



California Health and Human Services Agency (CalHHS)
Workgroup 2: 988-Crisis Statewide Standards & Guidance
Meeting Minutes
February 2, 2024
Virtual Meeting

Meeting Materials and Recording are available on the [988-Crisis Policy Advisory Group website](#)
Public Zoom chat from the meeting is included as an Appendix to this file.

For additional information and resources, please see the following sites:

- [CalHHS Behavioral Health Crisis Care Continuum Plan \(CCC-P\)](#)
- [Presentation on the CCC-P](#) from February 16th, 2023 by Stephanie Welch, the Deputy Secretary of Behavioral Health at CalHHS. (Note: Stephanie's presentation begins at 54:03 and ends at 1:30:30. The Q&A extends until 1:46:30.)
- [988-Crisis Policy Advisory Group Meeting Summary](#) for December 13th, 2023

Workgroup Members in Attendance:

- Alec Smith, Department of Healthcare Services
- Angela Vazquez, The Children's Partnership
- Dr. Anh Thu Bui, CalHHS
- Astin Williams, Health Access California
- Brenda Grealish, Council on Criminal Justice and Behavioral Health (CCJBH)
- Casey Heinzen, Department of Healthcare Services Catherine Hess, California Department of Public Health
- 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
- Tara Gamboa Eastman, Steinberg Institute
- Van Hedwall, San Francisco Suicide Prevention/Felton Institute

Welcome and Introduction

Rob Muschler, Senior Consultant, Health Management Associates, opened the meeting and explained that this is the Statewide Standards & Guidance Workgroup. He thanked workgroup members and members of the public for joining and provided an overview of Zoom functionality. He then overviewed the meeting objectives and agenda, followed by the Policy Advisory Group and Standards & Guidance Workgroup membership. He also invited members of the public to sign up for the public comment period and discussed the meeting code of conduct. All workgroup members in attendance introduced themselves via chat.

Level Setting on AB-988 and Workgroups

Dr. Anh Thu Bui, Project Director, 988-Crisis Care Continuum, California Health and Human Services Agency provided background on the project.

- The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022. It creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month.
- Requires the California Office of Emergency Services (CalOES) to convene a [988 Technical Advisory Board](#), which has been meeting over the past year and is focused on interoperability between 988, 911, and behavioral health crisis services. The Technical Advisory Board is focused on technology standards.
- CalHHS is required by AB 988 to convene a 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, that is responsive to all Californians needs. 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](#).
- The Policy Advisory Group will meet six times between February and November 2024.

- CalHHS is expecting a draft implementation plan by September 2024, a public review and comment in October, and a final report presented to the state legislature in December 2024.
- CalHHS is required to report progress on the implementation plan annually to state legislature for five years. This requires an operationalizable plan with goals and data reports that would demonstrate progress over time.
- Technology and policy intersect, and the two advisory groups (CalOES Technical Advisory Board and 988-Crisis Policy Advisory Group) share common goals; there is progress in moving toward a California-specific technology platform for 988
- Supporting the work of the Policy Advisory Group are six workgroups which will be convened to do a deep dive into the content and provide recommendations back to the policy group. Workgroup members will provide expertise and share examples of local, innovative solutions that may be scalable. The workgroups will be sequenced, with three spanning January–April and the remaining three meeting monthly from May–August.
- CalHHS will coordinate and synthesize the work with state partners to develop an actionable plan.
- There are several ways that statewide collaboration will occur, including individualized opportunities, including surveys, focus groups, interviews, and research/data.
- Priority populations for outreach and engagement include: justice-involved populations, BIPOC, LGBTQ+, tribal communities, children and youth, peers, disability rights representatives, families, and others.

Rob Muschler provided additional detail regarding the workgroup process.

- Each workgroup will include members from the Policy Advisory Group and other stakeholders who respond to a call to participate. Each workgroup will also include stakeholders with professional expertise; knowledge of/experience with a particular community or population; diversity in race, ethnicity, gender, disability status, geographic representation; AND Lived experience.
- Workgroup members should make an effort to attend the meetings; meeting attendance supports the continuity of conversations and the building of collaborative relationships.
- Like the 988-Crisis Policy Advisory Group, the workgroups are subject to the requirements of the [Bagley-Keene Open Meeting Act](#).

