **What do we need to think about from a person and family-centered perspective?**

Discussion #3 – Infrastructure

- **What might be missing from the standards to ensure a crisis response for all Californians and their diverse needs?**
- **Are there standards areas where additional clarification or detail would be valuable?**
- **What do we need to think about from a person and family-centered perspective?**

Discussion #4

- **Is there anything else that we (as a workgroup) need to inform our discussions?**
- **What else is on your mind that we need to consider for our work going forward?**



Public Comment Period

Public Comment Guidelines

- All comments—whether written or spoken—will be shared with the Workgroup in the meeting minutes.
- 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.
- Each speaker is allocated 2 minutes to speak unless adjusted by the meeting facilitator.
- A speaker may not share or relinquish any remaining time they have not used to another speaker.
- Speakers may share one time during the public comment period.
- If time in the agenda remains after all individuals who signed up to speak have been called, the facilitator may invite other members of the public to raise their hand to speak. The facilitator will call individuals in the order they raise their hand.
- Speakers shall be civil and courteous in their language and presentation. Insults, profanity, use of vulgar language, or gestures or other inappropriate behavior are not allowed.
- Speakers should not ask questions of Workgroup members or ask Workgroup members to respond to their comments directly.

Public Comment Sign-Ups

1. Emily Wu Truong



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](#)
- Next Meeting of the Workgroup: February 27, 1:00 – 3:00pm PT.



Adjourn



Appendix

Appendix: AB 988 Workgroups

AB 988 Workgroups

#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

Appendix: 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.

Appendix: 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

Appendix: 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

Appendix: 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.

Appendix: 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.

Appendix: 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)