



California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup Resources
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Introduction: On December 13, 2023, the California Health and Human Services Agency (CalHHS) convened the inaugural meeting of the 988-Crisis Policy Advisory Group. Legislatively required by AB 988, the 988-Crisis Policy Advisory Group is responsible for helping CalHHS create a set of recommendations to support a five-year implementation plan for a comprehensive 988 system. More information about 988 and the meeting can be found on the [CalHHS website](#).

During and following the proceedings, CalHHS invited interested stakeholders to participate in one of six 988-Crisis Workgroups, which were developed and themed based on the 14 recommendation topics contained in [AB 988 legislation in California statute](#).

The following is a non-exhaustive compilation of resources – to be updated over time – to help inform Workgroup discussions. Following a section of general resources, there are sections for Workgroups 1-3. Additional resources will be added for workgroups 4-6 launching in May.

Each Workgroup section includes the designated recommendation topics contained in AB988 legislation in California statute as well as resources related to those recommendation topics. These are presented in no particular order. Note: While resources are organized by workgroup, in many cases they will have applicability and relevance to other workgroup discussions.

General Resources

- [CalHHS Behavioral Health Crisis Care Continuum Plan](#) (CCC-P, published May 2023). The CCC-P articulates a vision for the future state of behavioral health crisis services in California and is a keystone for the work of AB 988 implementation planning. The CCC-P is inclusive of crises related to suicide, mental health, or substance use challenges. The CCC-P incorporates inputs from a wide range of leaders across California, summarizes the current state of behavioral health crisis care, describes a statewide vision for the future, and outlines implementation considerations for the current system. Three strategic priorities drive the CCC-P: 1. Build towards consistent access statewide; 2. Enhance coordination across and

outside the continuum; 3. Design and deliver a high-quality and equitable system for ALL Californians.

- [Crisis Care Continuum Plan Overview by Stephanie Welch, CalHHS Deputy Secretary of Behavioral Health, to CalOES Technical Advisory Board](#) (Feb. 2023). This presentation by Stephanie Welch lays out key findings from the CCC Plan. The presentation starts at 54:03 and ends at 1:30:30 (with a Q&A until 1:46:26).
- [SAMHSA National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#) (2020). This SAMHSA toolkit is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems. The toolkit includes distinct sections for defining national guidelines in crisis care; implementing care that aligns with national guidelines; and evaluating the alignment of systems to national guidelines.
- [Addressing Substance Use in Behavioral Health Crisis Care: A Companion Resource to the SAMHSA Crisis Toolkit](#) (2020). This resource from NASMHPD highlights states and programs that are demonstrating success in integrating substance use disorders in the three core services described in the SAMHSA Crisis Toolkit – crisis call centers, mobile crisis response services, and crisis stabilization services. This report also identifies the essential principles that are crucial for effective integration, as well as practices that are more specific to the SUD population not identified within the SAMHSA Crisis Toolkit but may be useful for consideration of implementation.
- [SAMHSA National Guidelines for Child and Youth Behavioral Health Crisis Care](#) (2022). This resource from SAMHSA offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth, and their families experiencing a behavioral health crisis.
- [Ready to Respond: Mental Health Beyond Crisis and COVID-19, NASMHPD](#) (2021). Ready to Respond, is the umbrella paper for the 2021 technical assistance coalition series developed through the National Association of State Mental Health Program Directors in partnership with the Substance Abuse and Mental Health Services Administration. It aims to lay out a

roadmap as states emerge from the pandemic and need, more than ever, a full continuum of psychiatric care. As an outgrowth of a policy framework looking “beyond beds” within inpatient state hospitals as a single solution to improving mental health outcomes, the current discourse centers around access to crisis services.