Level Setting on Statewide Standards & Guidance Workgroup

Rob Muschler provided an overview of the Required Recommendations Areas outlined in the AB 988 legislation that would be the focus of this workgroup's efforts. Recommendation areas are 1, 2, 3, and 5. It was noted, however, that the primary focus of this group would be recommendation area 3, which reads, *"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."* He further added that the focus is on California-specific standards and guidance, in recognition of the fact that Federal and National Administrator requirements will continue to apply to Call Centers. Rob explained that today's discussion would be used to identify topics of discussion for future workgroup meetings. Lastly, he noted possible areas for recommendation.

Allie Franklin, Principal, Health Management Associates, provided a brief overview of applicable standards and guidelines that govern the clinical and business operations of California 988 Call Centers. She first highlighted the National Suicide Hotline Designation Act of 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) Cooperative Agreement with the National 988 Administrator, and the SAMHSA Cooperative Agreements with States that make up the federal standards. Allie then went on to discuss the National 988 Administrator, Vibrant Emotional Health (Vibrant), and the requirements for 988 Call Centers to participate in the national network. She noted that Vibrant requires accreditation by at [least one of several national accrediting bodies](#), including the American Association of Suicidology (AAS), which all California 988 Call Centers are currently accredited by. Lastly, Allie noted that 988 Call Centers are contracted by the State of California, which stipulate additional requirements. Allie acknowledged that there is an ongoing standards review process being conducted by SAMHSA which will impact what is required of the National 988 Administrator (Vibrant), and ultimately the 988 Call Centers. Dr. Anh Thu Bui underscored that SAMHSA would release updated national standards shortly that can be used to inform our work. She added that Vibrant is also releasing new standards and related trainings to support 988 Call Centers, such as additional trainings on mental health and substance use. Lastly, she noted that the state contracts will expire shortly, and so this workgroup might consider the standards in those contracts and whether we might recommend their continuation.

Allie again noted that California 988 Call Centers are all currently accredited by AAS. She then briefly overviewed the standard sections and sub-components of AAS accreditation.

Discussion

Rob Muschler provided a brief overview of the discussion questions (below), noting that each would be asked for the areas identified in 988 Recommendation Area 3, namely, staffing, training, and 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?

Rob then asked workgroup members for their input.

- A workgroup member commented on the use of non-medical staff and volunteers, and the need to maintain quality standards, beyond just how often and how quickly are calls being answered. The member added a desire to better understand the current standards and trainings, as well as quality oversight and how that is being conducted. Another member seconded a focus on outcomes, accountability, and transparency and highlighted the challenge of aligning standards across various systems that are now coming into contact through 988.
- In response to the previous comments, another workgroup member noted that Call Centers are becoming less reliant on volunteers, but also referenced research by Dr. Madelyn Gould which showed that volunteers are just as competent as clinical staff when given the proper training and support. She added that volunteers often provided a lived experience perspective as well.
- A workgroup member flagged the importance of supporting the wellness of volunteers and others doing this work, given how challenging and traumatic it can be at times. Another workgroup member commented on reducing the reliance on volunteers and compensating individuals for their labor.
- This workgroup member also highlighted the importance of creating career pathways for volunteers and peers to becoming a part of the professional

mental health workforce. Another member noted a desire to talk about peer support and, more specifically, Medi-Cal certified peer support in these discussions.

- A member expressed a desire to “dispel myths” and help the group better understand the work that Call Centers have been doing for decades as well as the applicable education, training, and quality improvement/ quality assurance standards that are already in place.
- Transitioning to the training-focused questions, a member commented they would appreciate having a better understanding of all that 988 Call Centers do currently, and what they’re now being asked to do (including new tasks and necessary competencies). The member specifically noted expanding from suicide prevention to now including mental health, substance use, mobile crisis response, etc. Members agreed, noting that while this expanded role has been discussed, it hasn’t been clearly defined, which would be important to inform staffing and training standards. Also important in determining how the 988 service is promoted to the public. Rob noted that the group might not be able to fully define future expectations, but that the recommendation could be that additional clarity is required regarding what Calls Centers are now being expected to address.
- A member added that there is an opportunity deflect calls/engagement with the justice system, but that it would be important to understand how to handle calls and when justice involvement might be required.
- Dr. Bui noted that the State of California invested \$20M in initial implementation of 988, and some of the grant requirements include additional training for 988 centers above minimum national standards. Training requirements include trauma-informed care, substance use disorders and behavioral health crises, culturally and linguistically responsive care, access for persons with disabilities, ADA compliance, HIPAA and privacy consent, and referrals to resources.
- Rob Muschler then transitioned the discussion to focus on infrastructure. He noted that the California Office of Emergency Services is leading the technology-development work, and that a Technical Advisory Board has been established to provide recommendations.

