



**California Health and Human Services Agency (CalHHS)
988-Crisis Workgroup 2: Statewide Standards & Guidance Meeting 3
Meeting Summary
March 20, 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 summary.

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 \(December 13th, 2023\)](#)

Workgroup Members in Attendance:

- **Alec Smith***, Department of Health Care Services (DHCS)
- **Andrew Holcomb***, Emergency Medical Services Administrators' Association of California (EMSAAC)
- **Astin Williams***, California LGBTQ Health and Human Services Network
- **Brenda Grealish***, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Budge Currier***, California Governor’s Office of Emergency Services (CalOES)
- **Casey Heinzen***, Department of Health Care Services (DHCS)

- **Catherine Hess***, California Department of Public Health (CDPH)
- **Darcy Pickens***, California Department of Public Health (CDPH)
- **Elizabeth Whitteker***, Molina Healthcare
- **Liseanne Wick***, WellSpace Health
- **Mayu Iwatani***, Orange County Department of Education
- **Robert Harris***, Service Employees International Union (SEIU) California
- **Shari Sinwelski***, Didi Hirsch Mental Health Services
- **Susan Demarois***, Department of Aging (Delegate – Stephanie Blake)
- **Tara Gamboa-Eastman***, The Steinberg Institute
- **Yolanda Cruz***, State Council on Developmental Disabilities

Project Staff in Attendance:

- **Anh Thu Bui***, California Health and Human Services
- **Allie Franklin***, Health Management Associates
- **Betsy Uhrman***, Health Management Associates
- **Nicholas Williams***, Health Management Associates
- **Rob Muschler***, Health Management Associates

Workgroup Members Not in Attendance:

- **Angela Vazquez**, The Children’s Partnership
- **Diana Gutierrez**, Riverside University Health System (RUHS) Behavioral Health
- **Ivy Song**, University of California Davis
- **Karla Luna**, Kings View 988 Center
- **Lei Portugal Calloway**, Telecare Corporation
- **Michelle Doty Cabrera**, County Behavioral Health Directors Association of California (CBHDA)
- **Ruqayya Ahmad**, California Pan-Ethnic Health Network (CPEHN)
- **Van Hedwall**, San Francisco Suicide Prevention/Felton Institute

*Attended virtually

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 where to find previous meeting materials

and Zoom functionality. He then provided an overview of 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.

Workgroup 2 Meeting 2 Review

Rob Muschler provided a summary of Workgroup 2 Meeting 2 and highlighted the previous discussion on 988 Crisis Center operations, training requirements, and future 988 Crisis Center expectations.

AB988 Areas for Review & What We’ve Heard to Date

Rob Muschler provided an overview of the 988 recommendation areas that are aligned with Workgroup 2, noting the group’s primary focus on area 3. Dr. Anh Thu Bui, California Health and Human Services Agency, then provided a brief update on several other streams of work related to the recommendation areas. She discussed the preliminary development of a new 988 quality plan. She stated that California is working with the 988 administrator (Vibrant) and the Substance Abuse and Mental Health Services Administration (SAMSHA) on the federal-state partnership for 988 and noted that Vibrant is also updating the Network Agreement that they have with each crisis center. She also noted efforts by CalOES and others to improve interoperability between 911 and 988 systems. Further, she noted that additional updates on these efforts will be provided during the next Policy Advisory Group meeting and that an upcoming FAQ will help explain different elements of 988 implementation.

Rob noted that we are halfway through the workgroup process; he solicited feedback from the workgroup on the following categories:

- **Vision and Philosophy:**
 - Rob Muschler reflected what had been shared in previous discussions regarding 988 Crisis Centers, noting that they should be readily available to all California’s, continue to serve individuals in crisis, connect individuals to other resources as needed, connect callers to the least restrictive response available, strive to limit law enforcement involvement when possible, and provide services in a

culturally responsive and trauma informed manner.

- The workgroup added to this discussion by suggesting that 988 Crisis Centers should serve as a connector to services *and* a navigator for crisis services.
- One workgroup member noted that warm transfers are typically limited to a small group of crisis services and that the workgroup should consider alternative language for “connector.”