- [Legal Issues in Crisis Services](#) (2020). This paper by NASMHPD explores navigating the complex legal and regulatory issues in crisis service delivery. In this paper, the authors describe key legal issues relevant to providers working in crisis settings as well as discuss implications for systems considering policies and practices related to crisis services. Although crisis services can start with a call or a text, this paper will describe legal and regulatory issues focused on crisis contacts that involve clinical assessments of individuals in crisis.
- [Building State Capacity to Address Behavioral Health Needs Through Crisis Services and Early Intervention](#) (2020). This issue brief by Milbank Memorial Fund explores statewide programs that use a variety of approaches to establish communications, service coordination, and training to address emergent behavioral health needs. The brief summarizes some of the approaches taken to meet these needs by offering focused, coordinated care in an integrated community setting.
- [The Surgeon General’s Call to Action: TO IMPLEMENT THE NATIONAL STRATEGY FOR SUICIDE PREVENTION](#) (2021). The Call to Action emphasizes that the 13 goals and 60 objectives of the National Strategy remain as relevant today as they were when the strategy was last updated. However, it states that to truly make a difference in reducing suicide rates, these goals and objectives need to be fully implemented. In particular, the Call to Action zeroes in on six key actions that must be implemented if we are to reverse the current upward trend in suicide deaths in the U.S.
- [Striving for Zero: California's Strategic Plan for Suicide Prevention 2020 - 2025](#) (2020): California’s Mental Health Services Oversight and Accountability Commission was directed by the Legislature to develop a new suicide prevention plan for the state. The Commission began its effort in early 2018; the Commission engaged national and local experts; reviewed research; conducted site visits; and convened public hearings and forums across the state, where community members, policy leaders,

and those with lived experience provided guidance and insight. The Commission's goal was to produce an achievable policy agenda and a foundation for suicide prevention based on best practices.

WORKGROUP 1: COMPREHENSIVE ASSESSMENT

Recommendation Topics 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

Resources

National resources

- [Policies and Strategies to Strengthen the Continuum of Crisis Services, USC Schaeffer-Brookings](#) (2023). This paper by John O'Brien, USC Schaeffer-Brookings, provides a description of federal policy efforts to support crisis services. The author highlights several issues that need to be addressed to develop and modernize crisis services, including critical crisis services gaps. The paper highlights four key issues and corresponding strategies for addressing these challenges.
- [Strategies & Considerations for Providing a More Equitable Crisis Continuum for People of Color in the U.S.](#) (2021). The goal of this NASMHPD paper is to improve understanding about the role race plays in an individual's social determinants of health, in particular the social determinants of healthcare access and quality, and social and community context. By fostering improved understanding of these issues, this paper aims to help policy makers and providers identify strategies to overcome

these barriers to provide a more equitable crisis continuum, and ultimately a more equitable behavioral health service system that better meets the needs of people of color in the U.S.

- [988 Lifeline Network Performance Metrics](#) (No Date). The data dashboard hosted on SAMHSA's website shows 988 Lifeline monthly performance. This data represents the performance of the overall national network, which includes data from all 988 Lifeline network centers. To access California 988 performance metrics, go to [Our Network - 988 Suicide & Crisis Lifeline](#), click on state-based monthly report, and choose the desired month to view performance metrics of all the states.
- [SAMHSA's National Survey on Drug Use and Health \(NSDUH\)](#) (No Date). The National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; and receipt of substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States. This webpage provides data and reports from the annual survey.
- [CDC's Suicide and Self-Harm Injury Data for the U.S. | National Center for Health Statistics](#) (No Date). The National Center for Health Statistics, Suicide and Self-Harm Injury Dashboard includes data on emergency department visits, mortality, as well as other tools and resources.
- [NASMHPD Recommendations on 988 and Deaf Crisis Services](#) (2023). This NASMHPD report provides recommendations that recognizes the unique needs of people who are deaf and hard of hearing for accessing 988 for people who are Deaf/deaf and primary users of ASL.
- [A Safe Place to Be: Crisis Stabilization Services and Other Supports for Children and Youth](#) (2022) Recognizing the importance of fostering "a safe place to be", this paper focuses on one aspect of the third element of a robust crisis continuum, the system needed to support the youth, and the customizations required to best serve youth and families. As with other elements, stabilization services must be trauma-responsive, developmentally appropriate, culturally humble, and focused on

deescalating and preventing future crises in the least restrictive setting required to appropriately meet the needs of the youth and family.