- A workgroup member noted that with the introduction of 988, there is a hope that there will be a reduction in calls to 911. The member noted that there are currently 12 call centers but that with the anticipated increase in call volume, more might be needed. The member also wondered if we might take advantage of the county access line infrastructure, and what would be required for them to meet federal requirements to join the national network.
- A member commented on the need to better scope what we're discussing related to infrastructure. They also added it cannot be assumed that just because someone works in the mental health space, they know how to address crisis. Another member added that most clinicians don't have the training and confidence needed to work in suicide prevention. It was also noted that many mental health providers are not trained in substance use services.
- A member commented that there are no representatives of the disabled community included on the workgroup, which is an important perspective as we think about technology infrastructure. Rob noted the presence of an Accessibility/Equitable Access Workgroup, which is a part of the Technical Advisory Board, which has strong representation from the disability community.
- A member noted the large number of trainings provided to Crisis Center peers and volunteers, adding that it was more than they received as a clinician. The member offered to provide an overview of current Call Center trainings and oversight at an upcoming meeting. They also mentioned that previously Call Centers were able to sign off on hours for post-graduate clinicians, but that this is no longer allowed (as of last January). The Call Center Consortium is going to try and address this. In response, another member commented that they were less interested in practice, and more so the policy. They continued, noting that the goal is to establish standards that will serve as a minimum for all Call Centers. It would be good to understand the exceptional things that Call Centers are doing, however, that should be captured in the standards.
- A member noted the need to recognize and address training and accountability around implicit bias in the 988 system, given that decisions could influence whether an individual receives care in the community or interacts with the justice system. This was seconded by another member, who added that we need to consider communities who have been negatively impacted, such as the disability community, LGBTQIA+, BIPOC,

amongst others to ensure that the system does meet the needs of all Californians.

- A member commented that it would be valuable to share what is required by Vibrant, but also other trainings that they make available. Dr. Bui noted that there is not transparency between Vibrant and states regarding the content of the requirements, but that there is a State Affinity Workgroup discussing this topic and that Vibrant is creating a resource library to communicate some of this information. She noted that the project team will work to bring this information back to the Workgroup.

Public Comment Period

Rob Muschler shared instructions for how to make public comment and said that comments can also be submitted at any time via email at

AB988Info@chhs.ca.gov

A member of the public spoke about their experience trying to navigate the 988 system and the difficulty attaining a patient's rights advocate to acknowledge the trauma they experienced and attribute to an interaction with the 988 system. They spoke to a connection between the 988 system and an increase in psychiatric detentions/5150 holds.

Meeting Wrap-Up and Next Steps

Rob Muschler shared that materials for this meeting would be uploaded to the CalHHS website on the 988-Policy Advisory Group webpage. He added that materials for review would be distributed in advance of the next meeting, which will be held on February 27 from 1:00 – 3:00pm PT.

APPENDIX I: PUBLIC ZOOM CHAT

00:28:45 Betsy Uhrman: More on the 988-Crisis Policy Advisory Group is available here: <https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/>

00:29:35 Betsy Uhrman: To sign up for public comment, please send a message to Devon Schechinger.

00:29:52 Betsy Uhrman: You may email your written comment to the project email address: AB988Info@chhs.ca.gov

00:31:41 Tara Gamboa-Eastman: Tara Gamboa-Eastman, Steinberg Institute sponsor of AB 988

00:32:10 Brenda Grealish, Council Criminal Justice and Behavioral Health:
Brenda Grealish, Council on Criminal Justice and Behavioral Health

00:32:26 Alec Smith: Alec Smith - Department of Health Care Services, 988 Unit

00:32:28 Mindy McFarland: Good morning, Mindy McFarland from Riverside County (RUHS-BH), representing for Diana Gutierrez. Work in Prevention and Early Intervention and help to support our suicide prevention strategic plan and suicide prevention coalition

00:32:43 Robert Harris (SEIUcalifornia he/him): Robert Harris - Seiu california - he/him

00:32:51 Casey Heinzen, CA DHCS: Casey Heinzen, Chief of the Community and Crisis Care Programs Branch in the Medi-Cal Behavioral Health Policy Division of the California Department of Health Care Services