- **Scope of Crisis Centers**

- Rob Muschler noted previous discussions on the scope of crisis centers, highlighting input stating that the scope of services should be defined by the state; that Centers should be prepared to handle individuals with substance use, mental health and physical health needs; and that calls, texts, and chats should be responded to by 988 Crisis Centers located in California, whenever possible.
- Workgroup members added that the scope of 988 Crisis Centers should be expanded so that they are equipped to handle individuals with intellectual and developmental disabilities (IDD) and those experiencing homelessness. Members also discussed the potential need for additional information and/or training for Crisis Centers handling these populations.
- The workgroup had a robust discussion on timeliness issues and missed or dropped 911 or 988 calls for those experiencing crisis. Members noted privacy concerns regarding call back options and discussed the barriers to answering 100% of 988 calls. Members agreed that standards should be in place to ensure calls are answered promptly and that this topic will need to be explored further.

- **Crisis Counselors and Training**

- Rob Muschler shared input regarding how the state should develop training standards and minimum requirements for crisis counselors. These training standards should be informed by the 988 Crisis Centers’ scope of service and should avoid any duplication of Vibrant requirements.

- **Outcomes**

- Rob Muschler discussed previous input from the workgroup that the state should develop standards for oversight and monitoring.
- One workgroup member added that there should also be

standards for measuring competencies and minimum requirements.

Discussion 2 – Operationalizing What We’ve Heard

Allie Franklin, Principal, Health Management Associates, solicited input on how the workgroup might operationalize several topics that have been discussed thus far. The discussion focused on the following categories:

- **Substance Use Disorder (SUD) Capable:**
 - **Skills, Competencies, and Trainings Needed:**
 - Workgroup members discussed the need to differentiate between SUD and mental health issues. Members suggested that training could be standardized across call centers and include elements that educate on particular topics such as opioid use, drug induced psychosis, and family support for those calling on behalf of someone else, amongst others.
 - Another workgroup member highlighted considerations for the “value neutral” concept, risk assessments, harm reducing behaviors, and stigma reduction.
 - One workgroup member commented that trainings should ensure a balance between screening and assessing those with SUD.
 - **Proposed Measures of Progress & Success**
 - Workgroup members suggested that counselors should be subjected to pre- and post-training evaluations on their knowledge, awareness, and confidence to handle calls. Further, these assessments should be both written and verbal.
 - One workgroup member suggested caller satisfaction surveys as a potential measurement.
 - The workgroup also noted that the more SUD resources are provided, there will be a need to assess the outcomes (e.g., referrals to other services, etc.)
 - **Resources and Possible Supports Needed**
 - The workgroup discussed utilizing pre-existing training and screening tools and to consider the pros and cons of each.
 - **What needs to happen first? What should be phased in over time?**
 - The group agreed that risk assessment (particularly those in

danger of death or serious injury) should be addressed first.

- **Culturally Responsive and Trauma Informed:**
 - **Skills, Competencies, and Trainings Needed:**
 - Workgroup members added that trainings should include elements that help individuals understand the appropriate terminology, racial trauma and trauma-informed competencies, historical trauma, accommodations for culturally specific resources, intersectionality, and linguistic accessibility.
 - Other workgroup members noted that trainings should help counselors understand the communications needs of special populations (e.g., individuals with disabilities, nonverbal individuals, non-English speakers, etc.).
 - **Proposed Measures of Progress & Success**
 - One workgroup member suggested that caller feedback and staff surveys could be used to gather measurements of progress and success. Further, the number of culturally competent partnerships, incident reporting, wait times, community awareness, and caller demographics could be potential measurements.
 - **Resources and Possible Supports Needed**
 - The workgroup discussed the sub-networks and triage tree for special populations (e.g., LGBTQIA+, veterans, Spanish speaking individuals) for 988 calls. However, one workgroup member commented that competencies should be considered over identity in handling these calls.
 - **What needs to happen first? What should be phased in over time?**
 - One workgroup member noted that culturally responsive and trauma informed competencies should be carried throughout all aspects of the workgroups.
 - Workgroup members also discussed some of the priorities for counselors and their training, including hiring counselors that reflect the community and identity of potential callers, understanding the use of accommodations to ensure access, making counselors aware of the volume and timeline of calls during training so that they are not overwhelmed, and ensuring considerations for callers' well-being.

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 stated:

“Thank you, Rob, and I’ll keep it short. I’m Narges Dillon, I’m the executive director at Crisis Support Services of Alameda County. I also represent 988 California which is the consortium of the crisis centers. I really appreciate the conversation that’s been taking place here today.

My comment is a bit of a process comment. Wanting to encourage the group to maybe have the scope conversation before the practical conversation of how we train and measure effectiveness.

In some of the conversations I had a chance to listen to today, around training and efficacy, would actually also fundamentally change the scope of the crisis centers. So, if the group can first agree on what is the role of 988 in our communities and then identify the trainings and the measurements that could help us ensure that we’re meeting that goal.

