



Workgroup 3: 988-911 BH Crisis Care Continuum Integration Workgroup

Meeting 1
January 31, 2024



Welcome

- ✓ Review Objectives and Meeting Agenda
- ✓ Public Comment Process

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 workgroups.
3. Confirm action items and next steps.
4. Hear public comment.

Agenda

- Review of Agenda and Session Objectives (5 minutes)
- Workgroup Self-Introductions (5 minutes)
- Overview of the Workgroup Process (10 minutes)
- Context Setting (15 minutes)
- Discussion (60 minutes)
- Public Comment Period (20 minutes)
- Closing and Next Steps (5 minutes)

Public Comment Overview

- 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 Brittany Thompson. Please let Brittany know by 1:30PM.
 - Each person will have 2 minutes to speak. If you have a condition that may require an accommodation (such as additional speaking time), please notify Brittany prior to the meeting 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 Brittany Thompson. We will save the chat and add your comment to the meeting minutes.

Workgroup Member Introductions

In the chat...

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



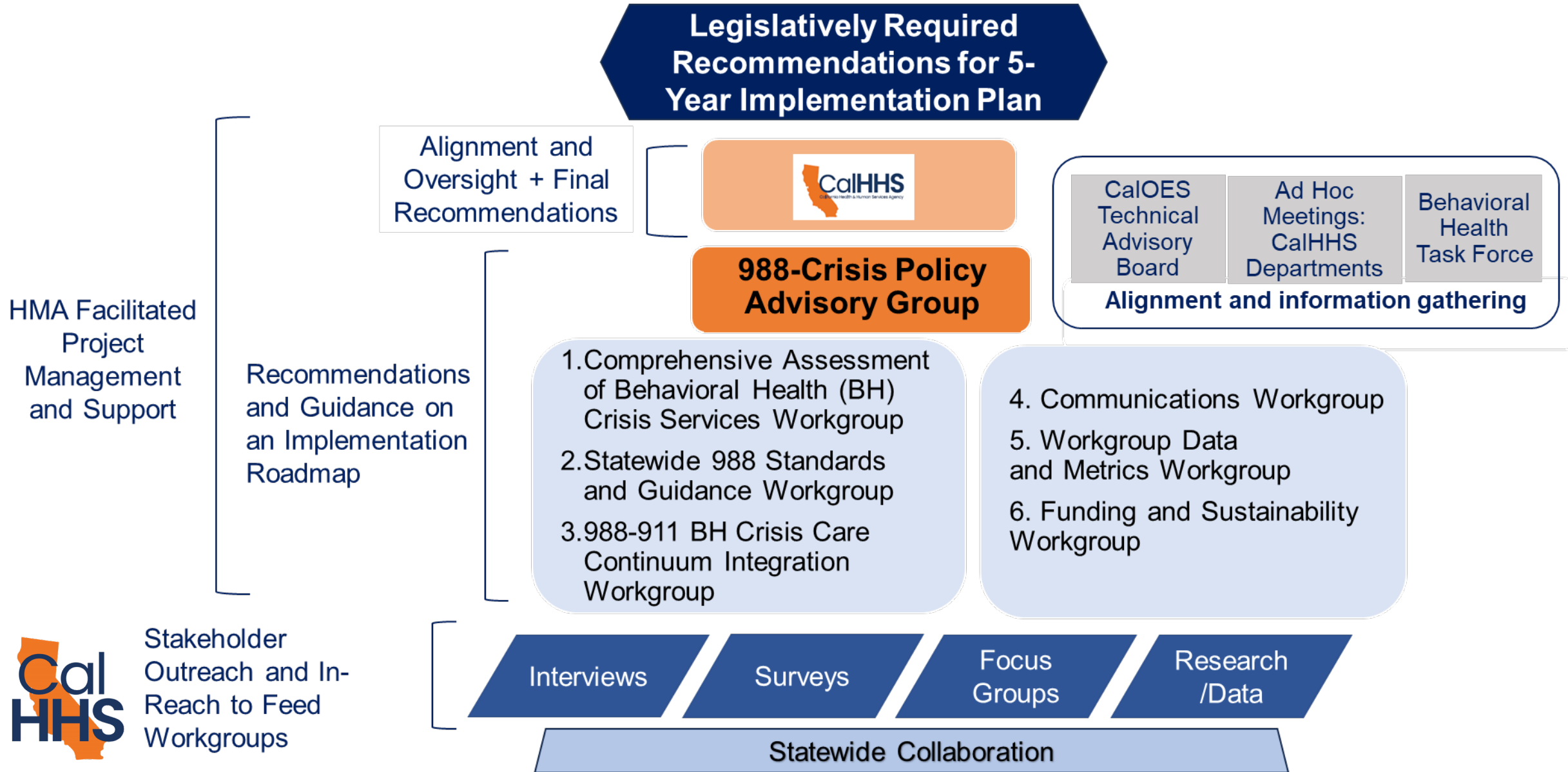
Context Setting

- ✓ Behavioral Health Crisis Care Continuum Plan
- ✓ 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

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#3 988-911 BH Crisis Care Continuum Integration Workgroup

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#5 Data and Metrics Workgroup

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#2 Statewide 988 Standards and Guidance Workgroup

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#4 Communications Workgroup

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#6 Funding and Sustainability Workgroup

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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 1: Comprehensive Assessment:
Understanding the Whole

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 Meeting Attendance

- Meeting attendance is critical to support the continuity of conversations and the building of collaborative relationships.
- Workgroup members should make every effort to attend the meetings.
- 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.