00:32:53 Van Hedwall LMFT: Van Hedwall, Director of San Francisco Suicide Prevention

00:33:09 Angela Vázquez: Angela M. Vázquez, MSW - The Children's Partnership; Disabled, trauma survivor & close family member of someone with severe mental illness and addiction. My formal role is ensuring the health and well-being of children and youth from marginalized communities

00:33:15 Ruqayya Ahmad: hi everyone, Ruqayya Ahmad (she/her/hers), CPEHN, we work to ensure our communities have a voice in state policymaking

00:33:17 Shari Sinwelski: Shari Sinwelski, VP Crisis Care, Didi Hirsch Mental Health Services. Didi Hirsch operates one of our CA 988 centers. Personally, I have been working with suicide prevention crisis centers for 30 years, directing 3 centers that are now part of the Lifeline as well as Deputy Director of the National Suicide Prevention Lifeline.

00:33:29 Steve Diamond (He/Him): Steve Diamond, Program Director for

Buckelew Programs crisis line

00:33:40 Astin Williams, MPH (she/they): Astin Williams (She/they) Program Coordinator with the CA LGBTQ Health and Human Services Network. Speciality in working with LGBTQ communities of color.

00:34:34 Michelle Cabrera (she/her): Michelle Cabrera, Executive Director for the County Behavioral Health Directors Association. We represent the 58 counties and two city mental health authorities who manage the county behavioral health safety net for individuals with significant mental health and SUD needs. Two counties directly operate 988 call centers, and the vast majority provide funding to support 988 call centers and also manage/fund a wide range of other suicide prevention and crisis hot lines. Counties have also launched the new Medi-Cal mobile crisis benefit as of January 2024.

00:34:51 Betsy Uhrman, HMA (she/her): For reference, CalHHS 988 website: <https://www.chhs.ca.gov/988california/>

00:34:53 Matt Taylor (Didi Hirsch - 988): Matt Taylor (he/his), Program Director 988 Network, Didi Hirsch Mental Health Services

00:34:57 Betsy Uhrman, HMA (she/her): 988-Policy Advisory Group: <https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/>

00:36:28 Rob Muschler: If you're a member of the workgroup we'd appreciate you staying on camera!

00:39:41 Rob Muschler: If you are a member of the public and would like to make a comment during the public comment period, please sign up with Devon Schechinger by 12:30pm.

00:42:18 Robert Harris (SEIUcalifornia he/him): Will you mail out the slide deck?

00:42:49 lei portugal calloway, CMPSS, Peer Team Lead: Good morning, Lei Portugal Calloway CMPSS, here to advocate for impactful and vibrant peer services participation in all areas of Crisis Care Continuum.

00:43:13 Betsy Uhrman, HMA (she/her): Replying to "Will you mail out th..."

Thank you for your question. The slide deck, recording, and meeting summary will be available on the 988-Policy Advisory Group website next week.

00:43:35 Robert Harris (SEIUcalifornia he/him): Replying to "Will you mail out th..."

00:44:57 Liseanne Wick: Liseanne Wick, Director of WellSpace Health Suicide Prevention & 988 Crisis Center services. Just celebrated 20 year

anniversary @WellSpace in this program. Spent several years on the Lifeline STP Committee- Standards, Trainings, & Practices as a content expert. Also content expert for CA POST academy training for PSAP's on suicide prevention training. Also come as a survivor of suicide loss.

00:50:25 Betsy Uhrman, HMA (she/her):Linked in the PPT slide: National Suicide Hotline Designation Act of 2020: <https://www.congress.gov/bill/116th-congress/senate-bill/2661>

00:50:36 Betsy Uhrman, HMA (she/her):Vibrant standards: <https://988lifeline.org/wp-content/uploads/2023/02/988-Suicide-Crisis-Lifeline-Minimum-Standards-for-crisis-contact-centers-applying-to-join-the-988-network-January-2022-v2.pdf>

00:55:29 Betsy Uhrman, HMA (she/her):AAS (as reference): 13th-EditionFeb-2019-1.pdf (suicidology.org)

00:55:35 Emily Wu Truong: Thank you for the links.

This is Emily Wu Truong #LadyInGreen #ModernDayHippie Former representative of the California Mental Health Movement "Each Mind Matters." I have 2 national speaking engagements recently in the past 6 months & was a guest lecturer for Yale this past month.