My slight worry when I was hearing the training and efficacy requirements without the scope conversation was that some of these items would take us away from the existing scope and its okay for the existing scope to shift. But I just want us to be intentional and know what we’re giving up for everything that we add.

Thanks everyone for your time and focus here today.”

Meeting Wrap-Up and Next Steps

Rob Muschler noted that the next workgroup meeting will take place on April 9, 2024, from 9:00-11:00 AM PST.

APPENDIX I: PUBLIC ZOOM CHAT

10:04:26 From Robert Harris – SEIU California to Hosts and panelists:

Sorry but I will need to hard stop at 10 am

10:05:12 From Allie Franklin – Health Management Associates to Hosts and panelists:

Thanks for letting us know, Robert.

10:23:10 From Yolanda Cruz – State Council on Developmental Disabilities to Hosts and panelists:

Can we include behavioral health needs that impact people with ID/DD

10:24:01 From Catherine Hess – California Department of Public Health to Hosts and panelists:

Is there any consideration for callers who may be experiencing homelessness?

10:27:12 From Liseanne Wick – Wellspace Health to Hosts and panelists:

90% within 20 seconds

10:27:18 From Liseanne Wick – Wellspace Health to Hosts and panelists:

that is the standard already

10:27:49 From Shari Sinwelski – Didi Hirsch Mental Health Services to Hosts and panelists:

There needs to be clarity on all calls/chat/text answered

10:28:09 From Brenda Grealish – Council on Criminal Justice and Behavioral Health (CCJBH) to Hosts and panelists:

Also thinking that given the large Older Adult population, ensuring that 988 Crisis Centers would also need to be prepared to handle callers with cognitive issues (e.g., Alzheimer's, dementia). Also, individuals with Traumatic Brain Injury.

10:28:32 From Shari Sinwelski – Didi Hirsch Mental Health Services to Hosts and panelists:

its inherent in a service like this that people will change their mind and hang up before someone answers and thus its not really possible that ALL contacts are answered

10:32:39 From Liseanne Wick – Wellspace Health to Hosts and panelists:

We respect confidentiality and autonomy and privacy unless there is evidence to show imminent risk to life.

10:39:34 From Shari Sinwelski – Didi Hirsch Mental Health Services to Hosts and panelists:

Totally agree with measures for ongoing QI and competency

10:39:43 From Robert Harris – SEIU California to Hosts and panelists:

Totally agree with Elizabeth

10:40:12 From Budge Currier – California Governors Office of Emergency Services (CalOES) to Hosts and panelists:

This language is straight from the Cal OES policy on 988 that was approved by

the 988 Technical Advisory Board: "988 contacts 24 hours a day, 7 days a week, 365 days a year for a minimum of 5 years. 95% of all 988 contacts (upon acceptance of the new 988 system) must be answered within 20 seconds with a contact abandonment rate of less than 5% and a rollover rate of less than 10%"

10:40:56 From Allie Franklin - Health Management Associates to Hosts and panelists:

Thank you, Budge

10:43:15 From Kenna Chic - Project Lighthouse to Hosts and panelists:

Clarification on the standard on answering the call/message within 20 seconds: When it comes to messaging, is this referring to being connected with a live agent within 20 seconds, or the chat bot? Sometimes there are notifications from chat bots that the person messaging in is "third in line to be connected," for example

10:44:31 From Liseanne Wick - Wellspace Health to Hosts and panelists:

We could also develop a list of topics for ongoing education topics that 988 staff could access to better help all callers in CA, based on needs of current callers

10:48:38 From Mayu Iwatani - Orange County Department of Education to Hosts and panelists:

In addition to topics and standards, would it be helpful to have a list of potential trainings that already exist that are vetted and identified as being a comprehensive training?

10:50:27 From Liseanne Wick - Wellspace Health to Hosts and panelists:

Yes those types of calls already come, and yes, we all already have basic training on SUD's, intoxicated callers, and handling those calls. And we DO actually get a lot of calls from the individuals having the substance use concern. As well as third parties

10:56:02 From Brenda Grealish - Council on Criminal Justice and Behavioral Health (CCJBH) to Hosts and panelists:

Screening tools for SUD:

<https://oasas.ny.gov/sbirt#:~:text=Screening%2C%20Brief%20Intervention%20and%20Referral,for%20people%20who%20use%20substances.>

10:57:14 From Liseanne Wick - Wellspace Health to Hosts and panelists:

No diagnosis happening... staying within paraprofessional realm- what do they need to know to handle the calls and meet their immediate crisis needs

11:13:04 From Brenda Grealish - Council on Criminal Justice and Behavioral Health (CCJBH) to Hosts and panelists:

No need to go back, so thought I'd add it to the chat...that I think there will need to be thought put into the type of resources, particularly as it relates to the paras knowing where and how to help someone connect with and navigate SUD services as it is different for individuals based on their health care coverage (e.g., commercial vs. Medi-Cal and Medicare).