Workgroup 3: Level-Setting

Workgroup 3: 988/911 BH-CCC Integration (1)

- 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 3: Proposed Meeting Topics (1)

(Sequencing subject to change)

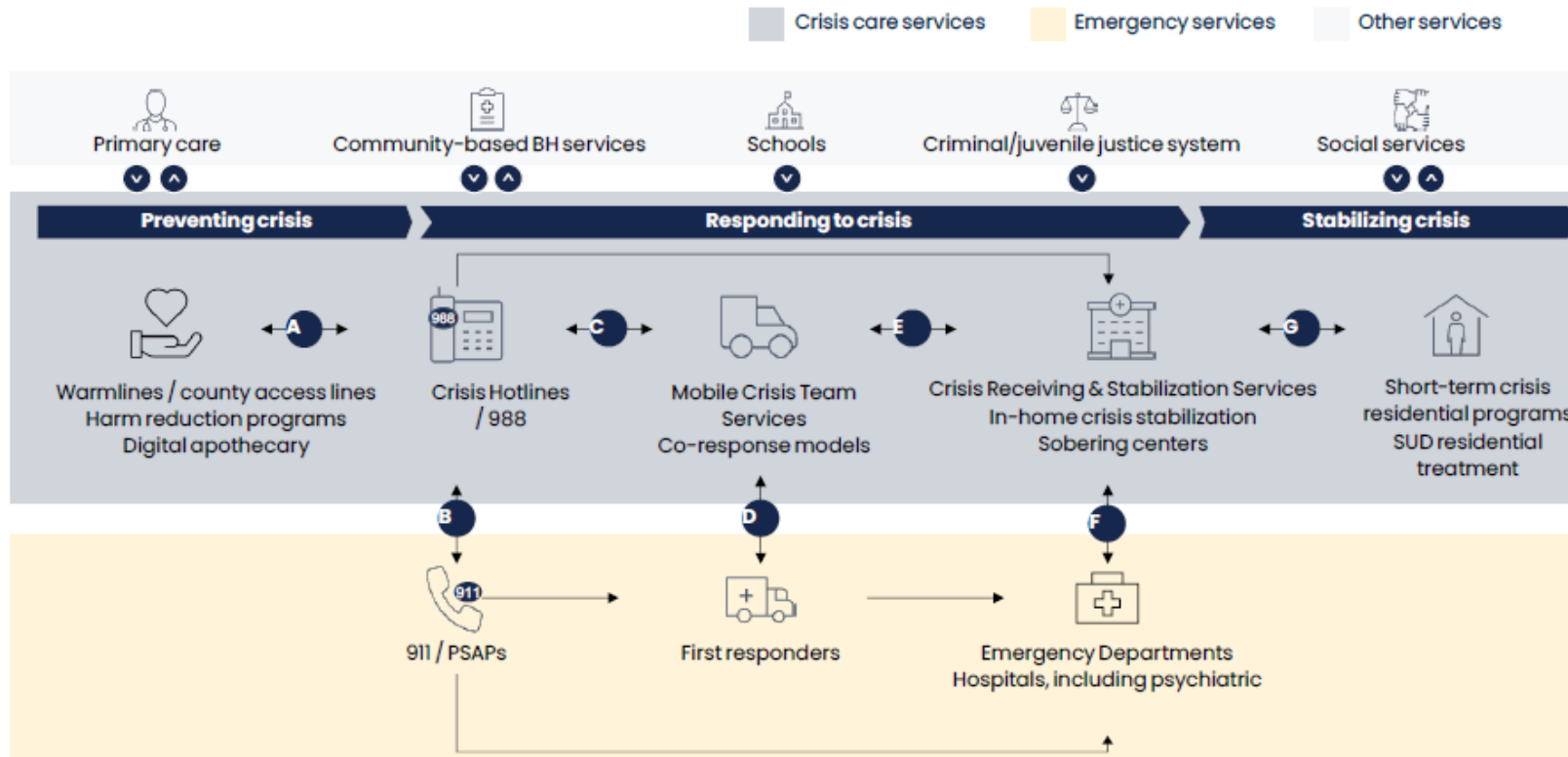
- **Meeting 1 (Jan):** Context Setting and Workgroup Scoping
- **Meeting 2 (Feb):** Recommendations for Community BH Crisis System Planning and Monitoring, including integrating other referral partners/community gatekeepers
- **Meeting 3 (March):** Recommendations for 911 and Emergency System Integration
- **Meeting 4 (April):** Recommendations for Mobile Crisis, Crisis Receiving and Stabilization, and Community Mental Health Integration