Here is the recording of my last speaking engagement with the Wildflowers Alliance (based in Massachusetts). Over 380 people signed up for this webinar. <https://www.youtube.com/watch?v=s84ysd8kB5Y&t=1669s>

00:56:05 Betsy Uhrman, HMA (she/her):<https://suicidology.org/wp-content/uploads/2019/06/13th-EditionFeb-2019-1.pdf>

00:58:21 Emily Wu Truong: I would like to make a public comment, Devon (sp?)

00:58:27 Betsy Uhrman, HMA (she/her):Thanks Emily. Noted.

00:58:32 Taylor (she/her) - StarVista Crisis Center: Replying to "https://suicidology...."

Hi Betsy, wanted to note I believe this information is now outdated as AAS is now using the 14th edition and some areas have changed.

00:58:51 Emily Wu Truong: Reacted to "Thanks Emily. Noted." with

00:59:05 Tara Gamboa-Eastman: Would it be possible to keep the standards up on the screen? Or to add them somewhere?

00:59:12 Betsy Uhrman, HMA (she/her):For the public comment: If people would like to send their comment via email, the address is

AB988Info@chhs.ca.gov

00:59:25 Betsy Uhrman, HMA (she/her):Replying to "Would it be possible..."

Standards are available here. <https://suicidology.org/wp-content/uploads/2019/06/13th-EditionFeb-2019-1.pdf>

01:00:01 Tara Gamboa-Eastman: Replying to "Would it be possible..."
Thank you!

01:00:08 Taylor (she/her) - StarVista Crisis Center: Hello, wanted to note I believe the AAS information is now outdated as AAS is now using the 14th edition and some areas have changed.

01:00:20 Rob Muschler: Reacted to "Hello, wanted to not..." with

01:00:37 Betsy Uhrman, HMA (she/her): 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?

01:01:01 Allie Franklin: Thank you, Taylor.

01:02:44 Betsy Uhrman, HMA (she/her): Order of Workgroup member speakers (raised hands): Tara then Shari

01:04:26 Liseanne Wick: Vibrant has a required standard training program that all staff are required to take- in addition to what the crisis centers have. The standards are high and quality assurance is measured at all centers by the center as well as by Vibrant.

01:04:59 Michelle Cabrera (she/her): Would be great if we could know the proportion of volunteers vs paid staff

01:05:04 Michelle Cabrera (she/her): and clinical vs non

01:05:23 Contra Costa Crisis Center Meeting Host: Varies from center to center.

01:05:31 Emily Wu Truong: Reacted to "Varies from center t..." with

01:05:41 Michelle Cabrera (she/her): Not saying that volunteers are inherently bad - depends on the quality oversight AND the functions that we're assigning to them

01:05:48 Contra Costa Crisis Center Meeting Host: Some CA centers do not have any volunteers.

01:06:07 Emily Wu Truong: Not every volunteer is qualified to do this very specific task

01:06:11 Steve Diamond (He/Him): Just a quick note: centers can't maintain accreditation without maintaining quality standards and that

includes oversight

01:06:16 Michelle Cabrera (she/her): For example, we in county BH believe it's important for clinicians to be involved in certain tasks

01:06:22 Michelle Cabrera (she/her): Reacted to "Not every volunteer ..." with thumbs up emoji

01:06:27 Michelle Cabrera (she/her): Reacted to "Some CA centers do n..." with thumbs up emoji

01:06:36 Steve Diamond (He/Him): It sounds like there is some confusion about accreditation and oversight, and those things are not mutually exclusive

01:06:44 Liseanne Wick: Volunteers go through screening and training just like employees.

01:06:48 Michelle Cabrera (she/her): Replying to "Just a quick note: c..."

My comment was that it would be helpful to understand what the oversight includes

01:06:51 Emily Wu Truong: I would not rely on volunteers with very limited training.

01:06:53 Van Hedwall LMFT: Please know volunteers have continual oversight by staff and supervisors, including call monitoring!

01:07:18 Contra Costa Crisis Center Meeting Host: Volunteers and professional staff receive the same training.

01:07:19 Shari Sinwelski: Curious, Michelle, what tasks are important to the counties, in terms of those that might be important for clinicians?

01:07:39 Emily Wu Truong: I suffered burnout even as a volunteer, and it was not sustainable.

01:08:01 Emily Wu Truong: The system used me as a token Asian.