- [Report on Pediatric Behavioral Health Urgent Care](#) (2019). In 2017, The Miller Innovation Fund awarded the CMHC a grant to study pediatric behavioral health urgent care and to develop a model that would impact ED Boarding. This report provides the results of the mixed methods study, including: an overview of the drivers of and landscape within which the need arises for urgent care; the design and execution of the methodology employed in the study; and the findings of the study about the needs for and elements of a child and adolescent behavioral health urgent care response in the Commonwealth of Massachusetts.

California-specific resources

- [Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications. The Department of Health Care Services](#) (2022). This assessment by the California Department of Health Care Services (DHCS) of California's behavioral health system was intended to inform DHCS work on initiatives underway and to develop future policy as behavioral health initiatives evolve. The assessment provides a framework to describe the core continuum of behavioral health care services, making it possible to compare "what is" in California to "what should be." It also reviews the available data and gather insights from stakeholders and experts on the need for and supply of key behavioral health services in California. *The discussion of crisis services begins on page 78.*
- [Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California](#) (2022). In this RAND study, the authors estimated California's psychiatric bed capacity, need, and shortages for adults at each of three levels of care: acute, subacute, and community residential care. The RAND analysis concluded that the state has a shortage of close to 8,000 beds: almost 2,000 beds at the acute level, a little under 3,000 beds at the subacute level, and almost 3,000 beds at the community residential level. Bottlenecks in the system of care contribute to high bed occupancy rates and lengthy wait lists. Related RAND reports on psychiatric bed shortages can be found here:

- [Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in Santa Clara County, California](#)
- [Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in Sacramento County, California](#)
- [Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in California: Merced, San Joaquin, and Stanislaus Counties](#)
- [Solving the Mental Health Crisis](#). (Testimony presented before the California State Assembly Committee on Budget, Subcommittee No. 1 on Health and Human Services on May 1, 2023)
- [Youth at the Center: Calls-to-action for re-imagined behavioral health ecosystem from children, youth, and families across California](#) (2023). The California Youth Behavioral Health Initiative (CYBHI) commissioned this report as a guide for building a more coordinated, youth-centered, equitable, and prevention-oriented ecosystem. It reflects the themes that emerged from meetings with over 600 individuals facilitated by 26 partner organizations. A key theme highlighted in the report is the need to provide available mental health supports before issues become a crisis
- [OSP 2023 Stakeholder Needs Assessment Summary](#) (2023). In May and June of 2023, the California Department of Public Health's Office of Suicide Prevention (OSP) conducted the first biannual Stakeholder Needs Assessment. Comprised of an online survey and follow-up interviews, the assessment gathered information about OSP stakeholders' recent successes, challenges, lessons learned, and ongoing needs related to suicide and self-harm prevention efforts.

WORKGROUP 2: STATEWIDE STANDARDS AND GUIDANCE

Recommendation Topics 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.
- (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.

Resources

National resources

- [The Effectiveness of Crisis Line Services: A Systematic Review](#) (2020). Crisis lines are a standard component of a public health approach to suicide prevention. Clinical aims include reducing individuals' crisis states, psychological distress, and risk of suicide. Efforts may also include enhancing access and facilitating connections to behavioral health care. This review examines models of crisis line services for demonstrated effectiveness.
- [CLAS Standards - Think Cultural Health \(hhs.gov\)](#): Culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences... [sic] Providing CLAS is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.

- [Washington State, Dept. Health, 988 Suicide & Crisis Lifeline: Partner Toolkit](#) (2022). The Washington State Department of Health (DOH) developed this toolkit to help partners communicate with Washingtonians about the implementation of the 988 Suicide & Crisis Lifeline. Use the following content as-is or customize it to address your audience's needs.
- [NCQA \(Answer Times\)](#): The typical evaluation time frame for earning NCQA Distinction in Health Equity Accreditation is 9–12 months from application submission to decision.
- [Vibrant 988 \(NSPL\) / SAMHSA](#): Through more than 20 national and local call, text, and chat hotlines – including the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline), Disaster Distress Helpline, and HERE2HELP CONNECT – Vibrant makes life-saving crisis support easily available to anyone in emotional distress.
- [American Association for Suicidology](#): The American Association of Suicidology (AAS) is a world-leader in the development, implementation, and facilitation of accreditation, certification, and training programs. Our programs are based on evidence-supported and best practices.
- [Inform USA](#): Inform USA is the professional membership association for community navigation or Information and Referral (I&R). Inform USA drives quality and connection in the sector as the sole source for standards, program accreditation, and practitioner certification.
- [CARF](#): CARF® International is an independent, nonprofit accreditor of health and human services. Through accreditation, CARF assists service providers in demonstrating value by the quality of their services and meeting internationally recognized organizational and program standards.