Example High-level “Integration” Concepts from CCCP

- Services for preventing crisis, responding to crisis, and stabilizing crisis are integrated, both within the safety net and across all payors and geographies.
- Un-siloed interventions that are responsive to suicide, mental health, and substance-use-related crises
- Consistent statewide access to services across the continuum and across geographies
- Standardized approaches and adequate resources for services across the continuum
- Consistent approach to coverage for public and private insurance
- Coordination across and outside the behavioral health continuum



Priority Transitions within the Continuum (CCC Plan)



Source: 988 Implementation Guidance Playbooks, SAMHSA National Guidelines for Crisis Care, DHCS, CalHHS, expert interviews

Seamless Coordination Within the BH Crisis Continuum

- Warmlines/County Access Lines and Hotlines/988
- Hotlines to 911/Emergency Services
- Hotlines to Mobile Crisis Response
- Mobile Crisis Teams to First Responders/Emergency Services
- Mobile Crisis Response to Crisis Receiving and Stabilization Services
- Emergency Services to Crisis Receiving and Stabilization Services
- Crisis Receiving and Stabilizing Services to Short-Term Residential Treatment Centers
- Acute Sites of Care to Outpatient and Recovery Support Services

Seamless Coordination Outside of the BH Crisis Continuum

Coordination between Mobile Crisis Response, Crisis Receiving and Stabilization Services and:

- Primary care
- Community behavioral health care
- Schools
- The Adult and Juvenile Justice Systems
- Social services



Proposed Approach to Workgroup 3

- ✓ **Partnerships within Crisis Systems and outside the Crisis System**
- ✓ **Areas for Specific recommendations**

Workgroup 3: 988/911 BH-CCC Integration (2)

- 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 3: Proposed Meeting Topics (2)

- **Meeting 1 (Jan):** Context Setting and Workgroup Scoping
- **Meeting 2 (Feb):** Recommendations for Community BH Crisis System Planning and Monitoring, including integrating other referral partners/community gatekeepers
- **Meeting 3 (March):** Recommendations for 911 and Emergency System Integration
- **Meeting 4 (April):** Recommendations for Mobile Crisis, Crisis Receiving and Stabilization, and Community Based Mental Health Integration

Proposed Areas for Workgroup Recommendations

- Shared standards and practices for triage, handoffs from 911 and 988 call centers, and access to crisis stabilization services
- 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
- Defined roles and responsibilities for providers across the continuum
- Common goals, protocols, and agreements for effective communication and coordination of services along the continuum of care
- Consistent quality standards and target outcomes
- Inclusive and culturally relevant population-based approach, especially for populations of focus
- Recommended resources and policy changes

Some *Possible* Areas for Recommendations

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

Discussion #1

- **What key considerations will be critical to our discussion of *Community BH Crisis System Planning and Monitoring including integrating other referral partners/community gatekeepers?***
- **Is there anything else that we (as a workgroup) need to inform that discussion?**
- **Are there existing methods or models that can be adapted to inform our work?**



Note: This discussion will inform future research, data gathering, and agenda setting by HMA

Discussion #2

- **What key considerations will be critical to our discussion of *recommendations for 911 and Emergency System Integration*?**
- **Is there anything else that we (as a workgroup) need to inform that discussion?**
- **Are there existing methods or models that can be adapted to inform our work?**



Note: This discussion will inform future research, data gathering, and agenda setting by HMA

Discussion #3

- **What key considerations will be critical to our discussion of *recommendations for Mobile Crisis, Crisis Receiving and Stabilization, and Community Based Mental Health Integration?***
- **Is there anything else that we (as a workgroup) need to inform that discussion?**
- **Are there existing methods or models that can be adapted to inform our work?**



Note: This discussion will inform future research, data gathering, and agenda setting by HMA

Discussion

What do we need to think about from a person and family-centered perspective?

Are there terms that could be defined to help our work?

What else is on your mind that we need to consider for our work going forward?



Note: This discussion will inform future research, data gathering, and agenda setting by HMA



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.



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 29, 2-4PM**
 - *Note Date Change. New Calendar Invite Coming Soon*





Adjourn



Appendix

Appendix: AB 988 Workgroups

AB 988 Workgroups

#1 Comprehensive Assessment of BH Crisis Services Workgroup

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#3 988-911 BH Crisis Care Continuum Integration Workgroup

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#5 Data and Metrics Workgroup

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#2 Statewide 988 Standards and Guidance Workgroup

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#4 Communications Workgroup

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#6 Funding and Sustainability Workgroup

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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)