01:08:01 Betsy Uhrman, HMA (she/her): Raised hands order: Angela, then Lei

01:09:24 Steve Diamond (He/Him): Self-care, professionalism, and boundaries are topics that are part of the training, and there are coordinators and supervisors meeting with staff and volunteers regularly, just so folks are aware

01:09:33 Emily Wu Truong: I have many lived experiences as part of an underserved BIPOC community.

01:09:39 Astin Williams, MPH (she/they): Yes Angela!

01:10:01 Michelle Cabrera (she/her): Replying to "Self-care, professio..."

Thanks Steve! Would be great for this group to understand those required

elements more concretely.

01:10:15 Emily Wu Truong: The burnout is real. I was not financially compensated for my work with CalMHSA and LACDMH.

01:10:28 Ruqayya Ahmad: completely agree, Angela

01:10:34 Taylor (she/her) – StarVista Crisis Center: Reacted to "Self-care, professio..." with

01:11:35 Justin Letsinger: Raised hand: Liseanne following Lei

01:11:40 Ruqayya Ahmad: Reacted to "Thanks Steve! Would ..." with

01:12:13 Angela Vázquez: Reacted to "The burnout is real..." with

01:12:20 Angela Vázquez: Reacted to "I have many lived ex..." with

01:14:25 Emily Wu Truong: I agree about peer support. Thank you for bringing that topic up.

01:14:31 Betsy Uhrman, HMA (she/her): 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?

01:16:40 Shari Sinwelski: Wellness is so important. Vibrant has a Wellness team that provides assistance to centers in developing wellness programs and supporting their counselors. Recently Didi Hirsch has hired a Wellness Coordinator who is developing a Wellness plan for our teams. We should be considering Wellness for all of our statewide centers.

01:18:13 Justin Letsinger: Raised hands order: Michelle Cabrera, Shari Sinwelski, Brenda Grealish

01:18:15 Contra Costa Crisis Center Meeting Host: I would agree that education will be key to inform everyone on what crisis centers have been doing for decades.

01:18:53 Taylor (she/her) – StarVista Crisis Center: Replying to "Wellness is so impor..."

Yes! Also many centers, like ours, have internal support groups and emotional support structures to support staff and volunteers wellbeing.

01:19:11 Liseanne Wick: Reacted to "I would agree that e..." with

01:23:43 Van Hedwall LMFT: It might help that non Crisis Center folks get an overview of what we actually do, seems to be a lack of knowledge of what

Crisis Centers are already trained to do with oversight and support.

01:23:51 Steve Diamond (He/Him): Reacted to "It might help that n..." with

01:24:01 Emily Wu Truong: Were these discussions made before 988 got rolled out?

01:24:13 Astin Williams, MPH (she/they): Reacted to "It might help that n..." with

01:24:20 Ruqayya Ahmad: Reacted to "It might help that n..." with

01:24:26 Taylor (she/her) – StarVista Crisis Center: Reacted to "It might help that n..." with

01:24:31 Emily Wu Truong: Was there a rush for 988 to be rolled out without doing a pilot?

01:24:46 Michelle Cabrera (she/her): Replying to "It might help that n..."
Yes, that's what I'm hoping we can walk through as a part of this

01:25:04 Emily Wu Truong: 988 has traumatized me greatly.

01:25:26 Betsy Uhrman, HMA (she/her): 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?

01:25:53 Van Hedwall LMFT: Emily The National Lifeline has been around for 15-20 years.... Is now called 988.....same thing, all crisis centers have been answering this line for a very long time

01:26:10 Emily Wu Truong: Please have the crisis counselors trained in the medi-cal peer support trainings.

01:26:18 Angela Vázquez: Reacted to "Please have the cris..." with

01:26:20 Ruqayya Ahmad: Reacted to "Please have the cris..." with

01:26:57 Emily Wu Truong: Reacted to "Emily The National L..." with

01:29:02 Shari Sinwelski: 100% Michelle! Most clinicians don't have training or confidence in doing work in suicide prevention/crisis intervention

01:29:11 Taylor (she/her) – StarVista Crisis Center: Reacted to "100% Michelle! Most..." with

01:29:27 Emily Wu Truong: Reacted to "100% Michelle! Most..." with thumbs up emoji

01:29:45 Emily Wu Truong: Reacted to "100% Michelle! Most..." with thumbs up emoji

01:29:53 Emily Wu Truong: I agree!

01:30:05 Steve Diamond (He/Him): It's ongoing training, support, experience, and debriefing that makes the difference. There's not one set curriculum or class that will make someone an expert in suicide prevention

01:30:18 Taylor (she/her) - StarVista Crisis Center: Replying to "100% Michelle! Most..."