California-specific resources

- [SETNA 988 Surcharge Overview - YouTube](#) (January 2024). Presentation by Budge Currier of the California Governor's Office of Emergency Services (CalOES). Additional information can be found on [CA 9-8-8 Information | California Governor's Office of Emergency Services](#) in the SETNA Overview section.
- [Suicide Prevention Hotlines in California: Diversity in Services, Structure and Organization and the Potential Challenges Ahead](#). This report evaluates

landscape in which suicide prevention hotlines operate, focusing on California but with nationwide implications, and provides recommendations to ensure that callers at risk of suicide seek and receive the help they need.

WORKGROUP 3: INTEGRATION

Recommendation Topics 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.

Resources

National resources

- [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#) (2022). This policy article reviews best practices for law enforcement crisis responses, outlines the components of a comprehensive continuum-of-crisis care model that provides alternatives to law enforcement involvement and ED use, and offers strategies for collaboration and alignment between law enforcement and clinicians toward common goals.
- [Crisis Now, National Association of State Mental Health Program Directors \(NASMHPD\)](#). Crisis Now is led by the National Association of State Mental Health Program Directors (NASMHPD) and developed with the National Action Alliance for Suicide Prevention, the National Suicide Prevention

Lifeline, the National Council for Mental Wellbeing, and RI International. The Crisis Now partners have created this website to provide all communities a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match people’s clinical needs.

- NASMHPD’s 988 Implementation Guidance Playbooks. SAMHSA, in co-sponsorship with NASMHPD, worked with partners across critical working sectors involved with 988 to develop 988 Implementation Guidance Playbooks (e.g. “playbooks”) for States, Territories, and Tribes; Mental Health and Substance Use Disorder Providers; Lifeline Contact Centers; and Public Safety Answering Points (PSAPs). The following are the links to these playbooks:
 - [State, Territories & Tribes](#)
 - [Mental Health and Substance Use Disorder Providers](#)
 - [Lifeline Contact Centers](#)
 - [Public Safety Answering Points \(PSAPs\)](#)
- [Bazon, When There’s a Crisis, Call A Peer](#) (2024): The report describes how people with lived experience with mental health challenges, mental health services, or other relevant experience working as “peer specialists” make mental health crisis services both more effective and more cost-effective.
- [CIT International, Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises](#) (2019). This report guides communities to best practices for starting and sustaining CIT programs. The guide takes a practical approach, providing examples and templates to inspire CIT programs, and worksheets to help facilitate difficult conversations among partners. Each chapter includes a case study from a CIT program, highlighting how communities are implementing CIT in different contexts.
- [CIT SUPPORT TRAINING FOR 911](#). CIT International offers an 8-hour online course for 911 call-takers to prepare them to identify crisis calls, understand their role in triaging these calls, and begin the de-escalation process. This 8-hour course of instruction is delivered virtually in two four-hour sessions conducted on consecutive days. Scenario-based training

based on actual mental health related calls for service is also included to allow the attendees to practice the skills and provide further discussion.

- [Assessing the Impact of EMS and Ambulance-Based Responses: A Review of Research](#) (2021): This document provides a review of the available research on the implementation and impact of emergency medical service and ambulance-based programs for crisis response.

California-specific resources

- [LA County Crisis Response System Future State DRAFT](#) (2021): The process flow map is intended to illustrate how the future state of LA County's Crisis Response System will function.
- [California Department of Health Care Services and The Center at Sierra Health Foundation, The Roadmap to Improve Access and Care for Diverse Communities in Mental Health and Substance Use Recovery](#). (October 2023) The Center sought to gain feedback from communities across California to inform future funding opportunities and policies for services, programs, and approaches that will assist in improving access to mental health and substance use disorder services and supports for underserved communities including Black, Indigenous, LatinX, Asian Pacific Islander, people with disabilities, and 2S+/LGBTQ+ communities