11:13:43 From Betsy Uhrman - Health Management Associates to Everyone:

For those joining as members of the public, the public comment period is slated to begin around 10:35am. If you would like to make a comment, please use the raise hand function and we will add you to the list. If you'd prefer to make a written comment, please send your comment to AB988Info@chhs.ca.gov. Thank you.

11:18:17 From Rob Muschler - Health Management Associates to Hosts and panelists:

Let me know if I didn't capture your first comment correctly, Kenna!

11:19:14 From Kenna Chic - Project Lighthouse to Hosts and panelists:

Dropping into the chat re: historical trauma especially in the Asian/Pacific Islander communities, this piece covers the mental health and historical context of several AAPI communities: <https://healthpolicy.ucla.edu/sites/default/files/2024-02/final-chis-report-designed-2.26.24.pdf>

11:19:36 From Yolanda Cruz - State Council on Developmental Disabilities to Hosts and panelists:

Understanding the types of communication needs of people with disabilities such as facilitated communication which is often forgotten

11:21:26 From Kenna Chic - Project Lighthouse to Hosts and panelists:

@Rob: Thank you, in the bullet around active/passive suicide, I would also say active/passive suicide *intent* in addition to actual attempts. What I mean by that is typically, the language around "if you have thoughts of harming yourself/others, then we may have to report" deters people from talking about important topics that don't require hospitalization, such as non-fatal self-injury (i.e. cutting, burning, hitting oneself, picking skin, etc.)

11:21:31 From Liseanne Wick - Wellspace Health to Hosts and panelists:

counselors even feeling more comfortable asking about and/or listening for culturally specific needs and concerns. And avoiding assumptions based on voice conversations.

11:23:53 From Yolanda Cruz - State Council on Developmental Disabilities to Hosts and panelists:

Also understanding scripting

11:28:46 From Liseanne Wick - Wellspace Health to Hosts and panelists:

LGBT, Veterans, Spanish

11:28:59 From Liseanne Wick - Wellspace Health to Hosts and panelists:

currently, and native American I believe?

11:30:58 From Liseanne Wick - Wellspace Health to Hosts and panelists:

Very true, Budge!

11:32:17 From Liseanne Wick - Wellspace Health to Hosts and panelists:

We also likely agree!!

11:34:13 From Astin Williams - California LGBTQ Health and Human Services Network

to Hosts and panelists:

Yes Elizabeth!

11:38:16 From Yolanda Cruz - State Council on Developmental Disabilities to Hosts and panelists:

One of the things we need to also consider is wellness of the call takers

11:38:43 From Anh Thu Bui - California Health and Human Services to Hosts and panelists:

Rob and Allie: Hiring counselors, not callers, right?

11:39:02 From Liseanne Wick - Wellspace Health to Hosts and panelists:

Absolutely!

11:39:17 From Liseanne Wick - Wellspace Health to Hosts and panelists:

It's Wellness Wednesday here today....

11:39:18 From Rob Muschler - Health Management Associates to Hosts and panelists:

Thank you!

11:41:11 From Shari Sinwelski - Didi Hirsch Mental Health Services to Hosts and panelists:

I apologize that I will need to log of a few minutes early for a previously scheduled medical appointment. Great convo today.

11:42:25 From Liseanne Wick - Wellspace Health to Hosts and panelists:

"9-8-8 Suicide & Crisis Lifeline"

11:42:39 From Shari Sinwelski - Didi Hirsch Mental Health Services to Hosts and panelists:

Great point, Narges!

11:44:12 From Betsy Uhrman - Health Management Associates to Everyone:

Materials will be available here:

<https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/>

11:44:25 From Yolanda Cruz - State Council on Developmental Disabilities to Hosts and panelists:

Thank you

11:44:29 From Mayu Iwatani - Orange County Department of Education to Hosts and panelists:

Thank you everyone! You did great with capturing all the notes.

11:44:32 From Anh Thu Bui - California Health and Human Services to Hosts and panelists:

Thank you so much everyone!