Agreed! We have a large number of calls into our services that are specifically clinicians asking for clinical consultation and support on navigating suicidality with clients.

01:31:21 Michelle Cabrera (she/her): +1 on Robert's flag on people with disabilities

01:31:29 Astin Williams, MPH (she/they): Yes Robert Thank you!

01:31:40 Emily Wu Truong: Emily's Each Mind Matters Recovery Story Video from 2014: <https://youtu.be/kcBw53dSp2c>

I did 2 PSA videos for LACDMH:

English: <https://youtu.be/YL2LXuF2ti8>

Mandarin Chinese PSA: <https://youtu.be/hUQXXpTRXko>

01:32:15 Ali Vangrow (she/her)- CalHHS: that is part of the CalOES Technical Advisory Board

01:32:29 Rob Muschler: Reacted to "that is part of the ..." with

01:32:30 Emily Wu Truong: Peer support is crucial for national suicide lifeline and in response to mental health mobile crisis teams.

01:32:37 Michelle Cabrera (she/her): Who are you with Van?

01:32:49 Astin Williams, MPH (she/they): These things are intersectional. As everything. Would still love to have those conversations here.

01:33:25 Betsy Uhrman, HMA (she/her): Replying to "Who are you with Van..."
Van Hedwall, San Francisco Suicide Prevention/Felton Institute

01:34:20 Emily Wu Truong: Replying to "Emily's Each Mind Ma..."

I did these videos for free. Did not get compensated for doing this video for CalMHSA & LACDMH in 2014.

01:34:27 Steve Diamond (He/Him): Also, many people who go into the psychology field start as folks with personal experiences themselves or in their immediate families related to mental health, substance use, disability, etc.

01:35:15 Emily Wu Truong: Replying to "Please have the cris..."

These training are available, even by SHARE!

01:35:22 Emily Wu Truong: Replying to "Please have the cris..."

PRPSN

01:35:38 Emily Wu Truong: Replying to "Please have the cris..."
Jumpstart by Mental Health America of Los Angeles

01:35:43 Emily Wu Truong: Replying to "Please have the cris..."
Painted Brain

01:35:57 Emily Wu Truong: Replying to "Please have the cris..."
Parents Anonymous

01:36:46 Liseanne Wick: Thank you Michelle, we do have amazing CA
crisis Centers!

01:37:08 Emily Wu Truong: Replying to "Also, many people wh..."
I would go into the field, but high education is expensive!!!

01:37:18 Michelle Cabrera (she/her): Reacted to "Thank you Michelle, ..."
with heart emoji

01:37:27 Emily Wu Truong: Replying to "Also, many people wh..."
I've been facilitating support groups since 2016 with NAMI.

01:38:10 Emily Wu Truong: Replying to "Thank you Michelle, ..."
Is there a representative from WellSpace Health here?

01:38:13 Tom Tamura: I would suggest approaching it the opposite way.
Understand what crisis centers are doing and then evaluate how it compares
with federal guidelines.

01:38:29 Liseanne Wick: 40-60 hours for each vol/staff just to start

01:38:49 Steve Diamond (He/Him): Replying to "Also, many people wh..."
Agreed that high education is really expensive. Seems almost impossible to do
it without loans with loan forgiveness or some other kind of financial support. It
would be nice if education was more affordable

01:38:52 Ruqayya Ahmad: level setting in this space would be helpful

01:38:56 Taylor (she/her) - StarVista Crisis Center: Reacted to "I would
suggest appr..." with thumbs up emoji

01:39:03 Taylor (she/her) - StarVista Crisis Center: Replying to "I would
suggest appr..."
Agreed.

01:40:05 Betsy Uhrman, HMA (she/her): Raised hand order: Angela, Shari, and
Dr. Bui

01:40:15 Emily Wu Truong: I know where to find a video training about
Unconscious Bias.

01:40:18 Justin Letsinger: Hands raised order: Shari Sinwelski, Anh Thu Bui,
Astin Williams

01:40:43 Matt Taylor (Didi Hirsch - 988): For the chat record, I want to

re-state a bit more info about 988's history and the assessment standards. Is it a new service? No.

The National Suicide Prevention Lifeline / 988 has been in existence for 18 years (since 2005). 988 is the repurposing of the Lifeline's 1-800# + texting to 988 is now enabled. Tens of millions of contacts have been answered.

The vast majority of contacts to 988 are successfully de-escalated so that no emergency intervention is needed. Nationally, it hovers around only 2% of all the millions of contacts need emergency intervention - and of that 2% most collaboratively agree that the emergency intervention is necessary. Unfortunately there are always some tragic circumstances where involuntary intervention occurs.

The high safety assessment standards / policy that all Lifeline Centers have to adhere to, at a minimum can be found here:

https://988lifeline.org/wp-content/uploads/2023/02/FINAL_988_Suicide_and_Crisis_Lifeline_Suicide_Safety_Policy_-3.pdf

01:40:46 Emily Wu Truong: Replying to "I know where to find..."

It's a training that was provided by LACDMH.

01:40:46 Liseanne Wick: Implicit bias and cultural competency training are currently required trainings.

01:41:02 Brenda Grealish, Council Criminal Justice and Behavioral Health: +
1 Angela: need to include implicit bias training as it is an important component to deflect from the CJ system

01:41:07 Taylor (she/her) - StarVista Crisis Center: Reacted to "For the chat record,..." with thumbs up emoji

01:41:17 Liseanne Wick: Reacted to "For the chat record,..." with heart emoji

01:41:29 Angela Vázquez: Reacted to "Implicit bias and cu..." with heart emoji

01:41:30 Brenda Grealish, Council Criminal Justice and Behavioral Health:
Reacted to "Implicit bias and cu..." with thumbs up emoji

01:42:10 Michelle Cabrera (she/her): Thank you Shari!

01:43:31 Liseanne Wick: that's good to hear, Anh Thu!

01:43:37 Betsy Uhrman, HMA (she/her): For members of the public: If you haven't already, but would like to make a public comment, please chat Devon

Schechinger. You can also send your comment directly to Devon or email AB988Info@chhs.ca.gov

01:43:54 Matt Taylor (Didi Hirsch - 988): In addition to the 988 Safety Assessment Standard that I just posted, here is a FAQ document about when 911 might be engaged from 988:

https://988lifeline.org/wp-content/uploads/2023/05/Why-might-the-988-Suicide-Crisis-Lifeline-utilize-any-sort-of-intervention-that-may-involve-police_.pdf

01:44:16 Shari Sinwelski: When those trainings were being developed, there were outlines created on the goals of each section. Perhaps we can get copies of those as well, Dr. Bui.

01:44:47 Michelle Cabrera (she/her): Thanks for affirming, Anh Thu! I do pride myself on being a fairly decent researcher ;) so good to hear that there's a reason I couldn't find what I was looking for and that there's an effort to improve transparency.

01:44:57 Shari Sinwelski: Otherwise without actually doing all of the trainings (which may be helpful for some to actually see them) we can have more details about what each sections includes.

01:45:02 Emily Wu Truong: I'm part of the marginalized communities.

01:45:13 Emily Wu Truong: I don't work for any agency.

01:45:16 Angela Vázquez: Reacted to "I don't work for any..." with heart emoji

01:45:21 Angela Vázquez: Reacted to "I'm part of the marg..." with heart emoji

01:45:52 Betsy Uhrman, HMA (she/her): Discussion prompts: 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?

01:45:55 Emily Wu Truong: I am not getting paid to be here.

01:46:15 Emily Wu Truong: When am I allowed to speak for public comment

01:46:37 Emily Wu Truong: No one else is speaking

01:47:04 Emily Wu Truong: I belong to marginalized communities.

01:47:51 Michelle Cabrera (she/her): Is anyone else hearing an echo?

01:47:57 Ruqayya Ahmad: Replying to "Is anyone else heari..."

yes, i hear it too

01:47:58 Emily Wu Truong: Reacted to "Is anyone else heari..." with thumbs up emoji

01:47:59 Brenda Grealish, Council Criminal Justice and Behavioral Health:
Yes, Michelle

01:48:04 Emily Wu Truong: Replying to "Is anyone else heari..."
it's very distracting

01:48:06 Robert Harris (SEIUcalifornia he/him): yes

01:49:33 Justin Letsinger: If you would like to send public comment via the project email address, please send it here: AB988Info@chhs.ca.gov

01:53:39 Betsy Uhrman, HMA (she/her): 988-Crisis Policy Advisory Group:
<https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/>

01:53:51 Steve Diamond (He/Him): Just as a note: 988 staff do not 5150 people over the phone. Would be very happy to provide education around who does.